

Joint Committee Public

Tue 17 January 2023, 09:30 - 12:30

TEAMS

Agenda

09:30 - 09:35 **1. PRELIMINARY MATTERS**

5 min

 0.0 JC Public Agenda 17 January 2023.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 8 November 2022 and Matters Arising

Att. *Chair*

 1.4 Draft Unconfirmed JC (Public) Minutes 8 November 2022.pdf (19 pages)

1.5. Action Log

Att. *Chair*

 1.5 JC Action Log 17 Jan 2023.pdf (5 pages)

09:35 - 10:15 **2. PRESENTATION AND REPORT FOR APPROVAL**


40 min

2.1. Integrated Commissioning Plan (ICP) 2023-2024


Att. *Director of Planning*

 Joint Committee ICP 23.24 17.1.23.pdf (13 pages)

 2.1 WHSSC Integrated Commissioning Plan (ICP) 2023-2024.pdf (6 pages)

 2.1.1 ICP V 36.pdf (65 pages)

 2.1.1 a Appendix D - Net Expenditure.pdf (8 pages)

 2.1.1 b Appendix D - Workforce.pdf (4 pages)

10:15 - 11:25 **3. ITEMS FOR CONSIDERATION AND/OR DECISION**

70 min

3.1. Chair's Report


Att. *Chair*

 3.1 Chair's Report.pdf (3 pages)

3.2. Managing Director's Report

Att. *Managing Director*

 3.2 Managing Director's Report.pdf (4 pages)

 3.2.1 Appendix 1 - WG letter formal request to commission national skin camouflage service pilot.pdf (1 pages)

3.3. Plastic Surgery: realignment of future commissioning responsibilities between WHSSC and Health Boards

Att. *Director of Planning*

 3.3 Plastic Surgery Realignment of Future Commissioning Responsibilities.pdf (8 pages)

3.4. WHSSC Cardiac Review

Att. *Director of Planning*

 3.4 WHSSC Cardiac Review.pdf (17 pages)

3.5. Governance Review of Welsh Kidney Network (WKN)

Att. *Programme Director*

 3.5 Governance Review - Welsh Kidney Network (WKN).pdf (37 pages)

3.6. South Wales Trauma Trauma Network Delivery Assurance Group (DAG) Report (Quarter 2 2022-23)

Att. *Director of Planning*

 3.6 South Wales Trauma Network Delivery Assurance Group (DAG) Report (Quarter 2).pdf (4 pages)

 3.6.1 a Appendix 1 ODN Delivery Assurance Group Report November 2022 FINAL JC.pdf (16 pages)

 3.6.1 b SWTN First Year Evaluation Summary.pdf (1 pages)

3.7. Corporate Risk Assurance Framework (CRAF)

Att. *Committee Secretary*

 3.7 WHSSC CRAF Cover Report V3.pdf (8 pages)

 3.7.1 Appendix 1 - CRAF December 2022 v2.pdf (23 pages)


 3.7.2 Appendix 2 - Summary of Risk Activity from June - Dec 2022.pdf (8 pages)


 3.7.3 Appendix 3 - Draft WHSSC Risk Appetite Statement 2023-24.pdf (3 pages)

3.8. All Wales Positron Emission Tomography (PET) Programme Board Update

Att. *Managing Director*

 3.8 WHSSC All Wales Positron Emission Tomography (PET) Update.pdf (10 pages)

 3.8.1 Appendix 1. PET Programme Board Terms of Reference v0.28_FINAL.pdf (19 pages)

 3.8.2 Appendix 2. PET Programme Minutes 25.07.2022.pdf (8 pages)

 3.8.3 Appendix 3. PET Programme Minutes 26.09.2022.pdf (9 pages)

 3.8.4 Appendix 4. PET Programme Minutes 01.12.2022.pdf (9 pages)

 3.8.5 Appendix 5. 4th PET Site Scanner Site Selection Process-SBAR Paper.pdf (5 pages)

11:25 - 11:55
30 min

4. ROUTINE REPORTS AND ITEMS FOR INFORMATION

4.1. COVID-19 Period Activity Report Month 7 2022-2023

Att. *Director of Finance*


 4.1 COVID-19 Period Activity Report Month 7 2022-2023.pdf (37 pages)

 4.1.1 COVID-19 Period Activity Report Month 7 2022-2023 - appendix 1 English data.pdf (14 pages)

 4.1.2 COVID-19 Period Activity Report Month 7 2022-2023 - appendix 2 WG measures.pdf (10 pages)

4.2. Financial Performance Report Month 8 2022-2023

Att. *Director of Finance*

 4.2 Financial Report Month 8 22-23 WHSSC.pdf (11 pages)

4.3. Corporate Governance Matters Report

Att. *Committee Secretary*

 4.3 Corporate Governance Matters Report.pdf (4 pages)

 4.3.1 Appendix 1 - WHSSC Joint Committee Forward Work Plan 2023-2024.pdf (7 pages)

4.4. Reports from the Joint Sub-Committees


Att. *Joint Sub-Committee Chairs*

- Audit and Risk Committee (ARC) Assurance Reports
- Management Group Briefings
- Individual Patient Funding Request (IPFR) Panel
- Welsh Kidney Network (WKN)

 4.4.1 Audit and Risk Committee Assurance Report - October 2022 and December 2022.pdf (7 pages)

 4.4.2 a 2022-11-24 - MG Core Brief v1.0.pdf (5 pages)

 4.4.2 b 2022-12-15 MG Core Brief v1.0.pdf (6 pages)

 4.4.3 IPFR Chair report - January 2023.pdf (3 pages)

 4.4.4 Chairs Report WKN.pdf (4 pages)

11:55 - 12:00 5. CONCLUDING BUSINESS

5 min

5.1. Any Other Business

Oral *Chair*

5.2. Date of Next Meeting (Scheduled)

Oral *Chair*

14 March 2023 at 13.30hrs

5.3. In Committee Resolution

Oral *Chair*

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



WHSSC Joint Committee Meeting held in public
Tuesday 17 January 2023
at 09:30 hrs

Microsoft Teams

AGENDA

ITEM	LEAD	PAPER / ORAL	TIME
1.0 PRELIMINARY MATTERS			
1.1 Welcome and Introductions	Chair	Oral	09:30 - 09:35
1.2 Apologies for Absence	Chair	Oral	
1.3 Declarations of Interest	Chair	Oral	
1.4 Minutes of the Meeting held on 8 November 2022 and Matters Arising	Chair	Att.	
1.5 Action Log	Chair	Att.	
2.0 PRESENTATION AND REPORT FOR APPROVAL			
2.1 Integrated Commissioning Plan (ICP) 2023-2024	Director of Planning	Att.	9:35 - 10:15
3.0 ITEMS FOR CONSIDERATION AND/OR DECISION			
3.1 Chair’s Report	Chair	Att.	10:15 - 10:20
3.2 Managing Director’s Report	Managing Director	Att.	10:20 - 10:25
3.3 Plastic Surgery: realignment of future commissioning responsibilities between WHSSC and Health Boards	Director of Planning	Att.	10:25 - 10:35
3.4 WHSSC Cardiac Review	Director of Planning	Att	10:35 - 10:50
3.5 Governance Review of Welsh Kidney Network (WKN)	Programme Director	Att	10:50 - 11:00
3.6 South Wales Trauma Trauma Network Delivery Assurance Group (DAG) Report (Quarter 2 2022-23)	Director of Planning	Att.	11:00 - 11.05
3.7 Corporate Risk Assurance Framework (CRAF)	Committee Secretary	Att.	11.05 - 11:15
3.8 All Wales Positron Emission Tomography (PET) Programme Board Update	Managing Director	Att.	11:15 - 11:20

ITEM	LEAD	PAPER / ORAL	TIME
4.0 ROUTINE REPORTS AND ITEMS FOR INFORMATION			
4.1 COVID-19 Period Activity Report Month 7 2022-2023	Director of Finance	Att.	11:20 - 11:30
4.2 Financial Performance Report Month 8 2022-2023	Director of Finance	Att.	11:30 - 11:40
4.3 Corporate Governance Matters Report	Committee Secretary	Att.	11:40 - 11:45
4.4 Reports from the Joint Sub-Committees i. Audit and Risk Committee (ARC) Assurance Reports ii. Management Group Briefings iii. Individual Patient Funding Request (IPFR) Panel iv. Welsh Kidney Network (WKN)	Joint Sub-Committee Chairs	Att.	11:45 - 11:55
5.0 CONCLUDING BUSINESS			
5.1 Any Other Business	Chair	Oral	11:55 - 12:00
5.2 Date of Next Meeting (Scheduled) - 14 March 2023 at 13.30hrs	Chair	Oral	
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)".	Chair	Oral	

**Unconfirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 8 November 2022
via MS Teams**

Members Present:

Kate Eden	(KE)	Chair
Carole Bell	(CB)	Director of Nursing & Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB,
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Chair, Welsh Kidney Network (WKN), Powys THB
Nicola Johnson	(NJ)	Director of Planning, WHSSC
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff & Value UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

Deputies:

Gill Harris (for Jo Whitehead)	(JH)	Deputy CEO/Executive Director Of Integrated Clinical Services, Betsi Cadwaladr UHB
Sian Harrop-Griffiths (for Mark Hackett)	(SHG)	Director of Strategy, Swansea Bay UHB

Apologies:

Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Steve Ham	(SH)	Chief Executive Officer, Velindre University NHS Trust
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
David Roberts	(DR)	Director for Mental Health and Vulnerable Groups
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Health & Social Services, Welsh Government

Minutes:

Sara Casey	(SC)	Interim Corporate Governance Officer, WHSSC
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The meeting opened at 13:30hrs



Min Ref	Agenda Item
JC22/125	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed members to the meeting in Welsh and English and reminded them that meetings will continue to be held virtually via MS Teams.</p> <p>There were no objections raised to the meeting being recorded for administrative purposes. 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>
JC22/126	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC22/127	<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>
JC22/128	<p>1.4 Minutes of the meeting held on 6 September 2022 and Matters Arising</p> <p>The minutes of the JC meeting held on 6 September 2022 were received and approved as a true and accurate record of the meeting.</p> <p>There were no matters arising.</p>
JC22/129	<p>1.5 Action Log</p> <p>The action log was received, and members noted the progress on the actions.</p>
JC22/130	<p>2.1 Draft Integrated Commissioning Plan (ICP) 2023-2025</p> <p>Members received an informative presentation on the draft Integrated Commissioning Plan (ICP) 2023-2026.</p> <p>Nicola Johnson (NJ) presented an overview of the ICP for the next year and shared the emerging financial plan, which was on track for full implementation by the end of quarter four 2022-2023. Members noted that arrangements were in progress for all business cases to be</p>



Min Ref	Agenda Item
	<p>scrutinised prior to going through WHSSC's governance processes in line with the financial commitments in its plan.</p> <p>Stuart Davies (SD) presented the Resourcing Plan and highlighted the salient points. Members noted that the key issue for the Plan would be a constrained economic environment for HBs, and that WHSSC anticipated starting the new year with a limited settlement position. There were extreme inflationary pressures, including those that impacted particularly on WHSSC, as a number of its independent sector contracts were driven by consumer price index.</p> <p>Members were notified of a current uplift requirement of around 4%, which includes the previously mentioned pressures.</p> <p>WHSSC would end this financial year in a favourable financial position due to an under-spend of £13 million, which was supported by a number of non-recurrent releases from the current and previous year. There were no further risk-sharing utilisation adjustments planned in order to ensure stability in the system.</p> <p>Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members noted that the draft ICP was brought to Joint Committee early on in the planning process in order to support HBs in developing their own Integrated Medium Term Plans (IMTPs), and that WHSSC will work closely with HBs to develop the ICP in line with HB expectations.</p> <p>Carol Shillabeer (CS) advised that the context was changing significantly on financial grounds, and that it was becoming unrealistic to expect a 4% increase. If the NHS receive the same financial allocation as last year, with inflationary pressures there will be an impact across all areas including specialised services.</p> <p>CS advised that other scenarios should be considered and that timeframes aligning everything to a January deadline were not realistic and was challenging. There was a need for a whole HB approach and that the prioritisation process had worked and that there were some underlying assumptions on resources available to HBs.</p> <p>Stuart Davies (SD) responded and advised that whilst the forecast looked negative, the finance team were working on a contingency plan in parallel, which provided opportunities to set out the consequences in more detail. Members noted that WHSSC were also making provisions for English baselines returning to normal and over-performing in the next financial year as they addressed extended waiting times. Provisions had also been built in this year to align with WHSSC's previously agreed priorities.</p>



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	<p>Nicola Prygodzicz (NP) advised that the financial outlook was not good and that having the information early on in the process was helpful and ensure organisations addressed their priorities and areas for deprioritisation. It is likely there would be significant slip-age next year and there was a need to look at what opportunities were available and assess the scale of the challenge.</p> <p>SD advised that there were opportunities to carry forward reserves into the next financial year, which had happened this year but that this year requests had been received to move resources back to HBs.</p> <p>NJ advised that there was considerable volatility and pressure in the system and these pressures would be taken to Management Group for consideration in November and December. The extraordinary JC meeting intended for the planned sign off on 10 January 2023 may not be realistic. Therefore, a further draft would be brought back to JC prior to the planned meeting in January to establish whether sign off was possible then, or if further work was necessary. By that time, the planning framework, financial assumptions, and possibly the allocation letters would have been received and WHSCC would have a clearer picture.</p> <p>The Chair thanked members for their input and comments, which she said were more important this year than ever. These discussions would be brought back to the members in January 2023 to ensure expectations continued to be met, and to review the evolving financial position.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the presentation and that that the final plan will be considered at the next meeting on 17 January 2023.
JC22/131	<p>2.2 Recovery Update (incl. Progress with Paediatric Surgery)</p> <p>Members received a presentation providing an update on recovery trajectories since the workshops held with the Joint Committee on the 12 July and 6 September 2022.</p> <p>Members noted updates on recovery trajectories for paediatric surgery recovery and recovery in key speciality areas including for the six accountability conditions specialities – cardiac, neurosurgery, paediatric surgery, bariatrics, thoracics and plastics.</p> <p>Recovery trajectories had been closely tracked during the last few committee meetings where members had asked for today's meeting to focus on paediatric surgery.</p> <p>SD shared a presentation highlighting the recovery status for paediatric surgery and provided an illustration of the updated plan for the end of November which was currently being worked on. Members noted that</p>



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	<p>the capacity and activity delivered was relative to contract but showed that for all scenarios the capacity was not due to return to contract levels.</p> <p>NP advised that HBs were worried about paediatrics and cancer delays and noted a recent WHSSC briefing where the long-term impact of delays in paediatric surgery on children had been recognised. She queried why activity was still only 75-80%, and what the constraints were with providers. In addition, there were choices to be made as a group to reprioritise should the issue be theatre capacity or whether paediatric anaesthetists could not be recruited.</p> <p>NP stated that it was important for the group to understand the challenges providers were facing, which were preventing a return to pre-COVID levels. She suggested a risk-based approach, or a deep dive, might be useful so that WHSSC could work with providers to in making the right decisions when addressing these backlogs.</p> <p>CS advised that access equity was becoming more difficult, and stressed the importance of being realistic with regard to what Welsh HBs could deliver if they were significantly under-contract. She asked if switching some of the activity to an alternative provider for a period would enable that recovery, not as a standard rule, but to offer more agility and flexibility to ensure that children, in particular, could be treated. CS said she would be happy to have a conversation about the Powys flows and pathways as some of those were already established, although she stressed that she would not want to be adversely affected in risk-share recalculations down the line.</p> <p>CS advised that Chief Executives were collectively working on the mobility of patients within the system to enable a more joined-up approach This was due to different areas have different challenges on specialties and CS agreed to update the JC on the outcome.</p> <p>The Chair advised that the JC had already held deep dive session on recovery; including paediatrics and that the information could be shared with NP as a new member of the committee.</p> <p>SD said one of the most serious concerns with the current plan was that it did not forecast a return to full capacity, which was necessary for recovery.</p> <p>Suzanne Rankin (SR) advised that she had reflected on the seriousness of the challenge and that quite often CEOs were only made aware of the gravity of the issues when they warranted a penalty, and would therefore welcome responding to the challenges together. If services were struggling it would be prudent to work collaboratively to consider de-commissioning and outsourcing.</p>



Min Ref	Agenda Item
	<p>The Chair thanked everyone for their contribution and advised that a further update on recovery would be considered at the JC scheduled to take place on 17 January 2023. In the meantime, the WHSSC colleagues will work with providers on a one-to-one basis to ensure they have all of the information they needed.</p> <p>Action: the Recovery Update planned for the Joint Committee meeting on 17 January 2023 to include a progress update on Paediatric Surgery.</p> <p>Action: recovery information from the deep dive session held with the Joint Committee to be shared with NP for information.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the presentation and that a further recovery update will be provided at the next meeting on 17 January 2023.
JC22/132	<p>3.1 Chair's Report</p> <p>The Chair's report was received and the Chair gave an update on relevant matters undertaken since the previous JC meeting.</p> <p>Members noted:</p> <ul style="list-style-type: none">• The recommendation to appoint two new WHSSC Independent Members (IMs) following a fair and open selection process, and the proposal to appoint Steve Spill from Swansea Bay UHB as the Finance & Audit IM and for Chantal Patel from Hywel Dda UHB to be appointed as the Generalist IM, commencing 1 December 2022,• The recommendation to extend the tenure of the of the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel until 31 March 2023,• Attendance at the Integrated Governance Committee 11 October 2022; and• Key meetings attended. <p>Paul Mears (PM) queried if there was any additional cost associated with the appointment of the two IMs, and the Chair confirmed that the Joint Committee had approved the funding in January 2022 to take effect from 1 April 2022; and that it was now covered within the existing budget and there was no additional cost.</p> <p>The Chair advised that the recruitment of the two new IMs meant there was a requirement to say goodbye to Ian Wells who had been on loan to WHSSC from Cwm Taf Morgannwg UHB as the Audit lead IM for the last 18 months. The Chair expressed her sincere gratitude to Ian on behalf WHSSC for the time and commitment he had shown during his tenure as an exemplary IM for WHSSC and wished him all the very best for the future.</p>



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	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report,• Approve the recommendations to appoint two new WHSSC Independent Members (IMs) from 1 December 2022 for a period of 2 years; and• Approve the recommendation to extend the tenure of the Interim Chair for the Individual Patient Funding Request (IPFR) panel until 31 March 2023.
JC22/133	<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:</p> <ul style="list-style-type: none">• Paediatric Radiology Consultant Recruitment - units in NHS England (NHSE) had agreed to host NHS Wales funded paediatric radiology training posts for trainees on the Wales Radiology Training Programme. HEIW are taking this forward,• Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update – Further to the HBs agreeing the approach for engagement at their Board meetings in September 2022, it was planned that the engagement process would commence on 24 October 2022, however this had unfortunately been delayed and the engagement will now commence in November,• Evaluation of 4th Thoracic Surgeon activity - WHSSC were supporting the appointment of a 4th consultant surgeon post in CVUHB to provide continued support for the Major Trauma Centre (MTC) and to support the future needs of the service; and• Briefing Duty of Candour and Duty of Quality – WHSSC had received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation process on the duty of quality. <p>Sian Harrop-Griffiths (SHG) queried if there was an agreed timeline for the engagement concerning cochlear implant. SL advised that the consultation documents had been agreed by HBs and the engagement process would be ready to go out later in November.</p> <p>SH-G queried whether the evaluation on the fourth thoracic surgeon could be shared with HBs as during the summer conversation as held between SBUHB, WHSSC and Dindi Gill, Clinical Director for the Major Trauma Network (MTN), regarding work on rib fixation through the MTN. SHG advised that Karen Preece (KP) had indicated there was a need to wait for the outcome of the evaluation, which had now been received. It</p>



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	<p>was agreed that SHG and NJ would discuss with Los Harry outside of the meeting.</p> <p>Action: NJ to liaise with SHG and Los Harry to discuss progress with the evaluation for the Major Trauma Network (MTN).</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report.
JC22/134	<p>3.3 Delivering Thrombectomy Capacity in South Wales</p> <p>The report outlining WHSSC's position on the commissioning of Mechanical Thrombectomy for the population of Wales was received.</p> <p>NJ presented an update on thrombectomy capacity in South Wales and members noted the proposed plan for a Mechanical Thrombectomy service at the Neurosciences centre, CVUHB and that WHSSC continued to work with CVUHB to progress the Business Case to develop a Mechanical Thrombectomy centre in south Wales and the financial model had been shared and was being worked through. It was proposed that the service would be implemented in a phased approach over four years.</p> <p>Members noted:</p> <ul style="list-style-type: none">• That WHSSC had worked hard to ensure that Welsh patients had good access to this intervention and, as part of that, had commissioned thrombectomy for the South Wales population from Bristol, and this was part of the plan that had been put in place for this year. The issues around image transfer had been resolved for the whole of Wales which also offered benefit into Powys and North Wales,• In terms of access, the clinical advice and standards were to expect around 10% of appropriate stroke patients to be accessing thrombectomy and that was what was being aimed at currently. Currently, the data showed it was below that at 1.3%, so there was a lot to do in the non-tertiary elements of the pathway for those patients to be pulled through. There was an associated report to the NHS Wales Collaborative Executive Group which CEOs were aware of,• The intention was to Commission the service from CVUHB for south Wales patients and this was included in the plan for next year with the business case expected in quarter four,• WHSSC was in negotiation over the financial aspects of the proposal, and that would go through the normal scrutiny and governance processes in quarter four of this year,• There were workforce issues around implementation for interventional radiology which were identified in the report. WHSSC was working on those with Cardiff & Vale and HEIW and it was expected that this would be implemented on a phased basis into next year, subject to agreement from Management Group; and• There was also a proposal for a gateway review to take place at the end of year two, due to the pump priming that would be required for



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	<p>this development, to establish the size and shape of the service at that point.</p> <p>PM asked if the services which were planned to be commissioned from CVUHB would be 24/7 and advised that he was concerned over workforce constraints should the Bristol service be decommissioned.</p> <p>PM expressed concerns over the resilience of the service being planned for commission in Cardiff and how quickly that service could be staffed to the level Bristol were moving towards. Bristol were already on an 8-8 and would be moving to 24/7, so they obviously had the scale and critical mass to do that, whilst Cardiff would be starting from scratch. Therefore, there was a risk that Cardiff would be unable to provide a 24/7 service from the outset.</p> <p>NJ responded and advised that that the phasing and the pump priming supported a network approach with Bristol to ensure there was that resilience. The phasing was around that readiness assessment as we go through it in terms of the transfer and it was likely that there would be a network service for the first few phases, with the support of Bristol and potential joint appointments, and WHSSC would be looking to put that sustainable model in place. SL added that this would be a sequential change to strengthen Cardiff's service.</p> <p>SR stated that she doubted they would ever be able to mobilise a sustainable service and advised that WHSSC should be really clear with Bristol that this was likely to be a network service for the foreseeable future and commission it in that way so that they don't have the opportunity to seek a better offer elsewhere, or step back from it. WHSSC needed to be really clear about the model, certainly over a 5-10 year horizon, as it would take that long to recruit sufficient thrombectomy interventional radiologists from the UK to fill all the potential opportunities and that WHSSC should not be pursuing a 'Cardiff only' line.</p> <p>PM agreed and advised he was unsure if he could support the model moving forward without further work.</p> <p>SL advised that the emphasis from members seemed to be on the Cardiff service whilst this was about a network service. The important issue was the commitment to Cardiff maintaining a thrombectomy service as there was a very close link between having a thrombectomy service and having an INR service, and there was very close linkage between having an INR service and having a neurosurgery service. The commitment to a longer-term development in thrombectomy within Cardiff had other strategic implications. SL assured members that this was about a long-term commitment to Cardiff, whilst recognising the feasibility of what we</p>



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	<p>were doing, but it was important to 'set our stall out' and show we have a long-term commitment to thrombectomy.</p> <p>SL advised members that another 'disruptive' element to planning the service was the likelihood that within the next couple of years it would not just be interventional radiologists doing thrombectomy. Scotland was already moving towards a model where cardiologists were delivering thrombectomy. Therefore, WHSSC needed to be responsive should that happen, and ensure it kept its options open.</p> <p>The Chair thanked members for the questions and challenges and asked the team to revise the report and accompanying documents to reflect the discussion and questions that had been raised and to make it clearer that this was a networked approach with interdependencies around the Cardiff element. The report should be brought back to the JC meeting in early 2023 for further discussion and should include clarity on the networked approach; interdependencies around the network approach and pick up additional elements including the stroke review.</p> <p>Action: The Delivering Thrombectomy Capacity in South Wales report and accompanying documents to be updated to provide greater emphasis on the networked approach, interdependencies around the network approach and pick up additional elements including the stroke review.</p> <p>The updated report should be presented to the JC in early 2023 for further discussion.</p> <p>The Chair advised that there was a commissioning workshop scheduled for the end of November with the Management Group and she would ask the team if this could be included so they had the opportunity to consider the issues before it came back to JC.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report,• Note the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy and requested that a revised report be brought back to the Joint Committee to include additional detail on the networked approach, interdependencies around the network approach and to include additional elements concerning the stroke pathway,• Note the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and• Note the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.



Min Ref	Agenda Item
JC22/135	<p>3.4 Mental Health Strategy Development</p> <p>The report advising the Joint Committee of the stakeholder feedback received from the engagement exercise for the Specialised Services Strategy for Mental Health and outline the next steps and proposals to move into implementation of the strategy from April 2023 was received.</p> <p>David Roberts (DR) presented the report and members noted:</p> <ul style="list-style-type: none">• That the JC had received a draft of the Specialised Services Strategy for the period 2022 to 2028 and had endorsed its circulation to a comprehensive list of stakeholders,• The stakeholder feedback received indicated that 99.5% were either positive or partly positive, leaving only four negative responses. Two related to the setting up of a Security Services Board across Wales, one to the consideration of a CAMHS in-patient referral hub, and one to providing an electronic patient system. There was no strong opposition to any of the key recommendations,• The next step was to commence the consultation process which would involve patients, carers and the public. An 8 week consultation process had been proposed,• The intention was to put a demand to capacity analysis in place using predictive analysing techniques. This would assist in understanding any vagaries in the system which were currently producing failure demand, and would enable services to be commissioned at the appropriate level, whilst also testing other parts of the system. In order to do this, WHSSC needed to Commission external support. There was also a need for some extensive service modelling engaging clinicians across Wales, and a number of key areas would need to be scoped which would provide the opportunity to learn outside of Wales,• The proposed program governance structure to support the implementation which also needed to support a change process across the principality; and• The proposed revised timeline to enable a consultation period starting on 14 November 2022, and ending on 9 January 2023. Feedback from that consultation would then go to JC on 14 March 2023 with publication of the strategy by 31 March 2023. <p>Members discussed the need for the demand and capacity work to inform the final version of the strategy and to ensure that it is focussed on delivering sustainable services which offer value for money.</p> <p>CS advised that she was keen to ensure that WHSSC felt confident enough that demand and capacity work would influence the strategy. DR emphasised that WHSSC needed to ensure that it was extracting value out of every pound it spent on mental health and learning disability services at the specialised level. The implementation of the strategy would produce some opportunities, although he was unsure how quickly they would manifest themselves.</p>



Min Ref	Agenda Item
	<p>PM expressed concerned on the financial aspect due to the large amount of factors being articulated within the report for specialist services and how they would be funded, resourced and prioritised. SL advised that mental health was WHSSC's third biggest spend but it was struggling with access across England, which was becoming more and more challenging and in some areas it was paying high costs for services which were not optimum. Therefore, there were opportunities to gain better value from the system rather than spend more.</p> <p>DR informed members that there were currently 68 medium secure patients outside of the NHS Wales system who were either being cared for by NHS England (NHSE) or by the independent sector and that WHSSC needed to look at these areas to ensure it is getting value for money and that the Welsh pound was being spent in the right places.</p> <p>NP asked how the context of eating disorders had been factored in the upstream investment that reduced the demand for specialist, as there was evidence that if investment was right at tiers 1-3, the demand for Tier 4 was reduced, and this would apply to CAMHS and some of the other services.</p> <p>Members held a full discussion and the general consensus was that to understand demand and capacity in one part of the system, WHSSC would need to look across the system. Specialist mental health could not be looked at in isolation, and it was highlighted that the demand for specialised services could possibly be reduced if pathways were managed differently. WHSSC needed to look at what professionals it had against what was needed and then address the deficit and until a proper demand and capacity exercise was carried out; it would not be possible to carry out a prioritisation exercise.</p> <p>DR said he felt comfortable that it was possible to deliver a demand and capacity exercise which looked at the whole pathway; took account of all the options available; considered the status quo minus x per cent, and provided an assessment on demand in the medium to long term and was something that WHSSC needed to. Failure to do so would leave stones unturned and that NHS Wales could not afford to do anything which did not produce value. He acknowledged the comments made. However, given the comments made and agreed to review the time lines.</p> <p>Action: DR to review the Mental Health Strategy Development report timelines.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the stakeholder feedback received from the 12-week engagement exercise on the draft Specialist Mental Health Strategy;• Agree the proposals to:



Min Ref	Agenda Item
	<ul style="list-style-type: none">○ Undertake an 8 week consultation process using the draft consultation document,○ Commission demand and capacity modelling with immediate effect; and○ Develop a programme approach to implementation of the Strategy following the consultation exercise; and <ul style="list-style-type: none">• Note that the final version of the strategy will need to take into account the demand and capacity modelling and the timescales for approval may need to be amended.
JC22/136	<p>3.5 Single Commissioner for Secure Mental Health Services Proposal</p> <p>The report presenting the options for a single national organisation to commission integrated secure mental health services for Wales for HBs to consider was received.</p> <p>DR presented the report and members noted:</p> <ul style="list-style-type: none">• That the report has been prepared following a request received from WG for the WHSSC Joint Committee to provide the mechanism for the recommendation from the “Making Days Count” review to be considered, and for the Joint Committee to make a recommendation to WG on the preferred option,• The letter specifically asked that WHSSC and HBs consider the benefit of a single national organisation to commission integrated security services and was presented to the JC on 6 Sept 2022 for information,• The options appraisal for a single commissioner included six potential options: Status Quo, WHSSC, the National Collaborative Commissioning Unit (NCCU), the Welsh NHS Collaborative, a newly formed secure services network or one of the seven HBs; and• After the detailed analysis which included consideration of the governance framework, experience and skills to commission NHS services it was proposed that there were 3 potential options: status quo, WHSSC or one of the seven HBs. <p>SHG advised that SBUHB were completely supportive of a single commissioner, however it was not clear from report who had been involved in suggesting WHSSC as a potential option. DR responded and advised that the WHSSC team had undertaken the analysis for the options appraisal to enable the JC to have options for consideration.</p> <p>NP advised that she had no major issues in principle, however the team at ABUHB had some practical questions which could be picked up through the task and finish group.</p> <p>PM queried the scale of the expenditure for a single commissioner and DR advised he would confirm the amount and update the JC outside of the meeting.</p>



Min Ref	Agenda Item
	<p>SR queried why the NCCU had not been included as an option, and DR advised that they had been excluded, as they did not have the required governance structure in place.</p> <p>Members agreed to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022 in readiness for the Joint Committee meeting 17 January 2023. DR agreed to share the report with the timelines.</p> <p>Action: DR to circulate the report outlining a proposal for a Single Commissioner for Secure Mental Health Services Proposal to CEOs to include the timelines for response.</p> <p>The Chair advised members that the queries raised should be shared across the HBs to ensure there was a mechanism through which everyone could see the questions and answers to support the engagement process.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report,• Consider the options for a single national organisation to commission integrated Secure Mental Health Services for Wales,• Agree to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022; and• Noted that the proposal will return to the Joint Committee for decision on 17 January 2023.
JC22/137	<p>3.6 Gender Identity Development Service (GIDS)</p> <p>The report updating members about the Gender Identity Development Service (GIDS) for Children and Young People including what the changes mean for children and young people in Wales and next steps was received.</p> <p>Carole Bell (CB) presented the report and members noted:</p> <ul style="list-style-type: none">• The decommissioning of the Tavistock and Portman service, possibly from April 2023, and the NHS England transformation program that was in place to meet the recommendations of the CASS review and implement the early adopter sites,• The update on the current position with regards to the waiting lists, access to puberty blockers and the proposed research program going forward; and• The current commissioning position and the next steps in terms of engagement with the National Transformation Programme. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the information presented within the report; and



Min Ref	Agenda Item
	<ul style="list-style-type: none">• Note the information presented at Appendix 1 regarding the decommissioning of the Tavistock and Portman NHS Foundation Trust (TPNFT) and the NHS England (NHSE) transformation programme.
JC22/138	<p>3.7 Individual Patient Funding Request (IPFR) Governance Engagement Update</p> <p>The report seeking support for the proposed engagement process for the WHSSC Individual Patient Funding Request (IPFR) panel and Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy was received.</p> <p>Iolo Doull (ID) presented the report and members noted:</p> <ul style="list-style-type: none">• WHSSC's longstanding issues concerning the quoracy of the WHSSC IPFR Panel,• The judgement handed down in the judicial review of a case of a patient with a specific type of bowel cancer and the comments made concerning the WHSSC ToR and the All Wales IPFR Policy• That WG had confirmed that the All Wales IPFR panel was a sub-committee of the JC and that it was within its authority to obtain an approved ToR,• Legal advice had been sought from David Locke KC to support developing and strengthening the ToR and policy,• That WG had agreed that WHSSC could embark an engagement process to review the IPFR panel ToR and a specific and limited review of the All Wales IPFR Policy,• The engagement process will commence on the 10 November 2022 for a 6 week period with key stakeholders, including the All Wales Therapeutics and Toxicology Centre (AWTTC), the IPFR Quality Assurance Advisory Group (QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT); and• That David Locke KC would provide a briefing to the All Wales Medical Directors Group and to the stakeholder engagement event planned for all HBs in early December 2022. <p>SHG queried if the IPFR Policy Implementation Group (PIG) had been involved and CB advised that they had been made aware that the work taking place and there had been discussions, but further involvement could only take place after Joint Committee had approved the consultation.</p> <p>The Chair advised that in the absence of any questions relating to this that an update would be provided to members at the next JC meeting in January 2023.</p> <p>Action: An update on the Individual Patient Funding Request (IPFR) Engagement process to be provided to the JC in early 2023.</p>



Min Ref	Agenda Item
	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report; and• Support the proposed process for engagement for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.
JC22/139	<p>4.1. Covid-19 Period Activity Report - Month 6 2022-2023</p> <p>The report highlighting the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity was received.</p> <p>Members noted addition of a new Annexe A to summarise all of the positions against each other. This included key specialties being compared directly for example Cardiff & Vale with Liverpool, and a new headline comparator.</p> <p>Members:</p> <ul style="list-style-type: none">• Noted the report.
JC22/140	<p>4.2 Financial Performance Report Month 6 2022-2023</p> <p>The financial performance report setting out the financial position for WHSSC for month 6 of 2022-2023 was received.</p> <p>Members noted that the financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan by the JC in February 2022.</p> <p>The financial position reported at Month 6 for WHSSC is a year-end outturn forecast under spend of £13,711k. The under spend predominantly related to releasable reserves from 2021-2022 and declared slippage in development schemes, partially offset by forecast over spends in specialised mental health provision and NHS England contracted providers.</p> <p>Members:</p> <ul style="list-style-type: none">• Noted the current financial position and forecast year-end position.
JC22/141	<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.
JC22/142	<p>4.4 Reports from the Joint Sub-Committees</p> <p>The Joint Committee Sub-Committee reports were received as follows:</p>



Min Ref	Agenda Item
	<p>i. Management Group Briefing</p> <p>The JC noted the core briefing documents from the meetings held on 25 August 2022, 22 September 2022 and 27 October 2022.</p> <p>ii. Quality & Patient Safety Committee (QPSC) Members</p> <p>The JC noted the Chair's report from the meeting held on 25 October 2022.</p> <p>Members noted the final internal audit assessment report on WHSSC quality reporting which had been given a substantial assurance rating. The report had been discussed at the QPSC Development Day and at the QPSC meeting, and there was only one matter requiring management attention.</p> <p>The Chair extended her congratulations to the team for the substantial assurance rating.</p> <p>iii. Integrated Governance Committee (IGC)</p> <p>The JC noted the Chair's report from the meeting held on 11 October 2022.</p> <p>iv. Individual Patient Funding Request (IPFR) Panel</p> <p>The JC noted the Chair's report from the meeting held on 20 October 2022.</p> <p>v. Welsh Kidney Network (WKN)</p> <p>The JC noted the Chair's report from the meeting held on 6 October 2022. Ian Phillips (IP) referred to the recommendations shared previously from the Governance Review and advised that a further workshop had been planned for 23 November as part of the planned WKN Board meeting to give them the opportunity to fully contribute to the action plan, and this would be brought back to JC in January 2023 for consideration.</p> <p>IW stated that with regard to the significant procurement going on in SBUHB, there would be several unavoidable delays to the original timescales due to the financial volatility. Bearing in mind the conversations at the start of this meeting, this represented a significant risk in terms of affordability. WKN would receive an update on 23 November 2022 and the outcome of that would be reported back to in the JC meeting in January 2023.</p> <p>IW referred to the Quality Statement, which was a WG requirement and involved the whole of the patient pathway in something WKN had been asked to develop, which did not represent specialised services. Clarity had been sought from WG as to why they thought the WKN should be involved in the aims of the Quality Statement. IW agreed to provide an</p>



Min Ref	Agenda Item
	<p>update in due course, but this also fed into WHSSC's terms of reference as part of the Governance Review.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the reports.
JC22/143	<p>5.1. Any Other Business</p> <p>Skin Camouflage Pilot Service – members noted that on 28 October 2022 WHSSC received a formal request from WG following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service. Members noted that this was a small service which would support the national commitment to 'Pledge to be Seen', with an annual spend of around £35,000. The letter would be brought back to JC in January</p> <p>CMTUHB Audit Lead Independent Member (IM) – on behalf of the Joint Committee the Chair formally thanked Ian Wells, IM CTMUHB for all of his support since he was appointed as CTMUHB audit lead for WHSSC eighteen months ago. The Chair advised that he had been an invaluable member of the team and that WHSSC were extremely grateful to him for his commitment of time and effort, which was especially notable given his normal HB responsibilities; and</p> <p>Retirement of CEO BCUHB – The Chair acknowledged what would have been Jo Whitehead's last meeting with the Joint Committee, and on behalf of the Joint Committee offered thanks for her time and commitment to the Joint Committee's business and wished her well in her retirement.</p>
JC22/144	<p>5.2 Date of Next Scheduled Meeting</p> <p>The JC noted that the next scheduled meeting would be on 17 January 2023.</p> <p>There being no other business other than the above the meeting was closed.</p>
JC22/145	<p>5.3 In Committee Resolution</p> <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's Signature:

Date:

UNCONFIRMED



JOINT COMMITTEE MEETING 17 January 2023 Action Log

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
6 Sept 2022					
JC22/020	JC22/109 - Recovery Update Paediatrics – Presentation ACTION: Meriel Jenney (MJ) is to review the INNU lists, including establishing if there were any misallocated or misstated surgical operations.	MJ	Nov 22	27.10.22 – ID contacted MJ and is awaiting a response. 20.12.2022 – Verbal update provided at meeting and response was still awaited. 30.12.2022 – MJ confirmed there were no misallocated or misstated operations. Action completed.	CLOSED
	ACTION: SD and KP will work with CVUHB on recovery plans and SD will provide members with an update in November.	SD/KP	Nov 22	20.12.2022 - This was included in the recovery presentation to JC 8 November 2022. Action completed.	CLOSED
	ACTION: NJ to provide an update to the November JC on work to develop alternative prioritisation criteria for children	NJ	Nov 22	20.12.2022 - This was included in the recovery presentation to JC 8 November 2022. Action completed.	CLOSED

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
	ACTION: KP will investigate out-sourcing options to address the backlog issue and NJ will provide an update in November.	NJ	Nov 22	20.12.2022 - This was included in the recovery presentation to JC 8 November 2022. Action completed.	CLOSED
	ACTION: Following on from the Recovery Trajectories Workshop at the July 2022 meeting, SD to coordinate a progress review on recovery trajectories at the 17 January 2023 JC meeting.	SD/NJ	Jan 2023	20.12.2022 - This was included in the recovery presentation to JC 8 November 2022. Providers were requested to provide detailed updated recovery trajectories for each key specialty. These will be subject to performance monitoring arrangements via the routine COVID-19 performance report on the JC agenda going forward. Action completed.	CLOSED
JC22/020	JC22/111 Managing Director's Report ACTION: SD to provide an update on TAVI to the JC in November 2022 and further updates on cardiac surgery.	SD	Nov 2022 Jan 2023	20.12.2022 - This was included in the recovery presentation to JC 8 November 2022. Action completed.	CLOSED

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
JC22/023	JC22/116 Individual Patient Funding Requests (IPFR) Governance Update ACTION: SL is to put forward a recommendation for the WHSSC IPFR Panel ToR and the All Wales IPFR Policy at the January 2023 meeting.	SL	Jan 2023	27.10.22 – IPFR update is on the Agenda. Action completed.	CLOSED
8 November 2022					
JC22/024	JC22/131 Recovery update (incl. Progress with Paediatric Surgery) ACTION: The Recovery Update planned for the Joint Committee meeting on 17 January 2023 to include a progress update on Paediatric Surgery.	SD	Jan 2023	20.12.22 – This is included in the Activity report. These will be subject to performance monitoring arrangements via the routine COVID-19 performance report on the JC agenda going forward. Action completed.	CLOSED
	ACTION: recovery information from the deep dive session held with the Joint Committee to be shared with NP for information.	NJ/SD	Jan 2023	20.12.22 – information shared. Action completed.	CLOSED

JC22/025	JC22/133 Managing Director's Report ACTION: NJ to liaise with SHG and Los Harry to discuss progress with the evaluation for the Major Trauma Network (MTN)	NJ	Jan 2023	20.12.2022 – South Wales Trauma Network ODN Delivery Assurance Group Report on the agenda. First Year Evaluation Report highlights will be circulated by the SWTN when available.	CLOSED
JC22/026	JC22/134 Delivering Thrombectomy Capacity in South Wales ACTION: The Delivering Thrombectomy Capacity in South Wales report and accompanying documents to be updated to provide greater emphasis on the networked approach, interdependencies around the network approach and pick up additional elements including the stroke review. The updated report should be presented to the JC in March 2023 for further discussion.	NJ	March 2023	Not yet due.	OPEN
JC22/027	JC22/135 Mental Health Strategy Development ACTION: DR to review the Mental Health Strategy Development report timelines.	DR	Jan 2023	20.12.2022 – Timelines reviewed and communicated to HBs. Action completed.	CLOSED

JC22/028	JC22/136 Single Commissioner for Secure Mental Health Services Proposal ACTION: DR to circulate the report outlining a proposal for a Single Commissioner for Secure Mental Health Services Proposal to CEO's to include the timelines for response.	DR	Jan 2023	202.12.2022 – Single Commissioner proposal considered at JC meeting on 10 January 2023. Action Completed.	CLOSED
JC22/029	JC22/138 Individual Patient Funding Request (IPFR) Governance Engagement Update ACTION: An update on the Individual Patient Funding Request (IPFR) Engagement process to be provided to the JC in early 2023.	SL	March 2023	Not yet due.	OPEN

INTEGRATED COMMISSIONING PLAN

2023-2024



CONTENTS

- In response to the feedback at the Joint Committee Workshop on 10.1.23, to support agreement of the Plan this pack includes:
- The planning principles used to finalise the ICP
- A 'composite' preferred financial scenario
- Greater detail on the risks and choices that the Plan entails.

PLANNING PRINCIPLES

- Overarching principle is to maximise value from our core resources
 - To make choices on new developments and investments on a risk assessed basis (see later slides)
 - To ensure that considerations of equality and equity are central to planning and commissioning as per WHSSC Accountability Letter 2022/23
 - To ensure that repatriation of services maximises value for patients and wherever possible is delivered within existing resource envelope
 - To maintain the renewed focus on performance management and value for money from contracts in line with the Escalation Framework
 - To work with Health Boards in-year on value, cost-avoidance and demand management across whole pathways
 - To assess previous investments and bring forward recommissioning choices in year in conjunction with Health Boards

VALUE, COST AVOIDANCE AND DEMAND MANAGEMENT

- WHSSC and Health Boards to develop plan to identify pathway wide opportunities to reduce cost and/or increase efficiency in either WHSSC or HB cost base – potential areas include:
 - Identifying system wide savings from PET increases
 - Reviewing savings potential in Home Parental Nutrition pathways
 - Identifying system wide savings from mental health pathway functioning across secure; CAMHS and eating disorders
 - Improving performance of Welsh CAMHS and medium secure services – better utilisation and reduced out of area placements
 - Specialised Psychology Services Review
 - Review efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms

RECOMMISSIONING CHOICES

WHSSC and Health Boards to work together via Management Group processes to:

- Undertake systematic assessment of any opportunities to review access thresholds across the pathway including ability to benefit to improve value for money
- Identify opportunities to reduce or contain activity levels – having due regard to equity, cross border and EQIA risks
- Evaluate investments from last 3 years to test and map delivery benefits and re-target as appropriate
- Reviewing commissioning policy positions including e.g. fertility, gender reassignment, plastic surgery, high cost devices

MOVEMENT TOWARDS COMPOSITE SCENARIO

	2023/24 WHSSC Requirement £m	2023/24 WHSSC Base Plan £m	Movement £m	Description
Adjustments for Non Recurrent Performance	10.374	4.255	6.120	M7 forecast performance provided for in full, with offsetting mitigations & actions moved into Re-commissioning section
Full Year Effect of Prior Approved Commitments	4.359	5.514	(1.154)	Includes FYE of agreed strategy workstreams including Neonatal Cot Configuration, Paeds Strategy and Major Trauma. Phasing is further reviewed and uncommitted 22/23 CIAG ICC scheme is frozen.
B/F 22/23 Underlying Deficit	16.161	11.195	4.966	
Unavoidable New Growth & Cost Pressures	5.740	6.590	(0.850)	£4m Unavoidable Independent Sector inflation. Higher risk lower provision revised for in year new NICE drugs and PET
Dis-investments & Re-Commissioning	(9.160)	(1.250)	(7.910)	Offsetting performance actions dis-aggregated and new disinvestments (see Re-Commissioning slide next) 1.2% reduction
CIAG & Prioritisation Schemes	0.652	2.230	(1.578)	4 highest risk schemes taken forward and phased at 25%, New Prioritisation indications also phased to 25% in year
Strategic Specialist Priorities	0.375	0.750	(0.375)	Phasing of Thrombectomy implementation delayed to Q4 for in year affordability
B/F Deficit, Growth, Savings & Developments	13.768	19.515	(5.747)	
NHS Wales Provider Inflation - 1.5%	7.391	7.545	(0.154)	Adjustment to inflation calculation in line with above assumptions
ICP Investment 2023/24	23.537	29.437	(5.900)	
% Core Uplift Required	3.11%	3.89%	-0.78%	

DISINVESTMENT & RE-COMMISSIONING



Re-Commissioning & Disinvestments	2023/24 £m	2024/25 £m	2025/26 £m
Medicines Management			
New Medicine Optimisation Schemes	(1.000)	(1.000)	(1.000)
Disinvestments			
Recurrent:			
Cardiac Surgery disinvestment C&V	(1.875)	(2.344)	(2.344)
Cardiac Surgery disinvestment SB	(1.395)	(1.744)	(1.744)
Non Recurrent under performance (assume 50% recovery)			
Paeds Surgery C&V	(0.150)		
Plastics SB	(0.700)	-	
Bariatrics SB	(0.090)	-	
Thoracic SB	(0.125)	-	
Thoracic C&V	(0.200)	-	
Renal Activity	(0.150)	-	
Re-Commissioning & Strategy Efficiencies			
Reduction in Neonatal OOA transfers due to SW capacity	(0.250)	(0.250)	(0.250)
Target Reduction in Forensic OOA Placements	(1.000)	(1.000)	(1.000)
Target Reduction in NW CAMHS OOA Placements	(0.250)	(0.250)	(0.250)
Target Reduction in SW CAMHS OOA Placements	(0.500)	(0.500)	(0.500)
Target Reduction in Eating Disorders OOA Placements	(0.500)	(0.500)	(0.500)
Paeds Contract Rebasing through Strategy Service Reviews	(0.250)	(0.500)	(0.500)
Device Optimisation C&V	(0.150)	(0.150)	(0.150)
Device Optimisation SB	(0.150)	(0.150)	(0.150)
Genetics - Repatriate send out tests to in house	(0.250)	(0.500)	(0.500)
WHSSC DRC Budget CRP 5% (office optimisation & agile working)	(0.175)	(0.175)	(0.175)
Total Re-Commissioning and Disinvestment Savings	(9.160)	(8.238)	(8.238)

Re-Commissioning and Strategy schemes initially included as offsets within the non-recurrent performance assumptions are disaggregated and transparently presented:

- Recurrent Cardiac Surgery disinvestment assumes current marginal performance levels are recurrent with a further semi fixed infrastructure cost disinvestment implemented part year.
- A number of non-recurrent under performance assumptions are included.
- No. of schemes are brought forward part year into 23/24 work plan due to revised prioritisation of CIAG and commissioning priorities.

FINANCIAL SUMMARY - COMPOSITE SCENARIO

	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2023/24 WHSSC Requirement	
	£m	£m	£m	£m	£m	£m	£m	£m	
2022/23 Closing Income	143.575	157.167	130.518	109.913	85.380	31.171	94.639	752.363	
Genomics Allocation Uplift 23/24	0.836	1.125	0.712	0.541	0.602	0.223	0.506	4.545	
2023/24 Opening Income	144.411	158.292	131.230	110.454	85.982	31.394	95.145	756.908	
M7 22/23 - Outturn Forecast	(2.695)	(3.671)	(2.651)	(1.900)	(2.146)	(0.335)	(2.201)	(15.599)	2.14%
Reinstate Non Recurrent Writebacks	3.099	3.629	2.600	2.315	2.136	1.034	2.213	17.026	
Adjustments for Non Recurrent Performance	1.963	2.155	1.751	0.751	1.869	(0.187)	2.072	10.374	
Full Year Effect of Prior Approved Commitments	1.078	(0.035)	1.129	0.741	0.630	0.097	0.720	4.359	
B/F 22/23 Underlying Deficit	3.445	2.078	2.829	1.907	2.489	0.609	2.804	16.161	
Unavoidable New Growth & Cost Pressures	1.147	1.130	1.125	0.919	0.621	0.218	0.579	5.740	-0.32%
Disinvestments & Re-Commissioning	(2.113)	(0.749)	(1.509)	(1.448)	(1.375)	(0.383)	(1.583)	(9.160)	
CIAG & Prioritisation Schemes	0.152	0.050	0.159	0.093	0.077	0.027	0.095	0.652	
Strategic Specialist Priorities	0.094	0.000	0.077	0.064	0.062	0.011	0.068	0.375	
B/F Deficit, Growth, Savings & Developments	2.724	2.509	2.681	1.536	1.874	0.483	1.962	13.768	1.82%
NHS England Provider Inflation - 1.5%	0.293	1.184	0.205	0.200	0.163	0.157	0.175	2.378	1.29%
NHS Wales Provider Inflation - 1.5%	1.523	0.950	1.450	1.205	0.964	0.228	1.070	7.391	
ICP Investment 2023/24	4.540	4.643	4.337	2.941	3.001	0.867	3.207	23.537	3.11%
Total WHSSC Funding 2023/24	148.952	162.935	135.567	113.395	88.984	32.261	98.353	780.445	
% Core Uplift Required	3.14%	2.93%	3.30%	2.66%	3.49%	2.76%	3.37%	3.11%	
JC Workshop (10/01/23) Draft ICP Investment	6.028	4.890	5.619	4.187	3.734	1.036	3.944	29.437	3.89%
Commissioner Movement	(1.488)	(0.247)	(1.282)	(1.246)	(0.733)	(0.169)	(0.736)	(5.900)	-0.78%

PERFORMANCE RISKS

- Less likely to be have material slippage in year – reduced ability to cope with unexpected in year pressures from activity movements, exceptional patient care packages and further inflationary issues
- Risk that we are planning not to meet the waiting times targets in plastics and paediatric surgery and reducing ability to outsource – further discussion of Delivery Plans in JC March 2023
- Longer term aim in thoracics is to increase capacity and access - screening uplift will take several years to materialise, but if cancer activity increases there will be restricted capacity for benign cases

RISKS – ICP 22/23 CIAG SCHEMES

Scheme	Value	Description	Risks					Recommend
			Q	S	A	E	C	
Paeds Spinal Surgery	0.058	JC Request WHSSC to commission.						Proceed
Paeds Orthopaedic Surgery	0.250	Meet Service Spec. Access for patients with disabilities. Paeds Strategy.						Proceed
Paeds Pathology	0.133	QPS issue. Increase capacity in national service. Equity N and S Wales.						Proceed
Neurosurgery	0.176	Improve access. Support prudent use of consultant time through appointment of CNS, therapy and psychology.						Proceed
Neuropsychiatry (phase 2a)	0.562	Deliver liaison model. Equity between C&V and other S Wales HBs.						Proceed
Inherited Cardiac Conditions	0.360	Nursing and support staff. BCU service under pressure, awaiting info from C&V.						Suspend
ACHD	0.150	Increase capacity in Cardiac MRI and support final phase of ACHD plan. 6/7 HBs already supported - back to MG in Feb.						Proceed

Note: 'Proceed' is subject to scrutiny and agreement by Management Group

Key - Risks Addressed by Proceeding with the Scheme	
Quality and Standards	Q
Sustainability	S
Access and Waiting Times	A
Equity and Equality	E
Cost	C

RISKS – CIAG SCHEMES 23/24

Prioritisation	Scheme	Value		Risks					Recommend
		2023/24	2024/25						
		£m	£m	Q	S	A	E	C	
Very High	Metastatic Spinal Cord Compression Co-ordinators	0.067	0.134						Proceed
	Neuro Rehabilitation	0.476	0.951						Proceed
	Neuropsychiatry (final phase 2b)	0.350	0.700						Proceed
High	Major Trauma Service (Paeds)	0.155	0.310						Suspend
	Silver Trauma Lead	0.013	0.026						Suspend
	Cardiac Devices	0.026	0.053						Suspend
	Physiotherapy for Plastic Surgery	0.094	0.188						Suspend
	Prolonged Disorders of Consciousness (phase 2)	0.143	0.285						Proceed
	Thoracic Surgery	0.171	0.341						Suspend
	Paediatric Emergency and Acute Medicine	0.160	0.320						Suspend
	Sarcoma Therapies	0.050	0.100						Suspend
	Renal Psychology	0.092	0.184						Suspend
Medium	Psychology for Thoracic Surgery	0.107	0.214						Suspend
	Clinical Immunology - Psychologist	0.036	0.071						Suspend
Low	Major Trauma -TARN	0.021	0.042						Suspend
	MTN Digital Network	0.033	0.065						Suspend

Key - Risks Addressed by Proceeding with the Scheme	
Quality and Standards	Q
Sustainability	S
Access and Waiting Times	A
Equity and Equality	E
Cost	C

RISKS – HORIZON SCANNING 23/24



Prioritisation	Scheme	Value		Risks					Recommend
		2023/24	2024/25						
		£m	£m	Q	S	A	E	C	
Very High	SABR - Recurrent pelvic tumours	0.009	0.038						Proceed
	SABR - Primary Kidney	0.052	0.203						Proceed
	SABR - Pancreatic carcinoma	0.042	0.170						Proceed
	Proton Beam Therapy for craniospinal irradiation	0.032	0.032						Proceed
	Abatacept for refractory idiopathic inflammatory myopathies		0						Remove not prioritised
	(SIRT) unresectable metastatic colorectal cancer (adults)		0						Remove not prioritised

Key - Risks Addressed by Proceeding with the Scheme	
Quality and Standards	Q
Sustainability	S
Access and Waiting Times	A
Equity and Equality	E
Cost	C

SUMMARY

- The ICP has been re-cast to reflect the discussion at the Workshop on 10.1.23 in the context of the challenging financial context and the requirements of the NHS Wales Planning Framework
- The risks and choices have been assessed and described in more detail
- To support the Joint Committee to agree the Integrated Commissioning Plan 2023/24



Report Title	Integrated Commissioning Plan (ICP) 2023-24		Agenda Item	2.1	
Meeting Title	Joint Committee		Meeting Date	17/01/2023	
FOI Status	Public				
Author (Job title)	Assistant Director of Planning				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to present the final Integrated Commissioning Plan (ICP) 2023-24 for approval.				
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 that the Plan has been finalised following the Joint Committee Workshop held on 10 January 2023;• Approve the Integrated Commissioning Plan (ICP) 2023-2026 for submission to Welsh Government; and,• Approve the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs).					

INTEGRATED COMMISSIONING PLAN (ICP) 2023-24

1.0 SITUATION

The purpose of this report is to present the final Integrated Commissioning Plan (ICP) 2023-24 for approval.

2.0 BACKGROUND

As laid out in the Director-General's letter which accompanied the NHS Wales Planning Framework 2023-26, as a key supporting organisation WHSSC is required to develop an ICP Plan on behalf of Health Boards (HBs) that must be agreed by the Joint Committee and align with the Planning Framework and Commissioner Integrated Medium Term Plans (IMTPs).

The development of our strategic commissioning approach is included in the Plan with the delivery of the service strategies for Paediatrics and Mental Health and the conclusion in 2023 of the work on the Specialised Services Strategy. In addition, in 2023-24 we will be undertaking a strategic service review of cardiac services, delivering the results of the specialised haematology review and developing our specialised rehabilitation services strategy. We will also be building on our value-based healthcare work programme, working with HBs on a programme of cross-cutting value, cost-avoidance, demand management and recommissioning priorities and maintain our renewed emphasis on performance management.

We have followed our well-established annual cycle to develop the ICP with commissioning intentions issued during May 2022 and the clinical impact assessment of investments taking place with HB clinical and managerial colleagues during August. The recommendations of our robust horizon-scanning and evidence-based prioritisation of new interventions process were also supported by the Management Group in September 2022 and these have been further reviewed and risk-assessed to support the Joint Committee in agreeing the final Plan.

The first draft Plan was considered at the Management Group meeting on 27 October 2022 and the Joint Committee on the 8 November 2022. Following this discussion, in the light of the very challenging financial environment, further work was undertaken to assess a set of financial and risk scenarios, with discussion at the December Management Group meeting and a Joint Committee Workshop was also held on the 10 January 2023. The final Plan has been re-cast in response to the feedback from the Workshop to support the Joint Committee and a set of Planning Principles has also been developed and included in the Plan. Alongside the assessment of these scenarios further work was also undertaken on the Plan to align it to the Ministerial Priorities outlined in the NHS Wales Planning Framework issued in November 2022.

3.0 ASSESSMENT

3.1 The Overall Plan

The final Plan is attached at **Appendix 1** for approval. It is structured to include:

- National, Regional and WHSSC context,
- Information on how the plan has been developed,
- Planning Principles,
- The processes that inform the plan,
- Achievements from the 2022-23 Plan,
- The outcomes of the clinical impact assessment and horizon scanning and prioritisation of new interventions processes, which have been aligned to the financial requirements,
- The performance and recovery position of the key specialties included in the organisation's Accountability Letter,
- Goals, Methods and Outcomes for each commissioning team (priorities for 2023-24),
- Considerations of decarbonisation, foundation economy and value; and areas of demand management, cost-avoidance and recommissioning,
- The financial requirements, based on the outcome of the Joint Committee Workshop; and
- Risk management, governance and reporting.

Appended to the document that will be submitted in line with the NHS Wales Planning Framework are:

- Appendix A Assessment of ministerial priorities
- Appendix B Detailed Performance Report
- Appendix C Detailed financial report – will be finalised subject to the financial position agreed by JC 17/01/23)
- Appendix D Minimum Data Set

3.2 The Financial Plan

During the process of developing the plan, the financial situation of NHS Wales has become clearer and the context for consideration of the plan has become more difficult. The financial environment was crystallised with the issue of Allocation Letters in late December 2022. At the Joint Committee Workshop on the 10 January 2022 a range of scenarios were considered and the Plan has been redrafted based on the feedback. The financial requirements included in the Plan are shown in Table 1 below.

Table 1 – Financial Requirements of the Integrated Commissioning Plan (ICP) 2023-24

	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2023/24 WHSSC Requirement	
	£m	£m	£m	£m	£m	£m	£m	£m	
2022/23 Closing Income	143.575	157.167	130.518	109.913	85.380	31.171	94.639	752.363	
Genomics Allocation Uplift 23/24	0.836	1.125	0.712	0.541	0.602	0.223	0.506	4.545	
2023/24 Opening Income	144.411	158.292	131.230	110.454	85.982	31.394	95.145	756.908	
M7 22/23 - Outturn Forecast	(2.695)	(3.671)	(2.651)	(1.900)	(2.146)	(0.335)	(2.201)	(15.599)	2.14%
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Commissioner Movement	(1.488)	(0.247)	(1.282)	(1.246)	(0.733)	(0.169)	(0.736)	(5.900)	-0.78%

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** that the Plan has been finalised following the Joint Committee Workshop held on 10 January 2023;
- **Approve** the Integrated Commissioning Plan (ICP) 2023-2026 for submission to Welsh Government; and,
- **Approve** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs).

Governance and Assurance	
Strategic Objective(s)	Yes
Link to Integrated Commissioning Plan	This report presents the Integrated Commissioning Plan
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Care for Those with the greatest health need first Reduce inappropriate variation
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 Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome
Organisational Implications	
Quality, Safety & Patient Experience	The ICP has quality, safety and patient experience at its core
Finance/Resource Implications	There are financial implications related to the realisation of the Integrated Commissioning Plan which are outlined within the report
Population Health	The ICP responds to the tertiary needs of the welsh population and seeks to outline priority areas for commissioning to meet those needs
Legal Implications (including equality & diversity, socio economic duty etc)	The ICP has been developed with regard the relevant legislative requirements, including considerations of those with protected characteristics.
Long Term Implications (incl WBFG Act 2015)	The ICP has been developed with long-term implications in mind. I.e. many of the investment areas identified within the plan relate to sustainability
Report History (Meeting/Date/ Summary of Outcome)	10 January 2023 – Joint Committee – Workshop 15 December 2022 – Management Group Consideration of Financial Plan Scenarios 8 November 2022 – Joint Committee considered the draft ICP

	<p>27 October 2022 – Management Group considered the draft ICP</p> <p>22 September 2022 - Management Group – Financial presentation</p>
Appendices	Appendix 1 – Integrated Commissioning Plan (ICP) 2023-26



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WALES

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



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IMPROVEMENT
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WELSH HEALTH SPECIALISED SERVICES INTEGRATED COMMISSIONING PLAN 2023-2024

To ensure that there is: Equitable access to safe,
effective and sustainable specialist services for the
people of Wales, as close to patients' homes as
possible, within available resources

FOREWORD FROM WHSSC CHAIR AND MANAGING DIRECTOR

As a national NHS Wales supporting organisation, we continue to develop our commissioning approach to support the system to meet the needs of Welsh patients for specialised services. Within this context, we are once again pleased to present the Integrated Commissioning Plan 2023-26, developed on behalf of Health Boards in Wales to ensure that high quality services are commissioned for the Welsh population.

Our 2022-2025 Plan included the development of our Specialised Services Strategy, which will be published in 2023, and also the development during 2021- 22 of two service commissioning strategies (Mental Health and Paediatrics). Through the agreed ICP 2021/22 a number of specialist services have been supported with a range of evidence-based and prioritised investments, and there has been an increase in value driven and recommissioning reviews in a number of service areas, including haematology, specialist rehabilitation and cardiac services. In line with the recovery agenda, the Plan sought to support commissioned services to recover and return to a position of pre-Covid activity, with variable achievement across our providers, and as a result we restarted our performance management arrangements following the hiatus during the pandemic.

Working with Health Boards, the Plan has been developed in the context of the extreme financial pressures and service challenges facing NHS Wales, but our approach for the period of this plan is no less ambitious, seeking to consolidate and build on our commissioning approach as a tool for strategic change, sustainability, value and delivery. We will continue to ensure we maximise value in our core resources and enable clear return on investment, ensuring the most effective use of public money and supporting decarbonisation and the foundational economy, as well as promoting equity of service provision in our relationships with providers in Wales as well as in NHS England.

We could not present this plan without acknowledging the continued commitment and commissioning expertise of the WHSSC team who continue to work to develop relationships across Wales and England on behalf of the seven Health Boards in Wales

Dr Sian Lewis
Managing Director

Kate Eden
Chair



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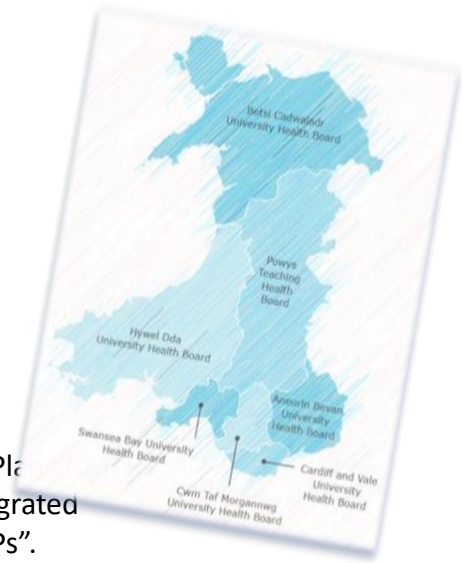


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INTRODUCTION AND PURPOSE

Working on behalf of the 7 Welsh Health Boards, WHSSC has the delegated responsibility to commission high quality specialised services for the Welsh population from providers that have the appropriate experience and expertise; are able to provide a robust, safe, high quality and sustainable services, and are cost effective for NHS Wales.

Each year Welsh Government issues the NHS Wales Planning Framework that requires Health Boards to develop and deliver Integrated Medium Term Plans which triangulate service, finance and workforce. Within this Framework, as a national supporting organization, WHSSC is required to “develop an Integrated Commissioning Plan on behalf of health boards that must be agreed by the committee and align with the Planning Framework and Commissioner IMTPs”.



We have responsibility for commissioning over £752 million of specialised services for the Welsh population and to maximise the value from investing these resources. Our Operating Model includes functional directorates (patient care, medical, planning, finance and corporate services) which integrate through 6 multi- disciplinary Programme Commissioning Teams, and the Welsh Kidney Network. We also have a team in North Wales to manage the complex commissioning interfaces for that population. The commissioning portfolios (shown below) provide the framework for this Plan.

Cancer & Blood



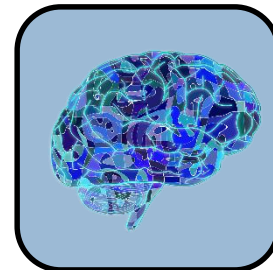
Cardiac



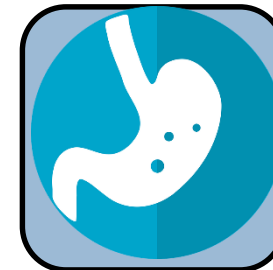
Mental Health & Vulnerable groups



Neurosciences



Welsh Kidney Network



Women and Children

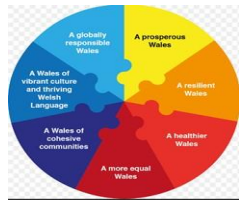


PLANNING CONTEXT

NATIONAL



WHSSC remains ambitious about the organisation's role in supporting the agenda set out in A Healthier Wales (2018) that describes a whole system approach to health and social care. 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. There are also a number of core principles aligned with 'Prosperity for All' that cut through this plan; such as a strong commitment to carbon zero, employment and sustainability, the foundational economy, equity and the socio-economic duty and the well-being of future generations. There is further national context that will emerge during the period of this plan, such as the strong central role that the NHS Executive will bring, aligned with the delivery of National Clinical Frameworks, as well as the opportunities and challenges on the horizon as a result of the changing landscape in NHS England with the creation of Integrated Care Systems. All of which are material to the delivery of Welsh Ministerial Priorities and the requirements of the NHS Wales Planning Framework for the delivery of value based specialist services. Our plans to deliver the Ministerial Priorities are attached at Annex A.



REGIONAL

There is strong commitment within NHS Wales on regional planning to develop enhanced services for the Welsh population, both by means of more prudent use of NHS resources, and to aid a recovering system of planned and emergency care. Health Boards are working regionally through a variety of programmes and collaborative arrangements to plan, deliver and secure regional solutions to stroke, ophthalmology and orthopaedics. WHSSC also has a track record of working across Health Boards to enable responses to specialist services need, for example by commissioning the Major Trauma Network and Spinal Operational Deliver Network in South Wales, and will continue to work alongside Health Boards through regional planning arrangements to maximize the impact for sustainable specialist services provision.

WHSSC



The Specialised Services Strategy (being developed in 2022/23) will set an ambitious direction of travel for WHSSC and the services that we commission over the coming 10 year period, establishing a strong Once for Wales approach for commissioning in NHS Wales. The aim will be to improve equity and service sustainability and to maximise the value that the Welsh population receives from the re- sources we invest. The recovery from the Covid-19 pandemic remains the context for the period of this plan with a continued commissioning priority to deliver equitable access and reduced waiting times for Welsh patients, both within Wales and in comparison to services commissioned from NHS England. It is within this context that, following a period of dispensation on performance management during Covid 19, we will strengthen our performance management approach, working alongside providers to ensure delivery against contracts and finding shared solutions to improving quality and access.

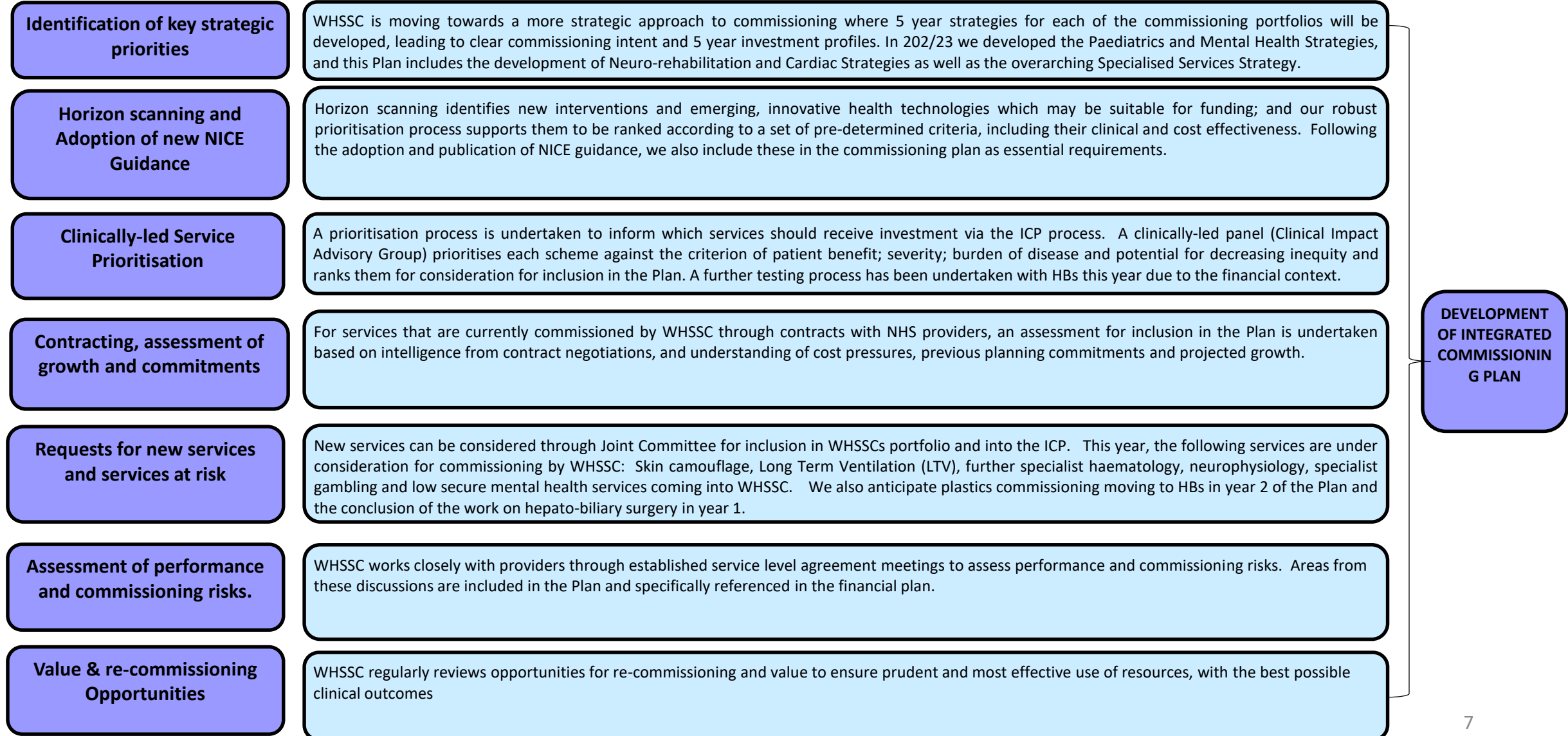
PLANNING PRINCIPLES

- **The overarching principle is to maximise value from our core resources**
 - To make overt choices on new developments and investments on a risk assessed basis
 - To ensure that considerations of equality and equity are central to planning and commissioning
 - To ensure that repatriation of services maximises value for patients and wherever possible is delivered within existing resource envelope
 - To maintain the renewed focus on performance management and value for money from contracts in line with the Escalation Framework
 - To work with Health Boards in-year on value, cost-avoidance and demand management across whole pathways
 - To evaluate previous investments and bring forward recommissioning choices in year in conjunction with Health Boards



PROCESS FOR DEVELOPING THE PLAN

The ICP for Specialised Services for Wales 2023-24 is a commissioner led, provider informed plan, which seeks to balance the requirements for quality assurance, risk reduction and improvement to health outcomes for the people of Wales within the challenging financial environment. There is a well-developed planning process that includes Health Board engagement in order to develop the Plan, with a number of elements as set out below:



PROCESS FOR DEVELOPING THE PLAN : STRATEGIC COMMISSIONING



During 2022/2023, much work has been undertaken to develop strategies that will drive the commissioning of services, inform commissioning intentions and ultimately inform a financial profile delivery plan. Some of this work is summarised here:

The WHSSC Specialised Services Strategy will set the overall vision and priorities for the delivery of Specialised Services for the Welsh population between 20223 and 2033, and will set the context for all other Specialised Services strategic developments. Extensive engagement is currently underway to inform the final document which will be published in early 2023.



The Specialist Mental Health Strategy describes a stronger blended model for the provision of specialist mental health services, outlining strategic priorities in the areas of CAMHs/FACTs; Eating Disorders; Learning Disability; provision of secure services; perinatal mental health and neuropsychiatry.



The Specialist Paediatric Strategy shares 6 strategic objectives for the future development of specialist Paediatric services; aiming for better co-ordination of pathways, transition and a patient-centred commissioning model. Each service within the Women and Children Portfolio will be subject to a full review to ensure alignment with the strategic priorities. A number of new services across the 5 year lifespan of the strategy will need to be considered for commissioning by WHSSC including: Specialised Paediatric Respiratory, Specialised Chronic Pain, Specialised Paediatric Ophthalmology and Paediatric Infectious Diseases.

In Year 1 of this plan, work will be undertaken on the development of a neurosciences strategy and a cardiac services strategy, with the cancer and blood strategies to follow, as we strengthen our strategic commissioning approach, enabling a longer term view and profiled financial planning.

PROCESS FOR DEVELOPING THE PLAN : SERVICE DEVELOPMENT PRIORITISATION

Each year, WHSSC issues commissioning intentions based on strategy and assessment of need, which are also informed by discussions throughout the year with services and providers. A clinically-led prioritisation process is undertaken to propose which services should receive investment via the Integrated Commissioning Plan process. A panel (Clinical Impact Advisory Group) prioritises each scheme against the following criteria:

Patient Benefit	Potential for the intervention to have an impact on patient-related health outcomes (benefits and harms)
Severity	The (serious) nature of the condition involved
Burden of Disease	The size of the population that would be affected (or would benefit) by the intervention
Potential for decreasing inequity	The intervention has the potential to introduce, increase or decrease equity in health status

A total of 21 schemes were received for consideration within the 2023/2024 process. 16 of these were considered at CIAG and 5 were routed through our commissioning strategies. The schemes prioritised by the Clinical Impact Assessment Group are outlined here: :

<u>High</u>
Major Trauma service
Silver Trauma lead
Cardiac devices
Physiotherapy for plastic surgery
PDOC * (see note)
Thoracic surgery
Paediatric E&A medicine
Sarcoma Therapies
<u>Medium</u>
Renal psychology
Psychology for thoracic surgery
Clinical immunology psychology
<u>Low</u>
Major Trauma (TARN)
Digital Network

Following further risk assessment and working with Health Boards through the Joint Committee the four schemes below are included in the 2023/2024 Plan. The others will continue to be risk assessed and be reconsidered in the planning process for 2024/25.

<u>Very High</u>
MSCC Co-ordinators
Neuro Rehab
Neuropsychiatry

* On an assessment of risk, it has been agreed that PDOC should also proceed.

PROCESS FOR DEVELOPING THE PLAN : HORIZON SCANNING & PRIORITISATION OF NEW INTERVENTIONS

Horizon scanning identifies new interventions and emerging, innovative health technologies which may be suitable for funding; and through an agreed prioritisation process we rank them according to a set of pre-determined criteria, including their clinical and cost effectiveness.

A horizon scanning exercise was carried out between January and May 2022 to inform this Plan. Information on new technologies was obtained from a range of established published resources and the Panel identified six technologies for consideration.

The scoring and ranking of interventions by the WHSSC Prioritisation Panel was carried out based on an agreed methodology and presents a fair and transparent process to ensure that evidence-based healthcare gain and value for money is maximised. Each intervention presented to the Panel was supported by a comprehensive evidence review. Panel members were asked to score each intervention (1 - 10) against each of the six criteria listed below. A high score indicates consistency with each of the criteria:

· The Quality and strength of the evidence of clinical effectiveness	· Patient benefit (clinical impact/outcomes)
· Economic assessment	· Burden of disease - population impact
· Burden of disease - nature (severity) of the condition	· Potential for improving/reducing inequalities of access.

Once the Prioritisation Panel has considered all the interventions the results are tabulated and presented back to the Panel at the end of the meeting. Members are then asked to split the final prioritised list into 'high', 'medium', 'low' and 'no routine commissioning' based on their overall score. The recommendations have been agreed with Health Boards through Management Group and the schemes included in the Plan are shown below:

Intervention	Inclusion in Plan
Stereotactic ablative radiotherapy (SABR) for patients with previously irradiated, locally recurrent primary pelvic tumours (all ages)	HIGH - included
Stereotactic ablative radiotherapy (SABR) to treat people with primary kidney cancer	
Stereotactic ablative body radiotherapy for patients with locally advanced, inoperable, non-metastatic pancreatic carcinoma (adults)	MEDIUM – included
Proton Beam Therapy for craniospinal irradiation in adults	
Abatacept for refractory idiopathic inflammatory myopathies (children only)	LOW - not for routine commissioning - IPFR
Selective internal radiation therapy (SIRT) in the treatment of chemotherapy refractory and intolerant, unresectable metastatic colorectal cancer (adults)	

INCREASING VALUE

Throughout the commissioning cycle we are constantly seeking opportunities to improve value and re-commissioning, whether through strategy development, strategic service reviews, repatriation or contract re-basing. The main activities within the period of the Plan are outlined here:

Examples of
Recommissioning to
mitigate risk

Paediatric surgery waiting times; Plastic surgery waiting times; Bariatric surgery standards and waiting times; CAMHS to ensure delivery against service specification; access to adult learning disability secure care; access to children's learning disability secure care.

Examples of
Re-commissioning for
outcomes and VBHC

ATMP outcomes, Renal pre-habilitation project; medicines optimisation; SAIL (equity measurement); Paediatric Oncology Review; Audit days; work to develop a PROMS and PREMS framework for WHSSC.

Examples of
Strategic re-
commissioning

Mental Health Strategy, Paediatric Strategy; Intestinal Failure Strategic Review; Neuro-rehabilitation Strategy.

Examples of Re-
commissioning through
contract rebasing

Cardiac/TAVI; Neonatal cots rebasing; Additional/alternate provider for Bariatric surgery; Gender Identity Development services (GIDs) repatriation; Cochlear and BAHA; Home dialysis strategy; Intestinal Failure; Neuro-rehabilitation strategy.

2022/23 PROGRESS AND DELIVERY

Progress against the 2021/22 plan is outlined in the following pages, along with an assessment of how they have contributed to the following areas:



EQUITY



VALUE



SUSTAINABILITY



**COMMISSIONER
ASSURANCE**



**CARE CLOSER TO
HOME**



**SERVICE
IMPROVEMENT**



**QUALITY AND
PATIENT SAFETY**



CANCER AND BLOOD PROGRESS AND DELIVERY 2022/2023

As of December 2022	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Mesothelioma Service specification developed	•	•		•	•		•
Published revised Bleeding Disorders service spec	•			•	•	•	•
Published a revised Genomics service specification	•			•	•	•	•
Developed policy for Extracorporeal Membrane Oxygenation (ECMO) as a bridge to transplant.	•			•			•
Developed policy for Haematopoietic Stem Cell Transplant (HSCT) for relapsing remitting multiple sclerosis.	•			•			•
Published a revised Positron Emission Tomography (PET) policy	•			•			•
Updated policies for proton beam therapy for adults and children, teenagers and young adults; Stereotactic Ablative Body Radiotherapy (SABR) for treatment of Non-Small Cell Lung Cancer (NSCLC); Paroxysmal Nocturnal Haemoglobinuria (PNH)	•			•			•
Published a new policy for treatment of hereditary anaemias (Crizanlizumab; Rituximab/Eculizumab)	•			•			•
Repatriated Peptide Receptor Radionuclide Therapy (PRRT) & designated a South Wales provider	•			•			•
Commissioned psychology support for paediatric plastic surgery patients—south Wales.	•			•			•
Review of specialised commissioning in haematology and immunology	•			•			•
On-going commissioner support to single thoracic surgery centre for south west, east and mid Wales	•	•	•	•			



CARDIAC PROGRESS AND DELIVERY 2022/23

As of December 2022

Development	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Developed Pulmonary Hypertension service specification	•			•	•	•	•
Revised policy and service specification for obesity surgery and new policy for revisional cases	•			•	•	•	•
Supported both Welsh Cardiac Surgery providers to deliver the recommendations of their respective 'Getting It Right First Time' reviews	•	•		•	•	•	•
Developed proposals for third phase of investment in Adult Congenital Heart Disease service	•	•		•	•	•	•
Received Management Group endorsement for formal instituting of Pulmonary Hypertension satellite service	•	•		•	•	•	•
Developed proposals to enable apportionment of inherited Cardiac Conditions fund-	•	•	•	•	•	•	•
Continued development of Cystic Fibrosis service and impact of modulator therapies	•	•		•	•	•	•



MENTAL HEALTH PROGRESS AND DELIVERY 2022/23

As of December 2022

	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Development							
Developed FACTs service specification	•	•		•	•	•	•
Developed stakeholder engagement and publication of a Specialist Mental Health Strategy to produce a strategic direction for mental health service for Wales	•	•	•	•	•	•	•
Developed funding options to implement the strategy	•	•	•	•	•	•	•
Increased capacity in the Welsh Gender service & established a satellite gender service for North Wales.	•	•	•	•		•	•
Repatriated Welsh patients from the waiting list at the Tavistock & Portman NHS Foundation Trust to the Welsh Gender service	•		•	•			•
Stabilised Forensic Adolescent Consultation and Treatment service (FACTs)		•		•	•	•	•
Enabled a Health Needs Assessment for the Gambling Addiction Service to inform future commissioning of the service		•					
Developed a complex health needs pathway for Ukrainian refugees including risk share agreement			•	•			•



NEUROLOGICAL CONDITIONS 2022/23 PROGRESS AND DELIVERY

As of December 2022

Development	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Reviewed Cochlear and Bone Conduction Hearing Implant Service including clinical option appraisal, External assessment and financial review,		•	•	•	•	•	•
Repatriated Adolescent Paediatric Cochlear Implant Patients from Manchester			•	•	•	•	
Developed a Specialised Rehabilitation Strategy for Wales.	•	•	•	•	•	•	•
Commissioned a Tertiary Thrombectomy Centre in South Wales	•	•		•	•	•	•
Made the South Wales Neurosurgery Service sustainable	•	•		•	•	•	•
Commissioned the staffing model for the South Wales Spinal Operational Delivery Network	•	•		•	•	•	•
Invested in the Major Trauma service workforce to mitigate the workforce risks	•	•		•	•	•	•
Addressed the fragility of the Wales Artificial Eye Service		•		•	•	•	•
Enhanced the sustainability and equity of the North Wales Prosthetic Service and provision of an outreach service for rural communities	•	•		•	•	•	•
Approved the joint Proposal from North and South West Wales Prosthetic Service for Psychology Support to ensure equity across all regions	•	•		•	•	•	•



WELSH KIDNEY NETWORK PROGRESS AND DELIVERY 2022/23

As of December 2022

	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Supported COVID vaccination programme for Renal patients. WRCN has worked with partners To deliver webinars, Q&A sessions and news letters	•		•	•	•	•	•
Established the Normothermic Regional Perfusion (NRP) programme for deceased donors in Cardiff with training and competency development being replicated by other UK centres.	•	•	•	•	•	•	•
The hepatitis C +ve donor programme in Cardiff has produced several successful transplants in the past year.	•	•	•	•	•	•	•
Retendered for the All Wales contract for immunosuppressant medication. The contract maintains the high level of savings that have benefited renal services since 2013	•	•		•	•	•	•
Delivered the all Wales Welsh Government Transformation Funded programme to digitise kidney care (Wales VitalData) and the roll-out of EPMA (Electronic Prescribing and Medicines Management).	•	•	•	•	•	•	•
Developed a Home Dialysis Workforce audit tool to support Welsh Home Dialysis nursing teams.	•	•		•	•	•	•



Development

WOMEN & CHILDREN PROGRESS AND DELIVERY 2022/23

As of December 2022

	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Published Selected Dorsal Rhizotomy Commissioning Policy and implementation of service				•	•		
Publication of the fetal medicine Commissioning Policy	•	•		•	•		
Published the Policy position for Dexrazoxane for preventing Cardiotoxicity					•		
Publication of the Paediatric Gastroenterology Service Specification	•	•	•	•	•	•	•
Released funding for the stabilisation of the Perinatal Pathology service		•			•		
Released funding for the paediatric gastroenterology outreach services in North Wales							
Released funding to increase capacity in the paediatric immunology service		•			•		
Reconfigured Neonatal cots and tariff for the south wales network	•	•	•	•	•	•	•
Developed and published Specialised Paediatric Services Strategy	•	•	•	•	•	•	•
Formally Commissioned Specialised Paediatric Orthopaedic Service	•	•		•	•		
Formally Commissioned Specialised Paediatric Spinal Surgery	•	•		•	•		
Formally Commissioned Corneal cross-linking to treat Keratoconus				•	•		



CROSS WHSSC COMMISSIONING AREAS 2022/2023 – PROGRESS AND DELIVERY

As of December 2022

Development


	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Ministerial endorsement of the £25 million All Wales PET Programme and programme management arrangements in place to implement the PET Programme Business Case	•	•		•	•		•
Establishment of an all Wales Expert Advisory Group for Molecular Radiotherapy (AWMOL) with WG sponsoring a formal programme of work based upon the Group recommendations	•	•	•	•	•	•	•
Hosted a range of Audit/Quality improvement days for WHSSC commissioned services				•	•	•	•
Recurrent resource from the Value Based Healthcare programme at Welsh Government to fund a Programme Manager to support the routine collection of ATMP outcome data across Wales	•			•	•		•
Joint working with NHS England in the development of their quality frameworks aligned to our commissioned services	•			•	•	•	
Review of Intestinal Failure Services	•	•		•	•	•	

OTHER WHSSC ACHIEVEMENTS 2022/2023

<ul style="list-style-type: none"> The All Wales PET programme was a finalist in the 'Working Together' category in the Moondance Cancer awards 	<ul style="list-style-type: none"> Published a Case Study on reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis, with <i>Appl Health Econ Policy</i> Http://doi.org/10.1007/s40258-021-00692-y
<ul style="list-style-type: none"> The Blueteq High costs drugs system was a finalist in the '@innovative Technology Project of the Year' category at the 2022 Welsh Pharmacy awards 	<ul style="list-style-type: none"> Secured value in healthcare funded schemes for Advanced Therapy Medicinal Products (AMTPs) and an all Wales pre-habilitation programme for welsh kidney patients
<ul style="list-style-type: none"> The WHSSC/SAIL team won the 'Addressing healthcare inequalities' award at the Healthcare Financial Management Awards 	<ul style="list-style-type: none"> Quality and Patient Safety Development Day held in September 2022
<ul style="list-style-type: none"> Our quality team and Neurosciences Commissioning Team achieved substantial assurance in their internal audits, building on substantial assurance received in several other areas over the last 18 months 	<ul style="list-style-type: none"> The Service, Innovation & Improvement (previously know as audit) days restarted following reduction of restrictions during Coviid 19, with focus areas within the year being: <ul style="list-style-type: none"> Intestinal Failure Cancer and Sarcoma Cystic Fybrosis

2022/2023 PROGRESS AND PERFORMANCE

The following offers a summary in the main speciality areas commissioned by WHSSC. Narrative on the position is shared over following pages:

 <p>Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC)</p>						Annex A - Recovery summary				
Episode comparison to current month (DHCW data warehouse)						Data sources: DHCW inpatient episodes and RTT data; includes ALL episodes				
Specialty_WHSSC	CountEpisode for 2019/20 (M1-7)	CountEpisode for 2020/21 (M1-7)	CountEpisode for 2021/22 (M1-7)	CountEpisode for 2022/23 (M1-7)	CountEpisode 2022/23 % diff from 19/20	Current Waiting List totals (DHCW data)				
						202207 Admitted diagnostic intervention	FUP OP appointment	New OP appointment	Unknown	Total
Cardiac Surgery	1,281	649	1,037	1,097	-14%	156	36	91	173	456
Cardiff and Vale University Local Health Board	497	200	389	385	-23%	119	23	34		176
Liverpool Heart And Chest Hospital nhs foundation	264	183	274	248	-6%				160	160
Swansea Bay University Local Health Board	440	206	318	370	-16%	37	13	57		107
University Hospitals Birmingham Nhs Foundation t	39	31	25	49	26%				8	8
University Hospitals Of North Midlands nhs trust	41	29	31	45	10%				5	5
Neurosurgery	1,985	1,135	1,680	1,717	-14%	263	289	508	449	1,509
Cardiff and Vale University Local Health Board	1,261	701	1,069	1,120	-11%	263	289	508		1,060
The Walton Centre Nhs Foundation trust	634	367	522	523	-18%				428	428
University Hospitals Of North Midlands nhs trust	90	67	89	74	-18%				21	21
Paediatric Surgery	1,723	790	1,310	1,394	-19%	512	53	469	90	1,124
Alder Hey Children's Nhs Foundation trust	262	203	201	243	-7%				90	90
Cardiff and Vale University Local Health Board	1,461	587	1,109	1,151	-21%	512	53	469		1,034
Plastic Surgery	6,789	3,703	5,099	5,237	-23%	2,574	104	1,647	688	5,013
Countess Of Chester Hospital Nhs foundation trus	403	246	292	315	-22%				217	217
St Helens And Knowsley Teaching Hospitals nhs tr	826	415	632	678	-18%				471	471
Swansea Bay University Local Health Board	5,560	3,042	4,175	4,244	-24%	2,574	104	1,647		4,325
Thoracic Surgery	809	471	771	731	-10%	61	77	67	39	244
Cardiff and Vale University Local Health Board	373	215	381	339	-9%	49	69	45		163
Liverpool Heart And Chest Hospital nhs foundation	140	107	169	154	10%				38	38
Swansea Bay University Local Health Board	276	138	204	216	-22%	12	8	22		42
University Hospitals Of North Midlands nhs trust	18	11	17	22	22%				1	1
Total Specialty	12,587	6,748	9,897	10,176	-19%	3,566	559	2,782	1,439	8,346

2022/23 PERFORMANCE POSITION

Whilst great effort has been made by all NHS providers towards recovery, there is a demonstrable difference between the ability of providers in NHS Wales to recover to pre-Covid pandemic activity profiles when compared with those in NHS England. This may be due to the configuration of specialised services providers in NHS England which led to a greater ability to protect provision during the pandemic, and the difference in performance, finance and incentive systems. During the year we returned to pre-Covid performance management arrangements including use of our Escalation Framework. A summary of performance in the key commissioned specialties laid out in our ICP 2022-25 Accountability Conditions, as well as thoracic surgery is provided below.

Bariatric Surgery is provided at two main centres – Salford predominantly for North Wales residents, and Swansea Bay for South Wales residents. Numbers are small and were greatly affected early on in the Covid-19 pandemic. Although activity is now creeping up in 2022/23, there remains a high waiting list at Swansea compared to activity, with about a third of patients now waiting over a year.

Cardiac Surgery– Whilst overall inpatient activity has decreased by 14% to date this financial year, compared to 2019/20, this had not translated into higher waiting lists due to lower demand for inpatient admissions. Cardiff's waiting list for admissions had actually reduced to about one third of pre-COVID-19 levels, but has been increasing again since December 2021 (now about 120 patients), and Swansea Bay's has steadily reduced to just over half (about 35 patients), although Liverpool's list has increased slightly (about 80 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 630 patients (from about 600 in March 2020), but a larger increase at Swansea Bay to around 290 patients (from about 220 in March 2020), although this has been decreasing each month lately. These figures include non-specialist activity, as well as specialised interventions. In view of growing waiting lists in Cardiff and Vale WHSSC supported agreement of arrangements to transfer patients from CTM to Swansea Bay for a 6 month period.

Cardiac Surgery – the 52-week outpatient gap is currently 1 at Liverpool Heart & Chest, the 104-week treatment gap is 0. The over 36 week treatment list is currently 32, with 10 at Cardiff, 21 at Liverpool Heart & Chest, and 1 at Swansea.

Thoracic Surgery – Whilst inpatient activity overall has decreased by 11% to date in 2022/23 compared to 2019/20, this varies across the 3 main providers. Cardiff have performed a similar episode volume to 2019/20, and have halved their waiting list for admissions (now about 40 patients). Liverpool have increased their inpatient activity by 10%, and their waiting list for admissions is around 25 patients, although this is an increase. Swansea Bay's activity is 23% lower than 2019/20 so far this year, but their waiting list is similar to pre-Covid levels with about 10 patients. Cardiff are currently seeing some Swansea patients by agreement.

Similar to Cardiac Surgery, New Outpatient referrals appear to be now increasing again though, so the good work needs to be maintained. Whilst inpatient activity overall has decreased by 10% to date in 2022/23 compared to 2019/20, this varies across the 3 main providers. Cardiff have performed a similar episode volume to 2019/20, and have halved their waiting list for admissions (now about 50 patients). Liverpool have increased their inpatient activity by 5%, and their waiting list for admissions is around 30 patients, although this is an increase. Swansea Bay's activity is 28% lower than 2019/20 so far this year, but their waiting list is similar as pre-Covid with about 20 patients. Cardiff are currently seeing some Swansea patients by agreement. Similar to Cardiac Surgery, New Outpatient referrals appear to be now increasing again though, so the good work needs to be maintained.

Thoracic Surgery – the 52-week outpatient gap is currently 0, the 104-week treatment gap 0. The over 36 week treatment list is currently 3 at Cardiff. Swansea and Liverpool Heart and Chest have no waiters above these targets at present.

2022/2023 PERFORMANCE POSITION

- **Neurosurgery**—Inpatient activity has decreased by 15% in 2022/23 compared to 2019/20, with both Cardiff and the Walton showing similar recovery rates. Both Cardiff's and the Walton's waiting lists for admissions are roughly the same as pre-Covid (about 270 patients at Cardiff and 400 at the Walton), although some of those have been waiting for over a year. New outpatient referrals appear to be consistent, but Cardiff now has a growing waiting list for new appointments, which could translate into pressure on the waiting list for admissions.

Neurosurgery – the 52-week outpatient gap is currently 0, the 104-week treatment gap is 0. The over 36 week treatment list is currently 20 at Cardiff, with none of these having waited over a year. 39 patients have been waiting over 36 weeks at the Walton; this is the total for all parts of the pathway, including outpatients.

- **Plastic Surgery** – Inpatient activity is still 22% less so far this financial year compared to 2019/20, although this is higher than 2020/21. Both of the centres commissioned by WHSCC (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 2,200 in August 2022, with almost half having waited over a year. The new performance measures from Welsh Government show that almost 600 patients have now waited over 2 years for admission at Swansea Bay. WHSCC 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 over 400 in July 2022, although none have waited over a year. It is noteworthy that Swansea Bay shows a far higher percentage of emergency activity (54% to date in 2022/23) than St Helen's (16% to date in 2022/23), although this was also the case Pre-COVID-19. Plastic surgery services in Swansea Bay University Health Board are at level 1 escalation.

Plastic Surgery – the 52-week outpatient gap has reduced significantly to 47 at Swansea, but the 104-week treatment gap is still high and is currently 596 at Swansea. The over 36 week treatment list is currently 1,414 at Swansea. 179 patients have been waiting over 36 weeks at St Helen's & Knowsley, although none of these have been waiting over 52 weeks; this is the total for all parts of the pathway, including outpatients.

