

2023-07-18 Joint Committee

Tue 18 July 2023, 13:30 - 16:00

Agenda

13:30 - 13:30
0 min

1. PRELIMINARY MATTERS

 0.0 JC Public Agenda 18 July 2023 v9.pdf (3 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Minutes of the Meeting held on 16 May 2023 and Matters Arising

Att. *Chair*

 1.4 Unconfirmed JC (Public) Minutes 16 May 2023 v6.pdf (18 pages)

1.5. Action Log

Att. *Chair*

 1.5 JC Public Action Log.pdf (3 pages)

13:30 - 13:30
0 min

2. PRESENTATIONS

2.1. Genomics Service Update

To Follow *Sian Morgan*

2.2. NHSE Funding Growth / Impact on Providers

To Follow *Director of Planning / Director of Finance*

13:30 - 13:30
0 min

3. ITEMS FOR CONSIDERATION AND / OR DECISION

3.1. Chair's Report

Att. *Chair*

 3.1 Chair's Report.pdf (4 pages)

 3.1.1 Appendix 1 - Letter to WHSSC Joint Committee Members Chairs Action.pdf (2 pages)

3.2. Managing Director's Report

Att. *Managing Director*

- 📄 3.2 Managing Director's Report.pdf (5 pages)
- 📄 3.2.1 Appendix 1 - Hosting Agreement with CTMUHB.pdf (2 pages)

3.3. Future Commissioning of the Wales Neurophysiology Service

Att. Director of Planning

- 📄 3.3 Future Commissioning of Wales Neurophysiology Service.pdf (6 pages)
- 📄 3.3.1 Appendix 1 - Neurophysiology - WHSSC Commissioning v0.2.pdf (14 pages)

3.4. Sacral Nerve Stimulation (SNS) for Faecal and Urinary Incontinence in South Wales

Att. Director of Planning

- 📄 3.4 Sacral Nerve Stimulation (SNS) for Faecal Incontinence and Urinary Incontinence.pdf (5 pages)

3.5. Update on Welsh Kidney Network (WKN) Governance Review

Att. Chair of WKN

- 📄 3.5 Update on Welsh Kidney Network Governance Review.pdf (5 pages)

3.6. WHSSC Policy for Policies Review

Att. Managing Director

- 📄 3.6 WHSSC Policy for Policies Review.pdf (6 pages)
- 📄 3.6.1 Appendix 1 - NHS England Specialised Commissioning Service Development Policy.pdf (26 pages)
- 📄 3.6.2 Appendix 2 - CHC Letter to WHSSC re fertility services 030223.pdf (4 pages)
- 📄 3.6.3 Appendix 3 - Letter to WHSSC re fertility services 160323.pdf (6 pages)
- 📄 3.6.4 Appendix 4 - WHSSC Legal Advice fertility.pdf (14 pages)
- 📄 3.6.5 Appendix 5 - NHS Wales Policy for Policies.pdf (5 pages)
- 📄 3.6.6 Appendix 6 - NHS Scotland Major Service Change Guidance Mar23.pdf (10 pages)

3.7. IPFR Engagement Update – All Wales Policy

Att. Managing Director / Director of Nursing Quality

- 📄 3.7 IPFR Engagement Update- All Wales IPFR Policy.pdf (8 pages)
- 📄 3.7.1 Appendix 1 - NHS Wales IPFR Policy V9 tracked changes 050723.pdf (42 pages)
- 📄 3.7.2 Appendix 2 - NHS Wales IPFR Policy V9 Draft Clean 05072023.pdf (31 pages)

3.8. Appointment Process for the Individual Patient Funding Request (IPFR) Panel

Att. Managing Director

- 📄 3.8 Appointment Process for the Individual Patient Funding Request (IPFR).pdf (9 pages)
- 📄 3.8.1 Appendix 1 - WHSSC IPFR Panel ToR.pdf (3 pages)
- 📄 3.8.2 Appendix 2 - AE NP ltr to SL re IPFR ToR July 2022 FINAL.pdf (3 pages)
- 📄 3.8.3 Appendix 3 - Draft WHSSC IPFR Panel Chair Role Description v0.4.pdf (4 pages)
- 📄 3.8.4 Appendix 4 - Draft Lay Member Role Description v0.4.pdf (3 pages)

3.9. Corporate Risk Assurance Framework (CRAF)







Att. Committee Secretary

- 📄 3.9 WHSSC CRAF Cover Report - June 2023 v2.pdf (8 pages)
- 📄 3.9.1 Appendix 1 - CRAF June 2023.pdf (26 pages)
- 📄 3.9.2 Appendix 2 - Summary of Risk Activity from December 2022 - June 2023.pdf (7 pages)

3.10. Annual Committee Effectiveness Self-Assessment Results 2022-2023

Att. Committee Secretary

- 📄 3.10 Annual Committee Effectiveness Self-Assessment Results 2022-2023 v2.pdf (7 pages)
- 📄 3.10.1 Appendix 1 - Joint Committee Development Plan 2022-2023.pdf (5 pages)
- 📄 3.10.2 Appendix 2- Joint Committee - Annual Committee Effectiveness Survey 2022- 2023.pdf (8 pages)
- 📄 3.10.3 Appendix 3 - Management Group Survey Results 2022-2023.pdf (8 pages)




-  3.10.4 Appendix 4 - QPSC Effectiveness Survey Results 2022-2023.pdf (8 pages)
-  3.10.5 Appendix 5 - IGC Effectiveness Survey Results 2022-2023.pdf (6 pages)
-  3.10.6 Appendix 6 - IPFR Committee Effectiveness Survey Results 2022-2023.pdf (7 pages)
-  3.10.7 Appendix 7 - WKN Committee Effectiveness Survey Results 2022-2023.pdf (8 pages)
-  3.10.8 Appendix 8 - Joint Committee Development Plan 2023-2024.pdf (4 pages)
-  3.10.9 Appendix 9 - Committee Effectiveness Sources of Assurance.pdf (3 pages)

3.11. WHSSC Annual Report 2022-2023

To Follow Committee Secretary

3.12. Declarations of Interest, Gifts, Hospitality and Sponsorship 2022-2023

Att. Committee Secretary

-  3.12 DOI Gifts Hospitality and Sponsorship Report 2022-2023.pdf (6 pages)
-  3.12.1 Appendix 1 - DOI Register 2022-2023.pdf (23 pages)
-  3.12.2 Appendix 2 - 2022-2023 Register of Gifts, Hospitality, Fundraising.pdf (2 pages)

13:30 - 13:30
0 min

4. ROUTINE REPORTS AND ITEMS FOR INFORMATION

4.1. WHSSC Integrated Performance Report April 2023

Att. Director of Finance

-  4.1 WHSSC Integrated Performance Report April 2023.pdf (36 pages)

4.2. Financial Performance Report Month 2 2023-2024

Att. Director of Finance

-  4.2 Financial Performance Report Month 2 2023-2024.pdf (10 pages)

4.3. Financial Assurance Report

Oral Director of Finance




4.4. South Wales Neonatal Transport Delivery Assurance Group Update Report

Att. Director of Planning

-  4.4 Neonatal Delivery Assurance Group (DAG) Update Report.pdf (5 pages)


4.5. Major Trauma Network Delivery Assurance Group Quarter 4 Update Report

Att. Director of Planning

-  4.5 South Wales Trauma Network Delivery Assurance Group Report (Quarter 4 22-23).pdf (6 pages)
-  4.5.1 Appendix 1 - ODN Delivery Assurance Group Report June 2023.pdf (23 pages)
-  4.5.2 Appendix 2 - Summary of First Year Evaluation Report.pdf (2 pages)



4.6. All Wales PET Programme Progress Report

Att. Managing Director

-  4.6 All Wales PET Programme Progress Report.pdf (4 pages)
-  4.6.1 Appendix 1 - Progress Report - PET Programme.pdf (4 pages)




4.7. Efficiency and Recommissioning Programme Update

Att. Director of Planning

-  4.7 Efficiency and Recommissioning Programme Update.pdf (5 pages)
-  4.7.1 Appendix 1 - Efficiency and Recommissioning List July 2023.pdf (3 pages)

4.8. Corporate Governance Report

Att. Committee Secretary

-  4.8 Corporate Governance Report.pdf (7 pages)
-  4.8.1 Appendix 1 WHC policy-on-patient-safety-incident-reporting-and-management.pdf (3 pages)
-  4.8.2 WHSSC Joint Committee Forward Work Plan 2023-2025.pdf (12 pages)

4.9. Reports from the Joint Sub-Committees

Att. Committee Secretary

4.9.1. Audit and Risk Committee (ARC) Assurance Report

-  4.9.1 Audit and Risk Committee Assurance Report June 2023 v1.pdf (3 pages)

4.9.2. Management Group Briefings

-  4.9.2a MG Core Brief 25 May 2023.pdf (3 pages)
-  4.9.2b MG Core Brief 22 June 2023.pdf (4 pages)



4.9.3. Individual Patient Funding Request (IPFR) Panel

-  4.9.3 IPFR Panel Chair's Report - July 2023.pdf (2 pages)



4.9.4. Integrated Governance Committee (IGC)

-  4.9.4 IGC Chair's Report June 2023.pdf (5 pages)

4.9.5. Quality & Patient Safety Committee (QPSC)

-  4.9.5 Quality Patient Safety Committee Chairs Report v1.pdf (5 pages)
-  4.9.5a Appendix 1 - Summary of Services in Escalation.pdf (10 pages)

4.9.6. Welsh Kidney Network (WKN)

-  4.9.6 WKN Chairs Report 1.pdf (3 pages)
-  4.9.6a Appendix 1 - Clinical Lead Roles.pdf (4 pages)

13:30 - 13:30 5. CONCLUDING BUSINESS 0 min

5.1. Any Other Business

Oral Chair

5.2. Date of Next Meeting

Oral Chair

19 September 2023 at 13.30hrs

5.3. In Committee Resolution

Oral Chair

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



WHSSC Joint Committee Meeting held in public Tuesday 18 July 2023 at 13:30hrs

Microsoft Teams

AGENDA

ITEM		LEAD	PAPER / ORAL	TIME
1.0 PRELIMINARY MATTERS				
1.1	Welcome and Introductions	Chair	Oral	13:30 - 13:35
1.2	Apologies for Absence	Chair	Oral	
1.3	Declarations of Interest	Chair	Oral	
1.4	Minutes of the Meeting held on 16 May 2023 and Matters Arising	Chair	Att.	
1.5	Action Log	Chair	Att.	
2.0 PRESENTATIONS				
2.1	Genomics Service Update	Sian Morgan	To Follow	13:35 - 13:45
2.2	NHSE Funding Growth / Impact on Providers	Director of Planning / Director of Finance	To Follow	13:45 - 13:55
3.0 ITEMS FOR CONSIDERATION AND/OR DECISION				
3.1	Chair’s Report	Chair	Att.	13:55 - 14:00
3.2	Managing Director’s Report	Managing Director	Att.	14:00 - 14:05
3.3	Future Commissioning of the Wales Neurophysiology Service	Director of Planning	Att.	14:05 - 14.10
3.4	Sacral Nerve Stimulation (SNS) for Faecal and Urinary Incontinence in South Wales	Director of Planning	Att.	14.10 - 14.15
3.5	Update on Welsh Kidney Network (WKN) Governance Review	Chair of WKN	Att.	14.15 - 14.20
3.6	WHSSC Policy for Policies Review	Managing Director	Att.	14.20 - 14.25

ITEM	LEAD	PAPER / ORAL	TIME
3.7 IPFR Engagement Update – All Wales Policy	Managing Director / Director of Nursing Quality	Att.	14.25 - 14.30
3.8 Appointment Process for the Individual Patient Funding Request (IPFR) Panel	Managing Director	Att.	14.30 - 14.35
3.9 Corporate Risk Assurance Framework (CRAF)	Committee Secretary	Att.	14.35 - 14.40
3.10 Annual Committee Effectiveness Self-Assessment Results 2022-2023	Committee Secretary	Att.	14.40 - 14.45
3.11 WHSSC Annual Report 2022-2023	Committee Secretary	To Follow	14.45 - 14.50
3.12 Declarations of Interest, Gifts, Hospitality and Sponsorship 2022-2023	Committee Secretary	Att.	14.50 - 14.55
4.0 ROUTINE REPORTS AND ITEMS FOR INFORMATION			
4.1 WHSSC Integrated Performance Report April 2023	Director of Finance	Att.	14.55 - 15.00
4.2 Financial Performance Report Month 2 2023-2024	Director of Finance	Att.	15.00 - 15.05
4.3 Financial Assurance Report	Director of Finance	Oral	15.05 - 15.10
4.4 South Wales Neonatal Transport Delivery Assurance Group Update Report	Director of Planning	Att.	15.10 - 15.15
4.5 Major Trauma Network Delivery Assurance Group Quarter 4 Update Report	Director of Planning	Att.	15.15 - 15.20
4.6 All Wales PET Programme Progress Report	Managing Director	Att.	15.20 - 15.25
4.7 Efficiency and Recommissioning Programme Update	Director of Planning	Att.	15.25 - 15.30
4.8 Corporate Governance Report	Committee Secretary	Att.	15.30 - 15.35
4.9 Reports from the Joint Sub-Committees	Joint Sub-Committee Chairs	Att.	15.35 - 15.45
4.9.1 Audit and Risk Committee (ARC) Assurance Report			
4.9.2 Management Group Briefings			
4.9.3 Individual Patient Funding Request (IPFR) Panel			
4.9.4 Integrated Governance Committee (IGC)			
4.9.5 Quality & Patient Safety Committee (QPSC)			
4.9.6 Welsh Kidney Network (WKN)			

ITEM		LEAD	PAPER / ORAL	TIME
5.0 CONCLUDING BUSINESS				
5.1	Any Other Business	Chair	Oral	15:45 - 15.50
5.2	Date of Next Meeting (Scheduled) - 19 September 2023 at 9.30hrs	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	15:50 - 15.55

**Unconfirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held **In Public** on
Monday 16 May 2023
via MS Teams**

Members:

Kate Eden	(KE)	Chair, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Chantal Patel	(ChP)	Independent Member, WHSSC
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Interim Chief Executive Officer, Betsi Cadwaladr UHB
Steve Spill	(SS)	Independent Member, WHSSC
Hayley Thomas	(HT)	Interim Chief Executive Officer, Powys teaching HB

Deputies:

Stephen Powell (In Part)	(SP)	Director of Performance and Commissioning, Powys teaching HB, on behalf of Hayley Thomas
Nerissa Vaughan	(NV)	Interim Director of Strategy, Swansea Bay UHB, on behalf of Mark Hackett

In Attendance:

Luke Archard (In Part)	(LA)	Planning Manager, WHSSC
Jacqui Evans	(JE)	Committee Secretary & Associate Director of Corporate Services, WHSSC
Helen Fardy (In Part)	(HF)	Associate Medical Director, WHSSC
Chris Fegan (In Part)	(CF)	Commissioned Lead for the Review of Specialised Commissioning for Haematology and Immunology
Jeremy Griffith	(JG)	Director of Operations, NHS Wales Executive
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Nicola Johnson	(NJ)	Director of Planning, WHSSC
Ian Phillips	(IP)	Independent Chair, Welsh Kidney Network (WKN)
Karen Preece	(KP)	Programme Director, WHSSC
Dai Roberts	(DR)	Director for Mental Health & Vulnerable Groups, WHSSC
Helen Tyler	(HT)	Head of Corporate Governance, WHSSC

Apologies:

Carole Bell	(CB)	Director of Nursing & Quality, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC

Mark Hackett (MH) Chief Executive Officer, Swansea Bay UHB
Ceri Phillips (CP) Independent Member, WHSSC
Nick Wood (NW) Deputy CEO NHS Wales, Welsh Government

Minutes:

Gemma Trigg (GT) Corporate Governance Officer, WHSSC

Min Ref	Agenda Item
JC23/56	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed Members in Welsh and English and reminded them that meetings will continue to be held virtually via MS Teams. She reminded Members of the purpose of the Joint Committee and the WHSSC values of respect, partnership and improvement and innovation.</p> <p>There were no objections raised to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved.</p>
JC23/57	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted and are listed as above.</p>
JC23/58	<p>1.3 Declarations of Interest</p> <p>The Joint Committee (JC) noted the standing declarations and that there were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JC23/59	<p>1.4 Minutes of the meetings held on 14 March and Matters Arising</p> <p>The minutes of the JC meeting held on 14 March 2023, were received and approved as a true and accurate record of discussions.</p> <p>There were no matters arising.</p>
JC23/60	<p>1.5 Action Log</p> <p>The action log was received, and members noted the progress on the actions and the actions that had been closed.</p>
JC23/61	<p>2.1 WHSSC Specialised Services Strategy</p> <p>The report and presentation outlining the changes that had been made to the WHSSC Specialised Services Strategy following the JC Workshop held on 17 April 2023 and the additional updates reflecting the strategic and operational feedback received from Welsh Government were received.</p>

Min Ref	Agenda Item
	<p>Nicola Johnson (NJ) led the session and members noted the further work scheduled to build meaningful success measures into the strategy for monitoring purposes and that further consideration would be taken forward with the Management Group (MG) before being finalised in September 2023.</p> <p>Members noted that mechanisms to review Health Board (HB) monitoring at a local level would be developed.</p> <p>Chantal Patel (ChP) queried what support mechanisms were in place to measure progress across HBs. NJ advised that the annual engagement phase of the Integrated Commissioning Plan will ensure that the WHSSC Specialised Services Strategy aligns with the HBs' Clinical Strategies and that it is deliverable.</p> <p>SL advised that the key strategic aim for WHSSC was to be a responsive commissioner with the ability to adapt rapidly to a changing environment through being flexible and nimble.</p> <p>Steve Spill (SS) referenced the feedback received from Welsh Government on the strategy and queried whether the plan would be approved by them. SL responded and advised that the WHSSC Standing Orders (SOs) stipulated that the Joint Committee should determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers. She considered that the work undertaken in response to WG feedback met this requirement and formal approval was not required.</p> <p>Carol Shillabeer (CS) advised that integrated HBs were separate from Welsh Government (WG), and that if the strategy presented was satisfactory to Joint Committee then it should satisfy WG requirements.</p> <p>Jeremy Griffith (JG) advised that WG went through a collective review process and that feedback went to Ministers.</p> <p>NJ provided clarification on the process and advised that the specialised services strategy was separate to the ICP process which had already been approved by the Joint Committee in February 2023. The strategy need to be approved by the Joint Committee in conjunction with Ministers.</p>

Min Ref	Agenda Item
	<p>The Chair thanked those involved in the development of this huge piece of work which now provides the long term principles of future commissioning functions over the next 10 years.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the final draft of the Specialised Services Commissioning Strategy; and • Support the decision to undertake further detailed work on the development of a set of meaningful success measures for the strategic objectives, with a timescale of September 2023 for completion.
JC23/62	<p>2.2 WHSSC & HB Shared Pathway Savings Target – Milestones on Governance System & Process</p> <p>The presentation outlining the governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target, which had been requested by the Committee following approval of the Integrated Commissioning Plan (ICP) 2023-2024 on 13 February 2023 was received.</p> <p>Nicola Johnson (NJ) led the session and members noted that WHSSC had applied a programme management approach to establish a mechanism to monitor savings and efficiencies and had developed a Project Initiation Document (PID) outlining that a Programme Board would be established comprising of representatives from each HB. The PID had been discussed at the MG meeting held on 23 March 2023.</p> <p>Stuart Davies (SD) led the session on the financial elements.</p> <p>Members noted that WHSSC were conducting an internal assessment on 6 June, in readiness for a workshop with the Management Group on 22 June 2023. Thereafter an update on progress will be provided to the July 2023 Joint Committee and would feature as a standing item on the agenda at future JC meetings.</p> <p>ChP queried who had overall responsibility to ensure that savings were made overall and efficiencies were demonstrated. SD advised that the process side was led by WHSSC and responsibility was shared across all of the 7 HBs. The Chair confirmed that this necessitated a need for tight monitoring of performance.</p>

Min Ref	Agenda Item
	<p>The Chair thanked everyone for the considerable effort from WHSSC and the HBs that had gone into producing the update.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JC23/63	<p>3.1 Chair's Report</p> <p>The Chairs report was received and members noted:</p> <ul style="list-style-type: none"> • Chairs Action - The Chair's Action taken on 9 May 2023 to extend the tenure of Professor Ceri Phillips, Independent Member (IM), WHSSC from 31 May 2023 until 30 June 2023, • WHSSC Independent Member (IM) Recruitment - that a recruitment process to appoint a third WHSSC IM to replace Professor Ceri Phillips will open in May 2023, • Welsh Government (WG) Review of National Commissioning Functions - further to the Minister for Health & Social Services' announcement concerning a review of national commissioning functions a facilitated discussion was held with Joint Committee members and a joint workshop took place on 14 March 2023 to coincide with the Emergency Ambulance Services Committee (EASC) and WHSSC meetings scheduled for that day; and • Key meetings attended. <p>The Chair thanked CP in his absence for all of the work he had done during his time as an IM with WHSSC and for the knowledge and experience he had exhibited as Chair of the Quality and Patient Safety Committee (QPSC). The Chair also personally thanked CP for the advice and counsel he had provided her and WHSSC Senior Leadership and wished him well for the future in Cardiff and Vale (C&V).</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, and • Ratify the Chair's action taken on 9 May 2023 to extend the tenure of Professor Ceri Phillips' Independent Membership (IM) for WHSSC from 31 May 2023 until 30 June 2023.
JC23/64	<p>3.2 Managing Director's Report</p> <p>The Managing Director's Report was received and members noted the following updates:</p> <ul style="list-style-type: none"> • Single Commissioner for Mental Health - Further to the Joint Committee meeting on 10 January 2023, when

Min Ref	Agenda Item
	<p>six of the seven HBs supported a recommendation that WHSSC should be the single commissioner for Secure Mental Health Services in Wales, WHSSC received confirmation from WG that they accepted the recommendation on 20 March 2023. A letter has since been issued to Welsh Government to request funding for Project Management support for the associated programme of work,</p> <ul style="list-style-type: none"> • Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales - WHSSC had received a request from the Chair of the NHS Wales Health Collaborative Executive Group (CEG) formally requesting that WHSSC take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales. The WHSSC Team will undertake an evidence review of the procedure and an estimation of demand and budget impact to feed into the WHSSC Integrated Commissioning Plan. A report outlining the process and timeline will be brought to the July Joint Committee, • Spinal Operational Delivery Network (ODN) - Following highlighting the delay reported in the March 2023 meeting the Implementation Board have confirmed that the plan is for the ODN to go live in September 2023, • Thoracic Surgical Centre Update - Following further detailed capital planning work undertaken by SBUHB as the host provider of the future single Thoracic Surgical Centre it was reported that the Centre will be operational during 2026; and • All Wales IPFR Policy Review The final draft of the All Wales Individual Patient Funding Panel (IPFR) Policy will be presented to the Joint Committee in July 2023. It had not been possible to complete the work in time for the May committee meeting due to the availability of the Kings Counsel (KC) to consider the draft which had now been agreed by WHSSC and stakeholders. <p>Suzanne Rankin (SR) queried if SNS for urological incontinence could be included in the work as CVUHB were currently sending out to Bristol on an individual patient basis. SL agreed to take this forward.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.

Min Ref	Agenda Item
JC23/65	<p>3.3 Review of Specialised Commissioning in Haematology: Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM)</p> <p>The report outlining the main findings and proposals of the report on Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) from the review of specialised commissioning in haematology was received.</p> <p>The Chair welcomed Chris Fegan, (CF) and Luke Archard (LA) to the meeting and advised members that the presentation would cover the issues outlined in agenda items 3.3 – 3.5 and included potential cost savings if implemented.</p> <p>CF led the presentation and outlined the process that had been undertaken to review haematology and immunology services that may benefit from specialised commissioning. The presentation covered his recommendations for the commissioning remit of WHSSC with regard to specialised haematology and specialised immunology as outlined within agenda items 3.3 – 3.5 and included potential cost savings if implemented.</p> <p>SD advised that WHSSC were aware of a number of the propositions which had significant efficiency and quality potential, which WHSSC were keen to explore, for example a linked up genomics programme to accelerate the testing of AML.</p> <p>SS queried if option 4 would only be considered once option 3 had been in place for a while. SL responded and advised once we have approval we will create a project plan – detail needs to be scoped and worked through with the HB.</p> <p>CF advised that the cancer network were supportive, and the estimated timeframe expected to plan an All Wales MDT and a Network Service Model for Wales would be approximately 6-12 months, and therefore may be commissioned in April 2024. SL advised that the MG will review the project plan.</p> <p>ChP queried if the issues of bed capacity and staff capacity would be managed more effectively if services were managed at a local level. SL advised that current workforce issues were such that local services wouldn't be able to manage capacity and therefore action was imperative.</p>

Min Ref	Agenda Item
	<p>Nicola Prygodzicz (NP) advised that the service was the key priority but asked what the impact was on the financial elements of the IPC. CF advised that patients from ABUHB went to CVUHB for treatment, and that this would stop if new drugs were administered. SL also confirmed that the new drugs will be assessed through the NICE process and therefore NHS Wales will be mandated to make them available.</p> <p>SL advised that there were already significant numbers of vacancies amongst haematology staff and the option put forward was the only option to address these issues.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the findings of the specialised haematology review in relation to the opportunities, risks and challenges for the Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) service in Wales, • Consider the options proposed for how specialised commissioning under WHSSC could address the opportunities, risks and challenges in the AML, ALL and HRM service to provide an equitable, high quality and sustainable service for patients in Wales; and • Approve option 4, the phased implementation of option 1 (all Wales MDT) and option 3 (network service model for Wales), as the preferred option.
JC23/66	<p>3.4 Review of Specialised Commissioning in Haematology: Allogeneic Haematopoietic Stem Cell Transplantation (AHSCT), Salvage Therapy in Non-Hodgkin's Lymphoma and Secondary Immunodeficiency</p> <p>The report outlining the main findings and proposals of the review of specialised commissioning in haematology for Allogeneic Haematopoietic Stem Cell Transplantation (AHSCT), salvage therapy for high grade Non-Hodgkin's Lymphoma (HG NHL) and Secondary Immunodeficiency in haematology patients was received.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the findings of the specialised haematology review in relation to the management of AHSCT, salvage therapy for HG NHL and treatment for secondary immunodeficiency in haematology patients,

Min Ref	Agenda Item
	<ul style="list-style-type: none"> • Note the options proposed for how specialised commissioning under WHSSC may address the opportunities, risks and challenges in these service; and • Approve the following specific recommendations: <ul style="list-style-type: none"> ▪ Management of AHSCT: <ul style="list-style-type: none"> - Commissioning responsibility for long term follow up (post 100 days) by the specialist AHSCT team is transferred from HBs to WHSSC, ▪ Salvage therapy for HG NHL: <ul style="list-style-type: none"> - Current commissioning arrangements are retained, - The role of central commissioning is re-evaluated once an agreed national pathway for HG NHL is in place, ▪ Secondary immunodeficiency: <ul style="list-style-type: none"> - Current commissioning arrangements are retained; and - Consideration is given to undertaking work at an all Wales level to evaluate the feasibility of a national sub-cutaneous immunoglobulin therapy service for patients with secondary immunodeficiency.
JC23/67	<p>3.5 Review of Specialised Commissioning in Haematology: Thrombotic Thrombocytopenic Purpura (TTP)</p> <p>The report outlining the main findings and proposals of the review of specialised commissioning in haematology for Thrombotic Thrombocytopenic Purpura (TTP) was received.</p> <p>The Chair thanked CF for the work that has been undertaken during this review.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the current model of service delivery for TTP across Wales and the risks to equitable access to best treatment, • Approve the transfer of commissioning responsibility for TTP from Health Boards to WHSSC; and • Approve the proposed preferred option to commission TTP for the population of south Wales from a designated comprehensive TTP centre in NHS England.
JC23/68	<p>3.6 Cochlear and Bone Conduction Hearing Implant (BCHI) Engagement & Next Steps</p>

Min Ref	Agenda Item
	<p>The report outlining the targeted engagement process undertaken regarding Cochlear and BCHI services for people in South East Wales, South West Wales and South Powys, the findings from that process and the proposed next steps was received.</p> <p>NJ presented the report and members noted:</p> <ul style="list-style-type: none"> • In September 2022, HBs agreed for a period of targeted engagement with regard to future provision of both Cochlear and BCHI, • Early discussions were held with Community Health Councils (CHCs) and a targeted engagement was agreed as the affected patient cohort was small in numbers and it was a highly specialised service, • The scope of the engagement included patients, staff and stakeholders, • There were 201 responses to the questionnaire, of these, 5 were from organisations, and 196 were from individuals. There was also a detailed written response from the clinical community, submitted via the Audiology Standing Specialist Advisory Group (ASSAG); and • A number of themes emerged and the majority of respondents (74%) were supportive of the preferred option of a single implantable device hub for both children and adults with an outreach support mode. <p>Members noted that WHSSC continues with the ambition to commission a Centre of Excellence for all Auditory Specialist Implantable Devices (Cochlear, BCHI and middle ear if supported). To date, no location has been specified for the centre. In the meantime, all Cochlear patients will continue to be seen at CVUHB. There will be no immediate change to the provision of BCHI.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the process that had been followed both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales, • Note and Consider the feedback received from patients, staff and stakeholders in relation to commissioning intent, • Approve the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model,

Min Ref	Agenda Item
	<ul style="list-style-type: none"> • Support the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation, • Note the process that has been followed to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and • Agree to take the outcome and proposed next steps through Health Boards for consideration.
JC23/69	<p>3.7 Performance Management Framework</p> <p>The report presenting the draft WHSSC Performance Management Framework approach which, subject to approval, will be embedded into WHSSC's business as usual processes and shared with provider organisations for transparency and awareness was received.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • On behalf of the seven HBs in Wales, WHSSC has a responsibility to commission services of the highest quality for the best cost for the Welsh population, • WHSSC's Performance Management arrangements are driven by a number of principles, • There are 3 levels at which performance management discussions between WHSSC and provider HBs take place, and upon which the Performance Management arrangements have been built: Strategic, Planning and Performance, • The framework is supported by a performance management toolkit that provides templates to bring standardisation to the approach; and • Once approved the updated framework will replace Appendix 1a in the Commissioning Assurance Framework (CAF) approved by the Joint Committee in September 2021 <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Approve the proposed approach for an updated WHSSC Performance Management Framework; and • Support the proposed implementation arrangements.
JC23/70	<p>3.8 Development of the Integrated Commissioning Plan (ICP) 2024-2027</p>

Min Ref	Agenda Item
	<p>The report outlining the high-level process for the development of the WHSSC Integrated Commissioning Plan (ICP) for 2024-2027 was received.</p> <p>Members noted the process for developing the ICP and that there would be additional emphasis on recommissioning and redesign.</p> <p>Members noted that the timeline had been endorsed by the Information Governance Committee (IGC) on 18 April 2023.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Consider and Approve the timeline; and • Receive assurance on the process.
JC23/71	<p>3.9 Annual Governance Statement 2022-2023</p> <p>The report presenting the Annual Governance Statement (AGS) 2022-23 for approval was received.</p> <p>Jacqui Evans (JE) presented the report and members noted that:</p> <ul style="list-style-type: none"> • Chapter 3 of the HM Treasury Financial Reporting Manual (FREM) stipulated that statutory NHS bodies are required to publish, as a single document, a three-part annual report and accounts which includes an Annual Governance Statement (AGS)) and Financial Statements. This is the format adopted in HBs, • As a hosted body under CTMUHB, WHSSC did not have a statutory duty to adopt the same process however an AGS and an Annual report are produced as a matter of good governance in accordance with the WHSSC Standing Orders (SOs), to provide assurance to the HBs and, in particular, to CTMUHB, as the host organisation, in relation to WHSSC's governance and accountability arrangements, • The IGC reviewed the draft AGS on the 18 April, • The document will be shared with CMTUHB for inclusion within its annual report and will be presented to the audit committee in June 2023; and • A separate Annual Report reflecting on WHSSC's performance and its achievements over the last financial year and reflecting on what was achieved in collaboration with partner organisations and stakeholders is being developed and this will be presented to the Joint Committee in July 2023 for approval.

