

Joint Committee


Tue 10 May 2022, 09:30 - 12:00

Teams

Agenda

09:30 - 09:35
5 min

1. PRELIMINARY MATTERS

 0.0 JC Public Agenda 10 May 2022 (Eng)..pdf (2 pages)

1.1. Welcome and Introductions

Oral Chair

- To open the meeting with any new introductions

1.2. Apologies for Absence

Oral Chair

- To **note** and record any apologies for absence.

1.3. Declarations of Interest


Oral Chair

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

1.4. Minutes of the Meeting held on 15 March 2022 and Matters Arising

Att. Chair


- To **approve** the minutes of the meeting held on 15 March 2022 and to consider any matters arising.

 1.4 Unconfirmed JC Public Minutes 15 March 2022.pdf (16 pages)

1.5. Action Log

Att. Chair

- To **review** and update the action log.

 1.5 Action Log JC 10 May 2022.pdf (2 pages)

09:35 - 10:00
25 min

2. PRESENTATION

2.1. Genomics Delivery Plan for Wales

To follow Dr. Sian Morgan

10:00 - 11:15
75 min

3. ITEMS FOR CONSIDERATION AND/OR DECISION

3.1. Chair's report

Att. *Chair*

- To **note** the report.

 3.1 Chair's Report.pdf (4 pages)

3.2. Managing Director's Report

Att. *Managing Director*

- To **note** the report, and
- To **note** the consultation and engagement on the three-year Genomics delivery Plan for Wales and cascade the document within Health Boards (HBs) and provide feedback by the 20 May 2022 deadline.

 3.2 Managing Director's Report.pdf (5 pages)

 3.2.1 Appendix 1 - Draft Genomics Delivery Plan For Wales.pdf (19 pages)

 3.2.2 Appendix 2 - GPW Stakeholder Engagement Summary Delivery Plan.pdf (2 pages)

3.3. Appointment of Interim Chair for the All Wales IPFR Panel

Att. *Committee Secretary*

- To **note** the content of the report, and
- To **approve** the proposal (as described in the report).

 3.3 Appointment of an Interim Chair for the All Wales IPFR Panel.pdf (5 pages)

 3.3.1 Appendix 1 - All Wales IPFR Policy - June 2017.pdf (29 pages)


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

Att. *Director of Planning*

- To **note** the information presented within the report, and
- to **receive assurance** that there are robust processes in place to ensure delivery of the neonatal transport services.

 3.4 Neonatal Transport Update from the DAG.pdf (4 pages)

 3.4.1 Appendix 1 - Neonatal DAG Performance Update V2.pdf (8 pages)

 3.4.2 Appendix 2 - Neonatal Template for DAG.pdf (2 pages)


3.5. Draft Mental Health Specialised Services Strategy for Wales 2022-2028


Att. *Director of Planning*

- To **note** the draft Mental Health Specialised Services for Wales 2022-2028, and provide comments on the document,
- To **note** that the draft Mental Health Specialised Services Strategy for Wales 2022-2028 will be circulated through a comprehensive stakeholder list in a bilingual format for comment between 10 May and 6 June 2022.
- To **note** that it is anticipated that the final strategy will be published during Winter 2022, and will be brought back to the Joint Committee for information.

 3.5 Draft Mental Health Specialised Services Strategy for Wales 2022-2028 - JC 100522.pdf (5 pages)

 3.5.1 Appendix 1 - MH Strategy - 11042022 - Strategy Document for Stakeholder Engagement.pdf (83 pages)

 3.5.2 Appendix 2 - MH Strategy - Stakeholder Survey.pdf (13 pages)

 3.5.3 Appendix 3 - MH Strategy - Summary - SPECIALISED SERVICES STRATEGY FOR MENTAL HEALTH.pdf (15 pages)

3.6. Preparedness for the COVID-19 Inquiry

Att. *Committee Secretary*

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



 3.6 Preparedness for COVID-19 Public Inquiry.pdf (5 pages)

3.7. Disestablishment of the Learning Disability Advisory Group

Att. *Committee Secretary*

- To **note** the work undertaken by the Joint Committee's sub-group, the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group,



- To **approve** the proposal to disestablish the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group, and
- To **note** that the work of the group has been incorporated into the Inclusion and Corporate Business Division within Social Services in Welsh Government (WG).

-  3.7 Disestablishment of the NHS Wales MH and LD Collaborative Commissioning Group.pdf (5 pages)
-  3.7.1 Appendix 1 - NHS Wales NH and LD Group Terms of Reference.pdf (6 pages)

3.8. Annual Governance Statement 2021-2022

Att. Committee Secretary






- To **note** that a Draft Annual Governance Statement (AGS) was endorsed at the Integrated Governance Committee (IGC) on 19 April 2022 and the draft was submitted to CTMUHB in readiness for the 29 April 2022 deadline set,
- To **approve** the WHSSC Annual Governance Statement (AGS) 2021-2022,
- To **note** that the WHSSC Annual Governance Statement (AGS) 2021-2022 will be included in the CTMUHB Annual report being submitted to Welsh Government and Audit Wales by 15 June 2022, recognising that it has been reviewed and agreed by the relevant sub committees of the Joint Committee; and
- To **note** that the final WHSSC Annual Governance Statement (AGS) will be included in the Annual Report presented at the CTMUHB Annual General Meeting (AGM) on 28 July 2022.

-  3.8 Annual Governance Statement (AGS) 2021-2022.pdf (6 pages)
-  3.8.1 Annual Governance Statement 2021-2022 v0.8.pdf (41 pages)

3.9. Sub-Committee Annual Report 2021-2022

Att. Committee Secretary





- To **note** and receive the Sub-Committee Annual Reports 2021-22

-  3.9 Sub Committee Annual Reports 2021-2022.pdf (5 pages)
-  3.9.1 Appendix 1 IGC Annual Report 2021-2022.pdf (9 pages)
-  3.9.2 Appendix 2 Q&PS Annual Report 2021-2022.pdf (10 pages)
-  3.9.3 Appendix 3 Welsh Renal Clinical Network Annual Report 2021-2022.pdf (28 pages)
-  3.9.4 Appendix 4 Management Group Annual Report 2021-2022.pdf (8 pages)

3.10. Sub-Committee Terms of Reference

Att. Committee Secretary

- To **approve** the revised Terms of Reference

-  3.10 Sub-Committee Terms of Reference.pdf (5 pages)
-  3.10.1 Appendix 1 IGC Terms of Reference March 2022 v2 For JC Approval (1).pdf (8 pages)
-  3.10.2 Appendix 2 QPSC Terms of Reference March 2022 v2 For JC Approval (2).pdf (8 pages)
-  3.10.3 Appendix 3 MG Terms of Reference For JC Approval.pdf (12 pages)

11:15 - 11:50
35 min

4. ROUTINE REPORTS AND ITEMS FOR INFORMATION

4.1. COVID-19 Period Activity Report Month 11 2021-2022

Att. Director of Finance

- To **note** the report

-  4.1 COVID-19 Period Activity Report Month 11 2021-2022.pdf (34 pages)
-  4.1.1 Appendix 1 COVID-19 Period Activity Report Month 11 2021-2022.pdf (14 pages)
-  4.1.2 Appendix 2 COVID-19 Period Activity Report Month 11 2021-2022.pdf (7 pages)

4.2. Financial Performance Report Month 12 2021-2022

Att. Director of Finance

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


-  4.2 Financial Report Month 12 2021-2022.pdf (11 pages)

4.3. Corporate Governance Matters Report

Att. *Committee Secretary*

- To **note** the report


 4.3 Corporate Governance Report.pdf (4 pages)

 4.3.1 WHSSC JC 12 Month Rolling Forward Work Plan.pdf (6 pages)

4.4. Report from the Joint Sub-Committees

Att. *Joint Sub-Committee Chairs*


- To **note** the reports

 4.4.1 Audit and Risk Committee (ARC) Assurance report JC 28 April 2022.pdf (3 pages)


 4.4.2 2022-02-24 - MG Core Brief v1.0.pdf (4 pages)


 4.4.2 2022-03-24 - MG Core Brief v1.0.pdf (3 pages)

 4.4.2 2022-04-28 - MG Core Brief v1.0.pdf (3 pages)

 4.4.3 QPS Chairs Report March 2022.pdf (14 pages)

 4.4.4 IGC Chair's Report - March and April 2022.pdf (5 pages)

 4.4.5 IPFR Chair report - April 2022.pdf (2 pages)

 4.4.6 Chairs Report WRCN Board April22.pdf (2 pages)

11:50 - 12:00

10 min

5. CONCLUDING BUSINESS

5.1. Any Other Business

Oral *Chair*

5.2. Date of Next Meeting (Scheduled)

Oral *Chair*

12 July 2022 13:30

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 10 May 2022 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 15 March 2022 and Matters Arising	Chair	Oral	
1.5	Action Log	Chair	Oral	
2.0 PRESENTATION				
2.1	Genomics Delivery Plan for Wales	Dr Sian Morgan	To follow	9:35 – 10:00
3.0 ITEMS FOR CONSIDERATION AND/OR DECISION				
3.1	Chair’s Report	Chair	Att.	10:00 – 10:05
3.2	Managing Director’s Report	Managing Director	Att.	10:05 – 10:10
3.3	Appointment of an Interim Chair for the All Wales IPFR Panel	Committee Secretary	Att.	10:10 – 10:15
3.4	Neonatal Transport – Update from the Delivery Assurance Group (DAG)	Director of Planning	Att.	10:15 – 10:25
3.5	Draft Mental Health Specialised Services Strategy for Wales 2022-2028	Director of Planning	Att.	10:25 – 10:35
3.6	Preparedness for the COVID-19 Inquiry	Committee Secretary	Att.	10:35 – 10:40
3.7	Disestablishment of the Learning Disability Advisory Group	Committee Secretary	Att.	10:40 – 10:45
3.8	Annual Governance Statement (AGS) 2021-2022	Committee Secretary	Att.	10:45 – 10:50
3.9	Sub-Committee Annual Reports 2021-2022	Committee Secretary	Att.	10:50 – 11:00

ITEM	LEAD	PAPER / ORAL	TIME
3.10 Sub-Committee Terms of Reference	Committee Secretary	Att.	11:00 - 11:15
4.0 ROUTINE REPORTS AND ITEMS FOR INFORMATION			
4.1 COVID-19 Period Activity Report Month 11 2021-21	Director of Finance	Att.	11:15 - 11:25
4.2 Financial Performance Report Month 12 2021-2022	Director of Finance	Att.	11:25 - 11:35
4.3 Corporate Governance Matters Report	Committee Secretary	Att.	11:35 - 11:40
4.4 Reports from the Joint Sub-Committees <ul style="list-style-type: none"> i. Audit and Risk Committee (ARC) Assurance Report ii. Management Group Briefings iii. Quality & Patient Safety Committee (QPSC) iv. Integrated Governance Committee (IGC) v. Individual Patient Funding Request (IPFR) Panel vi. Welsh Renal Clinical Network (WRCN) 	Joint Sub-Committee Chairs	Att.	11:40 - 11:50
5.0 CONCLUDING BUSINESS			
5.1 Any Other Business	Chair	Oral	11:50 - 12:00
5.2 Date of Next Meeting (Scheduled) - 12 July 2022 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 15 March 2022 at 13:30hrs
via MS Teams**

Members Present:

Kate Eden	(KE)	Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB (for part)
Karen Preece	(KP)	Director of Planning, WHSSC (for part)
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff & Vale UHB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

Deputies:

Nick Lyons (for Jo Whitehead)	(NL)	Executive Medical Director, Betsi Cadwaladr UHB
Sian Harrop-Griffiths (for Mark Hackett)	(SHG)	Director of Strategy, Swansea Bay UHB
Peter Hopgood (for Carol Shillabeer)	(PH)	Executive Director of Finance, Powys Teaching Health Board
Robert Holcombe (for Glyn Jones)	(RH)	Interim Director of Finance, Procurement & Value Aneurin Bevan UHB

Apologies:

Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Glyn Jones	(GJ)	Interim Chief Executive Officer, Aneurin Bevan UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Helen Fardy	(HF)	Associate Medical Director, WHSSC
Gareth Howells	(GH)	Executive Director of Nursing, Swansea Bay UHB
Richard Palmer	(RP)	Senior Specialist Planning Manager, WHSSC
Andrea Richards	(AR)	Senior Programme Manager, WHSSC
Jason Roberts	(JR)	Corporate Support Team Manager, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government

Minutes:

Michaella Henderson	(SMH)	Corporate Governance Officer, WHSSC
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The meeting opened at 13:30hrs

Min Ref	Agenda Item
JC022/031	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed members to the meeting in Welsh and English and reminded everyone that, due to the COVID-19 pandemic, the meeting was being held virtually via MS Teams.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>It was noted that a quorum had been achieved.</p> <p>The Chair reminded members that the purpose of the Joint Committee (JC) was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively based on a shared national approach, where each member works in the wider interest.</p> <p>The Chair welcomed Suzanne Rankin, Chief Executive Officer, Cardiff & Vale UHB (CVUHB) to her first meeting. The Chair noted there were a number of deputies in attendance – Nick Lyons for Jo Whitehead, Betsi Cadwaladr UHB (BCUHB), Sian Harrop-Griffiths for Mark Hackett, Swansea Bay UHB (SBUHB), Peter Hopgood for Carol Shillabeer, Powys Teaching Health Board (PTHB) and Rob Holcombe for Glyn Jones, Aneurin Bevan UHB (ABUHB). The Chair welcomed Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG), Richard Palmer and Jason Roberts, WHSSC, to the meeting as observers.</p> <p>The Chair advised that Gareth Howells, Executive Director of Nursing, SBUHB would be joining the meeting for agenda item 2.1.</p>
JC22/032	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC22/033	<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>

JC22/034	<p>1.4 Minutes of the Meetings held on 11 January 2022, 18 January 2022 and 8 February 2022 and Matters Arising</p> <p>The minutes of the JC meetings held on the 11 January 2022, 18 January 2022 and 8 February 2022 were received and approved as a true and accurate record of the meetings.</p> <p>There were no matters arising.</p>
JC22/035	<p>1.5 Action Log</p> <p>The action log was received and members noted that all actions had been completed.</p>
JC22/036	<p>2.1 Neonatal Transport Update</p> <p>The Neonatal Transport update was received and Gareth Howells (GH), Executive Director of Nursing, Swansea Bay UHB (SBUHB) gave an update on the progress made to establish an Operational Delivery Network (ODN) for the neonatal transport service.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> the neonatal transport service had moved to a 24/7 delivery model in January 2021, there had been ongoing concerns around the governance of the service and the Joint Committee (JC) had supported the establishment of an ODN to address the governance concerns and to ensure the more effective management and development of the service, the JC had supported that SBUHB host the ODN and the intention was that the ODN would be in place by January 2022. However, due to operational pressures related to the pandemic progress had been delayed and the intended "go live" date for the ODN had moved to June 2022, A task and finish group had been established to support the development and delivery of the ODN, membership of the group comprised managerial and clinical representatives from all HBs covered by the transport service (excluding BCUHB), the Welsh Ambulance Services Trust (WAST), the Emergency Ambulance Services Committee (EASC), Emergency Medical Retrieval EMRTs and WHSSC, The group recently met for the first time and considered the draft specification for the ODN, a Memorandum of Agreement (MoA), the structure of the ODN, the need for robust clinical support and leadership in developing the ODN, and a project implementation plan and timeline, The next meeting was scheduled for 1 April 2022;

- Further work was required outside of the meeting to determine any employment issues that may need to be considered related to members of staff employed by the NHS Wales Collaborative. GH advised that there will be a need to compare the current configuration with the transport service specification and the recommendations from the Fox and Puddy review previously commissioned by WHSSC. This would be developed further as the service beds in and was mentioned but not explored at the Task and Finish group.

Karen Preece (KP) reported that she had attended the Maternity and Neonatal Network Board meeting earlier in the day where she had been asked to provide an update on progress and a number of points had been raised including whether BCUHB should be involved in the ODN. Nick Lyons (NL) agreed BCUHB should be involved and GH noted the ODN would welcome BCUHB involvement.

KP advised that a letter had been received from the Clinical Lead for Transport Services with some very helpful comments on the documents presented at the first task and finish group meetings but also noting ongoing concerns about working in an ODN.

KP advised that the commissioning model will continue to be complex, especially from a contracting and money flow perspective, even once the ODN is in place with resources flowing from WHSSC to the three HBs who provide transport services (Aneurin Bevan UHB (ABUHB), Cardiff & Vale UHB (CVUHB) and SBUHB) and to WAST who provide the vehicles and drivers. The current specification and remit for the ODN does not include overall management of the services. GH noted that further consideration would be given to the model and KP noted that the view of JC would be sought in due course.

Ceri Phillips (CP) referred to the concerns raised at a recent WHSSC Quality & Patient Safety Committee (QPSC) meeting relating to the governance of the interim service and the safety of patients and that members require assurance that governance and patient safety would be paramount considerations moving forward. KP advised that a Delivery Assurance Group (DAG) had been implemented and had met once with a second meeting scheduled for 17 March 2022. A report from that meeting will be shared with the JC at the meeting on the 10 May 2022. GH advised that he would be happy to meet with the QPSC to provide an update and respond to any matters of concern.

ACTION: The assurance report from the Delivery Assurance Group (DAG) meeting 17 March 2022 to be presented to the JC meeting on 10 May 2022.

	<p>Suzanne Rankin (SR) informed members of her experience with neonatal transport services in southwest London and queried whether GH had linked up with any of the networks in NHS England. GH advised that they had not yet met at this stage, although experts from NHS had been involved in previous reviews.</p> <p>The Chair thanked GH and the rest of the team at SBUHB for their work and today's update.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/037	<p>3.1 Chair's Report</p> <p>The Chair's Report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous JC meeting.</p> <p>The Joint Committee noted that:</p> <ul style="list-style-type: none"> • no Chair's actions had been undertaken since the last meeting, • following a competitive recruitment exercise Ian Phillips (IP) had been appointed as the substantive Chair for the Welsh Renal Clinical Network (WRCN), with effect from the 1 April 2022 for a period of three years in accordance with the Terms of Reference, it was proposed that a new Vice Chair for WHSSC would be appointed at the JC meeting on the 10 May 2022, • following the decision of the JC on the 18 January 2022 to remunerate WHSSC Independent Members (IMs) from the 1 April 2022 until the 31 March 2023 for a time commitment of two days per month at Band 3 of the WG IM remuneration scale, arrangements were being made for this to take effect from April 2022 onwards, • following the resignation of Ian Phillips as WHSSC IM, a fair and open selection process for appointing a new IM would be undertaken in April/May 2022 and the recruitment process for the Audit/Finance WHSSC IM would commence in summer 2022 with a view to this individual taking up the post in autumn 2022. Staging of the new appointments would allow for business continuity. The vacancies would be advertised through the HB Chairs and the Board Secretaries, • the Chair had attended the WHSSC Integrated Governance Committee (IGC) meeting on 28 February 2022 and the IGC had considered the Corporate Risk and Assurance Framework (CRAF) and plans to undertake the annual committee effectiveness process; and • following on from the feedback received in the annual committee self-assessment exercise, a series of 1 to 1 meetings had been arranged between the HB CEOs and the

	<p>Chair; and she had also attended the HDUHB Board Meeting on the 17 February 2022 and ABUHB Board meeting on the 23 February to provide an update on the work of WHSSC.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/038	<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>The Joint Committee noted that:</p> <ul style="list-style-type: none"> • Due to workforce issues, the Welsh Centre for Burns and Plastic Surgery SBUHB had closed temporarily in October 2021, and the service was escalated to level 3 of the WHSSC escalation process, • A proposal had been received outlining a three-phase plan for the reopening of the Welsh Centre for Burns and Plastic Surgery in SBUHB, which reopened on the 14 February 2022, • Phase 2 and Phase 3 of the proposal were reliant on the agreement of capital funding from Welsh Government, • The WHSS Team was in liaison with the South West and Wales Burns Network (SWWBN) to agree a monitoring process that sits within the WHSSC escalation framework, • the Joint Committee was informed on the 9 November 2021 that, further to the Getting It Right First Time (GIRFT) review of the both south Wales Cardiac Surgery centres in June 2021, and the subsequent escalation of cardiac surgery at SBUHB to level 4 of the WHSSC escalation process, a number of immediate actions had been put in place, • the actions included urgent changes to improve the safety of the service; • further work was required on a tripartite process between SBUHB, Cardiff and the Vale University Health Board (CVUHB) and WHSSC to improve the pathways for aorta vascular services; • the WHSSC Corporate Directors Group Board (CDGB) had agreed that, following confirmation of changes to the aorto-vascular pathway, the service in SBUHB could be de-escalated; • it had subsequently become apparent that there were a number of complexities to changing the pathway and further actions to develop the aorta vascular work jointly between SBUHB and CVUHB were being progressed by WHSSC; and • reflecting the significant progress that SBUHB had made in addressing the recommendations from GIRFT and that the urgent safety concerns regarding consultant operating had

	<p>been addressed the service had been de-escalated to Level 3 of the WHSSC framework.</p> <p>Sian Harrop-Griffiths (SHG) advised that SBUHB had met with Judith Paget, Chief Executive NHS Wales and Director General for Health and Social Services, and Chris Jones, Deputy Chief Medical Officer for Wales, Welsh Government (WG) and other colleagues on 14 March 2022 to progress the action plan for the SBUHB Burns Unit and thanked the WHSS Team for their decision to de-escalate the service.</p> <p>Steve Moore (SM) queried how HB Quality & Patient Safety Committees would be kept apprised of progress with the SBUHB Burns Unit. Sian Lewis (SL) advised that the WHSSC QPSC provided assurance around the WHSSC escalation and de-escalation processes and that the Chair's Report from that Committee was routinely sent to HBs on a regular basis. SL further advised that Jacqui Evans (JE) had regular meetings with the Board Secretaries Network that further strengthened the links into HBs.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/039	<p>3.3 Implementing a 12 Week Clinical Pathway for the Management and Treatment of Aortic Stenosis</p> <p>The report seeking support for the implementation of a 12-week clinical pathway for the management and treatment of aortic stenosis was received. Karen Preece (KP) introduced the report and members noted:</p> <ul style="list-style-type: none"> • in 2019, WHSSC had established a project team to consider the future needs for commissioning the treatment for Aortic Stenosis (AS), • a clinical working group (Group) was established and a number of workshops had been held, • the WHSS team had also worked with the Heart Valve Voice charity to ensure engagement and consultation with patients, • based on the evidence and the high mortality risks for people with AS, the Group proposed that a 12-week pathway was most appropriate and that this should be managed as is the Urgent Suspected Cancer pathway; and • the Management Group (MG) had supported the work required to work towards a 12-week pathway at its meeting on the 25 March 2021. <p>Helen Fardy (HF) advised that, whilst the clinical community recognised that the 12-week pathway was aspirational, particularly in the current climate, outcomes for patients with heart valve disease whose condition was left untreated were so poor (a 50% chance of living two years) that this should be managed in a similar way to an</p>

undiagnosed cancer pathway. Members noted that there were several pinch points in the pathway from primary and secondary care into tertiary care, particularly at the start of pathway because of the requirement for echocardiograms and imaging. HF explained that because these elements sit outside tertiary care the WHSS Team was asking for support to work on a whole pathway implementation plan from HBs.

Ian Phillips (IP) expressed his support for the proposal and requested that the detail of the implementation plan and the corresponding timelines be brought back to the JC for consideration at the earliest opportunity.

Nick Lyons (NL) welcomed the proposal and requested that consideration be given to public health issues at the start of the pathway given his ongoing concern around the inequality of access to AS services across Wales.

Steve Moore (SM) offered the assistance of the National Imaging Board in terms of the diagnostic elements of the pathway.

SHG indicated SBUHB's support for the proposal, however raised a concern over the impact on implementation and capacity and how the pathway could be prioritised against other services.

Robert Holcombe (RH) indicated ABUHB's support for the proposal and reiterated SHG's concern around prioritisation given the HBs other internal priorities.

HF noted that the WHSS Team recognised NL's point around equity of access and reported that that they had met with Liverpool Heart and Chest Hospital (LHCH), and that they had been supportive of the proposed pathway and that a meeting was scheduled with BCUHB to ensure a coordinated approach was taken.

HF thanked SM for the offer of support on behalf of the Imaging Board and noted that some members of the working group were already making links with the Imaging Board to design the relevant radiography courses.

HF advised that the WHSS Team would present a detailed implementation plan to the JC in due course.

The Joint Committee resolved to:

- **Note** the report; and
- **Support**, in principle, the implementation of a 12-week clinical pathway for the management and treatment of aortic stenosis.

JC22/040

3.4 WHSSC Process for Responding to the Ministerial Measures

The report providing an overview of the recently received Ministerial measures and proposing a process through which WHSSC could respond was received. KP introduced the report and members noted:

- the new priority measures were issued by the Welsh Minister for Health and Social Services during the week commencing 10 January 2022, and a letter was issued to all health organisations to inform them of the new measures,
- NHS organisations would be required to report on the new measures from April 2022,
- the Minister's letter requested that the measures be included in Integrated Medium Term Plans (IMTPs) and requested that each organisation identify a representative to work with WG to co-design the next set of measures,
- whilst many of the measures would require monitoring of provider performance by WHSSC, others could be referenced in various contracts/policies,
- there were also some measures which, whilst not directly attributable to specialist services provision, could have a longer term impact on demand,
- it would be important to establish an early baseline for those measures, which were relevant to WHSSC, in order to establish reporting mechanisms by April 2022; and
- it was proposed that colleagues in the performance team be asked to provide initial data, and that baseline plans, which were understood to have been developed by the HB's during December 2021, also be collated in order to understand the relationship between the data.

KP reported that during the COVID-19 pandemic, and in response to the Ministerial priorities issued to health organisations at the pandemics inception, WHSSC had modified its relationship with providers, seeking assurance on delivery and recovery and moving away from assertive performance management. The measures now offered the opportunity to revisit this approach, and existing and well established mechanisms between WHSSC and commissioned providers would be utilised as follows:

- Service Level Agreement (SLA) meetings with providers would:
 - provide an assurance of delivery against measures, discussion on any gaps between measures and delivery,
 - enable agreement on management plans to close gaps,
- Assurance/performance meetings would:
 - once again become performance meetings,
 - provide an assessment of each service area against the measures; and
 - consider a report through pre-SLA meetings to inform the actual SLA meetings.

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the new Ministerial priority measures and the process through which WHSSC will respond to them.
JC22/041	<p>3.5 Major Trauma Update</p> <p>The report providing an update on the performance and key issues in the Major Trauma Network (MTN) covering south, mid and west Wales was received. KP introduced the report and members noted that:</p> <ul style="list-style-type: none"> • the MTN went live in September 2020, • an operational delivery network was established and a commissioning assurance process implemented by way of a Delivery Assurance Group (DAG), • the DAG would usually meet quarterly and report into the JC however, due to the two week reset taking place across health and social care from the 2 until 16 March 2022 at the request of operational teams, the DAG scheduled for 4 March 2022 had been postponed and therefore the report had not been discussed by the DAG. <p>SHG advised that the Peer Review referenced in the report would be taking place next week and thanked members for the information they provided to support that review. Members noted that the SRO for the network had written to the Director of Nursing for HDUHB, in relation to delays in repatriation of complex spinal patients, owing to delays in nurse training. This followed two MDT meetings led by the ODN to help resolve the issues, with input from the network nurse matron and the AHP lead. All patients were successfully repatriated, albeit delayed. HDUHB had responded to the letter and SBUHB were satisfied with the response.</p> <p>RH questioned whether a review of relative usage by different HBs would be undertaken and KP confirmed it would, as equity of access to the service was a primary consideration of the ODN.</p> <p>ACTION: Dindi Gill from the Major Trauma Network (MTN) to be invited to provide an update presentation to the JC meeting in September 2022.</p> <p>IP questioned what the timescales were for developing the business case for the wider pathway with the local rehabilitation team. KP advised that much of the local rehabilitation services were already in place albeit they were in need of strengthening, and that the peer review would consider this when discussing the next phase of development.</p> <p>The Joint Committee resolved to:</p>

	<ul style="list-style-type: none"> • Note the report.
JC22/042	<p>3.6 Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group</p> <p>The Chair advised that the agenda item had been deferred to the next meeting on the 10 May 2022 as new information had been received that needed to be considered before a report could be presented to the JC.</p>
JC22/043	<p>3.7 All Wales Individual Patient Funding Request (IPFR) Panel Update</p> <p>The report providing an update on proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel was received.</p> <p>JE introduced the report, and reminded members of the history of the matter and the comprehensive update given to the JC on the 18 January 2022.</p> <p>Members noted that since the last meeting the Managing Director, WHSSC had written to WG on behalf of the Committee to request an update on progress, and a letter of response was received from the Chief Pharmaceutical Officer (CPO) on the 17 February 2022. The letter advised that WG was reviewing the detail of the judgment and was considering the authority of the Joint Committee to update and approve the terms of reference of the Welsh Health Specialised Services Committee All-Wales IPFR Panel; the governance process for updating the NHS Wales Policy "Making Decisions on Individual Patient Funding Requests (IPFRs); and consideration of a wider review of both the policy and governance framework of IPFR panels in Wales.</p> <p>SL advised that whilst the All Wales Panel waited for these issues to be resolved, that WHSSC and the Joint Committee were carrying a significant level of risk as reported in the CRAF. SL noted that the risk was being mitigated by providing additional administrative support for the Panel but this was not sustainable and was putting undue pressures on both the Patient Care Team and the Corporate Services Team. This pressure impacted negatively on their ability to perform their existing duties and that, consequently, WHSSC had gone at financial risk to employ a temporary corporate governance resource to support the team via a recruitment agency.</p> <p>Members noted the need for additional resource and agreed an uplift to the Direct Running Costs (DRC) budget to fund the additional governance resource within WHSSC.</p> <p>SL raised concerns over what appeared to be a lack of urgency on the part of WG whilst the risk sat with WHSSC and the JC. In addition,</p>

that WG appeared assured regarding the robustness of the current All Wales Policy despite the criticism of it during the recent Judicial Review. In addition, the current quality assurance processes were undertaken by the All Wales Therapeutics & Toxicology Centre (AWTTC), an organisation which focused on medicine appraisals whilst the majority of requests considered by the All Wales Panel were for non-medicinal interventions.

Iolo Doull (ID) advised that the WHSSC IPFR Panel considered more IPFR requests than all of the HBs combined and therefore the level of risk was much higher than in HBs. ID reminded members that, in order for an IPFR request to be successful it must meet specific criteria:

- Is the patient different to similar patients with the same condition?
- Will they get greater benefits than other patients with the same condition?
- Does it offer value for money?

ID advised that the interpretation of the policy during the Judicial Review signalled a departure from the intention of the policy.

RH questioned whether the potential loss of HB representatives on the IPFR Panel would affect consistency of decision-making. SL advised that HBs would still be represented on the IPFR Panel, however in fewer numbers than was the case at present, and the WHSS Team would discuss membership with HBs in more detail as part of the proposed engagement process.

SR advised that discussions within CVUHB had given rise to the suggestion that the HB Lead IPFR Officers be included in the engagement process.

SL advised that there was an IPFR Quality Assurance Group that included HB membership and that they would be included in the consultation process.

ACTION: ID to confirm the membership of the IPFR Quality Assurance Group.

Members discussed the ongoing risks to WHSSC and it was agreed that Dr Sian Lewis (SL), Managing Director, WHSSC would liaise with Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG) to consider how to progress the IPFR Governance issue within WG as a matter of urgency; and that the WHSS Team would write to Andrew Evans, Chief Pharmaceutical Officer, WG expressing the Joint Committee's concerns and to provide him with a copy of the meeting report.

ACTION: Nick Wood (NW) and SL to liaise on how to progress the IPFR Governance issue within WG as a matter of urgency.

ACTION: The WHSS Team to write to Andrew Evans, Chief Pharmaceutical Officer, WG expressing the Joint Committee's concerns and provide him with a copy of the meeting report.

The Joint Committee resolved to:

- **Note** the progress made and the proposed changes to the All-Wales IPFR WHSSC Panel Terms of Reference (ToR), which are being discussed with Welsh Government,
- **Note** the progress made following discussions with Welsh Government regarding urgent changes to the existing NHS Wales Policy "Making Decisions on Individual Funding Requests (IPFRs)",
- **Support** that the WHSS Team undertake an engagement process around proposals to change the All-Wales IPFR WHSSC Panel ToR; and
- **Approve** an uplift to the Direct Running Costs (DRC) budget by £57K per annum to fund the additional governance resource within WHSSC.

JC22/044

3.8 Corporate Risk Assurance Framework (CRAF)

The updated Corporate Risk Assurance Framework (CRAF) was received and members noted the risks scoring 15 or above on the commissioning teams and directorate risk registers.

JE introduced the report and members noted that:

- as at January 2022 there were a total of 22 risks comprising of 19 commissioning risks and 3 organisational risks with a risk score of 15 and above The highest risks relate to:
 - Risk 23 - Access to care for adults with a Learning disability,
 - Risk 26 - Neuropsychiatry patient waiting times,
 - Risk 29 - WHSSC IPFR governance,
- 1 x new risk had been added risk 33 - in relation to the new WG priority delivery measures,
- 2 x risks have been escalated:
 - Risk 32 - referrals for adults with an eating disorder,
 - Risk 34 the lack of paediatric intensive care beds.

Members noted that the CRAF was last received by the JC in November 2021 and since then the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee and the

	<p>Audit and Risk Committee have monitored progress in managing the risks. Member welcomed the summary document that provided assurance on risk activity since November 2021.</p> <p>Ian Wells (IW) thanked the WHSS Team for developing the CRAF into its current format, which was very useful.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> ○ Approve the updated Corporate Risk Assurance Framework (CRAF), and ○ Note that a follow up risk management workshop will be held in summer 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.
JC22/045	<p>3.9 WHSSC Joint Committee Annual Business Cycle 2022-2023</p> <p>The Joint Committee's Annual Plan of Committee Business for 2022-2023 was received and members noted that the plan was being presented in accordance with the WHSSC standing orders that stipulate that the committee must agree an annual plan of committee business.</p> <p>JE advised that the draft meeting schedule had been arranged to ensure that there were no diary clashes with HB meetings, and that WHSSC and Emergency Ambulances Services Commission (EASC) meetings were scheduled to be held on the same day.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the Joint Committee's Annual Plan of Committee Business for 2022-2023.
JC22/046	<p>4.1 COVID-19 Period Activity Report Months 9 2021-2022</p> <p>The COVID-19 activity report for month 9 was received and members noted the scale of the decrease in activity levels during the peak COVID-19 period and the signs of recovery in specialised services activity.</p> <p>SD introduced the report and members noted :</p> <ul style="list-style-type: none"> • the activity rates of cardiac surgery, thoracic surgery, neurosurgery, plastic surgery, paediatric cardiac surgery, paediatric surgery and English provider activity; and • That the format of the report had been updated to reflect performance against the new Performance Measures set out by WG, and that subsequent reports would show recovery trends against those new measures. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.

JC22/047	<p>4.2 Financial Performance Report Months 10 and 11 2021-2022</p> <p>The financial performance reports setting out the financial position for WHSSC for months 10 and 11 of 2021-2022 were received. Members noted that the financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.</p> <p>SD introduced the report and members noted:</p> <ul style="list-style-type: none"> the financial position reported at Month 11 for WHSSC was a year-end outturn forecast under spend of £14,058k; the under spend predominantly related to slippage in new planned developments, further declared slippage in prior year developments, release of growth provisions above 2021-2022 forecast requirement and releasable reserves from 2020-2021 provisions; and there were a number of cost pressures absorbed in the net position including high cost transplant patients and complex mental health placements. <p>RH thanked SD and the finance team for the update and for the support provided to HB finance teams.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the current financial position and forecast year-end position.
JC22/048	<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.
JC22/049	<p>4.4 Reports from the Joint Sub-Committee</p> <p>i. Audit and Risk Committee (ARC) Assurance Report</p> <p>The Joint Committee noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on the 24 February 2022.</p> <p>ii. Management Group</p> <p>The Joint Committee noted the core briefing document from the meeting held on the 20 January 2022</p> <p>iii. Integrated Governance Committee (IGC)</p> <p>The Joint Committee noted the Chair's report from the meeting held on the 28 February 2022.</p>

	<p>iv. Individual Patient Funding Request Panel (IPFR) The Joint Committee noted the Chair's report from the Chair's action panel held in January and February 2022. Members noted that due to the ongoing pressures within the HBs affecting the ability of some members of the All Wales IPFR Panel to attend meetings, Chair's Action Panels were held on a weekly basis during January and February 2022.</p> <p>v. Welsh Renal Clinical Network (WRCN) The Joint Committee noted the Chair's report from the meeting held on the 9 February 2022.</p>
JC22/050	<p>5.1 Any Other Business</p> <p><i>Annual Committee Effectiveness Review 2021-2022</i> The Chair advised that the Annual Committee Effectiveness Exercise for 2021-2022 would be circulated at the end of March 2022 and all members were encouraged to complete the online survey.</p> <p><i>Ian Phillips, WHSSC Independent Member (IM)</i> The Chair advised that as Ian Phillips, WHSSC IM had been appointed as the substantive Chair of Welsh Renal Clinical Network (WRCN); he would be resigning from his position as WHSSC IM. The Chair thanked Ian for his service as WHSSC's longest standing IM, sharing his expertise and experience with the JC and for the support he had shown her personally since she had taken over as Chair.</p>
JC22/051	<p>5.2 Date and Time of Next Scheduled Meeting The JC noted that the next scheduled meeting would be on the 10 May 2022.</p> <p>There being no other business other than the above the meeting was closed at 15:05 hrs.</p>
JC22/052	<p>5.3 In Committee Resolution The Joint Committee resolved: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".</p>

Chair's Signature:

Date:



JOINT COMMITTEE MEETING

Action Log for Joint Committee Meeting 10 May 2022

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
15 March 2022					
JC22/003	JC22/036 2.1 Neonatal Transport Update ACTION: The assurance report from the Delivery Assurance Group (DAG) meeting 17 March 2022 to be presented to the JC meeting on 10 May 2022.	KP	May 2022	On Agenda item 3.4. Action Completed.	CLOSED
JC22/004	JC22/041 3.5 Major Trauma Update ACTION: Dindi Gill from the Major Trauma Network (MTN) to be invited to provide an update on progress to the JC meeting in September 2022.	KP	Sep 2022	Not Yet due.	OPEN

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
JC22/005	JC22/042 3.7 All Wales Individual Patient Funding Request (IPFR) Panel Update ACTION: ID to confirm the membership of the IPFR Quality Assurance Group.	ID	May 2022	The IPFR Quality Assurance Group is hosted by the All Wales Therapeutics & Toxicology Centre (AWTTC) and chaired by James Coulson, the Clinical Director of AWTTC. Membership is; Dr Stuart Bourne (Public Health Consultant) Mrs Ann-Marie Matthews (lead IPFR co-ordinator) Miss Sophie Hughes (Health Technology Wales representative) Mr Chris Palmer (Lay representative) Mrs Jane Barnard (Lay representative) Action completed.	CLOSED
	ACTION: Nick Wood (NW) and SL to liaise on how to progress the IPFR Governance issue as a matter of urgency within WG.	SL	May 2022	WHSSC have made enquiries with WG and a meeting arranged with CPO WG 6 May 2022. Action Completed.	CLOSED
	ACTION: The WHSS Team to write to Andrew Evans, Chief Pharmaceutical Officer, WG expressing the Joint Committee's concerns and provide him with a copy of the meeting report.	SL	May 2022	Letter sent on 1 April 2022 and circulated to JC members on 1 April 2022. Action Completed.	CLOSED



Report Title	Chairs Report	Agenda Item	3.1		
Meeting Title	Joint Committee	Meeting Date	10/05/2022		
FOI Status	Public				
Author (Job title)	Chair of WHSSC				
Executive Lead (Job title)	Committee Secretary and Head of Corporate Services				
Purpose of the Report	The purpose of this report is to provide Joint Committee members with an update of the issues considered by the Chair since the last Joint Committee meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the report.

CHAIR'S REPORT

1.0 SITUATION

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

2.0 BACKGROUND

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

3.0 ASSESSMENT

3.1 Chair's Actions

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

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

Professor Vivienne Harpwood, Chair of the IPFR Panel, stepped down from the role on the 1 April 2022 with immediate effect, due to competing pressures with her Health Board (HB) position. We are now faced with a new challenge, as in order to recruit a suitably experienced substantive Chair, we need to update the Terms of Reference (ToR) to outline the increased time commitment, and consideration needs to be given to remunerating the chair for the time involved in dealing with complex IPFR applications. This will be discussed with Welsh Government (WG) on the 6 May 2022.

In the interim, to ensure business continuity, a report is being presented to the Joint Committee at its meeting on the 10 May 2022 to propose that Dr Ruth Alcolado, the Vice Chair of the IPFR panel, will undertake the Chair's role on an unremunerated interim basis until July 2022.

3.3 Integrated Governance Committee (IGC) 30 March 2022 & 19 April 2022

I chaired the WHSSC Integrated Governance Committee (IGC) on the 30 March 2022 and on the 19 April 2022 and, among other items, the Committee considered the Corporate Risk and Assurance Framework (CRAF), the Annual Governance Statement (AGS) and plans to undertake the annual committee effectiveness process.

3.4 Key Meetings

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

- Regular catch up meetings with WHSSC IMs including objectives setting,
- Monthly meetings with WG to take forward Audit Wales' recommendation on IM Remuneration,
- NHS Wales Chairs Peer Group Meeting,

- WG IM Induction training,
- Ministerial meeting with NHS Chairs; and
- Annual HB Board attendance - attended the BCU Board Meeting on the 7 April 2022 to provide an update on the work of WHSSC.

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 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	-



Report Title	Managing Director's Report			Agenda Item	3.2
Meeting Title	Joint Committee			Meeting Date	10/05/2022
FOI Status	Public				
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales				
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning				
Purpose of the Report	The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s):

Members are asked to:

- **Note** the report; and
- **Note** the consultation and engagement on the three-year Genomics Delivery Plan for Wales and cascade the document within Health Boards (HBs) and provide feedback by the 20 May 2022 deadline.

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 Published Article – Applied Health Economics and Health Policy

WHSSC have been successful in publishing the article ["A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis"](#) in the Applied Health Economics and Health Policy Journal. The article describes the process used by WHSSC to use evidence evaluation as a basis for commissioning decisions.

3.2 Cardiff Transplant Retrieval Service First 2 NRP (Normothermic Regional Perfusion) Retrievals

The Cardiff transplant retrieval service have provided their first two NRP (normothermic regional perfusion) organ retrievals. NRP is a technique that restores circulation to the abdominal organs following circulatory arrest using technology including localised ECMO (extracorporeal membrane oxygenation). The goal is to provide re-perfused organs in a better condition with improved timeframes for transplantation.

Cardiff is one of only three units in the UK who are able to perform NRP retrieval under a UK initiative pilot led by NHS Blood & Transplant (NHSBT). Subject to successful evaluation of the outcomes of the programme NRP may become an important way of increasing the number of organs available for donation.

3.3 Genomics Delivery Plan for Wales

Following ministerial approval to develop a new three-year Genomics Delivery Plan for Wales, a steering group of key GPW stakeholders was formed in January to develop the initial content of our plan. The draft now forms the basis for wider stakeholder engagement to ensure broad involvement in the development of this

plan from across Wales. There will be a series of stakeholder engagement meetings focussing on specific aspects of the plan such as services or research scheduled for May 2022 which will give Health Boards (HBs) the opportunity to discuss the plan, identify any gaps, disagreements or implementation issues. See **Appendices 1 & 2**. WHSSC has been a full member of the Genetics Partnership Wales (GPW) and has contributed with the All Wales Medical Genomics Service (AWMGS) to the development of the plan. WHSSC would encourage HBs to participate in the stakeholder events and to respond to the consultation direct to GPW at GenomicspartnershipWales@wales.nhs.uk by 20 May 2022.

The plan identifies the key strategic service developments over the period that subject to an agreed resource framework include the extension of the test directory, consideration of additional newborn screening programmes for new cancer screening programmes and new service improvements such as liquid biopsy. In context, the Welsh implementation plan sits alongside "Genome UK: shared commitments for UK-wide implementation 2022 to 2025" which was issued last week – <https://www.gov.uk/government/publications/genome-uk-shared-commitments-for-uk-wide-implementation-2022-to-2025>.

The WHSSC Committee development plan being devised for the Joint Committee for 2022-2023 will include a workshop on genomics and precision medicine.

3.4 Extension of FastTrack Process for Military Personnel

It was reported to the Management Group (MG) in December 2021 that the FastTrack eligibility arrangement in place for regular service personnel (SP) managed through the Patient Care Team at WHSSC, had been extended to small numbers of Reservist SPs. Lt. Colonel James Papworth, SMO South NIWW has now written to WHSSC, expressing gratitude for the enhanced patient care offered by the whole process and for the friendly, flexible and efficient way it is administered by the WHSSC Patient Care Team. The letter states:

"Patients enjoy fantastic care from the providers in Wales. The option for selected individuals to be seen quickly in order to make them fit for duty and progress in their career is transformational. Service personnel want to be active, engaged and deployed. Being stalled on a waiting list can be corrosive to their morale and wellbeing. Finding that they can be seen quickly transforms their spirits. It also means key people are returned to operational effect in support of national objectives. This support to the military in Wales is envied by my colleagues in other parts of the UK and is a real credit to the nation of Wales. This thanks needs to be shared broadly as there are many people behind the scenes in WHSSC and in HB's supporting this scheme".

3.5 Molecular Radiotherapy (MRT)

Molecular Radiotherapy (MRT) is the use of therapeutic radioisotopes given orally or by injection to treat cancers.

An All Wales Molecular Radiotherapy Group (AWMOL), a subgroup of the Clinical Oncology Subcommittee (COSC) of the Welsh Scientific Advisory Committee (WSAC) was set up in December 2021 to specifically advise Welsh Government (WG) and the Welsh Health Specialised Services Committee (WHSSC) on the provision of Molecular Radiotherapy services for the people of Wales.

The primary driver for this review has been concern over Wales' ability to service the expansion of MRT as new drugs and indications emerge. In particular, it is anticipated that in November 2022, NICE will approve a new MRT treatment (Lu-177 PSMA) for metastatic prostate cancer.

The review concluded that the current service was fragile and that to meet future need, workforce, infrastructure and logistic challenges, MRT in Wales would benefit from an all Wales approach. Judith Paget, Director General for Health and Social Services/NHS Wales Chief Executive responded to the review recommendations on the 7 April 2022, encouraging "a national approach to clearly identifying the infrastructure and workforce requirements, in addition to a focus on developing services for patients". She has requested that MRT services become commissioned services under WHSSC's direction, supported by the informed and expert opinion of AWMOL, akin to the current arrangements for Welsh PET (Positron Emission Tomography) services between WHSSC and AWPET.

To guide development of an all Wales MRT service, WHSSC will request additional resource from WG to assist in developing a strategy and business case, with support from AWMOL. WHSSC will then lead and manage a dedicated programme and guide the development of future service provision.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Note** the consultation and engagement on the three-year Genomics Delivery Plan for Wales and cascade the document within Health Boards (HB's) and provide feedback by the 20 May 2022 deadline.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Care for those with the greatest health need first Only do what is needed Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.
Finance/Resource Implications	There is no direct financial/resource impact from this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications relating within this report.
Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/Summary of Outcome)	-
Appendices	Appendix 1 – Draft Genomics Delivery Plan for Wales Appendix 2 – GPW Stakeholder Engagement Summary

DRAFT

GENOMICS DELIVERY PLAN FOR WALES – For Stakeholder Review

CONTENTS

Foreword

- Ministerial/ CE of NHS/ Patient voice

SECTION ONE – Setting the scene: why are we doing this and where are we now?

A: Introduction / Overview

Genomics is revolutionising the way we think about healthcare. It is providing us with a far more detailed understanding of what causes illness and infectious disease and is underpinning the development of new interventions that would have been unobtainable even a decade ago.

We are at an important juncture in the history of genomic healthcare. Rapidly decreasing sequencing costs combined with increased computing power mean we are able to understand the human genetic code like never before. We are well-placed to harness advances in our understanding of genomics to respond quickly to evolving threats, including COVID-19.

In September 2020, Wales signed as a partner the UK Government's strategy *Genome UK: The Future of Healthcare*. This ten-year strategy sets out the ambition for the UK to have a world-leading genomic healthcare system for the benefit of patients. In March 2022, we have committed to working collectively with our UK partners to progress our objectives over the next three years, in order to deliver better health outcomes across the UK.

Advances in genomics involves both devolved and reserved functions of government for example health is devolved whilst other areas such as defence are not. *Genome UK: Shared Commitments for UK-wide implementation 2022 to 2025* detailed how the four nations would work together for the next three years and this delivery plan expands on how we would deliver Genomics for Wales during this period.

B: Journey so far/ Our Genomics Ecosystem

In Wales, we enter this new phase of our genomics story from a position of strength in partnership. In 2016, we issued a Statement of Intent for Genomics and Precision Medicine in Wales, outlining our plan to use new genomics technologies to improve the health and prosperity of the people of Wales. A year later we launched the Genomics for Precision Medicine Strategy for Wales, providing more detail and practical steps aligned to the statement of intent.

In 2018, Genomics Partnership Wales was formed to deliver the Genomics for Precision Medicine Strategy. Our key partners are represented below:



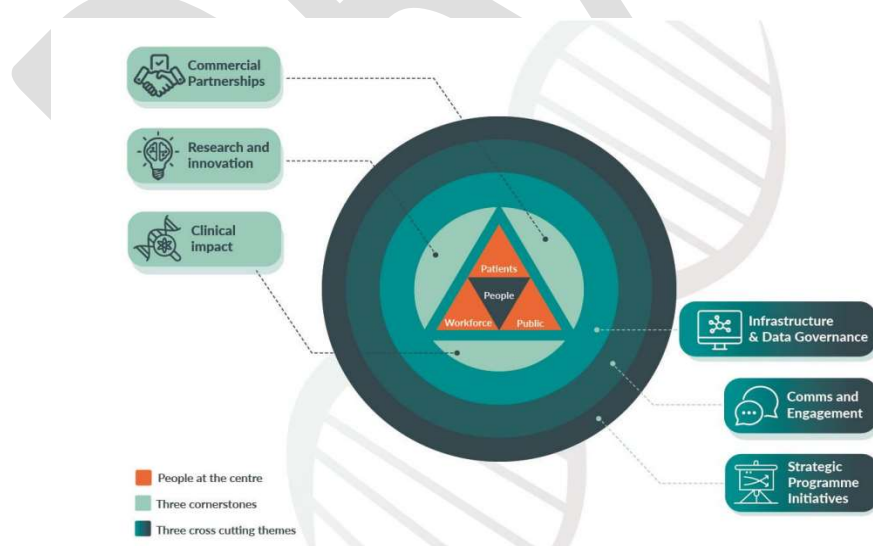
We supported our strategy with significant investment and over the past few years we have seen this investment bear fruit, with advancements in genomics in several key areas within Wales. Genomics Partnership Wales' strengths include the cross-organisational approach, close alignment to policy and a demonstrable ability to work with agility and adapt at pace.

The Partnership has enabled new technologies to be adopted and deliver real benefits for patients with the introduction of new services such as the Wales Infants' and Children's Genome Service and being the first in the UK to routinely provide all cancer patients being treated with certain types of chemotherapy DPYD screening to identify their risk of severe side effects and help prevent this occurring.

The Partnership has established Genomics Cafes across Wales for members of the public to find out about new advances in genomic medicine in Wales. The inaugural Genomics Showcase event in 2021 was a huge success, attended online by the public and professionals, with future annual events planned. A series of Genomics Roadshows for health professionals, supported by our Genomics Champions initiative, are educating, informing and empowering future service development.

The pandemic has shone a spotlight on pathogen genomics and demonstrated the significant benefits of building on strong platforms as we have done in Wales. Throughout the pandemic Wales has sequenced and sharing in excess of 200,000 genomes placing Wales in the top ten globally. This is not happenstance, but a product of investing in people and out services such that they can develop and thrive.

All of the activity outlined above has been supported by our Patient and Public Sounding Board, established to ensure that we have involvement and co-production across the programme. Our Genomics Ecosystem in Wales is founded upon placing people at the centre of our work. It commits to being inclusive of all genomics strengths in Wales whilst enhancing our outward-facing approach to develop exciting collaborations.



C: Our vision/ Guiding principles/ Delivery Theme Areas (link to Genome UK Pillars)

Our vision - **“Working together to harness the potential of genomics to improve the health, wellbeing and prosperity of the people of Wales”.**

To support our vision:

- We will continue a **programme of communication and engagement** with the public. We will ensure that meaningful patient and public involvement shapes what we do in Wales;
- We will create a '**Genomic Centre for Wales**', connected to a network of regional delivery nodes, ensuring that patients across Wales benefit fully from genomics as part of their healthcare and that opportunities to work in our genomic services are distributed across Wales;
- We will **sequence 5000 whole genomes annually within the next 3 years**, allowing us to offer more extensive genomic testing to patients with a suspected rare disease and for specific cancer types thus shortening the diagnostic journeys, enabling effective treatments and improving outcomes;
- We will commit to offer up to **5000 extensive genomic testing profiles** to patients with newly diagnosed cancer annually;
- As part of future pandemic planning we will continue to **strengthen our genomic surveillance of pathogens** to support public health response and policy making;
- We will continue to **develop and invest in our healthcare workforce** by training and supporting them to acquire the relevant knowledge and skills so that they can deliver the benefits of genomics to their patients through improved clinical pathways and standards of care;
- We will develop a **sustainable storage solution** for genomic data and samples, with appropriate data governance, ensuring genomic data can support the health and care of the people in Wales alongside a thriving research environment;
- We will continue to **work with our UK partners** to progress and achieve our main objective over the next three years; to deliver better health outcomes across the UK.

The UK strategy highlights commitments set out across the three pillars of *Genome UK* – diagnosis and personalised medicine, prevention and early detection, and research; and the five cross-cutting themes – ethics and maintaining trust, engagement and dialogue with patients and the public, data, workforce development and industry.

Recognising our own approach within Wales, our delivery plan is split into the following four key theme areas:

- Delivery Theme 1: A Focus on People
- Delivery Theme 2: Clinical Services (*Genome UK Pillar 1 & 2*)
- Delivery Theme 3: Research and Innovation (*Genome UK Pillar 3*)
- Delivery Theme 4: Enablers (*Genome UK Cross-cutting themes*)
-

Delivering what really matters to our patients and the public is central to our ambition and vision for genomics in Wales. Our Genomics Partnership Wales Patient and Public Sounding Board has developed guiding principles that will serve as the foundation for our future

delivery; this includes our commitment to communicating clearly with patients and involving them in prioritising deliverables to ensure maximum benefit; to provide high quality inclusive and accessible services; timely diagnoses, appropriate treatment and best care for patients and their families. We will act with integrity, transparency and ensure that the Welsh population will benefit from our actions both now and into the future.

DRAFT

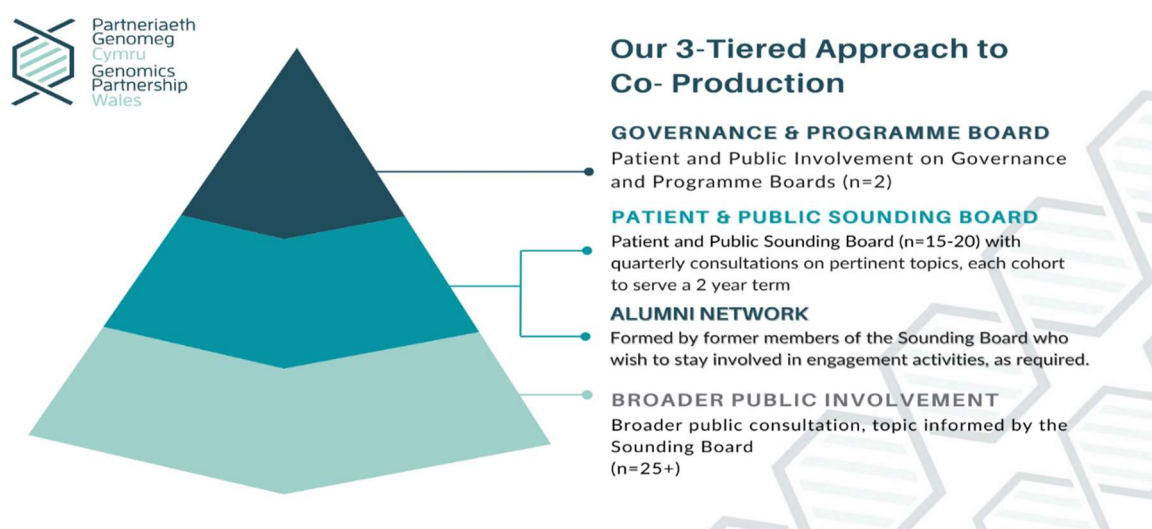
SECTION TWO – What are we going to do and why are we going to do it?

Delivery Theme 1: A Focus on People

Patient and Public Involvement / Co-production

In Wales we are committed to *‘work in an open and transparent manner with patients and the public, using their collective experiences to shape and add value to the work of the Genomics Partnership and future genomics services in Wales’*.

Strong foundations have been laid for patient and public involvement and co-production, with a three-tiered approach established to ensure a broad range of opportunities for patients and the public to work with us to strengthen the quality of genomics output:



We will continue to build on our expertise and experience to evolve this key aspect of our work with ongoing dedicated budget, the continued support from all Genomics Partnership Wales members and alignment to the Wales Gene Park engagement programme. We recognise that increased engagement with communities is key to strengthening the patient ‘voice’ in the development of genomics, and we will continue to regularly recruit patients and members of the public to work with us from diverse groups, ensuring a good reflection of the overall Welsh population, including an increased focus on involvement of young people within Wales.

Our ambition is to further develop our approach to involvement and to embed it as a core function of genomics services and research activity in Wales.

To support our approach to patient and public involvement we will ...

Deliverables:

1. Grow the ‘alumni’ community of involved patients and the public with involvement in specific areas of the genomics work including evaluation of progress
2. Create a suite of resources and establish our Sounding Board and alumni members as community ambassadors to raise the profile of genomics and how individuals will benefit
3. Create a strategy which demonstrates how to transition to a model where patient and public involvement becomes a permanent function of, and ‘in-house’ to, service delivery

4. Develop an evaluation strategy for the genomics programme using the co-production framework to demonstrate the impact and benefit of our activities
5. Create links between the involvement work in genomics and other patient groups and initiatives around healthcare involvement both within Wales and across the UK
6. Create an appropriate forum to involve more young people in the genomics programme

Workforce (The specialist, non-specialist and academic workforce)

Attracting, developing and retaining a highly-skilled, motivated and dedicated genomics workforce is a high priority for ensuring our vision for genomics is achieved within Wales.

We recognise that no advancement in technology or new equipment in isolation can benefit patients and investment in the workforce is vital. This is particularly critical for workforce groups where there are national shortages. Engagement and support from senior leaders across the NHS will be crucial in enabling us to empower and up-skill the non-genomics healthcare workforce. This is vital to the mainstreaming of genomics; the integration of newly developed genomic tests into mainstream clinical pathways.

Bioinformatics is essential for the translation of raw genomic data into healthcare benefit and commercial opportunities. Our vision is for Wales to nurture and grow a world-beating bioinformatics workforce and associated knowledge assets, supported by the appropriate digital technologies, to deliver on the service, research and innovation objectives.

We also need to ensure that we retain specialist genomics expertise in Wales and ensure transition of critical members of temporary staff on to permanent contracts to nurture genomic excellence in Wales.

To support our approach to workforce we will need to ...

Deliverables:

1. Ensure our specialist genomic workforce is supported to meet increased demand for genomics, by increasing staff numbers, including implementing a plan for the development of the data/digital workforce, and a potential move to a 7-day clinical and diagnostic service;
2. Upskill the mainstream workforce in genomics by:
 - a. Providing new training packages;
 - b. Identifying a dedicated genomics education and training officer in every hospital/postgraduate centre;
 - c. Setting up a network of dedicated genomics quality leads across Wales;
 - d. Ensuring there are national genomics leads for core specialties e.g. oncology, pharmacy, cardiology, psychiatry, paediatrics, neurology, ophthalmology;
 - e. Supporting staff to be both confident and competent with regard to taking consent for genomic tests and interpreting the results as well as discussing the implications of the results with patients.
3. Support the development of clinical research in genomics by increasing the Research and Development workforce, including the creation of new clinical and non-clinical lecturer and/or senior lecturer posts, high-level degree studentships and post-doctoral research officer positions.

Communication and Engagement

Communication and engagement activity will serve as a cross-cutting theme within our genomics ecosystem and will underpin all aspects of delivery.

We will continue to take an all-Wales approach to genomics communication activities, ensuring that the work of the Partnership is promoted to all audiences across Wales and internationally, and that these audiences are engaged via the most appropriate channels.

This will be supported by the Wales Gene Park who have an established education and engagement programme around genomics for health professionals, researchers, schools and colleges, people affected by rare and genetic conditions and the wider public; opportunities to establish further networks will be explored.

To support our approach to communication and engagement we will...

Deliverables:

1. Develop the Genomics Partnership Wales Communications Strategy further to support and endorse the communication and engagement activities of the individual organisations as well as promoting the collective work of the Partnership model;
2. Raise awareness of genetics and genomics through broader public outreach and engagement, focusing on under-represented / harder to reach audiences and informed by good patient and public involvement;
3. Raise awareness of genetics and genomics amongst the existing and future healthcare workforce;
4. Develop a new Research Involvement Initiative to promote patient participation in research and clinical trials, and supporting genomics researchers with their education, engagement and involvement activities;
5. Continue to support Genetic Alliance UK in several initiatives including the development of a Welsh Action Plan to implement the UK Rare Diseases Framework, the development of the adult and paediatric Syndromes Without a Name (SWAN) clinics in Wales and contributing to the Cross-Party Group on Rare, Genetic & Undiagnosed Conditions.

Delivery Theme 2: Clinical Services (*Genome UK Pillar 1 & 2*)

Human - All Wales Medical Genomics Service

Human genomic medicine for rare disease, cancer and pharmacogenetics is a rapidly evolving field with the capability to transform healthcare outcomes by preventing, diagnosing, or treating disease leading to improved long-term health outcomes. Personalised medicine will be an integral and vital aspect of future mainstream healthcare in the NHS in Wales, incorporating and embracing the latest in genomic advances, and bringing the greatest benefit to our patients.

Genomic laboratory services are delivered for the Welsh population by the All Wales Medical Genomics Service. In April 2019, the All Wales Medical Genomic Service introduced rapid whole genome sequencing in new-born and paediatric intensive care units allowing infants to

receive a diagnosis 'faster' and reduce the 'diagnostic odyssey', to improve access to innovative treatments and specialist care. Taking forward the Welsh UK Rare Diseases Framework and priorities we will continue to build upon recent investment in genomic diagnostic technologies and expand Whole Genome Sequencing to improve diagnostic rates.

Wales was the first UK nation to introduce Non-Invasive Prenatal Testing, and we will continue to invest in prevention and early detection genomics-based programmes. We will establish a public health system in Wales that uses genomics to strengthen screening, diagnostic and care pathways in those at high risk. We will also enable and encourage lifelong good mental health and wellbeing by anticipating, predicting and acting to improve outcomes in those at increased genomic risk of poor mental health and associated poor physical health.

COVID has negatively impacted cancer care in Wales and there is an urgent need to expand routine use of diagnostic genomic testing in order to improve cancer outcomes. The ambition is not only to maximise identification of molecularly matched therapies for better patient cancer outcomes in Wales, but also rapidly implement this increase utilisation of liquid biopsy within the cancer pathways to inform treatment earlier, and to also detect relapse earlier and more effectively, screening and earlier diagnosis and surveillance.

The adoption of pharmacogenetics within NHS Wales has already become a reality, enabling the most effective provision of tailored therapies to individual patients. This not only leads to improved outcomes for the patient but also reduces poor outcomes such as adverse drug reactions, which have a considerable impact on the NHS. Taking forward the AWMSG priorities for identifying patients at risk of ADRs to improve health outcomes we will continue to build this service at pace.

To support our approach to human genomics we will ...

Deliverables:

Cancer: Realising the promise of precision medicine

1. Offer more comprehensive genomic profiling to patients with newly diagnosed cancer so that by 2023, **over 5,000 patients** a year can access these tests in Wales;
2. Further implementation of liquid biopsy within the NHS Wales cancer pathways to identify patients with clinically-actionable gene targets (personalised treatment);
3. Evidence-led adoption of liquid biopsy for the screening, diagnosis and surveillance of cancer;
4. Supporting and delivering genomic-enabled early clinical cancer trials;
5. All Wales Genomics Oncology Group will support the 'three-year delivery plan' by further developing and strengthening established links between the All Wales Medical Genomics Service, oncologists and haematologists in Wales

Rare and Inherited Diseases: Realising the promise of increased diagnosis for Rare Disease

6. Roll-out of whole genome and exome sequencing to patients with a suspected rare disease to accelerate diagnosis. **Our ambition is to sequence 5,000 genomes annually within the next five years;**
7. Develop a repatriation strategy for Specialist Rare Disease Services (from NHS England back to NHS Wales);

8. Development of transcriptomic/metabolomics technologies and service. The function of most genes is not yet known. Development of long read sequencing capacity.

Developing an NHS pharmacogenomics service for Wales

9. Establish '**The All Wales Pharmacogenomics Group**' to ensure that there is a multidisciplinary, coordinated national approach with defined clinical and academic input to the development and introduction of pharmacogenetic services in Wales;
10. Establish and develop a centre of pharmacogenomics expertise in North Wales that will work with other partners in supporting the activities of All Wales Pharmacogenomics Group. Contributing to the evidence-base for pharmacogenomics commissioning within the NHS and any other new, high-profile and high-value research programmes;
11. The All Wales Medical Genomics Service will establish a cost-effective pharmacogene panel service to cover multiple pharmacogenetic targets to inform the present and future prescribing needs;
12. Develop appropriate decision-support tools for doctors and pharmacists within electronic health records.

Prevention and early detection: vital ambitions for the healthcare system in Wales

13. Non-invasive prenatal testing will be expanded to other reproductive pathways to improve patient outcomes and optimise resource utilisation;
14. A vision for a Newborn Genomes programme in Wales will be developed in collaboration with the Welsh Screening Committee/Public Health Wales and the All Wales Newborn Screening Service;
15. A public health and screening system in Wales that uses genomics to strengthen the current biochemical screening, diagnostic and care pathways for those at high risk will be established.

Mental Health

16. Develop and expand the All Wales Psychiatric Genomics Service, including establishing pathways and protocols within mental health services for referral of patients, and providing genetic counselling for these individuals and their families.

Advanced Therapeutic Medicinal Products

17. Continue to strengthen the collaboration between the Genomics and the Advanced Therapeutic Medicinal Products Programmes in Wales to ensure that there is the genomic testing capacity required to support and advance the ambitions of the Advanced Therapies Statement of Intent.

Pathogen – The Pathogen Genomics Unit, Public Health Wales

Pathogen genomics offers data that can be directly integrated into public health analysis and decision-making. It enables precision healthcare, not only diagnosing and characterising pathogens that infect individuals, but also underpinning efforts to prevent disease and control outbreaks on a population level.

The investment to increase the sequencing capacity and develop information/analysis systems during the pandemic also provides the opportunity for the introduction of future pathogen services as the need for SARS-CoV-2 sequencing reduces.

Pathogen genomics has almost limitless potential; with thousands of potential pathogens that could be sequenced, successful delivery will involve a strategic approach to what we do and how we do it, identifying where pathogen genomics can have the greatest impact and offer the greatest value.

Wales already occupies a world leading position for the delivery of genomics services focused on SARS-CoV-2, *C. difficile*, HIV and Influenza. We already work with UK Health Security Agency to deliver world-leading genomics services for Tuberculosis and Non-tuberculosis *Mycobacteria*.

We have a nucleus of excellent staff, and experience of delivering transformational genomics services.

The ambition is to build on the established accredited clinical pathogen genomics services; to continue to work with stakeholders across Public Health Wales and Genomics Partnership Wales to improve patient and well-being objectives for population health while contributing to a number of Public Health Wales strategic priorities, including:

- Protecting the public from infection and environmental threats to health;
- Supporting the development of a sustainable health and care system focused on prevention and early intervention;
- Building and mobilising knowledge and skills to improve health and well-being.

To support our approach to pathogen genomics we will ...

Deliverables:

Mainstream Pathogen Genomics

1. Embed genomics as part of the core vision for Public Health Wales, with the creation of a cross-organisational programme for Public Health Genomics within Public Health Wales;
2. Further enhance the delivery of our current pathogen genomics services focused on SARS-CoV-2, *C. difficile*, HIV and Influenza.

Create New Pathogen Genomic Services

3. Develop a new accredited metagenomics service to enable the characterisation of unknown pathogens in patient samples;
4. Develop and implement a roadmap for the delivery of a set of 'pathfinder' services.

Enhance and embed genomics capabilities within Wales-hosted UK Public Health Reference Labs

5. Implement genomics services for Cryptosporidium, Anaerobes and Mycology;
6. Establish a virtual genomic surveillance team as part of the Public Health Genomics programme to plan and deliver genomics surveillance services;
7. Integrate genomics into sentinel surveillance activities for respiratory pathogens, with a roadmap for adding new species for genomic surveillance.

Support development of UK-wide services

8. Continue to work with colleagues from across the UK to deliver world-leading genomics services for Tuberculosis and Non-tuberculosis *Mycobacteria*;
9. Work with colleagues from across the UK to identify, evaluate and, where appropriate, use pathogen genomics services provided by the NHS and other public health agencies;
10. Work with colleagues from across the UK to design and implement digital systems to enable the use of services elsewhere in the UK, and to provide a route our services to be available to other parts of the UK.

Delivery Theme 3: Research and Innovation (Genome UK Pillar 3)

Research and Innovation in the field of genomics and precision medicine is advancing at scale and great pace, worldwide.

Wales benefits from research infrastructure investment supporting and underpinning the development of genomics research (e.g., Wales Gene Park, Institute of Life Science, Pathogen Genomics Unit) as well as ground-breaking research centres of excellence in areas of mental health, dementia and cancer that incorporate elements of genetics/genomics research (e.g. MRC Centre for Neuropsychiatric Genetics and Genomics; UK Research & Innovation Dementia Research Institute; National Centre for Mental Health, Wolfson Centre for Young People's Mental Health; Experimental Cancer Medicines Centre Cardiff; Wales Cancer Research Centre); and research teams in the Medical Schools in Swansea and Cardiff.

There is also existing research expertise in the management of large-scale health and social care data via the Secure Anonymised Information Linkage (SAIL) Databank. The platform, methods and safeguards developed by SAIL are internationally recognised, and have been the blueprint for development of 'Trusted Research Environments' as an effective model to utilise data for research purposes across the world. Establishing research protocols and systems to enable the linkage and analysis of health datasets with genomics data will further strengthen this field in Wales.

Close alignment between academia, NHS Wales & Public Health Wales is key to enabling world-leading discovery-led and translational genomics. The development of Cardiff Edge, bringing together the All Wales Medical Genomics Service, Pathogen Genomics Unit and the Wales Gene Park provides exciting opportunities to enhance the capacities and capabilities of genomics research in Wales.

To support and further develop our research ambitions, we will...

Deliverables:

1. Develop a genomics research strategy for Wales, including:
 - Undertaking a review of the genomics research environment in Wales (*including defining research remit/scope across translational pipeline, engagement and consultation with stakeholders and the public*);
 - Reviewing genomics infrastructure research needs in Wales;
 - Establishing an external advisory group to support and underpin the review and strategy development work.

2. Develop an independent, objective assessment for future financial genomics research investments, including:
 - Assessing current Welsh Government research investments/strategic plans;
 - Reviewing the Welsh Government genomics research investments (e.g. Wales Gene Park, All Wales Medical Genomics Service research services).
3. Establish processes to enable 'find, recruit and follow-up' systems to support genomics-enabled clinical trials and research studies.

SECTION THREE – How we support our delivery now and into the future?

Delivery Theme 4: Enablers (*Genome UK Cross-cutting themes*)

Infrastructure

Premises

We are providing £15 million to co-locate All Wales Medical Genomics Service, Pathogen Genomics Unit and Wales Gene Park at a purpose-built facility 'Cardiff Edge'. This co-location will integrate research and clinical service delivery in the field of genomics. It will provide modern, scalable laboratories, patient clinics and working areas that encourage collaboration to drive innovation and keep Wales at the leading edge of genomic service delivery and research.

The creation of a national genomics centre on the Cardiff Edge site will be the cornerstone of a potential Precision Medicine Centre of Excellence, allowing further collaboration between NHS Wales, academia and Industry. The national genomics centre will be strengthened by a robust network of 'nodes' situated initially in South West and North Wales, linking into the existing national life science infrastructure and considerably strengthening the precision medicine ecosystem in Wales. This provides exciting opportunities and will deliver a significant contribution to our aim of supporting and developing research excellence, which positively impacts the health, wellbeing and prosperity of the people in Wales.

In order to support this, we will...

Deliverables:

1. Co-locate Wales Gene Park, Public Health Wales' Pathogen Genomics Unit and All Wales Medical Genomics Service in a single, fit-for-purpose building at Cardiff Edge;

Equipment

Significant investment has been provided to increase sequencing capacity across the genomics community in Wales; in the last 12 months additional instrumentation has been implemented to increase clinical service provision across both the human and pathogen services.

To ensure we have the appropriate equipment to support our ambitions in Wales we will need to...

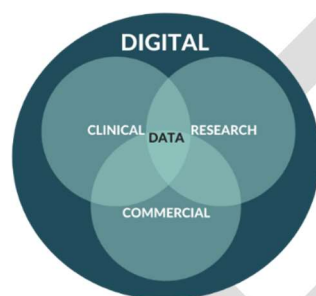
Deliverables:

1. Develop a national governance framework and implementation infrastructure for the rapid adoption of novel and emergent genomic technologies;
2. Develop a forward plan to identify additional sequencing infrastructure, robotic platforms and sample 'preparation' (e.g. single cell labelling) required in Wales;
3. Continue to enhance ways of working to ensure the best use of any laboratory equipment. This will include identifying opportunities for organisational collaboration with shared instrumentation, automation, data analysis and storage capabilities;

4. Maximise opportunities for synergies between genomics and other disciplines such as pathology services and medical oncology.

Digital and Data

A key aim for this plan is to develop a **sustainable storage solution** for genomic data and samples, supported by appropriate data governance and digital technology. Work has already taken place to support the expansion of genomics over the course of the first strategy; to build upon this and accelerate development in this critical area, a digital architect has been appointed to support the evaluation and delivery of future technical requirements.



To ensure genomic data can support the health and care of the people in Wales and a thriving research environment we will need to...

Deliverables:

1. Develop a data strategy to maximise its use for patient and public benefit in Wales, including:
 - a. the development of a data archive storage policy;
 - b. Undertaking a benefits / options analysis of shared storage requirements at Cardiff Edge.
2. Develop an Information Governance policy for genomic data that ensures the use and sharing of data for direct care purposes, and facilitates the appropriate and effective sharing of data for research purposes;
3. Establish protocols and systems for the linkage and analysis of NHS and research genomics data with NHS data resources including SAIL;
4. Develop and implement a digital roadmap that will support our data strategy, including networking infrastructure to allow unhindered flow of genomic data between NHS, academia, and where appropriate, industry.

Commercial Partnerships

A fundamental ambition of the Genomics for Precision Medicine Strategy was not only to drive better health outcomes but also to become an international destination for genomics

and precision health research; to attract global commercial partners and to create jobs and wealth for the population of Wales.

The vision for Wales to become internationally recognised as a hotspot for Precision Medicine genomics is dependent on the continuing development of an ecosystem consisting of businesses working with cutting-edge technology and collaborating with world-class research organisations.

To encourage relocation of Industry and increase inward investment, we want to ensure that Wales is seen as an approachable nation, open for business and ready for collaboration. We need to ensure that we maintain the devolved independence, agility and unique benefits that we provide for collaboration:

- Close to policy makers;
- Population size and stability;
- Genomics Partnership Wales' structure for Wales-wide partnership working;
- Wales as a great place to live and work.

To support our approach to commercial partnerships we will need to ...

Deliverables:

1. Develop an international strategic marketing plan aligned with the wider life sciences strategy which:
 - a. creates an online presence for genomics in Wales which clearly describes what the national offer is;
 - b. builds upon a comprehensive precision medicine global sectoral analysis to determine what is the best genomic health commercial partnership offer for Wales;
 - c. encourages collaboration for mutual benefit with commercial partners to invest in Wales;
 - d. allows NHS organisations in Wales to be less commercially risk averse.
2. Alignment with the Welsh Government Health and Care Innovation programme, including:
 - a. enabling commercial development capability and capacity;
 - b. integrating with the Welsh Innovation Ecosystem;
 - c. offering partnering opportunities at scale and pace.
3. Support the development of a centre of excellence for genomics, to:
 - a. develop an NHS / academic master-plan for Cardiff Edge site at pace as part of the national precision medicine infrastructure;
 - b. support life science developments;
 - c. encourage a pipeline of ideas created in Wales to as a global 'shop window'.

Cell Pathology

To meet the ambitions within the plan the All Wales Medical Genomics Services will require cell pathology capacity provision to match genomic cancer testing targets.

Deliverables:

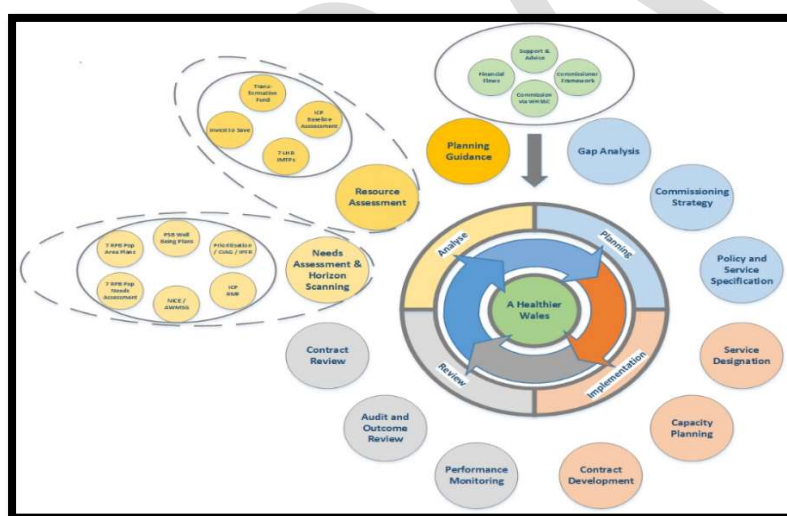
1. We will work with the National Pathology Programme to develop a Cell Pathology Plan to support future genomic testing, and ensure that the implementation of the National Pathology Statement of Intent incorporates the requirements for genomics.

Funding

Over the past five years Welsh Government has provided significant funding and invested in genomics in Wales. Genomics is currently a specialist service. To ensure that the population of Wales has fair and equitable access to the full range of specialised services, in 2010 the Welsh Health Specialised Services Committee was established. They are responsible for the joint planning of specialised services on behalf of the Health Boards in Wales to reduce any possible duplication and ensure consistency.

The current genomics service specification and commissioning policy was agreed in 2016, which sets out the criteria and clinical circumstances that patients can access a genomics service. Having an appropriate commissioning policy is key to ensure:

- an equitable, high-quality and sustainable genomics service for the population of Wales;
- that genomics services that are evidence-based with demonstrable benefits for patient care and management;
- a service is delivered efficiently and provides timely information to patients, families and clinical teams;
- a service will support timely and evidence-based access to new therapies;
- a service provides value for money to commissioners and to the public.



To support our approach to commissioning we will need to ...

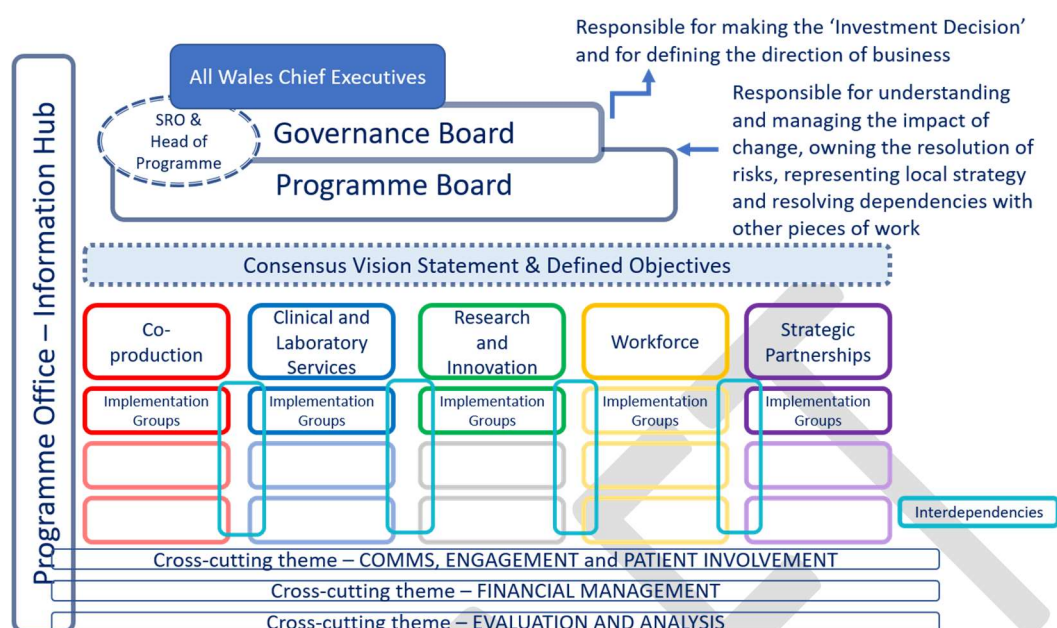
Deliverables:

1. Revise and update the current genomics commissioning policy in Wales, including;
 - a. confirming the scope of commissioned genetic tests in the context of a phased increase in availability;
 - b. ensuring alignment with NHS England's test directories to maintain equity for the population of Wales with the rest of the UK;
 - c. developing a process to commission specific evidence-based tests that may be outside the test directories.

2. Develop a demand and capacity plan for the expansion of services required to deliver pharmacogenetics; new born screening programmes; rare diseases; cancer services including symptomatic and screening; and medical genetics.
3. Develop an enabling resource framework to support the delivery plan using the principles of Value Based Health Care.

SECTION FOUR – How will we know we have done, how successful we have been and we ensure we are ready for the future?

Governance



Deliverables:

1. To review Governance structure in line with the new Plan

Horizon scanning

Genomics is included within the Welsh Health Specialised Services Committee horizon scanning process. It includes drawing on national sources, such as NICE appraisal intentions, horizon scanning undertaken by other agencies, advice from the All Wales Medical Genomics Service through its horizon scanning, and Welsh Health Specialised Services Committee own horizon scanning work.

Evaluation

GPW identified from the outset the importance of a robust evaluation strategy to underpin the delivery of genomics in Wales, to ensure that progress was quantifiable and that a culture of continuous improvement was embedded within our ways of working.

Pre-pandemic, initial scoping work was undertaken with a combined NHS-academic research organisation to develop an independently verified evaluation plan.

To ensure we have a robust approach we will....

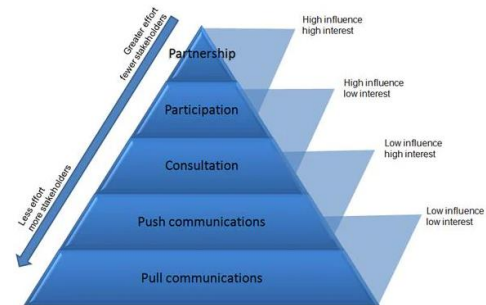
Deliverables:

1. Develop an evaluation and monitoring strategy for the programme using the involvement framework, and Sounding Board and alumni members.

Genomics Delivery Plan for Wales: Stakeholder Engagement Summary

Purpose: This document summarises the methods of stakeholder engagement that will be used for the development of the Genomics Delivery Plan for Wales.

A comprehensive list of stakeholders was compiled and reviewed within an interest / influence matrix to understand the appropriate modes of engagement for each, given their position in the matrix.



Source: <https://www.appvizer.co.uk/magazine/operations/project-management/stakeholder-engagement-plan>

Development of Genomics Delivery Plan for Wales

GPW established a steering group consisting of service leads, patient representatives and GPW implementation group Chairs. Each led on specific sections, engaging with relevant colleagues as appropriate, and alongside input from Welsh Government policy leads, developed an initial consultation document. The steering group also reviewed the list of stakeholders.

Stakeholder Engagement Activities

Using GPW Structures

The current structures will be used to disseminate, discuss and gather feedback on the Delivery Plan, through established GPW groups (Governance Board, Programme Board, Sounding Board and implementation group members). These GPW members will be asked to involve wider stakeholders through their affiliations.

The GPW Board structure will also provide governance and sign-off at required steps during this process.

Workshops

A number of specific genomics online workshops have been arranged for May 2022 where wider stakeholders will have the opportunity to provide input – details below:

Workshop: Research & Innovation Strengths in Wales; clinical translation; research infrastructure; research initiatives within Wales and across UK	4 th May
Workshop: Data Data asset; sharing clinical data; governance; consent	5 th May
Workshop: Clinical Impact / Services Clinical diagnosis; precision medicine; public health; prevention; mainstreaming; commissioning; evaluation	5 th May
Workshop: A Focus on People and Partnerships Patient & Public Involvement; Workforce Development; Comms & Engagement; Commercial partnerships; Infrastructure (premises)	12 th May

Specific Meetings

Welsh Government and GPW representatives will be attending several Wales-wide meetings to engage with senior (director level) stakeholders and related programmes to discuss the Delivery Plan and provide opportunity for input and feedback.

Welsh Government Policy Leads/Areas

The draft Delivery Plan will be shared with all relevant areas in Welsh Government for their consideration and input.

Direct and Indirect Communications

Members within the GPW structure will be contacted directly; they, in turn, will contact their relevant networks / areas to raise awareness and ask for involvement in the Delivery Plan development.

Communication about the Delivery Plan development will be included in GPW newsletters, on the GPW website, on Twitter and through our comms partners covering the NHS and academia across Wales.



Report Title	Appointment of an Interim Chair to the All Wales IPFR Panel	Agenda Item	3.3
Meeting Title	Joint Committee	Meeting Date	10/05/2022
FOI Status	Open		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services		

Purpose of the Report	The purpose of this report is to propose that an Interim Chair is appointed to the Individual Patient Funding Request Panel (IPFR) for a 3 month period to support business continuity and to allow sufficient time to prepare for, and undertake, an open and transparent recruitment process to appoint a substantive Chair.				
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 content of the report; and
- **Approve** the Proposal (as described in the report).

APPOINTMENT OF AN INTERIM CHAIR TO THE INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL

1.0 SITUATION

The purpose of this report is to propose that an Interim Chair is appointed to the Individual Patient Funding Request (IPFR) Panel for a 3 month period to support business continuity and to allow sufficient time to prepare for and undertake an open and transparent recruitment process to appoint a substantive Chair.

2.0 BACKGROUND

In accordance with section 4 of the WHSSC Standing Orders (SOs) the Joint Committee has established a Joint Committee sub Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. The joint sub committees include:

- the Integrated Governance Committee (IGC),
- the Management Group (MG),
- the Quality and Patient Safety Committee (QPSC),
- the Welsh Renal Clinical Network (WRCN),
- Audit Committee requirements are fulfilled through the Cwm Taf Morgannwg UHB Audit and Assurance Committee (ARC); and
- the IPFR Panel.

Each sub-committee has its own terms of reference and operating arrangements which have been formally approved by the Joint Committee.

3.0 ASSESSMENT

Professor Vivienne Harwood has been the Chair of the IPFR Panel since 25 January 2017 and stepped down from the role on the 1 April 2022 with immediate effect. She cited the growing time commitment and competing pressures from her Health Board (HB) role for her decision. We are now faced with a new challenge, that in order to recruit a suitably experienced substantive Chair, we need to update the Terms of Reference (ToR) to include the increased time commitment required of the chair, and to give consideration to the need to remunerate the chair as described in the report submitted to the Joint Committee on the [15 March 2022](#). This will be discussed with Welsh Government on the 6 May 2022.

The Terms of Reference for the panel, including the duties of the Chair are presented at **Appendix 1** for information.

Therefore, whilst discussions are ongoing with Welsh Government to update the ToR, it is proposed that Dr Ruth Alcolado, the Vice Chair of the IPFR Panel,

undertake the Chair role on an interim (unremunerated) basis until July 2022. This will ensure business continuity in the interim.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the content of the report; and
- **Approve** the Proposal (as described in 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	A national IPFR quality function is in place to support the IPFR panel to ensure quality and consistency. The quality function provides quality assurance around the decision making of panels and promotes consistency across Wales.
Finance/Resource Implications	The level of procedural rigour which the court is now demanding of NHS bodies will involve significantly more NHS resources being expended on IPFR processes in future and may impact on the DRC budget. This report references the potential need to remunerate the Chair of the IPFR panel in future.
Population Health	No adverse implications have been identified.
Legal Implications (including equality & diversity, socio economic duty etc)	No adverse implications relating to Human Rights, equality and diversity have been identified.
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)	-



NHS WALES POLICY MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

Reference Number	Policy Reference (as per individual Health Board)	Version Number	FINAL June 2017
Linked Documents	Health Board Policies on Interventions Not Normally Undertaken (INNU)		

Classification of Document: Clinical Policy

Area for Circulation: Health Boards and Primary Care providers across Wales
Public Health Wales (PHW)
Welsh Health Specialised Services Committee (WHSSC)
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Author: Ann-Marie Matthews, Lead for Clinical Commissioning/IPFR, Aneurin Bevan University Health Board

Development Group: All Wales IPFR Network

Consultation: Legal Advice from NHS Wales Shared Services Partnership – Legal and Risk Services, May 2017
NHS Wales Medical Directors
Clinical Networks
Patient Groups / Patient representatives
Stakeholder groups

Approved: Health Board IPFR Panel Chairs

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1 INTRODUCTION

1.1 Background

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards would work together with the Welsh Health Specialised Services Committee (WHSSC) and Public Health Wales (PHW) to develop an All Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment. This policy has been in place since September 2011.

1.1.1 In October 2013, The Minister for Health and Social Services announced a review of the IPFR process in Wales. An independent review group was established to explore how the current process could be strengthened.

1.1.2 In April 2014, the "Review of the IPFR process" report was published. The report concluded that the IPFR process in Wales is comprehensive and supports rational, evidence-based decision making for medicine and non-medicine technologies which are not routinely available in Wales. The review group also made a number of recommendations to strengthen the IPFR process.

1.1.3 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being and Sport agreed the time was right for a new, independent review of the IPFR process. The panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017. The recommendations made can be found at appendix 4.

1.2 Purpose of this Policy

1.2.1 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

1.2.2 A comprehensive range of NHS healthcare services are routinely provided locally by primary care services and hospitals across Wales. In addition, the Welsh Health Specialised Services Committee (WHSSC), working on behalf of all the Health Boards in Wales, commissions a number of more specialist services at a national level. The use of the term 'Health Board' throughout this policy includes WHSSC unless specified otherwise. However, each year, requests are received for healthcare that falls outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).

- 1.2.3** Each Health Board in Wales has a separate Policy setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because;
- There is currently insufficient evidence of clinical and/or cost effectiveness; and/or
 - The intervention has not been reviewed by the National Institute for Health and Care Excellence (NICE) or the All Wales Medicines Strategy Group (AWMSG); and/or
 - The intervention is considered to be of relatively low priority for NHS resources.
- 1.2.4** The policy, called 'Interventions Not Normally Undertaken' (INNU) should be read together with this policy on making decisions.
- 1.2.5** The challenge for all Health Boards is to strike the right balance between providing services that meet the needs of the majority of the population in the geographical area for which it is then given responsibility, whilst having in place arrangements that enable it to accommodate people's individual needs. Key to this is having in place a comprehensive range of policies and schedule of services that the Health Board has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board's responsibilities, there will always need to be in place a robust process for considering requests for individual patient funding within the overall priority setting framework. Demand for NHS services is always likely to exceed the resources available and, as a result, making decisions on IPFR are some of the most difficult a Health Board will have to make.
- 1.2.6** To ensure that we follow an open, transparent, fair, clearly understood and easily accessible process, the NHS in Wales has introduced this Policy on decision making for IPFR's. It describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.
- 1.2.7** In line with the requirements of the Equality Act 2010 and the Welsh Government guidance 'Inclusive Policy Making' issued in May 2010, a detailed equality impact assessment has been completed to assess the relationship between this policy and the duties of the Act.

1.3 Explaining Individual Patient Funding Requests (IPFR)

- 1.3.1** IPFR should not be confused with requests for packages of care for patients with complex healthcare needs – these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board's Nursing Department.
- 1.3.2** IPFR should also not be confused with treatments that have already been provided or administered. Requests **will not** be considered for retrospective funding.

1.3.3 If the clinical circumstances for the specific individual patient have changed, an IPFR application form describing / explaining / justifying;

- i. why the patient is likely to gain a significant clinical benefit from the proposed intervention; and
- ii. demonstrating that the value for money of the intervention for that particular patient is likely to be reasonable,

then a case may be submitted to the Health Board for consideration for further prospective funding. For example, if a patient funds a treatment themselves and their clinician believes they can demonstrate that the patient has gained significantly more clinical benefit from the intervention than would normally be expected for that treatment, an IPFR can be submitted for consideration.

1.3.4 IPFR are defined as requests to a Health Board or WHSSC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board has arranged to routinely provide, or commission. This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

Such a request will normally be within one of the three following categories;

- a patient and NHS clinician have agreed together that they would like a treatment that is either new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatments (for example, a request to use a cancer drug that has yet to be approved by the Health Board for use in that particular condition);
- a patient and NHS clinician have agreed together that they would like a treatment that is provided by the Health Board in certain clinical circumstances but is not eligible in accordance with the clinical policy criteria for that treatment (for example, a request for treatment for varicose veins for cosmetic reasons alone);
- a patient has a rare or specialist condition that falls within the service remit of the WHSSC but is not eligible in accordance with the clinical policy criteria for treatment (for example, a request for plastic surgery where the indication is personal preference rather than medical need).

1.3.5 The three categories of treatment will only potentially be funded in specific clinical circumstances. It is important to note that the NHS in Wales does not operate a blanket ban for any element of NHS healthcare. We will consider each IPFR on its individual merits and in accordance with the arrangements set out in this policy. We will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment and whether the cost of the treatment is in balance with the expected clinical benefits.

1.3.6 In this policy, the words "significantly different to the general population of patients" means that the patient's condition does not have

substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation is unlikely to have been considered as being part of the population for which the policy was made.

- 1.3.7** In practice, it is not always practical to determine the “benefit” of an intervention in numerical terms in the same way, for example as NICE or the AWMSG. In these situations, a description of the benefit should be used to enable IPFR panels to compare the description of the incremental clinical benefit likely to be obtained. In general, the clinician should compare the benefits of the intervention being requested with what he or she considers to be the next best alternative, which may in some cases be best supportive care.
- 1.3.8** Whether an intervention provides “value for money” is assessed conceptually in terms of the incremental cost per incremental quality-adjusted life year (QALY) of benefit. Whilst “reasonable” value for money is to be interpreted in the same way that “cost-effective” is used in the Health Technology Appraisal (HTA) process operated by NICE and AWMSG.
- 1.3.9** Recognising that it can never be possible to anticipate all unusual or unexpected circumstances this policy aims to establish a clear guide to making decisions on IPFR to determine whether evidence that the patient is likely to gain a significant clinical benefit, and the value for money of the intervention for that particular patient is likely to be reasonable has been presented.

Please refer to the decision making guidance in section 6 to see how panel members determine the significant clinical benefit expected by the treatment, and whether the cost of the treatment is in balance with the expected benefits.

2 THE LEGAL CONTEXT OF THIS POLICY

- 2.1** In accordance with their legal obligations, Local Health Boards must:
- (a) Act within the terms of the statutory functions delegated to them by the Welsh Ministers under NHS legislation, in particular the NHS (Wales) Act 2006 and the secondary legislation that flows from that statute;
 - (b) be accountable to the Welsh Government for the decisions they make;
 - (c) meet the health needs of an individual free of charge, except where the legislation and/or regulations specifically permit charges;
 - (d) provide these comprehensive services within the resources delegated by the Welsh Government;
 - (e) operate within the governance structure created by the Welsh Government;
 - (f) act in accordance with the requirement to implement guidance published by the National Institute for Health and Care Excellence (NICE) and All Wales Medicines Strategy Group (AWMSG) within two months of the final guidance published.

- (g) act in accordance with the requirements of the principles of Administrative Law and all legislation that may be enacted from time to time and which is relevant to the activities of the Health Board; and
- (h) Comply with policies issued by Welsh Government such as Welsh Health Circulars.

2.2 Health Boards must therefore be able to demonstrate that their decisions are within their powers and comply with their legal obligations. In terms of the exercise of their powers, they must show that they have taken into account all relevant issues in the decision making process, giving them appropriate weight and that those decisions are rational, logical, lawful and proportionate.

Careful consideration needs to be given in relation to all decisions; particular care may need to be given in the following circumstances:

- when evidence is not clear or conclusive;
- when the issue is controversial and may not have the support of NICE or AWMSC;
- when life or death decisions are involved;
- when limiting access to specific services or treatments;
- when setting priorities;
- When other Health Boards may have used their discretion to make a different decision on a specific topic.

2.3 It is lawful for the Health Board to have policies about which treatments will, and which will not, be routinely funded. It is lawful for the Health Board to adopt an IPFR Policy for the exercise of its discretion and to allow for exceptions to it in specific clinical circumstances.

2.4 Decisions made by Health Boards may be subject to legal challenge in the High Court. Consistency in policy and approach, together with clarity about clinical criteria for treatment and a consistent approach to dealing with IPFR requests should reduce the need for patients to have to go through a review or appeal process at any level. This should be the desirable outcome as far as it is possible.

3 UNDERSTANDING LEGAL CHALLENGE

3.1 One of the grounds which a patient might include in any application they make to the court is the allegation that there has been interference in their rights in accordance with the Articles of the Human Rights Convention set out in the Human Rights Act 1998. The Act means that the Human Rights Convention is directly applied to the UK Courts and the Courts have to take account of the Convention and the decisions of the European Court in the interpretation of any legislation.