- **Paediatric Surgery** - Inpatient activity overall has decreased by 23% to date this financial year, compared to 2019/20, but this is still significantly more than in 2020/21. Whilst Cardiff has clearly worked hard 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 about 530 in August 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 0-3 are the highest age band of admitted patients. However, WHSCC have been in discussions with the Health Board around their recovery plan, and there is a plan in place to ensure there are no patients waiting over 104 weeks by the end of March 2023. 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. The service has been escalated to level 1.

Paediatric Surgery - the 52-week outpatient gap is currently 0, the 104-week treatment gap is 6 at Cardiff. The over 36 week treatment list is currently 214 at Cardiff, with 112 of these having waited over a year, and 6 for over 2 years. 16 patients have been waiting over 36 weeks at Alderhey Childrens Hospital in Liverpool; this is the total for all parts of the pathway, including outpatients.



INTEGRATED COMMISSIONING TEAM PRIORITIES





CONTEXT CANCER AND BLOOD

The specialised cancer and blood portfolio includes a range of services commissioned from provider organisations within and outside Wales. For residents of north Wales and mid/north Powys, in common with other specialised services, these providers tend to be within NHS England (Liverpool, Manchester and Birmingham).

Specialised radiotherapy: WHSSC commissions specialised radiotherapy services including proton beam therapy, stereotactic ablative body radiotherapy stereotactic radiosurgery; brachytherapy; Molecular radiotherapy (peptide receptor radionuclide therapy at Royal Free Hospital, London), selective internal radiation therapy; and paediatric radiotherapy.

In 2023-24, WHSSC will continue the strategic development of stereotactic ablative body radiotherapy (SABR) capacity and provision within Wales through seeking to designate BCUHB as a provider of SABR for the north Wales population and commissioning new indications for SABR in accordance with the recommendations of the prioritisation panel. We will continue to work with NHS England and providers in Wales to ensure sustainable, high quality paediatric radiotherapy services are provided for the population, recognising the increasing role of proton beam therapy for the treatment of this patient group and the impact this is having on the sustainability of conventional radiotherapy services. The Cancer and Blood team will also work alongside the all Wales Molecular Radiotherapy (MRT) Programme, led by WHSSC, to commission new MRTs in accordance with NICE guidance and recommendations.

Specialised cancer surgery: WHSSC commissions thoracic surgery from Cardiff & Vale UHB, Swansea Bay UHB and Liverpool Heart & Chest Hospital; plastic surgery from Swansea Bay UHB, St Helen's and Knowsley, and the Countess of Chester; and liver cancer surgery from Cardiff & Vale UHB. WHSSC will support the established strategic programmes in these areas, including the project led by Swansea Bay UHB to establish a single thoracic surgery centre and the regional work currently in progress led by Swansea Bay and Cardiff & Vale UHBs to review the model for Hepato-biliary (HPB) surgery in south Wales prior to transfer of commissioning responsibility for HPB surgery to WHSSC. With regard to plastic surgery, pending further consideration at Joint Committee in 2022/23, there may be work taken forward to re-shape the future commissioning arrangements in order to align the commissioning of non specialised procedures at health board level and specialised procedures commissioned at an all Wales level by WHSSC.

Specialised haematology: WHSSC currently commissions haematopoietic stem cell transplant (HSCT) (Cardiff & Vale UHB, Swansea Bay UHB, Christie), bleeding disorders service (Cardiff & Vale UHB, Betsi Cadwaladr UHB, Royal Liverpool), hereditary anaemias service (Cardiff & Vale UHB, Royal Liverpool, Alder Hey), service for paroxysmal nocturnal haemoglobinuria (PNH) (Leeds). In 2022/23, WHSSC has undertaken a review of specialised haematology and immunology commissioning arrangements in relation to a number of specific clinical areas. Depending on the outcome and decisions made by Joint Committee, the Cancer and Blood team will take forward the recommendations as priorities for 2023/24.

Achieving service specification quality standards across a range of services: A number of schemes to achieve quality standards within service specifications, in particular in relation to psychology support for patients, were considered through the Clinical Impact Assessment Group process for a number of services including sarcoma, thoracic surgery, plastic surgery and immunology. Subject to funding being made available through the ICP, the scrutiny of business cases to enable the release of funding for these developments will form part of the priorities for 2023-24.



2023/2024 CANCER AND BLOOD PRIORITIES

VISION : To ensure that there is equitable access to safe, effective and sustainable, Cancer and Blood specialist services for the people of Wales, as close to patients' homes as possible, within available resources

GOALS	METHODS	OUTCOMES
Commission the provision of safe and sustainable specialised radiotherapy closer to people's homes.	<p>Commission additional providers of Stereotactic Ablative Radiotherapy (SABR) within Wales: undertake a designation process to commission BCUHB as a provider of SABR for the population of North Wales.</p> <p>Implement schemes approved for commissioning through the Prioritisation Panel and funded through the WHSSC ICP process:</p> <ul style="list-style-type: none"> - To commission new indications for SABR - pelvic, kidney and pancreatic cancer. To develop commissioning policies and designate providers. - Proton beam therapy –craniospinal radiation. Policy development. <p>Molecular Radiotherapy: The Cancer & Blood commissioning team will work alongside the all Wales MRT programme, led by WHSSC, to take forward as appropriate the commissioning of MRT for Wales.</p>	<p>Increased access to SABR treatment closer to home for patients in north Wales with lung cancer. Increased sustainability and quality of the radiotherapy service within north Wales through providing modern radiotherapy services enhancing the ability to attract and retain high caliber staff. Quarter 1.</p> <p>To provide equitable access for patients in Wales to SABR for the treatment of cancer and improve outcomes in line with clinical evidence.</p> <p>Quarter 4</p> <p>Equitable access for patients in Wales to MRT in alignment with clinical evidence and national guidance (NICE).</p>
To implement WHSSC's commissioning remit in haematology and immunology (subject to approval by Joint Committee in March 2023).	Establish a project plan to implement the recommendations of the haematology and immunology commissioning review undertaken in 2022/23.	Improved patient access. Improved quality and sustainability. Quarter 1-4.



2023/2024 CANCER & BLOOD PRIORITIES Cont...

GOALS	METHODS	OUTCOMES
To implement new commissioning arrangements for plastic surgery (dependant on Joint Committee agreement in November 2022).	To develop and agree for implementing new arrangements for the commissioning of plastic surgery in Wales. To establish project structure and timelines for the re-alignment of commissioning responsibilities between WHSSC and health boards respectively.	Improved capability to innovate and develop pathways to improve patient care and outcomes. Timescales subject to project plan following Joint Committee approval. Anticipated would commence in 2023/24 Quarter 4
To commission new therapies for patients in Wales with cancer and blood disorders in alignment with the evidence of clinical and cost effectiveness.	To work with stakeholders to implement NICE guidance for CAR-T therapies. To develop commissioning policies and pathways for new CAR-T.	Equitable access for patients in Wales to effective treatments to minimise survival and quality of life. Quarter 4
To work with stakeholders to advance the strategic development of Thoracic services in Wales.	To continue to support and work closely with the project led by Swansea Bay UHB to establish a single thoracic surgery centre at Morriston Hospital for the population of south west, east and mid Wales.	Equitable access to high quality and sustainable thoracic surgery for the population of Wales. Quarter 4
To work with stakeholders to advance the strategic development of Hepatobiliary (HPB) pancreatic surgery for welsh residents.	To continue to work with health boards towards transferring the commissioning of HPB surgery to WHSSC.	Equitable access to high quality and sustainable HPB surgery for the population of Wales. Quarter 4



CONTEXT CARDIAC SERVICES

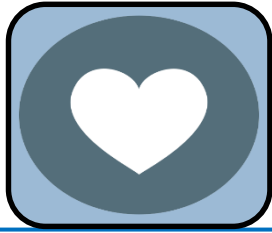
WHSSC commissions specialised cardiac services to a value of approximately £110 million from Welsh providers. We commission services from a number of NHS England providers, predominantly for the populations of North and Mid Wales, but for patients from across Wales where appropriate. Approximately 14,000 patients per annum access WHSSC - commissioned cardiac services across all locations, of which some 1,800 receive cardiac surgery. Major WHSSC commissioned services include two cardiac surgery centres in Cardiff & Vale and Swansea Bay Health Boards, the All Wales Adult Cystic Fibrosis Centre in University Hospital Llandough, the obesity surgery service provided by Swansea Bay University Health Board, and recent investments in Adult Congenital Heart Disease (ACHD) and Inherited Cardiac Conditions (ICC). The larger WHSSC-commissioned English providers include Liverpool Heart and Chest Hospital and Imperial College Healthcare NHS Trust.

WHSSC's Cardiac portfolio has benefitted from a number of years of investment in new and repatriated services, and in the expansion and enhancement of currently commissioned services. As such, the Cardiac Commissioning team's goals for 2023/24 are focussed on the development and resilience of its current portfolio via the optimisation of service configuration (cardiac surgery; the volume, type and cost of TAVI procedures); the maturing and entrenchment of recent WHSSC service investments (ICC and ACHD); and the provision of targeted support to ensure that current service providers are able to deliver commissioned volumes, or to explore the potential for alternative providers (level 4 obesity surgery).

In terms of specific issues and risks, as outlined earlier, there remain challenges in terms of recovery in this area.

The Cardiac Commissioning Team is aware that the recovery of diagnostics may result in increased referrals, that service pressures elsewhere along clinical pathways may impact on specialist services, and that Covid outbreaks may be to the detriment of waiting lists. The Commissioning Team will be working with providers to ensure that access to specialised cardiac services remains timely and equitable, and to ascertain the actions required to manage waiting lists.

The Cardiac Commissioning Team will also be supporting Health Boards to address the challenges that a number have faced in reinstating satellite clinics for some WHSSC-commissioned services. We have not prioritised the commissioning of any new services although, building on the objective contained in last year's plan that WHSSC will scope the feasibility of providing a more local Pulmonary Hypertension (PH) service, it will seek to develop and commission a PH satellite service that will reduce delays, avoid the duplication of diagnostics, and improve the experience of patients.



2023/2024 CARDIAC SERVICES PRIORITIES

VISION : To ensure that there is equitable access to safe, effective and sustainable, Cardiac specialist services for the people of Wales, as close to patients' homes as possible, within available resource

GOALS	METHODS	OUTCOMES
To commission cardiac surgery services that respond to clinical need and deliver both quality and value for money	Review volume, type and cost of TAVI procedures Work with stakeholders to identify the optimal service model. Established appropriate baselines for cardiac surgery and TAVI baselines. Commission a cardiac surgery service that is optimally configured to meet the needs of the patient of Wales, attuned to current and future clinical imperatives.	Increased access to appropriate cardiac services, particularly for the patient group that benefit from a shift from cardiac surgery to TAVI Quarter 3
To build the resilience of the Adult Congenital Heart Disease (ACHD) service, maximising the potential of recent investments and embedding a regional approach.	Work with health boards to ensure that full benefits of recent investments are realised and that all parties effectively participate in the delivery of a regional approach.	Patients on established pathways are able to move between levels of care in a service that is appropriately staffed and resilient Quarter 1
Commission a service for the delivery of Pulmonary Hypertension (PH) satellite service in line with service specification and agreed clinical model	Develop and agree proposals for satellite service, review demand and capacity needs Designate a provider Identify investment requirements.	Increased access to pulmonary hypertension services for Welsh residents Quarter 4
Commission level 4 obesity surgery services are in line with the new service specification, robust, and responsive to patient demand.	Support Swansea Bay University Health Board to deliver commissioned numbers and range of commissioned procedures. Work with Aneurin Bevan University Health board to developed proposals for the health board to be a commissioned level 4 obesity surgery provider.	Delivery of a service of an agreed model that can deliver commissioned numbers and respond to any increases in demand arising from the Welsh Government's All Wales Obesity Pathway. Quarter 4



CONTEXT MENTAL HEALTH AND VULNERABLE GROUPS

The Specialised Services Strategy for Mental Health was developed in 2022 in response to a number of key drivers including a number of Committee Inquiries and external reviews influencing Welsh Government policy and recommendations; changes to the commissioning landscape in England that have meant that the previous opportunities for cross border joint planning have reduced; the publication of service reviews considering learning disabilities, CAMHS inpatient services and secure services; and a focus on providing care for patients closer to home. The approved Strategy aims to address these key drivers and develop and modernise services in line with increased demand and acuity within mental health services to provide quality care for patients and enhance recovery.

Some key areas of focus for the Strategy include:

- Development of secure mental health services for both men and women to be inclusive for those with a learning disability and provide a blended model of care to improve flow within the system
- Stabilisation of Eating Disorder services to consider alternatives to previous contracting arrangement for both the medium and long term
- Consideration of CAMHS services in line with national reviews and recommendations to include collaboration with the FACTS service
- Development of the perinatal mental health service provision in response to the review of the current service provision at Tonna and development of closer to home provision for our North Wales patients
- Development of a national liaison model for neuropsychiatry through proposals put forward during the CIAG process.

Services are currently commissioned from a number of providers from NHS Wales, NHS England and the independent sector either through contracted arrangements, or via the IPFR process.

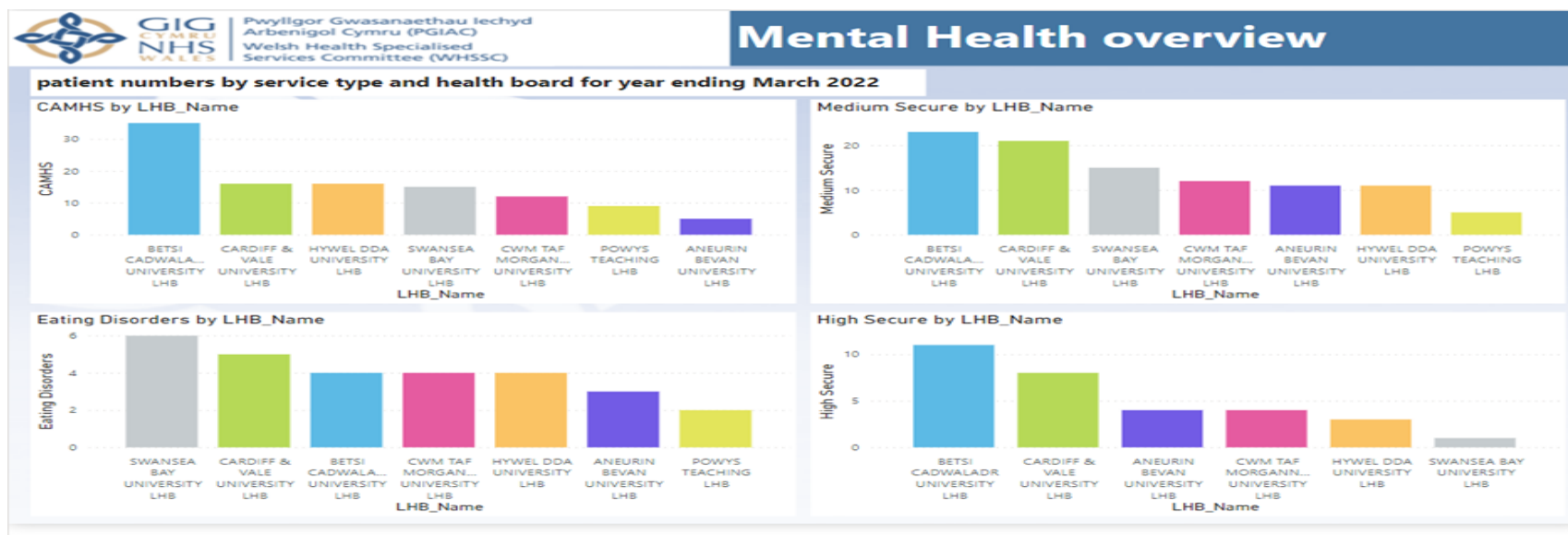
The Vulnerable Groups portfolio is a collection of very distinct services, including a combination of new services, non-specialised quality improvement initiatives and services that require multi agency working and or integrated models of care.



CONTEXT MENTAL HEALTH AND VULNERABLE GROUPS

The Welsh Gender Service (for adults) - The service is provided by Cardiff and Vale University Health Board with initial recurrent funding of £500k per year, which has increased to £1.4m following the approval of a 3 phased investment scheme in 2021-22 to increase capacity in the service. A phase 3 funding release is planned in 2023-24 to further build capacity in the Welsh Gender Service and address waiting times.

- **Gender Identity Development Service for Children and Young People**—WHSSC commissions this service through NHS England. The focus for 2022-23 is to provide continuity of gender identity development service for children and young people through alignment with the NHS England Children's Gender Dysphoria (Transformation) Programme. WHSSC will also explore the development of a provider in Wales, lead by Specialist children's Hospital as part of the NHS England provider network.
- Additionally, WHSSC commissions Gender Re-assignment Surgery, commissioned through NHS England, the Forensic Adolescent and Treatment Service and continues to support the development of Traumatic Stress Wales (hosted by WHSSC), that aims to improve the health and wellbeing of people of all ages living in Wales at risk of developing or with post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD). The portfolio will also continue to support Welsh Government to scope, specify and develop new services such as a Gambling Addiction Service and to inform pathways for vulnerable groups such as the development of a health pathway for Syrian and Ukrainian Refugees with complex health needs.





2023/2024 MENTAL HEALTH AND VULNERABLE GROUPS PRIORITIES

VISION : To ensure that there is equitable access to safe, effective and sustainable, Specialist Mental Health services (and other vulnerable groups) for the people of Wales, as close to patients' homes as possible, within available resources

GOALS	METHODS	OUTCOMES
<p>Improve all specialist mental health services for Welsh residents</p> <p>Implementation of Year 1 of the Specialised Services Strategy for Mental Health. This includes but is not restricted to the priorities outlined below</p>	<p>Establish the programme arrangements for the Strategy</p>	<p>People requiring specialist mental health services have higher quality services closer to home.</p> <p>Quarter 1</p>
<p>Welsh residents to have access to high quality eating disorder provision. Commission sustainable provision for Eating Disorders</p>	<p>Secure short term provision</p> <p>Options appraisal on future model</p>	<p>Welsh residents have access to high quality eating disorder provision.</p> <p>Quarter 2</p>
<p>To enhance the patient pathway and flow between differing components of the secure service for both men and women (Inclusive of patients with a learning disability)</p>	<p>Establish a programme</p> <p>Commission demand and capacity analysis</p> <p>Assess the impact of commissioning all secure service provision for mental health patients in Wales.</p> <p>Identify lead commissioner</p>	<p>Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system</p> <p>Quarter 4</p>
<p>To ensure mothers requiring specialist mental health services have access in a timely way</p>	<p>Implement the findings of the review into the Mother and Baby Unit in Tonna.</p> <p>To work with NHSE on the Mother and Baby Unit for North Wales patients.</p>	<p>Mothers requiring support are able to access this as close to home as possible in a timely manner.</p> <p>Quarter 4</p>



2023/2024 MENTAL HEALTH AND VULNERABLE GROUPS PRIORITIES

GOALS	METHODS	OUTCOMES
To ensure that CAMHs services are available and delivered in compliance with the WHSSC service specification	Scope and make proposals on CAMHs in-patient service provision	Increased access to high quality CAMHs services for Welsh residents. Quarter 3 No additional cost anticipated following previous recurring WG funding for services during 2021/22 and 2022/23 to meet the requirements of the service spec.
To ensure that Welsh residents have access to non-surgical gender identity services in a timely manner.	Take forward release of agreed financial resource in order to increase capacity in the Welsh Gender Service Continue to monitor and address the waiting list for new and follow up patients.	Increased timely access to appropriately resourced services Quarter 4
To commission high quality timely Gender Identity Development services for Children and Young People in Wales.	Seek to secure a regional provider in Wales Manage risk and continuity of service as a result of the signalled termination of service from the Tavistock and Portman NHSFT in NHSE. Continue to represent the interests of welsh residents and NHS Wales through the NHS England Children's Gender Dysphoria Work Programme and Workstreams	Children and young people in NHS Wales have timely access to Gender Identity Development Services Quarter 4



2023/2024 MENTAL HEALTH AND VULNERABLE GROUPS PRIORITIES

GOALS	METHODS	OUTCOMES
To formally commission Forensic Adolescent Consultation and Treatment Service (FACTS for Youth Offending Teams (YOTS)	<p>Develop and consult on a service specification for Forensic Adolescent Consultation and Treatment Service (FACTS) advice, guidance and consultation to Youth Offending Team service. (YOTs)</p> <p>Transfer of WG additional 'funding arrangement' to formally commissioned service against the service specification</p>	<p>Children and young people in the Youth Offending Team system have access/increased access to Forensic Adolescent Consultation and Treatment Services</p> <p>Quarter 2</p> <p>No additional investment required.</p>
To explore the commissioning of a Specialist Gambling Addiction Service for the population of Wales	<p>Scope what may be required</p> <p>Needs assessment enabled</p> <p>Present commissioning options to Welsh Government</p> <p>Subject to consideration, commission (needing identification of associated resources both staff and finance)</p>	<p>Increased access to specialist support for people with gambling addiction across Wales</p> <p>Quarter 4</p>



CONTEXT : NEUROSCIENCES AND TRAUMA SERVICES

WHSSC commissions Neurosciences and trauma services from a variety of providers Some of the specific issues that the services face are outlined here: -

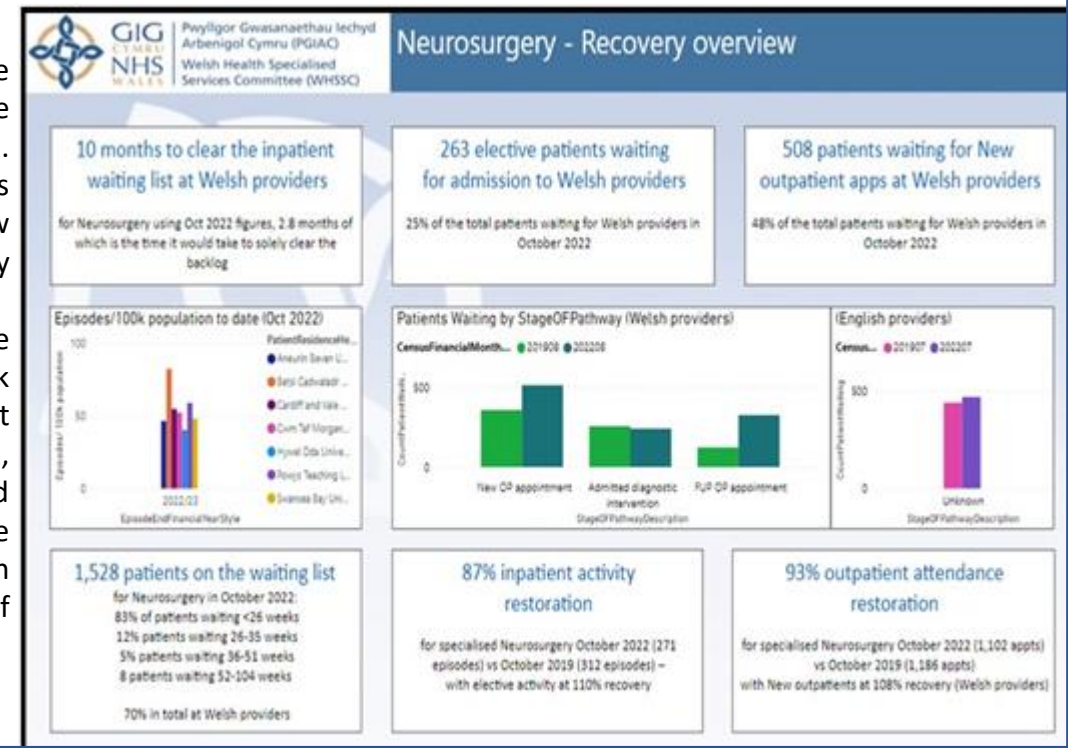
Specialist Rehabilitation—A number of risks have been identified in the South Wales service in delivering a sustainable service that can

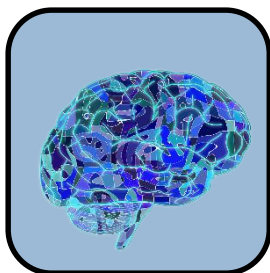
achieve BSRM standards, In particular, the workforce is significantly under resourced and subsequently patients cannot access the equivalent level of rehabilitation that is provided in other centres across the UK. Areas for development and improvement include addressing the inequity across the south wales region in the Neuro-rehabilitation service based in Neath Port Talbot. Building on the initial investment of the phase 1 Prolonged Disorders of Consciousness scheme, a phase 2 scheme will ensure the service fully meets the National Clinical Guidelines 2020. Welsh Government have recently updated their All Wales Rehabilitation Framework and guidance 2022, this will be used to inform the process and development of the strategy.

Spinal Surgery Services—Spinal disorders are time critical and cannot have any element of delay or inefficiency built into the system. To strengthen the spinal surgery pathway and to align with other national spinal surgery service providers there is a need to appoint to two Metastatic Spinal Cord Compression Co-ordinators for the south wales region. This will mitigate the risk of patients failing to receive surgical and radiotherapy in a timely manner. It will improve patient outcomes and reduce patient safety concerns.

Cochlear and Bone Conduction Hearing Implants - During 2021/22 a commitment was given to undertake a review of the Cochlear and Bone Conduction Hearing Implants in the South Wales region. Finalising the preferred option and developing the engagement documents was progressed in quarter 1 & 2 2022/23. Approval was received by all affected Health Boards and the commencement of the engagement process was started in October 2022. Following an evidence review, there is an opportunity to commission a new Middle Ear and Bone Conduction Hearing Implant service this will align with the commissioned Auditory Hearing Implant service clinical model.

South Wales Major Trauma Network (SWTN) - The South and mid Wales Major Trauma Network went live in September 2020. WHSSC has the responsibility for commissioning the Operational Delivery Network (ODN), Major Trauma Centre (MTC) and the specialised service elements of major trauma treatment provided by Swansea Bay University Health Board (SBUHB). A peer review undertaken during March 2022, assessed performance against a set of quality indicator standards. There were common themes raised throughout the peer review with further priorities having been identified by the SWTN to progress and be included in the prioritisation process for the ICP 2023-26. These include a Network wide rehabilitation strategy, workforce gaps at the Major Trauma Centre for Paediatrics and Plastics service, development of the Silver Trauma pathways and Digital Informatics systems.

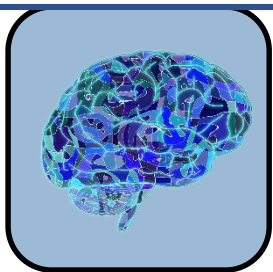




2023/2024 NEUROSCIENCES AND TRAUMA SERVICES

VISION :To ensure that there is equitable access to safe, effective and sustainable, specialist Neurosciences and trauma services for the people of Wales, as close to patients' homes as possible, within available resources

GOALS	METHODS	OUTCOMES
Address the workforce gap with the appointment of a South Wales Network Silver Trauma Clinical lead	Business case to be submitted describing the role as per the CIAG scheme submitted for the prioritisation process	Improved standards of care and developing clinical pathways for patients Clinical guidelines are developed and supported Enhanced outcome assessment and rehabilitation requirements Quarter 1
Strategic Development of Digital Informatics Systems for example Major Trauma services	Value based healthcare supporting implementation of clinical systems to deliver robust reporting mechanisms . Business case to be submitted.	Design and implement digital systems to improve reporting and integration of national data for trauma audit research network Quarter 4
WHSSC to commission a safe and sustainable Specialist Auditory Hearing Service for the population of south Wales which meets national standards.	Clinical engagement Undertake a targeted engagement process in line with guidance on NHS service changes in Wales Progress change as a result of the outcome of the engagement process	Increases access to specialist auditory hearing services for the population of South Wales. Quarter 1



2023/2024 NEUROSCIENCES AND TRAUMA SERVICES

GOALS	METHODS	OUTCOMES
Development of a Specialised Rehabilitation Strategy	Develop project structure Strategy development Strategy implementation plan	Better flow of patients through the clinical pathway Sustainable and equitable service across Wales Achievement of national standards Quarter 4
Develop a safe and sustainable Neuro-rehabilitation service for the South West Wales region which meets national standards and improves the flow of patients through the clinical pathway.	Development of an All Wales service specification for neuro-rehabilitation Development of a Business Case for workforce investment Agree quality standards to measure and improve patient outcomes and experiences. Development of the Case Manager role to and establishing the Rehabilitation coach posts	Strengthened clinical pathway ensuring timely access to specialised rehabilitation treatment. Quarter 2
Enhanced Prolonged Disorders of Consciousness care Pathway (PDOC)	Development of an All Wales service specification for neuro-rehabilitation Development of a Business Case for workforce investment Agree quality standards to measure and improve patient outcomes and experiences.	Robust clinical pathway for patients with Prolonged Disorders of Consciousness that meets national standards and the National Clinical Guidelines (2020) Quarter 2
Strengthened Spinal Surgery clinical pathway to reduce the high number of emergency radiotherapy cases and mitigate the risk of patients failing to receive surgical and radiotherapy in a timely manner	Business case development and consideration for two Metastatic Spinal Cord Compression Coordinators for south east and west Wales.	Reduction in patient safety concerns. Reduction of risk of paralysis and pain associated with spinal metastases. Delivery of care in a timely manner Ability to meet the NICE Clinical guideline (CG75) Quarter 1
Address the Major Trauma workforce gaps, identified in the peer review at the Major Trauma Centre, Cardiff and Vale UHB for the Paediatric and Plastics service	Appointment of key staff to support both specialties as described in the CIAG prioritisation process. Business case to be submitted.	Paediatric major trauma patients receive high standards of care as adult patients , highlighted in the peer review Quarter 1



WELSH RENAL NETWORK CONTEXT

Kidney disease affects approximately 10% of the global population with diabetes and hypertension being amongst the commonest causes. The increasing prevalence of such conditions in our communities suggests we are likely to see more Welsh people with kidney disease requiring therapy, including those with mild disease in the community through to those requiring specialist care with dialysis and transplantation.

Kidney Replacement Therapy (KRT) such as dialysis is provided to around 1,400 adult Welsh residents and around 100 kidney transplants are undertaken each year. There are also almost 1,800 Welsh patients living with a functioning kidney transplant, who require ongoing clinical review, psychosocial support and immunosuppressive drug treatments. All forecasts consistently demonstrate that the need for these services for adults will grow by 4-5% year on year.

The Welsh Kidney Network is the vehicle through which specialised renal services are planned and commissioned on an all Wales basis. The Welsh Kidney Network has a budget to commission transplantation including immunosuppressants for renal transplantation, dialysis, vascular access, Erythropoietin Stimulating Agents (ESAs), dialysis transport. With its central management team, the Welsh Kidney Network manages the utilisation of ring-fenced funds on behalf of the WHSSC and in collaboration with the service providers. Additionally the Welsh Kidney Network undertakes innovative improvement projects designed to continually develop kidney services in Wales and enhance the patient experience.

The Welsh Kidney Network also has responsibility on behalf of the Welsh Government for overseeing the implementation of the renal standards (principally by reference to the Service Specifications) by the LHBs for their populations.



WELSH RENAL NETWORK PRIORITIES 2023/2024

VISION : To ensure that there is equitable access to safe, effective and sustainable, Specialist Renal services (and other vulnerable groups) for the people of Wales, as close to patients' homes as possible, within available resources

GOALS	METHODS	OUTCOMES
Unit dialysis growth	Close monitoring of activity levels enabling robust forecasting. Historical trends indicate this remains steady at 4% year on year growth.	Sustainable service that meets demand requirements. Quarter 4
GIRFT Report recommendations as they apply to Wales. The GIRFT report was based wholly on analysis of NHS England dialysis services, but it is recognised that the findings and themes are similar to challenges facing Welsh services.	Partnership approach with NHS England Renal Transformation Programme (RSP) to ensure alignment with best practice.	Best practice and equity of service is maintained with any inequities in workforce across Wales addressed. Quarter 4
Home Dialysis Strategy	Finalise draft strategy through engagement with stakeholder and drawing the learning from the home dialysis peer reviews.	Strategy adopted and procurement framework to enable delivery of a sustainable , equitable, fit for purpose home dialysis service. Quarter 4
Digitalisation of Kidney Care Services.	Building on the experience gained from the Transformation Programme to enable full roll-out of innovation across Wales.	Parity of digitalisation achieved across all services in Wales. Quarter 4
Value in Healthcare programme to support the delivery of the Organ Donation and Transplant Plan for Wales.	Utilising a Programme Management Office approach to establish a stakeholder Project Board to deliver the value in Healthcare programme.	Pre-habilitation programme adopted Quarter 4



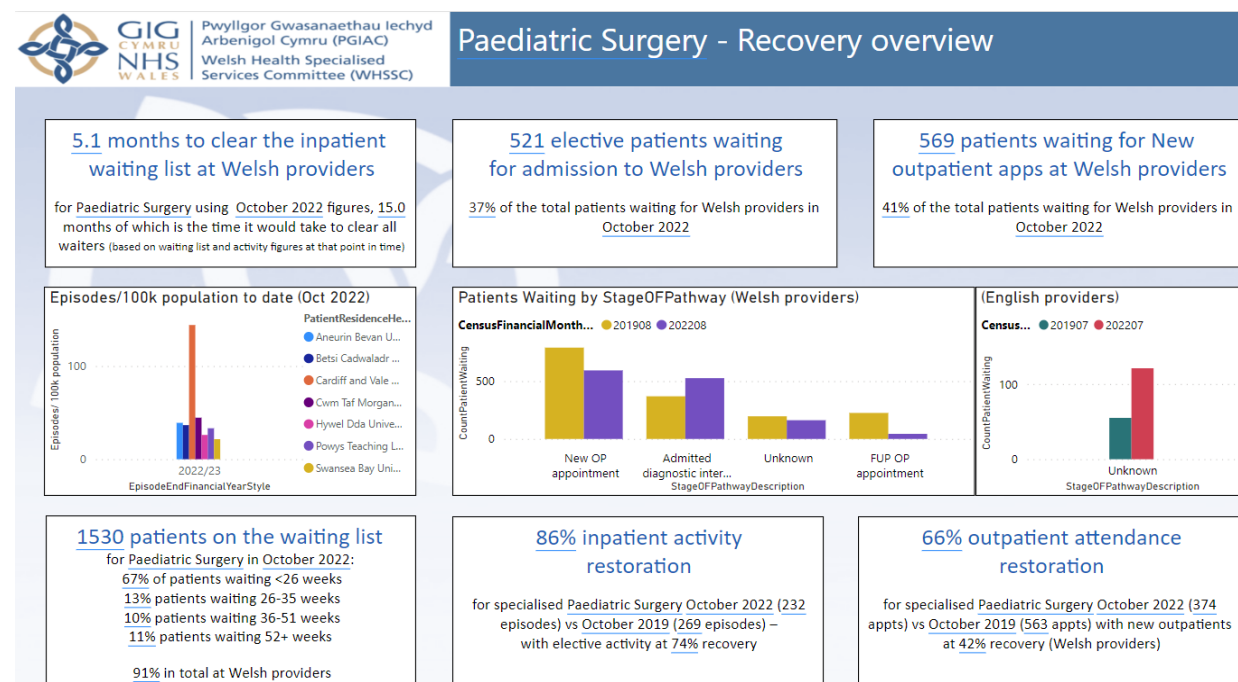
WOMEN AND CHILDRENS : CONTEXT

Based on the 2020 mid-year estimates, 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. 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. Children in North Wales mainly access services from Alder Hey Hospital. As of 22/23, the contract value for paediatric Specialised services for the population of Wales is £118m, which is 16.4% of the WHSSC budget. During 22/23, the 5 year commissioning strategy for specialised paediatric services was developed and approved which set out our ambitious approach to improving equitable access to quality services for the children of Wales.

- We are cognisant that the success of the strategy is dependent on its alignment with Health Board priorities in delivering across the whole pathway, as well as co-ordinating actions and implementation with other strategic organisations and their priorities. Throughout the development of the strategy, it became apparent there were a number of **challenges** that needed to be addressed.
- Commissioned Services—The current list of commissioned services has been deemed not fit for purposes with recommendations for WHSSC to take in a number of services in to the remit of WHSSC.
- Commissioning individual elements of services / small services—It was raised consistently that small pockets of funding for part time posts was impacting on the operationalising and therefore the deliverability and sustainability of services.
- Equity of access—There is disparity between waiting times for in-reach and outreach along with access to the full MDT. This is recognised as impacting on the access and timeliness of care for patients across Wales.
- Assurance The current mechanisms for reporting metrics and feeding these back to referring health boards on performance (Key Performance Indicators / Quality Indicators) are not consistent for all commissioned paediatric services, appreciating they will vary for each sub-specialty.

The Strategy 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."





WOMEN AND CHILDRENS PRIORITIES 2023/2024

VISION : To ensure that there is equitable access to safe, effective and sustainable, specialist for the Paediatric population of Wales, as close to patients' homes as possible, within available resources

GOALS	METHODS	OUTCOMES
Commission High Dependency Services for children accessing specialised services	Work with provider to develop a business case Consideration by Implementation Board prior to formal WHSSC process (CDGB / MG)	Reduction in refusal rates monitored through activity Quarter 3
Commission Paediatric Infectious Diseases	Work with provider on business case Consideration by Implementation Board prior to formal WHSSC process (CDGB / MG)	Equitable access with equitable waiting times for all patients monitored through activity numbers and waiting times for treatment Quarter 1
Review 3 services (TBC by Implementation Board and prioritised according to service risks) in detail to ensure: <ul style="list-style-type: none"> Detailed access criteria Ensure sufficient MDT capacity to meet demand. Quality indicators in line with the STEEP Quality Frameworks Equitable access to high quality in-reach and outreach provision Contractual arrangement is fit for purpose 	Review one service per quarter Published service specification for each reviewed service Contract rebasing for each reviewed service Individualised Quality Indicators published and reported against for each reviewed service Sustainable workforce model for each reviewed service.	Improved access to Paediatric Services for all patients across Wales Equitable waiting times for patients accessing both in-reach and outreach services Sustainable staffing levels that meet the needs of the paediatric Population Quarter 1-4
Develop Specialised Paediatric Surgery service specification, ensuring clear access and exclusion criteria	Clinical engagement Clinical workshop Consideration by Policy Group and formal consultation.	• Clear access criteria for specialised paediatric surgery Quarter 4



CROSS CUTTING COMMISSIONING PRIORITIES 2023/2024

Throughout the period of this plan, WHSSC will continue to progress a number of cross cutting strategic programmes:

Cross Pathway working –WHSSC and Health Boards to develop plan to identify pathway wide opportunities to reduce cost and/or increase efficiency in either WHSSC or HB cost base – potential areas include:

- Identifying system wide savings from PET increases
- Reviewing savings potential in Home Parental Nutrition pathways
- Identifying system wide savings from mental health pathway functioning across secure; CAMHS and eating disorders
- Improving performance of Welsh CAMHS and medium secure services – better utilisation and reduced out of area placements
- Specialised Psychology Services Review
- Review efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms

Explore re-commissioning opportunities - WHSSC and Health Boards to work together via Management Group processes to:

- Undertake systematic assessment of any opportunities to review access thresholds across the pathway including ability to benefit to improve value for money
- Identify opportunities to reduce or contain activity levels – having due regard to equity, cross border and EQIA risks
- Evaluate investments from last 3 years to test and map delivery benefits and re-target as appropriate
- Reviewing commissioning policies in targeted areas as agreed with HBs

Blueteq— The Blueteq High Cost Drugs (HCD) system was procured for NHS Wales by WHSSC and Welsh Government in 2018 to initially support the implementation of Advanced Medicinal Therapeutic Products (ATMPs) commissioned by WHSSC. The system permits NHS Wales to audit the initiation (and on-going treatment) of HCDs in line with evidence based health technology appraisal recommendations published by NICE and AWMSC. It also supports continuous clinical data collection and evaluation, strengthens financial governance and ensures that there is equitability in accessing medicines across Wales (as eligibility criteria is consistent for all commissioned providers). This system supports greater value for specialised medicines spend in NHS Wales, permitting savings to be invested elsewhere in the system

National Programmes

PET Programme —Following Welsh Government scrutiny and receipt of support from all HBs, ministerial endorsement of the £25 million All Wales PET Programme was confirmed on 25 August 2021. In October 2021, Welsh Government gave a mandate given to WHSSC to take on Programme implementation. A clear programme governance structure is in place and WHSSC reports as necessary through the Joint Committee

Molecular Radiotherapy Programme —is the use of therapeutic radioisotopes given orally or by injection. These solutions can be termed therapeutic radiopharmaceuticals. There are some well-established forms of MRT treatments, such as radioiodine for thyroid cancer and radium for prostate cancer bony metastases. However, the field of MRT is expanding rapidly with at least seven therapeutic radioligands in phase III development, and probably two dozen others further back in the pipeline. It is safe to assume that MRT utilisation will expand considerably over the next few years. In March 2022, a report was submitted to Welsh Government recommending that :

- A national, long-term strategy is required for the safe, equitable, and efficient delivery of MRT in Wales.
- A full strategic review should evaluate all aspects of the existing and future Welsh MRT service.
- This full strategic review should be done on a national basis and include assessment of leadership, commissioning, workforce, facilities, legislation, logistics and permits.



CROSS CUTTING COMMISSIONING PRIORITIES 2023/2024

GOALS	METHODS	OUTCOMES
Increased focus on medicines optimisation	Clear programme of activity Focussed areas for value based schemes Increased focus on evidence based prescribing and procurement (Blueteq)	Value based commissioning and more prudent use of resource Wider and more timely access to medicines Increased information for policy development
Progress schemes aimed to address value (outcomes)	ATMP outcomes project; Prehab for chronic kidney disease; Neonatal discharge project; Neonatal surgical outreach nurse; Paediatric Oncology 'All in it together'	Increased value (both outcome and cost) and prudent use of resource
Further progress the All Wales PET Programme: • Installation of a new fixed digital scanner at PETIC in Cardiff; in Swansea and development of a business case to support a new fixed digital scanner in North Wales.	All Wales Procurement of scanners. Identify workforce and training needs Centres of Excellence defined and requirements present at PET sites. Determine radiopharmaceutical supply requirements for the short, mid and long term Baseline the Programme benefits	Increased scanning capacity across Wales to meet growing clinical demand Increased patients access to high quality facilities, optimum scanning and increased access to clinical trials and other research activity
Develop an all-Wales Programme for Molecular Radiotherapy	Establish Programme Arrangements; Consider horizon scanning of new technologies, clinical demand, workforce, facilities, licensing/regulations/permits, radioactive material handling/travel/storage	A clear direction for MRT services in Wales Development of a long term strategy to ensure the safe, equitable and efficient delivery of MRT in Wales
Re-commission Intestinal Failure services as a result of the recent review	Review bed base and costs Review externally provided HPN	Increased access Increased clinical and patient satisfaction
Identify cross pathway opportunities for cost reduction and efficiencies	WHSSC and Health Boards to develop a plan to identify pathway wide opportunities included the Specialised Psychology Services Review	Cost reduction and increased efficiencies
Identify recommissioning opportunities	Undertake systematic assessment to review access thresholds across the pathway Identify opportunities to reduce or contain activity levels – having due regard to equity, cross border and EQIA risks Evaluate investments from last 3 years to test and map delivery benefits and re-target as appropriate Review commissioning policies in targeted areas as agreed with HBs	Cost reduction and increased efficiencies

QUALITY AND PATIENT SAFETY

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning.

The Commissioning Assurance Framework developed and agreed in 2021 is to provide assurance to Health Boards and the public that WHSSC commissions high quality clinical care and there are robust processes in place to monitor services. Through the Framework we will continue to seek Commissioner assurance by:

- Providing an increased focus on identifying patient outcomes,
- Supporting the optimisation of patient benefit and minimising harm,
- Having the potential to influence the patient pathway,
- Supporting effective information systems across the patient pathway,
- Providing assurance on risk and patient prioritisation
- Seeking equitable access to services
- Commissioning feedback on patient experience.

The fundamental principles underpinning Quality are to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders when planning and commissioning services. Where concerns regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner.

To strengthen the focus on quality monitoring and improvement the WHSSC Quality Team have a pivotal role in the co-ordination of quality monitoring and interventions within commissioned services. Internally, we work closely with all the Commissioning teams in order to monitor the quality elements of commissioned services and to contribute to performance management of services and providers.



QUALITY AND PATIENT SAFETY PRIORITIES

GOALS	METHODS	OUTCOMES
Continue to gain and develop mechanisms for reporting of quality assurance on commissioned services	<ul style="list-style-type: none"> • Work with Health Boards/Providers to promote engagement and collaboration • Provide feedback at Commissioning Team/ SLA/QPS meetings • Work with other organisations and stakeholders to develop systems and processes to monitor outcomes/quality standards. These includes Digital Health Care Wales, Delivery Unit, Once for Wales and NHS England Improvement Team 	Development of quality indicators and quality reporting that is reflective of the commissioned service specifications.
Continue to gain quality assurance and support quality improvement within commissioned services	<ul style="list-style-type: none"> • Work with Health Boards/Providers to promote engagement and collaborative working in Quality and Patient Safety • Implement and review action plans • Present feedback at Commissioning Team/SLA/QPS meetings 	Ameliorated patient experience and outcomes in alignment with the Commissioning Assurance Framework
Identify and address variations in access and outcomes for the Welsh population	<ul style="list-style-type: none"> • Continue to work closely with Health Board Quality Leads and Patient Experience Teams • Establish and strengthen relationships to enhance outcomes • Continue to monitor variation in access and outcomes for the Welsh population, ensuring services are sustainable with continuous improvement and development • Engage with Patient Support Groups • Action variations in appropriate forums with a clear plan and focus 	Equitable access and outcomes for the Welsh population who access specialised services



RESOURCING THE PLAN—FINANCIAL CONTEXT

Once again, this plan for specialised services is being developed in a challenging financial climate with significant forecasted system deficits.

In the constrained economic environment with unprecedented inflation pressures the following planning assumptions have been made:



Risk Sharing	<ul style="list-style-type: none"> · Current commissioner risk shares remain on pre-Covid utilisation over 2018/19 & 2019/20 · S. Wales Neonatal commissioning shares updated for 2019/20 & 2020/21 utilisation as part of Neonatal Cot review
Baseline Assessment and Growth	<ul style="list-style-type: none"> · Welsh provider baselines are returned to 2019/20 pre Covid contract levels · English contract baselines reflect migration to integrated care systems and impact of NHSE transitional 'aligned payment and incentive' framework · Full year effect of prior year developments and strategy implementation to be reviewed for implementation progress · Independent sector provision inflation significant with RPI > 10% · New medicines growth in part mitigated by medicines management optimisation savings · Velindre contract to be rebased in line with commissioning responsibilities (£15m transfer back to HBs)
Strategic Priorities & re-commissioning opportunities	<ul style="list-style-type: none"> · Prior year agreed strategic investment for a number of key priorities including secure mental health, major trauma and specialised paediatric services (including neonatal cot reconfiguration) will continue · New strategic resources to be transformational within existing resources, or deliver value eg reducing mental health out of area placements and Cardiac surgery disinvestments · Anticipated part year funding requirement for Cardiff & Vale Thrombectomy service
Emerging Pressures	<ul style="list-style-type: none"> · Single Thoracic centre delayed until 2026, sustainability risk of existing two site model · TAVI activity
Welsh Government Funding	<ul style="list-style-type: none"> · Vertex Cystic Fibrosis drugs · Growth in ATMPs above current baseline, potential large no. of products due for NICE appraisal · Growth in genetics test directory above current baseline levels

RESOURCING THE PLAN— WHSSC 2023-24 ICP FINANCIAL SUMMARY

Detailed financial information is attached at Annex D. A summary of the 2023/24 position along with a split by Health Board is outlined here:	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2023/24 WHSSC Requirement	
	£m	£m	£m	£m	£m	£m	£m	£m	
2022/23 Closing Income	143.575	157.167	130.518	109.913	85.380	31.171	94.639	752.363	
Genomics Allocation Uplift 23/24	0.836	1.125	0.712	0.541	0.602	0.223	0.506	4.545	
2023/24 Opening Income	144.411	158.292	131.230	110.454	85.982	31.394	95.145	756.908	
M7 22/23 - Outturn Forecast	(2.695)	(3.671)	(2.651)	(1.900)	(2.146)	(0.335)	(2.201)	(15.599)	2.14%
Reinstate Non Recurrent Writebacks	3.099	3.629	2.600	2.315	2.136	1.034	2.213	17.026	
Adjustments for Non Recurrent Performance	1.963	2.155	1.751	0.751	1.869	(0.187)	2.072	10.374	
Full Year Effect of Prior Approved Commitments	1.078	(0.035)	1.129	0.741	0.630	0.097	0.720	4.359	
B/F 22/23 Underlying Deficit	3.445	2.078	2.829	1.907	2.489	0.609	2.804	16.161	
Unavoidable New Growth & Cost Pressures	1.147	1.130	1.125	0.919	0.621	0.218	0.579	5.740	-0.32%
Disinvestments & Re-Commissioning	(2.113)	(0.749)	(1.509)	(1.448)	(1.375)	(0.383)	(1.583)	(9.160)	
CIAG & Prioritisation Schemes	0.152	0.050	0.159	0.093	0.077	0.027	0.095	0.652	
Strategic Specialist Priorities	0.094	0.000	0.077	0.064	0.062	0.011	0.068	0.375	
B/F Deficit, Growth, Savings & Developments	2.724	2.509	2.681	1.536	1.874	0.483	1.962	13.768	1.82%
NHS England Provider Inflation - 1.5%	0.293	1.184	0.205	0.200	0.163	0.157	0.175	2.378	1.29%
NHS Wales Provider Inflation - 1.5%	1.523	0.950	1.450	1.205	0.964	0.228	1.070	7.391	
ICP Investment 2023/24	4.540	4.643	4.337	2.941	3.001	0.867	3.207	23.537	3.11%
Total WHSSC Funding 2023/24	148.952	162.935	135.567	113.395	88.984	32.261	98.353	780.445	
% Core Uplift Required	3.14%	2.93%	3.30%	2.66%	3.49%	2.76%	3.37%	3.11%	
JC Workshop (10/01/23) Draft ICP Investment	6.028	4.890	5.619	4.187	3.734	1.036	3.944	29.437	3.89%
Commissioner Movement	(1.488)	(0.247)	(1.282)	(1.246)	(0.733)	(0.169)	(0.736)	(5.900)	-0.78%

SUMMARY OF COST SAVINGS AND EFFICIENCIES

Re-Commissioning & Disinvestments	2023/24 £m	2024/25 £m	2025/26 £m
Medicines Management			
New Medicine Optimisation Schemes	(1.000)	(1.000)	(1.000)
Disinvestments			
Recurrent:			
Cardiac Surgery disinvestment C&V	(1.875)	(2.344)	(2.344)
Cardiac Surgery disinvestment SB	(1.395)	(1.744)	(1.744)
Non Recurrent under performance (assume 50% recovery)			
Paeds Surgery C&V	(0.150)		
Plastics SB	(0.700)	-	
Bariatrics SB	(0.090)	-	
Thoracic SB	(0.125)	-	
Thoracic C&V	(0.200)	-	
Renal Activity	(0.150)	-	
Re-Commissioning & Strategy Efficiencies			
Reduction in Neonatal OOA transfers due to SW capacity	(0.250)	(0.250)	(0.250)
Target Reduction in Forensic OOA Placements	(1.000)	(1.000)	(1.000)
Target Reduction in NW CAMHS OOA Placements	(0.250)	(0.250)	(0.250)
Target Reduction in SW CAMHS OOA Placements	(0.500)	(0.500)	(0.500)
Target Reduction in Eating Disorders OOA Placements	(0.500)	(0.500)	(0.500)
Paeds Contract Rebasing through Strategy Service Reviews	(0.250)	(0.500)	(0.500)
Device Optimisation C&V	(0.150)	(0.150)	(0.150)
Device Optimisation SB	(0.150)	(0.150)	(0.150)
Genetics - Repatriate send out tests to in house	(0.250)	(0.500)	(0.500)
WHSSC DRC Budget CRP 5% (office optimisation & agile working)	(0.175)	(0.175)	(0.175)
Total Re-Commissioning and Disinvestment Savings	(9.160)	(8.238)	(8.238)

- Recurrent Cardiac Surgery disinvestment assumes current marginal performance levels are recurrent with a further semi fixed infrastructure cost disinvestment implemented part year.
- A number of non-recurrent under performance assumptions are included.
- No. of schemes are brought forward part year into 23/24 work plan due to revised prioritisation of CIAG and commissioning priorities.

RISKS

- Less likely to be have material slippage in year – reduced ability to cope with unexpected in year pressures from activity movements, exceptional patient care packages and further inflationary issues
- Risk that we are planning not to meet the waiting times targets in plastics and paediatric surgery and reducing ability to outsource – further discussion of Delivery Plans in JC March 2023
- Longer term aim in thoracics is to increase capacity and access - screening uplift will take several years to materialise, but if cancer activity increases in year the contract will over perform
- Bringing forward cardiac issues may require operational change (eg Cardiac MDT arrangements)

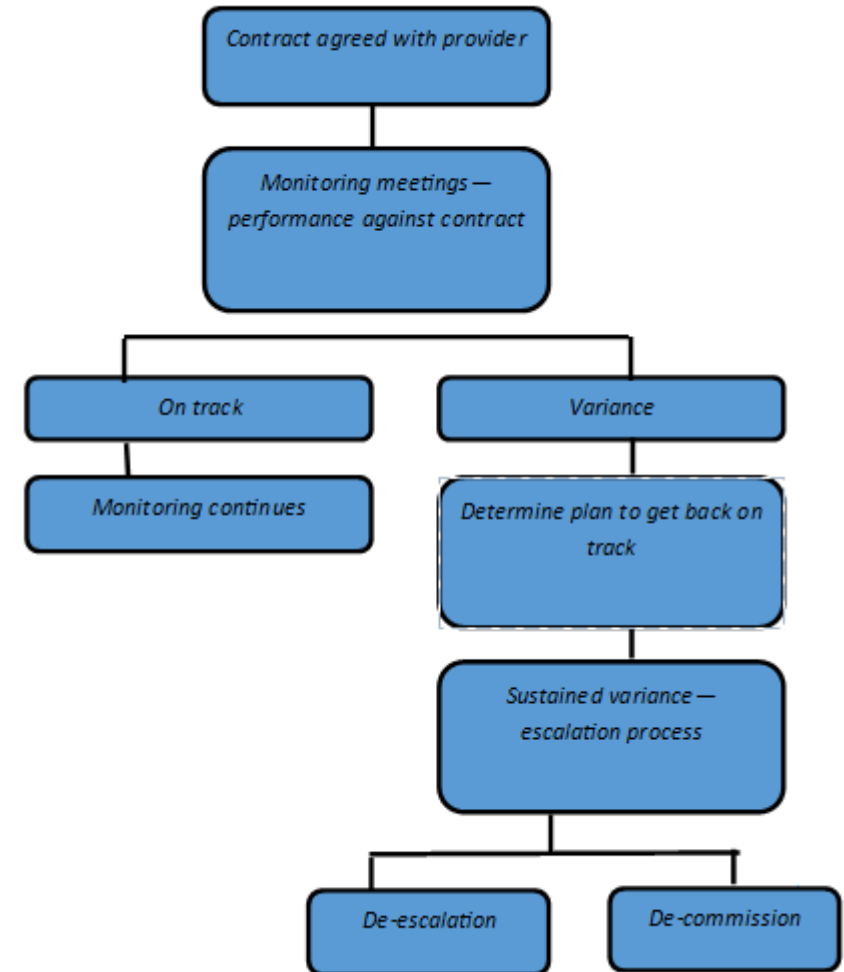
PERFORMANCE MANAGEMENT APPROACH

As a commissioner of specialised services from both NHS Wales and NHS England on behalf of the 7 Welsh Health Boards, WHSSC has well established approaches to contract monitoring and performance management, through which it holds providers to accounts against agreed contracts.



Arrangements were agreed through the Covid pandemic for a relaxation in performance management and contracting arrangements continued to reflect the Recovery status in 2022/23. We have now signalled our intention to move more strongly into normal performance management and contracting arrangements from the outset of this Plan period, as we believe this is in the best interests of Welsh patients for whom we commission specialised services.

Alongside the measures set out in the Ministerial Priorities, WHSSC also works closely with providers to assess performance against contracts, to develop plans to address any variance, and where appropriate to find alternate means of provision (eg outsourcing) where necessary and to ensure that the population needs are met.



RISK MANAGEMENT

WHSSC's Risk Management Strategy identifies, analyses, evaluates and controls the risks that threaten the delivery of its strategic objectives and delivery of the 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 the 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.

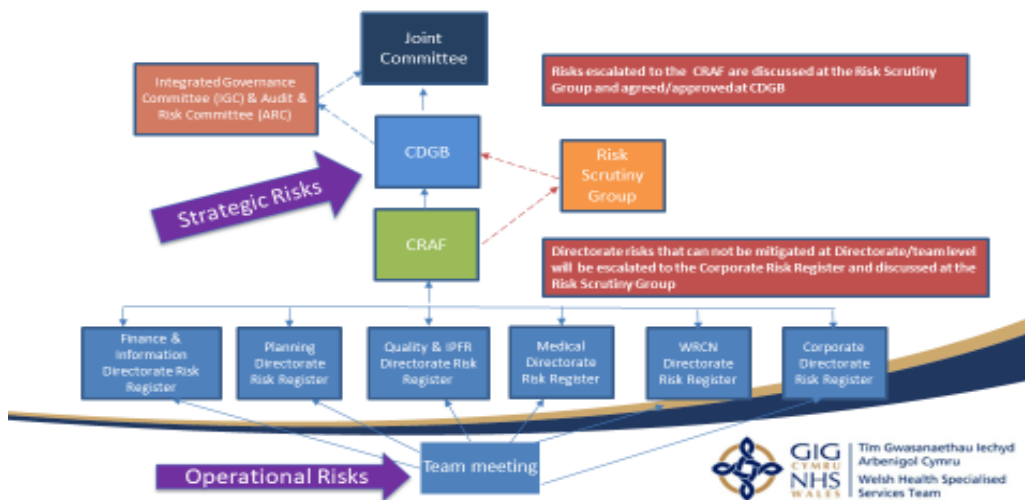
Any risks identified as scoring 15 and above are captured on the CRAF and are presented to the CDGB for scrutiny on a monthly basis. The Quality & Patient Safety Committee (QPSC), the Integrated Governance Committee (IGC) and the Cwm Taf Morgannwg Audit & Risk Committee (ARC) receive the CRAF at each meeting and the Joint Committee receive the CRAF on a six monthly basis for assurance.

As at December 2022, the top red risks scoring 20 and above are:

- 23 Access to Care Adults with a Learning Disability
- 24 Access to care for Children's Learning Disability
- 29 WHSSC IPFR Governance
- 33 Welsh Government Priority Delivery Measures
- 34 Lack of Paediatric Intensive Care Beds



Risk Register Process (Non Commissioning)



GOVERNANCE, REPORTING & WORKFORCE

Reporting on Plan Delivery

WHSSC has a well-established process for reporting on delivery of the ICP. Reporting on the delivery of the plan is discharged through the Integrated Governance Committee, a sub committee of the Joint Committee as well as via the :

- Quality & Patient Safety Committee (QPSC)
- Welsh Kidney Network (WKN) (previously known as the Welsh Renal Clinical Network (WRCN))

Quarterly reports are developed on the delivery of the Plan and presented to the Integrated Governance Committee for scrutiny and assurance as delegated by Joint Committee . The reports are then submitted to Welsh Government along with the quarterly Minimum Data Set as specified in the Planning Framework.

Workforce

We are relatively small organisation with a stable, highly skilled and experienced workforce. There has been some expansion in the past few years related to internal re-organisation and some investment associated with new service developments commissioned by WHSSC. We have also improved our commissioning capability in areas such as evidence appraisal, policy development, quality management and clinical leadership, and seek to do so in the areas of health needs assessment and outcomes management in 2023. The trend towards the expansion of our commissioning portfolio continues in this ICP period.

We are also moving to becoming a strategic commissioning organisation, with the development of the new Specialised Services Strategy and we will review our organisational requirements as part of the implementation. As we move forward with the ICP 2023/26 we will maintain our agility and continuously review our capacity and capability to deliver our ICP as well as to manage the growth in our Business as usual activities. Part of the Strategy development also explores our role in developing commissioning expertise and sharing our experience across the system and we will do more work on this in year 1 of the Plan.

ENABLING DELIVERY OF THE PLAN

Digital & Prudent



- WHSSC will expect its commissioned services to be delivered using the most up to date technology and innovative approaches, using the best available technology to best meet patient needs
- The commissioning of WHSSC services overtime has meant that baseline reviews will be needed as a result of initiatives such as Patient initiated follow up, see on symptoms etc.

Workforce



- Implementation of the plan will be dependent upon available resource, WHSSC will continue to work with providers to secure high quality staff and seek to mitigate risks in areas of sustainability including outsourcing, insourcing and redistribution of lists.
- WHSSC commissioned services should consider an agile workforce to meet changing workload

Core Competency



- Developing and delivering commissioning competency both within and across NHS Wales
- Enabling a Once for Wales commissioning approach—sharing skills and competencies
- Enhancing the commissioning workforce so as to deliver increasing portfolio of services and responsibilities held by WHSSC
- Re-introduction of performance management framework

Finance & Value



- Prudent use of resource—re-commissioning on the basis of reviews/new initiatives/drugs (le intestinal failure, neonatal cots, cystic fibrosis)
- Drive forward value based schemes on outcomes and evidence based commissioning and medicines optimisation
- Work with Health Boards to performance manage against contract agreements, whilst cognisant of the challenging financial context in NHS Wales
- Encouraging strong recovery trajectories

Once for Wales



- Shift to strategic commissioning
- Supporting NHS Wales where 'Once for Wales' makes sense
- Developing a National commissioning approach

DECARBONISATION, VALUE AND THE FOUNDATIONAL ECONOMY

Decarbonisation – Within the context of the “Decarbonisation Strategic Delivery Plan for NHS Wales” published in March 2021, WHSSC is committed to reducing the carbon footprint through mindful commissioning of services that take account the decarbonisation agenda, enabling enhanced digital and virtual access for patients, and through ethical consideration of staff actions and behaviours e.g. reduced travel, increased use of virtual engagement and, where feasible, use of electric vehicles. From 2022, all WHSSC policies will have a focus on innovative ways of working including digital and remote clinics to support reducing the carbon footprint.

To deliver the work, WHSSC will:

- Assess savings on carbon footprint as a result of reduced office working
- Assess impact of reduced travel costs
- Assess reduced carbon footprint as a result of increase in remote meetings
- Issue direction through the inclusion of a policy statement in all of our policies on decarbonisation
- Encourage use of electric cars

Value Based Healthcare - WHSSC remains committed to ensuring that specialist services provision in Wales is provided to the highest standard for the most prudent use of resources, and evaluated through the lens of both clinicians and patients, with an aspiration to increase use of measures (PROMS) and patients experience measures (PREMS). In particular the appointment of a medicines optimisation pharmacist and the use of Blueteq, and embedding this across our systems will throughout the period of this plan realise a series of outcomes that will support our move towards value based commissioning.

To deliver the work, WHSSC will:

- Include within WHSSC policies and contractual frameworks the need for commissioned services to collect PROMs and PREMs and report these through existing contract monitoring mechanisms
- Develop the WHSSC outcomes framework and associated processes, testing the approach in 3 service areas
- Work with providers to embed this approach for specialist services provision

Specialised Services supporting the Foundational Economy - Through working in partnership with providers and Welsh Government, over the last decade WHSSC has supported significant investment into moving care closer to home and creating services based in Wales, it is estimated that the £45m revenue investment outlined below has created over 750 high quality and stable employment jobs within NHS Wales, whilst also moving services out of the main specialist centres into more local settings in West and North Wales. WHSSC’s ambition is to continue developing services closer to home by creating new services within Wales and repatriating activity from the private sector providers and NHS England where it is appropriate to do so. To deliver the work, WHSSC will:

- Review contracts with a view to delivering within Wales where it is safe and effective to do this
- Through appropriate engagement and consultation develop implementation plans to deliver services as close to home as possible
- Work in partnership with providers external to Wales to deliver more services within Wales where it is not appropriate or possible to deliver wholly in Wales



APPENDICES (to be inserted at most current point prior to submission)

- **A Ministerial Priorities**
- **B Detailed performance report**
- **C Detailed financial plan**
- **D Minimum data set**

APPENDIX A MINISTERIAL PRIORITIES

BARIATRIC	Priority area(s)
Key focus should be on delivering	WHSSC Commissioned Bariatric Surgery
Baseline	Baseline per data submitted by SBUHB @08/11/2022, mindful of longstanding inability of service to deliver commissioned activity levels
Quarter 1:	
Milestones	Milestones to be agreed with service where apposite
Actions	Ongoing WHSSC monitoring of SBUHB bariatric surgery activity, agreeing mediating actions with service in the event of a failure to secure progress towards recovery milestones/RTT standards
Quarter 2:	
Milestones	Milestones to be agreed with service where apposite
Actions	Ongoing WHSSC monitoring of SBUHB bariatric surgery activity, agreeing mediating actions with service in the event of a failure to secure progress towards recovery milestones/RTT standards
Quarter 3:	
Milestones	Milestones to be agreed with service where apposite
Actions	Ongoing WHSSC monitoring of SBUHB bariatric surgery activity, agreeing mediating actions with service in the event of a failure to secure progress towards recovery milestones/RTT standards
Quarter4:	
Milestones	Milestones to be agreed with service where apposite
Actions	Ongoing WHSSC monitoring of SBUHB bariatric surgery activity, agreeing mediating actions with service in the event of a failure to secure progress towards recovery milestones/RTT standards
Risks	Longstanding failure of Health Board to deliver commissioned numbers necessitates a significant step change in performance; impact of concurrent service pressures on theatre space and staff; continued pathway challenges impacting on volume of patients referred to Tier 4 bariatric service.
Outcomes	Delivery of recovery milestones and RTT standards
Alignment with workforce plans	
Alignment with Financial plans	

CARDIAC SURGERY	Priority area(s)
Key focus should be on delivering	WHSSC Commissioned Cardiac Surgery
Baseline	Baseline per submission of revised Cardiff and Vale trajectory data @01/12/2022
Q1 Milestones	Milestones to be agreed with service
Q1 Actions	Ongoing WHSSC monitoring of cardiac surgery activity in CVUHB and SBUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones/RTT standards
Q2 Milestones	Milestones to be agreed with service
Q2 Actions	Ongoing WHSSC monitoring of cardiac surgery activity in CVUHB and SBUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones/RTT standards
Q3 Milestones	Milestones to be agreed with service
Q3 Actions	Ongoing WHSSC monitoring of cardiac surgery activity in CVUHB and SBUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones/RTT standards
Q4 Milestones	Milestones to be agreed with service
Q4 Actions	Ongoing WHSSC monitoring of cardiac surgery activity in CVUHB and SBUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones/RTT standards
Risks	Differential recovery rates between the two cardiac surgery centres; capacity shortfalls arising, for example, from a shortage of scrub staff; need to regularise and standardise an approach to collaborative working across the two centres.
Outcomes	Delivery of recovery milestones and RTT standards
Alignment with workforce plans	
Alignment with Financial plans	

SPECIALIST CAMHS	Priority area(s)
Key focus should be on the delivery	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS
Baseline	Specialist (Tier 4) CAMHS does not currently hold a waiting list
Quarter 1 :	
Milestones	Continue 0 patient waiting list
Actions	Continue contract monitoring
Quarter 2:	
Milestones	Continue 0 patient waiting list
Actions	Continue contract monitoring
Quarter 3:	
Milestones	Continue 0 patient waiting list
Actions	Continue contract monitoring
Quarter 4:	
Milestones	Continue 0 patient waiting list
Actions	Continue contract monitoring
Risks	1 NHS Wales CAMHS inpatient service currently at escalation level 3
Outcomes	Ongoing escalation meetings to support de-escalation
Alignment with workforce plans	
Alignment with financial plans	

NEUROSURGERY	Priority area(s)
Key focus should be on delivering	WHSSC Commissioned Neurosurgery Services
Baseline	Baseline per submission of revised Cardiff and Vale trajectory data @ 01/12/2022
Quarter 1 :	
Milestones	Milestones to be agreed with service where appropriate
Actions	Ongoing WHSSC monitoring of neurosurgery activity in CVUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones / RTT standards
Quarter 2:	
Milestones	Milestones to be agreed with service where appropriate
Actions	Ongoing WHSSC monitoring of neurosurgery activity in CVUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones / RTT standards
Quarter 3:	
Milestones	Milestones to be agreed with service where appropriate
Actions	Ongoing WHSSC monitoring of neurosurgery activity in CVUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones / RTT standards
Quarter 4:	
Milestones	Milestones to be agreed with service where appropriate
Actions	Ongoing WHSSC monitoring of neurosurgery activity in CVUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones / RTT standards
Risks	Theatre and bed capacity shortfalls arising due to the Neurosurgery footprint not being reinstated to pre Covid level
Outcomes	Delivery of recovery milestones and RTT standards
Alignment with workforce plans	
Alignment with financial plans	

PAEDIATRICS	Priority area(s)
Key focus should be on delivering	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestone to be achieved by 30 th June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024
Baseline	<i>0 patients waiting > 104 weeks for Paediatrics Surgery (inpatient)</i> <i>0 patients waiting > 52 weeks for paediatric surgery outpatient appointment</i>
Quarter 1 :	
Milestones	Continue to achieve zero for both targets.
Actions	Increase activity to ensure maintenance of target.
Quarter 2:	
Milestones	Continue to achieve zero for both targets.
Actions	Increase activity to ensure maintenance of target.
Quarter 3:	
Milestones	Continue to achieve zero for both targets.
Actions	Increase activity to ensure maintenance of target.
Quarter 4:	
Milestones	Continue to achieve zero for both targets.
Actions	Increase activity to ensure maintenance of target.
Risks	Further demands on Children’s Hospital including paediatric Intensive Care which will impact directly on core capacity to deliver surgery.
Outcomes	
Alignment with workforce plans	
Alignment with financial plans	

PET	Priority area(s)
Key focus should be on delivering	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their definitive cancer treatment 62 days from point of suspicion
	Role of PET CT
Baseline	<p><i>Describe the baseline as of April 2023 from which you will be working</i></p> <p><i>Each PET provider currently reports against a generic target of 10 working days (i.e. inclusive of patients not on the SCP as well as those on the SCP). Current performance M7. PETIC 82%, SBUHB 44%, BCUHB 90%.</i></p>
Quarter 1 :	
Milestones	Commence performance reporting for PET that aligns with the requirements of the single cancer pathway.
Actions	<p>To agree revised performance targets and reporting with the PET service providers to reflect the varying clinical urgency of patients referred for PET.</p> <p>To establish the baseline performance position for the patients on the SCP referred for a PET scan.</p> <p>To agree a profile for improving performance over 2023-26 (taking into account funding with the WHSSC ICP and the timeline for the national PET capital programme that will significantly increase scanner capacity in the second half of the 2023-24 and into 2024-25)</p>
Quarter 2:	
Milestones	Specific milestones will be determined by the action outlined in quarter 1 to develop a profile for improving performance
Actions	To continue to monitor performance in alignment with the agreed targets and WHSSC's performance framework
Quarter 3:	
Milestones	Specific milestones will be determined by the action outlined in quarter 1 to develop a profile for improving performance
Actions	
Quarter 4:	
Milestones	
Actions	

PLASTICS Key focus should be on delivering	Priority area(s)
	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024
	Plastic Surgery – SBUHB
Baseline	<p><i>Describe the baseline as of April 2023 from which you will be working</i></p> <p><i>Current performance position at M7: forecast to achieve the 52 weeks target for the out-patient by December 2022: not forecast to achieve the 104 weeks target (projecting circa 700 breaches in March 2023).</i></p>
Quarter 1 :	
Milestones	Delivery milestones will be agreed with SBUHB to achieve contract levels in the first instance, and to treat the backlog of patients waiting more than 104 weeks with a trajectory to achieve the RTT standard of 36 weeks.
Actions	<p>To monitor the agreed delivery plan and impact on waiting times</p> <p>To monitor the capacity plans to return to, and exceed, pre-covid levels in order to reduce the backlog.</p> <p>To monitor process efficiency measures (such as follow-up rates, treatment rates and validation).</p>
Quarter 2:	
Milestones	See quarter 1.
Actions	See quarter 1.
Quarter 3:	
Milestones	See quarter 1.
Actions	See quarter 1.
Quarter 4:	
Milestones	See quarter 1.
Actions	See quarter 1.
Risks	Risks to delivery (such as theatre staff recruitment and retention) will be monitored. Where delivery of the agreed plan and milestones is at risk, mitigating commissioning options will be explored (such as review of outsourcing opportunities).
Outcomes	The monitoring process will include ensuring there is regular review and communication with patients on the waiting list.
Alignment with workforce plans	Workforce plans are the responsibility of the provider health board. As part of monitoring delivery, underlying capacity plans will also be monitored.
Alignment with financial plans	The delivery plan will be agreed in the context of the resources in the WHSSC ICP 2023-26.

Thoracic	Priority area(s)
Key focus should be on delivering	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion
	Thoracic surgery (component of lung cancer pathway)
Baseline	<p><i>Describe the baseline as of April 2023 from which you will be working</i></p> <p>Current performance: the thoracic surgery component to the lung cancer SCP should meet the standard that patients are treated within 21 days of the decision to treat. The south Wales services in SBUHB and CVUHB collaborate closely to use their joint capacity to achieve this target through cross referring patients when necessary to ensure timely treatment. Specific data to retrospectively confirm performance against the 21 day target is currently being collated.</p>
Q! Milestones	<ul style="list-style-type: none"> - Delivery milestones will be agreed with providers if performance is not achieving the component waiting time target of 21 days (while 75% is the overall SCP performance target, the aim for the thoracic surgery component is to achieve/maintain full compliance subject to SCP measurement rules).
Q1 Actions	<ul style="list-style-type: none"> - To monitor performance of thoracic surgery against the SCP component waiting time for the 3 main providers (CVUHB, SBUHB, LHCH) on a quarterly basis. - Monitor breaches of the component waiting time target and reasons for breaching on a quarterly basis. - Maintain support for the collaboration across the south Wales centres to use available capacity to meet the target and maintain equity for patients with lung cancer.
Q2, 3 & 4 Milestones	<ul style="list-style-type: none"> - See quarter 1.
Q2, 3 & 4 Actions	<ul style="list-style-type: none"> - See quarter 1.
Risks	<ul style="list-style-type: none"> - Risks to delivery (such as theatre staff recruitment and retention) will be monitored. - As noted already, close collaboration across the south Wales centres provides opportunity for mitigation where risks develop in one provider.
Outcomes	<ul style="list-style-type: none"> - The monitoring process will include performance against the SCP and activity against contracts. WHSSC also intends to hold a thoracic surgery improvement and innovation day in 2023-24 which will include reporting of patient reported outcomes, and clinical and service outcomes.
Alignment with workforce plans	<ul style="list-style-type: none"> - Workforce plans are the responsibility of the provider health board. As part of monitoring delivery, underlying capacity plans will also be monitored.
Alignment with Financial plans	<ul style="list-style-type: none"> - The delivery plan will be agreed in the context of the resources in the WHSSC ICP 2023-26.

APPENDIX B DETAILED PERFORMANCE REPORT

The latest performance report can be found in the Joint Committee papers [here](#)

APPENDIX C DETAILED FINANCIAL PLAN

Supporting information to table contained within main body of the report to be inserted

APPENDIX D MINIMUM DATA SET

To be uploaded 16/01/23

WHSSC																
Please fill in the lightly yellow shaded cells.																

NET EXPENDITURE PROFILE ANALYSIS	£	PLAN PROFILE														
	ACTUAL 2021/ 22	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	PLAN YEAR- END POSITI ON 2022/ 23	PLAN YEAR- END POSITI ON 2023/ 24	PLAN YEAR- END POSITI ON 2024/ 25
METRIC	£'000															

MONTHLY SUMMARISED STATEMENT OF COMPREHENSIVE NET EXPENDITURE/INCOME																
Revenue Resource Limit	11,031	100	100	100	100	100	125	(595)	(30)	0	0	0	0	0	0	0
Miscellaneous Income - Capital Donation\Government Grant Income														0		
Miscellaneous Income - Other (including non resource limited income)														0		
Welsh NHS Local Health Boards & Trusts Income	738,837	62,044	60,871	63,199	59,668	62,980	62,441	63,074	63,354	74,085	63,767	63,631	63,842	762,956	805,284	830,396
WHSSC Income														0		
Welsh Government Income														0		
SUB TOTAL INCOME	749,868	62,144	60,971	63,299	59,768	63,080	62,566	62,479	63,324	74,085	63,767	63,631	63,842	762,956	805,284	830,396

Primary Care Contractor (excluding drugs, including non resource limited expenditure) (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care - Drugs & Appliances (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Provided Services - Pay (populated from below)	4,346	354	352	363	350	351	413	392	401	374	418	410	427	4,604	4,909	5,130
Provider Services - Non Pay (excluding drugs & depreciation) (populated from below)	1,428	119	119	119	119	119	119	119	119	119	119	119	119	1,428	1,472	1,518
Secondary Care - Drugs (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Services Provided by Other NHS Bodies	707,323	59,526	58,355	60,672	57,154	60,465	59,890	59,823	60,659	71,447	61,085	60,957	61,151	731,184	772,362	796,382
Non Healthcare Services Provided by Other NHS Bodies														0		
Continuing Care and Funded Nursing Care (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Private & Voluntary Sector	36,771	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	25,740	26,541	27,366
Joint Financing and Other														0		
Losses, Special Payments and Irrecoverable Debts														0		
Exceptional (Income) / Costs - (Trust Only)														0		
Total Interest Receivable - (Trust Only)														0		
Total Interest Payable - (Trust Only)														0		
DEL Depreciation\Accelerated Depreciation\Impairments														0		
AME Donated Depreciation\Impairments														0		
Uncommitted Reserves & Contingencies														0		

Profit\Loss Disposal of Assets														0		
SUB TOTAL EXPENDITURE	749,868	62,144	60,971	63,299	59,768	63,080	62,566	62,479	63,324	74,085	63,767	63,631	63,842	762,956	805,284	830,396
TOTAL DEFICIT/SURPLUS	(0)	0	(0)	(0)	(0)	0	(0)	0	0	0	(0)	0	0	0	0	(0)

EXPENDITURE CATEGORY	£	FORECAST PROFILE														
	ACTUAL 2021/22	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR-END POSITION 2022/23	FORECAST YEAR-END POSITION 2023/24	FORECAST YEAR-END POSITION 2024/25
METRIC	£'000															

PROVIDER PAY EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	4,346	354	352	363	350	351	413	392	401	374	418	410	427	4,604	4,909	5,130
New cost pressures														0		
Identified savings (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0		
Planning Assumptions still to be finalised (negative value)														0		
OPERATIONAL COST BASE	4,346	354	352	363	350	351	413	392	401	374	418	410	427	4,604	4,909	5,130
COVID-19 PROGRAMME SPEND (POPULATED FROM 6 - COVID-19 PROGRAMME SPEND)																
Administrative, Clerical & Board Members	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing & Midwifery Registered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Clinical Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PAY EXPENDITURE IMPACT DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET PAY PLAN	4,346	354	352	363	350	351	413	392	401	374	418	410	427	4,604	4,909	5,130	

NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYSIS £'000																	
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	1,428	119	119	119	119	119	119	119	119	119	119	119	119	1,428	1,472	1,518	
New cost pressures														0			
Identified savings (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0			
Planning Assumptions still to be finalised (negative value)														0			
OPERATIONAL COST BASE	1,428	119	119	119	119	119	119	119	119	119	119	119	119	1,428	1,472	1,518	
COVID-19 PROGRAMME SPEND (POPULATED FROM 6 - COVID-19 PROGRAMME SPEND)																	
Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Provider - Non Pay - PPE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY EXPENDITURE IMPACT DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET NON PAY PLAN	1,428	119	119	119	119	119	119	119	119	119	119	119	119	1,428	1,472	1,518	

PRIMARY CARE DRUGS EXPENDITURE ANALYSIS £'000																	
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)														0			
New cost pressures														0			
Identified savings (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0			
Planning Assumptions still to be finalised (negative value)														0			
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PRIMARY CARE DRUG SPEND INCREASES DUE TO COVID-19 (populated from 6 - Covid-19 Programme Spend)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET PRIMARY CARE DRUGS PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECONDARY CARE DRUGS EXPENDITURE ANALYSIS £'000																	
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)														0			
New cost pressures														0			
Identified savings (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0			
Planning Assumptions still to be finalised (negative value)														0			
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECONDARY CARE INCREASES DUE TO COVID-19 (populated from 6 - Covid-19 Programme Spend)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET SECONDARY CARE DRUGS PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

PRIMARY CARE CONTRACTOR (EXCL DRUGS, INCL NON RESOURCE LIMITED) EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)															731,184	
New cost pressures															0	
Identified savings (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Planning Assumptions still to be finalised (negative value)															0	
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	731,184	0
COVID-19 PROGRAMME SPEND (POPULATED FROM 6 - COVID-19 PROGRAMME SPEND)																
PRIMARY CARE CONTRACTOR EXPENDITURE IMPACT DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET PRIMARY CARE CONTRACTOR PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	731,184	0

CONTINUING HEALTHCARE / FUNDED NURSING CARE EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)															0	
New cost pressures															0	
Identified savings (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Planning Assumptions still to be finalised (negative value)														0		
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHC/FNC EXPENDITURE IMPACT DUE TO COVID-19 (populated from 6 - Covid-19 Programme Spend)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHC/FNC PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

COMMISSIONED SERVICES EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value's):																
HealthCare Services Provided by Other NHS Bodies	707,323	59,526	58,355	60,672	57,154	60,465	59,890	59,823	60,659	71,447	61,085	60,957	61,151	731,184	773,512	797,568
Non HealthCare Services Provided by Other NHS Bodies														0		
Other Private & Voluntary	36,771	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	25,740	26,541	27,366
Joint Financing & Other														0		
New cost pressures														0		
Identified savings (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0		
Planning Assumptions still to be finalised (negative value)														0		
OPERATIONAL COST BASE	744,094	61,671	60,500	62,817	59,299	62,610	62,035	61,968	62,804	73,592	63,230	63,102	63,296	756,924	800,053	824,934
COVID-19 PROGRAMME SPEND (POPULATED FROM 6 - COVID-19 PROGRAMME SPEND)																
Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Private & Voluntary Sector	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Joint Financing and Other (includes Local Authority)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMISSIONED SERVICES EXPENDITURE IMPACT DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET COMMISSIONED SERVICES PLAN	744,094	61,671	60,500	62,817	59,299	62,610	62,035	61,968	62,804	73,592	63,230	63,102	63,296	756,924	800,053	824,934

WORKFORCE PLANS - WTE	ACTUAL WTE							
	ACTUAL as @ 31/3/2021	FORECAST as @ 31/03/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Plan End 2023/24	Plan End 2024/25
Section 1	WTE							
CORE WORKFORCE								
Board Members	5.9	5.9	5.9	5.9			6.3	6.3
Medical & Dental	2.6	2.5	2.5	3.2			2.9	2.9
Nursing & Midwifery Registered	1.0	1.0	1.0	1.0			1.0	1.0
Additional Professional, Scientific and Technical	2.1	2.0	2.0	2.3			2.1	2.1
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)	48.0	54.0	54.0	51.3			52.6	52.6
Apprentices								
Estates and Ancillary								
TOTAL CORE WORKFORCE	59.6	65.4	65.4	63.6	-	-	64.9	64.9
VARIABLE WORKFORCE								
Board Members								
Medical & Dental								
Nursing & Midwifery Registered								
Additional Professional, Scientific and Technical								
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)								
Estates and Ancillary								
Students								
TOTAL VARIABLE WORKFORCE	-	-	-	-	-	-	-	-
AGENCY/LOCUM								

Board Members								
Medical & Dental								
Nursing & Midwifery Registered								
Additional Professional, Scientific and Technical								
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)								
Estates and Ancillary								
Students								
TOTAL AGENCY/LOCUM	-	-	-	-	-	-	-	-
Summary	ACTUAL as @ 31/3/2021	ACTUAL as @ 31/03/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Plan End 2023/24	Plan End 2024/25
Board Members	5.9	5.9	5.9	5.9	-	-	6.3	6.3
Medical & Dental	2.6	2.5	2.5	3.2	-	-	2.9	2.9
Nursing & Midwifery Registered	1.0	1.0	1.0	1.0	-	-	1.0	1.0
Additional Professional, Scientific and Technical	2.1	2.0	2.0	2.3	-	-	2.1	2.1
Healthcare Scientists	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-
Administrative and Clerical (inc Senior Managers)	48.0	54.0	54.0	51.3	-	-	52.6	52.6
Apprentices	-	-	-	-	-	-	-	-
Estates and Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-
Section 2	WTE							
COVID 19- anticipated absence data (projected by quarter)								
Anticipated sickness rate (%)								

Anticipated COVID 19 sickness (headcount)								
Anticipated Self Isolation (headcount)								
Anticipated Shielding (headcount)								
Section 3	WTE							
COVID-19 WTE BREAKDOWN PER PROJECT (Please detail out WTE used in relevant major project that is included in the total workforce above)								
TEST, TRACE & PROTECT								
Administrative, Clerical & Board Members								
Medical & Dental								
Nursing & Midwifery Registered								
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Estates & Ancillary								
Students								
TOTAL TEST, TRACE & PROTECT	-	-	-	-	-	-	-	-
MASS VACCINATIONS								
Administrative, Clerical & Board Members								
Medical & Dental								
Nursing & Midwifery Registered								
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Estates & Ancillary								
Students								
TOTAL MASS VACCINATIONS	-	-	-	-	-	-	-	-
PLANNED AND UNSCHEDULED CARE SUSTAINABILITY								
Administrative, Clerical & Board Members								

Medical & Dental								
Nursing & Midwifery Registered								
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Estates & Ancillary								
Students								
TOTAL PLANNED AND UNSCHEDULED CARE SUSTAINABILITY	-	-	-	-	-	-	-	-
TOTAL COVID-19 RELATED WTE								
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-



Report Title	Chair’s Report	Agenda Item	3.1		
Meeting Title	Joint Committee	Meeting Date	17/01/2023		
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 Key Meetings

I have attended the following meetings:

- Ministerial Meeting with Chairs and Chief Executives,
- Ministerial meeting with Chairs and Leaders of Local Authorities,
- NHS Wales Chairs Peer Group Meeting,
- Regular catch up meetings with WHSSC Independent Members (IMs), the Welsh Kidney Network (WKN) Chair and the Individual Patient Funding Request Panel (IPFR) Interim Chair,
- Independent Member (IM) Remuneration meetings with Welsh Government (WG); and
- Regular bi-monthly meetings with the Chair of the Quality & Patient Safety Committee (QPSC).

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	-



Report Title	Managing Director's Report			Agenda Item	3.2
Meeting Title	Joint Committee			Meeting Date	17/01/2023
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"/>
<p>Recommendation(s):</p> <p>Members are asked to:</p> <ul style="list-style-type: none">• Note the report					

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 National Skin Camouflage Pilot Service

On 28 October 2022, WHSSC received a formal request from WG following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service. It is a small service which will support the national commitment to 'Pledge to be Seen', with an annual spend of around £35,000. The letter is presented at **Appendix 1** for information.

3.2 Individual Patient Funding Request (IPFR) Engagement Update

The formal engagement process to review the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy, commenced on 10 November 2022 for a 6-week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The Kings Counsel (KC) commissioned to provide advice on the changes to the policy wording will undertake a Q&A session with the NHS Wales Medical Directors Peer Group prior to the end of the consultation and a stakeholder engagement event was undertaken on 2 December 2022 which included repatriation from all of the seven HBs, IPR QAG, AWRRC and the WHSSC IPFR panel. The feedback is being reviewed and will be presented to the JC in March 2023.

3.3 Board Development - Compassionate and Collective Leadership in Health and Social Care

On 29 November 2022, the CDGB received a briefing from Professor Michael West CBE on Compassionate and Collective Leadership in Health and Social Care as part of his mandate to visit all NHS bodies to discuss the importance of

compassionate and collective leadership, which is being led by Health Education & Improvement Wales (HEIW). The session focused on the pressures in the system, seven key leadership actions for the WHSSC Board, Changing and sustaining cultures: Vision, goals and performance, support and compassion, equity and inclusion, learning and innovation, team and cross boundary working and the workforce crisis.

It was agreed that Professor West would facilitate a session with the Joint Committee in 2023 to support discussions on working in partnership, developing cross-boundary team-based working and system leadership.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** 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	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 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)	-
Appendices	Appendix 1 – Letter WG to WHSSC National Skin Camouflage Pilot Service

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Dr Sian Lewis
Managing Director
WHSSC

Our Ref: JP/LL/SB

28 October 2022

Dear Sian

Formal request to commission a national Skin Camouflage service pilot

Following agreement at the September meeting of the NHS Wales Leadership Board to fund a national skin camouflage pilot service, I am writing to formally request WHSSC commission the agreed service on behalf of the seven health boards. This service will support our national commitment to "Pledge to be Seen".

At the Leadership Board meeting it was agreed that there would be a three-year pilot funded through the planned care transformation fund. An evaluation should be built into the proposal to inform future commissioning arrangements post-pilot phase.

I trust this arrangement is acceptable to WHSSC and thank you for your ongoing support in this matter.

Yours sincerely

Judith Paget CBE

Report Title	Plastic Surgery: Realignment of Future Commissioning Responsibilities between WHSSC and Health Boards			Agenda Item	3.3
Meeting Title	Joint Committee			Meeting Date	17/01/2023
FOI Status	Open				
Author (Job title)	Planning Manager				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to outline the outcome of the plastic surgery commissioning workshop held with the Management Group in September 2022 and to request that the Joint Committee support the recommendation that WHSSC establishes a project to realign commissioning responsibilities for plastic surgery between WHSSC and Health Boards (HBs).				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s):

Members are asked to:

- **Note** the report,
- **Note** the outcome of the Management Group plastic surgery workshop held in September 2022,
- **Consider** and **approve** the proposed realignment of commissioning arrangements for plastic surgery so that non specialised surgery will be commissioned by Health Boards (HBs) and specialised surgery will be commissioned by WHSSC;
- **Support** a project led by WHSSC to undertake the work to transfer commissioning responsibility for non-specialised plastic surgery to Health Boards (HBs) and retain specialised surgery as commissioned by WHSSC.

PLASTIC SURGERY: REALIGNMENT OF FUTURE COMMISSIONING RESPONSIBILITIES BETWEEN WHSSC AND HEALTH BOARDS

1.0 SITUATION

The purpose of this report is to outline the outcome of the plastic surgery commissioning workshop held with the Management Group on 22 September 2022 and to request that the Joint Committee support the recommendation that WHSSC establishes a project to realign commissioning responsibilities for plastic surgery between WHSSC and Health Boards (HBs).

2.0 BACKGROUND

Plastic surgery is carried out to reconstruct and correct impairments caused by traumatic injuries, congenital or developmental abnormalities, infection and disease, and cancer or tumours. Plastic surgery services for the population of south Wales and parts of mid Wales are provided by Swansea Bay University Health Board (SBUHB) and for north Wales by St Helens and Knowsley Teaching Hospital NHS Trust (SHKTHT). There are small patient flows to a number of other provider including the Countess of Chester Hospital (CCH), Alder Hey Childrens Hospital (AHCH), Wye Valley NHS Trust (WVNT) and University Hospitals Birmingham NHS Foundation Trust (UHBNT).

Under the current arrangements, commissioning responsibility for all aspects of plastic surgery for the population of Wales is held by WHSSC. This is in contrast to other parts of the UK where plastic surgery is commissioned at a local level rather than as a specialised service. Plastic surgery is a relatively high volume specialty: there are circa 12,000 episodes of care per annum for Wales, higher than is typical for a specialised service. While there are aspects of plastic surgery that are low volume, high cost and require rare skills specific to plastic surgery, it is also recognised that there are substantial areas of overlap with other surgical specialties and treatment pathways in many of the procedures plastics performs.

In December 2021, as part of the Integrated Commissioning Plan (ICP) 2022-25 process, a workshop was undertaken with the Management Group regarding services currently in WHSSC's remit that might be suitable for de-centralised commissioning by HBs. Plastic surgery was proposed during this session.

Further to this session, on 22 September 2022, a further workshop was held to specifically consider the future commissioning arrangements for plastic surgery. The workshop involved Management Group members (or their nominated deputies), the clinical directors from the 2 main service providers (SBUHB and SHKTHT) and the WHSSC team. The aim was to agree a recommendation to the Joint Committee on the future commissioning arrangements for plastic surgery for the population of Wales.

To inform the discussion, activity data was presented for several clinical areas (such as surgery for hand or skin conditions) to describe current pathways and access rates across HBs. The clinical directors from SBUHB and SHKTH were invited to comment and present on their services¹. The workshop was followed by a closed session Management Group meeting to consider the options and the recommendation to Joint Committee.

3.0 ASSESSMENT

3.1 Summary of Workshop Discussion

The workshop explored the plastic surgery service and pathways for the main four clinical areas of hand surgery, breast surgery, skin surgery and paediatric surgery.

The activity data demonstrated significant geographic variation across Wales in rates of utilisation of plastic surgery. It also showed that the treating specialty for the same clinical indication and procedure very often depended on where people live. For example, in some HBs patients who required hand surgery tended to be treated by the Trauma & Orthopaedics department, whereas in others they were treated by the plastic surgery department. Population-adjusted treatment rates also indicated potential inequity of access to treatment regardless of treating specialty. Taking hand surgery again as an example, access varied from 70 episodes per 100 population in the HB with the highest access, to 43 episodes per 100,000 population in the HB with the lowest. The same finding of variation across HBs in treating specialty and access rates was found across the four clinical areas explored.

Under current arrangements the commissioning responsibility for the same condition and procedure is held by WHSSC when the treating specialty is plastic surgery, but by HBs when it is another treating specialty such as T&O, dermatology or breast surgery. It was accepted that this division in commissioning responsibility for the same clinical indication acts as a barrier to coordinated service planning, innovation and improvement. The clinical view was that services should be planned and developed in alignment with patient need (for example, for hand surgery) rather than by treating specialty.

The current backlog on the waiting list for plastic surgery, particularly in south Wales, was also highlighted. Current commissioning arrangements have not been able to successfully address poor performance in waiting times (which was an issue even prior to the COVID-19 pandemic). The Joint Committee members will be aware that prior to COVID-19 there have historically been several

¹ During the workshop a number of quality concerns relating to service provision in north Wales were raised by St Helen's & Knowsley. WHSSC has taken action in response to these concerns and has updated Management Group in relation to this separately.

workshops and other attempts to realign secondary care pathways and referral patterns into plastics, (for example, for hand surgery) with the aim of promoting a prudent model whereby plastic surgeons 'only do what they can do,' but these have not gained traction under the current commissioning model.

The current division in commissioning responsibility was also recognised to limit options for pathway development and innovation to address patient and system outcomes, quality and waiting times. There are also barriers to improving service sustainability, for example in developing innovative solutions around regional dermatology and plastics joint working, training and recruitment.

It was also reported in the workshop that the geographical variation in access to plastic surgery may mean that some patients are not benefitting from the value and improved outcomes that plastic surgery may offer them, illustrated by the example of breast reconstruction. This points to the need to develop models of care and joint working that ensure all patients have equitable access to the specialist skills of plastic surgery, working alongside other specialties, to provide optimal care and improve outcomes for patients who need hand, skin or breast surgery.

In the workshop it was recognised that the south Wales provider is a regional centre of excellence in terms of surgical technique and medical training and there are further opportunities to offer joint training with other specialties.

3.2 Options

3.2.1 Current Position / Status Quo

The closed meeting of the Management Group considered the implications of the preceding workshop discussion and possible future commissioning options. The current position was considered not to be acceptable and was not considered as an option going forward for the following reasons:

- The significant geographic variation in utilisation of plastic surgery across Wales and risk of inequity in access to best treatment,
- Limited/reduced opportunity to innovate and develop pathways,
- Reduced options for addressing long waiting times; and
- Recognition that plastic surgery is a high volume specialty delivering a high proportion of non-specialised treatment.

3.2.2 Other Options considered

The following other 2 options were considered:

Option 1: Health Boards commission all plastic surgery (note: WHSSC would retain burns and major trauma).

Option 2: a policy is developed for specialised plastic surgery to be commissioned by WHSSC and non-specialised plastic surgery to be commissioned by HBs.

A summary of the options is outlined in **Table 1** below:

Table 1: Options for Future Commissioning Arrangements

Option	Considerations/Implications
Option 1: Health Boards commission all plastic surgery	<ul style="list-style-type: none"> Aligns commissioning responsibility for plastic surgery with other surgical specialties which will facilitate pathway development and innovation, Increased flexibility to explore and develop options for addressing long waiting times and repatriation to other secondary care services, Aligns with commissioning arrangements in other parts of the UK; and May disrupt the interdependencies with the burns service.
Option 2: develop policy for specialised plastic surgery commissioned by WHSSC and non-specialised plastic surgery to be commissioned by Health Boards	<ul style="list-style-type: none"> Likely to achieve similar pathway benefits as option 1 since HB commissioning would be aligned with other surgical specialties across the majority of plastic surgery procedures, Developing an agreed definition of specialised plastic surgery may be complex (e.g. not defined or commissioned as specialised in England), It is anticipated that if successfully defined, specialised plastic surgery would account for 10% or less of plastic surgery activity; and Less likely to disrupt the interdependencies with the burns service.