Min Ref	Agenda Item
	<p>Paul Mears (PM) queried the risk scoring for some of the top risks identified during the reporting period and advised that HBs should be made aware of the high risks so that they could capture WHSSC risks in HB risk registers. JE advised that the IGC had provided similar feedback in the past and as a consequence a benchmarking exercise had been undertaken to compare and contrast WHSSC risk scoring in comparison with HB risk scoring. The findings indicated that the WHSSC risk scoring levels were unique to WHSSC and appropriate, and it was recognised that WHSSC score may appear higher than HB scores, but this was relevant to the nature of WHSSC business.</p> <p>Members noted that the Corporate Risk Assurance Framework (CRAF) was presented to each CTMUHB Audit and Risk Committee for hosted bodies, to each WHSSC Quality & Patient Safety Committee (QPSC) and each IGC for review and scrutiny. The Joint Committee received the CRAF every 6 months for approval.</p> <p>Members noted that a full update on the CRAF would be presented to the July Joint Committee meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the final report, • Note that the draft Annual governance Statement was presented to the Integrated Governance Committee on the 18 May 2023 for assurance, • Note that the WHSSC Annual governance Statement 2022-2023 will be presented at the CTMUHB Audit & Risk Committee Meeting on 21 June 2023, • Note that the WHSSC Annual Governance Statement 2022-2023 will be included in the CTMUHB Annual report submission to Welsh Government and Audit Wales in June 2023, recognising that it has been reviewed and agreed by the relevant sub committees of the Joint Committee; • Note that the final documents will be submitted to the CTMUHB Audit & Risk Committee in July 2023 for recommendation for CTMUHB Board Approval on 27 July 2023; and • Note that the final Annual Governance Statement will be included in the Annual Report presented at the CTMUHB Annual General Meeting in September 2023.

Min Ref	Agenda Item
JC23/72	<p>3.10 Sub Committee Annual Reports</p> <p>The report presenting the Sub-Committee Annual Reports for 2022-2023 was received.</p> <p>JE presented the report and members noted:</p> <ul style="list-style-type: none"> • The requirement to present to sub-committee annual reports was outlined in the WHSSC SOs which stated that the joint sub-Committee is required to 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. • The sub-committee reports for the 5 sub committees of the Joint Committee were presented for the reporting period April 2022-March 2023; and • The IGC considered the reports on 18 April and noted the positive activity undertaken by each sub-committee. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the Sub-Committee Annual Reports for 2022-23.
JC23/73	<p>3.11 Sub Committee Terms of Reference</p> <p>The report presenting the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC), and the Welsh Kidney Network (WKN) for approval was received.</p> <p>JE presented the report and members noted that:</p> <ul style="list-style-type: none"> • the WKN Terms of Reference were discussed and approved at the WKN Board Meeting on 4 April 2023, • the Integrated Governance Committee (IGC) and the Quality & Patient Safety Committee (QPSC) Terms of Reference were discussed and approved at sub-committee meetings on 18 April 2023, • The Management Group (MG) ToR were reviewed and presented to the April 2022 MG meeting and approved at the May 2022 JC meeting. Due to the ToR being substantially reviewed during 2022 and following the announcement by Welsh Government on 23 January 2023 that a review of National Commissioning Functions would be undertaken, no further review of the MG ToR was planned at present. <p>The Joint Committee resolved to:</p>

Min Ref	Agenda Item
	<ul style="list-style-type: none"> • Note that the Welsh Kidney Network (WKN) Terms of Reference were discussed and approved at the WKN Board Meeting on 4 April 2023, • Note that the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) Terms of Reference were discussed and approved at sub-committee meetings on 18 April 2023, • Note that the MG ToR were discussed at the MG meeting on 27 April 2023 and no changes were proposed; and • Approve the revised Terms of Reference (ToR) for the IGC, the QPSC and the WKN.
JC23/74	<p>4.1 Performance and Activity Report Month 11 2022-2023</p> <p>The report highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and outlining signs of recovery in specialised services activity was received.</p> <p>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.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/75	<p>4.2 Financial Performance Report Month 12 2022-2023</p> <p>The financial performance report setting out the financial position for WHSSC for month 12 2022-2023 was received. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.</p> <p>Members noted that the year-end financial position reported at Month 12 for WHSSC was an underspend of (£10.939m). The under spend includes the impact of releasable non-recurrent reserves of (£18m).</p> <p>Members noted the uncertainty around the status of the financial framework ¹currently being finalised by the Directors of Finance (DoF) group. The proposed framework is currently disputed by at least one HB and includes a 50% financial protection for underperformance. It was noted that this proposal is not consistent with the approved ICP which was agreed including a full return to contracting without protection</p>

¹ Given the level of uncertainty and concern regarding the proposed financial framework the most appropriate way for WHSSC to report the financial position for 2022/23 from a performance perspective is to report based on the approved ICP assumption (approved by the Joint Committee 13 February 2023) of a full return to normal contracting rules with no performance abatement pending any formal decision by the Joint Committee to agree any change. The narrative financial positions for WHSSC will include reference to the risk of a subsequent change if applied. WHSSC notes that

Min Ref	Agenda Item
	<p>and if applied to WHSSC would result on a significant adverse impact on the WHSSC financial position of between £3.5m and £7m depending on recovery performance.</p> <p>Hayley Thomas (HT) advised the NHS Wales Directors of Planning (DoP) peer group were discussing how to handle performance, and queried the likely timescale for discussion between the NHS Wales Directors of Finance (DoFs) and the advice to CEOs. SD advised there was no set timescale, there were some significant outstanding concerns and that these would be discussed at the next DoFs meeting.</p> <p>NP advised that there was a debate on this, and that Long Term Agreements (LTAs) in HBs sat outside the specialised services agreements, and that it was important to separate out WHSSC. WHSSC have an ICP and LTAs in place, discussion should not therefore compromise the ICP as it has already been signed off. NP noted that there are ongoing discussion between HBs. SD confirmed that the WHSSC contracts with Welsh providers are recognised as being credible and accurate and do not have the same uncertainties that DOFs were concerned about in the inter-health board LTAs.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position. • Note the uncertainty regarding the financial framework and the financial risk associated with any application to the WHSSC position
JC23/76	<p>4.3 South Wales Trauma Network Delivery Assurance Group (Quarter 3 Report)</p> <p>The report providing a summary of the Quarter 3 2022/23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN) was received.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the full South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) report.
JC23/77	<p>4.4 Corporate Governance Report</p> <p>The report providing an update on corporate governance matters that had arisen since the previous meeting was received.</p>

Min Ref	Agenda Item
	<p>JE thanked Members for completing and returning their Declarations of Interest forms and reminded Members to complete the Annual Committee Effectiveness Survey 2022-2023 by the deadline of 26 May 2023.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report and approved the annual planner.
JC23/78	<p>4.5 Reports from the Joint Sub-Committees</p> <p>The Joint Committee Sub-Committee reports were received as follows:</p> <p>4.5.1 Audit and Risk Committee (ARC) Assurance Report</p> <p>The JC noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on 19 April 2023.</p> <p>4.5.2 Management Group Briefings</p> <p>The JC noted the core briefing documents from the meetings held on 23 March 2023 and 27 April 2023.</p> <p>4.5.3 Individual Patient Funding Request (IPFR) Panel</p> <p>The JC noted the Chair's report from the meeting held on 20 April 2023.</p> <p>4.5.4 Integrated Governance Committee (IGC)</p> <p>The JC noted the Chair's report from the meeting held on 18 April 2023</p> <p>4.5.5 Quality & Patient Safety Committee (QPSC)</p> <p>The JC noted the Chair's report from the meeting held on 18 April 2023.</p> <p>4.5.6 Welsh Kidney Network (WKN)</p> <p>The JC noted the Chair's report from the meeting held on 4 April 2023.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the reports.
JC23/79	<p>5.1 Any Other Business</p> <p>Members noted that a Joint Committee development session with Professor Michael West OBE will be held on the 11 September 2023.</p>
JC23/80	<p>5.2 Date of Next Meeting</p>

Min Ref	Agenda Item
	<p>The Joint Committee noted that the next scheduled meeting would be on 18 July 2023.</p> <p>There being no other business other than the above the meeting was closed.</p>
JC23/81	<p>5.3 In Committee Resolution</p> <p>The Joint Committee recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".</p>

Chair's Signature:

Date:.....



JOINT COMMITTEE MEETING 18 JULY 2023 Action Log

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
8 November 2022					
JC23/001	JC23/31 Integrated Commissioning Plan (ICP) 2023-2024 ACTION: NHS England (NHSE) funding growth approach to be considered at a future JC session with a discussion on the variation and impact of investment between Scotland, England and Wales.	SD/NJ	July 2023	On the July Joint Committee Agenda Item 2.2.	OPEN
	ACTION: A review of the potential impacts on providers in Wales on strategic reinvestment, disinvestment and any subsequent reconfiguration to be discussed at a future JC meeting.	SD/NJ	July 2023	On the July Joint Committee Agenda Item 2.2.	OPEN
14 March 2023					
JC23/003	JC23/39 Governance System and Process – WHSSC & HB Shared Pathway Saving Target	NJ	May 2023	19.04.2023 On Agenda for May JC meeting. 12.06.2023 – The Joint Committee received a presentation on 16 May	CLOSED

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
	ACTION – NJ to present milestones on the Governance System and Process – WHSSC & HB Shared Pathway Saving Target to the Joint Committee meeting 16 May 2023.			2023 and noted the update. Action Completed.	
JC23/004	<p>JC23/43 Eating Disorder In-Patient Provision for Adults</p> <p>CS advised it was important to ensure that patients did not need to travel long distances for treatment, and queried the weighting criteria and asked if there were measures to monitor outcomes and the difference that had been achieved by the providers with experience of improvement in the facilities. DR responded and advised that it may not be possible to run a unit within Wales due to the specialist skills required and therefore the patient need was balanced against access and proximity together with the skills and expertise of the relevant independent sector provider.</p> <p>ACTION: DR will circulate the proposed weighting criteria to members following the meeting.</p>	DR	September 2023	<p>27.04.2023 – Due to the NHS Wales Shared Services Partnership (NWSSP) encountering delays associated with the specification of a Welsh location within the procurement tender, an update will now be given in the Summer.</p> <p>13.06.2023 - WHSSC are pursuing two avenues in order to secure an Inpatient Eating Disorders Service in Wales, one involving an independent provider being placed on the National Collaborative Commissioning Unit (NCCU) Framework and the second via a tendering process currently being developed and supported by Legal Advisors. A further update will be provided in September 2023.</p>	OPEN

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
JC23/005	<p>JC23/45 Neonatal Cot Configuration Project</p> <p>Members noted that the phase 1 element of the work was supported and NJ suggested that phase 1 would provide a good foundation to take forward phase 2. NJ agreed there would be value in taking forward a piece of work with the NHS Wales Directors of Planning Peer Group and would take it there for an initial discussion. Further consideration will then be needed around the scope of the work and the decision making process to implement changes.</p> <p>ACTION: NJ to meet with the NHS Wales Directors of Planning peer group for initial discussions on phase 2 of the work for the Neonatal Cot Configuration Project.</p>	NJ	July 2023	<p>19.04.2023 Meeting scheduled with the NHS Wales DoPs week commencing 5 May 2023.</p> <p>26.06.2023 Issue was discussed with Do's on 5 May 2023 and a further factual briefing on Phase 1 was arranged for 20th June 2023. A more comprehensive update is provided in the MD report. Verbal feedback will be given to the Joint Committee meeting in July 2023 on the advice from the DoPs Executive Peer Group. Action Completed.</p>	CLOSED



Report Title	Chair’s Report	Agenda Item	3.1		
Meeting Title	Joint Committee	Meeting Date	18/07/2023		
FOI Status	Public				
Author (Job title)	Chair of WHSSC				
Executive Lead (Job title)	Committee Secretary and Associate Director 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 checked="" 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; and
- **Ratify** the Chair's action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial 2 year term from 1 July 2023 until 30 June 2025.

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 Action

A Chair's Action was taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial term of 2 years from 1 July 2023 until 30 June 2025, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SOs).

In accordance with the Joint Committee's decision made on the 18 January 2021 to transition to a fair and open selection process for appointing all WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, a recruitment process for the third WHSSC IM position to replace Professor Ceri Phillips on the Joint Committee commenced in May 2023, and following a competitive recruitment exercise Carolyn was offered and has accepted the role.

The letter is presented at **Appendix 1** for information.

3.2 Key Meetings

I have attended the following meetings:

- Regular catch up meetings with WHSSC IMs and WKN Chair,
- Regular bi-monthly meetings with the Chair of the QPS Committee,
- Integrated Governance Committee,
- Facilitated discussion with NHS Wales Chairs and Steve Combe on WG review of national commissioning functions; and
- NHS Wales Chairs Peer Group Meeting.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Ratify** the Chair's action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial 2 year term from 1 July 2023 until 30 June 2025.

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	Appendix 1 – Letter to Joint Committee Members – Chairs Action



GIG
CYMRU
NHS
WALES

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

Your ref/eich cyf:
Our ref/ein cyf: KE.JE
Date/dyddiad: 14 June 2023
Tel/ffôn: 01443 443 443 ext. 8131
Email/e-bost: Jacqueline.Evans8@wales.nhs.uk

WHSSC Joint Committee Members,

Dear Colleague,

Re: Chairs Action - Appointment of a New WHSSC Independent Member

I am writing to you to inform you that a Chair's action has been undertaken to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial 2 year term from 1 July 2023 until 30 June 2025.

In accordance with the Joint Committee's decision made on the 18 January 2021 to transition to a fair and open selection process for appointing all WHSSC IMs through advertising the vacancies through the Health Board (HB) Chairs and the Board Secretaries, a recruitment process for the third WHSSC IM position to replace Professor Ceri Phillips on the Joint Committee commenced in May 2023 and following a competitive recruitment exercise Carolyn was offered and has accepted the role.

The Chair's action was taken in accordance with provisions of the WHSSC Standing Orders (SOs), specifically section 3.1.1 in relation to Chair's action on urgent matters whereby decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee.

Chair's Action

I confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, Steve Spill, IM of WHSSC, and Chantal Patel, IM of WHSSC I have taken Chair's Action to approve the appointment of Carolyn Donoghue, IM at CTMUHB, as a WHSSC IM until 30 June 2025.

This matter will be reported on at the next Joint Committee meeting on the 18 July 2023 for ratification.

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

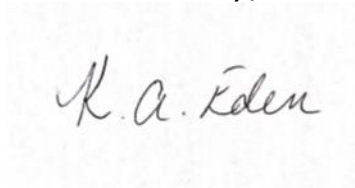
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Uned G1, The Willowford,
Trefforest,
Pontypridd
CF37 5YL

Chair/Cadeirydd: *Kate Eden*

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

If you require further information or clarification regarding this matter, please contact Jacqui Evans, Committee Secretary, Jacqueline.Evans8@wales.nhs.uk in the first instance.

Yours sincerely,

A handwritten signature in black ink that reads "K. A. Eden". The signature is written in a cursive style with a large initial 'K'.

Kate Eden
Chair

Cc – Dr Sian Lewis, Managing Director, WHSSC
Cc – Stuart Davies, Director of Finance, WHSSC

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

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Uned G1, The Willowford,
Treforest,
Pontypridd
CF37 5YL

Chair/Cadeirydd: *Kate Eden*
Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr
Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol: *Dr Sian Lewis*



Report Title	Managing Director's Report			Agenda Item	3.2
Meeting Title	Joint Committee			Meeting Date	18/07/2023
FOI Status	Public				
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales				
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning				
Purpose of the Report	The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<p>Recommendation(s):</p> <p>Members are asked to:</p> <ul style="list-style-type: none">Note the report.					

MANAGING DIRECTOR'S REPORT

1.0 SITUATION

The purpose of this report is to provide the Joint Committee (JC) 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 JC 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 JC's business.

3.0 ASSESSMENT

3.1 Hosting Agreement with CTMUHB – Statutory Duty of Candour and the Duty of Quality

The Statutory Duty of Candour and the Duty of Quality came into effect on the 1 April 2023 through the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Duty of Quality and the Duty of Candour applies to all Health Boards, NHS Trusts and Special Health Authorities in Wales. Cwm Taf Morgannwg (CTMUHB), acting as Host Health Board (HB), requires WHSSC to use its reasonable endeavours to comply with this legislation in its activities where appropriate. In addition, to cooperate and provide any necessary data and/or information required to discharge its duties as host HB under the Health and Social Care (Quality and Engagement) (Wales) Act – see the letter at **Appendix 1** for information. WHSSC have responded to confirm we are aware of our duties and to advise that we will report on compliance with the duties within the Annual Governance Statement (AGS).

3.2 Memorandum of Understanding (MoU) with BCUHB

As previously discussed with the Management Group (MG), during 2022-23 WHSSC and BCUHB developed a joint Memorandum of Understanding (MoU) to set out the arrangements for the management of contracts and commissioning for the population of North Wales from English providers. The MoU clearly describes the arrangements and responsibilities if a serious quality concern or risk materialises. The MoU has now been signed by both parties and is operational with immediate effect.

3.3 Requests for WHSSC to Commission New Services

WHSSC have received requests to commission new services for NHS Wales, specifically:

- **Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales** – an update was provided to the Joint Committee under the MD report on 16 May 2023, with a copy of the letter from Alex Howells in her capacity as Chair of the NHS Wales Health Collaborative Executive Group (CEG) formally requesting that WHSSC take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales. The report formally requesting that the Joint Committee consider and approve that WHSSC commissions SNS is included on the July meeting agenda. If approved, the WHSSC Team will undertake an evidence review of the procedure and an estimation of demand and budget impact to feed into the WHSSC Integrated Commissioning Plan (ICP). The JC report outlines the proposed process and timeline,
- **Neurophysiology** - WHSSC has been requested by the CEG to return to commissioning Neurophysiology services in Wales. A report asking the JC to formally approve that WHSSC commissions this service and which outlines the process and timeline is on the agenda for the July JC meeting.

The workload associated with the adoption of new services during 2023-24 will be absorbed into the existing WHSSC Team capacity. A review of the longer-term workload impact, including the potential commissioning of Hepato-Pancreo-biliary (HPB) Surgery Services will be undertaken and will inform the 2024-25 ICP.

3.4 Fertility Update - WHSSC Policy development: - CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy

The WHSSC team have been in discussion with Llais, regarding issues raised during the stakeholder engagement exercise on the above policies. In response to feedback, WHSSC will revise its Policy for Policies, and a paper describing the proposed approach is on the agenda for the July JC meeting. There is ongoing dialogue regarding the individual policies (CP37 and CP38) and a key issue to be resolved is the sequencing on any requirement for public consultation for policies, deemed to represent a significant service change which may have a budget impact, and therefore, require incorporation into the WHSSC prioritisation and ICP approval processes.

3.5 Neonatal Cot Configuration Project

At the March 2023 meeting the JC considered the Neonatal Cot Configuration project recommendations and associated funding release to support rebasing of the contractual and funding arrangements to better reflect British Association of Perinatal medicine (BAPM) standards regarding activity, occupancy and workforce. As agreed with Management Group the report also proposed a second phase of work to review the neonatal cot configuration model across South Wales.

The funding release (Phase 1) was approved and the JC did not disagree with the principle of Phase 2. However, JC requested that the WHSSC Director of Planning sought advice from the NHS Wales Directors of Planning (DoPs) Executive Peer Group on the best approach to the strategic planning for the second phase to ensure the review fully addresses the interdependencies with non-WHSSC commissioned services such as maternity, and the Clinical Services Plans of Health Boards (HBs). A positive discussion was held with the DoPs in May where it was agreed that WHSSC should lead this planning, and that the DoPs should be involved in the design of Phase 2. In response to the request at the meeting, this has been followed up with a factual briefing to the DoPs on Phase 1. Verbal feedback will be given to the JC meeting in July on the advice received from the DoPs Executive Peer Group.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

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



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PEOPLE

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GOFAL



IMPROVING
CARE

CREU
IECHYD



CREATING
HEALTH

Cyfeiriad Dychwelyd/ Return Address:

Bwrdd Iechyd Prifysgol	Cwm Taf Morgannwg
Cwm Taf Morgannwg	University Health Board
Pencadlys	Headquarters
Uned 3, Tŷ Ynysmeurig	Unit 3, Ynysmeurig House
Parc Navigation,	Navigation Park
Abercynon	Abercynon
CF45 4SN	CF45 4SN

Ffôn/Tel: 01443 744803

Eich cyf/Your Ref:

Ein cyf/Our Ref:

Ebost/Email:

Dyddiad/Date:

PM/TLT

Paul.Mears@wales.nhs.uk

7 June 2023

Dr Sian Lewis
Managing Director
Welsh Health Specialised Services Committee

Sian.Lewis100@wales.nhs.uk

Dear Sian,

Re: Statutory Duty of Candour and the Duty of Quality

I refer to the Hosting Agreement relating to the Welsh Health Specialised Services Committee (WHSSC) dated 12 November 2019.

As you will be aware, the Statutory Duty of Candour and the Duty of Quality came into effect on the 1st April 2023 through the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The Duty of Quality and the Duty of Candour (under Part 2 and Part 3 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 respectively), applies to all Health Boards, NHS Trusts and Special Health Authorities in Wales.

Cwm Taf Morgannwg, acting as Host Health Board, requires WHSSC to use its reasonable endeavours to comply with this legislation in its activities where appropriate and cooperate and provide any necessary data and/or information it requires, as Host Health Board to discharge its duties under the Health and Social Care (Quality and Engagement) (Wales) Act.

Cadeirydd/Chair: Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.
You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

<https://ctmuhb.nhs.wales>

As good governance we will ask that you report on your compliance with the duties within the Governance Statement WHSSC and/or Annual Governance Compliance statement.

I would be grateful if WHSSC as a hosted party to this Agreement, could sign and return a copy of this letter to confirm that it is aware of the duties under the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (effective from 1 April 2023) and is willing to co-operate with Cwm Taf Morgannwg in respect of the information it requires to discharge its duties as Host Health Board under the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Yours sincerely



Paul Mears
Prif Weithredwr/Chief Executive

Print Name: Dr Sian Lewis

Designation: **Managing Director**



Signed Name:

Date: 19/06/23

Report Title	Future Commissioning of the Wales Neurophysiology Service			Agenda Item	3.3
Meeting Title	Joint Committee			Meeting Date	18/07/2023
FOI Status	Open				
Author (Job title)	Specialised Planner for Neurosciences and Trauma services				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	<p>WHSSC has been requested by the NHS Wales Health Collaborative Executive Group (CEG) to return to commissioning Neurophysiology services in Wales.</p> <p>The purpose of this report is to outline the process and timeline of the work that will be undertaken to take this forward, and to recommend that the Joint Committee approves the request for WHSSC to commission neurophysiology.</p>				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendations:

- Members are asked to:
- **Note** the report,
 - **Approve** the request for WHSSC to return to commissioning neurophysiology services from April 2024 onwards; and
 - **Support** the proposed next steps and the work that will be undertaken to take this forward.

FUTURE COMMISSIONING OF THE WALES NEUROPHYSIOLOGY SERVICE

1.0 SITUATION

WHSSC has been requested by the NHS Wales Health Collaborative Executive Group (CEG) to return to commissioning Neurophysiology services in Wales.

The purpose of this report is to outline the process and timeline of the work that will be undertaken to take this forward, and to recommend that the Joint Committee approves the request for WHSSC to commission neurophysiology.

2.0 COMMISSIONING OF NEUROPHYSIOLOGY SERVICES

2.1 Service Background

Clinical neurophysiology is primarily a diagnostic medical specialty that investigates the central and peripheral nervous systems through the recording of bioelectrical activity, whether spontaneous or stimulated. It makes use of physiological techniques including electrophysiological recordings (using voltage clamp, patch clamp, etc.), calcium imaging, optogenetics and molecular biology. At least 1 in 6 people live with one or more neurological conditions (estimated to be around 100,000 people in Wales and a further 10,000 admitted annually with acquired brain injury). With risk factors including high blood pressure (e.g. stroke) and obesity (e.g. Intracranial Hypertension), in addition to the ageing population prevalence is increasing at a faster rate than population growth alone. Patients experiencing neurological conditions are also known to have the lowest health-related quality of life of any long-term condition.

Neurophysiology services receive referrals from a wide range of specialties including neurology but with the majority from rheumatology, general medicine, ophthalmology, paediatrics, psychiatry and orthopaedics. Although predominantly delivered on an outpatient basis, a small but significant number of inpatient referrals are also received from critical care, intensive care (including neonatal) and inpatient beds. Neurophysiology is also concerned with diagnosis of disorders affecting the brain, e.g. meningitis, encephalitis, etc. as well as the nerve and the muscles.

Current services are small in size and fragile in relation to both medical and scientific staff. In March 2022, there were 33 healthcare scientists and 2 assistants recorded on ESR in neurophysiology across Wales, with 2 medical consultants and 3 specialty registrars. Additionally, a third are due to retire in the next 5–10 years and a number of senior post holders are likely to retire sooner.

It is also recognised that there is a lack of consistency of pathways, which can impact on the ability to ensure equitable and timely access to the service. Prior

to the Covid pandemic, significant waiting times existed – this has now increased dramatically with waiting lists regularly in excess of 14 months.

2.2 Commissioning background

The drivers for changing the existing commissioning model for neurophysiology include:

- There is inequity of provision across Wales,
- It is a specialised diagnostic service,
- It has a small workforce,
- It has significant sustainability risks e.g. accommodation, equipment, staffing, training,
- It is a low volume specialty; and
- It has interfaces with other specialised services.

Prior to 2003, there were no formal commissioning arrangements for Neurophysiology. Health Commission Wales (HCW), a predecessor of WHSSC, commissioned the service centrally from 2003 until 2010.

In 2008, the Welsh Assembly Government commissioned Mr James Steers, former President of the Society of British Neurological Surgeons, to undertake a review of neurosciences in Wales. This review acknowledged that Neurophysiology services in Wales were:

- Fragmented and inconsistent,
- Insufficiently sustainable; and
- Essential to support a neurology service, but also to support many aspects of other specialties, such as Hand Clinics, Orthopaedics and Ophthalmology.

Following the Steers review, 19 recommendations were identified in support of a regional approach to services, and the second phase of implementing these recommendations (September 2011) encompassed Neurophysiology. HCW was, however, disestablished in 2010, and in the transfer to WHSSC not all services were adopted into the new arrangements for specialised services. The commissioning responsibility for neurophysiology transferred back to individual Health Boards (HBs).

In NHS England (NHSE) the responsibility for commissioning the service rests with NHSE as part of Adult Specialist Neurosciences Services. This includes neurophysiology provided by Adult Neurosciences or Neurology Centre, as well as those delivered on an outreach basis as part of a provider network.

2.3 All Wales Neurophysiology Project

In view of longstanding service fragilities, an All Wales Neurophysiology Network was established in 2019 to oversee the development of neurophysiology in Wales and the implementation of a South Wales Neurophysiology service.

Work started in earnest in the latter part of 2019, culminating in the development of an All Wales Neurophysiology Service Specification and a report was submitted

to the CEG in October 2022 – see **Appendix 1**, which outlined the challenges and risks of the current service model and proposed a return to national commissioning.

3.0 ASSESSMENT

The CEG report referred to above contained a number of recommendations: the return to national commissioning, for WHSSC to complete a strategic review of the service including baseline assessment against the previously developed service specification and resource mapping, and it recommended that HBs commit to prepare services to meet the service specification including funding workforce requirements.

The CEG fully supported the first two recommendations but the third recommendation was agreed in principle but caveated to include a practical recommendation to make sure that workforce models looked at diversification and skill mix and were subject to the funding available.

There are benefits to national commissioning and in the interest of supporting the efficiency and recommissioning agenda, the Joint Committee is asked to approve that WHSSC takes on commissioning of neurophysiology services for Wales from April 2024 onwards. WHSSC will work with HBs to deliver a safe, sustainable and quality neurophysiology service. This will have benefits across the secondary clinical pathway for several specialities and lends itself to value-based commissioning with potential economies of scale and development of regional service models.

This would support moving towards achieving national standards as the approach will support services in Wales to achieve service accreditation for Improving Quality in Physiological Service (IQIPS)¹. Neurophysiology services in Wales are not currently accredited, although Swansea Bay UHB (SBUHB) have started to progress this work. The IQIPS accreditation offers the benefit of sharing good practice and the opportunity to enhance efficiency, thus supporting the one of the key objectives of the WHSSC Specialised Services Commissioning Strategy.

3.1 Risks

As noted in the CEG discussion there are workforce challenges and there are fragile services in many areas. There are opportunities afforded by the increase in Healthcare Scientists training places funded by Health Education and Improvement Wales (HEIW) but the substantive posts will need to be funded to expand the workforce and have a coherent workforce model. There are also equipment and accommodation issues across the services.

¹ [Improving Quality in Physiological Services \(IQIPS\) \(ukas.com\)](https://www.ukas.com/13003/physiological-services/)

The performance and quality issues in the service are not visible at present as electroencephalography has not previously been reported via Welsh Government Ministerial Measures targets, but this is likely to change in the near future. There are significant waits for neurophysiology tests and improvement plans will be required as well as the development of other quality and outcome measures as part of the adoption of the service specification.

3.2 Next steps

Prior to any transfer of commissioning responsibility in April 2024, WHSSC will undertake a transfer of resources for existing services. After April 2024 WHSSC will then need to formally adopt the previously developed service specification and undertake a service review and gap analysis. This will inform the development of a commissioning service strategy with prudent workforce and service models. As noted by the CEG there are potential financial implications and the prioritisation of any service developments will need to be undertaken within our usual Integrated Commissioning Plan (ICP) processes.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the request for WHSSC to return to commissioning neurophysiology services from April 2024 onwards; and
- **Support** the proposed next steps and the work that will be undertaken to take this forward.

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	A new commissioned service for WHSSC to be included in the ICP 2024/25
Health and Care Standards	Staff and Resourcing Safe Care Timely Care
Principles of Prudent Healthcare	Reduce inappropriate variation Care for Those with the greatest health need first Only do what is needed
NHS Delivery Framework Quadruple Aim	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 Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The paper has outlined the fragility and sustainability of the Clinical Neurophysiology service and the need to undertake a service review for national commissioning after April 2024.
Finance/Resource Implications	A demand/ capacity financial analysis will need to be progressed to establish the investment required to meet national standards for the new delivery model.
Population Health	Delivery of Clinical Neurophysiology services in a timely manner will improve patient outcomes and quality of life. All components of the clinical pathway need to be effective and efficient to streamline processes to meet national standards and targets.
Legal Implications (including equality & diversity, socio economic duty etc)	-
Long Term Implications (incl WBFG Act 2015)	-
Report History (Meeting/Date/ Summary of Outcome)	CDGB - 3 July 2023
Appendices	Appendix 1 – Neurophysiology – WHSSC Commissioning



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Collaborative

Neurophysiology - WHSSC Commissioning

Author: Christine Morrell, Director of Therapies and Health Science, Swansea Bay UHB; Ian Langfield, Swansea Bay UHB

Collaborative Lead: Mark Dickinson, Director

Date: 23 Sept 2022

Version: 0.2

Purpose and Summary of Document:

This paper:

- follows the previously approved paper on a model service specification for Neurophysiology services for people resident in Wales;
- describes recommendations made by the previously approved inter-organisation multidisciplinary task and finish group and supported by the Regional and Specialised Services Provider Planning Partnership;
- describes a proposal for WHSSC national commissioning.

The Collaborative Executive Group is invited to:

- **Support the return of Clinical Neurophysiology to national commissioning in NHS Wales**
- **Approve WHSSC to complete a strategic review of Neurophysiology**
- **Agree to adopt the previously approved Neurophysiology Service Specification, including funding appropriate workforce levels, in preparation for national commissioning**

1 Situation

Following longstanding service fragilities with the clinical neurophysiology service, the Chief Executives of Cardiff and Vale UHB, and Swansea Bay UHB, as joint Chairs of the Regional and Specialised Services Provider Planning Partnership (RSSPPP) asked Executive Director of Therapies and Health Science (Fiona Jenkins and Christine Morrell) to revisit and develop a plan. An All Wales Neurophysiology Network was established in 2019 to oversee the development of neurophysiology in Wales and the implementation of a South Wales Neurophysiology service. This group met in 2019 and in 2021, chaired by Fiona Jenkins.

This network developed a service specification as the first step to informing the development of Health Boards commissioning intentions for the service which will address:

- Lack of capacity to meet demand in clinical neurophysiology
- Lack of investment in clinical neurophysiology
- Recruitment and training at consultant and practitioner level
- Modernisation of the service including workforce design

A previous paper set out the core elements of the service specification, and was approved in principle by the national Collaborative Executive Group in November 2021. This subsequent paper sets out the work completed since, and the recommendations for next steps.