3.2 A public body is required to give reasons for its decisions. Since it is the decision making process which the courts may scrutinise, it is imperative that the process for Health Board decisions is transparent, that the patient is able to access and understand the process and to be aware of the reasons for any decision which has been made.

- 3.3** In addition, the Health Board should take into account that, in the light of the Human Rights Act, the concept of “proportionality” may come into play. The concept of proportionality means even if a particular policy or action which interferes with a Convention right is aimed at pursuing a legitimate aim (for example the prevention of crime) this will not justify the interference if the means used to achieve the aim are excessive in the circumstances. This involves striking a balance between the demands of the wider community and the need to protect an individual’s fundamental rights. Any interference with a Convention right should be carefully designed to meet the objective in question and must not be arbitrary or unfair. Challenge may occur where the Health Board has balanced various interests and an individual alleges that the balancing was disproportionate to their rights. In this scenario, the Health Board would be called upon to explain why it considered the challenged action was necessary and suitable to reach the desired end and why the decision did not impose an excessive burden on the applicant. If an HB is not sure whether a particular approach would be proportionate, it should seek specialist legal advice before reaching a final decision.
- 3.4** Individuals have the right to bring an action alleging interference with their rights where decisions made by Health Boards may be shown to have contravened the individual Articles of the Human Rights Convention. Particularly, when life and death decisions are involved, the courts will submit the decision making processes of the Health Board to rigorous scrutiny. The more substantial the potential interference with human rights, the more the court will require by way of justification before it is satisfied that the decision is reasonable.
- 3.5** Judicial Review is a process within administrative law which enables any individual to challenge the decision made by a public body. Greater levels of dissatisfaction may force some patients (who may be supported by a Registered Charity or Pressure Group) to seek redress for their complaints by way of Judicial Review.
- 3.6** The process of Judicial Review allows the Court to review decisions on the grounds that they are unlawful, irrational/unreasonable and/or procedurally unfair. The Courts will consider whether there has been an:
- error of law;
 - excess exercise of powers/abuse of power;
 - irrelevancy;
 - irrationality;
 - an unlawful limitation of discretion or fettering;
 - improper delegation of decision making;
 - procedural impropriety contrary to the rules of natural justice; and
 - bias;
 - Failure to follow its own policy.

Reviews have included decisions which unfairly discriminate between patients; ‘blanket’ policies not to treat particular conditions and decisions not to provide promised services.

- 3.7** The Court will want to consider whether the decision is beyond the range of responses open to a reasonable decision maker. They will examine the powers of the decision-maker, the requirements of the legislation and the

manner in which the decision was reached to determine if the decision-maker acted unlawfully.

- 3.8** In recent years, we have witnessed an increasing tendency for the Courts to use their powers to scrutinise the lawfulness of the decision making process of public bodies, including Health Boards. Previous examples include the Child B Case, challenges by transgender for the performance of cosmetic operations and a series of challenges by patients for funding for treatment with high cost cancer drugs not approved by NICE.
- 3.9** The Courts have shown an increased willingness to “second guess” decisions on expenditure/use of resources and substitute their own judgement for that of a public body, and even if the court does not go that far, it will scrutinise the way the decision has been reached to determine whether it is lawful. In a situation where the Courts consider that there has been a flaw in the decision making process, the Courts can declare the original decision was invalid and order a Health Board to make the decision again.

4 PRINCIPLES UNDERPINNING THIS POLICY

The principles underpinning this policy and the decision making of the Health Board are divided into five areas - the NHS Core Values, the Prudent Healthcare Principles, Evidence-based Considerations, Ethical Considerations and Economic Considerations.

4.1 NHS Core Values are set out by the Welsh Government as;

- Putting quality and safety above all else: providing high value evidence based care for our patient’s at all times;
- Integrating improvement into everyday working and eliminating harm, variation and waste;
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;
- Working in true partnerships with partner organisations and with our staff; and
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

4.2 Prudent Healthcare Principles

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production;
- Care for those with the greatest needs first, making the most effective use of all skills and resources;
- Do only what is needed, no more, no less; and do not harm;
- Reduce inappropriate variation using evidence based practices consistently and transparently.

4.3 Evidence-Based Considerations

- 4.3.1** Evidence-based practice is about making decisions using quality information, where possible, and recognising areas where evidence is weak. It involves a systematic approach to searching for and critically appraising that evidence.
- 4.3.2** The purpose of taking an evidence-based approach is to ensure that the best possible care is available to provide interventions that are sufficiently clinically effective to justify their cost and to reduce inappropriate variation using evidence-based practices consistently and transparently. NICE issue Technology Appraisals and the All Wales Medicines Strategy Group issue guidance which Health Boards are required to follow.
- 4.3.3** Additionally, a central repository for evidence based appraisals will be available which will provide support for clinicians making an application. This will be located on the shared database. Users will be able to upload and access the information available which will develop over time as evidence /new reports are produced.
- 4.3.4** It is also important to acknowledge that in decision making there is not always an automatic "right" answer that can be scientifically reached. A "reasonable" answer or decision therefore has to be reached, though there may be a range of potentially reasonable decisions. This decision is a compromise based on a balance between different value judgements and scientific (evidence-based) input. Those vested with executive authority have to be able to justify, defend and corporately "live with" such decisions.

4.4 Ethical Considerations

- 4.4.1** Health Boards are faced with the ethical challenge of meeting the needs of individuals within the resources available and meeting their responsibility to ensure justice in the allocation of these resources ('distributive justice'). They are expected to respect each individual as a person in his or her own right.
- 4.4.2** Resources available for healthcare interventions are finite, so there is a limit to what LHB's can routinely fund. That limitation is reasonable providing it is fair, and not arbitrary. It must be based on the evidence both about the effectiveness of those interventions and their cost. A cost effective intervention is one that confers a great enough benefit to justify its cost. That means policies must be based on research, but research is carried out in populations of patients, rather than individual patients. That leaves open the possibility that what is true for patients in general is not true about a specific individual patient. Fairness therefore also requires that there must be a mechanism for recognising when an individual patient will benefit from a particular intervention more than the general population of patients would. Identifying such patients is the purpose of the IPFR process.

4.4.3 Welsh Government communications set out six ethical principles for NHS organisations and these underpin this policy. They are:

- treating populations and particular people with respect;
- minimising the harm that an illness or health condition could cause;
- fairness;
- working together;
- keeping things in proportion; and
- flexibility

4.5 Economic Considerations

4.5.1 It is a matter for the Health Board to use its discretion to decide how it should best allocate its resources. Such resources are finite and difficult balancing decisions have to be made. The Health Board has to prioritise the services that can be provided whilst delivering high quality, cost effective services that actively avoid ineffective, harmful or wasteful care that is of limited benefit. The opportunity cost associated with each decision has also to be acknowledged i.e. the alternative uses to which resources could be put.

5 MAKING DECISIONS ON IPFR

5.1 In line with the principles set out earlier in this document, Welsh Government communications set out the key factors for 'good decision making'. These are:

- openness and transparency;
- inclusiveness;
- accountability;
- reasonableness;
- effectiveness and efficiency;
- exercising duty of care;
- lawful decision making; and
- the right to challenge and appeal

This policy aims to ensure that the Health Board has a clear and open mechanism for making decisions that are fair, open and transparent. It enables those responsible for decision making to demonstrate that they have followed due process, given full consideration to the above factors, and has been both rigorous and fair in arriving at their decisions. It also provides a clear process for challenge and appeal.

5.2 In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, the Health Board should make decisions on IPFRs based on; the evidence presented to demonstrate the expected significant clinical benefit, and the evidence presented outlining the patient's individual clinical circumstances. Decisions should be undertaken whilst taking into reasonable account the evidence base, and the economic and ethical factors below;

- **evidence-based considerations** - clinical and cost effectiveness; service and policy implications;

- **economic considerations** - opportunity cost; resources available; and
- **ethical considerations** - population and individual impact; values and principles; ethical issues.

Non-clinical factors (such as employment status) will not be considered when making decisions on IPFR.

This Policy does not cover healthcare travel costs. Information on patient eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the [Welsh Government's 'healthcare costs'](#) website.

5.3 The following guide will be used by all Health Board IPFR Panels when making IPFR decisions.

It is the responsibility of the requesting clinician to demonstrate the clinical case for the individual patient, and of the IPFR panel to consider the wider implications for the NHS, such that the criteria in **either (a) or (b)** below are satisfied:

(a) If guidelines (e.g. from NICE or AWMMSG) recommend not to use the intervention/drug;

- I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to the general population of patients for whom the recommendation is not to use the intervention, such that
- II. The clinician can demonstrate that the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected from patients for whom the recommendation is not to use the intervention, and
- III. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

(b) If the intervention has not been appraised (e.g. in the case of medicines, by AWMMSG or NICE);

- I. The clinician can demonstrate that the patient is likely to gain significant clinical benefit, and
- II. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

6 DECISION MAKING GUIDE

IPFR Panel Decision-Making Factors	IPFR Panel Evidence for Consideration in Decision-Making
SIGNIFICANT CLINICAL BENEFIT	
<p>Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population?</p> <p>and</p> <p>Does this presentation mean that the patient will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage?</p>	<p>Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR:</p> <ul style="list-style-type: none"> • What is the clinical presentation of this patient? • Is evidence supplied to explain why the clinical presentation of this patient is significantly different to that expected for this disease and this stage of the disease? • Is evidence supplied to explain why the clinical presentation means that the patient will gain a significantly greater clinical benefit from the treatment than another patient with the same disease at the same stage?
EVIDENCE BASED CONSIDERATIONS	
<p>Does the treatment work?</p> <p>What is the evidence base for clinical and cost effectiveness?</p>	<p>Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel:</p> <ul style="list-style-type: none"> • What does NICE recommend or advise? • What does the AWMSG recommend or advise? • What does the Scottish Medicines Consortium recommend or advise? • What does Public Health Wales advise? • Are there peer reviewed clinical journal publications available? • What information does the locally produced evidence summary provide? • Is there evidence from clinical practice or local clinical consensus? • Has the rarity of the disease been considered in terms of the ability for there to be a comprehensive evidence base available? • Does the decision indicate a need to consider policy or service change? If so, refer to service change processes.
ECONOMIC CONSIDERATIONS	
<p>Is it a reasonable cost?</p> <p>What is the cost of the treatment and is the cost of the treatment likely to be reasonable? i.e.</p> <p>Is the cost of the treatment in balance with the expected clinical benefits?</p>	<p>Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel:</p> <ul style="list-style-type: none"> • What is the specific cost of the treatment for this patient? • What is the cost of this treatment when compared to the alternative treatment they will receive if the IPFR is declined? • Has the concept of proportionality been considered? (Striking a balance between the rights of the individual and the impact on the wider community), in line with Prudent Healthcare Principles. • Is the treatment reasonable value for money?
ETHICAL CONSIDERATIONS	
<p>How has the decision been reached?</p> <p>Is the decision a compromise based on a balance between the evidence-based input and a value judgement?</p>	<p>Having considered the evidence base and the costs for the treatment requested are there ethical considerations that have not been raised in the discussions?</p> <ul style="list-style-type: none"> • Is the evidence base sufficient to support a decision? • Is the evidence and analysis of the cost sufficient to support a decision? • Will the decision be made on the basis of limited evidence and a value judgement? If so, have you considered the values and principles and the ethical framework set out in the policy? • Have non-clinical factors been excluded from the decision? • Has a reasonable answer been reached based on the evidence and a value judgement after considering the values and principles that underpin NHS care?

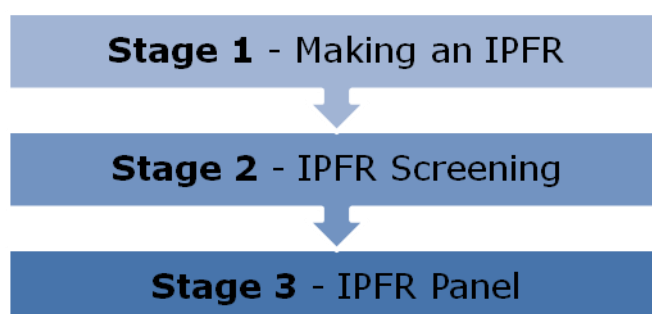
7 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY

7.1 Information on how to make an IPFR

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These are available from the hospital consultant, GP surgery or via the Health Board website. Further information can be obtained from the IPFR Co-ordinator.

Copies of this policy and the IPFR application forms can also be obtained via the website, or by contacting the IPFR Co-ordinator.

7.2 Summary of the IPFR Process



7.3 Stage 1 Making an IPFR

The patient and their NHS clinician (GP or local hospital consultant or out-of-area hospital consultant) agree together that a request should be made. The IPFR application form is completed by the clinician on the patient's behalf. This will ensure that adequate clinical information is provided to aid the decision making process.

The requesting clinician must sign the application form to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

Ideally, applications for specialised and tertiary services should be completed by the patient's secondary care clinician, unless extenuating circumstances dictate otherwise. This is to ensure that all pertinent information is included in the form thereby avoiding the delay that will arise from the need to request further information before the application can be processed. All IPFR applications should demonstrate support from the relevant clinical lead, head of department or multi-disciplinary team (MDT). Where relevant, advice may also be sought from the internal clinical team.

It is necessary for clinicians to provide their contact details as there may be times when additional clinical information is required during a panel meeting to aid a decision.

The application form is sent to the IPFR Co-ordinator in hard copy or electronically so that the authorised consent of the clinician is recorded.

Patients are able to access advocacy support at any stage during this process.

The IPFR application form must be completed in full to enable the IPFR Panel to reach a fully informed decision.

Should the IPFR Co-ordinator receive an application form which has not been completed sufficiently enough to determine whether or not the request can be screened out or taken to the IPFR Panel, or the incorrect form is completed, the form should be returned to the requesting clinician **within three working days**.

The requesting clinician is responsible for completing and re-submitting the application form **within ten working days**. Should this time elapse, a chaser letter will be sent providing a **further ten working days** to make a submission.

Where the information has still not been provided in the time set, the case shall be closed and the requesting clinician notified accordingly.

7.4 Stage 2 Screening of the IPFR

The IPFR application will be considered by the IPFR Senior Officer to determine whether the application needs to be screened out because:

- (a) the request meets pre-agreed criteria for a service already commissioned/provided and can be automatically funded
- (b) the request matches previous exceptions and precedent has been set
- (c) an alternative and satisfactory clinical solution is found
- (d) the request represents a service development which needs to be passed to the relevant Division or Director for their action.
- (e) the request raises a policy issue where more detailed work is required

The IPFR Senior Officer should then communicate the outcome of the screening stage to the requesting clinician using a standard letter, **within five working days** of the decision being made. This letter will also include reasons for the decision and information on any further courses of action required.

7.5 Stage 3 Considerations by the IPFR Panel

Requests that are not screened out will be considered at a meeting of the IPFR Panel. The IPFR Co-ordinator will ensure that the panel has all of the information needed to make a decision and will ensure that it is anonymised before each meeting.

Panels will convene at least once per month in order to ensure that applications are dealt with in a timely manner. The volume and urgency of applications may require panels to meet more frequently as and when required.

The panel will consider each IPFR on its own merits, using the decision making criteria set out in this policy. The IPFR Co-ordinator or Senior Officer will complete a record of the panel's discussion on each IPFR, including the decision and a detailed explanation for the reason for that decision. Where possible, they should set out their assessment of the likely incremental clinical benefit and their

broad estimate of the likely incremental cost so that their judgements on value for money are clear and transparent.

A standard decision letter should be prepared to communicate the decision to the requesting clinician. Correspondence will also be sent to the patient to inform them that a decision has been made and their clinician will contact them within 5 working days to discuss. If this has not happened, patients are encouraged to contact their clinician.

These letters will be sent **within five working days** of the panel's decision and will also include information on how to request a review of the process where a decision has been made to decline the request.

7.6 Who will sit on the IPFR Panel?

The Health Board will appoint core members of the IPFR Panel which will comprise;

- Executive Public Health Director (or deputy – Public Health Consultant)
- Executive Medical Director (or deputy - Associate/Assistant Medical Director)
- Executive Director of Nursing (or deputy – Assistant Director of Nursing)
- Director of Therapies & Clinical Science (or deputy - Assistant Director of Therapies)
- Director of Pharmacy and / or Chief Pharmacist or deputy; and
- Two lay representatives.

The Chair of the Panel will be selected from the group of core members and must have a clinical background (with the exception of WHSSC – see Terms of Reference at Appendix 2).

Each organisation may also wish to appoint up to a further two Panel members at the discretion of the Chair of the Panel, for example a member of the Ethics Committee, Primary Care Director or Director of Planning.

Please refer to the Terms of Reference at Appendix 1 and 2 for details of the Health Board and WHSSC IPFR Panel.

7.7 What about clinically urgent cases?

The IPFR Policy and process allows for clinically urgent cases, as deemed by the requesting clinician, to be considered outside of the normal screening and panel processes. In these circumstances, the Chair or Vice Chair of the IPFR panel is authorised to make a decision outside of a full meeting of the panel, within their delegated financial limits. Any such decisions will be made in line with the principles of this policy, taking into account the clinical urgency of the request outlined in the application form by the clinician. Those marked urgent will be considered within 24-48 hours as per the application form.

7.8 Can patients and clinicians attend the IPFR Panel?

Patients are not permitted to attend IPFR Panels. The reason is that it would make the process less fair, because it would draw to the attention of panel

members characteristics of the individual patient that should not influence their decision-making, such as age and gender. The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided, including the IPFR application form and other documentary evidence which is provided in support. Patients and clinicians are able to supply any written statements they feel should be considered by the Panel. **Any information provided which relates to non-clinical factors will not be considered.** Community Health Councils are able to support patients in making such statements if required.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on specific issues and/or request independent expert clinical advice for consideration by the panel at a future date. The Chair of the IPFR Panel, may also contact the referring clinician to get more clarification in respect of an individual referral.

The provision of appropriate evidence to the IPFR Panel will be entirely at the Chair of the IPFR Panels discretion.

7.9 Holding IPFR Information

The IPFR Co-ordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file will also be maintained. This information will be held securely in compliance with Data Protection requirements and with Caldicott Guidance.

The IPFR Administration Team retains a record of the IPFR application and subsequent decision and any outcome data that is provided by the clinician. Data will be retained to help inform future planning requirements by identifying patient cohorts both at a local and national level. Data will also be used for the production of an annual report on IPFR's every year as required by the Welsh Government. This will not include any identifiable data and will use aggregated data.

In addition, a central repository for clinical evidence will be available and will develop over time as and when new evidence reports are produced / become available.

8 HOW TO REQUEST A REVIEW OF THE PROCESS

If an IPFR is declined by the panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, a review hearing can be requested in line with the following:

8.1 The 'review period'

There will be a period of **25 working days** from the date of the decision letter during which they may request a review by the review panel ('the review period'). The letter from the Health Board that accompanies the original decision will state the deadline for any review request. In calculating the deadline, Saturdays, Sundays and public holidays in Wales will not be counted.

8.2 Who can request a review?

A review can be requested either (a) by the original requesting clinician on the patient's behalf or (b) by the patient with the original requesting clinician's support. **The review request form must be completed by the clinician.** Both the patient and their clinician must keep each other informed of progress. This ensures the patient is kept informed at all times, that the clinician/patient relationship is maintained, and review requests are clinically supported. Patients are able to access advocacy support at any stage during this process.

8.3 What is the scope of a review?

It does not constitute a review of the merits of the original decision. It has the restricted role of hearing review requests that fall into one or more of three strictly limited grounds. A review request on any other ground will not be considered.

The 3 grounds are:

Ground One: *The Health Board has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).*

The Health Board is committed to following a fair and equitable procedure throughout the process. A patient who believes they have not been treated fairly by the Health Board may request a review on this ground. This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agree is not necessarily unfair.

Ground Two: *The Health Board has prepared a decision which is irrational in the light of the evidence submitted*

The review panel will not normally entertain a review request against the merits of the decision reached by the Health Board. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones or gave unreasonable weight to particular factors.

Ground Three: *The Health Board has not exercised its powers correctly.*

The Health Board is a public body that carries out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the Health Board has acted outside its remit or has acted unlawfully in any other way.

Reviews which may require a significantly disproportionate resource relative to the health needs of the local population may be rejected at the Chief Executive's discretion.

8.4 How is a review request lodged?

A review request form should be completed and logged with the IPFR Co-ordinator of the Health Board within the review period. The review request form must include the following information;

- The aspect(s) of the decision under challenge and
- The detailed ground(s) of the review request

The review request form should be sent to the IPFR Co-ordinator so that the signatures of both the patient and their clinician are recorded. A scanned version sent electronically will also be acceptable as long as signatures are present.

If the patient signature cannot be obtained in a timely manner or at all, the requesting clinician can sign to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

8.5 Initial scrutiny by the IPFR Senior Officer

The review documents lodged will be scrutinised by the IPFR Senior Officer who will look to see that they contain the necessary information. If the review request does not contain the necessary information or if the review does not appear to the IPFR Senior officer to fall under any one or more grounds of review, they will contact the referrer (patient or their clinician) to request further information or clarification.

A review will only be referred to the review panel if, after giving the patient and their clinician an opportunity to elaborate or clarify the grounds of the review the Chair of the review panel is satisfied that it falls under one or more of the grounds upon which the review panel can hear the review.

The Chair of the review panel may refuse to consider a review that does not include all of the above information.

8.6 What is the timescale for a review to be heard?

The review panel will endeavour to hear a review **within 25 working days** of the request being lodged with the Health Board. The date for hearing any review will be confirmed to the patient and their clinician in a letter.

This review process allows for clinically urgent cases, as deemed by the referring/supporting clinician, to be considered outside of the panel process by the Health Board's Chair together with a clinical member of the review panel. Any such decisions will be made in line with the principles of this policy.

8.7 Who will sit on the Review Panel?

The Health Board will appoint members of the review panel. The panel will comprise (see Terms of Reference at Appendix 6 for full details);

- Health Board Independent Board Member – Lay (Chair of the Review Panel)
- Health Board Independent Board Member (with a clinical background)
- Health Board Executive Director, or deputy (with a clinical background)
- Chief Officer of the Community Health Council, or deputy
- Chair of the Local Medical Committee, or deputy
- WHSSC Representative at Director level (where applicable)

The Health Board will intend to inform the patient and their clinician of the membership of the review panel as soon as possible after a review request has been lodged. None of the members of the review panel will have had any prior involvement in the original submission.

In appointing the members of the review panel, the Health Board will endeavour to ensure that no member has any interest that may give rise to a real danger of bias. Once appointed, the review panel will act impartially and independently.

8.8 Can new data be submitted to the review panel?

No, because should new or additional data become available then the IPFR application should be considered again by the original panel in order to maintain a patient's right to review at a later stage.

8.9 Can patients attend review panel hearings?

At the discretion of the panel, patients and/or their unpaid representative may attend review panel hearings as observers but will not be able to participate. This is because the purpose of a review hearing is to consider the process that has been followed and not to hear new or different evidence.

If new or different evidence becomes available, the case will automatically be scheduled for reconsideration by the IPFR Panel. Patients and/or their unpaid representatives are able to make their written representations to this IPFR Panel in order for their views to be taken into account.

It is important for all parties to recognise that review panel hearings may have to discuss complex, difficult and sensitive information in detail and this may be distressing for some or all of those present. Patients and/or their unpaid representatives should be aware that they will be asked to retire at the end of the review panel discussion in order for the panel to make their decision.

8.10 The decision of the review panel hearing

The IPFR Senior Officer will complete a record of the review panel's discussion including the decision and a detailed explanation for the reason for the decision. They will also prepare a standard decision letter to communicate the decisions of the panel to the patient and referring/supporting clinician.

The review panel can either;

- uphold the grounds of the review and ask the original IPFR Panel to reconsider the request; or
- not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

There is no right to a further review unless new and relevant circumstances emerge. Should a patient be dissatisfied with the way in which the review panel carried out its functions, they are able to make a complaint to the Public Services Ombudsman for Wales.

8.11 After the review hearing

The Chair of the review panel will notify patients and their clinicians of the review panel's decision in writing. This letter should be sent **within five working days** of the panel and will also include information on how to make a complaint to the Public Services Ombudsman for Wales www.ombudsman-wales.org.uk.

8.12 How will WHSSC undertake a review?

As the WHSSC is a collaborative committee arrangement to support all Health Boards in Wales, it will not be able to constitute a review panel. WHSSC will therefore refer any requests it receives for a review of its decisions to the Health Board in which the patient resides. A WHSSC representative who was not involved in the original panel will become a member of the review panel on these occasions.

The Health Boards IPFR Senior Officer will be present at these review hearings to advise on proceedings as per their governance role. In the interests of transparency, and not to confuse the applicant, the WHSSC Senior IPFR Officer will be responsible for circulating the review documentation to review panel members, clerking the hearing and preparing the standard decision letter to communicate the decision of the review panel to the patient and clinician.

8.13 Nothing in this section shall limit or preclude an individual patient's right to bring Judicial Review proceedings if they are unhappy with a decision of the IPFR Panel.

9 REVIEW OF THIS POLICY

9.1 This Policy will be reviewed on an annual basis or as required to reflect changes in legislation or guidance.

9.2 Any of the following circumstances will trigger an immediate review of the linked INNU Policy:

- an exemption to a treatment policy criteria has been agreed;
- new scientific evidence of effectiveness is published for all patients or sub-groups;
- old scientific evidence has been re-analysed and published suggesting previous opinion on effectiveness is incorrect;
- evidence of increased cost effectiveness is produced;
- NHS treatment would be provided in all (or almost all) other parts of the UK;
- A National Service Framework recommends care.

10 MAKING A COMPLAINT

- 10.1** Making an IPFR does not conflict with a patient's ability to make a complaint to the Public Services Ombudsman for Wales. Further information is available on the Ombudsman's website www.ombudsman-wales.org.uk.

11 APPENDIX ONE

TERMS OF REFERENCE – IPFR PANEL (Health Board)

PURPOSE

To act as a Committee of the Health Board and hold delegated Health Board authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support.

The Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
<p>The IPFR Panel cannot make policy decisions for the Health Board. Any policy proposals arising from their considerations and decision will ultimately be reported to the Health Board Quality & Safety Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <ul style="list-style-type: none">- The Panel's authorisation limit will be set at the delegated financial limit as per the individual Health Board structure.- Any decisions resulting in a financial cost in excess of this must be reported to the Health Board Chief Executive for budget authorisation.	<ul style="list-style-type: none">• Executive Public Health Director or deputy• Executive Medical Director or deputy• Executive Director of Therapies and Health Science or deputy• Director of Pharmacy and/or Chief Pharmacist or deputy• Executive Director of Nursing or deputy• Two Lay Representatives <p>A further two panel members may be appointed at the discretion of the panel Chair, for example a member of the Ethics Committee, Primary Care Director or Director of Planning.</p> <p>In Attendance:</p> <ul style="list-style-type: none">• IPFR Senior Officer• IPFR Co-ordinator• Finance Advisor (if required)• Senior Pharmacist (if required)

PROCEDURAL ARRANGEMENTS

Quorum: Chair or Vice Chair plus 2 panel members with a clinical background.

Meetings: At least once a month with additional meetings held as required and agreed with the Panel Chair.

Urgent Cases: It is recognised that provision must be made for occasions where decisions may need to be made urgently. In these circumstances, the Chair of the IPFR Panel is authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits.

Recording: The IPFR Co-ordinator will clerk the meetings to ensure proper record of the panel discussions and decisions are made. An electronic database of decisions will also be maintained.

12 APPENDIX TWO

TERMS OF REFERENCE – IPFR PANEL (WHSSC)

PURPOSE

To act as a Sub Committee of the Welsh Health Specialised Services Committee (the Joint Committee) and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The Panel will act at all times in accordance with the all Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support.

The Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
<p>The IPFR Panel has delegated authority from the Joint Committee to consider requests and make decisions, limited to the purpose set out above.</p> <p>The IPFR Panel cannot make policy decisions for the Health Board. Any policy proposals arising from their considerations and decisions will be reported to the Management Group and/or Joint Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <ul style="list-style-type: none"> - The panel's authorisation limit is set at £300,000 for one-off packages and £1million for lifetime packages - Any decisions resulting in a financial cost in excess of these limits must be reported to the Director of Specialised and Tertiary Services and the relevant Health Board for authorisation 	<ul style="list-style-type: none"> • Independent Chair (who will be from existing members of the NHS organisations Boards) • Two Lay representatives • Nomination at Director level from each of the LHBs <p>A named representative from each of the seven Health Boards who should be a Director or Deputy/Assistant Director, or named deputies of appropriate seniority and experience who can operate in the capacity of the primary representative. The intention will be to secure an appropriate balance of professional disciplines to secure an informed multi-disciplinary decision.</p> <p>A further two panel members may be appointed at the discretion of the Chair of the panel, for example a member of the Ethics Committee or a Senior Pharmacist. These members should come from outside the 7 Health Boards and one of which would be nominated as the Vice Chair. The Chair of the panel will review the membership as necessary.</p> <p>In attendance from WHSSC</p> <ul style="list-style-type: none"> • Medical Director or Deputy • Director of Nursing or Deputy • IPFR Co-ordinator • Finance Advisor (if required) • Other WHSSC staff as and when required.

PROCEDURAL ARRANGEMENTS

Quorum: The Chair or Vice-Chair and representation from five of the seven Health Boards, three of which must be clinical representatives.

Meetings: At least once a month with additional meetings held as required and agreed with the Panel Chair. Video conferencing facilities will be available for all meetings.

WHSSC will be responsible for organising the WHSSC Panel and will provide members with all relevant documentation.

Urgent Cases: It is recognised that provision must be made for occasions where decisions may need to be made urgently.

Where possible, a “virtual panel” will be held to consider urgent cases. If this is not possible due to the urgency of the request, then the Director of Specialised and Tertiary Services together with the WHSSC Medical Director or Director of Nursing and the Chair of the WHSSC Panel (or Vice Chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

WHSSC will provide an update of any urgent decisions to the subsequent meeting of the Panel.

Recording: The WHSSC IPFR Co-ordinator will clerk the meetings to ensure proper records of the panel discussions and decisions are made. An electronic database of decisions will also be maintained.

13 APPENDIX THREE

TERMS OF REFERENCE – REVIEW PANEL

PURPOSE

To act as a Committee of the Health Board and hold delegated Health Board authority to review (in line with the review process outlined in this policy) the decision making processes of the Individual Patient Funding Request (IPFR) Panel.

The Review Panel may uphold the decision of the IPFR Panel or, if it identifies an issue with the decision making process, it will refer the issue back to the IPFR Panel for reconsideration.

The Review Panel will normally reach its decision on the basis of all of the written evidence which is provided to it and will not receive any new information.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
<p>The Review Panel has delegated authority from the Board to undertake reviews, limited to the purpose set out above.</p> <p>In exceptional circumstances, the Review Panel may also wish to make a recommendation for action to the Board.</p> <p>The action can only be progressed following its ratification by the Board (or by its Chief Executive in urgent matters).</p>	<ul style="list-style-type: none">• Independent Board Member – Lay (Chair of the Review Panel)• Independent Board Member (usually with a clinical background)• Executive Director or deputy (with a clinical background)• Chief Officer, Community Health Council or deputy• Chairman, Local Medical Committee or deputy• WHSSC Representative at Director level (as required) <p>In Attendance:</p> <ul style="list-style-type: none">• IPFR Senior Officer (governance advisor)• WHSSC IPFR Senior Officer (as required)

PROCEDURAL ARRANGEMENTS

Quorum: As a minimum, the Review Panel must comprise 3 members (one of whom must have a clinical background, one must be an Independent Board Member and one must be a Health Board Officer).

Meetings: As required.

Urgent Cases: It is recognised that provision must be made for occasions where reviews need to be heard urgently and before a full panel can be constituted. In these circumstances, the Health Board's Chair can undertake the review together with a clinical member of the Review Panel. This ensures both proper accountability of decision making and clinical input.

Recording: The IPFR Senior Officer will clerk the meetings to ensure a proper record of the review discussion and outcome is made. An electronic database of decisions will also be maintained.

See detail under section 8.12 on how WHSSC will undertake a review.

INDEPENDENT REVIEW OF THE IPFR PROCESS IN WALES, January 2017 – LIST OF RECOMMENDATIONS

Recommendation 1

The 2007 ethical framework for commissioning healthcare in Wales should be updated in light of best practice, so that it is useful in making (and explaining) commissioning decisions.

Recommendation 2

Good commissioning practice should be shared between LHBs and WHSSC. A database of commissioning policies should be established, covering all interventions and used by WHSSC and LHBs to record their commissioning policies.

Recommendation 3

LHBs together with WHSSC should set up commissioning liaison meetings to coordinate their “out of area” and “out of county” services.

Recommendation 4

Ways to access interventions – commissioning and other pathways including IPFR – need to be explained more clearly to clinicians and patients. A guidebook should be developed that explains the entire process clearly and simply.

Recommendation 5

A clear and consistent national process for dealing with requests to access services outside LHBs local arrangements (including those of WHSSC) should be developed and communicated. The forms to request services that are routinely commissioned should be short and simple and consistent nationally.

Recommendation 6

The IPFR process should not be used to request services that are routinely commissioned. Different types of requests for interventions should be clearly and consistently differentiated. Information should be provided that helps clinicians to understand the distinction and the different criteria that apply.

Recommendation 7

It should be clearer to patients why they are not routinely allowed to choose their place of treatment and in which circumstances interventions are commissioned outside patients own LHB.

Recommendation 8

The services commissioned by WHSSC should be set out more clearly and accessibly. WHSSC should also explain what services it decides not to commission and why. It needs to be clear whether WHSSC is making an explicit decision that the service should not be provided or whether the LHBs have chosen not to delegate commissioning responsibility to WHSSC.

Recommendation 9

WHSSC and LHB's should review all their policies that refer to IPFRs and ensure that the policies taken together are up to date, consistent and coherent.

Recommendation 10

LHBs should set up a consistent national policy on the use of inexpensive interventions and introduce a consistent framework within which such decisions should be made, for

example, either by making them available on request by clinicians or after suitable LHB approval (e.g. by a Multi-Disciplinary Team (MDT) or head of department).

Recommendation 11

The existing decision-making criteria based on “exceptionality” should be replaced substantially and in line with the proposed decision making criteria and the explanatory notes set out in this report.

Recommendation 12

So that the best evidence is available for future decisions, where possible, clinical outcomes from the IPFR decisions should continue to be tracked and recorded so that the effectiveness of decisions can be assessed over time.

Recommendation 13

The public should be reassured that affordability is not part of the decision criteria for individual patients.

Recommendation 14

Availability of interventions should not generally be part of the decision criteria for individual patients.

Recommendation 15

IPFR panel should record in their decisions a descriptor of their broad estimate of the likely incremental clinical benefit and the broad estimate of the likely incremental cost so their judgements on value for money are clear and transparent.

Recommendation 16

We recommend that non-clinical factors continue not to be taken into account in making intervention decisions.

Recommendation 17

IPFR panels should document the reasons for their decision clearly and in sufficient detail to enable the applying clinician to understand the reasoning and to check that the panel took into account all the relevant factors.

Recommendation 18

IPFR panel should continue to consider actively whether the panel has adequate advice and expertise on which to base its decision for each patient. When considering IPFR applications for specialist conditions, IPFR panels should ensure that they have the best available evidence on which to base their decision. Where necessary, panels should seek the advice of specialists, specialist groups or networks.

Recommendation 19

A national IPFR quality function should be established to support the IPFR panels to ensure quality and consistency. This quality function will provide quality assurance around the decision-making of panels and will promote consistency across Wales. It will include facilitation, advice, training and auditing of the IPFR process, and will have an obligation to report on the quality of the processes and to highlight any concerns through the existing quality and clinical governance processes in NHS Wales.

Recommendation 20

The current configuration of panels should continue.

Recommendation 21

It is vital that all pharmaceutical companies submit their medicines to AWMSG (if they are not already on the NICE work programme) as soon as possible after licensing to

obtain a timely, fair and transparent appraisal of the medicines benefit to patients for the particular indication and to reduce the need for IPFR requests for individual patients.

Recommendation 22

Where AWMSG has issued a 'Statement of Advice' notice not endorsing the use of a medicine in NHS Wales, IPFR panels should approve requests for use of that medicine only if they are confident that there is clear evidence of likely clinical benefit to the particular patient which is sufficient to justify the cost of the medicine and associated treatment.

Recommendation 23

The IPFR quality function should create new or improved training materials (including a manual) for clinicians and separately for patients explaining in detail the IPFR process, how it is used, and what to expect.

Recommendation 24

Clinicians should enable patients to make informed decisions. Clinicians should enable their patients to understand all their treatment options and alternatives, the risks and benefits of those options and the likelihood of those risks and benefits, before seeking an IPFR on their behalf.

Recommendation 25

Clinicians should not make an IPFR application for interventions that have little or no realistic chance of clinical benefit solely in response to a patient request.

Recommendation 26

Clinicians should be supported (by training and advice) to understand the assessment process that the panel will follow for a specific request, so that the clinician can better assess the likelihood of an application's success before it is submitted.

Recommendation 27

The IPFR quality function, working with the IPFR coordinator network, should review the design of the forms in light of this report and make further improvements to streamline and simplify the process and to make it easier and quicker for clinicians to apply.



Report Title	Neonatal Transport – Update from the Delivery Assurance Group			Agenda Item	3.4
Meeting Title	Joint Committee			Meeting Date	10/05/2022
FOI Status	Open				
Author (Job title)	Director of Planning				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to provide an update to the Joint Committee from the Neonatal Transport Delivery Assurance Group (DAG) established to provide commissioner assurance on the neonatal transport service.				
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 information presented within the report; and• Receive assurance that there are robust processes in place to ensure delivery of the neonatal transport services.					

NEONATAL TRANSPORT – UPDATE FROM THE DELIVERY ASSURANCE GROUP (DAG)

1.0 SITUATION

The purpose of this report is to provide an update to the Joint Committee from the Neonatal Transport Delivery Assurance Group (DAG) established to provide commissioner assurance on the neonatal transport service.

2.0 BACKGROUND

In response to concerns about the governance of the neonatal transport service, the Joint Committee requested that a Delivery Assurance Group (DAG) be established to provide commissioner assurance on the neonatal transport service.

The group was established in January 2022, chaired by the Director of Planning, WHSSC. The group comprises of representation from all commissioning Health Boards (HB's) covered by the transport service and the three provider HBs at a clinical and managerial level. The purpose of the group is to provide commissioner assurance on the performance of the service and to address any concerns from commissioners. The group meet bi-monthly and report directly to the Joint Committee.

Following each DAG meeting an update report is presented to the Joint Committee. This report provides an update from the DAG meeting held on the 17 March 2022.

3.0 ASSESSMENT

The transport providers report presented at **Appendix 1** outlines the performance of the neonatal transport service during January and February 2022. The group continues to mature and it is expected that more detailed narrative reports will be produced in the future.

WHSSC have requested that specific information to provide assurance on activity be provided; the template for this is presented at **Appendix 2** for information.

The value of the DAG is that there is now a direct line of assurance into WHSSC and one that all Health Boards are sighted on. This addresses some of the governance risks identified in the service. Further to the update given to the Joint Committee on the 15 March 2022, progress to develop an Operational Development Network (ODN), led by Swansea Bay University Health Board (SBUHB) continues. Both of these taken together will mitigate the governance concerns identified.

Further work will be required once the ODN is established to fully implement the recommendations from the two transport reviews (Puddy and Fox) commissioned by WHSSC. This will be a key task for the WHSS Team working with the ODN and a report will be brought back to the Joint Committee at the September meeting.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report; and
- **Receive assurance** that there are robust processes in place to ensure delivery of the neonatal transport services.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	
Health and Care Standards	Safe Care Governance, Leadership and Accountability Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The DAG consider any key risks and safety concerns relating to the service.
Finance/Resource Implications	Not applicable
Population Health	-
Legal Implications (including equality & diversity, socio economic duty etc)	-
Long Term Implications (incl WBFG Act 2015)	-
Report History (Meeting/Date/ Summary of Outcome)	17 March 2022 - Neonatal Transport DAG
Appendices	Appendix 1 – Neonatal Transport Service Performance Report – January & February 2022 Appendix 2 – Template of Data requested

DAG Presentation

Transport Sub-group



GIG
CYMRU
NHS
WALES

Rhwydwaith
Newiddenedigol Cymru
Wales Neonatal Network

Clinical and Operational Reason for Transfer

January 2022

January	Medical	Surgical	Cardiac	Neurological	TOTAL	%
Uplift	10 (3)	4			14	47%
Repatriation	12				12	40%
Capacity	4 (1)				4	13%
Out-Patients						
TOTAL	26	4			30 (4)	

Red = Activity by night

Clinical and Operational Reason for Transfer

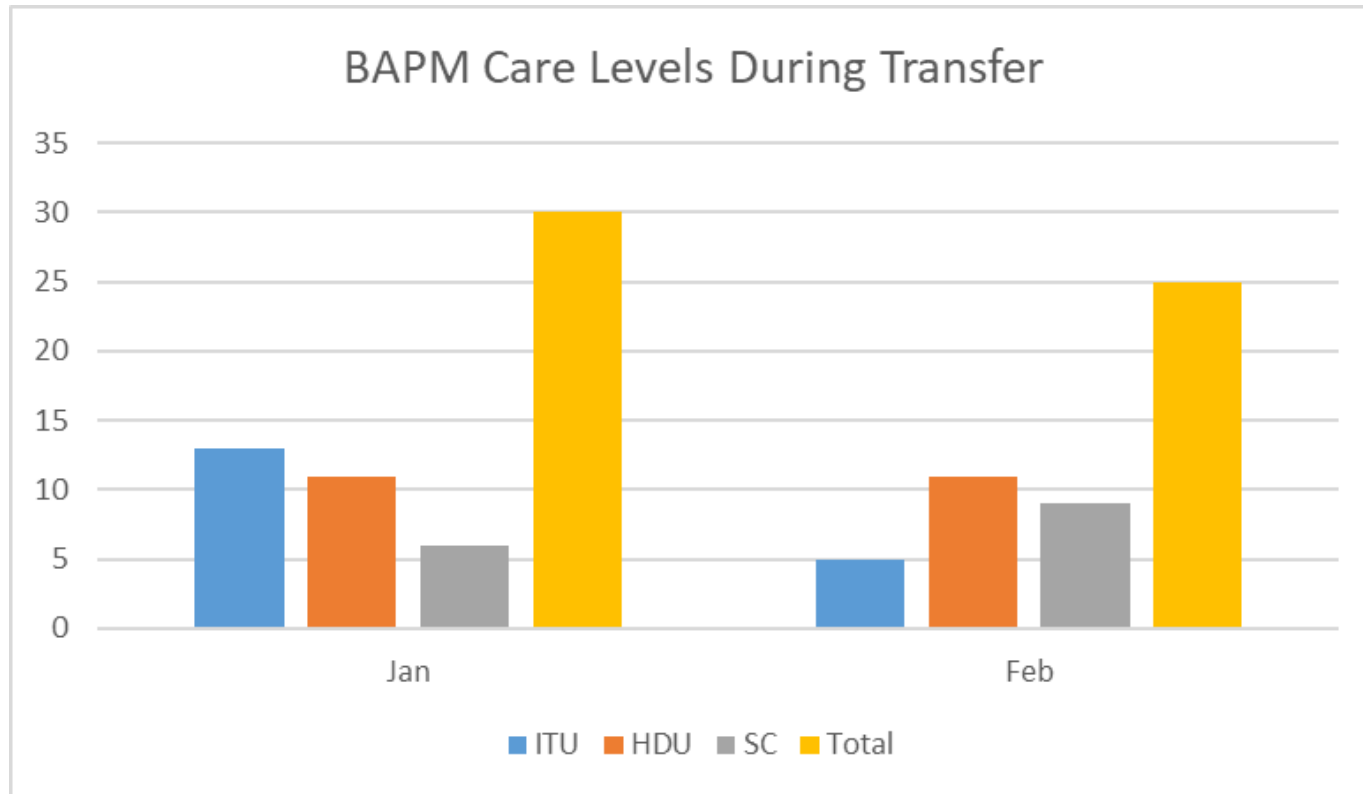
February 2022

February	Medical	Surgical	Cardiac	Neurological	TOTAL	%
Uplift	9 (1)	1		1	11	44%
Repatriation	12	2			14	56%
Capacity						
Out-Patients						
TOTAL	21	3		1	25 (1)	

Red = Activity by night

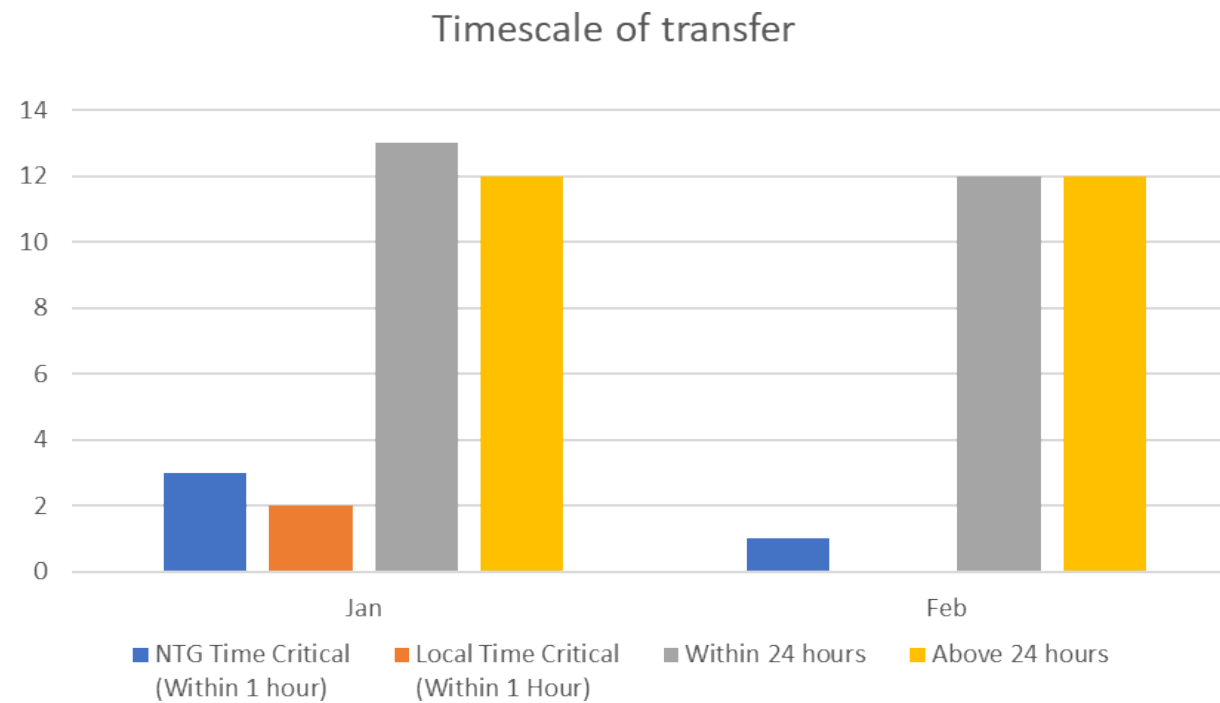
BAPM Care Levels during Transfer

January and February 2022



Timescale of Transfer

January and February



NTG and Local Immediate Dispatch

January and February 2022

	January	Achieved Target	February	Achieved Target
NTG Immediate Dispatch	3	2	1	1
Local Immediate Dispatch	2	2	0	

1x outlier – a short ambulance delay

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

January and February 2022

	January	Achieved Target	February	Achieved Target
Arrived at baby <3.5 hours	11	8	7	7

2x Outlier for January is team were already on another transfer

1x Outlier – team were required to create an ITU cot prior to arrival

Datix

January and February 2022

1x Datix ongoing from 2021 – not directly related to CHANTS

2x Datix submitted in January 2022 – both equipment issues but not related to each other

**Neonatal Transport Assurance Report
Delivery Assurance Group (DAG)
Performance Activity Template**

Suggested Activity Information

1. Number of transfers – monthly?

Insert table – Total and then in-hours and OHH

2. Breakdown of uplift / repatriation / capacity – is there a uk average we can benchmark against?

Insert Graph with benchmark line if possible

3. Level of transfer (IC / HD / SC)

Insert Table – Consistent reporting period throughout

4. Reason for transfer – medical / surgical / cardiac / neuro

Insert table

5. Timescale of transfer – time critical / within 1 hour / within 24 hour / above 24 hour

Insert graph with target line running through - narrative as to whether this met target?

6. Breakdown of from what unit and to unit

Insert table – can we colour code which transport team did what please?

7. Any non-chants

Quality measures

1. Service must be operational 24 hours a day – 7 days a week.

Report instances when this has not been achieved with explanation

2. 95% of time critical transfers the transport team are required to set off from base within 60 minutes from the beginning of the referral call.

Percentage for this reporting period – exception report for instances when not met.

3. Transport team to arrive with the patient (transfers for uplift of care for intensive care) within 3.5 hours of the referring call 95% of the time.

Percentage for this reporting period – exception reporting for instances when not met.

4. Dedicated neonatal transport services transfer at least 95% of patients for uplift within its defined catchment area.

Percentage for this reporting period – exception reporting for instances when not met.

5. Undertakes repatriation transfers to enable care to be provided as close to home as possible. Responsible for repatriation of babies to mother's booking hospital where this is within commissioned area.

Report of instances when repatriation has been declined?

6. Datix

Graph of themes / Raised by what provider or transport team / process for escalating / detail of lessons learnt and disseminating this information.



Report Title	Draft Mental Health Specialised Services Strategy for Wales 2022-2028			Agenda Item	3.5
Meeting Title	Joint Committee			Meeting Date	10/05/2022
FOI Status	Open/Public				
Author (Job title)	Senior Planning Manager for Mental Health and Vulnerable Groups				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to present the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and to seek endorsement for its circulation through key stakeholder groups for comment.				
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:

- **Note** the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and provide comments on the document
- **Note** that the draft Mental Health Specialised Services Strategy for Wales 2022-2028 will be circulated through a comprehensive stakeholder list in a bilingual format for comment between 10 May and 6 June 2022.
- **Note** that it is anticipated that the final strategy will be published during Winter 2022, and will be brought back to the Joint Committee for information.

DRAFT MENTAL HEALTH SPECIALISED SERVICES STRATEGY FOR WALES 2022-2028

1.0 SITUATION

The purpose of this report is to present the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and to seek endorsement for its circulation through key stakeholder groups for comment

2.0 BACKGROUND

The draft Mental Health Specialised Services Strategy 2022-2028 (the Strategy) document represents the first step in realising our ambitious whole person approach to commissioning specialised Mental Health services on behalf of the seven Health Boards for Wales.

In June 2021, work began on the development of the Specialised Services Strategy for Mental Health through a programme management structure. The programme has received excellent engagement from all Health Boards, and included the following priority workstreams:

WORKSTREAM	LEAD
CAMHs/FACTS	Shane Mills & Stuart Davies
Eating Disorders	Menna Jones & Wendy Clarke
Learning Disability	Alberto Salmoiraghi
Secure services (women)	Alyson Witts
Secure services (men)	Paul Hanna
Neurodevelopmental	Joanne Wilson & Karen Bonham
Transition	Robert Colgate

These groups have met regularly and made a significant contribution to the development of the strategy document which is now ready for broader stakeholder view in order to test general direction of travel. It is acknowledged that further engagement and or consultation may be required on particular aspects of the strategy subject to its endorsement and implementation discussions. .

3.0 ASSESSMENT

The following documents are attached for consideration by Joint Committee members:

1. The draft Specialised Services Strategy for Mental Health see **Appendix 1**,
2. A questionnaire on The draft Specialised Services Strategy for Mental Health , see **Appendix 2**; and
3. A summary of the Specialised Services Strategy for Mental Health Document, see **Appendix 3**.

The attached documents will be circulated through a comprehensive stakeholder list in a bilingual format for comment between 10 May and 6 June 2022.

The feedback from stakeholder engagement process will be used to inform amendments to the strategy document and the EQIA, and it is anticipated that the final strategy will be published during Winter 2022, once it has been formally approved through the appropriate channels.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and provide comments on the document
- **Note** that the draft Mental Health Specialised Services Strategy for Wales 2022-2028 will be circulated through a comprehensive stakeholder list in a bilingual format for comment between 10 May and 6 June 2022.
- **Note** that it is anticipated that the final strategy will be published during Winter 2022, and will be brought back to the Joint Committee for information.

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 Dignified Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Care for Those with the greatest health need first Reduce inappropriate variation
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 People in Wales have improved health and well-being with better prevention and self-management 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 information summarised within this report reflects issues relating to quality of care, patient safety, and patient experience.
Finance/Resource Implications	There may be implications when the Strategy is agreed. Any financial implications will be explored in detail.
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)	An EQIA has been developed and will be updated based upon any commentary received through this process. Should any aspect of this report require a service change, it will be managed in accordance with the guidance on changes to NHS services in Wales.
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)	8th April 2022 – CDGB supported the recommendations.
Appendices	<p>Appendix 1 – The draft Specialised Services Strategy for Mental Health</p> <p>Appendix 2 – A questionnaire on the draft Specialised Services Strategy for Mental Health</p> <p>Appendix 3 – A summary of the draft Specialised Services Strategy for Mental Health.</p>

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

MENTAL HEALTH SPECIALISED SERVICES STRATEGY FOR WALES 2022/23-2027/28

**DRAFT STRATEGY DOCUMENT
APRIL 2022**

FOREWARD

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

This Mental Health Specialised Services Strategy 2022-2028 (the Strategy) draft document represents the first step in realising our ambitious whole person approach to commissioning specialised Mental Health services on behalf of the seven HBs for Wales.

We see the development of our strategy as key to our role in supporting the bold agenda set out in A Healthier Wales (2018) that describes a whole system approach to health and social care. It will help ensure we can meet the demands of 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.

This draft document is the first step in that process and provides the basis for wide stakeholder involvement. We recognise that it has only been possible to develop this document, because of the hard work of a group of clinicians, managers and third sector representatives, who enthusiastically and conscientiously took part in the different work streams. Without them, WHSSC would not have been able to draw together this comprehensive understanding of the services provided to our patients and describe the opportunities for strengthening the quality of care in the future. Their work has provided an essential platform upon which we can take this draft forward and allow those stakeholders, especially patients and their families, who have not contributed so far to have their voice heard. Your input into this draft is therefore essential if we going to be able to develop a strategy, which truly delivers on the ambitions of A Healthier Wales and delivers the best services possible for patients, we look forward to receiving your views.



Sian Lewis, Managing Director

CONTRIBUTORS

Main Author: Emma King, Senior Specialised Services Planning Manager for Mental Health and Vulnerable Groups, Welsh Health Specialised Services Committee

With Contributions From:

Chair of Programme Board: Karen Preece, Director of Planning, Welsh Health Specialised Services Committee

Chair of Programme Team: Claire Harding, Assistant Director of Planning, Welsh Health Specialised Services Committee

Lead for Transitions Workstream: Dr Robert Colgate, Assistant Medical Director for Mental Health and Vulnerable Groups, Welsh Health Specialised Services Committee

Lead for Workforce Workstream: Kerri Eilertsen-Feeney, Head of Nursing and Midwifery Transformation, Education, Quality and Integration, Health Education and Improvement Wales

Lead for Finance and Information Workstream: Stuart Davies, Director of Finance, Welsh Health Specialised Services Committee

Lead for Quality and Governance Workstream: Adele Roberts, Head of Quality and Patient Care, Welsh Health Specialised Services Committee

Leads for CAMHS/FACTS Workstream: Shane Mills, Director of Quality & Mental Health/Learning Disabilities, National Collaborative Commissioning Unit and Stuart Davies, Director of Finance, Welsh Health Specialised Services Committee

Leads for Eating Disorders Workstream: Dr Menna Jones, National Eating Disorders Lead, NHS Wales Health Collaborative and Wendy Clarke, Specialist Lead for Eating Disorders, Child and Family Division, Aneurin Bevan University Health Board

Leads for Learning Disabilities Workstream: Dr Alberto Salmoiraghi, Consultant Psychiatrist/Medical Director, Mental Health & Learning Disabilities, Betsi Cadwaladr University Health Board and David O'Brien, Senior Improvement Manager, Improvement Cymru

Lead for Men's Secure Services Workstream: Paul Hanna, Head of Nursing, Regional Specialist Services, Mental Health & Learning Disability Division, Betsi Cadwaladr University Health Board

Lead for Women's Secure Services Workstream: Dr Allyson Witts, Consultant Forensic Psychiatrist, Swansea Bay University Health Board

Lead for Perinatal Mental Health Workstream: Carl Shortland, Senior Planner North Wales, Welsh Health Specialised Services Committee

Leads for Neuropsychiatry Workstream: Joanne Wilson, Directorate Manager (MHSOP), Cardiff and Vale University Health Board and Karen Bonham, Speech Therapist, Cardiff and Vale University Health Board.

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

Aneurin Bevan University Health Board
Betsi Cadwaladr University Health Board
Cardiff and Vale University Health Board
Cwm Taf Morgannwg University Health Board
Hywel Dda University Health Board
Powys Teaching Health Board
Swansea Bay University Health Board
Ministry of Justice
Improvement Cymru

Community Health Council
Public Health Wales
NHS Wales Collaborative
HM Prison Service
Women in Justice Group
Welsh Neurological Alliance
Diverse Cymru
BEAT Cymru
NHS England Partners

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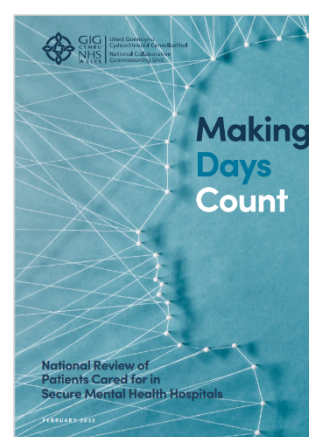
PART 1: STRATEGIC CONTEXT

1.1 Introduction and Strategic Context

The Welsh Health Specialised Services Committee (WHSSC) works on behalf of the seven Health Boards in Wales to ensure the commissioning and provision of high quality, sustainable and equitable specialist services for the Welsh Population. It works through a variety of commissioning teams to plan, secure and evaluate specialist services for the people of Wales. One of the commissioning teams has a focus on Mental Health and Vulnerable Groups.

Services are delivered by Local Health Boards across various NHS sites in Wales and NHS providers in England. The independent sector is also used extensively across mental health in both England and Wales.

Maintaining high quality specialist services which meet the needs of our patients in a rapidly changing environment requires ongoing review and development. The development of this commissioning strategy for specialised mental health services has considered a wide range of key drivers:



External

- A number of Committee inquiries and external reviews influencing Welsh Government policy and recommendations.
- Changes to the commissioning landscape in England and the establishment of NHS England have meant that the previous opportunities for cross border joint planning have reduced and the establishment of Mental Health Provider Collaboratives in England will fundamentally change the delivery model for services in the future.
- A number of reviews into mental health services in Wales have been published of late including Transforming Care, Transforming Lives (2020) with a view on learning disability services, Service Review: NHS Wales Children and Adolescent Mental Health Inpatient Services

(2021), and Making Days Count (2022) which reviews the secure services provision in NHS Wales.

- The Adverse Childhood Experiences (ACE) Support Hub and Traumatic Stress Wales have collaborated on the co-production of a National Trauma Practice Framework for Wales that covers all age groups and all forms of adversity and traumatic events. The aim of the framework is to help people, organisations and systems to prevent adversity and trauma and their associated negative effects. It will facilitate the development of a whole systems approach to supporting the needs of people who have experienced adversity and trauma and seeks to bring consistency and coherence to support that effort and ensure that it meets the needs of those affected by trauma. This document went out to consultation during March 2022.

Internal

- Workforce recruitment issues particularly affecting Child and Adolescent Mental Health Services (CAMHS).
- The Welsh Framework Agreements for accessing non NHS Wales beds is dependent on an adequate supply of beds and provider competition which is currently reducing because of changes to commissioning within NHS England.
- A complex commissioning model for Forensic Adolescent Consultation Treatment Service (FACTS) which is leading to service delivery problems for children with very complex social and health care needs.
- Limited national services for women in secure care.
- Lack of national services for people with a Learning Disability in Wales requiring secure care.

The overall **Aim** is:

To ensure the commissioning of high quality specialist mental health services for the people of Wales

Within this aim, the following principles will need to be considered:

- High quality specialised care provided to patients in the least restrictive environment appropriate for their treatment.
- Providing more care closer to home wherever safe and practicable to do so; primarily in the Welsh NHS but where necessary, and appropriate, with third sector or private sector partners.
- Developing commissioning models which add value and strengthen the whole pathway approach to service delivery supporting the transforming health care agenda within Wales.
- Addressing the challenge of improving outcomes and transitions between different parts of pathway and commissioning organisational boundaries.
- Prioritising investment in areas with demand and capacity constraints and areas with extended waiting times and/or gaps in service.

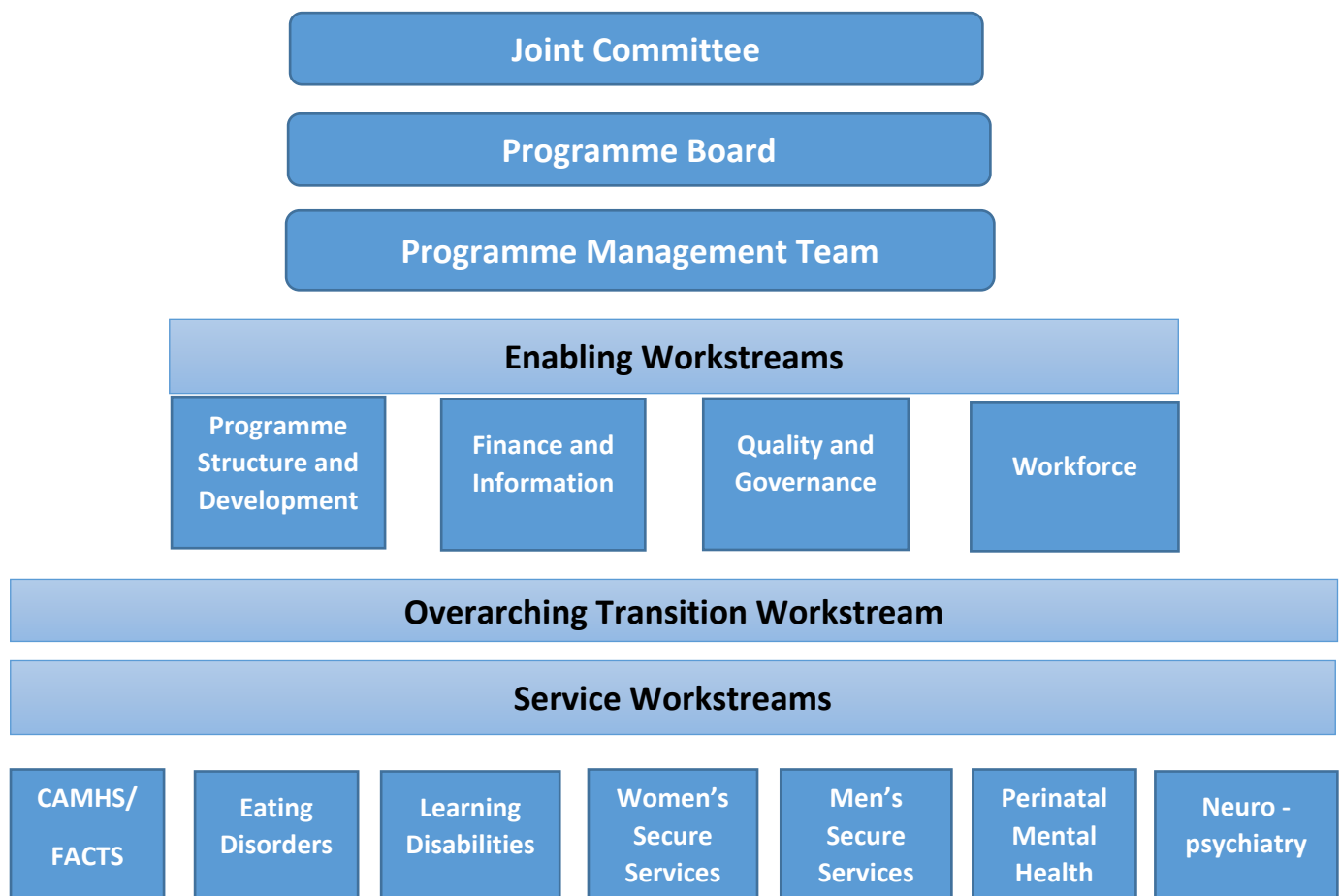
1.2 Methodology and Governance

This strategy was developed using programme management methodology to ensure an appropriate governance structure was applied throughout the process. This governance structure is outlined below with a series of workstreams covering each service area and enabling workstream to provide overall assurance for key overarching themes such as workforce, finance and information, and quality and governance.

These workstreams fed into the Programme Team which was chaired by the WHSSC Assistant Director of Planning with membership from all of the service area and enabling workstream leads. In addition to being a reporting and governance mechanism, this programme team provided a platform upon which to develop discussions to provide a cohesive approach to strategy development and to drive forward discussions around the transition agenda.

The decision making was at Programme Board level, where leads from key partner organisations could consider the development of the strategy and input and advise accordingly. Programme Board was chaired by the WHSSC Director of Planning and reported by exception into the WHSSC Joint Committee.

Mental Health Strategy Programme Governance Structure



1.3 Stakeholder Engagement

A Stakeholder Communication and Engagement Plan has been developed to seek the views and opinions of a range of partners including our service users and their families.

This strategy has been developed subject to the feedback of our stakeholders and will be amended accordingly.

The strategy has been developed in collaboration with many of our stakeholders, and the engagement process provides an opportunity for those stakeholders to see their contribution within the document in its entirety, and to allow those stakeholders who have not contributed so far to have their voice heard.

We welcome your views on this very important strategy for WHSSC.

PART 2: ENABLERS

2.1 Workforce

The development of this strategy has highlighted the need for further strengthening to the mental health workforce across all aspects of the service. Particularly for specialised services, the development of multi-disciplinary teams and roles has been at the forefront of discussions.

Following the Covid-19 pandemic, NHS Wales has seen considerable strains on their workforce and this has resulted in burnout and fatigue amongst staff. Solutions must be sought to ensure staff well-being and development and to consider alternatives to traditional roles where this is appropriate.

In addition to these recent challenges, our specialised mental health services are being delivered using resources identified a number of years ago. This workforce model requires development and consideration in line with the key priorities set out in the Health Education Improvement Wales (HEIW) workforce plan and the ongoing discussions instigated by the development of this strategy.

HEIW have developed a mental health workforce plan which completed consultation stage in March 2022. This plan sets out the intentions of NHS Wales to develop and support the mental health workforce over the coming years and considers a number of key priorities:

- Workforce supply and shape
- An engaged, motivated and healthy workforce
- Attraction and recruitment
- Seamless workforce models
- Building a digitally ready workforce
- Excellent education and learning
- Leadership and succession

This strategy aims to work alongside HEIW to support the achievement of these priorities and associated actions and further strengthen the workforce through its implementation by developing and supporting the workforce, using resources differently and effectively and supporting our workforce and their well-being.

Some of the key discussions through the strategy development have focussed on the need to review the traditional workforce models which are in place. This has focussed on consideration of alternate roles and multi-disciplinary teams, links to other specialties to ensure whole system approaches, development of multi-professional teams to include social care roles as an integral part of the health and care system and encouraging the evolution of professionals from other disciplines with a special interest in mental health.

These can be seen below:

KEY WORKFORCE RECOMMENDATIONS	
CAMHS	To consider staffing models at both units to meet the needs of the service specification.
Eating Disorders	<p>To ensure sufficient training and development opportunities and links to the HEIW MH Workforce Plan to develop staff to enable the establishment of an Eating Disorders Unit for Wales.</p> <p>Development of multi-disciplinary teams (MDTs) to support patients with eating disorders, particularly Paediatric support, and HCSW roles.</p>
Learning Disabilities	<p>Development of workforce in mainstream secure services to ensure the needs of patients with a learning disability are met.</p> <p>Development of workforce to ensure a blended model of care can be delivered.</p>
Secure Services	<p>To undertake a staffing modernisation programme for the two NHS Wales medium secure units.</p> <p>To consider the workforce skill mix to adapt to the increasing acuity of patients in medium secure services, including an increase in those who have experienced significant trauma.</p> <p>To ensure staff are supported and offered regular supervision and dedicated emotional support.</p>
Perinatal Mental Health	<p>The review of the Tonna Mother and Baby Unit (MBU) should ensure the well-being and development of the workforce accordingly.</p> <p>Consideration of the North Wales provision should ensure adequate staffing to meet the requirements of NHS Wales.</p>
Neuropsychiatry	<p>By enhancing staffing establishment in line with British Society of Rehabilitation Medicine (BSRM) standards and investing further in specialist staff to develop and deliver a 'liaison model' of working.</p> <p>Upskilling of non-specialist staff in assessment and management and education/support to staff and family members.</p> <p>Development and roll out of specific neuropsychiatry training programs for clinical teams in order to build on and improve knowledge and skills further.</p>

2.2 Finance and Information

Finance

The development of this strategy has highlighted the need to invest in mental health services both in terms of revenue and capital investment. Some of the key recommendations arising from the workstream discussions include the development of key service provisions which require capital investment to either improve current estate or consider the development of capital projects to provide services in Wales.

The development of Provider Collaboratives in NHS England has further exacerbated this need as we start to see notice given on key contracts with NHS England providers for specialised mental health services. The ending of these contracts force us to consider alternative provision, either through the private sector, provider collaboratives of our own, or the development of new services.

Some of the key capital investment considerations will be scoped in year 1 of this strategy (2022-23), with a view to providing the information required to conduct option appraisals and inform a way forward for NHS Wales' provision of these services.

Some of the key investment requirements are outlined in the table below:

KEY INVESTMENT REQUIREMENTS	
Commissioning	Consideration of commissioning pathway to allow all secure services to be commissioned by a single organisation.
Electronic Records	To develop and implement an electronic records system for mental health services in Wales to include minimum data and a "Patient Passport".
CAMHS	<p>To scope capital investment requirements for North Wales Adolescence Service (NWAS) site development or preferred option to re-site unit to meet the needs of the service specification.</p> <p>To scope capital investment requirements to develop Ty Llidiard site to meet the needs of the service specification.</p> <p>To consider collaborative bidding to allow joint funding for key services such as paediatric input into CAMHS.</p>
Eating Disorders	To scope capital investment to ensure the feasibility of an eating disorders unit for Wales in light of contract changes to NHS England.

	To consider collaborative bidding to allow joint funding for key services such as paediatric input into CAMHS ED Services.
Secure Services	<p>To consider the requirements of the secure services estate in Wales:</p> <p>Development and expansion of Caswell Site to improve current facilities and consider requirement for learning disability patients and women's services.</p> <p>To ensure a flexible estate to meet demand, and increased seclusion facilities to better care for those patients requiring additional care and support.</p> <p>Consideration should also be given to the Caswell site as the service is currently run by Swansea Bay University Health Board, but utilises Cwm Taff Morgannwg University Health Board site which can cause barriers and difficulties to developing the estate to meet service need.</p>
Perinatal Mental Health	<p>Capital investment is being sought by NHS England for the development of services for our North Wales patients.</p> <p>Further financial considerations should be given should this option not progress.</p>
Neuropsychiatry	Service development has been funded via the WHSSC CIAG process for Phase 1 and Phase 2a of the Neuropsychiatry model. The work outlined in this strategy is intended to be submitted as phase 2b of this ongoing work.

In addition to the capital investment, the development and strengthening of the NHS Wales workforce for mental health services is crucial to either support any new or repatriated services, or to enhance current provision to avoid admission to tertiary care. These recommended developments are outlined in the workforce section above.

Information

WHSSC are currently developing a Mental Health information dashboard to include data on the number of patients and associated costs of specialised placements. In addition, information and performance

management tools are being developed by our quality team for key service areas.

These developments should contribute towards a more robust information system by which specialised mental health services can be monitored to ensure ongoing service development to meet the needs of our population and assess demand.

The workstreams have also highlighted the need for electronic records and standardised minimum data requirements, and this work is described further in our “Key Themes section”.

2.3 Quality and Governance

Quality

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

Central to our approach is to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders. This requires a facilitative and proactive approach where intervention as early as possible is key in order to provide support to services where issues of concern are identified.

Quality in health care supports a system-wide approach which requires an Organisational culture of openness and honesty with continual public engagement in the planning and commissioning of services.

These can be summarised as reflected within the Quality framework

- Safe - avoid harm
- Effective - evidence based and appropriate
- Person-centred - respectful and responsive to individual needs and wishes
- Timely – at the right time
- Efficient - avoid waste
- Equitable – an equal chance of the same outcome regardless of geography, socioeconomic status, etc.

Key enablers

- Ensuring that the patient is at the centre of the services commissioned. Capturing the patient experience alongside quality indicators is key to inform quality improvements. This involves working collaboratively with patients and service users in line with the Welsh Government framework for Assuring Service User Experiences (2018).

- Work in partnership with providers to agree Service specifications.
- Ensuring that the development of quality indicators that are clinically-led and reflect the specialist nature of the service delivered.
- Develop and support tools /mechanisms for analysis and reporting of Quality Indicators.
- Embed a culture whereby quality is seen as everybody's business across the organisation
- Reducing duplication and unwarranted variation.

In addition to the expectation set out in the contracting arrangements with providers, the following sources of internal and external intelligence are used to gain a better understanding from a provider and service perspective. The sources of intelligence builds on quality reporting from the providers, gathers assurance from the regulators and provides an emphasis on the reporting back to the Health Boards for the services that WHSSC commission on their behalf.

Specialised Mental Health Reporting Systems

Reporting for specialised mental health services is currently done using the Commissioning Care Assurance and Performance System (CCAPS) via the Quality Assurance Improvement Services (QAIS). Mental health specialised commissioner meetings also take place with NHS England providers.

In addition, our Gatekeeping, Placement and Case Management for Specialised Mental Health Services policy has recently gone out to consultation and is due for publication later this year.

The Once for Wales Concerns Management System (OfWCMS) is a new approach to how NHS organisations in Wales consistently report, record, learn and monitor improvements following incidents, complaints, claims and other adverse events that occur in healthcare. By bringing all this vital data together there is an opportunity for a platform that allows shared learning and will help to improve patient safety as well as patient experience. Though in early stages there is potential that data captured from OfWCMS can be used by health organisations as part of their routine management information on quality, identifying areas where improvement work is needed and helping with cultural change. We need to harness the information that is available to us across all aspects of quality management systems to measure the quality and outcomes of care

Good experience of care, treatment and support is an essential part of an excellent health and social care service. This, alongside clinical effectiveness and a culture of safety puts the patient first and gives patient experience the highest priority.

These fundamental principles bring the concept of Prudent Healthcare to the forefront and in line with Welsh Government policy direction. Segmenting the individual elements of this definition gives rise to four components:

1. Identification and implementation of standards.
2. Monitoring, evaluating and reporting of performance against standards.
3. Action in response to monitoring; sharing good practice, disseminating and embedding lessons learnt.
4. Evidencing closure of concerns and continuous improvement.

Patient and public engagement are central to understanding service provision and areas for improvement development and of good and excellent practice.

Some of this can be summarised as follows:

- Understand the patient's expectation of a particular service.
- Put things right if the patient experience was not as expected or planned.
- Understand differences in patient experience between locations and types of treatment.
- Make changes where needed and highlight areas where changes have improved care.
- Monitor the outcomes and benefits of treatment in terms of a person's physical, mental and social wellbeing.
- Inform WHSSC how a service or particular treatment is being provided
- Plan future service provision.
- Understand the delivery of a value based health care approach.
- The patient's role in the decision making about their care.

Indirect methods of evaluating services may include

- Undertaking visits to hospitals and specialised units where treatments are funded by WHSSC and speaking to the staff and reviewing the environment.
- Internal reporting of actual and potential issues with a particular service.
- Collating compliments and areas of best practice.
- Keeping updated on current media interests in UK wide patient feedback and NHS developments.
- Requesting clinical updates on patients post treatment.
- Maintaining a website that is easy to use and gain access to important information.
- Undertaking regular audits and reviews of services funded by WHSSC including presentations on Quality Improvement initiatives and development of these.
- Monitoring patient feedback from provider services, through Quality indicators and through data collected on the Once for Wales site.

- Utilising 3rd party surveys.

Feedback may be classified into the following types:

- 1) **Patient outcomes** – What was the patient's (and family) experience of the service and to what extent were their expectations met or not met.
- 2) **Process data** – Tells us about the way the services WHSSC funds are delivered
- 3) **Outcome data** – Demonstrates what difference the service has made to the patient and if this was within a prudent model of care.

Impact data

Changes in health are important milestones in the lives of patients and we should use Patient Reported Outcome Measures (PROMs) to measure them. This can help us assess and meet patient needs and to understand their experience of care, and to improve services

Patient Reported Outcome measures (PROMS) and Patient Experience Measures (PREMS) are frequently used in the NHS to assess the quality of care delivered. Information about a patient's health and quality of life before they receive treatment and about their health and the effectiveness after they have received treatment can be used to measure and improve the quality of care, evaluate the specific outcomes of treatments and inform future decisions about how care is planned and delivered in the future.

PROMs are a means of collecting information on the effectiveness of services, care and treatment delivered to individuals as perceived by the individuals themselves. They measure the impact of clinical interventions such as did patient's physical and/or mental condition improve and if so by how much? PROMs examples are Quality of Life, Measurement of symptoms e.g. pain, functional ability, distress.

Patient Reported Experience Measures (**PREMs**) gather a patients' objective experience after treatment and aim to remove the subjectivity around the experience of care by focusing on specific aspects of the process of care e.g. were you seen on time?

Governance

In order to provide robust governance structures to commissioned services, risk registers and escalation processes are in place. Risk is mitigated and managed or escalated at all levels. In addition, oversight is maintained through coordinating regional responses to specialised commissioning issues and ensuring specialised commissioning fits in with the wider quality and governance systems. We manage escalating issues that cannot be managed regionally or require wider support by facilitating improvement through:

- Providing responsive support for issues requiring regional and wider response (e.g. independent providers)
- Sharing benchmarking data, learning and best practice both regionally and nationally
- Reviewing and supporting the mitigation of wider quality risks
Specialised Commissioning
- Retaining accountability
- Ensuring that national standards are being maintained

Specific governance recommendations relative to this strategy are outlined below:

GOVERNANCE	
CAMHS/FACTS	Service specifications to be revised in line with this strategy for CAMHS in-patients and FACTS.
Eating Disorders	<p>Appropriate governance arrangements to ensure robust contracting and service provision for any interim, medium or long term solutions.</p> <p>Review of Naso Gastric (NG) Feeding pathways to be robust and based on clinical evidence.</p>
Learning Disabilities	Commissioning pathway to be considered to ensure appropriate governance for a blended model of care.
Secure Services	Commissioning pathway to be considered to ensure appropriate governance for a blended model of care.
Perinatal Mental Health	<p>The current service review and future service developments should take into account governance processes and develop accordingly.</p> <p>Consideration of the North Wales provision should take into account the needs of the Welsh population including the provision of bi-lingual services where possible.</p>
Neuropsychiatry	<p>Through the development of a liaison model to ensure the service provision in North Wales receives the expertise of the Welsh Neuropsychiatry Services whilst still retaining the ability to provide care close to home for its population.</p> <p>To develop a liaison model that ensures quality of care, prevention and co-ordination and crisis management services.</p>

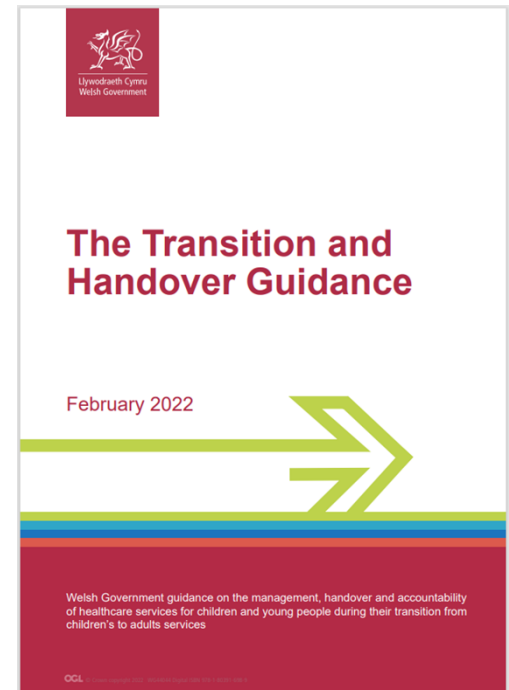
2.4 Transition

Age Transition

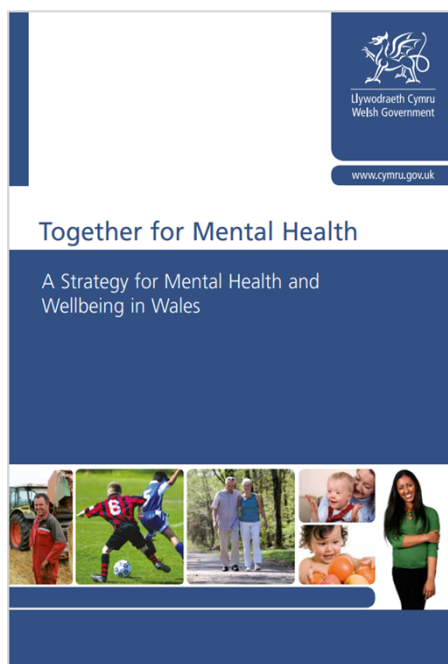
Welsh Government's document "The Transition and Handover Guidance" published in February 2022 highlights the handover of care and accountability from children's to adult's services for children and young people between the ages of 16 and 25 as a key priority.

The overall aim of the document is "To provide a safe and effective transition and handover from children's services to adult's services for all children and young people requiring on-going care and support from health services".

The document outlines the planning for transition should start at age 13-14 years, although does state that this may start later for children in child and adolescent mental health services as in NHS Wales, Mental Health services transition age is 18 years.



For young people entering services at aged 16-17 years, the document states that a clear pathway should be in place for transition and that children and adult teams should work together to achieve continuity and the most effective service for the child or young person.



Together for Mental Health (2012) is the Welsh Government's 10 year strategy for mental health services across all age groups and aims to improve mental health services and outcomes.

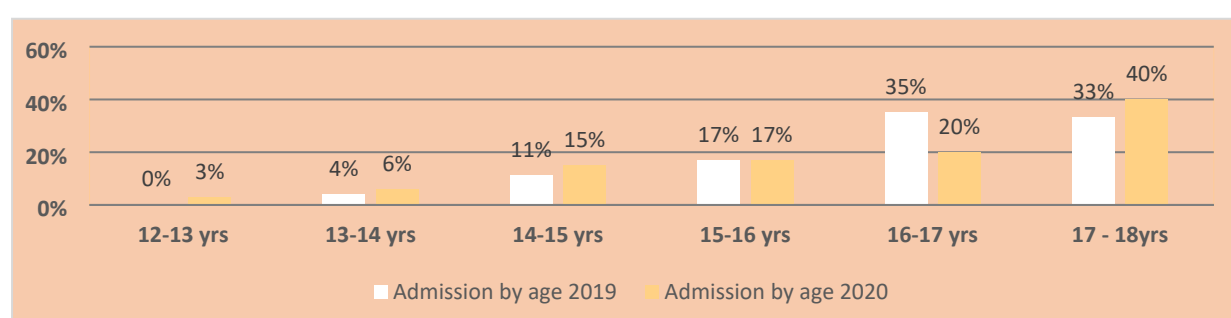
It states that transfer between services should be based on need and not on artificial age boundaries, however key discussions through the development of this strategy have highlighted a focus on transition at the age of 18 for specialised services provision. This is attributed to the different skills required for CAMHS (Child and Adolescent Mental Health Services) and adult mental health services and also the mix of having adult patients over the age of 18 mixed with

young people for this vulnerable cohort of patients.

Together for Mental Health is currently being revised to consider the strategic focus for the upcoming 10 years.

CAMHS to Adult Mental Health Services

In 2020, the numbers of 17-18 year olds seen in CAMHS inpatient services increased and this trend is showing to have increased further into 2021. Transition from CAMHS to adult services should therefore take into account this development and ensure that processes and procedures are in place to ensure the transition is as smooth as possible for those young people reaching adulthood in our services.



This strategy has been developed through a number of key workstreams as outlined in section 1.2 – Methodology and Governance. The workstreams all discussed the issues surrounding the transition for young people from CAMHS to adult services and the importance of these pathways. In particular, the “Patient Passport” was highlighted as, not only an effective tool for referral into different levels of services as outlined elsewhere in this document, but also to ensure the best transition from CAMHS to adult services.

The secure services workstreams also highlighted the transition between adult and older adult services, particularly for those patients requiring dementia care. It was agreed that the “Patient Passport” would also be a very useful tool for this cohort of patients.

In 2019, Hywel Dda University Health Board and S-CAMHS service submitted a proposal for the recruitment of a dedicated Transition Practitioner. Co-production is an important theme of prudent healthcare and has been pioneered in CAMHS and mental health more generally through the adoption of care and treatment planning which encourages the service user to be fully engaged in the development of their plan. This should be continued during transition, with the young person having access to both CAMHS and adult mental health service named workers, involved in discussions about the transfer of their care.

The National Eating Disorders sub-group has established a pathway into tertiary level adult ED services prior to the 18th birthday in order to ensure continuity and that the patient's needs are still met when they reach their 18th birthday. This work will continue to be implemented as part of the strategy.

Service Level Transition

The workstream discussions also highlighted difficulties and barriers to patients transitioning between different levels of service in Mental Health. These discussions covered a variety of areas where there were issues including:

- Transitions between different levels of secure care, particularly between low and medium secure services.
- Transitions between service levels should also be explored for CAMHS Services, with consideration given to transition workers or outreach services to act as an intermediate care service linking inpatient and community services.
- The development of a CAMHS Referral Hub for the NHS Wales in-patient units would address some of the key issues identified through workstream discussions such as the timeliness of assessments and decision making and agreed national minimum data sets for referrals to ensure inpatient units have all required information for admission.
- The development of a seamless secure care provision would improve the patient pathway and minimise the barriers to accessing appropriate levels of service.
- Timely transition of patients with a learning disability to the appropriate environment that meets their assessed needs.
- Prioritising transition planning of patients with a learning disability who have a length of stay over five years.
- Delayed transfers of Care (DTOC):
 - Prioritising transition of patients in assessment & treatment provision with a length of stay over six months.
 - Prioritising transition of patients in specialist hospital care who have been identified for step down for more than 1 year.

Summary

Through these discussions, it became apparent that the opportunity to commission secure services through one organisation was the preferred option to ensure that the patient was not disadvantaged in their care through any artificial barriers created by the current organisational arrangements. Further benefits to this approach would include providing a seamless approach to care, and strengthening care co-ordination and gatekeeping for this cohort of patients.

Conclusions drawn in the developmental stages of this strategy indicated an appetite to eradicate labelling of patients into categories and to focus more on the needs of the patient.

In addition, the development of electronic records to include a “patient passport” were also felt to be of significant value to the services and the patient journey through the pathways.

Recommendations to support areas of transition have been highlighted as follows:

Transition
The development of a patient passport to improve transitions from CAMHS to Adult and Adult to older people’s services, and also between levels of service and sub-specialties.
Transitions between service levels should also be explored for CAMHS Services, with consideration given to transition workers or outreach services to act as an intermediate care service linking inpatient and community services.
The development of a CAMHS Referral Hub for the NHS Wales in-patient units would address some of the key issues identified through workstream discussions such as the timeliness of assessments and decision making and agreed national minimum data sets for referrals to ensure inpatient units have all required information for admission.
Ensure pathways consider the timely transition of patients with a learning disability to the appropriate environment that meets their assessed needs and prioritising transition planning of patients with a learning disability who have a length of stay over five years.

CAMHS/FACTS

KEY RECOMMENDATIONS:

1. To assess and consider the CAMHS inpatient estate with particular emphasis on the Nwas Site
2. To consider a National CAMHS Inpatient Referral Hub
3. To consider funding an electronic clinical records system
4. To undertake a comprehensive needs assessment for CAMHS inpatient services
5. To consider staffing models at both units to meet the needs of the service specification
6. Stabilisation of the FACTS service and development of a service specification

WORKFORCE

To consider staffing models at both units to meet the needs of the service specification.

GOVERNANCE

Service specifications to be revised in line with this strategy for CAMHS in-patients and FACTS.

FINANCE

To scope capital investment requirements for Nwas site development or preferred option to re-site unit to meet the needs of the service specification

To scope capital investment requirements to develop Ty Llidiard site to meet the needs of the service specification.

To consider collaborative bidding to allow joint funding for key services such as paediatric input into CAMHS

3.1 CAMHS/FACTS

3.1.1 Background

In order to provide a focus on the requirements of specialist Child and Adolescent Mental Health Services (CAMHS) across Wales, including the FACTS (Forensic Adolescent Consultation and Treatment Service) Service, the strategy considers the development of services for both CAMHS and FACTS to meet the population need.

One of the key drivers for this area is the "Service Review: NHS Wales Children and Adolescent Mental Health Inpatient Services" published by NCCU in April 2021.

This review considers the care given to inpatients in CAMHS hospitals in NHS Wales sets out key recommendations for Health Boards, commissioners and the Welsh Government.





In order to develop this section of the strategy, a workstream was set up to specifically consider Specialist CAMHS service requirements for the population of Wales to be commissioned by Welsh Health Specialised Services Committee (WHSSC). In addition to this, the workstream considered the relationships and provision of the FACTS service to support forensic CAMHS services in Wales.

The CAMHS/FACTS workstream was jointly chaired by the Director of Quality, NCCU and the Director of Finance at WHSSC, with membership from a range of clinical and service representatives, as well as representatives from NCCU and WHSSC. These professionals came from a range of health boards and statutory organisations to provide a full and unified discussion forum.

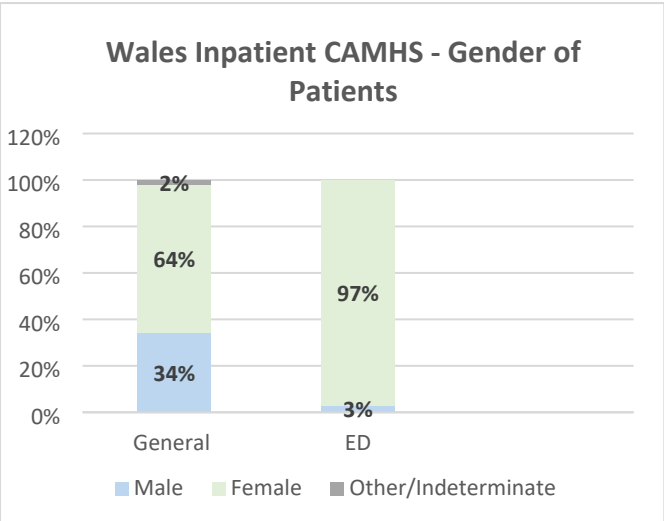
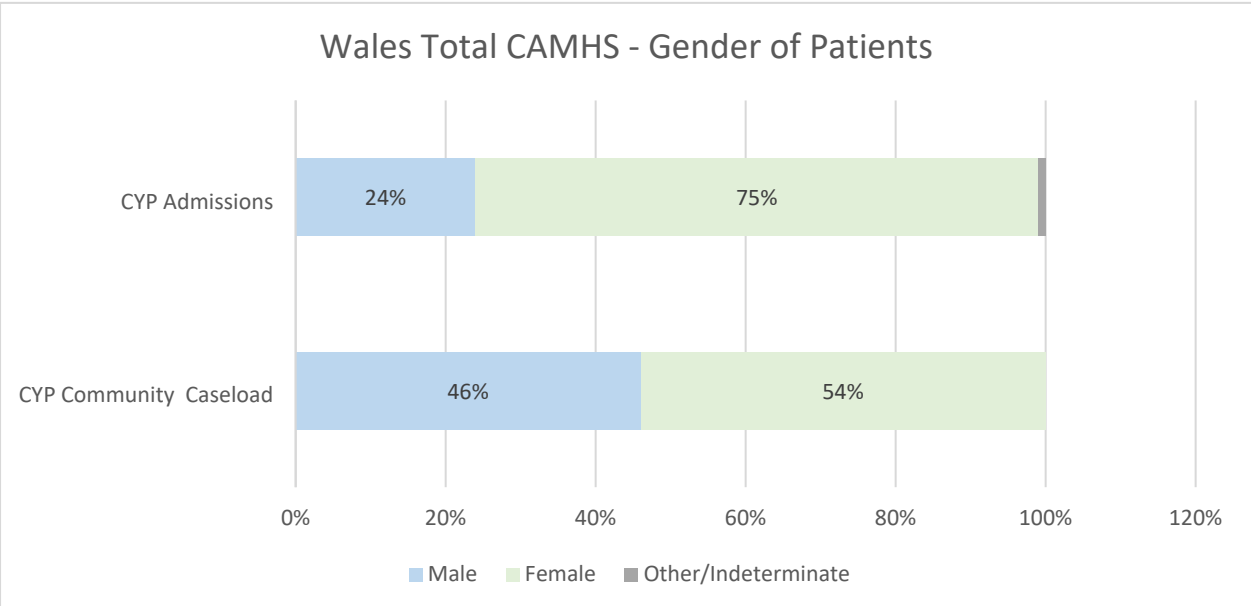
3.1.2 Data and Information

Benchmarking

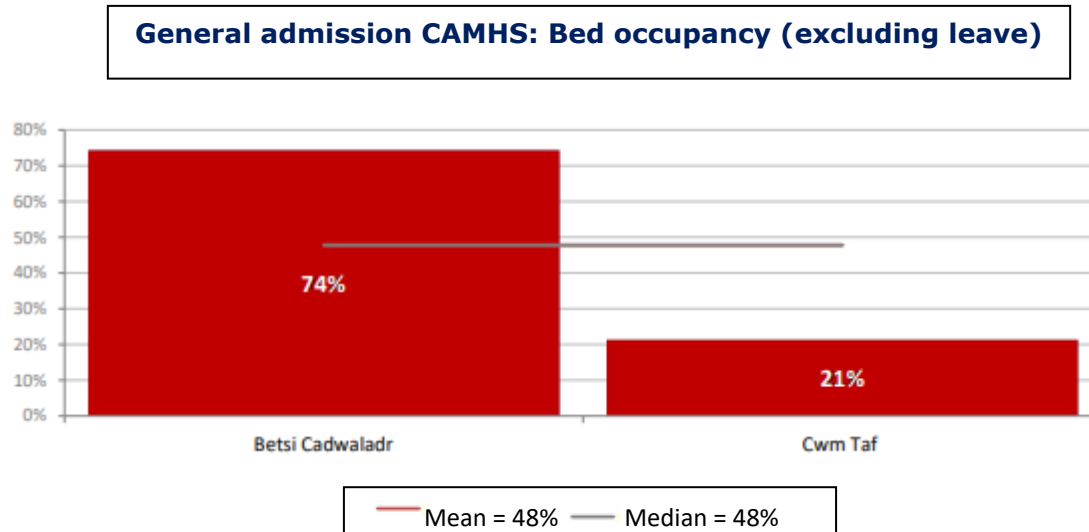
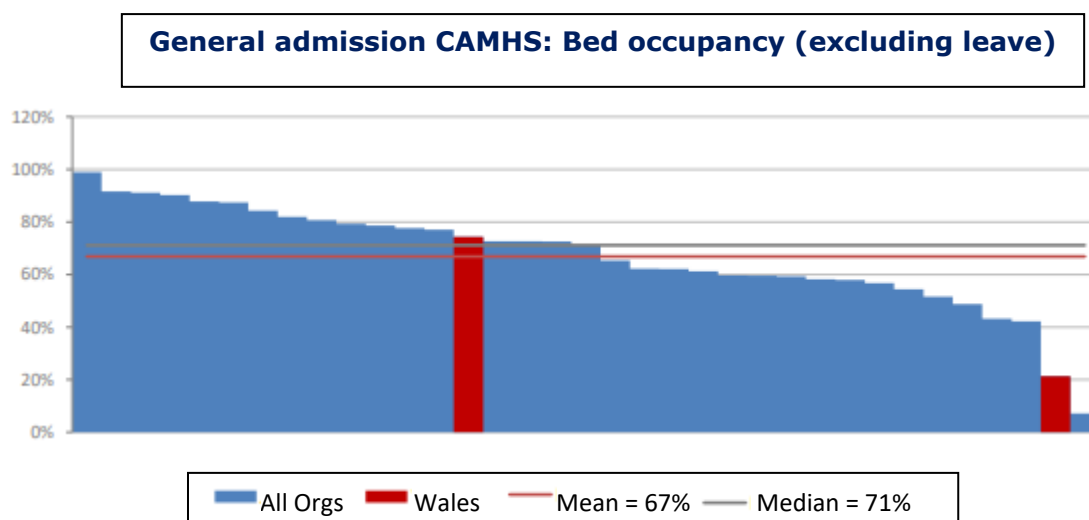
On 6th December 2021, NHS Benchmarking Network published their 2021 benchmarking findings for CAMHS Services in Wales.

 Inpatient Care	 Occupancy 48% bed occupancy (excluding leave) in general admission beds	 Length of Stay 65 days (excluding leave) in general admission beds	 Workforce 37 WTE per 10 general admission beds
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In the inpatient setting, organisations reported that 75% of total CAMHS admissions were female, compared to 70% across the UK. The community caseload gender split was more even at 46% male and 54% female indicating that female community patients were more likely to be admitted for inpatient care.

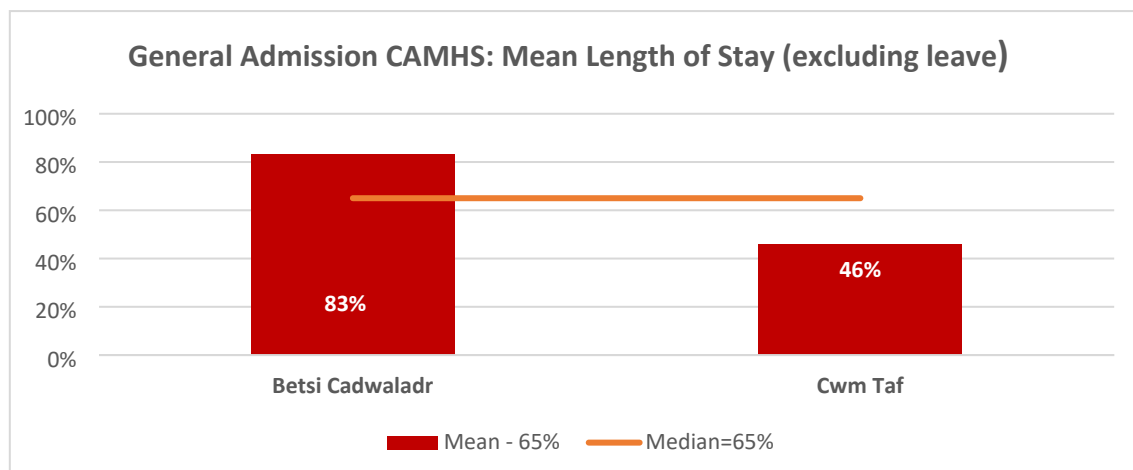


34% of patients admitted to general CAMHS beds were male, in line with the previous year. Welsh Health Boards reported that 97% of patients admitted to Eating Disorder CAMHS beds were female, compared to 89% in the UK overall.