3.2.3 Outcome

After consideration it was determined that Option 2 was the preferred direction for future commissioning arrangements for the following reasons:

- Consistency in commissioning arrangements between WHSSC and HBs whereby WHSSC focuses its resources on specialised services,
- Achieves alignment of commissioning responsibility under HBs on a service and patient need basis where the treating specialty may be one of a number of specialties including (non-specialised) plastic surgery,
- Through the alignment of commissioning responsibility on a service/patient need basis, facilitates opportunities for pathway development and innovation,
- Provides the opportunity to achieve best value from commissioning through ensuring the specialist skills of plastic surgery are used prudently to improve outcomes for patients requiring hand, breast, skin or other specialist surgery; and
- The option recognises WHSSC's related commissioning responsibilities for burns and major trauma.

The preferred option was agreed subject to the following considerations:

- To manage the transition to the new commissioning arrangements without de-stabilising the plastic surgery centre/s (no change in service provider is envisaged),
- Some service areas in the non-specialised basket of procedures may need a regional collaborative approach to provision and therefore to commissioning,
- Assurance that performance and recovery within existing resources/pathways has been maximised,
- HB to HB commissioning and contracting arrangements will need to be reviewed to ensure they support the new arrangements,
- Opportunities are identified for improving value and outcomes to patients through streamlining pathways and ensuring equitable access to specialist plastics expertise for patients requiring hand, breast, skin or other surgery; and
- Opportunities are retained for promoting joint training across specialties (for example, with orthopaedics).

3.2.4 Next steps

It is proposed that WHSSC will put in place a project management structure to support the transition to the new commissioning arrangements, including Commissioning Policies and Service Specifications as required and a review of the contracting framework required to support HB commissioning of non-specialised plastic surgery. It is anticipated the programme for transition would take place over a period of approximately 2 years.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the outcome of the Management Group plastic surgery workshop held in September 2022,
- **Consider** and **approve** the proposed realignment of commissioning arrangements for plastic surgery so that non specialised surgery will be commissioned by Health Boards (HBs) and specialised surgery will be commissioned by WHSSC; and
- **Support** a project led by WHSSC to undertake the work to transfer commissioning responsibility for non-specialised plastic surgery to Health Boards (HBs) and retain specialised surgery as commissioned by WHSSC.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan
Link to Integrated Commissioning Plan	To review commissioning arrangements for plastic surgery is a part of the Cancer & Blood commissioning team work plan 2022-23.
Health and Care Standards	Safe Care Effective Care Individual Care
Principles of Prudent Healthcare	Reduce inappropriate variation Care for Those with the greatest health need first 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 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 proposed changes to commissioning arrangements for plastic surgery aim to facilitate and support improvement in the quality of services patients access and their experience of health care.
Finance/Resource Implications	The proposed project to realign commissioning responsibility for plastic surgery will include developing new contracts for non-specialised plastic surgery to be held by each HB with their providers, and contracts for specialised plastic surgery held by WHSSC. This new set of contracts will be established within existing resources currently held within WHSSC's plastic surgery contracts with providers.
Population Health	The purpose of the proposed changes to commissioning is to ensure that future commissioning arrangements are designed to best facilitate service development and innovation to obtain the best health outcomes for patients in Wales.
Legal Implications	No legal implications have been identified.
Long Term Implications	Early intervention with children and families will prevent difficulties later on.

Report History	24 November 2022 – Management Group 22 September 2022 – Management Group workshop
Appendices	-



Report Title	WHSSC Cardiac Review	Agenda Item	3.4
Meeting Title	Joint Committee	Meeting Date	17/01/2023
FOI Status	Open		
Author (Job title)	Senior Specialist Planning Manager		
Executive Lead (Job title)	Director of Planning		

Purpose of the Report	<p>The purpose of this report is to address a number of recent events and trends that have impacted the WHSSC-commissioned cardiac surgery and TAVI services, and seeks to identify how they might be coherently and collectively addressed. The subjects of this analysis comprise:</p> <ul style="list-style-type: none">• The 2021 GIRFT review of cardiac surgery,• Changes to the volume of TAVI and cardiac surgery, together with cardiac surgery performance and escalation issues; and• The clinical rationale for the selection of TAVI valves, in view of their differential costs.				
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"/>

Recommendations:

Members are asked to:

- **Note** the report,
- **Note** the impact of the recent events and trends as drivers change in the commissioning of cardiac surgery and TAVI services,
- **Note** the important link between the cardiac review and the Integrated Commissioning Plan (ICP) in that the work will conclude what level of cardiac surgery is required and inform the scale of any resultant de-commissioning,
- **Approve** the development of new contract baselines for cardiac surgery and TAVI, (Stage 1), to be completed by June 2023,
- **Approve** the proposal that the current TAVI commissioning policy be reviewed (Stage 1), to be completed by June 2023; and
- **Approve** the recommendation that further demand and capacity planning be undertaken, concluding with an options appraisal to identify the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity (Stage 2), to be undertaken during 2023-24 and 2024-25.

WHSSC CARDIAC REVIEW

1.0 SITUATION

The purpose of this report is to address a number of recent events and trends that have impacted the WHSSC-commissioned cardiac surgery and TAVI services, and seeks to identify how they might be coherently and collectively addressed. The subjects of this analysis comprise:

- The 2021 GIRFT review of cardiac surgery,
- Changes to the volume of TAVI and cardiac surgery, together with cardiac surgery performance and escalation issues; and
- The clinical rationale for the selection of TAVI valves, in view of their differential costs.

2.0 BACKGROUND

2.1 GIRFT review of Cardiac Surgery

WHSSC agreed to commission a Getting It Right First Time (GIRFT) review of both south Wales Cardiac Surgery centres in 2018, following a similar review undertaken in NHS England (NHSE). The GIRFT programme seeks to identify variation in NHS care including practices, processes and outcomes.

The GIRFT review, for which centre visits were undertaken in June 2021, identified areas of good practice in both centres; highlighted opportunities for improvements in regards to processes, patient flow; and noted potential cost savings arising from Average Length of Stay (ALOS) and critical care usage. The review also highlighted a number of cardiac surgery clinical outcome concerns in SBUHB.

A summary report was provided to the Joint Committee in July 2021. The recommendations made by the reviews comprised:

Cardiff and Vale University Health Board (CVUHB)	Swansea Bay University Health Board (SBUHB)
<ul style="list-style-type: none">• There should be discharge planning prior to admission for surgery, with a focus on planning and preparation before admission, and a structured approach to perioperative management and early mobilisation,• Pharmacy and physiotherapy services should be available for	<ul style="list-style-type: none">• Should be an urgent review of clinical outcomes in the unit, to be completed within 3 months,• Health Board's Executive Team should consider the need for an independent external review of the unit,• Until the Board is satisfied that outcomes are satisfactory,

Cardiff and Vale University Health Board (CVUHB)	Swansea Bay University Health Board (SBUHB)
<p>patients who become fit for discharge over a weekend,</p> <ul style="list-style-type: none"> • Day of surgery admission as routine practice, • Pooling of all cases across the surgical team ensuring equity of access to surgery, • Daily MDT to discuss urgent inter-hospital transfers, • DGH cardiologists should be encouraged to attend MDTs either in person or via IT link, • Every patient to be reviewed by a consultant pre and postoperatively seven days a week, • Audit systems should ensure accurate and timely data; and • Board should explore the possibility of development of a wider revascularisation network with centralised coordination and allocation 	<p>operating should be performed at consultant level only,</p> <ul style="list-style-type: none"> • Audit systems that ensure accurate and timely outcomes data should be put in place; data should be validated before uploading to NICOR, • All mitral valve surgery to be undertaken by the 2 mitral valve Consultant surgeons, • Day of surgery admission for elective patients, • Weekend elective operating, • 7/7 consultant review of all in-patients which would support weekend discharges; and • Ring fencing of cardiac surgery beds

As a result of the GIRFT recommendations, the SBUHB Cardiac Surgery centre was escalated to level 4 of the WHSSC Quality Assurance Framework (deescalated to level 3 in February 2022). The CVUHB centre was escalated to level 2, but was subsequently escalated to level 3 (April 2022) owing to concerns relating particularly the centre's engagement and failure to develop a GIRFT action plan. Both centres remain at these levels of escalation at the time of writing.

2.2 TAVI and Cardiac Surgery contract volumes and performance

This section outlines the current contract performance issues and risks.

Figures 1 and 2 indicate that both CVUHB and SBUHB have failed to deliver commissioned cardiac surgery activity levels for the last twelve months. It is acknowledged activity was significantly reduced during the COVID-19 pandemic, but both services have since moved into a period of recovery. Although the volume of activity in CVUHB is trending gently upwards – giving credence to the view that increased post-pandemic diagnostic activity will result in a greater number of referrals – the service has yet to return to contract levels, and their forward plan does not establish a path to the complete restoration of activity. The volume of cardiac surgery undertaken in SBUHB has continued to decline throughout the period of analysis. On this evidence, it would appear unlikely that

SBUHB will be in a position to deliver commissioned volumes in the short to medium-term, although the Health Board (HB) has committed to delivering contracted levels.

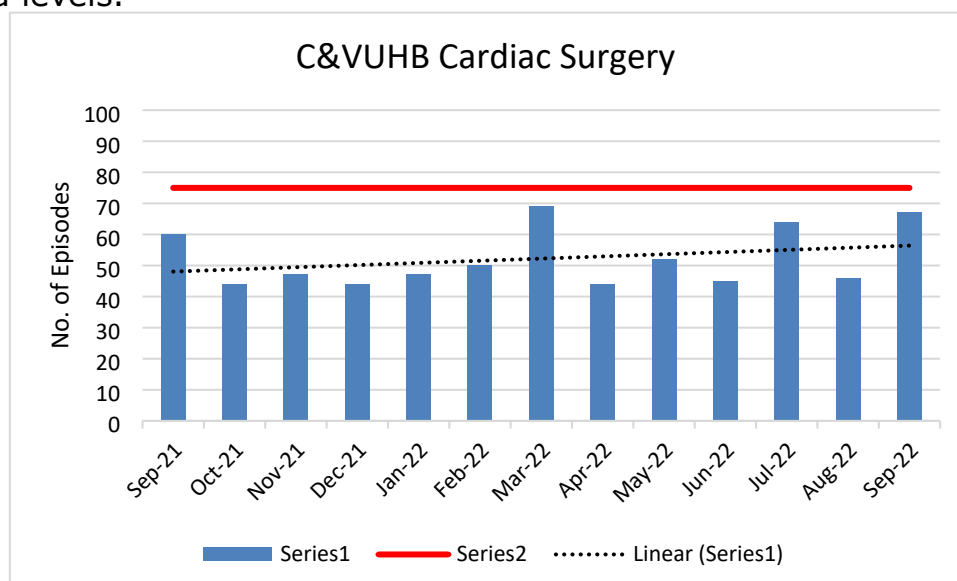


Figure 1: Number of Cardiac Surgery procedures undertaken by CVUHB, compared to commissioned volume (red line) [data received through WHSSC contracts]

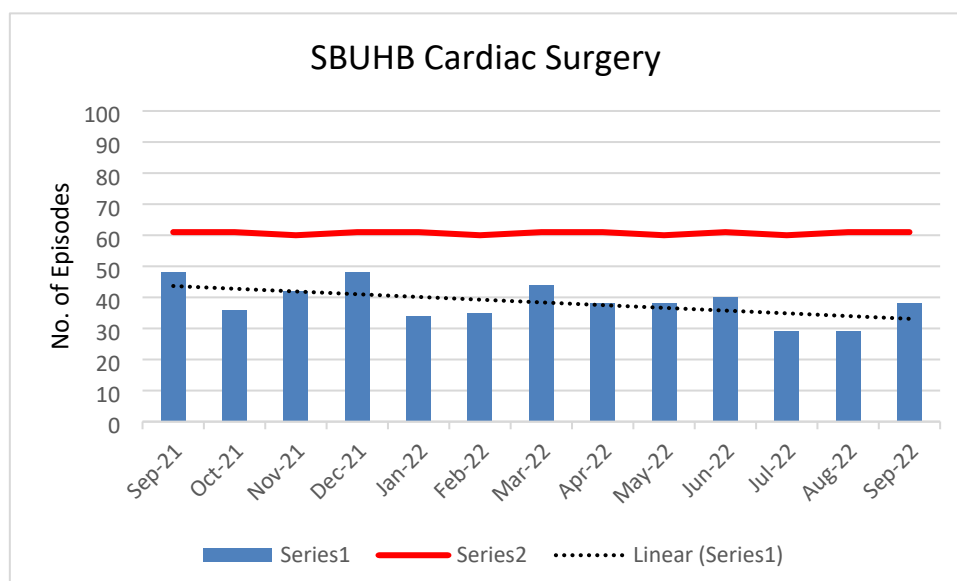


Figure 2: Number of Cardiac Surgery procedures undertaken by SBUHB, compared to commissioned volume (red line) [data received through WHSSC contracts]

Figures 3 and 4 reveal the number of TAVI procedures undertaken by both centres. In stark comparison to the cardiac surgery data, both CVUHB and SBUHB have exceeded their commissioned volumes, with the data for CVUHB, in particular, suggesting clear evidence of a continuing upward trend.

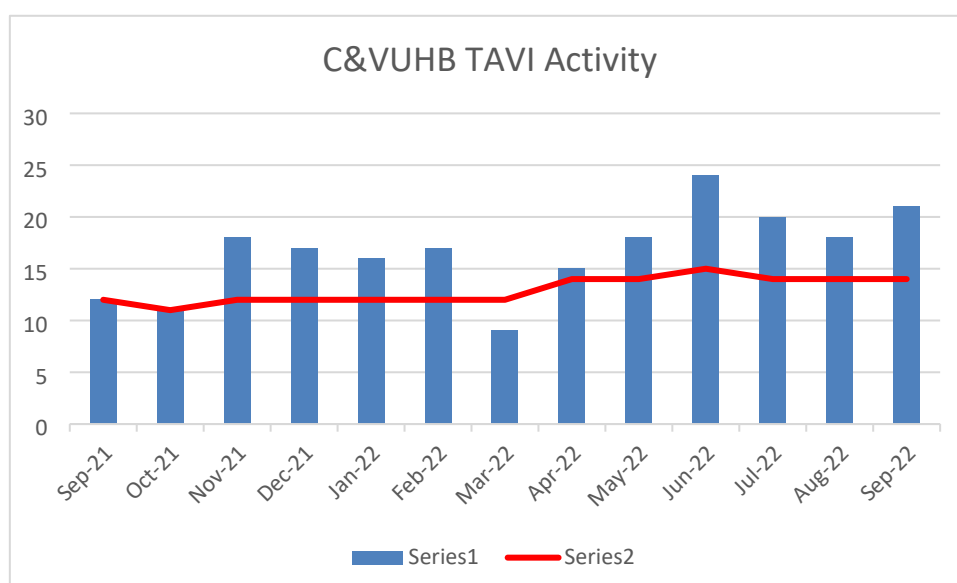


Figure 3: Number of TAVI procedures undertaken by CVUHB, compared to commissioned volume (red line) [data received through WHSSC contracts]

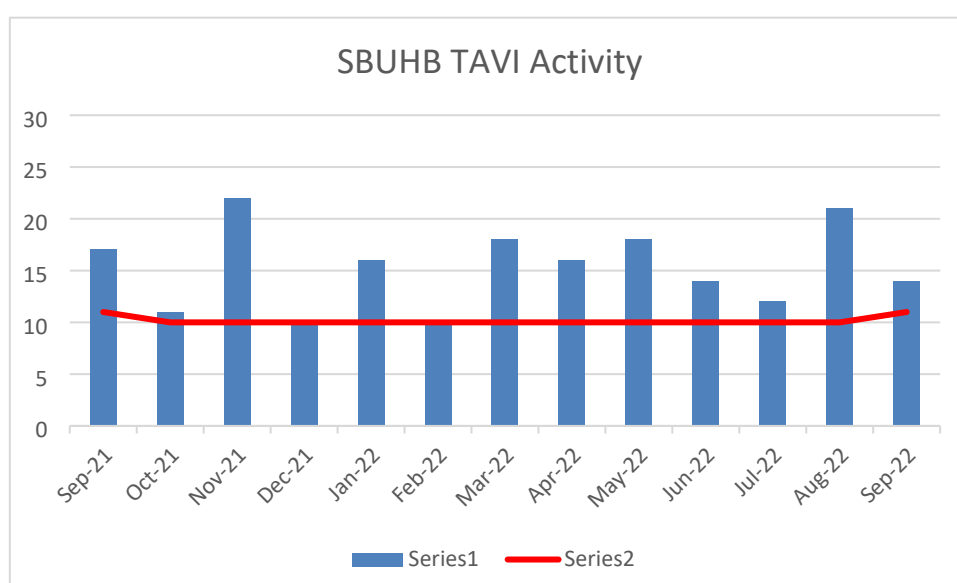


Figure 4: Number of TAVI procedures undertaken by SBUHB, compared to commissioned volume (red line) [data received through WHSSC contracts]

CVUHB has indicated that recent increases in TAVI activity were in part a result of efforts to address waiting lists, but the data implies that increases may continue. It remains to be ascertained whether the apparent step change noted in both CVUHB and SBUHB during 2022-23 will be followed by subsequent significant increases, or whether it will form part of the aforementioned upward trend.

The COVID-19 pandemic had a material impact on the delivery of cardiac surgery and on cardiovascular care in general. As a result, WHSSC approved a short-term change to its current TAVI policy, which was widened to include the intermediate risk patient group for the duration of the pandemic. In order to monitor this change, providers were required to submit a monthly report to WHSSC, outlining the activity undertaken and indicating how prioritisation had been made for high and intermediate risk patients. Providers have since reverted to pre-pandemic policy norms, and WHSSC has received assurance from both CVUHB and SBUHB that the TAVI policy is being adhered to.

Financial Variance

At Month 7 2022/23, the reported year to date performance and forecast volume and financial variances for both providers are set out in the below table below.

Cardiff & Vale		Baseline	M7 YTD Profile	M7 YTD Actual	M7 YTD Variance	Forecast Variance
Cardiac Surgery	Procedures	800	467	300	(167)	(286)
	£m	15.55	9.07	8.30	(0.77)	(1.33)
TAVI	Procedures	170	99	144	45	69
	£m	4.85	2.83	4.54	1.71	1.92
Total	Procedures	970	566	444	(122)	(217)
	£m	20.40	11.90	12.84	0.94	0.59

Swansea Bay		M7 YTD Profile	M7 YTD Profile	M7 YTD Actual	M7 YTD Variance	Forecast Variance
Cardiac Surgery	Procedures	655	382	222	(160)	(274)
	£m	15.92	9.29	8.66	(0.63)	(1.09)
TAVI	Procedures	135	79	122	43	74
	£m	3.75	2.19	3.27	1.09	1.86
Total	Procedures	790	461	344	(117)	(200)
	£m	19.67	11.47	11.93	0.45	0.78

Combined SW Centres		Baseline	M7 YTD Profile	M7 YTD Actual	M7 YTD Variance	Forecast Variance
Cardiac Surgery	Procedures	1,455	849	522	(327)	(561)
	£m	31.47	18.36	16.96	(1.40)	(2.42)
TAVI	Procedures	305	178	266	88	143
	£m	8.60	5.01	7.81	2.80	3.78
Total	Procedures	1,760	1,027	788	(239)	(417)
	£m	40.07	23.37	24.77	1.40	1.36

Other WHSSC-commissioned centres

Changes to the volume of TAVI and Cardiac Surgery are also evident in the number of procedures undertaken by Liverpool Heart and Chest Hospital (LHCH) for the population of North Wales. Although the data reported to WHSSC evidences month on month fluctuations that hinder the identification of definitive trends, LHCH data for the period September 2021 to September 2022 would

appear to indicate a gradual decline in the number of cardiac surgery procedures and a slight growth in the number of TAVIs.

A number of Powys Teaching Health Board (PtHB) patients are referred to the Royal Stoke University Hospital (RSH) for cardiac surgery and TAVI procedures. The numbers are small and subject to significant month on month volatility; for the period September 2021 to September 2022, the Centre delivered approximately 2.5 cardiothoracic procedures per month (cardiac surgery is not disaggregated in the data provided to WHSSC) and about 1.5 TAVIs per month. The small sample size and aforementioned fluctuations preclude the identification of overarching trends, although both LHCH and RSH will be included in any further demand and capacity work, and in any analysis of service configuration.

2.3 Device selection

WHSSC has also been monitoring the unit cost of different valve types. Significant differential costs are evident, with widespread use of more expensive valves serving to increase total cost and compound the difficulty of establishing a reliable outturn forecast for both CVUHB and SBUHB. High level data held by WHSSC indicates that SBUHB use the most expensive valve type for 68% of procedures, with an equivalent figure of 48% for CVUHB. The remainder of procedures utilise a mix of less expensive valves.

WHSSC has therefore met with the two centres to establish the clinical rationale underpinning the use of different valve types, and to understand the decision making processes that determine said selection.

3.0 ASSESSMENT

3.1 GIRFT review – monitoring the implementation of recommendations

Cardiff and Vale University Health Board (CVUHB)

As previously noted, the CVUHB Cardiac Surgery service was escalated to level 3 on the basis that it had failed to adequately engage with WHSSC in respect of the requested GIRFT improvement plan, and had not submitted to WHSSC the Health Education & Improvement Wales (HEIW) report and accompanying action plan concerning cardiac surgery training issues. Although both of these documents were received around the time of escalation, there had been a significant delay in WHSSC being able to robustly monitor the commencement and implementation of the improvements highlighted as being required by the GIRFT review. WHSSC has therefore committed to the service remaining in Level 3 escalation until it is confident that tangible and measureable progress towards the delivery of said improvements has been secured.

Nonetheless, significant advances towards the delivery of the GIRFT recommendations have since been noted: pharmacy and physiotherapy services are now available for patients who become fit for discharge over a weekend; improved discharge planning arrangements, including increasing weekend discharges to aid the flow of patients, have been put in place; progress has been made towards the pooling of all cases across the surgical team ensuring equity of access to surgery, facilitated by the appointment of a sixth cardiac surgeon; and improved audit systems to ensure that accurate and timely data are recovered and submitted to NICOR are understood to be in place. In addition, the service has instituted a performance dashboard (based on a model developed by SBUHB) to facilitate robust quantitative monitoring of performance.

Nevertheless, challenges remain. The objective of pre assessment and Day of Surgery admission (DOSA) as routine practice has been progressed, but it is understood to be dependent on the planned repatriation of cardiothoracic surgery back to the University Hospital of Wales (UHW). Although service pressures preclude this move from being undertaken over the winter months, the HB is currently aiming for Q1 2023/24.

Swansea Bay University Health Board (SBUHB)

When the SBUHB cardiac surgery service was deescalated from level 4 to level 3 in February 2022, WHSSC acknowledged the significant progress made by the HB towards the delivery of the GIRFT action plan and noted the work undertaken to develop the planned performance dashboard. Further improvements have since been evident: the dashboard has been completed and is routinely used in escalation meetings to evidence on-going progress towards the delivery of GIRFT benchmarks; data pertaining to surgical indicators evidences wide-ranging improvements since the GIRFT review; the service has overseen its first patient staying overnight in the Mercure Hotel (Swansea) prior to admission in July 2022, establishing a standard model for DOSA moving forward; a quality and safety benchmarking legacy document has been developed to capture change of practice; and the service has amended the 'Surgeon of the Week' (SOW) model to better support patient needs.

Following the GIRFT review, SBUHB asked the Royal College of Surgeons (RCS) to conduct an Invited Service Review of the Cardiac Surgery Service. The review, which was undertaken in March 2022, was intended to consider the standard of patient care provided by the cardiac surgery service and to act as a follow-up to the GIRFT review. The RCS's immediate feedback letter noted the number of positive advancements made by the SBUHB cardiac service since the GIRFT review, "including the development of the cardiac surgery outcomes dashboard". The review team were also impressed by the level of staff engagement at the service review interviews, and it "was apparent that the staff were dedicated to providing a high quality care to patients". The review made a number of recommendations, which the HB integrated into its GIRFT action plan. In view of this aligning of action plans, WHSSC and SBUHB agreed that a recommendation to further deescalate the service to level 2 would only be taken forward once

WHSSC had reviewed the final RCS report. This report was received on 28 November 2022 and, pending discussion by the Cardiac Commissioning Team in the first instance, the service remains in level 3 escalation.

3.2 TAVI and Cardiac Surgery volume – trend analysis

Comparison with national trends

When seeking to establish the extent to which the cardiac surgery and TAVI trends evident in Wales are apparent elsewhere in the UK, the recent National Cardiac Audit Programme 'National Adult Cardiac Surgery Audit' (NACSA) 2022 Summary Report is revealing. The audit covers all adult patients that underwent heart surgery between April 2018 and March 2021 in the UK, although it notes that the COVID-19 pandemic caused major disruption to the provision of cardiac surgery.

In respect of cardiac surgery (**Figure 5**), the NACSA report notes that across the UK, "2020/21 saw a 34% reduction in cardiac surgical operations compared to the previous year". It does, however, identify that "the numbers of heart operations have been gradually falling for a while...but the total reduction from 2013 to 2020 was only 12%, from just over 33,000 to under 30,000". In stark contrast, only 19,333 operations were performed last year, from which the report infers that based on previous levels, just under 10,000 patients did not have heart surgery who might otherwise have been operated on.

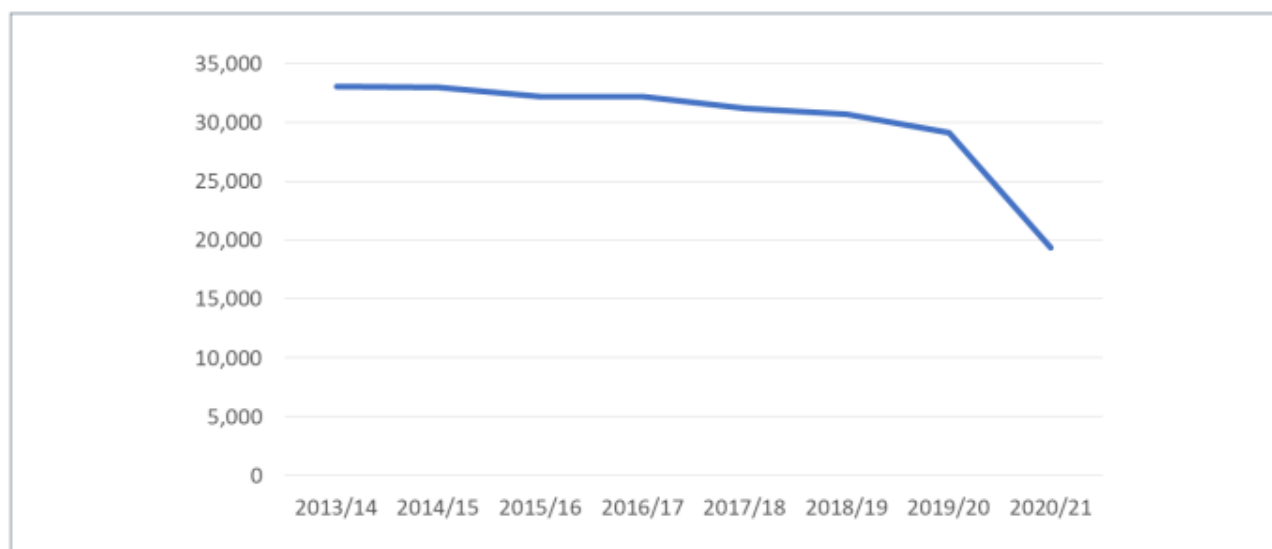


Figure 5: Total cardiac operations each year in the UK (excluding Scotland), 2013/14–2020/21 [NACSA data]

COVID-19 had a similar impact on the total number of patients undergoing aortic valve procedures by either surgical AVR or TAVI in 2020-21 (**Figure 6**), with a fall of nearly 17% compared to the previous year. The report does, however, note that TAVI increased by 11% during this time. Moreover, as the indications for TAVI have broadened in recent years the numbers performed have rapidly

increased, to the point where in 2019-20 they overtook isolated AVR numbers for the first time. This trend has dramatically accelerated during the pandemic, with the ratio of TAVI to AVR last year rising to nearly 2.3:1.

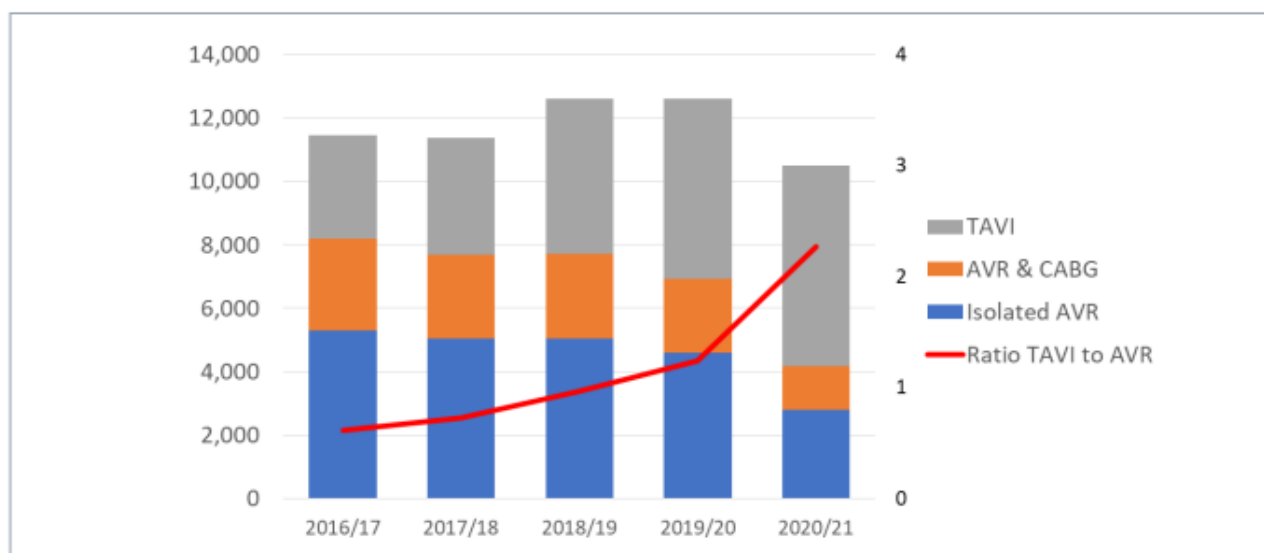


Figure 6: AVR and TAVI activity in the UK (excluding Scotland), 2013/14–2020/21 [NACSA data]

Equity of access

In view of the increase volume of TAVI procedures evident across the UK, it is further apposite to examine the extent to which access varies across the Welsh Health Boards. **Figure 7** compares the TAVI rate per 100,000 of population across the seven Welsh Health Boards. It includes data from the two Welsh centres and from those English centres undertaking procedures for Welsh patients (including Liverpool Heart and Chest, and the Royal Stoke University Hospital). Differences are apparent, with the access rate in BCUHB (10.09 per 100,000) being around half of that in PTHB (21.05 per 100,000).

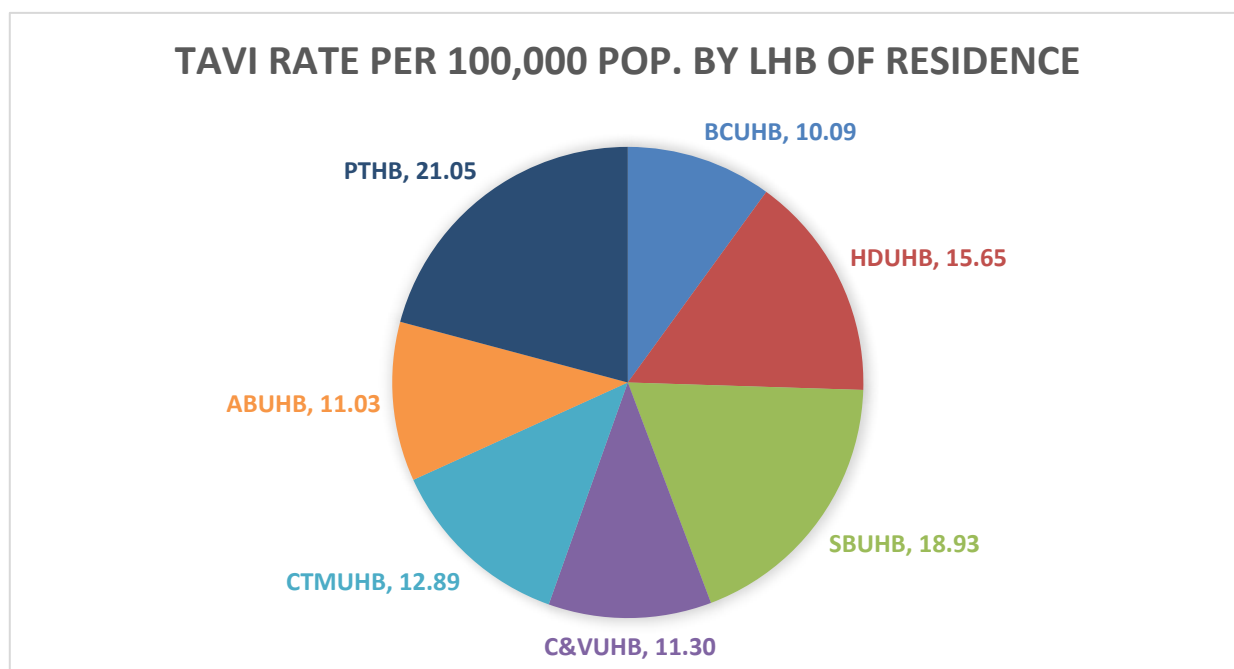


Figure 7: TAVI rate per 100,000 of population by LHB of residence [2021/22 activity from data received through WHSSC contracts; Population data from StatsWales (Welsh Government)]

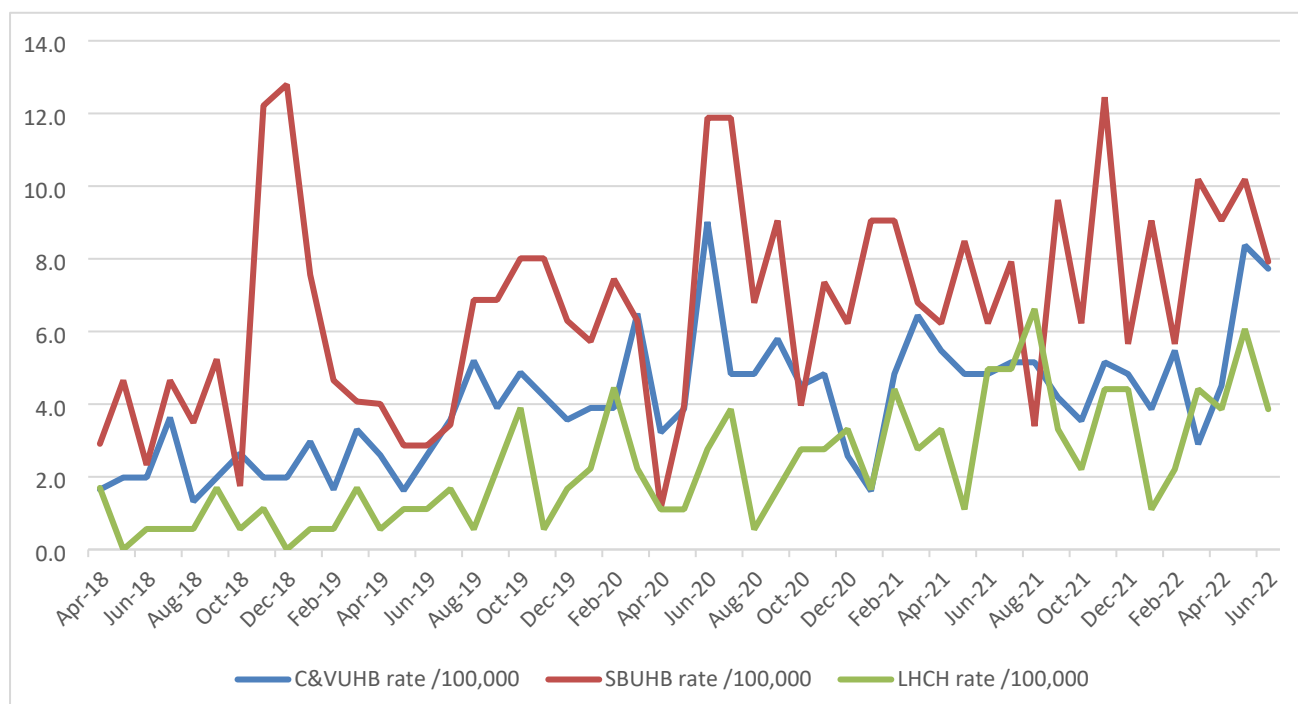


Figure 8: TAVI centre activity rate per 100,000 catchment population (aged over 65) by month - Apr-18 to Jun-22

Figure 8 indicates the TAVI activity rate across the three main centres attended by Welsh patients, per 100,000 catchment population between April 2018 and June 2022. It illustrates not only the increases in volume earlier noted in Figures 2 and 4, but the differential access rates across the three centres, with patients

in BCUHB and PTHB (who are most likely to be referred to Liverpool Heart and Chest Hospital (LHCH) for treatment) undergoing the lowest number of procedures per 100,000 of population and, allowing for anomalous months, SBUHB delivering a consistently greater number of procedures per 100,000 of population than the CVUHB and LHCH centres.

Implications for service provision

Reviewing the activity data for the two South Wales cardiac centres alongside the national trend data suggests a number of conclusions:

- The volume of WHSSC-commissioned cardiac surgery activity is likely to stay the same or reduce,
- The volume of WHSSC-commissioned TAVI procedures would seem likely to increase; and
- The combination of the two eventualities will have a material impact on the combined cost of cardiac surgery and TAVI activity.

3.3 Device selection – establishing a clinical rationale

In conversation with WHSSC, it was apparent that both centres have instituted a similar decision making process, whereby:

1. A TAVI CT scan is reported in house by cardiology and radiology, and TAVI feasibility and potential TAVI valve options are listed,
2. The multidisciplinary team decide that the treatment strategy is TAVI; and
3. A pre-procedural review is undertaken by the implanting team, resulting in the TAVI valve type and size being chosen.

Both centres were also explicit that valve choice was an outcome of:

1. Patient and anatomical factors; and
2. Technical considerations.

SBUHB indicated that these were as follows:

Patient or anatomic factor	Technical considerations
Young patients	Long-term durability essential. May require TAVI-in-TAVI More likely to require future coronary access. Long term consequences of PVL and conduction abnormality
Severe annular or LVOT calcification	Increased risk of annular rupture and PVL
Small calibre or diseased ileo-femoral arteries	Increased risk of vascular complications
Small annuli	Increased risk of patient-prosthesis mismatch
Large annuli	Increased risk of PVL

Preservation of coronary access	Specific consideration in patients with existing CAD and younger patients
Bicuspid valves	Increased risk of PVL, device embolization and annular rupture
Valve-in-valve	Elevated gradients after TAVI. Risk of coronary obstruction

The TAVI valves utilised in Wales – noting slight differences in nomenclature across the two centres – comprise:

Balloon expandable

- Sapien – Edwards Lifesciences

Self-expanding

- Evolut – Medtronic
- Navitor – Abbott
- Allegra – Biosensors.

No one valve type is optimal for all scenarios; all have both advantages and limitations. Depending on valve type, differences in respect of operational efficiency, the number procedures per day, length of patient stay and concurrent pacemaker requirement were all noted. These potential benefits are not apparent when looking only at the valve type cost data; longer-term efficiency is not currently measured.

WHSSC's meeting with the centres further identified the influence of historical factors, mindful particularly of the operator learning curve associated with difference devices. SBUHB having started TAVI procedures predominantly using the Sapien/Edwards valve, whilst Cardiff focussed on other devices. Although both centres have moved towards delivering a greater diversity of valves as the technologies have matured, CVUHB has remained a predominantly Evolut/Medtronic focussed centre, whilst SBUHB continues to favour the Sapien/Edwards valve.

Moreover, discussions highlighted differences between the valve type cost data held by WHSSC and those costs – provided by the NHS Wales Shared Services Partnership (NWSSP) – utilised by clinicians. Most notably, the WHSSC data indicated a significantly greater difference between the most and least expensive valves types, necessitating further investigation.

In its correspondence with the two centres, WHSSC has been clear that it is not seeking to mandate the use of specific valve types; the clinicians from both centres have been explicit that medical teams are best place to identify optimal valve types, in line with the commissioning policy. Nonetheless, significant variation in practice remains apparent.

3.4 Proposed next steps

Two interlinked stages of work are recommended. To note that the processes already in place to monitor the implementation of the GIRFT recommendations have already evidenced significant progress, and additional oversight is not therefore required.

Stage 1: Re-baseline and review of TAVI commissioning policy

In view of the likelihood that volume of WHSSC-commissioned cardiac surgery activity stays the same or reduces, whilst the volume of TAVI procedures increases, Stage 1 of the Cardiac Review should incorporate a re-baselining of cardiac surgery and TAVI contracts to ensure that they better reflect potential demand. This exercise should be incorporate a review of the performance of those NHSE centres from which WHSSC commissions cardiac surgery and TAVI.

Stage 1 should also include an exercise to assess the extent to which, in view of recent trends and differential valve costs, the TAVI policy remains both adhered to and apposite. This should include an analysis to identify the relationship between patient need, valve type and outcomes. In conjunction with this exercise, WHSSC should remind HBs of the financial implications of utilising a larger number of higher cost valves, in view of the risk that a continuing overspend impact on the provision of other WHSSC-commissioned services.

Stage 1 will be completed by June 2023.

Stage 2: Future service configuration

Although the proposed re-baseline and review of the TAVI policy will address immediate concerns, additional modelling will be required to understand and plan for longer-term implications. A second stage is therefore proposed, comprising demand and capacity planning and concluding with an options appraisal that establishes the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity.

This process, which will clearly indicate the underpinning justification for the recommended configuration, will be undertaken through 2023-24 and 2024-25.

An outcome of both Phases 1 and 2 will be the identification of the required level of cardiac surgery, which will inform the scale of any required de-commissioning, thereby linking with the WHSSC ICP. The cardiac review will thus incorporate a revised contracting framework, including options for the level of disinvestment in cardiac surgery in the event that the review concludes that a recurrent step down is required.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the impact of the recent events and trends as drivers change in the commissioning of cardiac surgery and TAVI services,
- **Note** the important link between the cardiac review and the Integrated Commissioning Plan (ICP) in that the work will conclude what level of cardiac surgery is required and inform the scale of any resultant de-commissioning,
- **Approve** the development of new contract baselines for cardiac surgery and TAVI, (Stage 1), to be completed by June 2023,
- **Approve** the proposal that the current TAVI commissioning policy be reviewed (Stage 1), to be completed by June 2023; and
- **Approve** the recommendation that further demand and capacity planning be undertaken, concluding with an options appraisal to identify the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity (Stage 2), to be undertaken during 2023-24 and 2024-25.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Implementation of the Plan Choose an item.
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed Choose an item.
NHS Delivery Framework Quadruple Aim	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 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.
Organisational Implications	
Quality, Safety & Patient Experience	By optimising the delivery of TAVI and cardiac surgery, WHSSC aims to improve the quality, safety and patient experience for Welsh patients with Aortic Stenosis
Finance/Resource Implications	No financial implications at this point
Population Health	There are no population health implications within this report
Legal Implications (including equality & diversity, socio economic duty etc)	There are no legal implications within this report
Long Term Implications (incl WBFG Act 2015)	-
Report History (Meeting/Date/ Summary of Outcome)	<ul style="list-style-type: none"> • 30 December 2022 - Corporate Directors Group Board - Approved, subject to revisions to make explicit the link between the cardiac review and the WHSSC ICP • 15 December 2022 - Management Group - Approved, subject to addition of data and analysis for Stoke/LHC

	<ul style="list-style-type: none"> • 28 November 2022 - WHSSC Corporate Directors Group Board - Approved, subject to minor amendments and addition of financial variance data
Appendices	Not applicable



Report Title	Governance Review of the Welsh Kidney Network (WKN) (previously known as the Welsh Renal Clinical Network (WRCN))			Agenda Item	3.5
Meeting Title	Joint Committee			Meeting Date	17/01/2023
FOI Status	Open/Public				
Author (Job title)	Karen Preece, Programme Director				
Executive Lead (Job title)	Karen Preece, Programme Director				
Purpose of the Report	The purpose of this report is to inform the Joint Committee of the recommendations presented by the recent independent Governance Review for the Welsh Kidney Network (WKN) and provide assurance that the recommendations are being enacted through an action plan that has been developed, agreed and monitored through the WKN Board.				
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 report; and• Receive assurance that there are robust processes in place to ensure delivery of the recommendations detailed within the recent Governance Review of the Welsh Kidney Network (WKN).					

GOVERNANCE REVIEW OF THE WELSH KIDNEY NETWORK (WKN) (PREVIOUSLY KNOWN AS THE WELSH RENAL CLINICAL NETWORK (WRCN))

1.0 SITUATION

The purpose of this report is to inform the Joint Committee of the recommendations presented by the recent independent Governance Review for the Welsh Kidney Network (WKN) and provide assurance that the recommendations are being enacted through an action plan that has been developed, agreed and monitored through the WKN Board.

2.0 BACKGROUND

On 13 August 2009 the Minister for Health and Social Services formally agreed the establishment of a single Welsh Renal Clinical Network (WRCN) (now known as WKN) to be managed by the WHSSC and to be hosted by Cwm Taf Morgannwg UHB (CTMUHB). Subsequently the WRCN was established in 2011 as a sub-committee of the Joint Committee with an independent Chair appointed by the Chair of WHSSC.

In March 2022, the WKN held a workshop to consider developing and strengthening the work of the network. Some issues were identified regarding the complexity of the current governance arrangements and it was recognised that since 2011 there have been significant changes to the governance environment within the NHS in Wales and that review of the governance of the WCRN had never been undertaken. It was suggested that a bespoke piece of work be undertaken to describe the issues and associated risks and if necessary make recommendations as to how these might be addressed.

A Governance Review was undertaken by Steven Combe, Independent Governance advisor as a way of identifying any potential governance issues that the WKN needed to address.

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Welsh Health Services Specialist Committee (WHSSC) in relation to the Welsh Renal Clinical Network (WRCN).

The review aimed to provide assurance to the Managing Director that the network is operating effectively and systems are being managed appropriately.

The areas that the review sought to provide assurance on were:

- the networks responsibility to carry out the duties required of them to manage and lead the planning and performance management of the renal service contracts,
- whether the governance framework for the network is operating effectively

The review was undertaken over the summer 2022 and the final report together with its recommendations is presented at **appendix 1**. An action plan was developed and approved by the WKN Board on 6 October 2022 (**appendix 2**). The monitoring of the action plan is through the WKN Board.

3.0 ASSESSMENT

The Review has as its conclusion:

“It is clear that the Renal Network has achieved a great deal since it was established and the service to patients has improved enormously. It has been successful at working as a managed network rather than a commissioner of services and caution is needed at this stage not to create increased bureaucracy and stifle the innovative approach the Network has taken.”

However, it also made a number of comments regarding the working arrangements of the Network and it made 11 recommendations to strengthen the governance. These can be found in the body of the report and in the attached action plan at **appendix 2**.

Additionally, although the Independent Advisor recognised that his comments were not within the terms of reference for the review, he identified a number of other issues for consideration detailed within section 6 of the report.

He also concluded that;

“In the medium term there is a need to confirm the strategic direction of the Network. As indicated this is a challenging agenda and needs to be undertaken in conjunction with Welsh Government colleagues, given the changing landscape at an All-Wales level with the creation of the NHS Executive”.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Receive assurance** that there are robust processes in place to ensure delivery of the recommendations detailed within the recent Governance Review of the Welsh Kidney Network (WKN).

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	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.
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	As identified in the report
Finance/Resource Implications	As identified in the report
Population Health	There are no immediate adverse population health implications
Legal Implications (including equality & diversity, socio economic duty etc)	The WKN is not a legally constituted body but is a sub-committee of the Joint Committee, with an independent Chair appointed by the Chair of WHSSC. It obtains its authority and responsibility as delegated by Local Health Boards (LHBs) through the Joint Committee. This delegation provides the autonomy within an agreed framework for the officers of the All Wales Renal Network to carry out the duties required of them to manage and lead the planning and performance management of the renal service contracts. The Welsh Renal Clinical Network is authorised by the Joint Committee to undertake all roles and activities within its terms of reference
Long Term Implications (incl WBFG 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)	23 November 2022 - Welsh Kidney Network Board workshop and meeting 6 October 2022 - Welsh Kidney Network Board supported the recommendations and agreed the action plan. 30 December 2022 - CDGB
Appendices	Appendix 1 – WKN Governance Review Report Appendix 2 – WKN Governance Review Action plan

APPENDIX 1

Independent Report reviewing the governance arrangements within the Welsh Renal Clinical Network (WRCN) and to the Joint Committee of the Welsh Health Services Specialist Committee.

September 2022

Author: Steve Combe Independent Governance Adviser

1. METHODOLOGY

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Welsh Health Services Specialist Committee (WHSSC) in relation to the Welsh Renal Clinical Network (WRCN).

The review aims to provide assurance to the Managing Director that the network is operating effectively and systems are being managed appropriately.

The areas that the review seeks to provide assurance on are:

- the networks responsibility to carry out the duties required of them to manage and lead the planning and performance management of the renal service contracts,
- Whether the governance framework for the network is operating effectively.

The full Terms of Reference are set out in **Appendix 1**.

The methodology used was to undertake a review of relevant documentation and to hold a series of confidential discussions with relevant individuals to identify themes and issues. No personalised information was used in the compilation of this report. Details of all individuals interviewed are set out in **Appendix 2**.

2. INTRODUCTION

On 13th August 2009 the Minister for Health and Social Services formally agreed the establishment of a single Welsh Renal Network to be managed by the WHSSC and to be hosted by Cwm Taf Local Health Board (LHB). The aim was that the WRCN would act as a vehicle through which specialised renal services would be planned and developed on an all- Wales basis in an efficient, economical and integrated manner and to provide a single decision-making framework with clear remit, responsibility and accountability.

It has not been possible to establish the detailed arrangements agreed for the establishment of the Network. It seems it was established as a managed network, but it would appear that the membership of the Renal Board and its sub groups have grown and developed over time and are not based on any Welsh Government Directions,

Since its establishment it is clear that the WRCN has achieved a great deal in the planning and implementation of effective and efficient specialised renal services. It has used its ring-fenced budget imaginatively for the benefit of patients and re invested savings to improve renal services. The clear “buy in” by clinicians to this model has been a significant factor in the success of the Network.

3. THE NETWORK

The Welsh Renal Clinical Network is not a legally constituted body but is a sub-committee of the Joint Committee, with an independent Chair appointed by the Chair

of WHSSC. It obtains its authority and responsibility as delegated by Local Health Boards (LHBs) through the Joint Committee. This delegation provides the autonomy within an agreed framework for the officers of the All Wales Renal Network to carry out the duties required of them to manage and lead the planning and performance management of the renal service contracts. The Welsh Renal Clinical Network is authorised by the Joint Committee to undertake all roles and activities within its terms of reference.

Full Terms of Reference for WRCN are attached at **Appendix 3**.

The purpose of the network is to:

- Provide evidence based and timely advice to the Welsh Government and Joint Committee of WHSSC to assist the LHBs in discharging their functions and meeting their responsibilities with regard to the delivery of renal policy and services across Wales;
- Undertake planning for the development and delivery of an integrated renal service on an all-Wales basis on behalf of, and with the agreement of the WHSSC;
- Determine in conjunction with the WHSSC the renal services that should be procured in Wales;
- In conjunction with WHSSC, manage the centrally held, ringfenced, renal budgets required for delivery of services;
- Performance monitor, on behalf of WHSSC, the delivery units against National standards and agreed service level agreements for delivery of renal services;
- Provide timely delivery and performance reports to WHSSC and the Minister;
- Advise and monitor clinical governance in relation to renal services within the agreed WHSSC Quality and Safety framework;
- Lead and assist in the creation, implementation and monitoring of care pathways / care bundles for renal services;
- Fulfil a national remit, with a sub-structure that enables local interface;
- Ensure a full-time, central support function so that it can successfully undertake its delegated responsibilities;
- Manage the National core dataset for renal services;
- Engage with public and patients on current and future renal service and policy developments.

These functions are delivered through a Network Board, Chaired by an Independent Chair. This Board is supported by a Management Group and a Quality and Safety Group.

The Network Board Chair attends meetings of the Joint Committee and provides a regular update report to the Joint Committee on the work of the Network Board.

There is also a dedicated renal management team within WHSSC to support the work of the Board and to assist in the commissioning and performance management of specialised renal services. The Network manager reports to an Executive lead for Renal Services. Currently this is the Director of Finance.

It is important to note that the clinical lead in the Network acts as a professional adviser to Welsh Government on renal services.

4. WORKING ARRANGEMENTS

The Renal Network Board and network team are not fully integrated in governance terms to both the senior management team of WHSSC and the Joint Committee.

There is little evidence that the reports to the Joint Committee are seeking the agreement or approval of the Joint Committee for key decisions even though their Terms of Reference clearly state the Network Board should undertake its work with the “agreement” of WHSSC or “in conjunction” with WHSSC.

The reports to the Joint Committee are provided by the Chair of the Network Board and is considered alongside other Joint Committee sub-committee reports under the WRCN Chairs report at the end of the agenda. Most of these reports are for noting and not decision and do not contain quality or performance information.

The Chair of the Renal Network Board has the authority in its terms of reference to take Chairs action where urgent decisions are required between Network Board meetings.

The Network Board considers and approves bids from LHBs to increase staffing levels, in addition to its role in commissioning specialised renal services.

The membership of the Network Board is broad in nature and includes clinicians, managers and individuals representing charitable and voluntary organisations involved with renal services.

5. COMMENTARY AND RECOMMENDATIONS

There are a number of issues to consider in reviewing the governance arrangements surrounding the Renal Network and the Network Board. These are set out below, together with recommendations for improvement.

- 5.1 The Joint Committee have not agreed what delegated authority it wishes to give the Network Board, although its Standing Orders allow for such a scheme of delegation to Committees. Under Standing Orders, where the Joint Committee does not explicitly agree delegated powers, the Joint Committee retains all authority in such matters. It would appear that, in the absence of a clear scheme of delegation by the Joint Committee, the Network Board has been taking action and making decisions without the explicit agreement of the Joint Committee.

As well as making commissioning decisions the Network Board agrees the funding for individual posts within LHBs.

Recommendation

The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs.

- 5.2 The current operating model of the WRCN has evolved and outgrown the description set out in its Terms of Reference.

Recommendation

The Terms of Reference should be reviewed in their entirety. As part of this review, consideration should be given to the relationship between the WRCN the QPS group and the WHSSC QPSC.

- 5.3 Related to this there does not appear to be a full understanding of the requirements of the delegated financial limits as requires in Standing Financial Instructions.

Recommendation

The Financial schemes of delegation should be agreed with the Managing Director, approved by the Audit Committee and appended to Standing Orders. This will ensure they are reviewed annually.

- 5.4 The role of the Executive Lead is not explicitly set out. This role is not set out in the scheme of delegation to officers included in the Standing Orders. As a result, there is a lack of clarity regarding the expectations of this role.

Recommendation

The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders. This should include accountability arrangements.

- 5.5 The reporting arrangements for the Renal Board to the Joint Committee seems to assume the Network Board is an assurance based Committee in the same way as other Board Committees. This includes the requirement for the Network Board Chair to provide update reports to the Board.

Recommendation

Part of the role of the Executive lead should be to provide regular reports to the Joint Committee. These reports should include quality, performance and financial information. It should also include activities which the Joint Board should be aware and any decisions required by the Joint Board. These reports should be in the main part of the agenda and not included with other sub-committee assurance reports.

- 5.6 The membership of the Renal Network Board is inclusive in nature. As a result, it operates as a “stakeholder” Board where information is exchanged. This makes the Renal Board an unwieldy vehicle for decision making.

Recommendation

The membership of the Renal Network Board should be reviewed as part of the review of its Terms of Reference, This should be completed following agreement of the scheme of delegation.

- 5.7 There are arrangements in place for Chairs action within the Network. Chairs action is normally reserved for the Chair of the Joint Committee and requires the agreement of the Managing Director and 2 Independent Members.

Recommendation

Chairs action as a vehicle for speedy decisions outside of Network Board meetings should be removed from the terms of reference. If urgent action is required within the new scheme of delegation this should be made by the Chair of the Joint Committee in line with Standing Orders,

- 5.8 The Management Group supporting the Network Board seems to be duplicating the discussions at the Board, rather than acting as a management support to the Network Board.

Recommendation

The membership and role of the management group should be reviewed in line with the new terms of reference.

- 5.9 There are a number of verbal reports and presentations to the Network Board, which do not allow time for consideration prior to the meeting.

Recommendation

As a sub-committee of the Joint Committee, the requirements for paper deadlines and ways of reporting should be aligned to those of the Joint Committee and in line with Standing Orders.

- 5.10 The meeting times for the Network Board sometimes clash with the clinical commitments of Board members. This means individual clinicians cannot attend Board meetings or have to rearrange their clinical commitments.

Recommendation

Meeting times should be reviewed to ensure clinician attendance is maximised. It is recognised that work in this area has already commenced.

- 5.11 The risk register for the Renal Network includes a large number of risks, many of which are linked to the challenges of operation delivery. This is exacerbated by the fact the Network is not currently clear on its future direction and the risk register should relate to risks associated with the objectives of the Network.

Recommendation

The risk register should be reviewed to reflect commissioning risks and, once the strategic direction of the network is confirmed, be linked to each objective.

6. OTHER ISSUES

Whilst undertaking the review and speaking to people involved in the work of the Network a number of issues came to light. These issues are outside the scope of the review but are worthy of note. As they are not part of the review no explicit recommendations are made. They are:

- 6.1 The Network has largely achieved what it was set up to do and there is a need to agree the strategic direction for the Network. This will be challenging as it is anticipated that this may require the Network to operate in less specialist areas as it considers preventive and primary care matters.
- 6.2 There is seemingly confusion within LHBs and, to some extent within the Network, about what its scope and role is and what it isn't. The fact that the Network funds individual posts within LHBs adds to this confusion or misinterpretation of its function. This sometimes means LHBs do not consider renal services as their responsibility, which can lead to blurring of accountabilities.
- 6.3 There are differing views on the effectiveness of the peer review process and the way the outcome of these is reported to the Renal Board and to LHBs. Consideration should be given to benchmarking the WRCN peer review

process with the process used in NHS Wales Collaborative. This should include the process for issuing letters from the WRCN to LHB CEO's.

- 6.4 The renal management team role is unclear to whether it is in a supporting role or a leading role. The Renal Network Board and network team are not fully integrated in governance terms to both the senior management team of WHSSC and the Joint Committee. Consideration needs to be given to how the WRCN in its broadest sense fits into WHSSC.
- 6.5 In the absence of agreed information requirements there seem to be a number of requests from the renal management team for information to renal departments within LHBs that have short response deadlines. There may be legitimate reasons for this. There is a need to agree with providers what performance information is required, when it is required and for what purpose.

7. CONCLUSIONS

It is clear that the Renal Network has achieved a great deal since it was established and the service to patients has improved enormously. It has been successful at working as a managed network rather than a commissioner of services and caution is needed at this stage not to create increased bureaucracy and stifle the innovative approach the Network has taken.

It is hoped these recommendations will strengthen the governance arrangements within the Network and between the Network and the Joint Committee.

In the medium term there is a need to confirm the strategic direction of the Network. As indicated this is a challenging agenda and needs to be undertaken in conjunction with Welsh Government colleagues, given the changing landscape at an All-Wales level with the creation of the NHS Executive.

Appendix 1

Scope for WRCN governance Review – February 2022

The overall objective of the review is to evaluate and determine the adequacy of the systems and controls in place within WHSSC in relation to the Welsh Renal Clinical Network (WRCN).

The review will seek to provide assurance to the Managing Director that the network is operating effectively and systems are being managed appropriately.

The areas that the review will seek to provide assurance on are:

- the networks responsibility to carry out the duties required of them to manage and lead the planning and performance management of the renal service contracts,
- Whether the governance framework for the network is operating effectively.

Area of concern	Issue
Executive accountability within WCRN - see WRCN Structure Figure 1 below	Is it clear who in the WCRN is accountable for failures of commissioning e.g. poor financial management, failure to address quality concerns in a private provider?
Executive accountability in WHSSC for functions of WCRN	If the WCRN fails to carry out its commissioning function adequately what is the responsibility of WHSSC officers?
Reporting lines	Should the WHSSC Integrated Governance Committee (IGC) have a role? Should CTMUHB Audit and Risk Committee (ARC) have role What is the role of WHSSC Quality & Patient Safety Committee (QPS)?
QPS function and QPS processes	What is the level of independence of the WCRN QPS from the WCRN? How clear are the processes related to the QPS?
Membership of the WRCN Management Group (sub group of the Board) and Board	Is the level of overlap appropriate?
Function of the Management Group and Board	Is the sufficient clarity regarding the different roles

Provider/commissioner tension	Are the TOR/processes adequate to address conflicts of interest
Adherence to governance and accounting procedures, e.g. finance and procurement	<p>Are the relevant procedures being followed</p> <p>Are the ring-fenced resources identified as part of the phased resource-mapping process for renal services and the wider national exercise being utilised appropriately.</p>
Risk Management	Are risks being captured, managed and monitored, and are they aligned to the WHSSC Corporate Risk Assurance Framework (CRAF).

Appendix 2

WRCN Governance Review – Interview Schedule

May/July 2022

Date/Time	Name and Designation	Face to face/teams
10/06/2022 13:00-14:00	Ms Helen Harris <i>WRCN Financial Accountant</i>	MS Teams
10/06/2022 14:00-15:00	Mr Michael Stephens <i>WRCN Clinical Lead for Transplant and Vascular Access / Clinical Director of Nephrology, CVUHB</i>	MS Teams
13/06/2022 09:30-10:30	Mr Stuart Davies <i>Director of Finance, Executive Lead for WRCN</i>	MS Teams
13/06/2022 11:00-12:00	Ms Jacqui Evans <i>Committee Secretary & Head of Corporate Services for WHSSC</i>	MS Teams
13/06/2022 12:30-13:30	Mrs Susan Spence <i>WRCN Manager</i>	MS Teams
13/06/2022 13:45-14:45	Ms Linzi Isaac <i>Patient Advocacy Group representative / Advocacy Officer, Kidney Care UK</i>	MS Teams
13/06/2022 15:00-16:00	Dr James Chess <i>WRCN Clinical Lead for IM&T / Consultant Nephrologist, SBUHB</i>	MS Teams
15/06/2022 12:30-13:30	Prof Chris Brown <i>WRCN Lead Pharmacist / SBUHB</i>	MS Teams
15/06/2022 15:00-16:00	Ms Sarah Siddell <i>Directorate Manager for Renal Services, SBUHB</i>	MS Teams
16/06/2022 09:00-10:00	Mr Iwan Bonds <i>Directorate Manager for Renal Services, BCUHB</i>	MS Teams
16/06/2022 10:00-11:00	Ms Rachel Long <i>Directorate Manager for Renal Services, CVUHB</i>	MS Teams
16/06/2022 12:30-13:30	Mrs Gail Williams <i>WRCN Lead Nurse</i>	MS Teams
16/06/2022 14:00-15:00	Ms Kate Eden <i>Chair of WHSSC</i>	MS Teams
23/06/2022 10:15-11:15	Dr Ashraf Mikhail <i>WRCN Clinical Lead for Quality and Patient Safety / Consultant Nephrologist, SBUHB</i>	MS Teams

Date/Time	Name and Designation	Face to face/teams
23/06/2022 11:30-12:30	Dr Gareth Roberts <i>Clinical Lead of the WRCN / Consultant Nephrologist, ABUHB</i>	MS Teams
04/07/2022 09:00-10:00	Dr Sian Lewis <i>Managing Director, WHSSC</i>	MS Teams
04/07/2022 12:30-13:30	Ms Caroline Lewis <i>Value Based Healthcare Policy Team, Welsh Government</i>	MS Teams
04/07/2022 14:00-15:00	Dr Clare Parker <i>Clinical Director, SBUHB</i>	MS Teams
05/07/2022 17:15-18:15	Mrs Carol Shillabeer <i>Chief Executive, Powys</i>	MS Teams
14/07/2022 14:00-15:00	Reporting back session – Steve Combe and the following members of the WHSSC exec team: <ul style="list-style-type: none"> • Mr Ian Phillips • Dr Sian Lewis • Ms Kate Eden • Mr Stuart Davies • Ms Jacqui Evans 	MS Teams
August – Date to be confirmed (one hour in duration; Chaired by Dr Sian Lewis)	Clinical sense-check session / WRCN Governance Review Dr Abdulfattah Alejmi <i>Consultant Nephrologist & Clinical Director, BCUHB West</i> Dr Mick Kumwenda <i>Consultant Nephrologist & Clinical Director, BCUHB Central</i> Dr Stuart Robinson <i>Consultant Nephrologist & Clinical Director, BCUHB East</i> Dr Helen Jefferies <i>WRCN Clinical Lead for Home Dialysis / Consultant Nephrologist, CVUHB</i> Mr Ross Evans <i>Managing Director, Kidney Wales</i> Mrs Lisa Higginson <i>Lead Nurse, Renal Services, CVUHB</i> Ms Hayley Woodcock <i>Matron responsible for Renal Services, BCUHB East</i> Ms Jennifer Morgan-Libby	MS Teams

Date/Time	Name and Designation	Face to face/teams
	<p><i>Matron, Renal Services, SBUHB (shared role)</i></p> <p>Ms Jo Popham <i>Patient Advocacy Group representative / Chief Executive, Popham Kidney Support</i></p> <p>Ms Lisa Morris <i>Matron, Renal Services, SBUHB (shared role)</i></p>	

APPENDIX 3



GIG
CYMRU
NHS
WALES

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



Rhwydwaith Clinigol Arennol Cymru
Welsh Renal Clinical Network

WELSH RENAL CLINICAL NETWORK BOARD TERMS OF REFERENCE

Document Author:	Corporate Governance Manager
Executive Lead:	Director of Finance & Information
Approved By:	Joint Committee
Issue Date:	09 December 2021
Review Date:	31 March 2023

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1. LEGAL FRAMEWORK

In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Government 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).

These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.

The Joint Committee shall establish a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the LHBs jointly.

On 13th August 2009, the Minister for Health and Social Services formally agreed the establishment of a single Welsh Renal Clinical Network (WRCN) to be managed by the WHSSC and to be hosted by Cwm Taf Morgannwg UHB (CTMUHB) and the Joint Committee shall nominate annually a committee to be known as the Welsh Renal Clinical Network (WRCN).

The WRCN is not a legally constituted body, but has been set up under general powers conferred on the Welsh Ministers under the National Health Service (Wales) Act 2006 (the 2006 Act). Section 1 of the of the National Health Service (Wales) Act 2006 requires the Welsh Ministers to continue the promotion of a comprehensive health service for the people of Wales. In turn, section 3 requires the Welsh Ministers to provide, to such extent as they consider necessary, “medical...and ambulance services” and such other services or facilities or facilities as are required for the diagnosis and treatment of illness. In turn, section 2 of that Act confers on the Welsh Ministers the power to do anything which is calculated to facilitate, or is conducive or incidental to their duties under the Act. In addition, under section 16 of that Act each LHB is required to make arrangements with a view to securing they receive appropriate professional advice from health experts in order to enable them to exercise their functions effectively.

The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this committee are set out below.

2. DELEGATED POWERS AND AUTHORITY

The WRCN is a non-statutory body and therefore obtains its authority and responsibility as delegated by the Local Health Boards (LHBs) through the Joint Committee.

This delegation will provide 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 and performance management of the renal service contracts. These roles are to be based on professional standards set by the Welsh Government (including the Renal Delivery Plan and Service Specifications) and the renal professional groups such as the Renal Association, and will ensure a consistent and equitable approach across Wales.

The WRCN is authorised by the Joint Committee to undertake all roles and activities within its terms of reference. In doing so, the WRCN shall have the right to request information relevant to renal services of the relevant

LHBs. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the Welsh Renal Clinical Network.

The WRCN is authorised by the Joint Committee to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Joint Committee's procurement, budgetary and other requirements.

Fundamentally, the WRCN will be able to recommend the use of ring-fenced resources that have been identified as part of the phased resource-mapping process for renal services and the wider national exercise. Initially this included transplantation, dialysis, vascular access, Erythropoietin Stimulating Agents (ESAs) and dialysis transport. Immunosuppressants for Renal Transplantation have since been added. With its central management team, the WRCN will manage the utilisation of ring-fenced funds on behalf of the WHSSC and in collaboration with the service providers.

The WRCN will also have the responsibility on behalf of the Welsh Government for overseeing the implementation of the renal standards (principally by reference to the Service Specifications) by the LHBs for their populations. Included within this work will be to support LHBs, Clusters and practices in managing patients who may not require referral to a Nephrologist. WRCN will need to engage with other Cardiovascular Disease clinicians and clinical networks to fulfil this role.

3. PURPOSE

3.1 Strategic Intent

The Welsh Government published in April 2007, a National Service Framework and Policy Statement "Designed to Tackle Renal Disease in Wales". Improving the quality of the care of those people with or at risk from renal disease is the cornerstone of that policy statement and National Service Framework (NSF) which defines evidence based standards for the planning, organisation and delivery of care for those with or at risk from renal disease. Whilst the principle requirements of the NSF remain, it has been superseded by the Renal Delivery Plan and its service specifications (2016).

The WRCN is the vehicle through which specialised renal services can be planned and commissioned on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework

with clear remit, responsibility and accountability. National prioritisation and implementation will generate economies of scale and increased synergy between the network and its stakeholders.

Role of the Welsh Renal Clinical Network:

- Lead the development and implementation of renal service strategy;
- Provide evidence based and timely advice to the Welsh Government and Joint Committee to assist the LHBs in discharging their functions and meeting their responsibilities with regard to the delivery of renal policy and services across Wales;
- Undertake planning for the development and delivery of an integrated renal service on an all Wales basis on behalf of, and with the agreement of the WHSSC;
- Determine in conjunction with the WHSSC the renal services that should be procured in Wales;
- In conjunction with WHSSC, manage the centrally held, ring-fenced, renal budgets required for delivery of services;
- Performance manage, on behalf of WHSSC, the delivery units against national standards and agreed service level agreements for delivery of renal services;
- Provide timely delivery and performance reports to WHSSC and Welsh Government;
- Advise and monitor clinical governance in relation to renal services within the agreed WHSSC Quality and Safety framework;
- Lead and assist in the creation, implementation and monitoring of service specifications / care pathways / care bundles for renal services;
- Fulfil a national remit, with a sub-structure that (i) is fit for purpose and (ii) enables local interface;
- Ensure a full-time, central support function so that it can successfully undertake its delegated responsibilities;
- Lead on the strategic development and implementation of renal related IT systems, ensuring accurate and timely returns to the UK Renal Registry;
- Engage with public and patients on current and future renal service and policy developments.

4. STAFFING STRUCTURE

The following posts will be included within the Welsh Renal Clinical Network:

- Independent Chair
Appointed for 3 years (max 4), 2 days per month.
Appointed by Chair of WHSSC
- Lead Clinician
Appointed on a sessional basis; 2 sessions per week.
Period of three years
- Deputy Lead Clinician
Appointed on a sessional basis; 1 session per week.
Period of three years
- Clinical Lead for Quality & Patient Safety
Appointed on a sessional basis; 1 session a week.
Period of three years
- Clinical Lead for Information Management and Technology (IM&T)
Appointed on a sessional basis; 1 session a week.
Period of three years
- Clinical Lead for Transplant and Vascular Access
Appointed on a sessional basis; 1 session a week.
- Clinical Lead for Pharmacy
Seconded 2 days a week to April 2020
- National Health & Wellbeing Professionals Reference Group Chair
Appointed on a sessional basis; 1 session per month.
- Lead Nurse
Permanent full time appointment into WHSSC
- Network Manager

Permanent full time appointment into WHSSC

- Deputy Network Manager
Permanent full time appointment into WHSSC
- Network Finance Manager
Permanent full time appointment into WHSSC
- Network Audit and Information Analyst
Permanent full time appointment into WHSSC
- Network Coordinator
Permanent full time appointment into WHSSC
- Network Projects/development Manager
Permanent full time appointment into WHSSC

WRCN members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Joint Committee, in accordance with the Standing Orders, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Patient and carer representatives will have reasonable travel expenses for attending Board meetings reimbursed according to LHB policy.

5. FUNCTION

As a minimum, the WRCN will utilise two tiers of forum:

National Board

Two sub-committees

- WRCN Management Group
- WRCN Quality & Patient Group

5.1 WRCN 'Management Group'

A sub-committee of the Welsh Renal Clinical Network Board, the Management Group will provide a forum to enable meaningful interface with the providers of renal services within Wales.

The Management Group will meet more frequently than the Network Board. A full 'terms of reference' and membership of the Management Group is appended to this document.

Membership of the Management Group:

- Independent Chair
- Network Lead Clinician
- Network Lead Nurse
- Network Manager / Deputy
- Network Finance Manager
- Network Clinical Lead for Quality & Patient Safety
- Network Clinical Information Management and Technology Lead
- Network Renal Pharmacy Advisor
- Network Lead for Renal Transplantation and Vascular Access
- National Health & Wellbeing Professionals Reference Group Chair
- Nominated Director of Welsh Health Specialised Services Team
- Renal Procurement Lead
- Provider Health Boards (Swansea Bay UHB, Betsi Cadwaladr UHB and Cardiff & Vale UHB):
 - Nephrology Clinical Directors
 - Nephrology Directorate Managers
 - Nephrology Lead Nurses
 - Nephrology Finance Managers

5.2 WRCN Quality & Patient Safety (QPS) Group

This will be a forum to review and analyse matters relating to Quality and Patient Safety for renal services. The focus will have a commissioning aspect but with alignment to operational aspects so as to help ensure appropriate governance.

The Terms of Reference for the QPS Group is appended to this document and forms part of the underpinning governance arrangements of the WRCN Board.

Membership includes:

- Network Clinical Lead for Quality & Patient Safety (Chair)
- Network Lead Nurse
- Network Manager/Deputy
- Network Clinical Lead for Information Management and Technology
- Network Audit and Information Analyst
- Consultant Nephrologists (the QPS leads) from each of the five units
- Nephrology Directorate Managers

The Chair will report to the WRCN Board and the WHSSC Quality & Patient Safety Sub-committee.

6. MEMBERSHIP OF THE WELSH RENAL CLINICAL NETWORK BOARD

The Chair of the WRCN will be appointed by the Chair of WHSSC.

6.1 Membership of the Welsh Renal Clinical Network

Core (voting) members:

- Network Lead Clinician / Deputy Lead Clinician {single vote}
- Network Lead Nurse
- Network Clinical Lead for Quality and Patient Safety
- Network Clinical Lead for IM and T
- Network Clinical Lead for Transplant and Vascular Access
- Network Clinical Lead for Pharmacy
- Network Health & Wellbeing Professionals Group Chair
- Non-officer member LHB representative
- Patient Advocacy Groups representative*{single vote}
- Community Health Council Representative
- Clinical Director Representative – North, SW and SE Wales {single vote}

*Patient Advocacy Groups (PAG) are required to be Registered Charities with the Charities Commission and whose primary function is to support the Welsh population and/or has a dedicated focus on Wales. As at date of approving these Term of Reference patient advocacy groups in Wales that meet this criteria are:

- Kidney Wales Foundation Reg No: 700396

- Paul Popham Fund Reg No: 1160114
- Kidney Care UK Reg No: 270288

It is anticipated that as the main purpose of patient advocacy group representation on the WRCN Board is to ensure that the 'voice of the patient' is heard, the groups nominated representatives will have current or past experience of being a renal patient or carer.

All individual PAG nominations or amendments to the invited PAG as listed above, will be prior approved by the WRCN Board Chair.

In attendance:

- Nominated Director of Welsh Health Specialised Services Team;
- Network Manager / Deputy Network Manager
- Network Finance Manager Welsh Government – Policy Lead for Renal Services;
- WHSSC Management Group Representatives (from different health boards for planning and finance);
- Individual patient representatives from renal services and dialysis units as agreed advocates.

The following only where an agenda item requires their presence:

- Renal Hub Manager
- Network Audit and Information Analyst
- Welsh Kidney Research Unit representative
- WHSSC Medical Director
- Welsh Government – Medical Director
- Welsh Government – Chief Nursing Officer
- Welsh Association of Renal Physicians & Surgeons representative
- Members of Welsh Renal Clinical Network Project Boards

The Welsh Renal Clinical Network may also co-opt additional independent external members from outside of the organisation to provide specialist knowledge and skills.

6.2 Member Appointments

The membership of the Renal Network Board shall be determined by the Joint Committee Chair, based on the recommendation of the Chair of the Renal Network Board - taking account of the balance of skills and expertise necessary to deliver the Sub-Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The need to

ensure appropriate geographical representation across Wales will also be required.

Appointed members shall hold office for a period of three years, during which time a member may resign or be removed by the Welsh Renal Clinical Network. An appointed member may be asked to continue their role on the Welsh Renal Clinical Network following an annual review and by the agreement of the Joint Committee Chair.

6.3 Support to Welsh Renal Clinical Network Members

The Welsh Renal Clinical Network Secretariat, on behalf of the Chair, shall:

- Arrange the provision of advice and support to members on any aspect related to the conduct of their role; and
- Co-ordinate the provision of a programme of organisational development for members.

7. BOARD MEETINGS

7.1 Quorum

At least five (voting) members must be present to ensure the quorum of the Renal Network Board one of whom should be the Committee Chair or Lead Clinician.

7.2 Decision Making Process

Decisions will normally be achieved through consensus.

In exceptional circumstances the decision may proceed to a vote. In these circumstances each core member will have one vote. The vote will be a simple majority. The detail of any vote will be recorded in the minutes of the meeting and as part of any recommendation made to the Joint Committee.

7.3 Frequency of Meetings

Board meetings shall be held at a frequency to allow synchronisation with the meeting of the Joint Committee (and at least three times per annum) and otherwise as the Chair of the Committee deems necessary.

7.4 Dealing with Members' interests during Network Board meetings

Declarations of interest will be a standing agenda item for all meetings.

Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other

matter that is the subject of consideration on any item on the agenda for a meeting.

Interests declared at the start of, or during a meeting will be managed in accordance with section 7.3 of the WHSSC Standing Orders.

The Chair, advised by the Committee Secretary, must ensure that the Network Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual board members must demonstrate, through their actions, that their contribution to the Network Board's decision making is based upon the best interests of the NHS in Wales.

Where individual members identify an interest in relation to any aspect of Network Board business set out in the Network Board's meeting agenda, that member must declare an interest at the start of the Network Board meeting. Members should seek advice from the Chair, through the Committee Secretary before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Network Board minutes.

7.5 Withdrawal of Individuals in Attendance

The Network Board may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

7.6 Board Agenda and Papers

The Welsh Renal Clinical Network Chair will determine the agenda for each meeting, taking into account any suggestions or requests from individual members.

Members will be provided with the Agenda and supporting papers for each meeting at least five working days in advance of each meeting.

A schedule of dates for the meetings will be published for the year ahead.

Welsh Renal Clinical Network meetings will be carried out openly and transparently in a manner that encourages the active engagement of stakeholders. This will be facilitated in a number of ways including:

- active communication of forthcoming Welsh Renal Clinical Network business and activities;

- agenda published at least 5 working days in advance of each meeting; and
- the selection of accessible, appropriate meeting venues,
- An agreed record of each meeting will be published within 10 working days of the meeting;
- The Board agenda and papers /record will be published on the Welsh Renal Clinical Network website.

7.7 Conduct of Meetings

The Chair, will preside at any meeting of the Welsh Renal Clinical Network Board.

The Welsh Renal Clinical Network may invite individuals or groups to address its meetings.

All Board meetings will normally be held in Cardiff; however they may alternate with other suitable venues across Wales.

7.8 Values and Standards

The Welsh Renal Clinical Network will conduct all its activities in accordance with NHS Values and the Standards of Behaviour Framework set for public services in Wales. Individual members will operate within their defined standards of behaviour framework which incorporates the Seven Principles of Public Life (the Nolan Principles).

7.9 Communications

The Welsh Renal Clinical Network will agree a Communications Policy in relation to its activities.

7.10 Secretariat

The Welsh Renal Clinical Network will be supported by the Network Coordinator and the WHSSC Committee Secretary as agreed by the Renal Network Manager. Any queries should be directed to Renal Network Manager. The Secretariat will:

- provide the first point of contact for Welsh Renal Clinical Network members in relation to all routine business;
- co-ordinate the activities of the Welsh Renal Clinical Network.
- Arranging meetings and issuing invites for each meeting;

- Agreement of agendas with the Chair and preparation, collation and circulation of papers;
- ensure that all papers are distributed at least five clear working days in advance of any meeting,
- ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting.
- Ensuring that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points;
- Maintaining records of members' appointments and renewal dates; and
- Maintaining the register of interests for the sub-committee.

7.11 Programme Management

The Welsh Renal Clinical Network may establish sub groups or task and finish groups to carry out on its behalf specific aspects of Welsh Renal Clinical Network business.

A number of specific standing "All Wales" project groups will be established to oversee activities linked to core renal services including:

- Quality & Patient Safety
- Vascular (Dialysis) Access
- Unit Haemodialysis
- Conservative Management & End of Life Care
- Transplantation
- Medicine Management
- Home Therapies
- Clinical Information & IT

The full range of sub groups to be established and their terms of reference will be proposed and agreed by the Network Board.

8. REPORTING AND ASSURANCE ARRANGEMENTS

The Welsh Renal Clinical Network Chair shall:

- report formally, regularly and on a timely basis to the Joint Committee on the activities of the Welsh Renal Clinical Network. This

includes verbal updates on activity, the submission of Network Board minutes and written reports, as well as the presentation of an annual report;

- bring to the Joint Committee specific attention any significant matters under consideration by the Welsh Renal Clinical Network;
- ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, WHSSC Director or Chairs of other relevant WHSSC committees of any urgent/critical matters that may affect the operation and/or reputation of the WHSSC.

The Joint Committee may also require the Welsh Renal Clinical Network Chair to report upon the committee's activities at public meetings or to partners and other stakeholders including NHS Wales Health Boards where this is considered appropriate.

The WHSSC Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Welsh Renal Clinical Network's performance and operation including that of any sub-groups established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

9. ACCESS

The Head of Internal Audit of the host LHB shall have unrestricted and confidential access to the Chair of the Welsh Renal Clinical Network.

The Welsh Renal Clinical Network will meet with Internal Audit (and as appropriate, nominated representatives of Healthcare Inspectorate Wales) without the presence of officials on at least one occasion each year.

The Chair of the Welsh Renal Clinical Network shall have reasonable access to the Directors and other relevant senior staff within the Welsh Health Specialised Services Team.

10. RELATIONSHIP WITH THE JOINT COMMITTEE AND ITS SUB COMMITTEES/GROUPS

Although the Joint Committee WHSSC has delegated authority to the Welsh Renal Clinical Network for the exercise of certain functions as set out within

these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens.

The Welsh Renal Clinical Network, through its Chair and members, shall work closely with the Joint Committee's other sub-committees and groups to provide advice and assurance to the Joint Committee through the:

- joint planning and co-ordination of the Joint Committee and Welsh Renal Clinical Network business; and
- sharing of information

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

The Welsh Renal Clinical Network shall embed the WHSSC / LHB corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

10.1 WHSSC Management Group

The WHSSC Management Group has a number of functions delegated to it by the Joint Committee including the development of the Integrated Commissioning Plan and its interface with Health Board Integrated Medium Term Plans.

The WRCN is required to contribute to these plans as part of its commissioning and / or advisory role.

Whilst the majority of the WRCN's activities will report directly through to the Joint Committee, there will be times that this will need to go through the WHSSC Management Group first to ensure relevant and appropriate debate and contribution. This will be on an exceptional basis and will be determined in collaboration between the WRCN Management Group and WHSSC Directors.

Examples of this would include:

- Contribution to the development of the ICP / IMTPs where resources for specialist renal services are required;
- Where there is collaborative commissioning responsibility for a part of the care pathway between the WRCN and Health Boards

- Where the WRCN is providing specialist advice to Health Boards on general nephrology activities that are outside of its commissioning responsibilities e.g. non-specialist medicine prescribing
- Where there is potential for a resource transfer between the WRCN and Health Boards akin to the previous ESA and Immunosuppression projects.

The WRCN will be represented at the WHSSC Management Group by the Network Lead Clinician and Manager (or their deputies) where such items are on the WHSSC Management Group agenda.

11. APPLICABILITY OF STANDING ORDERS TO WELSH RENAL CLINICAL NETWORK BUSINESS

The requirements for the conduct of business as set out in the WHSSC / Standing Orders are equally applicable to the operation of the Welsh Renal Clinical Network.

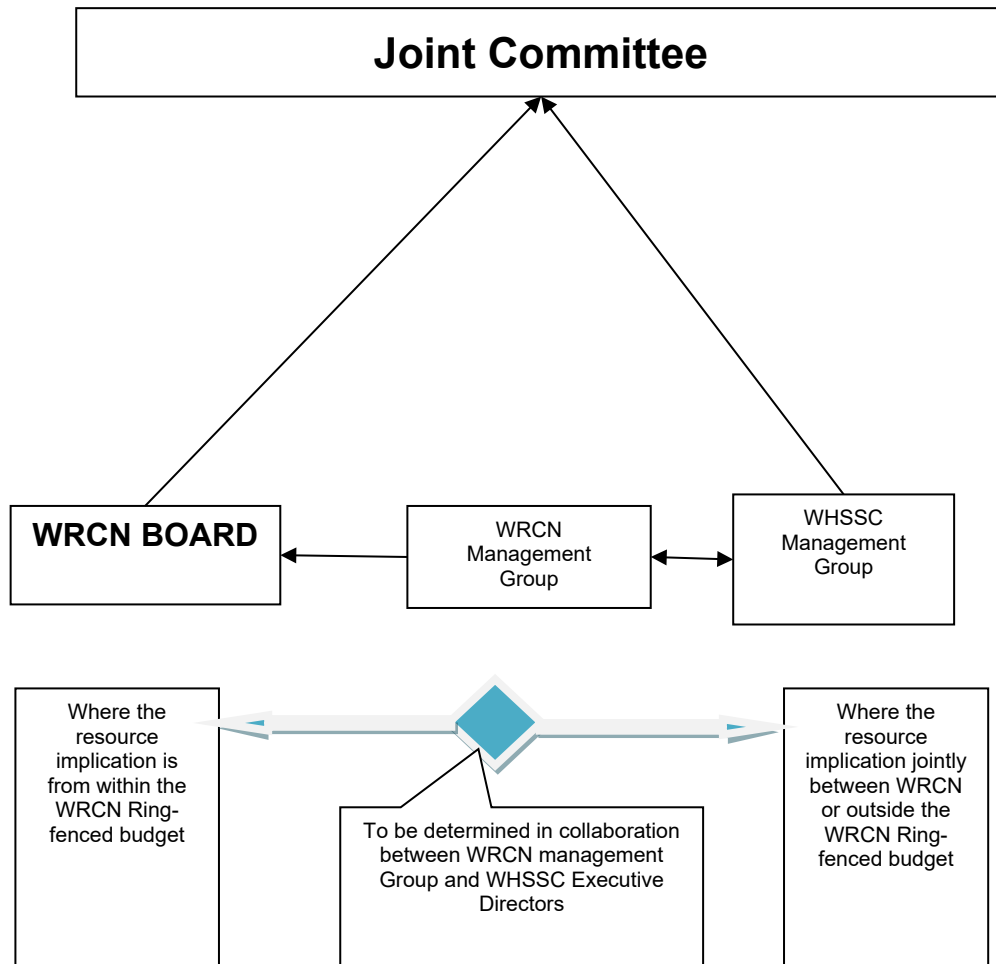
12. ACCOUNTABILITY ARRANGEMENTS FOR OFFICERS OF THE ALL WALES RENAL NETWORK

- The Welsh Renal Clinical Network Chair will be directly accountable to the Chair of the Joint Committee. The Welsh Renal Clinical Network Lead Clinician will be directly accountable to the Chair of the Joint Committee but will also provide advice to Welsh Government through the NHS Medical Director and Chief Medical Officer as required.
- The Renal Network Manager will be managerially responsible to the nominated Director of WHSST but accountable to the Network Chair / Lead Clinician for the development and delivery of the Network objectives and work plan as appropriate to this role.
- The Network Lead Nurse will be accountable to the WHSSC Director of Nursing, and managerially responsible to the Network Manager.

13. REVIEW

These Terms of Reference shall be reviewed annually by the Welsh Renal Clinical Network with reference to the Joint Committee.

Appendix 1 – Diagram of reporting of WRCN activities to the Joint Committee



APPENDIX 3

Welsh Renal Clinical Network – Now Welsh Kidney Network

Governance Review Action Plan -Version v4 (23.11.2022)

Leads - KP (Karen Preece), JE (Jaqui Evans), IP (Ian Phillips), SS (Susan Spence), AMP (Annmarie Pritchard), HH (Helen Harris), JM (Jonathan Matthews)

	Commentary	Recommendation	Response/Action	Target Date	Lead	Progress/Comments	RAG
1.	The Joint Committee have not agreed what delegated authority it wishes to give the Network Board, although it's Standing Orders allow for such a scheme of delegation to Committees. Under Standing Orders, where the Joint Committee does not explicitly agree delegated powers, the Joint Committee retains all authority in such matters. It would appear that, in the absence of a clear scheme of delegation by the Joint Committee, the Network Board has been taking action and making decisions without the explicit agreement of the Joint Committee. As well as making commissioning decisions the Network Board agrees the funding for individual posts within LHBs.	The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs.	Review SI's for JC and align scheme of delegation for WKN	Mar-23	KP/JE	To be completed by Qtr 4 reporting	A
			Seek agreement from JC	Mar-23	KP/JE	To be completed by Qtr 4 reporting	A
2.	The current operating model of the WRCN has evolved and outgrown the description set out in its Terms of Reference.	The Terms of Reference should be reviewed in their entirety. As part of this review, consideration should be given to the relationship between the WRCN the QPS group and the WHSSC QPSC.	Understand the WHSSC groups & governance structure and how to best to align WKN's groups	Dec-22	KR/SS/AMP	Groups to be determined as per the review of ToR	
3.	Related to this there does not appear to be a full understanding of the requirements of the delegated financial limits as requires in Standing Financial Instructions.	The Financial schemes of delegation should be agreed with the Managing Director, approved by the Audit Committee and appended to Standing Orders. This will ensure they are reviewed annually.	Review financial schemes of delegation for WKN	Dec-22	JE	To be completed by Qtr 4 reporting	
			Align with rest of WHSSC	Dec-22	JE	To be completed by Qtr 4 reporting	
			Paper to CDGB to support financial scheme of delegation	Mar-23	JE	To be completed by Qtr 4 reporting	
			Gain approval by CTM Audit Committee	Mar-23	JE	Confirmation of what runs first JC or CTM Audit 12th Dec '22 or 15th Feb '23	
			Append to SO's and inform JC	Mar-23	JE	17th Jan	
4.	The role of the Executive Lead is not explicitly set out. This role is not set out in the scheme of delegation to officers included in the Standing Orders. As a result, there is a lack of clarity regarding the expectations of this role.	The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders. This should include accountability arrangements.	Discuss role of Exec Lead with MD & Chair of WKN for WHSSC	Dec-22	KP		
			Agree key statements of purpose to incorporate into a JD	Dec-22	IP		
5.	The reporting arrangements for the Renal Board to the Joint Committee seems to assume the Network Board is an assurance based Committee in the same way as other Board Committees. This includes the requirement for the Network Board Chair to provide update reports to the Board.	Part of the role of the Executive lead should be to provide regular reports to the Joint Committee. These reports should include quality, performance and financial information. It should also include activities which the Joint Board should be aware and any decisions required by the Joint Board. These reports should be in the main part of the agenda and not included with other sub-committee assurance reports.	Agree format of reports with Chair WKN, Network Team and Board Secretary for WHSSC	Dec-22	WHSSC Corporate	Awaiting documentation to be shared with WKN team. Report content will be predicated on the workshop 23/11/22 or actions after workshop	A
			Agenda for each JC	Dec-22	IP/JE	Agenda item	A
			Review and refine data for WHSSC HB's SLA meetings	Mar-23	KP/SS/HH		A
6.	The membership of the Renal Network Board is inclusive in nature. As a result, it operates as a "stakeholder" Board where information is exchanged. This makes the Renal Board an unwieldy vehicle for decision making.	The membership of the Renal Network Board should be reviewed as part of the review of its Terms of Reference, This should be completed following agreement of the scheme of delegation.	Complete Scheme of Delegation and TORs as above	Jan-23	KP/JE		
			Agree membership of WKN Board	Jan-23	KP/SS/AMP	Review the representation within the group, to ensure Nursing establishment level is correct, patients advocacy. Explore research and academia partners	
			Clearly defined roles and responsibilities	Jan-23	KP/SS/AMP	New from 23.11.2023	
7.	There are arrangements in place for Chairs action within the Network. Chairs action is normally reserved for the Chair of the Joint Committee and requires the agreement of the Managing Director and 2 Independent Members.	Chairs action as a vehicle for speedy decisions outside of Network Board meetings should be removed from the terms of reference. If urgent action is required within the new scheme of delegation this should be made by the Chair of the Joint Committee in line with Standing Orders.	Align scheme of delegation with SOs for WHSSC – See Recommendation 6	Nov-22	JE		G
8.	The Management Group supporting the Network Board seems to be duplicating the discussions at the Board, rather than acting as a management support to the Network	The membership and role of the management group should be reviewed in line with the new terms of reference.	All response/actions associated with this particular recommendation have been completed.				G
9.	There are a number of verbal reports and presentations to the Network Board, which do not allow time for	As a sub-committee of the Joint Committee, the requirements for paper deadlines and ways of reporting	Align paper deadlines with SOs for WHSSC	Nov-22	WKN	Aligned with recommendations within Commentary 5	A
10.	The meeting times for the Network Board sometimes clash with the clinical commitments of Board members. This means individual clinicians cannot attend Board meetings or have to rearrange their clinical commitments.	Meeting times should be reviewed to ensure clinician attendance is maximised. It is recognised that work in this area has already commenced.	All response/actions associated with this particular recommendation have been completed.				G
11.	The risk register for the Renal Network includes a large number of risks, many of which are linked to the challenges	The risk register should be reviewed to reflect commissioning risks and, once the strategic direction of the	All response/actions associated with this particular recommendation have been completed.				G
12.	The Network has largely achieved what it was set up to do and there is a need to agree the strategic direction for the Network. This will be challenging as it is anticipated that this may require the Network to operate in less specialist areas as it considers preventive and primary care matters.		Discuss with WHSSC CDG	Dec-22		Phase 2 - Predicated on outcome of ToR review & WG's Quality	G
			Discuss with Welsh Government	Feb-23		Phase 2 - Predicated on outcome of ToR review & WG's Quality Statement	
			Set up OD sessions for WKN Board agree strategic direction	Apr-23		Phase 2 - Predicated on outcome of ToR review & WG's Quality	
13.	There is seemingly confusion within LHBs and, to some extent within the Network, about what its scope and role is and what it isn't. The fact that the Network funds individual posts within LHBs adds to this confusion or misinterpretation of its function. This sometimes means LHBs do not consider renal services as their responsibility, which can lead to blurring of accountabilities.		Confirm commissioning remit and scope of WKN as currently constituted	Feb-23		Phase 2 - Predicated on outcome of ToR review & WG's Quality	
			Communicate to HBs and through WHSSC Management Group	May-23		Phase 2 - Predicated on outcome of ToR review & WG's Quality Statement	
			Include in report to JC	May-23		Phase 2 - Predicated on outcome of ToR review & WG's Quality Statement	
14.	There are differing views on the effectiveness of the peer review process and the way the outcome of these is reported to the Renal Board and to LHBs. Consideration should be given to benchmarking the WRCN peer review		All response/actions associated with this particular recommendation have been completed.				G
15.	The renal management team role is unclear to whether it is in a supporting role or a leading role. The Renal Network Board and network team are not fully integrated in governance terms to both the senior management team of WHSSC and the Joint Committee. Consideration needs to be given to how the WRCN in its broadest sense fits into WHSSC.		Confirm and communicate process for Peer Review including sign off of Peer Review reports and action plans	May-23	WHSSC/WKN	Link within commentary 13	
			Confirm monitoring process of action plan	May-23	WHSSC/WKN	Link within commentary 13	
16.	In the absence of agreed information requirements there seem to be a number of requests from the renal management team for information to renal departments within LHBs that have short response deadlines. There may be legitimate reasons for this. There is a need to agree with providers what performance information is required, when it is required and for what purpose.		Agree information requirements and their purpose with WKN Team	Dec-22		Align to commentary 5 - Board>QPS/Regional/operational reporting flow	
			Agree schedule of requests	Dec-22		Align to commentary 5 - Board>QPS/Regional/operational reporting flow	
			Discuss at WKN Management Group	Dec-22		Align to commentary 5 - Board>QPS/Regional/operational reporting flow	
			Report through WKN Board	Dec-22		Align to commentary 5 - Board>QPS/Regional/operational reporting flow	
			Communicate information schedule and deadlines	Dec-22		Align to commentary 5 - Board>QPS/Regional/operational reporting flow	



Report Title	South Wales Trauma Network Delivery Assurance Group (DAG) Report Quarter 2 2022-23			Agenda Item	3.6
Meeting Title	Joint Committee			Meeting Date	17/01/2023
FOI Status	Open				
Author (Job title)	Network Manager				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to provide a summary of the Quarter 2 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).				
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 South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) Report for Quarter 2 2022-2023.					