2 Background

Clinical neurophysiology is primarily a diagnostic medical specialty that investigates the central and peripheral nervous systems through the recording of bioelectrical activity, whether spontaneous or stimulated. Patients are assessed for a variety of conditions including unexplained blackouts, seizures, excessive day-time sleepiness, inflammation of the muscles and trapped nerves. It makes use of physiological techniques including electrophysiological recordings (using voltage clamp, patch clamp, etc.), calcium imaging, optogenetics and molecular biology.

At least 1 in 6 people live with one or more neurological conditions, estimated to be around 100,000 people in Wales and a further 10,000 admitted annually with acquired brain injury. With risk factors including high blood pressure (e.g., stroke) and obesity (e.g., Intracranial Hypertension), in addition to the ageing population. prevalence is increasing at a faster rate than population growth alone. Patients experiencing neurological conditions are also known to have the lowest health-related quality of life of any long-term condition.

Services support a wide spectrum of the patient population, receiving referrals from a wide range of specialties including neurology but with the

majority from rheumatology, general medicine, ophthalmology, paediatrics, psychiatry and orthopaedics. Although predominantly delivered on an outpatient basis, a small but significant number of inpatient referrals are also received from critical care, intensive care (including neonatal) and inpatient beds. Neurophysiology is also concerned with diagnosis of disorders affecting the brain, e.g. meningitis, encephalitis, etc., as well as the nerve and the muscles.

Current services are small in size and fragile in relation to both medical and scientific staff. In March 2022, there were 33 healthcare scientists and 2 assistants recorded on ESR in neurophysiology across Wales, with 2 medical consultants and 3 specialty registrars. Additionally, a third are due to retire in the next 5–10 years and a number of senior postholders likely to retire sooner.

It is also recognised that there is a lack of consistency of pathways, which can impact on the ability to ensure equitable and timely access to the service. Prior to the Covid pandemic, significant waiting times existed – this has now increased dramatically with waiting lists regularly in excess of 14 months.

Recognised reasons for reviewing the existing commissioning model for neurophysiology include:

- There is inequity of provision across Wales;
- It is a specialised diagnostic service;
- It has a small workforce;
- It has significant sustainability risks e.g. accommodation, equipment, staffing, training;
- It is a low volume specialty;
- It has interfaces with other specialised services.

Commissioning

As reported to the group previously, prior to 2003, there were no formal commissioning arrangements for Neurophysiology. From 2003 until 2010, the service was commissioned centrally by Health Commission Wales.

In 2008, the Welsh Assembly Government commissioned Mr James Steers, former President of the Society of British Neurological Surgeons, to undertake a review of neurosciences in Wales. It was recognised that Neurophysiology services in Wales were fragmented, inconsistent and were under threat in terms of sustainability. It was acknowledged that these services were essential to support a neurology service and also to support many aspects of other specialties, such as Hand Clinics, Orthopaedics and Ophthalmology.

Following the publication of the Steers Review, Dr Alan Axford was asked by the Minister for Health and Social Services to make specific

recommendations for implementing the Steers findings for Mid & South Wales. Dr Axford made 19 key recommendations towards the need for a regional approach to services which were taken forward through the Mid & South Neurosciences Implementation Programme (Appendix I).

The 2nd phase of the implementation programme commenced in December 2010 with the aim of implementing the wider Axford recommendations for spinal surgery, neurology, rehabilitation and diagnostics including Neurophysiology, by September 2011. There were specific recommendations relating to the provision of neurophysiology services in Mid and South Wales which would drive a new model for service delivery.

In 2010, however, following the disestablishment of Health Commission Wales, the commissioning responsibility transferred to the 7 new Local Health Boards. Over the last ten years, there has been no progress in developing the recommended regional approach for commissioning and delivering these services.

In NHS England the responsibility for commissioning the service rests with NHS England as part of Adult Specialist Neurosciences Services. This includes neurophysiology provided by Adult Neurosciences or Neurology Centre, as well as those delivered on an outreach basis as part of a provider network.

All Wales Neurophysiology Project

Following a request by the RSSPPP, the Chief Scientific Adviser in Welsh Government agreed to sponsor an All Wales Neurophysiology Project in 2019, bringing together neurophysiology colleagues from across Wales to identify key issues that neurophysiology face as a service.

The national Healthcare Science Programme Team supported the development to seek to address some of the acute staff shortages by enabling healthcare scientists to give an increased contribution towards clinical delivery. One of the key elements of this work has been the agreement on direction of travel from both medical Consultant Neurophysiologists and healthcare scientist Neurophysiologist leads, but also the coproduction of a service specification to support the required changes.

Service Specification

The service specification (extract included in Appendix II) was developed to inform Health Boards commissioning intentions for this service and underwent national consultation in January 2021. This defines the requirements and standard of care essential for delivering clinical neurophysiology services, including:

- Detail of the specifications required to deliver clinical neurophysiology services for people who are resident in Wales, visiting Wales or admitted in Wales territory hospitals.
- Ensuring minimum standards of care are met for the use of clinical neurophysiology.
- Ensuring clinically appropriate, equitable access to clinical neurophysiology.
- Identification of centres that are able to provide clinical neurophysiology for all referred patients.

The service specification was approved in principle as a model service specification by the Collaborative Executive Group in November 2021. The relevant minute records are as follows:

11. Clinical Neurophysiology Service Specification (EG-2109-10)	
<p>The service specification had been circulated to health boards and the next step is for the specification agreed, to be followed by work on a baseline assessment with a multi-disciplined task and finish group. JP had not had the opportunity to talk with her colleagues in ABUHB regarding their involvement in this specification and requested that she be able to do this before giving her approval. PM also requested the same. The group were generally supportive. It was agreed that chief executives would discuss with their teams and provide comments prior to the next Collaborative Executive Group.</p>	ALL

A subsequent minute of the 'matters arising' discussed in October reads:

EG/A/407 - Clinical Neurophysiology Service Specification - JP has now discussed with colleagues in ABUHB and there is a workshop on 2 November which should clarify the position.

Mark Dickinson, Acting Director NHS Wales Health Collaborative, noted at November's meeting of the Collaborative Executive Group that they had not received feedback from all health boards on the proposals. He asked for any further written feedback to be submitted to him by the end of November, otherwise he would interpret a lack of feedback as representing support. No further feedback was received; therefore, we can safely claim that we have the required 'agreement in principle'.

3 Assessment

Inter-organisation Workshop

It was acknowledged that there was, and continues to be, a significant gap between current service provision and the model service specification.

In order to inform the adoption of the service specification, the national Healthcare Science Programme facilitated a workshop to identify the implications associated with adopting the service specification. The workshop was hosted in November 2021 - 38 people attended and provided insights into the impact and value of neurophysiology services.

It was clear that the adoption of the service specification will serve to address acute pressures surrounding service fragility, capacity and sustainability, but will also provide a platform to improve cost effectiveness, drive greater value and quality for patients, and to improve recruitment and retention issues by enhancing career development opportunities across the profession.

Options for Commissioning

Options for commissioning neurophysiology were also presented at the workshop:

1. Status quo – under this option, health boards would continue to use existing LTA/SLA mechanisms to fund access to neurophysiology, without reference to the service specification.
2. Local commissioning – under this option, health boards would use the service specification to inform the commissioning of neurophysiology services, to ensure access for their local population.
3. Regional commissioning – under this option, health boards within each region (i.e. South East Wales, Mid and South West Wales, and North Wales) would form a group to use the service specification collaboratively, to commission neurophysiology for the population resident within their region.
4. National commissioning – under this option, health boards would delegate the commissioning responsibility to a single national organisation (EASC or WHSSC) to commission neurophysiology services for the population of Wales.

It was agreed at the workshop that the profession supported a move to return services to national commissioning, managed by WHSSC.

Preparation and Adoption

Since 2019, health boards have pro-actively supported healthcare scientist training in Neurophysiology – in addition to requesting 3-4 undergraduate places annually, services have adopted the postgraduate direct entry training programme with around 4 places annually across Wales. However, subsequent employment has not been actioned in all areas of Wales.

There is also now a 5 year Higher Specialist Scientist Training (HSST) programme in place for healthcare scientists to undertake training towards consultant clinical scientist registration and roles in neurophysiology. In April 2022, NHS Wales guidance was supported by Welsh Government to move at pace with adoption of such roles.

The previous paper to this group outlined an approach for the adoption of the service specification by each Health Board through its own governance arrangements in preparation for the commissioning considerations. It has been reported that SBUHB completed a business case against the service specification with successful support for funding from the health board. CVUHB have begun to increase neurophysiology staffing opportunistically, employing healthcare scientists within services such intensive care and the WHSSC commissioned paediatric neurology. Neurophysiology workforce in other health boards have continued to decrease, with vacant posts not reappointed.

The All Wales Neurophysiology Network have recently met again to enable renewed collaboration across Wales, being invited to present developments to the Neurological Conditions Implementation Group in December 2022.

Recommendations

A subsequent paper was submitted to the RSSPPP in March 2022 to inform of developments, with support from the partnership and from CVUHB and SBUHB Chief Executives for a move to WHSSC commission swiftly.

There was also a recommendation made to complete baseline assessment and initial support indicated by the Delivery Unit to do so. Due to the focus in 2022 on the new Diagnostics Programme, in particular pathology services, this work has not been undertaken. It was recommended that this be completed within the collective commissioning process, shaped and led by WHSSC.

Next stages and responsibilities are therefore understood to be as follows:

- For Chief Executives to support Neurophysiology national commissioning and approve WHSSC to complete a strategic review
- For WHSSC Joint Committee to agree addition of Clinical Neurophysiology to the integrated commissioning plan
- For WHSSC to undertake strategic review, including baseline assessment and resource mapping
- For Health Boards to prepare services in line with the Neurophysiology Service Specification including funding the workforce requirements
- For WHSSC to enact a swift change process to progress national commission

Risks

Failure to adopt and commission the service specification will result in a continued reliance on locums and outsourcing and is likely to result in service collapse for some health boards.

Patients are already experiencing long waits and inequity of care, with significant implications for safety. For example, patients remaining on anti-epilepsy meds for too long causes significant and long-lasting side effects.

The pandemic and the fragility of the service will have a long lasting impact upon the ability of the current workforce to continue to deliver the service, and without a series of planned changes, the service recovery and sustainability will be insurmountable with ongoing capacity and demand gaps reduced opportunity for a more efficient and productive service which reflect best practice and best patient outcome

Electroencephalography has until now not been under Welsh Government RTT targets, governed only by National Guidelines and local agreements. This however is likely to change in the near future, and this will introduce significant additional service pressure unless there is provision to expand the workforce, whilst embedding new ways of working within the established workforce.

Financial Implications

The following financial implications have been identified:

- Staffing establishments – these do not currently give capacity needed for timely access to diagnostics, especially if hidden waiting times are to be addressed.
- Training numbers - need to commission more to increase pipeline, with limited training capacity due to low staffing establishment.
- Estates requirements - some currently in poor accommodation not suited to service requirements once bases for tests confirmed.
- Equipment needs – some old kit, not networkable, need to ensure that devices are all up to the required specification to enable remote reporting across health boards.

4 Recommendations

The service specification provides clear guidance for health boards to commission these services, however, in view of the fact that these services are relatively low volume and are commissioned as a specialised service in NHS England, it is recommended that the current commissioning arrangements are not appropriate.

It is recommended that:

- Clinical Neurophysiology is considered by WHSSC Joint Committee for addition to the WHSSC integrated commissioning plan
- A strategic review is undertaken by WHSSC including baseline assessment against the service specification and resource mapping
- Health Boards commit to prepare services in line with the service specification including funding workforce requirements

5 Decision required

The Collaborative Executive Group is invited to:

- **Support the return of Clinical Neurophysiology to national commissioning in NHS Wales**
- **Approve WHSSC to complete a strategic review of Neurophysiology**
- **Agree to adopt the previously approved Neurophysiology Service Specification, including funding appropriate workforce levels, in preparation for national commissioning**

6 Next steps

Subject to approval of the recommendations by the Collaborative Executive Group, a request will be made for presentation to the WHSSC Joint Committee.

Appendix I

Recommendations for implementing the Steers findings for Mid & South Wales:

1. A South Wales Neurophysiology service with a single management structure should be developed. This will be managed centrally, organised regionally and will deliver services locally based on demonstrable patient need. This will also create a critical mass of staff across South Wales which will promote mobility within the service and create a more clearly defined career structure for Clinical Neurophysiology Physiologists within South Wales. This may be more attractive for recruitment and retention and may address some of the perceived discrepancies in remuneration with English service providers. To reflect the current divergence in practices across South Wales it may be prudent to consider South West Wales and South East Wales organisational structures operating in an interim 'shadow' configuration as an implementation strategy. This will allow both networks to synch up activities prior to appointing a single manager for the South Wales service. The implementation of a South Wales service should be project managed to ensure that it is successful. Therefore whilst it is considered that a confederated network will permit a more joined up approach to service delivery across Wales. It will require a single management structure to drive true service integration and successfully embed change.
2. A robust business case should be developed to support the formation of this South Wales service. A detailed financial analysis of costs currently borne by all Health Boards and an accurate review of existing and predicted activity and capacity must form part of this case.
3. A project board should be established with current regional service management, medical, scientific, staff side, HR and finance representation to oversee the development and completion of specific pieces of work. These should include:
 - a. A medical model which defines the scope of medical practice including a standardised repertoire of techniques and a supporting set of standard operating procedures. This must pay particular attention to the Medical / Scientific interface with appropriate delegation of tasks to Clinical Neurophysiology Physiologists.
 - b. A clear definition of the role of the Clinical Neurophysiology Physiologist which will be described in terms of skills and activities which can appropriately and safely be performed at this grade. This should be based on evidence based best

practice to ensure that patient safety is assured, Clinical Neurophysiology Physiologist's skills are maximised and services can evidence best value for money. This will also increase existing medically qualified Consultant Clinical Neurophysiologist capacity by allowing them to concentrate solely on tasks commensurate with their professional expertise. It is expected that a significant number of medical sessions could be released by realigning activity to the Clinical Neurophysiology Physiologists. The Clinical Neurophysiology Physiologists capacity would need to be increased by delegating tasks to suitably trained support grades. It is acknowledged that the medical model and the scientific model must be truly integrated to be effective. However these pieces of work can run in parallel for ease of implementation and to allow the Clinical Neurophysiology Physiologists to exploit the opportunities presented by Modernising Scientific Careers. This includes the development of consultant grade scientists and healthcare science apprenticeships to produce support grade staff with a skill set and knowledge base which are fit for purpose.

- c. A South Wales Neurophysiology Service specification which will articulate what the service is intended to do in terms of tasks and their impact on patient outcomes. This must be predicated on evidence based best practice and benchmarking data from UK or Global sector leaders. A 'systems thinking' approach should be taken so that the impact of appropriate Neurophysiology testing to enable system wide change can be demonstrated. It should review the existing repertoire of tests provided across South Wales and consider which add value in terms of patient outcomes and their role in supporting patient pathways. It must describe appropriate referral options which in turn can be used to manage unnecessary demand.
- d. A strategic integrated workforce plan to support the service specification. This plan should describe appropriate numbers of medical, scientific and support staff to safely deliver required tasks to predicated levels of activity and to deliver best value for money. This should include a review of 'extended practice' roles for Clinical Neurophysiology Physiologists and adoption and dispersion of existing innovative practice across South Wales e.g. Clinical Neurophysiology Physiologist led clinics, neuropathy screening and normal EEG reporting. Adequate training capacity for Clinical Neurophysiology Physiologists should be hardwired into the workforce plan. This would include Medical and Scientific training sessions.

- e. The development of a standard set of Key Performance Indicators for the Neurophysiology service based on patient outcome measures including the adoption of national performance targets for reporting neurophysiology tests.
 - f. A review of existing A&C services to strengthen existing resources through the adoption of appropriate digital technologies and electronic booking processes.
 - g. The availability of existing NHS estate and geographical distribution of services should be better matched and aligned to the South Wales programme.
4. The Modernising Scientific Careers profession specific group for Physiological Sciences should be tasked with developing opportunities for extended scope and consultant grade scientist practice, flexible support grade roles and a supporting training and education framework.
5. It is recommended that the feasibility of delivering the MSC Practitioner Training Programme (PTP) and if necessary Scientist Training Programme (STP) should be explored in partnership with Swansea University. This would be subject to the findings of the review of Higher Education Institutions in Wales.
6. The adoption of a lean systems approach to remodelling processes should be adopted throughout South Wales in a consistent way. Where appropriate the introduction of suitable automation or telehealth technologies should be introduced to support reengineered processes.
7. A review of existing clinical information systems should be performed with a view to either migrating to a single system in South Wales or if this is not feasible then using middleware to enable seamless interconnectivity. NHS Wales Informatics Service would be able to provide advice on a potential solution.
8. A commissioning model should be developed which would allow greater financial transparency for health boards and will address existing funding inequalities. It is recommended that a commissioning paper for Neurophysiology Services in South Wales should be submitted Welsh Health Specialised Services Committee (WHSSC) for consideration. As part of the planning process a Health Board should be selected to host the management of this service.

Appendix II

Extract from: Specialised Services Service Specification – Clinical Neurophysiology

Service Description

In addition to the standards set out within this document, specific quality standards and measures will be expected. Guidance for the following tests can be found in the Journal of the Association of Neurophysiological Scientists Volume 11, number 2 (2018) – see appendix A.

Core covers the tests expected to be undertaken in all Neurophysiology departments. The enhanced services are more complex and generally are performed in the Tertiary centre but some variation of specialities offered still exist. Specialist departments with access to test types outside this scope may be expected to undertake tests as part of the scope of practice within Neurophysiology in Wales.

Test Type - Core	Test Type - Enhanced
Standard EEG	Ward-based video telemetry
Sleep deprived EEG	Community-based video telemetry (paediatric/adult)
Portable EEG	Enhanced continuing monitoring in intensive care
Ambulatory EEG	Polysomnography
Nerve neuropathy	Multiple sleep latency test
Sensory peripheral neuropathy	Combined somatosensory evoked potential for ITU
Entrapment disorders neuropathy	EEG under non epileptic attack disorder
Generalised neuropathy	Intracranial EEG
Sedation EEG	Brain stem auditory evoked potentials
Sleep EEG	Intraoperative monitoring
Home Video Telemetry	Visual Evoked Potentials
	Electroretinography
	Electrooculogram

Facilities

In accordance with the guidance, clinical rooms must be fit for purpose for the tests undertaken at the relevant site.

Equipment

Detailed requirements for equipment are included in the Journal of the Association of Neurophysiological Scientists Volume 11, number 2 (2018)¹. It should be noted that technological enhancements may mean that different technologies are used to achieve the same outcomes.

Essential	Desirable
Interconnectivity, replacement programme, resilience across network(s), remote access, must be cleanable, capable of tests being used for, rolling replacement of equipment, secure storage	National database to store results/patient data.

Staffing

The workforce skill-mix and grading will be dependent on the clinical workload and should include a multidisciplinary team around the department and an interdependency with a wide range of specialisms. Patients should have access to staff with appropriate skills, training and competence, including Equality, Diversity and Inclusivity training.

Guidance for the following tests can be found in the Royal College of Physicians paper *Consultant physicians working with patients*, revised 5th edition (online update) 2013².

Essential	Desirable
<ul style="list-style-type: none"> • Consultant Clinical Neurophysiologist or Consultant Clinical Scientist • Clinical Physiologist/Clinical Scientist Head of Service • Highly Specialist Clinical Physiologists/Clinical Scientists • Specialist Clinical Physiologists • Clinical Physiologists • Associate practitioners/support Staff • Admin and Clerical • IT staff 	<ul style="list-style-type: none"> • One Clinical physiologist per 100,000 population or • One Consultant Clinical Neurophysiologist or Consultant Clinical Scientist per 300,000 population • Specialist trainees (SPR) and HSST trainees in Clinical Neurophysiology • MDT Co-ordinator • Management enabling physiology • Consultant physician with patients, admin & clerical support & service



Report Title	Sacral Nerve Stimulation (SNS) for Faecal Incontinence and Urinary Incontinence			Agenda Item	3.4
Meeting Title	Joint Committee			Meeting Date	18/07/2023
FOI Status	Open				
Author (Job title)	Project Manager				
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales				
Purpose of the Report	<p>WHSSC has been requested by the NHS Wales Health Collaborative Executive Group (CEG) to take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales.</p> <p>The purpose of this report is to outline the process and timeline of the work that will be undertaken to take this forward, and to recommend that the Joint Committee approves the request for WHSSC to commission SNS.</p>				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>
Recommendation(s): Members are asked to: <ul style="list-style-type: none">• Note the report,• Approve the request for WHSSC to commission Sacral Nerve Stimulation (SNS); and• Support the proposed process and timeline of the work that will be undertaken to take this forward.					

SACRAL NERVE STIMULATION (SNS) FOR FAECAL INCONTINENCE AND URINARY INCONTINENCE

1.0 SITUATION

WHSSC has been requested by the NHS Wales Health Collaborative Executive Group (CEG) to take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales.

The purpose of this report is to outline the process and timeline of the work that will be undertaken to take this forward, and to recommend that Joint Committee approves the request for WHSSC to commission SNS.

2.0 BACKGROUND

Cardiff and Vale UHB is the only Health Board (HB) in Wales that fulfils the requirements set out in the NICE interventional procedure guidance (IPG 99) for delivering SNS for faecal incontinence, and has been providing these procedures for its own residents for the last three years.

Whilst the service has treated a small number of patients from other Health Boards via IPFR arrangements in the past, there are no formal commissioning arrangements in place, and it is currently not able to accept referrals. As a consequence, patients from other Health Boards are being referred to Bristol and Oxford for this procedure. This requires patients to travel long distances, which can be highly challenging for them given the nature of the problem. Patients in North Wales are being referred along an established pathway to Liverpool.

However, in the absence of an NHS Wales commissioning strategy for this procedure, access for patients in South and West Wales is inequitable, and almost inaccessible for patients who live outside of Cardiff and Vale.

In March 2023, the Chair of the NHS Wales Health Collaborative Executive Group (CEG), wrote to WHSSC formally requesting WHSSC to take on the commissioning of SNS for faecal incontinence in South Wales.

3.0 ASSESSMENT

3.1 Summary of Procedure and Evidence

The Welsh Government Quality Statement for women and girls' health (<https://www.gov.wales/quality-statement-women-and-girls-health.html>) states that "Health boards will ensure that evidence-based surgical techniques and therapies are available without delay throughout the care pathway. This will

include effective use of specialist Women's physiotherapy and Sacral Nerve Stimulation in the treatment of bladder and bowel conditions."

Faecal incontinence is a dysfunction of the bowel and pelvic floor. It affects an estimated 2% of the population, and although it is non-fatal, it is an extremely debilitating condition that significantly impacts patient's quality of life.

SNS is a treatment option, initially developed for people suffering with bladder control problems (difficulty with bladder function for example not feeling the bladder filling or having very little warning to pass water). It was subsequently found to be useful in faecal (bowel) incontinence and also constipation. It is also considered on an individual basis in some cases of pelvic pain.

This procedure initially involves trial by temporarily stimulating the nerves in the sacrum which supply the organs in the pelvis and the pelvic floor muscles using thin electrodes (wires) which create gentle pulses of electricity. The temporary or 'trial' period of stimulation over two weeks is to see if the stimulation alters bladder or bowel function or controls the pain. If the test is successful, a permanent lead is placed into the sacrum and a battery implant is inserted into the buttock area.

There are three indications for the use of SNS:

- Faecal incontinence – NICE IPG99 (2004) - evidence on safety and efficacy support its use provided that the normal arrangements are in place for consent, audit and clinical governance,
- Urge incontinence and urgency-frequency – NICE IPG64 (2004) - evidence on safety and efficacy support its use provided that the normal arrangements are in place for consent, audit and clinical governance; and
- Idiopathic chronic non-obstructive urinary retention – NICE IPG536 (2015) - evidence on safety and efficacy support its use provided that the normal arrangements are in place for consent, audit and clinical governance.

3.2 Current Uncertainties and Budgetary Impact

A preliminary assessment of SNS for faecal incontinence shows there to be incidence of 1 per 100,000 which would equate to circa 21-23 for the South Wales population, depending on where the Powys line is drawn.

The unit costs quoted as at 2013 were £10,500 per case for the initial procedure plus circa £1,200 per annum for a further 7 years life. Therefore a life cycle cost of £18,900 per case, rising to £24,532 per patient based on Bank of England inflation figures since 2013. This would equate to circa £539k per annum based on 22 patients for a South Wales service. In the longer term there may be additional costs from replacements etc. on top of annual incidence estimates but these are unknown at this point.

The expected volumes for SNS for overactive bladder (OAB) is less easy to quantify, however the Policy indicates for the population of women an incidence

of circa 800 per 100,000 could have OAB with 25-40% refractory to treatments. The number eligible for SNS would be much lower but is unclear what percentage this might be without further detailed work.

In addition, there are data issues as there are no national diagnosis or HRG codes which contain 'sacral nerve' with the exception of one procedure code (Z112). However, this does not specify any detail on the procedure or reason. There are no DHCW records where Z112 is the primary procedure, although it is listed in the subsidiary codes.

In regard to provider contract monitoring, only 6 records with an actual SNS description have been identified over the past 4 years as there are no national codes and therefore dependent on where providers have supplied additional text descriptions.

3.3 Process for Commissioning

In order to fully consider the request from CEG to take on the commissioning responsibility of SNS, the Joint Committee is asked to approve that WHSSC take on commissioning responsibility for this procedure.

The commissioning process will follow the normal cycle, beginning with an updated evidence evaluation which will be undertaken through 2023. This is necessary as the previous appraisals were undertaken between 2004 and 2015 and require updating to reflect the most recent clinical evidence. If the routine commissioning of the service is supported by the updated evidence appraisal this will then inform the development of a commissioning policy and/or service specification, inclusion of the service requirements in our Commissioning Intentions for the ICP for 2025/26 and subsequent consideration through the WHSSC prioritisation process.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the request for WHSSC to commission Sacral Nerve Stimulation (SNS); and
- **Support** the proposed process and timeline of the work that will be undertaken to take this forward.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Dependent on the outcome of the prioritisation process, the commissioning of SNS will feed into the 2024/25 ICP planning cycle.
Health and Care Standards	Safe Care Timely Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	To support the Welsh Government Quality Statement for Women and Girls' health (https://www.gov.wales/quality-statement-women-and-girls-health-html)
Finance/Resource Implications	A full financial assessment will be undertaken as part of the evaluation
Population Health	To ensure equitable access for all patients in Wales.
Legal Implications (including equality & diversity, socio economic duty etc)	—
Long Term Implications (incl WBFG Act 2015)	—
Report History (Meeting/Date/ Summary of Outcome)	CDGB 3 July 2023
Appendices	-



Report Title	Update on Welsh Kidney Network (WKN) Governance Review			Agenda Item	3.5
Meeting Title	Joint Committee			Meeting Date	18/07/2023
FOI Status	Open/Public				
Author (Job title)	Programme Director and Executive Lead for the Welsh Kidney Network				
Executive Lead (Job title)	Programme Director and Executive Lead for the Welsh Kidney Network				
Purpose of the Report	The purpose of this report is to present, on behalf of the Welsh Kidney Network (WKN), an update on the WKN Governance Review.				
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 update on the Welsh Kidney Network (WKN) governance review.					

UPDATE ON WELSH KIDNEY NETWORK (WKN) GOVERNANCE REVIEW

1.0 SITUATION

The purpose of this report is to present, on behalf of the Welsh Kidney Network (WKN), an update on the WKN Governance Review.

2.0 BACKGROUND

The WKN (previously known as the Welsh Renal Clinical Network (WRCN)) was established in August 2009 by the Minister for Health and Social Services who stated that it would be managed by WHSSC. The aim was that the Network would act as a vehicle through which specialised renal services would be planned, developed and commissioned on an all Wales basis in an efficient, economical and integrated manner and to provide a single decision-making framework with clear remit, responsibility and accountability.

The services that the WKN currently commission are:

- Renal dialysis services – home and unit based,
- Vascular Access,
- Erythropoietin Stimulating Agents (ESAs),
- Immunosuppressants for Renal Transplantation; and
- Kidney Transplantation services.

The original remit for the Network also stated that it will 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 Local Health Boards (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.

In March 2022, the WKN held a workshop to consider developing and strengthening the work of the network. Some issues were identified regarding the complexity of the current governance arrangements, while recognising that since the formation of the Network over ten years ago, there have been significant changes to the governance environment within the NHS in Wales. During this time the governance of the Network had not been reviewed.

In the summer 2022, WHSSC commissioned an independent review of the Network as a way of identifying potential governance issues and associated risks that needed to be addressed. A report on the outcomes was presented to the Board of the Network who developed and agreed an action plan to address the recommendations identified.

The recommendations from the Independent Governance Review were presented to the Joint Committee on the 17 January 2023 for assurance and an action plan has been developed, agreed and monitored through the WKN Board. The delivery of the action plan is regularly scrutinised by the Integrated Governance Committee (IGC). Whilst the majority of the actions have been completed the ones referring to the future direction for the Network remain outstanding.

This report provides an update on the potential future direction for the Network and is based on considered discussions at the WKN Board meetings over a number of months.

3.0 ASSESSMENT

The Independent Governance Review noted that:

- “The Network has largely achieved what it was set up to do and there is a need to agree the strategic direction for the Network. This will be challenging as it is anticipated that this may require the Network to operate in less specialist areas as it considers preventive and primary care matters.”; and
- “There is seemingly confusion within LHBs and, to some extent within the Network, about what its scope and role is and what it isn’t.”

This led the Review to conclude that in the medium term there is a need to confirm the strategic direction of the Network

Additionally Welsh Government have published the Quality Statement for Kidney Disease with the WKN expected to be integral in ensuring its delivery.

The future direction and ambition of the WKN has been discussed over a number of months with the WKN Board and via them with broader members of the kidney community. Notably the WKN Board has a significant contribution via its membership from patients and the third sector as well as clinicians from multiple disciplines.

From these discussions the WKN would like to;

- Increase its focus on strategy and planning,
- Increase involvement in prioritisation, linking much closer to the development of the WHSSC Integrated Commissioning Plan ensuring a focus on what matters to patients and staff,
- Identify opportunities for WKN commissioning of chronic disease kidney services currently delivered by the secondary care nephrology teams for consideration by the Joint Committee of WHSSC; and
- Be the source of advice and guidance, in particular for CKD prevention and management of acute kidney injury to health boards and WG when capacity allows.

The WKN Board also considered whether, in structural terms, remaining within WHSSC was preferable and possible. They concluded that with the potential offered within the Welsh Governments National Review of Commissioning Functions and the once for Wales commissioning approach that they see the benefits for remaining within WHSSC but linking closely with other Networks which will be constituted within the NHS Executive.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the update on the Welsh Kidney Network (WKN) governance review.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	
Health and Care Standards	Effective Care
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	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	The increased role for the WKN will adhere to the principles of improving quality, safety and patient experience and all commissioning activities will be reported through the WKN QPS Committee and through them to WHSSC QPS as they are now.
Finance/Resource Implications	Any changes to commissioning will need finances resource mapped from health boards to ensure an appropriate commissioning budget
Population Health	This increased remit will enable the Quality Statement to be more appropriately implemented
Legal Implications (including equality & diversity, socio economic duty etc)	None identified in the report but will be considered in future service developments
Long Term Implications (incl WBFG Act 2015)	This increased remit will enable the Quality Statement to be more appropriately implemented
Report History (Meeting/Date/ Summary of Outcome	31 May 2023 – WKN Board
Appendices	-



Report Title	WHSSC Policy for Policies Review	Agenda Item	3.6
Meeting Title	Joint Committee	Meeting Date	18/07/2023
FOI Status	Open/Public		
Author (Job title)	Assistant Specialised Planner - North Wales		
Executive Lead (Job title)	Medical Director		

Purpose of the Report	The purpose of this report is to consider the implications of issues raised during the WHSSC stakeholder consultation on Clinical Commissioning Policies CP37 (Pre-implantation Genetic Testing) and CP38 (Specialist Fertility Services: Assisted Reproductive Medicine) in relation to the WHSSC 'Policy for Policies' and wider policy development in NHS Wales.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the report; and
- **Support** the proposed next steps.