Bed occupancy across CAMHS services decreased at the beginning of the Covid-19 pandemic as patients were discharged from beds in line with national guidance. However, bed occupancy has been slowly increasing with providers reporting in 2020/21, an average bed occupancy of 67% in general admission CAMHS beds. This is marginally higher than reported in 2019/20 (64%).

The two CAMHS inpatient units in Wales average 48% bed occupancy in general admissions. This is below the figure of 56% bed occupancy reported by Wales in 2019/20.



Both Welsh units reported lower lengths of stay than the UK average, resulting in a mean length of stay of 65 days, rising from 45 days in 2019/20, compared to an average of 71 days across the UK.

The number of staff employed in general admission wards was 41 WTE per 10 beds in 2020/21 across the UK, an increase to the figure of 38 WTE reported in 2019/20. The two Welsh units averaged 37 WTE per 10 beds in general admission wards, a decrease from 44 WTE in 2019/20.

Staff vacancies in general admission wards averaged 11% in Wales, compared to 15% across the UK.

Staff turnover in general admission wards averaged 15% across the UK. The two Welsh units reported an average staff turnover of 12%.

3.1.3 Current Provision

CAMHS

The North Wales Adolescent Service Unit (NWAS) is located on a relatively isolated community hospital site, just south of Abergele town in North Wales. As well as the NWAS unit the community hospital site hosts a specialist eye unit, orthopaedic rehabilitation services and some Betsi Cadwaladr University Health Board (BCUHB) administrative functions. There are no other mental health or paediatric services on site. The NWAS unit was opened in 2009, the original business case for the service was for 18 beds split between a 6 bedded acute ward and a 12 bed planned treatment ward but this was adjusted due to revenue constraints. The service was eventually commissioned for 5 acute beds and 11 planned treatment beds although staffing difficulties has limited this to a mixed 12 bedded treatment/acute ward.

The Ty Llidiard Unit is based on the Princess of Wales Hospital site in Bridgend, South Wales. As well as the Ty Llidiard unit, the general hospital

site hosts an emergency department, paediatric services and adult mental health services. The Ty Llidiard Unit was opened in 2011 and although it has capacity for 19 beds, has been commissioned to provide 15 mixed treatment/acute beds.

In December 2021, additional recurring funding was awarded to provide specialised CAMHS services in Wales. This provision will allow the services to strengthen leadership and culture, staff mix and greater therapies input for our inpatient unit therefore developing the multi-disciplinary teams, Tier 4 outreach support, the purchase of additional surge beds, improvements in quality and value, and the opportunity to conduct a rapid review into eating disorder services.

FACTS

FACTS is a highly specialist consultation and treatment service to Tier 3 Forensic Child and Adolescent Mental Health Services (FCAMHS) concerned with the care and treatment of children and young people who, in the context of mental disorder(s) or significant adversity/trauma and related severe psychological difficulties, present a serious risk to others. The service does not provide services directly to patients.

The role of FACTS includes:

- A consultation service to Tier 3 Forensic Child and Adolescent Mental Health Services.
- Facilitating and overseeing the pathway for young people requiring admission to medium secure inpatient services.
- Direct assessment of young people and the family and/or professional systems around the young person may at times be indicated.
- Providing training to other healthcare professionals and multiagency partners.
- Research.

Through the recent development of a draft service specification for FACTS, a number of key performance indicators have been identified that will be reported on a monthly basis going forward, including:

- New Referrals by Health Board
- New Referrals Accepted
- New Referrals Not Accepted
- Number of Professionals Meetings arranged by and attended by FACTS
- Number of Professionals Meetings arranged by partner agency but attended by FACTS
- Number of Written Reports sent out by FACTS
- Number of Professionals Letters written and sent out by FACTS
- Number of cases formally consulted on by FACTS from Tier 2 CAMHS
- Number of cases FACTS has formally consulted on as referred by Tier 3 CAMHS (including cases in the monthly meetings)

- Number of cases formally closed by FACTS with written confirmation sent.

A new service specification outlining 'Core FACTS' has been co-produced by WHSSC and the FACTS Team and the inclusion of prison in reach is being considered. WHSSC are also working with FACTS to develop a service specification for the work they undertake with Youth Offending Teams.

3.1.4 Service Development

CAMHS

In order to ensure that the current in-patient capacity for the Welsh population still meets the needs of our patients, a comprehensive needs assessment should be carried out.

The current service specification describes a High Dependency Unit (HDU) for each site. It has been agreed that this terminology is inaccurate for the needs of the service and misleading. The requirements are for an Extra Care Area "ECA" on each site which would allow de-escalation and segregation where this is appropriate and also allow the provision of out of hours admissions.

Consideration should also be given to the staffing models on each unit to support the ECAs.

Referrals into the units are currently assessed by unit staff and this does not support the ethos of impartial gatekeeping policies. As such, it is recommended that consideration be given to the development of an integrated inpatient/tier 4 community referral hub. This would also provide a single point of access for referring clinicians, and simplify the pathway for patients. Consideration should also be given to developing the service to accommodate 7 day admissions.

In addition, there is a need to develop and strengthen partnership working with community services and consideration given to in-reach, out-reach and transition services.

It was agreed that the traditional "tiers" system in CAMHS services often provided a barrier to care provision for our children and young people and in some cases caused confusion when interacting with other services. It is recommended that the Tier system be reviewed nationally to ensure a seamless pathway for our population.

Betsi Cadwaladr University Health Board are currently developing a programme to improve quality and effectiveness of assessment, inpatient

care and alternative to admission at Tier 4 CAMHS. Links to this strategy are in place in order to inform future developments as a result of this programme, particularly in relation to the Tier 4 NWAS service.

The provision of paediatric support available to the NWAS unit in North Wales was considered a positive addition to service provision and many areas would like to see this replicated. Data would suggest that this input has attributed to admission avoidance, early discharge, and to be of particular support to the avoidance of NG Feeding for children and young people. It is recommended that the option of collaborative bidding be scoped for paediatric input provision to be available across Wales.

Consideration of CAMHS eating disorder services is also considered in the main eating disorders section of this strategy.

In terms of capital developments, the siting of the NWAS unit was raised as a key area of concern due to the separation of this site from other service provision. It is recommended that a review of the NWAS site be undertaken and if appropriate, an options appraisal and scoping exercise undertaken to consider alternative options.

FACTS

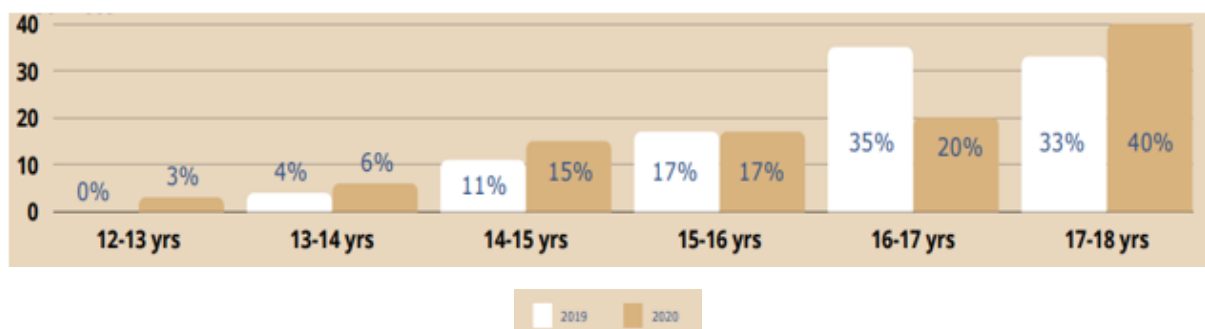
In response to a strategic review in 2019, the following priorities have been identified:

- Stabilisation of the service – addressing recruitment, retention and management issues.
- The development of service specifications and associated resource that set out the services provided to CAMHS, Youth Offending Teams and Parc Prison.
- Review of FACTS interface with CAMHS services as part of the core health (CAMHS) service specification.
- Clarification of FACTS role in Hillside Secure Children's Home.

3.1.5 Transitions

In 2020, the numbers of 17-18 year old seen in CAMHS inpatient services increased and this trend is showing to have increased further into 2021. Transition from CAMHS to adult services should therefore take into account this development and ensure that processes and procedures are in place to ensure the transition is as smooth as possible for those young people reaching adulthood in our services.

Admission by Age



Transitions between service levels should also be explored with consideration given to transition workers or outreach services to act as an intermediate care service linking inpatient and community services.

The development of a CAMHS Referral Hub for the NHS Wales in-patient units would address some of the key issues identified through workstream discussions such as the timeliness of assessments and decision making and agreed national minimum data sets for referrals to ensure inpatient units have all required information for admission.

3.1.6 Recommendations

1. To assess and consider the CAMHS inpatient estate

To consider the implications of the remote location of the NWAS unit in its ability to meet the requirements of the service specification. In the short term it may be necessary to consider admission exclusions and initiate corrective actions such as consideration of the secure perimeter fence. In the long term, the re-provision of the service at a more suitable site should be considered.

To ensure estates provision at both units would be able to meet the service specification for an enhanced care area.

2. To consider a National CAMHS Inpatient Referral Hub

This hub would provide a set of national standards and templates for the referral of patients for in-patient admission into the 2 welsh units in order to improve and simplify the pathway and strengthen links to gatekeeping and case management.

The hub could also provide the basis upon which to scope the options to extend the current admission hours to allow 7 days admissions onto the units and assist in the timely transition of patients between levels of service provision.

3. To consider funding an electronic clinical records system

An electronic clinical records system would allow a much improved provision for patients across the pathway by ensuring information is available to staff to inform patient care and assist in care planning. It is also recommended that these systems be developed to allow a “patient passport” to be developed in order to reduce the amount of times patients need to give the same information and to ensure the quality of information is available through their entire pathway, including any areas of transition, either age or service based.

In addition to these benefits, the system could also provide key information to inform the development of service provision such as readmission rates as an indicator of CAMHS service quality, referral numbers and outcomes on a contemporary basis as an indicator of system pressure and ensure access to modern technological support. This can be further supported through the development and implementation of an agreed set of outcome measures for Tier 4 CAMHS services in Wales.

4. To undertake a comprehensive needs assessment for CAMHS inpatient services

This would ensure the establishment of beds to meet the needs of the Welsh population. Any impact other elements of this strategy may have should also be taken into account.

5. To consider staffing models at both units to meet the needs of the service specification

To develop and progress the revised staffing model for Ty Llidiard and NNAS in line with the additional funding allocated in December 2021 and any future requirements to meet the needs of the service specification to include therapies and paediatric input and enhance multi-disciplinary teams.

Staffing models should also include provision to support staff well-being and development.

6. Stabilisation of the FACTS service

To address recruitment, retention and management issues.

7. To revise the service specifications to reflect service need

To develop the CAMHS Inpatient Service Specification to include provision of an Extra Care Area.

The development of the FACTS service specification and associated resource that set out the services provided to CAMHS, Youth Offending

Teams and Parc Prison, including clarification of FACTS role in relation Hillside Secure Children's Home.

To review the FACTS interface with CAMHS services as part of the core health (CAMHS) service specification.

8. To consider the commissioning contract in light of any service development and changes to the service specification.

9. To improve partnership working with partner services

To establish an intermediate care service linking inpatient and community services through the introduction of transition workers or an outreach service to effect prompt, safe and effective discharge.

EATING DISORDERS

KEY RECOMMENDATIONS:

1. To establish an Eating Disorders (ED) Unit for Wales for both in-patient and Day Service Provision across all ages
2. Urgent interim measures to be put in place following the notice given for Welsh eating disorder placements contract with NHS England
3. Full review of ED In-patient services to be conducted by 2023
4. Developing our workforce
5. Expansion of Paediatric Support for inpatients in Welsh NHS Units
6. Expansion of HCSW role in adult eating disorder services
7. Review of NG Feeding pathways
8. Support for strengthening of Community provision
 - a) Day Services
 - b) In-reach/Out-reach Model
 - c) National Eating Disorders Team

WORKFORCE

To ensure sufficient training and development opportunities and links to the HEIW MH Workforce Plan to develop staff to enable the establishment of an Eating Disorders Unit for Wales.

Development of MDTs to support patients with eating disorders, particularly Paediatric support and HCSW roles.

GOVERNANCE

Appropriate governance arrangements to ensure robust contracting and service provision for any interim, medium or long term solutions.

Review of NG Feeding pathways to be robust and based on clinical evidence.

FINANCE

To scope capital investment to ensure the feasibility of an eating disorders unit for Wales in light of contract changes to NHS England.

To consider collaborative bidding to allow joint funding for key services such as paediatric input into CAMHS ED Services.

3.2 Eating Disorders

3.2.1 Background

In order to provide a focus on the requirements of specialist Eating Disorders services across Wales, the strategy considers the development of Specialised Eating Disorder services at tertiary level for both CAMHS and Adults to meet the population need.

One of the key drivers for this area is the NHS Benchmarking Demand and Capacity Report commissioned in May 2021. This report provides a rapid review of ED service demand and provision and seeks to identify any trends and considerations for further service development. The review was repeated in November 2021 and the information for both reviews is considered for this section of the strategy.

In order to develop this section of the strategy, a workstream was set up to specifically consider Specialist Eating Disorders service requirements for the population of Wales to be commissioned by Welsh Health Specialised Services Committee (WHSSC).

The Eating Disorders workstream was chaired by the National Eating Disorders Lead for Wales, with membership from a range of clinical and service representatives including psychology, psychiatry, dietetics, paediatrics, nursing, case management, family therapy and service management professionals, as well as representatives from NCCU and WHSSC. These professionals represented both adults and child and adolescent services and came from a range of health boards and statutory organisations to provide a full and unified discussion forum.

The workstream considered the information and data available, and considered a number of service options as outlined below.

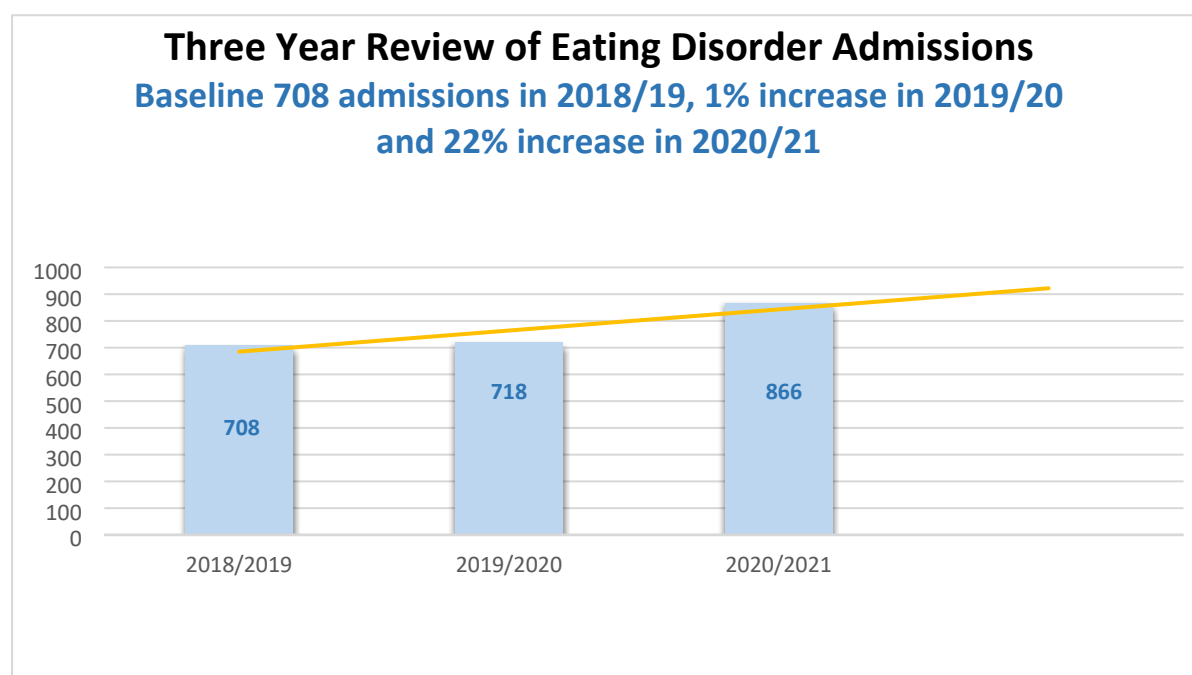
3.2.2 Data and Information



A presentation was given to vice-chairs in September 2021 outlining the results of an analysis of data for NHS Wales relating to demand for eating disorders care and related provision of specialist eating disorder services. The project was commissioned by the NHS Wales National Collaborative

Commissioning Unit and the work took place between June and August 2021.

The project explored both historic data and also undertook a point prevalence census exercise to quantify and profile the demand for services on a specified date. The point prevalence study in inpatient care was paralleled by an assessment of specialist community eating disorder services provided by Health Boards. The results are detailed below.



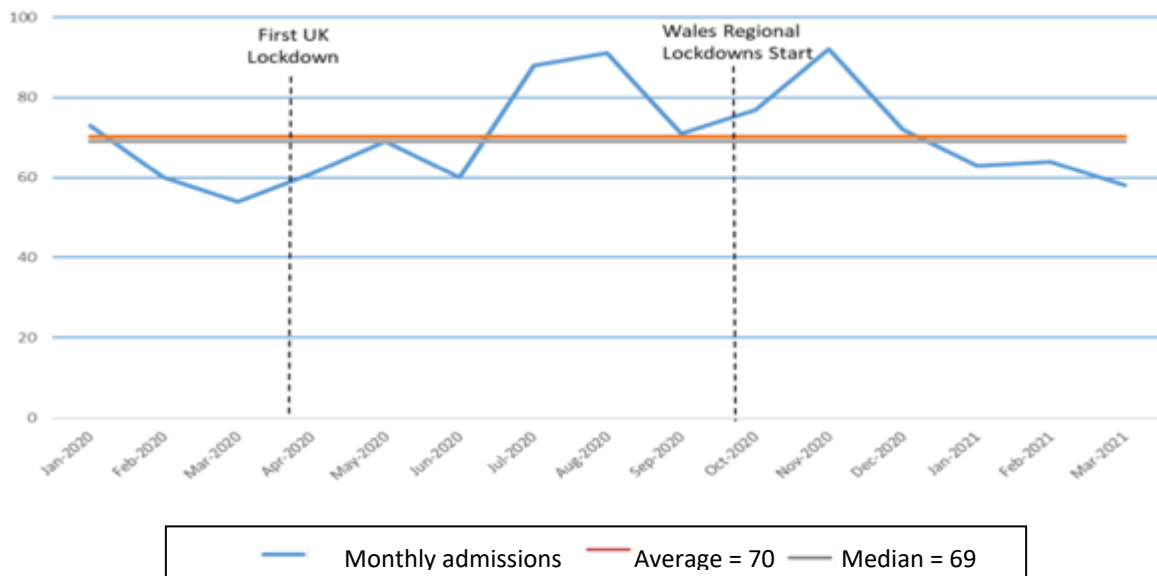
The trends in inpatient admissions between 2018/19 and 2020/21 show that admissions for Eating Disorders have increased by 22% between the financial years of 2018/19 and 2020/21.

There was a slight increase (1%) in admissions when comparing 2019/20 with 2018/19 and a larger increase of 148 admissions (21%) between 2019/20 and 2020/21.

Actual admission volumes for each year were; 2018/19 = 708, 2019/20 = 718, 2020/21 = 866.

Three year review of eating disorder admissions

Increase in demand in 2020/2021 occurred during summer 2020 after first lockdown



On average there were 70 Eating Disorders admissions per month between January 2020 and March 2021.

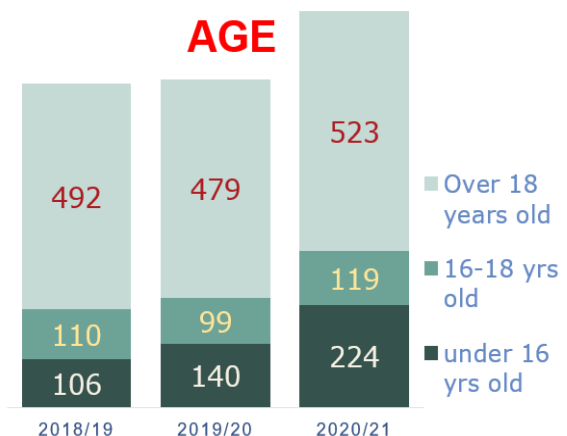
There was an initial peak in admissions in July and August 2021 followed by a second peak in admissions in November 2020.

The monthly average admissions were higher in 2020/21 compared to 2018/19 when there were 59 admissions per month and 2019/20 when there were an average of 60 admissions per month.

Three year review of Eating Disorders Admissions

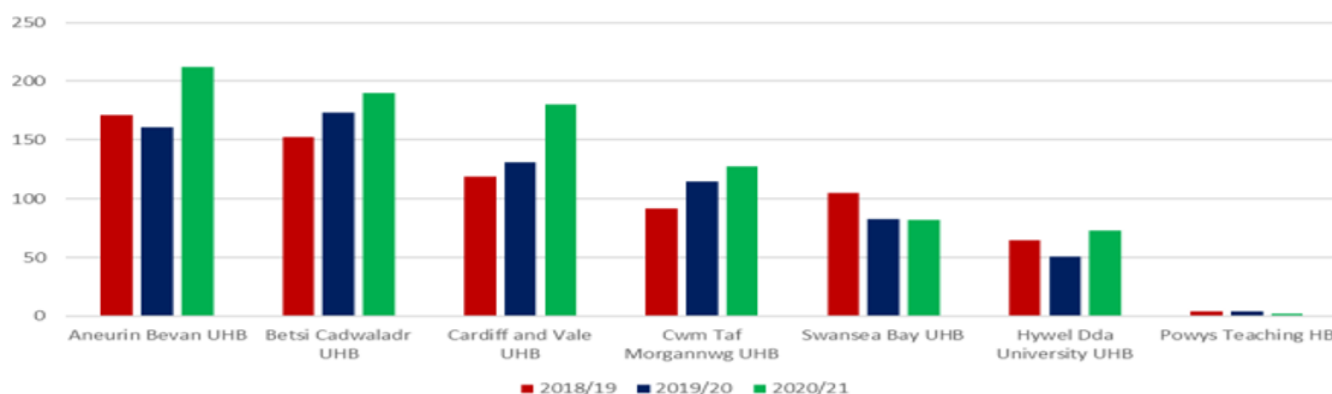
➤ Demographics

- **Age:** (See graph to right) under 16 age group has seen the biggest increase and is the only age group with a year on year increase.
- **Gender:** 92% admissions were female in 2018/19, dropping to 89% in 2019/20, then returning to 92% in 2020/21.
- **Health Boards:** (See graph below) 5/7 HBs have seen increase in 2020/21, 3/7 have seen year on year increase.



This data confirms incremental growth in demand for eating disorder inpatient care over the last 3 years.

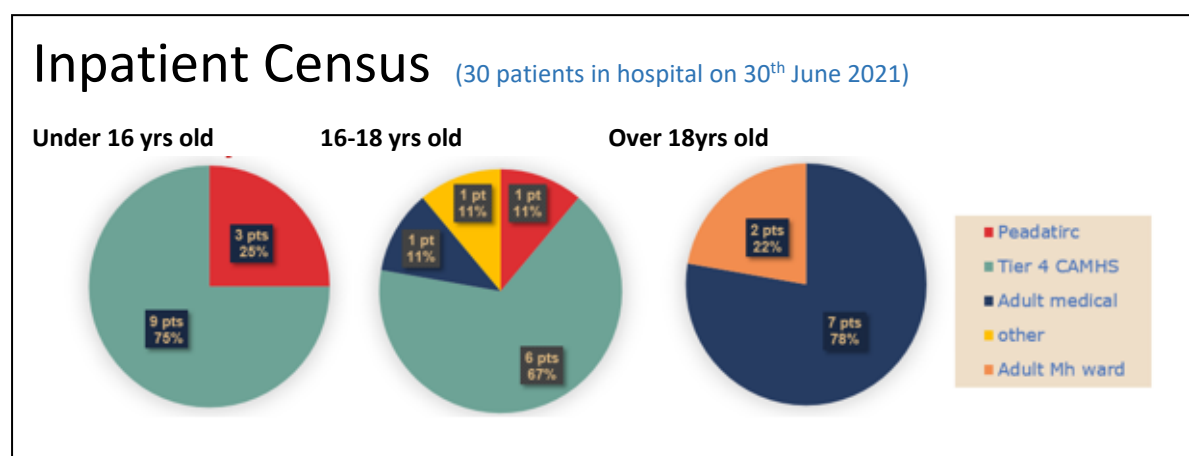
Health Board Demand



A review of the admissions by age band shows the largest increase is in the under 16 age group. Admissions increased for this age group by 32% (34 admissions) in 2019/20 when compared to 2018/19 and by 79% (84 admissions) in 2020/21 compared to 2018/19.

A review of admissions by gender highlights that over 90% of admissions for Eating Disorders in Wales were for female patients. Admissions for female patients increased by 22% when comparing 2020/21 with 2018/19. Admissions for male patients also increased by 40% during the period.

A review by Health Board shows that Aneurin Bevan had the highest levels of admissions. Aneurin Bevan, Betsi Cadwaladr, Cardiff and Vale, Cwm Taf Morgannwg and Hywel Dda University Health Boards all show an increase in admissions when comparing 2020/21 with 2018/19. There has been a reduction in admissions at Swansea Bay University Health Board. Powys University Health Board reported relatively low admissions with 10 admissions in the three year period.

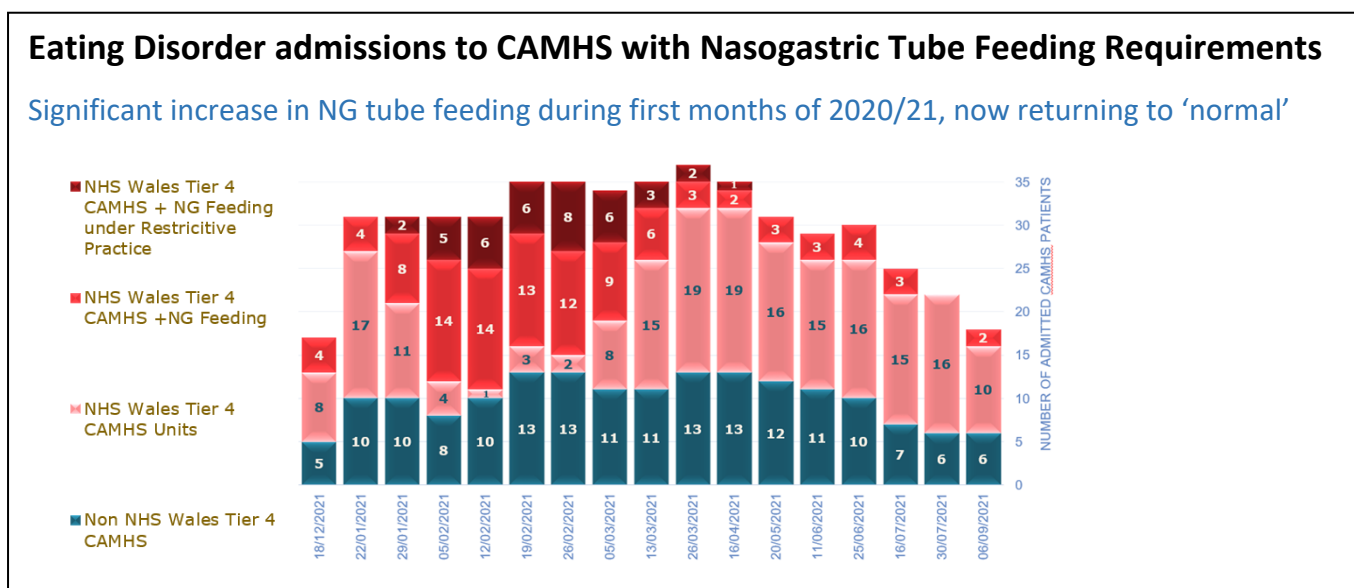


The trends in community services show that caseloads and referrals have been relatively stable over the four year period between 2016/17 and 2019/20 and during 2019/20 the average caseload was 39 patients per health board. This increased to an average of 46 in the census of June 2021.

The inpatient census on 30th June 2021 found 30 patients in beds on the census day, 11 of the patients (37% of the total) were housed in private provider beds. Cwm Taf Morgannwg was the health board with the largest number of eating disorder patients at eight, which was over a quarter of the total number of patients identified by the census.

The majority (93%) of patients were female, the largest group by age band was 0-15, with 37% of the cohort being female and aged 0-15. The one male patient was also in the 0-15 age band with the one indeterminate / other gendered patient in the 16-18 age band.

83% of patients were white, the only ethnicity to be specifically identified.



The results on tube feeding showed that 50% of the cohort had not been tube fed within the current admission. Seven of the patients (23%) were currently being tube fed, with two of these patients being restrained to be fed, three patients were not currently restrained but had been in the past and two patients were not restrained to be fed.

Inpatient Census on 10th November 2021

Further to the above, the rapid review was repeated in November 2021, the results of which are summarised below:

- There were 34 patients in an in-patient bed on the census day, an increase of 4 patients since the June census.

- The majority (94%) of patients were female, the largest group by age band was 0-15, with 41% of the cohort being female and aged 0-15.
- 62% of admissions had a diagnosis of anorexia nervosa, an increase compared to the position in June 2021 when 40% of patients had this diagnosis on admission. This increase in diagnosis is seen across all age groups.
- 38% of the cohort had been tube fed within the admission, this was a decrease on the 50% reported in June.
- 15 patients in the cohort were currently subject to Mental Health Act detention, a slight reduction on the position in June.

Conclusions from Data

The CAMHS data indicated that more patients were being seen in CAMHS services and this resulted in longer waiting times. It was also noted that almost half of CAMHS admissions were related to eating disorders.

The census also indicated a national shortage of beds for Adult ED services, and these were also far from home for patients.

Inpatient admissions in total for adults were fairly consistent. This was less than 5% variation across the previous two years, whereas the data pertaining to under 16s shows the most significant amount of increase in the need for inpatient admissions.

3.2.3 Options

Commissioning of Specialist Placements

On 31st January 2022, Welsh Health Specialised Services Committee received notice from the current main provider of specialised services placements for eating disorder patients that the current contract would cease on 31st August 2022.

As a result, a number of options for alternatives to these provisions have been discussed. These discussions have resulted in the ultimate aim of having an Eating Disorders Unit for Wales. It is thought that this option could be scoped during years 1 and 2 of this strategy to determine feasibility and consideration of capital funding to support, and should also consider the provision of eating disorder services for CAMHS patients within the scope of the unit.

Eating Disorders Unit for Wales

- Capital investment needed

- Workforce challenges for this specialised service in Wales where there is currently no provision
- Numbers of patients to support business case
- Consideration of an all-age facility for CAMHS through to adults
- Day hospital provision can be attached or provide satellite services
- Build time to be considered – out of the 5 year scope of this strategy

Medium Term Considerations

There are a number of interim measures that can be taken whilst consideration is made regarding the Eating Disorders Unit. These measures are required regardless of the feasibility of the unit and have stand-alone benefits to consider as the medium term solution or to develop into a longer term solution should the Unit not be agreed for capital investment.

Building our workforce

- During the timeframe of this strategy, regardless of whether the ED hospital progresses, workforce development is crucial for our Welsh patients
- Skill mix and specialist qualified and experienced staff to be developed within the Welsh workforce
- MDT provision to be developed.

Independent Sector

- Interim arrangement with independent sector to ensure ongoing inpatient provision – England and Wales
- Longer term arrangement option with independent sector to provide in-patient provision within Wales should no capital investment be available within NHS Wales.

Paediatric Support for inpatients in Welsh NHS Units

The number of children placed in NWAS with Eating Disorders is substantially lower than those in Ty Llidiard. This difference has been partly attributed to the availability of Paediatric medical support in BCUHB which gives the community services more support and confidence to treat and support young people with an eating disorder in the community. With Ty Llidiard taking inpatients from a large number of health boards, this arrangement is not yet in place and the proportion of young people placed in Ty Llidiard with an eating disorder has been consistently higher and continues to increase.

It is proposed that Paediatric input is available for all Health Boards to support eating disorder community services for young people in order to avoid hospital admission where this is appropriate.

Health Care Support Worker Support

In 2018 Aneurin Bevan University Health Board received additional funding to support the medical monitoring of Tier 3 adult eating disorder patients and provide support to those requiring a medical admission for refeeding. The funding was used to employ 2 full time Band 4 Health Care Support Workers (HCSW). These HCSWs provide support from 8am – 6pm, this includes meal support, supporting patient pre and post meals and liaising with medical, nursing and dietetic staff on the ward. The service also provides intensive community meal support (1 meal a day, 5 days a week) with the aim of preventing admission or supporting patients on discharge from hospital.

Data shows a substantial decrease in medical admissions from 16 in 2017 to 3 in 2021, a decrease in mental health admissions from 8 to 0 and Tier 4 admissions from 8 to 3 for the same time period.

It is proposed that HCSW input is available for all Health Boards to support eating disorder community services for adults in order to avoid hospital admission where this is appropriate.

Nasogastric (NG) Tube Feeding

WHSSC are currently conducting a preparatory piece of work to understand the prevalence of NG Feeding in Wales. This work is due for conclusion in quarter 1 of 2022/23 and aims to inform any developments in this area, with the ultimate goal of prevention of NG Feeding where possible and appropriate.

It is anticipated that further work will be required during 2022/23 to ensure the findings of this study are addressed and any developments to the NG Feeding pathways, policies and protocols are considered as appropriate. National Guidance and Standards will also be considered alongside this work.

Support for strengthening of Community Provision

- **Day Services**

The National Eating Disorders Sub-group is undertaking an options appraisal regarding developing a national strategy for eating disorder day services to reduce demand on inpatient services.

This scoping work will take place during the tenure of this strategy and will form part of the Year 1 implementation plan.

- **In-reach/Out-reach Model**

In North Wales, funding has been agreed to address the current deficits in Eating Disorder service provision, specifically at early intervention and treatment and tertiary level. Staff recruited to the newly developing early intervention and treatment service will provide NICE (2017) compliant interventions and develop a MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa, Royal College of Physicians, 2014) 'team' that is able to provide 1:1 support to Eating Disorder patients when local admissions are required (medical ward or psychiatric unit).

The initial phase would focus on the development of adult early intervention and treatment eating disorder provision through the recruitment of additional staff. The remit of these staff would be to work in accordance with NICE (2017) guidelines in helping to provide early identification, specialist assessment and treatment of ED. All staff recruits will be trained in the delivery of ED interventions within secondary care as well as undergoing MARSIPAN training. It is anticipated these changes will improve prognosis as well as reduce the morbidity and mortality associated with ED as highlighted in the 2018 Review. It is also expected these developments will meet the six underlying principles as highlighted in the ED Report (2018) of early detection and intervention, inclusivity, person centred approach, relationship based, recovery focused, trauma informed.

The second phase would be to develop a MARSIPAN 'Team' from the existing Early intervention and treatment staff, that provides 1:1 support to eating disorder patients undergoing admissions to either local medical wards or psychiatric units, such as meal planning, support and supervision. This will improve the length of stay and effectiveness of admissions and minimise the need for out of area Specialist Eating Disorder Units. When a patient requires a local admission, the staff will facilitate and lead this process, including NG tube feeding, as well as providing care on the unit, thereby helping to provide continuity of care.

The Early intervention and treatment service and 'MARSIPAN' team will sit alongside the existing community service (CAEDS). Once the Early intervention and treatment service has developed and is established, both services will amalgamate to form a true Community Adult Eating Disorder Service.

It is recommended through this strategy that this work is monitored to establish whether this service could be rolled out across Wales in order to support admission avoidance where possible into tertiary level services with the potential to develop joint working to develop a national business case.

- **National Eating Disorders Team**

The Eating Disorders Outreach Service (EDOS) was established to provide assessment and consultation, specialised Eating Disorders Training and group programmes to support the community eating disorders services for young people. In addition, the service received further funding in 2017 to support the development of transition services.

Consideration should be given through the scoping work described in this strategy to the support the EDOS Team could give to further enhance service provision.

- **Disordered Eating**

To date both CAMHS and Adult Eating Disorder Services have seen a substantial increase in the number of patients presenting with disordered eating, and not specifically an eating disorder. There has also been a significant increase in the complexity of these presentations and high risk (e.g. low BMI's). In Adult services this is often within the context of an Emotionally Unstable Personality Disorder (EUPD), and needs to be treated accordingly, i.e. the eating difficulties are seen as part of the wider EUPD context and therefore is not the sole focus of the treatment. If the eating difficulties *are* focused on and treated as an eating disorder, they are likely to worsen.

Disordered eating cases are presenting in various different services including but not limited to community dietetics, Perinatal, Primary and Secondary care, and also into tertiary level services.

In North Wales the Tier 3 Adult Eating Disorder Service (CAEDS) is working collaboratively with local services such as community dietetics to develop a protocol for adults who present with disordered eating. This is likely to include:

- Guidance on what clinical presentations to expect
- A brief overview of EUPD if appropriate and guidance on language to use Structured Clinical Management, Bateman and Dialectical Behaviour Therapy).
- A guide on the number of sessions to be offered and by whom e.g. 2 sessions from a community dietitian.

3.2.4 Transitions

- **Age Transition**

In their Making Sense report 2016, young people who had used Specialist CAMHS (sCAMHS) reported that they were 'deeply concerned about the

transition point' to Adult Mental Health Services. 38% of sCAMHS users said flexibility over the age young people move to adult mental health services was the most important way to improve the transition. The need to reorganise the transition to adult mental health services was highlighted as a key priority area for improvement.

Following this the Welsh Government T4CYP developed in consultation with young people and professionals the following:

- Good Transition Guidance: A seamless transition from child and adolescent to adult mental health services.
- Young Persons Transition Passport which comes from a strengths based perspective. It is owned by the young person and intended to be dynamic, evolving with them as they grow and their needs and aspirations change.

In 2019, Hywel Dda University Health Board and S-CAMHS service submitted a proposal for the recruitment of a dedicated Transition Practitioner. Co-production is an important theme of prudent healthcare and has been pioneered in CAMHS and mental health more generally through the adoption of care and treatment planning which encourages the service user to be fully engaged in the development of their plan. This should be continued during transition, with the young person having access to both CAMHS and adult mental health service named workers, involved in discussions about the transfer of their care.

The National Eating Disorders sub-group has established a pathway into tertiary level adult ED services prior to the 18th birthday in order to ensure continuity and that the patient's needs are still met when they reach their 18th birthday. This work will continue to be implemented as part of the strategy.

The following case study highlights the importance of a robust transition pathway from CAMHS to Adult Eating Disorders services and a collaborative working model between services:

A new patient was seen by the CAMHS crisis team two months prior to their 18th birthday, and admitted to paediatric bed in the local hospital for urgent medical stabilisation. The local eating disorders team were contacted and a referral was received. Within 7 days, the eating disorders team completed their assessment on the paediatric ward and in discussion with the Specialist CAMHS consultant psychiatrist and Specialist CAMHS Care Coordinator agreed that the patient needed psychiatric inpatient care. It was recognised at this point that inpatient treatment was likely to extend beyond the patient's 18th birthday and to ensure continuity of care, the patient was referred to an adult specialist eating disorder unit. This placement was able to accepted patients prior to their 18th birthday and a

WHSSC review of existing contract terms and conditions indicated that an additional funding application was not required. Community eating disorder clinicians and the specialist eating disorder unit provider had previously agreed to prioritise transition cases.

Following medical stabilisation, due to the unavailability of a bed, the patient was briefly admitted to a specialist CAMHS inpatient bed, but was then transferred to the Adult specialist eating disorders unit. The patient was aware of the planned admission to the specialist eating disorder unit, and was admitted to the placement 4 weeks prior to their 18th birthday. The patient has since been discharged home, their weight restored, remains stable and is engaging with their local eating disorders team.

Although ideally the transfer from paediatrics would have been direct to the adult placement, this was not possible due to bed availability. The patient, however, was aware of treatment plans throughout their care and through the collaborative working of all the teams and agencies involved in their care, a patient transfer to a local generic psychiatric bed or home part way through treatment was therefore avoided.

3.2.5 Summary

Following receipt by WHSSC of the notice period given by NHS England to cease the current contracted provision for specialist inpatient eating disorder placements, an urgent piece of work is required to ensure ongoing service provision for our patients. This is likely to be formed through partnership working with the independent sector in both Wales and England for this interim period.

Longer term, a number of options require consideration, and it is recommended that discussions with Welsh Government take place to consider the feasibility of providing inpatient eating disorder services with NHS Wales, including discussions on the availability of capital funding to support this option and workforce development. It is recommended that an in-depth options appraisal is conducted to thoroughly investigate how best to develop future specialist eating disorder services for Wales.

Some of the key discussions when considering eating disorders are silo working and the different pathways and models each health board holds. Consideration of the data suggested that some health board areas had less referrals to tertiary care and this was partly attributed to resources such as paediatric input and health care support worker roles which correlated with less referrals to specialised services and in particular, less patients with NG feeding requirements. These discussions highlighted the benefits of more robust collaborative working and provided the recommendation that

collaborative funding bids would ensure a more cohesive service across health board areas.

3.2.6 Recommendations

1. To establish an Eating Disorders Unit for Wales for both in-patient and Day Service Provision across all ages

Initial scoping exercise to establish appetite for an eating disorders unit in Wales. Full options appraisal to be delivered in order to scope feasible options for future specialist eating disorder services in Wales and to consider the feasibility of an all-age service for both inpatient and day service provision.

2. Urgent interim measures to be put in place following the notice given for Welsh eating disorder placements contract with NHS England

Work with NCCU to establish feasible options to alternative contracts on an interim basis, for example with independent contractors.

3. Full review of ED In-patient services to be conducted by 2023

Recommendation from ED Review 2018 - a detailed comprehensive review of inpatient provision for eating disorders is required.

4. Developing our workforce

Development of MDTs and strengthening of skills specific to eating disorders to ensure skill mix and capability is available for service provision.

5. Expansion of Paediatric Support for inpatients in Welsh NHS Units

Paediatric input to be available for all Health Boards to support community services and avoid CAMHS admissions for eating disorder patients where this is appropriate.

6. Review of NG Feeding pathways

To consider the prevalence of NG Feeding in Wales and to develop National guidelines and standards for NG Feeding and community refeeding including consideration of the HCSW role.

7. Support the strengthening of Community provision

a) Day Services

Day service model – to be included to reflect the work being carried out by the ED sub-group Task and Finish Group.

b) In-reach/Out-reach Model

MARSIPAN model to be monitored to establish whether this service could be rolled out across Wales in order to support admission avoidance where possible into tertiary level services and collaborative working across health boards to develop and provide a cohesive eating disorders service across Wales, including the provision for joint collaborative bidding for funding where appropriate.

c) National Eating Disorders Team

To develop and strengthen the National Eating Disorders Team to deliver services to support admission avoidance and facilitate timely discharge.

8. To revise “Specialised Services Policy: Tertiary Level Specialised Eating Disorder Services” in line with this strategy.

LEARNING DISABILITIES

KEY RECOMMENDATIONS:

1. All secure hospital care including low secure to be commissioned by one organisation
2. To develop and implement a blended model of care in conjunction with secure service provision in NHS Wales
3. Ensure regular review of Learning Disability (LD) patients in placements reinforcing the care co-ordination and gatekeeping role
4. Consider a the role of the community Learning disabilities team to support forensic requirements
5. Development of Electronic Records for LD Patients in NHS Wales
6. Development of an All Wales demand and capacity inpatient data dashboard

WORKFORCE

Development of workforce in mainstream secure services to ensure the needs of patients with a learning disability are met.

Development of workforce to ensure a blended model of care can be delivered.

GOVERNANCE

Commissioning pathway to be considered to ensure appropriate governance for a blended model of care.

FINANCE

Consideration of commissioning pathway to allow all secure services to be commissioned by one organisation.

3.3 Learning Disability/Intellectual Disability

3.3.1 Background

In order to provide a focus on the requirements of specialist learning disability services across Wales, the strategy considers the development of services for both CAMHS and Adults to meet the population need.

One of the key drivers for this area is “Improving Care, Improving Lives” review published in February 2020.

This review considers the care given to inpatients in learning disability hospitals and sets out 72 recommendations for providers, commissioners and the Welsh Government.

In order to develop this section of the strategy, a workstream was set up to specifically consider Specialist Learning Disability service requirements for the population of Wales to be commissioned by Welsh Health Specialised Services Committee (WHSSC).

The Learning Disability workstream was chaired by the Medical Director for Mental Health and Learning Disability, Betsi Cadwaladr University Health Board, with membership from a range of clinical and service representatives, as well as representatives from Improvement Cymru and WHSSC. These professionals represented both adults and child and adolescent services, and came from a range of health boards and statutory organisations to provide a full and unified discussion forum.

Methodology

The methodology for the workstream was agreed from the start. The main pillars of the methodology are summarised as:

1. The best evidence based practice was sought. It was agreed that the group would actively seek advice and models of care that offered the best standards. External speakers were invited to give presentations to better understand these areas of good practice.
2. The stakeholders should include a variety of people from statutory services, service users and independent sectors representatives.
3. The approach was systemic and not just limited to the small number of patients currently funded by WHSSC. There was a recognition that community provision and secure care at every level are interlinked and recommendations need to reflect this scenario.
4. Interdependencies were explored and taken into consideration, including regulatory bodies such as Health Inspectorate Wales.

Overlaps and dependencies with other workstreams

There are significant overlaps with other workstreams within the programme, particularly the secure services and women's services workstreams. Workstream leads have been working collaboratively to ensure these overlaps are highlighted and addressed as a whole.

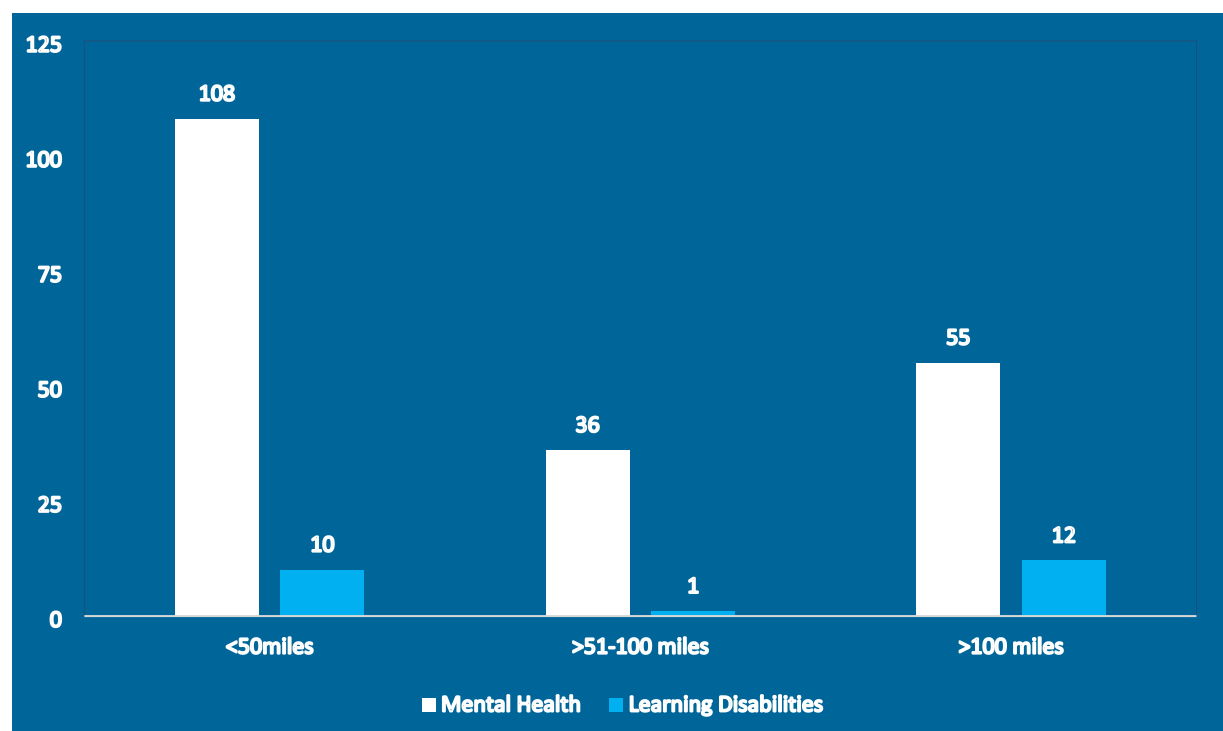
3.3.2 Data and Information

The Learning Disabilities workstream considered the information and data available, and considered a number of service options as outlined below.

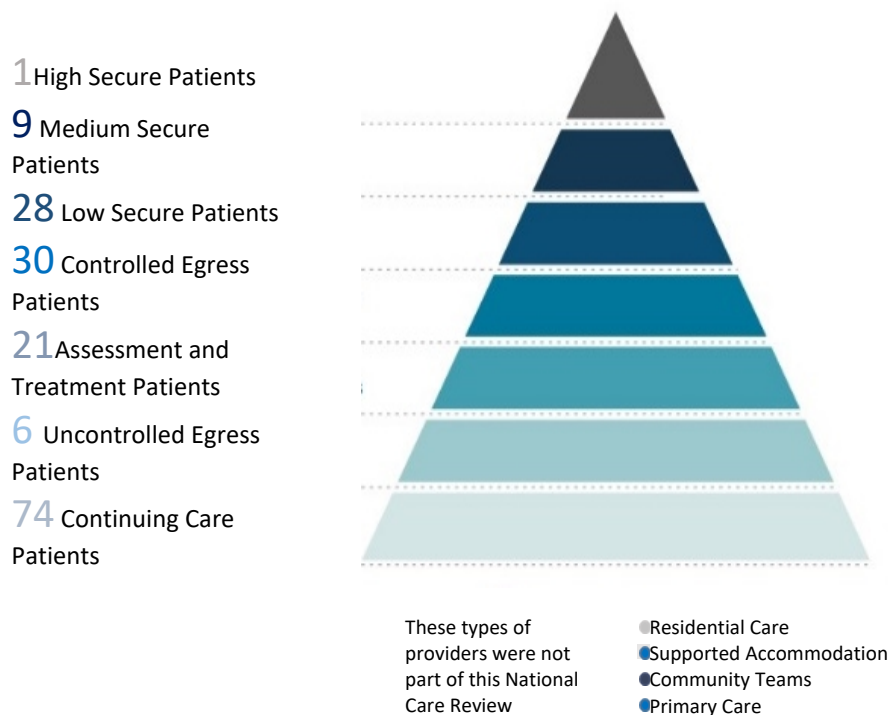
Learning Disability and Mental Health Distribution

As at 31st March 2021, 18% of patients receiving assurance under the Adult Hospital Framework were cared for in learning disability hospitals. This figure has remained consistently between 17% and 20% since 2016.

With 50% of admissions to learning disability hospitals more than 100 miles from their home and local communities' people with a learning disability are disproportionately further away from home than people without a learning disability.



3.3.3 Current Provision



Data taken from the Improving Care, Improving Lives Review demonstrated the majority of patients in secure services were in low secure units. There was only 1 patient in high secure and 9 in medium secure.

Best Practice

Quality Network for Learning Disability Services (QNLD) Standards for Inpatient Learning Disability Services (2021) RCPsych Fourth Edition





These standards are designed to be applicable to inpatient learning disability services for working age adults and can be used by professionals to assess the quality of the team. Since inpatient learning disability units differ widely in their configuration and the models used, these standards focus on the function of a team in order to make them as widely accessible as possible.

The standards cover the following topics:

- Admission and assessment
- Care Planning & Treatment
- Referral, Transfer & Discharge
- Patient & Carer Experience
- Environment & Facilities

- Staffing & Training
- Governance

Key principles of the standards include the introduction of four key principles that run throughout the standards, which are crucial to providing high quality care.

	All information provided to patients and carers must be in an accessible format . In line with royal College of Speech & language Therapists '5 Good Communication Standards' & NHS Accessible Information Standard.
	If patients lack capacity, decisions are made in their best interests as per the Mental Capacity Act 2005.
	When information is given to patients on the unit, staff check their understanding of the information and this is recorded.
	Reasonable adjustments are made in line with Equality Act 2010.

Memorandum of Understanding (MOU) between NHS Health Boards in Wales for the Transfer of Care of Adults with Intellectual Disabilities (2018), RCPsych Wales

The purpose of the Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between Healthcare Inspectorate Wales (HIW) and the Medicines and Healthcare products Regulatory Agency.

This working relationship is part of the maintenance of an effective regulatory system for health and adult social care in England and Wales which promotes patient safety and high quality care.

The MoU relates only to the regulation of healthcare in Wales. It does not override the statutory responsibilities and functions of HIW and the Agency and does not create legally binding rights or obligations; its purpose is to define the joint agreement between the two organisations and to indicate a common line of action.

3.3.4 Service Development

Patient demographics should be taken into account with a higher prevalence of male learning disability patients than female (69% male, 31% female) and an ageing population, in addition to special needs and co-morbidities, e.g. deaf, autism, dementia, mental illness.

Staff skill mix and therapeutic interventions should be considered for specialised services to ensure the community first ethos is at the forefront of care.

The following options have been considered by the workstream:

1. Do nothing – status quo
 - The current situation is not sustainable and would carry high risks for service provision.
2. Develop a new national specialist LD MSU for male & female patients
 - Accessing capital funding for this option will be challenging. In addition the numbers of patients requiring the service would not be large enough to support a business case.
3. Blended model:
 - Utilise existing Medium Secure Unit with reasonable adjustments for a provision that blends medium and low secure care.
 - It is useful to have medium and low secure service on the same site, as this would enable a concentration of expertise, particularly important for psychology, to enable treatment programmes (e.g. thinking skills groups, DBT, offender groups).
 - Combine services with autism secure care to concentrate expertise.

Preferred Option - Blended Model

All secure hospital care including low secure to be commissioned through one organisation. This would:

- a. Support a blended model
- b. Facilitate gatekeeping
- c. Ensure close working relationships with local provider and Community Learning Disability Teams

3.3.5 Transitions

Transitions were a key area of focus for the learning disabilities discussions and covered the following areas:

- Timely transition of patients to the appropriate environment that meets their assessed needs.
- Prioritising transition planning of patients who have a length of stay over five years.
- Transition from CAMHS LD to Adult LD Services.
- Delayed transfers of Care (DTC):
 - Prioritising transition of patients in assessment & treatment provision with a length of stay over six months
 - Prioritising transition of patients in specialist hospital care who have been identified for step down for more than 1 year.

Through these discussions, it became apparent that the opportunity to commission secure services through one organisation was the preferred option to ensure that the patient was not disadvantaged in their care due to the artificial barriers in place in the current system. Commissioning for “Secure Care” was outlined as providing a seamless approach to care and provided strong and more in-depth care co-ordination and gatekeeping for this cohort of patients.

3.3.6 Summary

Learning Disability Specialised Services in Wales provide care for a small number of patients, however placements can be very expensive, particularly bespoke placements.

This strategy aims to consider the needs of those patients first and to provide care as close to home as possible for those patients in our specialised services.

The key message from the Learning Disabilities Workstream to consider is to provide care through a blended model, utilising and maximising current service provision within the NHS in Wales.

The recommendations from both the Improving Care, Improving Lives review published in February 2020, and the Secure Services Review published in April 2022 indicate the need for services to evolve and develop into a more blended model, eradicating barriers along the pathway and improve patient care.

As such, it is the key recommendation of this strategy that a blended model is scoped for consideration, alongside work arising from this strategy for both men’s and women’s secure services as a coalition to improve secure services for the whole population, including those with learning disabilities.

3.3.7 Recommendations

1. All secure hospital care including low secure to be commissioned by one organisation

This would facilitate the development of a blended model and other functions, such as the gatekeeping role and the centralisation of expertise.

Ensuring close working with local provider and Community Learning Disability Teams is crucial to move the patients according to their needs and clinical presentations.

2. To develop and implement a blended model of care in conjunction with secure service provision in NHS Wales

Utilise existing Medium Secure Unit with reasonable adjustments for a provision that blends medium and low secure care.

MDT Development - It is useful to have medium and low secure service on the same site, as this would enable a concentration of expertise, particularly important for psychology, to enable treatment programmes (e.g. thinking skills groups, DBT, offender groups). This review is not in the position of advising on estate and finances, but a more comprehensive and agile financial management is advised. This is currently fragmented and in silos, creating artificial barriers in moving patients quickly from secure care to community.

3. Ensure regular review of LD patients in placements reinforcing the care co-ordination and gatekeeping role

The current coordination of patients in secure care needs to expand to have strong clinical leadership and input into the treatment plans offered by the secure care. There is also a need to implement a robust Delayed Transfers of Care reporting and explore barriers to step down. The gatekeeping role should be strengthened to support the patient.

4. Consider the role of the community learning disabilities team to support forensic requirements

It emerged that there is little specialist expertise to deal with this group of patients. Welsh expertise can be developed to advise on such cases, to avoid total reliance on private providers either through upskilling the current teams, or through the development of an all-Wales liaison model to provide forensic expertise as required.

5. Development of Electronic Records for Learning Disability Patients in NHS Wales

The requirement for electronic record has been raised through a number of the service workstreams and has been highlighted as one of the key recommendations in this strategy.

6. Development of an All Wales demand and capacity inpatient data dashboard

The development of electronic records would enable the development of a dashboard to continuously monitor demand and capacity for this cohort of patients.

SECURE SERVICES

KEY RECOMMENDATIONS:

Male Secure Services:

1. To develop Integrated Secure Services
2. To consider the requirements of the secure services estate in Wales
3. To develop an All Wales Forensic Secure Services Board
4. Development of Electronic Records for Secure Services in NHS Wales
5. To undertake a staffing modernisation programme for the two NHS Wales medium secure units.
6. To conduct a needs assessment for secure services in Wales

Female Secure Services:

1. To consider the commissioning arrangements for a regional secure service for both medium and low secure service for women
2. To consider the requirements of the secure services estate in Wales
3. To consider establishing a robust Community Model Pathway for women
4. To consider the workforce skill mix to adapt to the increasing acuity of female patients in medium secure services
5. To develop an All Wales Forensic Secure Services Board
6. Development of Electronic Records for Secure Services in NHS Wales

WORKFORCE

To undertake a staffing modernisation programme for the two NHS Wales medium secure units.

To consider the workforce skill mix to adapt to the increasing acuity of patients in medium secure services, including an increase in those who have experienced significant trauma.

To ensure staff are supported and offered regular supervision and dedicated emotional support.

GOVERNANCE

Commissioning pathway to be considered to ensure appropriate governance for a blended model of care.

FINANCE

To ensure a flexible estate to meet demand and increased seclusion facilities to better care for those patients requiring additional care and support.

Consideration of commissioning pathway to allow all secure services to be commissioned by one organisation.

3.4 Secure Services

3.4.1 Background

The purpose of this section is to consider the development of tertiary services for Secure Settings in Wales to meet the population need whilst meeting the requirements of the Service Review of Secure Services “Making Days Count – National Review of Patients Cared for in Secure Mental Health Hospitals” conducted by NCCU published in April 2022.

The review was commissioned to achieve greater understanding of the issues relating to secure mental health hospital care.

3.4.2 Data and Information

In Wales high secure hospitals are commissioned from NHS England by the Welsh Health Specialised Services Committee (WHSSC) through a national contract. Medium secure hospitals are commissioned by WHSSC, either directly from two NHS Units in Wales, or from NHS England or the independent sector through the NHS Wales National Collaborative Framework. Low secure services are provided directly by some Health Boards and/or commissioned from the independent sector, normally through the NHS Wales National Collaborative Framework. Health Boards in Wales are the current commissioner of low secure services. The table below shows the commissioning arrangements and the number of hospitals, units and patients across each type of secure setting.

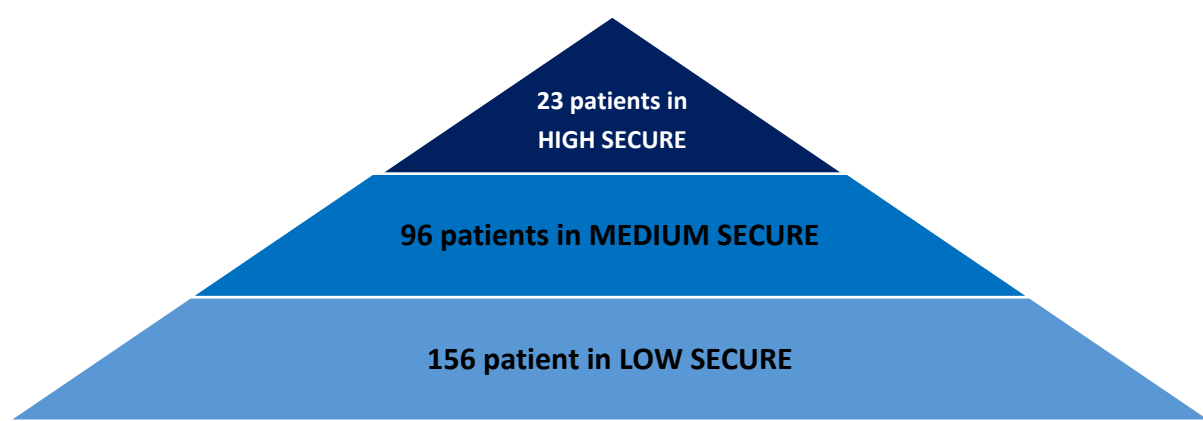
Type of Secure Hospital	Number of Patients	Number of units where the patients were placed at the time of audit	Number of hospitals where the patients were placed at the time of audit	Commissioner of these hospitals	Providers of these hospitals
High Secure	23	4	1	WHSSC	NHS England
Medium Secure	96	16	6	WHSSC	NHS Wales/Independent Sector
Low Secure	156	20	15	Health Boards	NHS Wales/Independent Sector

In line with the policy direction for Wales of caring for people as close to their community as possible, 7 in 10 patients are cared for in Wales.

The approximate cost of secure care for NHS Wales is £80 million per year.

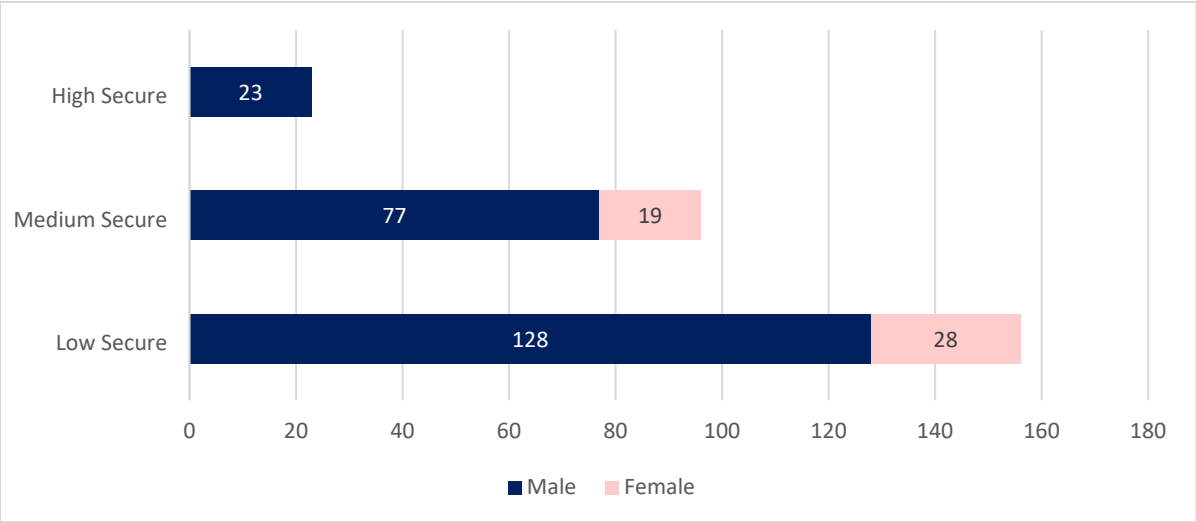
At the time the audits for the National Review were undertaken there were 312 patients of NHS Wales cared for in secure hospitals and the information below relates to 88% (275) of these patients. For the 37 patients excluded,

5 were under 18 years old and 32 were not subject to an on-site audit due to the disruption caused by the Covid-19 pandemic. For the 275 patients, 8.4% (23) were being treated in high secure hospitals, 34.9% (96) were being treated in medium secure and 56.7% (156) were being treated in low secure.



Equality and Diversity

The chart below highlights the gender of patients by type of secure hospital and shows the total number of patients for the National Review, based on gender, is 82.9% (228) male patients and 17.1% (47) female patients.



Gender, Transgender and Non Binary People

Sex refers to the different biological and physiological characteristics of males and females, whilst gender refers to the socially constructed characteristics of women and men. When individuals do not 'fit' established gender norms they often face stigma, discriminatory practices or social exclusion.

'Transgender' is an umbrella term used to describe people whose identification with, or expression of gender, is different from the sex assigned at birth. Transgender people can express their identity in many different ways. People whose gender is not male or female use many different terms to describe themselves, the most commonly used is 'non-binary'.

All healthcare providers must uphold the requirements of the Equality Act [2010], the Human Rights Act [1998] and the Gender Recognition Act [2004] when treating transgender patients. It is also important that the associated risks for a transgender person, as well as other patients, is considered before their admission to single-sex wards in secure hospitals.

It is estimated that between 0.3 and 0.7% of the United Kingdom population are transgender. In this National Review, it was found that 2.2% (6) of patients, being cared for in secure hospitals, identified as transgender.

Ethnicity

0.6% of the secure service population is made up of patients from black and ethnic diverse origins. This makes up 1% of the ethnically diverse population in Wales.

It is of note that within the workforce in secure services in Wales there is not much cultural diversity. The staffing complement within private sector hospitals in England is very ethnically diverse.

Religious Beliefs

Most patients in secure services identify as Christian. 3.6 % of patients in secure services in Wales identify as Islamic. This accounts for 1.5% of the Welsh population.

3.4.3 Current Provision

Male Secure Services

Ty Llewellyn

Tŷ Llewellyn is a 25 bedded purpose-built Medium Secure Unit commissioned by WHSSC for male patients on the Bryn y Neuadd Hospital site, Llanfairfechan.

The North Wales Forensic Psychiatric Service is primarily concerned with the assessment, treatment, rehabilitation and aftercare of patients who suffer from a mental disorder and who have offended or are considered likely to offend and require a secure environment to safely provide the

assessment and treatment required. The unit comprises of three wards Gwion Ward (5 bed Admission/Extra care) Pwyll Ward (10 bed Admission/Assessment) and Branwen Ward (10 bed Rehabilitation).

Referrals are taken from a variety of sources including the generic Mental Health Services, Criminal Justice System, General Practitioners, Prison Services, Special Hospitals and Social Services.

Caswell Clinic

Caswell Clinic is commissioned centrally by Welsh Health Specialist Services Commissioners on behalf of the Welsh Health Boards that it serves.

The clinic provides forensic psychiatric inpatient care to patients with serious mental illnesses who have offended or at risk of offending and pose a risk to the public. The service provides a broad range of evidence-based treatments and therapies delivered via a multi-disciplinary team with a focus on addressing, reducing and managing risk, through collaborative working with the patient to support them during their treatment and road to recovery.

There are 61 beds in the clinic in total (50 male and 11 female).

Cross-sectional Provision

Through discussions across the workstreams during the development of this strategy, it emerged that provision for patients with learning disabilities was very limited in the current secure services provision. It is a recommendation within this strategy, that patients with a learning disability should be able to access mainstream services where their learning disability is not the primary reason for a placement. Models of care, pathways and staffing models should be developed with this consideration.

Estates and Infrastructure

Current estates for the NHS Wales secure services provision require a modernisation agenda. This should support the development of integrated secure services as described above, allow provision for more robust services for our female population, and provide a basis for flexibility and further development to meet the needs of our population now and in the future. This should include the provision of en-suite facilities and the development of sufficient seclusion suites for each unit, with a separate women's seclusion suite.

Recognising that access to capital funding in Wales is limited consideration should be given to developing a provider collaborative approach between

the NHS and independent sector to ensure our population have access to services in a timely manner.

Information systems also require modernisation with paper records still in use and the lack of a system to record and share records. This should include the development of a set of minimum information standards and a patient passport in order to facilitate the transfer of patients into and out of our secure services beds and units.

3.4.4 MALE SECURE SERVICES

3.4.4.1 Service Development

The workstream discussions centred on the need to consider secure services as a whole, and similar to discussions at the Learning Disabilities and Women's workstream, an integrated secure services model was discussed as the preferred option for secure services going forward.

In terms of secure services for our male patients, it was noted that those with a learning disability could be placed in mainstream secure services if appropriate workforce development was undertaken to meet the additional needs this cohort of patients.

The barriers of the current commissioning arrangements for low and medium secure services by different organisations were discussed and a model of secure care in its entirety was considered the most beneficial for patients, staff and organisations alike. These cross-organisational discussions and agreements were seen as detrimental to service provision and caused delays in patient care.

The current pathways were considered complex and confusing and a regional approach would ensure national standards and a cohesive approach to care.

In addition, the changes to the commissioning arrangements in NHS England may also impact the need for a more robust Welsh provision, and the development of the Welsh estate should also be considered to ensure a flexible estate to meet demand and increased seclusion facilities to better care for those patients requiring additional care and support.

The impact of the prison population should also not be underestimated. The establishment of HMP Berwyn in North Wales has seen a significant impact on the services provided by Ty Llewellyn with 60% of referrals into the unit originating from the prison, and all but one admission in the last year. The impact of having no low secure provision in North Wales also has an impact on flow.

It was agreed that the priority for this strategy would be to scope the possibility of a single organisation to commission secure services for Welsh patients to ensure care closer to home and serve the needs of the majority of our Welsh patients in Wales where this was appropriate to do so. The consideration of working with the independent sector to achieve this was also discussed and should form part of this initial scoping work.

3.4.4.2 Recommendations

1. To develop Integrated Secure Services

To consider a regional secure service for both medium and low secure services for men in Wales in order to commission patient pathways to allow for the model of care to reflect patient need.

It is useful to have medium and low secure service on the same site, as it would enable a concentration of expertise, particularly important for psychology, to enable treatment programmes. A more comprehensive and agile financial management is advised. This is currently fragmented and in silos, creating artificial barriers in moving patients quickly from secure care to community.

Provision should also include provision of physical health service requirements.

2. To consider the requirements of the secure services estate in Wales

To ensure a flexible estate to meet demand, and increased seclusion facilities to better care for those patients requiring additional care and support.

Consideration should also be given to the Caswell site as the service is currently run by Swansea Bay University Health Board but utilises Cwm Taff Morgannwg University Health Board site, which can cause barriers and difficulties to developing the estate to meet service need.

3. To develop an All Wales Forensic Secure Services Board

To provide standardisation and cohesion of services, referral pathways and a single point of access on a national or regional basis to include quality assurance.

4. Development of Electronic Records for Secure Services in NHS Wales

The requirement for electronic record has been raised through a number of the service workstreams and has been highlighted as one of the key recommendations in this strategy.

5. To undertake a staffing modernisation programme for the two NHS Wales medium secure units.

To consider the workforce skill mix to adapt to the increasing acuity of patients in medium secure services, including an increase in those who have experienced significant trauma.

To ensure staff are supported and offered regular supervision and dedicated emotional support.

6. To conduct a needs assessment for secure services in Wales

To include consideration of inequality due to ethnic or cultural diversity

3.4.5 FEMALE SECURE SERVICES

3.4.5.1 Service Development

Similarly to the learning disability and men's secure services workstream, the women's secure services workstream had a focus on eradicating labelling and barriers and providing a blended model of care for females in secure services in Wales.

The workstream researched various models of care in NHS England and considered a blended model of care the preferred option. This model considers the secure care pathway for women in secure services and as the majority of women in secure services have a lived experience of trauma, provides a particular focus on trauma informed care.

The blended model should encompass the importance of stability, relationships, connections to family and home life, and include purposeful engagement to develop the model to be most effective and deliver outcomes to support personalised recovery.

Links to the Women in Justice Service would further improve the support available to our women in the criminal justice system benefitting from:

- A Psychologically-led, gender and trauma informed model
- A multi-agency gender-informed training package
- Development of an Information Passport

- Gender-informed housing solution model for women who are in or at risk of entering the CJS
- MoJ Residential Women's Centre to be piloted in South Wales

3.4.5.2 Recommendations

1. To consider the commissioning arrangements for a regional secure service for both medium and low secure service for women

To consider the development of secure service provision for females in Wales to increase bed capacity allowing repatriation from out of area placements.

To include the development of a robust pathway to meet the needs of women in North Wales.

To consider a regional secure service for both medium and low secure services for women in Wales in order to commission patient pathways to allow for the model of care to truly reflect patient need.

2. To consider the requirements of the secure services estate in Wales

It is useful to have medium and low secure service on the same site, as this would enable a concentration of expertise, particularly important for psychology, to enable treatment programmes. A more comprehensive and agile financial management is advised. This is currently fragmented and in silos, creating artificial barriers in moving patients quickly from secure care to community.

Provision should also include provision of physical health service requirements.

To ensure a flexible estate to meet demand, and increased seclusion facilities to better care for those patients requiring additional care and support.

Consideration should also be given to the Caswell site as the service is currently run by Swansea Bay University Health Board but utilises Cwm Taff Morgannwg University Health Board site, which can cause barriers and difficulties to developing the estate to meet service need.

2. To consider establishing a robust Community Model Pathway for women

To include partnership working with Women in Justice and establish a focus on trauma informed care with a whole pathway approach for women.

3. To consider the workforce skill mix to adapt to the increasing acuity of female patients in medium secure services

Including a focus for those who have experienced significant trauma.

4. To develop an All Wales Forensic Secure Services Board

To provide standardisation and cohesion of services and referral pathways and a single point of access on a national or regional basis to include quality assurance.

5. Development of Electronic Records for Secure Services in NHS Wales

The requirement for electronic record has been raised through a number of the service workstreams and has been highlighted as one of the key recommendations in this strategy.

3.4.6 Transitions

As with the Learning Disability and CAMHS/FACTS sections, transitions were a key discussion point in the secure care workstreams.

Age transition was outlined as an issue, not just from CAMHS to adult services, but also for the older population where older adult mental health services such as dementia care were highlighted. Work should progress as part of this strategy to include considerations for those age transitions from CAMHS to Adult and Adult to older adult services in line with the ethos of seamless care provision.

It was agreed that service level and cross service transition issues would be largely addressed through the recommendations of this strategy towards a blended or integrated approach to secure services as a whole entity.

PERINATAL MENTAL HEALTH

KEY RECOMMENDATIONS:

1. To consider the 12 month review of the MBU at Tonna Hospital to be conducted in Quarter 1 of 2022-23
2. To advise following this review the long-term plan for the unit, particularly in relation to the siting of the unit
3. To work in partnership with NHS England to secure 2 beds for Welsh patients in a new unit scheduled for development within Cheshire and Wirral Partnership Trust

WORKFORCE

The review of the Tonna MBU should ensure the well-being and development of the workforce accordingly.

Consideration of the North Wales provision should ensure adequate staffing to meet the requirements of NHS Wales.

GOVERNANCE

The current service review and future service developments should take into account governance processes and develop accordingly.

Consideration of the North Wales provision should take into account the needs of the Welsh population including the provision of bi-lingual services where possible.

FINANCE

Capital investment is being sought by NHS England for the development of services for our North Wales patients.

Further financial considerations should be given should this option not progress.

3.5 Perinatal Mental Health

3.5.1 Background

This section of the strategy aims to consider the development of tertiary services for Perinatal Mental Health to meet the population need to include a review of the Mother and Baby unit (MBU) hosted by Swansea Bay University Health Board which opened in April 2021, and consideration of options for North Wales residents.

3.5.2 Data and Information

Since the opening of the MBU in Tonna in April 2021, the unit has been consistently at capacity and for the most part has resulted in very few out of area placements. Recent data has shown that the unit remains at capacity and that the number of out of area placements has increased.

Data to inform provision for North Wales' patients demonstrates a need for 2 beds for this population at any one time.

3.5.3 Current Provision

Tonna Hospital provides a 6 bedded MBU which opened in April 2021. Provision for North Wales' patients is currently either at Tonna Hospital, or with NHS England as this would be nearer home.

3.5.4 Service Development

In order to ensure ongoing MBU provision for our patients, a review of the MBU at Tonna Hospital will take place during quarter 1 of 2022/23. This review should provide the information required to make a decision on the future site of the unit, and any action plan to support this.

Recent out of area placements have increased and the unit remains at capacity, so the review should also establish whether this increase is due to the success of the unit, referral pathways and service provision in this area to inform future service provision.

There are ongoing discussions with NHS England to ensure a 2-bed provision for our North Wales patients. At present, there is agreement to proceed with Chester and Wirral Partnership Trust, subject to capital approval from NHS England. The unit will be based on the Countess of Chester Health Park and will consist of 6 beds in total, 2 of which will be secured for Welsh patients.

The business case led by NHS England is scheduled to be signed off by late summer 2022 subject to capital approval, with the service operational 18 months following this.

The Trust have committed to proving literature & signage in dual language and will try to recruit some Welsh speaking staff if this is feasible.

The BCUHB Perinatal Team are fully engaged in the process and have indicated their support for location following discussions with service users. The Trust will establish a service users and carers sub group to support development of the business case. Welsh representation will be included and welcomed by Trust.

3.5.5 Recommendations

- 1. To consider the 12 month review of the MBU at Tonna Hospital to be conducted in Quarter 1 of 2022-23.**
- 2. To advise following this review the long-term plan for the unit, particularly in relation to the location of the unit.**
- 3. To work in partnership with NHS England to secure 2 beds for Welsh patients in a new unit scheduled for development within Cheshire and Wirral Partnership Trust.**

NEUROPSYCHIATRY

KEY RECOMMENDATIONS:

1. To address the sustainability of the Welsh Neuropsychiatry Service
2. To ensure the Welsh Neuropsychiatry Service reaches across the whole of Wales
3. Improve the flow of patients across the whole patient pathway
4. Raise awareness and understanding in local areas of the enduring impact of an acquired brain injury on mental health

WORKFORCE

By enhancing staffing establishment in line with BSRM standards and investing further in specialist staff to develop and deliver a liaison model of working.

Upskilling of non-specialist staff in assessment and management and education/support to staff and family members.

Development and roll out of specific neuropsychiatry training programs for clinical teams in order to build on and improve knowledge and skills further.

GOVERNANCE

Though the development of a Liaison Model to ensure the service provision in North Wales receives the expertise of the Welsh Neuropsychiatry Services whilst still retaining the ability to provide care close to home for its population.

To develop a liaison model that ensures quality of care, prevention and co-ordination and crisis management services.

FINANCE

Service development has been funded via the WHSSC CIAG prioritisation process for Phase 1 and Phase 2a of the Neuropsychiatry model. The work outlined in this strategy is intended to be submitted as phase 2b of this ongoing work.

3.6 Neuropsychiatry

3.6.1 Background

In order to provide a focus on the requirements of Neuropsychiatry services across Wales, the strategy considers the development of services for Acquired Brain Injury to meet the population need.

To develop this section of the strategy, a workstream was set up to specifically consider Specialist Neuropsychiatry service requirements for the population of Wales to be commissioned by Welsh Health Specialised Services Committee (WHSSC).

The Neuropsychiatry workstream was chaired by the Directorate Manager, MHSOP at Cardiff and Vale University Health Board, with membership from a range of clinical and service representatives, as well as representatives from WHSSC. These professionals came from a range of health boards and statutory organisations to provide a full and unified discussion forum.

3.6.2 Data and Information

Audit data over past years indicates the service has consistently received around 150 referrals per year for neuropsychiatric opinion. Referrals are for:

- Inpatient assessment
- Day Unit assessment leading to individual interventions and group rehabilitation programmes.
- Out Patient Neuropsychiatric opinion and management advice

Referrals from (Health Board)	Population (ONS mid 2019) aged 18+	Actual Referrals by Financial Year			Referrals per 100,000 population		
		2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Cardiff & Vale	397,948	49	71	52	12	18	13
Aneurin Bevan	470,481	43	42	32	9	9	7
Abertawe Bro Morgannwg/ Swansea Bay	315,259	7	20	21	2	6	7
Cwm Taf	356,309	22	15	30	6	4	8
Hywel Dda	313,704	10	15	10	3	5	3
Powys	108,508	6	6	6	6	6	6
Betsi Cadwaladr	560,731	1	1	0	0	0	-
TOTAL	2,522,940	138	170	151	39	48	44

Patients are complex with Patient Categorisation Tool (PCAT) scores > 30 even on discharge. This can lead to discharge planning delays because

finding appropriate specialist placements in patients' local areas to meet their ongoing complex needs is challenging with few providers having the necessary skills and knowledge. Earlier working with Health Board teams and staff within specialist placements should reduce some of the discharge delays, and reduce the need for unnecessary re-admissions. There have been 2 re-admissions within 90 days to Ash Ward over the last 4 years. Given the enduring nature of patient complexity, the service provides post discharge follow up and support to ensure sustainability of the place of discharge. The requirement to conduct follow up /home visits by the appropriate discipline of staff and to provide training to support staff in the discharge setting is an additional pressure which cannot be robustly met within the current establishments.

Impact of Covid 19

The brain injury charity Headway (Tyerman, July 2020) has conducted a study into "*The impact of COVID-19 and the associated lockdown on people who are affected by brain injury*". The Headway survey, on over 1000 ABI survivors, indicated that 65% of their ABI respondents reported feeling isolated as a result of lockdown and 60% reported that it had a negative impact on their mental health (including 64% reporting an increase in anxiety and 53% a worsening of depression). This finding is replicated among neuropsychiatry service users with service users demonstrating an increase in psychiatric symptomology, requiring urgent review and re-referral of patients previously discharged now returning for access via part three of the Mental Health Measure (which gives all adults who are discharged from secondary mental health services the right to refer themselves back to those services), for further intervention.

3.6.3 Current Provision

The Welsh Neuropsychiatry Service is a specialist tertiary service for individuals who have suffered a serious acquired brain injury presenting with neuropsychiatric sequelae and neurobehavioral presentations and who require neuropsychiatric management and neuro-rehabilitation.

Patients seen in this service represent the most complex in behavioural, emotional and psychiatric need and require expert clinician in the field of neuropsychiatry. A full complement of specialist skilled and knowledgeable staff would include Medical, Nursing, Psychology, Speech and Language Therapy, Physiotherapy and Occupational Therapy providing assessment, neuropsychiatric interventions, management and rehabilitation.

Referrals are accepted from across Wales for inpatient care. For Day Services referrals are mainly received from South and Mid Wales.

The Service is based at Hafan y Coed, University Hospital Llandough and has:

- An inpatient ward of 10 Inpatient beds.
- A Day Service operating from the same site offering day attendance for assessment and rehabilitation.
- Community based rehabilitation and support in a patient's home locality.
- Consultant and Psychology outpatient appointments are offered in Cardiff. Consultant Psychiatry clinics also operate at Haverfordwest quarterly as needed in Llandrindod Wells.

There is currently no provision in North Wales. When referrals have been received from North Wales, Llandrindod Wells CMHT have provided a clinic facility for the Service on an ad hoc basis. For logistic reasons, from the patient perspective and the staffing capacity within this service, referral rates are low from North Wales but Consultant to Consultant advice has been a component of collaborative working between North Wales and this service.

For admission into the Inpatient Service, patients are received from across Wales. The criteria for admission is linked to the Patient Categorisation Tool (PCAT) and requirement for a highly specialised service able to support patients with severe neuro-behavioural presentations. The pathway for admission is invariably through UHW, Major Trauma Network, Neurosurgery ward, Rookwood Unit (UHL) and Neath and Port Talbot Neurorehabilitation Units and other DGHs.

For patients requiring assessment for inpatient admission, the distribution across Health Boards, excluding Betsi Cadwaladr, is equitable. For North Wales, families have understandably favoured admission to more local units such as Liverpool and the Midlands where there is a greater ease of access for them to visit.

The service should work with providers in North Wales to ensure that any service model changes in both Health Boards are equitable and do not adversely affect patient care. Collaboration and connection with neuropsychiatry developments in North Wales would be a priority to ensure a good interface with all relevant services across the Welsh network.

3.6.4 Service Development

Neuropsychiatry is a specialism that spans both Neurology and Psychiatry and after discharge from Neuropsychiatry and back to their local areas, patients continue to present with lifelong psychiatric difficulties. Local teams are not sufficiently acquainted with psychiatric presentations after

ABI and supporting local Mental Health Services is paramount, by case by case liaison and ongoing training.

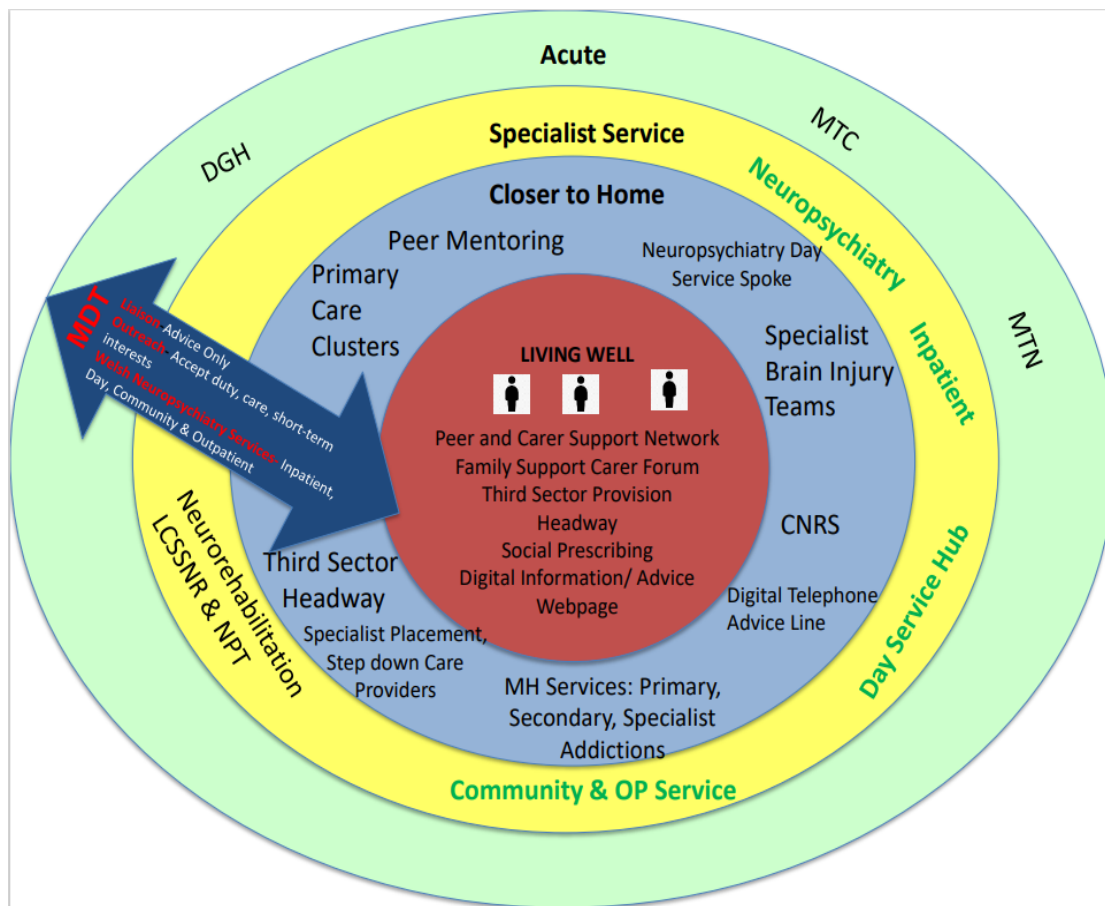
Inequity of access may occur if no bed were immediately available when required as inpatients can typically require lengthy stays and discharge planning can be complex.

With an enhanced multi professional team the service will be able to increase the current in-reach and outreach activity to support services at the front end of the pathway (UHW, Rookwood Unit (UHL) and Neath and Port Talbot etc.). Patients will then be referred from the community in a more efficient and effective way, working closely with teams, reducing admissions and supporting patient management when no bed is immediately available. This enhanced service provision will become a flexible Liaison Service responding to other services' pressures.

It is anticipated that an additional Consultant will ensure the delivery of outreach clinics in other Health Boards, but this will have a corresponding effect on the rest of the Welsh Neuropsychiatry Service demand.

In line with Welsh Government Standards, patients will often require input closer to their home from specialist therapy, psychology or specialist nurses as an alternative to medical outpatient clinics.

By developing the MDT Liaison model as phase two of the Welsh Neuropsychiatry Business case, the service will naturally expand to provide support and training across Wales and within UHB Neuro rehabilitation services, which in turn will inevitably increase demand and generate increased referrals into the service.



3.6.5 Recommendations

1. To address the sustainability of the Welsh Neuropsychiatry Service

By enhancing staffing establishment in line with BSRM standards and investing further in specialist staff to develop and deliver a liaison model of working.

Upskilling of non-specialist staff in assessment and management and education/support to staff and family members.

Development and roll out of specific neuropsychiatry training programs for clinical teams in order to build on and improve knowledge and skills further.

2. To ensure the Welsh Neuropsychiatry Service reaches across the whole of Wales

Though the development of a liaison model to ensure the service provision in North Wales receives the expertise of the Welsh Neuropsychiatry

Services whilst still retaining the ability to provide care close to home for its population.

To develop a liaison model that ensures quality of care, prevention and co-ordination and crisis management services.

3. Improve the flow of patients across the whole patient pathway

Facilitating the movement of patients into and out of the service as their treatment progresses with step down to local area services including a flexible working model.

Providing more consistent and intensive rehabilitation, increasing multidisciplinary input into discharge planning and supporting ongoing rehabilitation at discharge destination in order to reduce patient length of stay.

Support joint and partnership working to enable multi-organisational processes.

Support patients to step down to local facilities; working earlier with care providers to develop intervention and care plans with patients and their families, to support discharge from hospital.

Identify opportunities to develop a tiered model of care and /or further step down placement opportunities closer to patient's homes.

Develop support pathways and networks with the UHB neurorehabilitation team and other health board teams, to provide joined up care and support plans around the needs of patients and their families across Wales

4. Raise awareness and understanding in local areas of the enduring impact of an acquired brain injury on mental health

To work collaboratively with local mental health teams, neurology and neuro-rehabilitation networks.

PART 4: KEY THEMES

The development of this strategy has seen the emergence of a number of key themes. These themes have arisen in each of the workstreams and are supported at Programme Team and Programme Board level.

4.1 A Blended Approach to Service Development

Throughout the development of this strategy, the barriers of having different levels of care and “labelling” given to services has been seen as a key issue in service delivery. It was clear from discussions that a seamless approach was favoured, and a patient centred approach developed to ensure this is delivered.

In order to achieve this, the following recommendations have come through strongly:

The commissioning of secure care services be consolidated and commissioned by one organisation for low, medium and high secure care for both men and women. Also for commissioning to be inclusive of those with a learning disability where secure requirements are relevant and it is appropriate to do so.

- Commissioning and funding streams to be examined and redesigned if necessary
- Funding to be ring-fenced for secure services.
- Consideration of the provider collaborative model.
- Ensure care closer to home where this is possible and appropriate and serves the needs of the Welsh patients in Wales.
- Ensure the Welsh public spending goes back into the Welsh economy (Spending the Welsh £ in Wales).

Links to community services be strengthened to ensure seamless transition between levels of services and between age thresholds.

- Investment in community complex case teams.

To develop an All Wales Forensic Secure Services Board to provide quality assurance, care co-ordination and gatekeeping provision for secure services.

- To ensure appropriate gatekeeping and care co-ordination throughout the patient journey in secure services.
- To provide quality assurance for patient care.
- To ensure regular case reviews are in place for patients.

4.2 Electronic Records

The lack of standardised electronic records for mental health services in Wales currently provides a barrier to achieving the seamless approach to care. Many records are still in paper format, and where these are electronic, systems are basic and relevant to the single provider. They do not currently link to other areas of the service and this could result in the providers of care not receiving all the information required.

The following recommendations are made:

An electronic records system be developed in partnership with Digital Health and Care Wales (DHCW) and implemented to cover mental health services across NHS Wales.

- This should include minimum data sets for patient records and to aid referrals and transitions between service levels, and a standard electronic pre-admission form for tertiary level services.
- An all-Wales agreement on information sharing across mental health service provision should be in place urgently.
- A single record for inpatient and outpatient activity to be available on the point of admission via a "Patient Passport".
- CAMHS inpatient services in Wales should have a standard referral pathway and unified electronic records to support this.
- Investment in business intelligence is required to ensure ongoing development and improvement to meet changing needs for patients.

4.3 Estates

Current estates provision for mental health services in Wales are not fit for purpose to provide the appropriate care for our patients. Service need has developed and many elements of the estate do not meet the needs of our patients. Examples of this are the lack of dedicated seclusion facilities for women in our medium secure provision, en-suite provision in care settings, and the CAMHS estate, having been developed for a different demographic not suitable for the current demographic of patients.

The following recommendations are made:

A modernisation agenda for the development of estates to be considered for capital funding in order to achieve optimum service provision, effectiveness of care and efficiency of use of public funds.

- Infrastructure and estates are not robust enough or fit for purpose. Investment in the development of current estates to ensure sufficient capacity and suitable accommodation to include an increase in en-

suite and seclusion facilities is necessary to provide the best care for our patients. Seclusion suites should include a separate provision for women

- CAMHS units to be reviewed to identify areas of development, for example the remote location of NWAS to be considered, and developments to Ty Llidiard to meet the needs of patients
- Consideration given to the estates implications of the development of services for eating disorder patients.

4.4 Response to the Impact of Provider Collaborative on Welsh Patients

NHS England have recently agreed a significant change to their commissioning arrangements for services including mental health services.

These changes have seen the development of Provider Collaboratives. This development will have an impact on the availability of service provision for Welsh patients and we have seen notice services on current NHS England contracts for services. It is essential that this strategy considers these impacts and an appropriate response through the development of our services to meet the needs of our patients.

The following recommendations are made:

Urgent and longer term consideration for eating disorder services to ensure continuity of provision for our patients following the notice served on our current contract with NHS England.

- Short term solution of seeking alternative provision amongst the independent sector underway.
- Interim solution of the development of a similar provider collaborative to ensure provision in Wales where this is possible.
- Long term solution of an eating disorders unit for Wales to be considered as described in this strategy with a requirement for capital funding.

Urgent impact analysis required to assess other contracts which may be served notice from NHS England and alternative solutions as outlined for eating disorder services above.

- Impact analysis to be developed and carried out within year 1 of this strategy.
- Outcomes of this impact assessment to inform amendments to this strategy over its tenure.

PART 5: SUMMARY AND RECOMMENDATIONS

This strategy aims to take a holistic view of specialised mental health services for Wales and has considered key service areas to develop themes and recommendations for future development.

Investment will be needed if the ambition for specialised mental health services to ensure the highest quality care and service provision for our patients, is to be realised. Also our current commissioning and service model will need to be restructured to ensure we can deliver a seamless approach to care.

A summary of the recommendations from this strategy is outlined in the table below. Timeframes are set as:

Year 0 – Work is already underway prior to the publication of this strategy

Year 1 – October 2022-March 2023

Year 2 – April 2023-March 2024

Year 3 – April 2024 – March 2025

Year 4 – April 2025 – March 2026

Year 5 – April 2026 – March 2027

KEY THEMES
Recommendation
The commissioning of secure care services to be consolidated and commissioned by one organisation for low, medium and high secure care for men and women, to be inclusive of those with a learning disability where secure requirements are relevant and it is appropriate to do so.
To develop an All Wales Forensic Secure Services Board to provide quality assurance, care co-ordination and gatekeeping provision for secure services.
An electronic records system be developed in partnership with Digital Health and Care Wales (DHCW) and implemented to cover mental health services across NHS Wales.
A modernisation agenda for the development of estates to be considered for capital funding in order to achieve optimum service provision, effectiveness of care and efficient use of public funds.
Urgent consideration for eating disorder services to ensure continuity of provision for our patients following the notice served on our current contract with NHS England.
Urgent impact analysis required to assess other contracts which may be served notice from NHS England and alternative solutions as outlined for eating disorder services above.