SOUTH WALES TRAUMA NETWORK DELIVERY ASSURANCE GROUP (DAG) REPORT QUARTER 2 2022-23

1.0 SITUATION

The purpose of this report is to provide a summary of the Quarter 2 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

2.0 BACKGROUND

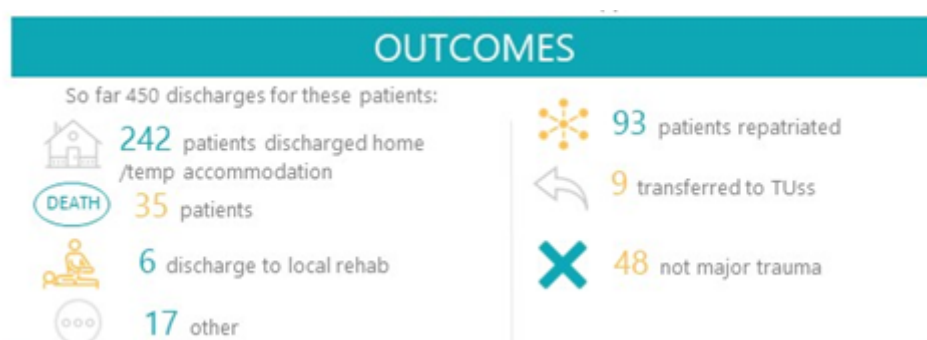
The SWTN launched in September 2020, with Swansea Bay University Health Board (SBUHB) as the network host. WHSSC commissions the Network and assurance on delivery is provided to the Joint Committee via the quarterly Delivery Assurance Group which includes representatives of all South and Mid Wales Health Boards (HBs) and the Welsh Ambulance Service NHS Trust (WAST).

3.0 ASSESSMENT

The full Q2 SWTN DAG report is presented at **Appendix 1**.

3.1 Highlights

- 495 patients were treated in the Major Trauma Centre (MTC) in Q2, of whom 56% were working age adults, 35% were older adults (65+) and 9% were children. The outcomes for the patients were as follows:



- A Gateway 5 Audit will be undertaken in Q4 to ensure the SWTN is on target to deliver against the Programme Business Case (PBC) which was approved in 2019,
- The First Year Evaluation Report has been completed against a sub-set of the benefits in the PBC and consideration will be given to how the highlights will be shared more widely given the confidential patient-level detail included,

- The Orthoplastics Business Case was approved by the WHSSC Management Group in November 2023, putting the SBUHB service on a stable footing to manage the much higher demand than was anticipated in the PBC. Benefits and outcomes will be reported via the DAG,
- All SWTN priorities supported in the WHSSC Integrated Commissioning Plan (ICP) 2022-25 have now been approved,
- Further work to develop the rib fixation pathways, aligned to the development of the single thoracic centre, will start in the New Year,
- The use of the trauma desk for thrombectomy calls continues to be successful with 55 transfers requested (from March 2022 to end Q2),
- The SWTN PROMS project received sign off in October, which is a national pilot project in conjunction with TARN and extends collection to Trauma Units which is unique in the UK,
- The first SWTN conference successfully took place in November 2022; and
- A TARN Support Manager has now been appointed with slippage monies, for a fixed term pilot to improve data collection. There is no further slippage expected from the MTN monies in-year.

3.2 Issues and Risks

- **Repatriation** – there were delays reported across all HBs in repatriating patients from the MTC and there has been an increasing number of escalations to SRO level, as well as 39 delays reported through the TRIDS process. It was agreed that the Clinical and Operational Board will undertake a deep-dive into this issue which will be reported to the next DAG,
- **Service Leads and Peer Review Serious Concerns Action Plan CTMUHB** – the service leads issue had been escalated by the SRO to the Executive Medical Director in CTMUHB and it was reported that the clinical and managerial service leads for CTM UHB are now in post following the internal restructure. An action plan following the serious concerns raised about the CTM UHB services in the SWTN Peer Review will now be prepared for assurance at the next DAG; and
- **ICU Capacity** – this is the only red-rated risk on the SWTN Risk Register. Further work is ongoing on ITU-ITU repatriation evaluation to make recommendations to improve the situation.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) Report for Quarter 2 2022-2023.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Major Trauma priorities and benefits realisation
Health and Care Standards	Safe Care Effective Care Individual Care
Principles of Prudent Healthcare	Reduce inappropriate variation Care for Those with the greatest health need first 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 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 DAG receives assurance reports which include indicators of quality, safety and experience.
Finance/Resource Implications	The DAG report includes a quarterly update on the major trauma expenditure and strategic priorities.
Population Health	The purpose of the SWTN is to improve access and equity to services to improve population health within South Wales.
Legal Implications	No legal implications have been identified.
Long Term Implications	The outcomes and benefits of the MTN are monitored and assured by the DAG.
Report History	30 December 2022 - CDGB
Appendices	Appendix 1 – SWTN DAG Q2 Report

South Wales Trauma Network

Operational Delivery Network

Quarterly Delivery Assurance Group Report for Joint Committee
November 2022

This report follows Clinical and Operational Board held on 20th October 2022.

Introduction

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

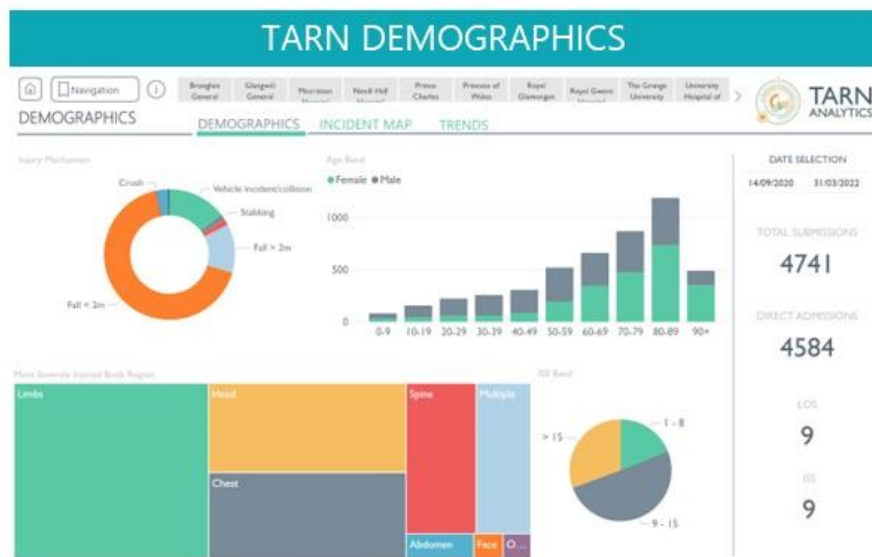
The availability of operational activity and data for the SWTN via the Trauma Audit Research Network (TARN) has enabled both the external peer review and the formal evaluation programme for the operational network to take place. The external Peer Review process took place in late March 2022, and alongside other measurable metrics informed the formal one-year evaluation that was recently undertaken in collaboration with Swansea University.

Clinical & Operational Data

The data presented below represents Quarter 2 of 2022 (1st July-30th September 2022). There are still some IT links that are required to allow the pre hospital data to link with the major trauma database. This will enable a clearer view of the whole patient pathway.

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

South Wales Trauma Network TARN activity from go live



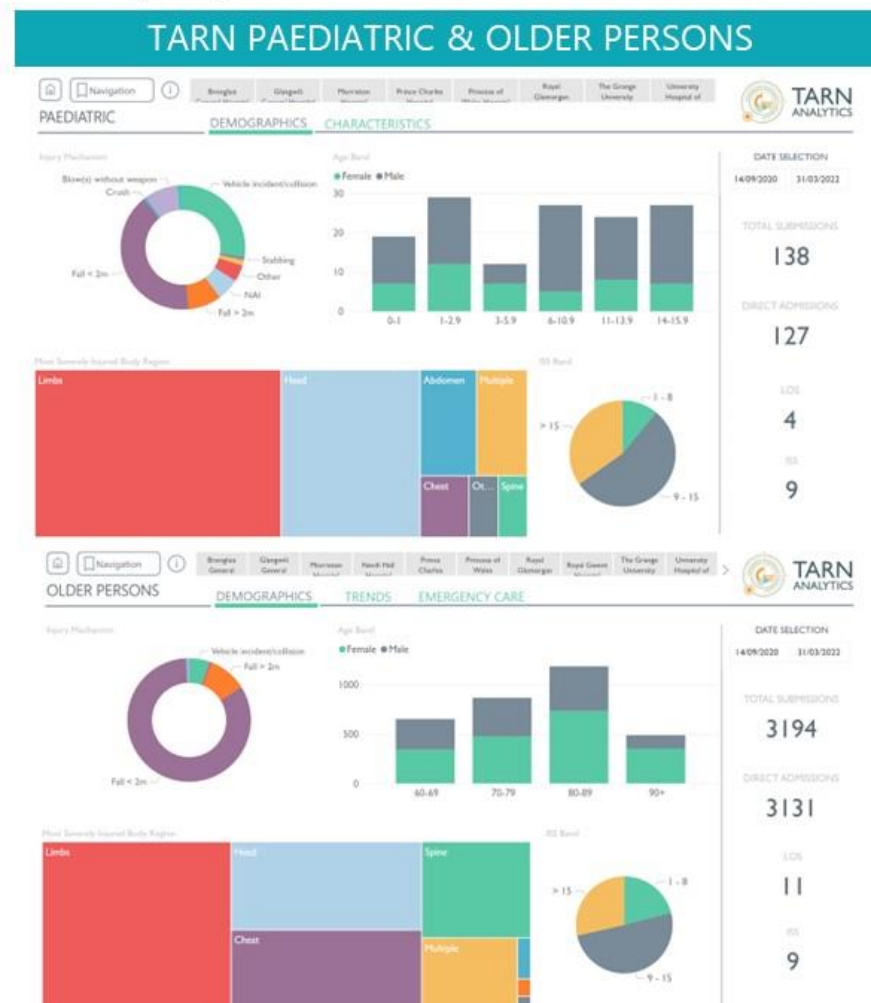
Heat map of all incidents



Heat map of incidents treated at UHW



Case ascertainment was 100+% and data accreditation was 92.7% during 2021/22 Q4. UHW, POW and WGH are below the target for case ascertainment.



South Wales Trauma Network Major Trauma Database Activity between 1st July 2022 and 30th September 2022.

DEMOGRAPHICS

495

patients treated at the MTC with an incident date between 1st July & 30th September 2022. Of these patients 56% were adults, 9% were paediatric patients and 35% were aged 65+.

* Note that this information has been extracted from the Major Trauma Database. It includes stays at UHW, UHL and Children's Hospital for Wales.

Median age 52

71% male

NHS 408 (82%) with NHS no.

433 (87%) TARN eligible

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



174 (35%) CAVUHB*

87 (18%) ABUHB

71 (14%) CTMUHB

44 (9%) SBUHB

63 (13%) HDUHB

10 (2%) PTHB

22 (4%) Out of network/Other

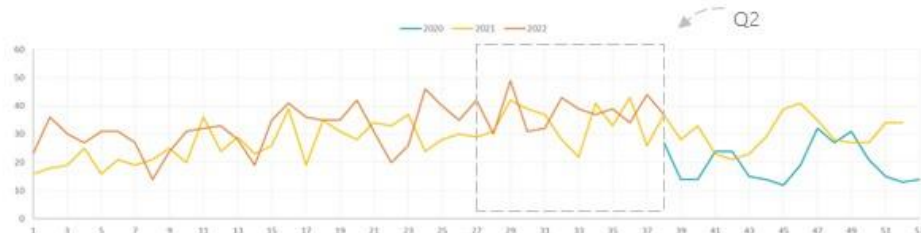
24 (5%) Unknown

*162 of the 174 CAV patients were labelled as MTC patients.

Equitable?

Reviews of TARN submissions with ISS>15 not transferred out of TUs (ISS>=9 for LEH/RTF) incomplete for Q1

DISTRIBUTION OF INCIDENTS BY WEEK NUMBER



Icons by isons8.com

MECHANISM OF INJURY

180 (36%) vehicle incident

<5 burn

<5 suspected high risk behaviour

<5 skeletal/ Organ/ Vessel Destruction

<5 Non Accidental Injury

162 (33%) fall < 2m

<5 suspected self harm

17 (3%) other

<5 inconclusive

<5 non intentional

87 (18%) Fall > 2m

12 (2%) sport

8 (2%) alleged assault

<5 amputation (total)

<5 blow(s)

16 (3%) stabbing & weapon

<5 shooting & weapon

<5 alleged intent (non assault)

<5 amputation (partial)

OUTCOMES

So far 450 discharges for these patients:

242 patients discharged home /temp accommodation

DEATH 35 patients

6 discharge to local rehab

17 other

93 patients repatriated

9 transferred to TUs

48 not major trauma

TUs/LEH/RTFs

SBUHB started adding patients on 01/02/2021

265 patients treated at Morriston in Q2

HDUHB started adding patients on 27/07/2021

124 patients treated in HDUHB hospitals in Q2

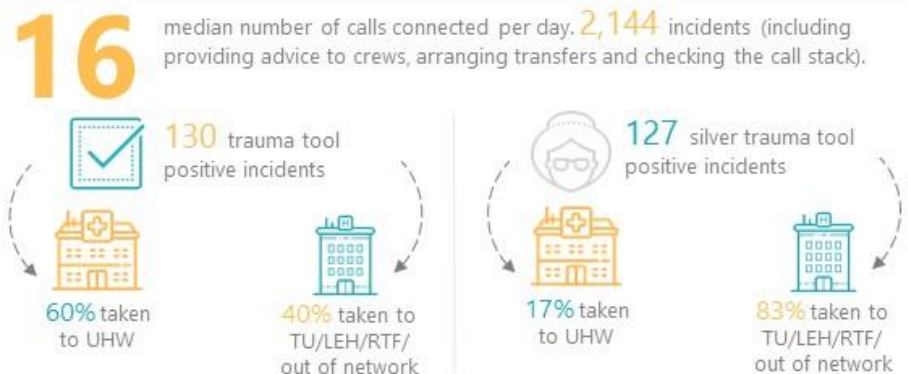
ABUHB started adding patients on 23/08/2021

250 patients treated at GUH in Q2

CTMUHB started adding patients on 17/01/2022, 156 patients added to the database Q2

South Wales Trauma Network Activity between 1st July and 30th September 2022

TRAUMA DESK, WAST & EMRTS



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

154 primary missions to MTC, **217** primary missions overall, **100** secondary transfers to MTC (80 were ACCTS) involving EMRTS



N primary transfers to MTC by WAST – New ePCR data currently not available in DHCW data warehouse therefore unable to provide these figures currently. MTC data for first year shows that 77% of direct admissions had a mode of arrival of ambulance.



11 pathway 1 (Hyperacute) transfers to MTC



22 pathway 2 (Emergency) transfers to MTC



<5 pathway 3 transfers to UHW recorded

<5 pathway 3 transfers to Morriston recorded

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



6 incidents escalated to EMRTS Top Cover Consultant

Icons by isons8.com

TRID SUMMARY

69 TRIDS. Most common themes include delayed repatriation, pathway awareness and clinical issues

TRAUMA DESK OCCURRENCE LOG ENTRIES

12 entries. Themes include: no contact with trauma desk, no trauma desk cover, TTL phone line down

GREATix

10 nominations for teamwork, support, leadership and communication



EDUCATION



Commencement of scoping exercise for Level 2 nursing course development.



Planning of first South Wales Trauma Network conference due to be held November 2022

SITREP COMPLIANCE

Aim for 90% compliance.



Performance Management & Governance

There have been 3 adult & paediatric case quality reviews (CQR), followed by formal governance meetings since January 2022. Should any issues arise between meetings, additional lessons learnt bulletins are distributed to ensure learning is shared timely.

Training and Education

The Level 1 Emergency Department adult and paediatric nursing training continues across the South Wales Trauma Network.

Level 2 Emergency Department adult nursing training has commenced via Trauma Nursing Core Course (TNCC). Access to courses remains challenging. The SWTN education group are exploring more provision of TNCC, and the opportunities that European Trauma Course (ETC) will provide for nursing colleagues across the SWTN.

Progress is being made in the development of a bespoke Level 2 course for the South Wales Trauma Network, in collaboration with Cardiff University.

Plans for further Welsh ETC courses are in place for 2023.

The Level 1 Ward nursing competency requires scoping, this should commence in the MTC. This work should provide the framework to allow the ward nurse competencies to be identified and expanded to the trauma units. There is a national plan for e-Learning development in progress which we would hope to adopt across the SWTN.

Damage control surgery and damage control orthopaedic surgery courses will continue going forward within the SWTN with support from the ODN.

The training & education IT platform has now been released and the content continually developing. Further promotion of the platform will be delivered at the at the SWTN inaugural conference. The SWTN conference, a celebration event takes place on 15th November 2022.

TARN

TARN 2021/22 Q4 dashboards were summarised and discussed in the Network Governance meeting on 29th September 2022. Note that the dashboards summarised in the reporting schedule provide a snapshot of the data at a fixed time point, therefore, results for measures may have changed since then. Q4 dashboard data quality measures show that only UHW achieved the target of 95% for data accreditation. Case ascertainment for CTM TUs continues to be low (74.5%, 58.2% for PCH and POW respectively), however, RGH have a case ascertainment of 100+%. Case ascertainment for the MTC was 62.5%. The COB and DAG supported the proposal to develop a central TARN Support Manager within the ODN structure; a band 6 central TARN Support Manager role has been advertised until 20th November 2022 after which the shortlisting and interview process will take place.

The first version of a quality improvement tool for Time to CT has been distributed to Health Board Trauma Leads. The data covers the 18-month time period following the launch of the network. The ODN have developed ways of displaying each unit's performance on this metric by time of day and grouped the data in ways that may help to identify which patients are likely to have delayed scans. TARN is a rich data source, and we hope to develop more tools of this kind.

Feedback

TRiDs

The TRiD (Trauma Reporting Incident Database) was set up within the DATIX system to allow any incidents that occur anywhere in the network to be reported and investigated.

Due to new All Wales Datix system being unable to support the complexities of managing TRiDs across multiple Health Boards the SWTN has migrated to an internal system on SharePoint, with the support of Delivery Unit, as an interim measure. The system is managed by the ODN team and requests are made to all involved parties for investigation to take place. Outcomes and lessons learnt are shared across the SWTN and form part of the governance programme, lessons learned reports and the network training plan.

July 2022

There were 21 TRiDs raised in July 2022

Main themes were:
Delayed repatriation
Clinical management
Pathway awareness

August 2022

There were 18 TRiDs submitted in August 2022

Main themes were:
Delayed repatriation
Clinical Management

September 2022

There were 34 TRiDs submitted in September 2022

Main themes were:
Delayed repatriation
Pathway awareness

GREATix

The GREATix initiative formally acknowledges examples of good practice. The idea is to recognise and celebrate when a team or person has performed well and to promote learning from this. GREATix forms are completed by any member of staff when they see something

that has made a positive difference to patient care either directly or indirectly. The ODN share GREATix information and specific learning points across the network at M&Ms and educational meetings (**Appendix 1**).

Concerns: Organisational

The last Delivery Assurance Group received a revised escalation plan to replace the previous COVID-19 surge plan. Following an incident of the ODN receiving a formal request to consider providing mutual aid to a neighbouring MTC, it was noted that the process around the provision of mutual aid was not addressed in the plan. The ODN developed a further section within the policy regarding the process to provide mutual aid should the request be received. The ODN have worked collaboratively with the MTC, WAST and boarder major trauma networks in NHSE to develop the policy in line with the current OPEL work stream. (**Appendix 2**)

The ODN continues to undertake an evaluation of the ITU -ITU repatriation process for major trauma patients and are currently completing a patient level analysis into the process to ensure the delivery of best care and to ensure the data presented is accurate in order to influence how we plan major trauma related ICU transfers and the assurance that major trauma patients continue to receive the care that is planned for their recovery. This evaluation will ensure the critical care capacity provision attributed to major trauma was appropriate for the South Wales Trauma Network.

The ODN is currently in the process of meeting with all EPRR representatives from Wales, EMRTS, WAST, and Public Health Wales via the National Mass Casualty group in order to ensure the recently updated National Mass Casualty Plan includes the major trauma pathways with regards to patient flow. This was an area of focus highlighted in the recent peer review recommendations for the ODN. National planned desktop exercises will take place soon, as issues have been highlighted around the secondary transfer requirements that may arise in this situation.

The ODN is still committed to engaging and providing support to the rib fixation pathway work stream within South Wales. The MTC have recently highlighted this is a service that currently requires improvement from a major trauma perspective to ensure patients receive the highest standard of care across the SWTN.

As a network we continue to ensure the highest quality major trauma service is delivered. It is with this in mind that the next step in the robust evaluation programme will begin. A Gateway 5 audit from Welsh government will take place during February 2023 to ensure the SWTN is on target to deliver against the SWTN Programme Business Case published in 2019.

TARN is an essential modality for understanding performance of the network and identifying areas of improvement, therefore it was highlighted in the last DAG there had been a significant drop in case ascertainment due to significant issues across South & West Wales around TARN audit staff.

It was agreed in the previous DAG that with identified slippage, WHSSC could support the appointment of a TARN Support Manager as a proof-of-concept role to the ODN to support undeveloped TARN data in South Wales. A nine-month fixed term/secondment post was advertised, and interviews are to take place imminently. This will be a positive step to ensure the SWTN continue to strive towards the highest quality of data to use to develop our future for the network.

In response to previous concerns in relation to the orthoplastics model in Morriston, the ODN have been informed that Morrison delivery unit will deliver on the outstanding theatre staffing issues experienced in recent times and are now able to deliver the three orthoplastic theatre sessions to support the increased demand.

The orthoplastic service have also agreed to provide the direct access to open lower limb fractures pathway, this will start on the 14th of December (**Appendix 3**). The ODN are currently in the process of working with WAST and the trauma desk to update policies & procedures and educate all relevant pre-hospital and network colleagues to be able to deliver this pathway smoothly. The ring-fenced bed within the plastic surgery unit will allow appropriate patients to access the highest standard of care directly from the scene of an incident. Research demonstrates that by having direct access, the patient will have a reduced length of stay, reduced visits to theatre with a better outcome.

The Workforce and Service Development group have recently investigated the possibility of developing honorary contracts for staff to be able to work cross site within the network. This has been a challenge to set up and has required the expertise of senior HR colleagues' network wide. We are pleased to announce we have taken a huge step forward and can hopefully deliver a network solution in the near future. This will allow collaborative education for the whole of the network, with cross fertilization in areas of specialty expertise and hopefully reduce patient waiting times to be repatriated across the network, where skills in the receiving hospital are lacking. The Network aim is to deliver the highest standard of care to all patients within the Trauma Network pathways.

Concerns: Clinical

Indications from peer review serious concerns and recommendations highlight the need to enhance Trauma Team Activation against existing criteria across the network. This is when the receiving hospital activates the multi-specialty trauma team to meet the trauma patient in ED under the command of the Trauma Team Leader. Organisations have been instituting a variety of interventions to address this, where monitoring of effectiveness will take place through the forthcoming network governance group. Minor adjustments to activation criteria may well be required imminently. At the present time, the ODN support improvements against existing criteria rather than a move to a 2-tier activation system.

Concerns have been raised by the former clinical lead from SBUHB, in relation to timely access to rib fixation at Morriston Hospital, due to the paucity of surgeons available to provide this

procedure. It should be noted that the development of a regional rib fixation service within the network, was not a day 1 deliverable. In 2021, the network hosted a number of meetings to improve initial management of rib fractures. This work is now complete. The next steps include taking forward optimisation of the rib fixation pathway, with a draft proposal developed for consideration and being progressed through local TQUIC mechanism prior to being received by the network. The proposal will need to define short term improvements, linked with medium/long term improvements from the thoracic surgical programme (with the SOC now signed off).

In relation to rehabilitation, 4 sessions of resource are available within ABUHB for rehabilitation medicine. Support is required from CAVUHB to determine how these sessions can be delivered and initial meetings have taken place to determine a resolution in order to provide a long-term service within ABUHB. A spinal outreach business case has been developed to directly support HBs with complex repatriations amongst other functions. This has been submitted to WHSSC for consideration.

Formal meetings have taken place between the ODN and colleagues in CTMUHB regarding the clinical and managerial oversight for the delivery of major trauma services across the Health Board. The SWTN clinical director has been informed that both clinical and managerial representatives have been appointed into new roles within the Health Board restructure programme and re-engagement with network processes will take place with support of the ODN.

Risk and issues log

There is a live risks and issues log that is presented to the Clinical and Operational Board meetings. The latest Risk and Issue Registers are attached as **Appendix 4 & 5** respectively.

There are currently 25 risks identified. The ODN team have committed to undertaking a review of the risks & Issues logs to ensure all are still relevant for the SWTN and removing those that have reduced and/or can be considered at a level to tolerate.

There is one risk that are currently highlighted as a red RAG rating regarding:

- Major Trauma ICU Capacity- 3 ICU beds were commissioned as part of the SWTN however, due to various demand in the MTC ICU capacity transfers have taken place these require investigation regarding the requirement for MTC rehabilitation requirements post patient ICU admission and an evaluation regarding major trauma patients transferred from MTC ICU to TU ICU including their rehabilitation requirements when ICU admission has been stepped down to take place.

Mitigation- ITU to ITU Repatriation Evaluation is ongoing and will be discussed with input from critical care network in late November 2022. The review will be used to model the number of ICU beds used by major trauma patients in the MTC vs the predicted number required and commissioned.

There are currently 4 live issues.

One issue is high priority, and the mitigations can be found in the attached Issue Register as **appendix 5:**

- Trauma Team activation- ODN has started a process of benchmarking across other MTNs around 2 tier trauma team activations.

Mitigation- Trauma team activation issues noted across 6 Health Board's via the peer review process. A fully evaluated trial of a 2-tier trauma call model due to take place in CTMUHB and formal reporting back to the SWTN will take place.

Service Development Update

Rehabilitation

The hyperacute rehabilitation model within the MTC is working effectively and efficiently, successfully resulting in a 65% discharge rate directly from the MTC within the first year and 55% currently. The repatriation model is functioning well and is currently delivering an 81% repatriation rate within 24 hours. The ODN monitor this consistently and attempt to appropriately support any delays.

The rehabilitation team and ODN are currently working alongside WHSSC to formulate a national strategy for specialist rehabilitation within Wales, this process is being mirrored within paediatrics.

SWTN PROMs received sign off at COB on October 20th 2022 to launch across the Network. The SWTN PROMs is a national pilot project in conjunction with TARN, capturing PROMs from both MTC and TU patients with an Injury Severity Score (ISS) ≥ 9 . Major trauma networks throughout the UK currently capture MTC patients only, therefore the capture and evaluation of the additional PROMs capture of TU patients could change this practice Nationally.

The SWTN PROMs project support manager has collated a live database to record the live position of PROMs collection. Progress is being made with regards to the launch of a Welsh Language version to meet with Welsh language standards and offer parity for Welsh speaking patients.

The rehabilitation lead consultant AHP is currently rolling out a patient held digital platform which enables patients to chart and manage their own rehabilitation journey collaboratively with their rehabilitation clinical team.

Next steps:

- To develop the patient held portion of the rehabilitation prescription
- To mathematically model rehabilitation requirements across pathways into the community settings
- Benchmark our current services against the new NICE guidelines for rehabilitation following a traumatic injury.

The ODN are currently progressing formal conversations with each of the WHSSC financed services within the SWTN in order to determine end of year financial position, mirroring the process during the first year of the SWTN. The SWTN process determines the requirements

for each of the WHSSC funded partaking organisations in order to offer support, an evaluation perspective and to ensure any strategies and proposals support the overall direction of travel for the SWTN as described in the five-year plan of the Programme Business Case while ensuring local requirements as a result of the lived experience are also incorporated.

Outstanding *Service Specification*

Following the sad death of HM Queen, the South Wales Trauma Network made the decision to postpone the South Wales Trauma Network Conference in September. The South Wales Trauma Network Celebration Event 2022 was rescheduled for Tuesday 15th November 2022, with keynote speakers from Welsh Government, International Major Trauma Network representatives (The Alfred, Melbourne; Monash University, Victoria;), Bike Park Wales, and South & Mid Wales Cave Rescue.

South Wales Trauma Network Clinical Director interviews took place in August 2022. The post was successfully recruited to and the ODN welcomes Miss Lorraine Harry PhD FRCS(Plast) MACantab to the Clinical Director role for the SWTN.

Benefits Realisation

The benefits realisation plan as described in the Programme Business Case details a total of twenty benefits, eleven of which were anticipated to be achieved in year 1 of the Programme going live.

The formal one-year evaluation being led by the SWTN Quality Improvement lead, members of the ODN and Swansea University reflects the current position of the programme against the benefits realisation plan in the Programme Business Case. The one-year evaluation has been completed and is for consideration by the Delivery Assurance Group within the meeting agenda and thereafter for a period of constructive response prior to being formally published.

The table in **Appendix 6** illustrates the aforementioned benefit realisation table including the measureable metrics considered for the One Year Evaluation. The table also includes the SWTN current position against each of the measurable outputs.

Achievements

We've distributed first version of our new quality improvement tool for time to CT to the health board clinical leads.

Sue Evans, TARN facilitator at Morriston Hospital was awarded Winner of the 2022 Woodford Award (Trauma Unit category). This was announced at the Trauma Care Conference, 19th October.

The first successful South Wales Trauma Network conference took place on Tuesday 15th November 2022.

Specific Organisational Updates

MTC update

Workforce

Following our first Peer Review, serious concerns from the panel combined with a directorate management service review have identified the need to uplift the current workforce. Gaps were identified in the following roles: Paediatric Major Trauma Practitioner; Adult Major Trauma Practitioner; Polytrauma co-ordinators; Lead AHP; Plastics nursing. The DMT have submitted bids through WHSSC in line with the national clinical framework to safely and sustainably deliver our service and the outcome is expected in the coming months. In addition, the directorate has successfully appointed a substantive Consultant Geriatrician which will add a much-needed tier of support and knowledge to the MTC workforce model.

Peer Review

The MTC directorate recently updated the South Wales Trauma Network on the progress of the serious concerns raised through the Peer Review process. Positively and thanks to the hard work of all involved, progress has been made within all of the serious concerns highlighted.

TARN

Concerning the TARN constraints discussed at previous meetings, the MTC directorate has since recruited two full-time TARN coordinators. The Directorate has also gained approval to recruit a Data Manager into the team to support both TARN and other aspects of Major Trauma with reporting, data quality and continued transformation.

The MTC's Case Ascertainment (volume of TARN cases submitted) had expectedly dropped below where it would aspire to be, however, we are expecting to see improvements over the next two quarters. In addition, as part of the transformation piece of work, from the 5th of September, the TARN team switched to 'live' case submissions as opposed to working retrospectively post-discharge. By doing so we increased the ability to meet the 25-day target, reduce the backlog of submissions, reduce the likelihood of 'missing patients' and can present an accurate view of the MTC. In just 4 weeks, 31 TARN cases were submitted in comparison to pre 'go live' where 115 cases were submitted over 6 months.

In addition, the team have built relationships with the MTC clinical team and are starting to visit speciality areas to further develop an understanding of TARN in order to support integrated and collaborative working.

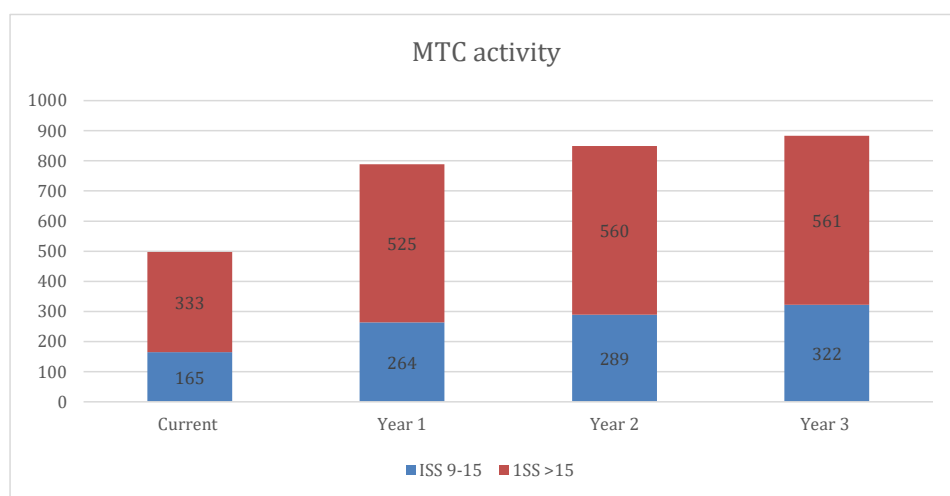
Activity

The Major Trauma Centre has seen 3107 patients from go-live up to the end of September 2022 with 32% of the patient population categorised as Silver Trauma. The Polytrauma Unit has admitted/treated 1194 patients for the same period, breakdown by Health Board is as follows:

UHB	Number of admissions
Aneurin Bevan UHB	201
Betsi Cadwallader	6
Cardiff & Vale UHB	454
Cwm Taf Morgannwg UHB	171
Hywel DDa UHB	152
Powys LHB	22
Swansea Bay UHB	94
Other	93

Overwhelmingly, a large majority of patients admitted to the PTU are subsequently discharged to their home/place of residence (55%), with 32% repatriated back to their local health board/out of network. The MTC would like to acknowledge and highlight the continued efforts made by the Network and Neighbouring Health Boards in facilitating repatriations and in turn supporting the flow of major trauma patients into the MTC.

The below figures highlight the activity estimated through the business plan, however, the Major Trauma Database suggests that actual activity has been significantly higher. With 1501 patients in 2021 and 1296 patients in 2022 to date.



	<u>Assumed current position</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
<u>Combined Direct to MTC & Transfer TU to MTC</u>	<u>498</u>	<u>789</u>	<u>849</u>	<u>883</u>

As per the business case, National Major Trauma Quality Standards, NICE guideline on Major Trauma Service Delivery (NG40, February 2016) and the Peer Review recommendations, further work is required to progress the discussions surrounding the future expansion of the Polytrauma Unit.

WAST update

The senior paramedic role includes regular team rideouts as part of their responsibility for clinical leadership and supervision. One of the ongoing updates being shared with clinicians is the flow of patients within the SWTN and the major/silver trauma tool and the function of the trauma desk. Senior paramedics have undertaken 1684 rideouts with their teams across Wales.

We had previously updated on the planned introduction of a new resource type which was modelled on attending high acuity incidents across Wales. These include all red calls and other high acuity incidents such as major trauma. The new resource type is called Cymru High Acuity Response Unit (CHARU) and is staffed by experienced paramedics who have completed additional training and education. The first location in Cardiff went live on 3rd October with seven other locations across Wales going live during November. Phase 1 roll out (71 paramedics) is planned to be completed by January 2023.

As an interim measure the network had previously approved the trauma desk taking calls for thrombectomy transfers. After a number of delays this went live on 24th March 2022. Clinician requests for thrombectomy transfers through the trauma desk since its launch stands at 55 (15 to Walton and 40 to Southmead).

Finance update

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

2022/23 Expenditure

The expenditure is reported in November 2022 against the Welsh Government recurrent funding issued through 2021/22 Health Board Allocations with pass through framework inflation of 2.8% applied for 2022/23 plus strategic priority investments agreed through the WHSSC planning process and funding released in April 2022.

	2022/23		
	Allocation £m	Forecast Spend £m	Variance £m
Major Trauma Provider:			
Cardiff & Vale MTC	12.701	11.767	0
Swansea Bay MTC element	1.060	0.954	0
Swansea Bay ODN	0.597	0.533	0
WAST Pre Hospital Care	0.658	0.658	0
Major Trauma Total 22/23	15.061	15.061	0

The Q2 recruitment update received from providers confirms there is no anticipated slippage against the funded baselines in 2022/23.

2022/23 Strategic Priorities

A number of capacity and service developments put forward by the major trauma network have been included in the approved WHSSC Integrated Commissioning Plan as strategic priorities for 2022/23.

The schemes that were funded through 21/22 non recurrent slippage have been approved at the April WHSSC Management Group and recurrent funding release has been confirmed with the budget included in the allocation reported above.

The remaining schemes are due to go to the WHSSC management group on 24th November:

Major Trauma Priorities Strategic Investment

	Recurrent FYE	22/23 Plan PYE
Post / Capacity investment	£	£
Additional Consultant plastic trauma	165,655	124,241
Orthoplastics Theatre Sessions	766,315	383,158
Enhanced Nursing bay for microsurgery	291,000	72,750
18 sessions Additional locum trauma fellowship	248,483	124,242
Total	1,471,453	704,390

Recommendations

The Delivery Assurance Group (DAG) are asked to:

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

Appendix 1- GREATIX Summary

9 GREATix Submissions

1st July 2022-30th September 2022

4 LEADERSHIP & SUPPORT



Rehabilitation Medicine trainee has worked tirelessly throughout this week in the absence of direct senior Rehabilitation Medicine Consultant Support. They have managed very complex situations demonstrating excellent communication skills, empathy, and sound clinical knowledge. Their ability to prioritise and manage a large caseload has been well demonstrated, she is a strong team member.

Major trauma practitioner has shown compassion, kindness, and a high level of care to a major trauma patient who was involved in an accident along with her husband. Her husband remains unwell, and the major trauma practitioner managed the repatriation, acute treatment and follow up of the patient whilst showing compassion and empathy to her husband's situation. The major trauma practitioner has made sure the patient has had everything she has needed and adapted to her isolated situation. Vicki has also facilitated an emotional visit to critical care so she could see her husband.



1 ABOVE & BEYOND

Multiple teams involved in the management of a complex spinal patient, working collaboratively to ensure the patients clinical needs are met whilst utilising the specialist services of the SWTN effectively.



4 TEAM WORK

SOUTH WALES TRAUMA NETWORK

FIRST YEAR EVALUATION

BACKGROUND

The South Wales Trauma Network (SWTN) was designed to achieve the common goal and purpose of enhancing patient outcomes and experience across the entire patient pathway from the point of wounding to recovery, including injury prevention. The formal first year evaluation reflects the position of the programme against the benefits realisation plan in the programme business case.

DATA & DATA QUALITY

The Trauma Audit and Research Network (TARN) is the national clinical audit for traumatic injury and is the largest European Trauma Registry. Its data has been used throughout the evaluation. The first year following the launch of the network on 14th September 2020 was compared with the baseline time period of 1st April 2019 - 31st March 2020. Data accreditation (the proportion of key fields that are completed for each patient) and timeliness of submissions have improved across the network and, overall, the case ascertainment (the number of patients submitted to TARN compared with the expected number) was above the 80+% target. However, this measure varied across the sites of the network. The network needs to focus on eliminating unmatched transfers and improving the survivor/death ratio; currently, proportionally more survivors are being submitted than deaths across the network.

TIMELINESS & QUALITY OF CLINICAL CARE

Rate of trauma calls

There is evidence that too few trauma calls are being made, relative to the number of major trauma patients, with less than half of patients with injury severity score (ISS)>15 patients presenting to Trauma Units (TUs) being trauma called. The trauma call rate was also highlighted at Peer Review.

Seniority of medical staff

Capturing the identity, seniority and time of arrival of medical staff is very difficult. Recording these is, understandably, not clinicians' priority when they arrive at a trauma. However, as it stands the data show a far smaller proportion of major trauma patients being seen by consultants before leaving the Emergency Department than is the case elsewhere. This will be an important focus for future improvement work.

Time to CT

This is another area where the first year data show a significant underperformance, especially in the TUs. This was also identified at Peer Review. A new quality improvement tool that displays performance on this metric by time of day and grouped in ways that may help to identify which patients are likely to have delayed scans has been launched in response to these findings.

BOAST (British Orthopaedic Association Standards for Trauma and Orthopaedics) compliance

One of the most clear-cut improvements in process of care for patients due to the implementation of the network is the improvement in BOAST compliance due to the setting up of the orthopaedic service with treatment in Cardiff and Swansea.

EXCESS RATE OF SURVIVAL

The network's excess rate of survival for the time period between the launch of the network on 14th September 2020 and 13th September 2021 was -1.07, meaning there were 1.07 additional deaths of injured patients than would be expected each time 100 severely injured patients are treated.

This result was statistically significant. However, it should be viewed with caution due to data quality reasons. Crucially, TARN excess rate of survival scores use probability of survival derived from information about patients with an arrival date between April 2017 and March 2019. SWTN hospitals are therefore being compared against the standard of mature English trauma networks. The performance of SWTN on this metric is therefore in line with expectations for an immature network. TARN's prediction model performs strongly but is not perfect. It may not fully account for the severity of pre-existing conditions and makes no adjustment for socio-economic factors. Both adversely affect the network's population when compared to the overall population in England.

CHANGE IN FLOW TO THE MAJOR TRAUMA CENTRE (MTC)

Comparisons between the baseline time period and the year following launch of the network generally follow the same trends as NHS England; a slight increase in the percentage of major trauma patients taken directly to the MTC and the percentage of transfers of major trauma patients from TUs to the MTC remained similar. There is concern that there is not concordance between the changes in flow seen in the TARN data and that indicated by data from the trauma database (the day-to-day clinical tool) or C&VUHB business metrics. A further programme of work is required to determine whether these differences are due to problems in the data or differences in inclusion and exclusion data that confound the comparisons. Despite this, there is clear evidence of improvements in patient flow. There was a fall in transfers to the MTC from neighbouring health boards (implying that patients were taken directly to the MTC by the Welsh Ambulance Service NHS Trust (WAST) or the Emergency Medical Retrieval and Transfer Service Cymru (EMRTS)) and an increase in transfers from Hywel Dda (from where bypass to the MTC is less often appropriate but where patients who will benefit from MTC care are now being better identified).

CONCLUSION

As would be expected, the evaluation shows a network in the early stages of its development. Patient flow has **begun** to change. There are notable improvements in the process of care. There are many areas of further change, which leaves scope for the hoped-for improvements in outcome in the medium to long term.

Report Title	Corporate Risk Assurance Framework (CRAF)	Agenda Item	3.8
Meeting Title	Joint Committee	Meeting Date	17/01/2023
FOI Status	Open/Public		
Author (Job title)	Corporate Governance Manager and Risk and Governance 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, and to provide an update on the progress made to develop the CRAF following the risk management workshop held in September 2022 and to present the revised risk appetite statement for approval.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the report,
- **Approve** the updated Corporate Risk Assurance Framework (CRAF) and to note the changes to the risks outlined in this report as at 31 December 2022,
- **Note** that a risk workshop was held in September 2022 to review the CRAF and WHSSC's risk appetite; and
- **Approve** the updated risk appetite statement.

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, and to provide an update on the progress made to develop the CRAF following the risk management workshop held in September 2022 and to present the revised risk appetite statement for approval.

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.

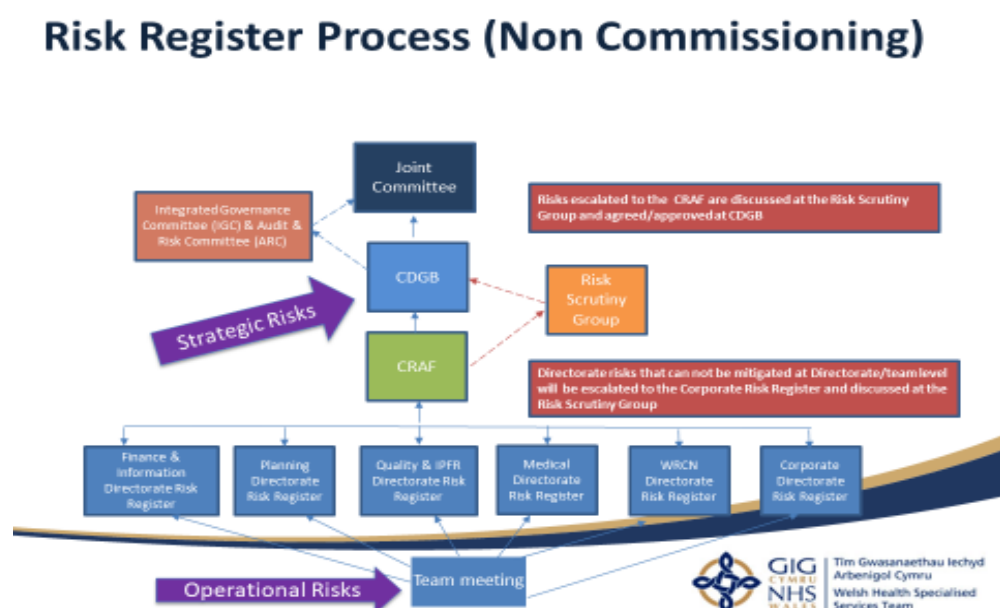
The Executive Directors are responsible for reviewing and discussing their commissioning/corporate risks, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Directors to review controls and ensure appropriate 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 RISK SUMMARY – DECEMBER 2022

The December 2022 CRAF is presented at **Appendix 1** for information.

As at 31 December 2022, there are **17** risks on the CRAF. A summary of these risks is outlined below.

3.1 Commissioning Risks – December 2022

There are currently **11** 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; and
- All actions that mitigate the risk are SMART and have action leads.

A summary of the changes for December 2022 are outlined in the table below.

The full CRAF and risk schedules are presented at **Appendix 1** for information.

Commissioning Risk Activity	Update as at December 2022
New Commissioning Risks	1 new commissioning risk: <ul style="list-style-type: none"> • Risk 42 - Referrals for adults with an eating disorder/disordered eating
Escalated Commissioning Risks	3 risks were escalated during this period – Risks 24, 34 & 35
De-escalated Commissioning Risk	No risks were de-escalated
Closed Risks	No risks were closed

3.2 Organisational Directorate Risks - December 2022

There are currently **6** organisational risks open with a risk score of 15 and above, which are included on the CRAF.

In December 2022, the CDGB reviewed the Welsh Kidney Network (WKN) Directorate risk register and approved that two new red risks scoring above 15 should be added to the CRAF.

A summary of the changes for December 2022 are outlined in the table below. The full CRAF and risk schedules are presented at **Appendix 1** for information.

Organisational Risk Activity	Update as at December 2022
New Organisational Risks	3 new risks: <ul style="list-style-type: none"> • Risk 39 (WKN 06) - Renal Funding • Risk 40 (WKN 08) - Limited Outpatient Dialysis Capacity in Swansea • Risk 41 – financial climate risk
Escalated Organisational Commissioning Risks	1 risk was re-escalated: <ul style="list-style-type: none"> • Risk 28 – the workforce and capacity risk escalated from 12 to 16 (the risk was previously de-escalated and removed from the CRAF in May 2022)
De-escalated Organisational Risk	No risks were de-escalated.
Closed Risks	No risks were closed.

The risks scoring below 15 are being managed within the directorate/teams and all risks are monitored through the RSG.

4.0 RISK ACTIVITY JULY – DECEMBER 2022

The Joint Committee last received the CRAF on 7 July 2022, an overview of the changes between July – December 2022 are presented at **Appendix 2** for completeness¹.

5.0 NEW RISKS ADDED FOLLOWING THE RISK WORKSHOP 20 SEPTEMBER 2022 – SWOT EXERCISE

A risk management workshop was held on the 20 September 2022 to assess how the Risk Scrutiny Group (RSG) process was working, to consider risk appetite and tolerance levels across the organisation and to discuss developing a Joint Assurance Framework (JAF).

The aims of the risk workshop were to:

- Clearly define WHSSC's Risk Appetite Statement,
- Clearly define WHSSC's Risk Tolerance Levels,
- Horizon scan and assess any potential new risks; and
- Discuss next steps for risk management.

Each directorate were requested to complete a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis to identify good practice and achievements and to horizon scan for new and emerging risks.

On 14 December 2022, the CDGB undertook a thorough review of all of the findings from the risk workshop and identified new risks which have been included in the December 2022 CRAF. In addition, the WKN undertook a review of their Risk register and they have migrated the WKN risks onto the WHSSC risk schedule template.

6.0 GOVERNANCE & RISK

6.1 Risk Appetite Statement

Members of the WHSSC Joint Committee share responsibility for the effective management of risk and compliance with relevant legislation. In relation to risk management, Joint Committee is responsible for approving the risk appetite for WHSSC. The WHSSC risk management strategy states that the Joint Committee will review its risk appetite on an annual basis to ensure that progress is being made toward the 'risk appetite' WHSSC wishes to achieve. Following the risk workshop the CDGB reviewed its risk appetite and the updated risk appetite statement 2023 is presented at **Appendix 3** for approval.

¹ The QPSC, the IGC and the CTMUHB ARC receive the CRAF at each meeting and the Joint Committee receive the CRAF on a six monthly basis for assurance.

6.2 Internal Audit Progress

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.

7.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the updated Corporate Risk Assurance Framework (CRAF) and to note the changes to the risks outlined in this report as at 31 December 2022,
- **Note** that a risk workshop was held in September 2022 to review the CRAF and WHSSC's risk appetite; and
- **Approve** the updated risk appetite statement.

Governance and Assurance	
Link to Strategic Objectives	
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)	In accordance with section 8.0 of the WHSSC SO's, the WHSSC Risk Management Strategy and the CRAF set out explicitly, how the Joint Committee gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. In accordance with the schedule of matters reserved to the Joint Committee outlined in the WHSSC SO's the framework and strategy for risk and assurance is reserved to the Joint Committee.

Long Term Implications (incl WBFG 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)	30 December 2022 – CDGB 12 December 2022 – CTMUHB Audit & Risk Committee
Appendices	Appendix 1 – Corporate Risk Assurance Framework (CRAF) Appendix 2 – Summary of Changes to the CRAF July-December 2022 Appendix 3 – WHSSC Risk Appetite Statement 2023-2024



Corporate Risk Assurance Framework (CRAF)

December 2022

1. Dashboard of Risk

Impact	5			19 Obesity Surgery Standards (merged risk) 42 NEW RISK - referrals for adults with an eating disorder/disordered eating	23 Access to Care Adults with a LD 24 – ESCALATED RISK - Access to Care for Children with LD	
	4				06 Paediatric patients waiting for surgery 21 CAMHS 28 RE-ESCALATED RISK - Workforce and Capacity 35 ESCALATED RISK - Bed Capacity Mental Health Patients 38 No neonatal cot availability in South Wales due to staffing shortages 39 NEW RISK - Renal Funding 40 NEW RISK Limited outpatient dialysis capacity in Swansea 41 NEW RISK Financial Climate Risk	29 WHSSC IPFR Governance 33 Welsh Government Priority Delivery Measures 34 ESCALATED RISK - Lack of paediatric intensive care beds
	3					03 Plastic Surgery Delays 26 Neuropsychiatry patients waiting times
	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 ↔	12/12/22	30/01/22	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 ↔	19/12/22	24/01/23	Joint Committee	Director of Planning
19 CT047 Cardiac CT045 (17) Merged with CT047	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 ↔	19/12/22	27/01/22	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 due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Llidiard)	16	16	8	Risk score remains the same ↔	19/12/2022	23/01/23	Joint Committee	Director of Mental Health
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 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	15	20	3	Risk score remains the same ↔	19/12/2022	23/01/23	Joint Committee	Director of Mental Health
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 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	15	20	12	Risk score escalated from 15 to 20 on 19/12/22 ↑	19/12/2022	23/01/23	Joint Committee	Director of Mental Health
26 NCC046 Removed from Neuroscience register and to	Impact on the safety of patients, staff or public (physical/psychological harm)	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	20	15	4	Risk score remains the same ↔	28/11/22	19/12/22	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
be monitored via MH&VG July 21	Population Health	step down facilities to support the acute centre will also result in delays.								
28 (CS3 / CD01) Corporate Services	Workforce and Capacity	Workforce and Capacity There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB's or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work	20	16	9	Risk score re-escalated (originally de-escalated in May 2022) ↑	14/12/2022	Jan 2023	Joint Committee	Committee Secretary/Head of Corporate Services
29 (CS8 / 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 ↔	16/11/2022	Dec 22	Joint Committee	Director of Nursing Committee Secretary/ Head of Corporate Services
33 (CS10 / 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 ↔	16/11/2022	January 2023	Joint Committee	Director of Planning
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.	16	20	4	Risk score escalated from 16 to 20 on 19/12/22 ↑	19/12/22	24/01/23	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	12	16	6	Risk score escalated from 12 to 16 on 19/12/22 ↑	19/12/2022	23/01/23	Joint Committee	Director of Mental Health
38 P/21/16 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Neonatal Cots <i>There is a risk</i> that there will not be a Neonatal cot available across the south Wales region <i>due to</i> significant neonatal nursing shortages. <i>There is a consequence</i> that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot	16	16	4	Risk score remains the same ↔	19/12/22	24/01/23	Joint Committee	Director of Planning
NEW RISK 39 WKN 06	Finance including claims	Renal Funding <i>There is a risk that</i> now there is an inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. <i>As a consequence</i>	12	16	4	Risk score increased from initial ↑	Nov 22	Dec 22	Joint Committee	Programme Director

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
		additional investment required through ICP process to sustain current services and manage growth and inflationary uplifts.								
NEW RISK 40 WKN 08	Impact on the safety of patients, staff or public (physical/psychological harm)	Limited outpatient dialysis capacity in Swansea There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. As a consequence there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.	12	16	2	Risk score assessed and added at CDGB 14/12/22	Dec 22	January 2023	Joint Committee	Programme Director
NEW RISK 41 (CS14) Corporate Services	Finance including claims	Financial Climate Risk There is a risk that the financial climate across the NHS is vulnerable as currently Health Boards are reporting large deficits and the annual allocation uplift anticipated will not meet the current inflationary costs pressures. Therefore the uplift required for the WHSSC ICP might not be met by Commissioning Health Boards.	16	16	4	Risk score assessed and added at CDGB 14/12/22	Dec 22	January 2023	Joint Committee	Committee Secretary/Head of Corporate Services
NEW RISK 42 MH/21/15 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm)	Referrals for adults with an eating disorder/disordered eating There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.	15	15	8	Risk score assessed and added at CDGB 30/12/22	Dec 22	January 2023	Joint Committee	Director of Mental Health

3 Risk Schedules – Risk on a Page

Risk Ref: 03 Plastic Surgery Delays 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 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 >104 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: QPS – 25/10/22																																													
<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>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><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><tr><td>Jun-22</td><td>15</td><td>6</td></tr><tr><td>Jul-22</td><td>15</td><td>6</td></tr><tr><td>Aug-22</td><td>15</td><td>6</td></tr><tr><td>Sep-22</td><td>15</td><td>6</td></tr><tr><td>Oct-22</td><td>15</td><td>6</td></tr><tr><td>Nov-22</td><td>15</td><td>6</td></tr><tr><td>Dec-22</td><td>15</td><td>6</td></tr></tbody></table>			Month	Risk Rating	Target	Feb-22	15	6	Mar-22	15	6	Apr-22	15	6	May-22	15	6	Jun-22	15	6	Jul-22	15	6	Aug-22	15	6	Sep-22	15	6	Oct-22	15	6	Nov-22	15	6	Dec-22	15	6
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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. Next meeting arranged for Dec 22</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>Plastic surgery service to complete the assurance template developed to evidence that the service has maximised performance given current resource constraints: treat in turn rate, outsource/insource, list validation.</td><td>LA – Senior Planner</td><td>Completed</td></tr><tr><td>To recommend to CDG that consideration should be given to placing the service into escalation further to Joint Committee’s agreement to return to normal performance management arrangements (subject to outcome of meeting with SBUHB on recovery trajectories to be held on 30.11.22).</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. Next meeting arranged for Dec 22	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	Plastic surgery service to complete the assurance template developed to evidence that the service has maximised performance given current resource constraints: treat in turn rate, outsource/insource, list validation.	LA – Senior Planner	Completed	To recommend to CDG that consideration should be given to placing the service into escalation further to Joint Committee’s agreement to return to normal performance management arrangements (subject to outcome of meeting with SBUHB on recovery trajectories to be held on 30.11.22).	LA – Senior Planner	Completed																														
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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. July 22 - The commissioning team discussed and reviewed the risk and agreed the risk was to remain December 22 - Escalation level 1 agreed by CDGB, i.e. weekly submission of activity and waiting list data required.																																																		

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)		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 - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee –24 October 2022 CDGB – 16 November 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><tr><td><ul style="list-style-type: none">Requested information on long waiting patients from provider to support potential outsourcing arrangements.</td><td>W&C Planner</td><td>Complete</td></tr><tr><td><ul style="list-style-type: none">Meetings being scheduled with NHS England providers to discuss outsourcing capacity</td><td>W&C Planner</td><td>December 22</td></tr><tr><td><ul style="list-style-type: none">Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes.</td><td>W&C Planner</td><td>Complete</td></tr><tr><td><ul style="list-style-type: none">Requested revised recovery plan further to Joint Committee</td><td>W&C Planner</td><td>Completed</td></tr><tr><td><ul style="list-style-type: none">Discussing with local Health Boards scope for mutual aid.</td><td>W&C Planner</td><td>20 January 2023</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	<ul style="list-style-type: none">Requested information on long waiting patients from provider to support potential outsourcing arrangements.	W&C Planner	Complete	<ul style="list-style-type: none">Meetings being scheduled with NHS England providers to discuss outsourcing capacity	W&C Planner	December 22	<ul style="list-style-type: none">Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes.	W&C Planner	Complete	<ul style="list-style-type: none">Requested revised recovery plan further to Joint Committee	W&C Planner	Completed	<ul style="list-style-type: none">Discussing with local Health Boards scope for mutual aid.	W&C Planner	20 January 2023
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Additional comments: July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place provider confirmed 109 patients waiting between 52 and 104 weeks and 25 patients waiting over 105 weeks. Therefore, risk cannot be reduced. Oct 2022 – W&C Commissioning team discussed and reviewed the risk. Nov 22 - W&C Commissioning team discussed and reviewed the risk which remains unchanged. Dec 22 - W&C Commissioning team discussed and reviewed the risk which remains unchanged.																									

Risk Ref: 19 - Obesity Surgery Standards (CT047) (Previously CT045 and CT047) merged risk Obesity Surgery Standards and waiting times 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.The service being categorised as P4 (non-urgent) surgery with a consequence of disease progression of existing morbidities.		Date Added to Register: 24/02/20	Date last reviewed by: Joint Committee - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee –24 October 2022 CDGB – 16 November 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>Scope the feasibility of outsourcing patients to NHS England Provider – no scope to outsource to NHS England.</td><td>Planning Manager</td><td>Complete</td></tr><tr><td>ABUHB have indicated their interest to become a Provider for bariatric services. WHSSC currently working with ABUHB to scope the feasibility of ABUHB becoming a designated Provider.</td><td>Planning Manager</td><td>In progress</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	Scope the feasibility of outsourcing patients to NHS England Provider – no scope to outsource to NHS England.	Planning Manager	Complete	ABUHB have indicated their interest to become a Provider for bariatric services. WHSSC currently working with ABUHB to scope the feasibility of ABUHB becoming a designated Provider.	Planning Manager	In progress																																	
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Additional comments: <p>September 2022 – Second consultation for the Service Specification has ended. Draft responses to stakeholder comments have been submitted for the Policy Group meeting in November 2022. It is anticipated that following this meeting that both Policy documents will be published. A meeting was held on the 12th September 2022 with the WHSSC Working Group. The list of questions submitted by ABUHB were discussed and responses have been drafted with further investigation required for some of the questions. No change to the risk score.</p> <p>October 2022 – Work with ABUHB remains ongoing; risk score remains unchanged.</p> <p>November 2022 – In addition to work with ABUHB, there has been correspondence with SBUHB to understand activity levels. Data awaited. Risk score unchanged.</p> <p>December 2022 – Correspondence with current and potential providers remains ongoing. SBUHB have committed to return to commissioned volumes. WHSSC has fielded a number of FoI requests and patient queries and, as a result, potential pathway constraints will be investigated.</p>																																																			

Risk Ref: 21 - Children & Adolescent Mental Health Services (CAMHS) (MH/21/02) Risk Domain: Impact on the safety of patients, staff or public physical/psychological harm) Population Health			Director Lead: Director of Mental Health 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 - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee –24 October 2022 CDGB – 16 November 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 8 as it was originally scored too high</p> <p>April 22 – Score to remain as it is subject to impact of completed actions.</p> <p>June 22 – Risk remains at current level as risk of absconding is still prevalent</p> <p>December 23 – Service de-escalated to Level 3 however work continues to consider referral processes and assessments</p>																																																																																			

Risk Ref: 23 - Access to Care Adults Learning Disability (MH/21/08) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Mental Health 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 - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee –24 October 2022 CDGB – 16 November 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 3 as it was originally scored too high</p> <p>Current score raised from 15 to 20 due to closure of LD unit in England 10/08/21.</p> <p>June 22 – Strategy out for stakeholder feedback until July 22.</p> <p>For discussion in July commissioning team to discuss lowering the risk from 15.</p> <p>Sept 22 – Risk discussed at commissioning Team 28/09/22 and agreed to remain at current score</p> <p>Oct 22 – Training Programme action – Dr Colgate currently in discussions to develop training programme according to need – date revised to accommodate discussions</p>																																																																																	

Risk Ref: 24- Access to care for Children’s Learning Disability (MH/21/09) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Mental Health 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 - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee –24 October 2022 CDGB – 16 November 2022																																																
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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 - 12 July 2022 Quality Patient Safety Committee – 25 October 2022 Integrated Governance Committee – 11 October 2022 CTMUHB Audit & Risk Committee –24 October 2022 CDGB – 16 November 2022																																																					
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<div>What controls have we put in place for the risk:</div> <div>Business case received Developed ICP scheme Service transferred to the Mental Health portfolio Planned 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</div>			<div>What actions should we take:</div> <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 21/22. 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>Completed</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 21/22. 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	Completed																																
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<div>Additional comments:</div> <div>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. June 22 – Second consultant appointed within service, therefore, risk to be discussed at July commissioning meeting with a view to lowering the risk. Phase 2a to be implemented during this financial year and CIAG bid for phase 2b should provide a basis to close this risk. Sept 22 – Risk Score Lowered to 15 at commissioning team meeting 28/09/22. Further monitoring to continue following the implementation of further service development during 2022/23 and 2023/24. Oct 22 – Risk Score Lowered to 15 at commissioning team meeting 28/09/22. Further monitoring to continue following the implementation of further service development during 2022/23 and 2023/24.</div>																																																										

Risk Ref: 28 Workforce and Capacity (CS3 / CD01) Risk Domain: Workforce and Capacity	Director Lead: Committee Secretary Assuring Committee: CDGB
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Risk: There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB’s or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work.		Date Added to Register: 16.09.21	Date Last Reviewed by: RSG 16/11/2022 CDGB 5/12/2022 CDGB 30/12/2022																																																											
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In the long term a workforce strategy will be considered to assist with succession planning and the long term planning risk concerning workforce capacity. There are potentially a number of senior staff who are looking to retire and this may pose a challenge with succession to these senior posts.</div> <div>5. An executive OD session held in November 2022 focussed on current and future workforce and organisational development requirements. A short term workforce plan was developed to assist with the immediate issue of resourcing the increasing workforce demand. This is currently being monitored by the CDGB.</div> <div>6. A number of key strategic pieces of work and a general increase in the number of services has resulted in another significant increase in workloads across the organisation. The number of posts being recruited to has increased significantly over the last few months and this has had a knock on effect on the Corporate Services team who plan and assist the organisation with IT, HR and general resourcing.</div> <div>7. There is a lack of depth in workforce resource and cross cover as teams are small and this poses a risk to staff as workloads are increasing. In order to mitigate this in the short terms, workloads should be monitored and work should be prioritised.</div> <div>8. The ability to meet the administrative support requirements/expectations of the WHSSC directorates is difficult but recruitment is currently underway and the demand will be reviewed following recruitment into some vacant posts.</div>		<div>What actions should we take:</div> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>JC approved a request to increase the Direct Running Costs (DRC) budget 2022-2023 on the 7 September 2021 to support the recruitment of the key posts to increase workforce capacity. COMPLETED</td><td>JE</td><td>7 September 2021</td></tr><tr><td>Workforce capacity review has been undertaken by CDGB and DRC shortfall to be utilised to recruit at risk for critical posts. COMPLETED</td><td>JE</td><td>Oct 2021</td></tr><tr><td>Corporate services team are working with CTMUHB to identify short terms admin pool of resource to support the administrative requirements of WHSSC, which are putting pressure on the teams. 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Risk Ref: 29 – WHSSC IPFR ToR & Governance		Director Lead: Director of Nursing/Committee Secretary																			
Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		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 – 12/7/2022 Integrated Governance Committee – 11/10/22 CTMUHB Audit & Risk Committee –24/10/22 Quality Patient Safety Committee – 25/11 22 CDGB – 16/11/22 CTMUHB Audit & Risk Committee –12/12/22 CDGB 30/12/22																		
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What controls have we put in place for the risk: <ol style="list-style-type: none">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.JC approved an uplift to the WHSSC IPFR DRC budget to assist with staffing costs required as a result of the increased scrutiny.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. A response from WG was received on 28 July 2022 confirming agreement for WHSSC to proceed with a review of the WHSSC ToR and a “limited” review of the All Wales IPFR policy. The Joint Committee approved the approach on 6 September 2022.The NHS Wales Board Secretaries Group have been informed of the risk concerning the IPFR panel, and a private briefing session was arranged for them on IPFR governance for 10 June 2022.A new HB IM Interim Chair has been appointed from 1 August 2022 to ensure business continuity for a 6 month period to ensure business continuity. The Joint Committee approved that this interim could be extended until 31 March 2023, at its meeting on 8 November 2023.The formal engagement process to review the WHSSC IPFR panel ToR and the specific and limited review of the all Wales IPFR policy, was launched on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The engagement exercise closed on the 22 December 2022 and the findings are being reviewed.An IPFR stakeholder engagement event to review the WHSSC IPFR) panel ToR and a specific, limited review of the all Wales IPFR policy was held on the 2 December 2022, supported by a briefing from a Kings Counsel (KC) for the NHS Wales Medical Directors Peer Group and a stakeholder engagement session on the 2 December 2022.		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></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>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. A new HB IM Interim Chair was appointed from 1 August 2022 to ensure business continuity for a 6-month period to ensure business continuity. The Joint Committee approved that this interim could be extended until 31 March 2023, at its meeting on 8 November 2023.</td><td>Head of Corporate Services/Committee Secretary</td><td>March 2023</td></tr><tr><td>An engagement process on the WHSSC IPFR panel ToR launched on 10 November 2022 for a 6 week period and included HBs, the AW TTC and IPFR QAG. The engagement exercise closed on the 22 December 203 and an update report will be taken to the JC in March 2023.</td><td>Head of Corporate Services/Committee Secretary</td><td>Jan-2023 March 2023</td></tr></table>		Action	Lead	Date	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	Head of Corporate Services/Committee Secretary	End of December 2021 and on-going	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. 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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: 33 - Welsh Government Priority Delivery Measures (CD03) (CS10) 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: Quality Patient Safety Committee – 25/10/22 Integrated Governance Committee – 11/10/22 CTMUHB Audit & Risk Committee –24/10/22 CDGB – 16/11/22 CTMUHB Audit & Risk Committee –12/12/22 CDGB 30/12/22 IGC via email 30/12/22																																																
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What controls have we put in place for the risk: <ol style="list-style-type: none">WHSSC are working with HBs to share infrastructure and to develop regional approaches for high volume and specialist services.The JC and MG receive regular updates specialised services performance at each meetingThe Integrated Governance Committee (IGC) oversees the Joint Committee's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the plan. They receive regular updates on progress.The ICP approved by the Joint Committee on the 8 February 2022 included reference to the new measures.The Joint Committee received a report on the proposed WHSSC process for responding to the Ministerial Priority Measures on the 15 March 2022. The Joint Committee held a recovery workshop on the 12 July 2022 during which the Committee received comprehensive recovery presentations from providers on recovery trajectories across NHS Wales. These will be kept under review over the next few months.A follow up workshop was held on the 6 September at the request of the Joint Committee to focus on Paediatric recovery trajectories.The JC received a Recovery Update (incl Progress with Paediatric Surgery) at its meeting on 8 November 2022, and a further update will be presented on 17 January 2023.A re-commissioning workshop was held with the Management group sub-committee on the 24 November 2022, and members discussed financial affordability, the significant financial pressures Health Boards (HBs) were under and the balance of risk required when making financial forecasts,WHSSC has held planned engagement meetings with HBs, and the challenges regarding Health Board Integrated Medium Term Plans (IMTP's) had been shared in the relevant national peer groups; all of which informed the discussion concerning the ICP,HBs are required to submit an accountability letter to WG by the end of February 2023, and WHSSC are continuing with the agreed plan to present the final ICP for approval to the JC on 17 January 2023 to support HB's in developing their own IMTP's.		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>The ICP was approved to the Joint Committee on the 8 February 2022 and has been submitted to Welsh Government and the planning teams at Health Boards for inclusion within the HB Integrated Medium Term Plan's (IMTP's).</td><td>NJ/AD</td><td>Completed</td></tr><tr><td>The JC and MG will receive routine reports at each meeting on the performance of specialised services, and the impact of waiting list backlog and the shortfall in capacity.</td><td>NJ/SD</td><td>Monthly</td></tr><tr><td>The JC held recovery workshops on 12 July, 6 September and 8 November 2022 and a number of actions were agreed which help inform further discussions. The recovery trajectories will be kept under review and monitored.</td><td>NJ/SD</td><td>Dec 2022</td></tr><tr><td>Following the JC recovery update on paediatric trajectories 6 September 2022 it was agreed to hold a further session in January 2023 to focus on recovery trajectories.</td><td>NJ/SD</td><td>Jan 2023</td></tr><tr><td>An ICP workshop is scheduled for Joint Committee members on 10 January 2023 to inform the ICP 2023-2026.</td><td>NJ/SD</td><td>Jan 2023</td></tr></tbody></table>		Action	Lead	Date	The ICP was approved to the Joint Committee on the 8 February 2022 and has been submitted to Welsh Government and the planning teams at Health Boards for inclusion within the HB Integrated Medium Term Plan's (IMTP's).	NJ/AD	Completed	The JC and MG will receive routine reports at each meeting on the performance of specialised services, and the impact of waiting list backlog and the shortfall in capacity.	NJ/SD	Monthly	The JC held recovery workshops on 12 July, 6 September and 8 November 2022 and a number of actions were agreed which help inform further discussions. The recovery trajectories will be kept under review and monitored.	NJ/SD	Dec 2022	Following the JC recovery update on paediatric trajectories 6 September 2022 it was agreed to hold a further session in January 2023 to focus on recovery trajectories.	NJ/SD	Jan 2023	An ICP workshop is scheduled for Joint Committee members on 10 January 2023 to inform the ICP 2023-2026.	NJ/SD	Jan 2023																														
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The JC held recovery workshops on 12 July, 6 September and 8 November 2022 and a number of actions were agreed which help inform further discussions. The recovery trajectories will be kept under review and monitored.	NJ/SD	Dec 2022																																																	
Following the JC recovery update on paediatric trajectories 6 September 2022 it was agreed to hold a further session in January 2023 to focus on recovery trajectories.	NJ/SD	Jan 2023																																																	
An ICP workshop is scheduled for Joint Committee members on 10 January 2023 to inform the ICP 2023-2026.	NJ/SD	Jan 2023																																																	
Additional comments: Update As at January 2022 Cross Directorate Risk (CD03) - WG set 34 new Priority Delivery measures that will be formally monitored from April 2022 onwards. NHS bodies are expected to align their developing Integrated Medium term Plans (IMTPs) towards delivering these priorities and measures, and where necessary, to bring forward key actions that will ensure these are the focus for the whole organisation. There is a risk that WHSSC will be unable to deliver specialised services it has committed to delivering in the Integrated Commissioning Plan (ICP) due to the waiting list backlog.																																																			

Risk Ref: 34 - Lack of Paediatric Intensive Care Beds (P/21/02) Risk Domain: Workforce		Director Lead: Director of Planning Assuring Committee: Joint Committee																																																																															
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: Joint Committee – 12/07/22 Quality Patient Safety Committee – 25/10/22 Integrated Governance Committee – 11/10/22 CTMUHB Audit & Risk Committee –24/20/22 CDGB – 16/11/22 CDGB 30/12/22																																																																														
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What controls have we put in place for the risk: <ul style="list-style-type: none">Investment through WHSSC 2019/20 ICP to increase bed capacity to meet demandOngoing monitoring at Quarterly Commissioner Assurance Meeting with providerCompleted winter surge plan for 2021/22 which sets out clear escalation management across the South West of England regionReceived Health Board surge plan for 2022/ 23Reviewed information on adverse incidents have occurred as a consequence of bed availabilityDiscussed Collaborative working between Adult Critical Care and Paediatric Critical Care	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><tr><td><ul style="list-style-type: none">Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.</td><td>W&C planner</td><td>20th of January 2022</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	<ul style="list-style-type: none">Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.	W&C planner	20th of January 2022																																																																		
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Additional comments: <p>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.</p> <p>June 22 – Quarterly Assurance meeting has not taken place since last update (May 22)</p> <p>July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place 18th July 2022 we were notified a number of refusals in quarter 1 as a result of staff shortages</p> <p>Aug 22 – W&C Commissioning team discussed and reviewed the risk remains unchanged.</p> <p>Oct 22 - W&C Commissioning team discussed and reviewed the risk remains unchanged.</p> <p>Nov 22 - W&C Commissioning team discussed and reviewed the risk which remains unchanged.</p> <p>Dec 22 – As service have been in a period of surge throughout December the risk score has increased.</p>																																																																																	

Risk Ref: 35 Bed Capacity Mental Health Patients Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Risk Ref: MH/21/06		Director Lead: Director of Planning Assuring Committee: Joint Committee																																																																																
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: CDGB 30/12/22																																																																														
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Additional comments: <p>Risk discussed at July 2021 commissioning team meeting for clarity on risk title, controls in place and further actions required.</p> <p>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.</p> <p>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.</p> <p>June 22 – Strategy out for stakeholder feedback until July 22</p> <p>Sept 22 – Lower risk score agreed at Commissioning Team 28/09/22 due to repatriation plans in place for Welsh patients from NHSE</p> <p>December 22 – Risk score increased at Commissioning Team on 19th December 2022 to reflect pressure in the NHSE medium secure bed provision</p>																																																																																		

Risk Ref: 38 – No neonatal cot availability in South Wales due to staffing shortages (P/21/16) 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 there will not be a Neonatal cot available across the south Wales region due to significant neonatal nursing shortages. There is a consequence that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot.			Date Added to Register: 26/07/2022		Date last reviewed by: Joint Committee – 12/07/22 Quality Patient Safety Committee – 25/10/22 Integrated Governance Committee – 11/10/22 CTMUHB Audit & Risk Committee –24/10/22 CDGB – 16/11/22 CDGB 30/12/22																														
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What controls have we put in place for the risk: <div><div>➤</div>WHSSC are attending (the scheduled) SITREP meeting(s), hosted by the Maternity and Neonatal Network where the neonatal unit and maternity position is discussed.<div>➤</div>Notified Welsh Government and (WHSSC/Health Board) Directors of Nursing of current risk.<div>➤</div>Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates and staffing numbers.</div>			What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Requested an escalation plan from each provider, on what steps are taken when staffing falls below the numbers required to open all commissioned cots</td><td>Planning Manager</td><td>completed</td></tr><tr><td>Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position:<div><div>•</div>Refusal rates and reasons for declined admissions<div>•</div>Staffing establishment<div>•</div>Adverse incidents / near misses as a consequence of closing cots and / or working over capacity</div></td><td>Planning Manager</td><td>Quarterly</td></tr><tr><td>The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.</td><td>Head of Quality WHSSC</td><td>Completed</td></tr></table>			Action	Lead	Date	Requested an escalation plan from each provider, on what steps are taken when staffing falls below the numbers required to open all commissioned cots	Planning Manager	completed	Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position: <div><div>•</div>Refusal rates and reasons for declined admissions<div>•</div>Staffing establishment<div>•</div>Adverse incidents / near misses as a consequence of closing cots and / or working over capacity</div>	Planning Manager	Quarterly	The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.	Head of Quality WHSSC	Completed																		
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Additional comments: Aug 22 - This risk replaces closed risk P/21/15 as the staffing shortages encountered are variable depending on the shift in question and are across all units. Oct 22 – nursing shortage remain and therefore no change to score. Nov 22 - W&C Commissioning team discussed and reviewed the risk which remains unchanged. Dec 22 - W&C Commissioning team discussed and reviewed the risk which remains unchanged.																																			

NEW RISK Risk Ref: 39 Renal Funding (WKN 06) Risk Domain: Finance including claims		Director Lead: WKN Manager Assuring Committee: Joint Committee																																																	
Risk: There is a risk that now there is an inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. As a consequence additional investment is required through ICP process to sustain current services and manage growth and inflationary uplifts.		Date Added to Register: 14/12/22	Date Last Reviewed by: Mini CDGB 14/12/22 CDGB 30/12/22																																																
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What controls have we put in place for the risk: <ul style="list-style-type: none">• Priority linked to safety and capacity. Financial reviews ongoing as part of management team workload.• Forecast activity modelling embedded. Steady state as 4% year on year growth tested annually.• Support for Health Boards to manage contracts effectively provided by recruitment of Deputy Network Manager, Contracting Assurance. (May 2022)• Renal activity and quality assurance to be included as a standing item on WHSSC SLA reviews with regional centres.	What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Completion of forward look demand and capacity model aligned with finance modelling.</td><td>WKN Manager/WKN QPS Lead/WKN Finance Manager/WKN Director</td><td>Oct 22</td></tr><tr><td>Complete SLA reviews with Regional Health Board Renal Centres.</td><td>WKN Manager/WKN QPS Lead/WKN Director</td><td>Nov 22</td></tr><tr><td>Review contract inflationary uplift mechanisms to separate growth factors i.e. staffing, consumable, utility costs to enable more nuanced negotiations with independent service providers (ISPs)</td><td>WKN Manager/WKN Finance Manager/Procurement.</td><td>Dec 2022</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			Action	Lead	Date	Completion of forward look demand and capacity model aligned with finance modelling.	WKN Manager/WKN QPS Lead/WKN Finance Manager/WKN Director	Oct 22	Complete SLA reviews with Regional Health Board Renal Centres.	WKN Manager/WKN QPS Lead/WKN Director	Nov 22	Review contract inflationary uplift mechanisms to separate growth factors i.e. staffing, consumable, utility costs to enable more nuanced negotiations with independent service providers (ISPs)	WKN Manager/WKN Finance Manager/Procurement.	Dec 2022																																				
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Additional comments: Nov 22 – The WKN core team discussed the risk and agreed the current score should remain the same in light of the cost of living pressures impacting of the inflationary uplifts requested by the ISPs																																																			

NEW RISK Risk Ref: 40 Limited outpatient dialysis capacity in Swansea (WKN 08)			Director Lead: WKN Manager																	
Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)			Assuring Committee: WKN Board																	
Risk: There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. As a consequence, there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.			Date Added to Register: 14/12/22		Date Last Reviewed by: Mini CDGB 14/12/22 CDGB 30/12/22															
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>3x4</td><td>12</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>2x1</td><td>2</td></tr></table>			Initial	3x4	12	Current	4x4	16	Target	2x1	2	<div>Risk Rating</div> <div>Risk Rating Target</div>								
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Current	4x4	16																		
Target	2x1	2																		
			Groups discussed risk during period																	
			September 2022 WKN QPS/Management Meeting August 2022 WKN Core Team Meeting October Core Team Meeting																	
What controls have we put in place for the risk:			What actions should we take:																	
<ul style="list-style-type: none">Twilight dialysis shifts are opened 6 days weekly, some overflow provided in the acute dialysis facility.Active home haemodialysis programme to ease the pressure until expansion of existing resource is established.Procurement process for retender of existing units and establishment of two new units commenced Jan 2021.			<table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Completion of procurement process.</td><td>SBUHB SRO/WKN Manager</td><td>January 2023</td></tr><tr><td>Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.</td><td>SBUHB SRO/WKN Manager</td><td>September 2023</td></tr><tr><td>Increase opportunity for home dialysis.</td><td>Home Dialysis Clinical Lead/WKN Manager.</td><td>December 2022</td></tr><tr><td>Provision to be made in the WHSSC ICP to reflect the additional costs associated with the procurement process.</td><td>WKN Manager/WKN Finance Manager/ WHHSC Director</td><td>Oct 2022</td></tr></tbody></table>			Action	Lead	Date	Completion of procurement process.	SBUHB SRO/WKN Manager	January 2023	Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.	SBUHB SRO/WKN Manager	September 2023	Increase opportunity for home dialysis.	Home Dialysis Clinical Lead/WKN Manager.	December 2022	Provision to be made in the WHSSC ICP to reflect the additional costs associated with the procurement process.	WKN Manager/WKN Finance Manager/ WHHSC Director	Oct 2022
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Additional comments:																				
Nov 22 – The WKN core team discussed the risk and agreed the score remains the same due to the known cost of living pressures that may adversely impact overall affordability.																				

NEW RISK Risk Ref: 41 Financial Climate Risk (CS14) Risk Domain: Financial Climate Risk			Director Lead: Director of Finance Assuring Committee: Joint Committee														
Risk: There is a risk that due to the constrained financial climate across the NHS the uplift required for the WHSSC 2023/24 ICP might not be affordable for Commissioning Health Boards. Currently Health Boards are reporting large deficits and the annual allocation uplift declared upfront will not meet the current inflationary cost pressures.			Date Added to Register:14/12/22		Date Last Reviewed by: Mini CDGB 14/12/22 CDGB 30/12/22 JL/SD 06/01/2022												
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4 X 4</td><td>16</td></tr><tr><td>Current</td><td>4 X 4</td><td>16</td></tr><tr><td>Target</td><td>3 X 2</td><td>6</td></tr></table>			Initial	4 X 4	16	Current	4 X 4	16	Target	3 X 2	6	<div>Risk Rating</div> <div>Nov-22Dec-22</div> <div>Risk RatingTarget</div>			Groups discussed risk during period CDGB Finance Team Meeting RSG		
Initial	4 X 4	16															
Current	4 X 4	16															
Target	3 X 2	6															
What controls have we put in place for the risk: <ul style="list-style-type: none">WHSSC internal review of the Integrated Commissioning Plan (ICP) to lower initial uplift required from 4.48% to 3.89%,The ICP was presented to Management Group with a number of scenarios for a lower uplift and the associated risks on 27 October 2022, a recommissioning for value workshop was held on 25 November and the MG considered the final scenarios on 15 December 2022.A recovery workshop was held with the Joint Committee on the 12 July 2022 at their request to discuss HB recovery plans and trajectories. a follow up deep dive into paediatrics was given to the Joint Committee on the 6 September 2022, and further recovery update session on the 8 November 2022.A workshop to specifically focus on the scenarios has been arranged for Joint Committee members on the 10 January 2023, and the final plan is due to be presented to the Joint Committee on the 17 January 2023.			What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>ICP presented for discussion at MG 15.12.2022 – There was a consensus that scenarios which did not provide for unavoidable growth, inflationary pressures and known recurrent activity levels would not be palatable as this would create further financial risk in the already constrained system</td><td>Director of Finance</td><td>15 December Completed</td></tr><tr><td>A workshop to specifically focus on the scenarios has been arranged for Joint Committee members on the 10 January 2023. WHCC will present a matrix of plan uplift scenarios to JC where uplift required ranges between 1.87% - 3.89%, articulating the associated risks inherent in aligning plan with any particular scenario.</td><td>Director of Finance</td><td>January 2023</td></tr><tr><td></td><td></td><td></td></tr></table>			Action	Lead	Date	ICP presented for discussion at MG 15.12.2022 – There was a consensus that scenarios which did not provide for unavoidable growth, inflationary pressures and known recurrent activity levels would not be palatable as this would create further financial risk in the already constrained system	Director of Finance	15 December Completed	A workshop to specifically focus on the scenarios has been arranged for Joint Committee members on the 10 January 2023. WHCC will present a matrix of plan uplift scenarios to JC where uplift required ranges between 1.87% - 3.89%, articulating the associated risks inherent in aligning plan with any particular scenario.	Director of Finance	January 2023			
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Additional comments: ICP presented for discussion at MG 15.12.2022 – There was a consensus that scenarios which did not provide for unavoidable growth, inflationary pressures and known recurrent activity levels would not be palatable as this would create further financial risk in the already constrained system. ICP to be presented to JC on 10.01.23 includes two further scenarios to the MG presentation: 1. Powys HB requested scenario with no new CIAG and 1% welsh provider efficiency applied. 2. An offsetting dis-investment in Cardiac Surgery is made to offset recurrent growth pressures in TAVI and reflect recurrent performance.																	

NEW RISK Risk Ref: 42 Referrals for adults with an eating disorder/disordered eating (MH/21/15) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)			Director Lead: Director of Mental Health Assuring Committee: Joint Committee Reviewed Assurance												
Risk: There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.			Date Added to Register: 14/12/22		Date Last Reviewed by: CDGB 30/12/22										
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>5x3</td><td>15</td></tr><tr><td>Current</td><td>5x3</td><td>15</td></tr><tr><td>Target</td><td>4x2</td><td>8</td></tr></table>			Initial	5x3	15	Current	5x3	15	Target	4x2	8	<div>Add Graph</div> <div><div>Risk Rating</div><div>Dec-22</div><div>Risk Rating Target</div></div>		<div>Groups discussed risk during period</div> <div>Commissioning Team 28/09/22 Commissioning Team 24/10/22 Commissioning Team 21/12/22</div>	
Initial	5x3	15													
Current	5x3	15													
Target	4x2	8													
<div>What controls have we put in place for the risk:</div> <div><ul style="list-style-type: none">The situation has been reported and discussed internally at WHSSC and regular updates provided to CDGB. CDGB have agreed an interim contract which is currently in place.WHSSC are working closely with the NCCU to scope and consider the current arrangements to help inform discussions.Informal discussions are on-going with providers from the independent sector.A recommendation for a medium terms solution to be agreed and implemented.</div>			<div>What actions should we take:</div> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Secure alternative contract following notice given for NHS England contract</td><td>Senior Planner/Shane Mills</td><td>Complete</td></tr><tr><td>Medium Term solution to be discussed and implemented</td><td>Senior Planner / Shane Mills</td><td>April 23</td></tr></table>			Action	Lead	Date	Secure alternative contract following notice given for NHS England contract	Senior Planner/Shane Mills	Complete	Medium Term solution to be discussed and implemented	Senior Planner / Shane Mills	April 23	
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Medium Term solution to be discussed and implemented	Senior Planner / Shane Mills	April 23													
<div>Additional comments:</div> <div>December 22 – Risk score agreed and added.</div> <div>This risk relates to the current interim situation for the commissioning of Adult ED beds whilst a medium term solution is being sought through the appointment of a tender to provide ED Adult services for the next 2-3 years from April 23. The longer term options will be considered via the MH Strategy.</div>															

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 JUNE – DECEMBER 2022

The Joint Committee last considered the CRAF on the 12 July 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), the Integrated Governance Committee (IGC) and the Quality and Patient Safety Committee (QPSC).

A summary of changes made since June 2022 – December 2022 is outlined below:

1. New Risks

- 1 new commissioning risk was received during this period and within the period the Risk was lowered to a 12 and also de-escalated from the CRAF,
- 2 new WKN risks,
- 1 Corporate Services risk,
- 1 Mental Health risk.

Ref	Initial Score	Score as of Dec	Date added to CRAF	Rationale
Risk 37 (IF09) Intestinal Failure There is a risk that Calea supplies will be impacted due to staffing levels either within the compounding unit or the nursing team, which as a consequence will lead to disrupted patient care and impact on clinical activity within local teams.	20	12	June 2022	Rationale for new risk – risk of disrupted supplies due to staffing issues Rational for de-escalation - Calea are no longer in contingency and the contract has been renewed.
Risk 39 (WKN06) Renal Funding: There is a risk that there is an inability to meet service demand through ring fenced budget allocations and life maintaining treatment may not be available. As a	12	16	Oct 2022	The cost of living pressures impacting of the inflationary uplifts requested by the ISPs.

Ref	Initial Score	Score as of Dec	Date added to CRAF	Rationale
consequence additional investment required through ICP process to sustain current services and manage growth and inflationary uplifts.				
Risk 40 (WKN 08) Limited outpatient dialysis capacity in Swansea There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. As a consequence there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.	12	16	Nov 2022	The known cost of living pressures that may adversely impact overall affordability.
Risk 41 (CS14) Corporate Services Financial Climate Risk There is a financial climate risk across the NHS as currently Health Boards are reporting large deficits and the annual allocation uplift anticipated will not meet the current inflationary costs pressures. Therefore the uplift required for the WHSSC ICP might not be met by Commissioning Health Boards.	16	16	December 2022	Health Boards are reporting large deficits and the annual allocation uplift anticipated will not meet the current inflationary costs pressures. There is a volatile financial climate at present across the NHS.
Risk 42 (MH/21/15) Mental Health Referrals for adults with an eating disorder/disordered eating	15	15	December 2022	Significant changes to NHSE and a loss of contract has put additional pressure on these limited services.

Ref	Initial Score	Score as of Dec	Date added to CRAF	Rationale
There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.				

2. Escalated Risks

4 risk were escalated during this period.

- 1 Corporate Services risk,
- 2 Mental Health risk,
- 1 Women and Children risk.

Ref	Initial Score	Score as of Dec	Date added to CRAF	Rationale
Risk 28 (CS3 / CD01) Corporate Services Workforce and Capacity There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB's or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work	16	16	December 2022	The score was increased from 12 to 16 as there remains workload challenges across the organisation.

Ref	Initial Score	Score as of Dec	Date added to CRAF	Rationale
Risk 24 (MH/21/09) Mental 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	20	December 2022	Risk increased from 15 to 20 to reflect current service pressures in this area.
Risk 34 (P/21/02) Women and Children Lack of Paediatric Intensive Care Beds 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.	16	20	December 2022	Score has increased from 16 to 20 as service have been in a period of surge throughout December the risk score has increased.
Risk 35 (MH/21/06) Mental Health Bed Capacity Mental Health Patients	9	16	December 2022	During the reporting period the risk was initially de-escalated from the CRAF and

Ref	Initial Score	Score as of Dec	Date added to CRAF	Rationale
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 a consequence may result in inappropriate placement.				the score lowered from 16 – 12. In December 2022 the risk score increased from 12 to 16 to reflect pressures in the NHSE medium secure bed provision.

3. De-escalated Risks June –December 2022

5 risks have been de-escalated during this period.

- **1** Intestinal Failure – see above under new risks section,
- **3** Mental health risks – Risk 35 was lowered in September 2022 then escalated again in December – this appears in the escalated risk section, and
- **1** Neurosciences risk.

Reference	Initial Score	Score as of Dec	Date de-escalated	Rationale
Risk 9 (NCC049) South Wales neurosurgery waiting times There is a risk that the providers for south Wales neurosurgery cannot meet the waiting times target due to environmental and workforce issues, with a consequence that patients in south Wales are waiting in excess of the agreed waiting times for Neurosurgery which has the risk of them having to undergo	16	12	October 2022	Theatre and bed capacity was reinstated from Sept 2022 close to pre-COVID levels.

Reference	Initial Score	Score as of Dec	Date de-escalated	Rationale
unnecessary repeated radiological scans.				
Risk 22 (MH/21/05) 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, as a consequence may result in inadequate services for children	16	9	October 2022	The commissioning team agreed reduction in risk to 3 x 3 given mitigations now in place including staff resilience plan, service specification, routine monitoring and transparency over staffing establishment. The service was de-escalated to Level 2 in December 2022.
Risk 25 (MH/21/12) Welsh Gender service There is a risk that adults waiting to be seen in the Welsh Gender service will have their treatment delayed due to service waiting times with a consequence of deteriorating mental health.	15	12	October 2022	The Commissioning team agreed to lower the risk to 4 x 3 to reflect mitigations now in place. Impact reduced by 1 to reflect work of peer support team on supporting people on the waiting list and CIAG investment that has increased capacity. Likelihood remains the same as the waiting list remains over 2 years and referrals remain higher than anticipated.

4. Closed Risks

3 red risks were closed during the reporting period.

Reference	Initial Score	Score as of Closing	Date Closed	Rationale
Risk 27 (P/21/15) 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	July 2022	Cots that were formally closed are now reopened, formal confirmation received from Childrens Hospital General Manager in July 2022. Womens and Children Commissioning team agreed to close risk.
Risk 32 (MH/21/11) Adults with an eating disorder There is a risk that referrals for adults with an eating disorder/disordered eating, will increase due to COVID-19. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.	10	16	October 2022	This risk has now changed and as such removed from the register and replaced by Risk 42. See above.
Risk 36 (NCC058) 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	20	20	October 2022	The Commissioning team closed the risk. Certificate of assurance issued in September. The company continue to work towards ISO 27001 certification and expect to have this in place by early 2023. Risk score was 20 but de-escalated and closed as target score achieved.

Reference	Initial Score	Score as of Closing	Date Closed	Rationale
have to refer to the PACS to PACS transfer method, with potential to cause harm to patients				

Risk Appetite Statement 2023

1. Introduction:

Public sector organisations cannot be culturally risk averse and be successful. Effective and meaningful risk management in government remains more important than ever in taking a balanced of risk and opportunity in delivering public services. Risk management is an integral part of good governance and corporate management mechanisms. An organisation's risk management framework harnesses the activities that identify and manage uncertainty, allows it to take opportunities and to take managed risks not simply to avoid them, and systematically anticipates and prepares successful responses. A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is the conscious and dynamic determination of the organisation's **risk appetite**.¹

WHSSC should make a strategic choice about the style, shape and quality of risk management and should lead the assessment and management of opportunity and risk. The Joint Committee should determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives - **its risk appetite** - and ensure that planning and decision-making reflects this assessment. Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks and ensure transparency over the principal risks faced and how these are managed.²

2. Risk Appetite Matrix

WHSSC has adopted the following Risk Appetite Matrix which is based on our host body statement:

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimalist	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

¹ Government Finance Function – Risk Appetite Guidance Note – August 2021 – V2.0

² The Orange Book – Section A

3. Risk Appetite Statement

WHSSC's proposed risk appetite has been defined following consideration of organisational risks, issues and consequences. To assess risk appetite the [Good Governance Institute's Matrix for NHS Organisations](#) has been followed – **see Appendix 1**. Appetite levels will vary, in some areas our risk tolerance may be cautious in others we may be eager for risk and are willing to carry risk in the pursuit of important strategic objectives. WHSSC will always aim to operate organisational activities at the levels defined below.

Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Joint Committee for ratification.

Type of Risk	Risk Appetite
Innovation/Quality Outcomes	WHSSC has adopted a Cautious stance for quality and safety risks, with a preference for safer delivery options, tolerating a cautious degree of residual risk and choosing the option most likely to result in successful delivery, high quality care and value for money services to its population.
Reputation / Adverse Publicity (Trust in Confidence) risks	WHSSC has adopted a Cautious stance for reputational risks, with a preference for safer delivery options, tolerating a cautious degree of residual risk and choosing the option most likely to result in successful delivery, high quality care and value for money services to its population.
Business Continuity risks	WHSSC has adopted a Cautious stance for Business Continuity Risks. The Joint Committee will receive ongoing assurance from the testing of business continuity plans
Compliance/Regulatory risks	WHSSC has adopted a Cautious stance for Legal, Regulatory and Compliance risks, seeking a preference for adhering to responsibilities and safe delivery options with little residual risk. The joint Committee will receive assurance that compliance regimes are in place
Data and Information Management risks	WHSSC has adopted a Cautious stance for data and information management risks seeking a preference for adhering to responsibilities and safe delivery options with little residual risk. There is acceptance for the need for operational effectiveness with risk mitigated through careful management of information sharing and limiting distribution
Financial stability risks/VFM	WHSSC stance for financial risk is varied as follows: <ul style="list-style-type: none"> ▪ Averse for financial propriety and regularity risks with a determined focus to maintain effective financial control framework accountability structures. ▪ Averse – in terms of risks related to WHSSC qualification of accounts, associated process and deviation from reporting timescales. ▪ Minimal – as to risk relating to breaching individual control totals. ▪ Cautious – in relation to the WHSSC budget spend with the intention that it should maximise the use of resource each year. WHSSC will seek safe delivery options with little residual risk that only yield some upside opportunities. WHSSC would receive ongoing assurance through reporting structures that policies and procedures are in place to comply with HMT guidance.
Assets and Estates risks –	WHSSC has adopted Cautious and Open stances for assets and estates respectively, seeking value for money but with a preference for proven delivery options have that a cautious residual risk. this means that WHSSC will use solutions for purchase, rental, disposal, construction, and refurbishment that ensures it protects the public purse from as much risk as possible, producing good value for money whilst fully meeting organisational objectives.
Technological advances	WHSSC has adopted an Open stance for risks associated with technological advances accepting that system and technology developments can enable improved delivery. Responsibility for non-critical decisions may be devolved in accordance with the Scheme of Delegation. Plans aligned with functional standards and organisational governance.