WHSSC POLICY FOR POLICIES REVIEW

1.0 SITUATION

The purpose of this report is to consider the implications of issues raised during the WHSSC stakeholder consultation on Clinical Commissioning Policies CP37 (Pre-implantation Genetic Testing) and CP38 (Specialist Fertility Services: Assisted Reproductive Medicine) in relation to the WHSSC 'Policy for Policies' and wider policy development in NHS Wales.

This report explores the broader implications from the issues that have been raised through the recent consultation on:

- Pre-implantation Genetic Testing - Monogenic disorders, WHSSC Commissioning Policy CP37 and;
- Specialist Fertility Services: Assisted Reproductive Medicine, WHSSC Commissioning Policy CP38

2.0 BACKGROUND

The process for WHSSC policy development, review and updating is described in the WHSSC 'Policy for Policies'¹. The policy was first published in February 2012 and was most recently revised in July 2022. During development, the Policy for Policies was subject to a full stakeholder consultation process, which included engagement with the Community Health Councils (CHCs). The Policy was subsequently approved by the Joint Committee in July 2022, and published on the WHSSC website¹. The current Policy is largely based on the policy development process used by NHS England (NHSE) Specialised Services Commissioning "Service Development Policy" (see **Appendix 1**) and [the guidance development methodology](#) used by NICE.

It is this policy that has guided WHSSCs activities with regard to policy development and modification as the basis of stakeholder engagement.

As such, this policy guided the recent stakeholder consultation on:

- Pre-implantation Genetic Testing - Monogenic disorders, WHSSC Commissioning Policy CP37 and;
- Specialist Fertility Services: Assisted Reproductive Medicine, WHSSC Commissioning Policy CP38.

3.0 ASSESSMENT

During the stakeholder consultation (validation) phase WHSSC received a challenge from the CHCs, (see **Appendices 2 and 3**), suggesting that revisions

to policies CP37 and CP38 represented a service change within the context of the Welsh Government 'guidance on changes to NHS services in Wales'.

In order to explore this fully, the following actions were taken:

- Legal advice was sought,
- A desktop exercise reviewing the types of clinical access policy engagement by other UK NHS bodies was undertaken,
- A review was undertaken of the 'Policy for Policies' used by Health Boards (HBs) across NHS Wales; and
- Advice was sought from NHSE and NICE regarding their approach to determining when a new policy or update may be considered as a service change, and therefore be subject to the requirements of the guidance on changes to NHS services in Wales.

A summary of the work undertaken is outlined below.

3.1 Legal Advice

WHSSC sought legal advice (**Appendix 4**) via NHS Wales Legal and Risk services during February 2023. The key element of the advice received is as follows:

'I consider that the whilst the change of policies in the present case may properly be categorised as a clinical access change and thus a change to a "commissioning policy" for the purpose of WHSSC's Policy for policies, what is significant is that it does not amount to a "substantial change" for the purposes of the Welsh Ministers' Guidance'

3.2 Desktop Exercise

WHSSC undertook a desktop exercise to explore examples of where changes to clinical access policies had been treated as a service change for the purposes of engagement, including policies developed by HBs and Welsh Government. The following clinical access change examples were identified, and did not appear to have been subject to engagement and consultation:

- Delivery of Orthodontics in Primary Care for 2021 and 2022 in response to the Covid-19 pandemic. [guidance](#),
- [BCUHB Hip OA pathway](#); and
- [NHS Vale of York CCG, Humber and North Yorkshire Health and Care Partnership](#) ICS do not routinely commission referral to secondary care for hip or knee replacement for patients whose BMI is 35 or above.

Clinical access policies identified where they had been subject to wider consultation:

- Staffordshire and Stoke on Trent Integrated Commissioning Board, where the proposal was to reduce possible withdraw fertility treatment, with the exception of preservation, entirely ([Fertility policy](#))

3.3 Review of policies for policies – Our review of NHS Wales organisations' 'Policy for Policies', (**Appendix 5**), suggests an inconsistent approach across

Wales in terms of the development of clinical policies/clinical access policies. Furthermore, within the policies reviewed there was limited reference to the need for service change as a result of the policy development. In future, it will be important for all NHS Wales organisations to give reference to the newly published guidance on engagement and consultation.

3.4 Advice from NHS Scotland

In March 2023, Healthcare Improvement Scotland published guidance on identifying major health service changes. **Appendix 6** notes there is a specific requirement for NHS Boards to formally consult on issues, which are considered to be major service change. A full public consultation process is required for major changes and NHS Boards' final recommendations are subject to Ministerial approval.

3.5 Advice from NHS England

NHSE has a duty under Section 13Q of the NHS Act 2006¹ to 'make arrangements' to involve the public in commissioning. In recognition of this, and prior to stakeholder consultation on a policy, they introduced a 13Q assessment form in 2022. This form is a tool to help commissioners identify whether there is a need for a larger patient and public consultation following stakeholder consultation. Essentially, they are asking the question – 'Does this concept/proposal present a material change in how services could be delivered or accessed in the future?' If the answer is 'no' then NHSE do not issue for a full public consultation. The 13Q questionnaire is included as part of the stakeholder consultation documentation.

3.6 NICE Approach

The National Institute for Health and Care Excellence (NICE) have an extensive and well-established stakeholder consultation process², as well as an appeals process that deals with any issues relating to process and content.

The funding of NICE technology appraisal (TA) and highly specialised technology (HST) guidance are mandated in NHS Wales, in line with recommendations published in the New Treatment Fund³. This means that when a NICE TA or HST recommends the use of a drug or treatment, or other technology, the NHS in Wales must usually provide funding and resources for it within 2 months of the first publication of the final appraisal document (FAD).

For NICE guidance that has this funding mandate, consultees can appeal on two grounds, (1) That in making the assessment that preceded the recommendation, NICE has failed to act fairly or exceeded its powers; and (2) the recommendation is unreasonable in the light of the evidence submitted to NICE. If the NICE Appeals Panel is unable to resolve the appeal then appellants have the option of proceeding to judicial review.

¹ <https://www.legislation.gov.uk/ukpga/2006/41/section/13Q>

² <https://www.nice.org.uk/get-involved/consultations>

³ <https://www.gov.wales/new-treatment-fund-access-new-treatments>

NICE guidance development processes (including both TA and HST guidance) do not have a formal requirement to be tested against service change legislation and therefore may potentially be subject to public consultation.

4.0 NEXT STEPS

In considering all of this information, WHSSC recognises the need to review its policy for policies in order to reflect the new guidance on changes to NHS services in Wales. This will include exploring the development of an assessment form to support decision making on the need for a wider consultation process.

WHSSC officers met with representatives of Llais⁴ on 31 May 2023 and shared an earlier draft of this report. Llais subsequently confirmed their support for the proposed approach and WHSSC will continue to work with them to take this work forward. It is also proposed to widening this work to include HB engagement leads.

5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Support** and agree the next steps.

⁴ From 1st April 2023, the former Community Health Councils and the Board of Community Health Councils in Wales were replaced by the new citizens voice body named Llais.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	
Health and Care Standards	Effective Care Safe Care
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement
Organisational Implications	
Quality, Safety & Patient Experience	WHSSC have a number of clinical access policies in place to ensure equity of access to specialist services across providers. They also include outcome measures. Policy development and review of policies is a significant part of the WHSSC workplan and may impact on quality, safety and patient experience.
Finance/Resource Implications	There are resource implications if the approach to engagement for policy development changes from the current stakeholder engagement to public consultation.
Population Health	To ensure equitable access for all patients in Wales.
Legal Implications (including equality & diversity, socio economic duty etc)	There legal advice sought from the Barrister in relation to service change and public consultation has been included in this report.
Long Term Implications (incl WBFG Act 2015)	There may be implications of the WHSSC policy for policies and future consultations.
Report History (Meeting/Date/ Summary of Outcome)	3 July 2023 - CDGB
Appendices	Appendix 1 – NHS England Specialised Commissioning Service Development Policy Appendix 2 - CHC Letter to WHSSC re fertility services Appendix 3 - Letter to WHSSC re fertility services 160323 Appendix 4 - WHSSC Legal Advice fertility Appendix 5 - NHS Wales Policy for Policies Appendix 6 - NHS Scotland Major Service Change Guidance Mar 23

NHS England Specialised Commissioning Service Development Policy

First published: September 2017, updated March 2021

Changes from previous version highlighted in yellow

Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the service specifications and processes cited in this document, NHS England has:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given due regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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1. Purpose and Scope

NHS England is responsible for directly commissioning specialised services for the whole population of England, and is committed to providing the most effective, fair and sustainable use of resources for specialised services.

Each year, NHS England makes decisions about which new specialised services to routinely commission in England and which existing specialised services need to be changed or updated. New services could include new drugs, medical devices or other sorts of interventions. Investment in these new services and interventions is in addition to the investment in technologies that have received a positive National Institute for Health and Care Excellence (NICE) appraisal.

This Service Development policy sets out NHS England's approach for making decisions about which new treatments and interventions to routinely commission, and its approach for updating existing service specifications or creating new ones. This policy is accompanied by two methods documents: [Methods: National Clinical Policies](#) and [Methods: Service Specification](#) which set out the processes in detail.

This Service Development policy applies to all prescribed specialised services for which NHS England has direct commissioning responsibility. Health and Justice, armed forces and primary care services are out of scope for this policy, as are services that are commissioned by Clinical Commissioning Groups. Products which have been approved through a NICE Technology Appraisal or Highly Specialised Technology appraisal are also out of the scope of this policy.

2. NHS England Specialised Commissioning: Service Development policy

2.1 Overview

NHS England is responsible for directly commissioning specialised services for the whole population of England, and is committed to providing the most effective, fair and sustainable use of resources for specialised services.

This Service Development policy sets out NHS England's approach for making decisions about which new treatments and interventions to routinely commission, and the approach used for updating existing service specifications, or creating new ones.

It is intended to ensure that funding is allocated fairly and appropriately, with due regard to the competing demands on NHS England's available funding.

A **clinical commissioning policy** is a document that defines access to a service, drug or technology for a particular group of patients and is developed to ensure consistency in access to treatments nationwide.

A **service specification** is a document that defines the core requirements for the delivery of a service, and the quality standards expected. It may contain aspirational requirements to support continuous quality improvement.

The service development process set out in this policy, and the supporting methods documents, allows NHS England to make decisions on whether to routinely commission or not routinely commission new services, and on whether to change existing clinical commissioning policies and service specifications, or whether new service specifications are required.

In carrying out the service development process, NHS England applies the following '**process principles**':

- NHS England will follow its normal good practice in making prioritisation decisions in a transparent way, documenting the outcomes at all stages of the process;
- NHS England will involve the diversity of stakeholders including the public and patients in the development of proposals and take appropriate account of their view;
- NHS England will take into account all relevant guidance; and
- NHS England will ensure compliance with relevant legislation including the duties set out in Equality Act (2010) and the Health and Social Care Act (2012). An Equality and Health Inequalities Assessment (EHIA) will be undertaken for every proposition.

When a new clinical commissioning policy or change to an existing service is proposed NHS England's default position is that the service will not be routinely commissioned until it has been assessed through the service development process. However, there are circumstances where a policy statement can be put in place to provide an interim commissioning position, which are set out in this policy.

The service development process has three phases:

- The first phase is the '**Clinical Build**'. This phase is where new or amended clinical commissioning policies and new or amended service specifications are proposed and developed. Policy propositions will need to be underpinned by a clinical evidence review. NHS England's specialised services Clinical Panel challenges and confirms whether the proposition reflects the evidence base. Service specifications do not normally require an evidence review and therefore are not normally considered by the Clinical Panel.
- The second stage is the '**Impact Analysis**' phase. This stage identifies the financial and operational impacts of moving from current pathways of care to the pathways proposed in the draft policy proposition or service specification proposition. The proposed policy or service specifications then are also subject to stakeholder testing, and public consultation.

- The third and final stage is the '**Decision**' phase. For policy propositions and service specification propositions which are cost-neutral or cost-saving, the decision on whether to approve is based on an assessment of its clinical benefit. For propositions which require additional investment and where there is not sufficient funding available to cover all interventions being proposed, the policy propositions are assessed on their likely relative clinical benefit and relative value for money. Using this information, NHS England carry out twice a year a relative prioritisation process to determine which **clinical commissioning policies** will be routinely commissioned. For service specifications, investment decisions are taken in line with the 'key factors' set out in the 'Ethical framework for priority setting and resource allocation': <https://www.england.nhs.uk/wp-content/uploads/2013/04/cp-01.pdf>

NHS England can rapidly assess policy propositions, for example where there is an urgent clinical case and it would not be appropriate to wait for a decision to be made through the full service development process. In these circumstances a policy statement can be put in place to provide a **commissioning position** which allows access to the service, or to make it clear that there is no access to the service. The policy may then be considered in full through the normal service development process.

The work programme, and results of the service development process, will be published on the NHS England website, to keep clinicians, patients and the public informed about: new clinical commissioning policies; revision or removal of existing clinical commissioning policies; and new and revised service specifications.

Clinical commissioning policies, and service specifications, are made for the provision of services to a cohort of patients i.e. a group of patients with similar clinical circumstances who could reasonably expect to benefit to a similar degree.

However, there are circumstances where an NHS clinician can ask NHS England for and on behalf of an individual patient to fund a treatment that would not routinely be provided by NHS England. This request could be appropriate in circumstances where a clinician considers that their patient's clinical situation is different to other patients with the same condition, and that they have greater potential to benefit from a treatment which is not routinely commissioned. This type of request is called Individual Funding Request (IFR). It is outside the scope of this policy but is

considered under a separate process. Please refer to the [IFR policy](#) for details on this process.

2.2 Clinical Build Phase

2.2.1 Overview

The **‘clinical build’** phase is the first stage of the service development process. The process begins with a clinician, endorsed by the most relevant Clinical Reference Group, proposing that there is a need for specialised services to routinely commission a clinical policy or service specification for the use of a particular treatment or intervention for a particular condition or patient group. **This phase also includes the assessment of the impact of the proposed policy/ service specification on equality and health inequalities (EHIA).**

2.2.2 Clinical Build Phase for policy propositions

For policy propositions, NHS England’s specialised services **Clinical Panel** assesses the preliminary policy proposal (PPP), based on the questions specified in the Methods document to identify propositions that meet the following **‘qualifying principles’**:

- NHS England will only give priority to treatments or interventions where the intervention is likely to offer equal or greater benefit than other forms of care routinely commissioned by the NHS for the same patient group;
- While considering the benefit of stimulating innovation, NHS England will not confer higher priority to a treatment or intervention solely on the basis it is the only one available; and
- The intervention must be available to all patients within the same patient group, other than for clinical contra-indication.

If the Clinical Panel determines that the PPP meets these criteria, it will proceed to the next part of the clinical build phase which is the **‘clinical evidence review’**.

2.2.3 Evidence review for policy propositions

The Clinical Panel will set out the type of evidence review that is required to obtain the information that is needed to carry out the remainder of the service development process. The majority undergo an independent evidence review.

During the evidence review phase, the patient benefit **summary report** about the clinical evidence is compiled for NHS England Clinical Priorities Advisory Group (CPAG). This report is used for consideration in the Decision Phase, together with the impact analysis and consultation report produced in the Impact Analysis phase. The summary reports covers:

- The patient benefit(s) offered by the drug, device or intervention, as described in the independent review of the clinical evidence; and
- The quality of the evidence of clinical effectiveness.

The description of patient benefit should not include non-clinical factors, such as societal benefit, financial cost, affordability; and potential financial savings.

The Clinical Panel then assesses the policy proposition by considering whether the population, and subpopulation, is adequately defined; and by considering whether the policy proposition is built on the evidence base, as defined in the evidence summary; and whether the evidence presented is supportive of the proposed commissioning position.

If the Clinical Panel is satisfied that the policy proposition meets this assessment, it will proceed to the 'impact analysis' phase of the policy development process. If any areas are not adequately addressed, the Clinical Lead will be informed and the policy proposition will not proceed, unless relevant changes can be made.

The draft EHIA report is also considered at this point and informed by any comment or advice from Clinical Panel.

2.2.4 Clinical Build phase for service specification propositions

Service specifications are also identified and proposed to NHS England by Clinical Reference Groups or the relevant Programme of Care. Once the need for service specification work is approved, this is added to the work programme. The Clinical Build phase is coordinated and managed by the relevant Programme of Care team.

Service specification propositions do not require an evidence review, unless specified by the Programme of Care. In those circumstances where an evidence review is undertaken, the Clinical Panel will be asked to consider the service specification proposition and the evidence review, to determine whether the proposition appropriately reflects the available evidence. If the Clinical Panel is satisfied that the proposition does reflect the evidence, it can proceed to the 'impact analysis' phase. The process is set out in [Methods: National Service Specification](#).

2.2.5 Evaluative Commissioning

There may be circumstances where a policy proposition is not supported by sufficient evidence to provide clarity about the level of clinical and/or cost-effectiveness of the intervention. In these circumstances, the policy proposition may be considered for NHS England's [Evaluative Commissioning](#) (EC) scheme.

The EC scheme enables a limited number of patients to access treatments for which NHS England already has a 'not for routine commissioning' policy, but which nonetheless show significant promise for the future, on the basis that new clinical and patient experience data will be collected about the use of the treatment within a formal evaluation programme.

The data which is collected from an EC scheme can then be considered alongside published data from research trials (where available) by the Clinical Panel, as part of the evidence review.

2.3 Impact Analysis Phase

2.3.1 Overview The second stage of the service development process is the 'impact analysis' phase. During this phase, the draft proposition is subject to stakeholder testing, impact assessment, formal public consultation (where indicated) and consideration of the EHIA. A **Commissioning Implementation Plan** is developed to consider, in advance, the timing and method of implementation if the proposition is approved during the decision phase.

The impact analysis phase is coordinated and managed by the Programme of Care and concludes through a 'Gateway' managed by the relevant [Programme of Care](#).

2.3.2 Impact Assessment

The first stage of impact analysis is the creation of an impact assessment for the policy or service specification proposition. This explores key assumptions (such as level of patient benefit), and models the financial impact of introducing the policy proposition over a 5 year period.

As a result of the impact assessment, it is possible to identify those policy propositions and service specification propositions which are likely to be cost-saving or cost-neutral, and those which will require additional investment. There is a different decision-making process **for policies and specification** and depending on which category of cost implication the proposition falls into; this is explained in the 'decision phase' section below.

2.3.3 Stakeholder Testing **and Public Consultation**

In addition to the impact assessment, there is a stakeholder testing phase where relevant stakeholders are identified and invited to comment on the draft proposition. The National Programme of Care then produces an Engagement Report to set out the results of the stakeholder testing **and ensure feedback is fed in to the EHIA.**

Once the outcome of the stakeholder testing has been reviewed, the Policy or Specification Working Group will complete Specialised Commissioning 13Q Assessment Form Part A for the proposition to determine whether public consultation is required. The assessment is reviewed and confirmed by the relevant Programme of Care Senior Manager in consultation with the Communications and Engagement Team. The Patient & Public Voice Assurance Group (PPVAG) Chair, with support from the Communications and Engagement Team, will review Part A of the 13Q assessment form. The Communications and Engagement Team may request further information at this stage in order to fully understand the implications of the proposition and the feedback received through stakeholder testing. If the Chair agrees with the Programme of Care Senior Manager assessment that the proposition does not present any potentially negative impacts, they will confirm to the Programme of Care Senior Manager that public consultation is not required. The proposition will then proceed to Programme of Care assurance and then CPAG.

If the PPVAG Chair has any concerns about potential patient impact, then 13Q Assessment Form Part B will be completed, and discussed at the next PPVAG

meeting. PPVAG will provide assurance on the decision on the requirement to undertake public consultation and, if considered required, the length of that consultation.

The consultation will set out the proposed policy or service specification and ask consultees to comment on whether all the relevant evidence has been taken into account (where applicable); whether the impact assessment fairly reflects the likely activity, budget and service impact; and to comment on the draft equality and health inequalities impact assessment report for any potential impact which might arise as a result of the proposition described.

After the consultation is complete, and the responses have been analysed, changes are made as appropriate to the policy or service specification proposition to reflect the consultation feedback. The Engagement Report summarises the nature of the consultation responses and explains how NHS England has responded to the consultation.

Once the Programme of Care team is content that the proposition and the related suite of supporting documents are complete, that effective patient and public engagement has been undertaken, and the financial impact of the proposition is fully defined, then the policy or service specification proposition will proceed to the Decision Phase.

Sometimes policy or service specification propositions do not proceed to the Decision Phase. This may occur, for example, when the National Programme of Care decides that the evidence review undertaken did not evaluate the full evidence base, or when new evidence on the proposed development is published and therefore needs to be considered. In these circumstances the policy or service specification proposition may be re-routed to the Clinical Build phase or the Impact Analysis phase for further assessment.

2.4 Decision Phase

2.4.1 Overview

The final phase of the service development process is the 'Decision Phase'. The approach used in the Decision Phase differs depending on whether the proposition is cost-neutral or cost-saving, or if it requires additional investment and if it is a clinical commissioning policy or a service specification.

Where there is sufficient funding to cover all propositions which require investment, each proposition will be considered in the same way as for cost-neutral and cost-saving propositions. The process used in these circumstances is set out in 2.4.4.

Where there is not sufficient funding available to cover all of the policy propositions, there is a three-stage process for deciding which of the propositions that are not cost-neutral or cost-saving will be funded. This allows for the propositions to be assessed and prioritised in the context of NHS England's overall priorities and available funding.

Generally, policy propositions that require investment are considered as part of the relative prioritisation process which takes place twice a year. Cost-neutral propositions, cost-saving propositions, and urgent cases can be considered in between relative prioritisation rounds.

For service specifications, investment decisions are taken by NHS England in line with the 'key factors' set out in the "Ethical framework for priority setting and resource allocation": <https://www.england.nhs.uk/wp-content/uploads/2013/04/cp-01.pdf>

At the end of the decision phase clinical commissioning policies and service specification will be either "routinely commissioned" where propositions have been agreed for investment; or "not for routine commissioning" where they have not been agreed for investment.

2.4.2 Policy Propositions that require investment: relative prioritisation process

In circumstances where there is not sufficient funding available to cover all of the policy propositions which require investment, a three-stage process is used for deciding which of the propositions which are not cost-neutral or cost-saving will be funded. This process is run twice a year, with the level of funding available at each relative prioritisation round set at the discretion of NHS England, having regard to the other demands on its resources.

The first stage of the process is the **relative prioritisation process**. Through this process, CPAG forms recommendations on the relative prioritisation of the policy proposals using the following '**prioritisation principles**':

- NHS England will normally only accord priority to treatments or interventions where there is adequate and clinically reliable evidence to demonstrate clinical effectiveness;
- NHS England will normally only accord priority to treatments or interventions where there is measurable benefit to the relevant group of patients;
- NHS England may agree to fund interventions for rare conditions where there is limited published evidence on clinical effectiveness;
- The treatment or intervention should demonstrate value for money.

CPAG assesses the relative clinical benefits of the policy and service specification propositions. Once the relative benefits are confirmed by CPAG, the relative cost is then considered: cost is defined as *the cost to NHS England over five years, divided by the number of patients treated in that five year period*. A cost/benefit matrix (see Figure 1, below) is used which leads to a ranking in five groups, from highest to lowest priority. Full detail of this process is described in the Methods document.

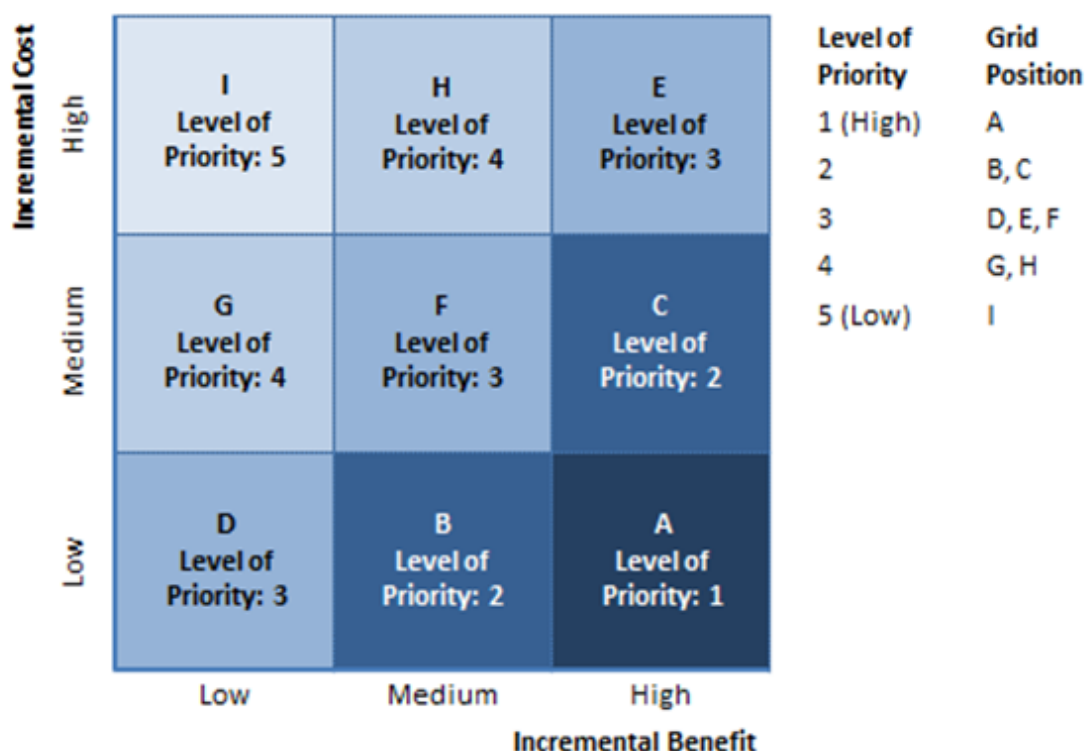


Figure 1: 9-box matrix

Before making its final recommendations, CPAG considers whether any adjustments should be made to the rankings, based on the extent to which the policy proposition may significantly support NHS England's '**strategic principles**', i.e. to what extent does the drug, device or intervention significantly:

- Benefit the wider health and care system?
- Advance parity between mental and physical health?
- Offer the benefit of stimulating innovation?
- Reduce health inequalities and promote equality?

The Specialised Commissioning Health and Justice (SCHJ) Strategy Group receives CPAG's final ranked groupings, and information about the propositions' total budget impact year-on-year, over five years. Based on the level of available funding, SCHJ Strategy Group establishes how many of the proposition groups can be recommended for routine commissioning.

Once this process is complete, SCHJ Strategy Group makes a recommendation to the NHS England and NHS Improvement Board or Subcommittee about the outcome of the prioritisation process, stating which prioritised policy propositions should be for routine commissioning, and those which should not be routinely commissioned.

The final stage of the process is that NHS England and NHS Improvement or Subcommittee makes the final investment decision about the treatments or services.

Policy propositions which are not agreed for investment may be re-entered into the service development process.

In total, a policy proposition may be considered in a relative prioritisation process on up to three occasions (including the original prioritisation round), thereby providing the opportunity to address any gaps in the supporting clinical evidence, and / or to revise a high financial or operational impact identified through the Clinical Build or the Impact Analysis phase.

If a proposition still has not been agreed for routine commissioning after three attempts, the final policy position must be to not routinely commission the service.

2.4.3 Propositions that require new investment: outside the relative prioritisation process

There may be occasions where NHS England considers funding a proposition outside the twice-yearly relative prioritisation process. This may occur when it is determined that, on the basis of the evidence review (where applicable) and impact assessment, that the proposition fits the following criteria:

- It is clinically effective, and demonstrates potential for such an exceptional degree of improved patient outcomes that it would be unreasonable for NHS England to delay a consideration of the proposition until the next prioritisation round; and
- It is affordable to fund outside of a planned prioritisation round; and

- It would have been highly likely to have been supported by NHS England in the last prioritisation round, with clear indication of how it would have been ranked relative to other service developments.

NHS England may also fund a new proposition where it constitutes an investment that will allow NHS England to meet NHS Constitution delivery requirements.

In these circumstances, **SCHJ Strategy Group** is provided with the summary of the proposition, and CPAG's recommendation. **SCHJ Strategy Group** can then make a decision to approve the proposition for routine commissioning or decide that the proposition should not be routinely commissioned as the proposition does not have sufficient clinical merit.

SCHJ Strategy Group may wish to request more evidence of the benefit to the relevant patient group in order to make their decision. They may decide that, while there may be clinical merit in funding the proposition, it will not fund it at that point in time as it is not affordable or does not otherwise have sufficient priority according to NHS England strategic priorities. In this circumstance, the proposition would be reconsidered as part of the next prioritisation round.

2.4.4 Propositions that are cost-neutral or cost-saving

Propositions that are cost-saving or cost-neutral do not need to go through the relative prioritisation process. Propositions with a small budget impact will, for these purposes, be considered as cost-neutral.

In these instances, CPAG re-assesses the propositions against the commissioning qualifying principles (as noted in 2.4.2 and in the Annex) to reconfirm that they qualify.

CPAG will then consider all relevant documentation relating to the policy proposition or service development in order to reach an overall judgement on whether the strength of the evidence of the clinical benefit to the relevant patient group supports a recommendation for routine commissioning or not for routine commissioning.

CPAG will then make a recommendation to the **SCHJ Strategy Group**, which has decision-making responsibility for cost-neutral and cost-saving policy and service specification propositions. **SCHJ Strategy Group** will consider whether they agree with CPAG's recommendations by assuring that CPAG has followed the correct

process, and that their decision-making is consistent with the stated principles. Once **SCHJ Strategy Group** has made their final decision, the **NHS England and NHS Improvement Sub-committee** is notified for information.

2.5 Publication of outcome of the service development process

Once a final decision has been made on whether the policy proposition or service specification proposition is 'for routine commissioning' or 'not for routine commissioning', the decision and relevant documentation will be published on the [NHS England website](#) within the relevant Programme of Care and Clinical Reference Group section.

2.6 Interim Clinical Commissioning Policy Statements

2.6.1 Policy Statements

There may be circumstances in which NHS England wishes to implement a commissioning policy ahead of the final service development decision. In these circumstances, NHS England could issue an interim Clinical Commissioning Policy Statement i.e. a clinical commissioning policy which would apply in a defined interim period until a final commissioning position has been reached through the service development process.

These policy statements will go through the clinical build phase, including evidence review, the impact analysis phase and the decision phase. However, they may not be subject to public consultation.

Following consideration by CPAG in the decision phase, NHS England may publish a policy statement defining NHS England's policy position to routinely commission or not to routinely commission for a stated period.

Once the policy statement for the interim commissioning position is in place, a full clinical commissioning policy may be developed. Once the service development process has been completed, the new clinical commissioning policy would replace the previous policy statement.

2.6.2 Urgent policy statements

One of the circumstances in which NHS England can implement a policy statement for interim use is when a clinical commissioning policy needs to be developed, but the clinical situation of one or more patients within the eligible patient group is so urgent that it would not be appropriate to wait for a decision to be made through the full service development process, i.e. the patient(s) are at risk of imminent significant and irreversible clinical deterioration.

In such circumstances, the urgent policy proposition may proceed more quickly through the clinical build and the impact analysis phases. This means that the proposition would be subject to a **light touch evidence review**, whereby the Clinical Panel will consider the evidence provided by the clinician as part of the preliminary policy proposition (which must at least comprise the top three publications on the proposed intervention) and a **rapid impact assessment** will be carried out without public consultation.

To be assessed through this process, the following criteria will need to be met:

- There is no NHS England clinical commissioning policy or agreed interim commissioning position defined through a published policy statement;
- There is no NICE Technology Appraisal for the treatment and indication;
- The treatment is urgent because one or more patients within the eligible patient group is at risk of suffering imminent significant and irreversible clinical deterioration (life threatening or major loss of function) before the date on which a decision would be made on a full service development proposition within the next planned relative prioritisation round); and
- The evidence provided demonstrates that that the requested treatment will benefit the patient group and, on a more detailed analysis, is likely to demonstrate value for money.

For those urgent policy statements which meet these criteria, Clinical Panel will recommend to introduce the proposed service development on an interim basis through an '**urgent policy statement**'.

The urgent policy statement may be for routine commissioning for a defined period of time. If this is the case, the proposition will be taken through the full service development process if it is not the subject of a NICE appraisal.

If the urgent policy statement is 'not for routine commissioning' the proposition still may be taken through the service development process, if Clinical Panel determines that there is adequate clinical evidence to justify developing the clinical build.