1. CAMHS/FACTS			
No.	Recommendation	Timeframe	Investment Requirements
1.1	To assess and consider the CAMHS inpatient estate with particular emphasis on the NWS Site	Years 0-5	Capital
1.2	To consider a National CAMHS Inpatient Referral Hub	Years 1 - 2	Resource
1.3	To consider funding an electronic clinical records system	Years 2-3	IT Infrastructure
1.4	To undertake a comprehensive needs assessment for CAMHS inpatient services	Year 2	Resource
1.5	To consider staffing models at both units to meet the needs of the service specification	Year 0	Resource
1.6	Stabilisation of the FACTS service and development of a service specification	Years 0-2	Resource
2. EATING DISORDERS			
2.1	To establish an Eating Disorders Unit for Wales for both in-patient and Day Service Provision across all ages.	Years 2-5	Capital and resource
2.2	Urgent interim measures to be put in place following the notice given for Welsh eating disorder placements contract with NHS England.	Year 0	
2.3	Full review of ED In-patient services to be conducted by 2023.	Year 2	Resource
2.4	Developing our workforce.	Years 0-3	Resource
2.5	Expansion of Paediatric Support for inpatients in Welsh NHS Units.	Year 2	Resource
2.6	Expansion of HCSW role in adult eating disorder services.	Year 2	Resource
2.7	Review of NG Feeding pathways.	Year 0	Resource
2.8	Support for strengthening of Community provision.	Years 1-2	Resource
3. LEARNING DISABILITY			
3.1	All secure hospital care including low secure to be commissioned by one organisation.	Years 2-4	Resource

3.2	To develop and implement a blended model of care in conjunction with secure service provision in NHS Wales.	Years 2-4	Resource
3.3	Ensure regular review of LD patients in placements reinforcing the care co-ordination and gatekeeping role.	Year 2	Resource
3.4	Consider the role of the community Learning disabilities team to support forensic requirements.	Years 3-4	
3.5	Development of Electronic Records for Learning Disability Patients in NHS Wales.	Years 2-3	IT Infrastructure
3.6	Development of an All Wales demand and capacity inpatient data dashboard.	Years 2-3	IT Infrastructure
4. MALE SECURE SERVICES			
4.1	To develop Integrated Secure Services.	Years 2-5	Resource
4.2	To consider the requirements of the secure services estate in Wales.	Years 2-5	Capital
4.3	To develop an All Wales Forensic Secure Services Board.	Years 1-2	Resource
4.4	Development of Electronic Records for Secure Services in NHS Wales.	Years 2-3	IT Infrastructure
4.5	To undertake a staffing modernisation programme for the two NHS Wales medium secure units.	Years 0-2	Resource
4.6	To conduct a needs assessment for secure services in Wales.	Year 2	Resource
5. FEMALE SECURE SERVICES			
5.1	To consider the commissioning arrangements for a regional secure service for both medium and low secure service for women.	Years 2-5	Resource
5.2	To consider the requirements of the secure services estate in Wales.	Years 2-5	Capital
5.3	To consider establishing a robust Community Model Pathway for women.	Years 2-3	Resource
5.4	To consider the workforce skill mix to adapt to the increasing acuity of female patients in medium secure services.	Years 2-3	Resource

5.5	To develop an All Wales Forensic Secure Services Board.	Years 1-2	Resource
5.6	Development of Electronic Records for Secure Services in NHS Wales.	Years 0-3	IT Infrastructure
6. PERINATAL MENTAL HEALTH			
6.1	To consider the 12 month review of the MBU at Tonna Hospital to be conducted in Quarter 1 of 2022-23	Year 0-1	Resource
6.2	To advise following this review the long-term plan for the unit, particularly in relation to the location of the unit.	Years 2-3	Resource and Potential Capital
6.3	To work in partnership with NHS England to secure 2 beds for Welsh patients in a new unit scheduled for development within Cheshire and Wirral Partnership Trust.	Years 0-3	Commissioning
7. NEUROPSYCHIATRY			
7.1	To address the sustainability of the Welsh Neuropsychiatry Service.	Years 1-2	Resource
7.2	To ensure the Welsh Neuropsychiatry Service reaches across the whole of Wales.	Years 1-2	Resource
7.3	Improve the flow of patients across the whole patient pathway.	Years 1-2	Resource
7.4	Raise awareness and understanding in local areas of the enduring impact of an acquired brain injury on mental health.	Years 1-2	Resource

Glossary

WHSSC	Welsh Health Specialised Services Committee
NWASU	North Wales Adolescent Service Unit
NCCU	National Collaborative Commissioning Unit
HEIW	Health Education and Improvement Wales
MH	Mental Health
CAMHS	Children adults Mental Health Service
FACTS	Forensic Adolescent Consultation and Treatment Service
ED	Eating Disorder
LD	Learning Disabilities
HIW	Health Inspectorate Wales
CCAPS	Commissioning Care Assurance and Performance System
HSE	Health Safety Executive
CHC	Community Health Council
SUI	Serious Untoward Incident
QSI	Quality Surveillance Information System
QST	Quality Surveillance Team
OfWCMS	The Once for Wales Concerns Management System
PROMs	Patient Reported Outcome Measures
PREMS	Patient Experience Measures
HDU	High Dependency Unit
ECA	Extra Care Area
MDT	Multi-Disciplinary Team
HCSW	Health Care Support Workers
NG	Nasogastric (NG) Tube Feeding
NICE	National Institute of Clinical Excellence
MARSIPAN	Management of Really Sick Patients with Anorexia Nervosa
CAEDS	Community Adult Eating Disorder Service
EUPD	Emotionally Unstable Personality Disorder
QNLD	Quality Network for Learning Disability Services
MOU	Memorandum of Understanding
DTOC	Delayed Transfers of Care
PCAT	Patient Categorisation Tool
BSRM	British Society of Rehabilitation Medicine



MENTAL HEALTH SPECIALISED SERVICES STRATEGY FOR WALES - Stakeholder Survey

We are currently consulting on the Mental Health Specialised Services Strategy for Wales and would value your input.

The overall aim of the strategy is:

To develop a specialist mental health strategy for the people of Wales with associated delivery plan

Within this aim, the following principles will need to be considered:

- High quality specialised care provided to patients in the least restrictive environment appropriate for their treatment
- Providing more care closer to home wherever safe and practicable to do so; primarily in the Welsh NHS but where necessary, and appropriate, with third sector or private sector partners.
- Developing commissioning models which add value and strengthen the whole pathway approach to service delivery supporting the transforming health care agenda within Wales.
- Addressing the challenge of improving outcomes and transitions between different parts of pathway and commissioning organisational boundaries
- Prioritising investment in areas with demand and capacity constraints and areas with extended waiting times and/or gaps in service.

The survey consists of a number of key questions to ensure the strategy addresses the right areas to achieve its aim. The survey will take approximately 30 minutes to complete.

This process is open from 9th May 2022 until midnight on 6th June 2022.

I would be grateful for your completed survey by midnight 6th June 2022 to the following email address: Emma.King2@wales.nhs.uk.

Thank you very much for your help with this matter.

Section 1 – Details

1. Are you a person with lived experience/carers/family member?
 - ☐ Yes
 - ☐ No

2. Do you work in any of the following:
 - ☐ NHS Health Board/Trust
 - ☐ Third Sector
 - ☐ Education Provider
 - ☐ Trade Union
 - ☐ Charity
 - ☐ Professional Body
 - ☐ Government
 - ☐ Local Authority
 - ☐ Volunteering
 - ☐ Other _____

3. Which Health Board/Trust do you work for?

4. In which geographical area are you located (by Health Board locality)?
 - ☐ Aneurin Bevan University Health Board
 - ☐ Betsi Cadwaladr University Health Board
 - ☐ Cardiff & Vale University Health Board
 - ☐ Cwm Taff Morgannwg University Health Board
 - ☐ Hywel Dda University Health Board
 - ☐ Powys Teaching Health Board
 - ☐ Swansea Bay University Health Board
 - ☐ Other _____

5. Do you work in an NHS Wales service/organisation?
 - ☐ Yes
 - ☐ No

6. If 'yes', what is your role/job title?

7. If 'no', which sector do you work in?

8. Are you employed to deliver mental health services as your main role?



☐ Yes

☐ No

9. If 'no', do you deliver any mental health support within your role?

☐ Yes

☐ No

10.If 'yes', what mental health support do you offer within your role?



Theme 1 – Transitions

11. Do you support/not support the suggested recommendations under Theme 1?

	Yes	No	Partly
1. The development of a patient passport to improve transitions from CAMHS to Adult and Adult to older people's services, and also between levels of service and sub-specialties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Transitions between service levels should also be explored for CAMHS Services, with consideration given to transition workers or outreach services to act as an intermediate care service linking inpatient and community services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The development of a CAMHS Referral Hub for the NHS Wales in-patient units would address some of the key issues identified through workstream discussions such as the timeliness of assessments and decision making and agreed national minimum data sets for referrals to ensure inpatient units have all required information for admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ensure pathways consider the timely transition of patients with a learning disability to the appropriate environment that meets their assessed needs and prioritising transition planning of patients with a learning disability who have a length of stay over five years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please provide more information to help us understand your response.

Theme 2 – Child and Adolescent Mental Health Services (CAMHS)

13. Do you support/not support the suggested recommendations under Theme 2?

	Yes	No	Partly
1. To assess and consider the CAMHS inpatient estate with particular emphasis on the NWSA Site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To consider a National CAMHS Inpatient Referral Hub.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To consider funding an electronic clinical records system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To undertake a comprehensive needs assessment for CAMHS inpatient services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To consider staffing models at both units to meet the needs of the service specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Stabilisation of the FACTS service and development of a service specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Please provide more information to help us understand your response.

Theme 3 – Eating Disorders

15. Do you support/not support the suggested recommendations under Theme 3?

	Yes	No	Partly
1. To establish an Eating Disorders Unit for Wales for both in-patient and Day Service Provision across all ages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Urgent interim measures to be put in place following the notice given for Welsh eating disorder placements contract with NHS England.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Full review of ED In-patient services to be conducted by 2023.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Expansion of Paediatric Support for inpatients in Welsh NHS Units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Expansion of HCSW role in adult eating disorder services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Review of NG Feeding pathways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Support for strengthening of Community provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please provide more information to help us understand your response.



Theme 4 – Learning Disabilities

17. Do you support/not support the suggested recommendations under Theme 4?

	Yes	No	Partly
1. All secure hospital care including low secure to be commissioned by one organisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To develop and implement a blended model of care in conjunction with secure service provision in NHS Wales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ensure regular review of LD patients in placements reinforcing the care co-ordination and gatekeeping role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Consider the role of the community Learning disabilities team to support forensic requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Development of Electronic Records for Learning Disability Patients in NHS Wales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Development of an All Wales demand and capacity inpatient data dashboard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Please provide more information to help us understand your response.

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Theme 5 – Male Secure Services

19. Do you support/not support the suggested recommendations under Theme 5?

	Yes	No	Partly
1. To develop Integrated Secure Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To consider the requirements of the secure services estate in Wales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To develop an All Wales Forensic Secure Services Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Development of Electronic Records for Secure Services in NHS Wales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To undertake a staffing modernisation programme for the two NHS Wales medium secure units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To conduct a needs assessment for secure services in Wales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Please provide more information to help us understand your response.

[illegible]



Theme 6 – Female Secure Services

21. Do you support/not support the suggested recommendations under Theme 6?

	Yes	No	Partly
1. To consider the commissioning arrangements for a regional secure service for both medium and low secure service for women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To consider the requirements of the secure services estate in Wales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To consider establishing a robust Community Model Pathway for women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To consider the workforce skill mix to adapt to the increasing acuity of female patients in medium secure services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To develop an All Wales Forensic Secure Services Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Development of Electronic Records for Secure Services in NHS Wales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Please provide more information to help us understand your response.

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Theme 7 – Perinatal Mental Health

23. Do you support/not support the suggested recommendations under Theme 7?

	Yes	No	Partly
1. To review the MBU at Tonna Hospital 12 months post-opening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To advise following this review the long-term plan for the unit, particularly in relation to the siting of the unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To work in partnership with NHS England to secure 2 beds for Welsh patients in a new unit scheduled for development within Cheshire and Wirral Partnership Trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Please provide more information to help us understand your response.

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Theme 8 – Neuropsychiatry

25. Do you support/not support the suggested recommendations under Theme 8?

	Yes	No	Partly
1. To address the sustainability of the Welsh Neuropsychiatry Service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To ensure the Welsh Neuropsychiatry Service reaches across the whole of Wales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Improve the flow of patients across the whole patient pathway.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Raise awareness and understanding in local areas of the enduring impact of an acquired brain injury on mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Please provide more information to help us understand your response.



General Questions

27. Do you think there are any gaps in the suggested actions?

- ☐ Yes
☐ No

28. If 'yes', please highlight what else should be included, and why this matters to you.

29. What advice do you have on how we should implement these actions?

30. Do you have any examples of different ways of working, best practice, or case studies that would help to inform these actions and the costings?
(Please provide a brief overview which may include hyperlinks, and your contact details).

31. Do you feel the proposals set out within this draft document provide equity and accessibility to all?

- ☐ Yes
☐ No

32.Do you have any further comments?

Thank you for participating in the process.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

MENTAL HEALTH SPECIALISED SERVICES STRATEGY FOR WALES 2022/23-2027/28

**DRAFT DOCUMENT
Summary Version**

Foreword

- This Mental Health Strategy 2022-2028 (the Strategy) sets out our ambitious whole person approach to commissioning (buying) specialised Mental Health services on behalf of the seven Health Boards for Wales.
- Mental health and emotional well-being, is a clear priority within Welsh Health Specialised Services Committee (WHSSC), and the Strategy has been developed to show how we intend to meet that priority.
- Mental health issues have impacted most people's lives through personal experience, caring for a family member or supporting friends or colleagues.
- Many mental health conditions will be preventable, and almost all are treatable, so people can either fully recover or manage their conditions successfully and live healthy, happy and productive lives.
- This strategy aims to ensure the commissioning of high quality specialist mental health services for the people of Wales and for equitable outcomes for all patients in Wales.
- We want this plan to be delivered with the same spirit of ambition, creativity, compassion and collective effort that has characterised the nation's response to the pandemic's threat.



Sian Lewis

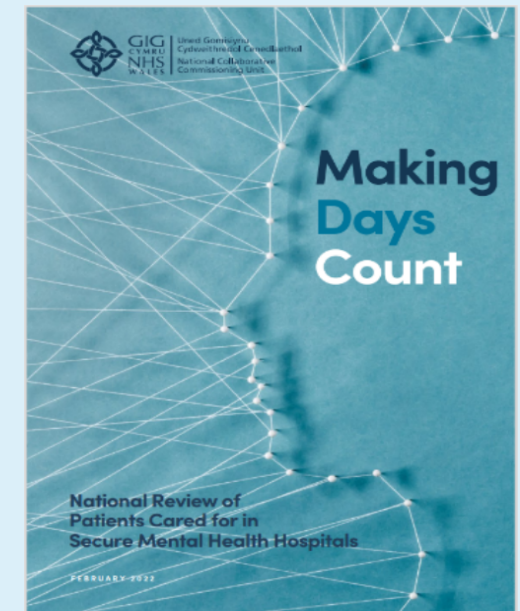
Managing Director of WHSSC

Introduction

- The Welsh Health Specialised Services Committee (WHSSC) works on behalf of the 7 Health Boards in Wales to buy high quality specialist services for the Welsh Population. Specialised services support people with rare or complex conditions.
- It works through a variety of commissioning teams to plan, secure and evaluate specialist services for the people of Wales. One of the commissioning teams has a focus on Mental Health and Vulnerable Groups.
- Services are delivered by Local Health Boards across various NHS sites in Wales and by NHS providers in England. The independent sector is also used across mental health in both England and Wales.

Why do we need this strategy?

- There have been a number of reviews of mental health services lately, and the strategy has been developed to pull together the recommendations from these reviews in order to improve our services over the next 5 years.



How we have developed this strategy

- We have worked together with Health Boards, NHS organisations and the voluntary sector through a number of key workstreams to talk about the things we need to do to improve our mental health services.
- Each workstream has been led by either a service provider or commissioner and members came from all health boards and our key partners to make sure we had a variety of viewpoints and opinions.
- The strategy has then been developed with all of these discussions in mind and sent out to interested people and organisations (Stakeholders) for them to feedback their thoughts on the document.

CAMHS and FACTS

- CAMHS is our Child and Adolescent Mental Health Services and FACTS is the Forensic Adolescent Consultation Treatment Service

KEY RECOMMENDATIONS:

- To assess and consider the CAMHS inpatient estate with particular emphasis on the NWAS (North Wales) Site
- To consider a National CAMHS Inpatient Referral Hub
- To consider funding an electronic clinical records system
- To undertake a comprehensive needs assessment for CAMHS inpatient services
- To consider staffing models at both units to meet the needs of the service specification
- Stabilisation of the FACTS service and development of a service specification

Eating Disorders

KEY RECOMMENDATIONS:

- To establish an Eating Disorders Unit for Wales for both in-patient and Day Service Provision across all ages.
- Urgent interim measures to be put in place following the notice given for Welsh eating disorder placements contract with NHS England
- Full review of Eating Disorders In-patient services to be conducted by 2023
- Developing our workforce
- Expansion of Paediatric Support for inpatients in Welsh NHS Units
- Expansion of Health Care Support Worker role in adult eating disorder services
- Review of Naso-Gastric (NG) Feeding pathways
- Support for strengthening of Community provision
 - Day Services
 - In-reach/Out-reach Model
 - National Eating Disorders Team

Learning Disabilities

KEY RECOMMENDATIONS:

- All secure hospital care including low secure to be commissioned by one organisation:
- To develop and implement a blended model of care in conjunction with secure service provision in NHS Wales
- Ensure regular review of Learning Disabilities patients in placements reinforcing the care co-ordination and gatekeeping role
- Consider a the role of the community Learning Disabilities team to support forensic requirements
- Development of Electronic Records for Learning Disability Patients in NHS Wales
- Development of an All Wales demand and capacity inpatient data dashboard

Men's Secure Services

KEY RECOMMENDATIONS:

- To develop Integrated Secure Services
- To consider the requirements of the secure services estate (buildings) in Wales
- To develop an All Wales Forensic Secure Services Board
- Development of Electronic Records for Secure Services in NHS Wales
- To undertake a staffing development and modernisation programme for the two NHS Wales medium secure units.
- To conduct a needs assessment for secure services in Wales

Women's Secure Services

KEY RECOMMENDATIONS:

- To consider the commissioning arrangements for a regional secure service for both medium and low secure service for women
- To consider the requirements of the secure services estate in Wales
- To consider establishing a robust Community Model Pathway for women
- To consider the workforce skill mix to adapt to the increasing acuity of female patients in medium secure services
- To develop an All Wales Forensic Secure Services Board
- Development of Electronic Records for Secure Services in NHS Wales

Perinatal Mental Health

KEY RECOMMENDATIONS:

- To consider the 12 month review of the Mother and Baby Unit (MBU) at Tonna Hospital to be conducted in Quarter 1 of 2022-23
- To advise following this review the long-term plan for the unit, particularly in relation to the location of the unit
- To work in partnership with NHS England to secure 2 beds for Welsh patients in a new unit scheduled for development within Cheshire and Wirral Partnership Trust.

Neuropsychiatry

KEY RECOMMENDATIONS:

- To address the sustainability of the Welsh Neuropsychiatry Service
- To ensure the Welsh Neuropsychiatry Service reaches across the whole of Wales
- Improve the flow of patients across the whole patient pathway
- Raise awareness and understanding in local areas of the enduring impact of an acquired brain injury on mental health

Key Themes

- **A blended approach to service development**
 - The blended approach aims to limit the labels used for “low” and “medium” secure services and provide simple pathways for patients.
 - The commissioning of secure care services be consolidated to be commissioned by one organisation for secure care for men and women, to be inclusive of those with a learning disability where secure requirements are prevalent and it is appropriate to do so.
 - To develop an All Wales Forensic Secure Services Board to provide quality assurance, care co-ordination and gatekeeping provision for secure services.
- **Electronic records**
 - An electronic records system be developed in partnership with Digital Health and Care Wales (DHCW) and implemented to cover mental health services across NHS Wales.

Key Themes

- **Estates (Buildings)**

- A modernisation agenda for the development of estates to be considered for capital funding in order to achieve optimum service provision, effectiveness of care and efficiency of use of public funds.

- **Response to the Impact of Provider Collaborative on Welsh Patients**

- Urgent consideration for eating disorder services to ensure continuity of provision for our patients following the notice served on our current contract with NHS England.
- Urgent impact analysis required to assess other contracts which may be served notice from NHS England and alternative solutions as outlined for eating disorder services above.

Next Steps

- Stakeholder Engagement Process
 - 10th May – 6th June 2022
- Feedback from Stakeholder Engagement Process to inform amendments to strategy document
- Approval through WHSSC due process mechanism
- Anticipated publication of final strategy
 - October 2022



GIG
CYMRU
NHS
WALES

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

Report Title	Preparedness for the COVID-19 Public Inquiry	Agenda Item	3.6
Meeting Title	Joint Committee	Meeting Date	10/05/2022
FOI Status	Open/Public		
Author (Job title)	Kevin Smith, Chartered Governance Professional		
Executive Lead (Job title)	Jacqueline Evans, Committee Secretary		

Purpose of the Report	The purpose of this report is to update the Joint Committee on WHSSC's preparedness for the COVID-19 Public Inquiry.				
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 information presented within the report.

PREPAREDNESS FOR THE COVID-19 PUBLIC INQUIRY

1.0 SITUATION

The purpose of this report is to update the Joint Committee on WHSSC's preparedness for the COVID-19 (C-19) Public Inquiry.

2.0 BACKGROUND

The C-19 pandemic, which began early in 2020, has been one of the greatest challenges of its kind faced by the nation and the NHS; a challenge that has been predicated on unprecedented levels of healthcare demand and that has called for an unparalleled response from the NHS.

On 12 May 2021, the Prime Minister announced his intention to commission an independent Public Inquiry into the C-19 pandemic enabling the UK government to discharge its obligations and examine the actions it took to respond to the pandemic and to learn every possible lesson for the future.

On 15 December 2021, the Rt Hon Baroness Heather Hallett DBE was appointed as Chair of the forthcoming Public Inquiry into the C-19 pandemic with a view to work on the Inquiry commencing in spring 2022. The Inquiry was established under the Inquiries Act 2005, with full powers, including the power to compel the production of documents and to summon witnesses to give evidence on oath.

The First Minister for Wales has continued to support a UK-wide approach to an Inquiry that includes Welsh chapters; however, opposition parties, bereaved families and campaign groups have called for a Wales specific Inquiry given that the NHS is devolved in Wales. Commentators are suggesting it is now unlikely that there will be a separate Welsh Inquiry (although a separate Scottish Inquiry has been established).

The Draft Terms of Reference for the Inquiry were published on 10 March 2022 with the beginning of a consultation period that ended on 7 April 2022. They were only two pages long but legal commentators were of the view that their scope was sufficient to enable the Inquiry to have a broad reach. Commentators have suggested that the final Terms of Reference (ToR) are likely to be published around May-June 2022.

Some senior members of the Inquiry team have now been appointed to support the Inquiry Chair but a recruitment campaign is currently ongoing for additional Inquiry staff, including a substantial legal team.

Whilst the ToR state that the Inquiry will produce its reports (including interim reports) and any recommendations in a timely manner, commentators have observed that previous inquiries with a similar scope have taken years from

start to finish. There is however a view that Baroness Hallett will be keen to demonstrate pace.

An important next step will be determination by Baroness Hallett of Core Participants and while initially they will be organisations involved at a strategic level, such as Government departments, some key NHS organisations are likely to be added later.

3.0 ASSESSMENT

3.1 C-19 Governance

In autumn 2021 WHSSC commenced a project to prepare for the Public Inquiry (the Project); the Project recognised that WHSSC's role in the pandemic was very different to that of the local Health Boards (HBs) and its preparations should reflect this. Decisions regarding the Project are taken by the WHSSC Managing Director and the Senior Responsible Officer (SRO) for the Project is Jacqueline Evans, Committee Secretary and Head of Corporate Services.

3.2 Welsh Government Request to Ensure Records are Available

We have learned that the Director of Governance and Ethics, Welsh Government (WG), wrote an open letter to Welsh Public Bodies on 3 March 2022 principally asking them to take steps to ensure themselves that they will be able to provide relevant records, information and data to the Inquiry if requested.

3.3 Records Management

The main activity of the Project to date has been the creation of a C-19 structured archive, which includes a timeline of key decisions taken by WHSSC. Work on the archive is ongoing but it is already well developed.

3.4 Legal Representation

WHSSC has maintained contact with NWSSP Legal & Risk Services (L&RS) in relation to preparation for the Inquiry since summer 2021 and will engage legal representation through L&RS for the Inquiry if this becomes appropriate.

3.5 Core Participant Status

It seems unlikely that WHSSC will, or should, be a Core Participant to the Inquiry but more likely that it may be required to respond to written enquiries and/or provide relevant documents in due course.

3.6 All Wales Co-ordinated Approach

It is understood that a report was taken to the NHS Wales Leadership Board on 29 March 2022 that recognised the merit in having assurance of a more co-ordinated approach across Welsh NHS organisations, in part to allow sharing of best practice and enabling consistency of use of evidence and data; but also to avoid an unnecessary level of duplication. It was proposed that this would be

achieved by SROs coming together on a regular basis in a working group convened by WG in the first instance. WHSSC proposes to participate in this process.

4.0 RECOMMENDATIONS

Members are asked to:

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

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	
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 Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction) Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	To be a well-governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services to improve patient outcomes and to be in a position to respond to any request for information from the Inquiry.
Finance/Resource Implications	No impact in this area was identified.
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc)	There may be an adverse effect on the organisation if there are no arrangements in place respond to request for information from the Inquiry.
Long Term Implications (incl WCFG Act 2015)	Not applicable.
Report History (Meeting/Date/ Summary of Outcome)	-
Appendices	-



Report Title	Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group	Agenda Item	3.7
Meeting Title	Joint Committee	Meeting Date	10/05/2022
FOI Status	Open/Public		
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 a brief overview of the work that has been undertaken by the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group and to seek support to disestablish the advisory group, as there is no longer a requirement for it to be established as a sub group of the Joint Committee.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the work undertaken by the Joint Committee's sub group the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group,
- **Approve** the proposal to disestablish the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group; and
- **Note** that the work of the group has been incorporated into the Inclusion and Corporate Business Division within Social Services in Welsh Government (WG).

DISESTABLISHMENT OF THE NHS WALES MENTAL HEALTH AND LEARNING DISABILITY COLLABORATIVE COMMISSIONING GROUP

1.0 SITUATION

The purpose of this report is to provide a brief overview of the work that has been undertaken by the NHS Wales Mental Health (MH) and Learning Disability (LD) Collaborative Commissioning Group (*"the Group"*) and to seek support to disestablish the advisory group, as there is no longer a requirement for it to be established as a sub group of the Joint Committee (JC).

2.0 BACKGROUND

The Health Board's (HB's) in Wales are responsible for ensuring that plans are put in place to meet the needs of their residents for mental health services, including ensuring that plans are in place to develop secure services pathways in their area and to comply with the requirements of the All-Wales Secure Services Framework Agreement.

The Group was introduced as a sub group of the JC in 2012-2013 with a purpose to act as an advisory group which co-ordinated the approach across Wales and to ensure that the benefits of working collaboratively were realised.

The Group reported to the JC and oversaw the performance and contract management arrangements function to improve pathways and standards of care for Welsh residents across the full spectrum of Secure Care. The purpose and remit of the Group, are set out in the Terms of Reference (ToR) presented at **Appendix 1.**

As the group have not met since 2016 to ensure effective governance the JC are requested to agree that the group is formally disestablished and is removed from the Committee's sub-committee/group structure.

3.0 ASSESSMENT

The Group met regularly up until 8 July 2016, and business discussions included bed capacity and planning, learning disability patient reviews, gate keeping and case management and clinical oversight arrangements.

During 2017-2018, it was identified that the group had not met for over 12 months. At that time in 2017-2018 governance arrangements for all clinical

networks were under review and a number transferred to the NHS Wales Health Collaborative (*"the Collaborative"*) from the 1 January 2018. The Collaborative proposed an alternative to the Group, through the "Wales Mental Health Network" the remit of which includes:

- Perinatal Mental Health,
- Child and Adolescent Mental Health (CAMHS),
- Eating Disorders,
- Adult Mental Health,
- Together for Children and Young People (T4CYP); and
- Suicide and Self-Harm Prevention.

The Collaborative assure and oversee the performance and contract management arrangements function to improve pathways and standards of care for Welsh residents across the full spectrum of Secure Care.

During 2018-2019, the purpose of the Group was subject to further review due to the changes to the structure of mental health advisory functions. Since then it has been identified that there is no longer a need for the group to meet, as the oversight of LD is undertaken through the Inclusion and Corporate Business Division within Social Services in WG where there are two programmes of work, the integrated learning disability, autism and neurodevelopmental policy team and the Learning Disabilities Transformation Programme.

Given the time that has passed and to ensure effective governance it is proposed that the Group is formally disestablished as the work of the Group has been incorporated elsewhere.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the work undertaken by the Joint Committee's sub group the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group,
- **Approve** the proposal to disestablish the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group; and
- **Note** that the work of the group has been incorporated into the Inclusion and Corporate Business Division within Social Services in WG.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	-
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	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 are no financial/resource implications associated with this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	This report demonstrates compliance with the Model Standing Orders, Reservations and Delegation of Powers (SO's) which were last issued by WG in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).

Long Term Implications (incl 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 – NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group - Terms of Reference (ToR)

NHS WALES ADULT MENTAL HEALTH/LEARNING DISABILITY COLLABORATIVE COMMISSIONING GROUP

TERMS OF REFERENCE

INTRODUCTION

The Standing Orders of the Joint Committee provide that *“The Joint Committee may and, where directed by the Assembly Government must, appoint Committees of the LHB either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Joint Committee’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.

In line with standing orders (and the scheme of delegation), the Joint Committee shall nominate a sub group to be known as the **NHS Wales Adult Mental Health/Learning Disability (AMH/LD) Collaborative Commissioning Group**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this group are set out below.

The Health Boards in Wales are responsible for ensuring that plans are put in place to meet the needs of their residents for mental health services, including ensuring that plans are in place to develop secure services pathways and to comply with the requirements of the All-Wales Secure Services Framework Agreement.

The WHSSC Joint Committee has agreed that the same minimum standards should be expected of NHS and Independent Sector Mental Health Services and the group will play a critical role in developing proposals to provide assurance on these services.

PURPOSE

The purpose of the NHS Wales AMH/LD Collaborative Commissioning Group, “the group” is to:

- Co-ordinate the planning;
- Advise and co-ordinate the commissioning and have oversight of the performance management of secure mental health services (including

high, medium, low secure services and locked and open rehabilitation services).

In doing this, the group will co-ordinate the approach across Wales and to ensure that the benefits of working collaboratively are realised.

The AMH/LD Collaborative Commissioning Group will report to the Joint Committee and assure and oversee the performance and contract management arrangements function to improve pathways and standards of care for Welsh residents across the full spectrum of Secure Care.

To co-ordinate and advise Health Boards on the development of sustainable NHS specialised secure services where possible in Wales to ensure Welsh residents receive safe and effective care provided by skilled, trained staff at the lowest level of appropriate security.

DELEGATED POWERS AND AUTHORITY

The Group will, in respect of its provision of advice to the Joint Committee undertake the following functions: -

- Provide evidence-based and timely advice to the Health Boards, through the Welsh Health Specialised Services Committee, to assist them in discharging their functions and meeting their responsibilities with regards to secure services;
- Co-ordinate the development of sustainable NHS specialised secure services where possible in Wales to ensure Welsh residents receive appropriate care provided by skilled, trained staff at the lowest level of appropriate security;
- Identify the required patient activity requirements to be procured from the Independent Care Sector or other providers across a time period to be defined by each Health Board;
- Determine the service specifications in relation to any procurement exercise for the delivery of AMH & LD Services from the Independent Care Sector;
- Highlight risks and propose mitigating actions in relation to the commissioning of secure care;
- Support and monitor the performance and contract management functions of the All-Wales secure services framework agreement;
- Oversee the development of a range of key performance indicators focused on improving quality and outcomes;
- Ensure a high quality service is provided for Welsh residents by independent care providers;
- Development and implementation of consistent pathways for secure care across Wales;

- Co-ordinates the development of clear and consistent gate-keeping arrangements;
- Ensure collaborative working is promoted through a Wales wide approach, leading to improved outcomes for service users through developing joint learning opportunities and sharing good practice information.
- Co-ordinate the establishment and development of integrated clinical case management across high, medium and low secure services. The system should facilitate movement throughout the pathway in a timely manner and proactively manage exceptional cases.

Authority

The Group is authorised by the Joint Committee to investigate or have investigated any activity within its sphere of responsibility.

The Group is authorised by the Joint Committee to obtain external legal or other independent professional advice and to secure the attendance of external experts / advisors with relevant experience and expertise if it considers it necessary, in accordance with procurement, budgetary and other requirements.

Task and Finish Groups

The Group may, subject to the approval of the Joint Committee establish task and finish groups to carry out on its behalf specific aspects of business.

MEMBERSHIP

- Lead Chief Executive (or nominated Executive Director) for Mental Health Services
- WHSSC Director of Planning (or representative)
- WHSSC Director of Nursing (or representative)
- Representatives from 7 Health Boards (nominated by the Chief Executive Officers)
- Representation from the Director of Primary Care, Community and Mental Health Peer Group

The Lead Chief Executive for Mental Health Services shall chair the Group and in the absence of the Chair, the Director of Planning from WHSSC will deputise.

Attendance

The following Members will be in attendance:

- Specialist Lead for Mental Health

- Clinical Lead (or Deputy) Collaborate Commissioning

Other representatives may be invited to attend the meetings to support the functions of the Group.

Member Appointments

The membership of the Group shall be determined by the Joint Committee and subject to any specific requirements or directions made by the Assembly Government and in line with the Governance and Accountability Framework.

Support to Group Members

The Committee Secretary, on behalf of the Chair, shall:

- Determine the secretarial and support arrangements for the Committee; and
- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role.

COMMITTEE MEETINGS

Quorum

At least four representatives from Health Boards must be present for the NHS Wales AMH/LD Collaborative Commissioning Group to be Quorate.

Frequency of Meetings

The Group will aim to meet on a quarterly basis.

Circulation of Papers

The Committee Secretary will ensure that all papers are distributed at least 5 working days prior to the meeting.

REPORTING AND ASSURANCE ARRANGEMENTS

The Group Chair shall:

- report formally, regularly and on a timely basis to the Joint Committee on the Group's activities. This may include verbal updates on activity, the submission of the Group minutes and written reports;

- bring to the Joint Committee's specific attention any significant matters under consideration by the Group;
- ensure appropriate escalation arrangements are in place to alert the Chair, Lead Director or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of WHSSC.
- Ensure appropriate escalation arrangements are in place to alert the relevant Director (Health Board and WHSSC, where relevant) of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee.

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any Task and Finish Groups established.

RELATIONSHIP WITH THE JOINT COMMITTEE AND ITS COMMITTEES/GROUPS

Although the Joint Committee has delegated authority to the Group 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 Group, through the Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the:

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

The Group shall embed the corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the WHSSC Standing Orders are equally applicable to the operation of the Group, except in the area relating to the Quorum.

REVIEW

These Terms of Reference shall be adopted by the Group at its first meeting and subject to review at least on an annual basis thereafter.

2016



Report Title	Annual Governance Statement 2021-2022		Agenda Item	3.8
Meeting Title	Joint Committee		Meeting Date	10/05/2022
FOI Status	Open			
Author (Job title)	Corporate Governance Manager			
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services			
Purpose of the Report	The purpose of this report is present the Annual Governance Statement (AGS) 2021-22 for retrospective approval.			
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,
- **Note** that a Draft Annual Governance Statement (AGS) was endorsed at the Integrated Governance Committee (IGC) on 19 April 2022 and the draft was submitted to CTMUHB in readiness for the 29 April 2022 deadline set,
- **Approve** the WHSSC Annual Governance Statement (AGS) 2021-2022,
- **Note** that the WHSSC Annual Governance Statement (AGS) 2021-2022 will be included in the CTMUHB Annual report being submitted to Welsh Government and Audit Wales by 15 June 2022, recognising that it has been reviewed and agreed by the relevant sub committees of the Joint Committee; and
- **Note** that the final WHSSC Annual Governance Statement (AGS) will be included in the Annual Report presented at the CTMUHB Annual General Meeting (AGM) on 28 July 2022.

ANNUAL GOVERNANCE STATEMENT 2021-2022

1.0 SITUATION

The purpose of this report is present the Annual Governance Statement (AGS) 2021-22 for retrospective approval.

2.0 BACKGROUND

The Financial Reporting Manual (FREM) stipulates that statutory NHS bodies are required to publish, as a single document, a three-part annual report and accounts which includes a Performance Report, an Accountability Report and Financial Statements.

As a hosted body under Cwm Taf Morgannwg UHB (CTMUHB), WHSSC is required to produce an Annual Governance Statement (AGS) demonstrating publicly the management and control of resources and the extent to which it complies with its own code of governance, including how we have monitored and evaluated the effectiveness of our governance arrangements. The statement brings together, in one place, all disclosures relating to governance, risk and control and is included within the CTMUHB Annual Report and Accounts presented to Welsh Government (WG).

The AGS also provides assurance to the Joint Committee and individual Health Boards (HBs) on the processes and procedures in place to enable the WHSSC to carry out its functions effectively. The statement is produced following a review of WHSSC's governance arrangements and includes a statement report that the Joint Committee has conducted a review of the effectiveness of the system on internal controls.

As a statutory committee of the seven HBs, each HB receives the AGS for assurances purposes.

3.0 ASSESSMENT

The AGS has been assembled from work through the year to gain assurance about performance and insight into the organisation's risk profile, its responses to the identified and emerging risks and its success in tracking them.

The draft AGS 2021-2022 was considered by the Integrated Governance Committee (IGC) on the 19 April 2022, and the committee put forward some minor amendments to strengthen the document. The draft AGS 2021-2022 presented at **Appendix 1** was submitted to the corporate governance team at CTMUHB on the 29 April 2022 in readiness for the deadline set.

The Joint Committee are requested to consider the report and if appropriate retrospectively approve the document, subject to any additional considerations the Committee may wish to include.

The timelines for submitting the required information to CTMUHB are outlined below:

Date	Task
19 April 2022	Draft AGS presented to IGC for review.
25 April 2022	Draft AGS circulated to WHSSC executives for final review.
29 April 2022	The AGS Reports for all of the hosted organisations (WHSCC & EASC) and a Governance Hosted Compliance Statement from National Academy for Wales and VIH to be submitted to CTMUHB for extraordinary CTMUHB Audit & Risk Committee meeting.
29 April 2022	Draft WHSSC Accounts sent to Welsh Government / Audit Wales.
4 May 2022	AGS presented to the Corporate Directors Group (CDGB) for review and approval.
10 May 2022	Final WHSSC AGS presented to the Joint Committee for approval.
18 May 2022	WHSSC to attend the extraordinary CTMUHB Audit & Risk Committee meeting 18 May 2022 to discuss the annual accounts.(Prior to final approval being sought from the Audit & Risk Committee / Health Board in a meeting on 13 June 2022).
7 June 2022	Update on AGS presented to the IGC as part of the corporate governance report.
15 June 2022	FINAL version of WHSSC AGS and annual accounts will be included as part of the CTMUHB Annual Report submission to Welsh Government & Audit Wales.
28 July 2022	CTMUHB Annual General Meeting (AGM)

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** that a Draft Annual Governance Statement (AGS) was endorsed at the Integrated Governance Committee (IGC) on 19 April 2022 and the draft was submitted to CTMUHB in readiness for the 29 April 2022 deadline set,
- **Approve** the WHSSC Annual Governance Statement (AGS) 2021-2022,
- **Note** that the WHSSC Annual Governance Statement (AGS) 2021-2022 will be included in the CTMUHB Annual report being submitted to Welsh Government and Audit Wales by 15 June 2022, recognising that it has been reviewed and agreed by the relevant sub committees of the Joint Committee; and
- **Note** that the final WHSSC Annual Governance Statement (AGS) will be included in the Annual Report presented at the CTMUHB Annual General Meeting (AGM) on 28 July 2022.

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	Governance: to be a well-governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services to improve patient outcomes.
Finance/Resource Implications	The Government Financial Reporting Manual (FReM) sets out core guidance for preparing government annual reports and accounts in the United Kingdom. It complements guidance on the handling of public funds published separately by the relevant authorities in England and Wales, Scotland and Northern Ireland, where these are issued
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc)	The Managing Director is the Accountable Officer for WHSSC and is accountable to the Minister of Health & Social Services, the Joint Committee in relation to delivery of the functions exercised by the Joint Committee on its behalf and to the CTMUHB Board for the conduct of business in accordance with the defined governance and operating framework.
Long Term Implications (incl WCFG Act 2015)	Not applicable
Report History (Meeting/Date/	19 April 2022 – Integrated Governance Committee – Approved subject to minor amendments.

Summary of Outcome	
Appendices	Appendix 1 – Draft Annual Governance Statement 2021-2022.

Appendix 1

Annual Governance Statement 2021-2022

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1.0 SCOPE OF RESPONSIBILITY

In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and 2014 (2014/9 (w.9)) (the Directions), the Local Health Boards (LHBs) established a joint committee known as the Welsh Health Specialised Services Committee (the Joint Committee or WHSSC), which commenced on 1 April 2010, for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services.

In establishing WHSSC to work on their behalf, the seven LHBs recognised that the most efficient and effective way of planning the Relevant Services was to work together to reduce duplication and ensure consistency.

WHSSC's aim is to ensure that there is:

"Equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources"

In order to achieve this aim, WHSSC works closely with each of the Local Health Board's (LHBs) (in both their commissioner and provider roles) as well as with Welsh NHS Trusts, providers in NHS England and the independent sector.

The commissioning of specialised services is informed through the application of the Prudent Healthcare Principles and the 'Quadruple Aim' identified in the [Parliamentary Review of Health and Social Care in Wales, published in 2018](#).

WHSSC is committed to supporting achievement of the objectives outlined in [A healthier Wales](#) to ensure that people stay healthy for as long as possible, and to supporting achievement of the ambitious objectives outlined in Welsh Government's ["Health and Social Care in Wales COVID-19: Looking Forward"](#) guidance and adopt a realistic approach to supporting building back our health and care system in Wales, in a way that places fairness and equity at its heart.

The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (SI 2009 No 3097) (the Regulations) make provision for the constitution of the Joint Committee including its procedures and administrative arrangements.

The Joint Committee is a statutory committee established under sections 12 (1)(b) and (3), 13(2)(c), (3)(c) and (4)(c) and 203(9) and (10) of the National Health Service (Wales) Act 2006. The LHBs are required to jointly exercise the Relevant Services.

Cwm Taf Morgannwg University Health Board (CTMUHB) is the identified host organisation. It provides administrative support for the running of WHSSC and has established the Welsh Health Specialised Services Team (WH SST) as per Direction 3(4), Regulation 3(1) (d) and the interpretation sections of both the Directions and the Regulations and the Joint Committee Standing Orders: Statutory Framework and Joint Committee Framework.

The Joint Committee is accountable for Governance, Risk Management and Internal Control. As Managing Director for Specialised and Tertiary Services Commissioning, NHS Wales, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports achievement of the Joint Committee's policies, aims and objectives; and to report the adequacy of these arrangements to the Chief Executive of CTMUHB. Under the terms of the establishment arrangements, CTMUHB is deemed to be held harmless and have no additional financial liabilities beyond its own population.

WHSSC does not have a statutory duty to produce an Annual Governance Statement (AGS) but does so, as a matter of good governance, to provide assurance to the LHBs and, in particular, to CTMUHB, as its host organisation, in relation to its governance and accountability arrangements. This report outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services during the COVID-19 pandemic. It explains arrangements for ensuring standards of governance are maintained, risks are identified and mitigated and that assurance has been sought and provided.

2.0 OUR GOVERNANCE FRAMEWORK

In accordance with regulation 12 of the Regulations, each LHB in Wales must agree Standing Orders for the regulation of Joint Committee proceedings and business. These Joint Committee Standing Orders (Joint Committee (SOs) form a schedule to each LHB's own SO's, and have effect as if incorporated within them.

Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and, Standing Financial Instructions (SFIs), the Joint Committee SOs provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with a Memorandum of Agreement (MoA) setting out the governance arrangements for the seven LHBs and a hosting agreement between the Joint Committee and CTMUHB form the basis upon which the Joint Committee's Governance and Accountability Framework is developed. This, together with the adoption of a Values and Standards of Behaviour Framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

The Joint Committee Standing Orders were substantially revised under [Welsh Health Circular \(WHC\) 2019 027](#) and approved by LHBs for adoption during November 2019.

It is necessary to ensure that the WHSCC SOs are kept up to date and take account of any developments. Updated Model SO's and Model SFI's were issued by the Minister for Health and Social Services in correspondence received on the 7 April 2021.

The proposed changes to the Governance Framework were considered and endorsed by the Integrated Governance Committee (IGC) on the 9 June 2021.

A Chair's Action was taken on 21 June 2021 to recommend variation to elements of the Governance and Accountability Framework for onward approval by the seven LHBs. Updated versions of the MoA and the Hosting agreement with CDTMUHB were approved by the Joint Committee on 13 July 2021. A report on the updated Governance and Accountability Framework for WHSCC was taken to the CTMUHB Audit and Risk Committee on the 17 August 2021 for assurance.

A copy of the WHSCC Joint Committee Governance and Accountability Framework is available at:

<https://whssc.nhs.wales/publications/governance>

2.1 The Joint Committee

The Joint Committee was established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions on the review, planning, procurement and performance monitoring of agreed specialised and tertiary services (Relevant Services) and in accordance with their defined delegated functions.

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

The membership of the Joint Committee consists of 15 voting members and 3 Associate members. The voting members include the Chair (appointed by the Minister for Health and Social Services), the Vice Chair (appointed by the Joint Committee from existing non-officer members of the seven LHBs), two other non-officer members (appointed by the Joint Committee from existing non-officer members of the seven LHBs), the LHB Chief Executives and WHSCC Officers.

Decisions taken at Joint Committee meetings are subject to a two-thirds majority of voting members present. Deputies, who must be LHB executive

directors, may be nominated by LHB Chief Executives; they formally count towards the quorum and have voting rights.

The Joint Committee is supported by the Committee Secretary, who acts as the guardian of good governance within the Joint Committee. Kevin Smith, Committee Secretary, retired on 31 May 2021, and returned on a part time basis to ensure a smooth handover with his successor, Jacqueline Evans, who started at WHSSC on 1 June 2021.

2.1.1 Appointments

Paul Griffiths, IM Audit Lead CTMUHB left his role as WHSSC IM with effect from 31 December 2020 and his replacement, Professor Ian Wells, commenced as an Independent Member on 1 May 2021.

Emrys Elias left his role as an Independent Member with effect from 31 May 2021 and his replacement, Professor Ceri Phillips, commenced as an Independent Member on 1 June 2021.

Ian Phillips agreed to stand for a further two years as an Independent Member from 1 April 2021.

Following the resignation of Emrys Elias who was also WHSSC Vice Chair, Ian Phillips was appointed Vice Chair by the JC on 13 July 2021.

Dr Kieron Donovan left his role as Chair of WRCN with effect from 28 February 2021. In September 2021, the JC agreed that Ian, as WHSSC Vice Chair, could undertake the role of interim Chair of the WRCN on an unremunerated basis to support the network in ensuring business continuity until the end of March 2022. Following a competitive recruitment exercise, Ian Phillips was appointed as the substantive Chair for the Welsh Renal Clinical Network (WRCN), with effect from the 1 April 2022 for a period of three years in accordance with the Terms of Reference. Consequently, Ian Phillips resigned from his position as WHSSC Independent Member (IM) as it would prove a conflict of interest for him to hold both substantive roles concurrently. A recruitment exercise for a new WHSSC IM will be undertaken in May 2022 in accordance with the IM appointment process agreed by the JC on the 18 January 2022, to transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs.

2.1.2 IM Remuneration

Historically, the additional time commitment required of HB IM members to perform the WHSSC IM roles has not been recognised and no additional remuneration has been provided. Whilst there has been a role profile, the specific skills required for a WHSSC IM, as opposed to a HB IM, were not fully explored or described. There have been longstanding issues in recruiting IMs to sit on the WHSSC Joint Committee as is evidenced above by the lengthy delay before a replacement was sought following Paul

Griffiths departure at the end of 2020. The Joint Committee and the Integrated Governance Committee meetings have frequently been at risk of being non-quorate.

The Audit Wales review into the Committee Governance arrangements at WHSSC report included the need to recognise the complexity of the IM role within WHSSC and the consideration of remuneration. In response to this WHSSC began discussions with Welsh Government on the potential to remunerate WHSSC IM's.

The JC approved a proposal to remunerate WHSSC IM's from 1 April 2022 at its meeting on [18 January 2022](#). They also agreed a transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs.

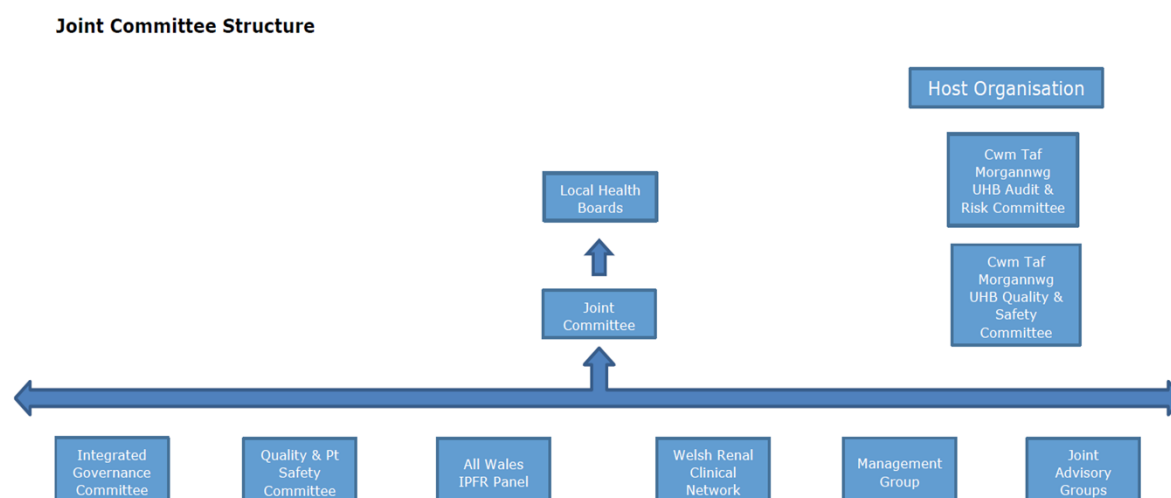
The Joint Committee papers and confirmed minutes can be viewed on the link below:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/>

2.2 Joint Sub-Committees and Advisory Groups

In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

The Joint Committee governance structure is outlined below:



2.2.1 Sub-Committees

The Joint Committee has established [five joint sub-committees](#) in the discharge of its functions:

- All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC),
- Integrated Governance Committee (IGC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC); and
- Welsh Renal Clinical Network (WRCN)

The **All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC)** holds delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of specialised services and treatments that a Health Board has agreed to routinely provide.

The **Integrated Governance Committee (IGC)** scrutinises evidence and information brought before it in relation to activities and potential risks that impact on the services provided and provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

During 2021-2022, the IGC closely monitored and tracked progress against the recommendations outlined in the Audit Wales report on Committee governance arrangements at WHSSC, on behalf of the Joint Committee. The IGC received regular updates on the revised Corporate Risk and Assurance Framework (CRAF) which was developed during the past 12 months and they provided scrutiny of the CRAF before it was presented to the Joint Committee and the CTMUHB Audit & Risk Committee (ARC) for approval and assurance. The IGC participated in development sessions focussed on the Clinical Impact Advisory Group (CIAG) Prioritisation process and a session on the work of the WHSSC Policy Group. All members of the QPSC were invited to attend the development sessions.

The **Management Group (MG)** is the specialised services commissioning operational body responsible for the implementation of the Specialised Services Strategy. The group underpins the commissioning of specialised services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

During 2021-2022, the Group held a workshop on 25 November 2021 to evaluate the commissioning of services. MG members were requested to submit expressions of interest to evaluate specific commissioned services in order to evaluate the merits of the service being commissioned locally at HB level or through WHSSC. A recovery workshop was held with the MG on the 16 December 2021 to discuss recovery Planning and Quality and Outcome Improvement for Patients.

The **Quality & Patient Safety Committee (QPSC)** provides assurance to the Joint Committee in relation to the arrangements for safeguarding and improving the quality and safety of specialised services within the remit of the Joint Committee.

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.

An overarching goal of WHSSC is to improve outcomes for people, wherever they are and wherever they live, by providing them with access to high-quality specialised services. To achieve this aspiration of having a quality-led commissioned service, we need to operate within an effective quality management system. The WHSSC Quality Framework first developed in July 2014 has been revised during the past year, and re-launched as the Commissioning Assurance Framework (CAF), which was approved by the Joint Committee on the [7 September 2022](#). This framework provides an overview of what quality looks like, highlights the key principles that underpin it and the arrangements that need to be in place to be assured of high quality services at all times.

During 2021-2022, a successful development day took place on 10 February 2022. Following the departure of some longstanding WHSSC QPSC Independent Members, the Development Day was also an opportunity to provide new members with an overview of WHSSC to assist in their role as a WHSSC QPSC independent member.

The **Welsh Clinical Renal Network (WRCN)** is a vehicle through which specialised renal services are planned and developed on an all Wales basis in an efficient, economical and integrated manner and provides a single decision-making framework with a clear remit, responsibility and accountability. The Network functions well and has been given full responsibility and accountability with a clear plan based on facts and evidence to support decision-making. The embodiment of the plan in the Welsh Government endorsed National Service framework was crucial and demonstrated that they were able to consult widely with staff, patients, charities and the independent sector; taking on board comments and using evidence to make a target driven achievable national goal for renal services.

The Terms of Reference (ToR) were reviewed and refreshed during December 2021 and a Chair's action was undertaken to update the ToR to ensure effective governance and in the interest of expediency to commence the recruitment exercise for the role of the substantive Chair to the WRCN. This action was taken in accordance with provisions of the WHSSC Standing Orders (SO's), specifically section 3.1.1 in relation to Chair's action on urgent matters whereby decisions which would normally be made by the JC need to be taken between scheduled meetings, and it is not practicable

to call a meeting of the JC. The action taken was ratified by the JC on 18 January 2022 and they also approved the extension of the interim WRCN Chair arrangement until 31 March 2022 to ensure business continuity whilst the substantive post was recruited to.

It is important to note that since the WCRN was established in 2009, it has matured and widened its scope of activity. In addition, there have been significant changes to the governance environment within the NHS in Wales; however, a review of the governance of the WCRN has never been undertaken. It has been agreed that a bespoke piece of work will now be undertaken in early 2022 to review the networks governance arrangements.

2.2.2 Advisory Groups and Networks

The Joint Committee established three advisory groups in the discharge of its functions:

- NHS Wales Gender Identity Partnership Group
- All Wales Posture & Mobility Partnership Board
- All Wales Mental Health and Learning Disability Collaborative Commissioning Group

The Joint Committee supported the proposal to disband the **All Wales Gender Identity Partnership Group (AWGIPG)**, and supported the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC in its meeting on 10 November 2020.

The decision was taken by Joint Committee on 9 March 2021 to disband the **All Wales Posture and Mobility Services Partnership Board**.

The **NHS Wales Adult Mental Health and Learning Disability Collaborative Commissioning Group (MH & LD)** was established to advise the Joint Committee on issues regarding the development of secure mental health services for Wales. The Group ensured that there was a co-ordinated approach to secure services across Wales and that the benefits of working collaboratively were realised. The Group reported to the JC and oversaw the performance and contract management arrangements function to improve pathways and standards of care for Welsh residents across the full spectrum of Secure Care. The purpose of this Group was subject to review during 2019-20 because of changes to the structure of mental health advisory functions. The group has not met since 2017.

During 2018-2019, the purpose of the Group was subject to review due to the changes to the structure of mental health advisory functions however, LD was not included in the Wales All Age Mental Health Network. Since then it has been identified that there is no longer a need for the group to meet, as the oversight of LD is undertaken through the Inclusion and Corporate Business Division within Social Services in WG where there are two programmes of work, the integrated learning disability, autism and

neurodevelopmental policy team and the Learning Disabilities Transformation Programme.

At its meeting in May 2022 the Joint Committee will seek support for the disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group.

2.3 Joint Committee and Joint Sub-Committees Meetings

It is acknowledged that in these unprecedented times, there are limitations on Committees being able to physically meet where this is not necessary and can be achieved by other means. In accordance with the Public Bodies (Admissions to Meetings) Act 1960, the Joint Committee is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, it has not been possible for the Joint Committee to allow the public to attend committee meetings. Given that the Joint Committee could not meet in person, virtual meetings and electronic communication have remained the key to the Joint Committee's functionality.

To ensure business was conducted in as open and transparent a manner as possible, during this time the following actions were taken:

- Joint Committee papers were routinely published and made available on the WHSSC website two weeks prior to meetings, so far as possible,
- Written questions were invited from members to be received one week prior to meetings and responses were published prior to meetings,
- Written briefings of the key components of meetings were published as soon as possible after meetings.

During the pandemic, the website (which gives our official notice of Joint Committee meetings) explained why the Joint Committee was not meeting in public. This notice was further updated to include a statement that invited anybody wishing to attend a meeting to contact the organisation in advance to determine what arrangements were possible. During the Joint Committee meeting held on 9 March 2021, for the first time during the pandemic, a member of the public observed the public meeting via Microsoft Teams. No requests from members of the public were received during 2021 - 2022 to date.

The membership of the Joint Committee and member's attendance is presented at **Appendix 1**. A table outlining the dates of Joint Committee meetings held during 2021-2022, is presented at **Appendix 2**.

The All Wales IPFR Panel meetings were stood down from January – March 2022 in response to the system pressures related to the current wave of the pandemic and the letter from Judith Paget, CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities. The Chairs Action Panel continued to operate into March 2022 in

response to the Minister for Health & Social Services agreement that a two-week system reset would take place across Wales and across health and social care. IPFR requests were dealt with virtually and a Chair's Action panel process, (strengthened by including the attendance of two WHSSC Clinical Directors and a lay member representative) were undertaken on an almost weekly basis. From April 2022, All Wales IPFR Panel meetings were reinstated with meetings being held twice monthly. Full IPFR panel meetings resumed in April 2022.

There are longstanding issues and risks arising from the COVID-19 pandemic related to the terms of reference (ToR) of the All Wales IPFR Panel. The WHSSC All Wales IPFR Panel is constituted to act as a Sub Committee of the Joint Committee, and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide. The terms of reference for the panel are outlined in the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)".

In November 2020, discussions commenced to amend the ToR of the All Wales IPFR Panel to address longstanding issues of quoracy and to address the challenges arising from the COVID-19 pandemic. To ensure business continuity WHSSC - COVID-19 – Standard Operating Procedure 02 was introduced, for Individual Patient funding (IPFR) decisions, as there became a reliance on undertaking Chairs action meetings to ensure effective decision making in accordance with the IPFR Policy.

The COVID-19 pandemic has demonstrated long-term impacts on IPFR decision making and consideration has been given to the future All Wales (WHSSC) IPFR Panel membership, and the lessons learned from the agile governance methods adopted during the pandemic.

The JC were unable to approve the updated ToR in [November 2020](#) and the practical implications of not being able to update them was that the WHSSC IPFR panel was often non-quorate, or lacked the presence of a chair due to diary commitments. Given that the Panel was frequently subject to challenge (including Judicial Review) this represented a significant risk to WHSSC and was included as a high risk on the corporate risk register.

A further report was submitted to the Joint Committee on [9 November 2021](#) indicating that clarification regarding the appropriate governance route for changes to the ToR had not yet been received from Welsh Government and to alert the Committee of the risks related to this.

Following this, on the 3 December 2021 a request for a judicial review in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC & (2) Aneurin Bevan UHB (ABUHB) was allowed and the decision of the WHSSC IPFR panel to refuse funding for cytoreductive surgery with hyper thermic intraperitoneal

chemotherapy (CRS with HIPEC) to treat MW's colorectal cancer, was quashed by the court.

The application for funding for the intervention recommended by her clinician was reconsidered "afresh" by the WHSSC IPFR panel on 16 December 2021.

The judgement handed down on 3 December 2021 focussed on three key areas:

- The All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR),
- The definition of the comparator group,
- The record of the Panel's reasoning.

Updates on progress were provided to the Joint Committee on [18 January 2022](#) and [15 March 2022](#). Discussions with Welsh Government are ongoing and whilst WHSSC await further clarification from Welsh Government, an engagement process around proposals to change the All-Wales IPFR WHSSC Panel ToR commenced following JC approval in March 2022. IPFR governance has been identified as a risk on the WHSSC Corporate Risk and Assurance Framework (CRAF) and has been escalated from 16 to 20 following the judgment handed down in the Judicial Review case in December 2021.

2.4 Committees of the Host Organisation

2.4.1 Audit & Risk Committee

[The Audit & Risk Committee of Cwm Taf Morgannwg University Health Board \(CTMUHB\)](#), as host organisation, advises and assures the Joint Committee on whether effective arrangements are in place, through the design and operation of the Joint Committee's assurance framework, to support members in their decision taking and in discharging their accountabilities for securing the achievement of the Joint Committee's Delegated Functions.

Relevant officers from WHSSC attend Part B CTMUHB Audit & Risk Committee meetings for agenda items concerned with WHSSC business. An assurance report following each Part B meeting is submitted to the Joint Committee outlining the business discussions.

2.4.2 CTMUHB Quality & Safety Committee

[The Quality & Safety Committee of CTMUHB](#), as host organisation, advises and assures the Joint Committee on the provision of workplace health & safety within WHSSC.

Relevant officers from WHSSC attend the CTMUHB, Quality & Safety Committee when appropriate.

2.5 Standards of Behaviour

The Welsh Government's *Citizen-Centred Governance Principles* apply to all public bodies in Wales. These principles integrate all aspects of governance and embody the values and standards of behaviour expected at all levels of public services in Wales.

"Public service values and associated behaviours are and must be at the heart of the NHS in Wales"

The Joint Committee is strongly committed to WHSSC being value-driven, rooted in the Nolan principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership.

The Joint Committee expects all Members and employees to practice high standards of corporate and personal conduct, based on the recognition that the needs of service users must come first.

The "Seven Principles of Public Life", or the "Nolan Principles" form the basis of the Standards of Behaviour requirements for WHSSC employees and Independent Members.

The WHSSC Standards of Behaviour Policy, incorporating Declarations of Interest, Gifts, Hospitality and Sponsorship, aims to ensure that arrangements are in place to support employees to act in a manner that upholds the Standards of Behaviour Framework as well as setting out specific arrangements for the appropriate declarations of interests and acceptance / refusal and record of offers of Gifts, Hospitality or Sponsorship. The Policy also aims to capture public acceptability of behaviours of those working in the public sector so that WHSSC can be seen to have exemplary practice in this regard.

The WHSSC Standards of Behaviour Policy was approved on 13 January 2021 and a copy of this policy can be found on the WHSSC website.

<https://whssc.nhs.wales/publications/corporate-policies-and-procedures/>

WHSSC sent out requests for Declarations of Interest for the 2021 -2022 financial year on 1 April 2022.

A register of interests is maintained and is available on request or through the WHSSC publication scheme and is available on the WHSSC website:

<https://whssc.nhs.wales/publications/governance>

3.0 THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

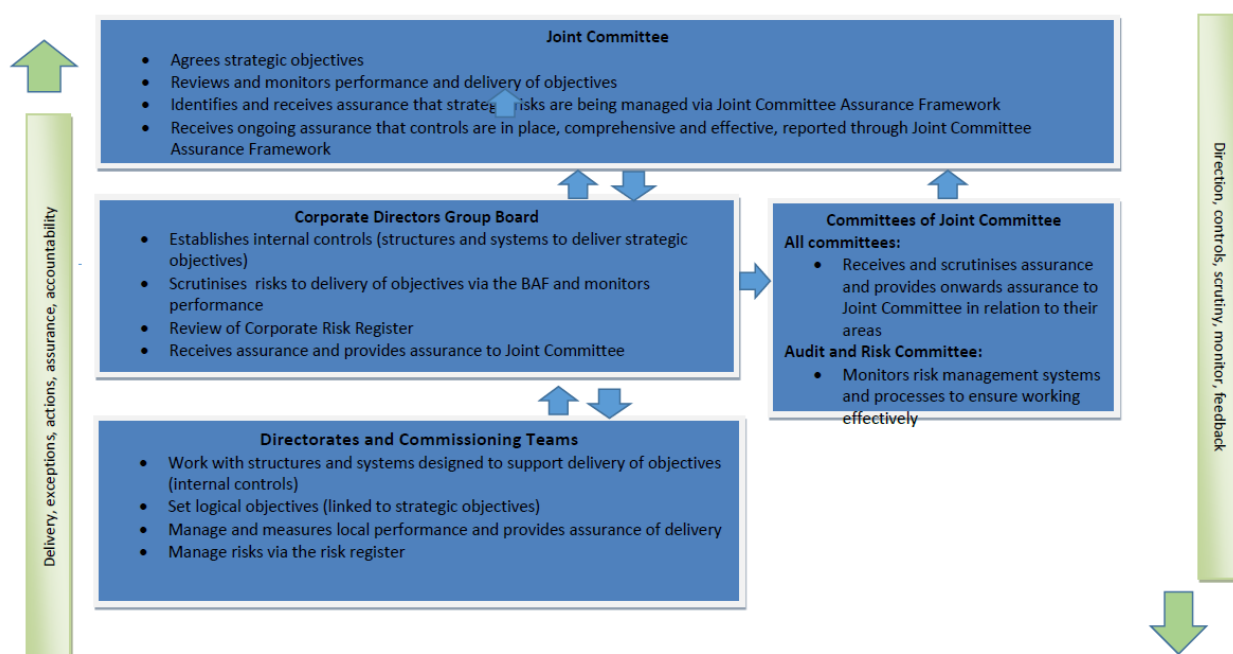
The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control was in place for the year ended 31 March 2022 and up to the date of approval of the annual accounts.

4.0 CAPACITY TO HANDLE RISK

The WHSSC systems of control are designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The WHSSC system of control is based on an ongoing process designed to identify and prioritise the risks to the achievement of its policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2022 and up to the date of approval of the CTMUHB annual report and accounts.

RISK MANAGEMENT PROCESS



4.1 The Risk and Assurance Framework

Risk management is embedded in the activities of WHSSC through the WHSSC Risk Management Framework and associated operating procedures. Overall responsibility for the Risk Management lies with the Director of Planning and Committee Secretary who have delegated responsibility for managing the development and implementation of the Risk Management Strategy. Arrangements are in place to effectively assess and manage risks across the organisation, which includes the ongoing review and updating of the CRAF so that the Joint Committee maintains a line of sight on the WHSSC's key strategic and operational risks.

WHSSC's Risk Management Strategy ("the Strategy") sets out responsibilities for strategic and operational risk management for the Joint Committee and staff throughout the organisation and describes the procedures to be used in identifying, analysing, evaluating and controlling risks to the delivery of strategic objectives. A revised Strategy was approved by the Joint Committee [11 May 2021](#) and aligns to the Risk Management Strategy agreed by CTMUHB (WHSSC's host organisation) for consistency.

The Corporate Risk and Assurance Framework (CRAF) forms part of WHSSC's approach to the identification and management of strategic and other top-level risks. The framework is subject to continuous review by the Executive Director lead for each risk, the Corporate Directors Group Board (CDGB), the joint sub-committees and the Joint Committee.

The CRAF is informed by risks identified by both Directorates and Commissioning Teams that are considered by a monthly risk scrutiny panel that reports to CDGB. Each risk is allocated to an appropriate sub-committee for assurance and monitoring purposes. The CRAF is received by the sub-committees as a standing agenda item, and the Joint Committee receives the CRAF at least twice yearly and this was last received by the Joint Committee on [15 March 2022](#).

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

Since May 2021, the commissioning teams have been busy reviewing their risks through a peer review process. A risk management workshop was held with the CDGB during September 2021 to review the risks, review the risk scoring in light of COVID-19 and to horizon scan for new risks. The outcomes included:

- Each directorate developing their own directorate specific risk register,
- The creation of a risk scrutiny group who meet monthly, to scrutinise directorate risks and offer a critical friend process for challenging risk narrative and scoring; and
- The group considers those risks scoring 15 and above which should be escalated to the CRAF in accordance with the risk strategy and makes recommendations to CDGB.

The updated CRAF was approved by the Joint Committee on [15 March 2022](#). The following risks were identified as posing the greatest risk (20 and above) to the delivery of the WHSSC's commissioning objectives during 2021-2022:

Ref	Risk Description	Risk Score
23 (MH/21/08)	Access to Care Adults with a LD 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.	20
26 (NCC046)	Waiting Times Neuropsychiatry Patients 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.	20
29 (CS/08 CD02)	IPFR 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 consequently this may also lead to legal challenges in the form of judicial reviews.	20
33 (CS/10 CD03)	Welsh Government Priority Delivery Measures There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence	20

	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	
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The CRAF will be continuously reviewed in line with the revised Risk Management Strategy.

WHSSC is committed to continuous improvement across the whole risk management pathway, areas of significant focus for 2022 include:

- Developing and implementing the new Joint Committee Assurance Framework (JAF) and reviewing the Joint Committees risk appetite,
- Training and awareness of the risk management process; and
- Implementing the Once for Wales Risk Management System (Datix Cloud System) and aligned training programmes.

4.2 Risk Appetite

In 2015-16, the Joint Committee agreed to adopt the Good Governance Institute (GGI) Model Matrix on defining risk appetite for Specialised Services.

The risk appetite statement is the driver for implementing our priority areas. It provides staff with clear expectations on how risks should be managed and a common acceptance of the importance of continuous management of risk. A risk management workshop is planned for summer 2022 to review how the RSG process is working, to consider risk appetite and tolerance levels and to discuss developing a Joint Assurance Framework (JAF).

4.3 Managing Risk in the COVID-19 Pandemic

As previously highlighted, the need to plan and respond to the COVID-19 pandemic presented a number of challenges to the organisation. A number of new and emerging risks were identified. Whilst the organisation did have a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004, the scale and impact of the pandemic has been unprecedented. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer-term delivery of specialised services by the organisation, although I am confident that all appropriate action is being taken.

The organisation continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response, and planning into the recovery phase. It will be necessary to ensure this is underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks that may impact on the ability of the organisation to achieve their strategic objectives.

Many specialised services are not being delivered in the same way that they were prior to the pandemic. Additionally, there is a broader system risk of equity of access to services and the breakdown of pathways through primary and secondary care, meaning that patients are not flowing into tertiary care in the same way that they were prior to the pandemic. Although this is not a risk that WHSSC can directly manage, there is a clear concern regarding how patients' access specialised services. The update on activity below will provide assurance on how WHSSC intends to manage the recovery during 2022-2023.

4.4 Joint Assurance Framework

WHSSC is committed to developing and implementing a Joint Assurance Framework (JAF) that identifies, analyses, evaluates and controls the risks that threaten the delivery of its strategic objectives. The JAF will be considered alongside the CRAF, performance and quality dashboards and financial reports, to give the Joint Committee a comprehensive picture of the organisational risk profile.

5.0 THE CONTROL FRAMEWORK

5.1 Performance Dashboard

Prior to the COVID-19 pandemic WHSSC had two performance dashboards. An Organisation Performance Report and an Integrated Performance Report. Compilation and monitoring of these was stood down during the pandemic.

As a result of responding to the COVID-19 outbreak, provider organisations were permitted to stand down routine care and focus on delivery of services for patients with COVID-19 and essential services. During the height of the pandemic, it was difficult to engage with providers who were heavily focused on the pandemic. To overcome this, WHSSC adopted a direct monitoring system and reviewed available performance data.

The Joint Committee received a detailed presentation on "Recovery" at its meeting on the 7 September 2021 that focussed on quality, performance and finance which highlighted key areas of risk and concern. The presentation was also given to the Management Group sub-committee meeting on the 23 September 2021 for assurance.

The Recovery presentations encouraged wide-ranging discussion and structured highlighted reports were presented to Joint Committee from November 2021 onwards. WHSSC reviewed and analysed the business intelligence gathered from real-time monitoring and reporting of waiting times, demand monitoring compared to historical levels for high volume specialties and contract monitoring and developed a full information reporting system which provides monthly updates on delivery against historic activity levels, delivery against recovery plans, referral levels against plan and waiting list positions.

Since the COVID-19 outbreak, WHSSC has taken an activity report to each Joint Committee and Management Group that seek to highlight the scale of the decrease in activity levels during the peak COVID-19 period, and report whether there are any signs of recovery in specialised services activity.

The reports have evolved and now include more explicit, measureable intentions to measure achievements against and additional detailed analysis of the position and any key points to promote effective focus and discussion. For 2021 and 2022 the position is very stable with an improving underspend position.

Detailed activity performance reports are prepared on a monthly basis and provide qualitative information and quantitative data to the Joint Committee and Management Group meetings. The reports detail delivery by provider and specialty against historic performance and waiting times. Prospective activity reports will also include performance compared to provider agreed recovery plans and waiting list profiles. A presentation dashboard format of the waiting times position has been agreed and details variation from agreed activity delivery, referral rates and overall waiting lists whenever possible. The activity dashboard has already been adapted and aligns to the Welsh Government Priority Delivery Measure.

It should be noted that the duty of quality comes into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The new reporting requirements will therefore be captured in processes in place for 2023-24. In the interim, it is anticipated that there will be a non-statutory implementation of the duty of quality in autumn 2022. This will allow for testing the quality reporting indicators, measures and narrative framework concepts being developed during the duty of quality implementation phase as a hybrid reporting process for 2022-23.

The WHSSC Commissioning Assurance Framework (CAF) was considered by the JC in May 2021 and approved in September 2021. This new Commissioner Assurance Framework sets out a new performance assurance process alongside more outcome focussed performance measures. Monitoring services as they recover from the pandemic will need a different approach. Reviewing data on patient outcomes and harm has become an important part of these developing arrangements.

Assurance against the CAF is achieved through service specifications, Service Level Agreements (SLA) and performance monitoring through Quality and Patient Safety Committee (QPS) and the Integrated Governance Committee (IGC).

WHSSC have discussed recovery plans with Welsh providers through SLA meetings and have now received recovery positions from each of the Welsh providers of tertiary services. WHSSC hold regular Reset and Recovery

meetings with services to monitor performance against plans. A joint Executive-to-Executive meeting has been agreed between WHSSC, CVUHB, SBUHB and BCUHB, in order to discuss the Welsh position across the plans and where necessary identify alternate pathways or Welsh patients. Any significant variance from plans will be managed through the WHSSC escalation process, discussed with the relevant provider and reported to the QPS Committee and the JC.

The escalation process was reviewed alongside the Commissioner Assurance Framework. The suspension of the referral to treatment targets (RTTs) set by Welsh Government impacted the way that commissioned services were monitored and created a need to temporarily revise the reporting of services in escalation because of a failure to meet RTTs.

Given the pandemic and pressures on providers, services in escalation for isolated RTT failures were removed from the escalation process. Commissioning teams will continue to work with these providers and maintain oversight of their recovery plans and trajectories and re-introduce any Welsh Government targets when announced.

5.2 Integrated Commissioning Plan (ICP) for Specialised Services

Each year Welsh Government issues planning guidance that places a requirement on organisations within NHS Wales, for the development of integrated plans, that seek to align; service, workforce and finance. The ICP responds to that guidance, and seeks to present a cohesive plan for the commissioning of Specialised Services for the people of Wales. The ICP is developed by the Welsh Health Specialised Services Committee (WHSSC) on behalf of the seven Health Boards (HBs) in Wales, and is the basis upon which HBs will plan for specialist services provision within their Integrated Medium Term Plans (IMTPs). Once again, this year the ICP has been developed within the ever-changing context of the Coronavirus pandemic, a situation that has seen the delivery of specialist services impacted in both Welsh and English providers.

The Joint Committee (JC) approved the Integrated Commissioning Plan (ICP) on the [8 February 2022](#).

5.3 Ministerial Priorities & Measures

WHSSC are ambitious about our role in supporting the bold 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.

The Minister for Health and Social Services published new priority measures in January 2022, and all NHS organisations are required to report on the new measures from April 2022.

Whilst many of the 32 measures will require monitoring of provider performance by WHSSC, others could be referenced in various contracts/policies (i.e. those related to infection prevention and control). There are also some measures that, whilst not directly attributable to specialist services provision, could have a longer-term impact on demand (e.g. measures on weight loss could, in the longer term, impact the need for bariatric surgery).

During the COVID-19 pandemic, and in response to the Ministerial priorities issued to Health organisations at the pandemic's inception, WHSSC has modified its relationship with providers, seeking assurance on delivery and recovery, however moving away from assertive performance management. Reference to the new measures was included in the IPC approved by the Joint Committee on the 8 February 2022 and an update report on the process WHSSC will adopt to respond to the measures was presented to the Joint Committee on the [15 March 2022](#).

5.4 A Specialist Services Strategy for Wales

Whilst the development of the ICP takes place in accordance with the NHS Wales planning cycle, through discussions with Joint Committee, WHSSC has committed to developing an overarching Strategy for Specialised Services in Wales.

Recommendation 4 within the Audit Wales report "[WHSSC Committee Governance Arrangements](#)" published in May 2021 made a recommendation that WHSSC should develop and approve a new strategy during 2021. Work began to develop a new strategy, however became delayed due to the refocussed activities of WHSSC business and personnel during the Omicron wave of the COVID-19 pandemic.

It was previously agreed with Joint Committee that a stakeholder engagement exercise would be undertaken in December 2021/January 2022 to gain insight on long-term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which was planned to be presented to the JC in March 2022. However, the timetable for this was revised in response to the system pressures related to the Omicron wave of the pandemic and the letter received from the Director General/CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities. In order to progress the work, a Project Manager will be employed on an interim basis to lead the work required to develop and agree the specialised services strategy and it is envisaged this will be completed by July 2022.

6.0 DISCLOSURE STATEMENTS

6.1 Equality, Diversity & Human Rights

Equality is central to the work of WHSSC and our vision for improving and developing specialised services for NHS Wales. WHSSC welcomes Welsh Government's distinct approach to promoting and safeguarding equality, social justice and human rights in Wales. WHSSC is committed to complying with the provisions of the Equality Act 2020, and the public sector general duty and the specific duties to promote and safeguard equality, social justice and human rights in Wales. We are committed to ensuring and considering how we can positively contribute to a fairer society through advancing equality and good relations in our day-to-day activities

WHSSC follows the policies and procedures of CTMUHB, as the host LHB, which set out the organisational commitment to promoting equality, diversity and human rights in relation to employment. It also ensures staff recruitment is conducted in an equal manner. All staff have access to the Intranet where these are available. The Hosting Agreement includes provision for specific support around Equality and Diversity.

WHSSC have embarked on a development programme, which included the Joint Committee participating in an equity workshop in May 2021. The findings of the workshop were shared with HBs and Welsh Government.

The Corporate Governance Officer is a member of the Equality and Welsh Language Group within CTMUHB and any issues are integrated into this process.

The Welsh Government's Public Sector Equality Duty (PSED) advocates that all public sector organisations publish their Strategic Equality Plan (SEP) no less than every four years. Whilst WHSSC commissions specialised services on behalf of the seven LHBs the responsibility for individual patients remains with the LHB of residence.

6.2 Welsh Language

WHSSC is committed to treating the English and Welsh languages based on equality and will endeavour to ensure the services we commission meet the requirements of the legislative framework for Welsh Language as required by the Welsh Language Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No. 7) Regulations. Provider organisations in Wales are subject to the same legal framework, however the provisions of the Welsh language standards do not apply to services provided in private facilities or in hospitals outside of Wales. In recognition of its importance to the patient experience, WHSSC ensures that wherever possible patients have access to their preferred language.

In order to facilitate this WHSSC is committed to working closely with providers so that in the absence of a Welsh speaker in the service, patients and their families will have access to either a translator or 'Language-line'.

We will also encourage, in those services where links to local teams are maintained during the period of care, that this will provide, when possible, access to the Welsh language.

During 2021-2022, the Corporate Governance Officer attended the CTMUHB Welsh language group meetings and the Committee Secretary will attend the recently established CTMUHB Welsh Language Committee meetings to lead and drive the implementation and delivery of legislative Welsh Language compliance across WHSSC. The Committee is a sub-committee of the CTMUHB People and Culture Committee. The purpose of the Committee is to support the CTMUHB Board to deliver on its responsibilities, in accordance with the legislative framework for Welsh Language, and to improve service user experience, through the provision of bilingual care and support.

6.3 Well-Being of Future Generations Act (WBFGA)

The Well-being of Future Generations Act (WBFGA) requires named statutory bodies, including CTMUHB, (our host) to ensure the needs of the current population are met without compromising the ability of future generations to meet their own needs. This 'sustainable development principle' requires the organisation to routinely follow the five ways of working from the Act (prevention, long-term, collaboration, integration, involvement), and contribute to the seven national well-being goals.

WHSSC is committed to contributing towards the achievement of the objectives of the Well-being of Future Generations (Wales) Act aims to improve the social, economic, environmental and cultural well-being of Wales. The WBFGA gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations, and to think more about the long-term, work better with people, communities and organisations, seek to prevent problems and take a more joined-up approach. This Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.

The ICP integrates and demonstrates the five ways of working and contribution to well-being goals throughout the plan. Prevention is embedded throughout our work.

The front cover for Committee reports includes a section for the author to outline any legal implications, including the WBFGA.

6.4 Socio Economic Duty

WHSSC recognises that the Socio-economic Duty introduced by Welsh Government under the Equality Act 2010 requires relevant public bodies in Wales, which include LHB's, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions. The duty came into force on 31 March 2021 and as a Joint Committee of the LHB's, this duty has been taken into

account when planning and commissioning specialised services. WHSSC will consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage, including evidencing a clear audit trail for all decisions made that are caught by the duty. This will be discharged by using existing processes, such as engagement processes and impact assessments.

6.5 Health and Care Standards

The Health and Care Standards sets out the Welsh Government's common framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. They set out what the people of Wales can expect when they access health services and what part they themselves can play in promoting their own health and wellbeing.

The Health and Care Standards are focussed around service delivery and therefore a number of areas are not relevant to the remit of WHSSC. However, WHSSC has sought opportunities to ensure consideration of the standards within its work and requires all reports to the Joint Committee and sub-committees to identify which themes within the Health and Care Standards were considered/appropriate when developing those reports. In particular, WHSSC has appropriate structures and processes in place to meet the requirements of the Governance, Leadership and Accountability standard through its Governance and Accountability Framework, ICP process and escalation process.

6.6 Emergency Preparedness

As previously highlighted, the need to plan and respond to the COVID-19 pandemic presented a number of challenges to WHSSC. A number of new and emerging risks were identified. Whilst WHSSC did have a business continuity plan in place, as required by the Civil Contingencies Act 2004, the ongoing scale and impact of the pandemic has been unprecedented.

In terms of delivering commissioned services, significant action has been taken in collaboration with the HB's and provider in NHS England to prepare and respond to the likely impact on the organisation and population. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer-term delivery of commissioned services by the WHSSC, although we are confident that all appropriate action is being taken.

WHSSC continues to work closely with CTMUHB on business continuity planning arrangements.

WHSSC are working in partnership with HB's and utilise their recovery plans to influence our Integrated Commissioning Plan (ICP). This is supported by a robust risk management framework and the ability to identify, assess and mitigate risks that may impact on the ability to achieve our strategic objectives.

6.7 Carbon Reduction

Welsh Government declared a Climate Emergency in 2019 and expects the public sector to be net zero by 2030. The [NHS Wales Decarbonisation Strategic Delivery Plan](#) was published on 24 March 2021.

WHSSC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities, where possible providing services closer to home (via digital and virtual access where possible) and ensuring a delivery chain for service provision and associated capital that reflects our commitment. We will also seek to support staff considerations and behaviours for those actions that have a positive effect on decarbonisation for example reduced travel, efficient travel and use of electric vehicles where possible. With effect the commencement of the 2022-2023 year, all policies will have a decarbonisation statement contained within.

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.

In particular during 2022 and beyond WHSSC will embed the working practices that were, by necessity, introduced in 2020. In particular WHSSC will continue a blended and hybrid approach to office and remote working, reducing the need for travel, and will also run as many meetings as practically possible using online platforms including Microsoft Teams. Additionally, many of the WHSSC systems which moved to paperless processes have continued operating in this way and these have proven to be more efficient and reduces our impact on the environment. We will continue to adopt these practices going forward.

A number of staff purchased electric vehicles via the NHS Fleet Solutions Scheme. As a consequence, WHSSC is finalising arrangements to install EV charging stations at its premises.

All our Electricity is Zero Carbon procured on an all-Wales basis under the Renewable Energy Guarantees of Origin (REGO) scheme. Due to an issue with the office electricity meter, we have been unable to record our electricity and gas consumption for 2021-2022. Going forward for 2022-2023 we will monitor our office utilities and we will seek to ensure we meet the Welsh Government 3% reduction target on the office water and energy use.

NHS All Wales Clinical Waste and Municipal Waste Contracts are awarded through an NHS All Wales Tender Process managed by NWSSP Procurement

services on behalf of NHS Wales. Our waste and recycling is processed by Veolia. 'Dry Mixed Recycling' (DMR) is collected and separated for recycling by Veolia. We also work with staff to raise awareness and understanding of the importance of waste segregation to ensure we can continue to meet our recycling targets.

6.8 Duty of Consultation

WHSSC works on behalf of the seven HBs and within the guidance on changes to NHS services in Wales to effectively engage and consult on the services it commissions as required. For any necessary service change that WHSSC leads, it will work through the all Wales engagement leads group in order to utilise existing and established mechanisms at HB level.

6.9 Ministerial Directions 2021-2022

Ministerial Directions issued by the Welsh Government during 2020-2021 have been considered and where appropriate implemented.

Welsh Health Circulars (WHC's) issued by Welsh Government are logged by the Corporate Governance Function. WHSSC has acted upon, and responded to all Welsh Health Circulars (WHC) issued during 2020-21 which were applicable to WHSSC. A list of WHC's issued by Welsh Government during 2020-21 is available at: <https://gov.wales/health-circulars> and a summary is presented at **Appendix 3**.

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to WHSSC. Ministerial Directions issued throughout the year are listed on the Welsh Government website. During 2021-2022, the following Welsh Health Circular's (WHCs) were relevant to WHSSC:

WHC
WHC/2022/005 – Welsh Value in Health Centre: data requirements was issues in March 2022. This Welsh Health Circular provides an update to the arrangements set out in WHC 2020(003), and in particular ensuring that the aim of higher value health and care as described in A Healthier Wales, the Welsh Government's long term plan for health and social care, is facilitated through the Welsh Value in Health Centre, in line with its strategy to 2024.
WHC/2021/031 – NHS Wales Planning Framework 2022 to 2025. The timeline of the WHSSC ICP takes into account the NHS Wales Planning Framework.
WHC/2021/024 – NHS Wales' contribution towards a net-zero public sector by 2030. This was taken into account in the WHSSC ICP and Annual Report.
WHC/2021/022 – Publication of the quality and safety framework.

6.10 Data Security & Information Governance

The Committee Secretary is the Lead Officer in relation to Information Governance for WHSSC. An agreement has been made that the Medical Director of CTMUHB, as host organisation, will act as Caldicott Guardian for WHSSC. The Caldicott Guardian, is responsible for the protection of patient information. Guidance and support on Information Governance issues is obtained from the IG team at CTMUHB.

The Committee Secretary and the Corporate Governance Manager are members of the CTMUHB Information Governance Group. WHSSC has completed the mandatory Information Governance toolkit annual assessment and this will help inform an action plan with identified priorities for 2022-2023.

There were no WHSSC specific incidents relating to data security that required reporting to the Information Commissioner's Office (ICO) during 2021-2022.

6.11 UK Corporate Governance Code

Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, the Welsh Health Specialised Services Team (WHSST) considers that it is complying with the main principles of the Code where applicable, through operating within the scope of the governance arrangements for CTMUHB. The WHSST remains satisfied that it remains compliant with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. This has been informed by the Audit Wales "WHSSC Committee Governance Arrangements" Report. There were no reported/identified departures from the Code during the year.

6.12 Counter Fraud

The Counter Fraud Plan was designed to reduce the risk of fraud by reviewing those aspects of WHSSC business that have a residual fraud risk. During the year, the CTMUHB Audit & Risk Committee received regular Local Counter Fraud Progress Reports. These provided a summary of the work that had been undertaken by the Local Counter Fraud Services Team to deliver the Counter Fraud Plan.

6.13 Modern Slavery Act 2015 – Transparency in Supply Chains

The Welsh Government's Code of Practice: Ethical Employment in Supply Chains was introduced to highlight the need, at every stage of the supply chain, to ensure good employment practices exist for all employees, both in the United Kingdom and overseas.

WHSSC adopts and complies with all CTMUHB procurement processes that embed the principles and requirements of the Code and the Modern Slavery Act 2015. WHSSC is committed to playing its role as a public sector

employer, to eradicate unlawful and unethical employment practices, such as:

- Modern Slavery and Human right abuses;
- The operation of Blacklist / prohibited lists;
- False self-employment;
- Unfair use of umbrella schemes and zero hours contracts; and
- Paying the Living Wage.

During 2021 - 2022 WHSSC continued to take the following actions to deliver on the Code's commitments:

- It paid all staff above the minimum living rate (which is at Agenda For Change Band 2);
- It complies with the Raising Concerns (Whistleblowing) Policy, which provides the workforce with a fair transparent process, to empower and enable them to raise suspicions of any form of malpractice, by either out staff or suppliers / contractors working on our premises;
- It has a target in place to pay our suppliers within 30 days of receipt of a valid invoice;
- It does not engage or employ staff or work on Zero Hours Contracts;
- It follows a robust Recruitment and Selection Policy and Procedure, which ensure a fair and transparent process as prescribed by its host CTMUHB;
- WHSSC defers the CTMUHB Equality and Diversity Policy, which ensures that no potential applicant, employee or worker engaged by CTMUHB/WHSSC is in anyway unduly disadvantaged, in terms of pay, employment rights, employment, training and development of career opportunities;
- Use of the Transparency in Supply Chains (TISC) report – Modern Slavery Act (2015) compliance tracker through contracts procured and NWSSP Procurement Services on the CTMUHB's behalf.

6.14 NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

7.0 REVIEW OF EFFECTIVENESS

As Managing Director for Specialised and Tertiary Services Commissioning, NHS Wales, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and

maintenance of the internal control framework, and comments made by external auditors and other reports.

Despite this not being a statutory obligation for WHSSC, it is a principle of good governance and best practice that all Wales NHS organisations should undertake a formal and rigorous annual evaluation of their own performance and that of their committees in accordance with the Standing Orders.

The IGC plays a central role in the scrutiny of a number of key governance mechanisms for which it provides assurances to the Joint Committee. The IGC is responsible for agreeing the organisation wide approach to the annual effectiveness self-assessment and for monitoring progress against any identified actions.

For the 2020-2021 annual assessment due to work pressures and COVID-19 placing a strain on the Corporate Team, the survey questionnaires were disseminated in a word format via email to all members on 17 June 2021. Respondents were asked to complete and return their responses using a yes/no and comment format. The agreed actions were presented to the IGC on 28 February 2022 and positive progress had been made against each action.

The process was subsequently reviewed and the Corporate Team felt that the approach could be improved, as it required manual reporting of the responses, and that the wording of the questions could be strengthened.

Therefore, a different approach was recommended for the 2021-2022 self-assessment.

For the 2021-2022 assessment, a survey was issued via Microsoft forms to enable an efficient yet effective reflection on committee effectiveness, which offers a consistent approach for all committees. The 2021-2022 self-assessment survey was issued to all members on 30 March 2022.

The findings and feedback are currently being reviewed with a view to developing an action plan to address any areas that require improvement, which will be monitored by the IGC. The individual Committee findings will be presented to each relevant sub-Committee and the Joint Committee for assurance.

In addition, the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2022-2023.

In order to obtain a broad view of the Committee's effectiveness, it is important to consider the additional mechanisms and tools, which are used in order to provide evidence that WHSSC's systems of internal control are working effectively. By using the tools outlined in the table below to map

the various sources of assurance issues, gaps in controls and/or gaps in assurance can be identified:

Tool	Scope	Assurance Reporting
Corporate Risk Assurance Framework (CRAF)	This is an essential component of WHSSC's internal control system and is used as a systematic and structured method of recording all risks (operational, financial and strategic) that threaten the achievement of WHSSCs objectives. This forms an integral part of day-to-day practices and culture, utilising a single co-ordinated approach to the identification, assessment and management of all types of risk.	The CRAF is presented to each QPSC, IGC and ARC meeting and is presented to the Joint Committee every 6 months. The operating framework for the CRAF is outlined in the Risk Management Strategy.
Internal audit	Look at areas related to corporate governance, risk management and internal control.	The WHSSC Audit tracker outlines audits undertaken and progress being made against recommendations, and is presented to each ARC and IGC meeting.
External Audit	Look at areas related to corporate governance, risk management and internal control.	The Audit Wales Report on Committee Governance Arrangements was presented at JC, IGC and ARC meetings throughout 2021-2022. The tracking report was included on HB Audit Committee agendas to ensure that all NHS bodies were able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales.

Tool	Scope	Assurance Reporting
Internal Policies	Policies and procedures designed to give management a reasonable assurance that the company achieves its objectives	A report on operational policies is presented to the QPSC and IGC routinely for assurance. The WHSSC internal policy group oversee the management of all policies and report to CDGB.
Regulatory and Legal	Compliance with regulatory and legislative frameworks.	Routine assurance reports to JC and sub committees and the Annual Governance Statement (AGS).
Stakeholder feedback	Receiving feedback from people (named or anonymous), whose views are considered helpful and relevant.	WHSSC obtain stakeholder feedback through formal consultation processes and through regular dialogue with the JC, sub committees, through attending peer group meetings and 1 to 1 meetings.
Joint Assurance Framework (JAF)	Brings together in one place all of the relevant information on the risks to the achievement of strategic objectives. Known as a Board Assurance Framework (BAF) in HB's.	WHSSC have made a commitment to introducing a JAF in the risk management strategy; however, this has not yet been developed.

**Note this list is not exhaustive*

7.1 Internal Audit

Internal audit provides me as Managing Director and the Joint Committee, through the CTMUHB Audit & Risk Committee, with a flow of assurance on the system of internal control. I have commissioned a programme of audit work that has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership (NWSSP). The scope of this work is agreed with the CTMUHB Audit & Risk Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme

and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The CTMUHB Audit & Risk Committee regularly reviews and considers the work and findings of the internal audit team. The Director of Audit and Assurance and the relevant Heads of Internal Audit have attended each meeting to discuss their work and present their findings. The CTMUHB Audit & Risk Committee is satisfied with the liaison and coordination between the external and internal auditors.

The following reviews were completed by Internal Audit during 2021-2022:

Audit Theme	Assessment Rating
Cancer and Blood Programme Team,	Substantial Assurance
All Wales Positron Emission Tomography (PET) Service	Reasonable Assurance
Risk Management	Reasonable Assurance

The programme was impacted by the need to respond to the COVID-19 pandemic with one audit deferred into 2022-2023 as a consequence of business pressures for the audit team at NWSSP.

For internal audit, the CTMUHB Audit & Risk Committee (ARC) monitored implementation of management actions agreed in response to reported weaknesses. Reports were generated that enabled the ARC to understand operational and financial risks.

7.2 External Audit

The Auditor General for Wales is CTMUHB's statutory external auditor and the Audit Wales undertakes audits on his behalf. Audit Wales scrutinises the Health Board's financial systems and processes, performance management, key risk areas and the Internal Audit function. This includes the governance and finances of WHSSC.

As an organisation hosted by CTMUHB, the work of external audit is monitored by the CTMUHB Audit & Risk Committee through regular progress reports. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and our work on minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented.

In addition to WHSSC matters, the CTMUHB Audit & Risk Committee has been kept apprised by its external auditors of developments across NHS Wales and elsewhere in the public service. These discussions have been helpful in extending the Audit & Risk Committee's awareness of the wider context of our work.

In May 2021, Audit Wales published the "[Committee Governance Arrangements at WHSSC](#)" which outlined the findings of the review undertaken between March and June 2020, and in July 2021 (as a result of the COVID-19 pandemic, aspects of the review were paused, and re-commenced in July).

The scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and sub-committee meetings, feedback from questionnaires issued to HB Chief Executive Officers and Chairs and a review of corporate documents.

The report outlined four recommendations for WHSSC and the three recommendations for Welsh Government as outlined below:

Audit Wales Recommendations
WHSSC
<p>R1 Increase the focus on quality at the Joint Committee. This should ensure effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients.</p>
<p>R2 Implement clear programme management arrangements for the introduction of new commissioned services. This should include clear and explicit milestones which are set from concept through to completion (i.e. early in the development through to post implementation benefits analysis). Progress reporting against those milestones should then form part of reporting into the Joint Committee.</p>
<p>R3 In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on:</p> <ul style="list-style-type: none"> a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm. b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening. <p>The financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation.</p>
<p>R4 The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021. This should:</p> <ul style="list-style-type: none"> a. embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post pandemic recovery.

<p>b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning.</p> <p>The review should assess services:</p> <ul style="list-style-type: none"> • which do not demonstrate clinical efficacy or patient outcome (stop); • which should no longer be considered specialised and therefore could transfer to become core services of HBs (transfer); • where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue.
<p>Progress against the WHSSC actions outlined within the management response are monitored through the Integrated Governance Committee (IGC) and the Joint Committee (JC).</p>
<p>Welsh Government</p>
<p>R5 Review the options to recruit and retain WHSSC independent members. This should include considering measures to expand the range of NHS bodies that WHSSC members can be drawn from, and remuneration for undertaking the role.</p>
<p>R6 This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi-partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).</p>
<p>R7 A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.</p>
<p>Progress against the WG management responses is monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief Executive.</p>

Progress against each recommendation is provided via an Audit Tracker document which was presented to the Joint Committee and the CTMUHB ARC during 2021-2022. The Joint Committee received and approved the tracker document on 18 January 2022. Audit Wales were in attendance and advised that the management responses were comprehensive and well thought out and that positive progress had been made against the actions. The ongoing scrutiny being undertaken through the IGC was noted.

The progress report was shared with the Board Secretaries in HBs for inclusion on HB Audit Committee agendas in February/March 2022 to ensure that all NHS bodies were able to maintain a line of sight on the

progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales.

A further progress report was provided to the IGC Committee meeting on 19 April 2022 with further positive progress noted.

8.0 CONCLUSION

As indicated throughout this statement the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, the wider NHS and society as a whole. It has required a dynamic response that has presented a number of opportunities and risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2022-2023 and beyond. I will ensure our Governance Framework considers and responds to this need.

As Managing Director, based on the assurance process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control. I can confirm that the WHSST are alert to their accountabilities in respect of internal control and that no significant internal control or governance issues have been identified.

In summary, my review confirms that the WHSCC has sound systems of internal control in place to support the delivery of policy aims and objectives and that there are no significant internal control issues to report for 2021-2022.

The IPFR governance issues and risks highlighted under sections 2.4 have been escalated to the Joint Committee and regular updates provided throughout the year. WHSSC is awaiting clarification from Welsh Government before progressing the review of the ToR and All Wales IPFR Policy.