3. Monitoring and Reporting

In accordance with the WHSSC Risk Management Strategy the Joint Committee will review its risk appetite on an annual basis to ensure that progress is being made toward the 'risk appetite' WHSSC wishes to achieve.

Risk Appetite for NHS Organisations

A matrix to support better risk sensitivity in decision taking

Developed in partnership with the board of Southwark Pathfinder CCG and Southwark BSU – January 2012



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

DRAFT



Report Title	All Wales Positron Emission Tomography (PET) Programme Update	Agenda Item	3.8
Meeting Title	Joint Committee	Meeting Date	17/01/2023
FOI Status	Open/Public		
Author (Job title)	Programme Design and Delivery Lead Assistant Director, Evidence Evaluation		
Executive Lead (Job title)	Managing Director, Programme SRO		

Purpose of the Report	The purpose of this report is to provide an update on the All Wales Positron Emission Tomography (PET) Programme, including an assessment of clinical demand and growth for PET scanning in Wales and requests support for the recommendation to Welsh Government (WG) that a fourth scanner will be needed to meet predicted scanning demand.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" 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,
- **Consider** and **approve** a recommendation to Welsh Government (WG) (Programme Sponsor) for a fourth fixed PET scanning site within Wales, based upon up-to-date assessment of clinical demand, which confirms growth is in line with that described in the original Programme Business Case (PBC); and
- **Receive assurance** that there are robust processes in place to ensure delivery of the All Wales Positron Emission Tomography (PET) Programme.

ALL WALES POISTRON EMISSION TOMOGRPAHY (PET) PROGRAMME BOARD UPDATE

1.0 SITUATION

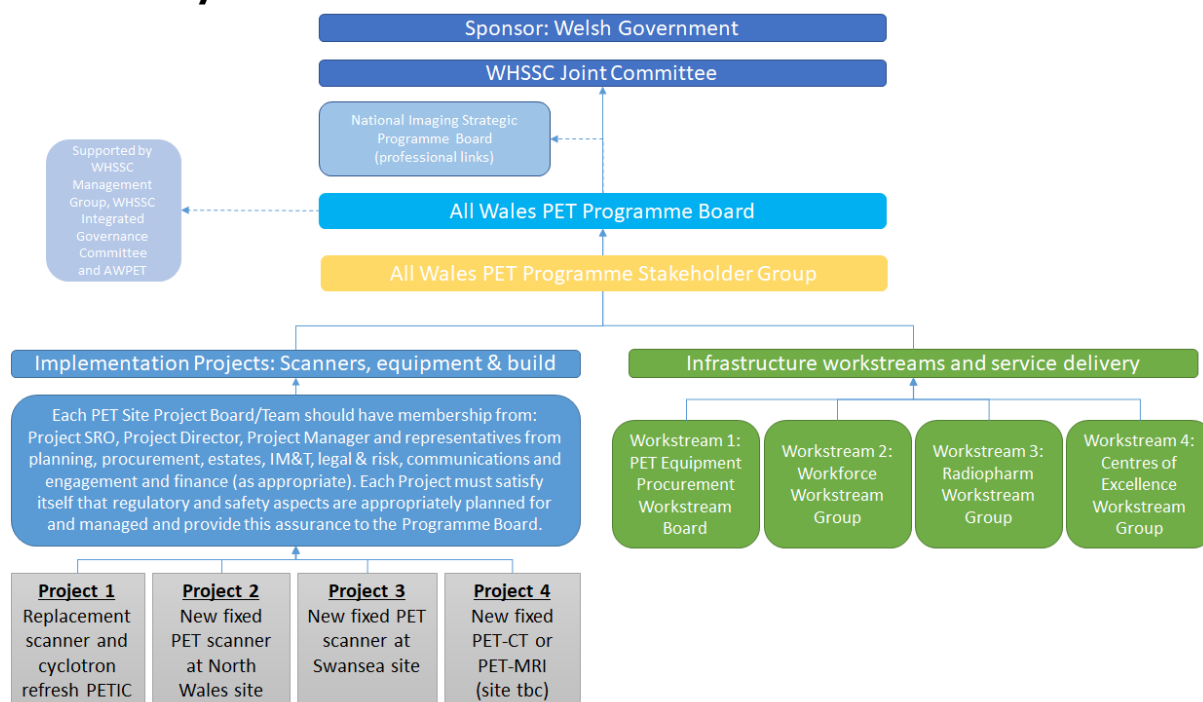
The purpose of this report is to provide an update on the All Wales Positron Emission Tomography (PET) Programme, including an assessment of clinical demand and growth for PET scanning in Wales and requests support for the recommendation to Welsh Government (WG) that a fourth scanner will be needed to meet predicted scanning demand.

2.0 BACKGROUND

Following support and scrutiny from all Health Boards (HBs), the All Wales PET Programme Business Case (PBC) was endorsed by WG in August 2021. Subsequently, WG requested that WHSSC continue to “hold the ring” for this national Programme, and Dr Sian Lewis was appointed as Programme Senior Responsible Officer (SRO) and a small Programme Management Office (PMO) was introduced at WHSSC to oversee and facilitate the Programme in April 2022.

The revised Terms of Reference (ToR) for the All Wales PET Programme Board were approved on 25 July 2022 (**Appendix 1**). The Board provides an assurance and oversight function for the Welsh Government Sponsor (Figure 1).

Figure 1. Programme structure to deliver the organisational accountability



Capital replacement projects are ongoing at each PET site: Swansea Bay UHB (SBUHB), Betsi Cadwaladr UHB (BCUHB), and the PET Imaging Centre (PETIC), **Cardiff** University, based at the University Hospital for Wales (UHW). The location of any fourth scanner, if agreed, is still to be determined. There are four supportive workstreams, which carry out facilitative infrastructure works (Figure 1).

In line with the reporting and assurance arrangements of the All Wales PET Programme Board, this report serves to update Chief Executives and Health Boards (HBs) on Programme progress via the WHSSC Joint Committee through submission of minutes (**Appendices 2, 3 and 4**). An update on status across the Programme is included below.

3.0 ASSESSMENT

Detailed updates can be found in the minutes from the last three All Wales PET Programme Board meetings held in July, September, and December 2022 (**Appendices 2, 3 and 4, respectively**). However, a summary of progress from each structure within the Programme is provided below:

3.1 Project 1 PETIC (Cardiff University, based at UHW)

The tender process for a replacement PET scanner has concluded and Cardiff University (PETIC) have placed an order with GE Healthcare. In addition to their Project Board, a task and finish contingency planning group has been set up, reporting to the Project Board. This group is focussing on preparing the service for the period of “downtime” in Cardiff during the scanner replacement. Membership of the group includes staff from Cardiff University, WHSSC and CVUHB and four meetings have taken place since spring 2022.

Effective collaboration between SBUHB and PETIC has been key to this contingency planning, with the mobile scanner at SBUHB expected to “ramp up” their activity to offer additional capacity for PETIC referrals. The contingency planning group had been focussed on SBUHB taking the majority PETIC referrals during the scanner downtime. This was based on advice that no mobile scanning pads in south east Wales were available or geared-up for the radioactive legislative and regulatory requirements associated with PET.

Furthermore, the PETIC were recently informed that the mobile pad outside of the A&E department at UHW is now available if the existing mobile MRI scanner (which is not in use) is moved. PETIC are keen to explore the option of mobile scanner provision on site at UHW and recently arranged a site visit and assessment of the mobile pad site by a mobile scanner provider.

The tender for the Pharmaceutical Consultant who will advise on the capital replacement at the PET radiopharmaceutical manufacturing facility has been delayed due to contract negotiations and the requirement for a Good

Manufacturing Practice (GMP) audit to take place. An award is expected soon. This appointment will inform planning for the hot cell and ion source replacement at the manufacturing facility. Work surrounding the additional uptake rooms at UHW is being expedited.

3.2 Project 2 BCUHB

In October 2022, BCUHB completed two procurement tenders:

- external support for the site selection option appraisal process; and
- a cost advisor and other estates/capital planning support.

On the 30 November the Project Board, assisted by an external partner (Archus), held an online workshop with a wide range of stakeholders for the options appraisal aspect of their Nuclear Medicine Consolidation project business case. This engagement event invited views on the consolidation of the three current nuclear medicine sites and the fixed PET scanner in to either a single hub, or a hub and spoke model. Further discussion was had surrounding site feasibility (practical considerations), workforce and patient experience.

Attendees were asked to vote on their preferred options after the meeting. We await the outcome of this exercise.

Discussions are ongoing between the interdependent TRAMS Programme, with a decision in principle to collocate the radiopharmacy with the proposed nuclear medicine site. This will be considered as an additional factor in site selection. The Nuclear Medicine facility will not likely be “live” at BCUHB until mid-2025.

3.3 Project 3 SBUHB

The SBUHB Project Board are writing their business case and are finalising the estates requirements for the associated modular build. The plan is to construct a modular PET building alongside the existing cancer centre, and they will be going out to tender for this build in early 2023. SBUHB will be submitting a fully tendered business case to WG in spring 2023, with a view to having a fixed scanner “live” in Jan/Feb 2024. At the time of writing, there are minimal issues facing this Project and a full planning application will be submitted to the local Council soon. Local discussions about patient flow are ongoing.

3.4 Project 4 (TBD)

Actual vs. modelled PET scanning demand

To inform the original PBC, an expert clinical group carried out demand modelling (Table 1). This evidence-based model predicted a 20% year on year growth in clinical demand. The PBC noted that Wales would require a fourth PET scanner by 2026-27, where demand could outstrip service provision at the three other sites.

During 2021-2022, the total number of PET scans in Wales realised a growth rate of 37.8% with 5,327 scans completed (Table 2). This is above the 20% (5,207 scans) that was predicted. It is possible that there was a COVID-19 “bounce-

back” in referrals, as the healthcare system made moves to return to pre-pandemic functionality.

Table 1. Summary of likely clinical demand for PET scans across Wales based on 20% underlying annual growth in activity (*taken from the All Wales PET PBC*)

Year	South East Wales Demand	South West Wales Demand	North Wales Demand	Projected All Wales Demand
2021	2629	1434	1144	5207
2022	3155	1721	1373	6249
2023	3786	2065	1647	7498
2024	4543	2478	1976	8998
2025	5452	2974	2372	10789
2026	6542	3569	2846	12957
2027	7851	4282	3415	15548
2028	9421	5139	4098	18658
2029	11305	6167	4918	22390
2030	13566	7400	5902	26868
2031	16279	8880	7082	32241

Red cells highlight where clinical demand outstrips current service provision. **Amber** cells denote where clinical demand may outstrip mobile provision at SW and N Wales and digital scanning provision at PETIC. **Purple** cells denote where clinical demand may outstrip digital scanner provision at all three sites.

The clinical demand model projected an all-Wales demand of 6,249 PET scans in 2023. Based upon the actual scanning demand realised to date (up to and including month 8, November), the predicted 2022-23 scanning numbers are 5,940 (Table 2). These projected numbers are inclusive of the new clinical indications within the WHSSC commissioning policy, CP50a¹. The revised CP50a policy was published in July 2022, so only a part year effect of the new indications agreed in 2021 will apply.

A projected scan number of 5,940 for 2022-23 is within 5% of the originally modelled demand of 6,249. This extrapolates to an annual growth of 11.5% from 2021-22, however this is a mid-year forecast and currently PETIC is reporting a spike in demand. In addition, demand has been constrained by mobile scanner breakdowns in Swansea and Wrexham and issues with some radiopharmaceutical (PSMA) supply affecting activity at all sites.

¹ WHSSC, Specialised Services Commissioning Policy: CP50a, Positron Emission Tomography (July 2022)

Table 2. Actual number of PET Scans per year

Year	PETIC, Cardiff (South East)		Wrexham (North Wales) 2 days per week		Swansea (South West) 2 days per week		Total no. PET scan
	NHS Scans	Growth	NHS Scans	Growth	NHS Scans	Growth	
2010-11	675	n/a					675
2011-12	1,285	90%					1,285
2012-13	1,417	10%					1,417
2013-14	1,619	14%					1,619
2014-15	1,920	19%					1,920
2015-16	2,119	10%	794	N/A			2,913
2016-17	2,263	7%	784	-1%			3,047
2017-18	2,318	2%	763	-3%			3,081
2018-19	2,667	15%	771	1%			3,438
2019-20	2,939	10%	819	6%			3,758
2020-21	2,206	N/A*	891	9%	768 [#]	N/A	3,865
2021-22	2,624	18.9%	1296	45%	1,407	83%	5,327
2022-23	1982 to Month 8 (2,973 projected)	Projected 13.3% growth	919 to Month 8 (1,379 projected)	Projected 6.4% growth	1032 to Month 8 (1,548 projected)	Projected 10% growth	Projected 5,940 [@] (11.5% growth)

*Fall in activity due to Covid-19 and provision of new capacity at Swansea from July 2020.

[#] Scanner at Swansea was opened in July 2020.

[@]Half year myeloma and anal cancer numbers included [estimated number of new scans per year for myeloma is 75 and anal cancer is 5. Thus 40 added to current scan-based predictions].

Programme Board review and recommendation for a fourth PET scanner

An initial discussion paper on the need and timing of a fourth PET scanner in Wales was submitted to the September All Wales PET Programme Board. After reviewing the original clinical demand model estimate of 20% annual growth in PET scans across Wales (Table 1), alongside real-time activity over the past two years (Table 2, but inclusive of month 4 data), there was general consensus by the Programme Board that sufficient clinical demand will emerge to warrant the need for a fourth PET scanner in Wales. This consensus was reached not only by agreement of the clear growth in demand, but also through expert opinion that the demand for PET will further increase due to expansion of PET in clinical indications outside of cancer, such as cardiac and Alzheimer's scanning, in the future (**Appendix 3**).

At the December All Wales PET Programme Board, members reviewed a second paper that set-out a range of potential approaches and methodology for selecting the site of a fourth scanner (**Appendix 5**). On a further review and after

thoroughly scrutinising demand predictions (as above), there was again consensus in both the Stakeholder Group and Programme Board that growth levels were in line with those included in the PBC. (**Appendix 4**).

Discussion was held on the process for selecting the site of a fourth scanner (**Appendix 4**). Members agreed that a process should include an initial request for expression of interests, and that this should include an assessment of feasibility based upon practical aspects of delivering a service that requires radioisotopes (for example, workforce, RPA, RWA, travel time of radiopharmaceuticals, room requirements).

Overall, there was agreement that a clear process and evidence-based selection criteria should be in place to justify decision making. Members noted a requirement for transparency of the methodology and managing expectations of all stakeholders.

If the Joint Committee support the All Wales PET Programme Board recommendation that a fourth PET scanner is required, then a subsequent update will be provided to Joint Committee (March 2023) with a proposed recommendation on the process for site selection.

3.5 Procurement Workstream

The Procurement Workstream has made significant progress in defining the PET scanner specification and evaluating the Swansea and North Wales Projects. This has involved significant collaboration between NWSSP, SBUHB and BCUHB colleagues. The tender for this is now live and bids are undergoing evaluation, with a view to concluding in early 2023.

3.6 Workforce Workstream

The need to future-proof this specialised workforce is a critical factor in developing and delivering this highly specialised, highly technical and highly regulated scanning technique.

Several workforce workstream meetings have taken place and the ToR have been approved by the Imaging Workforce Education Group (IWEG), which reports into the National Imaging Programme Strategy Board (NIPSB). Building upon the costed gap analysis that accompanied the original PBC, focus has initially been on mapping local workforce, assessing workforce plans and looking at training spaces for some of the individual professional groups within the highly specialised workforce.

The workstream aims to provide PET training knowledge for the existing workforce and commission entry grade roles to top and backfill the current workforce. Furthermore, the group is near the completion of a document that further describes the current PET workforce status, requirements, gaps, and the workforce pipeline. This document will also map, for the first time in Wales, the

career pathways and required training routes associated for the specialist PET workforce.

Through the group meeting, two additional STP Medical Physics trainees have been secured at Velindre NHS Trust.

3.7 Radiopharmaceutical Workstream

Several radiopharmaceutical workstream meetings have taken place. There is significant stakeholder buy-in and enthusiasm for this workstream. We are currently revisiting the scope and aims of the group, to ensure that the deliverables are aligned with the individual Projects and wider Programme.

This workstream will be focused on the assured supply of radiopharmaceuticals for PET, which will include procurement for the short-term supply. The intention is to run a joint procurement process between NWSSP, SBUHB and BCUHB in 2023. Horizon scanning for the mid-longer term will be carried out by members of the Radiopharmaceutical Workstream, which includes academic partners.

3.8 Centres of Excellence Workstream

The Centres of Excellence work stream ToR are drafted, and membership will be canvassed shortly.

3.9 Other enabling work

A discrete task and finish group, led by the WHSSC PET PMO, was set up to develop an electronic referral form (ETR) for PET. Scoping and assessment has taken place, and a workshop held in November with broad stakeholder engagement.

A proposal for this important piece of work was approved in December 2022 by both the All Wales PET Programme Board and the Radiology Subject Matter Expert Group at DHCW. This will involve use of some underspend (£32,000) from the Welsh Government PET PMO budget and the work will begin in spring 2023.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Consider** and **approve** a recommendation to Welsh Government (WG) (Programme Sponsor) for a fourth fixed PET scanning site within Wales, based upon up-to-date assessment of clinical demand, which confirms growth is in line with that described in the original Programme Business Case (PBC); and
- **Receive assurance** that there are robust processes in place to ensure delivery of the All Wales Positron Emission Tomography (PET) Programme.

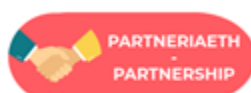
Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item.
Link to Integrated Commissioning Plan	N/A
Health and Care Standards	Governance, Leadership and Accountability Staff and Resourcing Effective Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	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. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Improved quality of service and patient experience with new scanning facilities
Finance/Resource Implications	WG £25M capital spend.
Population Health	Improved patient outcomes.
Legal Implications (including equality & diversity, socio economic duty etc)	The Terms of Reference (ToR) of the All Wales PET Programme Board states that the Joint Committee is the assuring Committee for the programme. There are no legal implications highlighted in this report.
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 – 30 December 2022
Appendices	Appendix 1 – Terms of Reference of the All Wales PET Programme Appendix 2 – Minutes from the July 2022 Programme Board Appendix 3 - Minutes from the September 2022 Programme Board Appendix 4 - Minutes from the December 2022 Programme Board

	Appendix 5 - 4th PET Site Scanner Site Selection Process-SBAR Paper
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All Wales Positron Emission Tomography (PET) Programme Board

Terms of Reference

Version: 0.28
September 2022



Document information	
Document purpose	Terms of Reference
Author	All Wales PET Programme Manager
Approved by	All Wales Positron Emission Tomography – Computer Tomography Strategic Programme Board
Publication date	September 2022
Review Date	September 2023

1. Introduction

1.1 The All Wales Positron Emission Tomography (PET) Programme is a national transformational programme, which is looking to create four centres of excellence for PET scanning in Wales. This includes delivering high quality facilities, modern fixed digital PET-CT scanning equipment, a sufficiently trained and future-proofed workforce, an active research, development and innovation network and an assured future supply of radiopharmaceuticals.

1.2 The Programme Business Case (PBC) set out capital funding requirements, in addition to revenue considerations. All seven Welsh Health Boards (HB's) and Velindre University NHS Trust supported the PBC, which was scrutinised by Welsh Government (WG) and endorsed by the Minister for Health and Social Services.

1.3 A PET service is already operational across Wales and is commissioned as a specialised service by the Welsh Health Specialised Services Committee (WHSSC). Therefore the Programme is required to be cognisant of the impact of Programme delivery and be assured that effective planning and expertise is in place to minimise disruption and maximise benefits.

1.4 Capital funding drawn down for the Projects within the Programme will be confirmed following approval of Outline and Full Business Cases (OBC/FBC) or Business Justification Cases (BJCs), as agreed with WG. Funding will be direct from WG to the respective organisation seeking funding support. As such, this Programme Board will oversee the Programme and hold the function of providing the WG Sponsor and the WHSSC Joint Committee with assurance that the structures within the Programme are appropriately managed.

1.5 As delivery of the Projects within the Programme are phased, it is expected that the Projects that complete their capital replacement and associated build prior to other Projects, will continue to participate at the Programme Board to share learning, report on benefits realisation and to participate in the infrastructure workstreams.

2. Accountability

2.1 The All Wales PET Programme Board will be accountable to the WHSSC Joint Committee and will advise the Joint Committee on issues regarding the implementation and delivery of the All Wales Positron Emission Tomography (PET) Programme.

3. Aims of the Programme Board

3.1 The purpose of the All Wales PET Programme Board is to direct and implement the preferred way forward established within the PBC. The

Programme Board replaces the former PET Strategic Programme Board that developed the PBC. The aims of this Programme Board are to:

- Oversee and scrutinise all elements of the Programme, including the Projects and Workstreams;
- Ensure successful delivery of the Programme Benefits, in line with the strategic plans made in the PBC;
- Assure itself that all aspects of the Programme are carried out compliantly and appropriately;
- Support and facilitate shared learning and collaboration;
- Act in a transparent and open manner;
- Act as a strategic group, offering expertise that will link appropriately with external projects/programmes/initiatives that serve as interdependencies to the all-Wales PET Programme; and
- Act as ambassadors and champions of the programme.

4. Duties of the Programme Board

4.1 The duties of the Programme Board are:

1. To establish and maintain the organisational and governance framework for the programme,
2. To satisfy themselves that the Programme is being run in an appropriate manner,
3. To review and approve Programme Documentation, including:
 - The Programme Plan,
 - Programme Approaches,
 - Programme Level Risk and Issue logs,
 - Programme Lessons Learned reports,
 - Updates to the PBC.
4. To review, scrutinise and endorse (when necessary) Project Documentation prior to submission to the Welsh Government, including:
 - Project Scope and Terms of Reference Documents,
 - Project Highlight Reports to Programme Board,
 - Project Business Cases.
5. To review, scrutinise and endorse (when necessary) Workstream Documentation, including:
 - Workstream Scope and Terms of Reference Documents,
 - Workstream Highlight Reports to Programme Board,
 - Workstream Business Cases.
6. To ensure the programme remains in alignment with the strategic needs of the wider service, as outlined in the PBC,
7. To seek assurance from Projects on allocation of funding, and delivery to time, cost and quality,
8. To ensure that the essential standards of quality, safety and performance are maintained,

9. To assure itself that appropriate regulatory arrangements for the delivery of the PET service are in place when the new Project services goes live,
10. To assure itself that all necessary regulatory permissions are obtained in a timely way,
11. To ensure that future PET sites prepare business cases diligently, in line with the approved programme and project plans,
12. To direct or escalate, as may be required, ensuring that all risks and issues are addressed,
13. Work to identify barriers and consider options for removal, which may inhibit timely progress of programme outcomes,
14. To ensure the desired outcomes and benefits of the programme are delivered against a set of defined metrics,
15. Work with all stakeholders and ensure effective communication is established and maintained, by HB's,
16. To ensure that patient views are appropriately considered,
17. Communicate programme progress, benefits and learning to the wider community,
18. To ensure that opportunities around decarbonisation are realised,
19. To ensure that activities are aligned to the Well-being of Future Generations Act (WBFGA),
20. To remain informed of the live PET scanning demand and capacity to inform Programme decisions,
21. To receive post implementation reports, consider lessons learned, and ensure that lessons are incorporated into the remaining Project and Workstream plans,
22. To conclude the implementation programme with a Post Implementation Review, and ensure lessons are documented and disseminated to assist other transformational change programmes in the future; and
23. To participate in all audit and assurance exercises.

4.2 For clarity, the Programme Board is **not** responsible for clinical, regulatory or financial aspects of the PET service or Programme, delivered by each PET site (see Section 6).

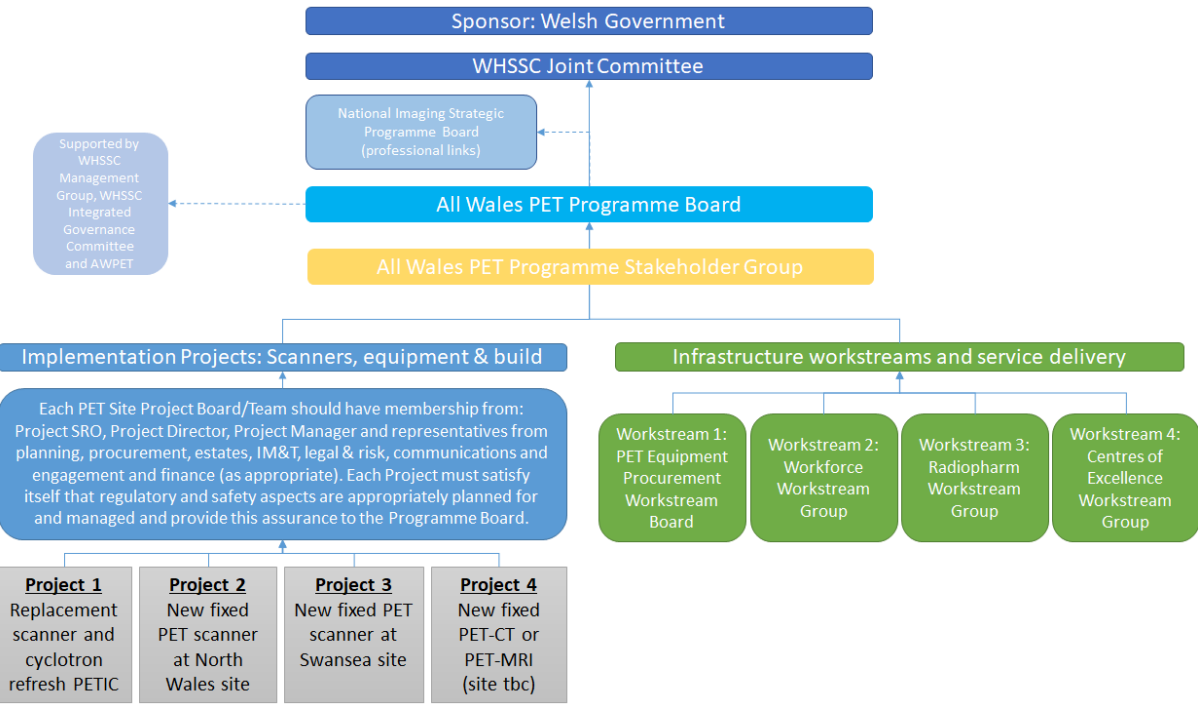
5. Governance and Authority

5.1 The Programme Board members will have the role of impartial scrutiny and challenge. The Programme Board is authorised by the WHSSC Joint Committee and WG sponsor to carry out its duties within this terms of reference. The membership can seek external advice from any source if necessary, taking into consideration issues of confidentiality and standing financial instructions. **Figure 1** provides the structure of the Programme.

5.2 A wider stakeholder group will support the formal Board by consultation, discussion of progress, risks and issues, shared learning and informal representation, whereby the Board listens and scrutinises all topics, in line with their duties (Section 4).

5.3 The Programme Board will be supported by a Programme Management Office (PMO), which is hosted at WHSSC. The PMO is organised according to tailored Managing Successful Programmes (MSP®) principles, to oversee, facilitate and organise the series of Implementation Projects and Infrastructure Workstreams.

Figure 1. Programme structure to deliver the organisational accountability



5.4 The All Wales PET Programme Board has multiple stakeholders, including the Radiology Informatics System Procurement (RISP) Programme and Healthcare Science Transformation Programme. Stakeholder engagement will be managed in line with the Programme Communication and Engagement Strategy. However, a Programme level Highlight Report or verbal update will be submitted on a regular basis to several groups including:

- The AWPET Group is a key professional stakeholder, and acts as an assurance group in satisfying that there is equitable access to safe, effective, sustainable and acceptable PET services for the people of Wales. As such, a Programme level highlight report will be compiled by the PMO and submitted on a regular basis to the AWPET for review and comment;

- The National Imaging Programme Strategic Board (NIPSB) is a key stakeholder as multiple interdependent Programmes also report to this forum. As such, the PET Programme will submit highlight reports to the NIPSB to ensure professional links are maintained and information is shared; and
- The WHSSC Management Group ensures that the necessary national specialist commissioning considerations are met, with all HB's represented collectively. As such, a Programme level highlight report will be submitted on a regular basis to the WHSSC Management Group for review and comment.

5.5 The same Programme level highlight report will be submitted on a regular basis to the WHSSC Joint Committee for oversight. However, the Programme Board can and will escalate any significant issues or risks facing Programme delivery to the Joint Committee, as necessary, at any time. This is inclusive of significant deviations from planned spend, time or quality issues and risks facing individual Projects or Workstreams. The Joint Committee may take or instruct agreed action, or escalate the same to Welsh Government sponsors, where appropriate. More detail can be found in **Appendix 1: Ways of Working**. WG will also be provided with regular assurance updates, as required.

6. Governance and Authority of the Programme Board vs. Project Boards and PET service Providers

6.1 Clinical responsibility resides, as always, with the patient facing statutory organisations of NHS Wales.

6.2 The Programme Board will seek assurance from the Project Boards that quality and regulatory standards are being met; however, the Programme Board will not be responsible for ensuring that these standards are met.

6.3 Each Project Board will be responsible to its host organisation, which is in receipt of the WG capital funds. As such, the All Wales PET Programme Board shall not be responsible for the management of finances.

6.4 Each Project Board is expected to openly participate with the Programme Board. As such, each Project Board will submit a Highlight Report in a timely manner to the bi-monthly Programme Board meetings, in addition to any WG reporting requirements. This Highlight Report will include information and updates on progress for business case development, risks and issues, costs, time and quality. Changes to plans should be managed in line with the change control process, please see **Appendix 1** for more information.

6.5 Each Project Board will need to outline and maintain local reporting to their relevant internal governance routes/bodies.

6.6 Each Project Board will be required to seek endorsement of any business cases from the All Wales PET Programme Board, in addition to local approvals, prior to submission to WG.

6.7 Each Workstream will be responsible to the Programme Board. The scope, plans and outputs of each Workstream must be agreed by the Programme Board and progress reported against each element.

7. Delegated Responsibilities

The Programme SRO is ultimately responsible to WG (Sponsor) for the successful delivery of the All Wales PET Programme, as defined in the SRO appointment letter¹.

As appropriate in programme management, some specific responsibilities are delegated to key individuals within the Programme architecture. Critically, as the capital funds for each Project will be allocated to the PET site by WG, this financial management responsibility is wholly delegated to each responsible Implementation Project SRO. Further delegation includes:

- Each implementation Project has a Project SRO, appointed by their local PET site, who has delegated responsibility for the success of their Project from the Programme SRO and their organisation. The Project SRO is jointly responsible to their local HB/PET site for successful delivery of their Project, inclusive of clinical, quality, safety and regulatory considerations. The Project SROs for each Project are:
 - Project 1 (PETIC): Professor Stephen Riley (Head of the School of Medicine, Cardiff University),
 - Project 2 (BCUHB): Gareth Evans (Clinical Director Therapy Services),
 - Project 3 (SBUHB): Christine Morrell (Director of Therapies and Health Science),
- Each Project has a Project Director and Project Board/Team who are answerable to their Project SRO,
- The Programme SRO has delegated specific tasks to the Programme Delivery Lead (WHSSC), who is responsible for the day-to-day running of the Programme and the PMO; and
- Each Workstream has a Chair, who has delegated responsibility for the outputs of the Workstream:
 - Workstream 1: David Jones (Principal Radiographer, BCUHB),
 - Workstream 2: Sarah Bant (Head of Healthcare Science Transformation, HEIW),
 - Workstream 3: Professor Neil Hartman (Head of Nuclear Medicine, SBUHB); and
 - Workstream 4: Carl James (Director of Strategic Transformation, Planning & Digital, Velindre University NHS Trust).

8. Membership and Individual Responsibility

8.1 The Programme Board will be chaired by:

- Dr Sian Lewis, Managing Director, WHSSC and Senior Responsible Officer (SRO) of the Programme Board.

8.2 In the absence of the Chair, the appointed deputy Chair is:

¹ Wood, N. 2022. Letter to Sian Lewis. 29 March.

- Dr Andrew Champion, Assistant Director, Evidence Evaluation and Effectiveness.

8.3 The membership of the Programme Board is presented in **Table 1**. The professional advisors supporting the Programme Board are presented in **Table 2**. **Table 3** presents membership of the Board's wider Stakeholder Group. The secretariat function is presented in **Table 4**.

8.4 Other members may be appointed, or invited to attend specific meetings as expert advisors as deemed appropriate by the Programme Board. The Programme Board may establish sub-groups to carry out on its behalf specific aspects of the business within its remit.

8.5 Membership of the PET Programme Board will remain under review, and the phased implementation of the PBC, will determine and influence appropriate attendees at each meeting.

8.6 All members are expected to regularly attend meetings and make a serious commitment to participating actively in the work of the PET Programme Board.

Table 1: Programme Board Members

Programme Role	Name and organisation	Responsibility
Senior Responsible Owner (SRO)	Sian Lewis (Managing Director, WHSSC) (Andrew Champion Deputy Chair of the Programme Board)	Accountable for the success of the Programme and is responsible for enabling the organisation to exploit the new environment resulting from the Programme, meeting the new business needs and delivering new levels of performance, benefit, service delivery and value. The SRO owns the vision for the Programme and provides clear leadership and direction and secures the investment required to set up and run the Programme. The SRO is called upon at times of escalation.
Programme Clinical Lead	Martin Rolles, Consultant Clinical Oncologist (SBUHB) and Chair of AWPET	Responsible for providing clinical leadership to the programme, ensuring effective clinical engagement and securing clinical consensus within and outside of the organisation for the improvements identified within the programme.
PETIC site (Project 1)	Project SRO (Professor Stephen Riley; Head of the School of Medicine, CU)	Project SRO: Accountable for the ensuring that the project meets its objectives, delivers the projected outcomes and realises the required benefits. Providing leadership to the delivery of Project 1.
North Wales site (Project 2)	Project SRO (Gareth Evans; Executive Director Of Therapies & Health Sciences)	Project SRO: Accountable for the ensuring that the project meets its objectives, delivers the projected outcomes and realises the required benefits. Providing leadership to the delivery of Project 2.

Programme Role	Name and organisation	Responsibility
Swansea site (Project 3)	Project SRO (Christine Morrell; Director of Therapies and Health Science)	Project SRO: Accountable for the ensuring that the project meets its objectives, delivers the projected outcomes and realises the required benefits. Providing leadership to the delivery of Project 1.
Fourth scanner site	Project SRO	TBC when site selection process is complete.
Finance Leads	Stuart Davies (DoF, WHSSC) Matthew Bunce (DoF, Velindre)	The Finance Lead is responsible for all reviewing and advising the Board on all financial aspects of the Programme. This includes the strategic financial planning for the Programme, financial reporting, and financial risk management.
Estates Lead	Mike Travers (Principal Strategic Estate Advisor, Specialist Estates Services, NWSSP)	The Estates Lead is responsible for reviewing and advising the Board on all estates aspects of the Programme. This includes the strategic planning for the Programme and review of business cases.
Elizabeth Beadle	Planning Lead	Assistant Director of Transformation, CTM HB
Vicki Dawson-John	Quality Lead	Quality Lead, WHSSC
WG Sponsor Representative	Matthew Ager Radiation Lead for Health, Welsh Government	Standing invited observer.

Table 2: Programme Board Advisors In Attendance

Programme Role	Name and organisation	Responsibility
National Procurement Advisor	Samantha Pennington (Deputy Head of Sourcing, Commissioning, Capital & IMT NWSSP-PS)	Responsible for providing professional leadership in matters relating to procurement. A pivotal role in advising on the delivery of an effective procurement process and subsequent contract development. While Projects will be led by Health Boards, this role will be able to bring in resources as needed from NHS Wales Shared Services Partnership – Procurement Services (NWSSP- PS) as dictated by the needs of the Programme.
National Imaging Equipment Advisor	Andrew Ward (Senior Programme Manager Specialist Diagnostic and Therapies Equipment, NWSSP- SES)	Responsible for providing advice and support to the Programme Board and Procurement Workstream and Project Boards (where necessary). A pivotal role in advising on the technical and commercial matters relating to specialist equipment. Responsible for advising on the delivery of optimum commercial deals and strategic partnerships with partners. While Projects will be led by Health Boards, this role will be able to bring in resources as needed from NHS Wales

Programme Role	Name and organisation	Responsibility
		Shared Services Partnership - Specialist Estates Team, as dictated by the needs of the Programme.
Radiation Protection Advisor	Matthew Talboys (Head of Nuclear Medicine, Radiation Protection, Velindre University NHS Trust)	Responsible for supporting the Programme Board and Project Boards with technical and specialist advice, as required. Responsible for providing assurance to the Programme Board on all regulatory and safety aspects. [Chair of the WSAC Medical Physics & Clinical Engineering Sub-Committee: Radiation Protection Standing Specialist Advisory Group].
External Clinical and Technical Assurance Advisor	Wai-Lup Wong (Chair of the National PET-CT Clinical Governance Board)	Responsible for providing independent and expert advice to assure the quality of project outputs and to advise on complex and challenging issues.

Table 3: Programme Board Stakeholder Group

Programme Role	Name and organisation	Responsibility
PETIC site (Project 1)	Director (Professor Chris Marshall)	Project Director: Responsible for the development of business case(s) required to provide an effective PET scanning service at the site. Accountable to the senior responsible owner for the day-to-day management of the project.
	Project Manager (Paul Yeoman)	Project Manager: Responsible for managing the Project through to the delivery of outputs to time, cost and quality. Responsible for providing the Programme Board with updates on Project progress.
North Wales site (Project 2)	Project Director (David Fletcher)	Project Director: Responsible for the development of business case(s) required to provide an effective PET scanning service at the site. Accountable to the senior responsible owner for the day-to-day management of the project.
	Project Manager (TBC)	Project Manager: Responsible for managing the Project through to the delivery of outputs to time, cost and quality. Responsible for providing the Programme Board with updates on Project progress.
Swansea site (Project 3)	Project Director (Professor Neil Hartman)	Project Director: Responsible for the development of business case(s) required to provide an effective PET scanning service at the site. Accountable to the senior responsible owner for the day-to-day management of the project.
		Project Manager: Responsible for managing the Project through to the delivery of outputs to time, cost and quality.

Programme Role	Name and organisation	Responsibility
	Project Manager (Danny Flynn)	Responsible for providing the Programme Board with updates on Project progress.
Fourth scanner site	Project SRO, Director, and Project Manager	TBC when site selection process is complete.
Procurement workstream Lead	David Jones (Principal Radiographer-nuclear Medicine & PET, BCUHB)	Responsible for acting as an effective interface between the Programme Board and the workstream, ensuring that Site Leads are supported and informed.
Workforce workstream Lead	Sarah Bant (Head of Healthcare Science Transformation, HEIW)	Responsible for acting as an effective interface between the Programme Board and the workstream, ensuring that Site Leads are supported and informed.
Radiopharmaceutical Workstream Lead	Neil Hartman (Head of Nuclear Medicine, SBUHB)	Responsible for acting as an effective interface between the Programme Board and the workstream, ensuring that Site Leads are supported and informed.
Centres of Excellence workstream Lead	Carl James (Director of Strategic Transformation, Planning & Digital, Velindre University NHS Trust)	Responsible for acting as an effective interface between the Programme Board and the workstream, ensuring that Site Leads are supported and informed.
Professional Leads	Where professional roles are not represented through existing pan-Wales membership to be sought	Professional leads that require representation: <ul style="list-style-type: none"> Clinical Radiologist (John Pattison), Clinical Technologist, Clinical Oncologist (Martin Rolles), Nuclear Medicine (Neil Hartman), Clinical Scientist, Medical Physics Expert, and Radiographer (David Jones).
PET Service Planning Manager	Luke Archard (WHSSC)	Responsible for reporting live PET scanning demand figures to the Board, assisting and advising on interim arrangements during implementation and other planning.
NHS Health Collaborative Representative	Amanda Evans, Imaging Portfolio Lead	Responsible for acting as an effective interface between the Programme Board and the NHS Health Collaborative.
Patient and Public voice	TBC	TBC
Communication Lead	TBC	Responsible for providing high quality advice on Communications for the Programme.

Table 4: Programme Board Secretariat Function

Programme Role	Name and organisation	Responsibility
Programme Lead	Sarah McAllister, WHSSC	Responsible for providing the interface between Programme ownership and delivery, and is accountable for defining the Programme objectives. Responsible for leading the Workstreams and day-to-day running of the Programme (as delegated by the SRO). Act as the link point for all stakeholders.
Programme Manager	Saja Muwaffak, WHSSC	Responsible for managing the programme delivery and ensuring Project objectives are met within the agreed time, cost and quality constraints. Responsible for providing the interface between Programme and delivery of Projects. Act as secretariat for the Programme Board.

9. Quorum & Attendance

9.1 To allow any formal business to take place the Chair or Deputy Chair and at least 50% of members of the programme board must be present.

9.2 Any senior officer of the HBs or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter that relates to the delivery of the Terms of Reference.

9.3 Should any member be unavailable to attend, they may nominate an appropriately briefed deputy to attend in their place, subject to the agreement of the Chair.

10. Declaration of Interests

10.1 Where individual members of the Programme Board identify an interest in relation to any aspect of business set out in the meeting agenda, that member should declare the interest at the start of the meeting. Members should seek advice from the Chair if they are in any doubt as to whether they should declare an interest.

10.2 The chair will take action as to whether or not the interest declared deems it necessary for the individual to withdraw from discussions on that topic area.

10.3 All declarations of interest made at a meeting will be recorded in the minutes.

10.4 A declaration of interest log shall be maintained by the PMO and reviewed annually.

11. Frequency of meetings

11.1 The Programme Board and the Board Stakeholder Group will meet bi-monthly and will report routinely to the Joint Committee. Each meeting shall be split – with the wider Stakeholder Group meeting for 1-1.5 hours, and the Board convening immediately after and as a “closed” session for 0.5-1 hour. Papers will be circulated within 5 working days of the meeting.

11.2 Any additional meetings will be arranged as determined by the Chair.

12. Minutes of Meetings

12.1 The minutes of the meeting will be formally recorded and agreed as an accurate record of the previous meeting.

12.2 Meeting papers shall be made available to group members and to other attendees (as appropriate), at least five working days before the date of the meeting.

13. Engagement

13.1 The Chair must ensure that the All Wales PET Programme Board decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Programme Board members must demonstrate, through their actions, that their contribution to the decision making is based upon the best interests of the NHS in Wales.

14. Reporting and Assurance Arrangements

14.1 The Chair shall:

- Report formally to the Joint Committee on the Programme Board’s activities and will make recommendations to the Joint Committee on behalf of the Board relating to the PET programme. This includes updates on activity, the submission of minutes and written reports as well as quarterly reports.
- Circulate minutes to HBs via WHSC Management Group.
- Bring any significant matters under consideration by the Programme Board to the Joint Committee’s attention,
- Ensure appropriate escalation arrangements are in place to alert the relevant Director (HB and WHSC, where relevant) of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee.

15. Review

15.1 These terms of reference will be reviewed annually.

Appendix 1. Ways of Working

1. Relationship between Programme Board and Implementation Project sites

The All Wales PET Programme is structured so that the Benefits of the Programme are delivered. It does this through the linking of initiatives, involvement of the correct stakeholders, providing expertise and appropriately demonstrating leadership.

The Programme Board has a role of all-Wales oversight, direction and control of the Programme. However, this is without direct capital resource allocation i.e. the Sponsor (WG) directly allocates funds to the PET sites Projects. As such, the function of the Programme Board is providing the Sponsor and Joint Committee with assurance that there is sufficient control over time, cost and quality, and that risks and issues are being managed appropriately.

However, the Programme Board is situated within WHSSC, who are commissioners of the PET service on behalf of NHS Wales. As service commissioners, WHSSC is responsible for revenue resource allocation, which is a critical consideration of all structures within the Programme architecture.

As such, it is expected that all parties within the Programme architecture will acknowledge the *Ways of Working* for the Programme, including the role played by the Programme Board in Business Cases, Reporting and Change Control. These arrangements and routes of escalation are to the benefit of all stakeholders and provide a structure that permits both flexibility and provides assurances to the necessary parties, in particular the Sponsor (WG).

2. Business Cases

Whilst each Project Business Case is owned by the PET service site, the Programme Board shall actively participate in critical review and feedback on all aspects of the Business Cases. It is expected that drafts of the business cases will be openly shared with the Programme Board in good time for constructive and helpful input. Welsh Government will only accept business cases with endorsement from the All Wales PET Programme Board.

3. Reporting

Reporting is an essential way to ensure that progress is noted and issues identified, hopefully early enough to mitigate against. The Programme Board will supply regular reports on a Programme level to those parties mentioned in Section 4 above. Similarly, each Project and Workstream shall supply regular Highlight Reports to the Programme Board.

To ensure that there is sufficient time for members to read the Highlight Reports, it is expected that they will be submitted to the PMO at WHSSC no later than 8 working days prior to the meeting dates.

4. Change Control

Change control is the process through which all requests to change the approved baseline of a project, programme or portfolio are captured, evaluated and then approved, rejected or deferred. To avoid unnecessary administration, it is important for the process of change control to be appropriate for the level of change impact. Thresholds in which formal change control is required when these tolerances are breached can define this.

At the point in which a threshold may be breached, a formal change control is required. This is a formal, written request that occurs after the parameters of the project have been agreed to or baselined and after the project is underway. Change requests may arise as a result of issues that occur from the management of work or external sources. Issues that result in changes to scope or any other part of the baseline plan are progressed through change control.

Change control is of particular importance when the project is part of a larger programme or portfolio, such as the All Wales PET Programme because the consequential effects of unmanaged change may be far-reaching within the Programme and to business-as-usual activities.

For clarity, local threshold limits for each host Health Board/PET site will be in accordance with their respective SFIs. However, it is expected that notification of the threshold breaches are included in the regular reporting to Programme Board. The Programme Board role will be to inform both the Joint Committee and Welsh Government (Sponsor), as detailed in the Table 3 below. The process for change management typically has the following steps:

- Project/Programme Manager log the change in relevant change log.
- Initial evaluation where the change is reviewed.
- Necessary approval routes sought, in accordance with PET site respective local threshold limits and notification to the Programme Board as described in Table 3.
- A formal Change Request includes detailed evaluation of the impact on baseline success criteria, benefits, scope, quality, time, resources, costs, risks, stakeholder engagement or any other criteria important to achieving the business case are considered.
- A recommendation is made to the Local Governance and/or Programme Board, Joint Committee or Sponsor to approve, reject or defer the change.
- The schedule and budget plan is updated if a change is approved.
- Implementation where the necessary actions are taken and monitored.

5. Risk and Issues

The Programme shall have a maintained Risk and Issues Log for the Programme. This will include Project and Workstream Risks and Issues with a score of ≥ 15 ,

however may include other items pertinent at a Programme level. The Programme Board shall review these at the bimonthly meeting.

All Implementation Projects shall have maintained Risk (costed) and Issues Logs. These should be reviewed regularly at the relevant Project Board/Team meetings. Risk and Issues should be included in the Highlight Report to Programme Board.

Table 3: Thresholds and routes to review of formal change requests

Impact of change (threshold)	Programme Board function
Less than one month change to schedule, and/or ≤£5,000 budget impact	Informed through regular highlight reporting.
Between 1-3 months change to schedule, and/or £5,001 - £25,000 budget impact	Informed through regular highlight reporting. To be formally noted in Programme Board minutes.
Between 3-6 months change to schedule, and/or £25,001 - £100,000 budget impact	Informed through regular highlight reporting. The Programme Lead to ensure notification is included in Programme Board minutes and Programme report to Joint Committee. Programme Manager to assure that local change controls are actioned.
More than 6 months change to schedule, and/or £100,001 - £250,000 budget impact	Noted by Programme Manager or Programme Lead at Project meetings or through 1:1 meetings with key Project/Workstream personnel. Alternatively, informed through regular highlight reporting. The Programme Lead to ensure notification is included in Programme Board minutes and Programme report to Joint Committee. Programme Manager to assure that local change controls are actioned. Programme Lead to ensure that the Sponsor is notified.
More than 9 months change to schedule, and/or ≥£250,001 budget impact	Noted by Programme Manager or Programme Lead at Project meetings or through 1:1 meetings with key Project/Workstream personnel. Alternatively, informed through regular highlight reporting. The Programme Lead to ensure notification is included in Programme Board minutes and Programme report to Joint Committee. Programme Manager to assure that local change controls are actioned. Programme Lead to ensure that the Sponsor is notified.



All Wales Positron Emission Tomography Programme Board

25th July 2022, 13:00am – 15:00pm

Virtual Meeting: TEAMS

Member & Initial	Programme Board Role	Substantive post & organisation
Attendees		
Carl James (CJ)	Centres of Excellence Workstream Lead	Director of Strategic Transformation, Planning & Digital, Velindre NHS Trust
Sarah Bant (SB)	Workforce Workstream Lead	Head of Healthcare Science Transformation, HEIW
Amanda Evans (AE)	Link to wider Imaging Portfolio	Imaging Portfolio Lead, NHS Wales Collaborative
David Fletcher (DF)	Project 2 Director	North Wales Managed Clinical Services Director, BCUHB
Neil Hartman (NH)	Project 3 Director and Radiopharmaceutical Workstream Lead	Head of Nuclear Medicine, Swansea Bay University Health Board
Sian Lewis (SL)	Programme SRO	Managing Director, WHSSC
Sarah McAllister (SMc)	Programme Lead	Programme Lead, PET PMO, WHSSC
Danny Flynn (DFI)	Project 3 Project Manager	Project Manager, Capital Planning, SBUHB
Mike Travers (MTr)	Estates Lead	Principal Strategic Estate Advisor, Specialist Estates Services, NWSSP
Heather Edwards (HE)	Project 3 Business Case Lead	Business Planning Manager, Capital Planning, SBUHB
Samantha Pennington (SP)	Advising on Procurement strategy	Head of Sourcing, Commissioning, Capital & IMT, NWSSP-PS
Saja Muwaffak (SM)	Programme Manager	Programme Manager, PET PMO, WHSSC
Matthew Ager (MA)	Standing invited observer, Sponsor Representative	Radiation Lead for Health, Welsh Government
Chris Marshall (CM)	Project 1 Director	Director, PETIC
Paul Yeoman (PY) <i>(attended part of meeting)</i>	Project 1 Project Manager	Capital and Estates Projects, Cardiff University
Andrew Ward (AW)	Advisor: Specialist Equipment	Senior Programme Manager Specialist Diagnostic and Therapies Equipment, NWSSP- SES
Gareth Evans (GE)	Project 2 SRO	Clinical Director, Therapies & Health Science, BCUHB
Matthew Bunce (MB)	Programme Finance Lead	Director of Finance, Velindre NHS Trust



Aimee Pesticcio (AP)	Minutes	Project Support Officer, PET PMO, WHSSC
Apologies		
Luke Archard (LA)	PET Service Planning Manager	Senior Planning Manager, WHSSC
Martin Rolles (MR)	Clinical Lead	Consultant Clinical Oncologist (SBUHB) and Chair of AWPET
Ian Gunney	Welsh Government Representative	Deputy Director - NHS Capital, Estates & Facilities, Welsh Government
Matthew Talboys (MT)	Advisor: Radiation Protection	Radiation Protection, Velindre NHS Trust
Christine Morrell (CM)	Project 3 (Swansea) SRO	Director of Therapies and Health Science, Therapies And Health Sciences
Andrew Champion (AC)	Deputy SRO	Assistant Director Evidence Evaluation, WHSSC
John Pattison	Clinical Representative	Clinical Radiologist, BCUHB
Stuart Davies (SD)	Programme Finance Lead	Director of Finance, WHSSC
Stephen Riley (SR)	PETIC Project SRO and Chair	Head of the School of Medicine, Cardiff University
David Jones (DJ)	Procurement Workstream Lead	Principal Radiographer (Nuclear Medicine & PET-CT), BCUHB
Wai-Lup Wong (WW)	Advisor: External Clinical and Technical Assurance	Chair of the National PET-CT Clinical Governance Board

Agenda Item	Minutes
1	<p>Welcomes and apologies noted as above.</p> <p>SL welcomed Saja Muwaffak (SM) to the PMO team as the new Programme Manager, with a start date of August 1st.</p> <p>DF welcomed Gareth Evans as the SRO for North Wales Project.</p> <p><u>Declarations of Interest</u></p> <p>SL noted that there are a couple of outstanding DOI's that need to be completed.</p> <p>Action: AP to follow-up directly on outstanding DOI's. [Extended Action 86]</p> <p><u>Minutes from last meeting (Paper 2)</u></p> <p>No comments from attendees and they were accepted as an accurate record.</p> <p><u>Action log (Paper 3)</u></p> <p>SMc gave an overview of the action log, noting that actions relating to risk workshop can be closed as actions completed.</p> <p>SMc gave update on action number 91, noting that she is waiting on final confirmation from DHCW before making a formal request to Welsh Government (WG) to reallocate funds for this piece of work.</p> <p><u>Risk log (Paper 4)</u></p>



	<p>SMc gave overview on risk log, noting that following the risk workshop the log has been updated but not yet scored.</p> <p>SMc commented that the risks have now been separated into project risks and programme risks for more clarity with the programme risks amended following discussion at workshop.</p> <p>Action: SMc to recirculate the risk log with scoring added prior to next Programme Board. [Extended action 87]</p> <p>Action: ALL to review and return comments on risk log, or have discussion with SMc offline, prior to Programme Board. [Extended action 87]</p>
2	<p><u>Terms of Reference (ToR's) (Paper 5)</u></p> <p>SL gave overview of proposal for splitting membership of the Board into a Stakeholder Group and Programme board, to ensure efficiency without losing expertise.</p> <p>SL specified the future format of a 1½-hour meeting with the Stakeholder Group, with final half hour being the Programme Board members as a decision making body.</p> <p>Outcome: There were no comments from attendees, so SL accepted change in membership structure, noting that it will be revisited in future if necessary.</p>
3.	<p><u>Programme Updates</u></p> <p>Project 1 – PETIC (Paper 6)</p> <p>CM gave an overview of Project progress. CM commented that PETIC have changed the procurement approach and will now be using the NHS framework for the PET Scanner procurement. The tender for the pharmaceutical consultant has finished having a preferred supplier, with Philip Scoley at Cardiff University Procurement working towards the next phase in process of appointment.</p> <p>SL queried the timeline for the procurement of the scanner in terms of the wider programme. CM responded the aim is for a decision in September.</p> <p>MTr questioned the lead time of the PET scanner and if the tender was on budget as anticipated. CM stated that the lead-time meant the scanner is expected to be delivered in Summer 2023, but noted that he did not have access to the financial aspect of the tender, as he is not part of the tender evaluation team.</p> <p>SL raised the PETIC downtime and contingency planning with CM noting that there have been initial conversations for Swansea to take on capacity. CM noted that patient projections that would be visiting PETIC are agreed with SBUHB. CM noted there may be 10 scans per week that would need to be performed elsewhere. SMc added that there are monthly meetings between Swansea and Cardiff to ensure all planning is done before the summer and the subsequent scanner downtime.</p> <p>SL queried the financial forecast within PETICs Highlight Report and asked a specific query in on the Project 1 Risk and Issues Log. In answer to the Risk and Issue Log query, CM stated there are issues with supply of steel from Ukraine for the hot cells and an increase in price.</p>



	<p>SL noted that Welsh Government need costing indications and clear financial forecasting. SMC confirmed there is an action for the Project Board to put together a financial profile to ensure a base level for programme assurance.</p> <p>MA confirmed it is essential for a financial profile to be provided even if it was in three separate components.</p> <p>Action: Project 1 Project Board to supply a Financial Profile to Welsh Government and September Programme Board.</p> <p>Action: Project 1 Project Board to refine and add detail to the Risks and Issues Log, for clearer oversight of those identified.</p>
3.	<p><u>Programme Updates</u></p> <p>Project 2 – BCUHB (Paper 7)</p> <p>DF gave brief overview of project, noting that the project board has formally been established with terms of reference and agenda. DF continued by noting the SOC was approved in January 2022. Recent discussions have led to agreement that BCUHB are opting to follow a separate business case approach, with separate OBC and FBC. This is due to technical reasons. There is agreement that funding will be released to prime the FBC process, while the OBC business case was being reviewed to minimise timeline delays.</p> <p>DF stated that a tender had been issued for external support for the formal options appraisal for site location to be facilitated, with plans to begin this work in September this year.</p> <p>DF reiterated that Gareth Evans has been chosen to be SRO for the North Wales project.</p> <p>SL queried the date of North Wales procurement of scanner. SMC commented that the date of BCUHB ordering their scanner versus Swansea ordering their scanner will be picked up within the Procurement Workstream update.</p>
3.	<p><u>Programme Updates</u></p> <p>Project 3 – SBUHB (Paper 8)</p> <p>NH gave an update of the Swansea project, noting that the location for the new PET-CT scanner and building has been finalised, with discussions surrounding patient flow and initial architectural plans underway. NH stated that the architects are presenting to Swansea City Council, as 10% of the new PET facility will encroach on woodland and there is a tree that may house bats. NH confirmed the aim is for Swansea PET facility to up running in December 2023, with staff recruitment to begin in summer 2023 and tenders for constructions and equipment issued end of 2022.</p> <p>HE further clarified in re to the bats on the Singleton campus, noting that there is an ecology survey planned for the area so Swansea can go ahead with pre planning applications to local planners in Swansea. HE confirmed patient flow has been “sorted” and there will be a separate governance structure for the design team.</p> <p>HE further noted that the August Swansea project board meeting will be a Wellness Benefit Realisation Workshop to bring updated operational and construction risks at the next programme board meeting.</p> <p>MTr queried how the early dialogue of the planners was going in relation to the bats, with HE confirming there have been initial conversations between planners and the architects and noted that MTr will be kept in the loop.</p>



3.	<p><u>Programme Updates</u></p> <p>Project 4</p> <p>SMc noted that the original programme plan within the PBC had a yes/no decision point for Spring 2023 as to whether a fourth scanner would be required in Wales. SMc gave further clarification that the decision would be based on up-to-date clinical demand numbers and projections i.e. whether the growth planned in the original model is being realised. SMc asked the group if the date for the decision point should remain or be pushed back as there have been delays across the three current projects.</p> <p>Discussion between members followed:</p> <p>SL opened a discussion about the timelines for the fourth scanner, and if it should remain as planned light of covid recovery and the wider Programme slippage. CM noted that referrals appear to be increasing, and there was agreement across all sites that this was the case. NH noted that it would be sensible for Project 1 (PETIC) to have its scanning facility established, prior to a fourth facility being established.</p> <p>SMc noted that looking at the learning from the current Programme, with scanner delays and hurdles that are being realised so far, there may be benefit to stick to the original plan. CJ noted that capital-related projects can take longer than expected. Furthermore, CJ noted the need for a long run-up period to planning for necessary workforce. He added that there are natural pause and checkpoints through each stage of the business case writing, where need to justify the investments.</p> <p>DF noted that after reflecting on the timescales for bringing these business cases through, he would support the last two or three comments. MA added that he did not think it appropriate to artificially introducing delays, noting that ultimately, a business case will go to Welsh Government for scrutiny and this will be the key and final decision point. MA also noted that as each new fixed scanner comes online, we may realise spikes in demand data, so the Programme would need to be mindful of that fact.</p> <p>Outcome: Group agreed that the decision point for the fourth scanner should stay at Spring 2023. Consensus was for a process to be defined for this and that the correct checks and balances will be done throughout the business case process.</p> <p>SL turned members' attention to the MRC open call for the expressions of interest for total body PET scanners: https://www.ukri.org/opportunity/establish-a-total-body-pet-facility/. SMc noted that this was shared via wider networks and was for discussion incase the group thought an application could be made from a Welsh current or future centre.</p> <p>AW queried what is meant by "total body PET" with CM clarifying a type of scanner specifically for R&D. Discussion followed surrounding if this was an option for the programme's potential fourth scanner.</p> <p>Outcome: Group consensus was that it was not right fit for this programme currently and there are no further actions for this group to take.</p>
4.	<p><u>Programme Updates</u></p> <p>Workstream 1 – Procurement</p> <p>In the absence of DJ, SMc gave brief overview of procurement workstream, noting that there is a technical sup-group to the workstream, which are</p>



	<p>compiling the technical specification and evaluation documents for the new PET CT scanners.</p> <p>SMc raised that the Procurement Workstream group have discussed the “slippage” in the North Wales Project timeline, in the context of the planned joint all-Wales procurement approach. SMc stated that there had been a discussion in the workstream whether an all-Wales approach was still feasible, given that the delay between go lives at SBUHB and BCUHB is getting close to two years. SMc noted that SP had been helpfully advising on caveats could be built into the tender documentation that could facilitate an all-Wales procurement approach.</p> <p>SP echoed SMc and further clarified that while it would best to have a joint procurement approach for economies of scale, it may not be possible with the current timelines of the projects. SP noted that resilience could be built into the tender documents to ensure software updates etc. are included for both sites. SP commented that while not an issue to run two separate procurements, there is a risk issue of a different machine on each site.</p> <p>NH stated that while beneficial for economies of scale by a joint procurement it does not outweigh the risk of pushing Swansea’s timeline to coincide with North Wales and that two different machines is not that much of an issue as it is common across nuclear medicine.</p> <p>DF agreed with earlier comments and noted that North Wales can see the benefits but cannot commit to a decision for joint procurement at this stage.</p> <p>AW stated that decision does not have to made now and continuing the all-Wales approach will still be helpful as we can build a caveat into the tender documentation in such a way that NHS reserve the right to not award pieces of business to suppliers down the line.</p> <p>Outcome: To be revisited in September Programme Board, with a further review on whether a joint procurement between BCUHB and SBUHB remains a feasible option.</p>
4.	<p><u>Programme Updates</u></p> <p>Workstream 2 – Workforce</p> <p>SB stated that ToR’s have been circulated to potential members and a meeting is being scheduled before the next programme board meeting to “kick off” the workstream.</p>
4.	<p><u>Programme Updates</u></p> <p>Workstream 3 – Radiopharmaceuticals</p> <p>NH noted that the first meeting of the radiopharmaceutical workstream has been held, but there were a few absences. NH noted that the ToR’s are out for comments from meeting attendees and that meetings are set monthly.</p> <p>SMc asked whether it would be beneficial for all workstreams to circulate ToR’s to Programme Board.</p> <p>Action: SMc to share each workstream ToR as part of the papers for the September Programme Board.</p>
4.	<p><u>Programme Updates</u></p> <p>Workstream 4 – Centres of Excellence (Paper 9)</p> <p>CJ gave overview of Paper 9 and stated preliminary thoughts were based around what a world class service looks like for PET in Wales and what can</p>



	<p>be done to achieve this. CJ posed a series of questions to the group for discussion with a focus on the groups' opinion on what a world-class service looks like in Wales.</p> <p>SL raised that it would be beneficial to gain input from both patients and staff for what a good service would look like for them.</p> <p>NH noted that there would be a crossover with the radiopharmaceutical workstream with the aim for radiopharmaceuticals to be accessible throughout Wales for the participation of clinical trials. NH commented that Wales has a "community spirit" in regards to ensuring excellence of service.</p> <p>SMc echoed NH comments, noting this workstream is an opportunity for research and development strategy and collaboration. SMc further explained that crossover between workstreams will be built into the benefit baseline along with patient and staff satisfaction via questionnaires.</p> <p>MA commented that he is encouraged by the direction that the workstream is headed.</p> <p>SB noted that the workforce aspect will be twofold, noting the service side and workforce shape and also the individual aspect for where careers are going and what can keep people in Wales.</p> <p>The group expressed support for the workstream.</p> <p>CJ noted his appreciation of comments and the helpful feedback the group provided. SL noted the group supported the direction of travel for this workstream.</p>
5.	<p><u>Benefits Map and Profiles (Paper 10)</u></p> <p>SL noted this would be discussed in September meeting and paper was for information.</p>
6.	<p><u>Programme Critical Path</u></p> <p>SMc stated that from September onwards the programme will take on a more formal function as an assurance body, noting it will be looking specifically at change control for deviations from project plans.</p>
6.	<p><u>AOB</u></p> <p>NH shared pictures of the design for the new PET CT facility at Swansea.</p> <p>AW raised the concern of cyber safety for the new service and suggested a separate workstream for this issue. SMc agreed.</p> <p>Action: SMc to organise initial meeting with AW prior to September Board to discuss initial scope of cyber safety/IT enabling works.</p> <p>SL stated that she will be setting up meetings with each of the Project SROs to ensure lines of communication and coordination of work.</p> <p>SMc updated on the Internal Audit that was undertaken earlier in the year, stating that the Audit and Risk Committee had requested a progress report. As such, SMc specifically informed members that during she had feedback to the auditor that it was unfeasible to cost every risk for each project. SMc also commented that it may be beneficial to "cross pollinate" and share learning by having a member from each project sit on another project board. As such, SMc asked the group if they wanted to learn from other Project Board, to contact her so she can make arrangements. No comments were received.</p>



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

SMc noted that there were only two more Programme Board meeting scheduled. As such, the PMO will organise future meetings in the coming weeks.

SL closed meeting expressing thanks to members for their participation; with reminder, next meeting is set for 26th September.



All Wales Positron Emission Tomography Programme Board

26th September 2022, 13:00am – 15:00pm

Virtual Meeting: TEAMS

Member & Initial	Programme Board Role	Substantive post & organisation
Attendees		
Ian Gunney (IG)	Welsh Government Representative	Deputy Director - NHS Capital, Estates & Facilities, Welsh Government
Sarah Bant (SB)	Workforce Workstream Lead	Head of Healthcare Science Transformation, HEIW
Amanda Evans (AE)	Link to wider Imaging Portfolio	Imaging Portfolio Lead, NHS Wales Collaborative
Martin Rolles (MR)	Clinical Lead	Consultant Clinical Oncologist (SBUHB) and Chair of AWPET
Neil Hartman (NH)	Project 3 Director and Radiopharmaceutical Workstream Lead	Head of Nuclear Medicine, Swansea Bay University Health Board
Sian Lewis (SL)	Programme SRO	Managing Director, WHSSC
David Jones (DJ) <i>(attended part of meeting)</i>	Procurement Workstream Lead	Principal Radiographer (Nuclear Medicine & PET-CT), BCUHB
Andrew Champion (AC)	Deputy SRO	Assistant Director Evidence Evaluation, WHSSC
Mike Travers (MTr)	Estates Lead	Principal Strategic Estate Advisor, Specialist Estates Services, NWSSP
Heather Edwards (HE)	Project 3 Business Case Lead	Business Planning Manager, Capital Planning, SBUHB
Samantha Pennington (SP)	Advising on Procurement strategy	Head of Sourcing, Commissioning, Capital & IMT, NWSSP-PS
Saja Muwaffak (SMu)	Programme Manager	Programme Manager, PET PMO, WHSSC
Matthew Ager (MA)	Standing invited observer, Sponsor Representative	Radiation Lead for Health, Welsh Government
Chris Marshall (CM)	Project 1 Director	Director, PETIC
Paul Yeoman (PY) <i>(attended part of meeting)</i>	Project 1 Project Manager	Capital and Estates Projects, Cardiff University
Stuart Davies (SD)	Programme Finance Lead	Director of Finance, WHSSC
Andrew Ward (AW)	Advisor: Specialist Equipment	Senior Programme Manager Specialist Diagnostic and Therapies Equipment, NWSSP- SES
Matthew Talboys (MT)	Advisor: Radiation Protection	Radiation Protection, Velindre NHS Trust



John Pattison (JP)	Clinical Representative	Clinical Radiologist, BCUHB
Gareth Evans (GE)	Project 2 SRO	Clinical Director, Therapies & Health Science, BCUHB
Matthew Bunce (MB)	Programme Finance Lead	Director of Finance, Velindre NHS Trust
Chris Bowden (CB)	Representative for Christine Morrell	Cellular Pathway Service Manager, SBUHB
Aimee Pesticcio (AP)	Programme Administration	Project Support Officer, PET PMO, WHSSC
Apologies		
Luke Archard (LA)	PET Service Planning Manager	Senior Planning Manager, WHSSC
David Fletcher (DF)	Project 2 Director	North Wales Managed Clinical Services Director, BCUHB
Christine Morrell (CMr)	Project 3 (Swansea) SRO	Director of Therapies and Health Science, Therapies And Health Sciences
Carl James (CJ)	Centres of Excellence Workstream Lead	Director of Strategic Transformation, Planning & Digital, Velindre NHS Trust
Stephen Riley (SR)	PETIC Project SRO and Chair	Head of the School of Medicine, Cardiff University
Sarah McAllister (SMc)	Programme Lead	Programme Lead, PET PMO, WHSSC
Danny Flynn (DFI)	Project 3 Project Manager	Project Manager, Capital Planning, SBUHB
Did Not Attend		
Wai-Lup Wong (WW)	Advisor: External Clinical and Technical Assurance	Chair of the National PET-CT Clinical Governance Board
Luke Archard (LA)	PET Service Planning Manager	Senior Planning Manager, WHSSC

Agenda Item	Minutes – Stakeholder Group
1	<p>Welcomes and apologies noted as above.</p> <p><u>Declarations of Interest (Paper 1)</u></p> <p>SL noted that there are a couple of outstanding DOI's that need to be completed.</p> <p>Action: AP to follow-up directly on outstanding DOI's. [Extended Action 86].</p> <p><u>Minutes from last meeting (Paper 2)</u></p> <p>No comments from attendees and they were accepted as an accurate record.</p> <p><u>Action log (Paper 3)</u></p> <p>SMu gave an overview of the action log, noting that most of the open actions will be discussed during the relevant agenda items later in the meeting.</p>



Action 91: SMu noted that SMc is continuing to progress the ETR work and Welsh Government (WG) have linked with key individuals in DHCW and NHS collaborative to provide support.

Action 95: SMu noted that SMc and AW have had a meeting to discuss the cyber safety/IT enabling work and is on their "to-do list".

Risk log (Paper 4)

SM gave an overview of the risk log, noting that it has been split into Programme risks and Project specific risks, pulled from each Project highlight report. SMu stated that Project risks will not be discussed here as they will be picked up later during the project updates.

SMu noted that only red Programme risks will be discussed in the meeting. The group were invited to comment on the remaining risks outside of the meeting.

Risk 21 Capital affordability: SMu proposed to reduce the mitigated risk level from 20 to 15 as individual Projects would liaise with estates and services regularly to check on local marketplaces and ensure the impact on capital affordability is clear. Discussion followed with a focus on capital market volatility. AW raised that the PET market will not change, and the risk is more to do with the cost of works rather than the kit.

Outcome: Group agreed it was too soon to reduce the mitigated risk level and agreed to split the risk into two. One risk for cost of works and another for cost of the kit. Each of these risks would be scored at 20.

Risk 24 – WG funding: SMu proposed to reduce the mitigated risk level to 16 (from 20) as Projects routinely provide accurate cash flow and forecasting to WG with open communication. Discussion followed.

Outcome: Group noted that since WG have approved the PBC there is ministerial agreement to provide capital. SD mentioned specifically that an indicative risk score of 12 was "closer to reality". The group agreed to reduce the indicative risk level from 20 to 16, while keeping the mitigated risk level at 12.

Risk 32 – Cyber/IT: SMu proposed to reduce the mitigated risk level from 15 to 8 as a benefit realisation plan will be in place and the Programme Board to maintain clear focus on the delivery of programme benefits.

Outcome: Group agreed to the risk mitigation and reduction in score.

Action: SMu to update risk log as discussed

SL invited comments from attendees on the overall risk log, in terms of content as well as individual scores.

SD noted there is a risk with the cost of running a Programme, but it should be absorbed by the host organisation. SL thanked SD for the comment and noted that this risk is managed elsewhere within WHSSC.

AC asked if there was a risk surrounding recruitment and retention of staff working in the PMO.

No further comments with regards to the risk register were received from attendees.

Action: SMu and SMc to have a discussion offline regarding staff recruitment and retention.



	<p>SL stated that the risk register is a live document and it is open to receiving comments offline. SMu added that the Project risks should be updated in the highlight reports for assurance.</p>
2.	<p><u>Terms of Reference (ToR's) (Paper 5)</u></p> <p>SL noted there is a requirement for the Project SRO's to nominate an operational/planning lead as a member of the Programme Board. This will be followed up offline, and the split Board meeting will officially sign the ToR's off.</p> <p>GE raised as a point of accuracy. In Table 1, the responsibility column has a copy and paste error referencing Project 1 rather than Project 2.</p>
3.	<p><u>Programme Updates</u></p> <p>Project 1 – PETIC (Paper 6)</p> <p>CM gave a brief overview of the PETIC programme, noting a slight delay with the procurement tender due to the Queen's death, but the tenders have been received and the first evaluation meeting will be held after the Programme Board.</p> <p>CM reported that Phil Scoley has been in negotiation to finalise the contract for the pharmaceutical consultant.</p> <p>CM gave an update on the downtime contingency plan, stating that he has received verbal confirmation from Alliance Medical that they will be able to perform the predicted additional scans required that Swansea do not have the capacity to deliver. CM noted that he has a meeting scheduled with Cheltenham to discuss if they would be able to perform scans during the PETIC scanner downtime which would inform the procurement process for additional scans.</p> <p>SL asked if extra capacity for 10 patients per week was required in addition to Swansea's scanning capacity. CM confirmed it was.</p> <p>SMu requested an update on the progress of the uptake rooms. PY stated that the brief had been circulated to Project 1 members for comment and this would be discussed with the consultant once they had been appointed.</p> <p>SL acknowledged the hard work of Terry Jones (SBUHB) & Lee Bartley (C&VUHB) who have solved the issue of image transfer between the two centres. This step is paramount to the progression of this Programme and the scanner downtime contingency planning. SL requested that her thanks be passed on and she would be writing to the chief executives of the health Boards to express that a "fantastic job" had been done.</p> <p>CM raised a final point that the draft Memorandum of Understanding regarding IRMER entitlement needs to "get over the line". This is being picked up by him and Rachel Bidder while NH is on annual leave.</p>
3.	<p><u>Programme Updates</u></p> <p>Project 2 – BCUHB (Paper 7)</p> <p>GE gave a brief update on Project 2. BCUHB has appointed Archus, an external provider to assist with outlining the options appraisal and with writing the OBC and FBC. GE stated that the OBC has a target completion date of March 2023 and will then go forward for Health Board approval between April and June 2023. Following that it would be submitted to WG for consideration.</p>



	<p>GE stated that the options appraisal is the next key milestone for the Project. GE also noted that there is an existing stakeholder reference group who are working on the comms and engagement strategy for the local engagement side of the Project.</p> <p>IG queried if Project 2 had decided on a location for the new service. GE responded that this would be part of the options appraisal.</p> <p>SL requested clarity from GE on whether there is a risk that the options appraisal becomes stakeholder engagement and how this is being managed. GE raised that DF would be best to answer this query but acknowledged the point was important.</p> <p>SL raised "housekeeping" from an assurance perspective, noting that by the next meeting it would be useful to have ToR's, roles and responsibilities, and formal project timelines in place. GE agreed and confirmed.</p> <p>Action: Project 2 to provide Project ToR's and a formal project timeline at the December Programme Board meeting.</p>
3.	<p><u>Programme Updates</u></p> <p>Project 3 – SBUHB (Paper 8)</p> <p>NH gave a brief update on Project 3, noting that a location and design have been decided with a link corridor from the main building to the new centre. NH reported that a bat survey had recently been carried out and some initial comments had been received from Swansea City Council recommending that several trees need to be cut back. NH commented that there had been concern raised regarding traffic on the Singleton site from Swansea City Council, however NH was not too worried as the unit already scans 20 patients per day. This will be discussed with the council. NH noted that the scanner specification was approved at the last Project Board but due to the comments received from the Council, the Project has been delayed by 2-3 months.</p> <p>HE gave further updates on Project 3, noting that a pre-planning application has been submitted and was well received. HE stated that submission of a full planning application will be happening in due course. Project 3 will be using a modular build which will save time on construction and delivery. HE reiterated that there is a 2-3 month delay but that it could be contracted by the modular build.</p> <p>HE commented that as SBUHB is going with a modular build, a risk exists that bids come back from non-relevant suppliers. HE noted that therefore, the design specification for the centre is being "tied-up" to ensure the right bids come back in and that if the information is correct it will allow for tight control over the procurement process for the build.</p> <p>HE mentioned that the business case will now have a target completion date of June rather than April 2023, and Swansea has held options appraisal and benefit workshops internally to facilitate this.</p> <p>MTr noted that as Swansea is going down the modular route it is important to have engagement with Shared Services over the spec and design. HE confirmed that they have been trying to align green or decarb benefits with their design and link these with organisational benefits, with help from AW.</p> <p>SL asked if a delay to Project 3 will impact on Swansea's ability to provide additional scanning capacity during PETIC downtime. NH confirmed it would not be, as scanning at Swansea will continue in the mobile scanner while the building work is carried out. CM asked if there would be a risk when the</p>



	<p>contract ended for the mobile scanner. NH confirmed the contract would be extended for another year which would include PETIC scanner downtime.</p> <p>HE and NH presented computer generated pictures of the PET-CT service design to the group. SL noted that it was great to see all the hard work being realised.</p>
3.	<p><u>Programme Updates</u></p> <p>Project 4 – (Paper 9)</p> <p>SMu presented a paper for discussion and noted the results of the clinical demand model and Programme structure at the start of the Programme and where it sits currently. SMu reminded members that there was a predicted 20% growth in PET-CT scans per year, with a decision point of April 2023 as to whether a fourth scanner would be required in Wales. SMu noted that at the last Board meeting it was decided the decision point should remain as April 2023 given the current rate of growth is 8%. SMu reported that we are only halfway through the year and the rate of 20% could still be realised, with 476 scans needed to achieve this.</p> <p>SMu went through the various options for the selection process should the 4th scanner be required and invited comments.</p> <ul style="list-style-type: none">• Option 1 – “No” defer decision• Option 2 – “Yes” expressions of interest• Option 3 – “Yes” geographical feasibility• Option 4 – “Yes” another process yet to be identified <p>MR raised the importance of keeping an eye on the projected growth, noting that the demand for PET may increase due to indications outside of WHSSC’s commission and the post COVID lag.</p> <p>SD noted that the location of the fourth scanner has two broad choices, either co-located in a cancer service or co-located with equitable access. SD mentioned these choices have different criteria and principles and early consideration needs to be given to what the decision-making process will be based on.</p> <p>CM reiterated MR’s point, noting that there are other PET-CT indications such those for Alzheimer’s disease which all will increase the utilisation of PET-CT scanners.</p> <p>MR stressed the need for transparency and clarity with the decision for a fourth scanner and the process for site selection. MR gave his opinion that the decision should be based on population demand, as geographical access is the main reason patients don’t undergo a PET scan. MR also noted that if two PET centres are to be 5 miles apart in South East Wales there should be a very strong justification to allow that. MR further highlighted that if Velindre is chosen as the location it would cause delays as building work has not started yet.</p> <p>Outcome: Group agreed there is demand for a fourth scanner, and key to the selection process is transparency and clarity. Comments were invited on the paper for further discussion at the next meeting.</p>
4.	<p><u>Programme Updates</u></p> <p>Workstream 1 – Procurement (Paper 10)</p>



	<p>In the absence of DJ, NH gave a brief update noting that the technical specification for a new PET-CT Scanner has been written and approved by the technical sub-group.</p> <p>NH commented that the specification had also been presented and approved by the Swansea Project Board and that it is "workable" given the changes occurring in PET technology. AW agreed, noting that it is now acceptable to use within tender documents.</p> <p>SL asked if the Workstream had come to a decision regarding a joint procurement approach. NH responded that it was a nuanced decision and the Workstream continues to have "healthy discussions". The current status is to continue as a single procurement until Swansea is ready to select a scanner. AW clarified that the tender would be for one or two units with the final decision resting with the NHS as to how many are procured, noting it is not about delivery of units but how many are "committed to the factory".</p> <p>GE agreed this sounded reasonable and agreed to feedback to North Wales for comments. SL stated that the Projects can be "pragmatic" about this approach.</p>
4.	<p><u>Programme Updates</u></p> <p>Workstream 2 – Workforce (Paper 11)</p> <p>SB gave a brief overview of the Workstream. The ToR's have been agreed and discussed with a focus on the clarity of reporting into the imaging programme to give a mechanism to feed into the wider work of NHS Executive. There had been a discussion on the difference between a Medical Physics Expert and a Clinical Scientist with a view to look at the new May 22 IPEN MPE guidance and what that means in terms of training funds.</p> <p>SB continued to explain the national process for training funding requests for radiographers, clinical technologists and STPs. SB noted that the PET Programme is in a unique position that it is looking for specialised staff and increased numbers for training but not for immediate take on but rather in preceptor roles within wider services for individuals to gain experience and competence.</p> <p>SB also reported there had been discussion on Radiographer roles and supporting individuals through service, and sub speciality training for Nuclear Medicine. SB reported that there could be an All Wales approach using support from the National Imaging Academy of Wales. SB also noted there had been a discussion on the potential for long term consultant Clinical Scientist and Radiographer roles and learning through developments in services through wider reporting Radiographers in the future.</p> <p>CM asked if SB had factored in radioactive waste advisors and radiation protection advisor as specialist roles, and the clinical scientists training scheme. SB noted that they hadn't been mentioned specifically but the STP training was discussed and the ability for services to take on this training.</p> <p>CM asked if there would be scope for PETIC to be funded and involved with clinical scientist training or if it would be best hosted by SLA's. SB responded that it was a "brilliant suggestion" and noted it would be important to look at the advantages of all different approaches.</p> <p>MA commented that he is keen to keep "the bridge" into the imaging Programme. Representation of professional groups outside of radiographers is essential and keeping the focus of the workstream on PET is "paramount" given the unique skill sets required for the service. MA commented that there was recent discussion at the Healthcare Science Network (HSN) meeting</p>



	<p>about medical physics being taken on by HSN and it could be useful to bridge into that network to ensure the PET Programme is taken into consideration during those discussions. MA noted the need to be cohesive and recognise wider professional groups to ensure everyone is working at the top of licenses to ensure progression of the professions.</p> <p>SB commented that the wider professions are part of the conversation and as lead for the Healthcare Science Programme she is the bridge between PET and HSN.</p> <p>MA asked if the PET Programme would be mentioned in the detailed plan for workforce and diagnostic services that HEIW was tasked to write. SB confirmed that it is included.</p> <p>AE raised that the Chair and Programme Lead for IWEG met recently. The strategy is about to be delivered to ISEG with the next step to look at membership outside of radiographers.</p>
4.	<p><u>Programme Updates</u></p> <p>Workstream 3 – Radiopharmaceuticals</p> <p>NH noted that due to diary clashes the last meeting had to be rescheduled. However, he did note that following a conversation with the legal team, the third-party commercial suppliers will not be present at every meeting but rather invited where appropriate.</p>
4.	<p><u>Programme Updates</u></p> <p>Workstream 4 – Centres of Excellence</p> <p>SL opened to floor for an update from attendees in CJ's absence, but no comments were received.</p>
5.	<p><u>Programme Plan</u></p> <p>SMu presented the Programme Plan, noting that it is 70% complete. SMu highlighted that there are only a few weeks difference between PETIC and Swansea and there will be further discussions on contingency planning to avoid any overlap.</p>
6.	<p><u>AOB</u></p> <p>SL informed members that the WHSSC team and MR have been asked to take forward the development of a Molecular Radiotherapy Strategy in Wales.</p> <p>DJ apologised for joining the meeting late due to clinic hours. DJ acknowledged the support received from the working group for the technical specification of the new PET-CT Scanner, mentioning specifically Neil Hartman, Monica Martins and the endorsement from Peter Julian at Christie in Manchester.</p>
	<p>SL closed the stakeholder meeting expressing thanks to members for their participation. The next meeting is scheduled for 1st December 2022.</p>



Member & Initial	Programme Board Role	Substantive post & organisation
Attendees		
Martin Rolles (MR)	Clinical Lead	Consultant Clinical Oncologist (SBUHB) and Chair of AWPET
Neil Hartman (NH) (Deputising for CMr)	Project 3 Director and Radiopharmaceutical Workstream Lead	Head of Nuclear Medicine, Swansea Bay University Health Board
Sian Lewis (SL)	Programme SRO	Managing Director, WHSSC
David Jones (DJ)	Procurement Workstream Lead	Principal Radiographer (Nuclear Medicine & PET-CT), BCUHB
Andrew Champion (AC)	Deputy SRO	Assistant Director Evidence Evaluation, WHSSC
Aimee Pesticcio (AP)	Programme Administration	Project Support Officer, PET PMO, WHSSC
Saja Muwaffak (SMu)	Programme Manager	Programme Manager, PET PMO, WHSSC
Chris Marshall (CM) (Deputising for SR)	Project 1 Director	Director, PETIC
Gareth Evans (GE)	Project 2 SRO	Clinical Director, Therapies & Health Science, BCUHB
Chris Bowden (CB)	Representative for Christine Morrell	Cellular Pathway Service Manager, SBUHB

	Minutes – Programme Board
	<p>No further comments were received on the TOR, and SL conformed that these had now been officially signed off.</p> <p>SL stated that the TOR will be reviewed in 12 months' time.</p>
	<p>SL asked members to consider the joint all Wales procurement approach. DJ clarified that it would continue to be a single tender but there is no commitment for the scanners to be purchased at the same time.</p> <p>SL invited comments, but none were received, and SL confirmed the group accepts this recommendation.</p>
	<p>SL asked if there was anything that needed to be raised by Board members. No comments were received, and SL closed meeting.</p>



All Wales Positron Emission Tomography Programme Board- Stakeholder Group

26th September 2022, 13:00am – 14:30pm

Virtual Meeting: TEAMS

Member & Initial	Programme Board Role	Substantive post & organisation
Attendees		
Sian Lewis (SL)	Programme SRO and Chair	Managing Director, WHSSC
Sarah Bant (SB)	Workforce Workstream Lead	Head of Healthcare Science Transformation, HEIW
Amanda Evans (AE)	Link to wider Imaging Portfolio	Imaging Portfolio Lead, NHS Wales Collaborative
Neil Hartman (NH)	Project 3 Director and Radiopharmaceutical Workstream Lead	Head of Nuclear Medicine, Swansea Bay University Health Board
David Jones (DJ)	Procurement Workstream Lead	Principal Radiographer (Nuclear Medicine & PET-CT), BCUHB
Andrew Champion (AC)	Deputy SRO	Assistant Director Evidence Evaluation, WHSSC
Mike Travers (MTr)	Estates Lead	Principal Strategic Estate Advisor, Specialist Estates Services, NWSSP
Heather Edwards (HE)	Project 3 Business Case Lead	Business Planning Manager, Capital Planning, SBUHB
Saja Muwaffak (SMu)	Programme Manager	Programme Manager, PET PMO, WHSSC
Matthew Ager (MA)	Standing invited observer, Sponsor Representative	Radiation Lead for Health, Welsh Government
Chris Marshall (CM)	Project 1 Director	Director, PETIC
Danny Flynn (DFI)	Project 3 Project Manager	Project Manager, Capital Planning, SBUHB
Matthew Talboys (MT)	Advisor: Radiation Protection	Radiation Protection, Velindre NHS Trust
Andrew Ward (AW)	Advisor: Specialist Equipment	Senior Programme Manager Specialist Diagnostic and Therapies Equipment, NWSSP- SES
Wai-Lup Wong (WW)	Advisor: External Clinical and Technical Assurance	Chair of the National PET-CT Clinical Governance Board
John Pattison (JP)	Clinical Representative	Clinical Radiologist, BCUHB
Gareth Evans (GE)	Project 2 SRO	Clinical Director, Therapies & Health Science, BCUHB
Christine Morrell (CMr)	Project 3 (Swansea) SRO	Director of Therapies and Health Science, Therapies and Health Sciences
Carl James (CJ)	Centres of Excellence Workstream Lead	Director of Strategic Transformation, Planning & Digital, Velindre NHS Trust



David Fletcher (DF)	Project 2 Director	North Wales Managed Clinical Services Director, BCUHB
Apologies		
Luke Archard (LA)	PET Service Planning Manager	Senior Planning Manager, WHSSC
Gareth Evans (GE)	Project 2 SRO	Clinical Director, Therapies & Health Science, BCUHB
Samantha Pennington (SP)	Advising on Procurement strategy	Head of Sourcing, Commissioning, Capital & IMT, NWSSP-PS
Matthew Bunce (MB)	Programme Finance Lead	Director of Finance, Velindre NHS Trust
Stephen Riley (SR)	PETIC Project SRO and Chair	Head of the School of Medicine, Cardiff University
Sarah McAllister (SMc)	Programme Lead	Programme Lead, PET PMO, WHSSC
Rob Orford	WG Observer	Chief Scientific Adviser for Health, Welsh Government
Paul Yeoman (PY) (attended part of meeting)	Project 1 Project Manager	Capital and Estates Projects, Cardiff University
Liz Lloyd	Project 2 Project Manager	Project Manager, Estate Development, BCUHB
Ian Gunney (IG)	Welsh Government Representative	Deputy Director - NHS Capital, Estates & Facilities, Welsh Government
Did Not Attend		
Stuart Davies (SD)	Programme Finance Lead	Director of Finance, WHSSC
Martin Rolles (MR)	Clinical Lead	Consultant Clinical Oncologist (SBUHB) and Chair of AWPET

Agenda Item	Minutes – Stakeholder Group
1	<p>Welcomes and apologies noted as above.</p> <p><u>Minutes from last meeting (Paper 1)</u></p> <p>No comments from attendees and they were accepted as an accurate record.</p> <p><u>Action log (Paper 2)</u></p> <p>SL gave an overview of the action log and noted the open action (Action 98) which requests the ToR and Project Plan from BCUHB project board. DF noted the action is still open due to the Nuclear Medicine Options Appraisal taking priority. DF added that the requests will be actioned during next project board meeting in December 2022.</p> <p><u>Risk log (Paper 3)</u></p> <p>SL gave an overview of the risk log and asked members for comments and none was received.</p> <p>SL queried with MA with regards to the Opportunity in the risk log. MA noted that there is funding for projects with short term funding and no long-term expenditure against them, with potential of redeployment of those funds.</p>



	<p>AW requested clarification on whether it is revenue or capital to which MA responded that it is Non-Recurring Revenue in Year Spent.</p> <p>MA noted that WG Health Science Division will put interested parties in contact with programmes from whom the money will be available. MA added that the spent needs to be allocated within quarter 4 2022, with expenditure identified in early quarter 1 2023.</p> <p>Outcome: Group to link up with SMu/ SMc in the PMO if they have projects in mind for submission.</p> <p>CM noted that the last 3 weeks have seen a sharp increase in PET referrals to PETIC from around 62 to 182-185 per week and is unsure whether it is temporary or more long term as this week saw normal levels of referrals. CM highlighted that this could present a significant risk to the period of downtime during scanner replacement if the rise in referrals is sustained.</p> <p>NH added that Swansea is looking to help PETIC as requested and is working together with InHealth to do that. NH noted that he and SMu will attend a meeting with InHealth today to explore the options.</p> <p>SL asked CJ to comment whether the drive in opening up cancer pathways is causing the significant rise in referrals. CJ provided an update on the clinical activity in Velindre and noted that post COVID referral levels were 12% and have been 8-9% this year. CJ added that the last 3-6 months and going forward are affected by the drive to government desire to reduce waiting lists to below 2 years and remove the backlog which could be the cause of the recent significant rise in referrals for PETIC. CJ highlighted that this could be the primary drive (in addition to normal demand) for the change in activity in PETIC and it will likely continue for another 18-24 months till the backlog is under control.</p> <p>WW echoed the views of CM and CJ and noted that overall, in England they are seeing a continuing 10-20% rise in referrals year on year even before COVID. WW added that he is still yet to find out the exact cause of the continuous increase in demand as the commissioning policy and pathways in England have not changed much over the years. WW added that the early screening programmes could have impacted rise due to for example increase in indeterminate pulmonary nodules (Lung Health Check). WW suspected that desire to get patients through the disease/treatment pathway and the difficulty in accessing other diagnostic tools such as CT and MR could also be increasing the demand for PET-CT scans.</p> <p>NH noted that it is good to see the 20 % year on year rise in clinical demand for PET-CT scans built into the All Wales PET programme business case is being realised in England as well.</p> <p>MT added that based on these highlights risk 32 should be modified to reflect that demand could exceed anticipated growth forecast.</p> <p>SL asked CM about the consultant hiring updates to which he noted that he is meeting with Alicia Christopher this week to progress this further.</p> <p>MT recommended to add the site name next to the project number in the risk log.</p> <p>Action: SMu to edit risk 32 and the risk log accordingly.</p>
2.	<p><u>Project Updates</u></p> <p>Project 1 – PETIC (Paper 4)</p>



	<p>CM provided an update on PETIC and noted the scanner order has been placed and the GE Omni Legend 32 scanner was chosen. CM added that he is awaiting definitive lead timelines from GE to proceed with the next steps.</p> <p>CM noted that PETIC is awaiting the Legal team to finalise the terms and conditions for the recruitment of the pharmaceutical consultants.</p> <p>CM added that the order for the cyclotron has been placed but the price provided by IBA has increased.</p> <p>SL requested clarification on delivery timelines to which CM noted that he is yet to find out, but it is going to be shorter than originally anticipated. CM added he will notify the group as soon as the timelines are clear.</p>
2.	<p><u>Project Updates</u></p> <p>Project 2 – BCUHB (Paper 5)</p> <p>DF provided an overview for BCUHB with regards to the Options Appraisal for the Nuclear Medicine services and the project business case. DF noted that Archus has been hired to support in the process and have been excellent support. DF added the stakeholder engagement meeting occurred on the 30th of November and was very positive with voting for the desired service model and location would be over the next 7 days.</p> <p>DF noted that Powys community health council raised a question during the Appraisal Meeting around the requirement for a consultation. DF highlighted that North Wales community health council were consulted several years ago and there was no indication that this options appraisal work constituted substantial change that would drive the need for a consultation which the Planning Lead at BCUHB also agrees is still the case.</p> <p>DF noted he was hopeful that the next steps will be a progress to the business case.</p> <p>SL added that WHSSC has a good relationship with Powys Community Health Council and could help if required. DF was very grateful and welcomed the help.</p> <p>MT queried if with the developments mean BCUHB is now ahead of the planned March 2023 deadline for OBC to which DF responded is possible but not definite.</p> <p>DF noted that the project will have ToR's, roles and responsibilities, and formal project timelines in place for the next programme board meeting.</p>
2.	<p><u>Project Updates</u></p> <p>Project 3 – SBUHB (Paper 6)</p> <p>NH provided an overview of the project updates and the scanner tender procurement for SBUHB and BCUHB.</p> <p>NH added that the project is on track and the project board has signed off the floor plans for the new facility and the next stages will involve going out to tender for the modular build of the PET site.</p> <p>DFI noted that the project is in the process of procuring a supplier for the modular build on the site.</p> <p>DFI and MT further discussed plans for the next steps in the terms of the planning for the building process.</p>



	<p>HE gave an overview of the progress on the fully tendered single case which is planned to be submitted to WG at the end of April 2023.</p> <p>AW updated the group on the next stages for the scanner tender procurement process.</p>
2.	<p><u>Project Updates</u></p> <p>Project 4 – (Paper 7)</p> <p>SL outlined to the group that the aim today is first for the stakeholder board to formally recommend to the programme board whether the group is convinced there is a clinical need for a 4th scanner.</p> <p>SL added that the second element of the paper is to have a discussion around the potential approach/ methodology to deciding the location of the 4th scanner. SL noted that the PMO team will then take away the discussions around method and bring back a formal proposal to the next meeting on the methodology on a decision for the 4th site. SL highlighted the proposal will then go through to the JC in WHSSC (7 chief executives of the all health boards in Wales, independent chair and independent members) and subsequently be signed off for WG.</p> <p>AW queried on when the 4th scanner is anticipated to be required. SL noted it has been described in the programme business case with full clinical modelling behind it.</p> <p>CM added that the timelines might need to be brought forward due to the recent 27% increase seen in South East Wales.</p> <p>SL took the group through the paper and asked the group to first vote on whether a 4th scanner is required. The group voted unanimously yes to a 4th scanner and to take the decision to programme board.</p> <p>SL noted that after programme board votes on this, JC will subsequently confirm the view of the programme board.</p> <p>Outcome: Group voted unanimously on the need for a 4th scanner.</p> <p>SL went through the paper and confirmed with the group that seeking expressions interests should be the first step to the selection process.</p> <p>CJ noted the paper describes there should minimum set of requirements set out for sites to fulfil before any expression's interests which he thought was essential. SL agreed with the view and noted few examples including radiopharmaceutical supply and site geography.</p> <p>CJ noted that possibly the process should require a date for when the first patient needs to be scanned by the 4th site.</p> <p>SMu noted that the programme business case sets out a go-live date for the 4th scanner as June 2026 as per original clinical demand modelling. SL highlighted that this date needs to be retested to against current demand.</p> <p>DJ suggested that the 4th scanner could be a mobile scanner and be moved around according to demand. SL noted that this would be a commissioning task which would be for WHSSC to manage commission of sufficient activity in the gap between getting the fixed scanners in.</p> <p>WW noted that although the main aim of the new site is provide clinical diagnostic service, the Molecular Radiotherapy and paired diagnostics could also be added to the picture of co-localising sites.</p>



SL thanked WW for a good point and highlighted that the PET PMO have been asked to lead a programme business case for Molecular Radiotherapy for Wales (AWMOL).

AC gave a brief overview of the AWMOL and noted that there will be close collaboration between the two programmes as we go forward.