2.7 Rare Diseases

For policy and service specification propositions relating to highly specialised services for rare conditions, an additional summary from the Rare Diseases Advisory Group (RDAG) will be provided to CPAG, to describe the feasibility of generating evidence of the clinical benefit to the relevant patient group given the rare nature of the condition.

The RDAG report also describes the feasibility of generating additional clinical evidence through the provision of the proposed intervention compared with the evidence presented to support the policy or service specification proposition. Where it is deemed that the generation of further evidence is feasible, and the evidence presented is insufficient, CPAG will be advised accordingly. Conversely, if the limited evidence available is considered to be reflective of the rarity of the condition, and generation of additional evidence is deemed unfeasible, CPAG would be provided with that advice.

This is to inform CPAG consideration of the proposed intervention or service specification in relation to other proposals considered within the commissioning round, and consequently its recommendations to **SCHJ Strategy Group** as to whether the proposed intervention or service specification should be routinely commissioned or not routinely commissioned.

3. Annex

3.1 Summary of principles used in Service Development policy

Process Principles

- NHS England will follow its normal good practice in making prioritisation decisions in a transparent way, documenting the outcomes at all stages of the
- NHS England will involve the diversity of stakeholders including the public and patients in the development of proposals and take appropriate account of their view;
- NHS England will take into account all relevant guidance
- Compliance with the duties set out in the Equality Act (2010) and Health and Social Care Act (2012) by delivery **and consideration of an EHIA report.**

Qualifying principles

- NHS England will only give priority to treatments or interventions where the intervention is likely to offer equal or greater benefit than other forms of care routinely commissioned by the NHS for the same patient group;
- While considering the benefit of stimulating innovation, NHS England will not confer higher priority to a treatment or intervention solely on the basis it is the only one available; and
- The intervention must be available to all patients within the same patient group, other than for clinical contra-indication.

Strategic principles

Does the drug, device or intervention significantly:

- Benefit the wider health and care system?
- Advance parity between mental and physical health?
- Offer the benefit of stimulating innovation?
- Reduce health inequalities and promote equality?

3.2 Summary of NHS England decision-making and advisory bodies involved in the service development process

Body	Function
Clinical Panel	Provides assurance that clinical advice is built on a sound evidence base
National Programme of Care	Provides leadership and oversight of the service development work programme
Rare Diseases Advisory Group	Makes recommendations to the CPAG about the commissioning of highly specialised services
Clinical Priorities Advisory Group	Makes recommendations to SCOG on the investment or disinvestment on service change
Specialised Commissioning Health and Justice (SCHJ) Strategy Group	Determines the available resources and the commissioning implications of the service change
NHS England and NHS Improvement Board or Subcommittee	Advise NHS England Board on development and implementation of strategy for specialised commissioning, agree specialised commissioning priorities and work programmes and receive assurance that these are delivered.

Appendix 1: Change Notice for Published Specifications and Products

Amendment to the Published Products

Product Name	Service Development Policy
Ref No	07209

Description of changes required

Describe what was stated in original document	Describe new text in the document	Section/ Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
NHS England governance structures and committee names listed	Board and committee names have been updated to reflect the NHS England and NHS Improvement governance structure as of 1 st April 2019. Specialised Commissioning committee names have also been amended.	Throughout	The names of boards and committees have been updated to reflect the new structures implemented following the move to joint working of NHS England and NHS Improvement as of the 1 st April 2019.	Donna Hakes, Head of Clinical Effectiveness	06/2020

Outline of Stakeholder engagement and consultation process	13Q assessment and associated consultation decision making and processes described.	2.3.3	A new approach to stakeholder testing and public consultation agreed with the PPVAG	Donna Hakes, Head of Clinical Effectiveness	06/2020
Equality Impact Assessment process detailed	Completion of the Equality and Health Inequalities Assessment form is an iterative process commencing at the beginning of policy proposition development and is revised based on stakeholder and consultation feedback	Throughout	A new Equality and Health Inequalities Assessment form has been introduced for use throughout NHS England and NHS Improvement	Donna Hakes, Head of Clinical Effectiveness	06/2020
Previously service specification requiring investment would be presented to CPAG prioritisation for funding	Role of SCHJ Strategy Group in agreeing topic areas for development in line with the key factors in the published ethical framework and how it makes financial provision to support proposals which pass through subsequent governance gateways.	Throughout	Specifications requiring investment no longer go through CPAG prioritisation process. Decisions about investment are made in line with existing corporate priorities for services and the key factors in NHS England's ethical framework	Claire Foreman, Head of Acute Programmes	06/2020

Reference to the NICE Commissioning Support Programme	Text removed	2.2.3 and 2.3.1	NHS England no longer commissioning policy development from the NICE Commissioning Support service.	Donna Hakes, Head of Clinical Effectiveness	06/2020
Commissioning through Evaluation	Evaluative Commissioning	2.2.5	Workstream renamed	Donna Hakes, Head of Clinical Effectiveness	06/2020

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BWRDD CYMRU | WALES BOARD

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Board of Community Health Councils in Wales
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03 February 2023

Dr Sian Lewis
Managing Director
Welsh Health Specialised Services Committee (WHSSC)

Sent via email only to: Sian.Lewis100@wales.nhs.uk

Dear Sian

Specialist Fertility Services: Assisted Reproductive Medicine and Pre-implantation Genetic Testing – Monogenic Disorders (PGT-M)

I write on behalf of the 7 Community Health Councils in Wales about future consultation arrangements with the CHCs and the public in relation to the above change proposals.

It is our understanding that a number of changes are under consideration, some of which will undoubtedly have a substantial impact on access to fertility services. You have summarised those changes for us as follows:

1. Currently those with a BMI >30 kg/m² are excluded from access to funded IVF. We have extended access to women with a BMI of 30-35 kg/m² as the likelihood of a successful pregnancy in this group is virtually the same as those with BMI <30kg/m².

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2. Women who reach their 40th birthday during a cycle of treatment will be able to continue on treatment however no women will be accepted for a cycle of treatment after their 40th birthday. This is because current data shows the rate of successful pregnancy is only 11% per cycle of IVF for women between 40 and 41 years and falls further after 41 years of age (Note 1 cycle includes up to 6 separate embryo transfers)
3. The policy applies to couples with fertility problems, and individuals are now outside the scope of the policy.
4. The current policy requires a minimum of 2 years before couples can access specialist fertility services, and this results in significant inequity due to differential access across Health Boards. The proposed policy suggests the removal of the year mandatory wait, resulting in more rapid and equitable access across Wales.
5. That "same-sex couples would have to have 12 rounds of Intra-uterine insemination (IUI) before becoming eligible for NHS-funded IVF treatment". It is important that access to fertility services is not confused with IVF because for both heterosexual couples and same sex couple, IUI is the most clinically effective fertility procedure – NICE recommends 12 cycles of IUI prior to IVF as it has a 75% probability of a successful pregnancy, as opposed to IVF with approximately 30% success rate.
6. Families who carry rare genetic disorders were previously eligible to PGD to conceive 1 unaffected child, the proposed policy increases this to 2 unaffected children.
7. Donor sperm is currently commissioned as part of a cycle of IVF/ IUI treatment, the current policy does not permit known sperm donors who are not partners. The revised policy permits known sperm donors.
8. Donor eggs- currently patients who require donor eggs are required to identify an egg donor themselves. This will no longer

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be required, those patients who require donor eggs as part of their fertility treatment will have these commissioned as part of their fertility treatment.

9. Storage of sperm and eggs by cryopreservation- the proposed policy clarifies the position that to gain access to cryopreservation and then ongoing storage, patients must be likely to meet the commissioning criteria for a cycle of IVF treatment. This isn't a change per se but is there to be clear and transparent.

CHCs note that the proposals have already understandably roused concern amongst affected patient groups, with recent negative reporting in the press. CHCs also note that in some of the press reporting it is stated that a public consultation on these proposals is underway.

This is however at odds with your e mail to my office of 27 January 2023 where you advise that this is not a public consultation but a consultation with registered stakeholders, albeit that you have recognised that on this occasion the CHC as a registered stakeholder was not consulted at the outset in error.

Notwithstanding the confusion about what level of consultation is in fact underway, it appears to be WHSSC's position that the proposals do not constitute a service change but form part of the policy development process.

CHCs view is that these proposals do constitute a service change in so far as, if the proposals are passed, a significant number of patients will no longer have access to the services. We should therefore proceed on the basis of our service change protocol and in accordance with the attached guidance.

Our understanding of WHSSCs function is that as a joint committee of each of the Local Health Boards (LHBs) in Wales it commissions specialist services on their behalf, and the policies of this committee

will bind the LHBs, such that the LHB will have no discretion to override the policy once passed by WHSSC.

If a policy change results in service change, as it does in this case (particularly as regards the substantial proposals above at 2,3 and 4 above) LHBs would be bound to implement it without the necessary engagement/ consultation with CHCs on the proposals having taken place.

Importantly, this will also mean that LHBs will not have complied with their obligations to involve the public under Section 183 of the National Health Services (Wales) Act 2006.

We therefore ask that the stakeholder consultation currently underway be suspended to allow CHCs to work with you and local health boards to agree a way forward in line with the NHS Wales guidance for engagement and consultation on changes to health services.

Yours sincerely



Alyson Thomas
Chief Executive

cc. CHC Chief Officers
LHB Chief Executives
Angela Mutlow, Chief Officer, Board of CHCs in Wales

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

Cadeirydd / Chair: John Pearce
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16 March 2023

Dr Sian Lewis
Managing Director
Welsh Health Specialised Services Committee (WHSSC)

Sent via email only to: Sian.Lewis100@wales.nhs.uk

Dear Sian

**Specialist Fertility Services: Assisted Reproductive Medicine
and Pre-implantation Genetic Testing – Monogenic Disorders
(PGT-M)**

Thank you for agreeing to work with CHCs to address their concerns about the handling of proposals that will change the way fertility services are provided for people living in Wales.

We look forward to discussing this with you further and I hope that we will be able to find a way to make progress by building on an exercise which in our view does not currently meet the statutory duties on engagement/consultation.

Thank you for sharing your leading counsel's advice 17/2/23. At the outset, I would clarify that CHCs do not maintain that this change necessitates a "full public inquiry".

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The CHCs position is that the change which is currently under consideration is a change which necessitates compliance with the relevant Legislative Framework set out below. CHCs do not agree

that the stakeholder consultation carried out by WHSCC is compliant with the Legislative Framework. CHCs are simply asking for compliance with the current guidance at this stage.

CHCs do not maintain that all future "Access policy" changes will trigger this level of engagement. However, it is CHCs view that this policy will change services to such an extent that further engagement in accordance with the Legislative Framework is indicated and is proportionate to the changes under consideration.

Your leading counsel has very helpfully set out the Legislative Framework which applies in Wales – I need not repeat here. However, I think it would be helpful to note the following points which arise particularly from the Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010:

1. The statutory duty to involve CHCs arises in **any** decision proposing **changes in the way services are provided**. An NHS body's duty to involve, engage and consult is not limited to proposals for **substantial variation** in the provision of health services. Failure to involve CHCs could amount to improper observation or even disregard of the Regulations with the potential for resultant procedural unfairness.
2. The proposed decision on policy currently under consideration **will change the way that fertility services** are provided to two groups to exclude them from receiving those services:

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- Women over the age of 40
- Individuals with fertility problems, who are not in a couple.

To comply with their statutory duty in considering these changes, Local Health Boards, or those acting on their behalf should proceed in accordance with the Welsh Minister's Guidance "Guidance for Engagement and Consultation on Changes to the Health Services".

If not, the resulting decision could be viewed as having a particularly onerous or oppressive effect on the two groups and thus be considered an irrational or unreasonable decision.

3. The stakeholder consultation carried out by WHSCC did not follow the Welsh Minister's Guidance in the following key respects:

- it did not reflect the overarching principle that an NHS body should engage with citizens at the earliest opportunity when it is considering service changes
- it did not communicate what the proposed changes were
- it did not set out a clear rationale for change, supported by a clinical case which demonstrates the benefits of change and the risks of remaining the same and where possible, identify and seek views on options which could deliver the required outcomes
- it did not provide relevant information including financial information on a proposed change to enable CHCs to carry out informed scrutiny of the proposal.

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4. In addition:

- the stakeholder consultation carried out by WHSCC is not adequate in terms of time allowed – it having been accepted as a matter of fact that the CHC was not on notice of the stakeholder consultation until 27 January 2023 thus allowing a total of 4 weeks stakeholder consultation (rather than the 15 weeks as suggested by leading counsel)
- the accompanying equality impact assessment was insufficiently detailed. In particular, it did not provide a considered analysis of the impact of the proposed changes, and any mitigation required to address the negative impacts.

5. Under the Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulation 2010 Reg 27 (7), the CHC has a right to refer to the Welsh Ministers as follows:

(7) In any case where a Council is not satisfied that—
(a) consultation on any proposal referred to in paragraphs (1), (2) and (3) has been adequate in relation to content or time allowed; or

(b) consultation on any proposal referred to in paragraphs (1), (2) and (3) has been adequate with regard to a Council being consulted at the inception of any such proposal; or

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(c)consultation on any proposal referred to in paragraphs (1), (2) and (3) has been adequate in relation to the frequency with which a Council is consulted throughout the proposal and decision-making process; or

(d)where paragraph (5) applies, the reason given by the relevant health service body is adequate,

it may report to the Welsh Ministers in writing and the Welsh Ministers may require the relevant Welsh NHS body, and request the relevant English NHS body to carry out such consultation, or further consultation, with a Council as they consider appropriate.

It should be noted that the above right to refer to the Welsh Minister arises in respect of a failure to involve and consult the CHC and is not limited only to those instances where a wider consultation is indicated.

We note your intention to approach NICE, NHS England and NHS Scotland in relation to their processes. Whilst we would be interested in responses received if shared, we believe that the Legislative Framework which applies will necessarily be different given that the change applies to NHS services delivered in Wales.

CHCs position:

CHCs ask that WHSCC proceed in accordance with the Welsh Minister's Guidance by providing the information set out as missing at 3 above, along with any further information to support your impact assessment. It would be very helpful if you could provide the information using our standard proforma, as you would usually do.

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We are pleased to note that you consider that although you foresee practical issues in taking forward a meaningful public consultation, and that this would be time consuming, these are not insurmountable, and the overall exercise would be relatively straightforward to do.

CHCs will need sufficient time for them to consider the additional information requested to enable them to further reflect as to whether this is a substantial change where public consultation is required.

CHCs view is that it is currently premature, potentially procedurally unfair and irrational to reach any conclusion on the proposed changes to services. They also consider that any decision declining to enhance the scope of engagement/consultation regarding these proposed changes may also be procedurally flawed, unreasonable and irrational.

Once again, thank you for providing a copy of leading counsel's advice and for your willingness to work together with the aim of reaching agreement on a way forward.

However, if after our further discussions a decision is made not to engage/consult further, please notify CHCs of that decision promptly, providing the reasons upon which that decision is based.

We look forward to hearing from you.

Yours sincerely



Alyson Thomas

Chief Executive



Angela Mutlow

Cadeirydd / Chair: John Pearce

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IN THE MATTER OF THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

AND IN THE MATTER OF THE REVIEW OF ITS PRE-IMPLEMENTATION GENETIC TESTING-MONOGENETIC DISORDERS POLICY AND ITS ASSISTED REPRODUCTIVE MEDICINE POLICY

AND IN THE MATTER OF THE APPLICATION OF SECTION 183 OF THE NHS (WALES) ACT 2006 AND THE COMMUNITY HEALTH COUNCILS (CONSTITUTION, MEMBERSHIP AND PROCEDURES) (WALES) REGULATIONS 2010

ADVICE

1. I am asked to advise the Welsh Health Specialised Services Committee (WHSSC) on its duties to carry out public consultation in relation to a review of two of its fertility policies, namely *Commissioning Policy CP 37 “Pre-implementation Genetic testing – Monogenic Disorders*, and *Commissioning Policy CP 38 Specialist Fertility Services: Assisted Reproductive Medicine*, pursuant to section 183 of the NHS (Wales) Act 2006 in the light of a potential challenge raised by the Board of Community Health Councils in Wales (“CHCs”) in its letter dated 3rd February 2023.
2. In particular, I am asked to advise on the correct procedure to be adopted in this matter where there has been a change of WHSSC commissioning policy which concerns patient access requirements, namely whether public consultation/engagement is required in line with the views of the CHCs or whether stakeholder consultation is sufficient in line with WHSSC’s ‘Policy of Policies’.
3. This written Advice is provided further to a Videoconference held on 13th February 2023 with my Instructing Solicitor and representatives of WHSSC.

Background

4. I am instructed that WHSSC has undertaken a review of two of its fertility policies in 2022, namely *CP37 Pre-implantation Genetic Testing-Monogenic Disorders Policy*, and *CP38 Assisted Reproductive Medicine Policy*. The final revisions of the draft policies underwent initially an 8-week stakeholder consultation on 28th November 2023 with an initial closing date of 20th January 2023.
5. Based on stakeholder feedback and an administrative error where the documents were initially sent to an inactive Community Health Council (“CHC”) e-mail address, this timeframe was later extended on 30th January 2023 to 27th February 2023, allowing a total of 15 weeks stakeholder consultation.
6. I am further instructed that significant press attention has been received and that the CHCs has been in contact with WHSSC. As set out in its letter dated 3rd February 2023, the CHCs is of the view that “*the proposals constitute a service change in so far as, if the proposals are passed, a significant number of patients will no longer have access to the services.*” The CHCs therefore considers that the Welsh Ministers’ “*Guidance for Engagement and Consultation on Changes to Health Services*” (“the Guidance”) applies, and that public consultation/engagement is required. Accordingly, it considers that if WHSSC proceed without public consultation/engagement, this would mean that the LHBs would not have complied with their obligation to involve the public under section 183 of the 2006 Act.
7. In contrast, WHSSC is of the view that the policies are clinical access policies and that they have appropriately engaged with stakeholders as required in their Policy for the development, review and update of WHSSC Policies “*Policy for Policies*” and that public consultation/engagement is not required.

8. WHSSC considers that the Welsh Ministers' Guidance is not relevant as this relates to 'how' a service is delivered and the WHSSC policies are 'clinical access policies' which instead relate to 'who' can access a treatment, and that these require stakeholder consultation only. WHSSC further considers that its Policy for Policies development process is entirely in keeping with that of NHS England, NICE and AWMMSG.

Analysis

Issue raised by the Board of CHCs in Wales

9. The case put forward by the Board of CHCs in Wales ("the CHCs"), in its letter dated 3rd February 2023, is that the proposed changes amount to a service change, particularly as a result of the what are termed "substantial proposals" in eligibility criteria under the two policies in respect of the age range and BMI range for eligible patients, that the Local Health Boards will not have engaged in the required consultation with the Community Health Councils in their area and they will therefore be in breach of their obligations under section 183 of the NHS (Wales) Act 2006. It appears implicit in the CHC's letter that the current stakeholder consultation which WHSSC has undertaken with the CHCs is considered to be insufficient and that a wider formal public consultation process is required.

Requirement for formal consultation

Legislation

10. Section 183 of the National Health Service (Wales) Act 2006 provides:

"183 Public involvement and consultation

- (1) Each Local Health Board must make arrangements with a view to securing, as respects health services for which it is responsible, that persons to whom those services are being or may be provided are, directly or through representatives, involved in and consulted on—*

- (a) the planning of the provision of those services,*
- (b) the development and consideration of proposals for changes in the way those services are provided, and*
- (c) decisions to be made by the Local Health Board affecting the operation of those services.*

(2) For the purposes of this section a Local Health Board is responsible for health services—

- (a) if it provides or will provide those services to individuals, or*
 - (b) if another person provides, or will provide, those services to individuals—*
 - (i) at the Local Health Board's direction,*
 - (ii) on its behalf, or*
 - (iii) in accordance with an agreement or arrangements made by the Local Health Board with that other person,*
- and references in this section to the provision of services include references to the provision of services jointly with another person”.*

11. This provision does not stipulate precisely how the involvement and consultation referred to in section 183(1) should be achieved. However, section 182 of the 2006 Act provides for the establishment of Community Health Councils and Schedule 10 paragraph 2 provides that regulations may be made about the consultation of Councils by Local Health Boards with respect to such matters and on such occasions as may be prescribed; see Schedule 10 paragraph 2(f). Such regulations include the Community Health Councils (Constitution, Membership and Procedures)(Wales) Regulations 2010 (“the 2010 Regulations”) ¹.

12. Regulation 27 of the 2010 Regulations provides:

“27.— Consultation of Councils by relevant health service bodies

- (1) It is the duty of each relevant Local Health Board and NHS Trust in Wales (in this regulation referred to as “relevant Welsh NHS body”) in respect of health services for which it is responsible, to involve a Council in—*

¹ SI 2010 No. 288; in force 1.4.10

- (a) the planning of the provision of those services;*
- (b) the development and consideration of proposals for changes in the way those services are provided; and*
- (c) decisions to be made by that body affecting the operation of those services;*

and it is incumbent upon each relevant Welsh NHS body to consult a Council at the inception and throughout any such planning, development, consideration or decision-making process in accordance with any guidance which may be issued by the Welsh Ministers.

....

(3) Where a relevant Welsh or English NHS body has under consideration any proposal for a substantial development of the health service in the district of a Council, or for a substantial variation in the provision of such a service, it must consult that Council at the inception and throughout any such consideration or variation process". (emphasis added)

13. Consequently, it can be seen (i) that there is a statutory duty on the Health Boards to involve the CHCs in any decision proposing changes in the way its services are provided (reg. 27(1)(b)), or affecting the operation of health services for which it is responsible (reg. 27(1)(c)); (ii) that there is a further duty to consult the CHC at the inception and throughout any such decision-making process in accordance with any guidance issued by the Welsh Ministers (reg. 27(1)); and (iii) that where the Health Board has under consideration a proposal for a substantial variation in the provision of the health service, it must consult the Council at the inception and throughout any consideration or variation process (reg. 27(3)).
14. The first thing to note is that neither section 183 of the 2006 Act nor regulation 27 of the 2010 Regulations actually explicitly requires a formal consultation process with members of the public at large.

15. Secondly, even on the basis that the changes proposed by WHSSC do amount to changes in the way its services are provided, or which affect the operation of health services for which it is responsible, the obligation on WHSSC is only to consult the CHC in accordance with any guidance issued by the Welsh Ministers and the obligation to do so in relation to any proposed variation in the provision of a health service only arises when that proposal amounts to a “*substantial development in the health service*”.

Relevant Welsh Ministers’ Guidance

16. One needs to turn to the guidance to see whether any further indication of the method of consultation is provided for. The relevant guidance issued by the Welsh Ministers is the “*Guidance for Engagement and Consultation on Changes to Health Services*” published, as I understand², in 2011, replacing earlier interim guidance from 2004. In the Introduction at Section 1 (paragraph 5), it is stated that in cases where substantial change or an issue requiring consultation is identified, the NHS should use a two-stage process where extensive discussion with citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations is followed by a focused formal consultation on any fully evaluated proposals emerging from the extensive discussion phase.
17. Section 3 of the Guidance deals with general principles in managing service changes. Having set out the overarching principles for the NHS and CHCs, it then states at paragraph 19:

“19. Both for continuous engagement and in regard to specific consultations, NHS bodies must ensure that all local interests are addressed, and that responsibilities with regard to equality and diversity and the Welsh Language are met, including impact assessment. Arrangements should address all geographical areas, cultural and linguistic needs and also ensure the involvement of children and young people. In addition, NHS bodies should also meet their responsibilities with regard to sustainable development and the Wales Spatial Plan.”

² The current copy I have been provided with for the purpose of this Advice is undated

18. Section 5 of the Guidance deals with Substantial Change. Here it is provided at paragraphs 28 – 30:

“28. Section 4 outlines the continuous engagement that must take place whether or not any changes are being proposed and sets out the expectation that that this will be the normal mechanism through which service changes are taken forward.

29. Alongside this, NHS organisations must also manage the relationship with and pay due heed to the statutory right of CHCs to consider change proposals. This is particularly important in determining whether a change should proceed to more formal consultation – i.e. the second stage mentioned in paragraph 5. In considering change proposals, it will be important for CHCs to take into account the views expressed by the advisory mechanisms established by the NHS Reforms (Stakeholder Reference Group; Professional Forum and Partnership Forum)

30. Not all changes will automatically proceed to formal consultation. As indicated above, most issues should be dealt with through the process of continuous and effective engagement and every effort should be made to reach agreement resulting from that process”.

19. The key passage in the Guidance is then found at paragraph 31 which provides:

“31. There may be some cases where, exceptionally, the view is that a more formal consultation is required. A key issue to be determined as to whether formal consultation is required is whether the change is substantial or not. In general substantial change should be the subject of formal consultation though it may not be appropriate where the proposal is not controversial. It may also be appropriate that a change, although not substantial, ought to be the subject of formal consultation. LHBs, with their CHCs, should develop a local protocol for dealing with this. It is expected that staff who lead on citizen engagement will work closely with their counterparts in other LHBs and the Trusts to promote consistency in dealing with such cases. As part of this analysis, the CHC and other stakeholders, in assessing proposals and participating in discussions about consultation, should be conscious of the potential to compromise the LHB’s ability to maintain a full service for the whole population it serves.” (emphasis added)

20. One can see that from this that “formal consultation” is only to be considered “exceptionally” and that the key issue is whether the change is “substantial” or not, though this is not defined as such in the Guidance. Moreover, even if the guidance were to require WHSSC to conduct “formal consultation” (as opposed perhaps to simply involving the CHCs in “continuous engagement” as described in section 4 of the Guidance) paragraphs 32 – 34 do not actually state that this should involve a full public consultation process, though in conference, it was accepted by WHSSC that this is how the Welsh Ministers Guidance was interpreted.

21. Paragraphs 32 – 34 provide:

“32. Where it appears likely that a formal consultation could take place, it is proposed in future that this should be conducted on a two stage basis. The first stage is for NHS organisations to undertake extensive discussion with all the key stakeholders, to include:

- the Stakeholder Reference Group*
- the Professional Forum*
- the Partnership Forum*
- the Community Health Council*
- the Local Service Board*
- staff and their representative bodies*
- other key partners as appropriate.*

33. The purpose of these discussions will be to explore all the issues, to refine the options and to decide and agree on which questions will be set out in the consultation. Only when it is satisfied that this first stage has been properly conducted, should the NHS organisation proceed to formal consultation.

34. Following the first stage described above, a formal consultation period of a minimum of 6 weeks should be sufficient in most cases if the issues have already been fully explored during the first stage and if the CHC agrees”.

22. One can well understand why the Guidance does not go further so as expressly to set out an obligation for a full public consultation process to be undertaken. This is because, as set out above, neither section 183 of the 2006 Act nor regulation 27 of the 2010 Regulations actually provides for the consultation process to go beyond the relevant CHC (and other stakeholder bodies). This is presumably because the obligation under section 183 is to involve and consult with the persons to whom the services are being provided either “*directly or through representatives*”, namely the CHCs themselves.
23. In these circumstances, I consider that it is eminently arguable that the consultation process already undertaken by WHSSC fully complies with the Welsh Ministers’ Guidance, even on the basis that the changes being proposed to the eligibility criteria for the two fertility services in question could be said to amount to “substantial changes” to the health services provided. This might be pointed out to the CHCs before they consider whether to take the issue any further.

WHSSC’s Policy

24. During the course of the videoconference on 13th February, it became apparent that WHSSC did not interpret the legislation and guidance along quite the same dividing lines as set out above. This is perhaps most evident in WHSSC’s own internal policy document “*Policy for the development, review and update of WHSSC policies: ‘Policy for policies’ (Corp – 25)*”. Here a distinction is made between Corporate Policies (including Organisational Policies and Operational Policies) and Clinical Policies (including Commissioning Policies, Service Specifications and Policy Position Statements).

25. I am instructed that the current proposed changes to the eligibility criteria to the fertility policies CP 37 and CP 38 fall within the category of “*Commissioning Policies*”. Section 3 of the Policy for Policies sets out three different stages for the adoption of such commissioning policies and stage two of these (development) distinguishes between minor changes to policy, which will not require a formal stakeholder consultation at all (page 25); moderate changes to policy, which almost always require a formal stakeholder consultation of between 4 to 8 weeks (page 26); and major changes to policy which do require stakeholder consultation of between 6 to 8 weeks (page 26). The stakeholder consultation takes place during the third stage (validation) of the process. The Policy for policies then goes on to describe how the stakeholder consultation process should be conducted, including with whom WHSSC should consult. It does not provide for formal public consultation.

26. It is, of course, important that WHSSC should comply, and be seen to comply, with its own adopted policies in order to protect itself from any potential legal challenge. However, although the Policy for policies does not mirror the language used in the legislation or the Welsh Ministers’ Guidance, it clearly proceeds on the implicit basis that the changes to commissioning policies, such as modifications to the eligibility criteria for patients wishing to access a service, do not normally amount to substantial changes and that they will in most cases, save for minor changes, only require formal stakeholder consultation. This is in line with the legislation and the Guidance and I do not consider that the Policy for policies is inconsistent or contrary to the regime established by the legislation and the Guidance.

27. Finally, I should add that I have been instructed that the current Welsh Ministers’ Guidance is to be redrafted with new Guidance due to be published and come into force on 1st April 2023 together with changes to the CHCs. I have been provided with a copy of the draft new Guidance entitled “*Guidance for Engagement and Consultation on Changes to Health Services 2022*”.

28. This new Guidance updates the former Guidance not least in terms of the new legislation passed since 2011, including the NHS Finance (Wales) Act 2014, the Social Services and Well-being (Wales) Act 2014, the Well-being of Future Generations (Wales) Act 2015 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020, which established the Citizen Voice Body for Health and Social Care Wales.
29. In the draft Guidance, the previous Section 4 dealing with *Continuous Engagement* has been subsumed into Section 3 on *General Principles in Managing Services Changes*. A new Section 4 entitled *Substantial Change* sets out when Formal Consultation may be required at paragraphs 36 - 46. As before, it states that this should be conducted on a two stage basis. Whilst it still refers to discussions at the first stage being conducted with “key stakeholders”, in relation to the second stage, there is now express reference at paragraph 40 to the four “*Gunning Principles (1985)*” which are taken from the case of *R-v-Brent LBC ex parte Gunning [1985] 84 LGR 168*, which established the essential minimum legal requirements for a formal public consultation exercise.
30. This a clearer indication, in my view, that what is envisaged at the second stage of the consultation process is more akin to a formal public consultation than mere stakeholder consultation. However, in the light of this, and even if this means that one should read paragraphs 31 – 44 of the current Guidance as requiring such consultation at the second stage, this would still only be applicable in the case of a substantial change in policy terms.
31. As was pointed out during the Videocon on 13th February 2013, in many instances, such as a proposed change to eligibility criteria for patient services, whether the change is substantial or not is a highly complex clinical issue for qualified and experienced practitioners and would most certainly not be suitable for general public consultation.

32. This is, generally, undoubtedly true, even if in some instances, a change, such as a wholesale removal from eligibility of a significant category of patients, may more obviously be categorised as “substantial”.
33. In the light of this, whilst I am of the conclusion that the decision in the present case is eminently defensible on the basis that, as well as being in line with WHSSC’s own Policy for policies, the proposed changes are clearly not “substantial” for the purposes of the Welsh Ministers’ Guidance, it might be a good idea to look at modifying the Policy for policies so that it more closely reflects the distinctions set out in the national Guidance or at least clarifies that changes to Commissioning Policies are not normally to be regarded as substantial for the purposes of the Guidance. The imminent adoption of new guidance by the Welsh Ministers may provide an appropriate opportunity for this to take place.

Conclusion

34. In conclusion, I consider that the whilst the change of policies in the present case may properly be categorised as a clinical access change and thus a change to a “commissioning policy” for the purpose of WHSSC’s Policy for policies, what is significant is that it does not amount to a “substantial change” for the purposes of the Welsh Ministers’ Guidance and thus does not engage any requirement for a full public inquiry.
35. I consider that WHSSC is correct in having conducted a stakeholder consultation process with the CHCs and, of course, as part of that process it must consider any representations and arguments put forward by the CHCs that further wider public consultation should be undertaken. Provided that it has properly considered this issue and come to a rational decision on the facts that no such consultation is required (and duly recorded that decision in the event of an eventual legal challenge), I consider that the decision would be defensible as a matter of public law.