Dr Sian Lewis

Managing Director of Specialised and Tertiary
Services Commissioning, NHS Wales
Date: 31 March 2022

Appendix 1

Table 1 - of Membership and Attendance for the Joint Committee 2021-2022

Name	Role	Organisation	Attendance at Meetings 2021-2022
Non Officer Members			
Kate Eden	Chair	Welsh Health Specialised Services Committee	9/9
Emrys Elias	Vice Chair (until 31 May 2021)	Independent Member, Aneurin Bevan UHB	2/2
Ceri Phillips	Member (from 1 June 2021)	Vice Chair, Cardiff and Vale UHB	6/7
Ian Phillips	Member	Independent Member, Powys Teaching HB	9/9
Ian Wells	Member (from 1 May 2021)	Independent Member, Cwm Taf Morgannwg UHB	5/7
Chief Executive Members*			
Mark Hackett	Member	Chief Executive, Swansea Bay UHB	9/9
Glyn Jones	Member	Acting Chief Executive, Aneurin Bevan UHB	5/5
Paul Mears	Member	Chief Executive, Cwm Taf Morgannwg UHB	8/9
Steve Moore	Member	Chief Executive, Hywel Dda UHB	9/9
Judith Paget	Member (until 31 October 2021)	Former Chief Executive, Aneurin Bevan UHB	4/4
Suzanne Rankin	Member (from 1 February 2022)	Chief Executive, Cardiff & Vale UHB	1/2
Len Richards	Member (until 30 September 2021)	Former Chief Executive, Cardiff & Vale UHB	4/4
Carol Shillabeer	Member	Chief Executive, Powys Teaching HB	9/9
Jo Whitehead	Member	Chief Executive, Betsi Cadwaladr UHB	6/9
Stuart Walker	Member	Former Interim Chief Executive, Cardiff & Vale UHB	3/3
Welsh Health Specialised Services Officer Members			
Carole Bell	Officer Member	Director of Nursing and Quality Assurance	7/9
Stuart Davies	Officer Member	Director of Finance	9/9
Iolo Doull	Officer Member	Interim Medical Director	5/9
Sian Lewis	Officer Member	Managing Director	9/9
Karen Preece **	Officer	Director of Planning	9/9
Kevin Smith **	Officer (until 31 May 2021)	Committee Secretary	2/2
Jacqui Evans **	Officer (from 1 June 2021)	Committee Secretary	7/7

Name	Role	Organisation	Attendance at Meetings 2021-2022
Associate Members			
Tracey Cooper	Associate Member	Chief Executive, Public Health Wales NHS Trust	0/9
Steve Ham	Associate Member	Chief Executive, Velindre NHS Trust	0/9
Jason Killens	Associate Member	Chief Executive, Welsh Ambulance Service NHS Trust	0/9

** In person or represented by a nominee in accordance with the Joint Committee SOs.*

*** As per the Standing Orders the Director of Planning and Committee Secretary are not voting members of the JC but are both regular attendees.*

Appendix 2

Table 2 – Dates of Joint Committee Meetings 2021-2022

The following table outlines the months during which meetings of the Joint Committee and joint sub-committee meetings were held during 2021-2022.

	2021									2022		
	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Joint Committee		11		13		7		9		18		15
Joint Committee (extraordinary)	19									11	8	
Integrated Governance			8		10		12		13		28	30
All Wales IPFR Panel	1 & 15*	6	3	1	5* & 19*	2* & 16	07 & 21	18	02 & 16	N/A	N/A	N/A
Management Group	22	20	24	15	19	23	21	25	16	20	24	24
Quality & Patient Safety			8		10		12			18		30
Welsh Renal Clinical Network			9		4		4	10			9	

**Inquorate*

All meetings were quorate with the exception of the IPFR panel. During these times, the Chair's Action arrangement outlined in the Terms of Reference (ToR) was used to ensure business continuity for urgent cases.

IPFR Panel Meetings Jan-March 2022 - Due to ongoing pressures within HBs relating to the pandemic, and in particular staff absence levels, and as result of a letter received from Mrs Judith Paget, Chief Executive Officer of NHS Wales suggesting NHS bodies step down any non-essential meetings, the Individual Patient Funding Request (IPFR) Panel returned to the process previously adopted during the start of the pandemic to ensure business continuity.

The full IPFR Panel was stood down January- March 2022, and operated via the Chair's Action arrangement outlined in the Terms of Reference (ToR) was used until the end of March 2022. This process was strengthened by including the attendance of two WHSSC Clinical Directors and a lay member representative. The situation was monitored on a monthly basis and the decision followed on from the National Health and Social Care Risk Summit on the 15 February 2022 and the Minister for Health & Social Services agreement that a two week system reset take place across Wales and across health and social care to create flex for our capacity and workforce, to manage risk and to meet patient's/ service user's needs from the 2 March until 16 March 2022.



Report Title	Sub-Committee Annual Reports 2021-2022		Agenda Item	3.9	
Meeting Title	Joint Committee		Meeting Date	10/05/2022	
FOI Status	Open				
Author (Job title)	Corporate Governance Manager				
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services				
Purpose of the Report	The purpose of this report is to present to the Joint Committee the Sub-Committee Annual Reports 2021-2022.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s): Members are asked to: <ul style="list-style-type: none">• Note and receive the Sub-Committee Annual Reports 2021-22.					

SUB-COMMITTEE ANNUAL REPORTS 2021-2022

1.0 SITUATION

The purpose of this report is to present the Sub-Committee 2021-22 Annual Reports.

2.0 BACKGROUND

In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees

The Joint Committee has established five joint sub-committees in the discharge of its functions:

- Integrated Governance Committee (IGC),
- The Quality & Patient Safety Committee (QPSC),
- The All Wales IPFR panel,
- Welsh Renal Clinical Network (WRCN); and
- Management Group.

Section 4.4.2 of the WHSSC Standing Orders state that:

"Each joint Sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established."

3.0 ASSESSMENT

The relevant Sub-Committees have reviewed and approved the Annual Reports for the reporting period 1 April 2021 to 31 March 2022 and they are presented at **Appendices 1-4** for assurance. The annual reports set out the activities of each Sub-Committee during the reporting period.

Due to ongoing discussions with Welsh Government on the governance framework of the IPFR panel, the annual report for the All Wales IPFR panel will be presented to the July meeting once it has been approved by the IPFR panel.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** and **receive** the Sub-Committee Annual Reports 2021-2022.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Approval Process
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring Committees makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	There are no financial/resource implications associated with this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	This report demonstrates compliance with the Model Standing Orders, Reservations and Delegation of Powers (SO's) which were last issued by WG in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).
Long Term Implications (incl 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)	30 March 2022 - Integrated Governance Committee – endorsed. 30 March 2022 - Quality & Patient Safety Committee – endorsed.

	<p>8 April 2022 - Welsh Renal Clinical Network (WRCN) Board endorsed.</p> <p>28 April 2022 - Management Group – endorsed.</p>
Appendices	<p>Appendix 1 – Integrated Governance Committee Annual Report 2021-2022.</p> <p>Appendix 2 – Quality & Patient Safety Committee Annual Report 2021-2022.</p> <p>Appendix 3 – Welsh Renal Clinical Network Board Annual Report 2021-2022</p> <p>Appendix 4 – Management Group Annual Report 2021-2022</p>

Appendix 1

INTEGRATED GOVERNANCE COMMITTEE ANNUAL REPORT 2021-2022

Sub-Committee Chair:

Kate Eden

Report Approved by Sub-Committee:

30 March 2022

INTEGRATED GOVERNANCE COMMITTEE (IGC)

ANNUAL REPORT 2021-2022

1. BACKGROUND / INTRODUCTION

In line with section 4.2.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Integrated Governance Committee ("*the Sub-Committee*") is required to produce an Annual Report to the Joint Committee setting out how the Committee has met its Terms of Reference (ToR) during the financial year, setting out its activities during the year and detailing the results of a review of its performance.

The purpose of the Sub-Committee is to scrutinise evidence and information brought before it in relation to activities and potential risks which impact on the services commissioned by WHSSC. The Sub-Committee also provides assurance to the Joint Committee (JC) that effective governance and scrutiny arrangements are in place across the organisation.

The Sub-Committee, in respect of its provision of advice to the JC, ensures that:

- a) It maintains an oversight of the work of the WHSSC Quality and Patient Safety Committee (Q&PSC) and CTMUHB Audit & Risk Committee (ARC). The Sub-Committee ensures integration of the governance work, addressing issues which fall outside or between the work of the these sub-committees, ensuring no duplication and coordinating those issues which need the attention of all three sub-committees,
- b) Appropriate mechanisms and processes are in place to manage risk issues, ensuring that plans are in place to manage those risks,
- c) It oversees the development of the JC's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the Plan; and
- d) It maintains an oversight of the work of the Welsh Renal Clinical Network (WRCN) addressing issues which fall outside or between the work of the network and the Welsh Health Specialised Services Team.

2. MEMBERSHIP

The Sub-Committee membership consists of the WHSSC Chair and the three WHSSC Independent Member's (IM's).

The Chair of the JC is also the Chair of the IGC. If the Chair is absent, the Vice-chair of the JC will deputise.

In addition to the core Membership, the meetings are also attended by the

Committee Secretary who acts as the guardian of good governance within WHSSC. Other WHSSC Executives/deputies are required to attend as appropriate to provide further detail and information concerning agenda items, and to answer specific questions from the Sub-Committee.

The Chair of the WRCN is an attendee and provides assurance to WHSSC independent members on the WRCN governance arrangements.

The current membership is:

2.1 Membership

Independent Member	Designation	Membership
Kate Eden	Chair	1 April 2021-31 March 2022
Emrys Elias	Independent Member,	1 April 2021-31 May 2021
Ian Phillips	Independent Member, Vice Chair	1 April 2021-31 March 2022
Professor Ian Wells	Independent Member, Audit Lead	1 May 2021- 31 March 2022
Professor Ceri Phillips	Independent Member, Chair of WHSSC QPSC	1 June 2021-31 March 2022

Paul Griffiths, IM Audit Lead CTMUHB left his role as WHSSC IM with effect from 31 December 2020 and his replacement, Professor Ian Wells, commenced as an Independent Member on 1 May 2021.

Emrys Elias left his role as an Independent Member with effect from 31 May 2021 and his replacement, Professor Ceri Phillips, commenced as an Independent Member on 1 June 2021.

Ian Phillips agreed to stand for a further two years as an Independent Member from 1 April 2021. As someone with extensive knowledge and experience of the breadth of the work undertaken by WHSSC and the JC Ian Phillips was appointed Vice Chair of the JC on 13 July 2021.

Historically, the additional time commitment required of HB IM members to perform the WHSSC IM roles has not been recognised and no additional remuneration has been provided. Whilst there has been a role profile, the specific skills required for a WHSSC IM, as opposed to a HB IM, have not been fully explored or described. There have been longstanding issues in recruiting IMs to sit on the WHSSC JC as is evidenced above by the lengthy delay before a replacement was sought following Paul Griffiths departure at the end of 2020. The JC and the IGC meetings have frequently been at risk of being non-quorate.

The review into the Committee Governance arrangements at WHSSC included the need to recognise the complexity of the IM role within WHSSC and the consideration of remuneration.

The JC approved the WHSSC IM remuneration proposal at its meeting on 18 January 2022. A transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs was also agreed at this meeting.

3. MEETINGS & ATTENDANCE

During 2021-2022, the WHSSC continued to manage and support its response to the recovery phase of COVID-19. However, in line with guidance the IGC met virtually, and these virtual meetings and electronic communication became the key to the Sub-Committee's functionality.

To ensure business was conducted in as open and transparent manner as possible during these unprecedented times IGC papers were published at least 5 working days prior to the Sub-Committee meeting dates.

Despite the pressures of COVID-19, all IGC meetings took place as planned and the Sub-Committee met six times during 2021-2022 as outlined in the table below. This was in accordance with the ToR which specify that the Sub-Committee should meet at least three times per year. At least two members must be present to ensure the quorum of the Sub-Committee and each meeting was quorate.

8 June 2021	10 August 2021	12 October 2021
13 December 2021	28 February 2022	30 March 2022

3.1 Members Attendance at Meetings

The IGC achieved an attendance rate of 79% during the period 1 April 2021 to 31 March 2022 as outlined in Table 1 below. Due to diary clashes with Powys THB Board meetings, attendance proved difficult for Ian Phillips, and the corporate team will review the dates of scheduled meetings in an effort to support attendance. Alternative meeting dates will be proposed going forward into 2022 to ensure attendance.

Table 1 – Member Attendance at Integrated Governance Committee (IGC) April 2021- March 2022

Independent Member	08.06.21	10.08.21	12.10.21	13.12.21	28.02.22	30.03.22	Attendance
Kate Eden Chair	Y	Y	Y	Y	Y	Y	6/6
Ian Phillips, Vice Chair, Acting WRCN Chair, Independent Board Member, Powys THB.	x	x	x	x	Y	x	1/6
Professor Ian Wells, Audit & Risk Committee Representative, Independent Board Member, Cwm Taf Morgannwg UHB	Y	Y	Y	Y	Y	Y	6/6
Professor Ceri Phillips, WHSSC QPS Chair, Independent Member, Cardiff & Vale UHB.	Y	Y	Y	Y	Y	Y	6/6

4. MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into four main parts:

- **Preliminary Matters**

This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising,

- **Items for Information and Support**

This section includes reports which will be of interest to the Sub-Committee,

- **Routine Reports**

Standing Agenda Items discussed at every Sub-Committee meeting, in line with the Terms of Reference; and

- **Concluding Business**

This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

The IGC considered the following key items at its meetings throughout the year:

- The progress tracker for the Audit Wales Governance Review of WHSSC was a key focus during 2021-22 and it was presented at the October and December 2021 meetings prior to presentation at the JC meetings and the CTM ARC meetings,
- The Sub-Committee received regular updates on the revised Corporate Risk and Assurance Framework (CRAF) which had been developed during the past 12 months. The Sub-Committee provided scrutiny of the CRAF before presentation to the JC and the CTM ARC for approval and assurance,
- A useful risk benchmarking exercise was undertaken at the request of the IMs and the report was presented back to the Sub-Committee at its February 2022 meeting,
- The Sub-Committee received the WHSSC Annual Governance Statement (AGS) prior to the final version being presented of the final version to the CTM ARC in June 2021,
- The Sub-Committee received regular updates on the ICP process to provide assurance on the delivery and performance of the current ICP and on the development of the forthcoming ICP,
- The Sub-Committee received the review of the Governance and accountability Framework before presentation to the JC for approval,
- The Annual Committee Self-Assessment process was discussed and endorsed by the Sub-Committee and the findings were presented to the JC. The identified actions from the 2021-2021 were completed and the Sub-Committee received a report updating members on progress in February 2022,
- Assurance was provided in relation to the Declaration of Interest (DOI) process and the DOI Register was presented for assurance,
- A new Corporate Governance Update report was introduced as a routine report to provide important updates in-line with the governance and accountability framework for WHSSC and the IGC ToR. The report provides members with an update on the WHSSC Audit Tracker which is presented to CTM ARC,
- The Corporate Governance report has been a useful opportunity to provide updates with progress on updating ToR especially in relation to the WHSSC ToR for the Individual Patient Funding Request Panel (IPFR),
- A comprehensive Forward Work Plan was introduced and provides a 12 month overview of agenda items; and

- A Clinical Impact Advisory Group (CIAG) Prioritisation process briefing and a development session on the work of the WHSSC Policy Group was arranged for IMs.

5.LINKS WITH SUB COMMITTEES AND REPORTING RESPONSIBILITIES

The Chair of the IGC is also the Chair of the JC. Following each meeting, a Chair's summary report of the key discussion items is submitted to the JC and the Chair highlights any key issues.

WHSSC Directors and other Members of the Sub-Committee provide links with other Sub-Committees such as the Q&PSC and CTM ARC (of host organisation).

6.WORK PROGRAMME

In order to monitor progress and any necessary follow up action, the Committee has developed an Action Log that captures all agreed actions. This has provided an essential element of assurance to the Committee, and onwards to the JC.

In addition, a comprehensive 12 month forward work plan is presented to each IGC meeting as part of the Corporate Governance update report.

The confirmed minutes of the Committee are available on request from the Corporate Governance Manager.

7.ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Sub-Committee provides an essential element of the overall governance framework for the organisation. The ToR were reviewed and refreshed during March 2022 and were presented to the JC for approval in May 2022. The Sub-Committee has operated within its ToR and in accordance with the Governance and Accountability Framework.

The approach to the annual Committee self-assessment covering the 2021-2022 financial year was agreed during an ad-hoc IGC meeting on 28 February 2022. The findings and feedback will be shared with the relevant Chairs and reviewed with a view to developing an action plan to address any areas that require development that will be monitored by the IGC. A full report will be presented to the IGC in June 2022.

In addition, the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2022-2023.

8.ASSURANCE TO THE JOINT COMMITTEE

Attendance at Sub-Committee meetings has been satisfactory and the IMs demonstrate the appropriate scrutiny required.

The Sub-Committee wishes to assure the JC that, based on the work completed during 2021-2022, there are effective governance measures in place across the organisation. The Sub-Committee is well established with a clearly defined role, remit and work programme. The reporting into the Sub-Committee has been strengthened during 2021-2022 and now includes a Corporate Governance report and more detailed Forward Work Plans. Consideration of the frequency of meetings and links with the JC meeting dates will be reviewed in 2022.

A key function of the IGC is to maintain an oversight of the work of the WRCN addressing issues which fall outside or between the work of the network and the WHSS Team. The significant success of the WRCN to date has been widely acknowledged. During a workshop on 9 February 2022 WRCN colleagues recognised that the initial focus of the clinical network was to improve capacity and access to dialysis across NHS Wales and that this had been successfully delivered. The significant wider successes of the network were also recognised. In addition, it was noted that the current agenda was much broader and involved the whole of the clinical pathway from prevention, early diagnosis, through to effective treatment with good outcomes, including holistic support and beyond to end of life care. It was therefore appropriate to review the structure and processes of the WRCN in order to prioritise appropriately and ensure effective delivery of these broader agendas.

Following the WRCN workshop, it was agreed that an independent review of the governance structures of the WRCN would inform this process. The ToR for this proposed review are currently being drafted. The results of this review will help inform the plans to move forward, building on current success and meeting the desire to achieve more in the future. This in turn may have an impact on the remit of the IGC and the governance arrangements for the WRCN going forward.

9.CONCLUSION AND LOOK FORWARD

The Sub-Committee is fulfilling its role as set out within the ToR and there are no matters that the Sub-Committee is aware of at this time that have not been disclosed appropriately. The Sub-Committee is committed to continuing to develop its function and effectiveness.

As we enter a further recovery phase from the COVID-19 pandemic the focus of the IGC in 2022-2023 will be to:

- Ensure the continued development and improvement of effective risk management and governance arrangements, drawing on good practice from both within and outside WHSSC. The revised Risk management strategy and the introduction of the new Risk Management process was approved by the JC in May 2021 and considerable progress was achieved during 2021-2022. A risk scrutiny group has been established and organisational corporate risks now appear on the CRAF alongside commissioning risks that score 15 or above. A

further risk workshop is planned for May 2022 to look at risk tolerance and risk appetite,

- Respond to any recommendations arising from the Internal Audit undertaken to review WHSSC's Risk Management process on the 16 March 2022. Any recommendations will be implemented during 2022 and monitored via the IGC,
- Ensure the continued development of WHSSC governance arrangements. During 2020-2021 Audit Wales conducted a review of governance at WHSSC and the final report was issued on 12 May 2021. The Report recognised positive progress with governance arrangements at WHSSC and 2021-22 has been an opportunity to continue this progress. Positive progress has been made against the management actions which has strengthened governance processes further. Further information can be accessed in the AGS 2021-2022.

Going forward, the Sub-Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long term aim to help further strengthen the governance arrangements of WHSSC.

Kate Eden
Chair of the Integrated Governance Committee

Appendix 2

QUALITY & PATIENT SAFETY COMMITTEE

ANNUAL REPORT

2021-2022

Sub-Committee/Group Chair:

Ceri Phillips

Report Approved by Sub-Committee:

30 March 2022

1.0 BACKGROUND / INTRODUCTION

In line with section 4.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Quality & Patient Safety Committee ('the Sub-Committee') produces an Annual Report to the Joint Committee setting out how the Sub-Committee has met its Terms of Reference during the financial year.

The purpose of the Sub-Committee is to provide timely assurance to the Joint Committee that it is commissioning high quality and safe services. This will be achieved by:

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

To achieve this, the Sub-Committee's programme of work is designed to support and enable the Joint Committee to implement systems that:

- Monitor and support the development and implementation of a quality assurance framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the development and implementation of the patient engagement framework ensuring that there is continuous improvement in the commissioning of specialised services for the people of Wales;
- Consider the quality and patient safety implications arising from the development of commissioning strategies, including developments included in the Integrated Commissioning Plan;
- Ensure that all commissioning teams, through regular reporting to the sub-committee consider quality and safety as part of service commissioning;
- Receive from the commissioning teams, when required, items for urgent consideration and escalation;
- Receive regular updates on the development of commissioning policies and any implications for the quality and safety of commissioned services;
- Oversee the development and implementation of the risk management systems for WHSSC, ensuring that quality and safety of specialised services are priority for the organisation;
- Monitor and scrutinise risk management and assurance arrangements from the perspective of clinical and patient safety risks;
- Monitor and scrutinise concerns management arrangements ensuring that patient safety and safeguarding is paramount within WHSSC; and

- Ensure that lessons are learnt from patient safety incidents, complaints and claims (within specialised services) and that all such lessons are disseminated to all providers of services commissioned by the Joint Committee.

2.0 MEMBERSHIP

The membership of the Sub-Committee takes into account 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.

Membership will provide as wide a representation across Wales as possible and consists of no less than five Independent Members drawn from Health Boards.

Membership during 2001-2022 was as follows:

Emrys Elias (until September 2021)	Independent Member from Aneurin Bevan University Health Board
Pippa Britton (from January 2022)	Independent Member from Aneurin Bevan University Health Board
Delyth Raynsford	Independent Member from Hywel Dda University Health Board
Dilys Jouvenat	Independent Member from Cwm Taf Morgannwg University Health Board
Trish Buchan (until January 2022)	Independent Member from Powys Teaching Health Board
Kirsty Williams (from February 2022)	Independent Member from Powys Teaching Health Board
Lucy Reid	Independent Member from Betsi Cadwaladr University Health Board
Martyn Waygood (until December 2021)	Independent Member from Swansea Bay University Health Board
Steve Spill (from January 2022)	Independent Member from Swansea Bay University Health Board
John Union (until June 2021)	Independent Member from Cardiff and Vale University Health Board
Ceri Phillips (from June 2021)	Independent Member from Cardiff and Vale University Health Board (Chair)

Other attendees include:

- Consultant Physician for WRCN;
- The WHSSC Medical Director;
- The WHSSC Director of Nursing and Quality Assurance together with members of the Quality team;
- The WHSSC Director of Planning and/or Assistant Director of Planning;
- The WHSSC Committee Secretariat; and
- Community Health Council Representative

3.0 MEETINGS

The Sub-Committee met on the following dates during 2021-22 and was quorate on all occasions.

8 June 2021	10 August 2021	12 October 2021
18 January 2022	10 February 2022 (Development Day)	30 March 2022

4.0 ATTENDANCE

The Sub-Committee achieved an attendance rate of 82% of members during the period 01 April 2021 to 30 March 2022 as set out below

Attendance was initially difficult for ABUHB due to a change in their IM membership.

BCUHB had a turnover of IM's and this resulted in their QPSC IM member having to attend other meetings for a period until new independent members were appointed.

Unfortunately the March 2022 QPCS meeting coincided with the Powys Board meeting date.

	8.06.21	10.8.21	12.10.21	18.01.22	30.03.22	Attendance
Aneurin Bevan UHB	N	N	N/A	Y	Y	2/4
Hywel Dda UHB	Y	Y	Y	Y	Y	5/5
Cwm Taf Morgannwg UHB	Y	Y	Y	Y	Y	5/5
Powys THB	Y	Y	Y	Y	N	4/5
Betsi Cadwalader UHB	N	N	Y	Y	N	2/5
Swansea Bay UHB	Y	Y	Y	Y	Y	5/5
Cardiff & Vale UHB (Chair)	Y	Y	Y	Y	Y	5/5

5.0 MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into 6 main parts:

Preliminary Matters

This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising.

Patient Story/Presentation

This section of the meeting reports on individual patient experience providing a real-life dimension to reporting or a presentation on a key topic such as learning from an incident investigation.

During the year patient stories on Cleft Lip and Palate, Microprosser Controlled Prosthetic knee and Major Trauma were received.

Presentations have been provided on the following topics;

QAIS- Summary of the Review of NHS Wales CAHMS In-Patient Services Report.
Update on the Patient Engagement Framework.

Case Study – Major Trauma.

Mental Health Strategy.

NCCU – Secure Services Report.

Mother & Baby Unit Incident Feedback from ABUHB.

Items for Decision and Consideration

This section of the meeting includes update reports from the networks and WHSSC commissioning teams highlighting all commissioned services that are in escalation and the actions taken as well as in depth updates on any risks that appear on the Corporate Risk Assurance Framework (CRAF).

Routine Reports

This section of the meeting includes update reports from the WHSSC Policy Group and summary updates on SUIs, complaints, CQC and HIW, and Ombudsman reports. It also includes the monthly Corporate Risk Assurance Framework report highlighting risk issues.

Items for Information

This section of the meeting includes reports that will be of interest to the committee that are not usually for discussion. Included in this section is the Forward Work Plan and the Distribution list

Concluding Business

This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

6.0 QPSC DEVELOPMENT DAYS

QPSC Development Days are held on annual basis. Development Days are half-day virtual sessions in which members attend workshops and discussion groups centred on learning and sharing good practice.

A Development Day took place on 10 February 2022. In addition to the WHSSC QPSC members, invitations were sent to all of the QPSC Chairs and Quality Leads from each of the Health Boards to attend the day.

The purpose of the day was to provide an overview of WHSSC for new members and anybody new to WHSSC. An update on the Commissioning Assurance Framework, which was approved in September 2021 and its key changes was provided. A useful discussion considered ways to strengthen the relationships and reporting mechanisms back into Health Boards. Board Secretaries are now included on the distribution list for the Joint Committee Chairs reports. The Development day also provided an opportunity to share good practice and developments in general.

Some feedback from the Development included the following “[comments](#)”;

“[It was a very helpful and informative few hours, with good engagement](#)”.

“[Thank you has been really informative and a great introduction session for a newbie](#)”.

“[It has been a really informative and useful session. It will also help me do my job as a committee member better and so I really appreciate the time you all took to put it together and deliver it. Thank you](#)”.

7.0 THE QUALITY ASSURANCE TEAM

The Quality Assurance Team has a pivotal role in the co-ordination of operational quality monitoring and interventions within commissioned services.

The Quality Assurance Framework was reviewed during 2020-2021. This has now been replaced with a Commissioning Assurance Framework (CAF) and supported by a suite of documents to underpin patient quality safety and assurance.

The CAF has been designed to establish the basic infrastructure to support driving assurance and improvement of quality for specialised commissioned services. As such it sets out the systems and processes that needed to be in place, the roles and responsibilities of key staff in delivering these systems and processes and the tools that would be developed to support staff to deliver their responsibilities. Specialised commissioning can now move beyond the basic

infrastructure to the next stage of driving quality assurance and improvement in our specialised commissioned services.

The Quality Assurance team plays a pivotal role working closely with the Medical Directorate and Commissioning Teams and monitor quality activities such as:

- management and learning from serious incidents and never events;
- co-ordination of investigations and responses to complaints and reported near misses;
- contribution to the commissioning cycle including planning,
- contracting and quality assurance of provider services;
- contribution to and being the specialised commissioning local representative for the agreed escalation process of quality concerns within their geographical area;
- compliance with key legislation such as the *Nurse Staffing Levels (Wales) Act 2018* which although it does not have a direct impact on many of the WHSSC commissioned services with its focus on acute medical and surgical staffing levels, has key principles that can be applied.

8.0 LINKS WITH OTHER COMMITTEES

The Chair links with other committees such as Joint Committee and Integrated Governance Committee. It is the role, assurance, and outcomes from the QPSC Committee that link to these committees. A Chair's report and summary of services in escalation is provided to the Joint Committee and sent to the Chairs of each of the Quality Patient Safety Committees, Quality Leads and Board Secretaries in the Local Health Boards.

Directors and other Members of the Committee provide linkage with other committees such as the Audit Committee and Clinical Networks.

9.0 WORK PROGRAMME

In order to monitor progress and any necessary follow up action the Committee was supported by the Corporate Governance Officer and Corporate Governance Manager in developing a work log that captured all agreed actions. This provides an essential element of assurance both to the Committee and from the Committee to the Integrated Governance Committee and the Joint Committee.

Following each meeting, a Chair's report together with the summary of the services in escalation is sent to the Joint Committee Meeting.

The following areas were reported to the Joint Committee in the Chair's report over the past year:

- Regular updates on the Welsh Renal Clinical Network that included confirmation that by October 2021 transplant work had returned to pre Covid-19 rates. Updates were also provided on the Renal peer review process.
- Updates on the Neonatal Transport interim arrangements and governance arrangements
- Updates on cardiac surgery services including regular updates on the Getting it Right First Time (GIRFT) review and Action Plans.
- Regular updates on complex needs, high cost patients;
- Updates on the CTMUHB Cochlear service including the workshops held to agree the preferred clinical model;
- Regular updates on the escalation of Ty Lliard including a presentation following an inquest;
- Updates on the risks to thoracic surgery provision for lung cancer patients in mid and south west Wales as a result of COVID-19;
- Updates on the revised WHSSC Risk Management process;
- Reports on the Intestinal Failure (IF) review which culminated in the creation of a temporary IF commissioning team who have identified a number of risks for inclusion onto the CRAF (from March 2022) ;
- Regular updates on the children and adult Cleft Lip and Palate Services. Whilst the children's service had recovered well, the adult service remained a concern and QPSC requested updates on the adult service.
- Updates on the Gender Identity Development Service for Children and Young People (GIDS).
- Reports on the neo-natal cot capacity following a decrease in bed availability.

10.0 ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Sub-Committee provides an essential element of the overall governance framework for the organisation and has primarily operated within its Terms of Reference and in accordance with the Governance and Accountability Framework. The Sub-Committee undertakes a self-assessment, this will be undertaken during April 2022 and any actions will be picked up as part of the work plan for 2022-2023.

During the first quarter of 2021, WHSSC appointed two new IMs including the new WHSSC QPSC Chair. The new WHSSC IMs have provided positive feedback on the induction they received and have settled well into their respective roles.

There has been a turnover in the WHSSC QPSC members and three new members have recently joined the WHSSC QPSC Committee. Feedback from the new members will be obtained to ensure the induction process continues to meet the needs of members.

The self-assessment process from 2020-2021 and the Audit Wales Governance Review commented that links with sub-committees could be strengthened.

Recommendation 1 referenced in the Audit Wales report "WHSSC Committee Governance Arrangements" and referred to strengthening the reporting to the Joint Committee, with specific reference to the QPSC committee and the need for an increased focus on quality at the Joint Committee.

Each Joint Committee meeting receives a Chair's assurance report from each of the sub-committees, which provides an update on the business discussions of each sub-committee meeting. Each sub-committee chair or executive lead is asked to present the sub-committee Chairs report to the Joint Committee and to outline any salient points during the meeting.

An update on progress against Recommendation 1 was given to the Joint Committee meeting on 18 January 2022 and members noted the positive progress made. Feedback received from Audit Wales also indicated positive progress in this area.

11.0 ASSURANCE TO THE BOARD

The Quality Patient Safety Committee wishes to assure the JC that based on the work completed during 2021-2022, there are measures in place to monitor the quality and safety of commissioned services. There are no outstanding issues that the Group wishes to bring to the attention of the Joint Committee.

Embedding of the Corporate Risk Assurance Framework (CRAF) and alignment to the Escalation Process remains ongoing. The escalation paper at the request of WHSSC IM's is now routinely sent to the Integrated Governance Committee for assurance. Reporting mechanisms within Health Boards whilst requires ongoing improvement and monitoring there has been a significant improvement in ensuring there is strong links between WHSSC and the Quality Patient Safety Committees with Health Boards. One area that the Committee want to particularly focus upon is the reporting and monitoring of quality indicators in line with the service specifications.

12.0 CONCLUSION AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2022-2023 in respect of the following work plan:

- Further development of the committee members by completion of the self-assessment and development day[s];
- Continue to strengthen the relationship and reporting into Local Health Boards QPSC;
- Further development of reporting and monitoring of quality indicators, a half day workshop on the use of information for commissioning assurance is planned for June 2022;
- Ongoing work to improve the monitoring and reporting of untoward incidents and concerns;
- Further development of the corporate risk, escalation and assurance mechanisms.

Appendix 3



Rhwydwaith Clinigol Arennol Cymru
Welsh Renal Clinical Network

Annual Report

2021-2022

Sub Committee Chair:

Ian Phillips

Report Approved by Sub Committee:

8 April 2022

WELSH RENAL CLINICAL NETWORK (WRCN)

ANNUAL REPORT 2021-2022

1. BACKGROUND / INTRODUCTION

1.1 Establishment of the WRCN

The WRCN was established in 2009 by Welsh Assembly Government, with specialist commissioning and advisory responsibility for adult renal services in Wales. It was adopted as a subcommittee of WHSSC in 2011. The WRCN is funded by the LHB's via WHSSC and manages a ring fenced commissioning budget of circa £76m on behalf of WHSSC. Renal services are the only specialist service to be clinically led by a national network of clinicians working collaboratively in Wales to provide clinical leadership, strategy and guidance.

1.2 Governance Framework

In line with section 4.2.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Welsh Renal Clinical Network ("*the Sub-Committee*") is required to produce an Annual Report to the Joint Committee (JC) setting out how the Committee has met its Terms of Reference (ToR) during the financial year, setting out its activities during the year and detailing the results of a review of its performance.

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

This delegation provides the autonomy within an agreed framework for the officers of the WRCN to carry out the duties required of them to manage and lead the planning 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 United Kingdom Kidney Association (UKKA), and will ensure a consistent and equitable approach across Wales.

The WRCN is authorised by the JC 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.

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 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.

2.MEMBERSHIP

The Sub-Committee membership consists of the WRCN Chair and Vice-Chair

If the Chair is absent, the Vice-chair of the WRCN will deputise.

The current membership is:

2.1 Membership

Member	Designation	Membership
Ms Kate Eden	Interim Chair	1 March 2021-13 July 2021
Ian Phillips	Interim Chair & becoming substantive Chair WHSSC IM	13 July 2021-31 March 2022
Caroline Lewis	Welsh Government Representative	1 April 2021-31 March 2022
Caron Jones	Network Health & Wellbeing Professionals Reference Group (H&WPRG)Chair	1 April 2021-31 March 2022
Dr Ash Mikhail	Network Clinical Lead for Quality and Patient Safety	1 April 2021-31 March 2022
Dr Clare Parker Mr Michael Stephens	Clinical Director SW Representative Clinical Director SE Representative No single Representative for North	1 April 2021-31 March 2022 1 April 2021-31 March 2022
Dr Gareth Roberts	Network Lead Clinician / Deputy Lead Clinician	1 April 2021-31 March 2022
Dr Helen Jefferies	Clinical Lead for Home Dialysis	1 April 2021-31 March 2022
Dr James Chess	Network Clinical Lead for IM and T	1 April 2021-31 March 2022
Gail Williams	Network Lead Nurse	1 April 2021- 31 March 2022
Helen Harris	WRCN Officer – Finance Lead	1 April 2021-31 March 2022
Jennifer Holmes	WRCN Officer - Renal Analyst	1 April 2021-31 March 2022
Jo Popham	Paul Popham Fund Reg No: 1160114	1 April 2021-31 March 2022

	Patient Advocacy Groups representative	
Jonathan Matthews	WRCN Officer - Renal Coordinator	1 April 2021-31 March 2022
Linzi Issac	Kidney Care UK Reg No: 270288 Patient Advocacy Groups representative	1 April 2021-31 March 2022
Lisa Davies	Directorate Manager, South East	1 April 2021-31 March 2022
Mr Michael Stephens	Network Clinical Lead for Transplant and Vascular Access	1 April 2021-31 March 2022
No representative nominated	Community Health Council Representative	
No single representative nominated	Non-officer member LHB representative	
Prof Chris Brown	Network Clinical Lead for Pharmacy	1 April 2021-31 March 2022
Richard Davies	WRCN Officer - Project Manager	1 April 2021-31 March 2022
Ross Evans	Kidney Wales Foundation Reg No:700396 Patient Advocacy Groups representative	1 April 2021-31 March 2022
Sarah Siddell	Directorate Manager, South West	1 April 2021-31 March 2022
Stuart Davies	WRCN Executive Lead and Vice Chair	1 April 2021-31 March 2021
Susan Spence	WRCN Officer - Network Manager	1 April 2021-31 March 2022
Toni Hamlett	Directorate Manager, North	1 April 2021-31 March 2022

Dr Kieron Donovan CVUHB left his role as Chair of WRCN with effect from 28 February 2021 and his replacement, Ian Phillips, commenced as interim Chair, on an unremunerated basis for 6 months on the 13 July 2021 following approval by the JC.

Following a competitive recruitment exercise Ian Phillips was appointed as the substantive Chair for the WRCN, with effect from the 1 April 2022 for a period of three years in accordance with the Terms of Reference. His proactive involvement in navigating the work of the Network Board has demonstrated positive improvement and his appointment to the Board will support them in developing further. The post is remunerated at Band 3 of the Welsh Government salary scale for public appointments. Ian's tenure as WHSSC IM ceased on the 31 March 2022.

The following officers also attend the meetings:

- 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.

3.MEETINGS & ATTENDANCE

During 2021-2022, the WHSSC continued to manage and support its response to the recovery phase of COVID-19. However, in line with guidance the WRCN met virtually, and these virtual meetings and electronic communication became the key to the Sub-Committee's functionality.

To ensure business was conducted in as open and transparent manner as possible during these unprecedented times WRCN papers were published at least 5 working days prior to the Sub-Committee meeting dates.

Despite the pressures of COVID-19, all WRCN meetings took place as planned and the Sub-Committee met five times during 2021-2022 as outlined in the table below. This was in accordance with the ToR, which specify that the Sub-Committee should meet at least three times per year. At least two members must be present to ensure the quorum of the Sub-Committee and each meeting was quorate.

9 June 2021	4 August 2021	4 October 2021
10 November 2021	9 February 2022	-

All meetings were quorate.

3.1 Members Attendance at Meetings

3.1.1 Welsh Renal Clinical Network (WRCN) Board

The WRCN achieved an attendance rate of 78% during the period 1 April 2021 to 31 March 2022 as outlined in Table 1 below.

It is important to note that clinical members of the Board have been under extreme pressure to manage clinical commitments throughout this challenging year. The attendance table below illustrates only availability to attend set meetings and is not indicative of the wealth of work and commitment to the strategic aims of the WRCN that occurs out with the meetings.

Table 1 – Member Attendance at the Welsh Renal Clinical Network (WRCN) Board April 2021-March 2022

Member	09.06. 21	04.08. 21	04.10. 21	10.11. 21	09.02. 22	Attendance
Kate Eden Stand in Chair	Y	-	-	-	-	1/1
Ian Phillips Interim Chair	-	-	Y	Y	Y	3/3
Caroline Lewis	Y	Y	Y	Y	X	4/5

Caron Jones, H&WPRG Lead	Y	Y	X	Y	Y	4/5
Dr Ash Mikhail, QPS Lead	Y	Y	Y	Y	X	4/5
Dr Clare Parker	X	X	X	X	X	0/5
Dr Gareth Roberts, Lead Clinician	Y	Y	Y	Y	Y	5/5
Dr Helen Jefferies	X	Y	Y	Y	Y	4/5
Dr James Chess, IM&T Lead	Y	X	Y	Y	Y	4/5
Dr Stuart Robertson	Y	X	X	X	X	1/5
Gail Williams, Lead Nurse	Y	X	Y	Y	Y	4/5
Helen Harris	Y	Y	Y	Y	Y	5/5
Jennifer Holmes	Y	X	Y	X	Y	3/5
Jo Popham, Patient Advocacy Rep	Y	Y	Y	Y	Y	5/5
Jonathan Matthews	Y	Y	Y	Y	Y	5/5
Linzi Issac, Patient Advocacy Rep	Y	Y	Y	Y	Y	5/5
Lisa Davies	Y	Y	Y	Y	X	4/5
Mr Michael Stephens, Transplant and Dialysis Access Lead	X	Y	X	X	Y	2/5
Prof Chris Brown, Pharmacy Lead	Y	Y	Y	Y	Y	5/5
Richard Davies	X	Y	Y	Y	Y	4/5
Ross Evans, Patient Advocacy Rep/ Brett Dowds	Y	Y	Y	X	Y	4/5
Sarah Siddell/David West	Y	X	Y	Y	X	3/5
Stuart Davies, Executive Lead	Y	Y	Y	Y	Y	5/5
Susan Spence, Network Manager	Y	Y	Y	X	Y	4/5
Toni Hamlett/Iwan Bonds	Y	Y	Y	Y	Y	5/5
	20	17	20	18	18	

3.1.2 WRCN Management Group

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

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

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

Membership of both the Board and Management Group is outlined in **Appendix 1 and 2** and the organogram of the clinical and managerial oversight of the network is illustrated in **Appendix 3**.

The WRCN management team has met on five occasions.

3.1.3 WRCN Quality & Patient Safety (QPS) Group

The Quality & Patient Safety (QPS) Group 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 ToR for the QPS Group are appended to this document and form part of the underpinning governance arrangements of the WRCN Board.

The Chair reports to the WRCN Board and the WHSSC Quality & Patient Safety Sub-committee. The Membership of the QPS group is outlined in **Appendix 4**.

The WRCN board has a long established structure that includes a QPS subcommittee and work groups assigned to the various areas of responsibility. Patient representation and engagement is embedded throughout all work streams and patients are encouraged to participate wherever they feel they can contribute. The renal QPS lead provides a standing update to the WHSSC QPS agenda at each QPS meeting.

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

It has however been recognised that the QPS subcommittee relationship with the WHSSC QPS committee should be stronger to enable a more joined up approach to visibility and management of responses to risks and incidents identified.

In addition it has been noted that there has been unnecessary overlap between the Board, QPS and Management Team meetings. This is compounded by a perceived lack of clarity in relation to roles and responsibilities of members of each constituent parts and the overall inter-relationship with WHSSC JC.

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

4. MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into four main parts:

- **Preliminary Matters**

This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising,

- **Items for Information and Support**

This section includes reports which will be of interest to the Sub-Committee.

- **Routine Reports**

Standing Agenda Items discussed at every Sub-Committee meeting, in line with the Terms of Reference; and

- **Concluding Business**

This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

The WRCN considered the following key items at its meetings throughout the year:

- Response to Covid to maintain services
- Sustainability of services
- Improving access and uptake of Home Dialysis
- Quality Assurance and Performance.

4.1 UK Context

In the latest published UK Renal Registry report Wales has the highest rate of incidence (new patients, expressed as patients per million of population (ppm) starting Renal Replacement Therapy – RRT; and the highest prevalence (patients on treatment at end of Audit year) of RRT.

As a percentage of the overall numbers of patients in Wales receiving RRT, prevalence of Kidney Transplants is just below average for the UK however home dialysis (Home Hemodialysis (HHD) and Peritoneal dialysis (PD) has the highest level of prevalence across the home nations. This highlights the success of treatment strategies in Wales offering RRT to more patients, and treating more patients whilst promoting / delivering Transplantation and home dialysis as the preferred treatment options.

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

Patients per million of Population (PMP) and % of Total RRT	Wales	England	Scotland	Northern Ireland	UK
Incidence	163	153	127	141	151
RRT prevalence	1,354	1,297	1,209	1,329	1,293
ICHD prevalence	36.2%	36.1%	34.6%	28.8%	35.8%
HHD prevalence	3.1%	2.1%	1.0%	1.0%	2.0%
PD prevalence	5.8%	5.5%	3.8%	3.7%	5.4%
Tx prevalence	55.0%	56.3%	60.6%	66.5%	56.8%

Source: UK Renal Registry 23rd Annual Report (data to 31st Dec 2019)

4.2 Sustainability of Services

4.2.1 Betsi Cadwaladr UHB (BCUHB)

- Completion of the procurement process to refresh existing units including the provision of new water treatment plants where required. A new dialysis center was also established in Mold providing increased capacity closer to patient's homes. This has delivered world class facilities and space that is future proofed for at least 5-10 years of anticipated growth.

4.2.2 Swansea Bay UHB (SBUHB)

- Continuation of procurement exercise to refresh existing satellite units and replace dialysis machines within Morriston Hospital. In addition, two additional units are planned that will alleviate demand on the Morriston Hospital site and due to their locations will enable patients to dialyse closer to home. Anticipated date for completion of the procurement process, August 2022. On award of contract the overall capacity will future proof the service in West Wales for at least 5-10 years.

4.2.3 Cardiff & Vale UHB (CVUHB)

- Merthyr unit agreement reached with the current provider for extension of current contract and small expansion of the unit to accommodate 3 additional stations. Delivery of this proposal will enable the unit to manage growth to 2026 and bring the service in line with the re-tender programme for South East Wales in 2026.
- Renegotiation with current provider for the remainder of the satellite units completed. Agreed uplift of 5% uplift in sessional costs from January 2021. The annual inflationary uplift will apply in addition to this uplift as per the original contract. The commercial model caps the financial benefits associated to this additional uplift. Should activity exceed the minimum patient numbers (plus growth of 2.5%) the sessional price will revert to the original contractual sessional price (plus CPI) prior to uplift. This calculation will be based on the annual sessions from April to March in line with the Health Board reporting periods.

4.2.4 Home Dialysis Framework

- As noted in section 3.3 the findings of the peer review and the current All-Wales audit of the Home Dialysis workforce will inform an update of the Home Dialysis Service specification. The procurement framework to support provision of Home Dialysis is under review ahead of the framework end date of December 2022. Following initial stakeholder consultation in late 2020, a Prior Information Notice was issued in March 2021 and market engagement events have been arranged in order to assess the requirements and inform the scope of the next Home Dialysis framework.

4.3 Renal Pharmacy, Medicines Management and Transformation Programme

4.3.1 National Transformation Fund for a Healthier Wales – Two Renal Transformation Programmes

The WRCN is the sponsor organization for two Transformation Projects enabled by the Welsh Government Transformation Fund. Renal Services of SBU Health Board is delivering both projects on an All Wales basis. The two projects are success stories; commended by Welsh Government and independently evaluated by the Cardiff University:

1. Collaborative kidney Care for a Healthier Wales
2. Dialysis – home first; a digital tool kit for health literacy

This video provides an overview of the two projects:  [Digital innovation in kidney care](#)



Case Study

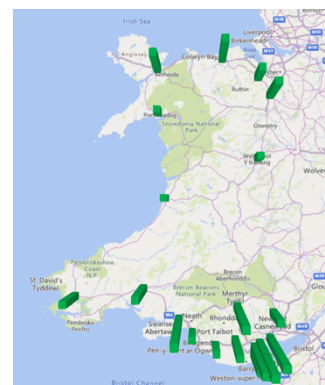
Embedded, please find a Welsh Government Case study

These programmes have modernized the way care is delivered and accessed. Staff have tools to deliver care differently and patients are supported to be active partners in their own care, supported in health and digital literacy. The programme elements are described in the graphic below



The programme is on track to deliver, or have delivered, digital developments this year including:-

- Digital service delivery: Renal units **across Wales** now provide outpatient and dialysis services digitally using the electronic prescribing and medicines administration (EPMA) system, initially developed in SBU Health Board. This improves the quality, safety, efficiency and resilience of service delivery; which was evident during the pandemic, where the rollout was expedited to help the COVID-19 response.
- Digital medicines surveillance and virtual pharmacy
- Automated e-mail alerts to abnormal blood results
- DMS Lite – electronic document generation and transmission of documents securely to primary care and Welsh Clinical Portal
- Renal care summaries – A summary of patients renal electronic patient care record for renal replacement therapies into the Welsh Clinical Portal.
- CKD-Assist – expansion of coverage to all renal units that wish to take on functionality to alert primary care to declining renal function
- Two way functionality in Patient portal – Allow patient collected data in PKB (Patients Know Best) (eg blood pressure, symptoms) to electronically flow from the patient held record/device into the renal electronic patient record.



The two TF programmes have commonality in creating digital content for health and digital literacy. Educational content has been created collaboratively by the SBU transformation teams.

This video is snapshot of material type that can be expected:

 [Highlights video TF Project - YouTube](#)

The website will soon be launched. The initial focus is for home dialysis and medicines, so that Wales to support the WRCN priority for home dialysis. The delivery team in SBU will continue with this programme, to implement the tools, evaluate and to collaborate with colleagues across the renal community to increase the content scope for CKD.

4.3.2 The Pharmaceutical Led COVID response:

Vaccination programme: January 2021 saw a turning point in the COVID-19 pandemic following the UK regulatory approval of two COVID-19 vaccines. For people with kidney failure urgent vaccination offered protection for those extremely vulnerable to the virus; many of whom were unable to shield because of the need for regular dialysis. Advocating for early vaccine availability while establishing a dedicated dialysis vaccination programme, and revaccination programme, is a proud achievement for renal services in Wales.

Dialysis vaccination programme in the Media:

<https://www.pressreader.com/uk/western-mail/20210405/282011855162347>

[People on dialysis get Covid vaccine in record time - Swansea Bay University Health Board \(nhs.wales\)](#)

COVID treatments: In December 2021 new COVID treatments (without being admitted to hospital) were made available for those with the highest risk of from COVID-19. Renal Pharmacy teams have identified, triaged, treated, or referred for treatment people with CKD who tested positive for COVID. A video, produced by the South West Wales Renal Medicines Service (RMS), informed people of these treatment options. It is being used by the National Antiviral Service.

 [Covid Treatment Video - YouTube](#)

COVID patient education: Collaboration with our charity partners, including Kidney Care UK, Kidney Wales and the Paul Popham Fund has allowed renal services to keep people with kidney disease informed and supported throughout the pandemic. This has included a series of patient webinars on COVID vaccinations and COVID treatments.

Link: [Kidney Patient Conference – Kidney Patient Conference](#)

4.3.3 Immunosuppressant drug procurement contract

The service re-model for post-transplant kidney care is a recognised exemplar for Value Based and Prudent Health Care; as outlined in the CMO annual report. The programme generates significant recurrent cost saving while providing improved patient experience, safety, and monitoring while enabling access to specialists in their care. The All Wales contract was retendered for commencement February 2022 and will run for 2 years. The contract maintains the high level of savings that have benefited renal services since 2013.

4.4 Home Dialysis

4.4.1 Home Dialysis Peer Review

The Home Dialysis Peer Review visits took place in July 2021, and the action plans from each health board in response to the Peer Review recommendations have been received by the WRCN. The action plans will be monitored in accordance with the agreed peer review process and timetable. The three-year cycle for Home Dialysis Peer review includes plans for self-assessment peer reviews in 2022 and 2023 to complete this cycle, and a further round of visits to each Home Dialysis centre in 2024.

4.4.2 Home Dialysis Procurement Framework

The findings of the peer review, engagement visits with the Home Dialysis teams, and the All-Wales audit of the Home Dialysis workforce is informing an update of the Home Dialysis Service specification. The procurement framework to support provision of Home Dialysis is under review ahead of the framework end date of December 2022. Following initial stakeholder consultation in late 2020, a Prior Information Notice was issued in March 2021 and market engagement events have been arranged in order to assess the requirements and inform the scope of the next Home Dialysis framework.

4.4.3 Share HD

The WRCN is collaborating with industry dialysis partners, including patient advocates, to improve access to home dialysis by the introduction of share HD and shareHD2 home pathways into haemodialysis units. A programme of work to improve patient and staff awareness of the benefits of Shared Haemodialysis Care is being developed and implemented in one region, with support from the Bevan Commission Exemplar scheme, and the learning from this project will be shared with all regions in Wales.

4.4.4 Nursing Workforce Audit Tool

A Home Dialysis Workforce audit tool has been developed to support the Home Dialysis nursing teams across Wales to be able to provide a comprehensive service for patients.

4.4.5 National Audit

A programme of national audit for Home Dialysis is being developed. Results from Peritoneal Dialysis work stream will be presented at the National Audit meeting in September 2022.

4.4.6 Patient Education and Shared Decision Making

As part of the WRCN strategy to increase uptake of Home Dialysis, and informed by the Dialysis Choices research and peer review findings, an All-Wales Education Group has been created to support the development of a comprehensive suite of education resources for patients and staff, in collaboration with the Home Dialysis Transformation Fund work stream (see 4.3.1). The Education group has a multi-disciplinary, pan-Wales membership, whose role include the collation and recommendation of existing high-quality resources for the WRCN website, and identification of topic areas where the development of further resources are required.

The WRCN is working closely with charity partners to support patients to choose and thrive on Home Dialysis. The regular collaborative Kidney charities newsletter includes content to promote Home Dialysis, and to raise awareness of how perceived and practical barriers to home dialysis can be overcome. Local Kidney Cafés for Home Dialysis provide home dialysis information and peer support for current home dialysis patients and those in the process of choosing renal replacement treatment options. The WRCN is collaborating with kidney charities delivering 'peer to peer' support for kidney patients in Wales, a simple and effective intervention providing practical and emotional support to help alleviate anxieties and fears around at home dialysis.

4.4.7 Reimbursement of Utility Costs

The national scheme for patient reimbursement of Home Dialysis water and electricity costs has been reviewed and adjustments made (effective from April 2022) in line with changes to domestic energy tariffs. The need for further adjustments will be monitored, in line with expectations of further increases in domestic energy tariffs over the coming year.

4.5 Vascular Access

Reduced access to operating lists affected dialysis access during 2020-21 and resulted in a fall in the proportion of patients with definitive access. This will unfortunately be a legacy which will take a long time to reverse, as once patients start dialysis with a

central venous catheter rather than a fistula it is much more difficult to convert this to a fistula. Most centres now have good access to operating theatre lists and are therefore managing to achieve pre-pandemic standards for incident patients, although this is not the case in all centres, and work is ongoing to correct this. The next national vascular access peer review will happen in September 2022 and this should provide a useful barometer of how COVID has affected the service.

One new innovation in vascular access has been trialled in Cardiff over the past year; endovascular fistula formation. This has the potential to provide an extra option for kidney failure patients and although the initial costs of performing the procedure are higher than a surgical procedure, the longer terms costs may be lower due to the requirement for fewer re-interventions. The trial of 10 patients is ongoing and the team in Cardiff will report back on outcomes to WRCN in due course.

4.6 Renal Transplantation

Overall activity in transplantation in Wales over the last year has returned to approximate pre-pandemic baseline levels despite ongoing challenges from COVID. Transplant patients remain more vulnerable to the effects of COVID than any other of our patient groups, and ensuring all have been offered all vaccines (three primary doses and a booster) has been a priority area. Communication with patients has been a high priority, and the WRCN has worked with our third sector partners to deliver multiple webinars, Q&A sessions and newsletters to help to achieve this. Live donor transplant numbers have bounced back well, although again the challenges of COVID testing and the logistics of coordinating multiple transplant centres for the Kidney Sharing Scheme cases have been significant.

The Normothermic Regional Perfusion (NRP) programme for deceased donors is now established in Cardiff and has been expanded following a successful trial period. The model for training and establishing competencies in Cardiff have been adopted by other transplant centres in the UK wanting to start their own programmes. The hepatitis C positive donor programme in Cardiff is also by far the largest in the UK, and has produced several successful transplants this year.

Wales is in the process of finalising an organ donation and transplant strategy for the next 5 years which will highlight the priority areas. The WRCN and transplant MDT members from across the country participated in the workshops and will be key to delivering several of the strategies. At a UK national level the Organ Utilisation project (chaired by Professor Stephen Powell) is also due to report soon and will have implications for organ donation and transplantation in Wales. Although this project was led by NHSE, WRCN members contributed and represented NHS Wales and Welsh patients.

4.7 Quality and Patient Safety

4.7.1 Summary

The Quality and Patient Safety Group continued to receive and monitor Health Board risk registers in accordance with the Terms of Reference. Although responsibility for quality and safety is retained by each individual Health Board providing services, the QPS Group provides assurance to the WRCN Board that commissioned services are

both safe and sustainable. This is achieved by promoting the concept of an open, transparent, supportive culture where safety is enhanced - through continuous learning and transparency.

The QPS Group provides leadership for all quality improvement projects outlined in the governance developments section (4.8)

4.7.2 Covid Response


The QPS Group have maintained oversight of the Covid response to gain assurance and support mitigating actions to address the impact on renal services in Wales:

- Staffing: sickness, PPE
- Patient transport during pandemic
- Prioritisation of home therapies
- Management of potential outbreaks within renal facilities in Wales
- Impact of pandemic on transplant service
- Prioritisation of renal patients for screening/ vaccination.
- Participation in national registry for COVID related events

4.8 Governance Developments

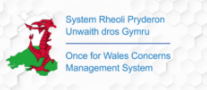
4.8.1 Datix

Collaboration with NHS Wales Shared Services Partnership, to implement the new Datix system across all renal dialysis areas in Wales. The aim of this initiative is to provide a suite of minimum recordable renal incidents which are coded with the facility for the WRCN to have an overview of frequency and type of incidents. This will enable the WRCN to proactively identify on an all Wales basis trends and areas of care that require service improvement programmes and also shared learning opportunities.



DATIX Version 9 Update (01:04:22)

Renal Related Incident (in addition)



Renal related incidents	Report / Recording	Type	Subtype	Sub sub type
All renal dialysis-related bacteraemia	Datix and Vital Data	Infection Prevention and	Infection diagnosis	All renal dialysis-related bacteraemia
Renal dialysis-related bacteraemia due to inadequate vascular access service provision	Datix and Vital Data	Infection Prevention and	Infection diagnosis	Renal dialysis-related bacteraemia due to inadequate vascular access service provision
Reverse Osmosis failure resulting in reduced or change in modality treatment	Datix and Vital Data	Treatment, Procedure	Renal dialysis issues	Reverse osmosis failure resulting in reduced or change in modality treatment
Home dialysis water failure resulting in reduced or change in modality	Datix and Vital Data	Treatment, Procedure	Renal dialysis issues	Home dialysis water failure resulting in reduced or change in modality
Unplanned change of dialysis modality (incl Maximum Conservative Management to Haemodialysis)	Vital Data	Treatment, Procedure	Renal dialysis issues	Unplanned change of dialysis modality (incl MCM to HD)
Starting dialysis with a line due to inadequate clinical care or vascular access service provision	Datix and Vital Data	Treatment, Procedure	Renal dialysis issues	Starting dialysis with a line due to inadequate clinical care or vascular access service provision
Failure to attend dialysis due to transport failure	Datix and Vital Data	Treatment, Procedure	Renal dialysis issues	Failure to attend dialysis due to transport failure
Failure to attend dialysis due to reduced dialysis capacity	Datix and Vital Data	Treatment, Procedure	Renal dialysis issues	Failure to attend dialysis due to reduced dialysis capacity
Disconnection leading to haemorrhage at any part of the dialysis circuit resulting in blood loss that requires further management	Datix and Vital Data	Treatment, Procedure	Renal dialysis issues	Disconnection leading to haemorrhage at any part of the dialysis circuit resulting in blood loss that requires further management
Loss of transplant due to non-compliance (not required for Datix)	Vital Data			
Permcath / temporary catheter failures (blocked, split, fall out) resulting in reduced /delayed treatment time and the use temporary vascular access	Datix and Vital Data	Treatment, Procedure	Renal dialysis issues	Permcath / temporary catheter failures (blocked, split, fall out) resulting in reduced /delayed treatment time and the use temporary vascular access
Cardiac Arrest and/or death in a dialysis unit that is related to any dialysis related incidents - This may not be known at the reporter stage	Datix and Vital Data	Patient/service user death	Unexpected death	Adult (not known to mental health services)
Transport delays from dialysis unit for acute presentation needing transport to hospital. The transport code could be used as the 'location'	Datix and Vital Data	Transfer, Discharge	Transport	Transport delayed

Initial communications from Directors of Nursing and wider stakeholders have been positive. Work now needs to focus on the development of an all Wales Single Operating Procedure (SOP) to detail the level of data the WRCN requires to populate

the proposed dashboard and how this will be managed within the requirements of data sharing safeguards.

To inform the development of the SOP, there has been agreement in principle to pilot the new Datix system in one of the west Wales dialysis units (Carmarthen which is located in Hywel Dda Health Board) that is clinically overseen by Swansea Bay UHB. The Datix administrators of both Health Boards will be developing a working model of sharing any incident data between health boards prior to pilot going live.

4.8.2 Health Inspectorate Wales (HIW)

Collaboration with Health Inspectorate Wales (HIW) exploring long term plan for inspecting dialysis units. The aim of this initiative is, given the vulnerability of the patient group and the highly specialised nursing requirements of delivering dialysis care, that the out-patient status of dialysis units will become more in line with the inspection requirements of in-patient environments.

4.8.3 Peer Review

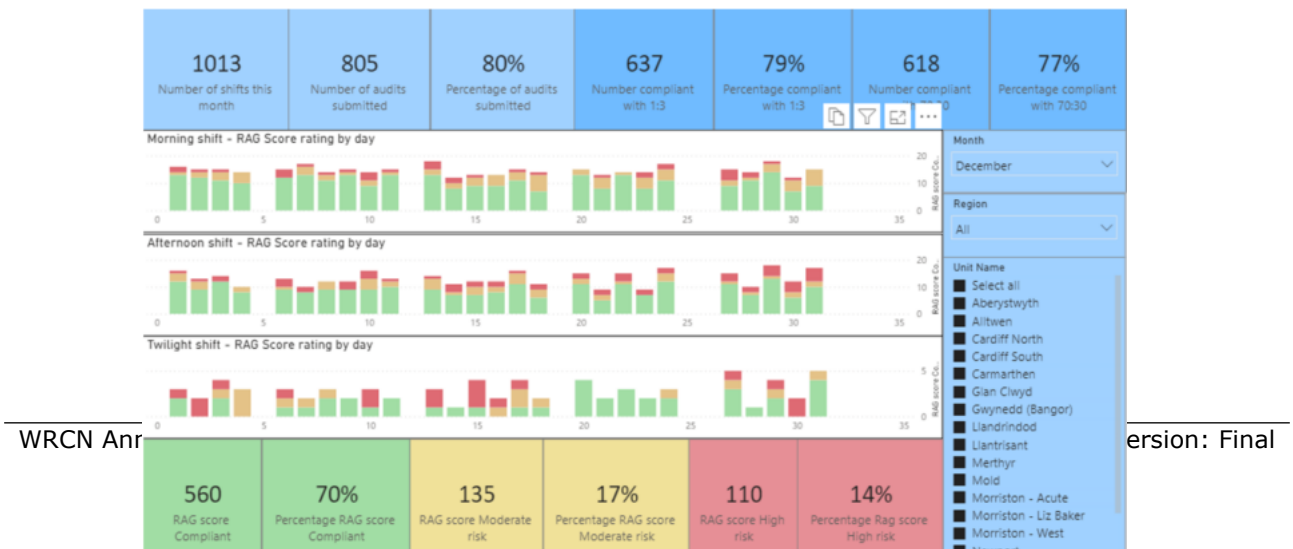
Three year rolling programme of peer reviewed agreed. These will incorporate key elements of dialysis care: Access for Dialysis, Home Dialysis and in-centre dialysis. Training for clinicians and members of the multi-disciplinary team who will undertake or be subject to peer review visits is delivered by the WRCN.

Plan for in centre peer review visits planned to commence January 2023

2023: Renal Dialysis Unit Peer Review Visit Plan											
SE Wales	SW Wales	N Wales	N Wales	SW Wales	SW Wales	SE Wales	SE Wales	SE Wales	SE Wales	SE Wales	SW Wales
January	February	March	April	May	June	July	August	September	October	November	December
2nd - 6th	6th - 10th	6th - 10th	3rd - 7th	1st - 5th	5th - 9th	3rd - 7th	7th - 11th	4th - 8th	2nd - 6th	8th - 10th	4th - 8th
School holidays	Tue 7th Morr: Liz Baker Wed 8th Morr: West	Tue 7th Morr: Liz Baker Wed 8th Morr: West Thurs 9th Morr: West Fri 10th Morr: West	10th - 14th	8th - 12th	12th - 16th	10th - 14th	14th - 18th	11th - 15th	9th - 13th	13th - 17th	11th - 15th
		Wk16: SA to FMC Wk17: RS SA submission WRCN		Tue 9th Bangor Wed 10th Ailwen Thurs 11th Mold		Tue 11th Abergswyth Wed 12th Llandrindod V			Tue 10th Newport Wed 11th Pontypool		Tue 12th Bridgend Wed 13th Neath
8th - 13th	13th - 17th	13th - 17th	10th - 14th	8th - 12th	12th - 16th	10th - 14th	14th - 18th	11th - 15th	9th - 13th	13th - 17th	11th - 15th
16th - 20th	20th - 24th	20th - 24th	17th - 21st	15th - 19th	19th - 23rd	17th - 21st	21st - 25th	18th - 22nd	16th - 20th	20th - 24th	18th - 22nd
Tue 17th David Thomas			Wk10: FMC SA submission WRCN		Tue 20th Withybush Wed 21st Carmarthen					Tue 21st Cardiff Wed 22nd Cardiff	
23rd - 27th	27th - 31st	27th - 31st	24 - 28th	22nd - 26th	26th - 30th	24th - 28th	28th - 1st	26th - 29th	23rd - 27th	27th - 1st	25th - 29th
Wk 16: SA to RS				Wk 16: SA to RS				National Audit			
30th - 3rd				29th - 2nd		31st - 4th			30th - 3rd		

4.8.4 Workforce Audit

Development of real-time nurse to patient ratio audit tools for both unit dialysis and home dialysis services. This will provide assurance to the provider Health Boards and the WRCN that the nurse to patient standards for care are being met. Example of dashboard that has been developed below;



4.8.5 Clinical Audit Event

The WRCN audit has been running this for the last 12 years and is the only specialist service audit in Wales inclusive of all multi-disciplinary health professionals and patients. Since its inception, the involvement of different members of the renal multidisciplinary team has been crucial for evaluating compliance with Renal Service Specifications and implementing the principles of Prudent Healthcare. Patients' representatives are always invited to attend this meeting and participate in presentation, discussions and planning for future meetings/ presentations.

Due to the Covid19 pandemic the audit event moved to a virtual platform in 2020 and 2021. This proved to be an invaluable reflection and shared learning opportunity as the services managed on-going challenges caused by the pandemic.

The 2022 Audit Event is being planned for 30th September to 1st October as a face to face opportunity. The themes will be resilience and recovery, as well as a focus on health and wellbeing.

4.8.6 Nurse Education

Ongoing delivery of Degree/Master level Renal Nursing module through Swansea and Bangor Universities.

Enabled provision of all Wales nurse education e-learning opportunities to support up-skilling of workforce. Kidney Care e-learning modules, endorsed by the British Renal Society with CPD accreditation. Plan to roll these out to Health Boards during 2022.



Welcome to KidneyCare Learning

KidneyCare Learning is home to two of our specialist Renal e-learning modules 'Fluid Management in Kidney Disease' and 'Foundation module in Kidney Care'.

Fluid Management in Kidney Disease is a new e-learning module developed by The Education Committee of the British Renal Society and The Foundation module in Kidney Care has been developed for registered nurses who are new to the renal speciality.



[View Courses](#) 



4.8.7 Patient Reported Experience Measures (PREM)

Following an extensive awareness raising campaign Wales saw an increase in returns from 365 in 2019 to 968 in 2020, making up over 10% of the total Kidney PREM. The approach undertaken in Wales been highlighted as a best practice case study within the Patient Reported Experience of Kidney Care in the UK 2020 published report.

Appendix 5

Data relating to the 2021 survey not expected to be published until April 2022, but provisional findings indicate a fall in submissions from Welsh units. However, it should be noted that these figures do not include paper based surveys.

Country	Region	Main_Unit	Main_Code	MainUnit tCount at 07/12/20 21	Satellite	SatelliteCount
Wales	Wales	Bangor	RQBAU	31	Alltwn Main Unit	5 26
Wales	Wales	Cardiff	RRBBV	301	Cardiff North Cardiff South Llantrisant Main Unit Merthyr Newport Pontypool	70 52 34 61 12 27 45
Wales	Wales	Clwyd	RKGA1	32	Main Unit	32
Wales	Wales	Swansea	RQHC7	202	Aberystwyth Carmarthen Haverfordwest Main Unit	19 45 11 127
Wales	Wales	Wrexham	RKHA4	43	Main Unit Mold Welshpool	41 1 1

4.8.8 Patient Reported Outcome Measures (PROM)

Improving the uptake of PROM across Wales was in development during 2021. A strategy meeting established three focussed working groups to take the project forward.

- **Technical group:** Established to consider digitalisation of data capture within Vital Data. The EQ5DL assessment tool has been agreed as a baseline tool along with the inclusion of Clinical Frailty Scale (CFS) score.
- **Acting on findings group:** Established to develop a PROM pathway along identification of key triggers for sign posting patient to services or interventions. A regional guidance 'sign posting' document has been developed to support nursing and multi-disciplinary teams.
- **Operational group:** Established to scope out the operational requirements of embedding PROMs into practice.

Three pilot sites have identified to test the outcomes from the groups. It is recognised that a critical element of project success is Health Care Professionals training/education on the use and purpose of PROMs and gaining confidence in acting on findings. Defining this education programme is being taken forward by the all Wales Renal Clinical Psychology Group.

4.8.9 All Wales Advanced Care Plan (ACP) for kidney patients

The 'My Life My Wishes' document, initially produced by Powys THB had been recommended by NHS Wales Health Collaborative and peer reviewed by the Advance & Future Care Planning Strategy Group (AFCP) for Wales. In collaboration with Powys THB it been agreed to co-badge the document with the WRCN to make it available for all kidney patients in Wales.

4.9 Awards

The WRCN received the following awards during 2021-2022:

- Coordination of the annual Liz Baker Excellence in Renal Nursing Award 2020 & 2021,
- Finalist Betsi Cadwaladr Foundation Scholarship Award 2021,
- Finalist HSJ Partnership Award 2021; and
- Collaborative Kidney Care for a Healthier Wales won a Quality Improvement award in June 2021.

4.10 UK wide Collaboration

- Supporting patients through COVID in Wales Collaboration – Paul Popham Fund, Kidney Wales, Kidney Care UK, Welsh Kidney Research Unit
- Lead Nurse, WRCN Executive Board Member of the Association of Nephrology Nurses UK (ANNUK)
- Lead Nurse, WRCN Co-chairs the ANNUK Home Dialysis Special Interest Group
- Lead Nurse and Network Manager, WRCN standing members of the UKKA Kidney Patient Safety committee
- Lead Nurse and Network Manager, WRCN standing members of the KQuIP (Kidney Quality In Partnership Group) "Ensuring Haemodialysis patient safety"
- Network Manager, standing member of Advance and Future Care Planning Strategy Group

4.11 Transport

Throughout the pandemic dialysis patient transport services have been maintained and the WRCN and provider Health Boards have worked collaboratively with the Welsh Ambulance Trust Non-Emergency Patient Transport Service (NEPTS) to ensure that patient safety has been maximised at all times. Although the WRCN does not commission transport, monthly meetings are held between the WRCN QPS Lead, Network Manager and NEPTs senior officers. These meetings are informed by quality metrics aligned to the 30:30:30 standard for dialysis transport.

The extension of the renal travel reimbursement scheme to 31st October 2021 has enabled patients to make their own arrangements which has eased some of the pressures during the Covid period. The WRCN is currently working with the NEPTS commissioner to seek a permanent extension to the scheme under value based healthcare and in support of enhancing the patient experience.

4.12 Financial Management

The WRCN holds the responsibility for an annual budget of £75.9m which is specifically ring fenced for renal dialysis and transplant services across Wales.

In total, the £75.9m ring fenced funding has been invested in the following areas:

Dialysis Services North and Mid Wales	£17.4m
Dialysis Services West Wales	£20.1m
Dialysis and Nephrology Services South East Wales	£27.9m
Transplant Services	£8.6m

Dialysis Transport Services	£1.3m
Network Support (see organogram Appendix 2)	£0.6m

In response to the COVID 19 pandemic, the WRCN acknowledged that, while many NHS services, procedures and treatments had been halted throughout Wales, there was still a requirement to financially protect dialysis and transplant services while all available NHS Wales resources were diverted to support frontline care of COVID patients.

To this end, the WRCN provided regular monthly block amounts of funding into dialysis and transplant services across Wales, in order to ensure that those services had sufficient funding available to be able to provide all necessary treatments throughout the pandemic. This arrangement continued throughout 2021-2022 until 31st March 2022 which it is intended to be discontinued. Funding flows to renal services will return to the pre pandemic basis whereby funding is provided on the basis of treatments and services provided.

5.0 LINKS WITH SUB COMMITTEES AND REPORTING RESPONSIBILITIES

Following each meeting, a Chair's summary report of the key discussion items is submitted to the JC and the Chair highlights any key issues.

WHSSC Directors and other Members of the Sub-Committee provide links with other Sub-Committees such as the Quality & Patient Safety Committee (QPSC) and CTM Audit & Risk Committee (ARC) (of host organisation).

6.0 WORK PROGRAMME

In order to monitor progress and any necessary follow up action, the Committee has developed an Action Log that captures all agreed actions. This has provided an essential element of assurance to the Committee, and onwards to the JC.

In addition, a comprehensive 12 month forward work plan is presented to each IGC meeting as part of the Corporate Governance update report.

The confirmed minutes of the Committee are available on request from the WRCN Manager.

7.0 ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Sub-Committee provides an essential element of the overall governance framework for the organisation. The ToR were reviewed and refreshed during December 2021 and a Chair's action was undertaken to update the ToR to ensure effective governance and in the interest of expediency to commence the recruitment exercise for the role of the substantive Chair to the WRCN. This action was taken in accordance with provisions of the WHSSC Standing Orders (SO's) , specifically section 3.1.1 in relation to Chair's action on urgent matters whereby decisions which would normally be made by the JC need to be taken between scheduled meetings, and it is not practicable to call a meeting of the JC. The action taken was ratified by the JC on 18 January 2022 and they also approved the extension of the interim WRCN Chair arrangement until 31 March 2022 to ensure business continuity whilst the substantive post was recruited to.

The Sub-Committee has operated within its ToR and in accordance with the Governance and Accountability Framework.

The Board embarked on a development journey in 2021 with the support of Academi Wales, and independently facilitated workshops commenced in Summer 2021, which enabled WRCN Board members to identify key areas for improvement. These sessions were specific to the work of the WRCN and proved to be a useful method to steer WRCN's development journey.

During a workshop on 9 February 2022 WRCN colleagues recognised that the initial focus of the clinical network was to improve capacity and access to dialysis across NHS Wales and that this had been successfully delivered. The significant wider successes of the network were also recognised. In addition, it was noted that the current agenda was much broader and involved the whole of the clinical pathway from prevention, early diagnosis, through to effective treatment with good outcomes, including holistic support and beyond to end of life care.

It was therefore agreed that it would be appropriate to review the structure and processes of the WRCN in order to prioritise appropriately and ensure effective delivery of these broader agendas.

Following the WRCN workshop, it was agreed that an independent review of the governance structures of the WRCN would inform this process. The ToR for this proposed review are currently being drafted. The results of this review will help inform the plans to move forward, building on current success and meeting the desire to achieve more in the future. This in turn may have an impact on the remit and the governance arrangements for the WRCN going forward.

In addition, the WHSSC Annual Committee Effectiveness exercise was undertaken in March 2022 and the approach was agreed during an ad-hoc IGC meeting on 28 February 2022. The result of the Annual Committee self-assessment will be discussed and presented to the JC meeting on the 10 May 2022, following a further ad-hoc Integrated Governance (IGC) meeting on 19 April 2022, convened to discuss the results of the self- assessment.

8.0 ASSURANCE TO THE JOINT COMMITTEE (JC)

The WRCN Chair:

- Reports formally to the JC and to the IGC on the activities of the WRCN Board. This includes updates on activity, the submission of WRCN Board minutes and written reports as well as the presentation of an annual report,
- Brings to JC's attention any significant matters under consideration by the WRCN Board; and
- The WRCN lead clinician and network manager advise the WHSSC Management committee regarding relevant aspects of their function that have impact outwith the ring fenced envelope of the WRCN.

The WRCN QPS Lead:

- Reports regularly to WHSSC QPS board and ensures the escalation of any critical matters that may impact on patient care and service sustainability.

Attendance at Sub-Committee meetings has been satisfactory and the IM Chair demonstrates the appropriate scrutiny required.

The Sub-Committee wishes to assure the JC that, based on the work completed during 2021-2022, there are effective governance measures in place across the organisation. The Sub-Committee is well established with a clearly defined role, remit and work programme. The reporting into the Sub-Committee has been strengthened during 2021-2022 and now includes a WRCN report for IGC and the QPSC.

Going forward, the Sub-Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long term aim to deliver and maintain high quality kidney care services for the population of Wales.

9.0 CONCLUSION AND LOOK FORWARD

The Sub-Committee is fulfilling its role as set out within the ToR and there are no matters that the Sub-Committee is aware of at this time that have not been disclosed appropriately. The Sub-Committee is committed to continuing to develop its function and effectiveness.

As we enter a further recovery phase from the COVID-19 pandemic the focus of the WRCN in 2022-2023 will be to:

- Ensure the continued development and improvement of effective risk management and governance arrangements, drawing on good practice from both within and outside WHSSC.
- Strengthen provider quality assurance processes to enable a proactive approach of Network support where early warning signs are identified.
- Embed improvements to enable home dialysis wherever clinically possible.

Details of work plan are available in the embedded spreadsheet.



WorkPlan 22-23 as
at April 22.xls.xlsx

Ian Phillips
Interim Chair of the Welsh Renal Clinical Network

Appendix 1

Remit and Scope of the Welsh Renal Clinical Network

The WRCN has the following discrete areas of responsibility:

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

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

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

The WRCN Board has the following membership:

Core (voting) members:

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

*Patient Groups include:

- Kidney Wales
- Paul Popham Fund
- Kidney Care UK

In attendance:

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

Appendix 2 The membership of the management group is as follows:

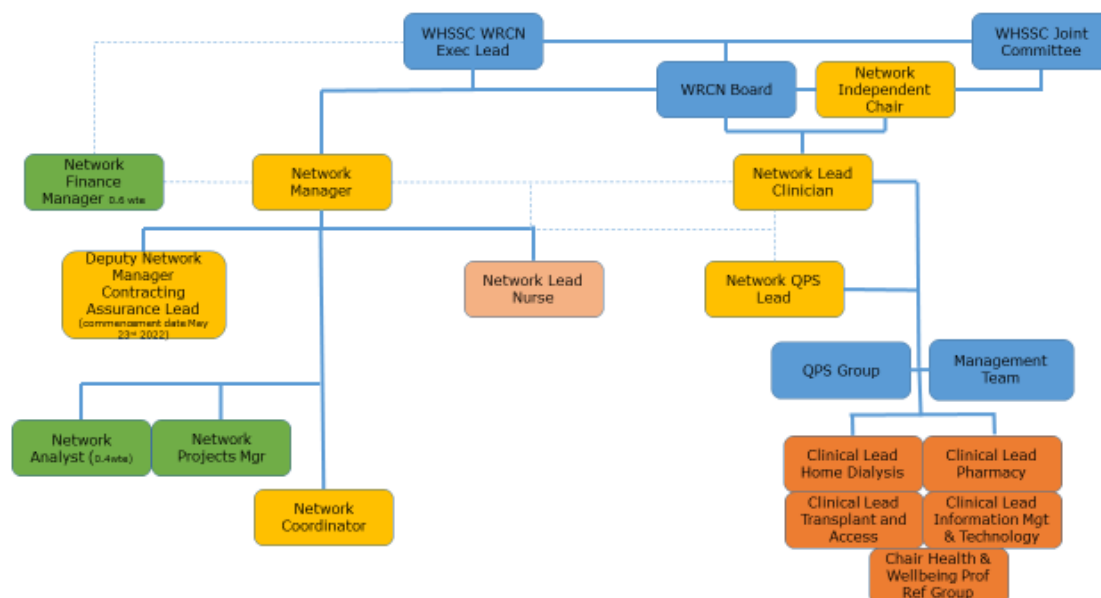
- Network Lead Clinician / deputy (Chair)
- Network Lead Nurse
- Network Manager / deputy
- Network Finance Manager
- Network Clinical Lead for Quality & Patient Safety
- Network Clinical Information Lead
- National Renal Pharmacist
- National Lead for Transplantation
- Chair, Health and Wellbeing Professionals Reference Group
- Representation from Renal Procurement, Shared Services
- Nominated Director of Welsh Health Specialised Services Team
- Provider Health Boards (Swansea Bay UHB, Betsi Cadwaladr UHB and Cardiff & Vale UHB):
 - Nephrology Clinical Directors
 - Nephrology Directorate Managers
 - Nephrology Lead Nurses
 - Nephrology Finance Managers

WRCN Management Group Terms of Reference:



Appendix 3

WRCN Structure



Appendix 4

The WRCN QPS Group has the following membership:

- QPS Chair and Clinical Lead for Quality and Patient Safety
- Network Lead Clinician
- Network Lead Nurse
- Network Lead, Pharmacy
- Network Manager
- Deputy Network Manager
- Network Clinical Information Lead
- National Lead for Transplantation
- National Lead for Home Dialysis
- Network Information Analyst
- Network Project manager
- Network Coordinator

- Provider Health Boards (Swansea Bay UHB, Betsi Cadwaladr UHB and Cardiff & Vale UHB):
 - Nephrology Clinical Directors
 - Nephrology Directorate Managers
 - Nephrology Lead Nurses
 - Nephrology QPS Clinical Leads

WRCN QPS Group Terms of Reference:



WRCN QPS Group
TOR Approved QPS (

Case Study

Collaborating to promote the Kidney PREM and ensure digital inclusion Welsh Renal Clinical Network (WRCN)

Our ambition was set this year that every RRT patient in Wales was to be offered the opportunity to participate in the 2020 Kidney PREM. The Lead Nurse approached the process as a national audit and sought interest from each dialysis unit, home dialysis team and transplant coordination team to act as a Kidney PREM link person.

The role of the Kidney PREM link person was to:

- Attend Kidney PREM link training delivered virtually by the WRCN
- Cascade learning to provide education regarding the importance of the Kidney PREM to staff and patients
- Identify difficulties in accessing the Kidney PREM
- Support patients with digital access
- Completion and submission of the audit tool
- Liaise with kidney charities who had already offered direct patient support.

Overcoming digital exclusion

As our ambition was set at 100% of RRT patients being offered the Kidney PREM to complete, lack of access to a digital device was not an acceptable barrier. Working with the kidney charities, 54 hand held devices were sourced and distributed to dialysis units and teams. The devices were pre-loaded with internet access and key communication platforms such as Zoom and TEAMS and had a suitable pre-paid sim card installed. For patients who were not confident in using the device, nurses reached out to the kidney charities for a volunteer support.



Communications

As well as raising awareness about the Kidney PREM through link nurse education, posters and regular social media messages, we also featured the Kidney PREM in our patient newsletter.

Issue 9 led with the Kidney PREM survey and a reminder to patients that “their voice mattered” and support was available to participate in the survey digitally.

Outcome

Patient participation in Wales rose significantly in 2020 to 902 responses which represents a 40% increase on the 2019 submissions and accounts for 27.2% of the RRT population.

The findings will be used to drive forward quality improvement programmes on a regional and national level.

"[The Kidney PREM] really puts patients as the drivers of innovation and improvement... We are looking forward to seeing all the service improvement programmes in Wales when the analysis is published."

Welsh Renal Clinical Network Manager



GIG
CYMRU
NHS
WALES

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

Appendix 4

MANAGEMENT GROUP

ANNUAL REPORT

2021-2022

Sub-Committee Chair:

Sian Lewis

Report Approved by Sub-Committee:

28 April 2022

MANAGEMENT GROUP

ANNUAL REPORT 2021-2022

1. BACKGROUND / INTRODUCTION

In line with section 4.2.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Management Group (*"the Group"*) is required to produce an Annual Report to the Joint Committee setting out how the Committee has met its Terms of Reference (ToR) during the financial year, setting out its activities during the year and detailing the results of a review of its performance.

The purpose of the Group is to make recommendations to the Joint Committee (JC) and be the Specialised Services Commissioning operational body responsible for the oversight of the development, scrutiny and implementation of the Specialised Services Strategy. It underpins the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

The Group is responsible for undertaking the following functions:

- a) To agree, make recommendations and monitor the Annual Plan for Specialised Services for sign off by the JC;
- b) To receive recommendations from Programme Teams and to make recommendations to the JC regarding service improvements including investments, disinvestments and other service change;
- c) To coordinate the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation;
- d) To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues;
- e) To undertake the role of Project Board for specific work streams and projects as approved by the JC and its Members and monitor their implementation;
- f) To consider consultation outcomes and recommended pathway changes before consideration by the JC;
- g) To ensure the development and maintenance of the needs assessment across Wales for Specialised Services; and
- h) To agree and recommend commissioning/service issues to the JC which are to be considered as part of the Integrated Plan. This will include issues that will have an impact on the plan raised by other subcommittees/advisory groups.

2. MEMBERSHIP

Members of the Group are appointed by the JC and derived from the seven Local Health Boards. (LHBs) The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation. The seven LHBs are required as a minimum to nominate a Member and a nominated

Deputy to sit on the Group. Clinical representation is encouraged. The current Membership is:

Members:

Sian Lewis	Managing Director, WHSSC (Chair)
Carole Bell	Director of Nursing and Quality Assurance, WHSSC
Daniel Binding	Senior Finance Business Partner, HDUHB
John Darlington	Assistant Director, Corporate Planning, BCUHB
Stuart Davies	Director of Finance, WHSSC
Iolo Doull	Interim Medical Director, WHSSC
Jacqueline Evans	Committee Secretary & Head of Corporate Services, WHSSC
Andrew Jones	Head of Finance – Financial Planning & Reporting, CTMUHB
Suzanne Jones	Interim Assistant Finance Director - Financial Strategy, Planning, ABUHB
Clare Lines	Assistant Director of Transformation and Value, PTHB
Charlie Mackenzie	Head of SLR and External Commissioning, SBUHB
Christopher Markall	Head of Finance, CVUHB
Phillip Meredith	Finance Business Partner, ABUHB
Claire Nelson	Assistant Director of Planning, CTMUHB
Rob Nolan	Finance Director - Commissioning & Strategy, BCUHB
Karen Preece	Director of Planning, WHSSC
Anne Simpson	Head of Strategic Commissioning, HDUHB
Karen Stapleton	Assistant Director Strategy, SBUHB
Melanie Wilkey	Head Of Outcomes Based Commissioning, CVUHB

Deputies:

Shaun Ayres	Assistant Director of Commissioning, HDUHB <i>(Deputy to HDUHB)</i>
Greg Chambers	Locality Finance and Performance Manager, PTHB <i>(Deputy to Clare Lines)</i>
Katie Games	Finance Manager - Commissioning and Contracting, CTMUHB <i>(Deputy to Andrew Jones)</i>
Claire Harding	Assistant Director of Planning <i>(Deputy to Karen Preece)</i>
James Leaves	Finance Manager, WHSSC <i>(Deputy to Stuart Davies)</i>
Rob Mahoney	Finance Manager, CVUHB <i>(Deputy to Christopher Markall and Melanie Wilkey)</i>
Elinor Mercer	Commissioning Officer, CVUHB <i>(Deputy to Melanie Wilkey)</i>

John Morgan	Transformation Programme Manager, PTHB <i>(Deputy to Clare Lines)</i>
Gill Milne	Head Of Contracts - Finance, BCUHB <i>(Deputy to BCUHB)</i>
Adele Roberts	Head of Quality and Patient Care, WHSSC <i>(Deputy to Carole Bell)</i>
Hannah Roan	Head of Strategic Commissioning, SBUHB <i>(Deputy to Karen Stapleton)</i>
Christopher Stevens	Principal Finance Manager – Commissioned Services, SBUHB <i>(Deputy to Charlie Mackenzie)</i>
Adrian Tomkins	Associate Director of Healthcare Contracting, BCUND <i>(Deputy to BCUHB)</i>

3. MEETINGS

Quorum for the Group is a minimum of six Members, of which at least four of the LHBs must be represented to allow any formal business to take place. The Group met virtually via Microsoft Teams on the following dates during 2021-2022. Each meeting was quorate. All meetings were held virtually via Microsoft Teams due to the ongoing COVID-19 pandemic.

To ensure business was conducted in as open and transparent manner as possible during these unprecedented times Group papers were published between 10-14 working days prior to the Group meeting dates.

22 April	20 May	24 June	15 July	19 Aug	23 Sept
21 Oct	25 Nov	16 Dec	20 Jan	24 Feb	24 Mar

3.1 Members Attendance at Meetings

The Group achieved an attendance rate of 93% during the period 1 April 2021 to 31 March 2022 as outlined in Table 1 below.

Table 1 – Member Attendance at Management Group April 2021 - March 2022

	22 Apr	20 May	24 June	15 July	19 Aug	23 Sept	21 Oct	25 Nov	16 Dec	20 Jan	24 Feb	24 Mar	Tally
ABUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
BCUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
CTMUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X	X	10/12
CVUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
HDUHB	Y	X	X	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/12
PTHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
SBUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
WHSSC	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12

4. MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into four main parts:

- **Preliminary Matters**

This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising,

- **Items for Information and Support**

This section includes reports which will be of interest to the Group,

- **Routine Reports**

Standing Agenda Items discussed at every Group meeting, in line with the ToR; and

- **Concluding Business**

This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

The Group considered the following key items at its meetings throughout the year:

- COVID-19 Period Activity Reports,
- Financial Performance Report,
- Policy Group Reports,
- WHSSC Commissioning Intentions,
- Commissioning Assurance Framework,
- Recovery Planning Presentation– Quality and Outcome Improvement for Patients,
- Report from CIAG Workshop,
- CIAG Funding 2021-2022,
- WHSSC Prioritisation Panel Results 2021-2022,

- Integrated Commissioning Plan 2022-2025 Financial Summary,
- Integrated Commissioning Plan 2022-2055,
- Process for the Development of the Integrated Commissioning Plan 2023-2026, and
- Forward Work Plans.

Funding releases for the following services:

- SBUHB Prosthetics Service,
- Paediatric Inherited Metabolic Disease,
- Care Pathway for a Specialist Prolonged Disorders of Consciousness Service (Neurorehabilitation) for South Wales and South Powys (Phase 1),
- Sustainability of the Medical Workforce for the Neuropsychiatry Service (Phase 1),
- Implementation of 2021/22 Paediatric Rheumatology – Phase 2,
- Sustainability of South Wales Paediatric Neurology,
- Inherited Cardiac Conditions,
- Sarcoma Radiology,
- Welsh Gender Service,
- Implementation of 2021/22 Adult Home Parenteral Nutrition (HPN) Service,
- Implementation of 2021/22 Paediatric Cystic Fibrosis Integrated Commissioning Plan (ICP) Scheme,
- Paediatric Radiology,
- Percutaneous Mitral Valve Repair – Funding Release
- A Combined South Wales Service for Paediatric Gastroenterology,
- Neuro-Oncology Surgery; NICE And Peer Review Compliance for South, Mid and West Wales,
- Relocation of Rehabilitation services from Rookwood Hospital to University Hospital Llandough,
- Paediatric Immunology,
- Major Trauma Recurrent Funding.

Updates on the following service developments;

- Project Initiation Document: Mental Health,
- Provision of Microprocessor Controlled Prosthetic Knees for Civilians,
- Pulmonary Hypertension – Potential to Develop an Improved Service for Wales,
- Tertiary Hepatology – Collective Commissioning Scheme,
- Augmentative and Alternative Communication (AAC) Service Review (Phase 2),
- Extracorporeal Membrane Oxygenation for Adults,
- Mesothelioma,
- Review of Neonatal Cot Capacity and Neonatal Tariff,
- Commissioning Arrangements for GammaCore for the Treatment of Chronic or Episodic Cluster Headaches,
- Forensic Adolescent Consultation and Treatment Service (FACTS) Update,
- Update on Cochlear Implant and BAHA Services,
- Major Trauma,
- Project Initiation Document: Syndrome Without a Name (SWAN),
- Bariatric Surgery – Current and Future Provision,

- Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022,
- Complex Cardiac Devices – Consideration of Wye Valley Trust as a Designated Commissioned Provider,
- Tertiary Hepatology – Collective Commissioning,
- Major Trauma Priorities for Inclusion in ICP 2022
- SABR for Lung Cancer – Designation Assessment of Swansea Bay UHB
- Proposal to Undertake an Option Appraisal with Regard to the Service Model for the Provision of Inherited Cardiac Conditions
- Neurosurgery Gateway Review
- Cystic Fibrosis In-Patient Capacity,
- Specialised Radiotherapy Commissioning
- All Wales Medical Genomics Service/Health Board Cellular Pathology Capacity
- WHSSC Process for Responding to the Ministerial Measures

Support for the following initiatives:

- WHSSC Commissioning Intentions,
- Policy development to Support HTW Guidance,
- Impact on WHSSC Commissioned Specialised Services of SBUHB's Engagement on Service Reconfiguration,
- Revised Mental Health Specialised Services Strategy Programme Structure,
- Strategic Outline Case - Development of a Single South Wales Thoracic Surgery Centre at Morriston Hospital, and
- Thinking Differently about Psychology for Specialised Services.

5. WORKSHOPS

During 2021–2022, the Group held two workshops on the development of the Integrated Commissioning Plan for 2021-22 on 12 April 2021 and 12 October 2021.

The MG received a detailed presentation on “Recovery” at its meeting on the 23 September 2021 which focussed on quality, performance and finance and which highlighted key areas of risk and concern.

6. LINKS WITH SUB COMMITTEES AND REPORTING RESPONSIBILITIES

WHSSC Directors on the Group provide linkage with the Joint Committee and its joint Sub-Committees, such as the WHSSC Quality & Patient Safety Committee, Audit Committee (of the host organisation) and clinical networks. LHB Members of the Group provide a link to each LHB.

The Group direct specific patient risks to the Quality & Patient Safety Committee and the link for this is the Director of Nursing and Quality Assurance.

7. WORK PROGRAMME

In order to monitor progress and any necessary follow up action, the Group has developed an Action Log that captures all agreed actions. This has provided an essential element of assurance to the Group, and onwards to the JC.

In addition, a comprehensive 12-month forward work plan is presented to each Group meeting as part of the Corporate Governance update report.

Following each meeting, a briefing is provided to Members capturing the main decisions made at the meeting. The briefings are available on the WHSSC website:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

Full minutes of each meeting are considered and approved at the following meeting.

8. ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Group provides an essential element of the overall governance framework for the organisation. It has operated within its ToR and in accordance with the Governance and Accountability Framework and meetings are well attended.

The Group has undertaken its annual self-assessment covering the 2021-2022 financial year in March 2022. The results of exercise will be presented to the Integrated Governance Committee meeting on 19 April 2022 and the Joint Committee on 10 May 2022. The ToR are also in the process of being reviewed and will be presented to the April 2022 Management Group meeting.

9. ASSURANCE TO THE JOINT COMMITTEE

The Group wishes to assure the Joint Committee that, based on the work completed by the Committee during 2021-22, there are effective governance measures in place. The Group is well established with a clearly defined role, remit and work programme. The reporting into the Group has been strengthened during 2021-2022 and now includes a Corporate Governance report and more detailed Forward Work Plans. The funding releases will also be incorporated into the Forward Work Plans going forward.

10. CONCLUSION AND LOOK FORWARD

The Group is fulfilling its role as set out within the ToR and there are no matters that the Group is aware of at this time that have not been disclosed appropriately. The Group is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2022-23 in respect of the:

- Feedback from the self-assessment for the Committee;
- Review of the ToR and Membership of the Management Group.

Going forward, the Group intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long term aim to help WHSSC achieve its strategic aim.

Sian Lewis
Chair of the Management Group



Report Title	Sub-Committee Terms of Reference for approval	Agenda Item	3.10
Meeting Title	Joint Committee	Meeting Date	10/05/2022
FOI Status	Public		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services		

Purpose of the Report	The purpose of this report is to present members with the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC) and the Quality & Patient Safety Committee (QPSC) for approval.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s):

Members are asked to:

- **Note** that the Terms of Reference were discussed and approved at sub-committee meetings on 30 March 2022 and 28 April 2022; and
- **Approve** the revised Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group.

SUB-COMMITTEE TERMS OF REFERENCE

1.0 SITUATION

The purpose of this report is to present members with the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC) and the Quality & Patient Safety Committee (QPSC) for approval.

2.0 BACKGROUND

In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees

The Joint Committee has established five joint sub-committees in the discharge of its functions:

- The Integrated Governance Committee (IGC),
- The Quality & Patient Safety Committee (QPSC),
- The All Wales Individual Patient Funding Request (IPFR) panel,
- The Welsh Renal Clinical Network (WRCN); and
- The Management Group.

The Joint Committee has established a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs (Section 4 WHSSC SO's). Each joint sub-Committee established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements,
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, Development and performance
- Reporting and assurance arrangements.

The IGC was established in June 2015 and the IGC Terms of Reference were last reviewed and approved by the Joint Committee on 13 July 2021.

The QPSC Terms of Reference were discussed and agreed in QPSC on 13 October 2020 and were approved by the Joint Committee on 10 November 2020.

The MG ToR were last reviewed in 2015, and the updated Tor were approved by the MG on the 28 April 2022.

3.0 ASSESSMENT

The ToR for the sub-committees of the Joint Committee are reviewed on an annual basis in line with Standing Orders and to ensure effective governance.

The updated ToR for the IGC, QPSC and MG are presented at ***Appendices 1-3***.

The ToR for the WRCN were approved by the Joint Committee on 18 January 2022, and discussions are ongoing with Welsh Government concerning updating the ToR for the All Wales IPFR panel.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** that the Terms of Reference were discussed and approved at sub-committee meetings on 30 March 2022 and 28 April 2022; and
- **Approve** the revised Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Approval Process
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring Committees makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	There are no financial/resource implications associated with this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	This report demonstrates compliance with the Model Standing Orders, Reservations and Delegation of Powers (SO's) which were last issued by WG in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).
Long Term Implications (incl 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)	30 March 2022 – IGC and QPSC - approved 28 April 2022 – MG – approved.