WW added that he will put the AWMOL programme in contact with a current NHS initiative.

CM highlighted that the predictions are for PETIC to reach capacity in the middle of 2025. SL highlighted that the capacity for Swansea would increase by then, but the Gantt chart is to be reviewed for confirmation.

NH noted that at launch Swansea will be at around 60-65% capacity and could help with increased demand for possibly the first two years.

CM noted that Swansea will therefore be the critical path for the 4th scanner timeline.

CM noted that impact of molecular radiotherapy on demands needs to be taken to account and based on the recent developments whether Beta Amyloids scanning needs to be revisited. NH echoed CM's views.

Group discussion ensued around studies for Beta Amyloid and FDG scans in dementia and the AWPET commissioning decisions.

Outcome: group agreed on going out for expression of interests, carrying out the feasibility work, and revisiting of the 4th scanner timeline to test it against current trajectories.

Action: SMu and the PMO to test the original date of 06/2026 for the 4th scanner against the current clinical demand.

Action: WW to contact AC offline to connect the current NHS England initiative with the AWMOL

SL gave an overview of the next stage of the process described in the paper highlighting the two types of selection processes one used by Velindre to select the Radiotherapy Satellite Centre and the one used to select a site for Thoracic Surgery.

SL described the process used by WHSSC for thoracic surgery which developed and enhanced in-house. SL noted the method used a multi-criteria decision-making analysis through an independent panel.

CJ described the method used by Velindre for the site selection process of the radiotherapy satellite centre and highlighted that the selection panel consisted of the health boards, CHC and other key stakeholders.

SL noted the difference between the Thoracic Surgery Site and the radiotherapy site include that the panel was completely independent with no representatives from health boards; panel was 50% lay, with professional input, and input from colleagues in England.

Further discussion ensued on the selection process and potential options and lessons learned from the North Wales Options Appraisal process.

AW noted to add future proofing to the site selection process.

Outcome: The group agreed that the most important part is to have very clear criteria to justify decision making, evidencing the criteria, and transparency of the methodology. Also managing expectations and getting people onboard with the process. The group agreed it was less about where site is.



	Action: Proposal to be brought to next meeting for approval or otherwise.
3.	<p><u>Programme Updates</u></p> <p>Workstream 1 – Procurement (Verbal)</p> <p>DJ gave an overview of the workstream and the current scanner tender and highlighted the group is progressing as if they procuring 2 scanners with the option to postpone of purchasing a second scanner for BCUHB (with preferential costs) if possible, at later date. DJ added the other procurement options are also being explored as part of the tender.</p> <p>DJ noted that the next part of the procurement is looking at procurement of ancillary equipment and currently looking at radiopharmaceutical injector systems. DJ noted that informal market research presentations are being carried out next week for a small group of representatives from BCUHB and SBUHB. DJ highlighted that the next stage is the preparation of the specification and evaluation documents in the new year.</p>
3.	<p><u>Programme Updates</u></p> <p>Workstream 2 – Workforce (Verbal)</p> <p>SB gave an overview of the workstream and updated the group on the developments so far. SB noted that the group is now looking at details of current staffing and workforce, how far from required. SB noted that SMu has been leading on the work to gather the data and building and narrative around that. SB added that the group has also been mapping the career pathways and the required training and funding sources for the different training and any potential barriers to access funding. SB highlighted that the group is developing a strategic approach to the whole process.</p> <p>SB noted that the workstream will share a document with the board during next meeting that will describe the career pathways, current workforce, training pathways and the pipeline.</p> <p>SB highlighted the importance of understanding the current pipeline to better plan the potential development of staff.</p> <p>SL noted that the work is a real exemplar of preparation of a service is carried out.</p> <p>MA noted that the work is great and added that there is a growing realisation across health science disciplines that the broader workforce is under threat (short staffed or under pressure). MA highlighted that this work would have broad benefits beyond PET and will offer an exemplar to methodology to be used for workforce service development and identification of future service development and delivery.</p> <p>DJ queried if there will a plan to commission specific courses/fund bespoke courses in Wales to training existing workforce. SB noted that training funding is not a challenge, but timing is and if it exists it can be built to the 2024 Education Plan. SB added that if does not exists, it would take longer.</p>
3.	<p><u>Programme Updates</u></p> <p>Workstream 3 – Radiopharmaceuticals</p> <p>NH gave an overview of the workstream and an update on the work so far.</p>



	<p>NH added that workstream focus is aiming to be split up into procurement of radiopharmaceuticals and horizon scanning as the current group expertise does not lie in procurement which will be left for shared services.</p> <p>NH noted the workstream would like support from the programme stakeholder group/ board for the slight change in focus.</p> <p>SL asked the group to vote on supporting the move which was unanimously a yes.</p>
3.	<p><u>Programme Updates</u></p> <p>Workstream 4 – Centres of Excellence</p> <p>CJ noted that the draft for ToR is finished and work is going on membership and meeting arrangements.</p>
4.	<p><u>Programme Plan (Verbal)</u></p> <p>SMu gave a verbal update on the plan and noted that the work is ongoing to collate the information from the different projects with a draft to be presented in the next meeting.</p>
5.	<p><u>Benefits Realisation Strategy and plan (Paper 8)</u></p> <p>SMu noted that a draft had been shared with the group offline for comments and thanked those who have provided feedback. SMu asked if the group had any thoughts, suggestions, or if they wanted to add anything.</p> <p>No one in the group had any comments.</p>
6.	<p><u>All Wales PET Electronic Test Referral (Paper 9)</u></p> <p>SMu provided an overview of the paper and noted that during the Programme business case preparation it was identified that an All Wales PET electronic test referral system/form was required. SMu provided a summary of the current process for referrals in Wales, its limitations and the potential opportunities with a digitised process.</p> <p>SMu added that since October 2022 the PMO has been working with DHCW to explore the possibility of editing the existing Radiology form on WCP to include the needs of PET. SMu added that the plan is for DHCW to start the work in the spring of 2023 and complete it in August 2023.</p> <p>MA confirmed that he is aware of the ongoing work and discussed it with SMC and has been involved the user group meeting with DHCW and that if the work is at it is planned. He is aware of the proposal and has been to the initial meeting with DHCW where this work was presented as an option and it has been discussed with WG internally already. MA confirmed if this proposal and associated documentation is submitted soon with agreement from DHCW that the work can go ahead then MA is confident that WG will authorise it and allow it to go ahead.</p> <p>AW queried if PETIC could be part of it and CM confirmed that C&V are part of</p>
7.	<p><u>AOB</u></p>



	SL closed the stakeholder meeting expressing thanks to members for their participation. SL asked the members of the board to remain for the next part of the meeting or their proxies.
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Member & Initial	Programme Board Role	Substantive post & organisation
Attendees		
Neil Hartman (NH) (Deputising for CMr)	Project 3 Director and Radiopharmaceutical Workstream Lead	Head of Nuclear Medicine, Swansea Bay University Health Board
Sian Lewis (SL)	Programme SRO	Managing Director, WHSSC
Andrew Champion (AC)	Deputy SRO	Assistant Director Evidence Evaluation, WHSSC
Saja Muwaffak (SMu)	Programme Manager	Programme Manager, PET PMO, WHSSC
Chris Marshall (CM) (Deputising for SR)	Project 1 Director	Director, PETIC
David Fletcher (DF) (Deputising for GE)	Project 2 Director	North Wales Managed Clinical Services Director, BCUHB
Matthew Ager (MA)	Standing invited observer, Sponsor Representative	Radiation Lead for Health, Welsh Government
Apologies		
Martin Rolles (MR)	Clinical Lead	Consultant Clinical Oncologist (SBUHB) and Chair of AWPET
Gareth Evans (GE)	Project 2 SRO	Clinical Director, Therapies & Health Science, BCUHB
Christine Morrell (CMr)	Project 3 (Swansea) SRO	Director of Therapies and Health Science, Therapies and Health Sciences

	Minutes – Programme Board
	<p>SL asked the group to vote on whether there is an agreement on need for a 4th site and it was unanimous agreement on that.</p> <p>SL asked the group to vote on where the group agreed on the way forward for the change in radiopharmaceutical workstream change in focus. SL noted the unanimous agreement on the way forward.</p> <p>CM queried if he had a conflict of interests in voting and SL confirmed that he can be taken out of the vote due to potential conflict of interests.</p> <p>SL asked the group to vote on whether the board agrees on the way forward for and electronic test referral for PET in collaboration with DHCW to which the group showed a unanimous agreement.</p>
	<p>SL asked if there was anything that needed to be raised by Board members. No comments were received, and SL closed meeting.</p>



		Agenda Item	7
Meeting Title	All Wales PET Stakeholder Group	Meeting Date	01/12/2022
Report Title	Proposed process and approach to select a fourth Positron Emission Tomography (PET) site in Wales		
Author(s)	Sarah McAllister, Saja Muwaffak, Andrew Champion, Sian Lewis		
SRO	Sian Lewis		

Purpose

The purpose of this paper is to provide a proposed approach for selecting the site of the fourth Welsh PET scanner. It is expected that the Stakeholder Group will review, scrutinise and discuss.

Depending on the outcome of these discussions the Programme Board may be able to support the proposed approach, else this paper will serve to inform Programme Board.

STAKEHOLDER GROUP

REVIEW	SCRUTINISE	DISCUSS	ENDORSE	INFORM
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAMME BOARD

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Stakeholder Group / Board		Meeting Date	01/12/2022
Recommendation(s)/ Summary of Outcome			

Proposed process and approach to select a fourth Positron Emission Tomography (PET) site in Wales

Situation:

The Preferred Way Forward within the All Wales PET Programme Business Case (PBC) described ~£25M of capital expenditure for up to four fixed, digital PET-CT scanners across Wales. Implementation of the Programme is under way in a phased manner, with three Projects set-up at sites where PET service provision currently exists. This paper serves to structure and extend initial discussions on the selection process for the fourth Welsh PET scanner.

Background

At the September All Wales PET Stakeholder Group and Programme Board meetings, an SBAR paper was discussed. The outcome of these discussions was:

1. On review of live and up-to-date PET scanning demand data vs. the modelled demand included in the PBC, the group agreed there will be sufficient clinical demand to warrant a fourth scanner in the future.
2. Key to the fourth scanner location is a selection process that is transparent and clear.

A further point raised was that:

The location of the fourth scanner has two broad choices: it could either be co-located at a cancer service or co-located with equitable access. These options have different criteria and principles, and thus early consideration needs to be given to what the decision-making process will be based on.

Assessment

"Yes" or "No" decision

Given their expertise, it is proposed that the Programme Board and its Stakeholder Group are best placed to make a recommendation on the need for a fourth PET scanner in Wales.

This was discussed and agreed at the September 2022 Programme Board and Stakeholder Group, who were informed by the current PET scanning demand data and future needs, as well as alignment to the vision of the Programme.

Proposed process to select the site of the fourth Welsh PET scanner

Pre-engagement phase

This initial phase has been started via engagement with Welsh subject matter experts (All Wales PET Stakeholder Group and Programme Board) in September 2022.

Next steps for this stage could include engagement with the Community Health Councils (CHCs) to get an opinion on whether a public consultation or public engagement process is most appropriate. Furthermore, to engage with the Sponsor on all proposals and confirm they are content with the way forward. In addition, seek input from appropriate 3rd sector organisations and Health Board Engagement Leads regarding the proposed approach.

Engagement process

The method taken at this stage will be shaped by the advice from the pre-engagement phase.

A key output of this phase could be to determine whether a fourth scanner is co-located with a cancer service or co-located with equitable access.

It would be appropriate at this stage to define the decision-making process, and whether it should be run via:

1. Expressions of interest: seeking expressions of interests from all Health Boards for hosting the fourth scanner. If more than one site expresses an interest, then different selection criteria (see below) could be utilised in a second stage based upon the infrastructure requirements of a PET service.
2. Feasibility process: The highly specialised and technical nature of PET brings with it some critical infrastructure requirements, such as specialist staff, radiopharmaceutical half-life, and radioactive material regulations (dosimetry, waste, and protection).
When considering the existing PET service footprint and the geography of Wales, a case could be made regarding feasibility of potential site selection based on real and practical factors. For example, the geographical location of commercial suppliers against distance travelled (cost and risk), half-life decay and then subsequent safe administration of PET radiopharmaceuticals to the patient.
3. Alternative process: There may be another, more streamlined process that would be appropriate for this site selection. This remains open for discussion at the pre-engagement phase.



Programme Board review of live clinical demand data for assurance of need

It would be sensible to gather additional evidence regarding the live clinical demand data and potentially gather professional opinion from subject matter experts, as evidence to inform the next step.

Independent panel for location selection

To ensure transparency, it may be prudent to set-up an independent panel to run the decision-making process. Options could include:

1. Appointing an independent external organisation, such as Capita Business Services Ltd. They were appointed by Velindre NHS Trust to provide Health Care Planning advice in their validated site selection process is the Velindre NHS Trust Radiotherapy Satellite Centre evaluation in 2017¹. The approach, criteria and weightings within the evaluation methodology were developed by Velindre in partnership with each Health Board, through the establishment of joint planning groups.
2. Setting-up an independent panel with comprehensive and balanced membership (technical and service user expertise and experience). This approach was taken for the site selection process for the single-site thoracic surgery location (WHSSC, 2018²). Decision making within this group was supported by the Swansea Centre of Health Economics based on the work of EVIDEM (Evidence and Value: Impact on Decision-Making) collaboration.
3. Alternative panel set-up: There may be another proposal that is appropriate for this site selection panel.

Criteria

In line with the PBC and on review of other examples of site selection criteria, the following are suggested criteria that any future site must fulfil:

- Sufficient current and future workforce capacity to run a safe and effective service (in line with CP50a Service Specification³), and its ability to attract new or develop existing staff.
- Geographical location where PET radiopharmaceutical delivery can be made in a timely manner and with minimal risk to patients and service delivery.

¹ Velindre Radiotherapy Satellite Centre Project, *Site Selection Evaluation Report*, June 2017

² <http://www.whssc.wales.nhs.uk/sitesplus/documents/1119/2017.09.26%20-%20WHSSC%20JC%20Combined%20Papers.pdf>

³ WHSSC, Specialised Services Service Specification: CP50b, Positron Emission Tomography (PET), (Fixed and Mobile Site) (September 2020)

- The potential to become a Centre of Excellence for PET in Wales.
- On site facilities and space for the scanner room and a minimum of six uptake rooms (+ other radiation and regulatory factors)
- Sustainability of the infrastructure at the centre – scaling up.
- General patient factors (e.g. travel time, site accessibility, and co-location of other services).

Selection criteria will need to be discussed and agreed following the engagement process and with the independent panel.

Post site-selection: final recommendation made to Programme Sponsor

If the Programme Sponsor accepts the preferred location, then the site will enter the process of writing a business case for capital investment.

Recommendation

It is recommended that the Stakeholder Group discuss this paper in detail.

Based on the discussions in *September*, the next steps are as follows:

NEXT STEP: The Programme SRO to inform the WHSSC Joint Committee of the recommendation from the Programme Board that there is sufficient clinical demand to warrant a fourth PET scanner in Wales.

NEXT STEP: The Programme SRO to inform the Programme Sponsor (Welsh Government) of the same.

Based on the discussions in *December*, the next steps are as follows:

NEXT STEP: PMO to collate the meeting discussions, forming a paper that outlines proposals on the process and steps to be taken to inform the process of selecting a site for a fourth PET scanner. This paper to be taken to WHSSC Joint Committee for approval.

NEXT STEP: Programme Sponsor decide to proceed with the process of selecting a site for a fourth PET scanner “yes/no”.



Report Title	COVID-19 Period Activity Report Month 7 2022-2023	Agenda Item	4.1
Meeting Title	Joint Committee	Meeting Date	17/01/2022
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.				
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

COVID-19 PERIOD ACTIVITY REPORT MONTH 7 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, 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 December 2nd 2022.

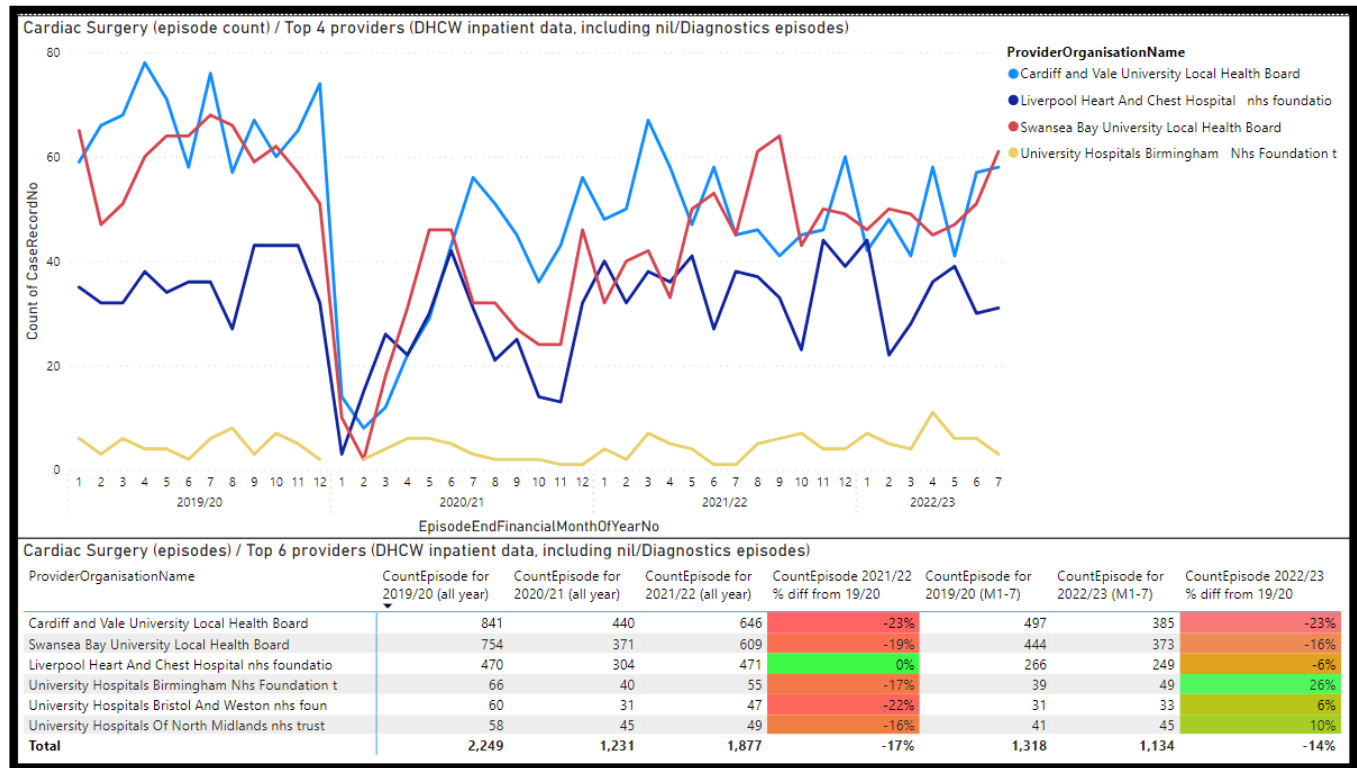
3.0 ASSESSMENT

Specialties/areas covered in this report include:

- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Cardiac Surgery
- Paediatric Surgery
- Bariatric Surgery (new sub-heading added this month)
- English provider activity (all specialist and non-specialist)
- Annex A – summary of recovery across main specialties/providers
- Annex B and C – summary of Cardiff & Vale and Swansea Bay contracts
- 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

3.1 Cardiac Surgery

3.1.1 Cardiac Surgery – Activity and Access Rate Summary

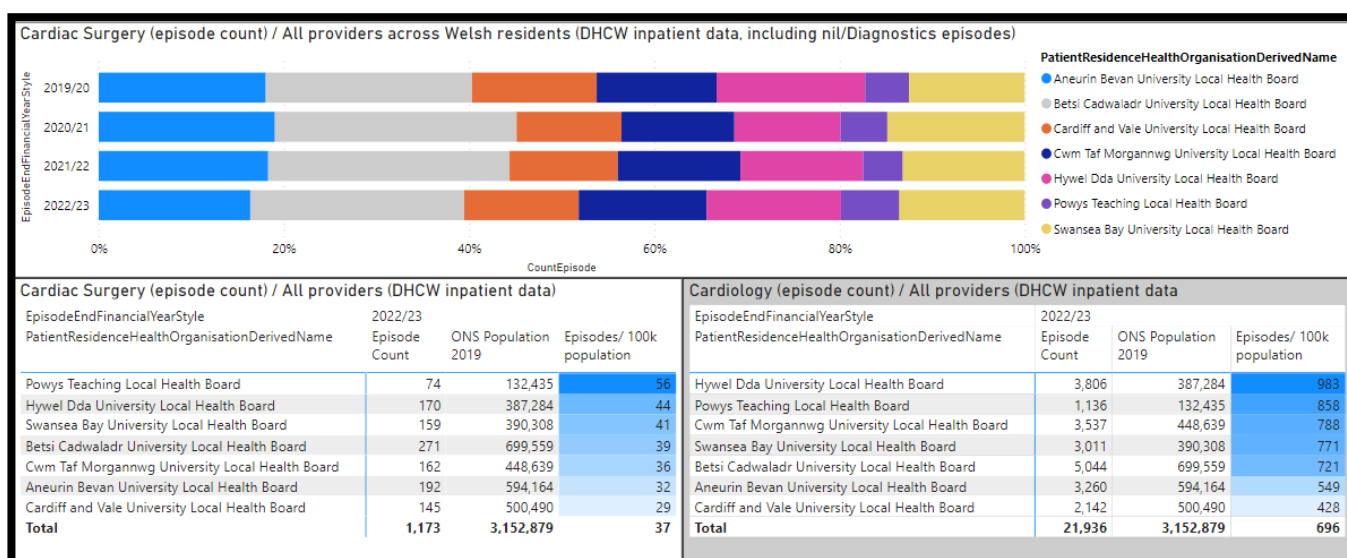


Data source: DHCW central data warehouse; **Note: inpatient activity includes the nil/diagnostics procedure episodes as there is currently significant procedure coding backlogs for recent months for all main providers**

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 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, and 21%/16% less in 2021/22 (excluding non-procedure/diagnostics episodes/including them). Using all activity to date this year (Month 6 of 2022/23), activity is still 14% 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 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 includes non-procedure/diagnostic episodes**

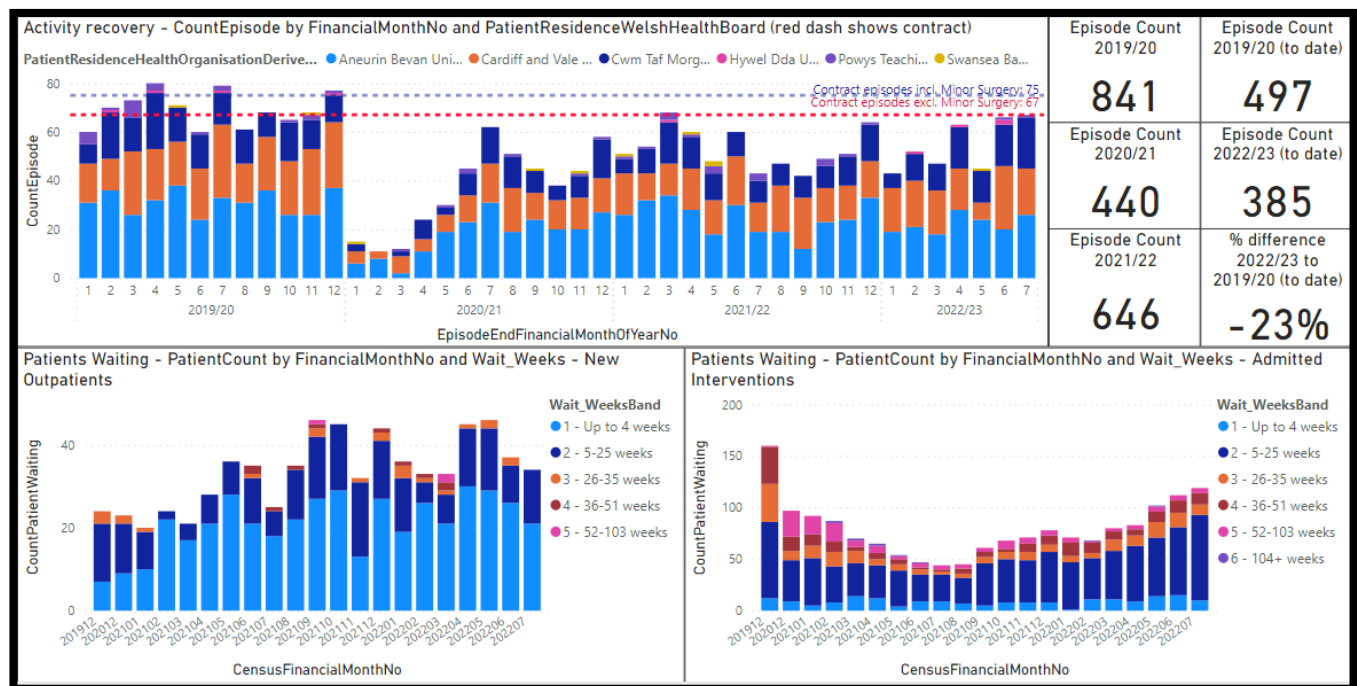
Access rates across the Health Boards varied the most during the initial COVID-19 wave due to the earlier recovery of English providers, but have stabilised in recent months to almost the same split of the available activity as 2019/20.

Inpatient episodes per 100k population varies overall across the Health Board areas, from 37 to 56 so far in 2022/23 as per the small table above to the left.

The access rate data for Cardiology is shown for information only as a related specialty, as this is not WHSSC-commissioned, except for some specific devices/interventions.

3.1.2 Cardiac Surgery – Recovery and Waiting Lists

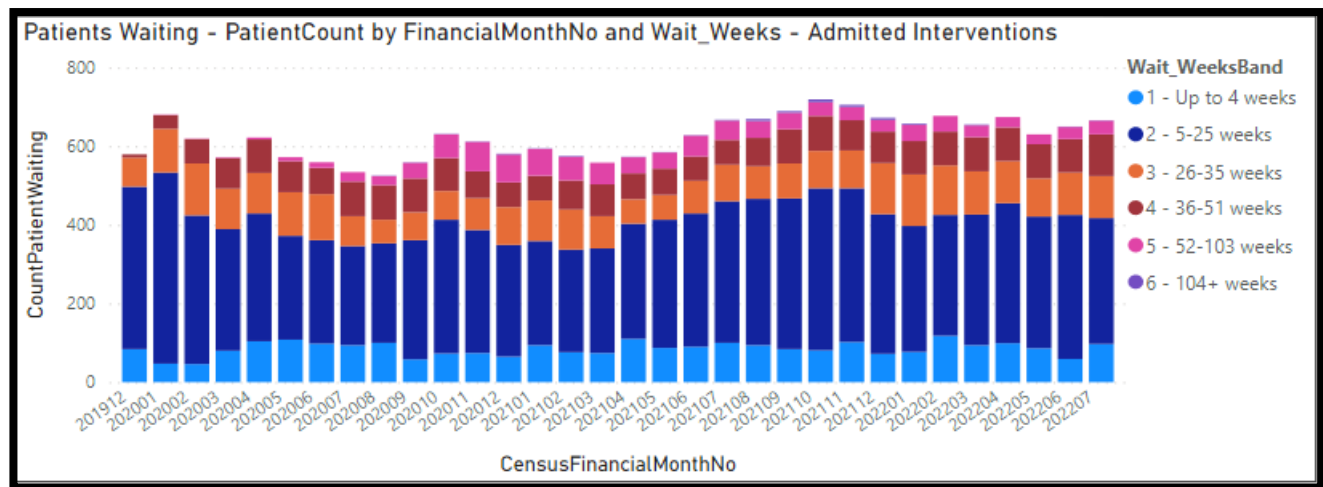
Cardiff & Vale UHB



Data source: DHCW central data warehouse; **Note: inpatient activity includes non-procedure/diagnostic episodes**

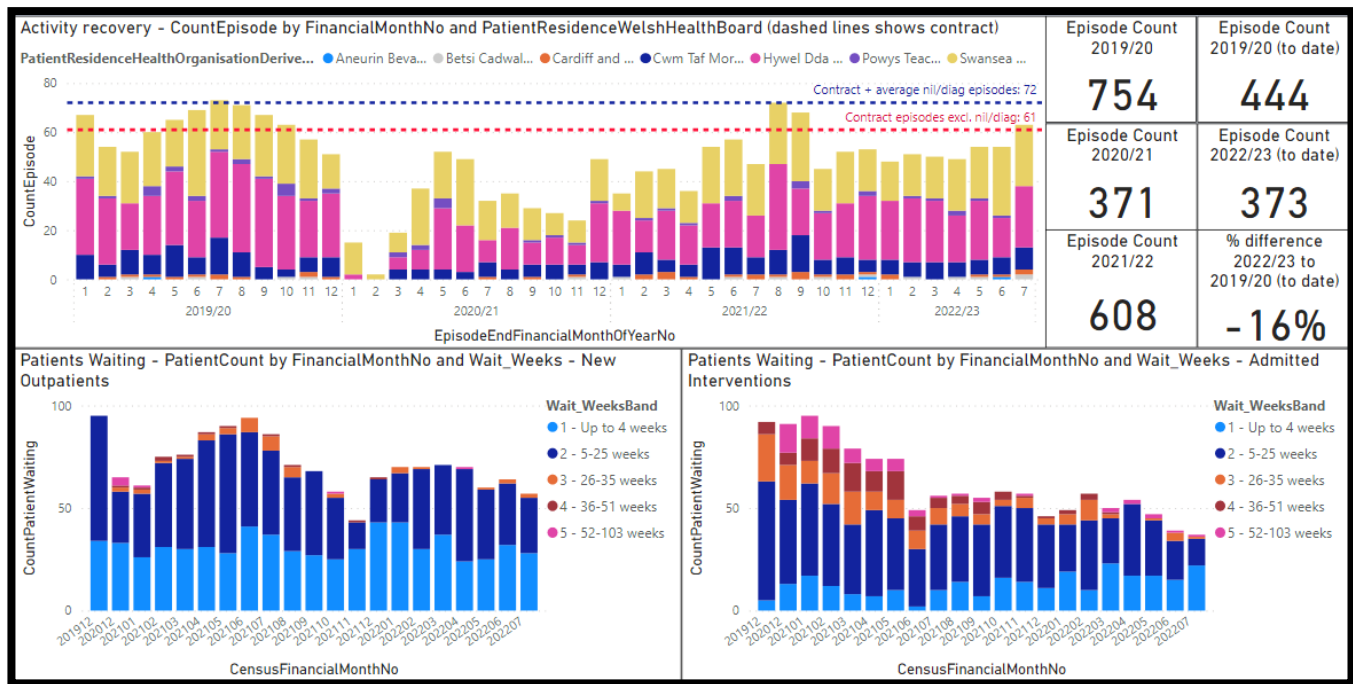
The tables above show a summary of the position at Cardiff & Vale in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a small increase in new referrals (those between 0-4 weeks) again, elective activity had kept pace to the point that the waiting list for admissions had reduced to almost a third of pre-COVID-19 demand by the winter of 2021, with few patients now waiting over 26 weeks, although this waiting list has been growing again over the past few months.

It is worth noting that patients waiting for admissions for Cardiology treatments have increased marginally at Cardiff, although some are now waiting longer.



Data source: DHCW central data warehouse; all Cardiology patients waiting at Cardiff – admitted interventions (specialist and non-specialist).

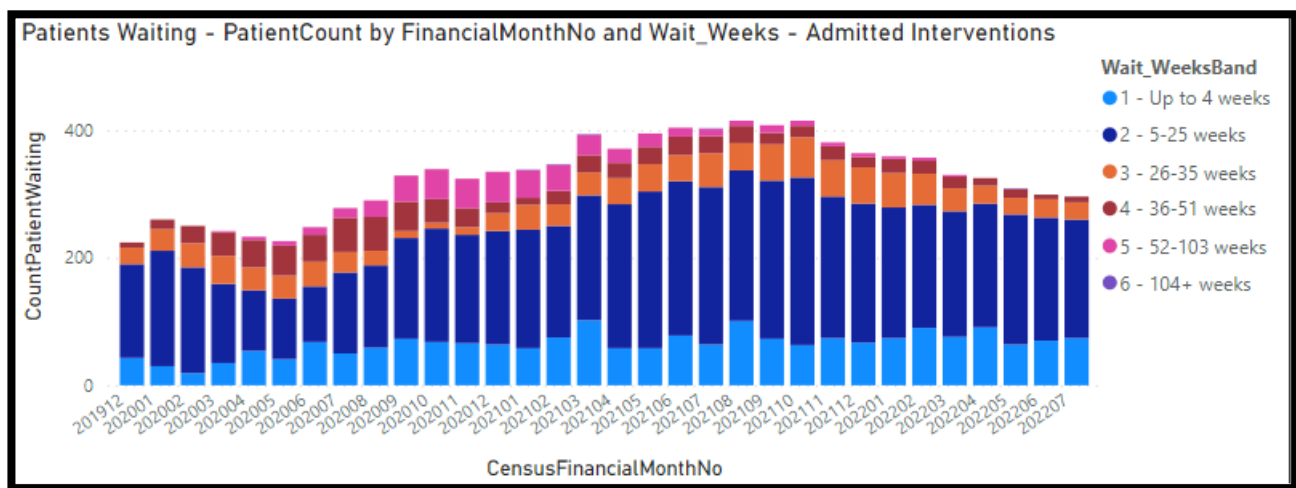
Swansea Bay UHB



Data source: DHCW central data warehouse; **Note: inpatient activity includes non-procedure/diagnostic episodes**

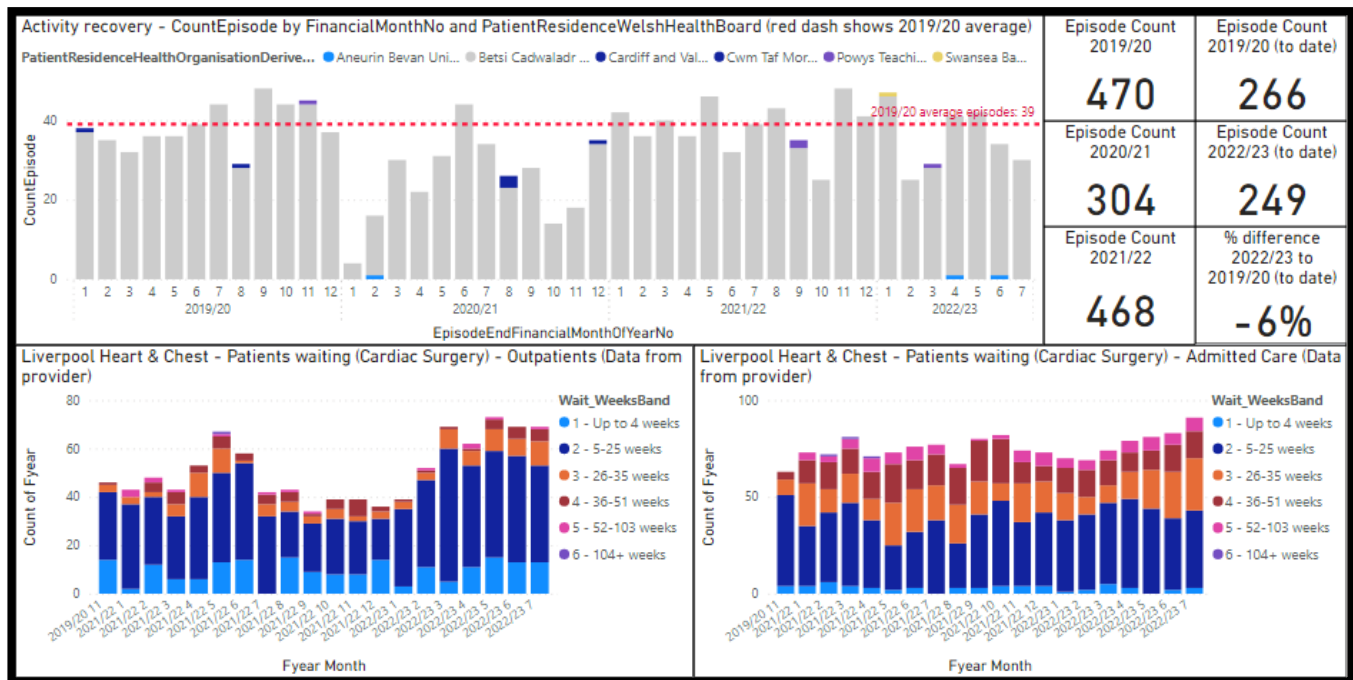
The tables above show a summary of the position at Swansea Bay in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows new referrals (those between 0-4 weeks) back again to Pre-COVID-19 levels, elective activity has kept pace to the point that the waiting list for admissions has 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 had almost doubled at Swansea Bay but has been steadily reducing since January 2022; 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



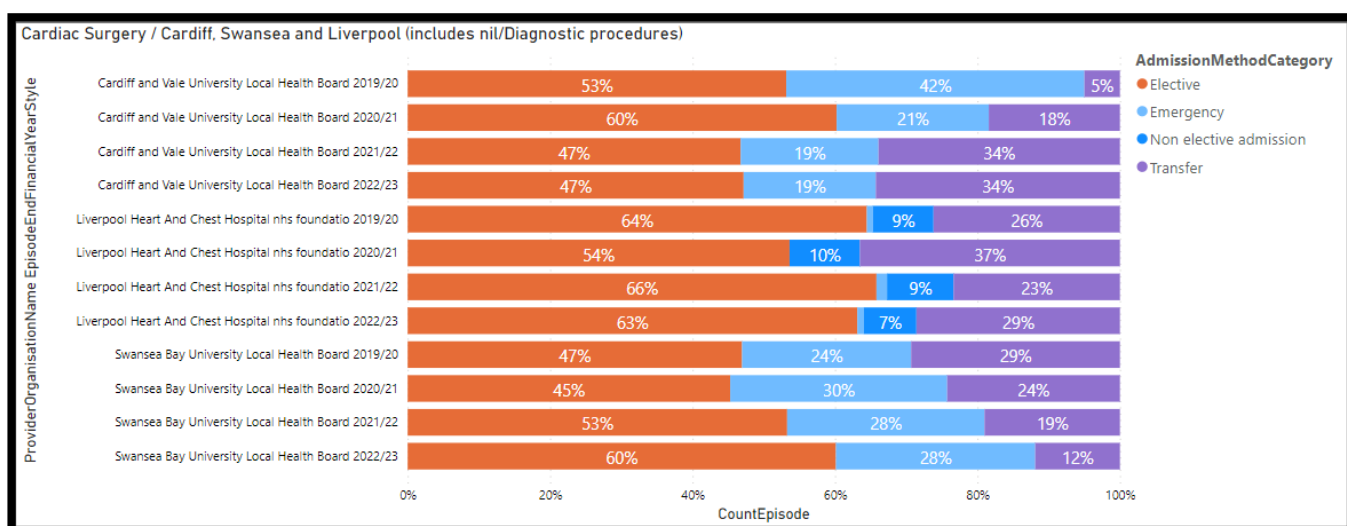
Data source: Inpatient activity from DHCW central data warehouse; **Note: inpatient activity includes non-procedure/diagnostic episodes.** Waiting list data from provider direct.

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 almost 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 in Non-elective and Transferred activity percentages.



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

Specialised Planner comments:

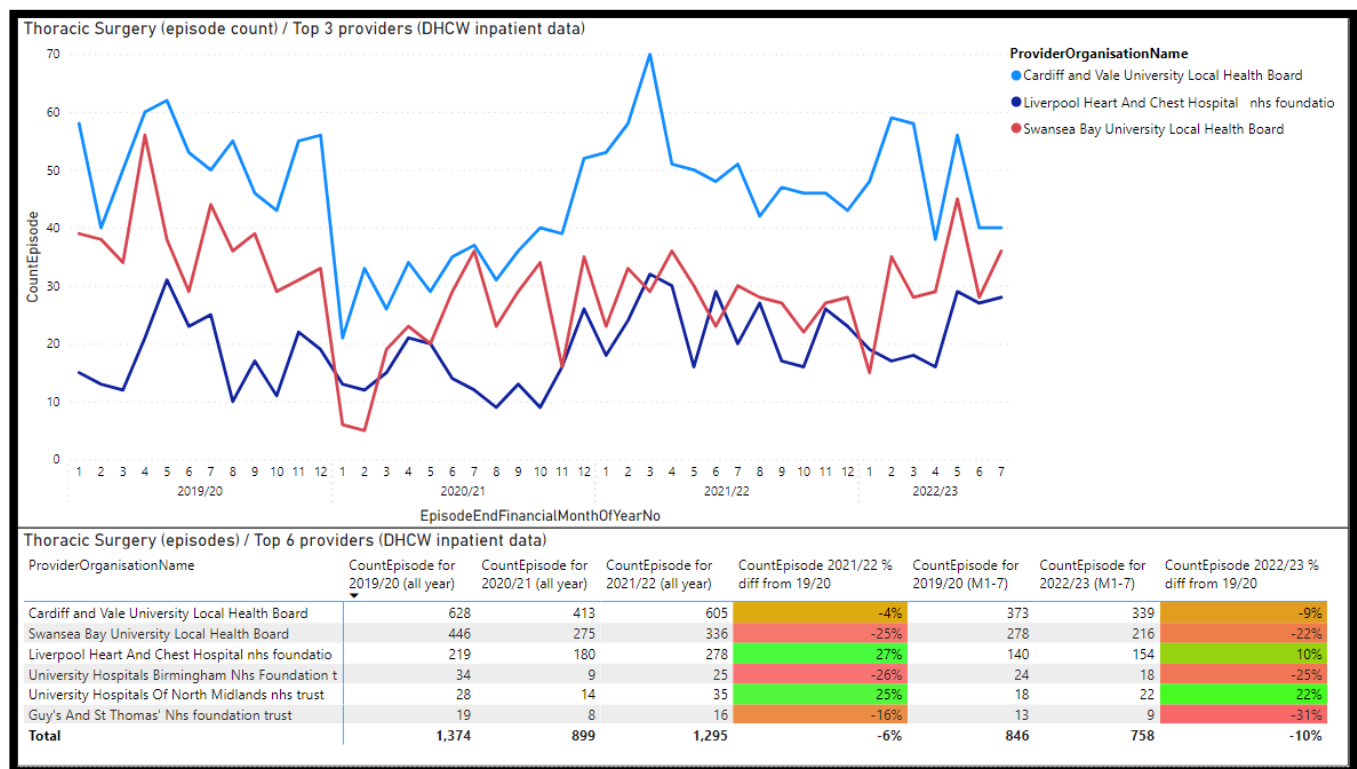
Continued increases in the Cardiac Surgery waiting list for Cardiff and Vale University Health Board are evident, particularly for those patients waiting for admissions. WHSSC has previously discussed these increases with CVUHB, and has agreed that some patients should be outsourced to SBUHB (where the number of patients waiting continues to trend gently downwards). Although, as per the last update, no transfers have been undertaken to date, WHSSC has been assured by the COO that the Health Board is committed to operationalising the proposal, and positive discussions with SBUHB have been recently reported. Similar increases are apparent in Liverpool Heart & Chest Hospital, and will be discussed as required.

Previous iterations of this report have noted the 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. This is likely a driver of the increases evident in Cardiff and Vale and, as previously highlighted, the possibility that the anticipated increases may not be as significant as feared led to the risk being deescalated, pending its eventual removal from the CRAF. Cardiff and Vale's growing waiting lists have precluded said removal, and waits will be closely monitored lest possible risk re-escalation be required.

Previous versions of this report have highlighted the work underway to investigate the continuing growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of cardiac surgery commissioned by WHSSC. The outcomes of this exercise are being compiled in a report for the January meeting of WHSSC Joint Committee, which will also recommend a number of apposite next steps.

3.2 Thoracic Surgery

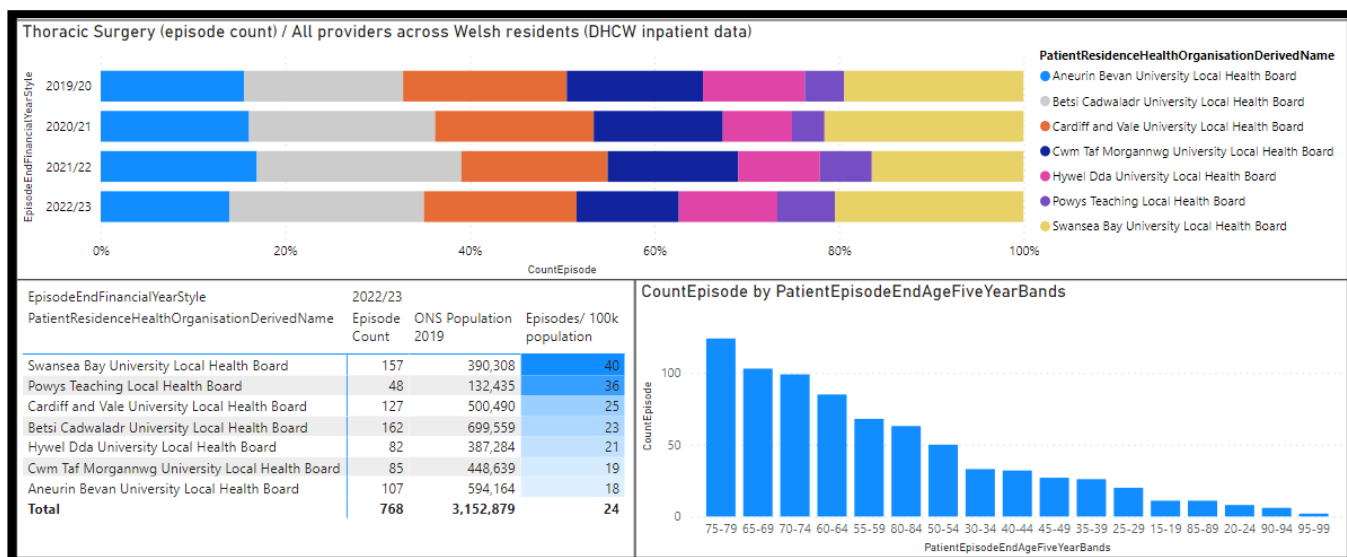
3.2.1 Thoracic Surgery – Activity and Access Rate Summary



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 performed inpatient episodes 27% higher in 2021/22 than 2019/20, and 10% higher so far this year (2022/23). Cardiff & Vale is showing similar activity to 2019/20 to the same month this year. However, Swansea Bay is showing a 25% drop in activity to date compared to 2019/20, although the later section showing more detail indicates the total numbers on the waiting list is not suffering due to this.

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, and 6% less in 2021/22. Using activity to date this year 2022/23 (Month 7), activity is 10% less than 2019/20.



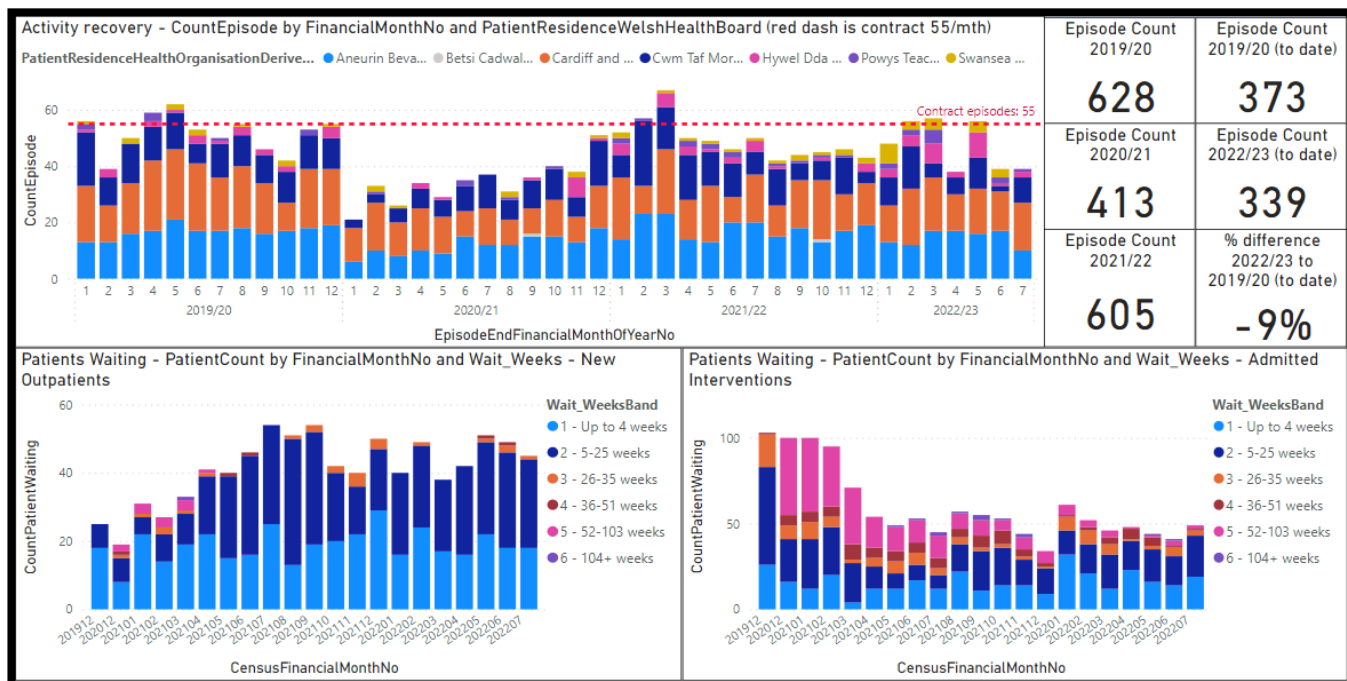
Data source: DHCW central data warehouse; all inpatient activity

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 are now close to the pre-Covid splits in 2019/20.

Inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 18 to 40 as per the small table above for 2022/23.

3.2. Thoracic Surgery – Recovery and Waiting Lists

Cardiff and Vale UHB

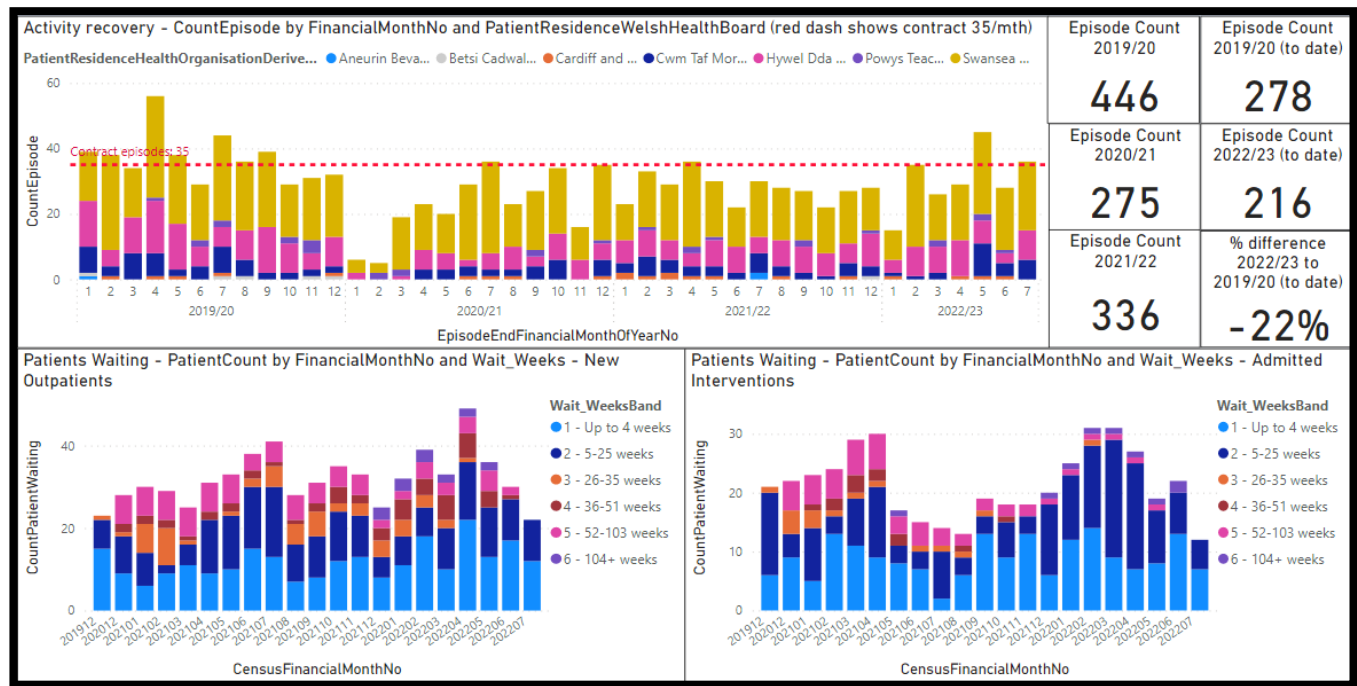


Data source: DHCW central data warehouse; all patients waiting with an open pathway

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 return to pre-Covid levels of new referrals (those between 0-4 weeks) again, elective activity has recovered to an equivalent episode count compared to 2019/20. The waiting list for admissions has reduced to around half of pre-COVID-19 demand.

It is worth noting that Cardiff had recently picked up some activity from Swansea Bay, due to an agreement between the two centres. This can be seen by the Swansea Bay resident episodes, shown in mustard in the top chart.

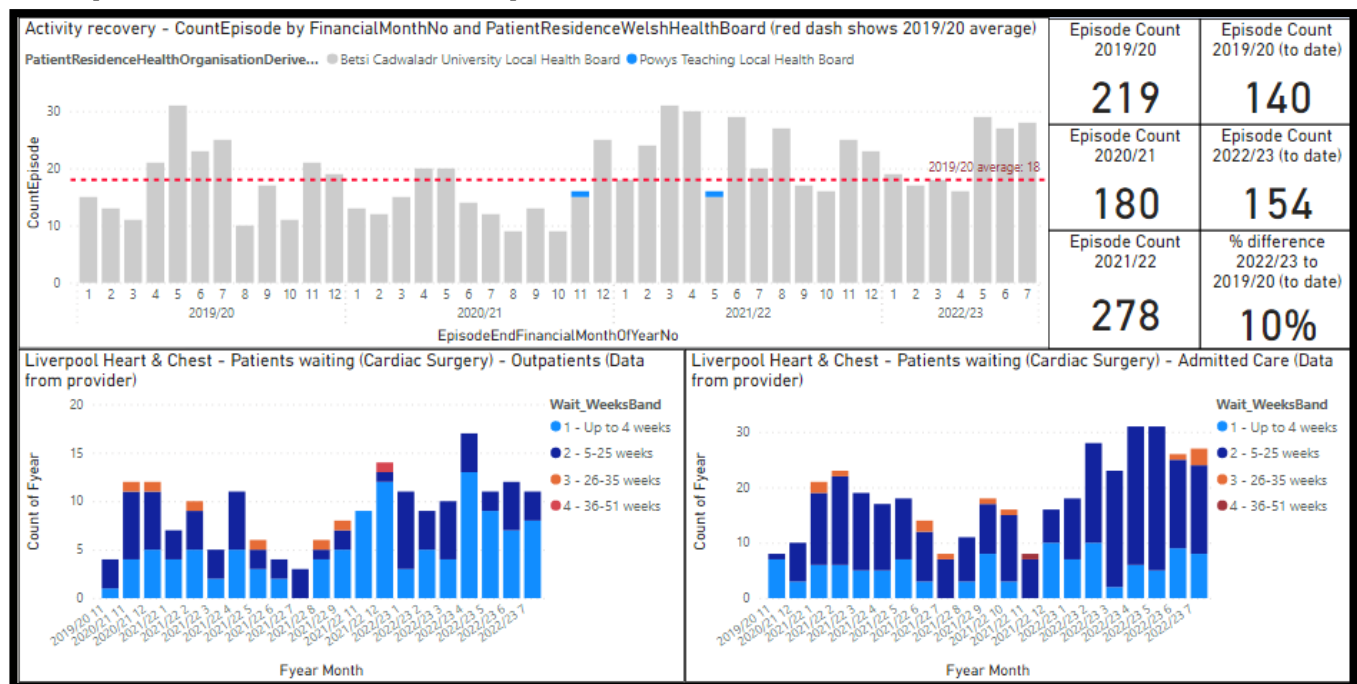
Swansea Bay UHB



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 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 10% this year compared to 2019/20. Despite this, the patients waiting for admission have increased from pre-Covid levels, although these are not material numbers and are easily skewed month-on-month.

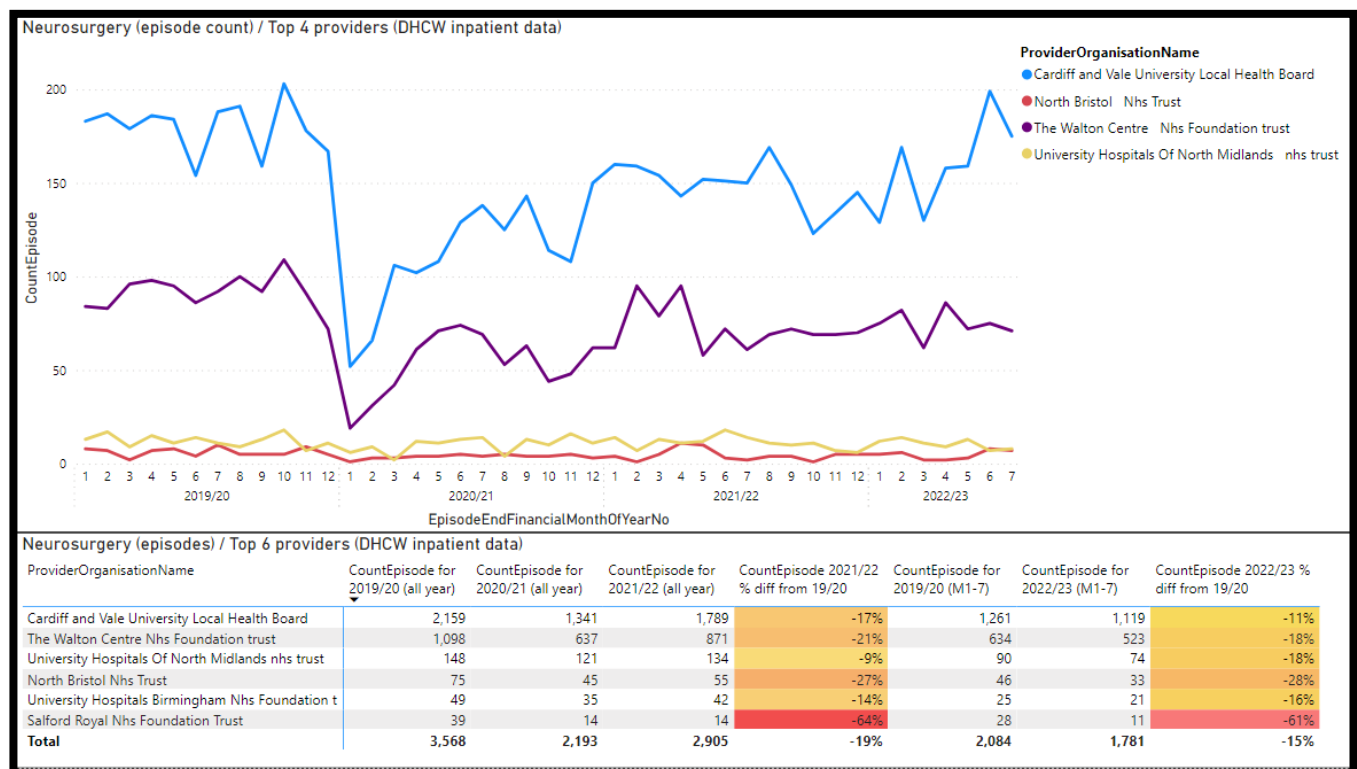
Specialised Planner comments:

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.

However, to date, the joint meeting has focused on primary lung cancer patients. The service has been providing elective operations for non-cancer patients but a small number of long waiters still remain within the backlog.

3.3 Neurosurgery

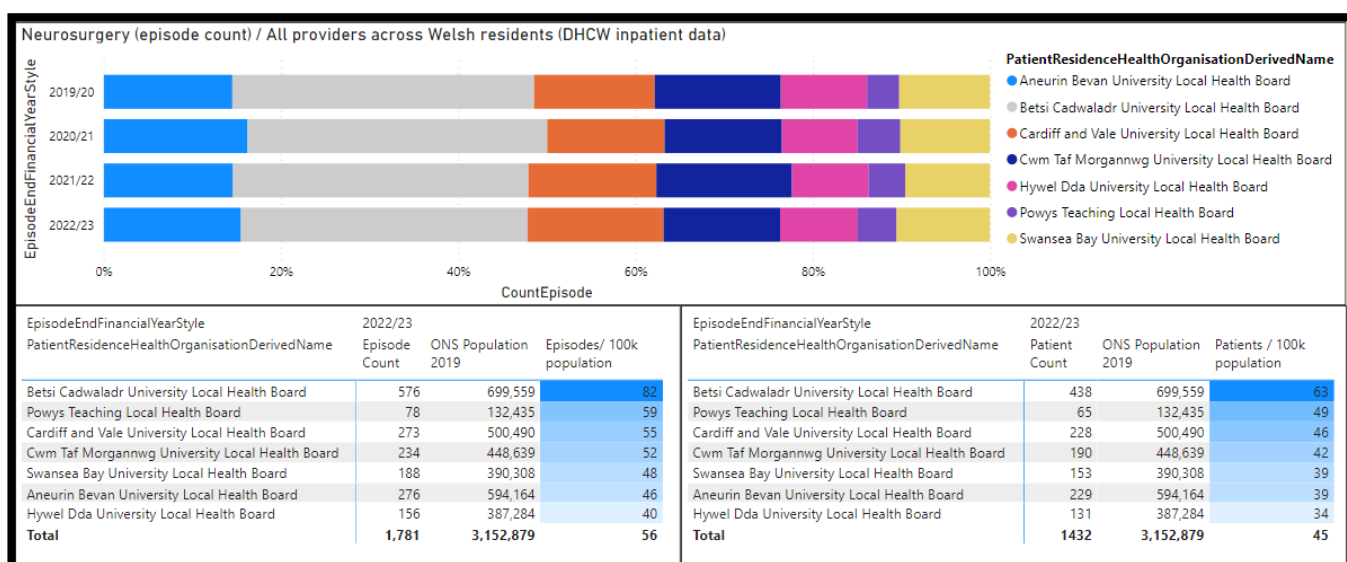
3.3.1 Neurosurgery – Activity and Access Rate Summary



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 11% and 18% 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, and 15% less so far in 2022/23.

Please note that about 2/3rds of the UH North Midlands activity above relates to North Wales residents, which is paid for through a local contract and not WHSSC. The remaining activity relates to Powys residents, which does flow through WHSSC contracting.



Data source: DHCW central data warehouse; all inpatient activity

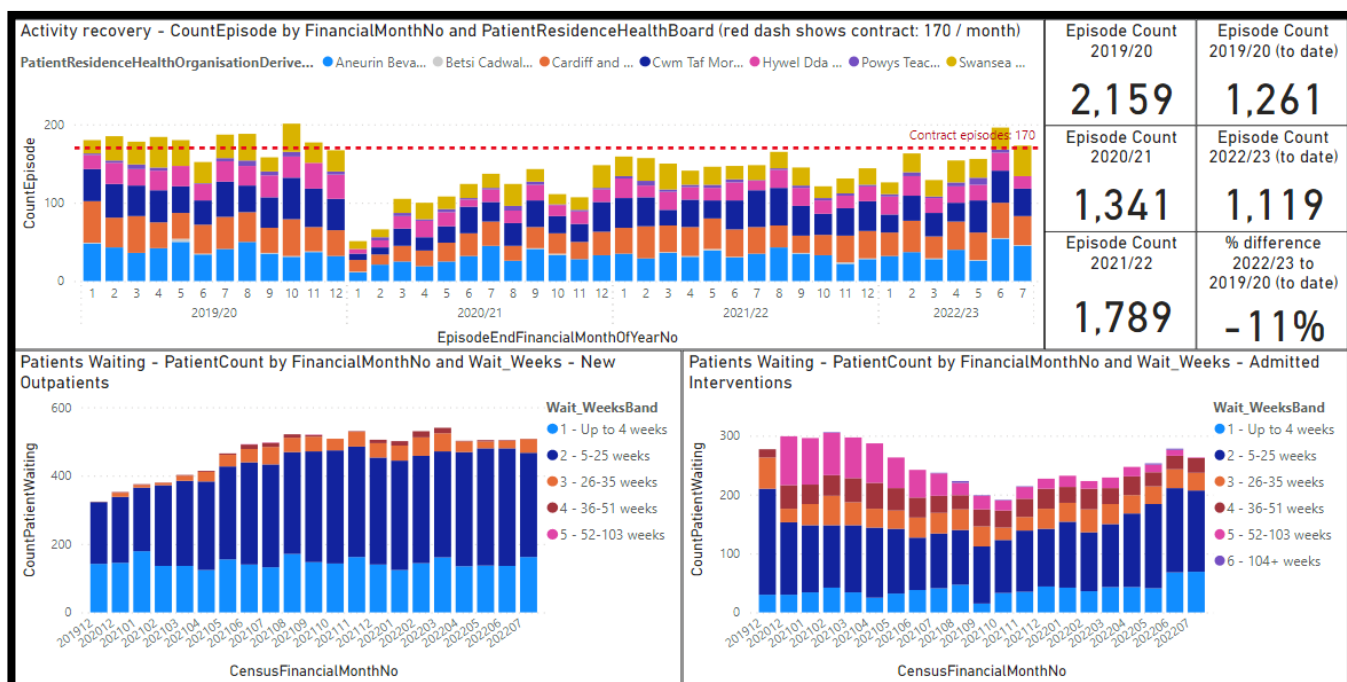
Access rates across the Health Boards have not varied much across the past four years, as shown in the charts above. Inpatient episodes per 100k population in 2022/23 so far vary from 40 to 82 across Health Boards in the bottom left chart, with North Wales having the highest access.

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, and the ratios are also reflected in this way in the waiting list numbers for Neurosurgery.

Please note a separate deep dive report into Neurosurgery was produced in July 2022 – please see that for further analysis if required.

3.3.2 Neurosurgery – Recovery and Waiting Lists

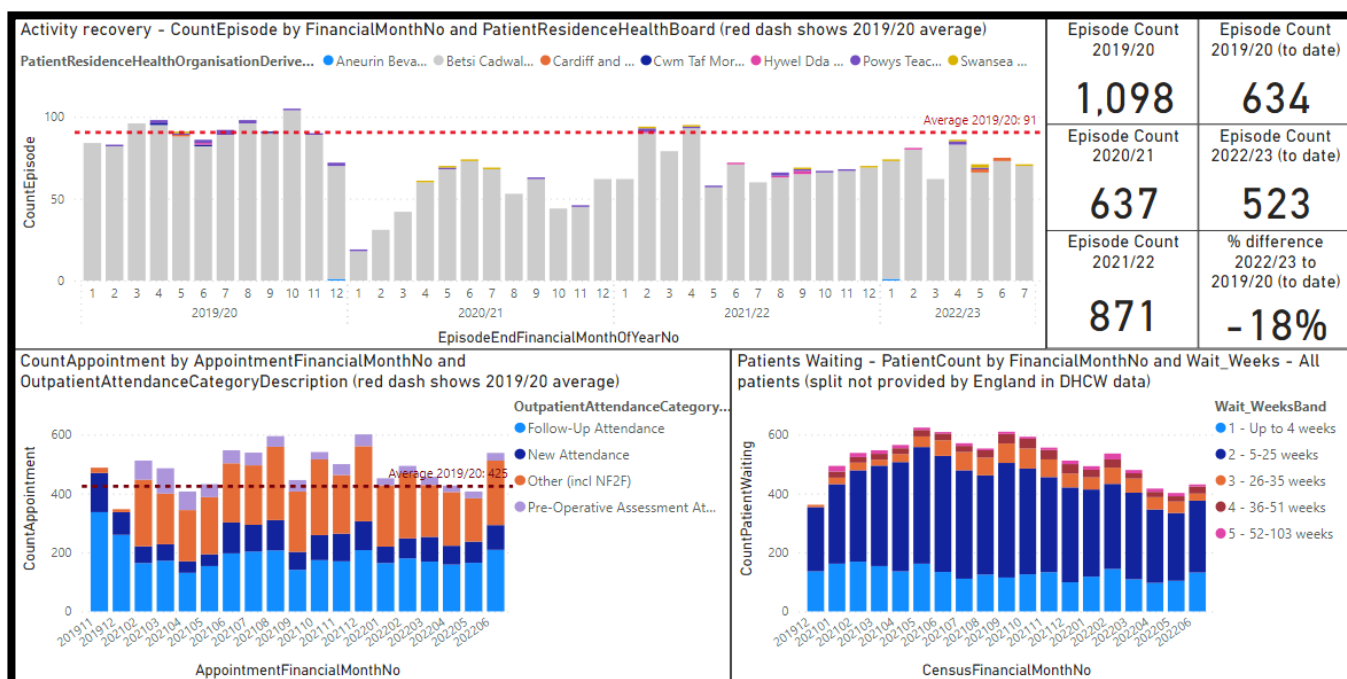
Cardiff & Vale UHB



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 waiting is now higher. Admitted activity increased from the initial reduction, then 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 18% less this year than 2019/20, the total patients waiting is similar in total compared to what it was as COVID-19 struck, although some patients are now waiting longer. However, the past few months had shown an improvement in the total waiting list numbers, and this should continue.

One point to note is the bottom left chart, which shows the movement across types of Outpatient appointment since March 2020. New attendances in person are starting to increase again, 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 was discussed with the service in November 2022 at the regular Performance meeting.

DSA backlog has improved considerably through the additional WLI's running on the weekends. There are 66 backlog patients waiting for a DSA (Oct 22). There are 2 more WLI's scheduled for November and December .

In September this was the first time the Neuro team managed to achieve contract activity levels, this was as a result of the increase in DSA work which was done during this month.

Outpatient numbers are growing with 516 patients waiting. There are plans to repatriate the outpatient clinics from Rookwood to UHW in January 2023. Mr Eralil's OPD waiting list is currently at a 30 week wait. This is actively being managed by the Directorate. These patients are waiting for facial pain treatment.

The past two months the Directorate have seen a significant number of follow up patients with 467 patients seen in October 2022.

The Walton

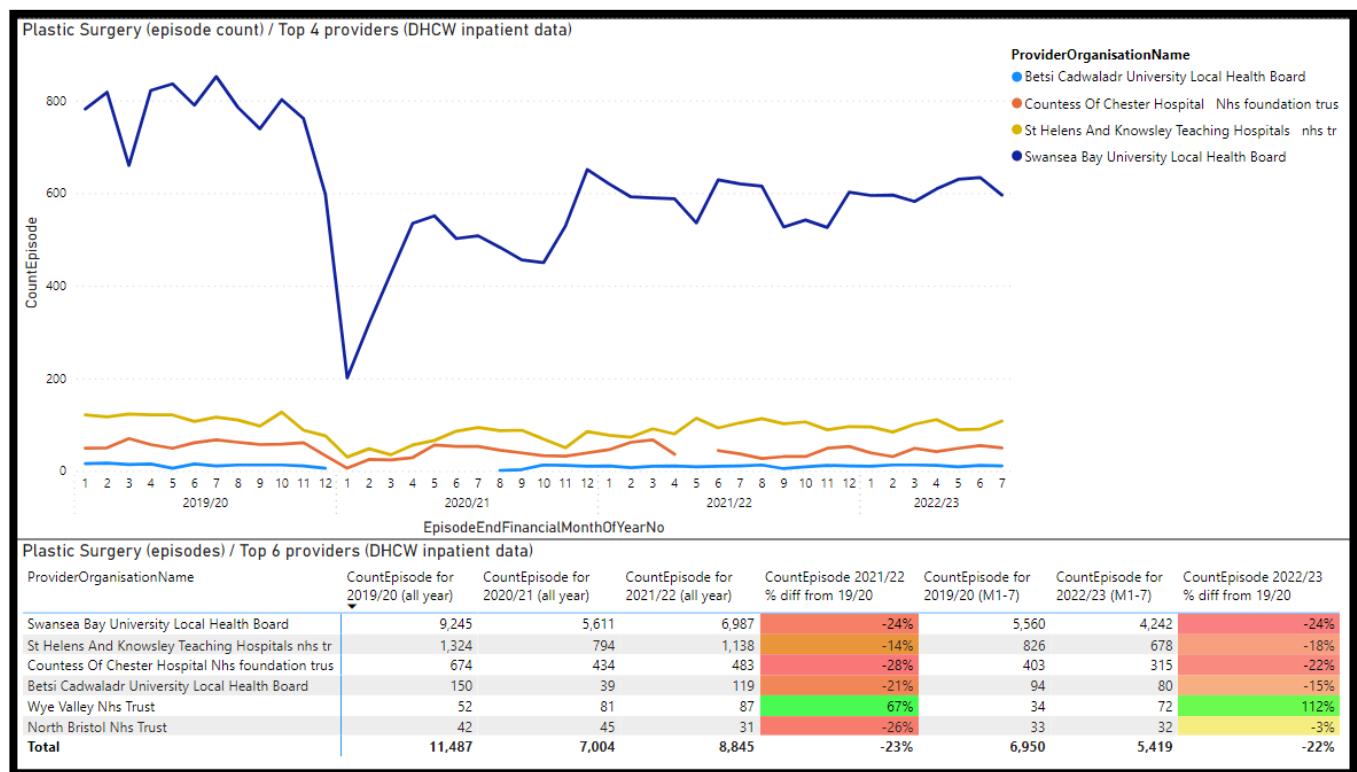
In a recent contract meeting, the Walton Centre confirmed that Spinal patients would be cleared by the summer 2022. The 52-week wait patients are on track to be cleared by the end of this calendar year – December 2022.

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 later in 2022.

3.4 Plastic Surgery (excl. Burns)

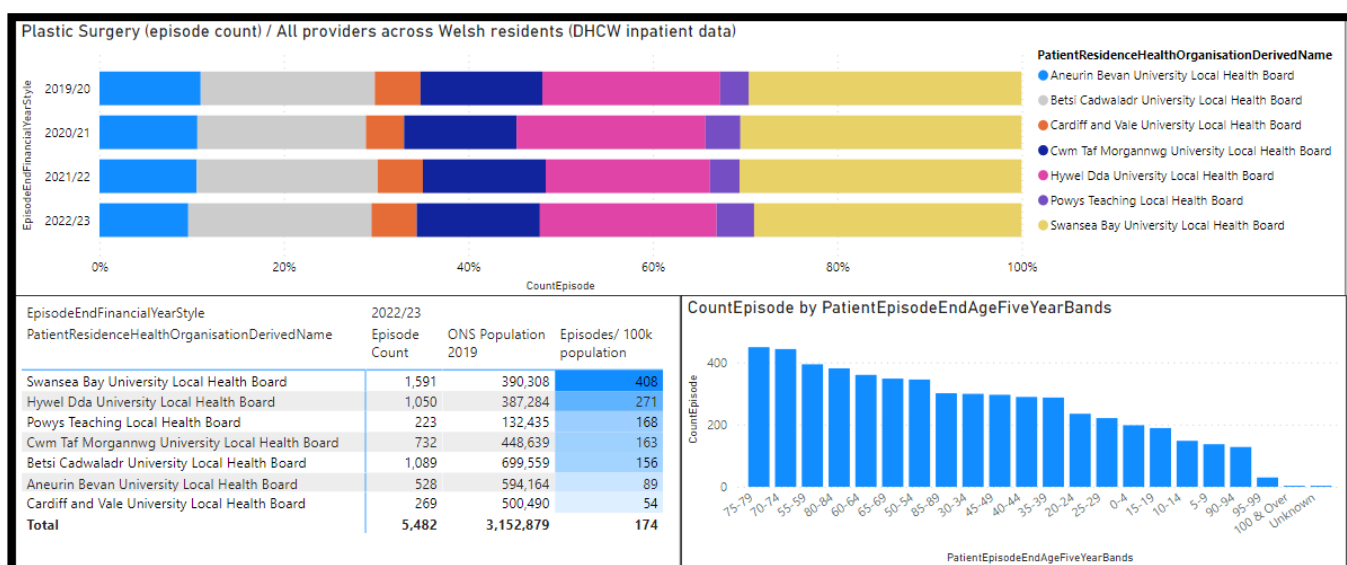
3.4.1 Plastic Surgery (excl. Burns) – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The previous table highlights the variance in Plastic Surgery inpatient recovery across the main specialist providers, with an overall reduction of 22% so far this year compared to 2019/20. The total reduction was 39% across the full year of 2020/21, and 23% in 2021/22. All providers 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. The Swansea Bay figures primarily relate to the WHSSC specialist contract, but include some small numbers relating to a local Dermatology contract they hold with Hywel Dda.



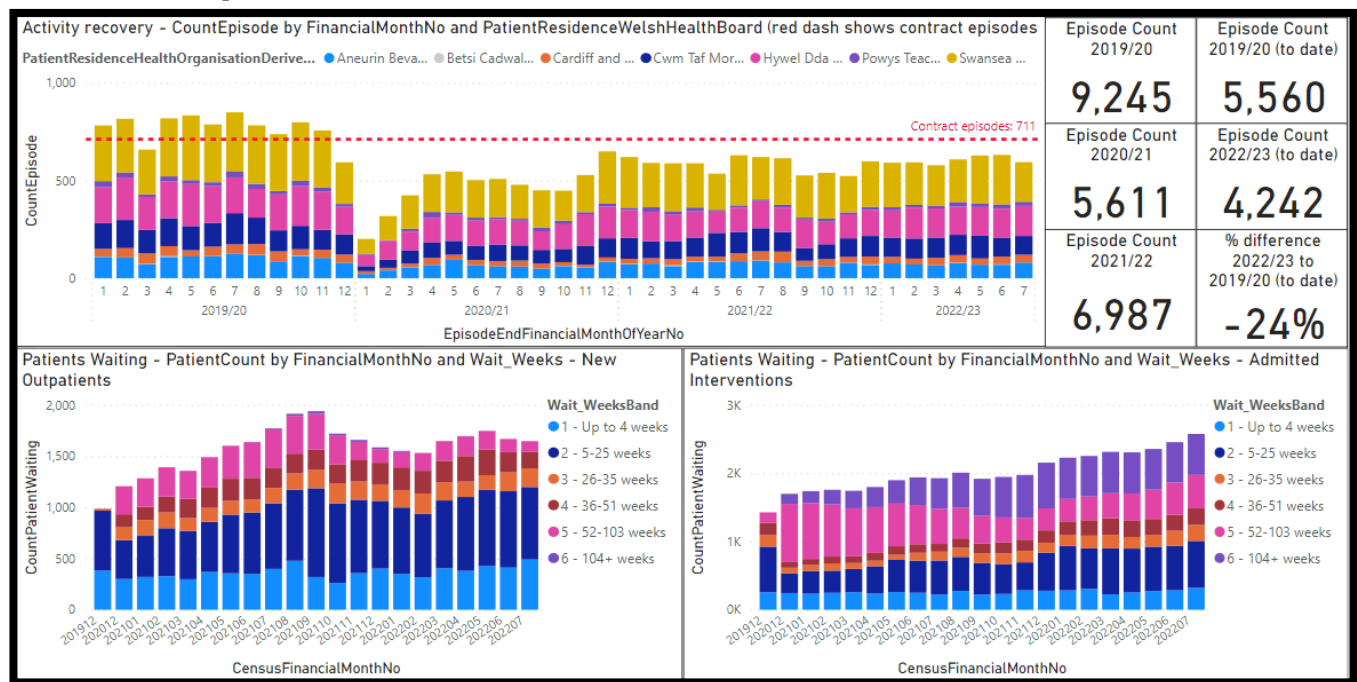
Data source: DHCW central data warehouse; all inpatient activity

Access rates shares 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 an apparent variation between Health Boards in relation to episodes/100k population, with inpatient episodes per 100k population in 2022/23 to date varying from 54 to 408 across Health Boards. 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, with a wider workshop with Management Group members held in September. 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

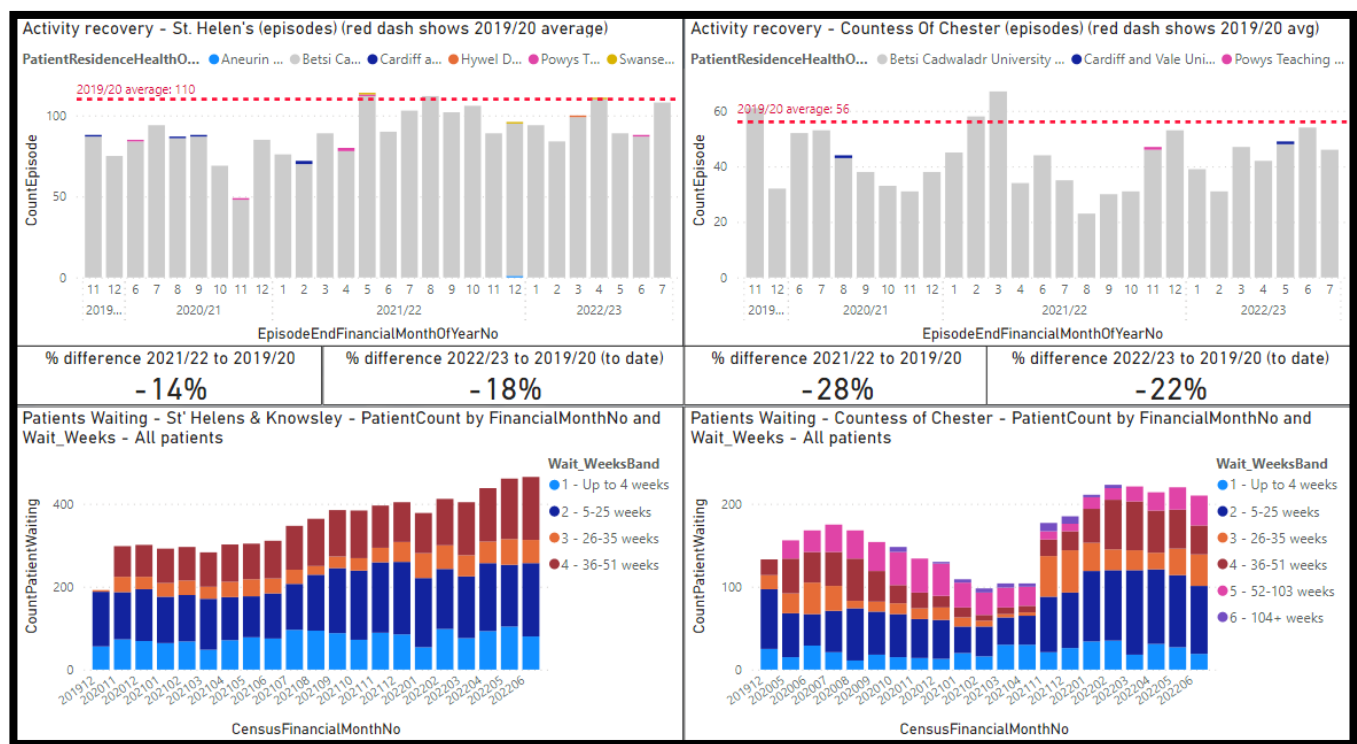


Data source: DHCW central data warehouse; all patients waiting with an open pathway Note: DHCW data includes a small amount of activity related to a local Dermatology contract between SBU/HDU

The tables above show a summary of the position at Swansea Bay in relation to Plastic Surgery. Whilst activity is now 24% less this year than 2019/20, which is better than the 39% drop 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; currently 600 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



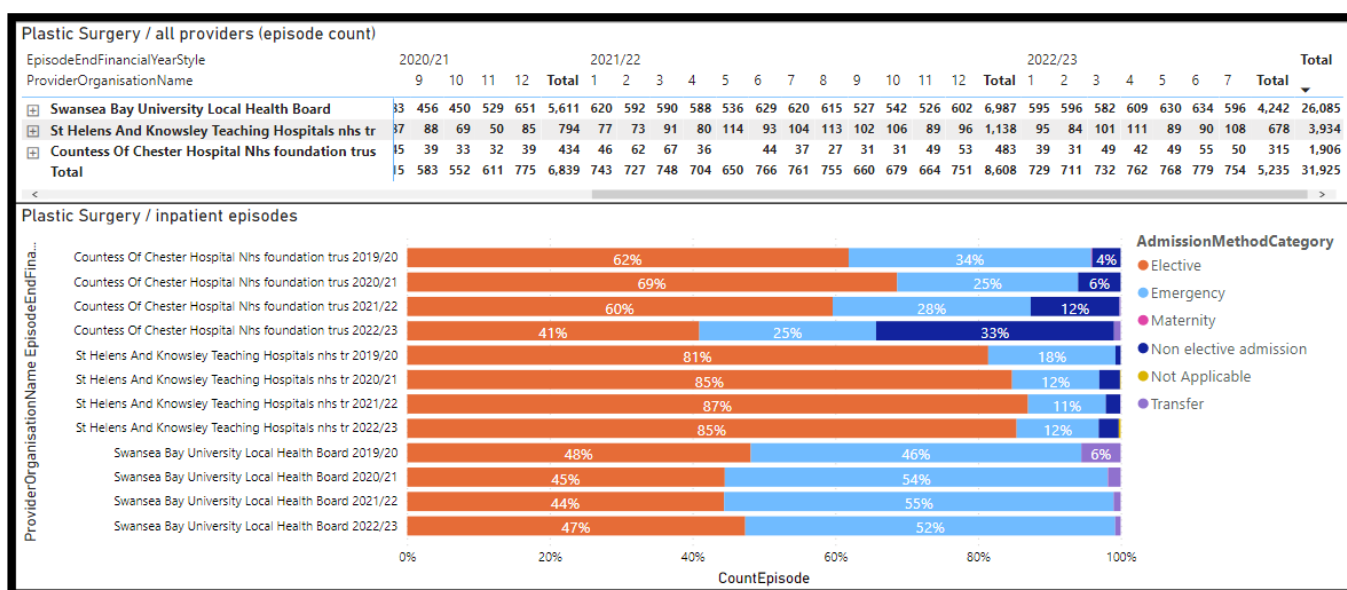
Data source: DHCW central data warehouse; all patients waiting with an open pathway

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 some patients now waiting for over a year (note months 5-10 of 2021/22 were not submitted and are hence blank).

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 4 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:

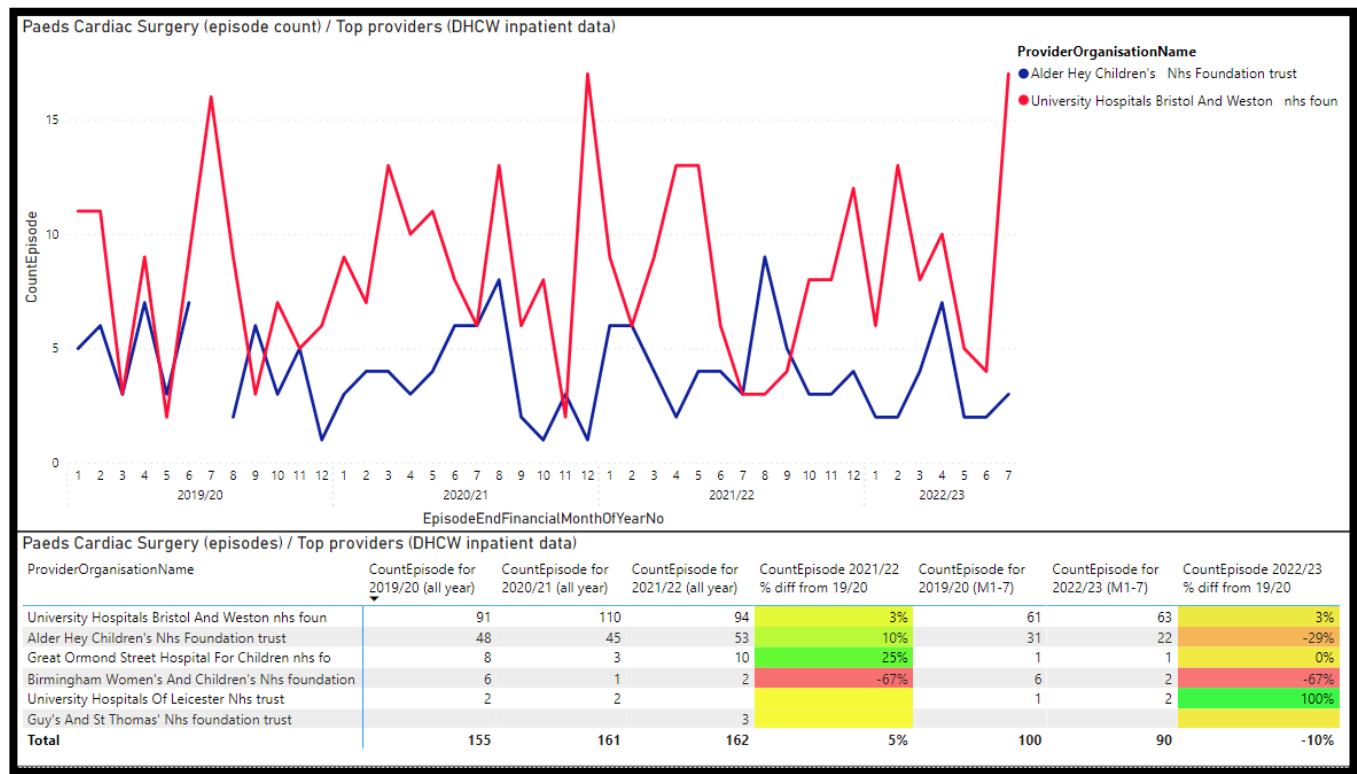
As noted in the comments above, variation across health boards in utilisation of plastic surgery does not necessarily reflect variation in access to appropriate treatment, since many procedures (the majority of activity) provided by plastic surgery are also provided by other specialties. Whether a particular 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.

In addition the Joint Committee meeting on 12 July had a workshop to focus on HB recovery plans. Details on plastic surgery were specifically provided from the service for this meeting.

3.5 Paediatric Cardiac Surgery (English providers using this specialty code)

3.5.1 Paediatric Cardiac Surgery – Activity and Access Rate Summary



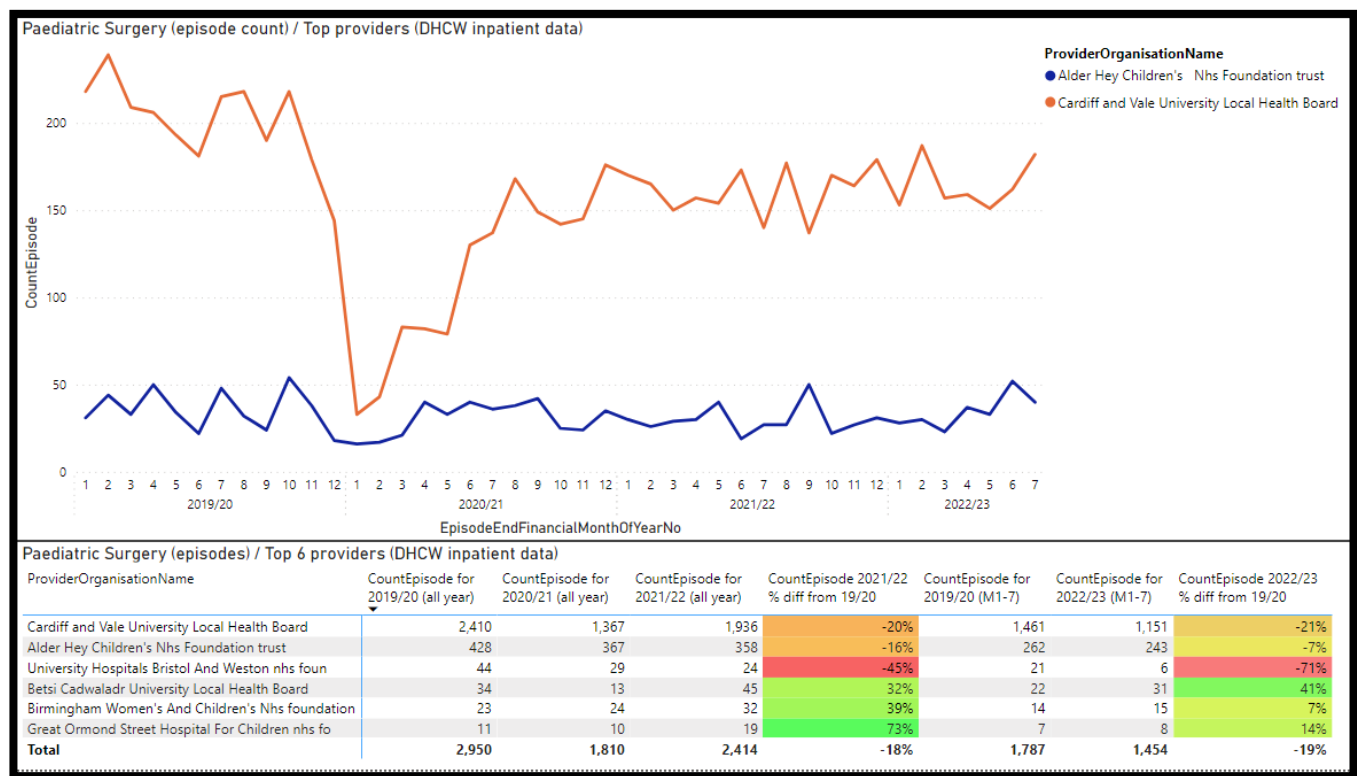
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric 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, 2021/22 or 2022/23 to date compared to 2019/20.

3.6 Paediatric Surgery

3.6.1 Paediatric Surgery – Activity and Access Rate Summary

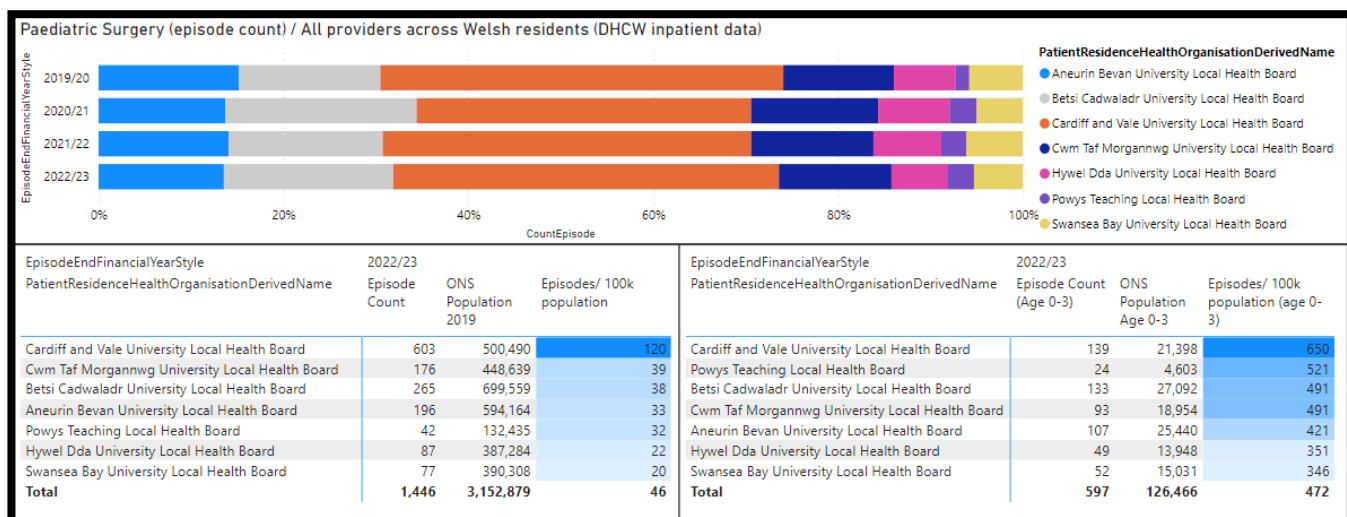


Data source: DHCW central data warehouse; all inpatient activity

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. 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, and 18% less in 2021/22.

Activity so far in 2022/23 shows 19% less than 2019/20, with Alder Hey having a better recovery figure than Cardiff, although their inpatient activity is only about 16% of the total.