36. Whether a full public consultation, as opposed to stakeholder consultation with the CHC's and other interested stakeholders, is ever required as a matter of law under the 2006 Act and the 2010 Regulations is debateable. As appears to be accepted by WHSSC, however, there are circumstances where such consultation is required, such as in the case of some service reorganisations which do represent a "service change" and which, by definition, will be substantial.
37. Given that regulation 27(1) of the 2010 Regulations provides that in certain circumstances it is incumbent upon each relevant Welsh NHS body to consult a CHC "*in accordance with any guidance which may be issued by the Welsh Ministers*" and the current Guidance itself refers to the need to conduct "formal consultation" in cases where a change is "substantial", it would be wise for WHSSC in the circumstances of those service reorganisations which do represent a service change to conduct such wider public consultation. That this is the better reading of what is section 5 of the current Guidance is supported by what will become section 4 of the updated Guidance which is due to be published and come into force on 1st April 2023.
38. I should be happy to advise further on any issues that may arise from WHSSC's substantive response to the CHCs' letter of 3rd February 2023 or from any meetings held with the CHCs in the near future. In those circumstances, please do not hesitate to contact me in Chambers.

Rhodri Williams KC

17.ii.23

Keating Chambers

**IN THE MATTER OF THE WELSH HEALTH
SPECIALISED SERVICES COMMITTEE**

**AND IN THE MATTER OF THE REVIEW OF
ITS PRE-IMPLEMENTATION GENETIC
TESTING-MONOGENETIC DISORDERS
POLICY AND ITS ASSISTED
REPRODUCTIVE MEDICINE POLICY**

**AND IN THE MATTER OF THE
APPLICATION OF SECTION 183 OF THE NHS
(WALES) ACT 2006 AND THE COMMUNITY
HEALTH COUNCILS (CONSTITUTION,
MEMBERSHIP AND PROCEDURES) (WALES)
REGULATIONS 2010**

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Appendix 4 : NHS Wales Policy for policies equivalent

Health Board/ Organisation	Policy for policy	Availability	Consultation
Ambulance Trust		Could not be located on Internet.	
PHW	Policy Procedures and other written Control Documents Management Process	Internet Link	All corporate policy, procedure and other written control documents should be developed in consultation with their target audience involving appropriate stakeholder, managerial, clinical and staff representation. This should include: <ul style="list-style-type: none"> • Relevant professional groups and/or individuals. • Staff representatives specifically affected by the document. • Lead for Service User Experience; • Stakeholder representatives/organisations/groups. • Service user representatives/groups (if relevant). • Equality, Diversity and Inclusion Lead • Information Governance Lead • A representative of People and Organisational Development. The organisation will develop a mechanism to involve service users and members of the public where appropriate. This will strengthen the stakeholder involvement with the organisation and demonstrate our commitment to working with the local community. All consultations will be led by the author and must be completed before the corporate policy, procedure or other written control document begins the approval process.
Velindre NHS Trust	POLICY AND PROCEDURE FOR THE MANAGEMENT OF TRUST WIDE	Internet Link	Engagement and consultation on all Policies and other Written Control Documents should take place with the target audience including appropriate stakeholder, service

	POLICIES AND OTHER TRUST WIDE WRITTEN CONTROL DOCUMENTS		user/carer, managerial, clinical and staff representation. Where appropriate, documents should be co-produced with that target audience. 12.3 The Trust has a range of mechanisms to involve patients, carers, donors and members of the public in its work. This will strengthen the stakeholder involvement with the Trust and demonstrate our commitment to working with the local community and develop our services and policies jointly. Where appropriate, the relevant patient and donor Engagement Leads should be contacted.
Health Education and Improvement Wales			
ABUHB	Policy for the Management of Policies and Written Control Documents	Internet link	Policy documents must not be written in isolation. All policies and other written control documents should be developed in consultation with their target audience involving appropriate managerial, clinical and staff representation. All new or significantly revised policies should be the subject of consultation within the divisional structure and with relevant professional groups and/or individuals. All Health Board-wide policy documents must be sent to: • Executive Team members • Divisional Directors Aneurin Bevan University Health Board ABUHB/Corporate/0001 Policy for the Management of Policies and Written Control Documents Owner: Board Secretary Status: Issue 4 Issue date: 26 May 2021 Approved by: ABUHB Board Review by date: 25 May 2024 Page 10 of 33 • User-involvement representatives/group. • Staff representatives affected by the policy. • Service user representatives

			<p>(if appropriate – see below). Where the policy document is relevant to patient care it must also be sent for consultation to relevant members of the public and/or stakeholders where required. Authors are asked to contact the Corporate Services Manager (Policies and Procedures) for advice and assistance in identifying whether consultation is required or the appropriate groups/individuals for consultation. In each case where public or stakeholder consultation is required, the Health Board will develop a mechanism to involve patients and members of the public where appropriate. This will strengthen the stakeholder involvement with the Health Board and demonstrate our commitment to working with the local community. All consultation will be led by the author and must be completed before the policy or written control document begins the approval process. The author must identify and document consultation and provide assurance to the approving Committee that this has been conducted thoroughly and that comments have been incorporated into the policy.</p>
BCUHB	<p>Policies for the management of Health Board wide policies, procedures and other written control documents</p>	<p>Could not be located on Internet.</p> <p>Available on Sharepoint</p>	<p>Policy and written control documents must not be written in isolation. All policies and other written control documents should be developed in consultation with their target audience involving appropriate managerial, clinical and staff representation. All new, or significantly revised, policies should be the subject of consultation within the directorate / structure and with relevant professional groups and/or individuals. Policies or written control documents that include medicines must include a specialist lead</p>

			<p>pharmacist from that clinical area in the document development team.</p> <p>For consultation all Health Board-wide policy documents must be sent to: • Executive Management Group members • Divisional Directors • Staff representatives affected by the policy</p>
C&VUB	MANAGEMENT OF POLICIES, PROCEDURES AND OTHER WRITTEN CONTROL DOCUMENTS POLICY	Internet link	Engagement and consultation on all policies and written control documents should take place with the target audience including appropriate stakeholder, service user/carer, managerial, clinical and staff representation. Where appropriate, documents should be co-produced with that target audience.
CTUHB	POLICY FOR THE DEVELOPMENT, REVIEW AND APPROVAL OF ORGANISATIONAL WIDE POLICIES	Internet link	All new or significantly revised key documents must be developed in consultation with the relevant target audience involving appropriate managerial, professional, clinical and staff representation as necessary. The period of consultation must be adequate to allow robust consultation i.e. not less than 1 week but possibly as long as eight weeks. The consultation must be led by the author and completed prior to the document beginning the approval process
HDUHB	Written Control Documentation Policy	Internet link	This is the final stage in the development, adoption or review process. This provides a further opportunity to interested parties who have already contributed and those who might have been inadvertently missed, to comment. Consultation must be undertaken for all organisational strategies, policies, procedures and guidelines, which are multi-disciplinary or multi-agency. You can contact the Policy Co-ordination Officer for advice on this. Consultation involves the WCD being placed onto the health board's

			intranet site for a minimum of two weeks. All members of staff are invited to comment on the WCD via the on-line form. The completed comment form is sent direct to the lead author for consideration and action.
PtHB	Management of Policies, Procedures and other written control documents	Could not be located on Internet.	Engagement <u>should</u> take place with target audience. Co-Production Min 14 days
SBUHB	POLICY FOR THE MANAGEMENT OF HEALTH BOARD WIDE POLICIES, PROCEDURES AND OTHER WRITTEN CONTROL DOCUMENTS (WCD)	Could not be located on Internet.	All new or significantly revised key documents must be developed in consultation with the relevant target audience involving appropriate managerial, professional, clinical and staff representation as necessary. The period of consultation must be adequate to allow robust consultation i.e. not less than 1 week but possibly as long as eight weeks. Once consultation has been completed and content finalised the author is responsible for producing a covering report setting out the extent of the consultation process followed and details of any significant differences of opinion / risks identified as part of this

Guidance on identifying major health service changes

Key issues for NHS boards when considering the impact of proposed service redesign or change

March 2023

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Introduction

NHS boards and Integration Joint Boards have a statutory duty^{1,2} to involve people³ and communities⁴ in the planning and development of care services, and in decisions that will significantly affect how services are run.

The Scottish Government and COSLA's *Planning with People*⁵ guidance sets out how NHS boards, Integration Joint Boards and Local Authorities should involve people and communities throughout the development, planning and decision-making process for service change. This is particularly important when a proposed service change will have a major impact. There is a specific requirement for NHS boards to formally consult on issues which are considered to be major service change. A full public consultation process is required for major changes and NHS boards' final recommendations are subject to Ministerial approval.

NHS boards can decide if a proposed change is a major service change themselves. This decision should be informed by the issues set out in this guidance. While Healthcare Improvement Scotland – Community Engagement (HIS-CE) can offer a view on whether the change can be classed as major, if a final decision is needed as to whether the proposals should be considered major, NHS boards can seek this from the Scottish Government.

There are specific requirements for public consultation on proposals that will have a major impact on people and communities, and HIS-CE is required to quality assure this process. For any service changes that are considered to be major, NHS boards should not start the consultation stage until HIS-CE has confirmed that their engagement to that point has been in accordance with *Planning with People*.

NHS boards' plans should take into account the time required by external organisations, for example Scottish Government, to provide a view on the impact of a proposed change and approval of the consultation process and proposal.

HIS-CE will not provide a view on whether a change is considered major if a decision on the proposals will be made by an Integration Joint Board (IJB); as the major service change decision-making process applies only to NHS boards. However, this guidance can also be used

¹ [National Health Service Reform \(Scotland\) Act 2004, section 7](#)

² [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 and Planning and delivering integrated health and social care: guidance](#)

³ By 'people' we mean patients, people experiencing and accessing health and social care services, carers and families.

⁴ By 'communities' we mean a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse and that people can belong to several at one time.

⁵ [Planning with People](#): Community Engagement and Participation Guidance (2021), Scottish Government and COSLA

by IJBs when considering the potential impact on people and communities of any proposed changes to delegated health services.

Where a proposed service change by an NHS board would impact on people and communities in another NHS board area, the NHS boards concerned should work together throughout the process. The principles and good practice for effective engagement in *Planning with People* also apply to regional and national planning arrangements.

There are factors NHS boards may consider relevant, and which provide significant reason for change in care services, these could be workforce challenges and clinical standards. However, this guidance document concentrates on key issues that are relevant for identifying when a proposed service change might be classed as major, rather than on factors which are underlying reasons for the change proposal.

Issues to consider

The following issues should be considered when identifying whether a proposed service change should be regarded as major. They are intended simply to provide a framework for discussion. Please note these issues are not ranked in order of importance. Some of the issues may appear to overlap, but each should be considered. Any evaluation as to what extent these issues apply will involve a level of subjectivity.

It is intended that NHS boards and other stakeholders (such as Scottish Government, community representatives and elected members) should consider each of the issues in the context of local circumstances. **As a general rule, the more issues that apply, the more likely it is that a service change should be considered as major.** There are prompts under each of the issues. These are not intended to be exhaustive, and NHS boards should consider what evidence they have from their engagement to date and whether they are at the right stage in the process to complete the major service change template.

1. Impact on patients and carers

- Consider the number of people that will be affected as a proportion of the local population, and assess the likely level of impact on patients, together with any consequential impact on their carers, for example length of hospital stay.
- Where it appears that a relatively small number of people are affected, it may still be necessary to consider the level of impact on those individuals, particularly where their health needs are such that they are likely to require to continue to access the service over a longer period of time.
- The impact of the proposed change on people who may experience discrimination or social exclusion should also be taken into account.

This should be informed by evidence from the equality impact assessment of the proposals and engagement to date with people – for example communities, people with lived experience, staff.

2. Change in the accessibility of services

- Consider whether the proposed change involves relocation, reduction or withdrawal of a service.
- Consider whether the proposed change will result in the closure of a hospital or care facility.
- Assess the likely impact of the proposed change in terms of transport in relation to patients, carers, staff, goods / supplies.

This should be informed by evidence from the equality impact assessment of the proposals, any assessment of transport and access issues, and engagement to date with people – for example communities, people with lived experience, staff.

3. Emergency or unscheduled care services

- Consider whether the proposals involve, or are likely to have a significant impact on, emergency or unscheduled care services, such as Accident and Emergency, Out-of-Hours or maternity services.
- Assess the potential impact on the delivery of services provided by the Scottish Ambulance Service.

This should be informed by evidence from any assessment of transport and access issues and, if applicable, discussions with the Scottish Ambulance Service.

4. Public or political concern

- Assess the likelihood that the proposals will attract a substantial level of public interest or concern, whether across the local population, or amongst particular patient groups or third sector organisations.
- Take account of any views expressed by local health forums, local community groups, community councils or elected representatives.
- Consider any views reflected in the local media or on social media forums, for example, Facebook.
- Are there likely to be complex evidence issues that could be open to challenge or dispute?

This should be informed by evidence from engagement to date with people – for example communities, people with lived experience and staff, on the development of the proposals.

5. Alignment with national policy or professional recommendations

- Do the proposals align with national policy, for example, National Clinical Strategy for Scotland⁶, which sets out proposals for transformational change in order to provide sustainable health and social care services fit for the future?
- Do the proposals align with specialist clinical group recommendations, for example, National Maternity and Neo-Natal Review?

6. Change in the method of service delivery

- Are changes proposed in relation to practitioner roles?
- Might there be changes in settings, such as moving a service from a hospital to a community setting, or vice versa; or other changes in the care process, for example, moving to 'one stop clinics' for services which have traditionally been provided separately: or moving from an inpatient service to day case?
- Has the proposed change been demonstrated to work in other areas? Identify whether there are examples of working models elsewhere, which would help to inform discussions.

⁶ A National Clinical Strategy for Scotland, Scottish Government, February 2016, <https://www.gov.scot/publications/national-clinical-strategy-scotland/documents/>

7. Financial implications

- Consider in broad terms the level of investment, or savings, associated with the proposed changes.
- Consider assumptions around proposals to disinvest in services.
- Take account of the implications for the NHS boards involved and for other organisations such as Integration Joint Boards, Local Authorities.

8. Consequences for other services

- Assess whether the proposed local service change has emerged from a clinical model developed at a regional or national level.
- Consider any cumulative impacts the proposals could have on decisions about the development or location of other services, for example where there are public concerns on local hospital provision in the future.
- Consider how any vacated space may be used to support local people and the community
- Identify whether the proposals will impact on other NHS Boards and Integration Joint Board areas

If the proposals have emerged from a national or regional decision then there should be consideration of the feedback from any local equality impact assessment and engagement to date with people – for example communities, people with lived experience, staff.

Feedback and review

Healthcare Improvement Scotland – Community Engagement welcomes feedback from people who have used this guidance so we can assess whether it has been helpful in identifying major service changes. We intend to review this guidance one year after re-issue on the basis of feedback received to decide whether any changes are necessary. Please send your views to:

his.engageservicechange@nhs.scot

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. Report Title	IPFR Engagement Update- All Wales IPFR Policy		Agenda Item	3.7	
Meeting Title	Joint Committee		Meeting Date	18/07/2023	
FOI Status	Open				
Author (Job title)	Senior Project Manager				
Executive Lead (Job title)	Director of Nursing & Quality				
Purpose of the Report	The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy prior to being shared with Health Boards for final 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: <ul style="list-style-type: none">• Note the report,• Note the feedback from the WHSSC engagement process with key stakeholders,• Approve the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval,• Note that the proposed changes in the revised Policy have been developed by the Policy Implementation Group and WHSSC have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC); and• Note that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption.					

IPFR ENGAGEMENT UPDATE – ALL WALES IPFR POLICY

1.0 SITUATION

The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy prior to being shared with Health Boards for final approval.

2.0 BACKGROUND

2.1 IPFR Governance Framework

The All Wales IPFR Policy is an NHS Wales policy owned by each of the seven Health Boards (HBs) who have statutory responsibilities in relation to IPFR decisions. Each HB has its own HB IPFR Panel.

The WHSSC All Wales IPFR panel considers requests for treatment for rare or specialist conditions that fall within the service remit of WHSSC on behalf of NHS Wales. The Terms of Reference (ToR) for both HBs and WHSSC are outlined within the All Wales IPFR Policy.

2.2 Stakeholder Engagement

The stakeholder engagement process took place between the 10 and the 22 December 2022. The consultation documentation was issued to a broad range of stakeholders including the WHSSC IPFR panel, the All Wales Toxicology and Therapeutics Quality Assurance Group (AWTTC QAG), the NHS Wales IPFR Policy Implementation Group (PIG), Medical Directors and Board Secretaries of each of the HBs, Welsh Government (WG) and Velindre University NHS Trust (VUNT). Additionally, a stakeholder engagement workshop was held on the 2 December 2022 in Cardiff and a number of engagement briefings were held.

2.3 WHSSC IPFR Panel Terms of Reference (ToR)

In July 2022, WG confirmed that as the WHSSC IPFR Panel is a Sub-Committee of the WHSSC Joint Committee (JC), it is within JC's authority to update and approve the ToR.

Following stakeholder engagement, a revised ToR for the WHSSC IPFR Panel was presented to and approved by JC on the 14 March 2023. The revised document took into account comments received from key stakeholders. This revised ToR has subsequently been incorporated into the All Wales Policy.

It should be noted that a minor amendment to the ToR's has since been made to be explicit regarding the IPFR Panel Authority in relation to one off patient packages and lifetime packages. This is in line with the updated WHSSC Standing Orders approved by the Joint Committee 14 March 2023.

Welsh Government also advised that they fully supported a move to appoint a remunerated chair for WHSSC’s IPFR panel and were agreeable to further discussions on this alongside remuneration for lay members. A proposal for this remuneration is on the agenda for consideration at the July Joint Committee meeting in tandem with this report.

3.0 ASSESSMENT

3.1 Stakeholder Feedback

Feedback was received from all HBs, the AWTTC QAG and individual IPFR Panel members. As with the ToR previously presented to JC in March, the feedback from HBs and the AWTTC was co-ordinated by the IPFR Policy Implementation Group (PIG) and QAG and as such the comments received were consistent across all HBs.

In January 2023, WHSSC held a meeting with the IPFR Policy Implementation Group (PIG) to review the feedback received and to revise the policy.

It should be noted that the PIG in conjunction with WHSSC undertook to revise the Policy in line with the responses from the HBs, taking into consideration the comments received from the Kings Counsel (KC) where considered appropriate.

The updated All Wales IPFR Policy incorporating tracked changes to outline the proposed changes is presented at **Appendix 1**, and final All Wales IPFR Policy clean copy without tracked changes is presented at **Appendix 2** for consideration and approval.

Table 1 below provides a summary of the emerging themes from the engagement exercise. To ensure effective information governance in accordance with UK GDPR and the Data Protection Act 2018 the full range of responses are available on request only to ensure we do not inadvertently identify specific individuals on the IPFR panel.

Table 1 - Summary of Key Themes from Stakeholder Feedback

Key Themes	WHSSC Response
Tests versus criteria The concept of tests were not widely supported	The KC highly recommended the use of tests as opposed to criteria, setting out the proposed recommendations to specifically address the issues raised in the Judicial Review. However, following further discussion, the KC confirmed that there is no legal difference between the terms

Key Themes	WHSSC Response
	and therefore the term criteria has been reinstated.
Use of legal jargon Stakeholders felt that in parts the document was over wordy and used too much legal jargon.	These sections have been reworded and subsequently reviewed by the KC and confirmed as acceptable.
Reinstatement of the Decision Making Guidance (DMG) All Stakeholders felt strongly that this should be reinstated, as it was a helpful guide for panel members in reaching a decision.	The DMG has been reinstated as an appendix rather than embedded in the main body of the policy. Following further discussions with the KC, additional wording has been added to the policy itself to add clarity to the use of the guide in conjunction with the criteria to be considered under Part A or B of the policy.
References to Commissioning policies The terminology "commissioning policies" used throughout the document was felt to be misleading as HB's do not have commissioning policies.	The sections have been expanded to include NICE, AWMSG, HTW and One Wales Medicines guidance.
Use of ICER's and QALY's Asking panels to produce ICER's (incremental cost effectiveness ratios) and QALY's (quality- adjusted life years) was considered to be beyond the abilities of most panels and would ideally require a Health Economist on each Panel.	The section was subsequently reworded by AWTTTC colleagues to support Panel decision making.
Di minimis review Feedback received highlighted that due to the number of changes made to the policy that it could not be considered as a di minimis review as requested in the letter from the Chief Pharmaceutical Officer (CPO).	<p>The legally precise definition of di minimis was recognised and the wording included in the agreed recommendation from the Joint Committee was of a 'specific and limited' review.</p> <p>The changes suggested in the original draft were all submitted to the KC and met with his understanding of "relatively limited" changes.</p> <p>The KC had made a number of key changes to the Policy in order to strengthen and address the key</p>

Key Themes	WHSSC Response
	<p>issues raised by the Judaical Review. Additional changes were proposed where the KC felt that further clarity was required in order to prevent further potential contradictions in the interpretation of the policy.</p> <p>The WHSS team felt that whilst the proposed changes may be considered technically more than a di minimis review, it was essential that the review achieved the agreed core aim of re-establishing the originally intended meaning of the policy.</p>
Stakeholder engagement process Stakeholders raised concern that the IPFR Policy Implementation Group (PIG) was not included in the engagement process.	<p>HB colleagues were invited to the stakeholder event held on the 2 December 2022.</p> <p>WHSSC subsequently met with the group to review the comments received and to develop the revised policy.</p>
Structure of the document Stakeholders felt that the structure of the document lacked flow and contained a number of inaccuracies.	<p>The policy has been amended to reflect the comments from stakeholders and has in the main returned to the original Policy format.</p>

The post consultation revision of the Policy has been reviewed by the KC and some minor changes to add further clarity have been incorporated into the final draft document. These proposed changes were shared with the PIG and AWTCC QAG and considered acceptable.

Once the Joint Committee approve the updated All Wales IPFR Policy it will then be taken forward for approval by the Boards of the seven HBs for approval. Once the policy has been approved by the seen HBs it will be shared with Welsh Government to ensure they have a clear line of sight on the agreed changes prior to adoption.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the feedback from the WHSSC engagement process with key stakeholders,

- **Approve** the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval,
- **Note** that the proposed changes in the revised Policy have been developed by the Policy Implementation Group and WHSSC have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC); and
- **Note** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	No
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	The health and social care workforce is motivated and sustainable Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	An Individual Patient Funding Request (IPFR) is the process Health Boards (HBs) and the Welsh Health Specialised Services Committee (WHSSC) use to consider providing a patient with a treatment, which is not routinely available in NHS Wales. The IPFR Quality Assurance Group (QAG) monitor the quality of the decisions made by HBs and WHSSC concerning IPFR decisions.
Finance/Resource Implications	The financial resource implication concerning remuneration of the Chair is under discussion
Population Health	No adverse implications relating to population health have been identified.
Legal Implications (including equality & diversity, socio economic duty etc.)	The purpose of the WHSSC IPFR Panel is to act as a Sub Committee of WHSSC 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 Governance framework for the WHSSC IPFR panel is outlined within the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)", published in June 2017, which includes specific terms of reference (ToR) for the WHSSC IPFR panel.
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)	3 July 2023 - Corporate Directors Group Board
Appendices	Appendix 1 – Revised All Wales IPFR Policy tracked changes v9 Appendix 2 – Revised All Wales IPFR Policy clean V9



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

Reference Number	Policy Reference (as per individual Health Board)	Version Number	FINAL V346789 DRAFT Jan March April May June 2023 June 2017
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Welsh Health Specialised Services Committee (WHSSC)
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NHS Wales Medical Directors
~~Clinical Networks~~
~~Patient Groups / Patient representatives~~
Stakeholder groups

Approved: ~~Health Board IPFR Panel Chairs – TBC~~

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Date of Next Review DD/MM/YEAR

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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.~~

~~1.1.4 Following a Judicial Review in December 2021, the Welsh Government in July 2022 agreed that a specific and limited review de-minimis review would be undertaken to put beyond doubt how the policy should be interpreted.~~

1.2 Purpose of this Policy

~~1.2.1 To ensure an open, transparent, fair, clearly understood and easily accessible process is followed, 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~~

~~1.2.1.2~~ 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.

~~4.2.21.2.3~~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 and highly 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).

~~4.2.31.2.4~~Each Health Board in Wales has a separate Policy called 'Interventions Not Normally Undertaken' (INNU) 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 for the indication under consideration by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG); and/or One Wales Medicines process or Health Technology Wales.
- The intervention is considered to be of relatively low priority for NHS resources.

~~4.2.41.2.5~~The INNU policy ~~, called 'Interventions Not Normally Undertaken' (INNU)~~ should be read together with this policy on making decisions.

~~4.2.51.2.6~~The challenge for all Health Boards and WHSSC 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 and/or WHSSC has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board and WHSSC'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 or WHSSC 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

Commented [AR(U-WHSS1): Change accepted by PIG

Commented [DLKC2]: Can I suggest a slight change of wording to clarify that the policy in the next para is the same one as referred to in this para.

Commented [AR(U-WHSS3): Change accepted by PIG

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 IPFRs 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 or WHSSC 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

1.3.11.3.2 IPFRs should not be confused with requests for packages of care for patients with complex continuing healthcare needs – these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board's Nursing Department.

1.3.21.3.3 IPFRs should also not be confused with treatments that have already been provided or administered outside of NHS funded care. Requests **will not** be considered for retrospective funding.

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

- why the patient is likely to gain a significant clinical benefit from the proposed intervention; and
- 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 or WHSSC for consideration for further prospective funding. For example, if a patient

Commented [DLKC4]: Suggest a small change for clarity

Commented [AR(U-WHSS5): Not correct and can be from NHS funded care so no change

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.~~

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- ~~• 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 described in 1.3.1 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 but equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients. 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.

Commented [AR(U-WHSS6): Change accepted by PIG

Commented [DLKC7]: A small change for clarity to say that a funding decision creates no binding precedent.

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 IPFRs to determine whether the 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~~decision-making guidance in Appendix 1 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.~~

2.1 Health Boards exercise functions delegated to them by the Welsh Ministers

under various statutes and in particular under the National Health Service (Wales) Act 2006 and under secondary legislation made under that Act.

2.2 In addition to specific statutory obligations, Health Boards are public bodies which are required to comply with their legal obligations to act in accordance with the rights of individuals under the European Convention of Human Rights as defined in the Human Rights Act 1998 and under common law.

2.2.3 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, One Wales or HTW;
- when life or death decisions are involved;
- when limiting access to specific services or treatments;
- when setting priorities;
- When other Health Boards or WHSSC may have used their discretion to make a different decision on a specific topic.

2.3.4 It is lawful for WHSSC and the Health Boards to adopt have policies about which treatments will, and which will not, be routinely funded. It is also lawful for WHSCC and the Health Board to adopt this IPFR Policy to define the circumstances in which a decision can be made to fund an intervention for a patient where other patients are lawfully denied funding for the same intervention as a result of policies or as a result of an absence of a policy approving funding for that intervention, for the exercise of its discretion and to allow for exceptions to it in specific clinical circumstances.

Commented [AMM(BUMD08)]: Andrea, I'm not sure if this is specific to HB's or WHSSC should also be included as they have been throughout the document. The KC appears to have omitted WHSSC from this part and I'm unsure if that's because the legalities sit with the HB. You might wish to check this. ,

Commented [DLKC9R8]: Yes - it should refer to both Health Boards and WHSSC. My error. Changes made to reflect that.

2.4.5 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.~~

4.3 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.

4.13.1 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 patients 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.

4.23.2 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.

4.3.3.3 Evidence-Based Considerations

4.3.13.3.1 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.

4.3.23.3.2 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, [One Wales and Health Technology Wales](#) issue guidance which Health Boards [and WHSSC](#) are required to follow.

4.3.33.3.3 Additionally, a central repository for evidence-based appraisals ~~is~~ [will be](#) available which ~~will~~ [provides](#) support for clinicians making an application. This ~~is~~ [will be](#) located on the shared database. Users ~~are~~ [will](#) ~~be able~~ [be able](#) to upload and access the information available which will [continue to be developed](#) over time as evidence /new reports are produced.

4.3.43.3.4 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.

4.4.3.4 Ethical Considerations

4.4.13.4.1 Health Boards [and WHSSC](#) 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.

4.4.23.4.2 Resources available for healthcare interventions are finite, so there is a limit to what [Health Boards LHB's and WHSSC](#) 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.

4.4.33.4.3 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

4.53.5 Economic Considerations

3.5.1 It is a matter for ~~the~~ Health Boards ~~and~~ WHSSC 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 Boards ~~s and WHSSC must~~ ~~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.

54 MAKING DECISIONS ON IPFR

5.14.1 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 ~~and~~ WHSSC 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.

5.24.2 In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, ~~the~~ Health Boards ~~and~~ WHSSC 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 Governments 'healthcare costs' website.

5.34.3 The following ~~guide criteria must will~~ be used by all Health Board ~~and~~ WHSSC IPFR Panels when making IPFR decisions. ~~It is the responsibility of the referring clinician to ensure that sufficient information is placed before the panel to allow the panel to be able to determine whether the criteria are satisfied. Also see appendix 1 for further detail regarding the decision making factors considered by the IPFR panel.~~

~~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 A patient will only be entitled to NHS funding for the requested intervention or drug if the panel conclude that the criteria under either (a) or (b) below are satisfied:~~

(a) If guidelines (e.g. from NICE or AWMMSG) recommend ~~NOT~~not to use the intervention/drug, or the clinical access criteria of an applicable policy are not met:

- I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to ~~other 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.

Commented [DLKC10]: Adopting the wording in the responses - the wording must be clear that these are criteria that the panel must apply to every case. I see no difference in law between a "test" and a "criteria". The question for the panel is whether it is satisfied that the patient meets the criteria.

Commented [AR(U-WHSS11): Change accepted

Commented [AR(U-WHSS12): Change accepted

Commented [DLKC13]: The introduction of the concept of the wider implications for the NHS introduces a whole new aspect of vagueness. I would strongly recommend it is omitted. The wider implications for the NHS come through in tests A(III) and B(II)

Commented [DLKC14]: Suggest a minor change to make it clear that these are separate tests.

(b) If the intervention has not~~NOT~~ been appraised (e.g. in the case of medicines, by AWMSC or NICE), and there is no applicable policy in place:

- 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.

4.4 An IPFR panel is required to decide whether the application fulfils Part A or Part B and then consider the application against the relevant criteria. A panel may only approve applications which meet all of the applicable criteria above. It is however the responsibility of the requesting clinician to demonstrate the clinical case for the patient in respect of the criteria outlined.

4.5 Considerations under Part A

4.5.1 Where a recommendation has been made not to use an intervention, the panel is required to consider whether the patients' clinical circumstances are significantly different to the 'general population of other patients for whom the recommendation is made not to use the intervention'. That process will usually require a comparison between the patient for whom treatment is being requested, and other patients with the same medical condition who could have been offered provided with the requested intervention if the relevant guidance and/or applicable policy allowed.

Commented [AR(U-WHSS15): Changed to other to be consistent with the table above

4.5.2 The panel next need to consider whether there is a significant difference between the clinical circumstances of the patient for whom funding is being requested, and the comparator group, and whether the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected for patients for whom the recommendation has been made not to use the intervention. If, but only if, both of these testscriteria are met on the facts of an individual Part A case, the panel will then consider whether the intervention is deemed value for money as described at paragraph 4.7 below.

Commented [DLKC16]: This is a small but important change. The NHS offers medical treatment to patients. It is up to the patient whether to accept that offer. The issue for the panel is to compare the requesting patient with others who could have been offered the treatment. The question as to whether those other patients would have accepted the offer or not is - I would suggest - irrelevant,

Commented [DLKC17]: Small suggested change for clarity.

4.6 Considerations under Part B

4.6.1 In the absence of any appraisal or applicable policy, the panel need to consider whether the referring clinician has provided sufficient evidence to conclude that the patient is likely to gain significant clinical benefit from the intervention requested. If, but only if, both of these testscriteria are met on the facts of an individual Part B case, the panel will then consider whether the intervention is deemed value for money as described below.

4.7 Value for money

4.7.1 The assessment as to whether the intervention provides "value for money" is a matter of judgement for the panel. The panel should reach a decision

exercising its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.

4.7.2 The panel should consider the likely overall costs to the NHS of the requested intervention compared with the next best alternative treatment that is routinely funded on the NHS. The panel should in a similar way consider the overall benefit (effectiveness) of the intervention compared with the next best alternative treatment that is routinely funded on the NHS. If the requested intervention is estimated to be more effective and less costly (than the alternative treatment) then it is likely to represent value for money. If the treatment is less effective and more expensive, then it is unlikely to be deemed value for money. If the treatment is more effective and more costly or less effective and less costly then the panel will need to make a judgement as to whether the treatment is likely to represent value for money. For any scenario, other factors may affect treatment choice, and these should be documented as part of the discussion.