Appendices

Appendix 1 – Integrated Governance Committee Updated Terms of Reference (ToR)

Appendix 2 – Quality & Patient Safety Committee Updated Terms of Reference (ToR)

Appendix 3 – Management Group Terms of Reference (ToR)



INTEGRATED GOVERNANCE COMMITTEE

TERMS OF REFERENCE

<i>Document Author:</i>	Corporate Governance Manager
<i>Executive Lead:</i>	Committee Secretary
<i>Approved by:</i>	Joint Committee
<i>Issue Date:</i>	10 May 2022
<i>Review Date:</i>	March 2023

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1. INTRODUCTION

The Standing Orders of the Joint Committee provide that *“The Joint Committee may and, where directed by Welsh Government must, appoint sub-committees either to undertake specific functions on the Committee's behalf or to provide advice and assurance to the Committee in the exercise of its functions. The Joint Committee’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by sub-committees”*.

In line with standing orders (3.4.1) and the scheme of delegation, the Joint Committee shall nominate a sub-committee to be known as the **Integrated Governance Committee (“the sub-committee”)**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

2. PURPOSE

The purpose of the sub-committee is to **scrutinise** evidence and information brought before it in relation to activities and potential risks which impact on the services commissioned by the Welsh Health Specialised Services Committee and provide **assurance** to the Joint Committee that effective governance and scrutiny arrangements, in accordance with the standards of good governance determined for the

NHS in Wales, are in place across the organisation.

Where appropriate, the sub-committee will advise the Joint Committee on where, and how, its governance and accountability framework may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

3.1 Delegated Powers

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

- Appropriate mechanisms are in place to manage risk identifying and reviewing the top level risks and ensuring that plans and processes are in place to manage those risks;
- It maintains an oversight of the work of the WHSSC Quality and Patient Safety Committee (QPSC).
- It maintains an oversight of the work of the CTMUHB Part B Audit & Risk Committee (ARC).
- The sub-committee will ensure integration of the governance work, addressing issues which fall outside or between the work of the these sub-committees, ensuring no duplication and coordinating those issues which need the attention of all three sub-committees;
- It oversees the Joint Committee's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the ICP; and
- It maintains an oversight of the work of the Welsh Renal Clinical Network (WRCN) addressing issues which fall outside or between the work of the network and the Welsh Health Specialised Services Team.
- It oversees the development of the Annual Governance Statement (AGS), specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity.

3.2 Authority

The sub-committee is authorised by the Joint Committee to investigate or have investigated any activity within its sphere of responsibility. In doing so, the sub-committee shall have the right to inspect any books, records or documents of the Welsh Health Specialised Services Committee. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the sub-committee.

The sub-committee is authorised by the Joint Committee to obtain external legal or other independent professional advice and to secure the attendance

of external experts/ advisors with relevant experience and expertise if it considers it necessary, subject to NHS procurement, budgetary and other requirements.

3.3 Task and Finish Groups

The sub-committee may, subject to the approval of the Joint Committee establish task and finish groups to carry out on its behalf specific aspects of Sub-committee business.

4. MEMBERSHIP

The membership of the sub-committee shall comprise of the Independent Members (IMs) of the Welsh Health Specialised Services Committee.

The Chair of the Joint Committee shall chair the sub-committee and in the absence of the Chair, the Joint Committee Vice Chair will deputise, failing whom any Independent Member determined by the Independent Members present at any meeting.

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise if required.

4.1 Attendance

The Internal and External Auditors will be invited to attend as and when required at the discretion of the sub-committee.

The following officers (or a deputy) will routinely be invited to attend:

- The Managing Director,
- The Director of Planning,
- The Chair of the Welsh Renal Clinical Network (WRCN), failing whom the lead WHSSC executive,
- The Chair of the Individual Patient Funding Request (IPFR) panel, failing whom the lead WHSSC executive; and
- The Committee Secretary.

Such other officers as the Chair determines shall be invited to attend, from time to time, as and when required to assist with its discussions on any particular matter.

4.2 Member Appointments

The membership of the sub-committee shall be determined by the Joint Committee – taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements

or directions made by Welsh Government and in line with the Welsh Health Specialised Committee Governance and Accountability Framework.

4.3 Support to Committee Members

The Committee Secretary, on behalf of the sub-committee Chair, shall:

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

5. COMMITTEE MEETINGS

5.1 Quorum

The quorum for meetings shall be 2 Independent members, including the Chair, and two officers.

5.2 Frequency of Meetings

The sub-committee will aim to meet not less frequently than 3 times a year.

5.3 Dealing with Members' interests during 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.

Where individual members identify an interest in relation to any aspect of business set out in the meeting agenda, that member must declare an interest at the start of the 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 minutes.

5.4 Withdrawal of Individuals in Attendance

The sub-committee 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.

5.5 Agenda and Papers

The Chair will determine the agenda for each meeting, taking into account any suggestions or requests from individual members and WHSSC officers.

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. Meetings will be carried out openly and transparently in a manner that encourages the active engagement of stakeholders.

5.6 Conduct of Meetings

The Chair, will preside at any meeting of the Integrated Governance Committee.

The Committee may invite individuals or groups to address its meetings.

All meetings will normally be held virtually or in the WHSSC Office

5.7 Values and Standards

The Integrated Governance Committee 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).

5.8 Secretariat

The Integrated Governance Committee will be supported by the Committee Secretariat and the WHSSC Committee Secretary.

The Secretariat will:

- provide the first point of contact for members in relation to all routine business,
- co-ordinate the activities of the Integrated Governance Committee,
- Arranging meetings and issue invites for each meeting,
- Agree agendas with the Chair and prepare, collate and circulate 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,
- Ensure that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points; and
- Maintain records of members' appointments and renewal dates.

6. REPORTING AND ASSURANCE ARRANGEMENTS

The sub-committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these terms of reference.

The sub-committee Chair shall:

- Report formally, regularly and on a timely basis to the Joint Committee on the sub-committee's activities. This may include verbal updates on activity, the submission of a Chairs report and/or written reports,
- Bring to the Joint Committee's specific attention any significant matters under consideration by the sub-committee; and
- Ensure that there are appropriate escalation arrangements in place to alert the Chair, Managing Director or chairs of other relevant sub-committees of any urgent/ critical matters that may affect the operation and/ or reputation of the Welsh Health Specialised Services Committee.

7. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the WHSSC Standing Orders are equally applicable to the operation of the sub-committee.

8. REVIEW OF EFFECTIVENESS

In accordance with the Standing Orders, the Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the sub-committee's performance and operation including that of any task and finish groups established.

9. RELATIONSHIP WITH THE JOINT COMMITTEE AND ITS COMMITTEES/GROUPS

Although the Joint Committee has delegated authority to the sub-committee 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 those citizens for whom it secures that healthcare.

The sub-committee, through the Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the joint planning and co-ordination of the Joint Committee and sub-committee business and sharing of information.

The sub-committee shall embed the corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

The requirements for the conduct of business as set out in the Welsh Health Specialised Services Committee Standing Orders are equally applicable to the operation of the sub-committee, except in the area relating to the Quorum.

10. REVIEW

These Terms of Reference shall be adopted by the Integrated Governance Committee and subject to review at least on an annual basis.



GIG
CYMRU
NHS
WALES

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

Appendix 2

Quality and Patient Safety Committee

Terms of Reference

Document Author:	Corporate Governance Manager
Executive Lead:	Director of Nursing and Quality Assurance
Approved by:	Joint Committee
Issue Date:	10 May 2022
Review Date:	10 May 2023
Version:	3.0

1.0 Constitution and Purpose

1.1 In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the Local Health Boards (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 Local Health Board (LHB) and/or its other committees).

These may consist wholly or partly of Joint Committee members or LHB members or of persons who are not LHB 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. As a minimum, it shall establish a joint sub-committee whose purpose is to provide advice and assurance on all matters of quality and patient safety relevant to the work of the Joint Committee. This sub-committee will be known as the **Quality and Patient Safety Committee (the sub-committee)**.

1.1. Purpose

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

- Providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the Joint Committee;
- Addressing concerns delegated by the Joint Committee; and
- Ensuring that LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of specialised service may impact on primary and secondary and vice versa (whole pathway).
- Providing assurance to the Joint Committee in relation to improving the experience of patients, carers, citizens and those that come into contact with WHSSC Commissioned Services.

1.2. Relationships and accountabilities

Although the Joint Committee has delegated authority to the sub-committee for the exercise of certain functions as set out within these terms of reference, in accordance with legislation, the LHBs retain overall responsibility and accountability for ensuring the quality and safety of care to their citizens.

The sub-committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these terms of reference.

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

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

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

The sub-committee through its Chair and Members shall work closely with LHB Quality and Safety Committees to ensure that LHB Boards are informed of any issues relating to their population recognising that concerns of specialised services may impact on primary and secondary services and vice versa (i.e. the whole pathway).

The sub-committee shall embed the Joint Committee's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

2.0 Delegated Powers and Authority

2.1 The Quality and Patient Safety Committee will, in respect of its provision of advice to the Joint Committee:

- Monitor and support the development and implementation of the quality assurance framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the development and implementation of the patient engagement framework ensuring that there is continuous improvement in the commissioning of specialised services for the people of Wales;
- Consider the quality and patient safety implications arising from the development of commissioning strategies, including developments included in the Integrated Commissioning Plan;
- Ensure that all commissioning teams, through regular reporting to the sub-committee consider quality and safety as part of service commissioning;
- Receive from the commissioning teams, when required, items for urgent consideration and escalation;
- Receive regular updates on the development of commissioning policies and any implications for the quality and safety of commissioned services;
- Oversee the development and implementation of the risk management systems for WHSSC, ensuring that quality and safety of specialised services are a priority for the organisation;

- Monitor and scrutinise risk management and assurance arrangements from the perspective of clinical and patient safety risks;
- Monitor and scrutinise concerns management arrangements ensuring that patient safety and safeguarding is paramount within WHSSC; and
- Ensure that lessons are learnt from patient safety incidents, complaints and claims (within specialised services) and that all such lessons are disseminated to all providers of services commissioned by the Joint Committee.

2.2 **Authority**

The sub-committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.

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

The sub-committee will ensure that it is aware of and receives relevant reports on the activities and reports of external independent regulators and agencies, such as Health Inspectorate Wales, Care Quality Commission, National Audit Office and Wales Audit Office, that relate to the commissioning and delivery of specialised services.

2.3 **Access**

The Chair of the Quality and Patient Safety Committee shall have reasonable access to the Directors and other relevant senior staff within the Welsh Health Specialised Services Team.

3.0 **Sub-groups**

The sub-committee may, subject to the approval of the Joint Committee, establish sub-groups or task and finish groups to carry out on its behalf specific aspects of sub-committee business.

4.0 **Membership**

The membership of the sub-committee shall be determined by the Joint Committee, based on the recommendation of the Chair of WHSSC, 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 Chair of the Joint Committee and the Chair of the sub-committee shall select prospective members, from nominations from the Local Health Boards, Welsh NHS Trusts or other NHS Wales organisations. This selection will provide as wide a representation across Wales as possible.

The sub-committee shall consist of not less than five Independent Members drawn from Local Health Boards, Welsh NHS Trusts or other NHS Wales organisations. The sub-committee Chair and sub-committee Vice Chair will be appointed from the Independent Members or will be an independent external advisor (as appropriate).

The sub-committee may also co-opt up to two further additional independent members from outside of the organisation to provide specialist knowledge and skills. These members will not count toward the quorum.

The committee will be supported by the following: WHSSC Officers;

- The WHSSC Medical Director;
- The WHSSC Director of Nursing and Quality Assurance;
- The WHSSC Director of Planning; and
- The WHSSC Committee Secretariat.

WHSSC officers should be represented if they are unable to attend a meeting.

A representative of the Community Health Council (Wales) will be invited to attend sub-committee meetings as an observer.

The sub-committee Chair may extend invitations to other persons to attend sub-committee meetings, from within or outside the organisation as appropriate, taking account of the matters under consideration at each meeting. .

5.0 Quorum

At least two members must be present to ensure the quorum of the sub-committee, one of whom should be the sub-committee Chair or sub-committee Vice Chair.

6.0 Frequency and Attendance

The sub-committee will hold a minimum of five meetings per year.

Additional meetings may be called as appropriate with agreement of the majority of members.

Additional meetings may be held with the chairs of the LHB's Quality and Safety Committees where there is urgent business for escalation.

Members will be required to attend a minimum of 75% of all meetings.

7.0 Dealing with Members' interest during 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.

8.0 Decision Process

Decisions can only be made in line within the parameter of the sub-committee's functions and the delegated powers and authority of the group as set out in section 2.0.

This sub-committee is an assurance committee and therefore where a decision is required the matter will be referred to the WHSS Team or Joint Committee, as appropriate.

9.0 Administrative Support

The sub-committee will be supported by WHSSC Corporate Secretariat, whose duties and responsibilities include:

- Arranging meetings and issuing invites for each meeting;
- Agreement of agendas with the Chair and preparation, collation and circulation of papers;
- Taking minutes;
- 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.

10.0 Support to Sub-Committee Members

The Committee Secretary, on behalf of the Chair of WHSSC, shall:

- Arrange the provision of advice and support to the sub-committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of organisational development for sub-committee members as part of any overall OD programme developed by the Joint Committee.
-

11.0 Circulation of papers

The Committee Secretariat will ensure that all papers are distributed at least five clear working days in advance of any meeting to the sub-committee members.

Items for information will not be considered by the sub-committee in accordance with the Business Framework 4.1.7. These items may be circulated outside of the meeting.

12.0 Circulation of minutes

The Committee Secretariat will ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting.

The Committee Secretariat will ensure that a Chair's brief is sent to the next Joint Committee meeting and this is shared with members and HB Board secretaries. The Chairs brief should also appear as an item for information on the next QPS Agenda.

13.0 Reporting and Assurance Arrangements

The sub-committee Chair will:

- Report formally, regularly and on a timely basis to the Joint Committee on the sub-committee's activities. This includes verbal updates on activity, the submission of a Chairs brief and written reports as well as the presentation of an annual report;
- Bring to the Joint Committee's attention any significant matters under consideration by the sub-committee;
- Ensure appropriate escalation arrangements are in place to alert the WHSSC Chair, WHSSC Directors or chairs of other relevant sub-committees of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee;

The Joint Committee may also require the Sub-Committee Chair to report upon the committee's activities at public meetings or to partners and other stakeholders including Local Health Boards where this is considered appropriate.

The Committee Secretariat or Director of Nursing and Quality Assurance will, on behalf of the sub-committee Chair, share the sub-committee Chair report to the QPS Chair, Board Secretary and Quality lead from each of the LHB's.

14.0 Training, Development and Performance

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any task and finish groups established.

An induction process will be established for new members and any training and development sessions will be managed by the sub-committee Chair and the Committee Secretary.

The Quality Patient Safety Committee shall organise a development day on an annual basis for its members. The sub-committee will be invited to undertake a self-assessment and any other identified developmental needs of the committee.

15.0 Review

The sub-committee membership will be reviewed every two years.

Members of the sub-committee will be appointed for a period of two years but should serve no more than four consecutive years. During this time a member may resign or be removed by WHSSC.

These terms of reference shall be reviewed annually by the sub-committee with reference to the Joint Committee.

Appendix 4

WELSH HEALTH SPECIALISES SERVICES COMMISSION

MANAGEMENT GROUP

Terms of Reference (ToR)

Document Author:	Corporate Governance Manager
Executive Lead:	Committee Secretary
Approved by:	Management Group
Issue Date:	10 May 2022
Review Date:	10 May 2023
Version:	2.0

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1.0 Introduction

- 1.1 The Standing Orders of the Joint Committee provide that *“The Joint Committee may and, where directed by Welsh Government must, appoint sub-committees either to undertake specific functions on the Committee's behalf or to provide advice and assurance to the Committee in the exercise of its functions. The Joint Committee's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by sub-committees”*.

In line with standing orders (3.4.1) and the scheme of delegation, the Joint Committee shall nominate a sub-committee to be known as the **Management Group (“the Group”)**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

- 1.2 The role of the Management Group is to support WHSSC in the development and implementation of the Specialised Services Strategy,
- 1.3 The Joint Committee will have overall responsibility for and oversight of service and financial performance which will be operationalised through the WHSSC Staff and co-ordinated via the Management Group,
- 1.4 The governance arrangements of the Host Health Board “Cwm Taf” will apply and this includes the audit arrangements as approved by the Joint Committee,
- 1.5 All matters relating to specific Providers will be dealt via the Service Level Agreements monitoring mechanisms and in accordance with the Business Framework.

2.0 Purpose

- 2.1 The overall purpose of the Management Group (*“The Group”*) is to make recommendations to the Joint Committee and be the Specialised Services Commissioning operational body responsible for the oversight of the development, scrutiny and implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure

equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

2.2 The Group will be responsible for undertaking the following functions :

- a) To make recommendations, monitor and agree the Integrated Commissioning Plan (ICP) for Specialised Services for approval by the Joint Committee which will support the development of individual LHB Integrated Medium Term Plans (IMTP's),
- b) To receive recommendations from the WHSSC Commissioning Teams and to make recommendations to the Joint Committee regarding service improvements including investments, disinvestments and other service change,
- c) To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues,
- d) To undertake the role of Project Board or provide membership for Project Boards for specific workstreams and projects as approved by the Joint Committee and monitor their implementation,
- e) To consider consultation outcomes and recommended pathway changes before consideration by the Joint Committee,
- f) To ensure the development and maintenance of the needs assessment across Wales for Specialised Services,
- g) To agree and recommend commissioning/service issues to the Joint Committee which are to be considered as part of the Integrated Commissioning Plan. This will include issues which will have an impact on the plan raised by other sub-committee/advisory groups,
- h) To ensure the two way flow of information between Health Board and the WHSS team ensuring relevant Health Board Executives and clinical teams are kept abreast of specialised service developments and the WHSST are aware of Health Board service developments which may impact on specialised services,
- i) To make recommendations annually those services that should be planned on a national basis and those that should be planned locally,
- j) To consider the appropriate level of funding for the provision of specialised and tertiary services at a national level (including those to be delivered by providers outside Wales), and determining the contribution from each LHB for those

services (which will include the running costs of the Joint Committee and the WHSST) to support recommendations to the Joint Committee,

- k) To consider the in year risks associated with the agreed service portfolio and new pressures that may arise; and
- l) Monitor the outcomes of specialised and tertiary healthcare services and ensure that the LHB is aware of performance and that take appropriate local action.

2.3 The Members of the Group acknowledge and accept that it will operate in tandem with the local commissioning teams in the Health Boards.

3.0 Delegated Powers and Authority

The Group is authorised to:

- To scrutinise business cases submitted by provider organisations and authorise funding release in accordance with the WHSSC approved ICP.
- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Joint Committee & WHSSC. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the sub-committee,
- obtain external legal or other independent professional advice and to secure the attendance of external experts/ advisors with relevant experience and expertise if it considers it necessary, subject to NHS procurement, budgetary and other requirements, and
- by giving reasonable notice, require the attendance of any of the officers or employees at any meeting of the Group.

4.0 Sub Groups

The Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of the business within its remit.

5.0 Membership

5.1 The following will be Members of the Group;

- The Managing Director,
- The Director of Nursing and Quality,
- The Director of Finance & Information,
- The Medical Director,
- The Director of Planning,
- The Committee Secretary, and
- Relevant WHSSC Staff.

WHSSC Directors can be represented by their nominated deputy if they are unable to attend the meeting.

5.2 Health Board Members of the Group shall be appointed by the Joint Committee and derived from the 7 LHBs.

5.3 The Membership of the Group will consist of 2 representatives from each HB usually a senior LHB planning/commissioning representation and senior Finance representation. However this will be for each HB to determine, subject to approval by Joint Committee as 5.2 above.

If any member is unable to attend a nominated deputy can attend with prior agreement from the Chair.

5.4 Other members may be appointed as deemed appropriate by the Group.

5.5 Members from the NHS Trusts in Wales and/or Provider arm of Local Health Boards will be invited to attend meetings as required.

5.6 The Group will be chaired by the Managing Director for Welsh Health Specialised Services.

5.7 If absent, the Chair will nominate one of the WHSSC executive Directors to Chair the meeting.

5.8 Other staff may be invited to attend the Group as required.

6.0 Attendance

- 6.1 The Internal and External Auditors will be invited to attend as and when required at the discretion of the Group or at the Auditors request
- 6.2 Such other officers as the Chair determines shall be invited to attend, from time to time, as and when required to assist with its discussions on any particular matter.

7.0 Member appointments

- 7.1 The membership of the Group shall be determined by the Joint Committee, based on the recommendations of the Chief Executives of Health Boards - taking account of the balance of skills and expertise necessary to deliver the Group's remit.
- 7.2 Membership will be reviewed every three years.

8.0 Support to Members

The Committee Secretary, on behalf of the Chair, shall:

- Determine the secretarial and support arrangements for the Group,
- Arrange the provision of advice and support to the Group members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for Sub-committee members.

9.0 Meetings

9.1 Quorum

At least four of the LHBs must be represented and a total of six members must be present to allow any formal business to take place at the Management Group.

9.2 Frequency of meetings

Meetings shall be held monthly.

9.3 Dealing with Members' interests during 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 decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual members must demonstrate, through their actions, that their contribution to the 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 business set out in the meeting agenda, that member must declare an interest at the start of the 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 minutes.

9.4 Responsibilities of Members and Attendees

Members have a responsibility to:

- a) Attend at least 75% of meetings (or ensure a nominated deputy attends), having read all the papers beforehand,
- b) Disseminate information throughout their respective organisation and through the appropriate Peer Groups and other networks,
- c) Brief the Chief Executive of their respective LHBs/Trusts prior to the meeting of the Joint Committee,
- d) Identify any agenda items to the Committee Secretary

9.5 Withdrawal of individuals in attendance

The Chair 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.

9.6 Agenda and Papers

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

The Committee Secretary will ensure that:

- all papers are distributed at least 7 days prior to the meeting,
- a briefing is circulated to Members within 7 days of the meeting so this can be used as part of the local briefing mechanisms,
- the Management Group Briefing will be sent to the Joint Committee for information,
- the confirmed minutes are available upon request; and
- items for information will not be considered by the Committee in accordance with the Business Framework 4.1.5. These items will be circulated outside of the meeting.

A schedule of dates for the meetings will be published for the year ahead. Meetings will be carried out openly and transparently in a manner that encourages the active engagement of stakeholders.

9.7 Conduct of Meetings

The Chair, will preside at any meeting of the Management Group. The Group may invite individuals or groups to address its meetings.

All meetings will normally be held in WHSSC Offices or virtually.

9.8 Values and Standards

The Management Group 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).

9.9 Secretariat

The Management Group will be supported by the Committee Secretariat and the WHSSC Committee Secretary. The Secretariat will:

- provide the first point of contact for members in relation to all routine business,
- co-ordinate the activities of the Management Group,
- arranging meetings and issue invites for each meeting,
- agree agendas with the Chair and prepare, collate and circulate papers,
- ensure that all papers are distributed at least seven clear 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,
- ensure that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points; and
- maintain records of members' appointments and renewal dates.

10.0 Reporting & Assurance Arrangements

10.1 Reporting

The Management Group is directly accountable to the Joint Committee for its performance in exercising the functions set out in these terms of reference.

The Chair of the Group shall:

- report formally to the Joint Committee on the Group's activities. This includes verbal updates on activity, the submission of the Briefings and written reports,
- bring to the Joint Committee's specific attention any significant matters under consideration by the Group,
- include in matters for decision, the formal views of the group, for consideration by the Joint Committee; and
- ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Executive or Chairs of other LHBs and relevant sub committees of any urgent/critical matters that may affect the operation and/or reputation of the LHBs.

The Joint Committee may also require the Chair of the Management Group to report upon the group's activities at public meetings or to partners and other stakeholders including NHS Wales Health Boards where this is considered appropriate.

10.2 Applicability of Standing Orders to Committee business

The requirements for the conduct of business as set out in the WHSSC Standing Orders are equally applicable to the operation of the sub-committee.

10.3 Review of Effectiveness

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the group's performance and operation including that of any sub-groups established.

11.0 Relationships and accountabilities with WHSSC and its Sub-Committees/Groups

11.1 Although the Joint Committee has delegated authority to the Sub-committee 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 those citizens for whom it secures that healthcare,

The Sub-Committee, through the Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the joint planning and co-ordination of the Joint Committee and Sub-Committee business and sharing of information.

The Sub-Committee shall embed the corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

The requirements for the conduct of business as set out in the Welsh Health Specialised Services Committee Standing Orders are equally applicable to the operation of the Sub-committee, except in the area relating to the Quorum.

11.2 The Group 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 Sub-Committee business,
- Ensuring that any issues which have an impact on the ICP are considered by the Management Group, 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.

12.0 Review

These terms of reference shall be adopted by the Management Group and subject to review at least on an annual basis.



Report Title	COVID-19 Period Activity Report Month 11 2021-2022	Agenda Item	4.1
Meeting Title	Joint Committee	Meeting Date	10/05/2022
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 11 2021-2022

1.0 SITUATION

This report sets out the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The context for this report is to illustrate the decrease during the peak COVID-19 periods, and to inform the level of potential harms to specialised services patients. It also illustrates the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability, but this is covered in greater detail in the separate monthly Finance report. Recovery rates, access comparisons across Health Boards and waiting lists are also considered, along with the relevant new Performance Measures set out by Welsh Government.

2.0 BACKGROUND

The impact of COVID-19 on the level of provision of healthcare has been felt across all levels of service, including specialised services which have traditionally been assumed to be essential services. WHSSC has used the national data sources from DHCW (previously known as NWIS) together with monthly contract monitoring information to inform this report. Members are asked to note that the DHCW data for Admitted Patient Care and Patients Waiting includes all Welsh activity at providers with a WHSSC contract, and also includes some non-specialist activity that may be included in local Health Board contracts. The DHCW data used in this report was refreshed on April 4th 2022.

3.0 ASSESSMENT

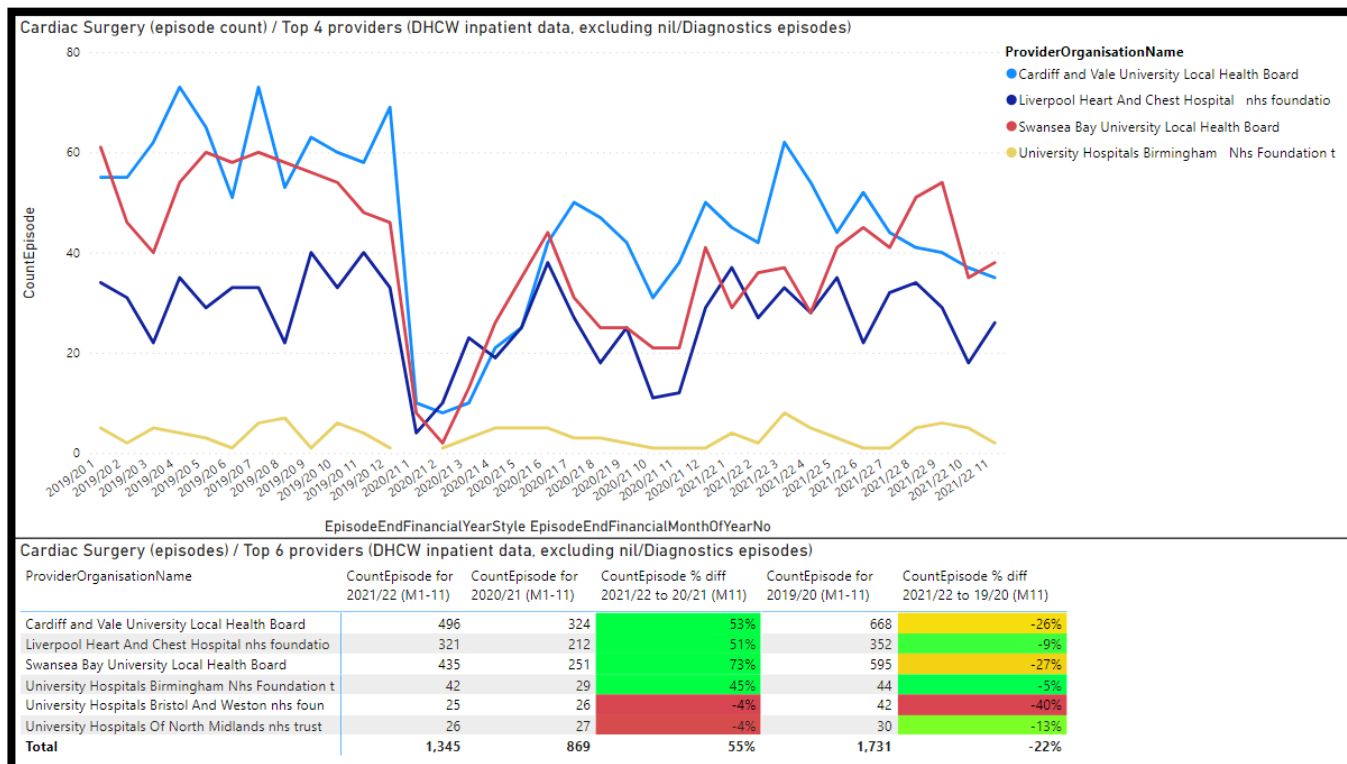
Specialties/areas covered in this report include:

- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Cardiac Surgery
- Paediatric Surgery
- English provider activity (all specialist and non-specialist)

- Annex A and B – summary of Cardiff & Vale and Swansea Bay contracts
- Appendix A – charts of DHCW data showing inpatient activity at NHS England Trusts with a WHSSC contract (specialist and non-specialist)
- Appendix B – tables including the relevant Performance measures as directed by Welsh Government

3.1 Cardiac Surgery

3.1.1 Cardiac Surgery – Activity and Access Rate Summary

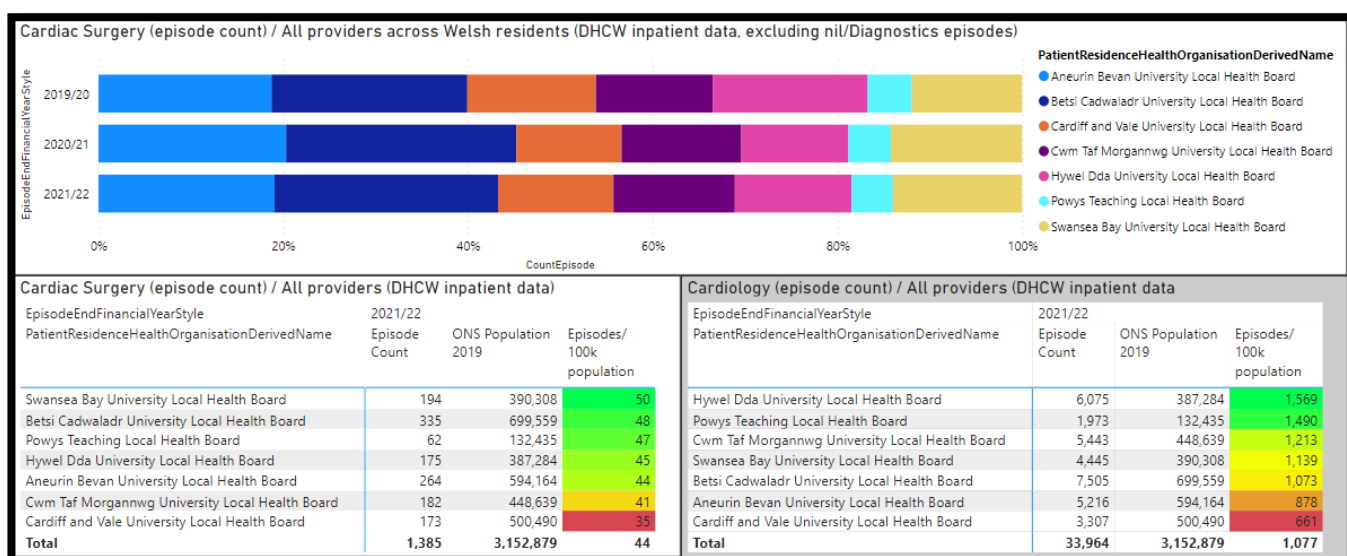


Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**

The above table highlights the variance in Cardiac Surgery inpatient recovery across the main specialist providers, with Liverpool Heart & Chest showing the highest and quickest recovery. The main 3 providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

There was a concerning drop in the volume of Cardiac inpatient activity reported during the COVID-19 period, which is recovering but stood at 48% less activity overall in 2020/21 compared to 2019/20. Using activity to date this year 2021/22 (Month 11), activity is already 55% more than last year, but is still 22% lower than to the same month in 2019/20. Historically, Cardiac surgery is seen as an urgent elective specialty with high levels of emergency and inter hospital referrals and lower levels of elective referrals. The decrease is therefore of concern and indicative of a significant risk of harm during the highest COVID-19 periods. The risk of COVID infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor.

There has been some proactive switching into TAVI (Transcatheter Aortic Valve Implant) procedures for selected sub groups of patients, but numbers are not material.



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

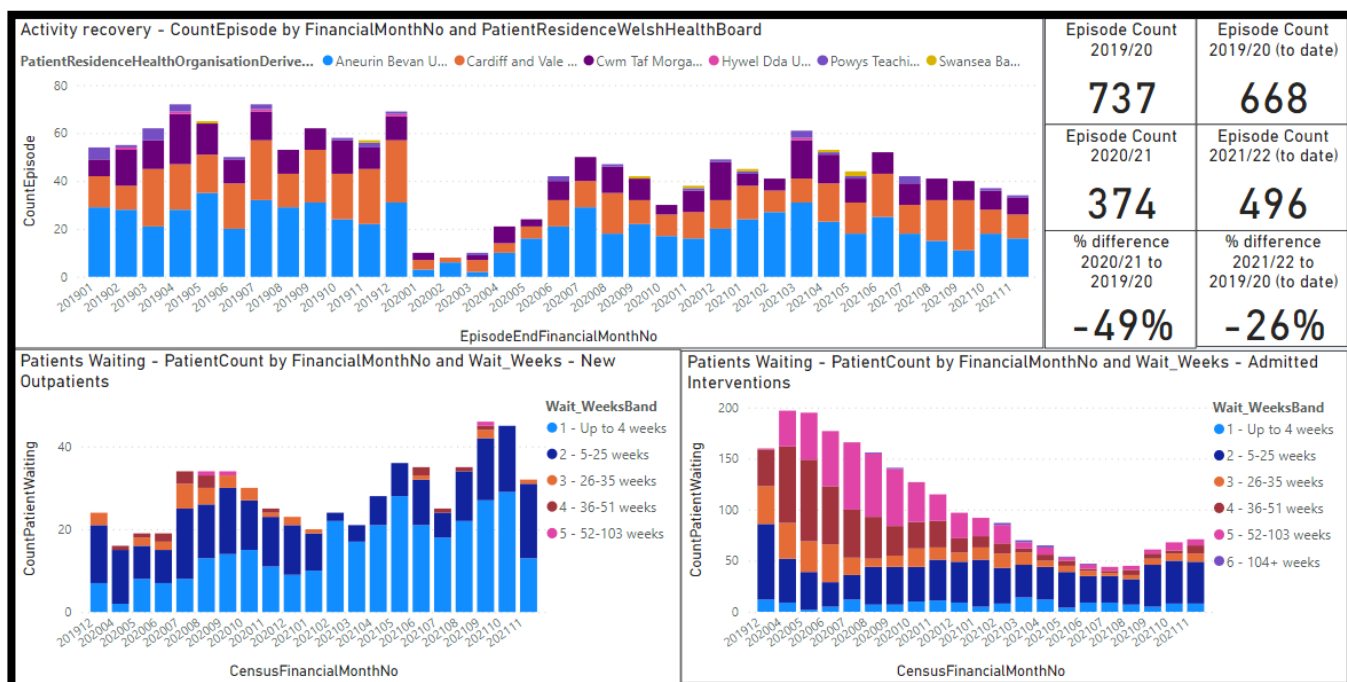
Access rates across the Health Boards varied the most during the initial COVID-19 wave, but have stabilised in recent months to almost the same split of the available activity as 2019/20. However, Betsi Cadwaladr is reflecting an increased share of the activity, due to the good recovery at Liverpool Heart & Chest.

Inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 35 to 50 so far in 2021/22 as per the small table above to the left.

Interestingly, the access rates vary to those of Cardiology (mostly non-specialist), which is shown in the small table above to the right. This data is shown for information only, as this is not WHSSC-commissioned, except for some specific devices/interventions.

3.1.2 Cardiac Surgery – Recovery and Waiting Lists

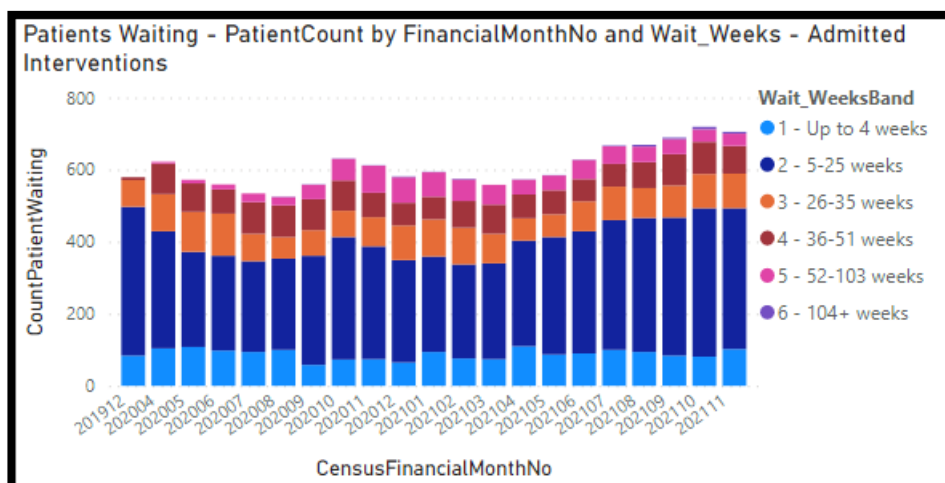
Cardiff & Vale UHB



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

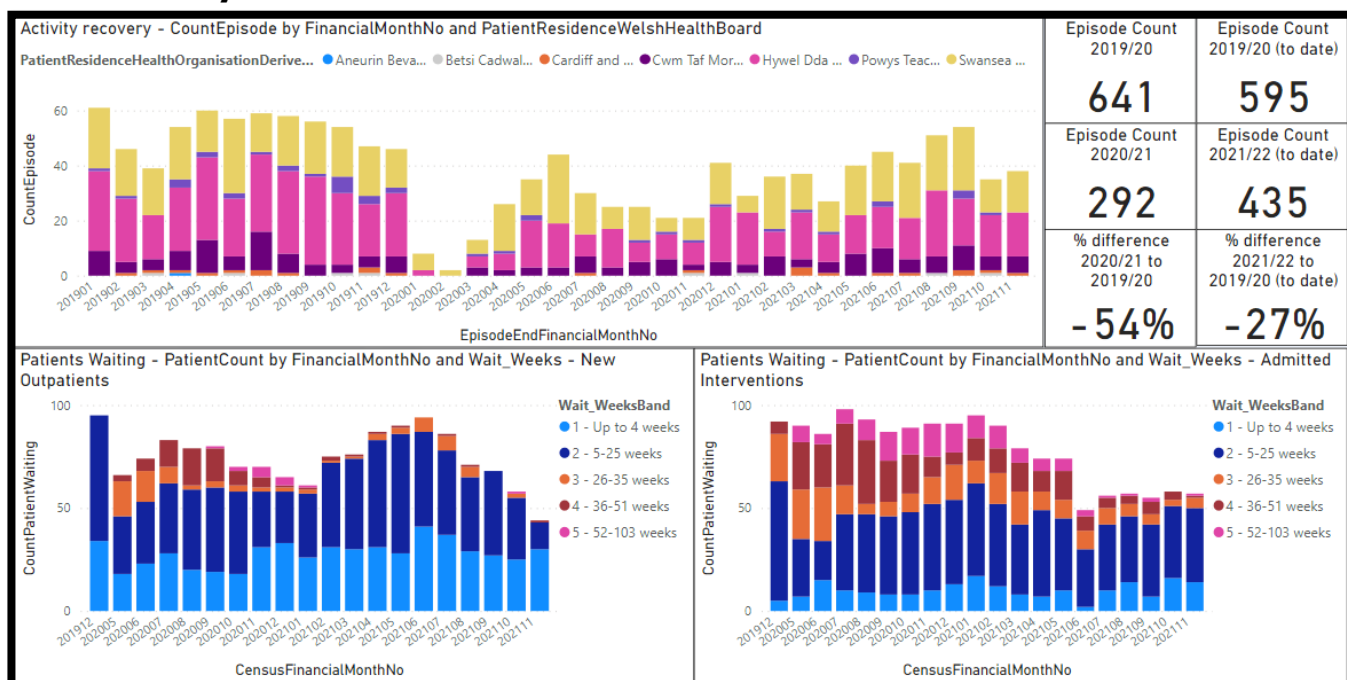
The tables above show a summary of the position at Cardiff & Vale in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again, elective activity had kept pace to the point that the waiting list for admissions had reduced to almost a third of pre-COVID-19 demand, with few patients now waiting over 26 weeks. The past three months (Dec 2021, Jan 2022, Feb 2022) show increases in the waiting list for admissions, but total patients are still low.

It is worth noting that patients waiting for admissions for Cardiology treatments have increased steadily at Cardiff over the same period, but not materially.



Data source: DHCW central data warehouse; all Cardiology patients waiting at Cardiff – admitted interventions (specialist and non-specialist).

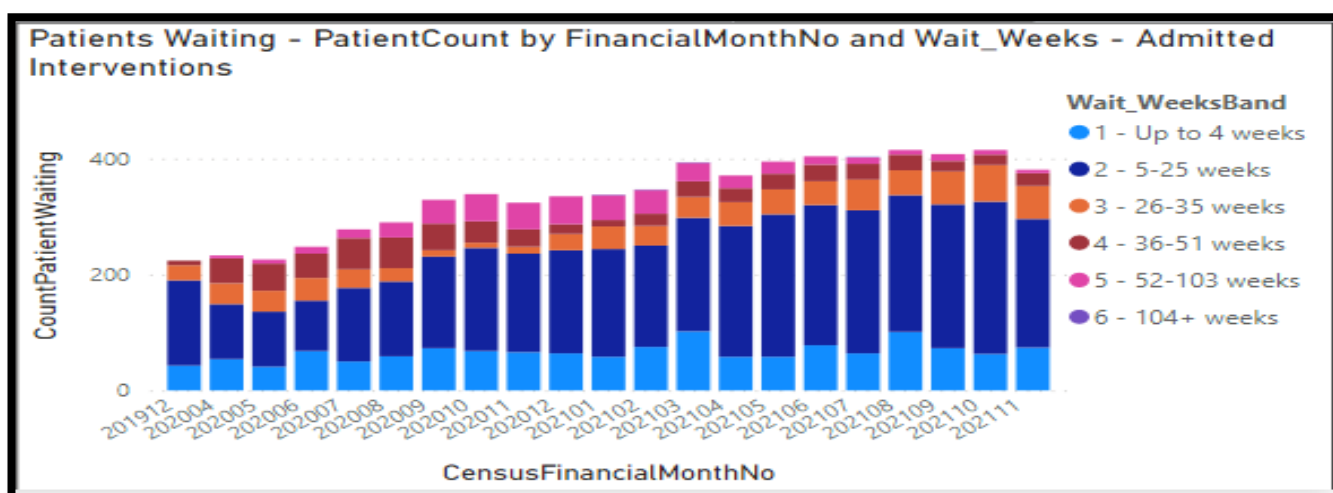
Swansea Bay UHB



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

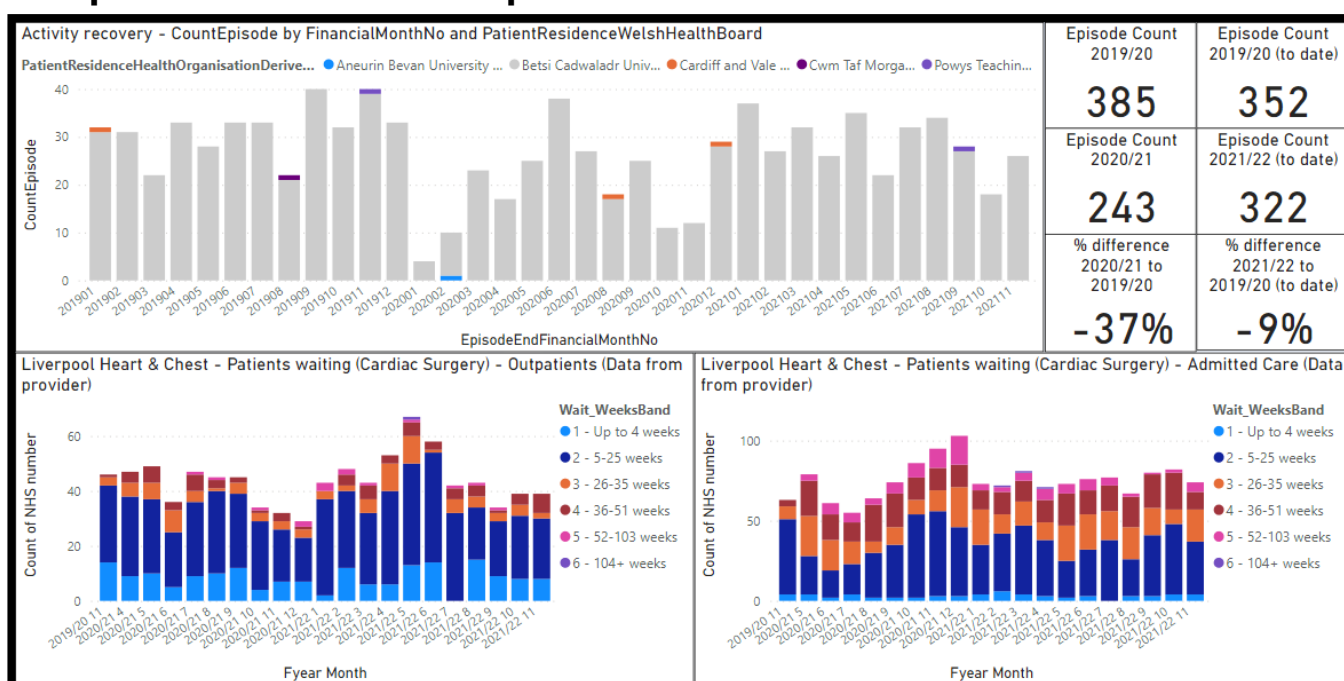
The tables above show a summary of the position at Swansea Bay in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again to Pre-COVID-19 levels, elective activity has kept pace to the point that the waiting list for admissions has reduced to about half of Pre-COVID-19 demand, with few patients now waiting over 26 weeks.

It is worth noting that patients waiting for admissions for Cardiology treatments have almost doubled at Swansea Bay over the same period, but it is unknown how many of these are waiting for specialist procedures.



Data source: DHCW central data warehouse; all Cardiology patients waiting at Swansea Bay – admitted interventions (specialist and non-specialist).

Liverpool Heart & Chest Hospital



Data source: Inpatient activity from DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes.** Waiting list data from provider direct.

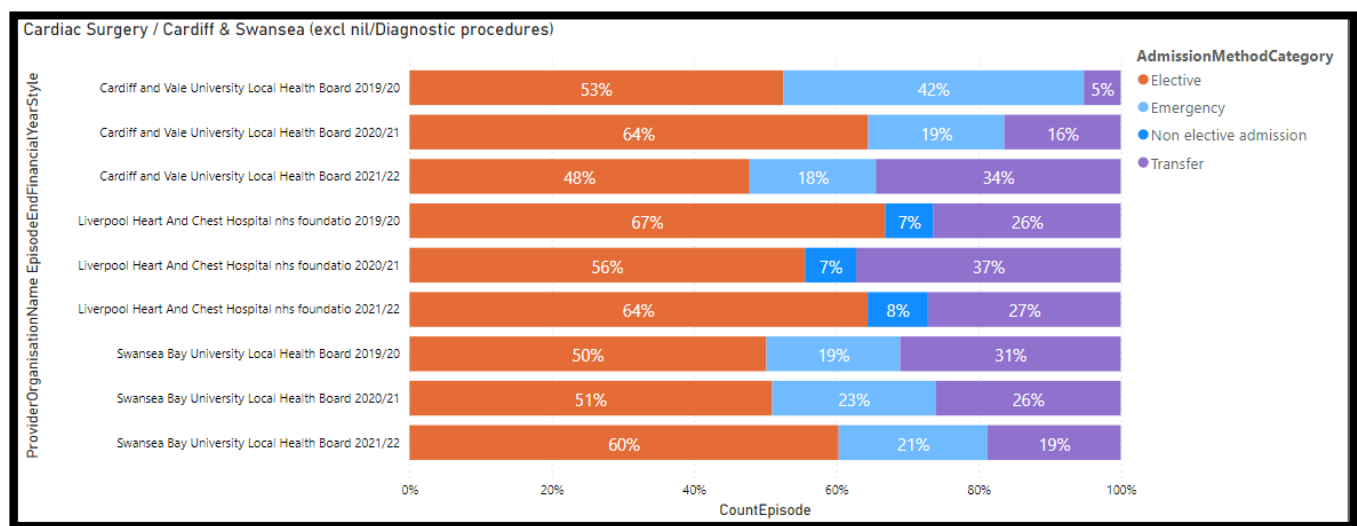
The tables above show a summary of the position at Liverpool Heart & Chest in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a similar pattern in new referrals (those between 0-4 weeks) again to Pre-COVID-19 levels, elective activity is also back to the same Pre-COVID-19 levels. The waiting list for admissions has remained roughly steady over the past 2 years, but with more than half now waiting over 26 weeks.

Other Activity Notes

An additional note is that the reported pattern of activity is historically different between Wales and England, with England reporting typically higher proportions of elective/transferred expected overnight stay activity. Welsh centres have reported

that the pressure from transfers squeezes capacity available for elective cases with a resulting adverse impact on the waiting list.

The below chart shows the elective/emergency percentages of the overall inpatient activity. Whilst Liverpool Heart & Chest appears to be back to 2019/20 splits, Cardiff has seen a marked increase in Transferred activity, while Swansea Bay has seen a decrease.



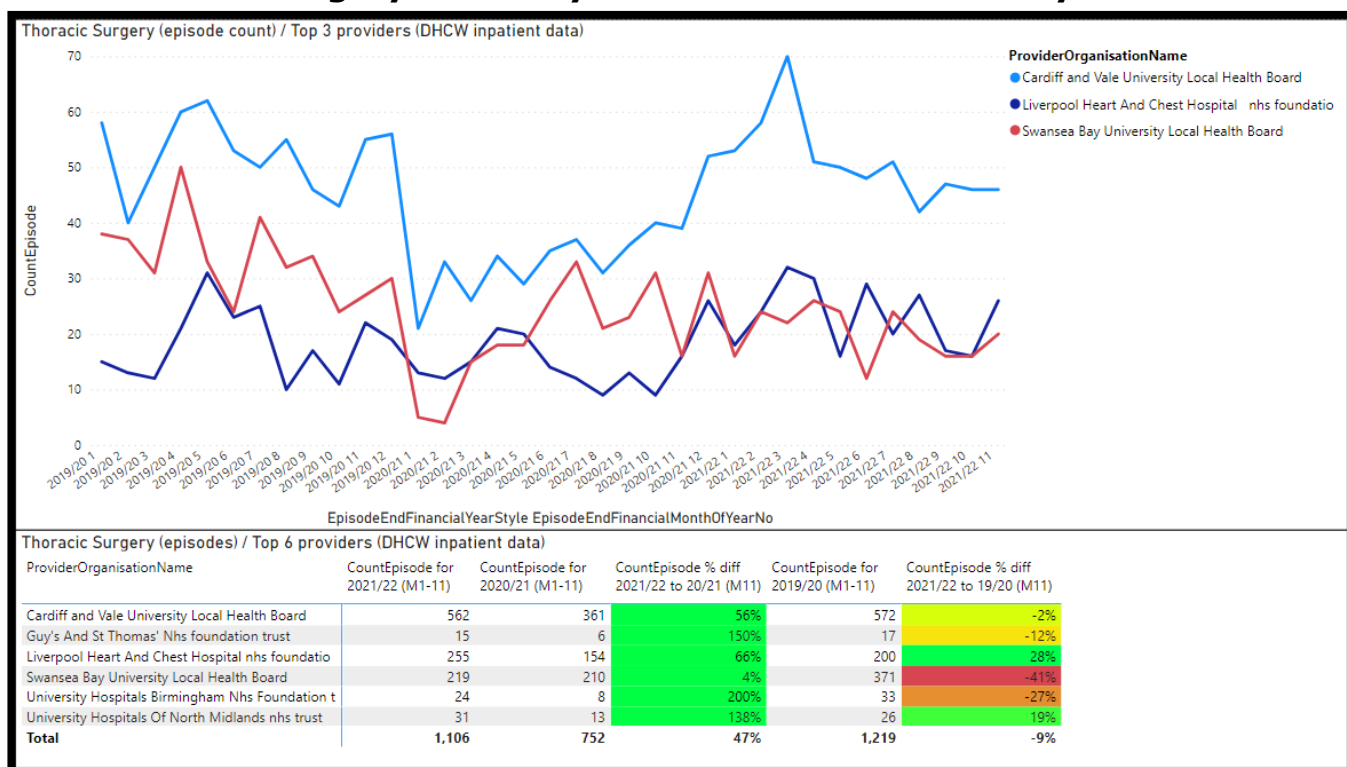
Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes

Specialised Planner Comments:

Whilst noting that the number of outpatients referrals are increasing, there does not appear to be a corresponding increase in the number of patients converting to the in-patient waiting list. The overall cohort of patient waiting for surgery, and the corresponding waiting times remain significantly less than pre Covid. The risk remains that as local health boards manage the recovery of cardiology waits, that there could be a significant increase in numbers and time waiting for cardiac surgery over the forthcoming months. However, that is not currently being seen over the last few months despite Health Boards dealing with Cardiology backlogs and in particular, their diagnostic backlog.

3.2 Thoracic Surgery

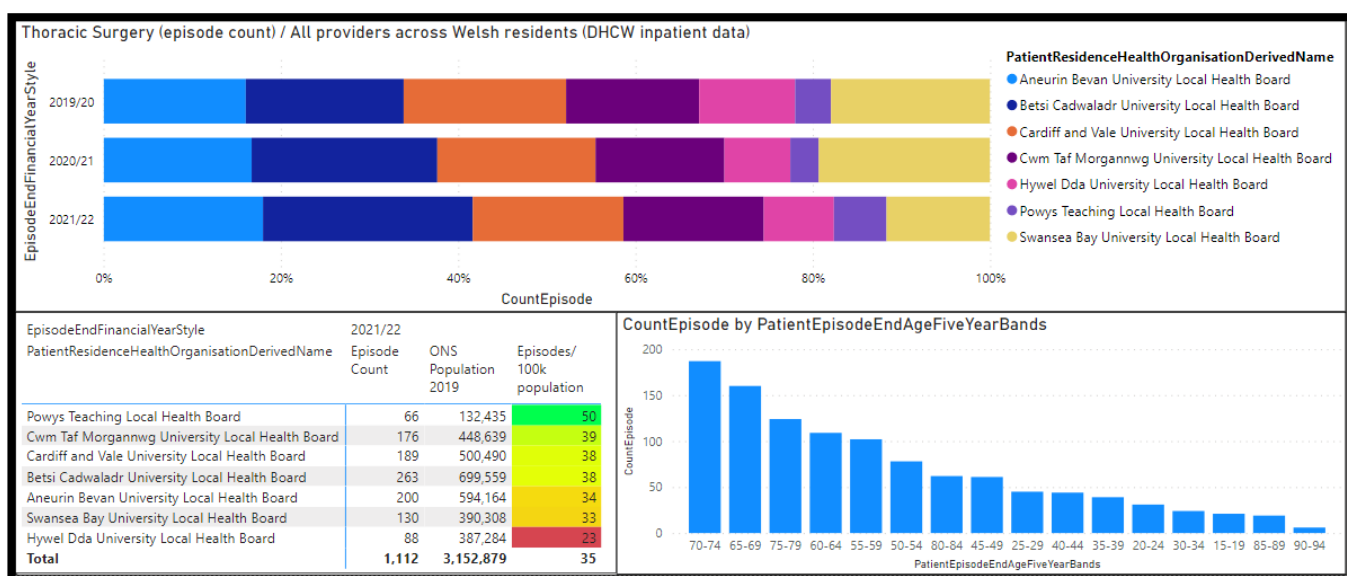
3.2.1 Thoracic Surgery – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Thoracic Surgery inpatient recovery across the main specialist providers, with Liverpool Heart & Chest showing the highest and quickest recovery to activity. Liverpool actually has performed inpatient episodes 28% higher to date than 2019/20. Cardiff & Vale is showing similar activity to 2019/20 to the same month. However, Swansea Bay is showing a 41% drop in activity to date compared to 2019/20, although this is still 4% more than they had performed to this point in 2020/21.

The drop in the volume of Thoracic inpatient activity reported over the COVID-19 period stood at 35% less activity overall in 2020/21 compared to 2019/20. Using activity to date this year 2021/22 (Month 11), activity is 9% less than 2019/20, but is 47% higher in total than to the same month last year.



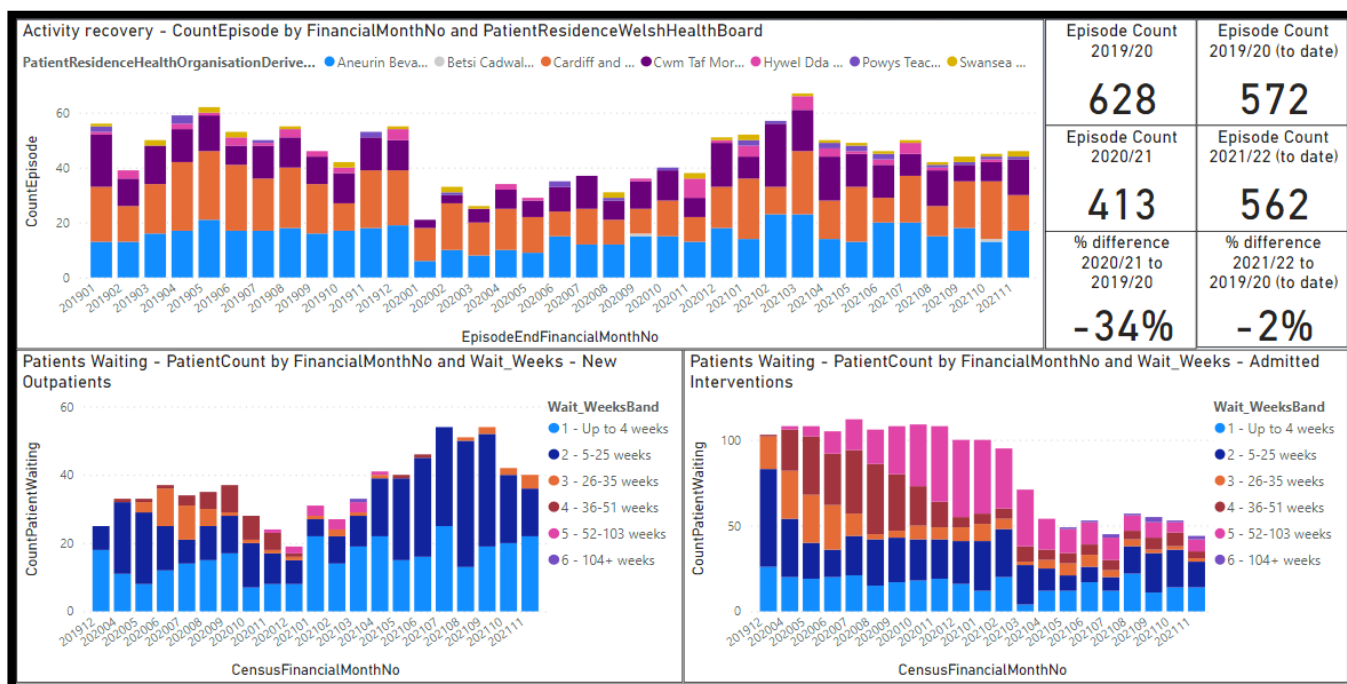
Data source: DHCW central data warehouse; all inpatient activity

Access rates across the Health Boards varied across the past two years, which is to be expected given the relatively low activity numbers (about 73/month), but should still be monitored.

Inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 23 to 50 as per the small table above for 2021/22. Given Swansea Bay's slower recovery, it is unsurprising to see lower access rates for Hywel Dda and Swansea Bay residents. A breakdown of the total activity across 5-year age bands shows a higher access by ages 60-79, which should be taken into account.

3.2. Thoracic Surgery – Recovery and Waiting Lists

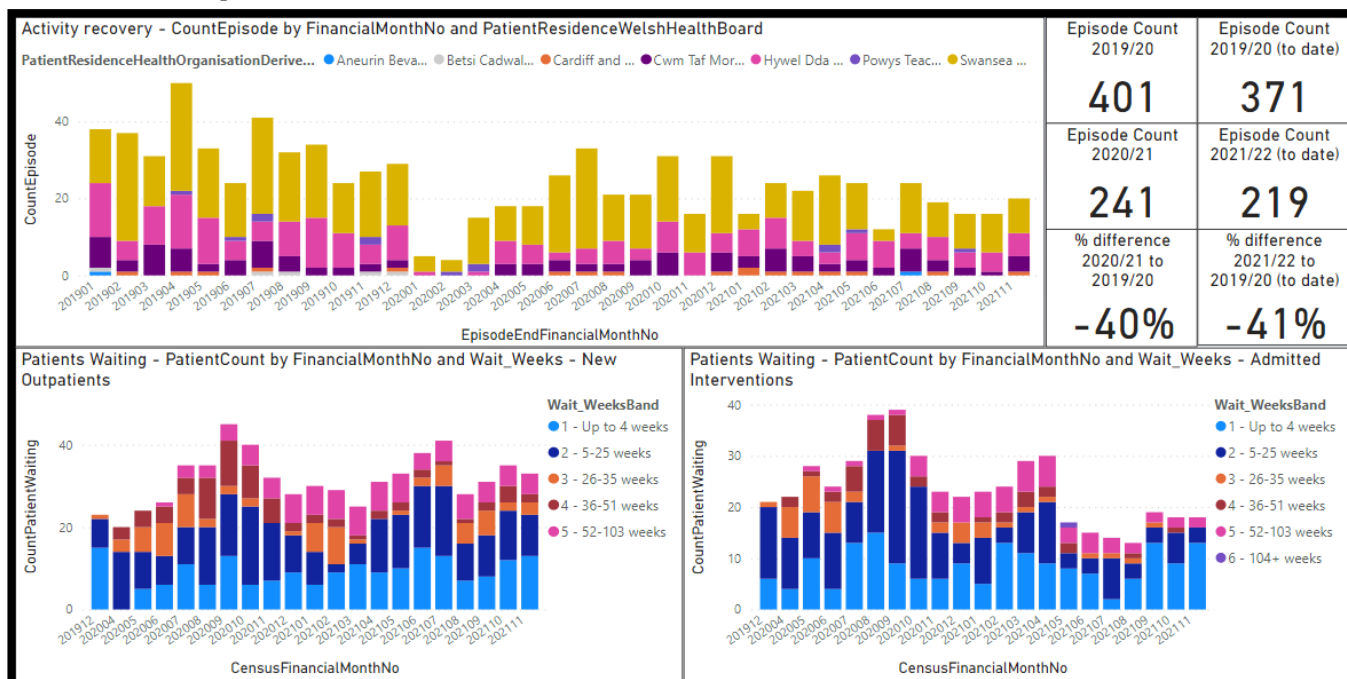
Cardiff and Vale UHB



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

The tables above show a summary of the position at Cardiff & Vale in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again, elective activity has recovered to the same episode counts as 2019/20. The waiting list for admissions has reduced to around half of Pre-COVID-19 demand.

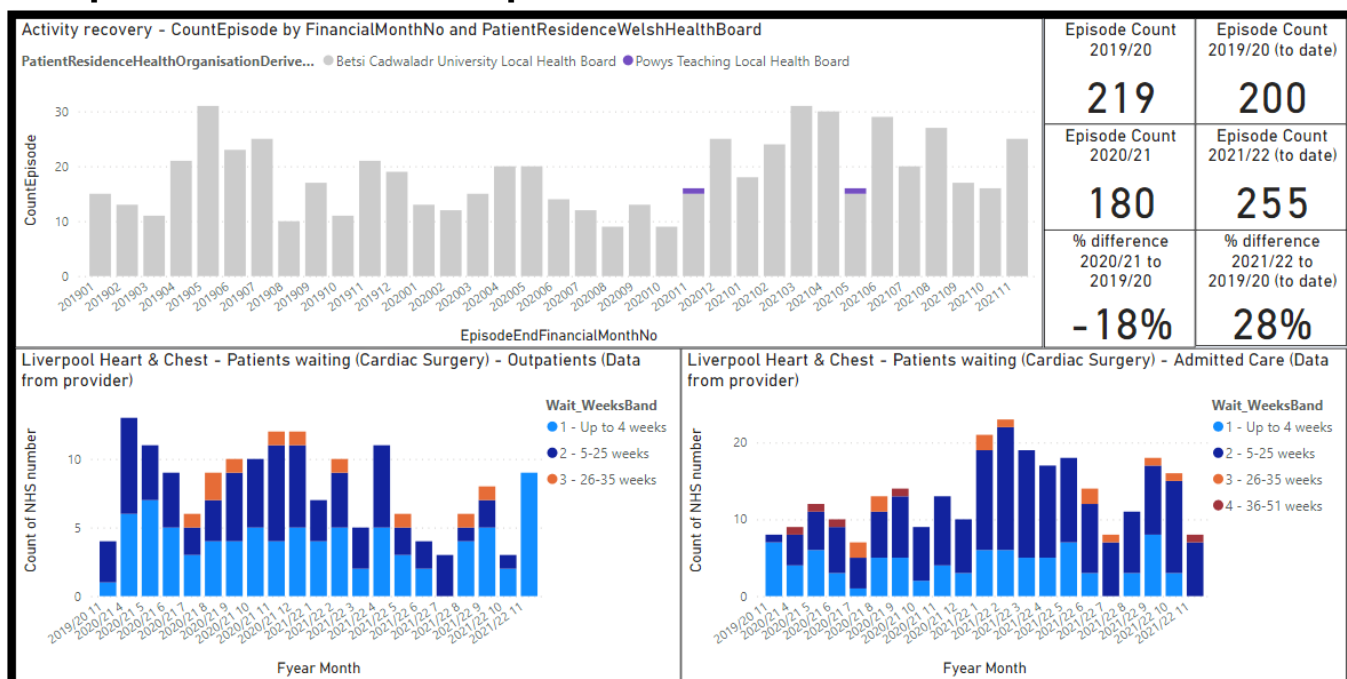
Swansea Bay UHB



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

The previous tables show a summary of the position at Swansea Bay in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again, elective activity is still 41% lower than 2019/20, a similar recovery level as to this point in 2020/21. However, the overall waiting list for admissions is almost the same as 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 28% compared to 2019/20. Despite this, the patients waiting for admission has increased, although these are not material numbers and are easily skewed month-on-month.

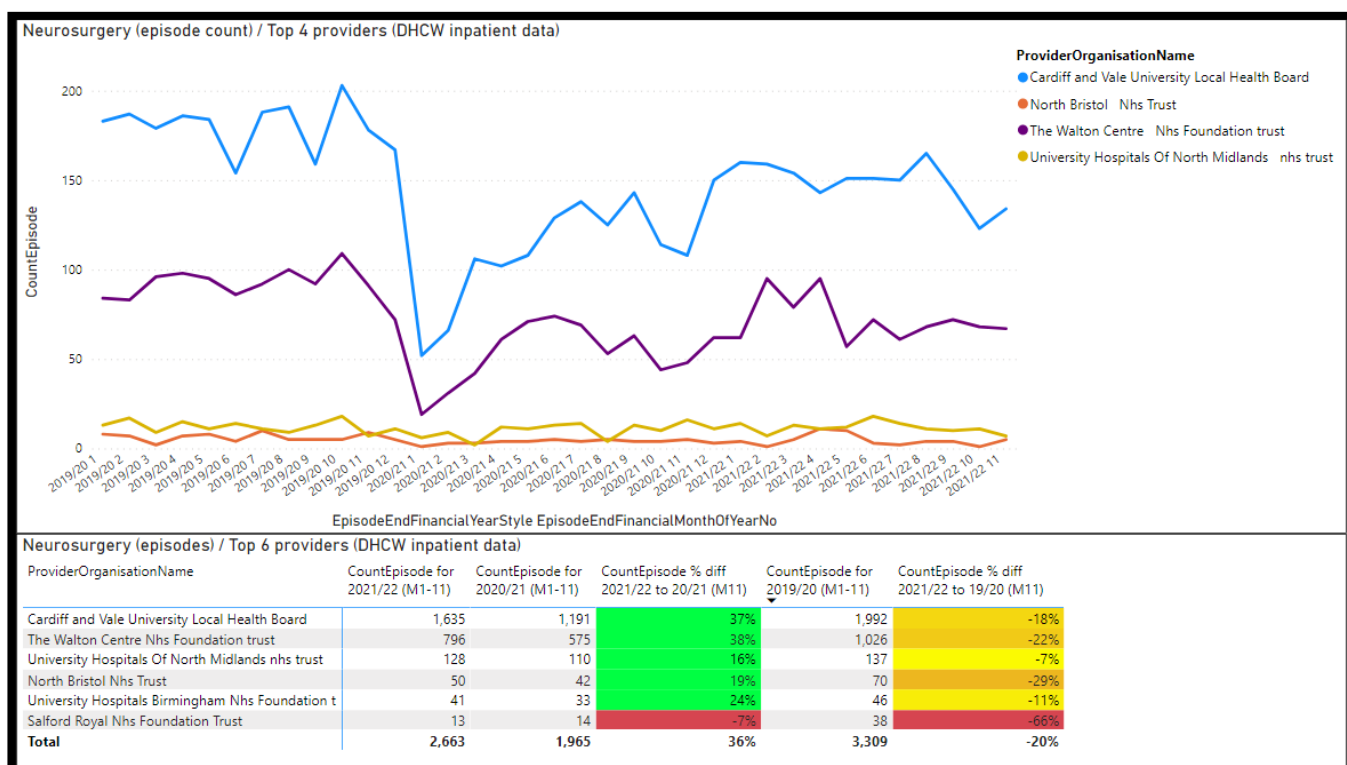
Specialised Planner comments:

In interpreting the data above, it is important to note that over the last 12 months, collaborative arrangements have been 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.

It is important also to be aware that the lung cancer MDT in Hywel Dda UHB has reported that many patients referred to the MDT over the last few months have presented late in their disease which has led directly to lower referrals to surgery since patients with advanced disease are less likely to be suitable for surgical treatment. This is the likely explanation for the particularly low rate of utilisation for Hywel Dda residents observed to month 10. This also at least partly explains the lower level of activity at Swansea Bay in comparison to 2019/20. Discussions at the bi-weekly joint thoracic surgical meeting between Cardiff and Swansea Bay have indicated that late presentation has not to date been a significant factor affecting surgical referrals in other parts of the region.

3.3 Neurosurgery

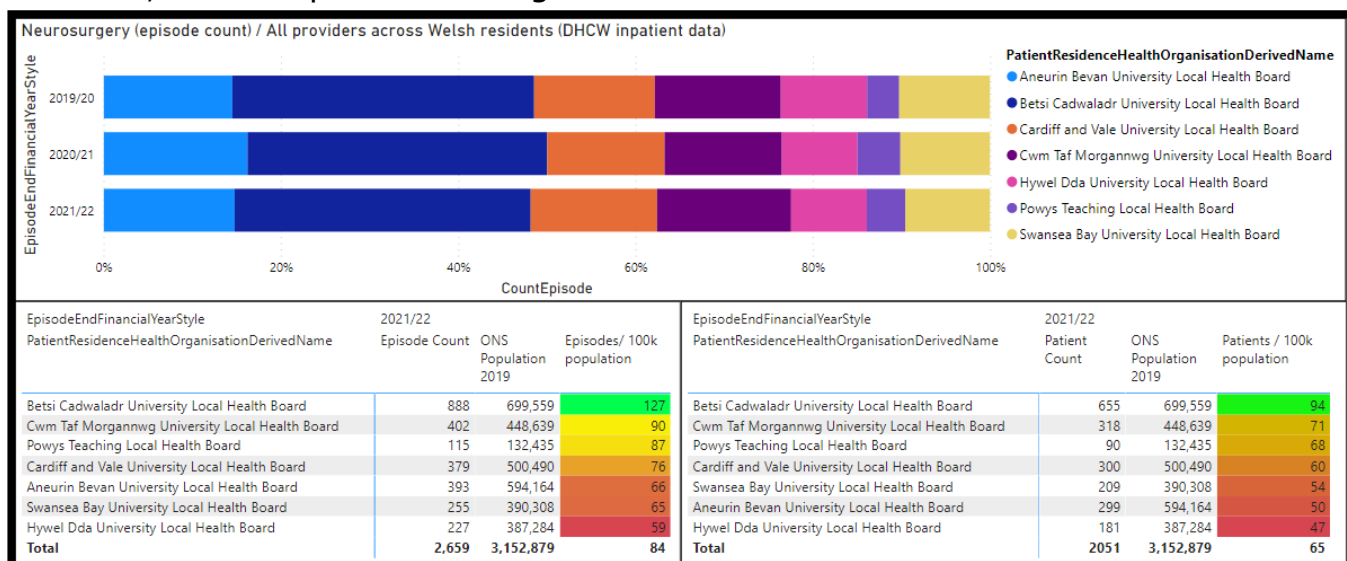
3.3.1 Neurosurgery – Activity and Access Rate Summary



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 17% and 22% 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 20% less so far in 2021/22.

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

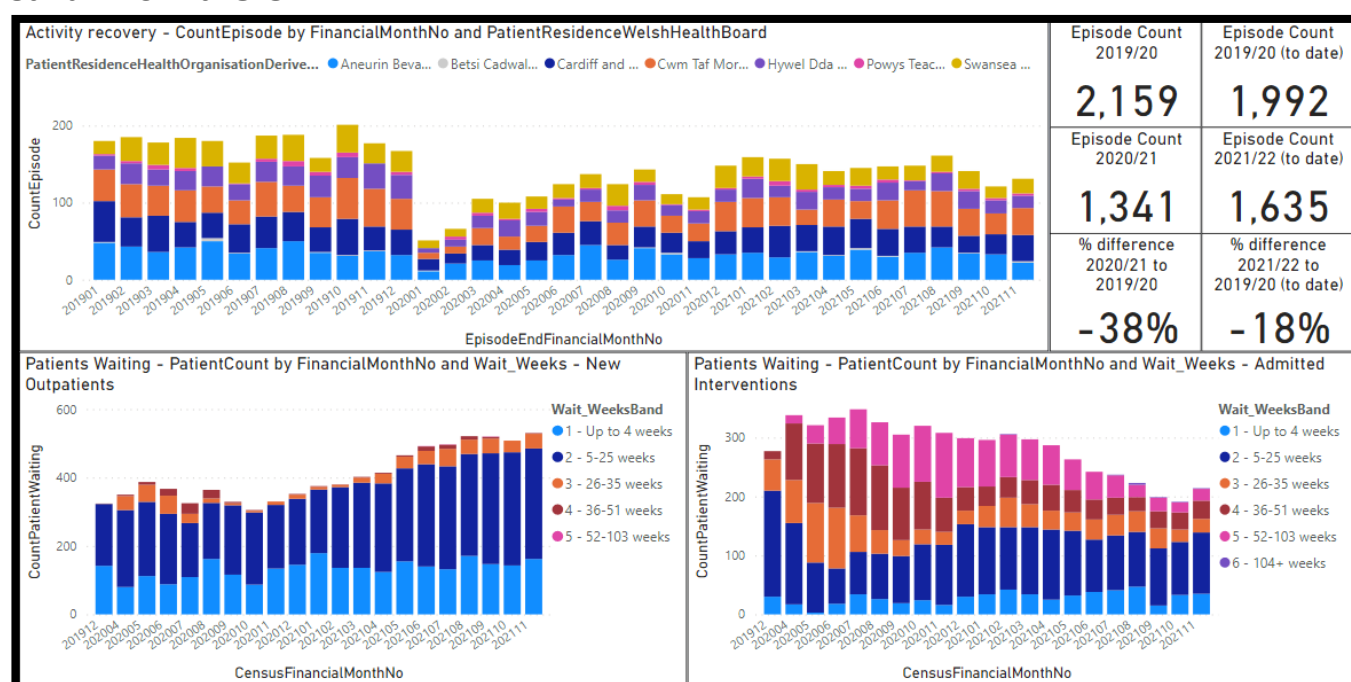


Access rates across the Health Boards have not varied much across the past three years, as shown in the charts above. Inpatient episodes per 100k population in 2021/22 so far vary from 59 to 127 across Health Boards in the bottom left chart, with North Wales having the highest access.

Using individual patient counts (bottom right chart) also shows a similar access order, although this may be related to the way activity is reported between the two main centres as being in different NHS countries.

3.3.2 Neurosurgery – Recovery and Waiting Lists

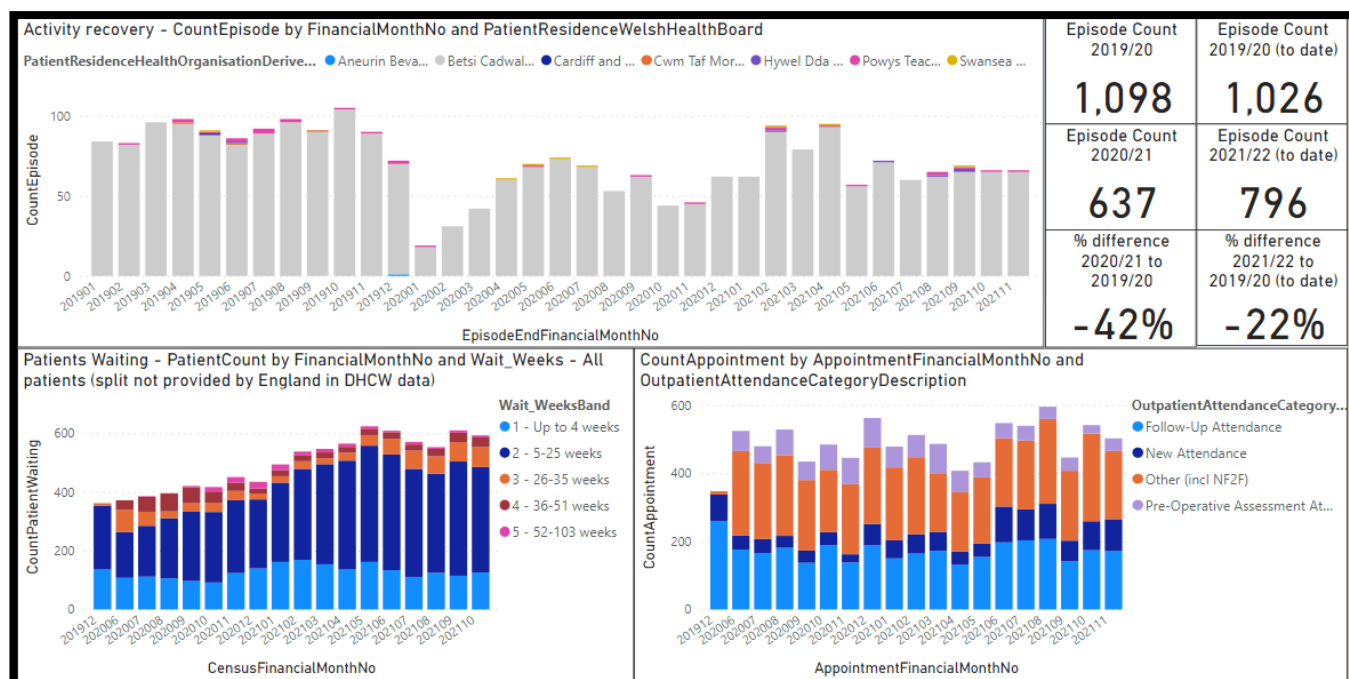
Cardiff & Vale UHB



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

The tables above show a summary of the position at Cardiff & Vale in relation to Neurosurgery. Whilst the chart showing New Outpatients shows a comparable rate in new referrals (those between 0-4 weeks), the total is now growing. While elective activity increased from the initial reduction, it has stayed static for a few months, although the total waiting list for admissions has 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 22% less this year than 2019/20, the total patients waiting has been steadily increasing compared to what it was as COVID-19 struck, and some patients have now been waiting more than a year. However, the past few months had shown an improvement in the waiting list numbers, and this will hopefully continue.

One point to note is the bottom right chart, which shows the movement across types of Outpatient appointment since March 2020. New attendances in person are starting to increase, and it is notable that non face-to-face appointments have been well-utilised during the COVID-19 period.

Specialised Planner Comments:

The number of patients waiting over 36 weeks at Cardiff and Vale is reducing but at a slower rate than planned. These levels are significantly higher than pre-COVID-19 levels, as the service had managed to just achieve no breaches over 36 weeks. One of the main contributing factors for the current waiting list position is that not all the pre-COVID-19 theatre capacity has been made available to the service, but the plan is for the service to treat all patients waiting over 52 weeks by the end of March 2022. The position will continued to be monitored with the service at the bi monthly risk and assurance meetings.

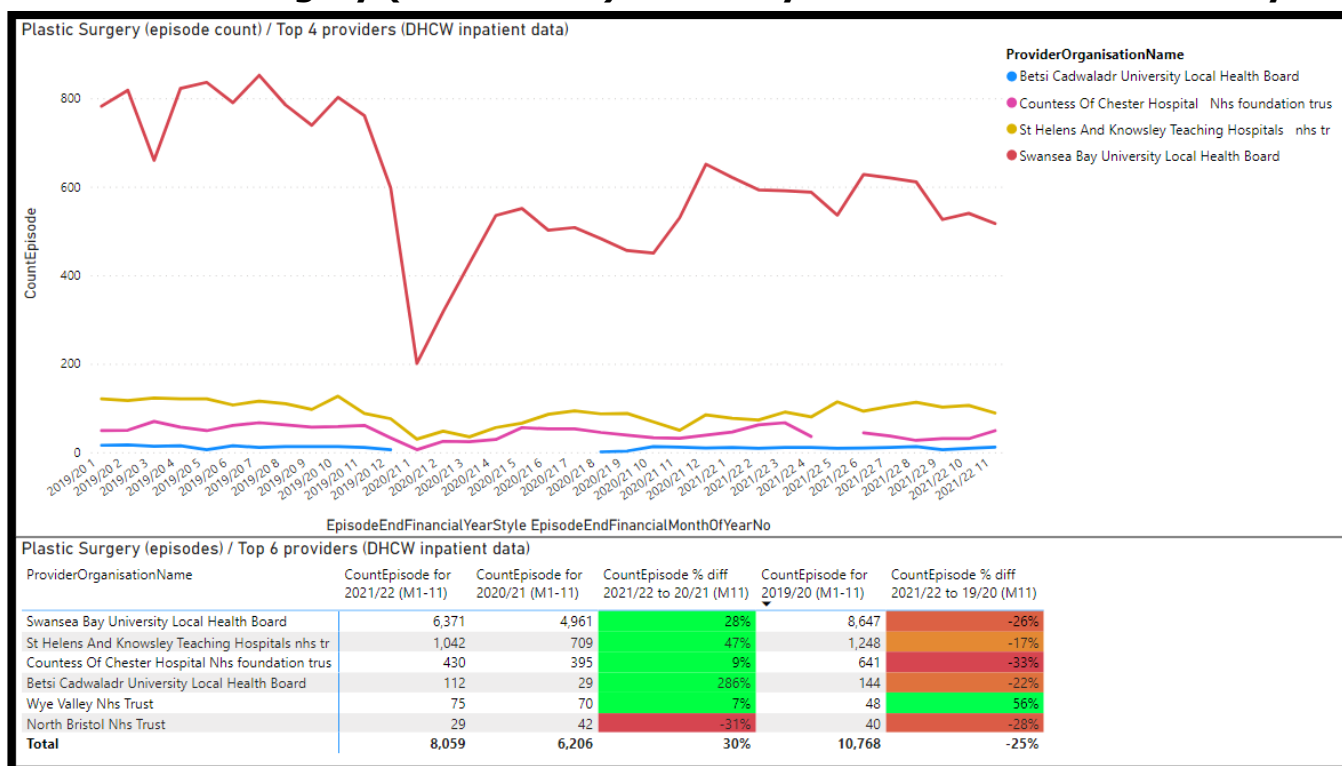
Some additional information is that the Cardiff service have access to a private provider once per month to undertake procedures that do not require an overnight stay. This list should be cleared by the middle February. The intention then will be to use the session to undertake cases that require a general anaesthetic.

The service have actively prioritised those Neurosurgeons with the longest waiting list and provided additional capacity in the green zone to address the longest waiting patients, whilst the other surgeons are operating in the amber zone.

The Walton Centre have 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.

3.4 Plastic Surgery (excl. Burns)

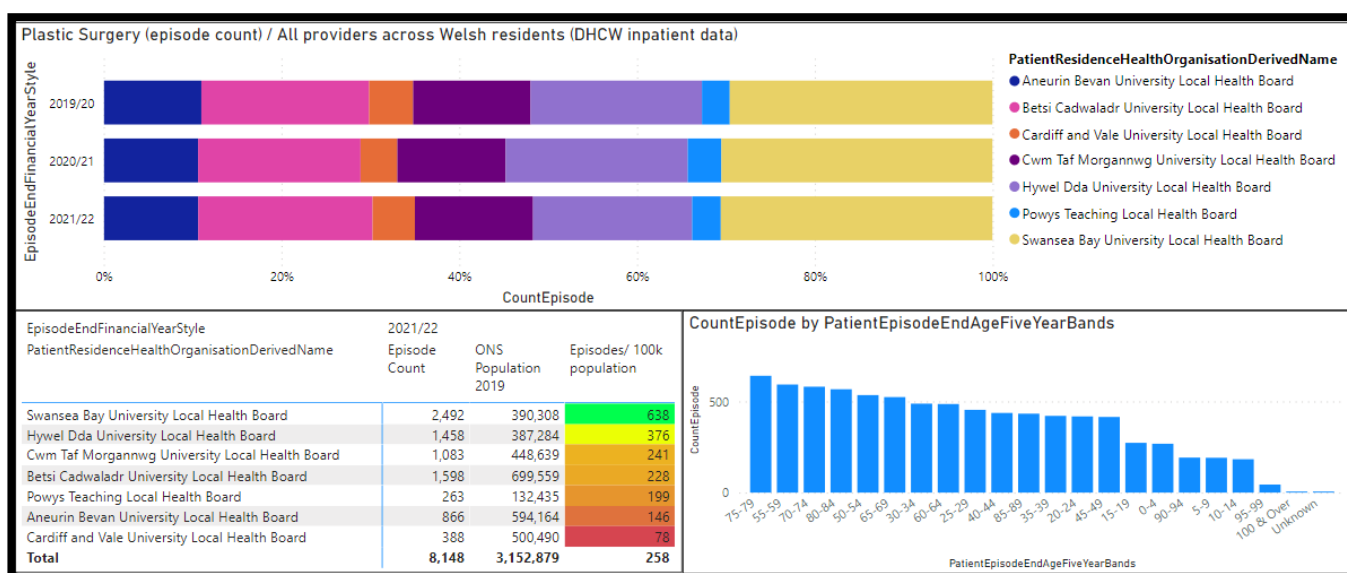
3.4.1 Plastic Surgery (excl. Burns) – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Plastic Surgery inpatient recovery across the main specialist providers, with an overall reduction of 25% so far this year compared to 2019/20. The total reduction was 39% across the full year of 2020/21. They all show the expected inverse relationship to the COVID-19 waves across the UK, with activity steadily increasing again after the first few months.

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



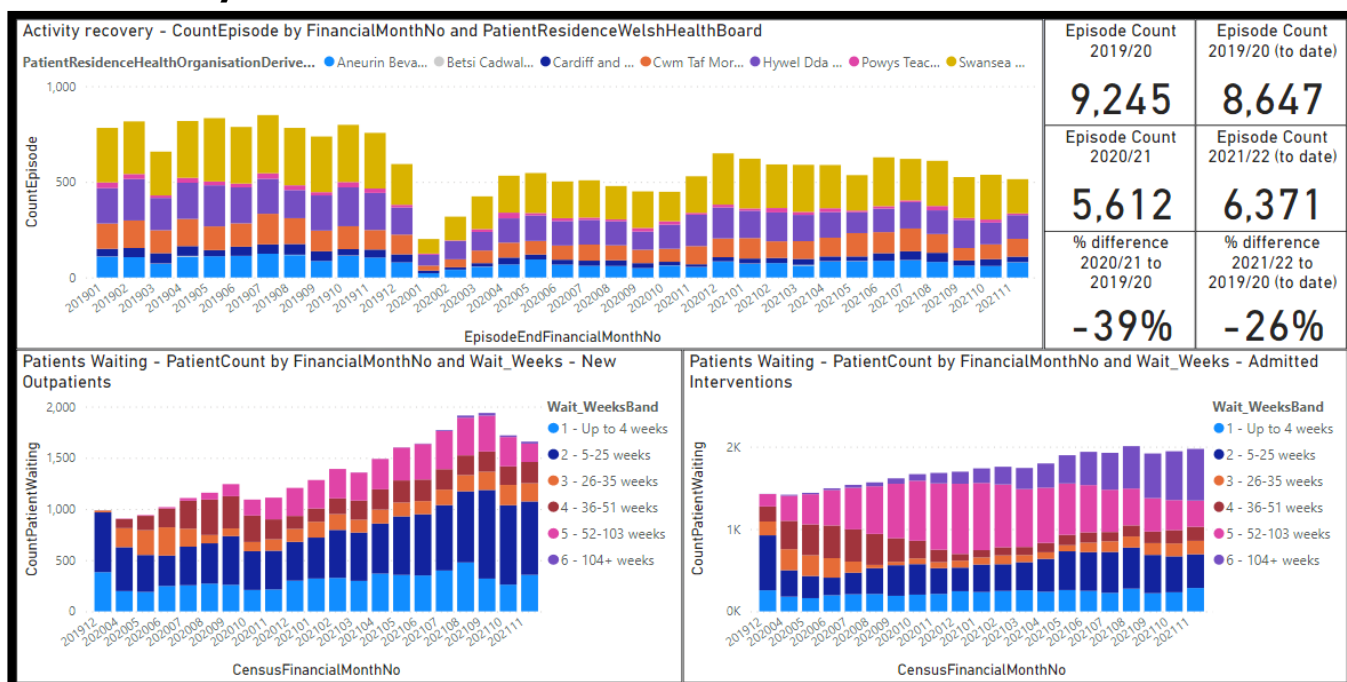
Data source: DHCW central data warehouse; all inpatient activity

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

However, there is a big variation across episodes/100k population, with inpatient episodes per 100k population in 2020/21 varying from 58 to 552 across Health Boards, and between 78 and 638 so far in 2021/22 in the bottom left chart. This is related to the current contract that Swansea Bay hold as the lead South Wales centre, which includes significant non-specialist activity for both Swansea Bay and Hywel Dda residents, and is being discussed internally. Non-specialist activity for other Health Boards is reported under non-WHSSC areas/specialties, and reporting is also linked to the specialty/grade of the treating medic (eg. Dermatology/Plastic Surgery).

3.4.2 Plastic Surgery (excl. Burns) – Recovery and Waiting lists

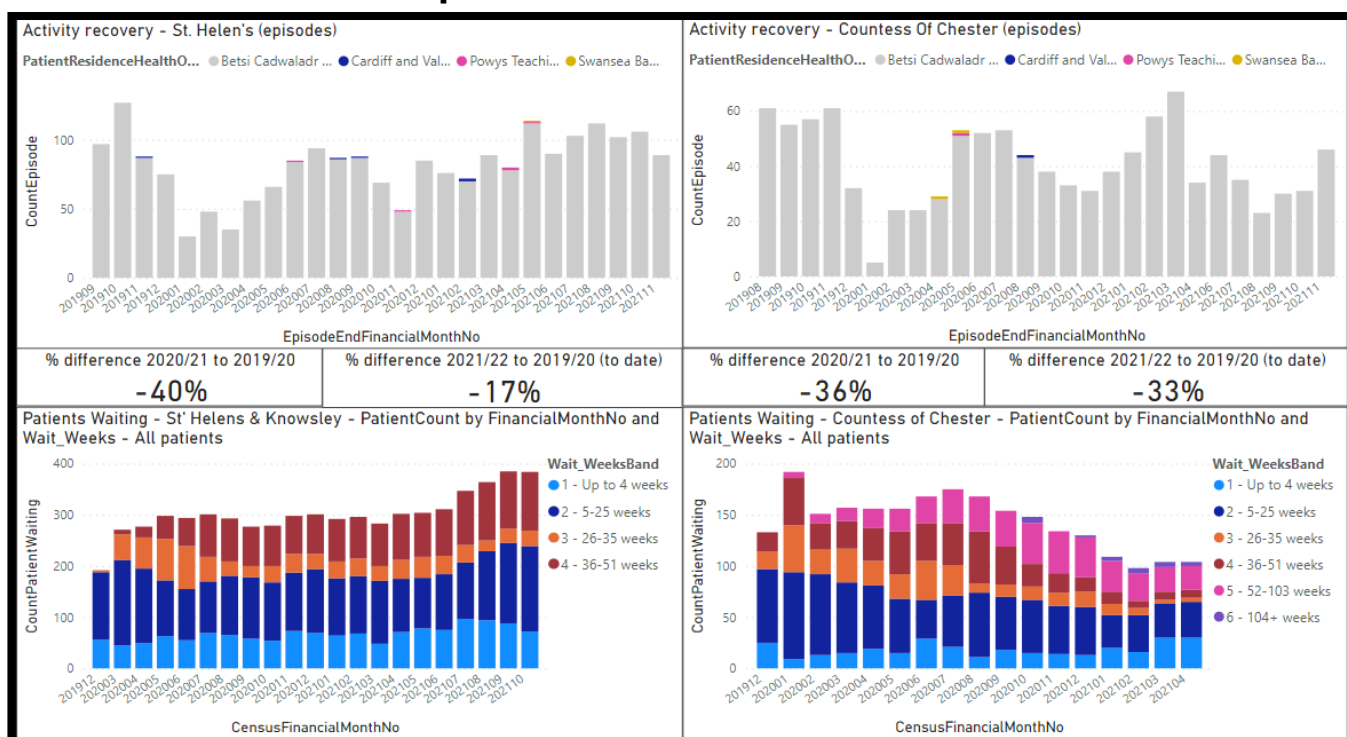
Swansea Bay UHB



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

The tables above show a summary of the position at Swansea Bay in relation to Plastic Surgery. Whilst activity is now 26% less this year than 2019/20, which is better than the 39% drop to this point in 2020/21, the total patients waiting has been steadily increasing to almost double what it was as COVID-19 struck, and a significant number of patients have now been waiting more than 2 years. Within the total of patients waiting, those waiting for new outpatient appointments has increased by about half again since February 2020, and those waiting for admissions have increased by around 35%.

English providers – St. Helen's & Knowsley Teaching Hospitals NHS Trust, Countess of Chester Hospital



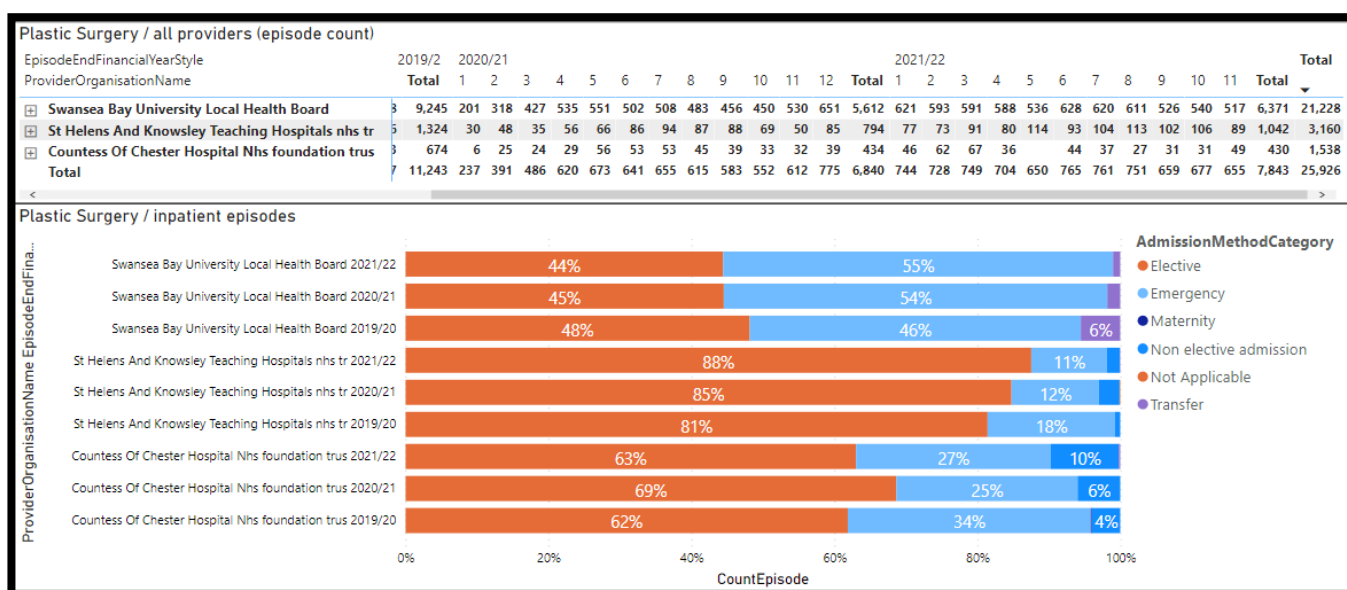
Data source: DHCW central data warehouse; all patients waiting with an open pathway

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 initially increased but since decreased to Pre-COVID-19 levels at Countess of Chester (local BCU contract), although about a third of the patients have been waiting for over a year, and a few patients over 2 years.

Other Notes

Interestingly, data on the inpatient episodes shows an inverse of the elective/non-elective split for Swansea Bay and the English providers, with Swansea Bay having a higher proportion of emergency activity. Please see the below chart for the movements across the past 3 years. The episode counts have been included to give some perspective on the numbers, as Swansea Bay treats a far higher volume of Welsh patients.