Data source: DHCW central data warehouse; all inpatient activity

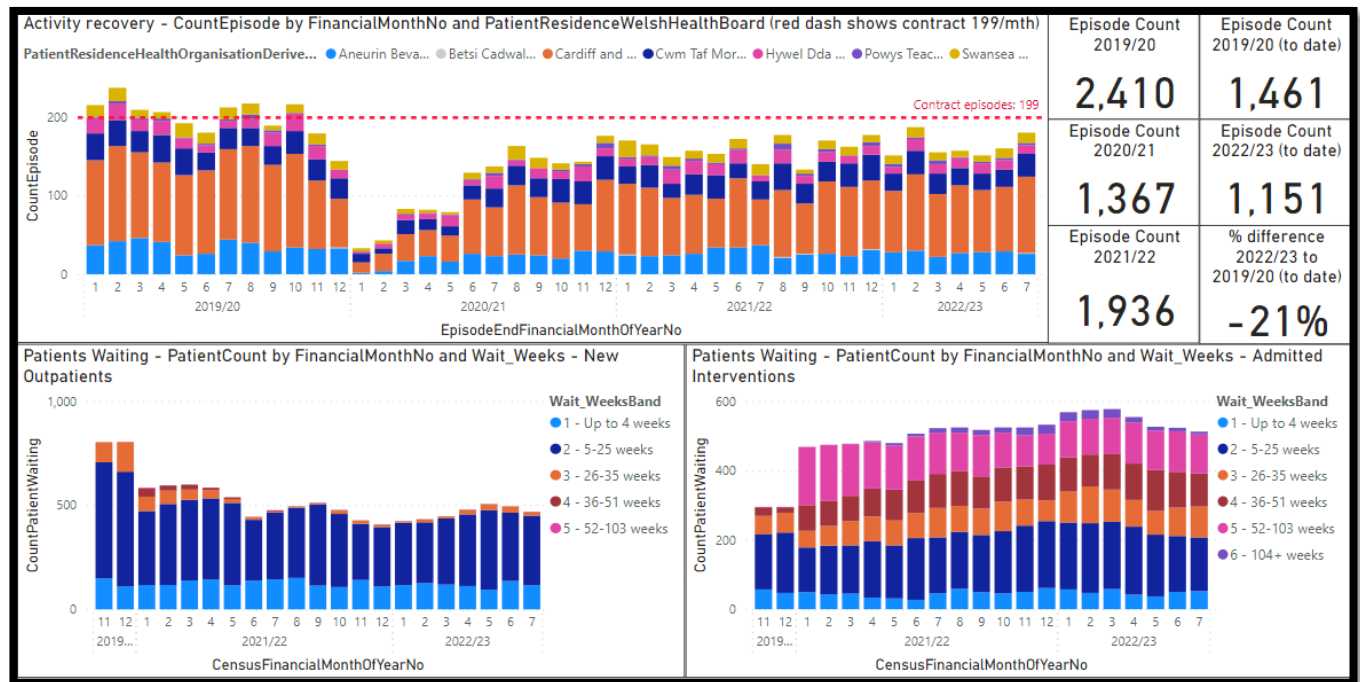
Access rates across the Health Boards varied as the pandemic initially hit, but have now stabilised to roughly the same split as before the pandemic.

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 20 to 120 as per the small table above, with Cardiff being by far the highest. This is linked to Cardiff being the contracted provider of this service, with all South Wales specialist activity passing through the WHSSC contract, along with the local more general activity. The general age group within Paediatric Surgery is 0-3 age group, and this specific activity and population rates are also shown in the table on the bottom right; this shows a closer range of access across Health Boards.

Please note a separate deep dive presentation on Paediatric Surgery was prepared for discussion by Joint Committee members in August 2022.

3.6.2 Paediatric Surgery – Recovery and Waiting lists

Cardiff & Vale UHB

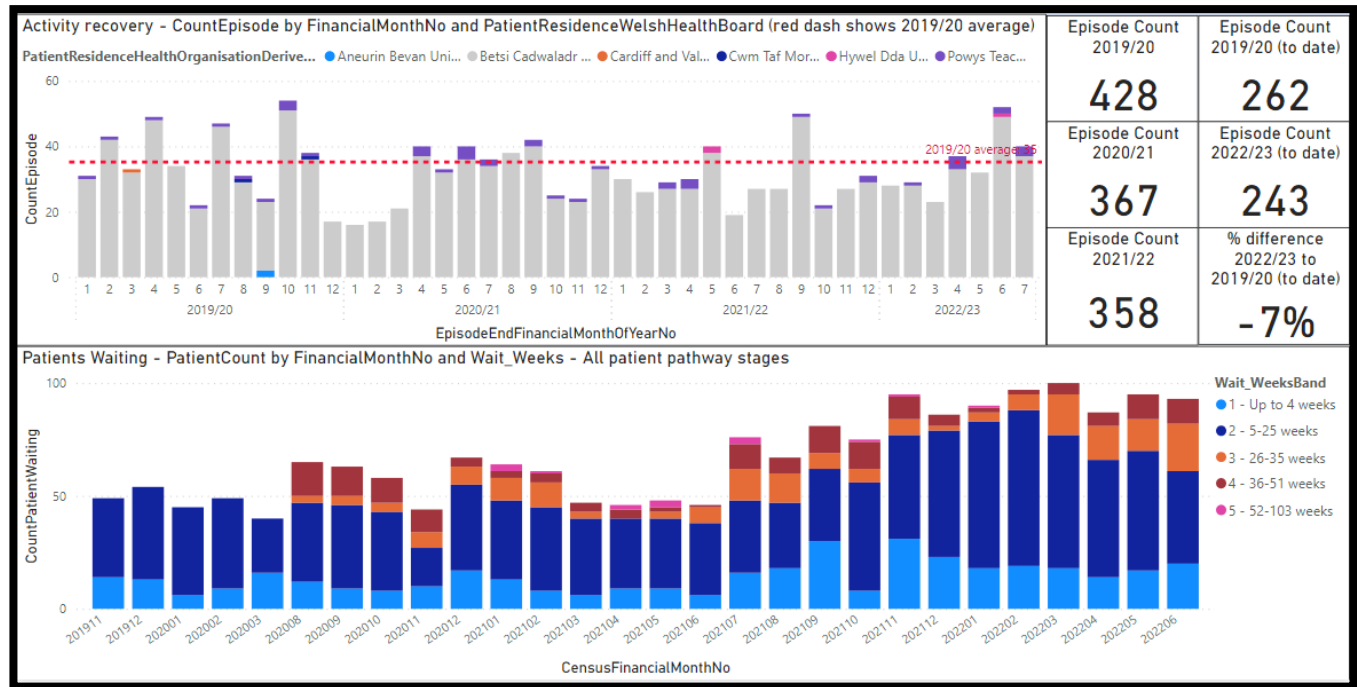


Data source: DHCW central data warehouse; all patients waiting with an open pathway

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 30% now having waited for over a year. Given that the main age band treated by this specialty is in the 0-3 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 is 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

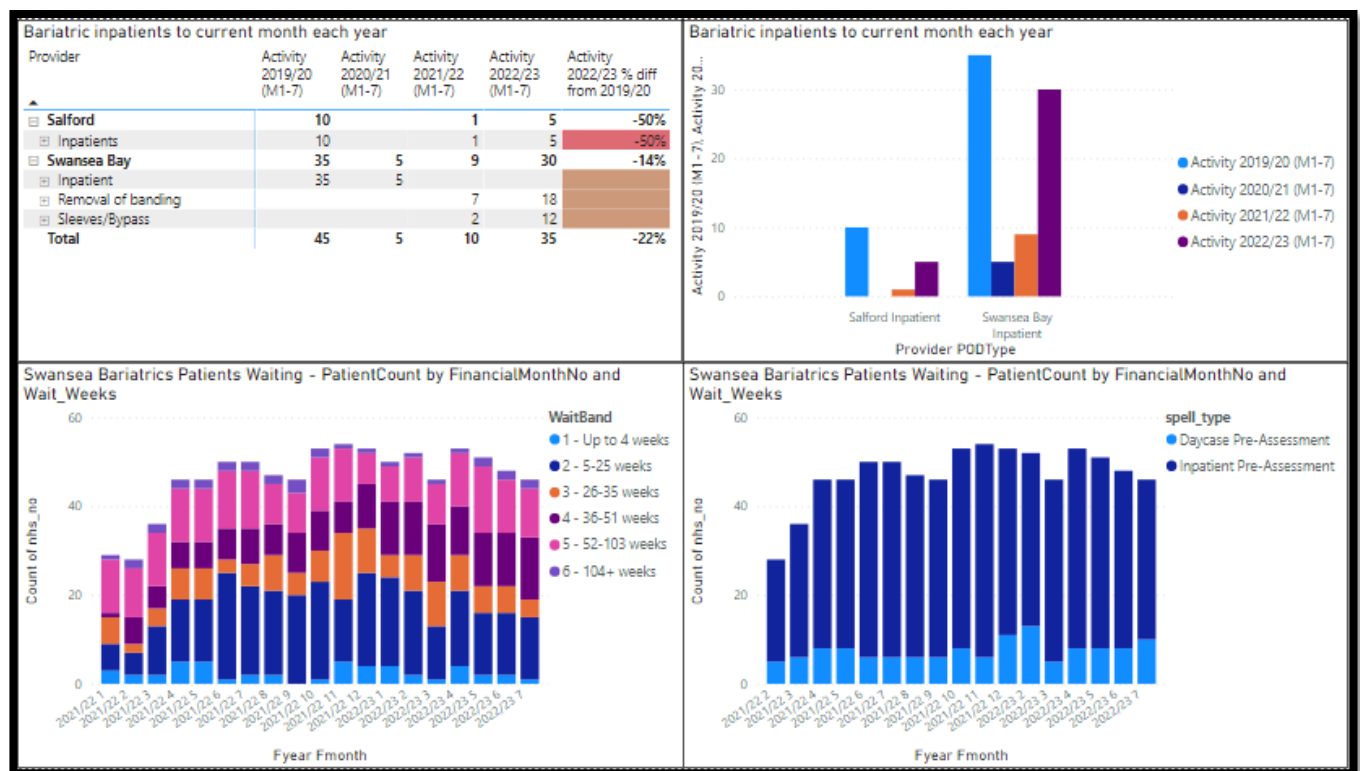
The tables above show a summary of the position at Alder Hey in relation to Paediatric Surgery. The recovery position to the current month this year is 7% lower than last year (14% less in 2020/21 compared to 2019/20 in total, and 17% less in 2021/22 compared to 2019/20). The total waiting list had remained fairly static until October 2021, where it has started to increase again.

Specialised Planner comments:

Alder Hey had previously reported to WHSSC through their recovery plans that activity was currently higher than pre-pandemic levels 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.

Cardiff and Vale is reporting a significant number of patients waiting over 52 weeks. It was noted there are currently 8 children on the list who have waited over 104 weeks however there is a plan in place to ensure there are zero patients waiting over 104 weeks by the end of March 2023. In dialogue with the provider, there are a number of contributing factors to the waiting list including nurse capacity, bed capacity, anaesthetic support and theatre availability. The HB confirmed that there is a plan in place to utilise the support of Anaesthetists from SBUHB to increase capacity. Joint Committee has requested a revised recovery plan from CVUHB. Outsourcing is currently being explored.

3.7 Bariatric Surgery



Data source: direct submissions from providers

Bariatric Surgery is provided at two main centres – Salford predominantly for North Wales residents, and Swansea Bay for South Wales residents. Numbers are small and were greatly affected early on in the Covid-19 pandemic.

Although activity is now creeping up in 2022/23, there remains a high waiting list at Swansea compared to activity, with about a third of patients now waiting over a year.

Specialised Planner comments:

Notwithstanding the challenges of post-Covid recovery, WHSSC has long-standing concerns with the volume of procedures delivered by both commissioned centres. Noting ongoing discussions with Swansea to understand the reasons for centre being unable to deliver commissioned volumes (including whether broader pathway concerns may be a factor), the Health Board has committed to returning to commissioned levels. WHSSC is also continuing to work with Aneurin Bevan University Health Board to support the possibility that the health board be a bariatric surgery designated provider. An initial self-assessment has been submitted, and the health board is now developing formal proposals.

3.8 NHS England Providers – Organisations with WHSSC Contracts

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

3.8.1 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. Activity for 2021/22 improved to just 13% less than 2019/20, and this increase in performance is expected to continue into 2022/23; to the current month the comparison is 11% lower than 2019/20.

The following chart shows the activity drop classified between contracts that are major Powys/North Wales providers and the remaining ones that are either South/all Wales. Providers predominantly to Powys/North Wales have a higher recovery to pre-Covid rates, although they have much higher activity overall than the other Health Boards; please see the appendix for data on each provider by name.

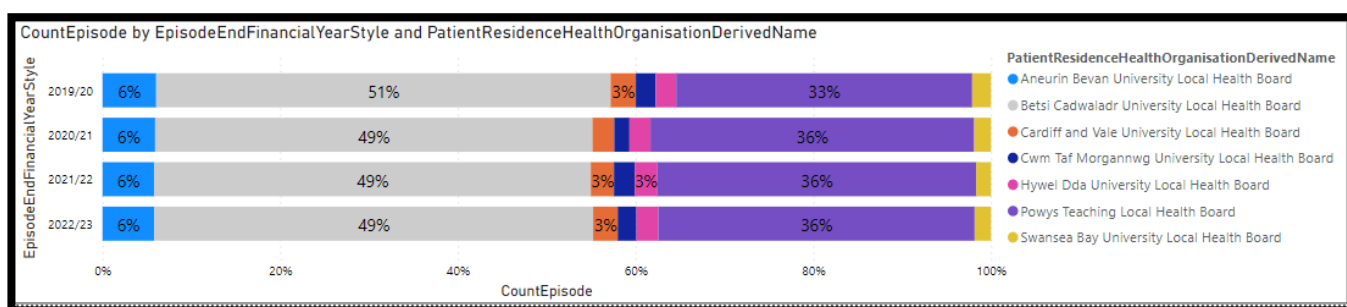
It is worth noting that activity under A&E/Trauma specialties make up 16% of the pre-Covid inpatient episodes, which reduced to only 10% in 2020/21, but has increased to 14% of the 2022/23 activity to date. This is likely due to reduced travelling, and means that the rest of the activity has reduced less than the total 10% so far this year.

Episodes by provider - full years except current year (data: DHCW inpatient episodes)						CountEpisode for	CountEpisode for	CountEpisode for	CountEpisode for	CountEpisode 2022/23
Main HB	2019/20	2020/21	2021/22	2022/23	Total	2019/20 (M1-7)	2020/21 (M1-7)	2021/22 (M1-7)	2022/23 (M1-7)	% diff from 19/20
Major North Wales provider	4,213	2,529	3,495	2,144	12,381	2,587	1,409	2,112	2,144	-17%
Major Powys provider	14,810	9,783	12,735	7,656	44,984	8,765	5,321	7,251	7,656	-13%
Total	17,649	11,590	15,701	9,584	54,524	10,337	6,025	9,337	9,584	-7%
	36,672	23,902	31,931	19,384	111,889	21,689	12,755	18,700	19,384	-11%

Episodes by provider - full years except 2022/23 (data: DHCW)					TreatmentSpecialtyDescription	CountEpisode for 2019/20 (M1-7)	CountEpisode for 2020/21 (M1-7)	CountEpisode for 2021/22 (M1-7)	CountEpisode for 2022/23 (M1-7)	CountEpisode 2022/23 % diff from 19/20
Accident & Emergency	384	194	298	144	Accident & Emergency	239	114	193	144	-40%
Paediatric Trauma and Orthopaedics	143	95	131	114	Paediatric Trauma and Orthopaedics	97	45	74	114	18%
Trauma & Orthopaedics	5,429	2,170	4,089	2,519	Trauma & Orthopaedics	3,135	1,036	2,461	2,519	-20%
Total	5,956	2,459	4,518	2,777	Total	3,471	1,195	2,728	2,777	-20%

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

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 14% to date this financial year, compared to 2019/20, this had not translated into higher waiting lists due to lower demand for inpatient admissions. Cardiff’s waiting list for admissions had actually reduced to about one third of pre-COVID-19 levels, but has been increasing again since December 2021 (now about 120 patients), and Swansea Bay’s has steadily reduced to just over half (about 35 patients), although Liverpool’s list has increased slightly (about 80 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 630 patients (from about 600 in March 2020), but a larger increase at Swansea Bay to around 290 patients (from about 220 in March 2020), although this has been decreasing each month lately. These figures include non-specialist activity, as well as specialised interventions.

Thoracic Surgery (pages 9-12) – Whilst inpatient activity overall has decreased by 11% to date in 2022/23 compared to 2019/20, this varies across the 3 main providers. Cardiff have performed a similar episode volume to 2019/20, and have halved their waiting list for admissions (now about 40 patients). Liverpool have increased their inpatient activity by 10%, and their waiting list for admissions is around 25 patients, although this is an increase. Swansea Bay’s activity is 23% lower than 2019/20 so far this year, but their waiting list is similar to pre-Covid levels with about 10 patients. Cardiff are currently seeing some Swansea patients by agreement.

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 15% in 2022/23 compared to 2019/20, with both Cardiff and the Walton showing similar recovery rates. Both Cardiff's and the Walton's waiting lists for admissions are roughly the same as pre-Covid (about 270 patients at Cardiff and 400 at the Walton), although some of those have been waiting for over a year.

New outpatient referrals appear to be consistent, but Cardiff now has 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 22% less so far this financial year compared to 2019/20, although this is higher than 2020/21. Both of the centres commissioned by WHSSC (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 about 2,500 in October 2022, with almost half having waited over a year.

The new performance measures from Welsh Government show that almost 600 patients have now waited over 2 years for admission at Swansea Bay. WHSSC 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 over 420 in September 2022, although none have waited over a year.

It is noteworthy that Swansea Bay shows a far higher percentage of emergency activity (52% to date in 2022/23) than St Helen's (15% to date in 2022/23), although this was also the case Pre-COVID-19.

Paediatric Surgery (pages 23-26) - Inpatient activity overall has decreased by 19% to date this financial year, compared to 2019/20, but this is still significantly more than in 2020/21.

Whilst Cardiff has clearly worked hard 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 about 500 in October 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 0-3 are the highest age band of admitted patients. However, WHSSC have been in discussions with the Health Board around their recovery plan, and there is a plan in place to ensure there are no patients waiting over 104 weeks by the end of March 2023.

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.

Bariatric Surgery (pages 27) - Bariatric Surgery is provided at two main centres – Salford predominantly for North Wales residents, and Swansea Bay for South Wales residents. Numbers are small and were greatly affected early on in the Covid-19 pandemic. Although activity is now creeping up in 2022/23, there remains a high waiting list at Swansea compared to activity, with about a third of patients now waiting over a year.

NHS England providers (page 28, Appendix 1) – Overall, the English Trusts that WHSSC commission have performed by 11% 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 has reduced by 19% in total, and A&E by 40% in 2022/23. Appendix A lists all the specialties in order, and also shows the position by Health Board.

Other notes

Performance measurement is now increasing in priority, following the worst of the Covid-19 pandemic. Welsh Government have brought out a full range of measurements for 2022/23, and WHSSC will be considering performance and related reporting over the coming months.


5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan Governance and Assurance Choose an item.
Link to Integrated Commissioning Plan	This report provides assurance on delivery of the ICP.
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Any issues are identified in the report.
Finance/Resource Implications	Any issues are identified in the report.
Population Health	Any issues are identified in the report.
Legal Implications (including equality & diversity, socio economic duty etc)	Any issues are identified in the report.
Long Term Implications (incl WBFG Act 2015)	Any issues are identified in the report.
Report History (Meeting/Date/ Summary of Outcome)	Management Group 15 December 2022
Appendices	Annex A – Recovery summary of main specialties/providers Annex B – contract monitoring return activity CVUHB Annex C – 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: Recovery summary of main specialties/providers (please see main body of the report for more detail)



Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)

Welsh Health Specialised
Services Committee (WHSSC)

Annex A - Recovery summary

Data sources: DHCW inpatient episodes and RTT data; includes ALL episodes

Episode comparison to current month (DHCW data warehouse)

Specialty_WHSSC	CountEpisode for 2019/20 (M1-7)	CountEpisode for 2020/21 (M1-7)	CountEpisode for 2021/22 (M1-7)	CountEpisode for 2022/23 (M1-7)	CountEpisode 2022/23 % diff from 19/20
Cardiac Surgery	1,281	649	1,037	1,098	-14%
Cardiff and Vale University Local Health Board	497	200	389	385	-23%
Liverpool Heart And Chest Hospital nhs foundatio	264	183	274	248	-6%
Swansea Bay University Local Health Board	440	206	318	371	-16%
University Hospitals Birmingham Nhs Foundation t	39	31	25	49	26%
University Hospitals Of North Midlands nhs trust	41	29	31	45	10%
Neurosurgery	1,985	1,135	1,680	1,716	-14%
Cardiff and Vale University Local Health Board	1,261	701	1,069	1,119	-11%
The Walton Centre Nhs Foundation trust	634	367	522	523	-18%
University Hospitals Of North Midlands nhs trust	90	67	89	74	-18%
Paediatric Surgery	1,723	790	1,310	1,394	-19%
Alder Hey Children's Nhs Foundation trust	262	203	201	243	-7%
Cardiff and Vale University Local Health Board	1,461	587	1,109	1,151	-21%
Plastic Surgery	6,789	3,703	5,099	5,235	-23%
Countess Of Chester Hospital Nhs foundation trus	403	246	292	315	-22%
St Helens And Knowsley Teaching Hospitals nhs tr	826	415	632	678	-18%
Swansea Bay University Local Health Board	5,560	3,042	4,175	4,242	-24%
Thoracic Surgery	809	471	771	730	-10%
Cardiff and Vale University Local Health Board	373	215	381	339	-9%
Liverpool Heart And Chest Hospital nhs foundatio	140	107	169	154	10%
Swansea Bay University Local Health Board	278	138	204	215	-23%
University Hospitals Of North Midlands nhs trust	18	11	17	22	22%
Total Specialty	12,587	6,748	9,897	10,173	-19%

Current Waiting List totals (DHCW data)

202206 Admitted diagnostic intervention	FUP OP appointment	New OP appointment	Unknown	Total
151	38	101	184	474
112	24	37		173
			171	171
39	14	64		117
			9	9
			4	4
278	233	504	453	1,468
278	233	504		1,015
			431	431
			22	22
523	136	495	93	1,247
			93	93
523	136	495		1,154
2,454	93	1,668	675	4,890
			210	210
			465	465
2,454	93	1,668		4,215
63	80	79	40	262
41	73	49		163
			38	38
22	7	30		59
			2	2
3,469	580	2,847	1,445	8,341

Note: Cardiac Surgery includes ALL episodes, as current coding for 2022/23 has not been fully completed for the most recent months and minor/nil procedure episodes cannot be excluded

ANNEX B: 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.

			Sum of Spend £							Sum of Activity								
			2022/23							2022/23								
Heading	Sub-heading	Activity	1	2	3	4	5	6	7	2022/23 Total	1	2	3	4	5	6	7	2022/23 Total
CARDIO THORACIC	Cardiology- Specialist Services		999,585	1,073,683	1,092,218	1,331,502	1,103,030	1,120,002	1,166,352	7,886,373	149	148	143	164	168	161	140	1,073
	Prioritisation- Percutaneous mitral valve leaflet repair	(blank)	55,940	55,940	55,940	55,940	(120,181)	14,490	9,727	127,798								
	Cardiology for AB	FCE's	143,343	7,238	57,826	86,206	402,452	139,414	141,450	977,929	27	29	20	33	17	26	35	187
	AB ICD Repatriation	(blank)	(70,235)	(70,235)	(70,235)	(70,235)	(70,235)	(70,235)	(70,235)	(491,646)								
	Cwm Taf Cardiology ICD's	FCE's	23,426	13,510	33,343	111,053	30,458	42,358	51,614	305,762	3	2	1	8	2	4	3	23
	SB Cardiology	FCE's	3,445	3,445	3,445	20,311	3,445	6,818	2,883	43,794	1	0	1	0	0	0	-1	1
	Cardiac Surgery-TAVI	Procedure	289,410	722,014	367,564	415,690	386,316	436,200	481,574	3,098,768	15	31	18	20	18	21	21	144
	ACHD	OP	108,778	108,778	108,778	108,778	108,778	65,202	34,826	643,917	72	77	85	73	85	78	71	541
	Cardiac Surgery	FCE's	1,140,349	1,218,366	1,159,504	1,219,707	1,168,443	1,181,274	1,204,961	8,292,604	44	52	45	64	46	67	66	384
		OP									83	105	104	75	103	92	103	665
	Thoracic Surgery	FCE's	363,846	416,603	404,091	384,832	384,864	390,844	365,220	2,710,299	48	59	58	39	55	40	38	337
		OP									143	146	135	106	148	161	151	990
CARDIO THORACIC Total			3,057,887	3,549,343	3,212,474	3,663,783	3,397,370	3,326,367	3,388,373	23,595,597	585	649	610	582	642	650	627	4,345
NEUROSCIENCE / ALAS	Neurosurgery	FCE's	1,562,415	1,627,787	1,572,281	1,598,002	1,593,021	1,590,701	1,651,241	11,195,448	129	166	129	157	156	198	214	1,149
		OP									374	404	425	415	408	487	556	3,069
	Spinal Implants	Patients	138,206	119,536	86,418	195,593	58,876	119,726	251,783	970,139	8	12	9	16	8	14		67
	Spinal Implants - SB Intrathecal	(blank)																
	INR Devices	Devices	105,049	165,685	67,228	145,621	161,889	129,092	194,435	968,999	12	14	9	11	9	17		72
	Excess INR Outsourcing	(blank)	0	0	0	0	0	0	0	0								
	Epilepsy Surgery	FCE's	1,919	63,909	32,914	(1)	(1)	19,748	10,148	128,635	0	2	1	0	0	0	1	4
	Prolonged Disorder of	(blank)	24,501	24,501	24,501	24,501	24,501	(14,128)	26,801	135,176								
	Neurosurgery Oncology Service	(blank)	42,833	42,833	42,833	42,833	42,833	(29,954)	16,226	200,438								
	Spinal Injuries	Bed-days	309,494	323,435	323,294	328,645	327,941	322,559	318,488	2,253,855	546	645	644	682	677	614	630	4,438
		OP									53	77	67	54	58	58	68	435
	Neuro Rehab	Bed-days	303,334	303,716	312,752	307,152	306,738	306,738	306,739	2,147,169	457	460	531	571	553	455	497	3,524
		OP									24	26	28	36	17	28	38	197
	Relocation of Rehabilitation	(blank)	42,833	42,833	42,833	42,833	42,833	(100,554)	(31,666)	81,946								
	ALAS	(blank)	1,546,961	1,547,003	1,547,004	1,546,836	1,547,136	1,376,853	1,518,764	10,630,557								
	MPK	(blank)	28,417	28,417	28,417	28,417	28,417	28,417	28,417	198,917								
NEUROSCIENCE/ ALAS Total			4,105,962	4,289,654	4,080,475	4,260,433	4,134,185	3,749,197	4,291,373	28,911,279	1,603	1,806	1,843	1,942	1,886	1,871	2,004	12,955
RENAL	Renal Surgery	FCE's	338,099	388,232	342,681	377,601	332,553	355,833	331,937	2,466,935	76	93	81	97	68	86	87	588
		OP									307	353	366	315	391	230	401	2,363
	Nephrology	FCE's	555,329	548,863	539,164	548,863	563,412	551,127	565,459	3,872,216	109	86	106	103	129	163	147	843
		OP									439	525	469	628	824	542	614	4,041
	Home Renal Dialysis	Dialysis	129,488	127,562	129,965	145,421	144,537	135,394	111,732	924,099	644	624	649	718	782	508	634	4,559
	Renal CAPD (Dialysis)	Dialysis	128,813	129,970	128,284	133,615	132,013	130,539	119,863	903,097	1,644	1,691	1,636	1,735	1,645	1,450	1,737	11,538
	Hospital Renal Dialysis	Dialysis	1,241,309	1,235,502	1,280,881	1,188,665	1,262,369	1,241,745	1,355,532	8,806,003	7,281	7,283	7,574	6,952	7,487	8,137	7,557	52,271
Renal Transplants	Transplant	521,308	573,623	562,281	523,168	495,583	503,652	466,090	3,645,705	10	12	12	10	8	5	8	65	
RENAL Total			2,914,345	3,003,751	2,983,257	2,917,333	2,930,467	2,918,290	2,950,612	20,618,055	10,510	10,667	10,893	10,558	11,334	11,121	11,185	76,268

Heading	Sub-heading	Activity	Sum of Spend £							2022/23 Total	Sum of Activity							2022/23 Total
			1	2	3	4	5	6	7		1	2	3	4	5	6	7	
HAEMATOLOGY	Haemophilia - Blood products	Units	448,436	479,466	426,136	507,624	761,737	524,680	633,513	3,781,593	1,374,003	1,402,611	1,756,043	1,506,823	2,063,128	1,435,927		9,538,535
	IBD Service Infrastructure	(blank)	159,097	159,097	159,097	159,097	159,097	92,213	147,950	1,035,649								
	Haemophilia Ref Centre	(blank)	6,419	6,419	6,419	6,419	6,419	6,419	6,419	44,936								
	BMT - Cardiff & SB	Transplant	739,972	765,336	854,475	637,533	808,277	761,118	786,172	5,352,882	11	13	12	9	12	9	10	76
	ATMPs - C&Y Service	Patients	342,308	340,136	86,613	86,613	1,102,468	(1,224,694)	148,667	882,111	1	1	0	0	4	2		8
	Lymphoma Panel	Patients	127,370	132,305	111,918	127,154	124,099	124,567	132,520	879,933	207	228	141	206	193	224	208	1,407
	Clinical Immunology	Patients	675,785	891,994	807,137	721,865	940,516	793,567	880,896	5,711,759	135	223	224	235	228	247	242	1,534
	Hereditary Anaemia Service	(blank)	31,632	31,632	31,632	31,632	31,632	11,882	26,792	196,832								
HAEMATOLOGY Total			2,531,018	2,806,386	2,483,427	2,277,937	3,934,245	1,089,752	2,762,929	17,885,694	1,374,357	1,403,076	1,756,420	1,507,273	2,063,565	1,436,409	460	9,541,560
PAEDIATRICS/ NEONATAL	Paediatric Surgery	FCE's	566,155	592,537	565,352	569,176	561,612	570,966	571,380	3,997,177	153	188	152	157	147	160	178	1,135
	OP										236	281	235	174	178	279	281	1,664
	Paediatric Renal	FCE's	146,742	161,679	170,941	144,163	142,835	153,277	126,071	1,045,708	47	59	46	40	45	49	38	324
	OP										148	168	129	162	147	140	148	1,042
	Paediatric Oncology	FCE's - IP/DC	945,745	964,767	900,347	944,574	944,050	939,894	893,424	6,532,801	164	153	114	162	134	81	174	982
	OP										64	52	56	59	32	74	73	470
	Paediatric Neurology	FCE's	250,226	257,867	250,355	253,076	262,468	131,643	191,155	1,596,792	224	452	461	689	465	625	536	3,452
	OP										19	24	19	18	22	18	24	144
	Nusinersen Additional Costs	(blank)	5,505	5,505	5,505	5,505	5,505	5,505	5,505	38,534	118	106	139	45	129	72	132	741
	Paediatric Ketogenic Diet	(blank)	8,546	8,546	8,546	8,546	8,546	8,546	8,546	59,820								
	Paediatric Rheumatology	(blank)	61,129	54,592	57,861	57,861	57,861	38,149	35,143	362,595								
	Paediatric Neuro Rehab	(blank)	22,889	22,889	22,889	22,889	22,889	22,889	22,889	160,224								
	Paediatric Gastroenterology	FCE's	163,788	136,769	158,342	154,845	171,005	148,770	119,369	1,052,889	66	57	77	61	66	88	73	488
	OP										72	84	86	55	79	117	85	578
	Paediatric ENT	FCE's	123,498	125,633	124,533	124,795	127,835	125,258	124,916	876,468	34	37	33	37	45	34	40	260
	OP										108	183	144	133	224	167	313	1,272
	Paediatric Cardiology	FCE's	250,466	256,477	280,342	250,648	214,577	235,878	227,059	1,715,447	17	18	21	18	12	8	13	107
	OP										171	224	224	186	183	218	199	1,405
	Foetal Cardiology	OP	22,135	22,135	22,135	22,135	22,135	22,135	22,135	154,949	42	64	59	38	37	50	40	330
	Paeds Cystic Fibrosis	(blank)	48,442	45,397	46,550	44,012	47,040	46,286	45,661	323,388								
	Children's Hospital for Wales	(blank)	109,858	109,858	109,858	109,858	109,858	109,858	109,858	769,007								
	Paeds Respiratory Equipment	(blank)	21,364	29,369	73,051	26,793	69,309	44,026	17,124	281,036								
	Paediatric Radiology	(blank)	51,400	23,600	37,500	37,500	37,500	(50,600)	2,867	139,767								
	Paeds Endocrinology	(blank)	61,944	61,944	61,944	61,944	61,944	61,944	61,944	433,606								
	Foetal Medicine	(blank)	27,184	27,184	27,184	27,184	27,184	27,184	27,184	260,287								
	PICU BH	Bed-days	409,420	420,061	512,561	392,789	338,871	414,740	376,432	2,864,873	86	115	133	99	81	31	124	669
	NICU BH	Bed-days	825,486	849,448	802,903	855,001	877,805	799,367	835,002	5,845,012	741	704	837	934	803	924	919	5,862
	Perinatal Pathology	(blank)	24,650	24,650	24,650	24,650	24,650	24,650	24,650	172,551								
	Paediatric IMD	(blank)	12,925	12,925	12,925	12,925	12,925	0	10,771	75,396								
	Paediatric MRI Investment	(blank)	39,609	39,609	39,609	39,609	39,609	(20,015)	29,672	207,701								
	Syndrome without a Name (SWAN)	(blank)						0		0								
PAEDIATRICS/ NEONATAL Total			4,199,106	4,253,443	4,315,882	4,190,479	4,188,012	3,860,349	3,958,756	28,966,028	2,510	2,969	2,965	3,067	2,889	3,135	3,390	20,925

Heading	Sub-heading	Activity	Sum of Spend £ 2022/23							2022/23 Total	Sum of Activity 2022/23							2022/23 Total
			1	2	3	4	5	6	7		1	2	3	4	5	6	7	
ADULT CRITICAL CARE	AICU	Bed-days	536,342	541,128	234,185	457,218	640,842	493,941	532,723	3,496,379	284	309	410	307	285	350	306	2,250
	HCU	Bed-days	55,913	48,093	75,463	74,681	80,936	67,018	158,067	560,170	22	14	48	47	55	137	87	410
	Critical Care Long Term	(blank)	73,976	73,976	73,976	73,976	73,976	34,155	113,797	517,831								
	LTY Consultant Sessions	(blank)	3,338	3,338	3,338	3,338	3,338	3,338	3,338	23,368								
ADULT CRITICAL CARE Total			729,569	666,535	386,962	609,213	799,093	598,451	807,925	4,597,749	306	323	458	354	340	487	393	2,660
GENETICS/ LTC	Medical Genetics	(blank)	1,338,061	947,263	1,244,538	1,198,465	1,182,424	953,147	1,143,983	8,007,882								
	UK GTN Send out tests	Tests	38,167	38,167	38,167	38,167	38,167	38,167	38,845	267,847	6	23	20	32	20	18	40	159
	Lynch Syndrome	(blank)	26,043	26,043	26,043	26,043	26,043	26,043	26,043	182,303								
	Genetic Counsellor 8a	(blank)	5,550	5,550	5,550	5,550	5,550	5,550	5,550	38,851								
	Enzyme Replacement Therapy	(blank)	75,017	75,017	75,017	75,017	75,017	10,340	(20,288)	365,136								
	Cystic Fibrosis	(blank)	549,042	542,692	536,765	550,209	512,982	312,793	486,969	3,491,451								
	Home TPN	FCE's	277,821	202,333	213,171	292,073	350,379	213,439	330,338	1,879,355	325	218	224	360	455	411	420	2,413
	BAHAs & Cochlears	(blank)	422,054	422,054	422,054	580,046	461,552	461,553	461,552	3,230,866								
GENETICS/ LTC Total			2,731,556	2,259,119	2,561,306	2,765,570	2,652,115	2,021,032	2,472,993	17,463,690	331	241	244	392	475	429	460	2,572
OTHER	Liver Surgery	FCE's	107,958	107,958	83,738	81,774	91,083	79,278	77,836	629,625	13	12	10	4	10	10	14	73
	Liver Cancer Development	(blank)	2,537	2,537	2,537	2,537	2,537	2,537	2,537	17,761								
	Major Trauma Centre	(blank)	1,000,557	1,000,557	1,000,557	1,000,557	1,000,557	1,000,557	1,000,557	7,003,901								
	RF Ablation - Barretts	(blank)	26,178	26,178	32,779	46,982	25,339	31,489	72,619	261,566								
	Hepatology	(blank)	22,927	22,927	22,927	22,927	22,927	22,927	22,927	160,488								
	Hepatology Collective	(blank)	793	57,460	29,127	29,127	29,127	(55,890)	4,326	94,069								
	Neuropsychiatry	Days	252,818	256,324	255,645	252,001	255,042	250,431	255,467	1,777,729	311	334	329	306	326	309	283	2,198
	Regional Pharmaceutical Service	(blank)	64,854	64,854	64,854	64,854	64,854	64,854	64,854	453,980								
	NICE / High Cost Drugs	(blank)	104,691	60,879	113,998	51,183	103,091	86,769	114,047	634,657								
	ILD RHIG Funded	(blank)	13,336	13,336	13,336	13,336	13,336	13,336	13,336	93,353								
	Neuroendocrine Tumours (NETs)	(blank)	65,178	65,178	65,178	65,178	65,178	65,178	65,178	456,245								
	Gender Identity Service	(blank)	116,647	116,647	116,647	116,647	116,647	(16,275)	94,493	661,452								
	Pag Award	(blank)	718,034	718,034	718,034	718,034	718,034	718,034	718,034	5,026,237								
OTHER Total			2,496,509	2,512,870	2,519,357	2,465,138	2,507,753	2,263,226	2,506,213	17,271,064	324	346	339	310	336	319	297	2,271
Grand Total			22,765,952	23,341,100	22,543,140	23,149,886	24,543,239	19,826,666	23,139,173	159,309,155	1,390,526	1,420,077	1,773,772	1,524,478	2,081,467	1,454,421	18,816	9,663,556

ANNEX C: 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.

Heading	Sub-heading	Activity type	Sum of Spend £							2022/23 Total	Sum of Activity							2022/23 Total
			1	2	3	4	5	6	7		1	2	3	4	5	6	7	
RENAL	Renal - Other		700,618	700,618	700,618	700,618	700,618	700,618	700,618	4,904,323	991	991	991	991	991	991	991	6,934
	Hospital Dialysis	Dialysis	520,141	520,141	520,141	520,141	520,141	540,787	644,382	3,785,874	3,069	3,125	3,047	2,964	3,151	3,077	3,075	21,508
	Home Dialysis	Dialysis	152,836	152,836	152,836	152,836	152,836	152,836	152,836	1,069,855	81	81	81	81	81	81	81	565
	Renal Wales	Dialysis	335,320	295,016	126,317	191,608	350,489	259,735	259,748	1,818,234	2,288	2,256	2,303	2,318	2,382	2,306	2,283	16,136
RENAL Total			1,708,915	1,668,611	1,499,913	1,565,203	1,724,084	1,653,976	1,757,584	11,578,286	6,428	6,452	6,421	6,353	6,604	6,454	6,429	45,143
CARDIO THORACIC	Cardiac Surgery	Minor/nil OP	1,275,459	1,260,770	1,290,509	1,238,815	1,265,777	1,239,566	1,300,550	8,871,447	38	38	40	29	29	38	46	258
	TAVI		438,006	471,453	398,840	179,943	537,190	589,887	370,786	2,986,105	9	13	11	17	3	14	11	78
	TAVI (Add'l Develop)		33,083	33,083	33,083	33,083	33,083	33,083	-198,500	0	44	33	43	31	38	36	44	269
	Cardiology		953,186	953,186	953,186	953,186	953,186	953,186	980,019	6,699,136	156	159	154	108	244	187	149	1,157
	Bariatrics		37,813	35,102	39,356	28,908	35,558	46,148	53,714	276,599	3	3	5	2	5	6	6	30
	ICC		25,015	25,015	25,015	25,015	21,192	24,250	24,250	169,750								
CARDIO THORACIC Total			2,762,563	2,778,609	2,739,989	2,458,950	2,845,986	2,886,120	2,530,819	19,003,037	266	264	267	199	340	295	283	1,914
PAEDS / NEONATAL	CLP		115,139	125,131	115,395	148,147	126,079	128,678	140,195	898,763	4	7	4	14	8	11	12	60
	NICU		478,150	469,820	400,394	447,343	500,562	459,253	459,254	3,214,776	475	427	461	465	561	528	623	3,540
	BAHA		5,418	5,418	5,418	5,418	5,418	5,418	5,417	37,923								
	Paeds Onc		12,419	12,419	12,419	12,419	12,419	12,419	12,419	86,931								
PAEDS / NEONATAL Total			611,125	612,787	533,625	613,326	644,477	605,768	617,285	4,238,393	479	434	465	479	569	539	635	3,600
CANCER & BLOOD	Plastics	OP	1,552,784	1,532,747	1,523,606	1,561,446	1,542,927	1,461,702	1,596,869	10,772,082	657	642	624	659	708	657	663	4,610
	Burns		429,154	415,367	485,221	480,165	453,001	525,482	457,265	3,245,656	1,842	2,152	1,896	1,898	2,141	2,303	2,315	14,547
	Thoracic	OP	180,291	241,622	229,707	253,272	225,699	358,118	225,951	1,714,659	85	55	207	196	270	147	-47	913
	SNB										14	31	25	27	44	34	42	217
	Haemophilia		75,113	117,253	84,261	59,604	84,335	152,513	71,713	644,792	65	99	93	88	122	108	119	694
	Sarcoma		83,886	110,875	92,018	101,782	74,412	92,895	113,878	669,748								
CANCER & BLOOD	Clinical Genetics		5,537	5,537	5,537	5,537	5,537	5,537	5,536	38,757	11	26	23	17	21	27	25	150
	ALAC		194,435	194,435	194,435	194,435	111,582	177,864	177,865	1,245,051								
	Rehab	OP	178,797	181,966	174,539	168,102	175,337	180,248	185,831	1,244,821	330	362	287	222	328	394	392	2,315
											25	24	13	41	6	24	16	149
NEUROSCIENCES Total			373,232	376,402	368,974	362,537	286,919	358,112	363,696	2,489,872	355	386	300	263	334	418	408	2,464
OTHER	NICE		8,707	19,455	25,936	20,619	19,256	112,995	52,927	259,895								
	East Forensics		1,256,167	1,256,167	1,256,167	1,256,167	1,256,167	1,256,167	1,256,166	8,793,166								
	Devices																	
	Academic Fee		11,368	11,368	11,368	11,368	11,368	11,368	11,368	79,576								
	IVF	Cryopreservation	270,435	259,041	268,562	329,982	296,899	285,010	284,988	1,994,917	80	70	86	86	89	82	114	607
											90	90	91	92	90	92	91	636
	Pay award		307,609	307,609	307,609	307,609	307,609	307,609	307,609	2,153,264								
	Major Trauma		79,516	79,516	79,516	79,516	79,516	79,516	79,516	556,611								
	Major Trauma ODN		44,389	44,389	44,389	44,389	44,389	44,389	44,389	310,723								
	Perinatal		152,083	152,083	152,083	152,083	152,083	-10,417	100,000	850,000								
	MPK		18,500	18,500	18,500	18,500	18,500	18,500	18,500	129,500								
OTHER Total			2,148,774	2,148,128	2,164,130	2,220,233	2,185,787	2,105,137	2,155,464	15,127,652	170	160	177	178	179	174	205	1,243
Grand Total			9,931,375	10,007,938	9,726,982	9,682,056	10,073,164	10,205,360	9,896,060	69,522,934	10,372	10,701	10,498	10,357	11,332	11,156	11,077	75,495

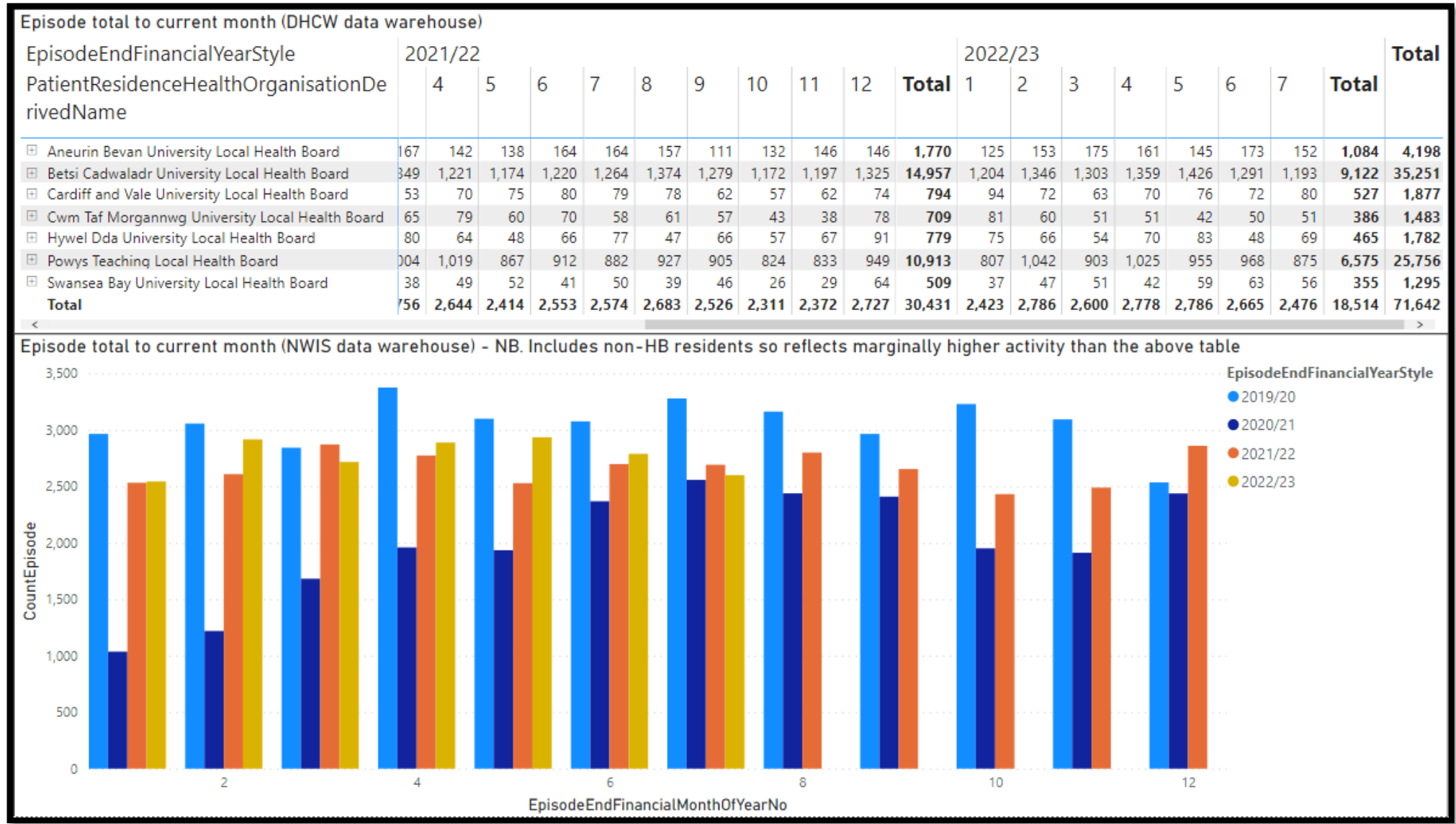
APPENDIX 1

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 - full years except current year (data: DHCW inpatient episodes)						CountEpisode for	CountEpisode for	CountEpisode for	CountEpisode for	CountEpisode 2022/23
Main HB	2019/20	2020/21	2021/22	2022/23	Total	2019/20 (M1-7)	2020/21 (M1-7)	2021/22 (M1-7)	2022/23 (M1-7)	% diff from 19/20
☐	4,213	2,529	3,495	2,144	12,381	2,587	1,409	2,112	2,144	-17%
☐ Cambridge University Hospitals Nhs Foundation tr	80	27	44	47	198	52	21	23	47	-10%
☐ Great Ormond Street Hospital For Children nhs fo	326	193	354	157	1,030	203	119	241	157	-23%
☐ Guy's And St Thomas' Nhs foundation trust	446	182	326	215	1,169	284	98	180	215	-24%
☐ Imperial College Healthcare Nhs Trust	302	131	239	187	859	211	63	148	187	-11%
☐ King's College Hospital Nhs Foundation trust	130	61	93	53	337	81	39	58	53	-35%
☐ Leeds Teaching Hospitals Nhs Trust	80	24	56	17	177	54	21	34	17	-69%
☐ Royal Free London Nhs Foundation trust	193	121	170	123	607	118	66	99	123	4%
☐ Royal Papworth Hospital Nhs Foundation trust	105	32	63	38	238	59	16	35	38	-36%
☐ The Newcastle Upon Tyne Hospitals nhs foundation	132	103	60	37	332	83	55	34	37	-55%
☐ The Royal Marsden Nhs Foundation trust	52	54	57	45	208	24	31	34	45	88%
☐ The Royal Orthopaedic Hospital Nhs foundation tr	159	98	145	86	488	88	42	87	86	-2%
☐ University College London Hospitals Nhs foundati	357	216	350	246	1,169	211	125	191	246	17%
☐ University Hospitals Bristol And Weston nhs foun	1,851	1,287	1,538	893	5,569	1,119	713	948	893	-20%
☐ Major North Wales provider	14,810	9,783	12,735	7,656	44,984	8,765	5,321	7,251	7,656	-13%
☐ Alder Hey Children's Nhs Foundation trust	3,669	2,816	3,205	2,093	11,783	2,239	1,533	1,797	2,093	-7%
☐ Liverpool Heart And Chest Hospital nhs foundatio	1,400	1,129	1,542	852	4,923	799	597	920	852	7%
☐ Liverpool University Hospitals Nhs Foundation tr	2,572	1,454	2,104	1,325	7,455	1,501	794	1,155	1,325	-12%
☐ Manchester University Nhs Foundation Trust	1,106	571	973	435	3,085	625	303	561	435	-30%
☐ Salford Royal Nhs Foundation Trust	301	109	166	121	697	176	71	93	121	-31%
☐ Sheffield Teaching Hospitals Nhs Foundation trus	221	155	196	142	714	131	93	115	142	8%
☐ St Helens And Knowsley Teaching Hospitals nhs tr	1,655	1,010	1,371	791	4,827	967	523	775	791	-18%
☐ The Christie Nhs Foundation Trust	620	542	486	273	1,921	348	301	298	273	-22%
☐ The Clatterbridge Cancer Centre Nhs foundation t	351	212	302	117	982	259	111	175	117	-55%
☐ The Walton Centre Nhs Foundation trust	1,895	1,170	1,651	996	5,712	1,095	616	977	996	-9%
☐ Wirral University Teaching Hospital Nhs foundati	1,020	615	739	511	2,885	625	379	385	511	-18%
☐ Major Powys provider	17,649	11,590	15,701	9,584	54,524	10,337	6,025	9,337	9,584	-7%
☐ Birmingham Women's And Children's Nhs foundation	413	313	403	228	1,357	248	168	221	228	-8%
☐ The Robert Jones And Agnes Hunt Orthopaedic hospit	5,188	2,192	3,913	2,442	13,735	2,985	934	2,373	2,442	-18%
☐ University Hospitals Birmingham Nhs Foundation t	1,154	702	890	571	3,317	630	425	481	571	-9%
☐ University Hospitals Of North Midlands nhs trust	903	738	829	552	3,022	563	435	517	552	-2%
☐ Wye Valley Nhs Trust	9,991	7,645	9,666	5,791	33,093	5,911	4,063	5,745	5,791	-2%
Total	36,672	23,902	31,931	19,384	111,889	21,689	12,755	18,700	19,384	-11%

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 - full years except 2022/23 (data: DHCW)					TreatmentSpecialtyDescription	CountEpisode for 2019/20 (M1-7)	CountEpisode for 2020/21 (M1-7)	CountEpisode for 2021/22 (M1-7)	CountEpisode for 2022/23 (M1-7)	CountEpisode 2022/23 % diff from 19/20
TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	2022/23						
(Unknown)			2	4	(Unknown)				4	
Accident & Emergency	384	194	298	144	Accident & Emergency	239	114	193	144	-40%
Adult Cystic Fibrosis Service	69	34	17	5	Adult Cystic Fibrosis Service	36	24	10	5	-86%
Adult Mental Illness	2			2	Adult Mental Illness	1			2	100%
Allergy Service	91	54	137	48	Allergy Service	45	18	67	48	7%
Anaesthetics	20	15	156	90	Anaesthetics	17	4	91	90	429%
Blood And Marrow Transplantation	137	83	113	50	Blood And Marrow Transplantation	72	50	92	50	-31%
Breast Surgery	89	61	84	54	Breast Surgery	48	28	42	54	13%
Burns Care	95	77	78	36	Burns Care	44	41	48	36	-18%
Cardiac Surgery	602	376	579	337	Cardiac Surgery	334	235	333	337	1%
Cardiology	1,665	1,330	1,790	1,117	Cardiology	966	682	1,059	1,117	16%
Cardiothoracic Surgery	72	52	63	52	Cardiothoracic Surgery	51	35	37	52	2%
Cardiothoracic Transplantation	71	29	53	27	Cardiothoracic Transplantation	54	18	29	27	-50%
Chemical Pathology	3	2		1	Chemical Pathology	3	1		1	-67%
Child & Adolescent Psychiatry		2	2	1	Child & Adolescent Psychiatry		1	1	1	
Clinical Genetics	1		1		Clinical Genetics	1		1		
Clinical Haematology	1,055	926	1,008	518	Clinical Haematology	610	525	597	518	-15%
Clinical Immunology	22	6		11	Clinical Immunology	10	2		11	10%
Clinical Immunology And	17	15	46	13	Clinical Immunology And	7	2	28	13	86%
Clinical Microbiology		2			Clinical Microbiology		2			
Clinical Neurophysiology	4		2	2	Clinical Neurophysiology	3		2	2	-33%
Clinical Oncology (previously Radiotherapy)	491	406	362	190	Clinical Oncology (previously Radiotherapy)	333	228	241	190	-43%
Clinical Pharmacology	7	23	20	5	Clinical Pharmacology	5	12	11	5	0%
Colorectal Surgery	270	204	242	124	Colorectal Surgery	157	86	154	124	-21%
Community Paediatrics					Community Paediatrics					
Congenital Heart Disease	29	28	30	14	Congenital Heart Disease	14	14	16	14	0%
Critical Care Medicine	201	116	166	109	Critical Care Medicine	111	60	92	109	-2%
Dental Medicine Specialties		1	2		Dental Medicine Specialties		1	2		
Dermatology	503	404	401	206	Dermatology	256	208	238	206	-20%
Diabetic Medicine	29	20	29	17	Diabetic Medicine	19	8	10	17	-11%
Diabetic Medicine	100	106	317	142						
Total	36,672	23,902	31,931	19,384	Total	21,689	12,755	18,700	19,384	-11%

Episodes by provider - full years except 2022/23 (data: DHCW)

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	2022/23	TreatmentSpecialtyDescription	CountEpisode for 2019/20 (M1-7)	CountEpisode for 2020/21 (M1-7)	CountEpisode for 2021/22 (M1-7)	CountEpisode for 2022/23 (M1-7)	CountEpisode 2022/23 % diff from 19/20
Diagnostic Imaging	199	186	217	142	Diagnostic Imaging	125	93	131	142	14%
Endocrinology	91	72	109	62	Endocrinology	53	33	57	62	17%
ENT	322	127	222	120	ENT	195	77	125	120	-38%
Gastroenterology	1,695	1,343	1,852	1,056	Gastroenterology	999	662	1,007	1,056	6%
General Medicine	3,018	2,431	2,562	1,274	General Medicine	1,825	1,294	1,590	1,274	-30%
General Surgery	1,799	1,101	1,445	1,003	General Surgery	1,122	620	827	1,003	-11%
Geriatric Medicine	376	367	441	323	Geriatric Medicine	239	224	230	323	35%
Gynaecological Oncology	9	17	12	11	Gynaecological Oncology	5	10	4	11	120%
Gynaecology	448	238	364	245	Gynaecology	265	124	234	245	-8%
Haemophilia Service		3	4	4	Haemophilia Service		1	1	4	
Hepatobiliary & Pancreatic Surgery	297	188	233	177	Hepatobiliary & Pancreatic Surgery	164	99	129	177	8%
Hepatology	216	194	207	95	Hepatology	132	103	128	95	-28%
Infectious Diseases	38	17	28	11	Infectious Diseases	15	7	20	11	-27%
Intermediate Care			2		Intermediate Care			2		
Interventional Radiology	138	103	161	96	Interventional Radiology	76	52	84	96	26%
Maxillo-Facial Surgery	110	29	34	22	Maxillo-Facial Surgery	62	21	17	22	-65%
Medical Oncology	474	266	380	206	Medical Oncology	300	158	225	206	-31%
Midwifery Service	15	10	7	8	Midwifery Service	8	5	4	8	0%
Neonatology	77	74	92	64	Neonatology	42	37	48	64	52%
Nephrology	425	303	385	267	Nephrology	267	229	203	267	0%
Neurology	962	652	925	524	Neurology	552	356	538	524	-5%
Neurosurgery	1,376	830	1,103	652	Neurosurgery	804	485	668	652	-19%
Nuclear Medicine	9	6	15	20	Nuclear Medicine	8	4	5	20	150%
Obstetrics Hospital Bed	343	366	419	236	Obstetrics Hospital Bed	197	195	232	236	20%
Ophthalmology	1,530	689	1,119	695	Ophthalmology	808	389	669	695	-14%
Oral Surgery	198	101	112	68	Oral Surgery	125	51	68	68	-46%
Orthoptics	1				Orthoptics					
Orthotics			1		Orthotics			1		
Paediatric Audiological		1			Paediatric Audiological					
Paediatric Burns Care	58	53	41	21	Paediatric Burns Care	30	34	25	21	-30%
Paediatric Cardiac Surgery	153	159	162	88	Paediatric Cardiac Surgery	99	97	100	88	-11%
Total	36,672	23,902	31,931	19,384	Total	21,689	12,755	18,700	19,384	-11%

Episodes by provider - full years except 2022/23 (data: DHCW)

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	2022/23
Paediatric Cardiology	355	267	325	186
Paediatric Clinical Haematology	354	162	227	112
Paediatric Clinical Immunology And Allergy Service	47	18	22	27
Paediatric Dentistry	52	28	35	21
Paediatric Dermatology	31	18	38	20
Paediatric Diabetic Medicine		3	1	
Paediatric Ear Nose and Throat	205	107	148	66
Paediatric Endocrinology	122	78	101	52
Paediatric Epilepsy	24	11	12	6
Paediatric Gastroenterology	221	217	342	223
Paediatric Infectious Diseases	1			
Paediatric Intensive Care	158	132	185	73
Paediatric Interventional Radiology	26	12	20	13
Paediatric Maxillo-Facial	2	1	6	7
Paediatric Medical Oncology	679	553	448	377
Paediatric Metabolic Disease	17	17	19	14
Paediatric Nephrology	367	267	322	159
Paediatric Neuro-Disability		2	1	
Paediatric Neurology	151	99	120	54
Paediatric Neurosurgery	193	141	180	118
Paediatric Ophthalmology	95	94	109	56
Paediatric Pain Management			1	
Paediatric Plastic Surgery	187	141	164	134
Paediatric Respiratory Medicine	158	100	125	54
Paediatric Rheumatology	103	95	91	70
Paediatric Surgery	513	440	442	274
Paediatric Thoracic Surgery	6	2	5	1
Paediatric Transplantation Surgery	10	2	9	4
Paediatric Trauma and Orthopaedics	143	95	131	114
Total	36,672	23,902	31,931	19,384

TreatmentSpecialtyDescription	CountEpisode for 2019/20 (M1-7)	CountEpisode for 2020/21 (M1-7)	CountEpisode for 2021/22 (M1-7)	CountEpisode for 2022/23 (M1-7)	CountEpisode 2022/23 % diff from 19/20
Paediatric Cardiology	234	160	178	186	-21%
Paediatric Clinical Haematology	201	83	138	112	-44%
Paediatric Clinical Immunology And Allergy Service	26	7	12	27	4%
Paediatric Dentistry	35	22	22	21	-40%
Paediatric Dermatology	21	11	26	20	-5%
Paediatric Diabetic Medicine		1			
Paediatric Ear Nose and Throat	120	57	88	66	-45%
Paediatric Endocrinology	78	38	66	52	-33%
Paediatric Epilepsy	14	7	10	6	-57%
Paediatric Gastroenterology	140	115	176	223	59%
Paediatric Infectious Diseases					
Paediatric Intensive Care	94	93	110	73	-22%
Paediatric Interventional Radiology	20	6	13	13	-35%
Paediatric Maxillo-Facial Surgery	2	1	4	7	250%
Paediatric Medical Oncology	374	339	210	377	1%
Paediatric Metabolic Disease	7	8	14	14	100%
Paediatric Nephrology	255	140	200	159	-38%
Paediatric Neuro-Disability		2	1		
Paediatric Neurology	99	59	70	54	-45%
Paediatric Neurosurgery	119	78	98	118	-1%
Paediatric Ophthalmology	50	53	71	56	12%
Paediatric Pain Management			1		
Paediatric Plastic Surgery	109	76	94	134	23%
Paediatric Respiratory Medicine	84	47	70	54	-36%
Paediatric Rheumatology	65	44	56	70	8%
Paediatric Surgery	308	243	252	274	-11%
Paediatric Thoracic Surgery	6		3	1	-83%
Paediatric Transplantation Surgery	5	1	4	4	-20%
Paediatric Trauma and Orthopaedics	97	45	74	114	18%
Total	21,689	12,755	18,700	19,384	-11%

Episodes by provider - full years except 2022/23 (data: DHCW)

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	2022/23	TreatmentSpecialtyDescription	CountEpisode for 2019/20 (M1-7)	CountEpisode for 2020/21 (M1-7)	CountEpisode for 2021/22 (M1-7)	CountEpisode for 2022/23 (M1-7)	CountEpisode 2022/23 % diff from 19/20
Paediatric Respiratory Medicine	138	100	123	94	Paediatric Respiratory Medicine	87	77	78	94	-8%
Paediatric Rheumatology	103	95	91	70	Paediatric Rheumatology	65	44	56	70	8%
Paediatric Surgery	513	440	442	274	Paediatric Surgery	308	243	252	274	-11%
Paediatric Thoracic Surgery	6	2	5	1	Paediatric Thoracic Surgery	6		3	1	-83%
Paediatric Transplantation Surgery	10	2	9	4	Paediatric Transplantation Surgery	5	1	4	4	-20%
Paediatric Trauma and Orthopaedics	143	95	131	114	Paediatric Trauma and Orthopaedics	97	45	74	114	18%
Paediatric Urology	331	235	325	218	Paediatric Urology	197	103	216	218	11%
Paediatrics	708	361	413	350	Paediatrics	360	179	251	350	-3%
Pain Management	126	75	52	31	Pain Management	79	19	29	31	-61%
Palliative Medicine	1	5	4		Palliative Medicine	1	2	3		
Physiotherapy				1	Physiotherapy				1	
Plastic Surgery	1,490	939	1,316	807	Plastic Surgery	923	509	723	807	-13%
Podiatric Surgery	109	22	78	49	Podiatric Surgery	77	8	46	49	-36%
Psychotherapy				3	Psychotherapy				3	
Rehabilitation Service	46	37	32	16	Rehabilitation Service	23	19	17	16	-30%
Respiratory Medicine	875	510	665	506	Respiratory Medicine	524	258	374	506	-3%
Respiratory Physiology	4	3	4	4	Respiratory Physiology	4	3	1	4	0%
Restorative Dentistry	2	3	1		Restorative Dentistry	1	2	1		
Rheumatology	728	550	902	635	Rheumatology	443	242	528	635	43%
Spinal Injuries	235	84	96	81	Spinal Injuries	146	38	68	81	-45%
Spinal Surgery Service	27	39	35	50	Spinal Surgery Service	12	18	22	50	317%
Stroke Medicine	157	171	166	95	Stroke Medicine	114	92	108	95	-17%
Thoracic Surgery	309	210	344	202	Thoracic Surgery	200	125	201	202	1%
Transient Ischaemic Attack				1	Transient Ischaemic Attack				1	
Transplantation Surgery	242	158	163	116	Transplantation Surgery	118	101	88	116	-2%
Trauma & Orthopaedics	5,429	2,170	4,089	2,519	Trauma & Orthopaedics	3,135	1,036	2,461	2,519	-20%
Tropical Medicine	2		2		Tropical Medicine	2				
Upper Gastrointestinal Surgery	87	46	72	54	Upper Gastrointestinal Surgery	54	30	36	54	0%
Urology	1,103	718	1,107	677	Urology	685	336	640	677	-1%
Vascular Surgery	113	64	79	54	Vascular Surgery	66	35	45	54	-18%
Well Babies	22	14	22	13	Well Babies	9	5	15	13	44%
Total	36,672	23,902	31,931	19,384	Total	21,689	12,755	18,700	19,384	-11%

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpC)
Table 4 (8 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23 (All-Wales and each Health Board of residence)

4.1 All-Wales:

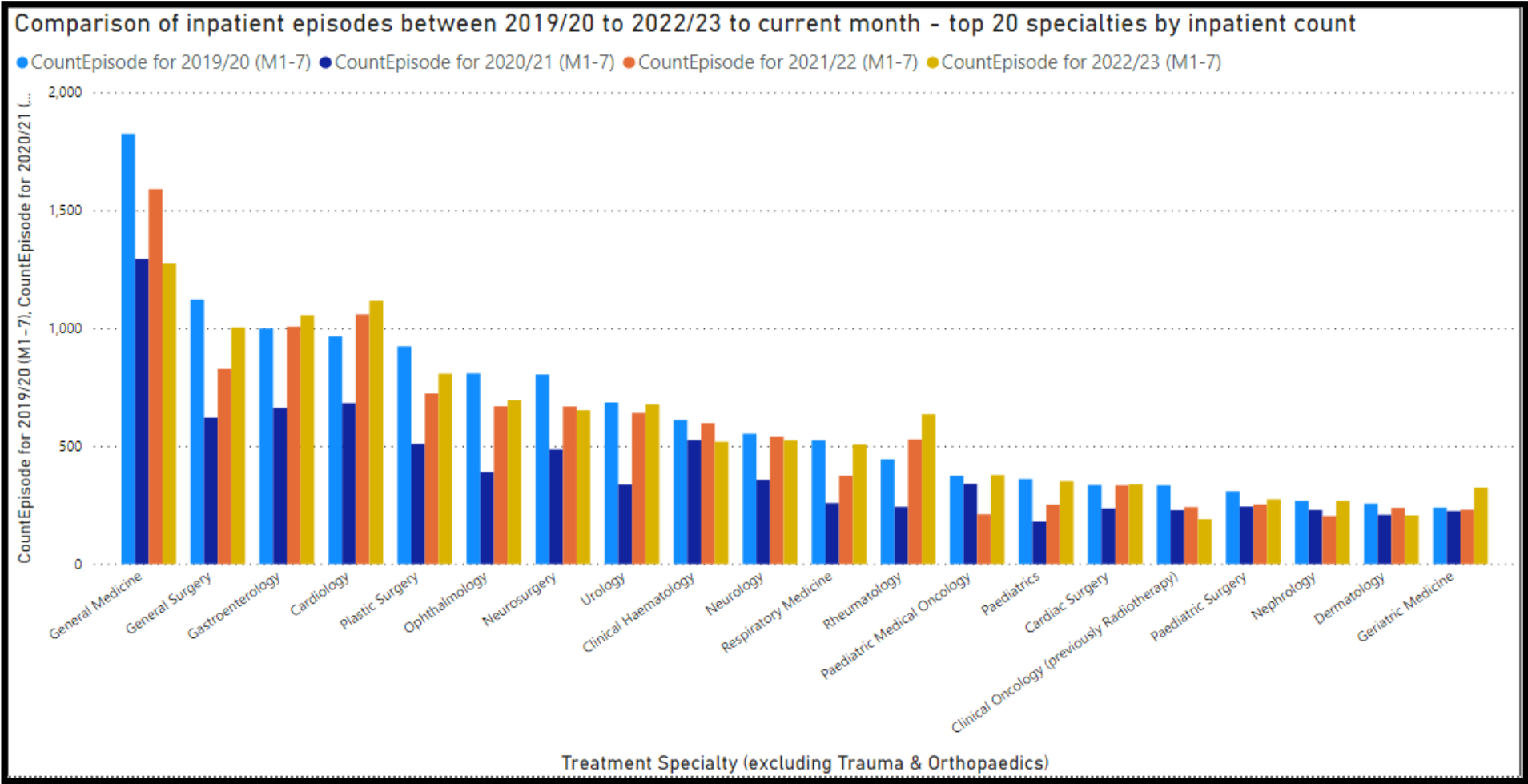


Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

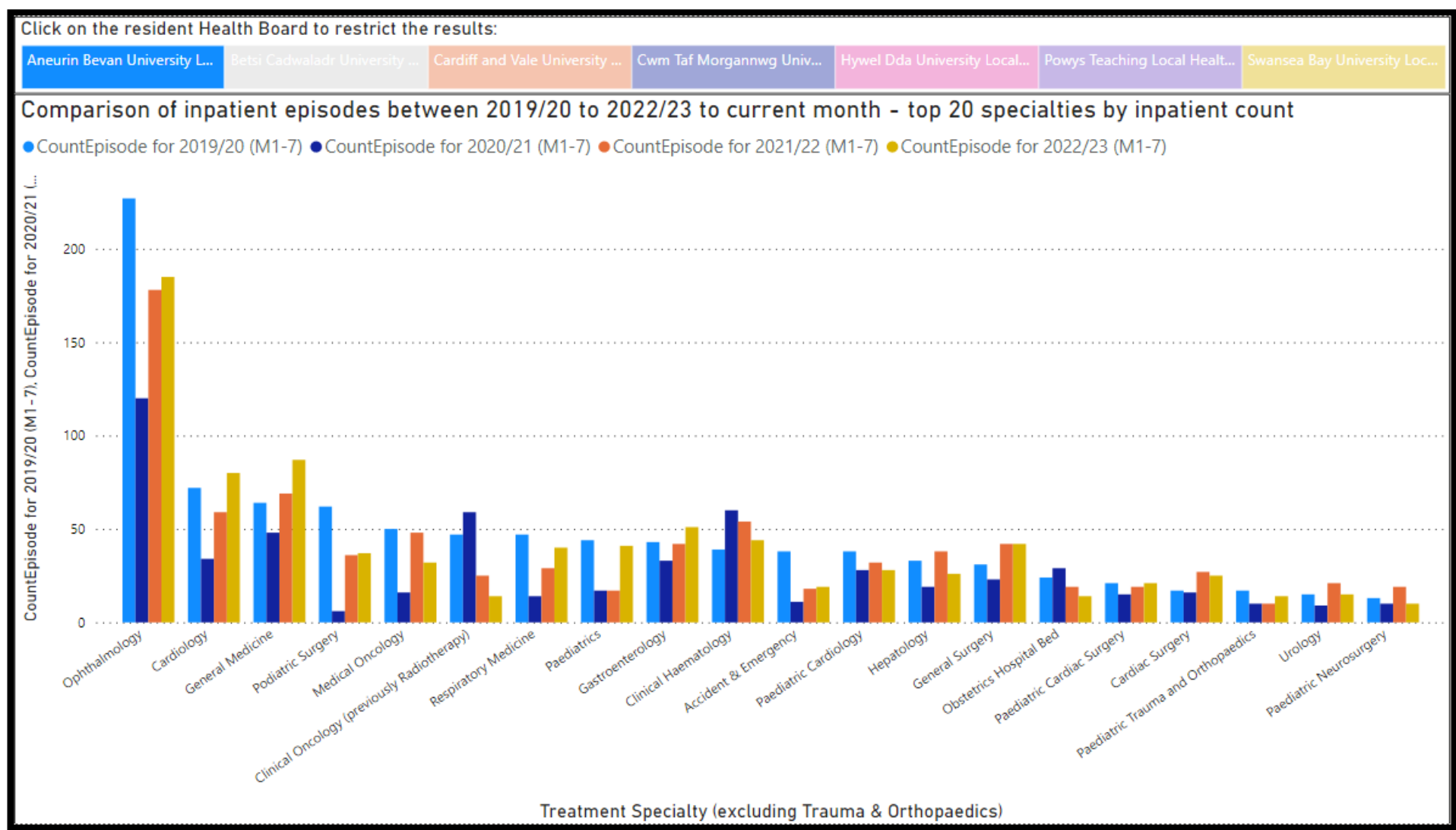


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

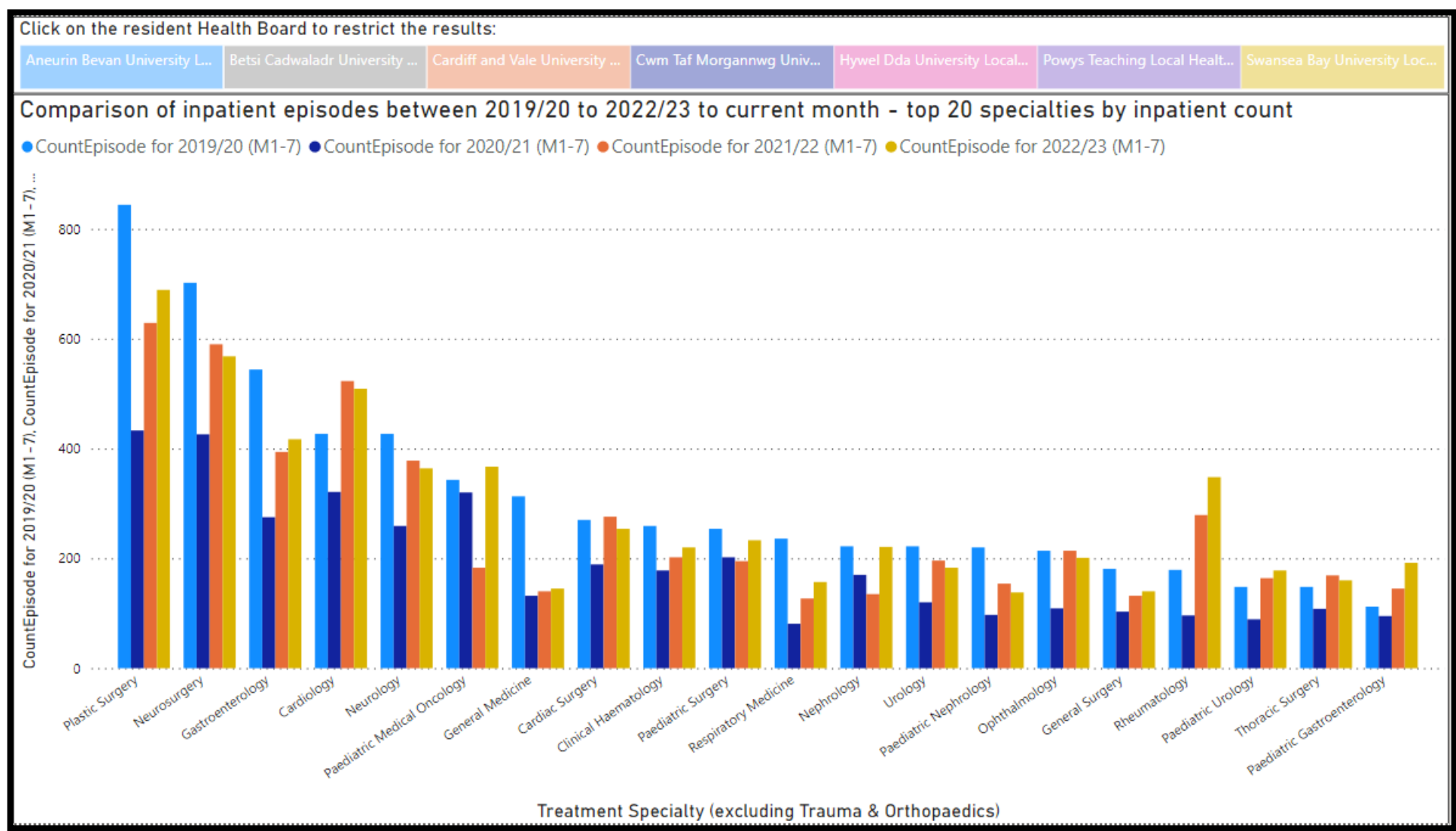


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

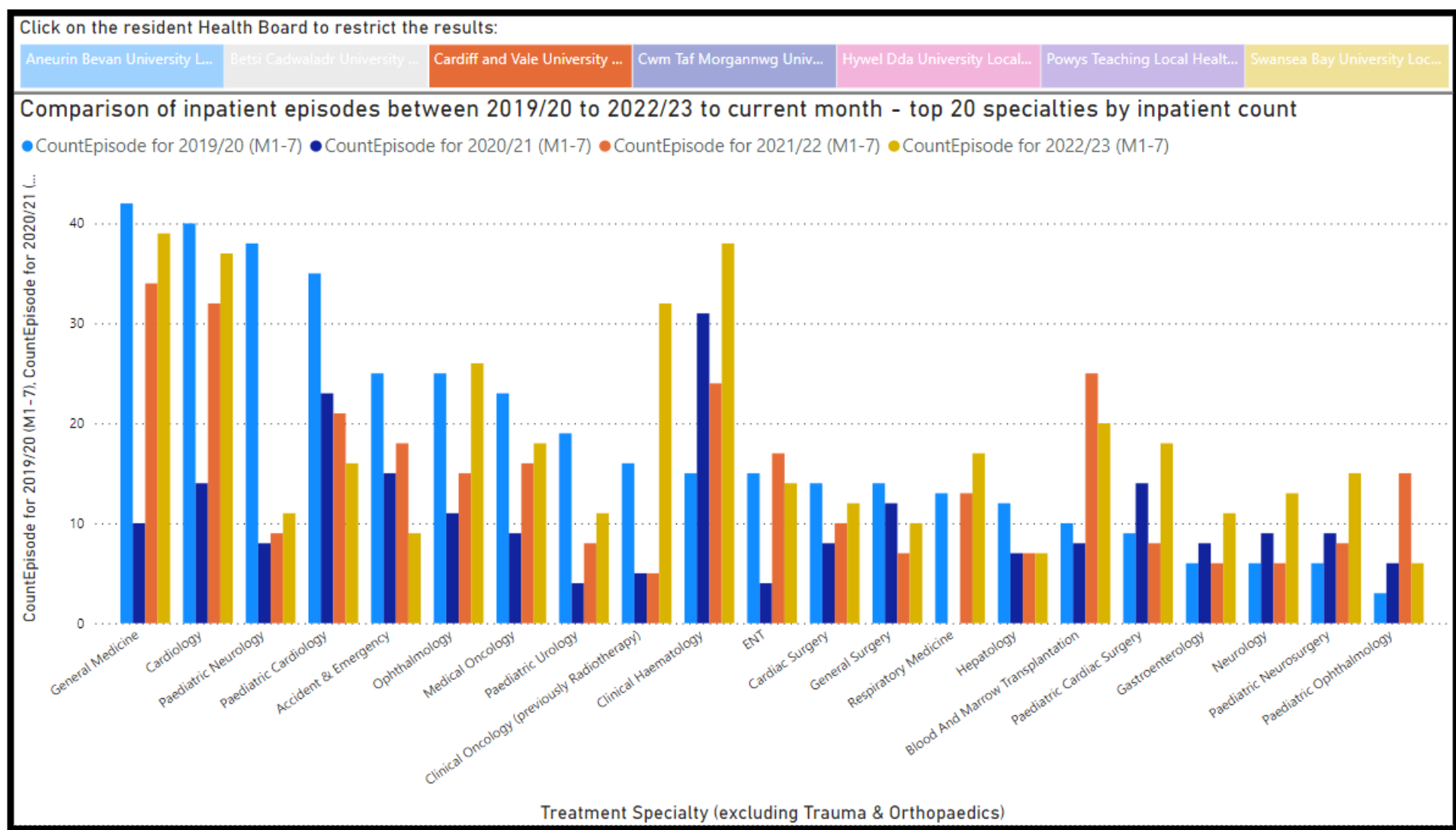


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

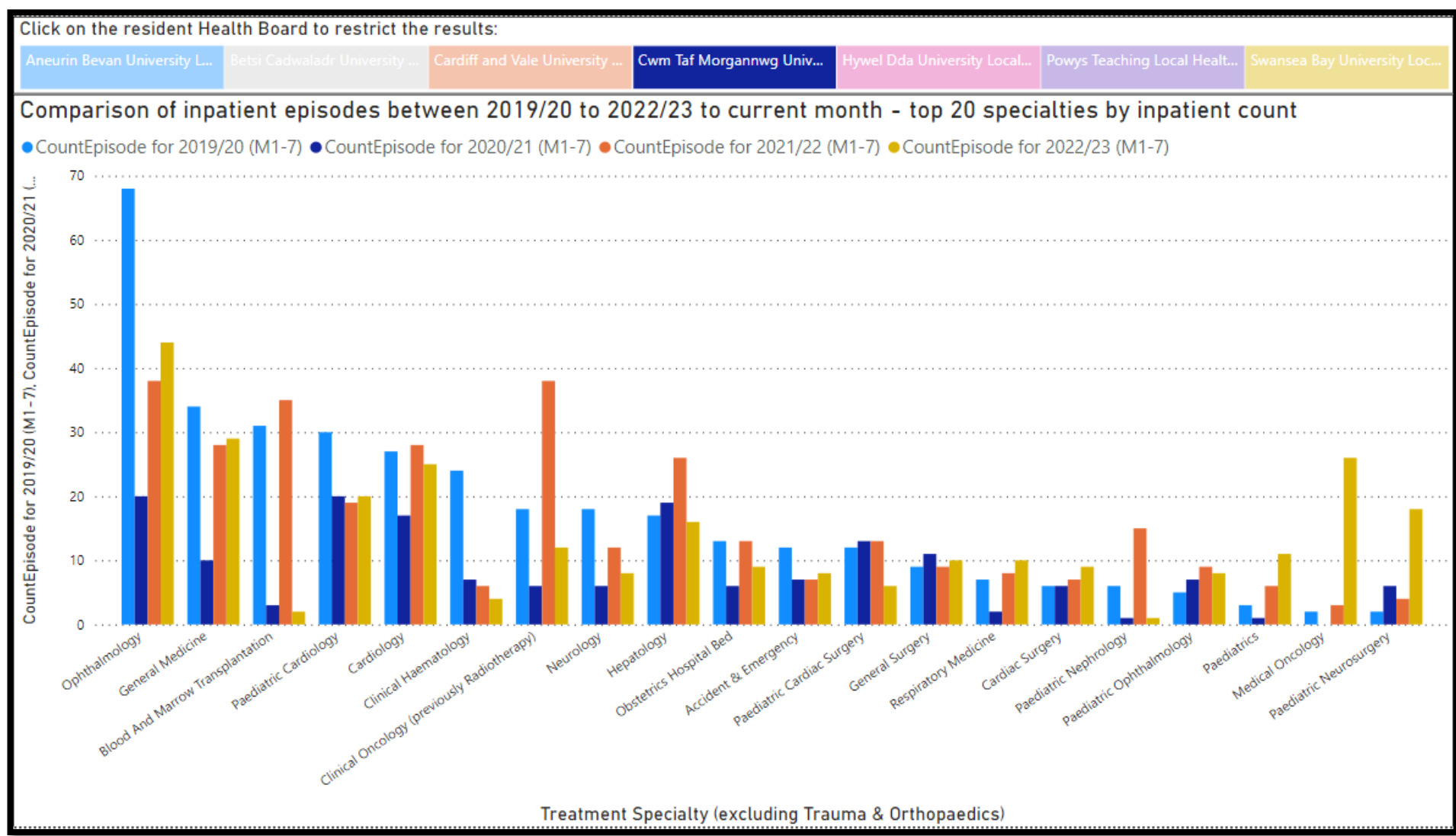


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

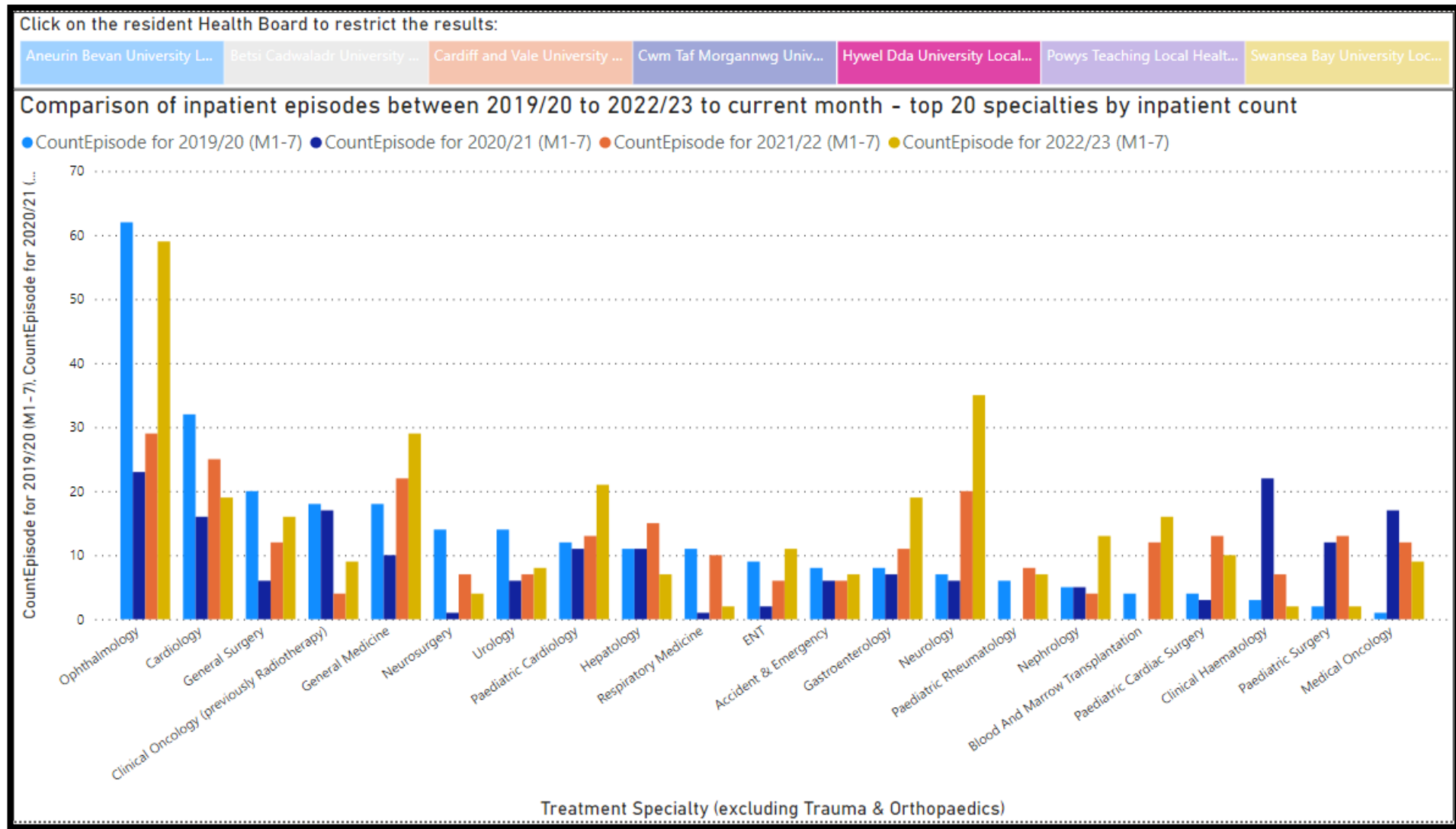


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

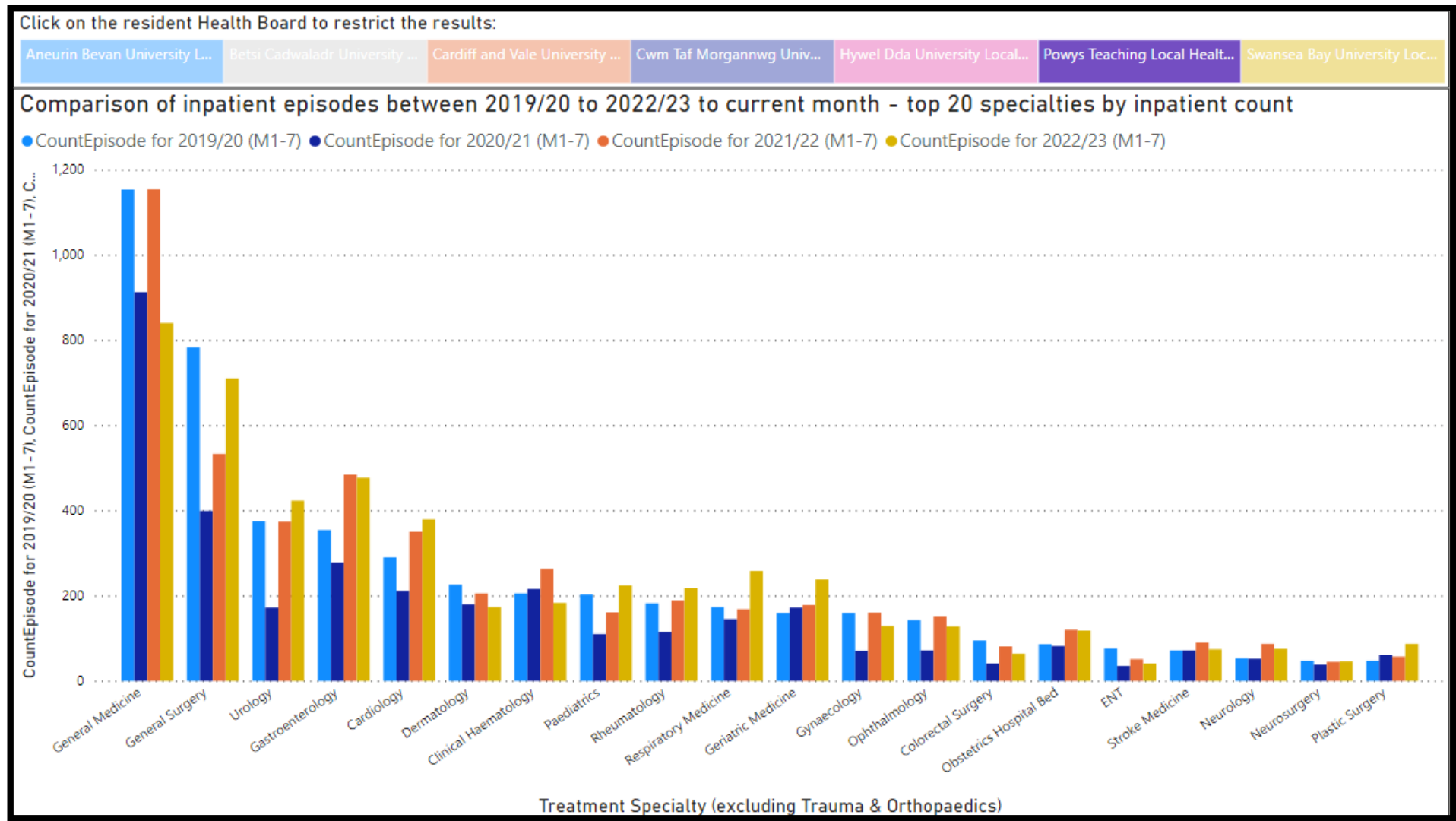
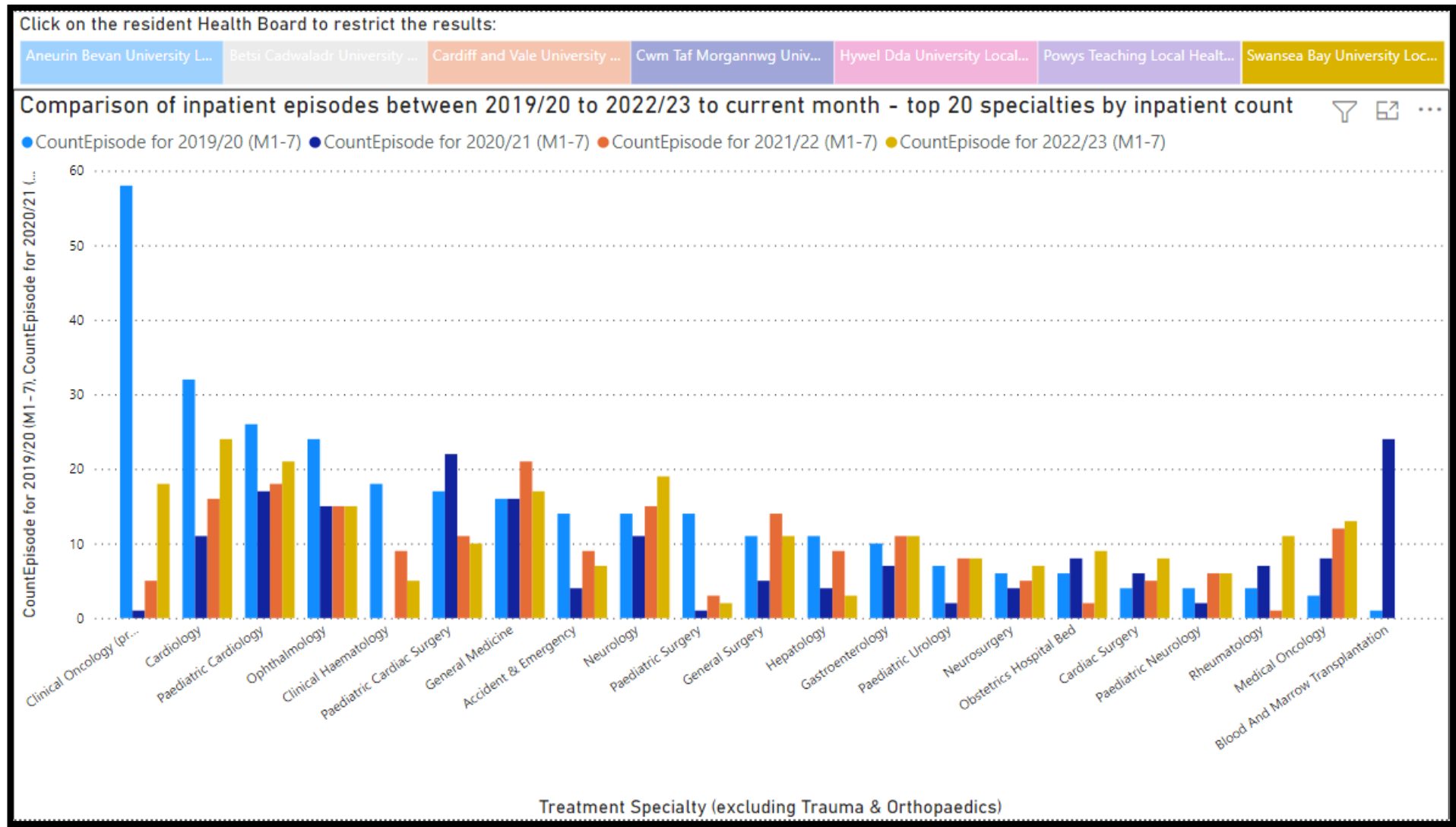


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23



APPENDIX 2

New Welsh Government performance measures

New performance measures were announced by Welsh Government in January 2022, with a new Performance Framework for 2022/23, as per the below extracts.

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Elective Planned Care	38 Percentage of patients 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 80% by 2026 Rationale: An early diagnosis and treatment of cancer will increase an individual's chance of survival and reduce the likely harm to the individual's health and quality of life. Therefore, there is a need to diagnose and treat patients with cancer as promptly as possible. This measure includes all suspected cancers and starts from the point a patient is suspected of having cancer.	Monthly	Suspected Cancer Pathway Data Set (NDR – DHCW)	✓
	39 Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024 Rationale: Endoscopy services play an essential part in investigating suspected cancer and serious non-cancerous conditions such as inflammatory bowel disease. Due to population changes, a lower threshold for suspected cancer investigation and increasing cancer surveillance, the demand for endoscopy services is out of balance with core capacity. To address this, an improvement plan has been introduced to support health boards to develop sustainable endoscopy services.	Monthly	Diagnostic & Therapies Waiting Times Dataset	✓
Elective Planned Care	40 Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024 Rationale: Diagnostic tests and investigations are used to identify a patient's condition, disease or injury. Diagnostic testing provides essential information to enable clinicians and patients to make the right clinical decisions. Early detection and diagnosis can prevent the patient suffering unnecessary pain and it can reduce the scale and cost of treatment.	Monthly	Diagnostic & Therapies Waiting Times Dataset	
	41 Number of patients waiting more than 14 weeks for a specified therapy	12 month reduction trend towards zero by spring 2024 Rationale: Patients receiving timely access to a specified therapy should experience improved outcomes. Reducing the time that a patient waits for a therapy service reduces the risk of the condition deteriorating and alleviates the patient's symptoms sooner. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS therapy services.	Monthly	Diagnostic & Therapies Waiting Times Dataset	
	42 Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by 31 December 2022 Rationale: The number of patients waiting for a new outpatient appointment has increased year on year whilst capacity has been unable to meet demand. NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level.	Monthly	Referral to Treatment (combined) Dataset	✓
	43 Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021 Rationale: Delaying a follow-up outpatient appointment not only gives the service user a negative impression of NHS services, but it can be a clinical risk if the patient's condition deteriorates whilst waiting for the appointment. Through service re-design, health boards are required to reduce the number of patients waiting long delays for a follow-up outpatient appointment.	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)	✓

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority	
Elective Planned Care	45	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by 2024	Monthly	Referral to Treatment (combined) Dataset	✓
		Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services.				
	46	Number of patients waiting more than 36 weeks for referral to treatment	Improvement trajectory towards a national target of zero by 2026	Monthly	Referral to Treatment (combined) Dataset	✓
		Rationale: As above.				
	47	Percentage of patients waiting less than 26 weeks for referral to treatment	Improvement trajectory towards a national target of 95% by 2026	Monthly	Referral to Treatment (combined) Dataset	✓
		Rationale: As above.				