4.7.3 Where presented as part of the evidence, an incremental cost effectiveness ratio ("ICER") and quality- adjusted life year (QALY) may be considered by the panel provided this is relevant to the individual case and there is appropriate expertise by the group to do so. When assessing this evidence, the panel should consider relevant thresholds in relation to NICE and AWMSG when considering if the intervention is a cost-effective option.

4.8 When making decisions, the panel are entitled to have regard to the factors set out at Appendix 1 to this policy, if the panel consider that addressing those issues may assist the panel in coming to decisions on the testscriteria set out at paragraph 4.3 above. The panel are not obliged to consider all the factors set out Appendix 1 to this policy and may consider that some of the factors are not relevant on the facts of an individual case or do not assist the panel in coming to its decision on those criteriatests.

Commented [AR(U-WHSS18): Accepted by PIG noting the importance of the DMG to panels

Commented [DLKC19]: One of the difficulties in the *Wallpott* case was the potential contradictions between the factors in the table and the tests under the policy. I thus suggested removing the table entirely. I see it has come back in. If that is to be the case, I strongly suggest that it is treated as being a series of factors that panels are entitled to have regard to, but it is made clear that it does not detract from the primary of the tests under para 4.3.

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?

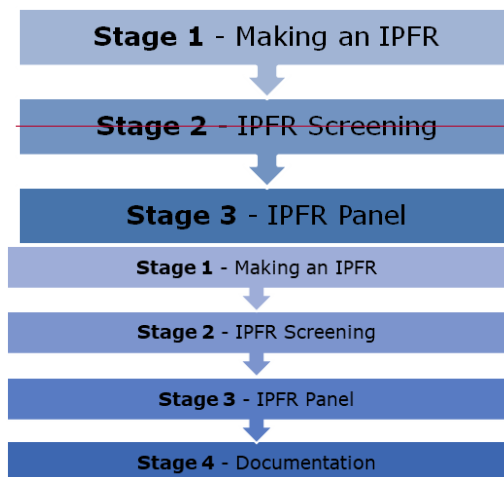
7.5 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY

7.15.1 Information on how to make an IPFR

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These ~~can be downloaded from the~~ are available from the hospital consultant, GP surgery or via the Health Board, WHSSC or AWTC 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.

7.25.2 Summary of the IPFR Process



7.35.3 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 electronically or 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.

7.45.4 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)~~(b) an alternative and satisfactory clinical solution is found
- ~~(d)~~(c) 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.

7.55.5 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 reach a decision and will ensure that each case ~~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 [\(see appendix 1\)](#). ~~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. 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.

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.

7.65.6 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 [23](#)).

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 [12](#) and [23](#) for details of the Health Board and WHSSC IPFR Panel.

7.75.7 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 (working days only) as per the application form.

7.85.8 Can patients and clinicians attend the IPFR Panel?

Patients are not permitted to attend IPFR Panels. The reasons are 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 process is anonymous therefore allowing patients to attend would jeopardise this level of scrutiny.~~ 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.** ~~Local Liaisons Community Health Councils~~ are able to support patients in making such statements if required.

Commented [AMM(BUMDO20)]: CHC's have been replaced by local Liaisons teams

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.

7.95.9 Documentation Holding IPFR Information

The IPFR Co-ordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file ~~will~~may 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.

Any information will be held in line with the NHS Information Governance Retention Policy

86 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:

8.16.1 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 or WHSSC 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.

8.26.2 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.

8.36.3 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 or WHSSC has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).*

~~The~~ Health Boards and WHSSC are ~~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 or WHSSC 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 or WHSSC 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 or WHSSC. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board or WHSSC 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 or WHSSC has not exercised its powers correctly.*

~~The Health Boards and WHSSC are~~ is a public body ~~ies which 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 or WHSSC 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.~~

8.46.4 How is a review request lodged?

A review request form should be completed and logged with the IPFR Co-ordinator of the Health Board or WHSSC 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.

8.56.5 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.

8-66.6 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.

8-76.7 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 64 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.

8-86.8 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.

8-96.9 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 considered.

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.

8.106.10 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.

8.116.11 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.

8.126.12 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.~~

7 QUALITY ASSURANCE

~~The IPFR Quality Assurance Advisory Group was established in 2017 to monitor and support all IPFR panels to promote quality in decision making and consistency across Wales. The Group meets quarterly to assess anonymised random sample IPFR reports in relation to their completeness, timeliness, and efficiency of communication in line with the NHS Wales IPFR policy process.~~

98 REVIEW OF THIS POLICY

~~9.18.1 This Policy will-should be reviewed every 3 years on an annual basis or as required to reflect changes in legislation or guidance. The review will be undertaken by the All-Wales IPFR Policy Implementation Group. Any changes made will be undertaken in line with the groups Terms of Reference (see appendix 5) and authorised by the responsible Health Board and WHSSC Committee. Any delay in conducting a review will not prevent WHSCC or a Health Board from being able to rely on this policy.~~

~~9.28.2 Any of the following circumstances will trigger an immediate review of the linked INNU Policy:~~

- ~~• an exemption to a treatment policy criterion 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.~~

Commented [AR(U-WHSS21): Change accepted

Commented [DLKC22]: Small addition to clarify the position.

109 MAKING A COMPLAINT

~~9.1 Making an IPFR does not conflict with a patient's ability to make a complaint through the Health Boards or WHSSC's Putting Things Right process, details of which can be found on their website.~~

~~9.2 If it is not possible to resolve a concern through local resolution the person raising the concern can refer the matter to the Public Services Ombudsman for Wales (PSOW). Further information is available on the Ombudsman's website www.ombudsman-wales.org.uk.~~

Commented [AR(U-WHSS23): Maybe could add a link to the putting things right Policy

Commented [AMM(BUMDO24R23): As discussed links often expire or becomes unstable.

~~10.1~~

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

APPENDIX ONE: **DECISION MAKING FACTORS**
GUIDE

This Guide cannot change the meaning of the criteria under paragraph 4.3 of the Policy and may not be relevant to each individual case. contains factors that may assist panels in making decisions on the criteria. These are factors that panels may find helpful to consider in making decisions but panels are not required to look at every factor set out below.

Considering these factors may assist panels in making decisions on the tests under paragraph 4.3 of the Policy, but the factors set out here cannot change the meaning of those tests. These factors cannot change the meaning of those criteria and may not be relevant to an individual case.

There may be factors in this Appendix which are not relevant in an individual case or which do not assist a panel in coming to a decision.

Commented [DLKC25]: This wording would show that the factors in Appendix 1 are optional, subsidiary factors and do not change the primacy of the tests under paras 4.3.

Commented [AR(U-WHSS26R25)]: Wording slightly amended as per PIG suggestions

Commented [AMM(BUMDO27R25)]: Slight re-word

IPFR Panel Decision-Making Factors	IPFR Panel Evidence for Consideration in Decision-Making
SIGNIFICANT CLINICAL BENEFIT	
Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population? and 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?	Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR: <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	
Does the treatment work? What is the evidence base for clinical and cost effectiveness?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: <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?• Is there advice available from the One Wales Medicines process or Health Technology Wales?• Is 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 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 cost of the treatment requested, are there any 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?

11 Appendix Two

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (Health Board)

PURPOSE

The Health Boards IPFR Panel is constituted to act as a Committee of the Health Board and holds 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 IPFR 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 of the application.

The IPFR 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/commissioning decisions for the Health Board. Any policy proposals arising from their panels considerations and decision will ultimately be reported to the Health Board's Quality & Patient 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 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:** The IPFR Panel will normally be at least once per month, either virtually, face to face or a combination of both. At least once a month with additional meetings held as required and agreed with the Panel Chair.
- Urgent Cases:** It is recognised that provision will/must be made for occasions where decisions may need to be made urgently. 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.

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

Training: All Panel members will receive a local induction.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

Panel Interest: At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel

Consensus: IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision

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TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (WHSSC)

PURPOSE

The Welsh Health Specialised Services Committee's IPFR Panel is constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the "Joint Committee") and holds delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR 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 IPFR 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 of the application.

The IPFR 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/<u>commissioning</u> decisions for the Health Boards. Any policy proposals arising from the <u>Panel's</u> considerations and decisions will be reported to the WHSSC Management Group and/or Joint Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <ul style="list-style-type: none">- The <u>financial panel's</u> authorisation limit is set at £<u>300,000</u><u>750,000</u> 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 Managing Director of Specialised and Tertiary Services for authorisation and the relevant Health Board for information authorisation and if over £1 million to the Joint Committee for approval or ratification <p>Individual Patient Packages</p> <p>The WHSSC scheme of delegation states that financial approval required for individual NHS patient treatment charges outside of LTAs and SLAs concerning one off treatment costs exceeding £750,000. Therefore, any approved IPFR treatment exceeding £750,000 needs to be reported to the Joint Committee.</p> <p>Lifetime costs</p> <p>The WHSSC scheme of delegation states that the financial approval required for individual NHS patient treatment charges outside of LTAs and SLAs for lifetime costs exceeding £1,000,000. Therefore, any approved IPFR treatment exceeding £1,000,000 needs to be reported to the Joint Committee.</p> <p>-</p> <p>-</p>	<ul style="list-style-type: none">• Independent Chair (<u>from open recruitment</u>)• <u>who will be from existing members of the NHS organisations Boards</u>)• 2 Lay representatives• <u>Health Board IPFR Panel Chairs Nomination at Director-level from each Health Board or nominated clinical deputy.</u>• <u>2 Vice Chairs (appointed from within the panel membership)</u>• <u>WHSSC Medical Director or nominated deputy.</u>• <u>WHSSC Director of Nursing or nominated deputy.</u>• <u>A named representative from four 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.</u> <p>A further two panel members <u>from the NHS in Wales</u> may be appointed at the discretion of the Chair of the panel, <u>in conjunction with the WHHSC Medical and/or Director of Nursing</u>, for example a member of an ethics committee <u>or a senior pharmacist</u>. 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">• <u>Medical Director or Deputy</u>• <u>Director of Nursing or Deputy</u>• IPFR Co-ordinator• Finance Advisor (if required)• <u>Head of Corporate Governance</u>• <u>Head of Corporate Governance</u>• Other WHSSC staff as and when required <u>to clarify on policy/commissioning arrangements/evidence evaluation.</u> <p><u>The Chair of the Panel will review the membership as necessary and in conjunction with the WHSSC Medical Director and / or Director of Nursing.</u></p> <p><u>For particularly complex cases the IPFR Panel may invite other individuals</u> <u>31 with clinical, pharmacy or commissioning expertise and skills, unconnected</u></p> <ul style="list-style-type: none">• <u>32 with the requesting provider to support decision making.</u>
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Commented [AR(U-WHSS30): This section is not part of the revised WHSSC ToR that WHSSC took through and agreed with JC and was not included in version 7 of the policy.

Commented [AR(U-WHSS29): Amended to reflect and clarify the revised WHSSc Sheme of delegation

Commented [AMM(BUMDO31): Included under other WHSSC staff so not sure on the relevance of including separately.

Commented [AR(U-WHSS32): The inclusion of this role was that the WHSSC specific ToR's are in line with other WHSCC sub- committees as set out in the standing orders. Therefore it should remain

Commented [AR(U-WHSS33): As per the ToR agreed at March JC

PROCEDURAL ARRANGEMENTS

Quorum: The Chair or Vice-Chair ~~plus~~^{and} representation from ~~five~~⁴ of the ~~seven~~⁷ Health Boards, ~~three of which must be clinical representatives, and 1 WHSSC Clinical Director or deputy.~~

Meetings: ~~The IPFR panel will normally be held at least once twice per month, either virtually, face to face or a combination of both. 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~~ ^pProvision ~~will~~^{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, or availability of panel members, then the Managing Director of Specialised and Tertiary Services together with either the WHSSC Medical Director or Director of Nursing Quality and the Chair of the WHSSC Panel (or a 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 next scheduled subsequent meeting of the IPFR panel.~~

Documentation and

Recording and Monitoring: ~~The WHSSC IPFR Co-ordinator will document~~^{clerk} the meetings to ensure ~~proper records of the panel discussions and decisions are appropriately recorded.~~^{made.} ~~An electronic database of decisions will also be maintained.~~

Commented [AMM(BUMD034): Title should be consistent with HB TOR

Training: ~~All Panel members will receive a local induction programme.~~

~~Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.~~

Members Interest: ~~At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel~~

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Consensus: IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision.

TERMS OF REFERENCE – REVIEW PANEL

PURPOSE

The IPFR Review Panel are constituted to ~~To~~ act as a Committee of the Health Board and holds 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 deputyChairman, Local Medical Committee, or deputyWHSSC 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.

See detail under section 86.12 on how WHSSC will undertake a review.

12 APPENDIX FIVE

NHS Wales Individual Patient Funding Request (IPFR) Policy Implementation Group

Terms of reference

1. Purpose of the Group

The purpose of the NHS Wales IPFR Policy Implementation Group (PIG) is to facilitate the commitment made by Health Boards and the Welsh Health Specialised Services Committee (WHSSC) to adhere to the NHS Wales IPFR Policy, providing and developing assurances systems and guidance to aid the decision-making process. This includes areas relating to IPFR's such as requests for routine treatment out-of-area, Interventions Not Normally Undertaken (INNU) and requests for treatment in other parts of the European Economic Area (EEA). The group will:

- Provide strategic leadership for the development and implementation of the IPFR policy and supporting documentation across all health boards and WHSSC.
- Share good practice across all health board areas and promote continuous improvement.
- Review all policies that refer to IPFR to ensure they are up to date, consistent and coherent.
- Provide a forum in which to share advice, support, and assistance to ensure deliverance of a consistent process across Wales.
- Explore opportunities to ensure the IPFR process is widely understood by patients and clinicians, providing support on the process and application of IPFR's.
- Use best efforts to ensure the quality of data collection is in line with local and national reporting requirements.
- Monitor identified and emerging risks and advise on their prevention, mitigation, and management.
- Work with and support the All-Wales Therapeutics and Toxicology Centre on the development of the annual report in relation to IPFR's.
- Utilise the IPFR process to help inform key issues relating to possible future regional and / or national commissioning opportunities.
- Ensure active participation of key stakeholders when and where appropriate.

2. Membership of the Group

The IPFR network group will comprise of;

- A senior IPFR co-ordinator or nominated deputy from each health board and WHSSC.

Other members may be included in the group as and when required.

3. Chair and secretariat

The group will be chaired by the Lead Co-ordinator for IPFR. Meetings will be convened by the Chair and supported by a nominated IPFR Coordinator.

The Chair will provide direction and act as adviser on the implementation of all decisions made by the group in relation to the development of the All-Wales policy, related guidance, and assurance mechanisms.

All activities carried out under the auspices of the IPFR Policy Implementation Group are to be undertaken with prior agreement from the group members.

4. Frequency of Meetings

The group will meet bi-monthly. However, due to the nature of the work, the group may be required to meet more frequently on occasions, with additional work being done between meetings virtually whenever possible.

The Terms of Reference will be reviewed periodically and amended accordingly.

5. Quorum

The quorum will be made up of any 5 members of the IPFR Policy Implementation Group.

6. Governance

Whilst group members will report any issues to their respective organisations, ultimately, the group will report any concerns to the Head of Pharmacy and Prescribing at the Welsh Government.

14 APPENDIX FOUR

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.



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

Reference Number	Policy Reference (as per individual Health Board)	Version Number	V9 DRAFT July 2023
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

Welsh Health Specialised Services Committee (WHSSC)
Public Health Wales (PHW)
Public Domain via Internet Sites

Policy Development: All Wales IPFR Policy Implementation Group

Consultation: Legal Advice from TBC ,
NHS Wales Medical Directors

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Lead Health Board Contact: Contact details as per individual Health Board



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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.

1.1.4 Following a Judicial Review in December 2021, the Welsh Government in July 2022 agreed that a specific and limited review would be undertaken to put beyond doubt how the policy should be interpreted.

1.2 Purpose of this Policy

1.2.1 To ensure an open, transparent, fair, clearly understood and easily accessible process is followed, 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.

1.2.2 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.

- 1.2.3** 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 and highly specialist services at a national level. 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).
- 1.2.4** Each Health Board in Wales has a separate Policy called 'Interventions Not Normally Undertaken' (INNU) 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 for the indication under consideration by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG); and/or One Wales Medicines process or Health Technology Wales.
 - The intervention is considered to be of relatively low priority for NHS resources.
- 1.2.5** The INNU policy should be read together with this policy on making decisions.
- 1.2.6** The challenge for all Health Boards and WHSSC 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 and/or WHSSC has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board and WHSSC'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 or WHSSC will have to make.
- 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** IPFRs 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 or WHSSC 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).

1.3.2 IPFRs should not be confused with requests for packages of care for patients with complex continuing healthcare needs – these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board's Nursing Department.

1.3.3 IPFRs should also not be confused with treatments that have already been provided or administered. Requests **will not** be considered for retrospective funding.

1.3.4 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 or WHSSC 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.

1.3.5 The three categories of treatment described in 1.3.1 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 but equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients. 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 IPFRs to determine whether the 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 Appendix 1 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** Health Boards exercise functions delegated to them by the Welsh Ministers under various statutes and in particular under the National Health Service (Wales) Act 2006 and under secondary legislation made under that Act.
- 2.2** In addition to specific statutory obligations, Health Boards are public bodies, which are required to comply with their legal obligations to act in accordance with the rights of individuals under the European Convention of Human Rights as defined in the Human Rights Act 1998 and under

common law.

- 2.3 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, AWMSC. One Wales or HTW;
 - when life or death decisions are involved;
 - when limiting access to specific services or treatments;
 - when setting priorities;
 - When other Health Boards or WHSSC may have used their discretion to make a different decision on a specific topic.
- 2.4 It is lawful for WHSSC and Health Boards to adopt policies about which treatments will, and which will not, be routinely funded. It is also lawful for WHSCC and Health Boards to adopt this Policy to define the circumstances in which a decision can be made to fund an intervention for a patient where other patients are lawfully denied funding for the same intervention as a result of policies or as a result of an absence of a policy approving funding for that intervention.
- 2.5 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 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.

3.1 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 patients 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.

3.2 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.

3.3 Evidence-Based Considerations

- 3.3.1** 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.
- 3.3.2** 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, One Wales and Health Technology Wales issue guidance which Health Boards and WHSSC are required to follow.
- 3.3.3** Additionally, a central repository for evidence-based appraisals is available which provides support for clinicians making an application. This is located on the shared database. Users are able to upload and access the information available which will continue to be developed over time as evidence /new reports are produced.
- 3.3.4** 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.

3.4 Ethical Considerations

- 3.4.1** Health Boards and WHSSC 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.
- 3.4.2** Resources available for healthcare interventions are finite, so there is a limit to what Health Boards and WHSSC 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.

3.4.3 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

3.5 Economic Considerations

3.5.1 It is a matter for Health Boards and WHSSC 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. Health Boards and WHSSC must 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.

4 MAKING DECISIONS ON IPFR

4.1 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 and WHSSC 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.

4.2 In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, Health Boards and WHSSC 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 Governments 'healthcare costs' website.

- 4.3 The following criteria must be used by all Health Board and WHSSC IPFR Panels when making IPFR decisions. It is the responsibility of the referring clinician to ensure that sufficient information is placed before the panel to allow the panel to be able to determine whether the criteria are satisfied. Also see appendix 1 for further detail regarding the decision-making factors considered by the IPFR panel.

A patient will only be entitled to NHS funding for the requested intervention or drug if the panel conclude that the criteria under **either (a) or (b)** below are satisfied:

(a) If guidelines (e.g. from NICE or AWMSG) recommend NOT to use the intervention/drug, or the clinical access criteria of an applicable policy are not met:

- I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to other patients for whom the recommendation is not to use the intervention;
- 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 AWMSG or NICE), and there is no applicable policy in place:

- 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.

- 4.4 An IPFR panel is required to decide whether the application fulfils Part A or Part B and then consider the application against the relevant criteria. A panel

may only approve applications which meet all of the applicable criteria above. It is however the responsibility of the requesting clinician to demonstrate the clinical case for the patient in respect of the criteria outlined.

4.5 Considerations under Part A

4.5.1 Where a recommendation has been made not to use an intervention, the panel is required to consider whether the patients' clinical circumstances are significantly different to other patients for whom the recommendation is made not to use the intervention'. That process will usually require a comparison between the patient for whom treatment is being requested, and other patients with the same medical condition who could have been offered the requested intervention if the relevant guidance and/or applicable policy allowed.

4.5.2 The panel next need to consider whether there is a significant difference between the clinical circumstances of the patient for whom funding is being requested, and the comparator group, and whether the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected for patients for whom the recommendation has been made not to use the intervention. If, but only if, both of these criteria are met on the facts of an individual Part A case, the panel will then consider whether the intervention is deemed value for money as described at paragraph 4.7 below.

4.6 Considerations under Part B

4.6.1 In the absence of any appraisal or applicable policy, the panel need to consider whether the referring clinician has provided sufficient evidence to conclude that the patient is likely to gain significant clinical benefit from the intervention requested. If, but only if, both of these criteria are met on the facts of an individual Part B case, the panel will then consider whether the intervention is deemed value for money as described below.

4.7 Value for money

4.7.1 The assessment as to whether the intervention provides "value for money" is a matter of judgement for the panel. The panel should reach a decision exercising its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.

4.7.2 The panel should consider the likely overall costs to the NHS of the requested intervention compared with the next best alternative treatment that is routinely funded on the NHS. The panel should in a similar way consider the overall benefit (effectiveness) of the intervention compared with the next best alternative treatment that is routinely funded on the NHS. If the requested intervention is estimated to be more effective and less costly (than the alternative treatment) then it is likely to represent value for money. If the treatment is less effective and more expensive, then it is unlikely to be deemed value for money. If the treatment is more effective and more costly or less effective and less costly then the panel will need to make a judgement as to whether the treatment is likely to represent value for money. For any scenario,

other factors may affect treatment choice, and these should be documented as part of the discussion.

4.7.3 Where presented as part of the evidence, an incremental cost effectiveness ratio ("ICER") and quality- adjusted life year (QALY) may be considered by the panel provided this is relevant to the individual case and there is appropriate expertise by the group to do so. When assessing this evidence, the panel should consider relevant thresholds in relation to NICE and AWMSG when considering if the intervention is a cost-effective option.

4.8 When making decisions, the panel are entitled to have regard to the factors set out at Appendix 1 to this policy, if the panel consider that addressing those issues may assist the panel in coming to decisions on the criteria set out at paragraph 4.3 above. The panel are not obliged to consider all the factors set out Appendix 1 to this policy and may consider that some of the factors are not relevant on the facts of an individual case or do not assist the panel in coming to its decision on those criteria.

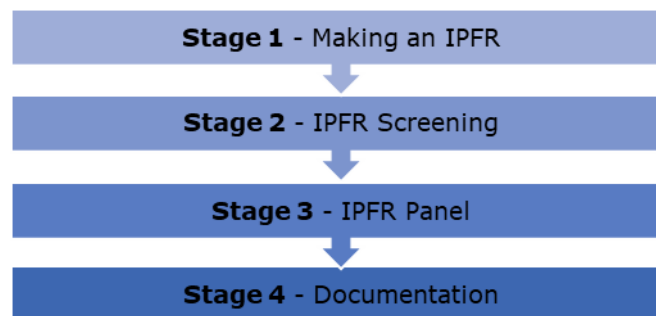
5 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY

5.1 Information on how to make an IPFR

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These can be downloaded from the Health Board, WHSSC or AWTTC 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.

5.2 Summary of the IPFR Process



5.3 Stage 1 Making an IPFR

The patient and their NHS clinician (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 electronically or in hard copy so that the authorised consent of the clinician is recorded.

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.

5.4 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) an alternative and satisfactory clinical solution is found
- (c) the request represents a service development which needs to be passed to the relevant Division or Director for their action.

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.

5.5 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 reach a decision and will ensure that each case 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 (see appendix 1). 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. 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.

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.

5.6 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 3).

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 2 and 3 for details of the Health Board and WHSSC IPFR Panel.

5.7 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 (working days only) as per the application form.

5.8 Can patients and clinicians attend the IPFR Panel?

Patients are not permitted to attend IPFR Panels. The reasons are 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. The IPFR process is anonymous therefore allowing patients to attend would jeopardise this level of scrutiny. The IPFR Panel will normally reach its decision on the basis of all of the written evidence 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.** Local Llais teams 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.

5.9 Documentation

The IPFR Co-ordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file may 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.

Any information will be held in line with the NHS Information Governance Retention Policy

6 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:

6.1 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 or WHSSC 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.

6.2 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.

6.3 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 or WHSSC has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).*

Health Boards and WHSSC are 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 or WHSSC 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 or WHSSC 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 or WHSSC. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board or WHSSC 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 or WHSSC has not exercised its powers correctly.*

Health Boards and WHSSC are public bodies which carry 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 or WHSSC has acted outside its remit or has acted unlawfully in any other way.

6.4 How is a review request lodged?

A review request form should be completed and logged with the IPFR Co-ordinator of the Health Board or WHSSC 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.

6.5 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.

6.6 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.

6.7 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 4 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.

6.8 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.

6.9 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 considered.

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.

6.10 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.

6.11 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.

6.12 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.

7 QUALITY ASSURANCE

The IPFR Quality Assurance Advisory Group was established in 2017 to monitor and support all IPFR panels to promote quality in decision making and consistency across Wales. The Group meets quarterly to assess anonymised random sample IPFR reports in relation to their completeness, timeliness, and efficiency of communication in line with the NHS Wales IPFR policy process.

8 REVIEW OF THIS POLICY

- 8.1 This Policy should be reviewed every 3 years or as required to reflect changes in legislation or guidance. The review will be undertaken by the All-Wales IPFR Policy Implementation Group. Any changes made will be undertaken in line with the groups Terms of Reference (see appendix 5) and authorised by the responsible Health Board and WHSSC Committee. Any delay in conducting a

review will not prevent WHSCC or a Health Board from being able to rely on this policy.

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

- an exemption to a treatment policy criterion 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.

9 MAKING A COMPLAINT

- 9.1 Making an IPFR does not conflict with a patient's ability to make a complaint through the Health Boards or WHSCC's Putting Things Right process, details of which can be found on their website.
- 9.2 If it is not possible to resolve a concern through local resolution the person raising the concern can refer the matter to the Public Services Ombudsman for Wales (PSOW). Further information is available on the Ombudsman's website www.ombudsman-wales.org.uk.

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

APPENDIX ONE: DECISION MAKING GUIDE

This Guide cannot change the meaning of the criteria under paragraph 4.3 of the Policy and may not be relevant to each individual case.

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? • Is there advice available from the One Wales Medicines process or Health Technology Wales? • Is 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 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 cost of the treatment requested, are there any 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?
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Appendix Two

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (Health Board)

PURPOSE

The Health Boards IPFR Panel is constituted to act as a Committee of the Health Board and holds 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 IPFR 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 of the application.

The IPFR 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/commissioning decisions for the Health Board. Any policy proposals arising from the panels considerations and decision will ultimately be reported to the Health Board's Quality & Patient 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 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: The IPFR Panel will normally be at least once per month, either virtually, face to face or a combination of both.

Urgent Cases: Provision will be made for occasions where decisions may need to be made urgently. 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.

Recording: The IPFR Co-ordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

- Training:** All Panel members will receive a local induction.
Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.
- Panel Interest:** At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel
- Consensus:** IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (WHSSC)

PURPOSE

The Welsh Health Specialised Services Committee's IPFR Panel is constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the "Joint Committee") and holds delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR 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 IPFR 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 of the application.

The IPFR 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/commissioning decisions for the Health Boards. Any policy proposals arising from the Panel's considerations and decisions will be reported to the WHSSC Management Group and/or Joint Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <ul style="list-style-type: none"> - The financial authorisation limit is set at £750,000 for one-off packages and £1million for lifetime packages. <p>Individual Patient Packages</p> <p>The WHSSC scheme of delegation states that financial approval required for individual NHS patient treatment charges outside of LTAs and SLAs concerning one off treatment costs exceeding £750,000. Therefore, any approved IPFR treatment exceeding £750,000 needs to be reported to the Joint Committee.</p>	<ul style="list-style-type: none"> • Independent Chair (from open recruitment) • 2 Lay representatives • Health Board IPFR Panel Chairs from each Health Board or nominated clinical deputy. • 2 Vice Chairs (appointed from within the panel membership) • WHSSC Medical Director or nominated deputy. • WHSSC Director of Nursing or nominated deputy. <p>A further two panel members from the NHS in Wales may be appointed at the discretion of the Chair of the panel, in conjunction with the WHHSC Medical and/or Director of Nursing, for example a member of an ethics committee.</p> <p>In attendance from WHSSC</p> <ul style="list-style-type: none"> • IPFR Co-ordinator • Finance Advisor (if required) • Head of Corporate Governance • Other WHSSC staff as and when required to clarify on policy/commissioning arrangements/evidence evaluation. <p>The Chair of the Panel will review the membership as necessary and in conjunction with the WHSSC Medical Director and / or Director of Nursing.</p> <p>For particularly complex cases the IPFR Panel may invite other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider to support decision making.</p>

Lifetime costs

The WHSSC scheme of delegation states that the financial approval required for individual NHS patient treatment charges outside of LTAs and SLAs for lifetime costs exceeding £1,000,000. Therefore, any approved IPFR treatment exceeding £1,000,000 needs to be reported to the Joint Committee.

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PROCEDURAL ARRANGEMENTS**Quorum:**

The Chair or Vice-Chair plus representation from 4 of the 7 Health Boards, and 1 WHSSC Clinical Director or deputy.

Meetings:

The IPFR panel will normally be held twice per month, either virtually, face to face or a combination of both.

Urgent Cases:

Provision will 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, or availability of panel members, then the Managing Director of Specialised and Tertiary Services with either the Medical Director or Director of Nursing Quality and the Chair of the WHSSC Panel (or a 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 next scheduled IPFR panel.

Recording:	The IPFR Co-ordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.
Training:	<p>All Panel members will receive a local induction programme.</p> <p>Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.</p>
Members Interest:	At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel
Consensus:	IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision.

11 APPENDIX FOUR

TERMS OF REFERENCE – REVIEW PANEL

PURPOSE

The IPFR Review Panel are constituted to act as a Committee of the Health Board and holds 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.

See detail under section 6.12 on how WHSSC will undertake a review.

NHS Wales Individual Patient Funding Request (IPFR) Policy Implementation Group

Terms of reference

1. Purpose of the Group

The purpose of the NHS Wales IPFR Policy Implementation Group (PIG) is to facilitate the commitment made by Health Boards and the Welsh Health Specialised Services Committee (WHSSC) to adhere to the NHS Wales IPFR Policy, providing and developing assurances systems and guidance to aid the decision-making process. This includes areas relating to IPFR's such as requests for routine treatment out-of-area, Interventions Not Normally Undertaken (INNU) and requests for treatment in other parts of the European Economic Area (EEA). The group will:

- Provide strategic leadership for the development and implementation of the IPFR policy and supporting documentation across all health boards and WHSSC.
- Share good practice across all health board areas and promote continuous improvement.
- Review all policies that refer to IPFR to ensure they are up to date, consistent and coherent.
- Provide a forum in which to share advice, support, and assistance to ensure deliverance of a consistent process across Wales.
- Explore opportunities to ensure the IPFR process is widely understood by patients and clinicians, providing support on the process and application of IPFR's.
- Use best efforts to ensure the quality of data collection is in line with local and national reporting requirements.
- Monitor identified and emerging risks and advise on their prevention, mitigation, and management.
- Work with and support the All-Wales Therapeutics and Toxicology Centre on the development of the annual report in relation to IPFR's.
- Utilise the IPFR process to help inform key issues relating to possible future regional and / or national commissioning opportunities.
- Ensure active participation of key stakeholders when and where appropriate.

2. Membership of the Group

The IPFR network group will comprise of;

- A senior IPFR co-ordinator or nominated deputy from each health board and WHSSC.

Other members may be included in the group as and when required.

3. Chair and secretariat

The group will be chaired by the Lead Co-ordinator for IPFR. Meetings will be convened by the Chair and supported by a nominated IPFR Coordinator.

The Chair will provide direction and act as adviser on the implementation of all decisions made by the group in relation to the development of the All-Wales policy, related guidance, and assurance mechanisms.