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



Data source: DHCW central data warehouse; all inpatient activity

Specialised Planner Comments:

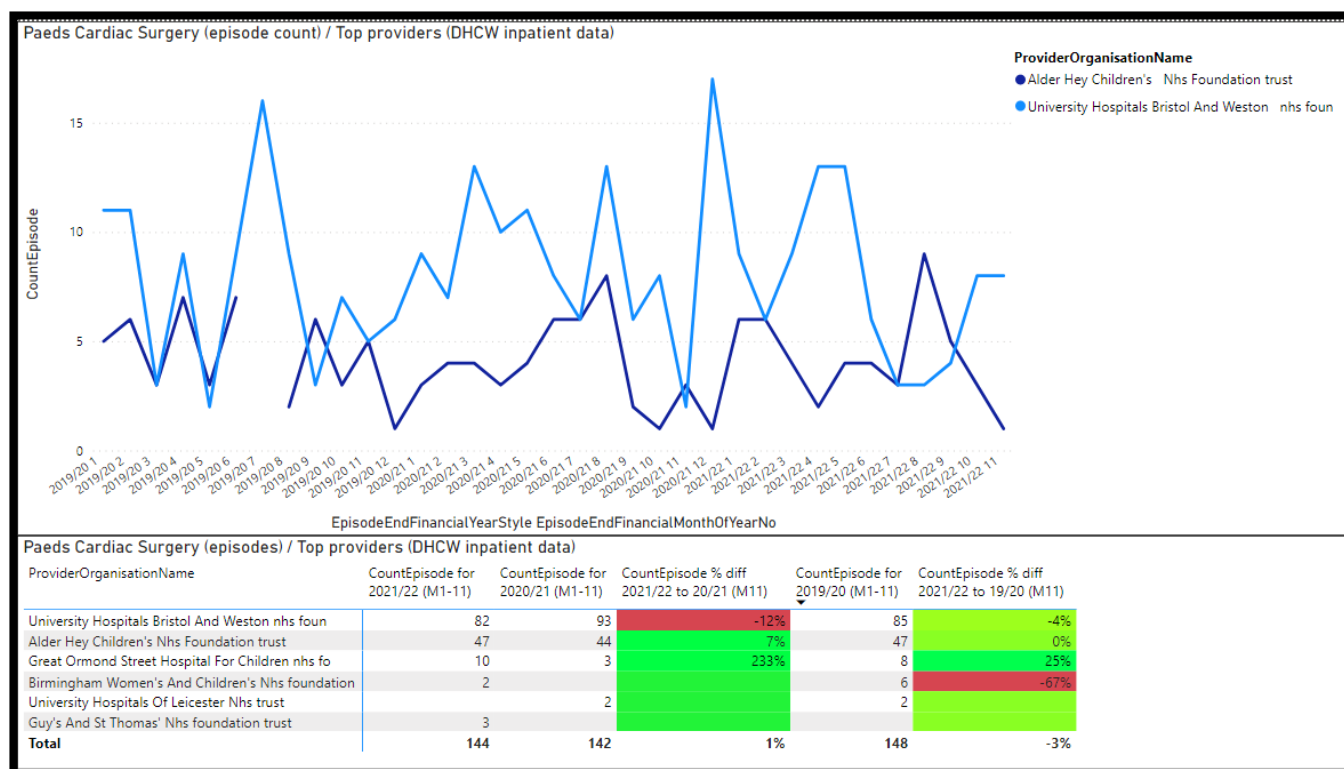
As noted in the comments above, variation across health boards in utilisation of plastic surgery does not necessarily reflect variation in access to appropriate treatment, since many procedures (the majority of activity) provided by plastic surgery are also provided by other specialties. Whether a particular patient is treated by a plastic surgeon or a surgeon from another specialty largely depends on the local services available in the patient's health board (unless it is a specialised procedure only offered by Plastics).

WHSSC will be working with Swansea Bay to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment.

Plastics is a concern and prior to January, Swansea Bay had outsourced capacity at Sancta Maria for inpatients. The longer term plan for the LHB is to create capacity by moving more non specialist activity away from Morriston, but there will be a need to reconfigure both Estates and Workforce to make this happen.

3.5 Paediatric Cardiac Surgery (English providers using this specialty code)

3.5.1 Paediatric Cardiac Surgery – Activity and Access Rate Summary



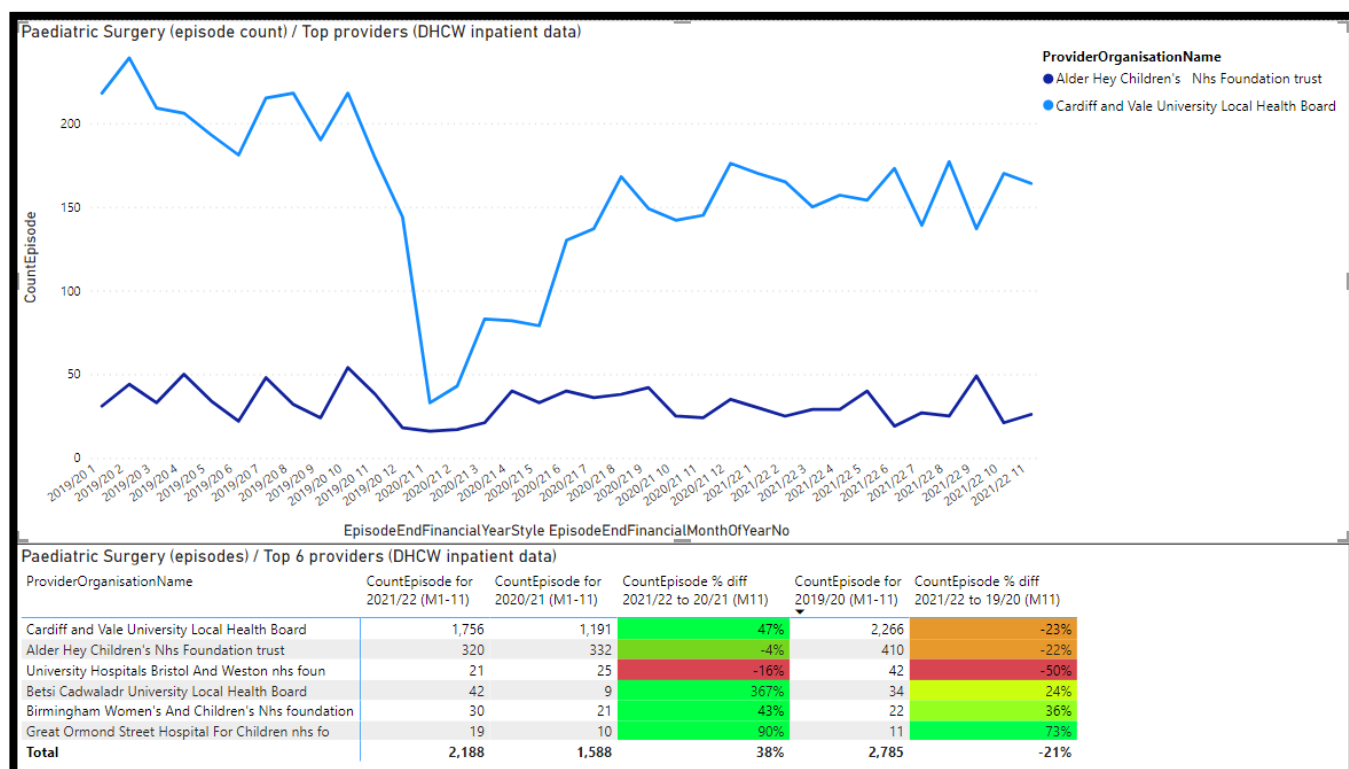
Data source: DHCW central data warehouse; all inpatient activity

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

Case volumes are traditionally small but with high importance in terms of outcomes. Encouragingly, figures to date for this year show a 4% deterioration compared to 2019/20, and a 3% deterioration compared to 2020/21.

3.6 Paediatric Surgery

3.6.1 Paediatric Surgery – Activity and Access Rate Summary

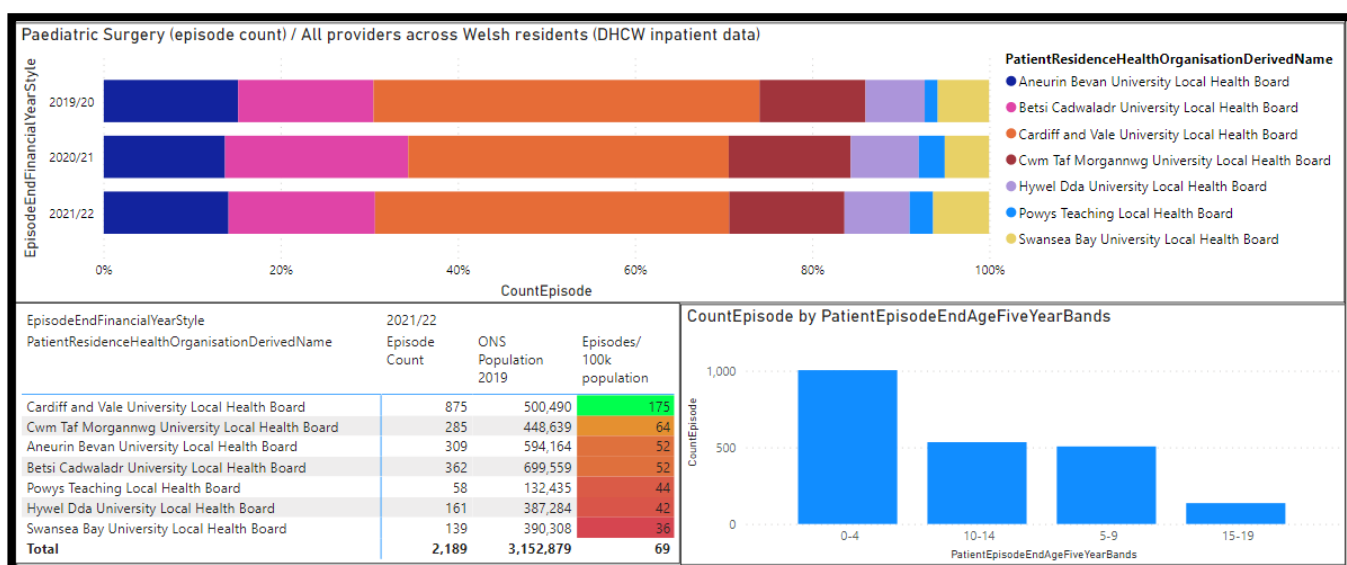


Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric Surgery inpatient recovery across the main specialist providers, with Alder Hey initially showing the highest and quicker recovery, although the main providers (Alder Hey and Cardiff) are now both around the same percentage decrease in 2021/22. The main 2 providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

There was a drop in the volume of Paediatric Surgery inpatient activity reported during the period, which is recovering but was 38% less activity overall in 2020/21 compared to 2019/20.

Activity so far in 2021/22 shows a 38% increase compared to last year at this point, but 21% less than 2019/20, with the 2 main providers being roughly the same.



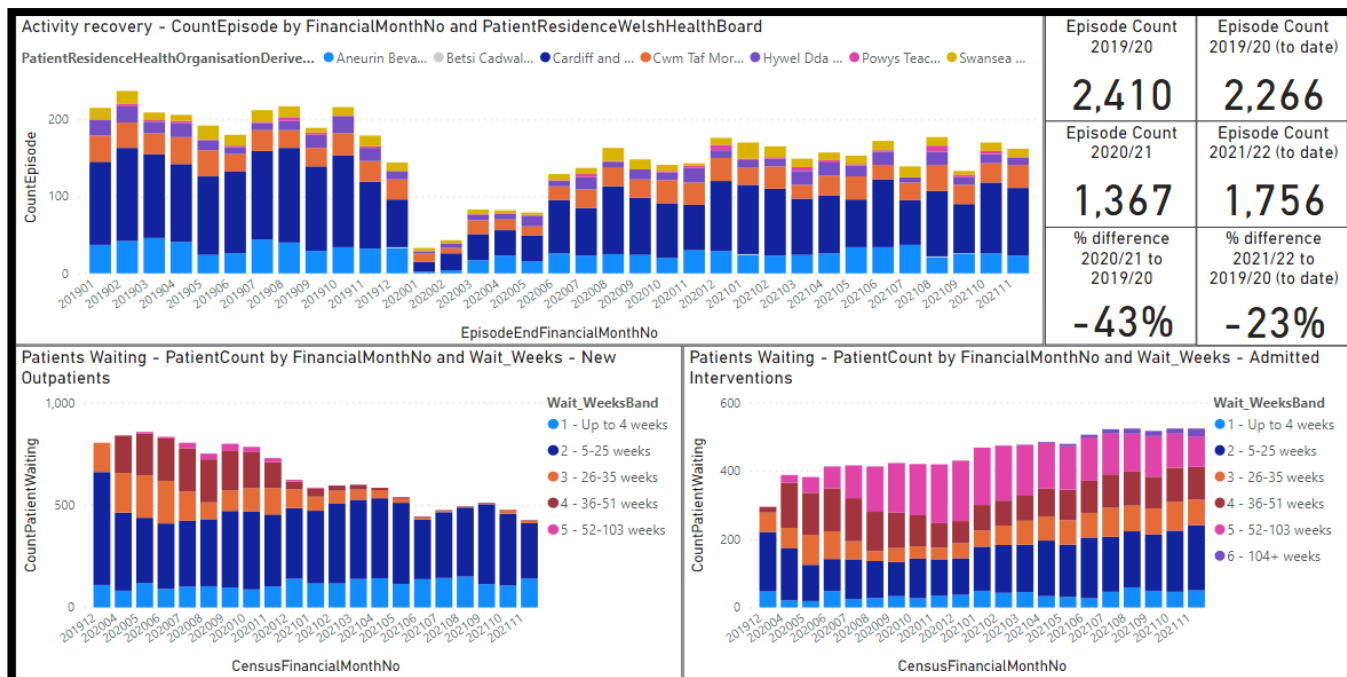
Data source: DHCW central data warehouse; all inpatient activity

Access rates across the Health Boards varied as the pandemic initially hit, but have now stabilised to roughly the same split as last year. The highest age group having inpatient episodes are by far the 0-4 age group.

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 36 to 175 as per the small table above, with Cardiff being by far the highest. This may be linked to Cardiff being the contracted provider of this service, with all South Wales activity passing through the WHSSC contract, and is being considered internally.

3.6.2 Paediatric Surgery – Recovery and Waiting lists

Cardiff & Vale UHB

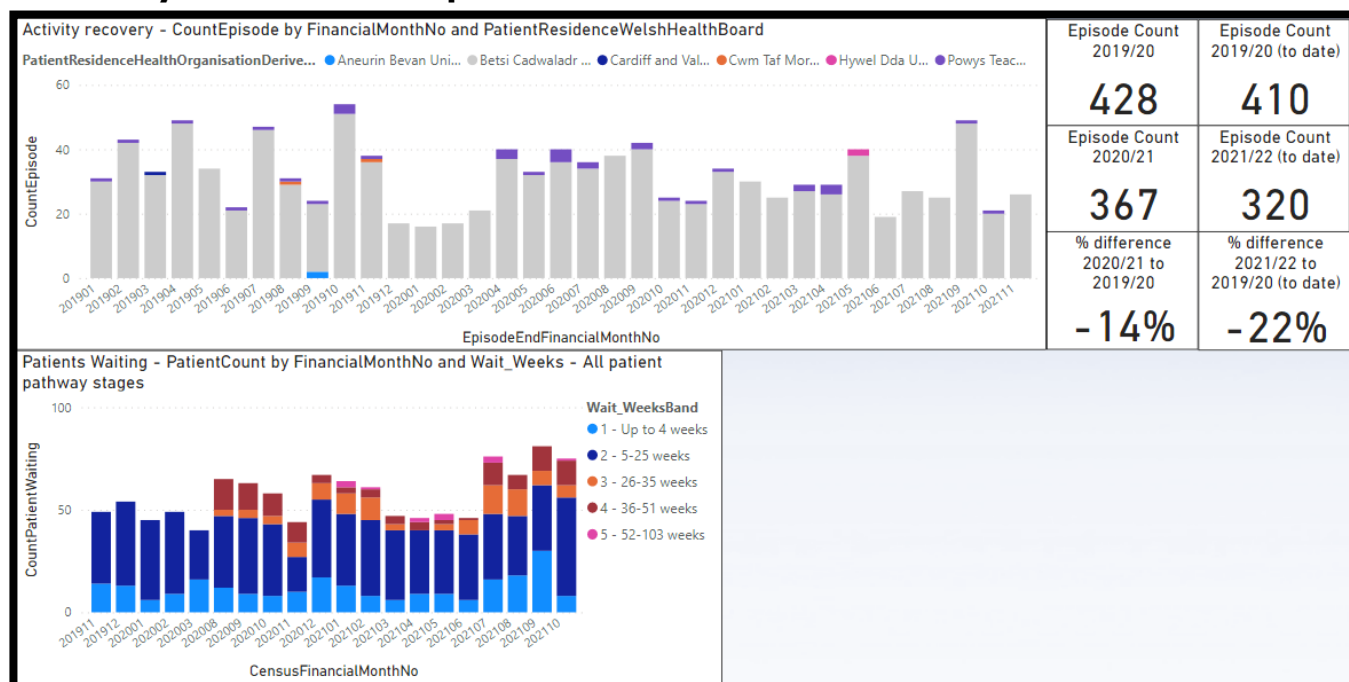


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting for Paediatric Surgery services at Cardiff & Vale. As the main provider, Cardiff shows mixed results – while patients waiting for outpatient appointments have reduced, particularly for follow-ups, patients waiting for admitted interventions have increased, with almost 30% now having waited for over a year. Given that the highest age band of this specialty is in the 0-4 age band, this is particularly significant. Whilst tackling the New Outpatient waiting list is to be commended, it appears to then adversely affect the waiting list for admissions further down the pathway.

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

Alder Hey Children's Hospital



Data source: DHCW central data warehouse; all inpatient activity

The tables above show a summary of the position at Alder Hey in relation to Paediatric Surgery. The recovery position to the current month is similar to last year (14% less in 2020/21 compared to 2019/20 in total, and 22% less to date this year compared to 2019/20), the total waiting list had remained fairly static until October 2021, where it has started to increase again.

Specialised Planner Comments:

Alder Hey had previously reported to WHSSC through their recovery plans that activity was currently higher than Pre-COVID-19 levels and a robust plan is in place to manage the small number of patients waiting over 52 weeks. The provider has confirmed that all patients waiting over 52 weeks will 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 are reporting a significant number of patients waiting over 52 weeks. In dialogue with the provider, there are a number of contributing factors to the waiting list including nurse capacity, bed capacity and theatre availability. The Health Board are refining the recovery plan for paediatrics to detail the trajectory for managing the patient cohort. WHSSC have sought assurance on the clinical review and communication with patients on the waiting list. There are 50 newly qualified nurses due to start within the Children’s hospital over the coming months, which will work towards alleviating the nursing and bed pressures.

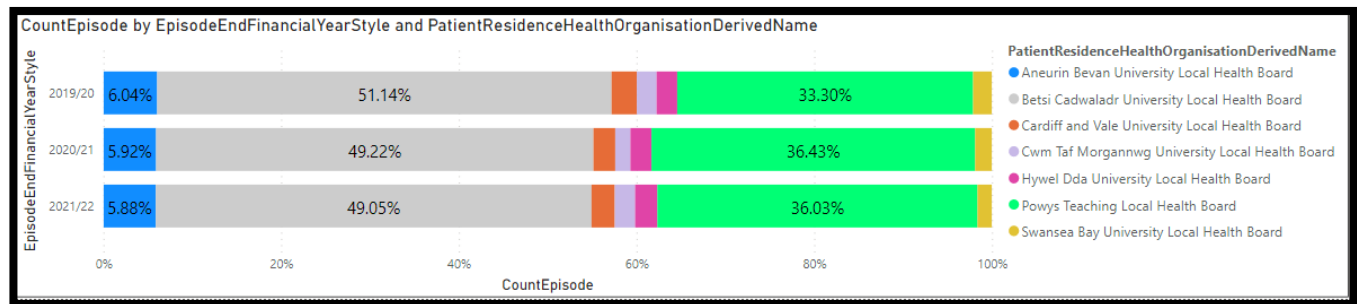
3.7 NHS England Providers – Organisations with WHSSC Contracts

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

3.7.1 Analysis summary

Tables 1 to 3 of Appendix A detail the trend in admitted patient care activity levels since the 2019/20 financial year. Table 2 analyses the activity by resident Health Board, and Table 3 analyses the activity by Specialty. In summary, 2020/21 English provider activity (using providers with WHSSC contracts) dropped by 34% in comparison to 2019/20, and in the inverse pattern to the COVID-19 waves, as expected. January 2022 activity shows a continued increase in performance and is expected to continue into 2021/22, and indeed activity this year to date has improved to just 15% less than to this point in 2019/20.

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



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

4.0 SUMMARY

In summary of the data and detail in the report, the main points can be condensed to the following:

Cardiac Surgery (pages 3-8) – Whilst overall inpatient activity has decreased by 22% to date this financial year, compared to 2019/20, this has not translated into higher waiting lists due to lower demand for inpatient admissions. Cardiff's waiting list for admissions has actually reduced to about a third of pre-COVID-19 levels (about 60 patients), and Swansea Bay's has reduced to just over half (about 60 patients), although Liverpool's list has increased slightly (about 70 patients).

However, referrals for New outpatient appointments is now growing again after an initial lull as COVID-19 hit Wales, and the Welsh centres historically have a much higher percentage than Liverpool of emergency admissions compared to elective admissions. Therefore the good progress must be maintained, especially considering the link to Cardiology and that patients may move to Cardiac Surgery lists at short notice.

It is also worth noting that waiting lists for admissions for Cardiology have increased at both Cardiff and Swansea Bay – a small increase at Cardiff to about 700 patients (from about 600 in March 2020), but almost doubled at Swansea Bay to now over 400 patients. These figures include non-specialist activity, as well as specialised interventions.

Thoracic Surgery (pages 9-13) – Whilst inpatient activity overall has decreased by 9% to date this financial year, compared to 2019/20, this varies across the 3 main providers. Cardiff have actually performed the same episode volume as in 2019/20, and have halved their waiting list for admissions (now about 40 patients). Liverpool have increased their inpatient activity by 28%, and their waiting list for admissions is around 10 patients. Swansea Bay's activity is 41% lower than 2019/20 so far this year, but their waiting list has also decreased to about 20 patients.

Similar to Cardiac Surgery, New Outpatient referrals appear to be now increasing again though, so the good work needs to be maintained.

Neurosurgery (pages 13-16) – Inpatient activity has decreased by 20% to date this financial year compared to 2019/20, with both Cardiff and the Walton showing similar recovery rates. However, Cardiff's waiting list for admissions has reduced a little (about 200 patients), although a fifth of those have been waiting for over a year, while the Walton's waiting list for admissions has been steadily increasing from about 350 patients in March 2020 to about 500 in February 2022.

New outpatient referrals appear to be consistent, but both centres now have a growing waiting list for new appointments, which could translate into pressure on the waiting list for admissions.

Plastic Surgery (pages 16-20) – Inpatient activity is still 25% 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 2,000 in February 2022, with roughly half having waited over a year.

The new performance measures from Welsh Government show that over 600 patients have now waited over 2 years for admission at Swansea Bay. 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 well almost 400 in January 2022, although none have waited over a year.

It is noteworthy that Swansea Bay shows a far higher percentage of emergency activity (56% to date in 2021/22) than St Helen's (13% to date in 2021/22), although this was also the case Pre-COVID-19.

Paediatric Surgery (pages 22-24) - Inpatient activity overall has decreased by 21% to date this financial year, compared to 2019/20, but this is still significantly more than in 2020/21. Whilst Cardiff has clearly worked to reduce the New Outpatient waiting list (which has seen steadily growing referrals again since April 2020), the waiting list for admissions has been progressively growing from about 300 patients in March 2020 to about 500 in January 2022, with about 30% having now waited over a year (very few had waited over 36 weeks Pre-COVID-19). A few patients have now even tipped into the wait band of over 2 years. This is concerning, given that children aged 0-4 are the highest age band of admitted patients. However, WHSSC have been in discussions with the Health Board around their recovery plan, and 50 newly qualified nurses are due to start within the Children's hospital over the coming months, which will work towards alleviating the nursing and bed pressures.

Alder Hey's waiting list has remained fairly static since Pre-COVID-19, with about 60 patients waiting across all pathway points. The Trust had confirmed that all patients waiting over 52 weeks will be treated before the end of March 2022, and had achieved that by November 2021.

NHS England providers (page 25, Appendix 1) – Overall, the English Trusts that WHSSC commission have performed by 15% 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 (probably due to less travelling over the COVID-19 period), and that the specialist activity has reduced by less than this. For example, Trauma & Orthopaedics, which accounts for about 15% of the total inpatient activity has reduced by 25% in total, and A&E by 29%. The Appendix lists all the specialties in order, and also shows the position by Health Board.

Other notes

Cardiff & Vale - throughout the LHB are issues with regards to staffing, due to COVID infections, and at UHW there are COVID cases on some wards. The front door performance is poor at present, and there are also social care issues that are impacting their ability to discharge patients. All this is having an effect upon elective cases in all speciality levels. The LHB have also had to make temporary changes to wards with some green wards moving to amber and some amber wards moving to red.

5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan 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 Quadruple Aim	Reducing per capita cost of health care.
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 28 April 2022
Appendices	Annex A – contract monitoring return activity CVUHB Annex B – contract monitoring return activity SBUHB Appendix 1 – Charts of DHCW data showing inpatient activity at NHS England Trusts with a WHSSC contract (specialist and non-specialist) Appendix 2 – Tables including the relevant Performance measures as directed by Welsh Government

ANNEX A

CVUHB – CONTRACT MONITORING RETURN - page 1 of 3

Notes:

1. The new month's figure is the difference from the previous month's sub-total, so would include any retrospective adjustments made in the contract monitoring.
2. The charts in the main report body use DHCW data for consistency with other providers; year-to-date activity totals are checked to ensure any variation to the contract monitoring summarised below is not material. These small variations may include residency allocations (including border residents), episode/spell end months etc
3. The Cardiac Surgery inpatient line below includes minor surgeries, which are not reflected in the charts in the main body of the report, to be consistent with other providers.

	Financial (£)												Activity											
	February	March	20/21 Avg	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	February	March	20/21 Avg	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
CARDIOTHORACIC																								
Cardiology - Specialist	1,075,650	1,151,524	890,234	1,143,182	1,091,599	994,350	1,088,704	971,299	1,007,123	1,008,214	962,077	918,345	194	146	149	182	181	170	157	150	175	152	134	133
Cardiology - Aneurin Bevan	121,728	154,633	161,312	124,892	124,892	110,026	88,790	101,532	107,903	118,521	86,667	148,251	37	47	44	41	41	34	24	30	33	38	23	52
Cardiology - Cwm Taf	111,392	77,524	29,836	19,982	19,982	19,982	39,275	19,982	39,275	19,982	39,275	10,336	7	8	2	1	1	2	2	4	0	4	0	0
Cardiology - Swansea Bay	61,240	11,253	3,307	8,257	13,996	3,670	2,765	13,431	2,765	2,765	2,765	2,765	3	2	0	1	1	1	0	2	0	0	0	0
Transcatheter Aortic Valve Implantation (TAVI)	198,385	378,735	263,010	332,552	278,788	289,410	249,414	295,048	297,540	386,316	265,674	268,166	12	20	15	15	16	16	13	11	16	15	12	17
Adult Congenital Heart Disease (ACHD)	36,353	36,353	64,857	105,022	105,022	105,022	105,022	105,022	105,022	105,022	105,022	105,022	61	63	56	50	43	49	61	70	72	67	74	60
Cardiac Surgery	1,169,555	1,305,417	1,103,661	1,270,428	1,214,837	1,156,213	1,199,288	1,176,140	1,168,926	1,127,529	1,143,738	1,116,166	62	82	37	71	61	48	60	44	47	44	47	50
OP			-										106	119	66	80	108	86	87	130	125	89	117	98
Thoracic Surgery	327,363	370,447	230,345	395,390	297,804	355,381	285,347	367,517	275,131	282,921	290,203	337,386	53	61	35	67	50	52	46	53	38	47	49	47
OP			-										111	102	94	103	147	126	104	155	138	108	133	101
TOTAL	3,101,665	3,485,886	2,746,563	3,399,705	3,146,921	3,034,054	3,058,604	3,049,970	3,003,685	3,051,270	2,895,422	2,906,436	646	650	496	611	649	584	554	649	644	564	589	558
NEUROSCIENCES / ALAS			-												0									
Neurosurgery	1,522,373	1,532,197	1,467,583	1,530,505	1,549,394	1,547,567	1,546,142	1,568,177	1,547,472	1,543,851	1,505,250	1,542,727	190	192	120	149	164	162	159	177	164	159	128	155
OP			-										516	396	381	573	370	396	439	436	544	406	437	369
Spinal Implants	135,361	139,471	40,960	218,081	143,642	174,134	98,486	90,876	160,217	182,282	58,208	173,955	4	12	3	13	13	14	8	6	11	10	7	12
OP			-										63	38	0	0	0	0	0	0	0	0	0	0
Intrathecal Pump Transfer from ABMU/SBU	13,776	13,750	14,025	14,306	14,306	14,306	14,306	14,306	14,306	14,306	14,306	14,306			0									
ISAT	186,841	97,465	138,768	164,072	190,744	84,209	210,813	164,621	146,593	97,612	127,515	160,716	18	13	14	16	16	8	15	16	17	14	14	15
Excess costs of INR outsourcing	106,661	46,683	10,118	5,575	4,239	3,796	4,239	4,719	5,135	176,838	16,567	(162,248)	4	0	0	0	0	0	0	0	0	1	0	0
Epilepsy Surgery	30,774	30,774	5,231	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	1	1	0	0	0	0	0	0	0	0	0	0
PDOC			-		95,333	23,833	23,833	23,833	23,833	23,833	23,833	23,833			0									
Neuro-Oncology			-							34,667	4,333	4,333			0									
Spinal Injuries	286,626	277,665	278,062	281,689	288,302	278,356	270,827	283,560	302,258	296,873	295,445	291,131	615	556	512	495	541	466	412	505	616	614	602	566
OP			-										63	38	52	60	66	71	67	69	138	40	44	55
Neuro Rehab	285,593	316,256	282,238	252,038	276,547	259,442	265,912	243,568	276,401	236,902	405,176	185,243	537	782	479	223	396	285	310	160	380	125	667	380
OP			-										16	9	9	33	26	14	48	41	52	22	28	28
Relocation of Specialist			-							54,400	6,800	6,800												
ALAS incl. AAC	1,320,373	2,053,666	1,269,732	1,411,172	1,369,916	1,401,763	1,468,124	1,460,484	1,411,967	1,423,687	1,216,332	1,583,526			0									
ALAS - Exceptional Circumstances (Treforest)	-	(998,000)	-	-	-	-	-	-	-	-	-	-			0									
TOTAL	3,888,378	3,509,927	3,506,717	3,877,435	3,932,422	3,787,405	3,902,681	3,854,143	3,977,246	4,007,316	3,673,764	3,824,320	2,027	2,037	1,570	1,562	1,592	1,416	1,458	1,410	1,922	1,391	1,927	1,580
RENAL			-												0									
Renal Surgery	303,929	288,717	277,873	299,513	304,759	297,305	320,415	309,326	308,132	323,350	292,912	329,618	75	69	51	60	72	63	81	79	72	86	58	88
OP			-										394	347	259	356	359	329	343	366	413	309	322	364
Nephrology	537,530	520,979	519,762	565,690	532,327	531,046	547,815	540,674	557,598	566,386	519,617	557,934	154	118	100	112	99	102	137	128	133	157	102	122
OP			-										736	557	536	945	636	747	612	504	852	667	620	935
Home Renal Dialysis	115,577	121,610	125,181	124,516	123,806	131,340	117,624	129,320	126,148	126,897	150,382	99,709	583	650	662	592	621	610	555	753	646	654	667	565
Renal CAPD (Dialysis)	122,934	126,686	128,186	127,195	125,874	133,128	133,706	134,638	138,350	129,340	129,340	119,923	1,723	1,872	1,883	1,716	1,675	1,926	1,888	1,983	2,115	1,793	1,793	1,477
Hospital Renal Dialysis	1,096,826	1,103,018	1,105,891	1,100,576	1,160,405	1,187,623	1,109,825	1,145,267	1,147,191	1,187,366	1,184,556	1,079,631	6,900	6,900	6,831	6,638	7,153	7,347	6,821	7,078	7,048	7,351	7,328	6,590
Renal Transplants	468,270	509,790	449,974	512,204	540,319	454,991	481,843	528,978	491,068	484,249	468,363	485,860	9	2	5	10	15	5	5	12	9	7	6	10
TOTAL	2,645,067	2,670,799	2,606,867	2,729,692	2,787,491	2,735,433	2,711,228	2,788,202	2,768,487	2,817,588	2,745,169	2,672,674	10,574	10,515	10,326	10,429	10,630	11,129	10,442	10,903	11,288	11,024	10,896	10,151

	Financial (£)												Activity											
	February	March	20/21 Avg	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	February	March	20/21 Avg	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
HAEMATOLOGY																								
Haemophilia	453,297	628,980	336,642	535,670	401,774	451,856	387,925	341,543	475,005	390,653	378,548	272,164	1,600,796	2,223,126	1,419,378	2,169,065	2,169,073	1,627,891	1,379,115	1,745,859	1,870,593	1,780,546	1,420,533	1,302,413
IBD Transfer	148,754	148,754	122,914	154,764	154,764	154,764	154,764	154,764	154,764	154,764	154,764	154,764												
Haemophilia Reference Centre	6,002	6,002	6,122	6,245	6,245	6,245	6,245	6,245	6,245	6,245	6,245	6,245												
Blood and Marrow Transplantation (BMT)	670,804	593,983	644,365	744,041	883,739	819,534	697,958	645,588	627,829	751,844	632,358	699,624	8	7	7	10	15	11	8	9	7	11	6	8
ATMP - CAR-T	105,982	357,543	231,419	338,574	84,254	336,914	84,254	84,254	84,490	84,254	623,548	83,103	0	1	1	1	0	1	0	0	0	0	2	0
All Wales Lymphoma Panel	86,058	83,495	78,672	109,603	115,433	106,060	104,003	104,993	107,736	109,794	117,515	111,800	114	103	74	187	213	171	163	167	179	188	222	197
Clinical Immunology	675,522	752,926	786,206	855,806	679,713	593,405	963,879	716,906	646,001	933,556	575,341	606,572	234	254	248	210	228	229	230	236	246	249	232	255
Hereditary Anaemia			7,917	30,770	30,770	30,770	30,770	30,770	30,770	30,770	30,770	30,770												
TOTAL	2,146,420	2,571,683	2,214,257	2,775,473	2,356,692	2,499,548	2,429,798	2,085,063	2,132,840	2,461,880	2,519,089	1,965,041	1,601,152	2,223,491	1,419,707	2,169,473	2,169,529	1,628,303	1,379,516	1,746,271	1,871,025	1,780,994	1,420,995	1,302,873
PAEDIATRICS / NEONATAL																								
Paediatric Surgery	537,628	510,886	498,489	536,865	538,672	534,930	552,604	527,298	558,727	520,663	550,777	545,660	178	139	113	150	153	149	170	138	175	132	175	163
OP													280	276	210	320	277	254	319	241	336	190	273	292
Paediatric Renal	135,801	122,769	121,909	129,575	124,636	131,583	128,385	148,049	129,599	139,077	135,377	146,816	62	62	48	61	34	54	58	64	44	48	50	52
OP													131	134	133	150	164	153	134	152	171	127	173	166
Paediatric Oncology	920,072	728,621	758,417	901,684	858,396	853,796	787,662	843,586	868,333	924,891	903,967	854,256	278	232	232	223	215	230	180	161	216	200	185	214
OP													493	464	366	735	451	404	378	481	624	641	552	435
Paediatric Neurology	196,659	197,099	192,661	198,049	294,753	217,145	218,871	222,887	220,498	216,302	222,368	223,525	22	25	17	19	22	16	13	18	22	17	18	23
OP													120	121	108	90	118	105	125	132	115	110	113	92
Paediatric Ketogenic Diet			3,958	8,313	8,313	8,313	8,313	8,313	8,313	8,313	8,313	8,313												
Paediatric Rheumatology Service	21,764	21,764	22,199	22,643	91,677	49,652	41,852	41,852	41,852	41,852	41,852	41,852												
Paeds Neuro Rehab	21,401	21,401	21,829	22,266	22,266	22,266	22,266	22,266	22,266	22,266	22,266	22,266												
Paediatric Gastroenterology	76,488	81,544	88,449	88,554	94,458	95,454	92,535	83,314	227,791	109,870	107,927	101,350	40	45	48	55	64	68	54	45	62	59	66	53
OP													30	60	82	113	94	80	121	90	103	122	72	74
Paediatric ENT	119,853	108,012	105,832	114,768	112,588	111,373	111,569	112,905	117,087	110,747	113,679	117,333	55	23	19	31	28	29	26	26	34	24	29	39
OP													257	187	64	132	97	83	130	126	175	107	162	125
Paediatric Cardiology	194,093	190,093	214,877	243,616	232,986	216,845	250,691	241,024	243,285	250,486	240,249	245,372	14	9	14	24	17	8	23	19	18	23	17	20
OP													261	220	256	172	162	158	194	220	199	160	193	157
Fetal Cardiology	20,344	19,831	20,873	22,545	22,775	22,085	22,545	21,625	21,970	21,740	21,165	22,085	24	17	25	46	44	28	46	32	40	31	32	34
Paediatric Cystic Fibrosis	57,246	27,728	38,645	37,467	46,046	36,245	37,873	40,513	70,123	44,523	39,586	44,782												
Paeds Respiratory Equipment / CNS	18,368	35,424	22,676	19,215	34,438	16,966	15,775	41,740	19,165	41,662	28,052	24,824												
Paediatric Radiology										101,167	12,646	12,646												
Paediatric Endocrinology	57,917	57,917	59,075	60,257	60,257	60,257	60,257	60,257	60,257	60,257	60,257	60,257												
Foetal Medicine	10,250	10,250	25,925	26,444	26,444	26,444	26,444	26,444	26,444	26,444	26,444	26,444												
Children's Hospital for Wales	102,716	102,716	104,770	106,866	106,866	106,866	106,866	106,866	106,866	106,866	106,866	106,866												
PICU BH	392,403	426,562	356,408	386,044	440,242	378,937	397,595	414,476	410,922	414,476	362,944	395,818	113	153	63	88	149	80	101	120	116	120	62	99
NICU BH	794,525	799,534	796,630	860,192	807,309	790,079	833,719	821,018	796,546	860,234	880,011	770,671	898	864	814	892	760	717	1,023	921	814	1,117	1,200	687
Perinatal Pathology	23,048	23,048	23,509	23,979	23,979	23,979	23,979	23,979	23,979	23,979	23,979	23,979												
Paediatric MRI Investment & IMD			14,152	37,876	37,876	37,876	37,876	37,876	37,876	37,876	37,876	37,876												
Syndrome without a Name (SWAN)							215,000	35,833	(107,500)	17,917	17,917	17,917												
TOTAL	3,700,575	3,485,201	3,491,285	3,847,218	3,984,973	3,741,087	3,992,673	3,882,119	4,005,564	4,013,083	3,964,515	3,850,904	3,256	3,031	2,610	3,301	2,849	2,616	3,095	2,986	3,264	3,228	3,372	2,725

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	Financial (£)												Activity											
	February	March	20/21 Avg	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	February	March	20/21 Avg	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
ADULT CRITICAL CARE																								
Adult ICU	555,445	593,323	484,917	514,001	559,766	732,654	530,527	548,325	412,302	514,001	583,919	521,629	309	340	230	245	181	517	258	272	165	245	300	251
Adult HDU	59,893	37,959	42,758	76,766	44,057	44,817	56,988	36,450	43,296	34,928	42,535	53,185	42	12	17	61	18	19	65	-22	17	6	16	30
LTV Consultant Sessions	3,121	3,121	3,184	3,247	3,247	3,247	3,247	3,247	3,247	3,247	3,247	3,247												
LTV Unit Development	69,167	69,167	69,167	71,961	71,961	71,961	71,961	71,961	71,961	71,961	71,961	71,961												
TOTAL	687,626	703,570	600,025	665,976	679,031	852,680	662,724	659,983	530,806	624,138	701,663	650,022	351	352	247	306	199	536	323	250	182	251	316	281
GENETICS / LTC																								
Medical Genetics	1,046,804	993,969	1,088,985	1,321,196	1,254,728	1,329,510	1,304,510	1,304,510	112,510	1,078,489	1,128,474	1,035,165	186	162	67	92	32	63	60	54	10	14	12	12
Lynch Syndrome - (Genetics)	24,350	24,350	24,837	25,334	25,334	25,334	25,334	25,334	25,334	25,334	25,334	25,334												
Genetic Counsellor 8a - £24,420 HD & £36,630 ABMU	5,189	5,189	5,293	5,399	5,399	5,399	5,399	5,399	5,399	5,399	5,399	5,399												
Enzyme Replacement Therapy	38,117	38,117	38,879	39,657	39,657	39,657	39,657	39,657	39,657	39,657	372,823	72,973												
Cystic Fibrosis	466,750	496,464	509,631	537,303	529,964	511,741	535,644	544,103	536,639	500,584	522,533	545,753												
Home TPN	105,433	77,956	104,063	115,183	135,783	284,428	204,176	243,321	235,302	210,918	202,090	183,592	172	104	170	191	240	243	307	419	402	344	323	279
TPN Exceptional Costs	31,132	68,130	32,188	30,014	30,440	30,602	31,495	29,798	30,331	30,467	29,562	30,310	106	117	115	111	117	118	110	108	114	112	109	113
BAHAs & Cochlears	370,106	470,738	386,167	410,559	410,559	410,559	410,559	410,559	410,559	278,342	395,868	395,868												
TOTAL	2,087,882	2,174,913	2,190,044	2,484,645	2,431,864	2,637,229	2,556,773	2,602,681	1,395,730	2,169,189	2,682,084	2,294,395	464	383	351	394	389	424	477	581	526	470	444	404
OTHER																								
Liver Surgery	85,842	93,391	87,559	97,164	89,310	65,750	65,750	97,164	73,603	81,457	97,164	105,017	10	11	10	11	10	7	7	11	8	9	11	12
Major Trauma Centre	359,250	359,250	881,583	935,184	935,184	935,184	935,184	935,184	935,184	935,184	935,184	935,184												
Gender Service	41,667	41,667	47,964	49,773	143,509	73,207	73,207	73,207	73,207	73,207	73,207	73,207												
Radiofrequency Ablation (RFA)	-	-	12,862	11,680	7,542	50,234	30,558	14,719	37,302	15,502	10,270	32,304												
Hepatology	21,436	21,436	21,865	22,302	22,302	22,302	22,302	22,302	22,302	22,302	22,302	22,302												
Neuropsychiatry	112,961	236,433	225,738	208,669	252,905	264,921	230,058	237,290	242,807	242,137	232,487	454,668	425	351	301	371	382	330	333	374	396	396	341	311
Regional Pharmaceutical Service	60,638	60,638	61,851	63,088	63,088	63,088	63,088	63,088	63,088	63,088	63,088	63,088												
Pay Award	282,411	282,411	441,050	555,452	485,065	485,065	485,065	485,065	485,065	485,065	485,065	485,065												
NICE / High Cost Drugs	51,126	24,097	78,317	47,825	25,960	49,598	30,219	36,959	55,055	59,867	62,672	(401,403)												
Interstitial Lung Disease	12,469	12,469	12,719	12,973	12,973	12,973	12,973	12,973	12,973	12,973	12,973	12,973												
Neuroendocrine Tumours	33,163	33,163	47,993	63,403	63,403	63,403	63,403	63,403	63,403	63,403	63,403	63,403												
Rebasing Difference / Roundings	(19,339)	(19,339)	-	-	-	-	-	-	-	-	-	-												
TOTAL	1,041,624	1,145,616	1,919,502	2,067,513	2,101,241	2,085,725	2,011,807	2,041,354	2,063,990	2,054,185	2,057,815	1,845,809	435	362	311	382	392	337	340	385	404	405	352	323
Total	19,299,238	19,747,594	19,275,259	21,847,657	21,420,634	21,373,161	21,326,288	20,963,514	19,878,347	21,198,649	21,239,521	20,009,601	1,618,905	2,240,821	1,435,619	2,186,458	2,186,229	1,645,345	1,396,205	1,763,435	1,889,255	1,798,327	1,438,891	1,318,895

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

Notes:

1. The new month's figure is the difference from the previous month's sub-total, so would include any retrospective adjustments made in the contract monitoring.
2. Swansea's contract monitoring is usually in spells for admissions, whereas all the charts in the main report use episode data from DHCW for consistency with other providers

	Financial (£)													Activity											
	February	March	20/21 Avg	June	July	August	September	October	November	December	January	February		February	March	20/21 Avg	June	July	August	September	October	November	December	January	February
RENAL																									
Renal - Other	743,237	708,435	678,963	706,518	708,304	712,773	720,845	720,400	680,443	640,065	674,180	691,800		1,149	802	892	1,128	1,042	1,034	1,189	1,048	1,196	987	1,030	981
Hospital Dialysis	493,173	494,608	495,504	522,678	539,475	522,056	525,042	521,558	522,429	525,166	525,788	485,600		2,968	2,980	2,906	3,045	3,180	3,040	3,064	3,036	3,043	3,065	3,070	2,747
Home Dialysis	91,962	90,006	93,303	85,499	89,571	83,463	79,392	71,249	71,249	69,214	73,285	69,214		47	46	47	42	44	41	39	35	35	34	36	34
Renal Wwales Contract	258,816	261,966	256,298	196,577	187,628	171,660	290,455	293,604	292,535	306,904	291,350	269,185		2,035	2,060	2,180	2,197	2,255	2,180	2,195	2,219	2,236	2,349	2,229	1,988
Total	1,587,189	1,555,014	1,524,067	1,511,272	1,524,977	1,489,953	1,615,733	1,606,811	1,566,656	1,541,348	1,564,603	1,515,798		6,199	5,888	6,025	6,412	6,521	6,295	6,487	6,338	6,510	6,435	6,365	5,750
CARDIOTHORACIC																									
Cardiac Surgery	1,000,074	986,839	1,112,468	1,209,806	1,170,237	1,197,343	1,248,485	1,213,301	1,248,590	1,257,688	1,216,980	1,217,787		43	40	21	36	29	32	48	36	42	48	34	35
OP			0											33	23	22	33	27	28	35	29	50	29	262	93
TAVI	351,679	184,578	317,055	347,435	358,915	208,255	448,385	351,185	561,695	316,083	383,958	277,563		14	11	13	11	14	6	17	11	22	10	16	10
Cardiology	1,169,098	1,197,472	835,629	961,440	900,192	856,438	908,686	819,612	839,484	960,499	851,879	921,966		168	111	149	181	163	147	170	142	139	149	142	163
Bariatrics	49,596	25,872	16,637	20,881	13,659	38,342	13,659	17,270	37,157	13,659	17,270	30,528		8	2	1	2	0	6	0	1	4	0	1	3
Total	2,570,447	2,394,760	2,281,788	2,539,562	2,443,003	2,300,378	2,619,215	2,401,369	2,686,927	2,547,930	2,470,087	2,447,844		266	187	206	263	233	219	270	219	257	236	455	304
PAEDS / NEONATAL																									
CLP	114,206	85,937	112,170	124,772	136,741	125,580	125,580	125,580	123,396	120,119	123,396	123,396		19	2	5	14	10	11	11	11	9	6	9	9
NICU	444,699	434,980	448,083	454,650	488,118	514,750	468,751	482,063	421,512	444,003	428,638	417,244		592	534	540	502	658	645	587	685	489	455	465	455
BAHA	5,091	5,091	5,193	5,270	5,270	5,270	5,270	5,270	5,270	5,270	5,270	5,270				0									
Paeds Onc	11,611	11,611	11,844	12,080	12,080	12,080	12,080	12,080	12,080	12,080	12,080	12,080				0									
Total	575,607	537,620	577,290	596,773	642,209	657,681	611,682	624,993	562,258	581,472	569,385	557,990		611	536	544	516	668	656	598	696	498	461	474	464
CANCER & BLOOD																									
Plastics	1,485,513	1,326,215	1,055,137	1,238,484	1,194,422	1,115,507	1,423,927	1,185,666	1,288,051	1,238,563	1,393,049	1,249,966		695	620	434	575	551	493	626	522	559	596	601	525
OP			0											582	534	264	342	318	298	302	329	429	327	7,131	3,299
Burns	427,931	410,743	420,748	444,325	464,442	413,926	457,736	432,702	408,561	413,479	404,091	385,315		166	126	130	164	209	96	194	138	84	95	74	32
Thoracic	213,522	217,228	149,015	170,233	207,320	211,202	322,639	244,298	221,461	173,029	210,772	189,167		27	30	19	25	25	27	49	32	27	24	24	25
OP			0											68	34	42	89	90	86	97	87	99	85	89	86
SNB	9,221	9,221	9,405	9,593	9,593	9,593	9,593	9,593	9,593	9,593	9,593	9,593				0									
Haemophilia	97,824	63,931	64,730	75,617	96,285	57,807	136,863	115,644	86,296	72,182	104,246	146,569				0									
Sarcoma	82,359	103,167	75,287	80,220	52,077	74,808	78,056	74,808	66,149	121,353	83,468	65,066		15	27	13	15	13	18	17	22	18	33	14	9
Clinical Genetics	5,177	5,177	5,177	5,386	5,386	5,386	5,386	5,386	5,386	5,386	5,386	5,386				0									
Total	2,321,546	2,135,681	1,779,499	2,023,858	2,029,526	1,888,229	2,434,200	2,068,097	2,085,497	2,033,585	2,210,604	2,051,062		1,553	1,371	902	1,210	1,206	1,018	1,285	1,130	1,216	1,160	7,933	3,976
NEUROSCIENCES																									
ALAC	155,174	155,174	158,277	161,443	161,443	161,443	161,443	161,443	161,443	161,443	161,443	161,443				0									
Rehab	158,237	158,763	150,653	160,811	164,225	176,612	162,003	171,600	165,936	157,217	162,979	161,823		295	314	263	374	402	367	330	489	311	266	353	340
OP			0											28	25	13	6	7	38	16	6	27	19	14	14
Total	313,410	313,937	308,930	322,253	325,667	338,055	323,446	333,043	327,379	318,660	324,421	323,265		323	339	276	380	409	405	346	495	338	285	367	354
OTHER																									
NICE	28,953	42,825	49,204	22,442	55,957	65,791	70,105	54,853	74,156	47,866	66,017	10,567				0									
East Forensics	1,174,502	1,174,502	1,197,992	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952				0									
Devices	-32,838	-32,838	0													0									
Academic Fee	10,629	10,629	10,841	11,058	11,058	11,058	11,058	11,058	11,058	11,058	11,058	11,058				0									
IVF	163,597	238,959	123,533	220,911	224,219	185,837	178,471	167,611	228,408	128,275	192,229	162,062		179	153	129	175	179	152	149	151	165	125	160	148
EMRTS	260,563	260,563	312,690	318,944	318,944	318,944	318,944	318,944	318,944	318,944	318,944	318,944				0									
Air Am	63,833	63,833	65,110	66,412	66,412	66,412	66,412	66,412	66,412	66,412	66,412	66,412				0									
Pay award 20/21	132,167	132,167	193,060	196,921	196,921	196,921	196,921	196,921	196,921	196,921	196,921	196,921				0									
Total	1,801,405	1,890,639	1,952,431	2,058,640	2,095,463	2,066,916	2,063,864	2,037,752	2,117,852	1,991,429	2,073,534	1,987,916		179	153	129	175	179	152	149	151	165	125	160	148
Total	9,169,604	8,827,651	8,424,006	9,052,359	9,060,845	8,741,211	9,668,140	9,072,065	9,346,569	9,014,423	9,212,634	8,883,877		9,131	8,474	8,082	8,956	9,216	8,745	9,135	9,029	8,984	8,702	15,754	10,996

APPENDIX 1

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

Table 1 – Analysis by NHS England Provider by Month

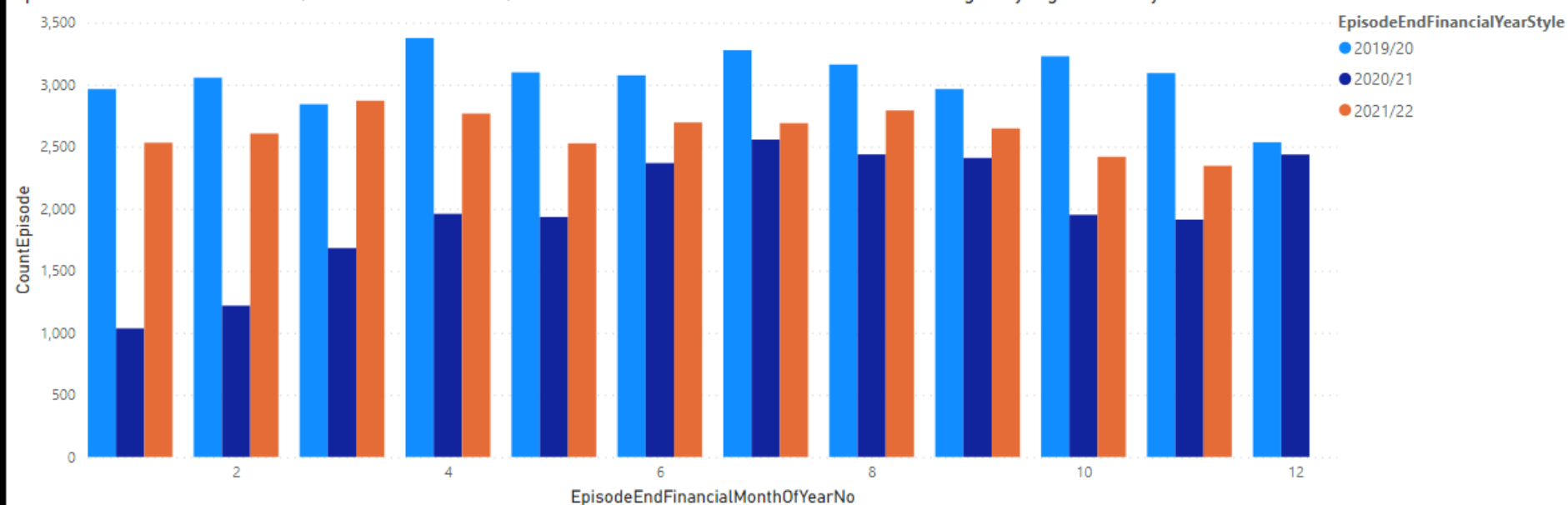
Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border resident					CountEpisode for 2021/22 (M1-11)	CountEpisode for 2020/21 (M1-11)	CountEpisode % diff 2021/22 to 20/21 (M11)	CountEpisode for 2019/20 (M1-11)	CountEpisode % diff 2021/22 to 19/20 (M11)
Main HB	2019/20	2020/21	2021/22	Total					
☐	4,213	2,529	3,146	9,888	3,146	2,300	37%	3,949	-20%
☐ Cambridge University Hospitals Nhs Foundation tr	80	27	40	147	40	27	48%	71	-44%
☐ Great Ormond Street Hospital For Children nhs fo	326	193	344	863	344	193	78%	326	6%
☐ Guy's And St Thomas' Nhs foundation trust	446	182	286	914	286	162	77%	419	-32%
☐ Imperial College Healthcare Nhs Trust	302	131	215	648	215	113	90%	284	-24%
☐ King's College Hospital Nhs Foundation trust	130	61	88	279	88	56	57%	118	-25%
☐ Leeds Teaching Hospitals Nhs Trust	80	24	48	152	48	23	109%	75	-36%
☐ Royal Free London Nhs Foundation trust	193	121	154	468	154	105	47%	180	-14%
☐ Royal Papworth Hospital Nhs Foundation trust	105	32	55	192	55	30	83%	97	-43%
☐ The Newcastle Upon Tyne Hospitals nhs foundation	132	103	51	286	51	102	-50%	132	-61%
☐ The Royal Marsden Nhs Foundation trust	52	54	50	156	50	46	9%	51	-2%
☐ The Royal Orthopaedic Hospital Nhs foundation tr	159	98	133	390	133	87	53%	142	-6%
☐ University College London Hospitals Nhs foundati	357	216	300	873	300	198	52%	335	-10%
☐ University Hospitals Bristol And Weston nhs foun	1,851	1,287	1,382	4,520	1,382	1,158	19%	1,719	-20%
☐ Major North Wales provider	14,810	9,783	11,458	36,051	11,458	8,741	31%	13,774	-17%
☐ Alder Hey Children's Nhs Foundation trust	3,669	2,816	2,865	9,350	2,865	2,505	14%	3,453	-17%
☐ Liverpool Heart And Chest Hospital nhs foundatio	1,400	1,129	1,417	3,946	1,417	991	43%	1,282	11%
☐ Liverpool University Hospitals Nhs Foundation tr	2,572	1,454	1,825	5,851	1,825	1,305	40%	2,410	-24%
☐ Manchester University Nhs Foundation Trust	1,106	571	861	2,538	861	503	71%	1,032	-17%
☐ Salford Royal Nhs Foundation Trust	301	109	149	559	149	101	48%	274	-46%
☐ Sheffield Teaching Hospitals Nhs Foundation trus	221	155	179	555	179	142	26%	204	-12%
☐ St Helens And Knowsley Teaching Hospitals nhs tr	1,655	1,010	1,261	3,926	1,261	897	41%	1,538	-18%
☐ The Christie Nhs Foundation Trust	620	542	447	1,609	447	485	-8%	561	-20%
☐ The Clatterbridge Cancer Centre Nhs foundation t	351	212	276	839	276	194	42%	338	-18%
☐ The Walton Centre Nhs Foundation trust	1,895	1,170	1,520	4,585	1,520	1,044	46%	1,771	-14%
☐ Wirral University Teaching Hospital Nhs foundati	1,020	615	658	2,293	658	574	15%	911	-28%
☐ Major Powys provider	17,649	11,591	14,288	43,528	14,288	10,425	37%	16,414	-13%
☐ Birmingham Women's And Children's Nhs foundation	413	313	363	1,089	363	278	31%	387	-6%
☐ The Robert Jones And Agnes Hunt Orthopaedic hospit	5,188	2,193	3,587	10,968	3,587	1,979	81%	4,809	-25%
☐ University Hospitals Birmingham Nhs Foundation t	1,154	702	789	2,645	789	657	20%	1,070	-26%
☐ University Hospitals Of North Midlands nhs trust	903	738	770	2,411	770	675	14%	832	-7%
☐ Wye Valley Nhs Trust	9,991	7,645	8,779	26,415	8,779	6,836	28%	9,316	-6%
Total	36,672	23,903	28,892	89,467	28,892	21,466	35%	34,137	-15%

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)

Episode total to current month (DHCW data warehouse)

EpisodeEndFinancialYearStyle	2020/21						2021/22														Total
PatientResidenceHealthOrganisationDerivedName	8	9	10	11	12	Total	1	2	3	4	5	6	7	8	9	10	11	Total			
Aneurin Bevan University Local Health Board	177	121	136	98	96	126	1,344	124	179	167	142	138	164	164	157	110	133	141	1,619	2,963	
Betsi Cadwaladr University Local Health Board	156	1,140	1,178	921	867	1,141	11,173	1,138	1,242	1,349	1,215	1,173	1,218	1,263	1,367	1,274	1,141	1,125	13,505	24,678	
Cardiff and Vale University Local Health Board	65	70	53	29	46	46	556	51	53	53	70	75	80	79	78	62	61	59	721	1,277	
Cwm Taf Morgannwg University Local Health Board	43	46	24	30	18	33	388	60	40	65	79	60	70	58	61	57	45	35	630	1,018	
Hywel Dda University Local Health Board	66	70	59	44	34	54	538	68	48	80	64	48	66	77	47	66	62	65	691	1,229	
Powys Teaching Local Health Board	370	845	818	724	727	878	8,268	920	871	1,004	1,019	867	912	882	927	905	825	788	9,920	18,188	
Swansea Bay University Local Health Board	50	43	37	23	30	40	431	42	33	38	49	52	41	50	39	46	30	29	449	880	
Total	127	2,335	2,305	1,869	1,818	2,318	22,698	2,403	2,466	2,756	2,638	2,413	2,551	2,573	2,676	2,520	2,297	2,242	27,535	50,233	

Episode total to current month (NWIS data warehouse) - NB. Includes non-HB residents so reflects marginally higher activity than the above table



Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpec)
Table 3 (4 pages) – Analysis by Specialty – Comparison of episodes to current month in 2021/22 to 2019/20 and 2020/21

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents					TreatmentSpecialtyDescription					
TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total	CountEpisodes for 2021/22 (M1-11)	CountEpisodes for 2020/21 (M1-11)	CountEpisodes % diff 2021/22 to 2020/21 (M11)	CountEpisodes for 2019/20 (M1-11)	CountEpisodes % diff 2021/22 to 19/20 (M11)	
(Unknown)			1	1	1					
Accident & Emergency	384	194	269	847	269	169	59%	371	-27%	
Adult Cystic Fibrosis Service	69	34	16	119	16	30	-47%	63	-75%	
Adult Mental Illness	2			2				1		
Allergy Service	91	54	119	264	119	44	170%	85	40%	
Anaesthetics	20	15	146	181	146	9	1522%	19	668%	
Blood And Marrow Transplantation	137	83	103	323	103	77	34%	122	-16%	
Breast Surgery	89	61	75	225	75	58	29%	84	-11%	
Burns Care	95	77	74	246	74	70	6%	86	-14%	
Cardiac Surgery	602	376	516	1,494	516	338	53%	557	-7%	
Cardiology	1,665	1,330	1,626	4,621	1,626	1,192	36%	1,539	6%	
Cardiothoracic Surgery	72	52	59	183	59	47	26%	67	-12%	
Cardiothoracic Transplantation	71	29	49	149	49	24	104%	69	-29%	
Chemical Pathology	3	2		5		2		3		
Child & Adolescent Psychiatry		2	2	4	2	2	0%			
Clinical Genetics	1		1	2	1			1	0%	
Clinical Haematology	1,055	926	915	2,896	915	836	9%	970	-6%	
Clinical Immunology	22	6		28		6		20		
Clinical Immunology And	17	15	43	75	43	13	231%	15	187%	
Clinical Microbiology		2		2		2				
Clinical Neurophysiology	4		2	6	2			4	-50%	
Clinical Oncology (previously Radiotherapy)	491	406	318	1,215	318	384	-17%	459	-31%	
Clinical Pharmacology	7	23	15	45	15	19	-21%	7	114%	
Colorectal Surgery	270	204	227	701	227	175	30%	247	-8%	
Community Paediatrics										
Congenital Heart Disease	29	28	30	87	30	27	11%	26	15%	
Critical Care Medicine	201	116	134	451	134	105	28%	189	-29%	
Dental Medicine Specialties		1	2	3	2	1	100%			
Dermatology	503	404	364	1,271	364	359	1%	451	-19%	
Total	36,672	23,903	28,892	89,467	28,892	21,466	35%	34,137	-15%	

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total
Diabetic Medicine	29	20	25	74
Diagnostic Imaging	199	186	195	580
Endocrinology	91	72	102	265
ENT	322	127	207	656
Gastroenterology	1,695	1,343	1,651	4,689
General Medicine	3,018	2,431	2,311	7,760
General Surgery	1,799	1,101	1,310	4,210
Geriatric Medicine	376	367	404	1,147
Gynaecological Oncology	9	17	7	33
Gynaecology	448	238	337	1,023
Haemophilia Service		3	2	5
Hepatobiliary & Pancreatic Surgery	297	188	204	689
Hepatology	216	194	185	595
Infectious Diseases	38	17	26	81
Intermediate Care			2	2
Interventional Radiology	138	103	139	380
Maxillo-Facial Surgery	110	29	31	170
Medical Oncology	474	266	351	1,091
Midwifery Service	15	10	6	31
Neonatology	77	74	81	232
Nephrology	425	303	322	1,050
Neurology	962	652	854	2,468
Neurosurgery	1,376	830	1,013	3,219
Nuclear Medicine	9	6	13	28
Obstetrics Hospital Bed	343	366	382	1,091
Ophthalmology	1,530	689	997	3,216
Oral Surgery	198	101	100	399
Orthoptics	1			1
Orthotics			1	1
Paediatric Audiological		1		1
Paediatric Burns Care	58	53	37	148
Total	36,672	23,903	28,892	89,467

TreatmentSpecialtyDescription	CountEpisod de for 2021/22 (M1-11)	CountEpisod e for 2020/21 (M1-11)	CountEpisod e % diff 2021/22 to 20/21 (M11)	CountEpisod de for 2019/20 (M1-11)	CountEpisod de % diff 2021/22 to 19/20 (M11)
Diabetic Medicine	25	17	47%	28	-11%
Diagnostic Imaging	195	161	21%	188	4%
Endocrinology	102	69	48%	80	28%
ENT	207	119	74%	303	-32%
Gastroenterology	1,651	1,169	41%	1,582	4%
General Medicine	2,311	2,189	6%	2,810	-18%
General Surgery	1,310	987	33%	1,707	-23%
Geriatric Medicine	404	334	21%	344	17%
Gynaecological Oncology	7	15	-53%	9	-22%
Gynaecology	337	210	60%	418	-19%
Haemophilia Service	2	3	-33%		
Hepatobiliary & Pancreatic Surgery	204	169	21%	274	-26%
Hepatology	185	177	5%	205	-10%
Infectious Diseases	26	17	53%	33	-21%
Intermediate Care	2				
Interventional Radiology	139	93	49%	131	6%
Maxillo-Facial Surgery	31	27	15%	102	-70%
Medical Oncology	351	236	49%	446	-21%
Midwifery Service	6	8	-25%	14	-57%
Neonatology	81	66	23%	70	16%
Nephrology	322	297	8%	378	-15%
Neurology	854	575	49%	898	-5%
Neurosurgery	1,013	753	35%	1,285	-21%
Nuclear Medicine	13	6	117%	9	44%
Obstetrics Hospital Bed	382	336	14%	321	19%
Ophthalmology	997	605	65%	1,379	-28%
Oral Surgery	100	87	15%	194	-48%
Orthoptics				1	
Orthotics	1				
Paediatric Audiological		1			
Paediatric Burns Care	37	40	-4%	56	-34%
Total	28,892	21,466	35%	34,137	-15%

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total
Paediatric Cardiac Surgery	153	159	144	456
Paediatric Cardiology	355	267	285	907
Paediatric Clinical Haematology	354	162	194	710
Paediatric Clinical Immunology And Allergy Service	47	18	19	84
Paediatric Dentistry	52	28	33	113
Paediatric Dermatology	31	18	33	82
Paediatric Diabetic Medicine		3	1	4
Paediatric Ear Nose and Throat	205	107	138	450
Paediatric Endocrinology	122	78	98	298
Paediatric Epilepsy	24	11	13	48
Paediatric Gastroenterology	221	217	302	740
Paediatric Infectious Diseases	1			1
Paediatric Intensive Care	158	132	164	454
Paediatric Interventional Radiology	26	12	18	56
Paediatric Maxillo-Facial	2	1	6	9
Paediatric Medical Oncology	679	553	386	1,618
Paediatric Metabolic Disease	17	17	19	53
Paediatric Nephrology	367	267	291	925
Paediatric Neuro-Disability		2	1	3
Paediatric Neurology	151	99	111	361
Paediatric Neurosurgery	193	141	166	500
Paediatric Ophthalmology	95	94	103	292
Paediatric Pain Management			1	1
Paediatric Plastic Surgery	187	141	149	477
Paediatric Respiratory Medicine	158	100	115	373
Paediatric Rheumatology	103	95	86	284
Paediatric Surgery	513	440	398	1,351
Paediatric Thoracic Surgery	6	2	5	13
Paediatric Transplantation	10	2	8	20
Total	36,672	23,903	28,892	89,467

TreatmentSpecialtyDescription	CountEpisodes for 2021/22 (M1-11)	CountEpisodes for 2020/21 (M1-11)	CountEpisodes % diff 2021/22 to 2020/21 (M1-11)	CountEpisodes for 2019/20 (M1-11)	CountEpisodes % diff 2021/22 to 19/20 (M1-11)
Paediatric Cardiac Surgery	144	140	3%	146	-1%
Paediatric Cardiology	285	242	18%	333	-14%
Paediatric Clinical Haematology	194	133	46%	329	-41%
Paediatric Clinical Immunology And Allergy Service	19	15	27%	45	-58%
Paediatric Dentistry	33	27	22%	52	-37%
Paediatric Dermatology	33	18	83%	30	10%
Paediatric Diabetic Medicine	1	1	0%		
Paediatric Ear Nose and Throat	138	91	52%	194	-29%
Paediatric Endocrinology	98	67	46%	113	-13%
Paediatric Epilepsy	13	11	18%	24	-46%
Paediatric Gastroenterology	302	191	58%	208	45%
Paediatric Infectious Diseases				1	
Paediatric Intensive Care	164	124	32%	149	10%
Paediatric Interventional Radiology	18	10	80%	25	-28%
Paediatric Maxillo-Facial Surgery	6	1	500%	2	200%
Paediatric Medical Oncology	386	517	-25%	621	-38%
Paediatric Metabolic Disease	19	14	36%	16	19%
Paediatric Nephrology	291	240	21%	347	-16%
Paediatric Neuro-Disability	1	2	-50%		
Paediatric Neurology	111	94	18%	141	-21%
Paediatric Neurosurgery	166	126	32%	182	-9%
Paediatric Ophthalmology	103	82	26%	87	18%
Paediatric Pain Management	1				
Paediatric Plastic Surgery	149	124	20%	175	-15%
Paediatric Respiratory Medicine	115	91	26%	150	-23%
Paediatric Rheumatology	86	83	4%	97	-11%
Paediatric Surgery	398	398	0%	491	-19%
Paediatric Thoracic Surgery	5			6	-17%
Paediatric Transplantation	8	2	300%	8	0%
Total	28,892	21,466	35%	34,137	-15%

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total
Paediatric Respiratory Medicine	138	100	113	351
Paediatric Rheumatology	103	95	86	284
Paediatric Surgery	513	440	398	1,351
Paediatric Thoracic Surgery	6	2	5	13
Paediatric Transplantation Surgery	10	2	8	20
Paediatric Trauma and Orthopaedics	143	95	125	363
Paediatric Urology	331	235	303	869
Paediatrics	708	361	373	1,442
Pain Management	126	75	48	249
Palliative Medicine	1	5	4	10
Physiotherapy				
Plastic Surgery	1,490	939	1,198	3,627
Podiatric Surgery	109	22	74	205
Rehabilitation Service	46	37	26	109
Respiratory Medicine	875	510	606	1,991
Respiratory Physiology	4	3	2	9
Restorative Dentistry	2	3	1	6
Rheumatology	728	550	814	2,092
Spinal Injuries	235	84	91	410
Spinal Surgery Service	27	39	29	95
Stroke Medicine	157	171	159	487
Thoracic Surgery	309	210	315	834
Transient Ischaemic Attack				
Transplantation Surgery	242	158	139	539
Trauma & Orthopaedics	5,429	2,171	3,733	11,333
Tropical Medicine	2			2
Upper Gastrointestinal Surgery	87	46	62	195
Urology	1,103	718	1,012	2,833
Vascular Surgery	113	64	70	247
Well Babies	22	14	20	56
Total	36,672	23,903	28,892	89,467

TreatmentSpecialtyDescription	CountEpisodes for 2021/22 (M1-11)	CountEpisodes for 2020/21 (M1-11)	CountEpisodes % diff 2021/22 to 20/21 (M11)	CountEpisodes for 2019/20 (M1-11)	CountEpisodes % diff 2021/22 to 19/20 (M11)
Paediatric Respiratory Medicine	113	100	13%	138	18%
Paediatric Rheumatology	86	83	4%	97	-11%
Paediatric Surgery	398	398	0%	491	-19%
Paediatric Thoracic Surgery	5			6	-17%
Paediatric Transplantation Surgery	8	2	300%	8	0%
Paediatric Trauma and Orthopaedics	125	81	54%	133	-6%
Paediatric Urology	303	210	44%	317	-4%
Paediatrics	373	332	12%	663	-44%
Pain Management	48	73	-34%	124	-61%
Palliative Medicine	4	4	0%	1	300%
Physiotherapy					
Plastic Surgery	1,198	834	44%	1,402	-15%
Podiatric Surgery	74	22	236%	107	-31%
Rehabilitation Service	26	33	-21%	39	-33%
Respiratory Medicine	606	458	32%	820	-26%
Respiratory Physiology	2	3	-33%	4	-50%
Restorative Dentistry	1	3	-67%	2	-50%
Rheumatology	814	489	66%	669	22%
Spinal Injuries	91	81	12%	231	-61%
Spinal Surgery Service	29	33	-12%	23	26%
Stroke Medicine	159	154	3%	145	10%
Thoracic Surgery	315	180	75%	285	11%
Transient Ischaemic Attack					
Transplantation Surgery	139	142	-2%	220	-37%
Trauma & Orthopaedics	3,733	1,983	88%	5,018	-26%
Tropical Medicine				2	
Upper Gastrointestinal Surgery	62	41	51%	82	-24%
Urology	1,012	639	58%	1,030	-2%
Vascular Surgery	70	54	30%	110	-36%
Well Babies	20	9	122%	18	11%
Total	28,892	21,466	35%	34,137	-15%

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpC)
Table 4 (8 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22
(All-Wales and each Health Board of residence)

4.1 All-Wales:

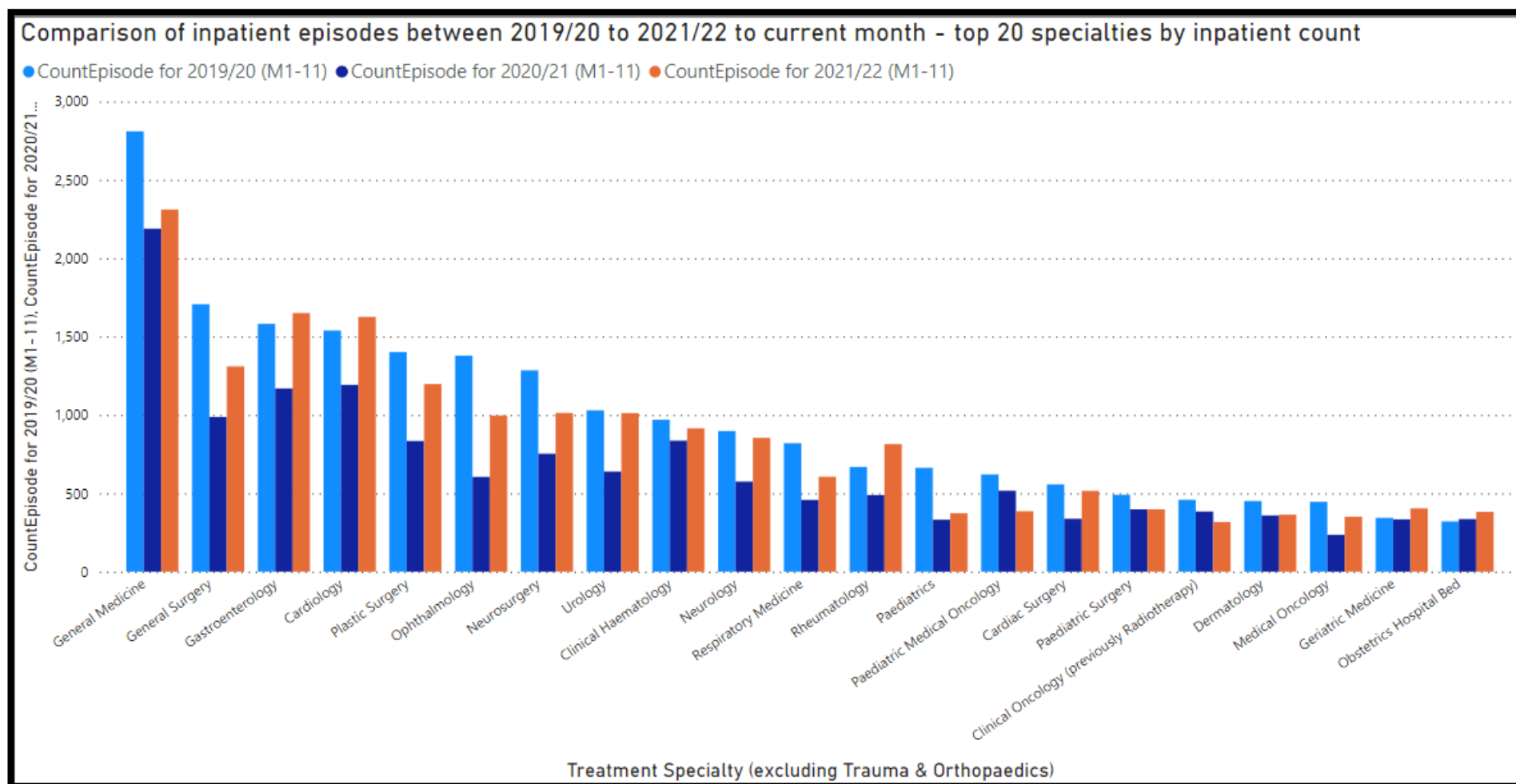


Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

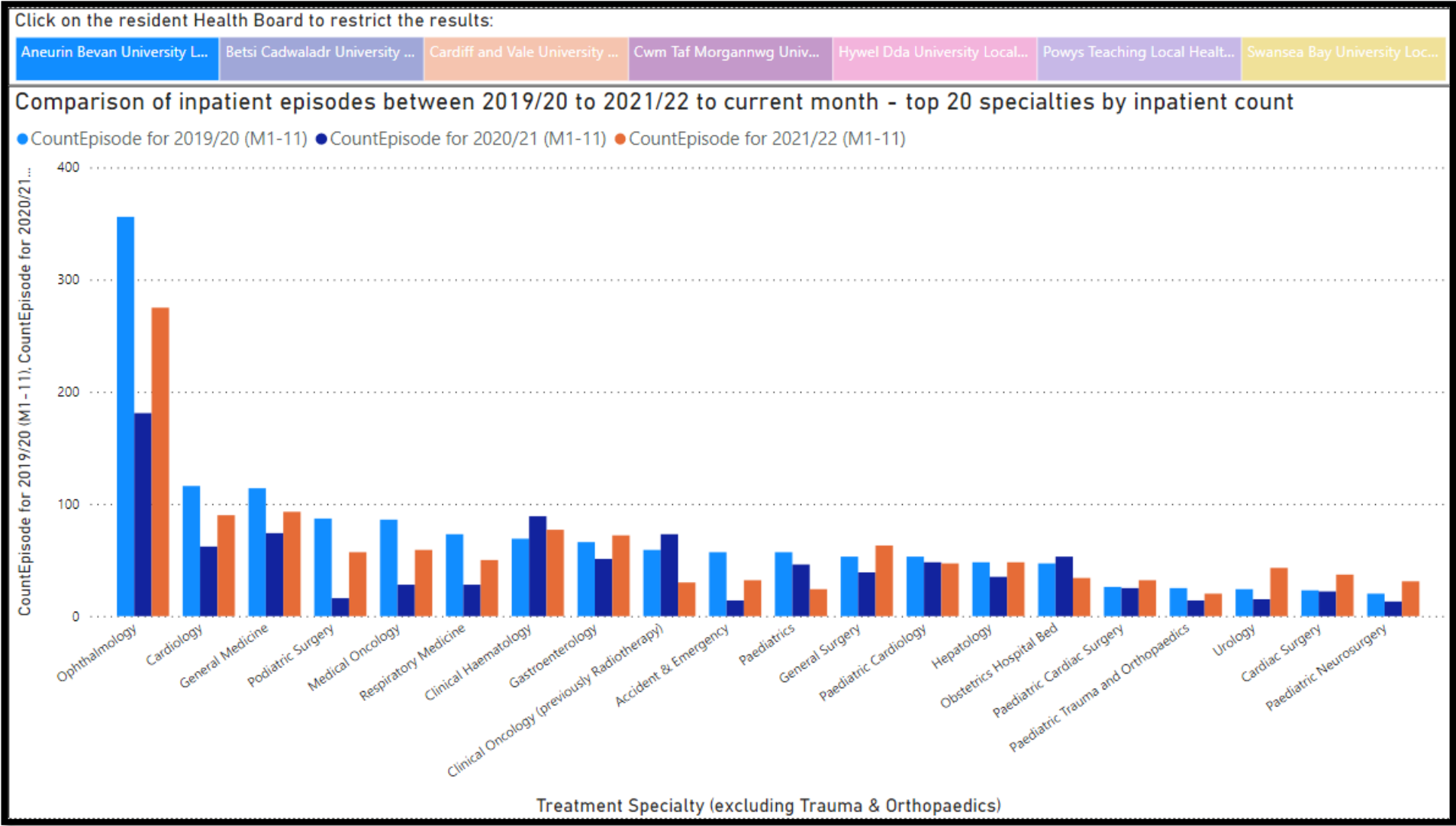


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

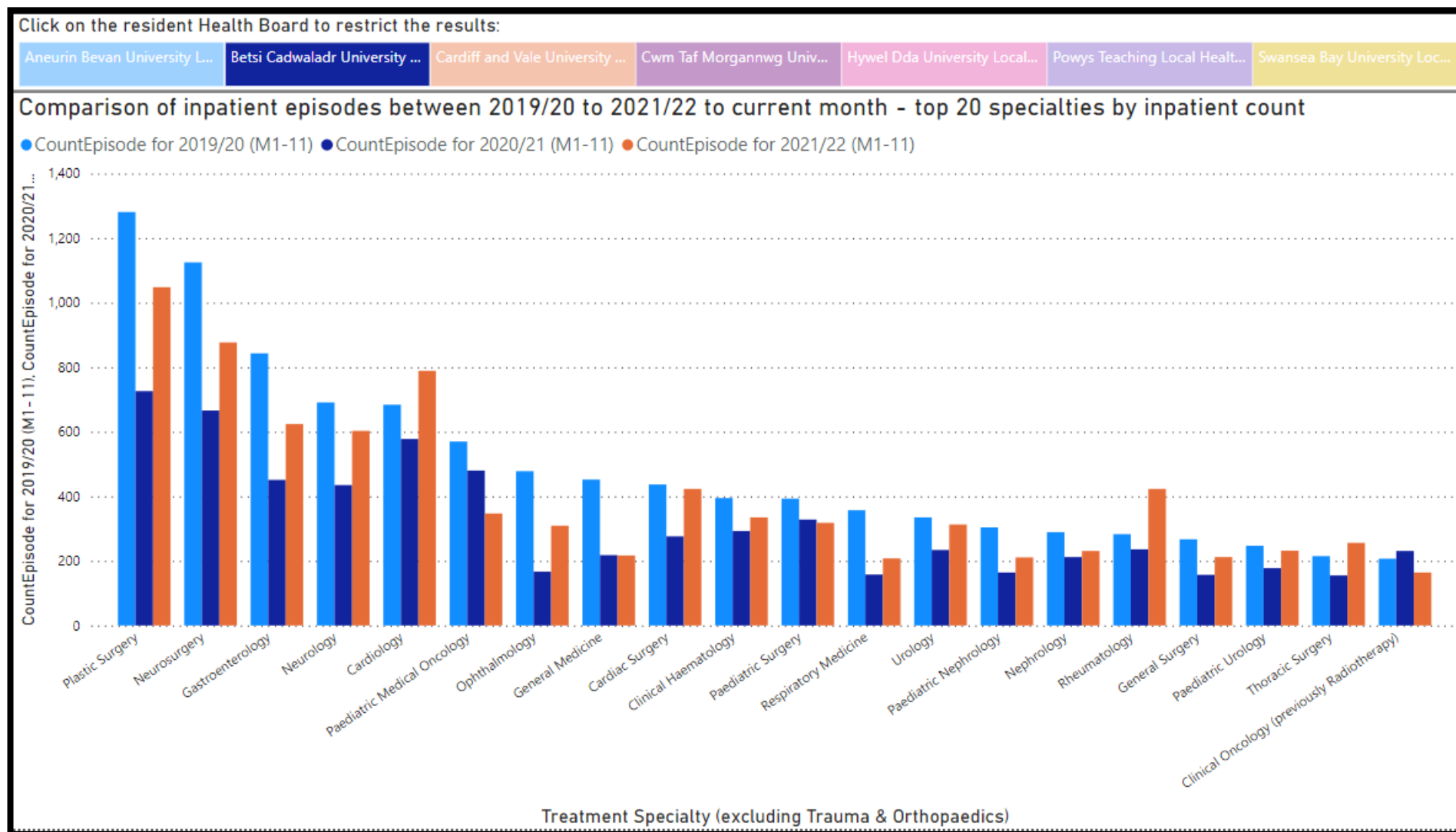


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

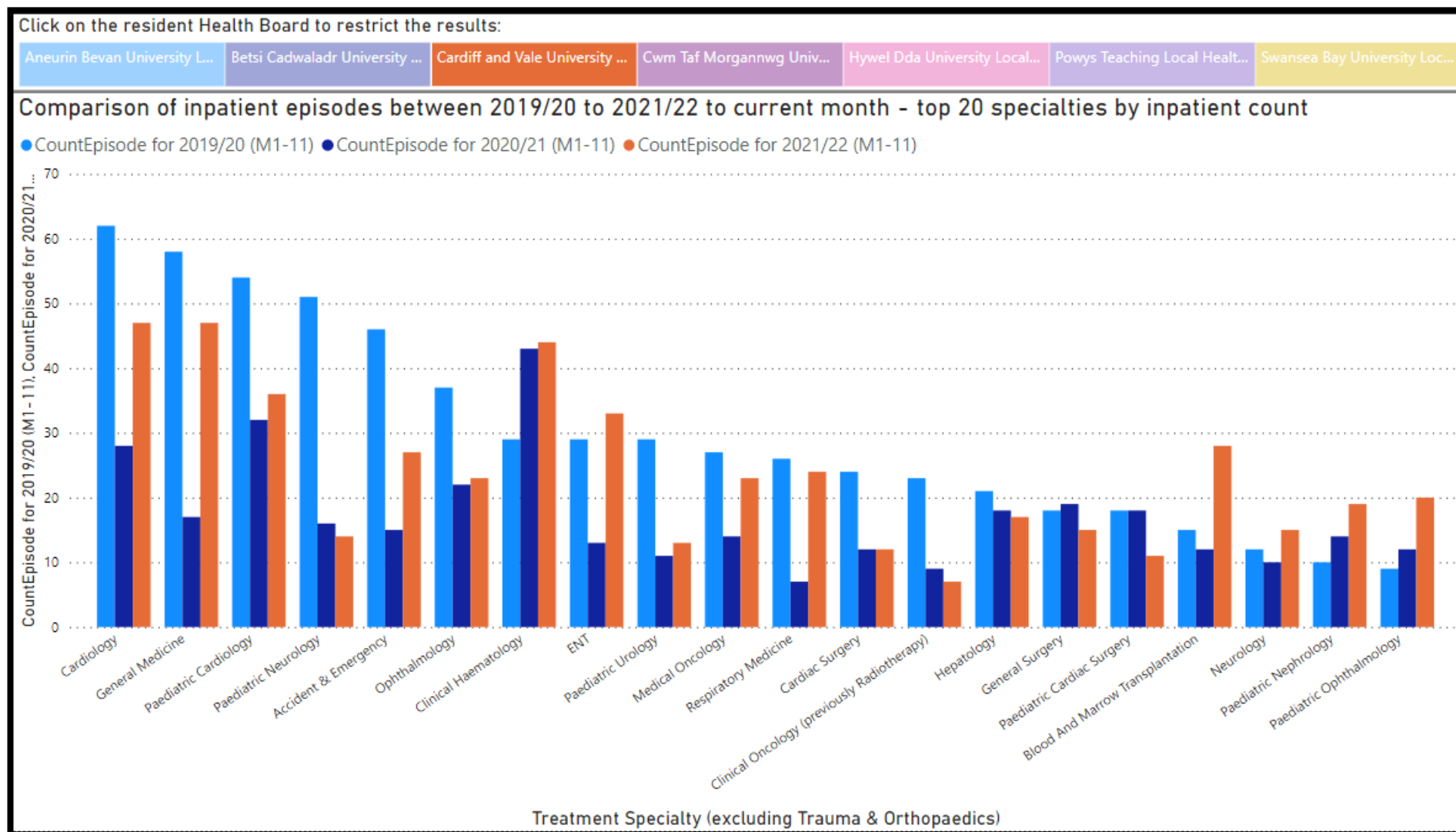


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

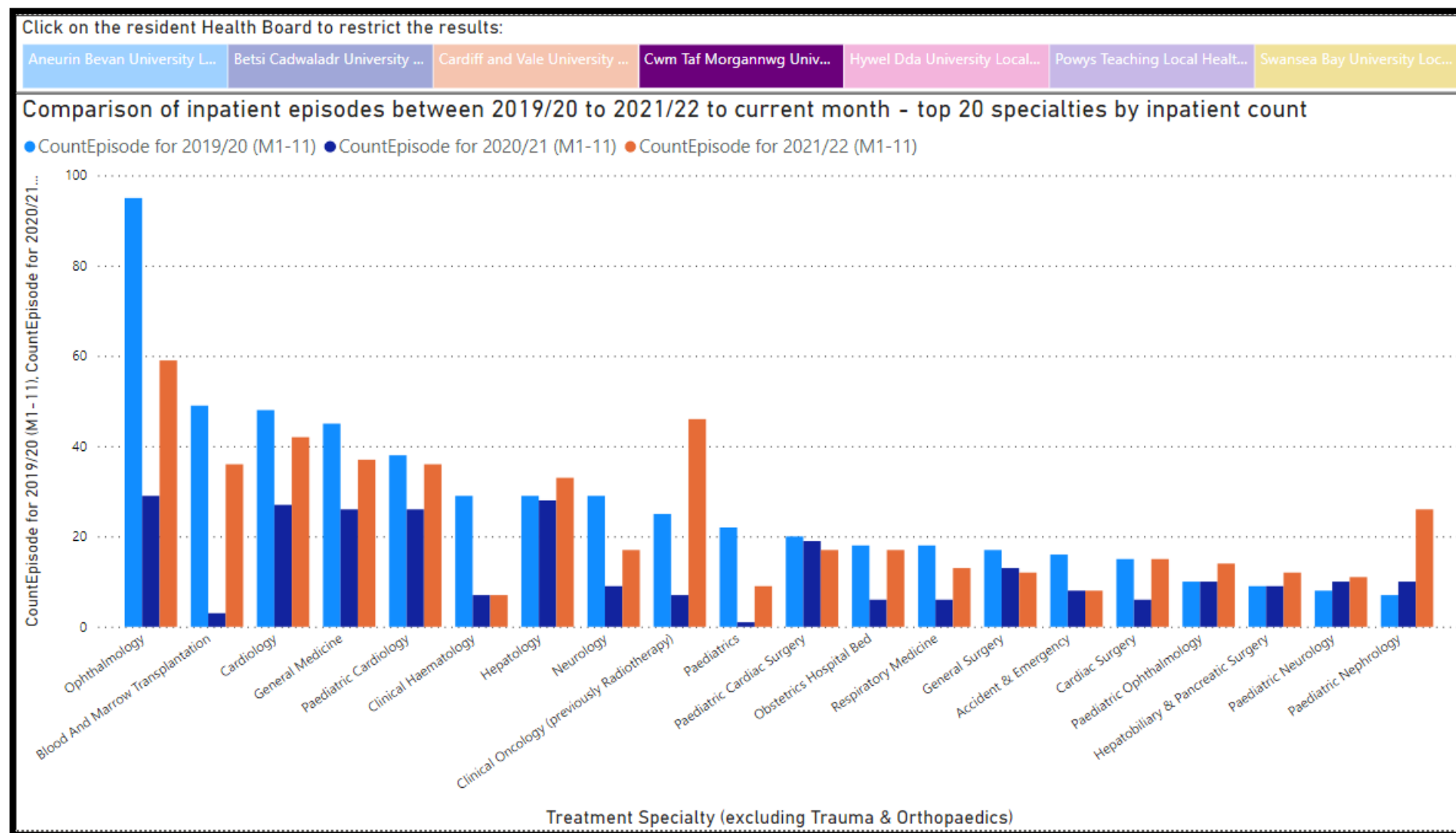


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

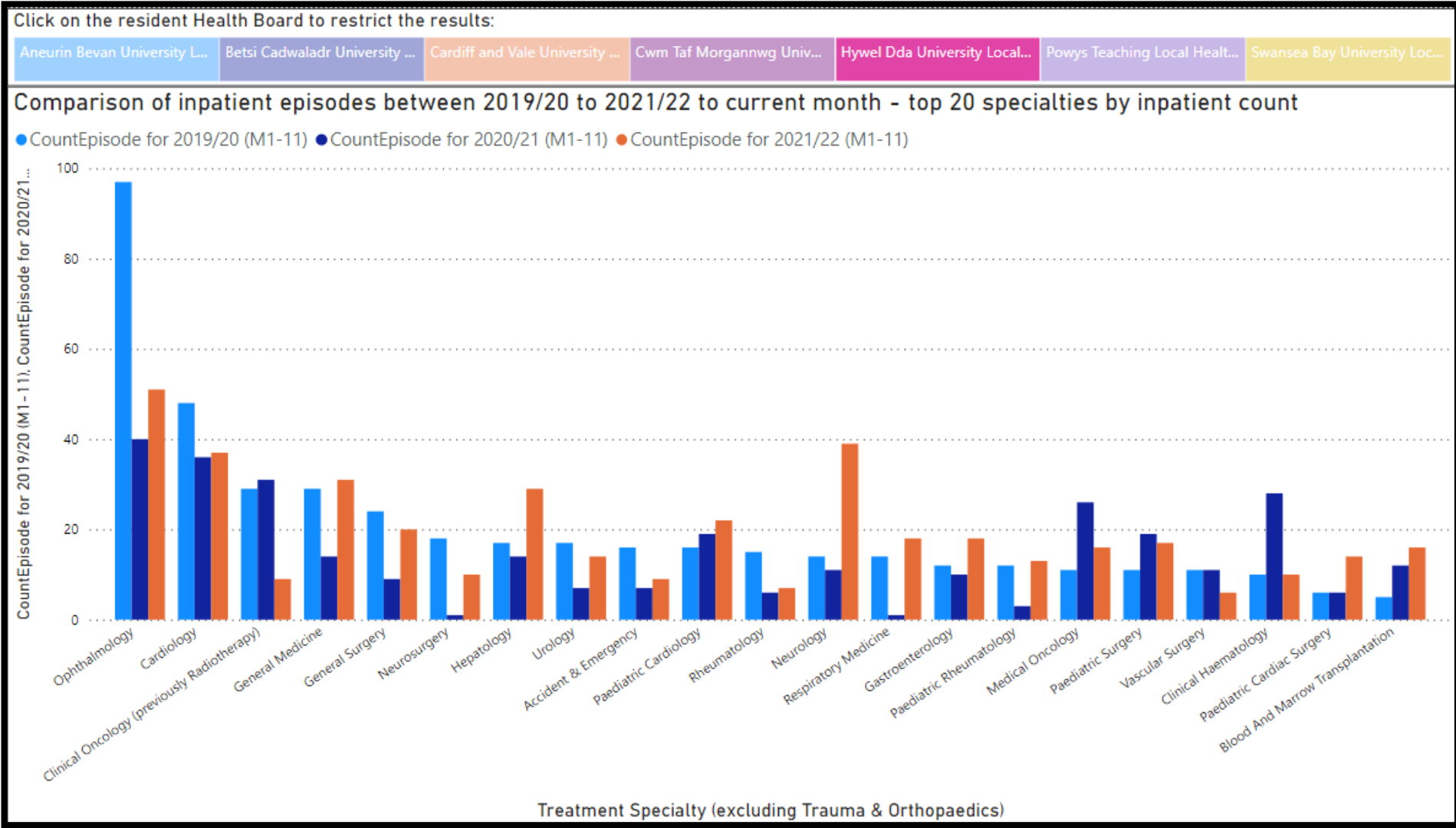


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

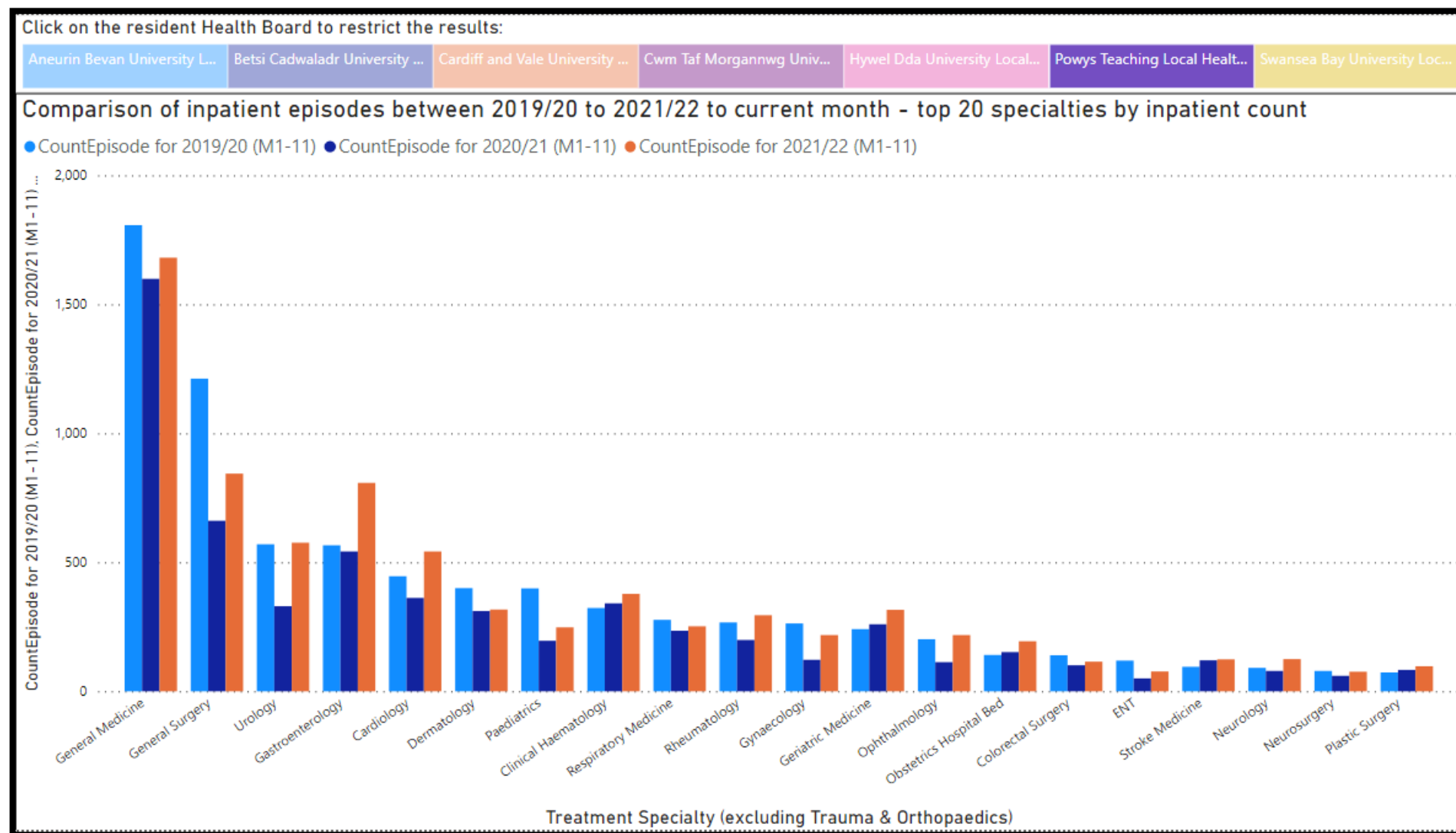
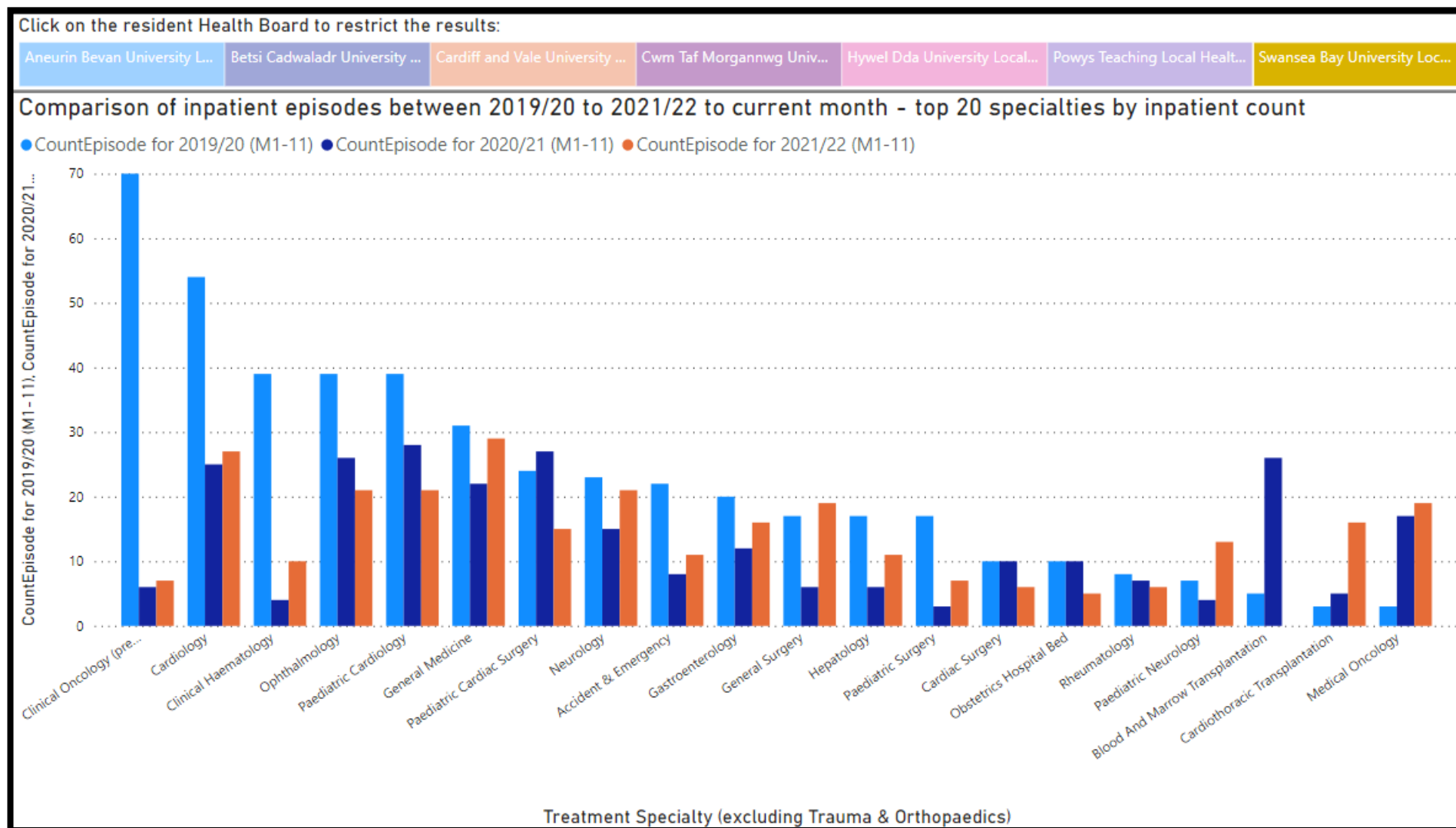


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22



APPENDIX 2

New Welsh Government performance measures

New performance measures were announced by Welsh Government in January 2022; with the relevant measures related to activity listed below:

ACCESS TO TIMELY PLANNED CARE				
Priority Measure		Target	Reporting Frequency	Source
15	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	Monthly	Referral to Treatment (combined) Dataset
16	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	Monthly	Referral to Treatment (combined) Dataset
17	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	Monthly	Referral to Treatment (combined) Dataset
18	Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	Monthly	Referral to Treatment (combined) Dataset
19	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	Monthly	Referral to Treatment (combined) Dataset
20	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)
21	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	Monthly	Diagnostic & Therapies Waiting Times Dataset
22	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	Monthly	Suspected Cancer Pathway Data Set (NDR – DHCW)

This appendix contains the available performance data against the following specialties:


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

Please note that the Referral to Treatment (RTT) dataset does not split out the pathway point (eg. New outpatient, Inpatient treatment) for English providers, so the total patient set has been used.