Please note the above schedule was slightly updated with the Planning Framework for the 23-26 ICP templates, as follows; this relates to the above measure numbers 42 and 45 and will be reported on from April onwards.

- **Planned Care, Recovery, Diagnostics and Pathways of Care**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024

This appendix contains the available performance data against the following specialties:

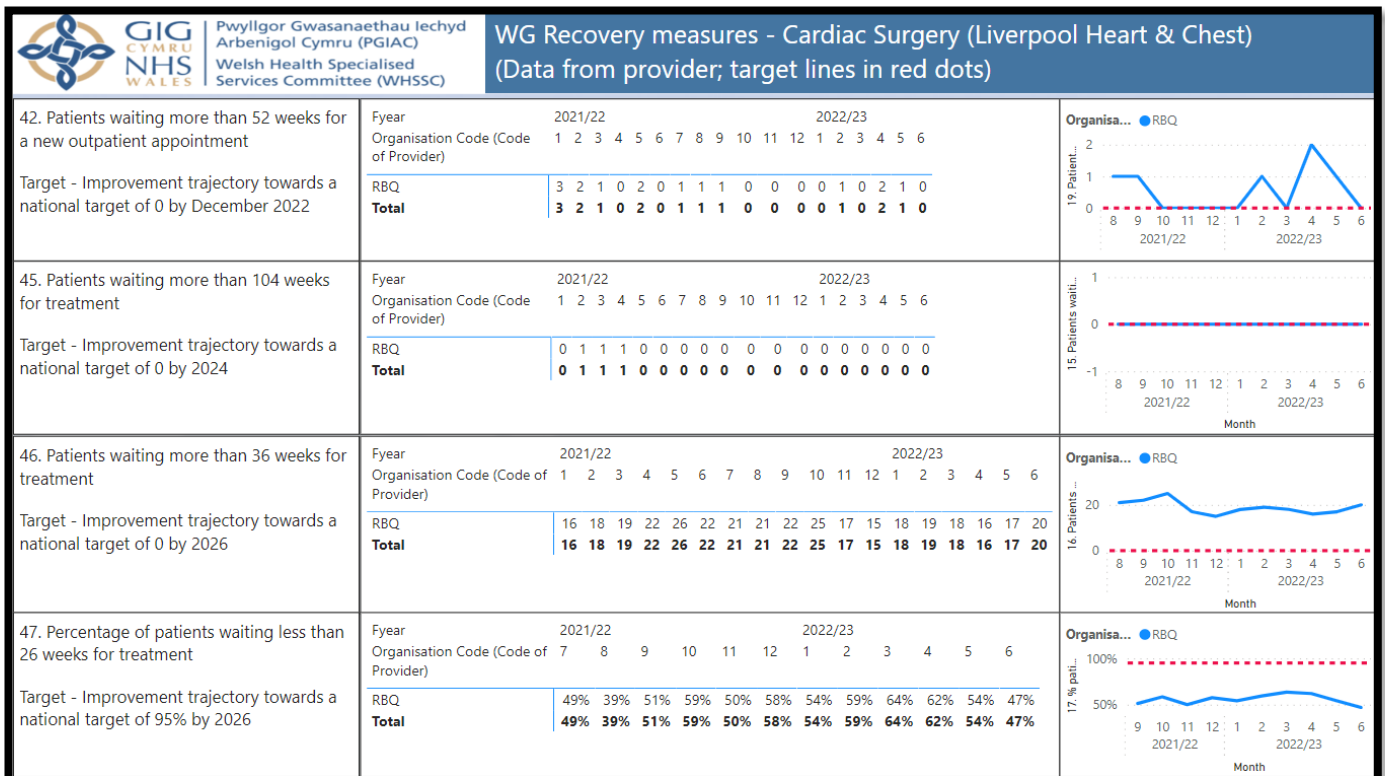
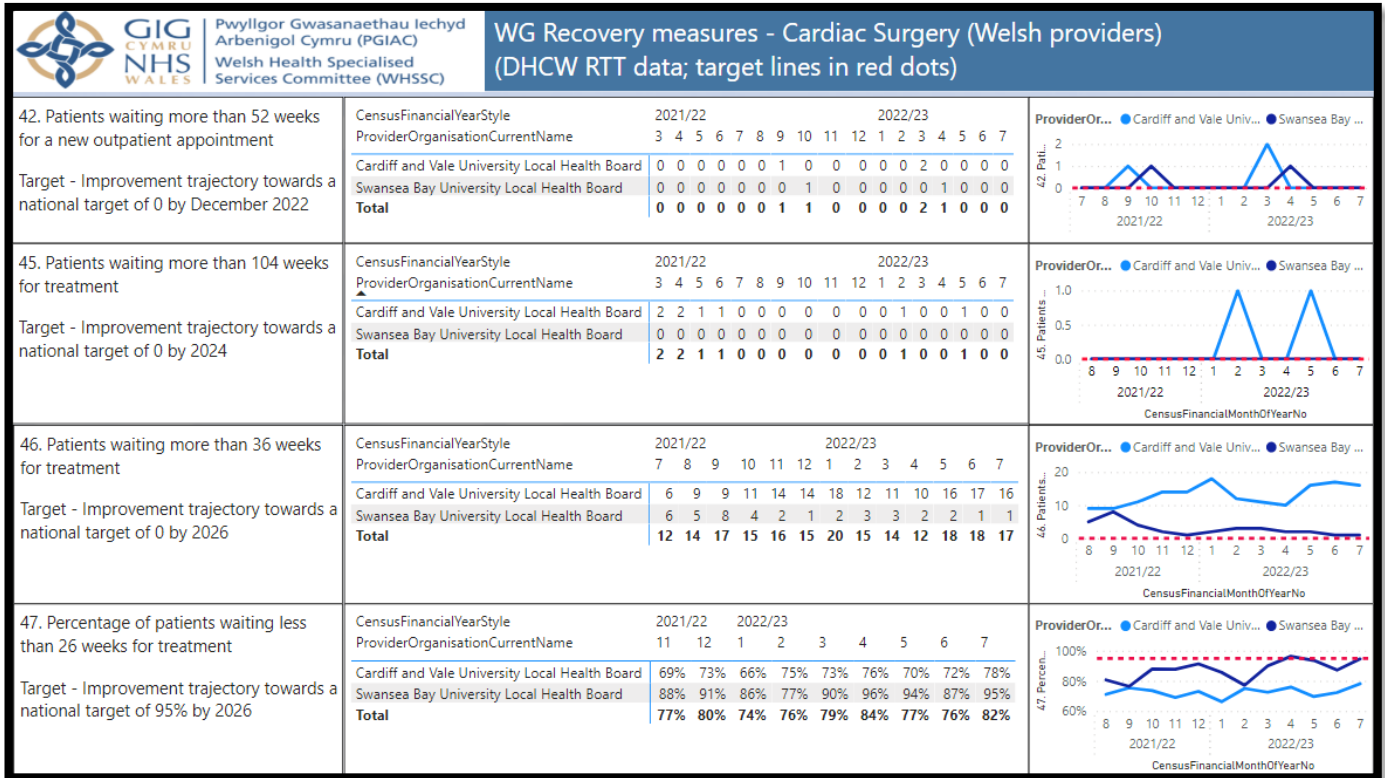
- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Surgery

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.

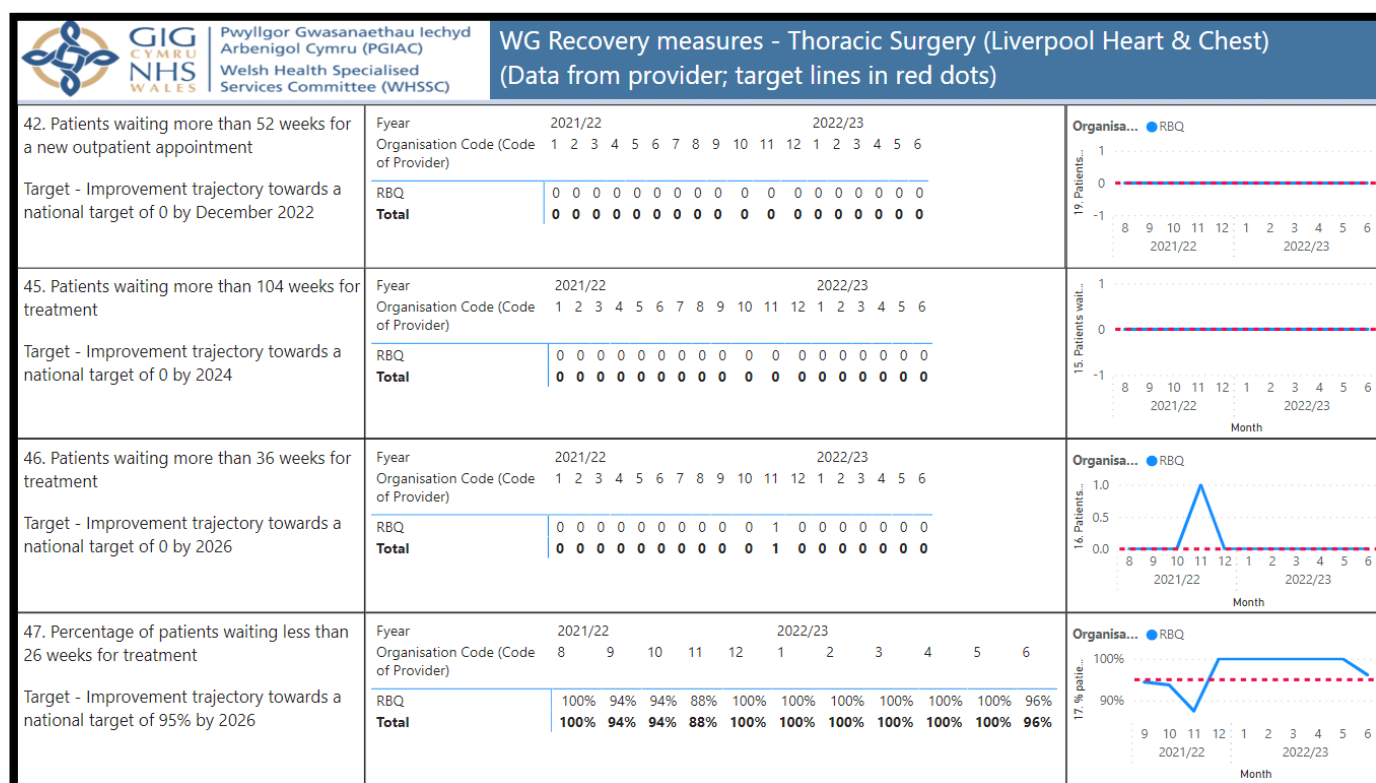
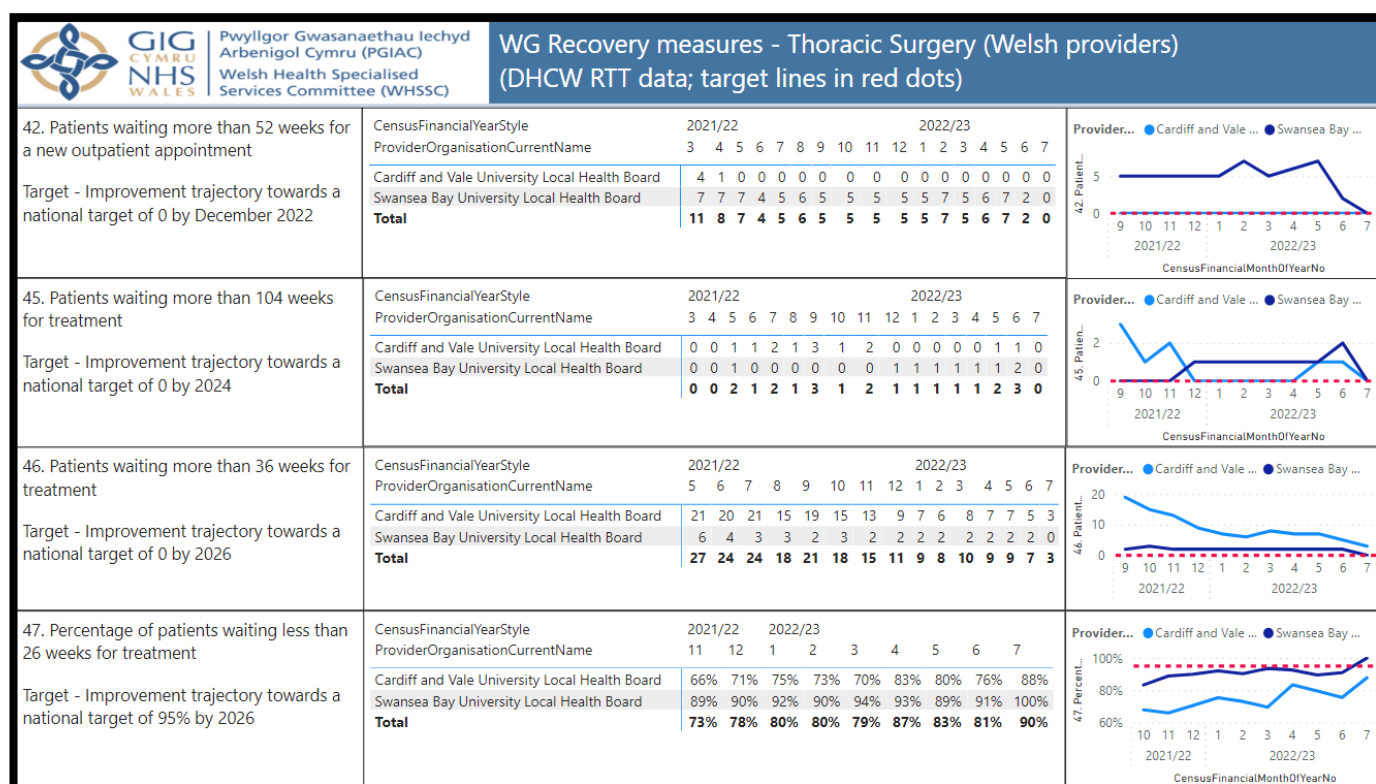
The Suspected Cancer Pathway dataset is held by DHCW, and is currently being discussed internally by them around the format to make this data available (measure 38).

The Outpatient Follow-up delay data (measure 43) is available only from Welsh Government direct, but is reported by provider as totals, so is not applicable for Specialist-only reporting.

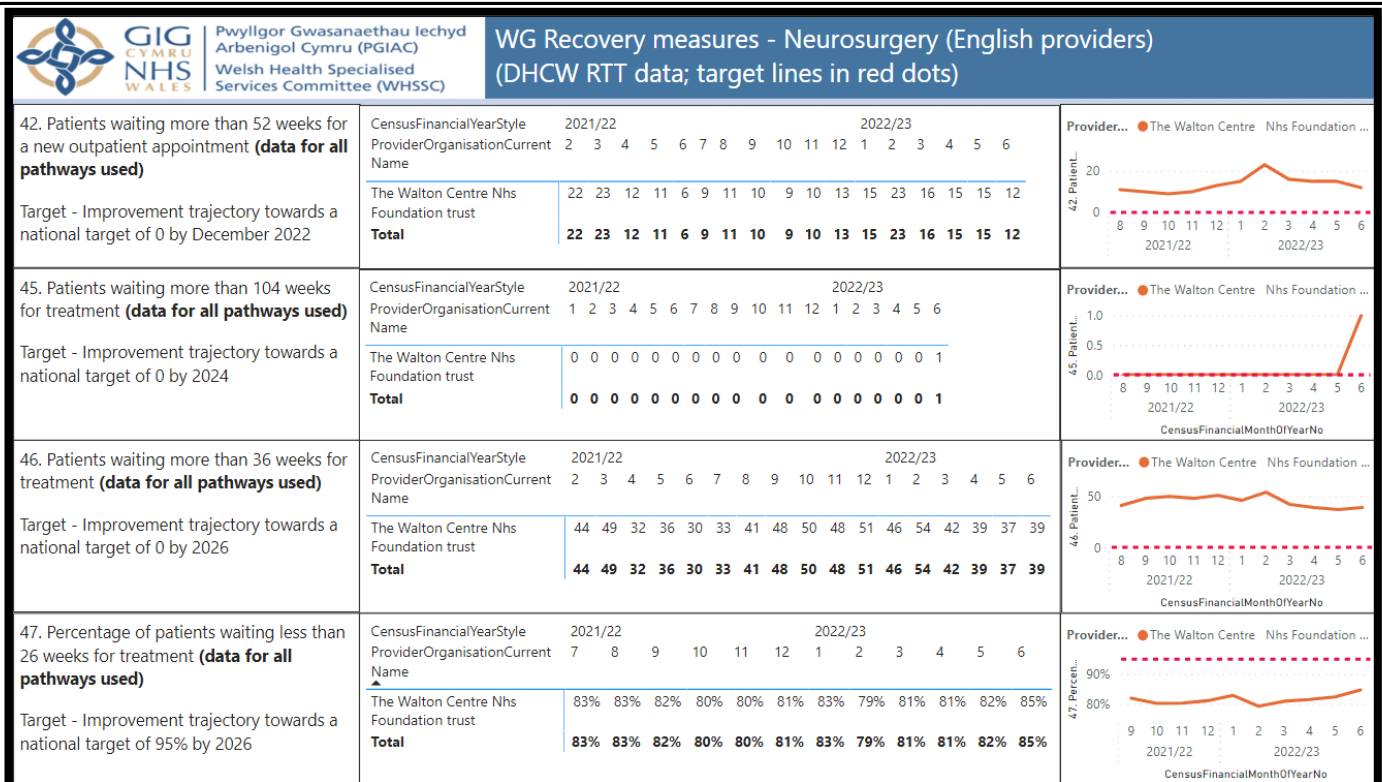
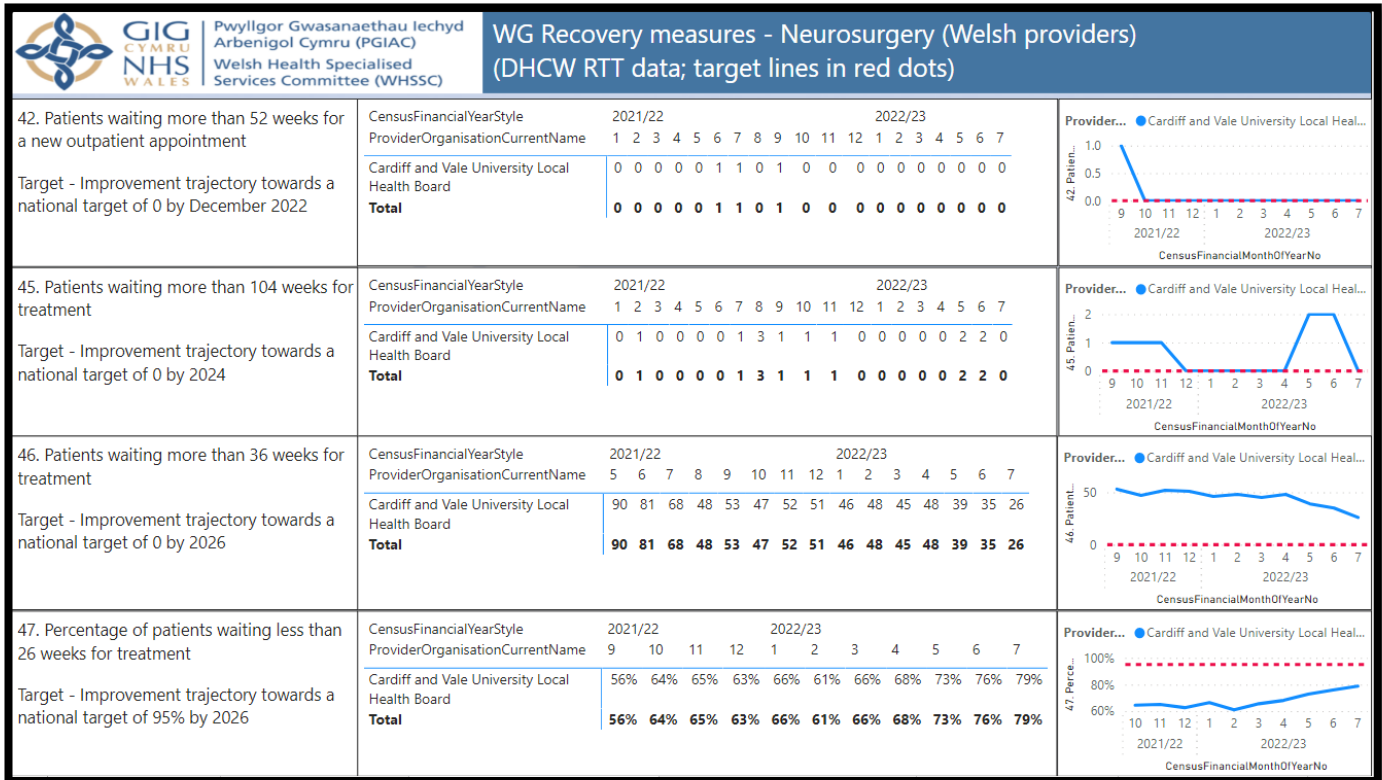
Cardiac Surgery (measures 42, 45-47)



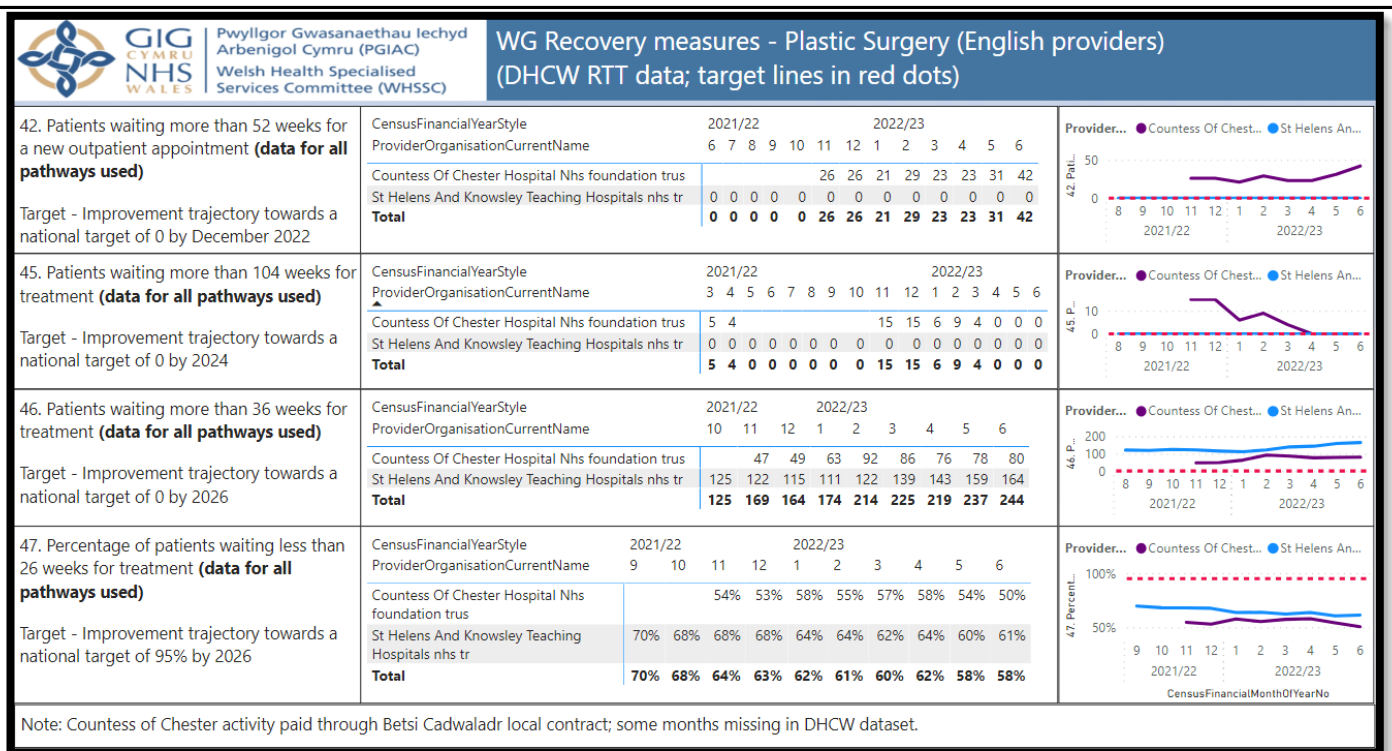
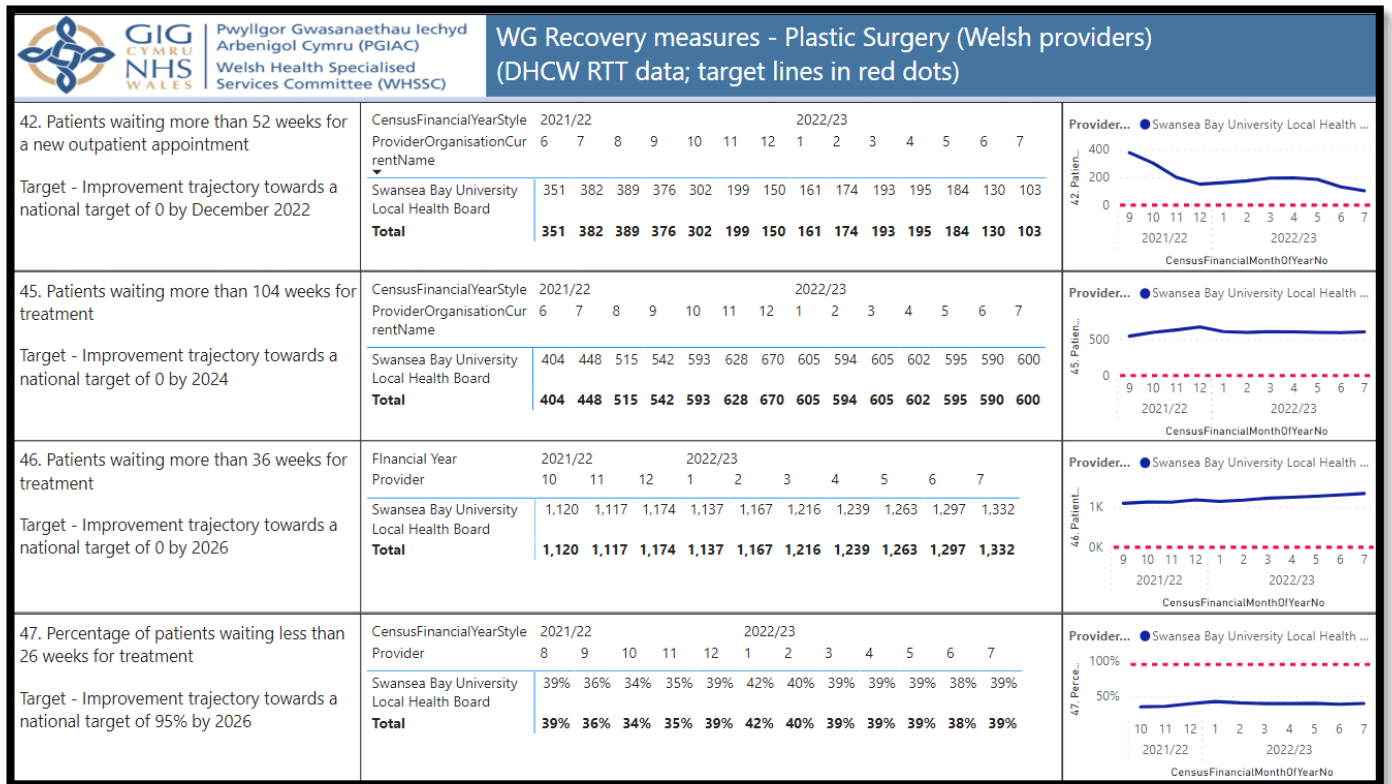
Thoracic Surgery (measures 42, 45-47)



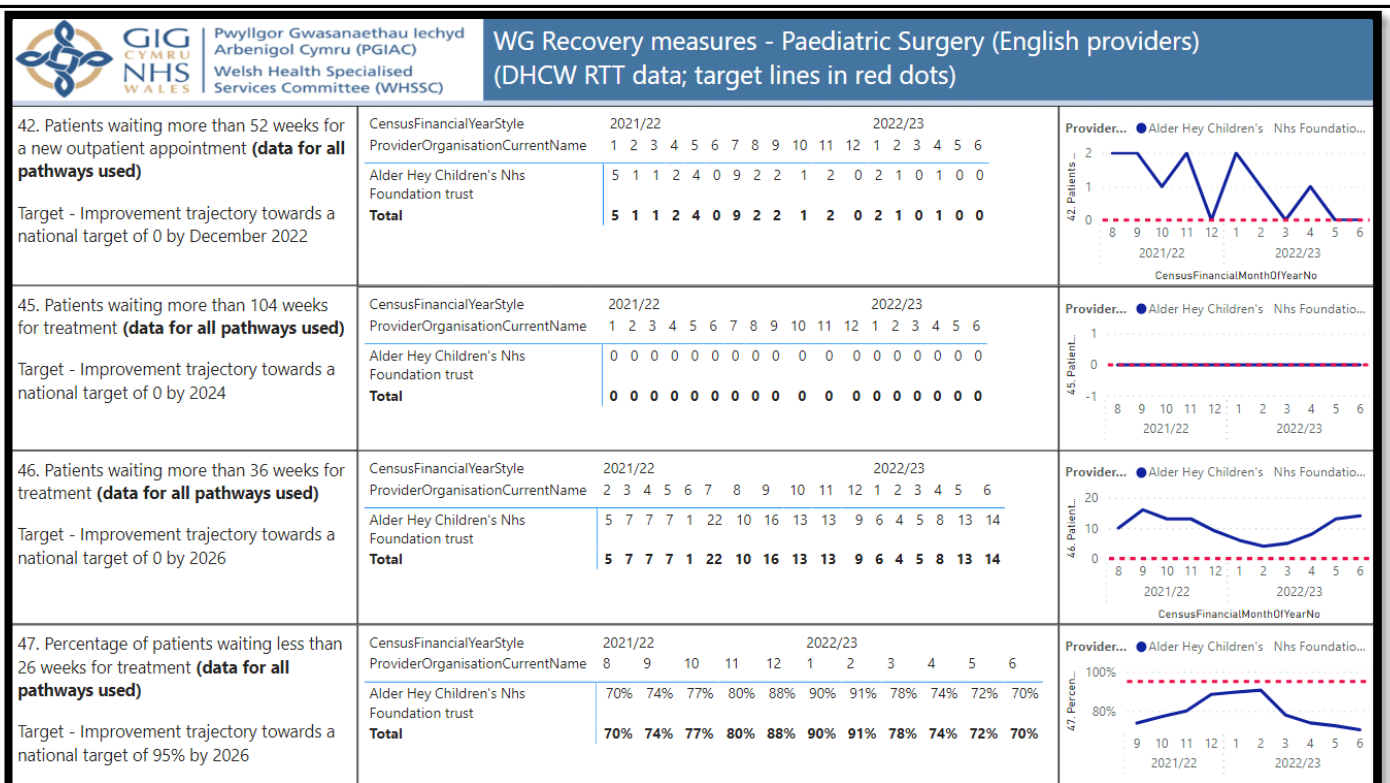
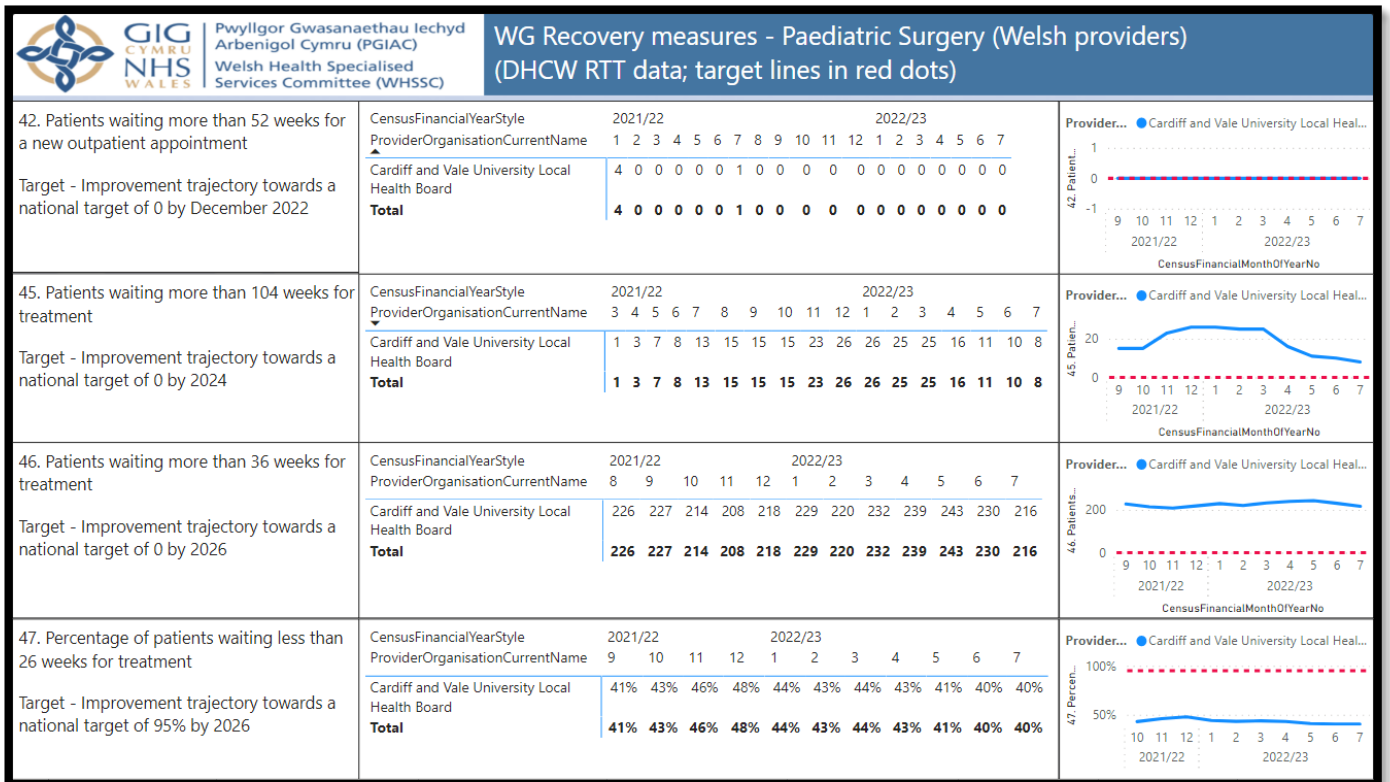
Neurosurgery (measures 42, 45-47)



Plastic Surgery (measures 42, 45-47)



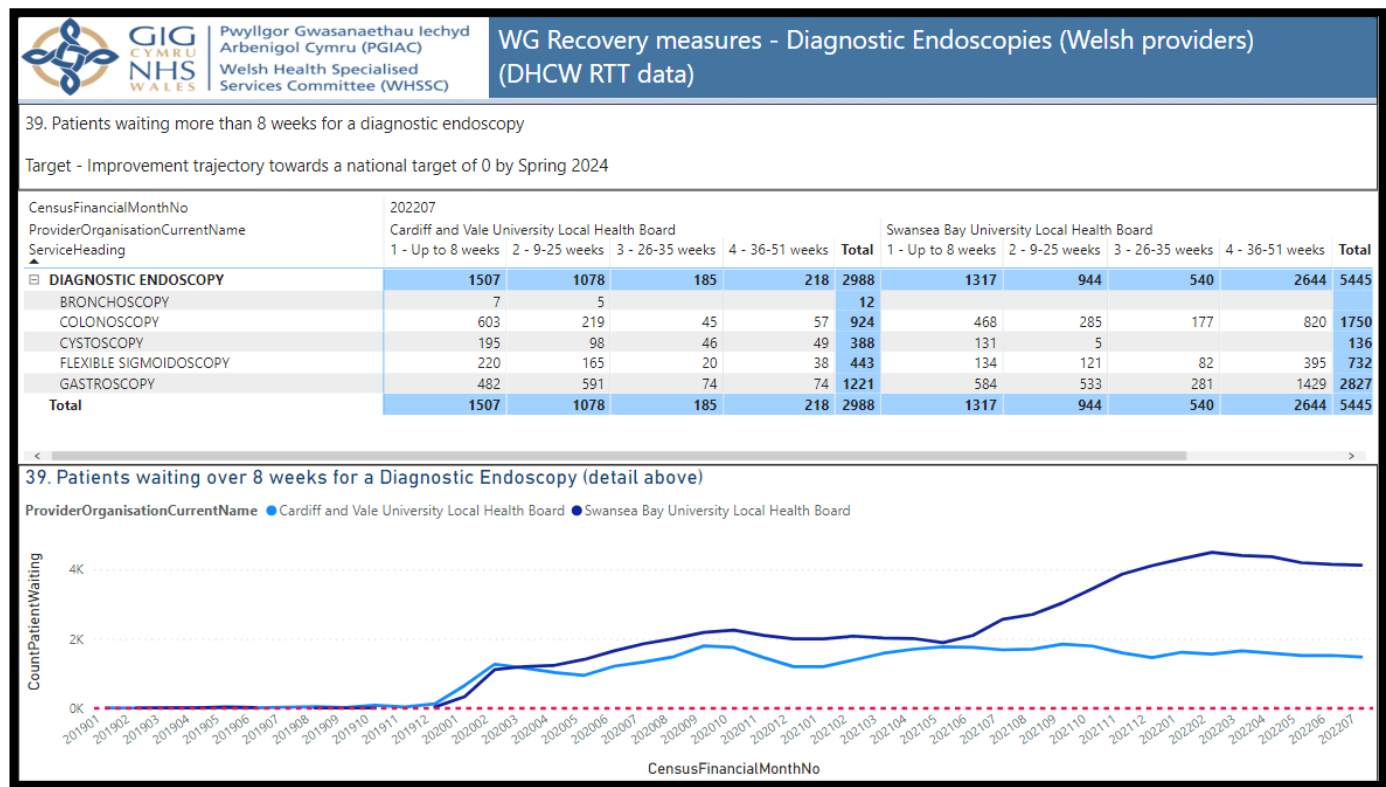
Paediatric Surgery (measures 42, 45-47)



Patients waiting over 8 weeks for a Diagnostic Endoscopy (measure 39)

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.


Please note that only Cardiff & Vale and Swansea Bay figures are shown, as the largest specialist providers, and that the bulk of this activity relates to non-specialist activity not related to WHSSC.



Patients waiting over 8 weeks for Diagnostics (measure 40)

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.


Please note that only Cardiff & Vale and Swansea Bay figures are shown, as the largest specialist providers, and that the bulk of this activity relates to non-specialist activity not related to WHSSC.

 GIG Cymru NHS Wales Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC)		WG Recovery measures - Diagnostics (Welsh providers) 40. Patients waiting more than 8 weeks for Diagnostics; target is 0 by Spring 2024									
CensusFinancialMonthNo	202207	Cardiff and Vale University Local Health Board					Swansea Bay University Local Health Board				
ProviderOrganisationCurrentName		1 - Up to 8 weeks	2 - 9-25 weeks	3 - 26-35 weeks	4 - 36-51 weeks	Total	1 - Up to 8 weeks	2 - 9-25 weeks	3 - 26-35 weeks	4 - 36-51 weeks	Total
AUDIOLOGY (ADULT HEARING AIDS)		582	766	97	9	1454	446	72			518
CONSULTANT		582	766	97	9	1454	30	4			34
GP							416	68			484
CARDIOLOGY		2423	426	25	71	2945	2113	607	18	11	2749
BLOOD PRESSURE MONITORING		91				91	64	1			66
CARDIAC COMPUTED TOMOGRAPHY (CARDIAC CT)		35	1			36	142	101	3	7	253
CARDIAC MAGNETIC RESONANCE IMAGING (CARDIAC MRI)		79	33	2	1	115	94	8			102
DIAGNOSTIC ANGIOGRAPHY		61	68	13	21	163	6				6
DIAGNOSTIC ELECTROPHYSIOLOGY (EP STUDY)		1	1			2	1				1
DOBUTAMINE STRESS ECHOCARDIOGRAM (DSE)		75	1			76	22	4	1		27
ECHO CARDIOGRAM		1370	180			1550	1111	389	3		1503
HEART RHYTHM RECORDING		603	107			710	524	9			533
MYOCARDIAL PERFUSION SCANNING		39		3	49	91	58	74	11	1	144
STRESS TEST		54	31	7		92	87	14			101
TRANS OESOPHAGEAL ECHOCARDIOGRAM (TOE)		15	4			19	4	7		2	13
IMAGING		14	1			15	127	1			128
FLUOROSCOPY		14	1			15	127	1			128
NEUROPHYSIOLOGY		77				77	360	297	78	15	750
ELECTROMYOGRAPHY		63				63	60	66	17	1	144
NERVE CONDUCTION STUDIES		14				14	300	231	61	14	606
PHYSIOLOGICAL MEASUREMENT		210	51	29	48	338	395	246	94	58	793
LIMITED CHANNEL CARDIO-RESPIRATORY SLEEP STUDY (POLYGRAPHY)							148	135	78	50	411
OVERNIGHT PULSE OXIMETRY							148	38	16	8	210
URODYNAMIC TESTS		95	50	28	48	221					
VASCULAR TECHNOLOGY		115	1	1		117	99	73			172
RADIOLOGY - CONSULTANT REFERRAL		4475	356	23	16	4870	2973	78	3		3054
BARIUM ENEMA							1				1
NON CARDIAC COMPUTED TOMOGRAPHY		997	3		1	1001	1025				1025
NON CARDIAC MAGNETIC RESONANCE IMAGING (MRI)		1971	124	23	15	2133	753				753
NON CARDIAC NUCLEAR MEDICINE		104				104	292	78	3		373
NON-OBSTETRIC ULTRASOUND		1403	229			1632	902				902
RADIOLOGY - GP REFERRAL		3969	617			4586	2224				2224
NON CARDIAC COMPUTED TOMOGRAPHY		671				671	654				654
NON CARDIAC MAGNETIC RESONANCE IMAGING (MRI)		379	10			389	424				424
NON CARDIAC NUCLEAR MEDICINE		8				8	6				6
NON-OBSTETRIC ULTRASOUND		2911	607			3518	1140				1140
Total		11750	2217	174	144	14285	8638	1301	193	84	10216

Patients waiting over 14 weeks for Therapies (measure 41)

This measure is derived from a national DHCW dataset around patients waiting for Therapies. 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.

Please note that only Cardiff & Vale and Swansea Bay figures are shown, as the largest specialist providers, and that the bulk of this activity relates to non-specialist activity not related to WHSSC.

 GIG CYMRU NHS WALES Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC)		WG Recovery measures - Therapies (Welsh providers) 41. Patients waiting more than 14 weeks for Therapies; target is 0 by Spring 2024									
CensusFinancialMonthNo	202207	Cardiff and Vale University Local Health Board					Swansea Bay University Local Health Board				
ProviderOrganisationCurrentName		1 - Up to 14 weeks	2 - 15-25 weeks	3 - 26-35 weeks	4 - 36-51 weeks	Total	1 - Up to 14 weeks	2 - 15-25 weeks	3 - 26-35 weeks	4 - 36-51 weeks	Total
ARTS THERAPIES							2				2
LEARNING DISABILITIES							2				2
DIETETICS	2431	337	48	1	2817	663	7				670
ADULTS	2105	330	48		2483	533	7				540
PAEDIATRICS	326	7		1	334	130					130
OCCUPATIONAL THERAPY	219	87	63	26	395	310					310
ADULTS	131				131	113					113
LEARNING DISABILITIES						35					35
MENTAL HEALTH						95					95
PAEDIATRICS	88	87	63	26	264	67					67
PHYSIOTHERAPY	5790				5790	2091	32				2123
ADULTS	5495				5495	1904	30				1934
PAEDIATRICS	295				295	187	2				189
PODIATRY	1243				1243	1352	448				1800
ROUTINE	1102				1102	1308	448				1756
URGENT	141				141	44					44
SPEECH LANGUAGE	189	71	18	2	280	344	88				432
ADULTS	104	71	18	2	195	78	13				91
LEARNING DISABILITIES						25					25
PAEDIATRICS	85				85	241	75				316
Total	9872	495	129	29	10525	4762	575				5337



Report Title	Financial Performance Report – Month 8 2022-2023			Agenda Item	4.2
Meeting Title	Joint Committee			Meeting Date	17/01/2023
FOI Status	Open/Public				
Author (Job title)	Assistant Director of Finance				
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 8th 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 8 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 15th December and Joint Committee on 17th January 2023.

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 8 for WHSSC is a year-end outturn forecast under spend of £14,195k.

The under spend predominantly relates to releasable reserves from 2021-2022 and Welsh provider activity under performance. This is partially offset by forecast over spends in specialised mental health services, NHS England contracted providers and high cost individual patient treatment commitments.

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	Any issues are identified in the report.
Finance/Resource Implications	This document reports on the ongoing financial performance against the agreed IMTP.
Population Health	Any issues are identified in the report.
Legal Implications (including equality & diversity, socio economic duty etc)	Any issues are identified in the report.
Long Term Implications (incl WBFG Act 2015)	Any issues are identified in the report.
Report History (Meeting/Date/ Summary of Outcome)	Management Group 15 December 2022
Appendices	-

FINANCE PERFORMANCE REPORT – MONTH 8

1.0 PURPOSE OF REPORT

The purpose of this report is to set out the financial position for WHSSC for the 8th month of 2022-2023 together with any corrective action required.

The narrative of this report excludes the financial position for EASC, which includes WAST & EMRTS provider contracts, EASC and the NCCU team running costs, which are covered in separate Finance Report that is tabled at the EAS Committee. For information purposes, the consolidated position is summarised in the table below:

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	760,111	506,741	497,525	(9,216)	(148)	(14,195)	1,411
EASC (WAST, EMRTS, NCCU)	238,013	158,675	158,809	134	1	226	220
Total as per Risk-share tables	998,124	665,416	656,334	(9,082)	(18)	(13,969)	1,631

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 8 is a year to date underspend of £9,216k and a forecast outturn underspend of £14,195k.

NHS England is reported on contract baselines agreed within the post pandemic NHSE framework of 'aligned payments and incentives'. These are reported against the current IMTP provision. 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	Budgeted to Date	Actual to Date	Variance to Date	Previous month Var to date	Current EOYF Variance	Previous month EOYF Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Wales							
Cardiff & Vale University Health Board	272,253	181,502	182,049	547	546	790	394
Swansea Bay University Health Board	113,836	75,891	76,422	531	104	130	(535)
Cwm Taf Morgannwg University Health Board	11,084	7,389	8,104	715	600	715	600
Aneurin Bevan Health Board	9,851	6,567	6,895	328	287	328	287
Hywel Dda Health Board	1,735	1,157	1,157	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	45,963	30,642	30,687	45	28	45	28
Velindre NHS Trust	54,292	36,195	36,512	317	317	732	832
Sub-total NHS Wales	509,014	339,343	341,826	2,483	1,883	2,739	1,607
Non Welsh SLAs	124,723	83,148	86,629	3,480	2,348	5,121	4,055
IPFR	43,857	29,238	29,223	(14)	(108)	(752)	(165)
IVF	5,020	3,347	3,730	384	217	385	226
Mental Health	36,533	24,355	26,585	2,230	1,921	3,629	1,955
Renal	4,959	3,306	2,803	(503)	(406)	(509)	(500)
Prior Year developments	1,928	1,285	3,032	1,746	1,628	2,423	2,495
2020/21 Plan Developments	29,134	19,008	11,217	(7,791)	(6,613)	(10,234)	(8,249)
Direct Running Costs	4,944	3,296	3,415	119	(6)	29	(4)
Reserves Releases 2019/20	0	0	(11,350)	(11,350)	(9,931)	(17,025)	(17,025)
Phasing adjustment for Developments not yet implemented ** see below	0	415	415	0	0	0	0
Total Expenditure	760,111	506,741	497,525	(9,216)	(9,068)	(14,195)	(15,606)

The reported position is based on the following:

- NHS Wales activity – provider contract monitoring against the DOF framework principles which includes a 10% tolerance for underperformance and enhanced marginal rates for overperformance.
- NHS England activity – provider contract monitoring against agreed baselines based on the NHSE 'aligned payment and incentives' baselines with actual variances for drugs and devices applied.
- Mental Health & IPFR – live patient data as at the end of the month, plus current funding approvals and block bed capacity.
- Developments – variety of bases, including agreed phasing of funding.

** Please note that as income is collected from LHB's in equal 12ths, there is usually an excess budget in Months 1-11 which relates to new in year developments funding phased into the later part of the year. To keep the income and expenditure position balanced, a technical phasing adjustment is shown on a separate line for transparency and is accrued to date to avoid a mis-reported underspend against plan profiles.

5.0 FINANCIAL POSITION DETAIL - PROVIDERS

Provider positions can be summarised as follows for month 8:

5.1 NHS Wales Providers Summary

	Annual Budget £'000	Variance To Date			EOYF Variance		
		Mth 8 £'000	Mth 7 £'000	Movement £'000	Mth 8 £'000	Mth 7 £'000	Movement £'000
NHS Wales Providers							
Cardiff & Vale University Health Board	272,253	547	546	1	790	394	395
Swansea Bay University Health Board	113,836	531	104	428	130	(535)	665
Cwm Taf Morgannwg University Health Board	11,084	715	600	114	715	600	114
Aneurin Bevan Health Board	9,851	328	287	41	328	287	41
Hywel Dda Health Board	1,735	0	0	-	-	-	-
Betsi Cadwaladr University Health Board Prov	45,963	45	28	17	45	28	17
Velindre NHS Trust	54,292	317	317	-	732	832	(100)
Sub-total NHS Wales Providers	509,014	2,483	1,883	601	2,739	1,607	1,133

A number of welsh provider services increased activity through October impacting on the yearend forecasts by £1,133k, the main forecast movements are as follows:

- Cardiff & Vale – Intestinal Failure/HPN £150k
- Cardiff & Vale – Immunology blood products £200k
- Cwm Taf Morgannwg – ICDs £114k
- Swansea Bay – Plastics £76k
- Swansea Bay – TAVI £300k

There is a risk that current performance trajectories will not be maintained through the latter part of the year due to continued operational pressures but provider forecasts are reflected in this position.

5.2 NHS England Providers

YTD M8 position £3,480k, Forecast YE position £5,121k.

NHS England SLA position reflects the agreed baselines based on the NHSE 'aligned payments and incentives' framework with pass through costs for drugs and devices and an uplift for the revised net cost uplift factor of 4.1% inflation. The inflation uplift to is reduced to 3.6% from November after a reversal of the 1.25% Employers NI increase implemented in April.

There is a £1,100k YTD variance movement across a number of the North West England providers, specifically Alder Hey £358k, Liverpool Heart and Chest £148k, St Helens and Knowsley £227k and Walton £345k. The impact on the forecast is £1,066k.

A further (£1,000k) of the COVID activity recovery provision is released in month 8 to part offset the revised overperformance forecast of £5,121k

5.3 Individual Patient Commissioning & Non Contract Activity

YTD M8 position (£14k), Forecast YE position (£752k).

The forecast for Paroxysmal Nocturnal Haemoglobinuria (PNH) patients has decreased by (£140k) and a review of Pulmonary Hypertension non-contract activity by (£299k) below baseline. There is a (£179k) reduction in ERT patients relating to patients initiating on Early Access Medicine trials, where the drugs costs are provided free of charge by the pharmaceutical companies.

5.4 Specialised Mental Health

YTD M8 position £2,230, Forecast YE position £3,629k.

The Mental Health forecast position has deteriorated by £1,674k due to the additional provision of specialised eating disorder beds required since the Oxford contract capacity was withdrawn. The forecast includes the provision of 10 beds from the 21st November. There were also continued increases in medium south wales CAMHS OOA placements moving the forecast position to £1,050k overspent.

5.5 Renal

YTD M8 position (£503k), Forecast YE position (£509k).

There has been no material movement in the position reported this month. The main reason for the forecast position remains an under spend in the Royal Liverpool and Broadgreen based on the 19-20 block contract level.

5.6 Developments and Strategic Priorities

YTD M8 position (£6,044k), Forecast YE position (£7,812k).

The developments forecast has improved by (£2,058k). This is in part due to a further release of the COVID activity provision related to NHSE activity (£1,000k). A number of other provisions forecast positions were reviewed based on the latest performance data resulting in a further (£1,058k) improvement in the forecast.

5.7 WHSSC Running Costs

YTD M8 position £119k, Forecast YE position £34k

The core DRC position is broadly breakeven as current vacancies will balance off a number of exceptional costs, including energy insurance and a legal claim settlement.

5.8 Reserves

YTD M7 position (£11.350k), Forecast YE position (£17,025k).

There is no change to the secured releasable reserves of £17,025k relating to 2021-22 year end which are phased into the position on a monthly basis.

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	Cardiff and Vale	SB	Cwm Taf Morgannwg	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Variance M8	(9,216)	(1,804)	(1,019)	(995)	(1,601)	(1,191)	(150)	(2,457)
Variance M7	(9,068)	(1,524)	(1,057)	(1,457)	(1,379)	(1,134)	(150)	(2,368)
Movement	(148)	(280)	38	462	(223)	(57)	0	(89)

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total	Cardiff and Vale	SB	Cwm Taf Morgannwg	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
EOY forecast M8	(14,195)	(2,609)	(1,774)	(1,664)	(2,471)	(1,856)	(143)	(3,678)
EOY forecast M7	(15,606)	(2,556)	(2,127)	(2,418)	(2,585)	(2,073)	(309)	(3,538)
EOY movement	1,411	(53)	353	754	114	217	166	(140)

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.

Please note that income for WHSSC & EASC elements are disaggregated, although both entities cash flows are technically managed through the same bank account. The below table uses the total income to allow reconciliation to the MMR returns; please refer to the income tables in the monthly risk-sharing file to for a detailed breakdown of commissioner income.

Table 5 – 2022/23 Commissioner Income Expected and Received to Date

	2022/23 Planned Commissioner Income	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounted to Date	EOY Comm'er Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
SB	121,901	81,267	81,268	0	0	81,268	(1,734)
Aneurin Bevan	188,357	125,571	125,572	0	0	125,572	(2,414)
Betsi Cadwaladr	218,000	145,333	145,378	(45)	0	145,333	(3,678)
Cardiff and Vale	162,120	108,080	107,405	675	0	108,080	(2,563)
Cwm Taf Morgannwg	141,944	94,629	94,221	919	(511)	94,629	(1,624)
Hywel Dda	117,687	78,458	78,458	0	0	78,458	(1,819)
Powys	48,116	32,077	31,918	159	0	32,077	(137)
Total	998,124	665,416	664,220	1,708	(511)	665,416	(13,969)

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

In the development of the integrated commissioning plan, new clinical impact schemes and strategic priorities are phased to be implemented in the second half of 2022/23. It is anticipated there will be further declared recruitment slippage against the planned part year effect of these schemes.

Provider forecasts have been volatile in respect to pass through elements such as drugs, blood products and devices. There is a risk these

9.0 PUBLIC SECTOR PAYMENT COMPLIANCE

As at the end of Q2 WHSSC has achieved 99.7% compliance for NHS invoices paid within 30 days by value and 94.0% by number.

For non NHS invoices WHSSC has achieved 98.1% in value for invoices paid within 30 days and 99.1% by number.

This data is updated on a quarterly basis.

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

10. RESPONSES TO ACTION NOTES FROM WG MMR RESPONSES

Action Point 7.1 – Confirmation that the excess employers NI costs reported at month 7 of £29k will be offset against a release of the 21/22 annual leave accrual and WHSSC will not seek WG funding.

Action 7.2 – The MMR has been amended to remove the PETIC excess energy cost risk

11. SLA 2021-2022 STATUS UPDATE

All Welsh SLAs were agreed and signed by the end of June 2022.

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 Report	Agenda Item	4.3		
Meeting Title	Joint Committee	Meeting Date	17/01/2023		
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: <ul style="list-style-type: none">• Note the report.					

CORPORATE GOVERNANCE 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 8 November 2022 and the following updates were received:

- Minutes of the In Committee Meeting held on 6 September 2022.

3.2 Welsh Health Circulars (WHCs)

Welsh Government (WG) issue Welsh Health Circulars (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/2022/026 Approach for Respiratory Viruses – Technical Guidance for Healthcare Planning
- WHC/2022/027 – Urgent Polio Catch Up Programme for children under 5 years old
- WHC/2022/028 – More Than Just Words Welsh Language awareness course
- WHC/2022/029 – Follow Up advice on the Polio Catch Up Programme for children under 5 years old
- WHC/2022/031 - Reimbursable vaccines and eligible cohorts for the 2023 to 2024 NHS seasonal influenza (flu) vaccination programme.

3.3 WHSSC Governance and Accountability Framework

In accordance with the WHSSC Regulations 2009, each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders form a schedule to each LHB's own standing orders, and have effect as if incorporated within them. Together with the adoption of the Scheme of Decisions Reserved to the Joint Committee; the Scheme of Delegations to Officers and

Others; and the Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee. These documents, together with the Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a Hosting Agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (as the Host LHB), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed.

It is necessary to ensure that the WHSCC SOs are kept up to date and take account of any developments. Updated Model Standing Orders and Model Standing Financial Instructions were issued by the Minister for Health and Social Services in correspondence received on the 7 April 2021.

The revised Governance and Accountability Framework documents, including the SOs and SFIs, for WHSCC were last approved by the Joint Committee on 13 July 2021, and were subsequently taken forward for approval by the seven LHBs for inclusion as schedule 4.1 within their respective LHB SOs.

The updated SOs, Memorandum of Agreement (MoA), Hosting Agreement, and SFIs are in the process of being reviewed and updated will be presented to the Joint Committee on 14 March 2023 for approval. We do not expect there to be any significant changes to the SOs, and subject to discussion today, there are likely to be minor changes only to the SFIs and MoA.

3.4 Forward Work Plan

The Forward Work Plan is presented at **Appendix 1** for information.

3.5 Virtual Committee Arrangements

Further to the Committee effectiveness exercise for 2021-2022 undertaken in April 2022, the feedback from individual members indicated that the majority of members would prefer to continue with the virtual meeting arrangements adopted during the COVID-19 pandemic and the recovery phase. Therefore, all Joint Committee and sub-committee meetings will continue to be held virtually for the foreseeable future, and face to face meetings will be considered for any key decision making requirements as deemed appropriate by the Chair.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** 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	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)	There are no direct legal implications. There are no adverse equality and diversity implications.
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 – Forward Work Plan – Joint Committee

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
Extraordinary Meeting 10 January 2023	Declarations of Interest	Single Commissioner for Secure Mental Health Proposal Audit Wales WHSSC Committee Governance Arrangements – Update Review of Financial Limits and Reporting		Preparedness for the COVID-19 Public Inquiry
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	Integrated Commissioning Plan 2023-2026 – Final Plan Plastic Surgery: realignment of future commissioning responsibilities between WHSSC and Health Boards WHSSC Cardiac Review	COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters Report Reports from the Joint Sub-Committees - CTMUHB Audit & Risk Committee	Governance Review of Welsh Kidney Network (WKN) South Wales Trauma Network Delivery Assurance Group Report (Quarter 2 2022/23)

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

		Corporate Risk Assurance Framework (CRAF) All Wales Positron Emission Tomography (PET) Programme Board Update	<ul style="list-style-type: none"> - Management Group Briefings - Individual Patient Funding Request Panel - Welsh Kidney Network 	
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	WHSSC Specialised Services Strategy Risk Management Strategy (incl. Risk Appetite) WHSSC Standing Orders & SFI's, including review of Financial Limits and Reporting – Approve the increase in limits WHSSC IPFR Panel ToR and the All Wales IPFR Policy recommendation – update on engagement	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 	Specialised Services Strategy – Final Strategy Document Haematology Review

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

		PET Programme Business Case 4 th scanner	Governance Committee - Individual Patient Funding Request Panel - WRCN	
MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
16 May 2023	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan	Annual Review of Committee Effectiveness 2022-2023 Joint Committee Assurance Framework (JAF)	COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters Report Report from the Chair of the CTMUHB Audit & Risk Committee Reports from the Joint Sub-Committees <ul style="list-style-type: none"> - Management Group Briefings - Quality & Patient Safety Committee - Integrated 	Sub – Committee Annual Reports 2021-2022

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

			Governance Committee - Individual Patient Funding Request Panel - WRCN	
MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
18 July 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 Report from the Chair of the CTMUHB Audit & Risk Committee Reports from the Joint Sub-Committees - Management Group Briefings - Quality & Patient	

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

			Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WRCN	
MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
19 September 2023	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan	WHSSC Annual Report 2022-2023	COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters Report Report from the Chair of the CTMUHB Audit & Risk Committee Reports from the Joint Sub-Committees - Management Group	

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

			Briefings <ul style="list-style-type: none"> - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WRCN 	
MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
21 November 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 	Specialised Paediatric Services 5 year Commissioning Strategy (Bi-annual update)



GIG
CYMRU
NHS
WALES

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

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

			<ul style="list-style-type: none">- Quality & Patient Safety Committee- Integrated Governance Committee- Individual Patient Funding Request Panel	
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- 16 January 2024
- 19 March 2024

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
In attendance for WHSSC	Stuart Davies, Director of Finance Helen Tyler, Corporate Governance Manager Ian Wells, WHSSC IM Audit (24 October 2022) Steve Spill, WHSSC IM for Audit & Finance (12 December 2022)
Date of Meetings	24 October 2022 12 December 2022
Report Author	Corporate Governance Manager
Summary of key matters considered by the Committee and any related decisions made	
The CTMUHB Audit & Risk Committee (ARC) provide assurance to the Joint Committee (JC) of the effectiveness of its arrangements for handling reservations and delegations. The Memorandum of Agreement (MoA) states that the Audit Lead will provide reports to the JC following the Host Audit & Risk Committee meetings. This assurance report sets out the key areas of discussion and decision.	
24 October 2022 – Audit & Risk Committee CTM Hosted Bodies – Part 2	
<p>1. Emergency Ambulance Services Committee (EASC)/National Collaborative Commissioning Unit (NCCU) Update</p> <p>Gwenan Roberts (GR), EASC Committee Secretary/Assistant Director Corporate, gave an update on the following;</p> <ul style="list-style-type: none"> • EASC Assurance Framework, • EASC Audit Recommendations tracker; and • NCCU Risk Register. <p>GR presented the EASC Assurance Framework. Members noted that the framework had been developed incorporating the host body approach and was approved by the EASC Joint Committee in September 2022.</p> <p>GR advised that the NCCU risk register had been approved at the NCCU Management Board meeting in September 2022 and there were no red risks.</p>	

Stephen Harrhy (SH), Chief Ambulance Services Commissioner (CASC), presented the EASC Risk Register and highlighted that there were three ongoing risks which scored 15 and above, which included ambulance performance for red and amber calls and appropriate commissioning actions to support the provider. The EASC risk register had been received and endorsed by the EASC Management Group in September 2022. SH presented the EASC action plan which captures all key activities in one document with a RAG rating and provided some updates on key activities being undertaken. The actions were allocated to the Welsh Ambulance Service NHS Trust (WAST), Health Boards (HBs) and combined HB and WAST Actions.

The Committee **noted** the report.

2. WHSSC Corporate Risk Assurance Framework (CRAF)

Helen Tyler (HT), WHSSC Corporate Governance Manager, provided an update on the Corporate Risk and Assurance Framework (CRAF), which had been received by the Integrated Governance Committee (IGC) on 11 October 2022. Members noted that as at 31 July 2022 there were 17 risks comprising of 15 commissioning risks and two organisational risks.

There were no commissioning risks that were either escalated or de-escalated since the last meeting. HT provided a verbal update that the Biotronics risk would be reduced as the license had now been granted.

There were no organisational risks that were either escalated or de-escalated since the last meeting.

Risk 29 (CS/08) WHSSC Individual Patient Funding Request (IPFR) Terms of Reference (ToR) and governance – Members queried why this score remained unchanged despite the positive progress noted. HT explained that progress had been made with the ToR engagement plan, which had been presented to JC on 6 September 2022 and JC had confirmed WHSSC's authority to proceed with engagement processes for the revised ToR and a limited and focused review of the all Wales Policy. Members noted that the situation remained fragile and that the risk should remain at the current level until the revised ToR and Policy were approved.

Members noted that a risk management workshop had taken place on 20 September 2022 and that work was ongoing to review the outputs and horizon scan for future new organisational risks. The Corporate Services team will develop a new risk appetite statement and update the CRAF, which will be brought to a future ARC meeting and to the JC in January 2023.

The Committee **noted** the report.

3. WHSSC Internal and External Audit Recommendations Tracker

Stuart Davies (SD), WHSSC Director of Finance, gave a progress report on the implementation of internal and external audit recommendations and members noted:

- Two recommendations regarding the Positron Emission Tomography (PET) Scanner service were now past their planned due dates, both of which have revised due dates,
- Two recommendations were outstanding in relation to the report on Risk Management. However, two of these had revised due dates; and
- There was one recommendation outstanding for the Neurosciences and Long Term conditions report, but this has not yet reached the due date.

Members noted the positive progress made against the seven external audit recommendations outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".

In relation to the WHSSC recommendations, the majority of actions had been completed and there were only two areas of partial compliance on the actions relating to:

- the Integrated Commissioning Plan (ICP); and
- the Specialised Services Strategy. An engagement process had commenced and the Managing Director, WHSSC was providing briefing sessions to HB board development sessions as part of the engagement process.

In relation to the Welsh Government (WG) recommendations:

- On the 22 August 2022 WHSSC were advised that the Director General for Health and Social Services/NHS Wales Chief Executive (DGHSS/NWCEO) had written to Mark Isherwood, Chair of the PAPAC regarding Welsh Government recommendations 6 and 7 of the Audit Wales report into WHSSC Governance arrangements,
- The letters described the work in progress, and suggested that the recommendations from the Audit Wales report were completed,
- A Discussion with WG on the 31 August 2022 confirmed that the recommendations could be categorised as completed;
- However, on the 27 September 2022 WHSSC received a further update from WG advising that Audit Wales had written to the DGHSS/NWCEO to express the view that, at this stage, it was premature to consider the recommendations as closed and that they would like to keep them open and receive an update from WG in six months' time.

The Committee **noted** the report.

4. WHSSC Review of Financial Limits and Reporting Decision

SD presented a financial report requesting that the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19 pandemic be approved as new permanent limits and that consideration be given to updating the governance and accountability

framework, including the SFI's, the financial authorisation matrix and scheme of delegation.

Following detailed discussion, whilst the members were supportive of the rationale for initiating the review and seeking the permanency of the current arrangements, it was considered that due to the significant detail captured in the report further assurance was required that Joint Committee Members were supportive of the approach and had had an opportunity to review the position and consider their impact in terms of their respective HBs. The Chair confirmed that whilst this process was taking place the current position should remain un-changed and the limits introduced in March 2020 should remain in place to ensure effective decision making.

The Committee agreed that the status quo remain and that the JC should consider the proposals. It was considered that delaying approval would not result in any adverse effect to patient care as there will be no changes to existing arrangements whilst this matter is given further consideration.

5. Internal Audit Reviews

Emma Samways from Internal Audit presented the following WHSSC Internal Audit reviews:

- WHSSC Quality Assurance Reporting – Substantial Assurance
- WHSSC Neurosurgery – Substantial Assurance.

The Committee **noted** the reports.

Matters referred to other Committees

None

Date of next scheduled meeting	12 December 2022
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12 December 2022 – Audit & Risk Committee CTM Hosted Bodies – Part 2

Steve Spill (SS) attended his first meeting as the new Welsh Health Specialised Services Committee – Independent Member (IM) for Audit & Finance.

1. Emergency Ambulance Services Committee (EASC)/National Collaborative Commissioning Unit (NCCU) Update

Gwenan Roberts (GR) and Stephen Harrhy (SH), EASC Committee Secretary/Assistant Director Corporate, gave an update on the following;

- EASC Risk Register,
- EASC Assurance Framework,
- NCCU Risk Register, and
- EASC Action Plan.

SH, Chief Ambulance Services Commissioner (CASC) and GR presented the EASC Risk Register which had been presented to the EASC meeting in November 2022.

There were 10 risks on the register and three ongoing risks which scored 15 and above,

- Failure to achieve agreed performance standard for category red calls,
- Failure to achieve agreed performance standard for amber category calls; and
- Failure to take appropriate commissioning actions to support the provider in their management of patient's safety and to minimise clinical risk during times of escalation.

GR presented the EASC Assurance Framework. Members noted that the framework had been developed incorporating the host body approach and was approved by the EASC Joint Committee in November 2022.

GR advised that the NCCU risk register had been approved at the NCCU Management Board meeting in October 2022 and there were no red risks.

SH presented the EASC action plan which captured all key activities in one document with a RAG rating and provided some updates on key activities being undertaken. The actions were allocated to the WAST, HBs and combined HB and WAST Actions. There remained significant concerns regarding the safety of patients currently due to increasing number of handover delays and lost hours.

The Committee **noted** the report.

2. WHSSC Corporate Risk Assurance Framework (CRAF)

Helen Tyler (HT), WHSSC Corporate Governance Manager, provided an update on the Corporate Risk and Assurance Framework (CRAF) as at 31 October 2022, which had been received by the Corporate Directors Group Board (CDGB) on 16 November 2022.

Members noted that as at 31 October 2022 there were 11 risks in total comprising of 9 commissioning risks and two organisational risks.

4 commissioning red risks were de-escalated and 2 commissioning red risks were closed during October 2022.

Members queried whether it was appropriate to de-escalate Risk 9 – South Wales Neurosciences waiting times and Risk 22 – Forensic Adolescent Consultation and Treatment Service (FACTS). In order to provide re-assurance to members Stuart Davies (SD), WHSSC Director of Finance provided a comprehensive verbal update in relation to these risks. It was agreed that the narrative could be strengthened to ensure members felt more assured.

In addition, Ian Wells (IW) commented that Risk number 23 in relation to CAMHS and Ty Llidiard did not appear to reflect the recent activity. SD as Executive lead for this service (which is currently in escalation Level 4), explained that the service

had made excellent progress with their action plan and they were going to be recommending that the service was de-escalated from Level 4 to Level 3 in the very near future.

There were no organisational risks that were either escalated or de-escalated since the last meeting but there had been a recent IPFR engagement meeting on 2 December 2022 which was well attended and responses to the engagement exercise will be reviewed in January 2023 and a further update provided to the JC in March 2023.

In relation to the Ministerial Measures, regular workshops were being held with the JC to discuss recovery trajectories.

Members noted that a risk management workshop had taken place on 20 September 2022. On the 16 November, the Corporate Services Team undertook a review of all of the findings from the risk workshop and the SWOT analysis findings and identified potential new risks which were in the process of being finalised. A revised CRAF and risk appetite statement will be presented to the CDGB in December 2022 for consideration and this CRAF will be presented to the January JC meeting.

The Committee **noted** the report.

3. WHSSC Internal and External Audit Recommendations Tracker

SD, WHSSC Director of Finance, gave a progress report on the implementation of internal and external audit recommendations and members noted:

- Two recommendations regarding the Positron Emission Tomography (PET) Scanner service were now passed both their planned and revised due dates. There service have been advised to review the due dates and, where appropriate, submit revised dates for consideration. An update is being sent to the January JC meeting.
- Two recommendations were outstanding in relation to the report on Risk Management. However, two of these had revised due dates of January 2023; and
- There was one recommendation outstanding for the Neurosciences and Long Term conditions report, which has now passed the due date, and
- There is one recommendation outstanding for the Quality Assurance report, however this has not yet reached the due date.

Members noted the positive progress made against the seven external audit recommendations outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".

In relation to the Welsh Government (WG) recommendations and on 27 September 2022 WHSSC received an update from WG advising that Audit Wales had written to the Director General Health and Social Services / NHS Wales Chief Executive Health and Social Services Group to express the view that, at this stage,

it was premature to consider the recommendations as closed and they would like to keep them open and receive an update from WG in six months' time. WG confirmed that they were content to accept this suggestion. A further update will be provided to the JC in early 2023.

The Committee **noted** the report.

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 24 NOVEMBER 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, following on from the COVID-19 pandemic, meetings continued to 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:

- **Forensic Adolescent Consultation and Treatment Service (FACTS) Escalation Update** - Following a review of the new service specification against the existing staff establishment and funding envelope, CTMUHB have put in place a recruitment plan that builds in more resilience to the service. WHSSC were now assured that recruitment and retention issues had been addressed and subject to the remaining actions being met and considered at the commissioning quality visit meeting on the 9 November 2022, WHSSC will recommend that the service is de-escalated to level 2,
- **Paediatric Radiology** – following CVUHB recently reporting challenges in recruiting Consultant Paediatric Radiologists and following the investment by WHSSC for 3 WTE, in the main due to national shortages, the Associate Medical Director (AMD) for Women and Children's services had brought colleagues from the Radiology service, Health Education & Improvement Wales (HEIW) and the academy together to discuss increasing the potential applicant pool for Paediatric Radiology Consultant posts. Consequently, units in NHS England (NHSE) had indicated that they would be in a position to host NHS Wales funded paediatric radiology training posts for trainees on the Wales Radiology Training Programme, as soon as the posts could be progressed and there were trainees available. HEIW colleagues confirmed they were now taking this forward, meaning there will be increased training capacity from February 2023 at the latest,
- **Individual Patient Funding Request (IPFR) Engagement Update**
The formal engagement process to review the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and

the specific and limited review of the all Wales IPFR policy, commenced on 10 November 2022 for a 6-week period following support from the Joint Committee on the proposed engagement process at its meeting on the 8 November 2022. The Kings Counsel (KC) commissioned to provide advice on the changes to the policy wording will undertake a Q&A session with the NHS Wales Medical Directors Peer Group prior to the end of the consultation and a stakeholder engagement event is planned for 2 December 2022 in Cardiff with hybrid attendance available if required,

- **Single Commissioner for Secure Mental Health Proposal**

The options appraisal report for a single national organisation to commission integrated secure mental health services for Wales for Health Boards (HBs) was considered and approved by the Joint Committee on the 8 November 2022. The report had been prepared following a request from Welsh Government (WG) for the WHSSC Joint Committee to provide the mechanism for the recommendation from the "Making Days Count" review to be considered, and for the Joint Committee to make a recommendation to WG on the preferred option. The options appraisal report will be shared with HBs for comment and the deadline for responses was 12 December 2022. The responses will be collated and taken back to the Joint Committee 17 January 2023 to inform a recommendation by JC to WG; and

- **Mental Health Strategy Development**

On the 8 November 2022, the Joint Committee received a report informing them of the stakeholder feedback from the engagement exercise for the Specialised Services Strategy for Mental Health and the proposed next steps. The JC supported the need to undertake a comprehensive demand and capacity analysis to inform the final draft version of the strategy and any necessary phasing of the implementation of the strategy. They also supported the 8-week consultation period on the current version of the strategy starting on the 18 November 2022 with a deadline for responses of Friday 13 January 2023.

4. Funding Release for Major Trauma – Swansea Bay UHB – Orthopaedic Surgery

Members received a report seeking approval for a funding release for major trauma orthopaedics services in accordance with the funds approved in the Integrated Commissioning Plan (ICP) 2022-2025.

Members (1) **Noted** the report; and (2) **Supported** the funding release for major trauma orthopaedics services for the posts detailed within the report noting that these posts are fully funded within the ICP 2022-2025.

5. Congenital Heart Disease: Resilience and Improved Access to Cardiac MRI

Members received a report requesting approval for the release of funding to implement Phase 3 of the Adult Congenital Heart Disease (ACHD) service, a WHSSC Integrated Commissioning Plan (ICP) scheme. The scheme was first prioritised by the Clinical Impact Assessment Group and subsequently approved for inclusion in the WHSSC ICP 2019-2022. It has

previously received two planned tranches of WHSSC funding; this report encompasses the third and final phase for which funding had been identified in the ICP.

Members discussed the provision of cardiac MRI, capacity and whether this was more appropriately delivered by local services rather than by the central service. It was agreed that the request could be approved pending confirmation from one of the HB's that the proposal did not affect local pathways. Members noted that in the event of any issues being identified a further report would be brought back to the next meeting.

In addition it was agreed that a report would be brought back to a meeting in 2023 describing the pathway and the options for provision of cardiac MRI.

Members (1) **Noted** the report; and (2) **Approved** the release of funding to implement the Integrated Commissioning Plan scheme for the development of Adult Congenital Heart Disease Service (Phase 3) in South Wales, pending a view on pathways being received from one of the HBs.

6. Plastic surgery: Realignment of Future Commissioning Responsibilities Between WHSSC and Health Boards

Members received a report which confirmed the outcome of the plastic surgery commissioning workshop held with Management Group on 22 September 2022; and proposed that a recommendation was made to the Joint Committee to approve the realignment of commissioning responsibilities and support a project led by WHSSC to transfer commissioning responsibility for non-specialised plastic surgery to HBs and to retain specialised plastic surgery under the remit of WHSSC.

Members (1) **Noted** the outcome of the Management Group plastic surgery workshop held on 22 September 2022; and (2) **Supported** that a recommendation was made to the Joint Committee to:

- approve the proposed realignment of commissioning arrangements for plastic surgery so that non-specialised surgery will be commissioned by Health Boards (HBs) and specialised surgery will be commissioned by WHSSC; and
- support a project led by WHSSC to undertake the work to transfer commissioning responsibility for non-specialised plastic surgery to HBs and retain specialised surgery as commissioned by WHSSC.

7. WHSSC Specialised Services Strategy Update

Members received a report which provided an update on the engagement process to support the development of a ten-year strategy for specialised services, and to provide a high level thematic summary of the responses received to date.

Members **noted** the current position of the engagement process to support the development of a ten-year strategy for specialised services, and the thematic responses received to date.

8. COVID-19 Activity Report for Month 6 2022-2023

Members received a report highlighting the scale of the 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.

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 HBs and waiting lists were also considered, along with the relevant new performance measures set out by Welsh Government (WG).

Members **noted** the report.

9. Financial Performance Report - Month 7 2022-2023

Members received the Financial Performance Report for Month 7, which set out the financial position for WHSSC for the fifth month of 2022-2023.

The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC ICP by the Joint Committee in February 2022.

Members noted that the financial position reported at Month 7 for WHSSC was a year-end outturn forecast under spend of £15,606k. The under spend predominantly relates to releasable reserves from 2021-2022, Welsh provider under performance. This was partially offset by forecast over spends in specialised mental health services, NHS England (NHSE) contracted providers, and high cost Individual Patient Funding Request (IPFR) treatments.

Members **noted** the current financial position and forecast year-end position.

10. Forward Work Plan

Members **noted** the forward work plan.

11. Any Other Business

- **WHSSC Quality newsletter** – members noted that WHSSC has a newsletter which provides updates on quality issues which is shared with the WHSSC Quality & Patient Safety Committee (QPSC), the Joint Committee and HB Quality and Safety (Q&S) Committees. Members noted that a recent internal audit of the quality reporting in place at WHSSC received a substantial assurance rating, with one recommendation which related to HB's ensuring that the WHSSC QPSC Chairs report was included on HB Quality and Safety (Q&S) Committee agendas for assurance; and

- **Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement** – members noted that that issues with Welsh and British Sign Language (BSL) translation would delay the engagement process but documents will be made available to HB's before Christmas and the formal engagement will commence 4 January 2023 until 14 February 2023.



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 15 DECEMBER 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, following on from the COVID-19 pandemic, meetings continued to be held via MS Teams.

2. Action Log

Members received an update on progress against the action log and **noted** the updates.

3. Integrated Commissioning Plan (ICP) Update

Members received an informative presentation providing an update on the draft Integrated Commissioning Plan (ICP) 2023-2026.

Members noted that:

- an early draft of the ICP had been presented to the Joint Committee (JC) on 8 November 2023 and that they had requested that WHSSC develop scenarios on financial commitments to support financial scenario modelling,
- the Welsh Government (WG) NHS Wales Planning Framework document had been published and the financial challenges facing the NHS had been crystallised,
- a re-commissioning workshop was held with the Management Group on 24 November 2023 and members discussed financial affordability, the significant financial pressures Health Boards (HBs) were under and the balance of risk required when making financial forecasts,
- WHSSC had held planned engagement meetings with HBs, and the challenges regarding Health Board Integrated Medium Term Plans (IMTP's) had been shared in the relevant national peer groups; all of which informed the discussion concerning the ICP; and
- HBs were required to submit an accountability letter to WG by the end of February 2023, and WHSSC were continuing with the agreed plan to present the final ICP for approval to the JC on 17 January 2023 to support HB's in developing their own IMTP's.

Members discussed the proposed approach and there was a consensus to avoid taking risks on growth options and to instead focus on a balanced risk programme being presented to the JC in January 2023.

Members **noted** the update.

4. Managing Director's Report

Members received the Managing Director's Report and noted updates on:

- **National Skin Camouflage Pilot Service** - a formal request had been received from WG following agreement at the NHS Wales Leadership Board (NWLBB) for WHSSC to commission the national skin camouflage pilot service. A report will be presented to the JC 17 January 2023,
- **Individual Patient Funding Request (IPFR) Engagement Update** – (IPFR is not a responsibility of MG and the update is provided by way of general information). The formal engagement process to review the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy, commenced on 10 November 2022 for a 6-week period following support from the JC on the proposed engagement process at its meeting on the 8 November 2022. The Kings Counsel (KC) commissioned to provide advice on the changes to the policy wording undertook a Q&A session at a stakeholder engagement event on 2 December 2022, which included representation from all of the seven HBs, IPFR Quality Assurance Group (QAG), All Wales therapeutics and Toxicology Centre (AWTTC) and the WHSSC IPFR panel. The feedback is being reviewed and a proposal will be presented to the JC on 14 March 2023,
- **Single Commissioner for Secure Mental Health Proposal** - The options appraisal report for a single national organisation to commission integrated secure mental health services for Wales was considered and approved by the JC on the 8 November 2022. Members received a presentation providing an update on progress and noted that four HB's had submitted responses to the engagement process. CTMUHB and Powys THB advised they had prepared responses and that they would make enquiries as to why they had not been submitted by the deadline. Members noted that the responses will be presented to the JC in early 2023 to inform a recommendation by the JC to WG; and
- **Mental Health Strategy Development** - On the 8 November 2022 the JC received a report informing them of the stakeholder feedback received from the engagement exercise for the Specialised Services Strategy for Mental Health and outlining the next steps and proposals to move into implementation of the strategy from April 2023. The JC considered the proposal for the MH Strategy consultation and supported the need to undertake a comprehensive demand and capacity analysis, which should inform the final draft version of the strategy and any necessary phasing of implementation of the strategy. They also supported the 8-week consultation period on the current version of the strategy, which commenced 18 November 2022 with a deadline for responses of

Friday 13 January 2023.

Members **noted** the report.

5. Congenital Heart Disease Network - outcome of standards assessment

Members received a report which shared the outcome of the Congenital Heart Disease (CHD) level 3 Standards Assessment of all the Welsh Health Boards (HBs), undertaken by South Wales and South West, and the North Wales and North West Congenital Heart Disease (CHD) networks with the support of the WHSS team.

Members (1) **noted** the information in the report and the summary presentation, (2) **supported** the following recommendations:

- The adoption of the level 1-3 CHD standards in Wales,
- The Wales Cardiac Network to develop the Level 3 Adult and Paediatric service specifications, and support the subsequent implementation by Local Health Boards; and

(3) **noted** the implementation of a Memorandum of Understanding (MoU) between the Welsh centres and the CHD Networks.

6. South Wales & South West Congenital Heart Disease Network

Members received an informative presentation from the Congenital Heart Network (CHN) on the adoption of the level 1-3 CHD standards in Wales, and work being undertaken to develop the Level 3 Adult and Paediatric service specifications.

Members noted the positive progress made and agreed that WHSSC, the National Clinical Lead for Cardiac Services, NHS Wales Health Collaborative (NWHC) and the CHD network would meet with the cardiac network with a view to developing a report for the NHS Wales Collaborative Executive Group (CEG) for consideration.

Members **noted** the presentation.

7. Neonatal Transport Operational Delivery Network (ODN)

Members received a report seeking approval for the release of funding for the South Wales Neonatal Transfer Operational Delivery network (ODN) staffing in accordance with the funds approved in the Integrated Commissioning Plan (ICP) 2022-2025.

Members noted that SBUHB, as the host provider were currently working through the plans to operationalise the ODN within the funding envelope of £125k and members discussed the rationale for the proposed funding model and the potential alternatives.

Members (1) **noted** the report; and (2) **approved** the release of funding for the appointment of the South Wales Neonatal Transfer ODN staffing model and the associated non-pay costs. In addition, a further update should be brought back to the MG once the structure was agreed to outline the detailed proposal, highlight the anticipated benefits and to

describe the monitoring arrangements; and **agreed** that annual reports on performance be brought back to the MG for assurance.

8. Funding Release for Spinal Injuries Rehabilitation Service – Sustainability and Standards

Members received a report seeking approval for a funding release for the South Wales Spinal Injuries Rehabilitation Service in accordance with the funds approved in the Integrated Commissioning Plan (ICP) 2021-2024

Members discussed the need for comparison data on activity and patient profiles across different sites in NHS England (NHSE) and Wales, and noted that all providers in NHSE and Wales were required to meet British Society of Rehabilitation Medicine (BSRM) standards.

Members agreed to support the release of funding, subject to benchmarking data being shared with the MG to understand the comparators. In the event of any issues the report would be brought back to the MG for consideration.

Members (1) **noted** the report, (2) **supported** the release of funding to implement the Integrated Commissioning Plan 2021-2022 scheme for the South Wales Spinal Injuries Rehabilitation Service, subject to benchmarking data being shared with members outside of the meeting to allow comparison with other service providers; and (3) **noted** the risks associated with not implementing the scheme.

9. WHSSC Cardiac Review

Members received a report which addressed a number of recent events and trends that had impacted the WHSSC-commissioned cardiac surgery and Transcatheter aortic valve implantation (TAVI) services, and which sought to identify how they might be coherently and collectively addressed. The subjects of the analysis included:

- The 2021 Getting It Right First Time (GIRFT) review of cardiac surgery,
- Changes to the volume of TAVI and cardiac surgery, together with cardiac surgery performance and escalation issues; and
- The clinical rationale for the selection of TAVI valves, in view of their differential costs.

Members (1) **noted** the impact of the recent events and trends as drivers change in the commissioning of cardiac surgery and TAVI services, (2) **approved** the development of new contract baselines for cardiac surgery and TAVI, (Stage 1), to be completed by June 2023, (3) **approved** the proposal that the current TAVI commissioning policy be reviewed (Stage 1), to be completed by June 2023; and (4) **approved** the recommendation that further demand and capacity planning be undertaken, concluding with an options appraisal to identify the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity (Stage 2), to be undertaken during 2023-2024 and 2024-2025.

10. Update on Specialised Services Strategy Development and Engagement Process

Members received a report providing an update on the engagement process to support the development of a ten-year strategy for specialised services, and to provide a high level thematic summary of the responses received to date.

Members **noted** the current position of the engagement process and the thematic responses received to date.

11. Mother and Baby Unit 1 Year Review

Members received a report presenting the findings of a review into the first year of the service provision at the Mother and Baby unit (MBU) at Tonna Hospital, Neath, South Wales, hosted by SBUHB.

Members (1) **noted** the report, (2) **noted** that the report will be taken to the Joint Committee in early 2023 recommending that the MBU facility remain on the Tonna site in the short term; and (3) **noted** that it will be recommended that review of the permanent option is conducted in line with the work that is driven by the WHSSC Mental Health strategy.

12. COVID-19 Activity Report for Month 7 2022-2023

Members received a report highlighting the scale of the 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.

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 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 8 2022-2023

Members received the Financial Performance Report for Month 8, which set out the financial position for WHSSC for the fifth month of 2022-2023.

The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC ICP by the JC in February 2022.

Members noted that the financial position reported at Month 8 for WHSSC was a year-end outturn forecast under spend of £14,195. The under spend predominantly relates to releasable reserves from 2021-2022,

Welsh provider under performance. This is partially offset by forecast over spends in specialised mental health services, NHS England contracted providers and high cost individual patient treatment commitments.

Members **noted** the current financial position and forecast year-end position.

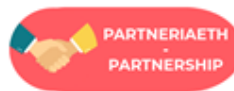
14. Forward Work Plan

Members **noted** the forward work plan.

15. Any Other Business

- **Medium Secure Mental Health Inpatient Services for Adults** – members noted that there was a national shortage of medium secure Mental Health bed placements for male patients and WHSSC were working with providers to identify contingency arrangements to mitigate the risk. Members noted that the issues was also compounded by the national industrial action being undertaken across the NHS and the winter pressures facing the NHS.
- **WHSSC Escalation Framework** – members noted that the Corporate Directors Group Board (CDGB) are considering de-escalating the following services:
 - **Children & Adolescent Mental Health Services (CAMHS)** – the Ty Llidiard CAMHS inpatient unit from 4 to 3.
 - **Forensic (FACTS)** – the FACTS service from level 3 to 2.

A report will be presented to the WHSSC Quality & Patient Safety Committee (QPSC) confirming the change in January 2023.



Reporting Committee	All Wales Individual Patient Funding Request (IPFR) Panel
Chaired by	James Hehir
Lead Executive Director	Director of Nursing and Quality Assurance
Date of last meeting	WHSSC IPFR Panel meeting 01/12/2022 (meeting twice monthly)

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

WHSSC IPFR Panel meetings continue to be scheduled twice-monthly, on the first and third Thursday of each month, during this reporting period. However, the second meeting in December had to be cancelled due to the RCN industrial action scheduled on the 15th December. Although an alternative date was sought to try and rearrange the meeting, a date and time convenient enough for all to attend could not be found.

Any urgent requests will be dealt with as Chair Action or if non-urgent scheduled for next meeting on 5 January 2023.

The following table demonstrates the number of requests considered at the Chair's Action Panel meetings and All Wales IPFR Panel meetings during this period.

	Number of Requests discussed as Chair's Actions	Number of Requests discussed by WHSSC IPFR Panel
November 2022	4	18
December 2022	1	6

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

All Wales IPFR Panel Quoracy

WHSSC are still actively addressing the ongoing issues around achieving full Health Board attendance at Panel meetings.

The Patient Care Team continue to try and maximise attendance and ask members to re-confirm their attendance at meetings a week in advance. However, an issue remains in not knowing if the Panel will be quorate sometimes until the last minute. This is despite a great deal of WHSSC administrative time attempting to confirm attendance of members or seek a replacement.

All Health Boards have now nominated representatives to attend the AW IPFR Panel and enough nominees have attended the meetings in November and December to allow the Panel to achieve quoracy.

Swansea Bay UHB continue to have issues with attendance, as although they have 7 nominated representatives to attend the Panel meetings on an alternate basis, they have only managed to be present at <50% of meetings this financial year.

All Wales Panel Terms of Reference

On the 10th November 2022, the WHSS team commenced a 6-week, key stakeholder engagement on the WHSSC IPFR ToR's and the All Wales IPFR Policy. As part of the process a stakeholder event was held on the 2nd December 2022 at the Angel Hotel Cardiff and via Microsoft Teams. This interactive session was led by Professor Iolo Doull and Mr David Locke, Kings Council with a Q&A session for attendees. The engagement period will end on the 22nd December; the WHSS team will collate response from key stakeholders and consider any changes required prior to presenting a draft to Joint Committee for consideration.

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit Report – 07 November 2022 covering the period July to September 2022

In the period July to September 97% of cases considered by WHSSC met the urgency requested, a decrease of 3% from the previous quarter and an increase of 7% from the same quarter in 2021.

There were few issues raised with the application assessed for WHSSC. The group reported that the form had not been completed by the applicant, and information had been provided in the form of letters from the GP and mental health services. Although the group did note that in this case the letters provided all of the information required.

Following this QA report, concerns were raised by IPFR Panel members of the exact IPFR experience held by QA Panel members. Subsequently a letter was sent from the Panel Chair to Rosie Spears, AWTTTC, addressing the key challenges faced with inadequately completed IPFR forms, concerns of the design of the IPFR form and it being medicine orientated, and the time, effort, frustrations and delays caused by this. The letter outlined that Panel members always try to keep the patient central to the process and try to avoid the patient being disadvantaged by the quality of the information submitted.

The letter suggested that this issue be addressed and added as a potential training session at the next AWTTTC IPFR Workshop which is scheduled for Tuesday 28th February 2023 at Cardiff City Stadium.

A response has been received from Professor James Coulson, Chair of the IPFR QA Group who will take the comments back to the QA group for discussion.

Matters requiring Committee level consideration and/or approval

- None

Matters referred to other Committees	
<ul style="list-style-type: none">• None	
Confirmed Minutes for each of the meetings are available on request.	
Date of next meeting	5 January 2023

Reporting Committee	Welsh Kidney Network (WKN)
Chaired by	Chair, Welsh Kidney Network (WKN)
Lead Executive Director	Director of Programmes
Date of last meeting	23rd November 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 Welsh Kidney Network (the 'WKN') will provide reports to the Joint Committee following WKN 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 WKN Coordinator, Jonathan.Matthews@wales.nhs.uk

1. Network Board Governance Review

Over the past 18 months, a series of workshops have taken place with the WKN Board to consider the form and function of the network to maximise its effectiveness. In addition, an independent review of the governance arrangements within the WKN was undertaken in early 2022 and a report published in September 2022 which set out a number of recommendations for improvement. The recommendations have been turned into actions and the action plan now forms part of the reporting to the WKN Board to ensure they are being progressed and on track. The Governance Review including the Action Plan will be discussed as part of the agenda for the January Joint Committee.

One of the issues highlighted in the governance review was about defining the future role and function of the WKN. On 23 November 2022, a further workshop was held to gather views from board members on the future ambition and direction of the WKN. This was particularly pertinent in view of the Quality Statement for Kidney Disease which was published by Welsh Government on 30 November 2022.

It is anticipated that a full options paper will be presented to the Joint Committee in May 2023.

2. Regional Interface Meetings

A finding from the Independent Governance Review was that "The Management Group supporting the Network Board seems to be duplicating the discussions at the Board, rather than acting as a management support to the Network Board".

As a consequence a proposal was presented the Board to formally establish regional Renal Directorate and WKN (RRD/WKN) Interface meetings to be held on a quarterly basis as an alternative model to the Management Group meetings.

To further strengthen the governance and reporting structure between WHSSC and the Regional Health Boards, the Board was asked to note that renal services will now be a standing agenda item on the WHSSC/Regional Health Board Service Level Agreement (SLA) review meetings. This ensures parity with all other services commissioned by WHSSC and enables any required discussion regarding funding, performance and delivery of renal services at Senior Manager/Executive Director level. As a consequence escalation pathways will be available in a timelier manner.

Terms of reference to reflect these changes were approved by the WKN Board.

3. Quality Statement Kidney Disease.

As noted in section 1 a quality statement for Kidney Disease in Wales which was developed in collaboration with WKN management team and Quality and Patient Safety Group, Welsh Government and kidney charity partners has been published by Welsh Government. This forms part of the National Clinical Framework and is the successor document of the Renal Delivery Plan.

4. Swansea Bay University Health Board (SBUHB) Procurement Project Update

Sarah Siddell, Directorate Manager 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 WKN is the commissioning body and commissions the NHS Wales Shared Services Partnership (NWSSP) Procurement team at CVUHB to support both the HBs and the WKN in adhering to the procurement regulations. 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.

The tender evaluation is finalised and the preferred bidder recommended for onward approval. The total value of the tender is now known to be significantly higher than originally anticipated. This has been as a consequence of exceptional consumable price increases, increases in staffing costs and price rises across all utilities. This additionality has been included in the WHSSC ICP which is currently under review by Joint Committee.

4. Finance Report

Helen Harris gave an update on the WKN budget. There has been no additional call on the WHSSC Joint Committee to provide further growth funding for the 2022-2023 financial year. Provider Health Boards are reporting service pressures and it is of particular note that growth in activity in the South East Wales locality is higher than pre-pandemic levels. It is clear that this will translate into additional growth which will require funding in the 2023/24 ICP.

5. Quality & Patient Safety

The WKN risk register has been reviewed to align with the WHSSC Corporate Risk Assurance Framework (CRAF) template. Risks of 15 and above will be discussed at WHSSC CDGB to determine if escalation required and will feature on the CRAF.

The Board noted the increase in financial risks associated with activity growth and CPI uplifts with independent sector providers.

6. Covid Enquiry and Lessons Learned

As part of the national Covid-19 enquiry a comprehensive timeline of actions taken by the WKN to support the management of the pandemic has been provided to Welsh Government.

Board members also received an overview of lessons learnt over the course of the pandemic. Twenty-three recommendations were cited ranging from leadership through to psychosocial care and welfare support for patients although the key lessons learned centred on staffing and environment. The continuation and/or implementation of all recommendations will enhance preparedness for any future outbreak, emergence of a novel public health crisis in addition to supporting contingency planning for any operational interruptions related to strike action etc.

7.Highlight Reports

The following highlight reports were received:

- Lead Pharmacist Highlight Report
- Clinical Information Lead Highlight Report
- South West Wales Highlight Report
- North Wales Highlight Report
- South East Wales Highlight Report
- Home Dialysis Lead Highlight Report
- Transplant and Vascular Access Clinical Lead Highlight Report

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. Although this is not an area of WKN commissioning responsibility support is being provided to resolve this issue and ensure that a sustainable service can be provided.

Matters referred to other Committees	
<ul style="list-style-type: none">• None	
Date of next meeting	2nd February 2023