The Outpatient Follow-up delay data is available only from Welsh Government direct, but is reported by provider as totals.

The Suspected Cancer Pathway dataset is held by DHCW, and is currently being discussed internally by them around the format to make this data available (measure number 22).

Cardiac Surgery (measures 15 – 19)



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WG Recovery measures - Cardiac Surgery (Welsh providers)

(DHCW RTT data; target lines in red dots)

15. Patients waiting more than 104 weeks for treatment

Target - Improvement trajectory towards a national target of 0 by 2024

CensusFinancialYearStyle2021/22

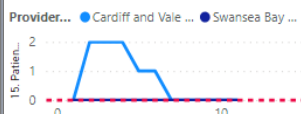
ProviderOrganisationCurrentName1234567891011

Cardiff and Vale University Local Health Board02221100000

Swansea Bay University Local Health Board00000000000

Total02221100000

Provider... Cardiff and Vale ... Swansea Bay ...



16. Patients waiting more than 36 weeks for treatment

Target - Improvement trajectory towards a national target of 0 by 2026

CensusFinancialYearStyle2021/22

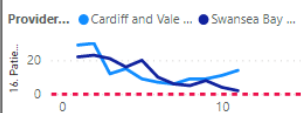
ProviderOrganisationCurrentName1234567891011

Cardiff and Vale University Local Health Board29301215976991114

Swansea Bay University Local Health Board22232116201065842

Total5153333129171214171516

Provider... Cardiff and Vale ... Swansea Bay ...



17. Percentage of patients waiting less than 26 weeks for treatment

Target - Improvement trajectory towards a national target of 95% by 2026

CensusFinancialYearStyle2021/22

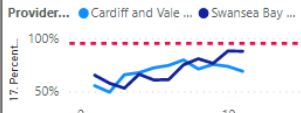
ProviderOrganisationCurrentName34567891011

Cardiff and Vale University Local Health Board66%68%72%74%80%71%75%74%69%

Swansea Bay University Local Health Board53%66%61%61%75%81%76%88%88%

Total59%67%66%68%77%76%76%80%77%

Provider... Cardiff and Vale ... Swansea Bay ...



18. Patients waiting more than 104 weeks for a new outpatient appointment

Target - Improvement trajectory towards a national target of 0 by July 2022

CensusFinancialYearStyle2021/22

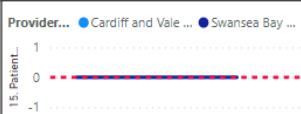
ProviderOrganisationCurrentName1234567891011

Cardiff and Vale University Local Health Board00000000000

Swansea Bay University Local Health Board00000000000

Total00000000000

Provider... Cardiff and Vale ... Swansea Bay ...



19. Patients waiting more than 52 weeks for a new outpatient appointment

Target - Improvement trajectory towards a national target of 0 by October 2022

CensusFinancialYearStyle2021/22

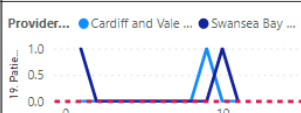
ProviderOrganisationCurrentName1234567891011


Cardiff and Vale University Local Health Board00000000100

Swansea Bay University Local Health Board10000000010

Total10000000110

Provider... Cardiff and Vale ... Swansea Bay ...




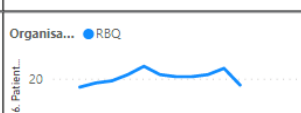





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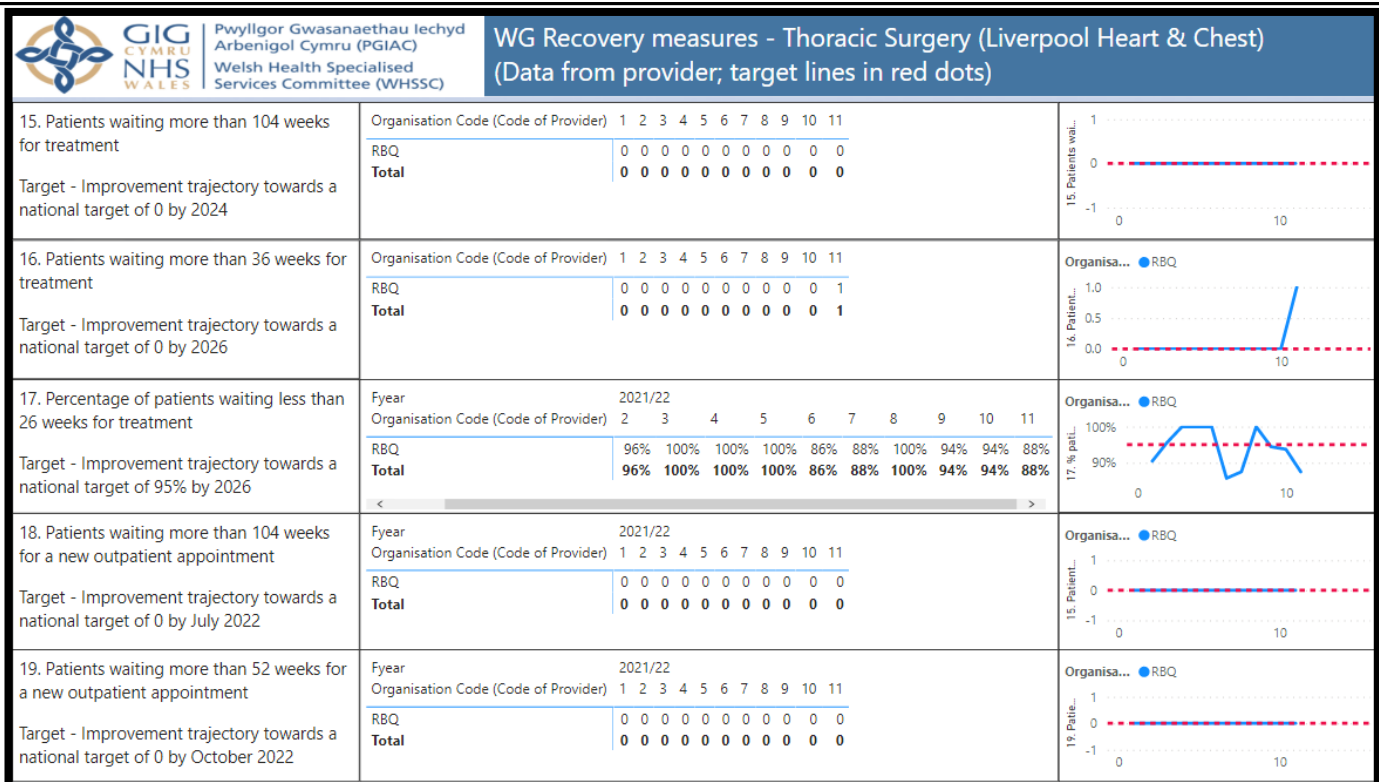
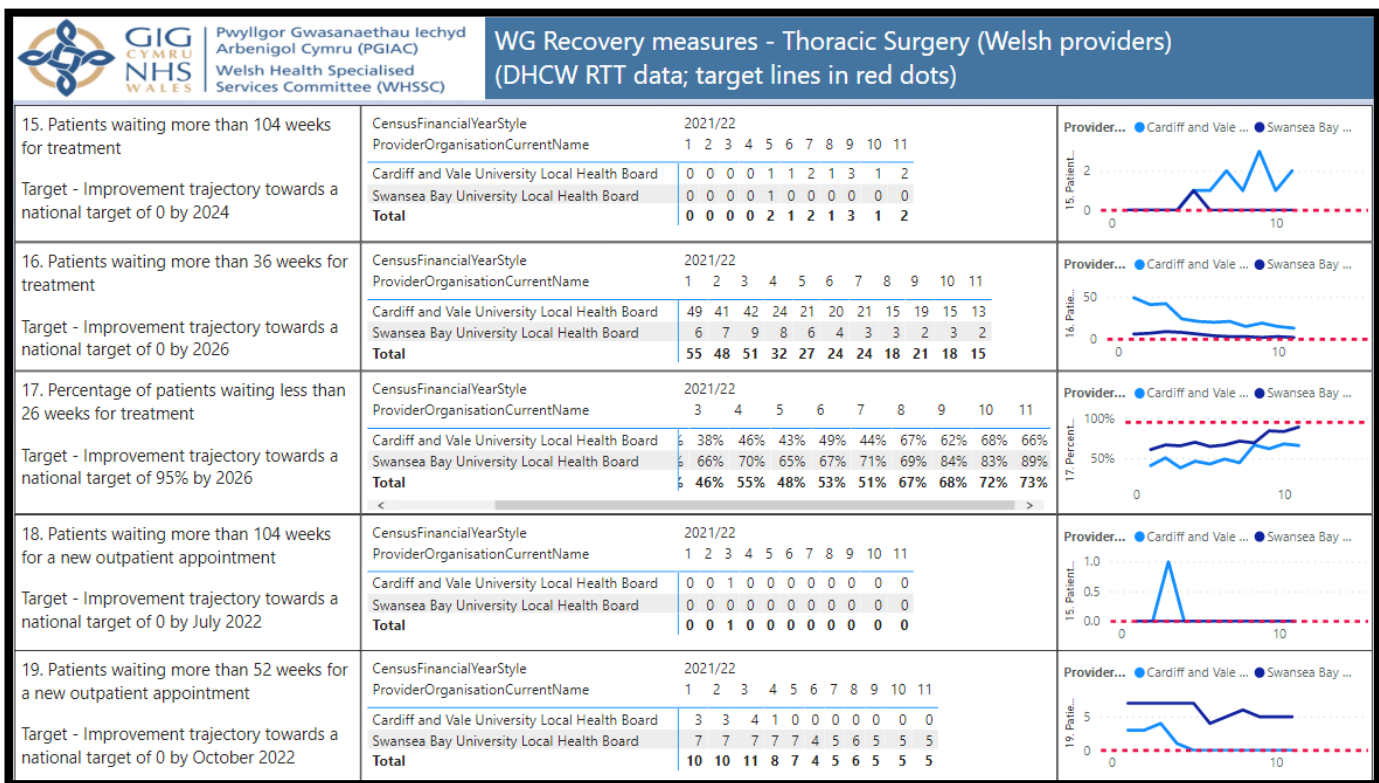
Welsh Health Specialised Services Committee (WHSSC)

WG Recovery measures - Cardiac Surgery (Liverpool Heart & Chest)

(Data from provider; target lines in red dots)

<p>15. Patients waiting more than 104 weeks for treatment</p> <p>Target - Improvement trajectory towards a national target of 0 by 2024</p>	<p>Organisation Code (Code of Provider)</p> <p>1 2 3 4 5 6 7 8 9 10 11</p>	<p>RBQ</p> <p>0 1 1 1 0 0 0 0 0 0 0</p>	
	Total	0 1 1 1 0 0 0 0 0 0 0	
<p>16. Patients waiting more than 36 weeks for treatment</p> <p>Target - Improvement trajectory towards a national target of 0 by 2026</p>	<p>Organisation Code (Code of Provider)</p> <p>1 2 3 4 5 6 7 8 9 10 11</p>	<p>RBQ</p> <p>16 18 19 22 26 22 21 21 22 25 17</p>	
	Total	16 18 19 22 26 22 21 21 22 25 17	
<p>17. Percentage of patients waiting less than 26 weeks for treatment</p> <p>Target - Improvement trajectory towards a national target of 95% by 2026</p>	<p>Fyear</p> <p>2021/22</p> <p>Organisation Code (Code of Provider)</p> <p>1 2 3 4 5 6 7 8 9 10 11</p>	<p>RBQ</p> <p>48% 58% 58% 54% 34% 42% 49% 39% 51% 59% 50%</p>	
	Total	48% 58% 58% 54% 34% 42% 49% 39% 51% 59% 50%	
<p>18. Patients waiting more than 104 weeks for a new outpatient appointment</p> <p>Target - Improvement trajectory towards a national target of 0 by July 2022</p>	<p>Fyear</p> <p>2021/22</p> <p>Organisation Code (Code of Provider)</p> <p>1 2 3 4 5 6 7 8 9 10 11</p>	<p>RBQ</p> <p>0 0 0 0 1 0 0 0 0 0 0</p>	
	Total	0 0 0 0 1 0 0 0 0 0 0	
<p>19. Patients waiting more than 52 weeks for a new outpatient appointment</p> <p>Target - Improvement trajectory towards a national target of 0 by October 2022</p>	<p>Fyear</p> <p>2021/22</p> <p>Organisation Code (Code of Provider)</p> <p>1 2 3 4 5 6 7 8 9 10 11</p>	<p>RBQ</p> <p>3 2 1 0 2 0 1 1 1 0 0</p>	
	Total	3 2 1 0 2 0 1 1 1 0 0	

Thoracic Surgery (measures 15 – 19)



Neurosurgery (measures 15 – 19)



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WG Recovery measures - Neurosurgery (Welsh providers) (DHCW RTT data; target lines in red dots)

15. Patients waiting more than 104 weeks for treatment Target - Improvement trajectory towards a national target of 0 by 2024	CensusFinancialYearStyle ProviderOrganisationCurrentName Cardiff and Vale University Local Health Board Total	2021/22 1 2 3 4 5 6 7 8 9 10 11 0 1 0 0 0 0 1 3 1 1 1 0 1 0 0 0 0 1 3 1 1 1	Provider... Cardiff and Vale University Local Heal... 15. Patient... 2 0 10
16. Patients waiting more than 36 weeks for treatment Target - Improvement trajectory towards a national target of 0 by 2026	CensusFinancialYearStyle ProviderOrganisationCurrentName Cardiff and Vale University Local Health Board Total	2021/22 1 2 3 4 5 6 7 8 9 10 11 112 108 110 111 90 81 68 48 53 47 52 112 108 110 111 90 81 68 48 53 47 52	Provider... Cardiff and Vale University Local Heal... 16. Patient... 100 0 10
17. Percentage of patients waiting less than 26 weeks for treatment Target - Improvement trajectory towards a national target of 95% by 2026	CensusFinancialYearStyle ProviderOrganisationCurrentName Cardiff and Vale University Local Health Board Total	2021/22 1 2 3 4 5 6 7 8 9 10 11 50% 48% 50% 50% 54% 52% 57% 63% 56% 64% 65% 50% 48% 50% 50% 54% 52% 57% 63% 56% 64% 65%	Provider... Cardiff and Vale University Local Heal... 17. Perce... 100% 50% 0 10
18. Patients waiting more than 104 weeks for a new outpatient appointment Target - Improvement trajectory towards a national target of 0 by July 2022	CensusFinancialYearStyle ProviderOrganisationCurrentName Cardiff and Vale University Local Health Board Total	2021/22 1 2 3 4 5 6 7 8 9 10 11 0	Provider... Cardiff and Vale University Local Heal... 15. Patient... 1 0 0 0 10
19. Patients waiting more than 52 weeks for a new outpatient appointment Target - Improvement trajectory towards a national target of 0 by October 2022	CensusFinancialYearStyle ProviderOrganisationCurrentName Cardiff and Vale University Local Health Board Total	2021/22 1 2 3 4 5 6 7 8 9 10 11 0 0 0 0 0 1 1 0 1 0 0 0 0 0 0 0 1 1 0 1 0 0	Provider... Cardiff and Vale University Local Heal... 19. Patie... 1.0 0.5 0.0 0 10



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WG Recovery measures - Neurosurgery (English providers) (DHCW RTT data; target lines in red dots)

15 / 18. Patients waiting more than 104 weeks for treatment (data for all pathways used) Target - Improvement trajectory towards a national target of 0 by 2024 / July 2022	CensusFinancialYearStyle ProviderOrganisationCurrentName The Walton Centre Nhs Foundation trust Total	2021/22 1 2 3 4 5 6 7 8 9 10 0	Provider... The Walton Centre Nhs Foundation ... 15. Patient... 1 0 -1 0 5 10
16. Patients waiting more than 36 weeks for treatment (data for all pathways used) Target - Improvement trajectory towards a national target of 0 by 2026	CensusFinancialYearStyle ProviderOrganisationCurrentName The Walton Centre Nhs Foundation trust Total	2021/22 1 2 3 4 5 6 7 8 9 10 46 44 49 32 36 30 33 41 48 50 46 44 49 32 36 30 33 41 48 50	Provider... The Walton Centre Nhs Foundation ... 16. Patient... 50 0 5 10
17. Percentage of patients waiting less than 26 weeks for treatment (data for all pathways used) Target - Improvement trajectory towards a national target of 95% by 2026	CensusFinancialYearStyle ProviderOrganisationCurrentName The Walton Centre Nhs Foundation trust Total	2021/22 1 2 3 4 5 6 7 8 9 10 87% 88% 88% 90% 89% 87% 83% 83% 82% 80% 87% 88% 88% 90% 89% 87% 83% 83% 82% 80%	Provider... The Walton Centre Nhs Foundation ... 17. Perce... 90% 80% 0 5 10
19. Patients waiting more than 52 weeks for a new outpatient appointment (data for all pathways used) Target - Improvement trajectory towards a national target of 0 by October 2022	CensusFinancialYearStyle ProviderOrganisationCurrentName The Walton Centre Nhs Foundation trust Total	2021/22 1 2 3 4 5 6 7 8 9 10 23 22 23 12 11 6 9 11 10 9 23 22 23 12 11 6 9 11 10 9	Provider... The Walton Centre Nhs Foundation ... 19. Patie... 20 0 5 10

Plastic Surgery (measures 15 – 19)



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Services Committee (WHSSC)

WG Recovery measures - Plastic Surgery (Welsh providers) (DHCW RTT data; target lines in red dots)

15. Patients waiting more than 104 weeks for treatment Target - Improvement trajectory towards a national target of 0 by 2024	CensusFinancialYearStyle ProviderOrganisationCurrentName 2021/22 1 2 3 4 5 6 7 8 9 10 11 Swansea Bay University Local Health Board 177 215 256 294 343 404 448 515 542 593 628 Total 177 215 256 294 343 404 448 515 542 593 628	Provider... Swansea Bay University Local Health ... 15. Patient... 500 0 0 10
16. Patients waiting more than 36 weeks for treatment Target - Improvement trajectory towards a national target of 0 by 2026	Financial Year Provider 2021/22 1 2 3 4 5 6 7 8 9 10 11 Swansea Bay University Local Health Board 1,082 1,077 1,058 1,079 1,093 1,103 1,075 1,097 1,089 1,120 1,117 Total 1,082 1,077 1,058 1,079 1,093 1,103 1,075 1,097 1,089 1,120 1,117	Provider... Swansea Bay University Local Health ... 16. Patient... 1K 0K 0 10
17. Percentage of patients waiting less than 26 weeks for treatment Target - Improvement trajectory towards a national target of 95% by 2026	CensusFinancialYearStyle Provider 2021/22 1 2 3 4 5 6 7 8 9 10 11 Swansea Bay University Local Health Board 33% 33% 34% 36% 38% 37% 37% 39% 36% 34% 35% Total 33% 33% 34% 36% 38% 37% 37% 39% 36% 34% 35%	Provider... Swansea Bay University Local Health ... 17. Percent... 100% 50% 0 10
18. Patients waiting more than 104 weeks for a new outpatient appointment Target - Improvement trajectory towards a national target of 0 by July 2022	CensusFinancialYearStyle ProviderOrganisationCurrentName 2021/22 1 2 3 4 5 6 7 8 9 10 11 Swansea Bay University Local Health Board 0 0 1 1 2 4 9 21 26 16 19 Total 0 0 1 1 2 4 9 21 26 16 19	Provider... Swansea Bay University Local Health ... 15. Patient... 20 0 0 10
19. Patients waiting more than 52 weeks for a new outpatient appointment Target - Improvement trajectory towards a national target of 0 by October 2022	CensusFinancialYearStyle ProviderOrganisationCurrentName 2021/22 1 2 3 4 5 6 7 8 9 10 11 Swansea Bay University Local Health Board 278 287 275 298 323 351 382 389 376 302 199 Total 278 287 275 298 323 351 382 389 376 302 199	Provider... Swansea Bay University Local Health ... 19. Patient... 400 200 0 10



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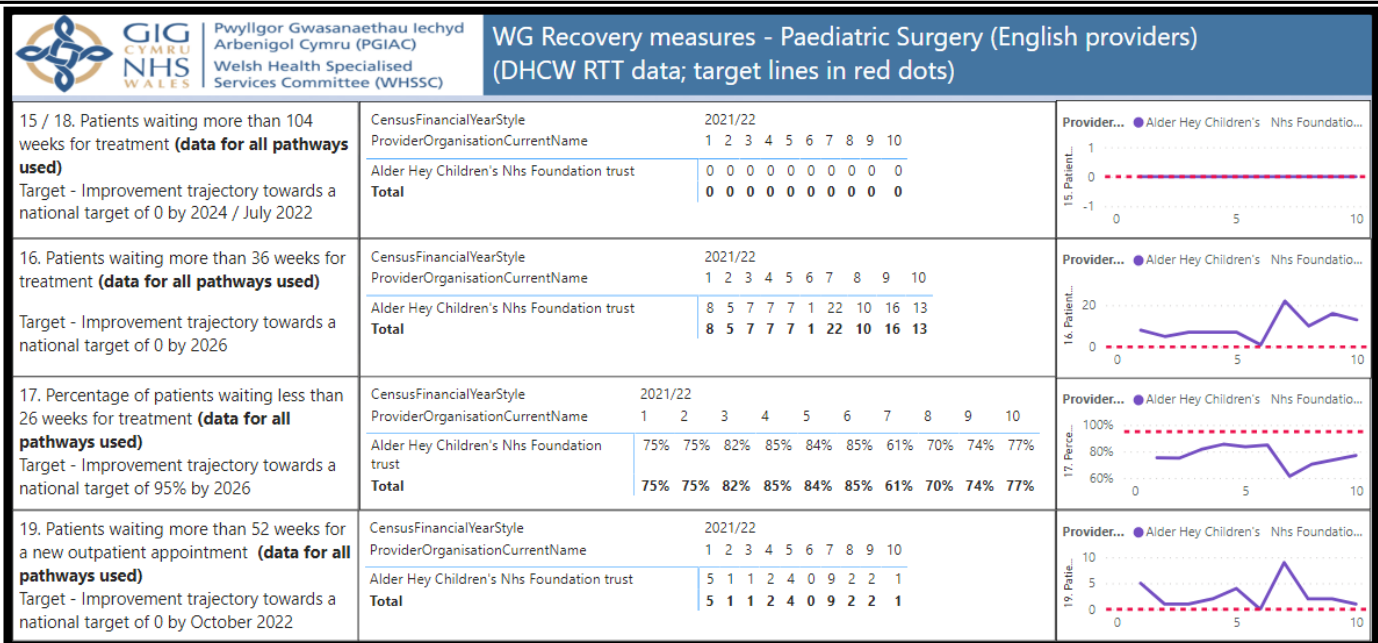
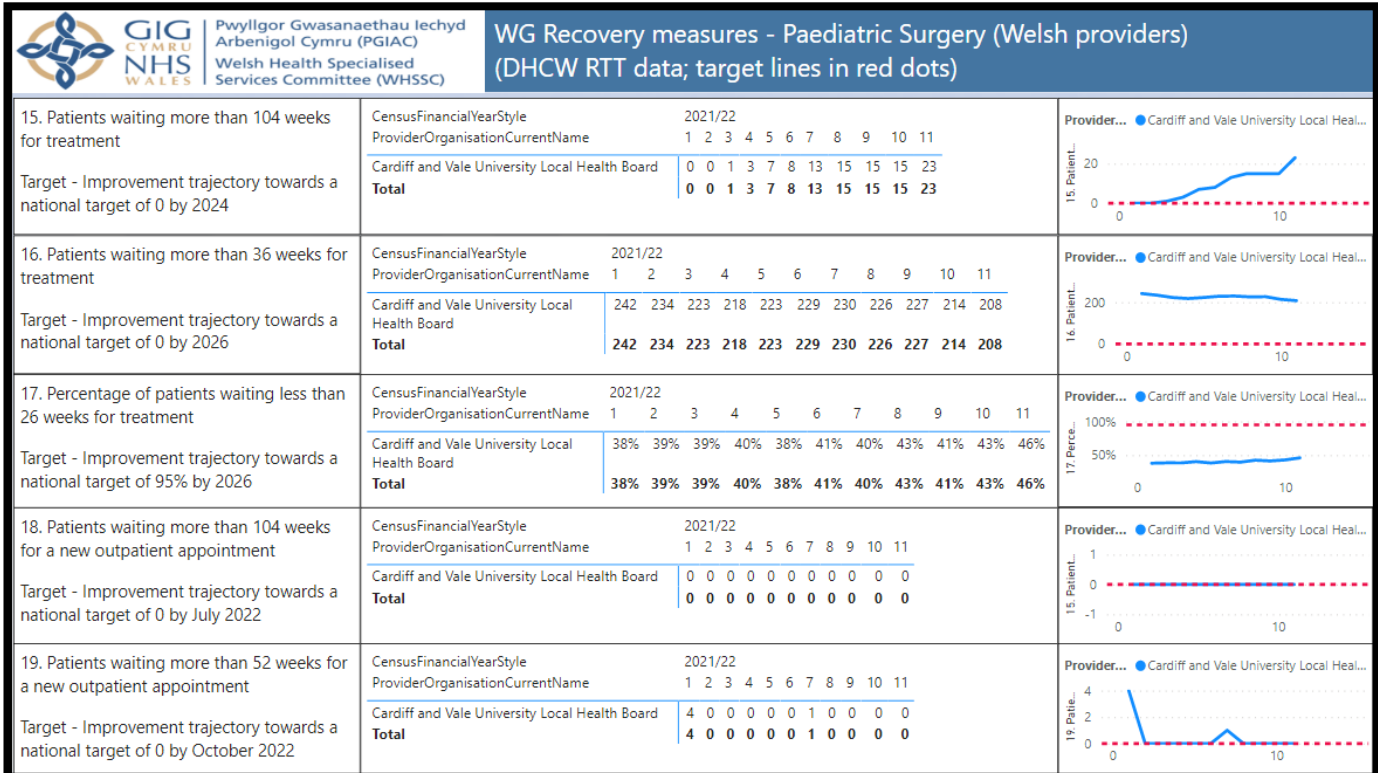
Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

WG Recovery measures - Plastic Surgery (English providers) (DHCW RTT data; target lines in red dots)

15 / 18. Patients waiting more than 104 weeks for treatment (data for all pathways used) Target - Improvement trajectory towards a national target of 0 by 2024 / July 2022	CensusFinancialYearStyle ProviderOrganisationCurrentName 2021/22 1 2 3 4 5 6 7 8 9 10 Countess Of Chester Hospital Nhs foundation trus 4 6 5 4 St Helens And Knowsley Teaching Hospitals nhs tr 0 0 0 0 0 0 0 0 0 0 Total 4 6 5 4 0 0 0 0 0 0	Provider... Countess Of Chest... St Helens An... 15. Patient... 5 0 0 5 10
16. Patients waiting more than 36 weeks for treatment (data for all pathways used) Target - Improvement trajectory towards a national target of 0 by 2026	CensusFinancialYearStyle ProviderOrganisationCurrentName 2021/22 1 2 3 4 5 6 7 8 9 10 Countess Of Chester Hospital Nhs foundation trus 52 46 40 35 St Helens And Knowsley Teaching Hospitals nhs tr 90 94 96 104 102 99 109 121 119 125 Total 142 140 136 139 102 99 109 121 119 125	Provider... Countess Of Chest... St Helens An... 16. Patient... 100 0 0 5 10
17. Percentage of patients waiting less than 26 weeks for treatment (data for all pathways used) Target - Improvement trajectory towards a national target of 95% by 2026	CensusFinancialYearStyle ProviderOrganisationCurrentName 2021/22 1 2 3 4 5 6 7 8 9 10 Countess Of Chester Hospital Nhs foundation trus 55% 61% 69% 63% St Helens And Knowsley Teaching Hospitals nhs tr 67% 65% 65% 65% 65% 68% 69% 70% 70% 68% Total 63% 64% 67% 65% 65% 68% 69% 70% 70% 68%	Provider... Countess Of Chest... St Helens An... 17. Percent... 100% 50% 0 5 10
19. Patients waiting more than 52 weeks for a new outpatient appointment (data for all pathways used) Target - Improvement trajectory towards a national target of 0 by October 2022	CensusFinancialYearStyle ProviderOrganisationCurrentName 2021/22 1 2 3 4 5 6 7 8 9 10 Countess Of Chester Hospital Nhs foundation trus 39 35 31 27 St Helens And Knowsley Teaching Hospitals nhs tr 0 0 0 0 0 0 0 0 0 0 Total 39 35 31 27 0 0 0 0 0 0	Provider... Countess Of Chest... St Helens An... 19. Patient... 40 20 0 5 10

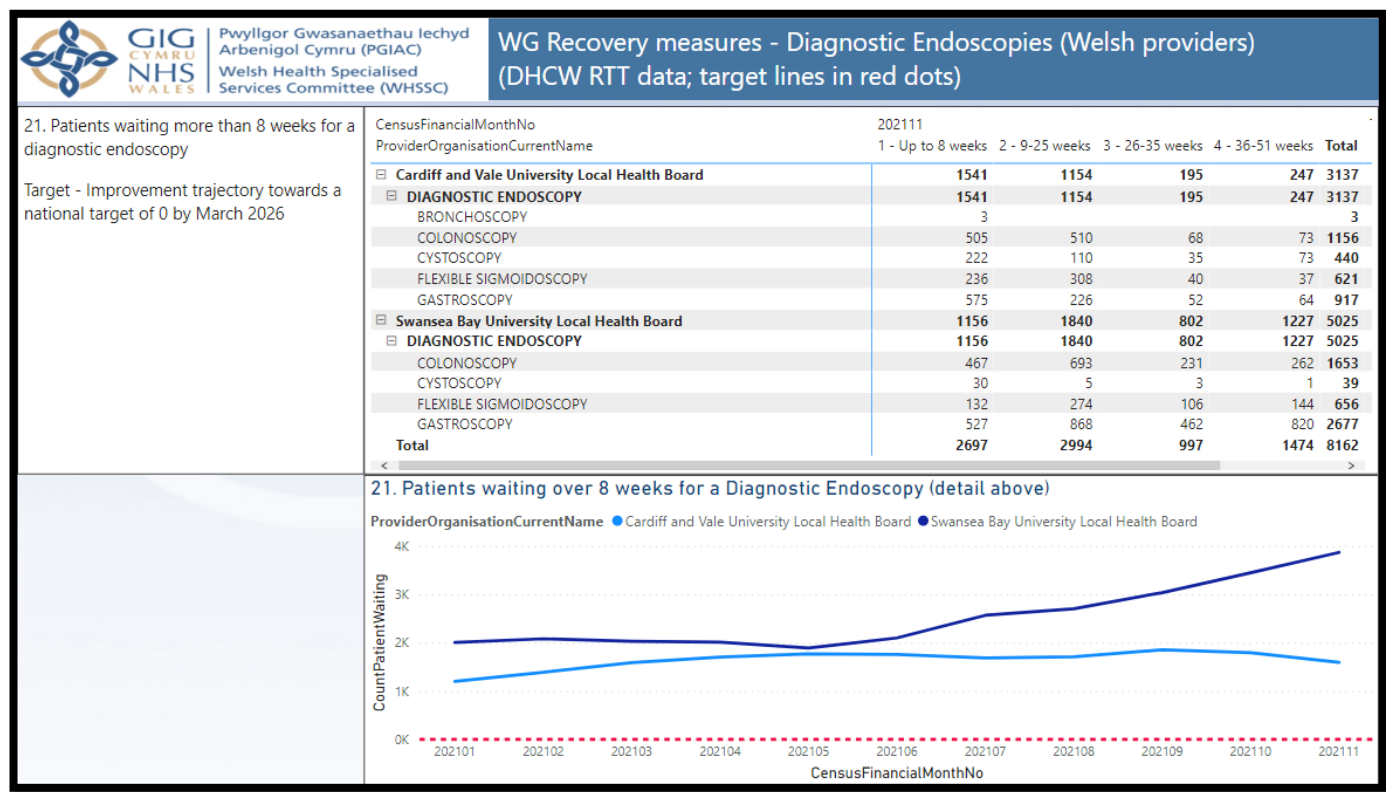
Note: Countess of Chester activity paid through Betsi Cadwaladr local contract.

Paediatric Surgery (measures 15 – 19)



Patients waiting over 8 weeks for a Diagnostic Endoscopy (measure 21)

This measure is derived from a national DHCW dataset around patients waiting for Diagnostics. Specialties are not separated out, hence the figures below relate to the provider as a whole, and will include patients that are not in a pathway relating to specialist treatments.



7/7

425/482



Report Title	Financial Performance Report – Month 12 2021-2022			Agenda Item	4.2
Meeting Title	Joint Committee			Meeting Date	10/05/2022
FOI Status	Open/Public				
Author (Job title)	Finance Manager - Contracting				
Executive Lead (Job title)	Director of Finance				
Purpose of the Report	<p>The purpose of this report is to set out the financial position for WHSSC for the 12th month of 2021-2022.</p> <p>The financial position is reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan by the Joint Committee in January 2021.</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 12 2021-2022

1.0 SITUATION

The purpose of this report is to provide the yearend financial position of WHSSC for the 2021-2022 financial year.

This report will be shared with WHSSC Management Group on 28th April and Joint Committee on 10th May.

2.0 BACKGROUND

The financial position is reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan the Joint Committee in January 2021.

3.0 ASSESSMENT

The financial position reported at Month 12 for WHSSC is a year-end outturn under spend of £13,112k.

The under spend predominantly relates to slippage in new planned developments, underperformance against Welsh SLA baselines, unrealised growth provisions against 2021-2022 forecast requirement and releasable reserves from 2020-2021 provisions. There are a number of cost pressures absorbed in the net position including high cost transplant patients and complex mental health placements.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the current financial position and forecast year-end position.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan Choose an item.
Link to Integrated Commissioning Plan	This document reports on the ongoing financial performance against the agreed IMTP
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	
Finance/Resource Implications	This document reports on the ongoing financial performance against the agreed IMTP.
Population Health	
Legal Implications (including equality & diversity, socio economic duty etc)	
Long Term Implications (incl WBFG Act 2015)	
Report History (Meeting/Date/ Summary of Outcome)	
Appendices	

FINANCE PERFORMANCE REPORT – MONTH 12

1.0 SITUATION / PURPOSE OF REPORT

The purpose of this report is to set out the estimated financial position for WHSSC for the 12th month of 2021-2022 together with any corrective action required.

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	752,046	752,046	739,281	(12,765)	4,219	(12,765)	910
EASC (WAST, EMRTS, NCCU)	193,214	193,214	192,867	(347)	(2)	(347)	36
Total as per Risk-share tables	945,260	945,260	932,147	(13,112)	4,217	(13,112)	946

The narrative of this report excludes the financial position for EASC, which includes the WAST contracts, the EASC team costs and the QAT team costs, and have a separate Finance Report. For information purposes, the consolidated position is summarised in the table below.

Please note that as LHB's cover any WHSSC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the WHSSC position as reported to Welsh Government is a nil variance.

2.0 BACKGROUND/INTRODUCTION

The financial position is reported against the 2021-2022 baselines following approval of the 2021-2022 ICP by the Joint Committee in January 2021. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions as the need arises.

The financial position at Month 12 is an outturn underspend of £13,112k.

NHS England is reported in line with the current IMTP. WHSSC continues to commission in line with the contract intentions agreed as part of the IMTP and historic standard PBR principles, and declines payment for activity that is not compliant with the business rules related to out of time activity.

3.0 GOVERNANCE & CONTRACTING

All budgets have been updated to reflect the 2021-2022 ICP, including the full year effects of 2020-2021 approved plan developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2020-2021 contract values which have been transposed into the 2021-2022 contract documents.

The Finance Sub Group has developed a risk sharing framework which has been agreed by Joint Committee and was implemented from April 2019. This is based predominantly on a 2 year average utilisation calculated on the latest available complete year's data. Due to the nature of highly specialist, high cost and low volume services, a number of areas will continue to be risk shared on a population basis to avoid volatility in individual commissioner's position.

Due to COVID and block contracting arrangements the current utilisation shares are based on a 2 year average of 2018/19 and 2019/20 activity. It was agreed by the Finance Sub group that to update utilisation for 2020/21 activity would be too volatile given the downturn in activity.

4.0 ACTUAL YEAR TO DATE AND FORECAST OVER / (UNDERSPEND) (SUMMARY)

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget £'000	Budgeted to Date £'000	Actual to Date £'000	Variance to Date £'000	Previous month Var to date £'000	Current EOYF Variance £'000	Previous month EOYF Var £'000
NHS Wales							
Cardiff & Vale University Health Board	248,240	248,240	246,104	(2,136)	(1,601)	(2,136)	(1,721)
Swansea Bay University Health Board	109,075	109,075	109,974	898	656	898	832
Cwm Taf Morgannwg University Health Board	10,146	10,146	10,146	0	0	0	0
Aneurin Bevan Health Board	8,934	8,934	8,934	0	0	0	0
Hywel Dda Health Board	1,662	1,662	1,662	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	44,239	44,239	43,804	(435)	(410)	(435)	(484)
Velindre NHS Trust	49,566	49,566	48,689	(877)	(480)	(877)	(583)
Sub-total NHS Wales	471,862	471,862	469,312	(2,550)	(1,835)	(2,550)	(1,957)
Non Welsh SLAs	119,250	119,250	119,791	541	448	541	614
IPFR	69,997	69,997	85,202	15,205	6,680	15,205	11,046
IVF	4,906	4,906	4,738	(168)	(185)	(168)	(126)
Mental Health	35,013	35,013	37,443	2,430	1,549	2,430	2,358
Renal	4,774	4,774	4,163	(612)	(492)	(612)	(493)
Prior Year developments	1,928	1,928	3,573	1,645	1,264	1,645	1,956
2020/21 Plan Developments	38,996	38,996	20,810	(18,186)	(14,233)	(18,186)	(16,039)
Direct Running Costs	5,319	5,319	5,292	(27)	(56)	(27)	10
Reserves Releases 2019/20	0	0	(11,044)	(11,044)	(10,124)	(11,044)	(11,044)
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
Total Expenditure	752,046	752,046	739,281	(12,765)	(16,984)	(12,765)	(13,676)

The reported position is based on the following:

- Developments – variety of bases, including agreed phasing of funding.
- Mental Health – live patient data as at the end of the month, plus current funding approvals.
- NHS England activity – block basis for months 1-12 of this financial year.
- All other areas are reported as agreed settlements with providers or latest forecasts available.

** Please note that Income is collected from LHB's in equal 12ths, therefore there is usually an excess budget in Months 1-11 that relates to developments funding in future months. To keep the Income and Expenditure position equal, the phasing adjustment is shown on a separate line for transparency and is accrued to date to avoid a technical underspend.

5.0 FINANCIAL POSITION DETAIL - PROVIDERS

Provider positions can be summarised as follows for month 12:

5.1 NHS Wales Providers

M12 YE position (£2,550k).

Month 12 reporting is based on the COVID-19 block funding flow agreements for 2021-2022, with pass through elements paid on pass through.

The final underspend relates to significant non recurrent slippage of prior year developments in the Cardiff & Vale provider position due to recruitment lag. These developments include Cystic Fibrosis, Inherited Bleeding Disorders, Adult Congenital Heart Disease and the Hereditary Anaemia service. There is also non-recurrent slippage on full year allocations for WG funded developments such as the Major Trauma Centre and critical care Long Term Ventilation. This month has a reduction in excess INR costs, haemophilia blood products and genetic send away tests. There are partial offsets as increased overspends are reported for ALAS and NICE high cost drugs.

Swansea Bay has a partially offsetting overspend year end position mainly due to NICE high cost drug spend and major trauma plastics. The BCU final outturn is an underspend due to haemophilia under performance.

The year end underperformance in pass through melanoma drugs at Velindre Cancer Centre due to delays to anticipated NICE approvals has further increased for yearend settlement.

5.2 NHS England Providers

M12 YE position £541k.

The movement is not material this month amounting to a £73k reduction since month 11.

Additional activity payments to NHSE providers under the 'elective recovery fund' terms are £6,000k for 2021-2022, this is reported in the COVID recovery section of the tables as directly funded through Welsh Government.

5.3 Individual Patient Commissioning & Non Contract Activity

M12 YE position £15,205k.

The yearend overspend has increased at month 12 by £4,159k. This relates to an increase in Vertex Cystic Fibrosis Triple Therapy treatments due to recent widening of the indications for treatment and a high level of sustained ECMO activity at the Guys centre in Q4. The position also contains £2.8m for in year long term critical care patients at GOSH who received their heart transplants in October and January, both patients have now been discharged.

5.4 Specialised Mental Health

M12 YE position £2,430k.

There was sustained pressure all year on the CAMHS OOA position due to capacity constraints in Welsh contracted provider units. The medium secure position includes the expenditure incurred in block buying of a number of female beds from mid-January to accommodate placements currently being held in a low secure setting. There is also provision for a high cost complex MH patient currently held in a low secure independent provider.

5.5 Renal

M12 YE position (£612k).

Renal year-end position is under budget mainly due to lower than planned activity in Royal Liverpool & Broadgreen and C&V drug underperformance. The movement in month 12 is due to a reduction in C&V psychology provision as no staff are in post.

5.6 Developments and Strategic Priorities

M12 YE position (£16,540k)

The position reflects significant slippage released in developments against in year funding releases, prioritisation schemes and collective commissioning provisions where spend did not materialise in 2021-2022. This equates to a movement of (£2,147k) at month 12.

The genetics test directory position assumes a number of non-recurrent recovery schemes are supported to reduce waiting times and backlogs across the wider portfolio of laboratory and clinical genetics, this results in a forecast variance of £1,676k over the current in year allocated baseline for the test directory and strategy funding.

The month 12 position reflects a further reduction against the forecast in the C&V CAR-T activity, reductions in spend on the Micro Processor Knee programmes and a reduction in Welsh provider dialysis growth claims for yearend settlement.

5.7 WHSSC Running Costs

M12 YE position (£27K).

The underspend reflects vacancies for the year and also includes the incurred legal fees for an IPFR judicial review.

5.8 Reserves

M12 YE position (£11,044k)

No new reserve releases have been identified at month 12.

6.0 FINANCIAL POSITION DETAIL – BY COMMISSIONERS

The financial arrangements for WHSSC do not allow WHSSC to either over or underspend, and thus any variance is distributed to LHB's based on a clearly defined risk sharing mechanism. The following table provides details of how the current variance is allocated and how the movements from last month impact on LHB's.

Table 3 – Year to Date position by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Variance M12	(12,765)	(2,734)	(897)	(2,315)	(2,264)	(1,898)	(510)	(2,146)
Variance M11	(16,984)	(3,309)	(1,521)	(2,703)	(3,268)	(2,164)	(732)	(3,286)
Movement	4,219	575	624	388	1,003	266	222	1,140

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
EOY forecast M12	(12,765)	(2,734)	(897)	(2,315)	(2,264)	(1,898)	(510)	(2,146)
EOY forecast M11	(13,676)	(2,871)	(1,057)	(2,324)	(2,528)	(1,845)	(518)	(2,532)
EOY movement	910	137	160	9	264	(54)	8	386

7.0 INCOME / EXPENDITURE ASSUMPTIONS

7.1 Income from LHB's

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

These figures reflect the rebased risk sharing financial framework and a cost neutral allocation adjustment is anticipated to realign commissioner funding with the WHSSC income expectations.

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

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

	2020/21 Planned Commissioner Income	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	114,044	114,044	113,993	51	0	114,044	(888)
Aneurin Bevan	179,711	179,711	175,225	4,485	0	179,711	(2,678)
Betsi Cadwaladr	205,650	205,650	203,546	2,104	0	205,650	(2,128)
Cardiff and Vale	152,217	152,217	148,427	3,872	(82)	152,217	(2,722)
Cwm Taf Morgannwg	137,346	137,346	137,250	96	0	137,346	(2,303)
Hywel Dda	111,178	111,178	110,323	855	0	111,178	(1,888)
Powys	45,115	45,115	44,725	390	0	45,115	(506)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	945,260	945,260	933,489	11,854	(82)	945,260	(13,112)

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

NHS England – 2021-2022 recovery over performance payments to English providers is £6.0m in line with the allocation drawn down from Welsh Government.

An analysis showing the recovery costs incurred in 2021/22 by English Providers are provided below.

- Alder Hey £652,901 (Paediatrics)
- Liverpool Heart and Chest £3,948,569 (Cardiac/Cardiology)
- The Walton £608,972 (Neuro)
- St Helens and Knowsley £35,708 (Plastics)
- Liverpool Womens £193,518 (IVF)
- Birmingham Women & Children's £84,592 (Paediatrics)
- Uni Birmingham £169,347 (Multiple specialties)
- GOSH £193,005 (Paediatrics)
- Imperial College £113,388 (Multiple specialties)

Total Year End 2021/22 = £6,000k

There are a number of Mental Health Surge beds commissioned through NCCU which are reported through the WHSSC COVID position. The outturn for 2021-2022 is £1.191m as per the allocation received.

9.0 PUBLIC SECTOR PAYMENT COMPLIANCE

As at month 9 WHSSC has achieved 99.7% compliance for NHS invoices paid within 30 days by value and 98.6% by number.

For non NHS invoices WHSSC has achieved 98.3% in value for invoices paid within 30 days and 97.4% by number.

This data is updated on a quarterly basis.

WHSSC has undertaken a self-audit of our PSPP results as provided by NHS WSSP and are content that they are accurate. Therefore we have updated our forecast end of year position.

10. RESPONSES TO ACTION NOTES FROM WG MMR RESPONSES

11.1 & 11.3 – COVID funding relating to WHSSC is detailed above in section 8.

11. SLA 2021-2022 STATUS UPDATE

All Welsh SLAs have been signed.

12. CONFIRMATION OF POSITION REPORT BY THE MD AND DOF



Sian Lewis,
Managing Director, WHSSC



Stuart Davies,
Director of Finance, WHSSC



Report Title	Corporate Governance Report	Agenda Item	4.3
Meeting Title	Joint Committee	Meeting Date	10/05/2022
FOI Status	Open		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services		

Purpose of the Report	The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the report.

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 15 March 2022 and discussed:

- Specialist Adult Eating Disorder Service placements at Cotswold House, provided by Oxford Health NHS Foundation Trust (OHNFT),
- The inspection on mental health service provision at the Ty Llidiard child and adolescent mental health in-patient unit, based at the Princess of Wales Hospital (POWH), Bridgend; and
- an independent review in NHS England into Gender Identity Services (GIDS) for children and young people, with a focus on how their care can be improved.

3.2 Welsh Health Circular's (WHC's)

Welsh Government (WG) issues Welsh Health Circular's (WHCs) around specific topics. The following WHCs have been received since the last meeting and are available via the WG website, where further details as to the risks and governance issues are available:

- WHC 2022 007 – Recording of Dementia read codes
- WHC 2021 034 - Health board allocations 2022 to 2023
- WHC/2022/005 Welsh Value in Health Centre: data requirements,
- WHC/2022/010 Reimbursable vaccines and eligible cohorts for the 2022 programme, and
- WHC/2022/009 Prioritisation of COVID-19 patient episodes for NHS Wales clinical coding departments.

3.3 Declarations of Interest

In accordance with our standard practice the WHSSC Declarations of Interest forms were issued on 1 April 2022. A number of forms have been returned and a comprehensive update will be provided to the Integrated Governance Committee (IGC) at its June 2022 meeting.

3.4 Annual Committee Effectiveness Survey 2021-2022

For the 2021-2022 assessment, a survey was issued via email utilising MS forms to enable an efficient yet effective reflection on committee effectiveness and which offered a consistent approach for all committees. The survey closed on the 11 April 2022.

Overall, the survey received a positive response, and the findings and feedback will be shared with the relevant Chairs and reviewed with a view to developing an action plan to address any areas that require development that will be monitored by the IGC. A full report will be presented to the IGC in the near future.

The responses to the questions concerning the effectiveness of meetings indicated that members were content with current process for virtual meetings, and consideration is being given to offering face to face for meetings for specific decision making requirements, for example approval of the Integrated Commissioning Plan (ICP).

In addition, the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2022-2023.

3.5 Forward Work Plan

The JC Forward Work Plan is presented at **Appendix 1** for information.

3.6 Committee Arrangements during COVID-19

As the WHSSC continues to manage and support its response to the recovery phase of COVID-19, the Joint Committee arrangements will continue to be held virtually, with focussed agendas and shorter meetings.

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)	Not applicable
Long Term Implications (incl WBFG Act 2015)	Not applicable
Report History (Meeting/Date/ Summary of Outcome)	-
Appendices	Appendix 1 –JC Forward Work Plan

Appendix 1

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
10 May 2022	Declarations of Interest Minutes Action Log Forward Work Plan	Chair's Report Managing Director's Report Appointment of Interim Chair for the All Wales IPFR Panel Disestablishment of the Learning Disability Advisory Group Specialised Services Strategy for Mental Health Sub-Committee Annual Reports 2021-22 and Terms of Reference Annual Governance Statement 2021-22	COVID-19 Period Activity Report (month 11) Financial Performance Report (month 12) 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 Governance Committee - Individual Patient Funding Request Panel - WRCN 	Genomics Presentation Neonatal Transport Operational Delivery Network Individual Patient Funding Request (IPFR) Panel Update – verbal Preparedness for COVID-19 Inquiry

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
12 July 2022	Declarations of Interest Minutes Action Log Forward Work Plan	Chair's Report Managing Director's Report Annual Committee Effectiveness Survey 2021-2022 Results Hepato-Pancreato-Biliary Services for Wales WHSSC Specialised Services Strategy Risk Management Strategy WHSSC Annual Report 2021-2022	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 Governance Committee - Individual Patient Funding Request Panel - WRCN 	Spinal Operational Delivery Network

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
06 September 2022	Declarations of Interest Minutes Action Log Forward Work Plan	Chair's Report Managing Director's Report WHSSC Standing Orders	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 Governance Committee - Individual Patient Funding Request Panel - WRCN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
08 November 2022	Declarations of Interest Minutes Action Log Forward Work Plan	Chair's Report Managing Director's Report Corporate Risk Assurance Framework Integrated Commissioning Plan 2023-2026	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 Governance Committee - Individual Patient Funding Request Panel - WRCN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
17 January 2023	Declarations of Interest Minutes Action Log Forward Work Plan	Chair's Report Managing Director's Report	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 Governance Committee - Individual Patient Funding Request Panel - WRCN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
14 March 2023	Declarations of Interest Minutes Action Log Forward Work Plan	Chair's Report Managing Director's Report Annual Review of Committee Effectiveness 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 <ul style="list-style-type: none"> - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WRCN 	

CTMUHB Audit and Risk Committee – Part 2
Assurance Report

Reporting Committee	CTMUHB Audit and Risk Committee – Part 2
Chaired by	Patsy Roseblade, Chair of the Audit & Risk Committee (ARC), CTMUHB,
In attendance for WHSSC	Stuart Davies, Director of Finance Jacqui Evans, Committee Secretary
Date of Meeting	28 April 2022
Report Author	Committee Secretary
Summary of key matters considered by the Committee and any related decisions made	
<p>The CTMUHB Audit & Risk Committee (ARC) provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations. The Memorandum of Agreement states that the Audit Lead will provide reports to the Joint Committee following the Host Audit & Risk Committee meetings. This assurance report sets out the key areas of discussion and decision.</p> <p>1.WHSSC Corporate Risk Assurance Framework (CRAF)</p> <p>Jacqui Evans (JE), Committee Secretary, WHSSC presented the Corporate Risk and Assurance Framework (CRAF), which had been approved by the Joint Committee on the 15 March 2022. Members noted that:</p> <ul style="list-style-type: none"> • As at 31 March 2022, there were 18 risks on the CRAF with a risk score of 15 and above, • There were 16 commissioning risks, and no new commissioning risks were received during march 2022, • 1 risk in relation to cardiac surgery at Swansea Bay UHB had been de-escalated from 16 to 12, • There were 2 organisational risks relating to Individual Patient Funding Request (IPFR) governance and the Welsh Government Delivery measures. • The CTM ARC had previously requested that additional narrative be provided on the risk schedules to provide assurance on how the risks were being managed. Members noted that risk owners had been asked to review the written description on the risk schedules in readiness for the Risk Scrutiny Group (RSG) meeting held on the 25 April 2022; and • Following the risk workshop held in September 2021 a further risk management workshop would be held in summer 2022 to review how the RSG process is working, to consider risk appetite and tolerance levels 	

across the organisation and to discuss developing a Joint Assurance Framework (JAF).

- An Internal audit on risk management was undertaken on 16 March 2022 which had received positive feedback, with some minor recommendations to strengthen and develop process and the final report was awaited and would be brought to the next meeting for assurance.

The Committee **noted** the report.

2.WHSSC Internal and External Audit Recommendations Tracker

JE gave a progress report on the implementation of internal and external audit recommendations and members noted that since 2018, 8 reports had been issued, 21 recommendations had been made, 20 recommendations had been achieved and 1 recommendation was outstanding, which had not yet reached its due date.

Members noted the summary of internal audits undertaken during 2021-2022 and the assessment ratings, and the progress made against the seven external audit recommendations outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".

Members noted that the progress against the Audit Wales recommendations had been shared with the HB Board Secretaries for inclusion on HB Audit Committee agendas in February/March 2022.

Members noted that a full progress report will be presented to the Joint Committee on the 12 July 2022 and a further report progress report will be shared with the Board Secretaries thereafter.

The Committee **noted** the report.

3.WHSSC Audit Enquiries Letter

Stuart Davies (SD) presented the audit enquiries letter report which had been submitted to Audit Wales, and members noted the details the assurance required, from both the management of WHSSC and 'those charged with governance' (the Joint Committee), together with the evidence provided.

The Committee **noted** the report.

4.EASC Risk Register

Gwenan Roberts (GR), Assistant Director of Corporate, EASC gave an update on the EASC risk register and advised that it had been extensively reviewed and updated by the EASC Team in February 2022 and approved by the EAS Joint Committee on in March 2022.

Members noted that there were three ongoing risks which scored 15 and above, related to:

- Failure to achieve agreed performance standard for category red calls

- Failure to achieve agreed performance standard for amber category calls
- Failure to take appropriate commissioning actions to support the provider in their management of patient safety and to minimise clinical risk during times of escalation

Stephen Harrhy, Chief Ambulance Services Commissioner (CASC) gave an update on handover improvement plans for all hospital sites and the meetings planned between the EASC Team and HB's to coordinate responses across the whole system.

Members noted that the situation was very serious and that the CASC had reminded EASC members that 'we are reaching the point where our ability to discharge our statutory functions to plan and secure sufficient ambulance services for the population is at significant risk without a material and sustainable reduction in handover levels'.

The Committee **noted** the report.

5. EASC Audit Recommendations Tracker

GR gave a progress report on the implementation of internal and external audit recommendations and members noted the 4 areas outstanding to deliver the EASC Model Standing Orders and that it was anticipated that all of the recommendations would be completed by July 2022.

The Committee **noted** the report.

6. Hosted Bodies Assurance Framework (HAF)

Georgina Galletly, Director of Corporate Governance CTMUHB presented the revised Hosting Assurance Framework (HAF). Members noted that the National Collaborative Commissioning Unit (NCCU) had been removed from the HAF as clarification had been sought that they sat under EASC.

Members noted that WG had confirmed recurrent funding for the Value in Health care programme and the governance arrangements in place such that it would not fall within the scope of the HAF.

The Committee **approved** the revised Hosting Assurance Framework.

Matters referred to other Committees

None

Date of next scheduled meeting	18 May 2022 9am
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GIG
CYMRU
NHS
WALES

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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 24 FEBRUARY 2022

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams. It was noted that a quorum had been achieved.

2. Action Log

Members received an update on progress against the action log and **noted** the updates.

3. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- The Commissioning of Burns Treatment from the SBUHB Welsh Centre for Burns,
- The Cochlear Implant Service being taken out of the WHSSC escalation process; and
- Nusinersen for Treating Spinal Muscular Atrophy.

4. SABR Designation of Swansea Bay UHB

Members received a report addressing the specific questions raised by the Management Group in December 2021 in relation to the assessment of Swansea Bay UHB's (SBUHB's) proposal to become a commissioned provider of Stereotactic Ablation Radiotherapy (SABR) for the population of south- west and mid Wales.

Members (1) **Noted** the contents of the report and the assurance provided in relation to the specific questions raised by Management Group in December 2021 relating to sustainability, deliverability and impacts on other services, (2) **Noted** the further assessment provided to explain the cost drivers and the reasons for the observed difference between Swansea Bay UHB's (SBUHB's) proposal and costs at Velindre Cancer Centre (VCC); and (3) **Supported** the designation of SBUHB as a commissioned provider of SABR for lung cancer.

5. Neurosurgery Gateway Review

Members received a report outlining how the five year Neurosciences Strategy for the south Wales region had been progressed since June 2018, and whether the investments made had met the priorities identified and defined the future plan to achieve all of the remaining key strategic priorities.

Members (1) **Noted** the investments and information presented within the report, (2) **Received** assurance that there are robust processes in place to ensure that the funding released has improved the quality of service provision and achieved the outcomes set out in the individual funding release papers, (3) **Noted** the COVID-19 impact on activity and waiting lists for some areas of the service, (4) **Supported** that the service will be required to achieve pre-COVID-19 levels of activity and thus will fully utilise the resources provided; and (5) **Supported** the delivery of the remaining key strategic priorities outlined in the report once performance is back to pre-COVID-19 levels.

6. Specialised Radiotherapy Commissioning

Members received a status report on the commissioning of radiotherapy services in Wales that was intended to inform commissioning intentions for 2023-2024.

Members **noted** the report

7. All Wales Medical Genomics Service/Health Board Cellular Pathology Capacity

Members received a report raising awareness of reported concerns regarding insufficient cellular pathology capacity in Health Boards (HBs) as a result of expanded cancer genomic testing commissioned from the All Wales Medical Genomics Service (AWMGS) by WHSSC.

Members (1) **Noted** the report; and (2) **Agreed** to communicate the issue concerning insufficient cellular pathology capacity in HBs as a result of expanded cancer genomic testing commissioned from the All Wales Medical Genomics Service (AWMGS) within their own organisation to enable consideration of the implications for Integrated Medium Term Plan (IMTP) development.

8. Process for the Development of the Integrated Commissioning Plan 2023-2026

Members received a report outlining the approval process and high-level timelines for the development of the Integrated Commissioning Plan (ICP) 2023-2026.

Members (1) **Agreed** the proposed process and timescale for the development of the Integrated Commissioning Plan (ICP) 2023-2026; and (2) **Agreed** to receive the action plan against the Integrated Commissioning Plan (ICP) 2022-2025 following confirmation of the ICP 2022-2025 by the Joint Committee.

9. WHSSC Process for Responding to the Ministerial Measures

Members received a report providing an overview of the recently published Ministerial priority measures and which proposed a process through which WHSSC could respond.

Members noted that the new priority measures were issued by the Welsh Minister for Health and Social Services during the week commencing 10 January 2022, and a letter was issued to all health organisations to inform them of the new measures. NHS organisations are required to report on the new measures from April 2022.

Members **noted** the process through which WHSSC will respond to the Ministerial measures.

10. WHSSC Policy Group Report

Members received a report providing an update on activity and output from the WHSSC Policy Group during the last quarter (November 2021 – January 2022). It also included an updated overview of all WHSSC policies and service specifications published during the current financial year and the rationale for their development

Members **noted** the report.

11. COVID-19 Activity Report for Month 9 2021-2022

Members received a report highlighting the scale of the decrease in activity levels during the peak COVID-19 period and outlining whether there were any signs of recovery in specialised services activity.

Members noted that the activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted that recovery rates, access comparisons across HBs and waiting lists were also considered, along with the relevant new Performance Measures set out by Welsh Government.

Members **noted** the report.

12. Financial Performance Report - Month 10 2021-2022

Members received the Financial Performance Report for Month 10 that provided the current financial position of WHSSC together with the outturn forecast for the financial year.

Members noted that the financial position reported at Month 10 for WHSSC was a year-end outturn forecast under spend of £13,924k.

The under spend predominantly related to slippage in new planned developments, further declared slippage in prior year developments, the release of growth provisions above the 2021-2022 forecast requirement and releasable reserves from 2020-2021 provisions. Members noted that there were a number of cost pressures absorbed in the net position including high cost transplant patients and complex mental health placements.

Members **noted** the current financial position and forecast year-end position.

13. Forward Work Plan

Members **noted** the forward work plan.



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 24 MARCH 2022

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams. It was noted that a quorum had been achieved.

2. Action Log

Members received an update on progress against the action log and **noted** the updates.

3. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- The SBUHB Welsh Centre for Burns,
- The De-escalation of Cardiac Surgery SBUHB from Level 4 to Level 3,
- Cochlear Implant and BAHA Services; and
- The Individual Patient Funding Request (IPFR) Chairs Action Panel.

4. Thinking Differently about Psychology for Specialised Services

Members received a report providing an update in respect of the commitment given through the development of the 2022-2025 Integrated Commissioning Plan (ICP) to consider a set of commissioning principles related to psychology.

Members (1) **Noted** the report, (2) **Noted** the next steps; and (3) **Agreed** to receive the outcome of the work, and consider the proposed principles at a subsequent Management Group meeting.

5. Welsh Gender Service Funding Release Phase 2

Members received a report requesting approval for the release of full year funding for phase 2 of the Welsh Gender Service (WGS) Scheme submitted to the ICP Prioritisation process for 2021- 2022.

Members **approved** the release of funding for phase 2 of the Welsh Gender Service Scheme submitted to the ICP Prioritisation process for 2021- 2022.

6. Paediatric Immunology Funding Release

Members received a report requesting approval for the release of funding to enable the implementation of the 2021-2022 ICP scheme for increased capacity for the paediatric immunology service in south Wales.

Members (1) **Noted** that the requested funding was within the provision made for paediatric immunology within the ICP 2021-24; and (2) **Approved** the release of funding for the ICP scheme for paediatric immunology service in south Wales

7. Funding Release for Major Trauma

Members received a report seeking approval for a funding release for major trauma in accordance with the funds approved on the ICP 2022-2023.

Members **approved** the funding release for major trauma for the posts detailed within the report noting that these posts are already provided in the service on non-recurrent funding and are fully funded within the ICP 2022-23

8. COVID-19 Activity Report for Month 10 2021-2022

Members received a report highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and outlining whether there were any signs of recovery in specialised services activity.

Members noted that the activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted that recovery rates, access comparisons across Health Board's (HBs) and waiting lists were also considered, along with the relevant new performance measures set out by Welsh Government (WG).

Members **noted** the report.

9. Financial Performance Report - Month 11 2021-2022

Members received the Financial Performance Report for Month 11 that provided the current financial position of WHSSC together with the outturn forecast for the financial year.

Members noted that the financial position reported at Month 11 for WHSSC was a year-end outturn forecast under spend of £14,058k. The under spend predominantly related to slippage in new planned developments, further declared slippage in prior year developments, the release of growth provisions above the 2021-2022 forecast requirement and releasable reserves from 2020-2021 provisions. Members noted that there were a number of cost pressures absorbed in the net position including high cost transplant patients and complex mental health placements.

Members **noted** the current financial position and forecast year-end position.

10. Forward Work Plan

Members **noted** the forward work plan.



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 28 APRIL 2022

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams. It was noted that a quorum had been achieved.

2. Action Log

Members received an update on progress against the action log and **noted** the updates.

3. National Collaborative Commissioning Unit Secure Services Report

Members received an informative presentation from the Director of Quality and Mental Health / Learning Disabilities, National Collaborative Commissioning Unit (NCCU) on the recently published report "Making Days Count" following the national Review of Patients Cared for in Secure Mental Health Hospitals.

Members **noted** the presentation and the key issues concerning the care and treatment of individuals admitted to secure hospitals.

4. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- a Published Article – Applied Health Economics and Health Policy,
- Cardiff Transplant Retrieval Service First 2 NRP (Normothermic Regional Perfusion) Retrievals,
- The consultation and engagement on the three-year Genomics Delivery Plan for Wales; and
- Extension of FastTrack Process for Military Personnel

5. Prosthetic Services – Swansea Bay University Health Board

Members received a report outlining a change to the delivery of the commissioning intentions of the Integrated Commissioning Plan (ICP) 2021-2024 funding released in April 2021 for the Swansea Bay University Health Board (SBUHB) Prosthetic Service.

Members (1) **Noted** the workforce restructure to strengthen the sustainability plan for the service, (2) **Approved** the revised delivery of

the commissioning intentions to release the Integrated Commissioning Plan (ICP) 2021-2024 investment funding for the Swansea Bay University Health Board (SBUHB) Prosthetic Service; and (3) **Received assurance** that there are robust processes in place to ensure delivery of current and future activity levels and the service conforms to the EU Medical Device Regulations that came into force from the 26 May 2021.

6. Additional Costs Associated with NICE Technical Appraisal for Sapropterin

Members received a report outlining that NICE had recently published a Technical Appraisal Guidance (TA729) for a treatment called Sapropterin for use in patients with phenylketonuria (PKU). In line with the NICE guidance, responsiveness testing was required in order to measure and continue patients on the treatment that were demonstrating clinical benefit. The required responsiveness testing involved additional laboratory testing and testing equipment, not part of current routine care, and therefore the service were requesting additional funding to enable delivery.

Members (1) **Noted** that the requested funding is within the provision made for NICE high cost drugs in the Integrated Commissioning Plan (ICP) 2022-2025; and (2) **Supported** the release of funding for the additional costs associated with the NICE Technical Appraisal (TA) for Sapropterin, subject to discussion between THE Director of Clinical Strategy at Powys THB and the Medical Director, WHSSC.

7. Fertility Services: Review of Commissioning Policies Update

Members received a report providing an update on the work of the all Wales Specialist Fertility Advisory Group on the review of the commissioning policies CP37: Pre Genetic Diagnosis and CP38 Fertility Services.

Members (1) **Noted** the progress made by the All Wales Specialist Fertility Advisory Group (AWSFAG), including the group recommending that commissioning policies CP37 and CP38 should remain as separate policies, and the progress made to review the commissioning criteria within the policies to ensure equity of access to treatment, (2) **Noted** the group's recommendation to have a single commissioner for the planning of intrauterine insemination (IUI) procedures, and where required the procurement of sperm; and (3) **Received assurance** that the All Wales Specialist Fertility Advisory Group (AWSFAG) have commenced a review of policies CP37 and CP38 and have agreed a robust process to review them.

8. Spinal Surgery Operational Delivery Network

This item was deferred to the next meeting.

9. Management Group Annual Report 2021-2022

Members received the Management Group's Annual report 2021-2022 setting out its activities during the year and detailing the results of a review of its performance.

Members (1) **Noted** the report; and (2) **Approved** the Management Group Annual Report 2021-2022 from the Chair of the Management Group for forward distribution to the Joint Committee.

10. Management Group Terms of Reference

Members received the updated Management Group Terms of Reference (ToR) for consideration and approval for onward recommendation to the Joint Committee.

Members (1) **Considered** the draft proposed Terms of Reference, and (2) **Approved** the proposed revised Terms of Reference for recommendation to the Joint Committee.

11. COVID-19 Activity Report for Month 11 2021-2022

Members received a report highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and outlining whether there were any signs of recovery in specialised services activity.

Members noted that the activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted that recovery rates, access comparisons across Health Board's (HBs) and waiting lists were also considered, along with the relevant new performance measures set out by Welsh Government (WG).

Members **noted** the report.

12. Financial Performance Report - Month 12 2021-2022

Members received the Financial Performance Report for Month 12, which provided the current financial position of WHSSC together with the outturn forecast for the financial year.

Members noted that the financial position reported at Month 12 for WHSSC was a year-end outturn under spend of £13,112k. The under spend predominantly relates to slippage in new planned developments, underperformance against Welsh SLA baselines, unrealised growth provisions against 2021-2022 forecast requirement and releasable reserves from 2020- 2021 provisions. There are a number of cost pressures absorbed in the net position including high cost transplant patients and complex mental health placements.

Members **noted** the current financial position and forecast year-end position.

13. Forward Work Plan

Members **noted** the forward work plan.

Reporting Committee	Quality Patient Safety Committee
Chaired by	Ceri Phillips
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	30 March 2022

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

Presentation/Patient Experience

Members received an informative and sensitive presentation from Locality Nurse Director for Cwm Taf Morgannwg University Health Board (CTMUHB) in relation to the findings and determinations of an inquest held into the death of a patient at Ty Llidiard in 2018.

The presentation explained the focus of the inquest and provided a detailed explanation of the narrative findings. The coroner issued a Regulation 28 Report to Prevent Further Deaths and this centres on the absence of a single patient record. A briefing was received from the Health Board on 2nd February.

Development Day Feedback

Feedback from the WHSSC QPSC Development Day which took place on February 10th, 2022 was received and members approved the amended Terms of Reference for QPSC for consideration and approval for onward recommendation to the Joint Committee.

Commissioning Team and Network Updates

Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below:

1.0 Welsh Renal Clinical Network

The Committee received the report. The Chair noted the WHSSC Integrated Governance Committee (IGC) had received a detailed update briefing from Stuart Davies, Executive Lead for the Network at their meeting on 30 March 2022. The Chair noted a number of reports were to be considered by the Committee in relation to the home dialysis service and peer review of Renal Units as discussed at IGC. The Chair further noted IGC had asked a number of questions about the nature of Vital Data and developments in data systems and that as a result the Network and Commissioning Team reports would be enhanced with that information in future.

2.0 Cancer & Blood

The Committee received a further update regarding the burns services at SBUHB that is currently in escalation level 3 because of the closure of the Morriston Hospital Burns ITU due to staffing constraints. The Swansea Bay University Health Board (SBUHB) Burns Service had re-opened on Monday 14 February 2022 with an interim service model delivered with the support of general anaesthetics and general ICU consultant. WHSSC would monitor the action plan with input and advice from the South West & Wales Burns Network (SW&WBN) with regard to maintaining burns standards of care through the process of transition to the new long-term service model,

Positron Emission Tomography Imaging Centre (PETIC) was still a cause for concern and the WHSSC escalation process would be used to discuss the options and put in place an action plan for strengthening the NHS service element of PETIC. This would be of key importance given the planned capital investment by WG into PETIC and therefore WHSSC's long-term commitment to commissioning services from University Hospital of Wales run by Cardiff University,

Thoracic surgery had been reduced from risk level 15 to risk level 9 because of the reduction in waiting list times due to joint working between SBUHB and Cardiff & Vale University Health Board (CVUHB).

Members queried waiting times for plastic surgery patients at SBUHB. Members were assured that a management plan for patients on the waiting list was in place and that SBUHB was managing patients in line with Royal College of Surgeon guidelines. SBUHB was planning to outsource some patients for treatment and reconfigure services between Morriston and Singleton Hospitals. A recovery plan from SBUHB had been requested.

It was noted that a Service Innovation Day for sarcoma had taken place and that the Neuro Endocrine Tumour (NET) service in CVUHB had recently been inspected for ENET accreditation. Whilst they had not received formal notification the feedback on the day was very positive.

3.0 Cardiac

An update was received on the action plan in place in response to the GIRFT report undertaken at SBUHB and the Committee received assurance that SBUHB was making good progress on its delivery. The Committee also noted that the Royal College of Surgeons review was taking place in April.

Bariatric surgery had restarted at SBUHB and a conversation was underway to ascertain if a second provider was required.

4.0 Mental Health & Vulnerable Groups

Members received the Mental Health & Vulnerable Groups Commissioning Team update and noted;

The CAMHS unit at Ty Llidiard remain at escalation Level 4. Health Inspectorate Wales (HIW) undertook an inspection on the unit in November 2021 and published its report on 4th March. In addition, the National Collaborative Commissioning Unit (NCCU) undertook their Annual Review of the unit. This was due to be published at the time of the meeting. Discussions remain ongoing with the Health Board through the escalation process and both reports will be considered through that process and fed back to the next committee meeting.

The Committee was updated regarding the notice of termination of the contract given by Oxford Health NHS Foundation Trust for Cotswold House their Specialist Eating Disorder Service. WHSSC is in the process of reviewing the specialised eating disorder services aligned to the development of the Specialised Services Strategy for Mental Health. In the meantime, NCCU had been scoping alternative providers and had identified a five-bedded unit which is potentially available from August 2022.

Dr Hiliary Cass published an interim report on Gender Identity Service for Children on 10 March 2022 WHSSC have subsequently met with Dr Cass and will be working with NHS England to consider the clinical model going forward.

5.0 Neurosciences

Members received the Neurosciences Commissioning Team update and noted;

The main risk remained around neurosurgical waiting lists which were reducing but theatre capacity had still not returned to pre COVID-19 levels. The WHSSC Team were working with CVUHB to discuss the recovery action plan and assurance had been given that they were prioritising patients in line with Royal College of Surgeons guidance. Outsourcing was also being considered

6.0 Women & Children

Members received the Women & Children Team update.

The committee was informed that there was an increased risk on Paediatric Intensive Care directly as a result of staffing issues. They were also assured that there were a number of control in place and ongoing monitoring at Quarterly Commissioner Assurance Meeting with the provider.

The committee heard that there was an ongoing risk in Paediatric Surgery with extensive waits for some children. The WHSSC team had asked for a recovery trajectory and plan and there is continuous monitoring with the Clinical Board at CVUHB and through SLA meetings.

Neonatal transport

Members noted that a Delivery Assurance Group was now in place chaired by the Director of Planning at WHSSC and that this was providing additional commissioner assurance. Additionally, members were updated on the progress being made to implement an operational delivery network. A task and finish group was in place chaired by the Executive Nurse Director of SBUHB.

Other Reports Received

Members received reports on the following:

- **Services in Escalation Summary**

WHSSC currently has seven services in escalation. PETIC is a new service in escalation since the last meeting and no services have been de-escalated since the last report.

- **Draft QPSC Annual Report 2021-2022**

Members approved the draft QPSC Annual Report 2021-2022 for forward distribution to the Joint Committee.

- **CRAF Risk Assurance Framework**
- **CQC/HIW Summary Update**
- **Incidents and Complaints Report**

Items for information

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

- National Reporting and Learning System Letter from Welsh Government;
- Chair's Report and Escalation Summary to Joint Committee 12 October 2021;
- Q&PS Forward Work Plan;
- Q&PS Circulation List.

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

The items highlighted above.

Summary of services in Escalation (Appendix 1 attached)

Matters requiring Committee level consideration and/or approval

The Terms of Reference and the Annual Report will be submitted to the Joint Committee for final approval.

Matters referred to other Committees


None identified


Confirmed minutes for the meeting are available upon request


Date of next scheduled meeting:


7 June 2022 at 13.00hrs

1.0 SERVICES IN ESCALATION


Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	<ul style="list-style-type: none"> Medical workforce and short-ages operational capacity Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of- Area admissions 	<ul style="list-style-type: none"> QAIS report outlined key areas for development including the recommendation to consider the location of NWAS due to lack of access on site to other health board provision – This is being considered in the Mental Health Specialised Services Strategy. Participation in weekly bed management panel meeting. Medical workforce issues improved with further appointments made and the issue of GMC registration resolved for 1 clinician. 	


Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Movement from last month
March 2018 Sept 2020 Aug 2021	Ty Llidiard	CTMUHB	4	<ul style="list-style-type: none"> Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental short-falls and poor governance SUI 11 September 	<ul style="list-style-type: none"> Escalation meetings held monthly, however March 22 meeting stood down for the report on a visit from NCCU into the unit to be published to inform ongoing discussions. Service spec discussions progressed with work ongoing to consider the requirements of the unit. Awaiting publication and implementation of Medical Emergency Response SOP by CTM. Coroner's inquest concluded. Implementation of outcomes of inquest to be incorporated into escalation plan alongside the outcomes of HIW and NCCU visits. 	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Movement from last month
September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> Workforce is-sue 	<ul style="list-style-type: none"> 10 CQV meetings have now been held and the service will remain at level 3 until all key actions are met. Substantive Consultant Psychiatrist post is planned to go to advert in early May. Clinical Lead to be advertised once CAMHS Consultant posts have been appointed. The FACTS service specification is being finalized subject to input from CAMHS colleagues. 	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Move- ment from last month
July 2021	Cardiac Surgery	SBUHB	3	<ul style="list-style-type: none"> Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review 	<ul style="list-style-type: none"> Six weekly meetings in place to receive and monitor against the improvement plan. Service de-escalated on delivery of the immediate actions as outlined in the GIRFT recommendations, including moving to consultant only operating and only mitral valve specialists operating on mitral valve repairs. Further work is required between SBUHB, C&VUHB and WHSSC to improve the aorto-vascular pathways and develop the preferred options. In the meantime due to the complexity, the 	

					pathway will remain unchanged	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Move-ment from last month
July 2021	Cardiac Surgery	C&VUHB	2	<ul style="list-style-type: none"> Lack of assurance re- garding processes and patient flow which im- pact on patient experi- ence 	<ul style="list-style-type: none"> C&VUHB have an agreed programme of improvement work to address the recommen- dations set out in the GIRFT report. Bi- monthly meetings agreed for monitoring purposes. C&VUHB have shared a plan setting out the in- tentions for improve- ments across the key process metrics out- lined in the GIRFT re- port. However, the WHSS Team have again asked for a SMART ac- tion plan to enable ap- propriate monitoring of the actions within ap- propriate and realistic timeframes. 	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Move- ment from last month
November 2021	Burns	SBUHB	3	<ul style="list-style-type: none"> The burns service at SBUHB is currently unable to provide major burns level care due to staffing issues in burns ITU. 	<ul style="list-style-type: none"> The burns ICU is restored to full capacity (3 beds) with support from general ICU and anaesthetics consultants (stage 1 of the plan). Mutual assistance is available via the South West and Wales Burns Network and wider UK burns escalation arrangements, should it be required. The three-stage plan has been agreed following advice and support from the Burns Network and a peer visit to Swansea. The escalation meetings will be led by WHSSC with support 	

					and advice from the Burns Network to ensure standards are maintained through the transition process.	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 21.03.2022	Move- ment from last month
February 2022	PETIC	Cardiff University	3	<p>Concern over management capacity within the service to ensure a safe, high quality timely service is maintained for patients.</p> <p>These concerns include:</p> <ul style="list-style-type: none"> Recent suspension of production of PSMA due a critical quality control issue identified during MHRA inspection. Service slow to address impact on service for patients. Failure to undertake a timely recruitment exercise leading to isotope production failures. 	<ul style="list-style-type: none"> The quality control issue has been addressed and isotope production restarted on 25 February after a three week suspension. Analysis of the impact of the delays on patients indicates that while it caused patient anxiety and stress, it is unlikely there will be harm to patients' clinical outcomes. Current waiting times are within the target turnaround time of 10 days. The first escalation meeting is scheduled for Friday 25 March. 	New N/A

				<ul style="list-style-type: none"> Failure to produce a business case of sufficient quality in a timely manner for replacement of the scanner. 		
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Level of escalation reducing / improving position



Level of escalation unchanged from previous report/month



Level of escalation increasing / worsening position

Reporting Committee	Integrated Governance Committee (IGC)
Chaired by	WHSSC Chair
Lead Executive Director	Committee Secretary
Date of last meeting	30 March and ad-hoc meeting 19 April 2022

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

The Integrated Governance Committee (IGC) scrutinises evidence and information brought before it in relation to activities and potential risks which impact on the services commissioned by the Welsh Health Specialised Services Committee (WHSSC) and provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

Due to the COVID-19 pandemic, the meetings were held via MS Teams.

30 March 2022

1.0 Briefing of the Work of the Welsh Renal Clinical Network (WRCN).

Members received the briefing report on the work of the Welsh Renal Clinical Network (WRCN) which notes the role, function and governance arrangements of the Network.

Stuart Davies (SD) provided a comprehensive update on the work of the Network and Members noted that:

- The core commissioning function of the Network focused on renal replacement therapy for end stage renal failure,
- Transplantation services had been transformed from being a last resort choice to the first choice with Wales leading the UK in terms of shortest waiting lists and greatest access to transplantation services,
- All kidney transplant units were significantly affected by the pandemic and most closed completely while additional safety measures and patient testing established. The Nephrology & Transplant Directorate at UHW paused new transplants in the middle of March but fully reopened for all transplants in June 2020 and has now recovered activity to pre-pandemic levels,
- Organ retrieval activity was maintained throughout the pandemic and there were significant Welsh advances in this area, as the Cardiff Team became only the third team in the UK able to perform Normothermic Regional Perfusion (NRP),
- The function of the Network was extended to include some of the therapies available for patients such as essa switches and immuno-suppression treatments,
- The Network had an expenditure revenue budget based on the specialised renal spending within each HB and within the spending scope of the then

'Health Commission Wales'. The resultant ring fencing of the renal budget allowed the Network to re-invest any savings realised back into renal services annually with any 'underspend' being handed back to WHSSC at the end of each financial year,

- The reinvestment enabled the Network to improve existing facilities, to expand capacity and to build new units to deal with inexorable year-on-year growth in demand for both transplantation and dialysis without seeking additional funding from WHSSC Integrated Commissioning Plan (ICP) budgets between 2010 and 2018,
- The current budget was approximately £76m, with approximately £72m committed to Long Term Agreements (LTAs) in Wales and with some English providers in Liverpool, Birmingham and Manchester,
- The Network has an advisory role in terms of the renal pathway particularly including earlier identification of chronic kidney disease (CKD),
- Over the next few years the Network would be exploring taking a leading role in pre-emptive programmes e.g. within GP's practices,
- The Network's primary purpose was initially around building transplant capacity that developed into building sufficient capacity across Wales in terms of access into units and as a result all patients are now no more than 30 minutes away from a satellite unit or dialysis centre,
- There was a very strong pandemic response from the Network and the wider renal system including early COVID-19 testing and vaccination that drew a lot of praise from patients who felt well supported; and
- New delivery priorities include more transformation and quality initiatives including the introduction of electronic prescribing of medications funded with over £1M of WG money that had been viewed as a benchmark transformation project since its inception as non-delivery of prescribed medication.

SD also provided assurance over the Network's finance arrangements and relationship with the CTMUHB ARC. In terms of the future of the Network, SD advised that going forward the Network will be considering performance management targets and that the results of the Governance review into the work of the network would inform future plans.

2.0 Implementation of the Integrated Commissioning Plan (ICP) 2021-2022 Quarter 3 Progress Report

Members received a report presenting the updated actions for the Integrated Commissioning Plan (ICP) 2020-2021 that had been developed to respond to the WG requirement as set out in the NHS Planning Guidance 2021.

Positive progress was being made against the majority of commissioning team priorities, with the exception of Cardiac MRI for Adults with Congenital Heart Disease as limited access to cardiac MRI would remain as there was no alternative option to increase capacity, and the Paediatric Neurology Unit as the provider were unable to recruit to the Consultant role.

3.0 Progress for the Development of the Integrated Commissioning Plan (ICP) 2023-2026

Members received and noted a report outlining the process and high-level timelines for the development of the Integrated Commissioning Plan (ICP) 2023-2026.

4.0 Draft Integrated Governance Committee Annual Report 2021-2022

Members received and approved the draft Integrated Governance Committee Annual Report 2021-2022 for forward distribution to the Joint Committee.

The IGC achieved an attendance rate of 79% during the period 1 April 2021 to 31 March 2022. Due to diary clashes with Powys Teaching Health Board (PTHB) Board meetings, attendance had proved difficult for Ian Phillips (IP), and dates of scheduled meetings would be reviewed in an effort to support attendance.

5.0 Annual Review of the Integrated Governance Committee Terms of Reference

Members received and approved the draft IGC Terms of Reference (ToR) for forward distribution to the Joint Committee.

Members noted that the draft ToR had been updated to strengthen them in accordance with the provisions of the WHSSC SOs, to ensure consistency in the annual reporting format across all of the sub committees, and to acknowledge the feedback received from the Audit Wales WHSSC Committee Governance Arrangements Report. Members were pleased to note the positive progress made to demonstrate the IGC is discharging its ToR and was maintaining effective oversight of the work of the QPSC and the WRCN.

6.0 Corporate Governance Report

Members received the Corporate Governance update report and noted updates on Joint Committee "in-Committee" meetings, Welsh Health Circulars, Terms of Reference of the sub-committees, Governance review of the WRCN and the IGC forward work plan.

19 APRIL 2022

An ad-hoc meeting took place on 19 April 2022 to review and approve the Annual Governance Statement and updated CRAF.

1.0 Corporate Risk Assurance Framework (CRAF)

The Corporate Risk Assurance Framework (CRAF) was received and members noted the updates to the document.

Members provided some useful feedback and requested some clarification around some of the narrative in relation to explanations for decreasing target

scores. Overall members continued to express positive feedback in respect of the on-going improvements with the report.

2.0 Summary of Services in Escalation Reported to Q&PS in January 2022

The summary of services in escalation report presented to the Quality & Patient Safety (Q&PS) Committee in March 2022 was received for information. Members noted that the report is presented to each WHSSC Q&PS Committee meeting and was discussed in detail as part of the Commissioning Report updates. Members queried whether there were any further updates and Karen Preece (KP) confirmed she would provide some additional updates outside of the meeting as there had been developments since this report was presented to the 30 March QPSC.

3.0 Draft Annual Governance Statement 2021-2022

Members received the Draft Annual Governance Statement (AGS) 2021-2022 and thanked the Corporate Team for their work on this document. An addition was requested to update the narrative in relation to Ian Phillips (IP) role to reflect that IP was WHSSC Vice Chair before his appointment as the interim WRCN interim chair position.

Members approved the AGS and noted that this would be submitted to CTMUHB for the 29 April 2022 deadline. Members also noted that AGS would be presented to the Joint Committee on the 10 May 2022 for assurance and retrospective approval.

4.0 Audit Wales WHSSC Committee Governance Arrangements – Update

Members received a comprehensive report on the progress made against the actions from the Committee Effectiveness Self-Assessment undertaken in 2020-2021 and noted the positive progress made over the last 12 months.

Members requested a small addition to the update for the recruitment of a Public Health Associate Medical Director prior to submission to the CTMUHB ARC.

5.0 Corporate Governance Update

Members received the Corporate Governance update report and noted updates on Welsh Health Circulars (WHCs), Sub-Committee Terms of Reference, Welsh Renal Clinical Network (WRCN) Annual Report 2021-2022, Chair of the Individual Patient Funding Request (IPFR) Panel, Committee Effectiveness Survey Results 2021-2022, Declarations of Interest and the forward work plan.

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

The ongoing IPFR risk was discussed in both the March and April meetings and members expressed their strong hope that progress could be made to determine

the ownership of the governance arrangements at the forthcoming meeting with the Chief Pharmaceutical Officer.

Matters requiring Joint Committee level consideration and/or approval

The Integrated Governance Committee Annual Report 2021 -2022

Annual Governance Statement 2021-2022

Integrated Governance Committee Terms of Reference

Matters referred to other Committees

None

The confirmed Minutes for IGC meetings are available on request

Date of next meeting

7 June 2022

Reporting Committee	All Wales Individual Patient Funding Request (IPFR) Panel
Chaired by	Dr Ruth Alcolado
Lead Executive Director	Director of Nursing and Quality Assurance
Date of last meeting	Chair Action 22/04/2022 (Full panel not quorate)

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

Due of the on-going pressures within the Health Boards affecting the ability of some members of the All Wales IPFR Panel to attend meetings, Chairs Action Panels continued to be held on a weekly basis during March 2022.

The full IPFR Panel meetings were reconvened from April 2022 with the intention of meeting every two weeks. However, the meetings scheduled for 7 April and 21 April 2022 had to be stood down due to the lack of quorum. The quorum requirements for the panel are set out in WHSSC IPFR Terms of Reference (ToR) which stipulate that the Chair or Vice Chair and five out of the seven Health Boards (3 of which need to be clinical representatives) must be present to convene the meeting.

Chairs Action panel meetings had to be convened to ensure clinically urgent cases were discussed and a decision made.

Ruth Alcolado, Vice- Chair of the Panel has chaired all of these meetings.

The following table demonstrates the number of requests considered as Chairs Action Panel during this period.

	Number of Requests discussed as Chairs Action
March 2022	19
April 2022	18

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

All Wales IPFR Panel Quoracy

Convening a quorate IPFR panel remains a challenge. After standing down the Panel meeting on 7 April 2022, members were contacted and asked for formal confirmation of their nominated Health Board representatives and deputies. The importance of confirming attendance in advance of the meeting and ensuring that

all of the relevant individuals receive the dates of the meetings and relevant papers was also highlighted.

Despite this request, the meeting on 21 April 2022 had to be stood down, again due to quoracy issues. Only four Health Boards were represented during both IPFR Panel meetings.

Resignation of the IPFR Chair

Professor Vivienne Harpwood, Chair of the IPFR Panel stepped down from the role on the 1 April 2022 with immediate effect, due to competing pressures with her HB position.

We are now faced with a new challenge, as in order to recruit a suitably experienced Chair, we need to update the ToR to outline the increased time commitment and the consideration needs to be given to remunerating the chair for the time involved in dealing with complex IPFR applications.

The need to update the All Wales IPFR Policy also remains a live issue and will be discussed with Welsh Government on the 6 May 2022.

There is also considerable ongoing concern that the All Wales IPFR Policy has not been updated since the Judicial review in December, and the the implications of the judgment for all IPFR submissions.

Matters requiring Committee level consideration and/or approval

- None

Matters referred to other Committees

- None

Confirmed Minutes for each of the meetings are available on request.

Date of next meeting	5 May 2022
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Reporting Committee	Welsh Renal Clinical Network (WRCN)
Chaired by	(Interim) Chair, Welsh Renal Clinical Network
Lead Executive Director	Director of Finance
Date of last meeting	8th April 2022

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

Appointment of Chair:

Following a competitive recruitment exercise, Ian Phillips was appointed as the substantive Chair for the WRCN, with effect from the 1 April 2022 for a period of three years in accordance with the Board Terms of Reference.

WRCN Annual Report:

In line with Standing Orders for the Welsh Health Specialised Services, the WRCN annual report 2021-2022 was received and ratified by WRCN Board members. The report will be presented to WHSSC Joint Committee (JC) on 10th May 2022.

Network Board Development:

Dr Sian Lewis, Managing Director, WHSSC joined the WRCN Board to outline the next steps of the WRCN Board development programme. The need for an independent review of the governance structures of the WRCN was noted and terms of reference drafted. In addition a follow-up workshop is being held on 27th April 2022. Any consequent requirement to amend the Board Terms of Reference would be subject to JC approval.

Change of Network Name:

Most kidney care organisations both within the NHS and externally such as Professional Bodies and Charity partners have adopted the term 'kidney' to be the key descriptor of their purpose. The most recent example of this being the merger of the British Renal Association with the Renal Registry to form the UK Kidney Association (UKKA). All members of the network management group and Board were consulted to determine if the network should change its name to be more reflective of this move to plain language. The name **Welsh Kidney Network** was agreed, subject to WHSSC JC approval. If approved this new name will be launched concurrently with the new website launch which will be preceded by an extensive programme of communication and engagement with the kidney community in Wales.

ICP Outcomes:

The 2022/23 planning round was the first time that the WRCN was required to engage in the formal process of prioritisation and submission of schemes as an integral element of the WHSSC ICP. This approach which is fully aligned with

WHSSC process, will now be a feature of the WRCN Board horizon scanning, planning and commissioning responsibilities.

The 2022/23 WRCN schemes were noted by the WRCN Board. An implementation plan is now in development following WHSSC JC approval of the ICP on 8th February 2022.

The proposed process and dates for the 2023/24 planning round has been circulated to Board Members and key Health Board personnel.

Procurement Programme – Swansea Bay University Health Board (SBUHB):

The procurement programme approved by Welsh Government in October 2020 to re-tender existing dialysis units, re-provide in-hospital dialysis machines and provide for two new additional units to deliver care closer to home. Due to commercial sensitivities, an 'In Committee' meeting of the WRCN Board was held to receive an update from the Senior Responsible Officer overseeing the procurement programme. It was noted that the SBUHB Executive Management Team had given authorisation on 6th April 2022 for the final stage of the procurement programme to be published (Invitation to Submit Final Tender). It is now anticipated that award of contract will be September 2022.

Matters requiring Committee level consideration and/or approval

- None

Matters referred to other Committees

- None

Annexes: Minutes are available on request from the WRCN Coordinator, Jonathan.Matthews@wales.nhs.uk

Date of next meeting

6th June 2022