All activities carried out under the auspices of the IPFR Policy Implementation Group are to be undertaken with prior agreement from the group members.

4. Frequency of Meetings

The group will meet bi-monthly. However, due to the nature of the work, the group may be required to meet more frequently on occasions, with additional work being done between meetings virtually whenever possible.

The Terms of Reference will be reviewed periodically and amended accordingly.

5. Quorum

The quorum will be made up of any 5 members of the IPFR Policy Implementation Group.

6. Governance

Whilst group members will report any issues to their respective organisations, ultimately, the group will report any concerns to the Head of Pharmacy and Prescribing at the Welsh Government.



Report Title	Appointment Process for the Individual Patient Funding Request (IPFR) Panel		Agenda Item	3.8
Meeting Title	Joint Committee Joint Committee		Meeting Date	18/07/2023
FOI Status	Open			
Author (Job title)	Committee Secretary & Head of Corporate Services			
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services			
Purpose of the Report	The purpose of this report is to propose a recruitment process for the Chair and lay member positions of the All Wales Individual Patient Funding Request (IPFR) panel and to propose that the roles are remunerated.			
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,
- **Approve** the recruitment process for the appointment of the Chair and lay members to the All Wales Individual Patient Funding Request Panel,
- **Discuss** and **approve** the additional annual cost of remunerating the Chair of the IPFR panel and approve an uplift to the Direct Running Costs (DRC) budget to enable a financial pool of resource to recurrently fund the remunerated position; and
- **Discuss** and **approve** the additional annual cost of remunerating the two Lay Members of the IPFR panel and approve an uplift to the Direct Running Costs (DRC) budget to enable a financial pool of resource to recurrently fund the remunerated positions; and
- **Note** that once agreed with HBs, the updated process and accompanying documents will be shared with Welsh Government prior to adoption for assurance.

APPOINTMENT PROCESS FOR THE INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL

1.0 SITUATION

The purpose of this report is to propose a recruitment process for the Chair and lay member positions of the All Wales Individual Patient Funding Request (IPFR) panel and to propose that the roles are remunerated.

2.0 BACKGROUND

2.1 IPFR Panel Governance Framework

The purpose of the WHSSC IPFR Panel is to act as a Sub Committee of WHSSC and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board (HB) has agreed to routinely provide.

The Governance framework for the WHSSC IPFR panel is outlined within the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)", published in June 2017 which includes specific terms of reference (ToR) for the WHSSC IPFR Panel (Panel).

Responsibility for appointing chairs to sub committees generally lies with the Joint Committee, as outlined in the WHSSC standing orders:

4.0.8 - The membership of any joint sub committees – including the designation of chair, definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) – will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHB's or Welsh Ministers.

2.2 History - Chair of the IPFR Panel

Professor Vivienne Harpwood was the Chair of the IPFR Panel between 25 January 2017 and 1 April 2022. Upon stepping down from the role she cited the growing time commitment and complexity of the role and competing pressures from her HB role for her decision. The Joint Committee noted this growing time pressure and the need to give consideration to remuneration of the Chair in the report submitted to the Committee on [15 May 2022](#).

Since Professor Harpwood stepped down from the role there have been two interim non-remunerated Chairs, the first of whom stepped down because of the required time commitment. Currently there is an interim non-remunerated Chair whose tenure has been extended on two occasions whilst the IPFR Panel ToR and All Wales Policy engagement process was underway. Most recently the Joint

Committee approved that the interim arrangement was extended from 31 March 2023 to 30 September 2023.

The ToR for the panel, approved by the Joint Committee on 14 March 2023, including the duties of the Chair are presented at **Appendix 1** for information.

3.0 ASSESSMENT

3.1 Review of the IPFR Governance Framework

As a result of a judicial review, which quashed a decision of the All Wales IPFR Panel in December 2021, expert legal and professional advice was taken. In addition, discussion was undertaken with Welsh Government (WG) and the Medical Directors Peer Group. On 28 July 2022, the Chief Pharmaceutical Officer (CPO) on behalf of WG, wrote to WHSSC and requested that WHSSC lead a process of engagement for a specific and limited review of the All Wales IPFR policy wording, and changes to the WHSSC IPFR Panel ToR. They also noted that approval of the ToRs of the Panel were within the authority of the Joint Committee, however approval of the All Wales Policy remained with HBs (Item 3.7 IPFR Governance Update, **Appendix 1**, IPFR Governance update report [6 September 2022](#)).

WHSSC subsequently led a stakeholder engagement process between 10 November 2022 and 22 December 2022. During this process, the roles of the Chair of the Panel and lay members were highlighted and the importance of appointing a substantive chair with the relevant skills, experience, and with a specific remit and term of office was emphasised. This is also relevant to lay members. Arrangements in NHS England (NHSE), All Wales Medicines Strategy Group (AWMSG) and Health Technology Wales (HTW) for lay representation were also considered.

Following the engagement process, new TORs were approved by the Joint Committee on 14 March 2023, and the amended policy will be considered by the Joint Committee on 18 July 2023. Subject to approval, the ToRs and the policy will be submitted to HBs for final approval in keeping with the previous approaches taken by WHSSC when making complex or contentious decisions and in keeping with WHSSC's SOs.

The letter from WG also advised that they fully supported move to appoint a remunerated chair for WHSSC's IPFR panel and were agreeable to further discussions on this – see **Appendix 2**.

3.2 Chair - Recruitment Process

WHSSC is responsible for recruiting the Chair role on behalf of the JC and in accordance with the process followed to recruit the Chair of the Welsh Kidney Network (WKN), the role does not need to be advertised through the formal public

appointments process, and can be advertised via NHS Jobs website (and others as appropriate).

The updated current ToR states that an “Independent Chair” will be from “open recruitment”. This reflects:

- the feedback from the previous long serving Chair and feedback from the QC barrister invited to review the Panel process, which emphasised the importance of any future Chair requiring a comprehensive skill set, including the ability to undertake highly complex reasoning, to have a sound knowledge of the ethical principles underpinning the decision-making process,
- The barrister’s feedback also emphasised the importance of an ability to effectively manage a meeting with varied membership of health professionals and lay people,
- the fact that the time commitment of the Chair’s role has become more onerous, due to the increasing number and complexity of cases, as well as the impact of the Judicial Review which has further increased the complexity of the decision making, requiring dedicated time and focus; and
- The current assessment that meetings will continue to be held once per fortnight for half a day as a minimum.

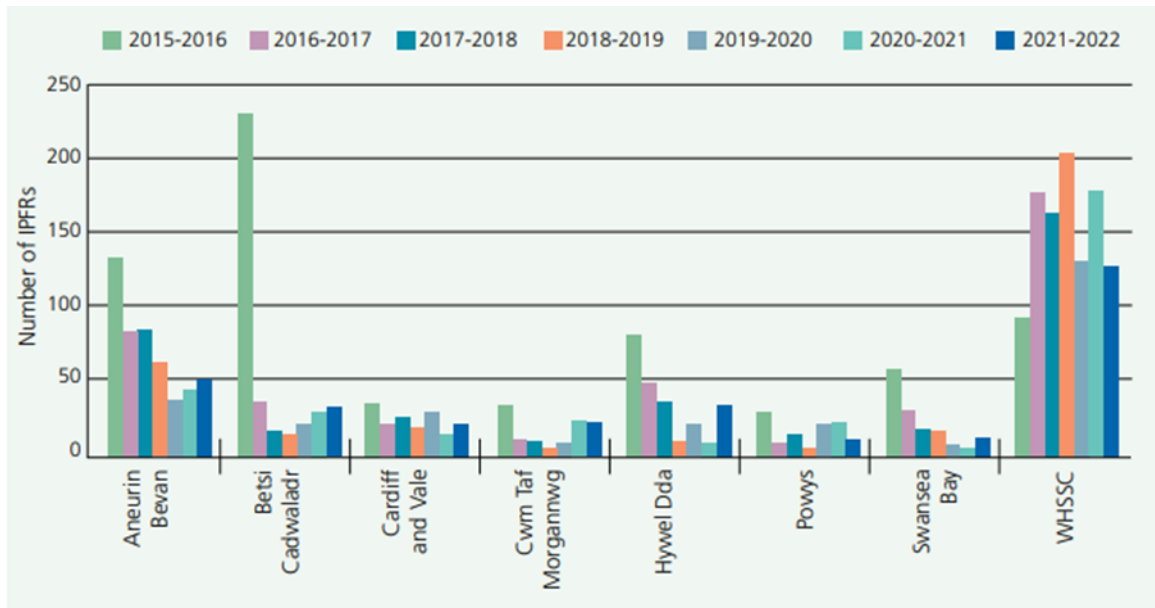
3.3 Chair Remuneration - Context and Recruitment Process

Currently there is no reference within the ToR to remunerating the Chair position. However, feedback obtained during the engagement process, from the previous chair and WHSSC’s observations of the arrangements for similar roles in Wales and in NHSE, suggest that in order to recruit into the post successfully and to deliver the requirements identified above, it is likely that remuneration will be required. Of note, the Chairs of HB IPFR Panels are either Clinical Executives or specifically appointed health care professionals and therefore specific remuneration is not required.

The Chair of WHSSC and the Committee Secretary met with WG officials on 31 May 2023 to discuss remunerating the chair and lay member positions. Discussion included fairness, equity and potential comparisons with other roles, including:

- Chair of the Welsh Kidney Network (WKN) – the WKN is a sub-committee of the Joint Committee and the chair position has been remunerated since 2009,
- Feedback from the KC barrister observing the IPFR Panel after the judicial review advised “*Strong informed chairing is of key importance*”
- The letter from the CPO in July 2022 requesting WHSSC undertake the review of the ToRs of the Panel supported remuneration of the Chair (**Appendix 2**); and
- In comparison with the HBs the WHSSC IPFR panel consider significantly more IPFR applications, as outlined in Table 1 below:

Table 1 – Number of IPFR’s within each Health Board in Wales, including WHSSC 2015-2022



Source: AWTTTC Annual IPFR Report 2021-2022

As the IPFR Panel is a subcommittee of the Joint Committee, it is proposed that the Chair continue to be appointed by the Chair of WHSSC. The draft job description is presented at **Appendix 3** for information. It is proposed that the roles are advertised via the NHS jobs website and other targeted recruitment websites as appropriate.

Once approved the WHSSC IPFR panel ToR will be updated to clarify the role, tenure and remuneration of the IPFR Chair position, prior to being shared with HB’s and WG.

3.4 Lay Members – Recruitment Process

The IPFR ToR prescribe that there are two independent lay members on the panel (*Note: they must not be registered as a healthcare professional, either lay (not currently a healthcare worker) or lay plus (no healthcare experience ever) (Health Research Authority (HRA) 2014) will be eligible).*

The draft job description is presented at **Appendix 4** for information. It is proposed that the roles are advertised via the NHS jobs website and other professional and third sector websites to ensure maximum reach.

To ensure effective governance it is proposed that the lay members shall be appointed by the Chair of WHSSC in conjunction with the Chair of the IPFR panel.

4.0 FUNDING OF THE REMUNERATION PACKAGE

4.1 IPFR Budget

IPFR application approvals made by the WHSSC IPFR panel amount to circa £1.5M per annum of new costs. It is important to note that where an approval applies to a medicine this can represent significant recurrent costs over the life time of the patient.

4.2 IPFR Chair Remuneration

Following discussions with former and current IPFR Chairs and WG officials, the required time commitment of the Chair of the IPFR panel has been estimated to be 3 days per month.

In order to assess the appropriate remuneration rate for the Chair a benchmarking exercise considering a number of other related roles has been undertaken:

- The WHSSC Chair - The WHSSC Chair is remunerated at £322 per day,
- WHSSC IMs - the WKN Chair and WHSSC IMs are remunerated at £278 per day,
- NHSE Individual Funding Request (IFR) panels - Chairs are paid approximately £150 per day; and
- In addition, the remuneration rate would also need to align with the rates paid to IPFR lay members.

4.3 Lay Members Remuneration

The time commitment of a lay member of the IPFR panel has been estimated to be two days per month.

To decide the appropriate remuneration rate for the lay members a benchmarking exercise considering a number of other related roles was undertaken:

- Lay hospital managers - The lay hospital manager is a statutory role as defined in the Mental Health Act 1983 (the Act) and provides a safeguard for those patients who are detained under the Act or subject to community treatment orders. They act on behalf of the HB but are independent to the hospital. The current rate is £50 per half day panel; and
- IFR NHSE – lay members can claim for an involvement payment of £150 for a preparation day and £150 for the Panel meeting attended (this is subject to the Panel meeting taking place as scheduled).

These costs for both the Chair and lay members would need to be met from WHSSC's Direct Running Cost (DRC) budget and an uplift will be required to fund this.

Given the benchmarking information provided above it is proposed that:

- **Lay Members** - the two lay members are each remunerated at £45 per half day for 2 days per month i.e. full day £90, £360 per month at a total of £4,320 per year; and

- **IPFR Chair** - the Chair is remunerated at £160 per day for 3 days per month i.e. full day £160, £480 per month at a total of £5,760 per year. The 3 day time commitment includes additional time for preparation, chairing the meeting, attending pre-meetings, attending chairs action meetings if required, revising in detail the written record of the meeting and reviewing, approving the chairs report and attending Joint Committee and sub committee meetings where appropriate.

The Joint Committee are requested to approve the additional annual cost of remunerating the Chair and two lay member positions and approve an uplift to the DRC budget of £10,080 to enable a financial pool of resource to recurrently fund these positions. If approved the additional cost will be added to the approved Integrated Commissioning Plan (ICP) for completeness.

5.0 GOVERNANCE & RISK

The risk of not strengthening and investing in the IPFR panel relates not only to ensuring effective decision-making and ensuring the best use of the IPFR budget but to reducing the risks of challenge including judicial review. The legal costs alone of the judicial review related to the "Wallpott" IPFR decision in December 2021 were approximately £250k. In addition, there is the reputational harm to NHS Wales.

6.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the recruitment process for the appointment of the Chair and lay members to the All Wales Individual Patient Funding Request Panel,
- **Discuss** and **approve** the additional annual cost of remunerating the Chair of the IPFR panel and approve an uplift to the Direct Running Costs (DRC) budget to enable a financial pool of resource to recurrently fund the remunerated position; and
- **Discuss** and **approve** the additional annual cost of remunerating the two Lay Members of the IPFR panel and approve an uplift to the Direct Running Costs (DRC) budget to enable a financial pool of resource to recurrently fund the remunerated positions; and
- **Note** that once agreed with HBs, the updated process and accompanying documents will be shared with Welsh Government prior to adoption for assurance.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and AssuranceGovernance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Approval process
Health and Care Standards	Governance, Leadership and AccountabilityGovernance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-productionPublic & 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)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	No impact in this area was identified.
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc)	<p>Responsibility for appointing chairs to sub committees generally lies with the Joint Committee, as outlined in the WHSSC standing orders:</p> <p><i>4.0.8 - The membership of any joint sub committees – including the designation of chair, definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) – will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHB's or Welsh Ministers.</i></p> <p>The IPFR panel ToR, stipulate that the Chair of the panel shall be appointed by the Chair of WHSSC.</p>

Long Term Implications (incl WBFG Act 2015)	Not applicable
Report History (Meeting/Date/Summary of Outcome)	14 March 2023 – Joint Committee approved updated WHSSC IPFR Panel TOR 8 November 2023 – Joint Committee IPFR Engagement Update
Appendices	Appendix 1 – All Wales IPFR Terms of Reference (ToR) Appendix 2 – Letter from Welsh Government to WHSSC Individual Patient Funding Request (IPFR) Panel – Terms of Reference, July 2022 Appendix 3 - Draft Job Description Chair of the IPFR panel Appendix 4 – Draft Job description IPFR Panel Lay Member

TERMS OF REFERENCE – WHSSC IPFR PANEL v 1 (JC approved)

1. PANEL PURPOSE

The Welsh Health Specialised Services Committee (WHSSC) Individual Patient Funding Request (IPFR) Panel (*"the Panel"*) is constituted to act as a Sub-Committee of the Welsh Health Specialised Services Committee (*"the Joint Committee"*) and holds delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board (HB) has agreed to routinely provide.

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

1.1 IPFR Panel Authority

The IPFR Panel cannot make policy/commissioning decisions for the HB. Any policy proposal arising from the Panel's consideration and decisions will be reported to the WHSSC Management Group and/or the Joint Committee for ratification.

The financial authorisation limit is set at £750,000 for one off patient packages and £1 million for lifetime packages.

Any decisions resulting in a financial cost in excess of these limits must be reported to the Managing Director of Specialised and Tertiary Services for authorisation and the relevant Health Board for information and if over £1 million to the Joint Committee for approval or ratification (if a chairs action was undertaken).

2. MEMBERSHIP

The IPFR panel will have a core membership of:

- Independent chair (from open recruitment 2 Lay representatives **
- HB IPFR Panel Chairs from each of the 7 Health Boards or nominated clinical deputy
- 2 vice chairs (appointed from within the panel membership)
- WHSSC Medical Director or nominated deputy
- WHSSC Director of Nursing, or nominated deputy

A further two panel members from the NHS in Wales may be appointed at the discretion of the Chair of the Panel in conjunction with the WHSSC Medical and / or Director of Nursing, for example, a member of an ethics committee.

In attendance from WHSSC:

- IPFR Manager/co-ordinator
- Finance Advisor (if required)
- Head of Corporate Governance
- Other WHSSC staff as and when required to clarify on policy/commissioning arrangements/evidence evaluation.

The Chair of the Panel will review the membership as necessary and in conjunction with the WHSSC Medical Director and / or Director of Nursing.

For particularly complex cases the IPFR Panel may invite other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider to support decision making.

**** Definition: Not registered as a healthcare professional, either lay (not currently a healthcare worker) or lay plus (no healthcare experience ever) (Health Research Authority (HRA) 2014) will be eligible).**

3. PROCEDURAL ARRANGEMENTS

3.1 Quoracy:

The IPFR panel will be quorate if 4 of the 7 Health Boards representative, 1 WHSSC Clinical Director or deputy plus the Chair or Vice Chair.

3.2 Meeting Frequency

The IPFR panel will normally be held twice per month either virtually, face to face or a combination of both.

3.3 Urgent Cases

Provision will be made for occasions when a decision may be required 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 or availability of panel members, then the Managing Director of Specialised and Tertiary Services with either the Medical Director or the Director of Nursing Quality and the Chair (or a Vice Chair) of the WHSSC Panel are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

Urgent cases will be reported at the next scheduled IPFR panel.

3.4 Members Interest during the meeting

At the start of the meeting, members must declare any personal or prejudicial interests relating to the discussions of the panel.

3.5 Situations where the panel cannot reach a consensus

IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision.

3.6 Documentation, Reporting and Monitoring:

The IPFR Co-ordinator will document the meetings to ensure panel discussions and decisions are appropriately documented.

An electronic National IPFR database of all cases will be maintained by AWTTTC.

4. TRAINING FOR IPFR PANEL MEMBERS

All Panel members will receive a local induction programme.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

5. REVIEW OF THE TERMS OF REFERENCE

The Terms of Reference of the Panel will be reviewed in line with the All Wales IPFR Policy.



Dr Sian Lewis
Managing Director
Welsh Health Specialised Services Committee

By email to: Jacqueline.evans8@wales.nhs.uk

28 July 2022

Dear Sian,

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

Further to your letters of 1 April and 23 May, our meeting on 10 May, and the subsequent discussion with health board (HB) and NHS Trust Medical Directors on 1 July, this letter sets out a proposal for addressing the issues you have raised in relation to the operation of the Welsh Health Specialised Services Committee's Individual Patient Funding Request (IPFR) Panel and the review of the [NHS Wales Policy Making Decisions on Individual Patient Funding Requests \(IPFR\)](#) ("The IPFR Policy").

We are broadly in agreement that the current IPFR policy on the whole works well. Since introducing the policy in 2017 there has been a significant reduction in the number of IPFR requests made to NHS organisations and an increasing proportion of requests are approved. These measures indicate the IPFR policy is working for patients and their clinicians, and this is supported by the findings of the quality assurance processes put in place to support the policy.

That said, we note a request for a judicial review in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC & (2) Aneurin Bevan UHB (ABUHB) was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. Subsequently, legal advice has indicated the IPFR policy is now to be interpreted in such a way that is contrary to the original policy intention and the IPFR policy would need to be updated if its original and intended meaning was to be reinstated.

Review of the All NHS Wales IPFR policy

We have taken the opportunity to revisit the findings of the independent review of the IPFR process and the report published by Welsh Government in 2017 which states (emphasis added):

“6. The patient’s clinical circumstances should be considered in comparison with other patients with the same condition and at the same stage in the progression of that condition.

7. The words “significantly different to the general population of patients” mean 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 was unlikely to have been considered as being part of the population for which the policy was made.”

This accords with your interpretation of the policy and strengthens the arguments for revisions to the wording of the IPFR policy to put beyond doubt how the policy should be interpreted. To that end we are content to agree a *de minimis* review of the IPFR policy subject to the conditions set out below.

- The IPFR Policy is an NHS Wales’ policy owned by each of the HBs who have statutory responsibilities in relation to IPFR decisions. The outcome of any review must therefore be agreed by each of the HBs; retaining an all-Wales approach to IPFR decisions is of primary importance given reducing variability in decision making has been a key success of the policy; and
- WHSSC is constituted as a sub-committee of all seven HBs and its Joint Committee (JC) can delegate certain activities to WHSSC directors as described in section 3.3.1 of the WHSSC Standing Orders (SO’s). On this basis, it was agreed at the All Wales Medical Directors Group (AWMDG) meeting, at which you were in attendance, that a de-minimis review with comprehensive stakeholder engagement could be taken forward by the WHSSC team. It was also agreed that this should report into WHSSC’s JC but with final approval being sought from HBs in keeping with the previous approach taken by WHSSC when making complex or contentious decisions and in keeping with WHSSC’s SOs.

Terms of Reference (ToR) of the All Wales IPFR Panel

The All Wales IPFR Panel is a sub-committee of the WHSSC JC and therefore it is within its authority to update and approve the terms of reference (ToR).

As agreed at the AWMDG meeting a process of engagement for both the de-minimis review of the Policy wording and the changes to the ToR should be undertaken with key stakeholders including the All Wales Therapeutics a Toxicology Centre IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT).

Following the engagement process, an amended Policy and new TORs should be submitted to the JC for consideration, and then go to HBs for final approval. Finally, we would ask you share any changes, agreed with HBs, with us prior to their adoption. As we discussed we would fully support moves to appoint a remunerated chair for WHSSC’s IPFR panel and would be happy to discuss this with you in the future.

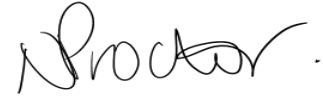
We trust the letter provides a clear outline of next steps, however if you have any queries, please do not hesitate to contact us directly.

Given the implications for HBs we are copying this letter to Chief Executives, Medical Directors, Directors of Public Health, Board Secretaries/ Directors of Corporate Governance and the AWTTTC QAG, all of whom will have an interest.

Yours sincerely



Andrew Evans
Prif Swyddog Fferyllol/ Chief Pharmaceutical
Officer



Natalie Proctor
Pennaeth y Gangen Fferylliaeth a Rhagnodi/
Head of Pharmacy & Prescribing

Cc:

Chief Executives, Health Boards
Medical Directors, Health Boards
Directors of Public Health
Board Secretaries, Health Boards
All Wales Therapeutics and Toxicology Centre IPFR Quality Assurance Group

ROLE DESCRIPTION – CHAIR OF THE WHSSC INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL v0.3

Accountable to: Chair of WHSSC

Appointment: Chair of WHSSC

Term of office: The Chair of the WHSSC IPR Panel will be appointed for a period of up to 3 years and will be subject to an annual review by the Chair of WHSSC. They may be re-appointed for a further period of up to 1 year but may not serve longer than 4 years in aggregate.

Time commitment: Approximately three days per month.

Remuneration: £160 per day

Liaison with: Members of the of the Corporate Directors Group, Officers of WHSSC, Members of the WHSSC IPFR Panel, Members of the Joint Committee, Local Health Boards, Llais and key stakeholders within the community.

1. Role of the Individual Funding Request Panel

The IPFR Panel work to the published All Wales IPFR Policy, Making decisions on Individual Patient Funding Requests.

Add link when revised policy is published

The Panel acts as a subcommittee of the WHSSC Joint Committee and hold delegated Joint Committee authority to consider and make decisions on requests to fund healthcare for patients who fall outside the range of services and treatments that WHSSC has agreed to fund routinely.

2. The role of the Chair

The Chair has a responsibility to:

- ensure that the panel works within the process set out in the All Wales IPFR Policy and the WHSSC IPFR Panel Terms of Reference;
- ensure the panel apply the process consistently and equitably;

- provide leadership to the panel in working to gain a consensus decision, or if a consensus is not met, to make the final decision;
- prepare thoroughly for each panel meeting, reading and digesting papers in advance of the meeting;
- chair the IPFR panel ensuring
 - i. a balance is struck between time keeping and space for discussion
 - ii. business is dealt with and outcomes and any actions agreed
- facilitates contributions from members, ensuring equity among panel members;
- keeps up to date on developments in the IPFR process;
- co-ordinates a regular review of the effectiveness and impact of the panel, including input into the preparation of reports where required;
- review the membership of the Panel as necessary (in conjunction with the WHSSC Medical Director and/or Director of Nursing);

3. Induction and refresher skills

It is essential that the Chair become conversant at the earliest opportunity with the WHSSC IPFR Panel activities, its strategy and the main areas of risk.

The Chair should:

- Participate in the induction programme including meeting Corporate Directors, attending briefings, meetings and reading induction materials;
- Familiarise themselves with the key challenges and areas of risk facing the panel and Specialised Services; and
- Take opportunities to develop and refresh their knowledge and skills and ensure that they are well informed in respect of the main areas of WHSSC activity.

4. Time commitment

Prior to taking the appointment successful candidates should confirm to the WHSSC Chair that they have sufficient available time to discharge their responsibilities effectively. Once appointed the IPFR Panel Chair should inform the Chair of WHSSC of any changes to their time commitments that are likely to impact on their ability to discharge their responsibilities effectively.

5. Person specification

5.1 Qualities required for the role of the Chair

To be considered, you must be able to demonstrate that you have the qualities, skills and experience to meet all the essential criteria for appointment. The work of the IPFR panel is sensitive in nature and the Chair should be analytical, articulate and able to carry authority, as well as being well equipped to deal with the challenges of working with emotive issues. The IPFR panel can be involved in making difficult decisions regarding the availability of services to patients and as such, the Chair should be experienced at managing debate.

5.2 Public Interest & accountability

The Chair should have:

- strong commitment to maintain a patient focus in the commission of health services;
- high level of understanding and interest in specialised health services issues, NHS Wales and the wider environment in which it operates
- wiliness to maintain and uphold accountability;
- a clear understanding and commitment to the principles of Nolan's Seven Principles of Public Life and
- a clear understanding and commitment to equality issues and challenging discriminatory practices;

5.3 Knowledge & Experience

The Chair should:

- have experience of working in committees and have the ability to chair meetings or the capacity and desire to take up training to become an effective Chair;
- have the ability to listen, reflect and challenge; and
- have a good level of understanding and interest in Specialised Services.

5.3 Personal Attributes and Skills

WHSSC has defined a set of shared core values:



To show your commitment to these values you will need to be able to demonstrate the following:-

- strong interpersonal skills with personal impact and credibility to be an effective advocate and ambassador with strong influencing and negotiating skills;
- excellent communication skills, with the ability to be clear and succinct and to facilitate understanding of complex issues while demonstrating respect for the views of others;
- sound judgement, sensitivity and political awareness;
- capacity to be independent and resilient;
- have the ability to think clearly and exercise sound judgment;
- have the ability to work collaboratively to work positively and operate as part of a team;
- have the ability to project and promote a confident, energetic and resilient attitude at all times, providing appropriate challenge where necessary;
- have demonstrable high level analytical skills;
- have highly sophisticated political awareness, subtlety, tact and absolute discretion;
- have sound knowledge of corporate governance; and
- have sufficient time and commitment to fulfil the role.

Welsh language skills are desirable. All candidates will be expected to display empathy towards the language and demonstrate leadership to strengthen bilingual service provision within the NHS in Wales.

ROLE DESCRIPTION –LAY MEMBER OF THE WHSSC INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL 0.4

Accountable to: Chair of the WHSSC IPFR Panel

Appointment: Chair of the WHSSC IPFR Panel

Term of office: The Lay Member of the WHSSC IPR Panel will be appointed for a period of up to 3 years. They may be re-appointed for a further period of up to 1 year but may not serve longer than 4 years in aggregate.

Time commitment: Approximately two days per month.

Remuneration: £90 per full day

Liaison with: Members of the of the Corporate Directors Group, Officers of WHSSC, Members of the WHSSC IPFR Panel, Members of the Joint Committee, Local Health Boards, Llais and key stakeholders within the community.

1. Role of the Individual Funding Request Panel

The IPFR Panel work to the published All Wales IPFR Policy, Making decisions on Individual Patient Funding Requests.

Add link when revised policy is published

The Panel acts as a subcommittee of the WHSSC Joint Committee (JC) hold delegated JC authority to consider and make decisions on requests to fund healthcare for patients who fall outside the range of services, and treatments that WHSSC has agreed to fund routinely.

2. The role of the Lay Member

Lay members are members of the public who may also be patients or carers.

Lay member representation brings important views and perspectives into the IPFR Panel decision making. It is important to ensure that decisions are made with patients at the heart of the process.

This role is to:

- Provide a key role to support decision making on individual patient treatment funding through following the All Wales IPFR Policy.
- Support consensual decision making in the context of equity and fairness for the population of Wales for which WHSSC is the responsible commissioner.
- Use skills and experience as members of the public to bring independent judgement and experience from a lay perspective and apply this to the benefit of the IPFR decision making.

3. Main Duties

- Receive anonymised and appropriately redacted application forms and copies of any additional correspondence or reports which may be relevant to an individual case prior to each meeting. This will be done electronically.
- Undertake appropriate preparation ahead of IPFR Panel meetings by fully reading and appraising the documentation that supports each case.
- Participate effectively in IPFR Panel meetings to help to ensure that the decisions and recommendations of the IPFR Panel are reached by consensus based on the information, clinical evidence and any requested expert clinical advice provided to it.
- Actively participate in discussions so that a full discussion about each case takes place, enabling a balance between the needs of the individual and equity and fairness for the population.
- Engage positively and collaboratively in the discussion of all individual cases, providing an effective contribution.
- Ensure the Chair is aware of any declarations of interest ahead of any case discussion
- Participate in the annual IPFR training sessions.

4. Person specification

4.1 Knowledge & Experience

Experience of working in committee setting.

It is also desirable to have experience of working in the NHS or other public sector organisation and experience of working in the NHS or other public sector organisation.

4.2 Personal Attributes and Skills

WHSSC has defined a set of shared core values:



To show commitment you should demonstrate an:

- Ability to work within a defined process, applying agreed criteria consistently and equitably
- Ability to commit to attend meetings (Face to face or virtual) and adequately prepare for meetings
- Ability to bring a professional and patient centred approach to the Panel
- Ability to analysis complex information
- Ability to display objectivity and understand the need for confidentiality
- Ability to give an independent view on matters relating to the patient and public perspective of funding healthcare treatments and be articulate and able to constructively put their view across to other Panel members
- Have knowledge and understanding of equity and diversity and commitment to applying these principles

Welsh language skills are desirable. All candidates will be expected to display empathy towards the language and demonstrate leadership to strengthen bilingual service provision within the NHS in Wales.

4.2 Other

- Not currently an NHS employee
- Willingness to undertake the necessary training



Report Title	Corporate Risk Assurance Framework (CRAF)	Agenda Item	3.9
Meeting Title	Joint Committee	Meeting Date	18/07/2023
FOI Status	Open/Public		
Author (Job title)	Head of Corporate Governance and Risk and Governance Officer		
Executive Lead (Job title)	Committee Secretary and Associate Director of Corporate Services		

Purpose of the Report	The purpose of this report is to present WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input 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 updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 30 June 2023,
- **Approve** the CRAF as at 30 June 2023,
- **Note** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings; and
- **Note** that a desktop Risk Benchmarking exercise has been undertaken and the results were considered at the Integrated Governance Committee (IGC) meeting on 13 June 2023.

CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)

1.0 SITUATION

The purpose of this report is to present WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

2.0 BACKGROUND

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

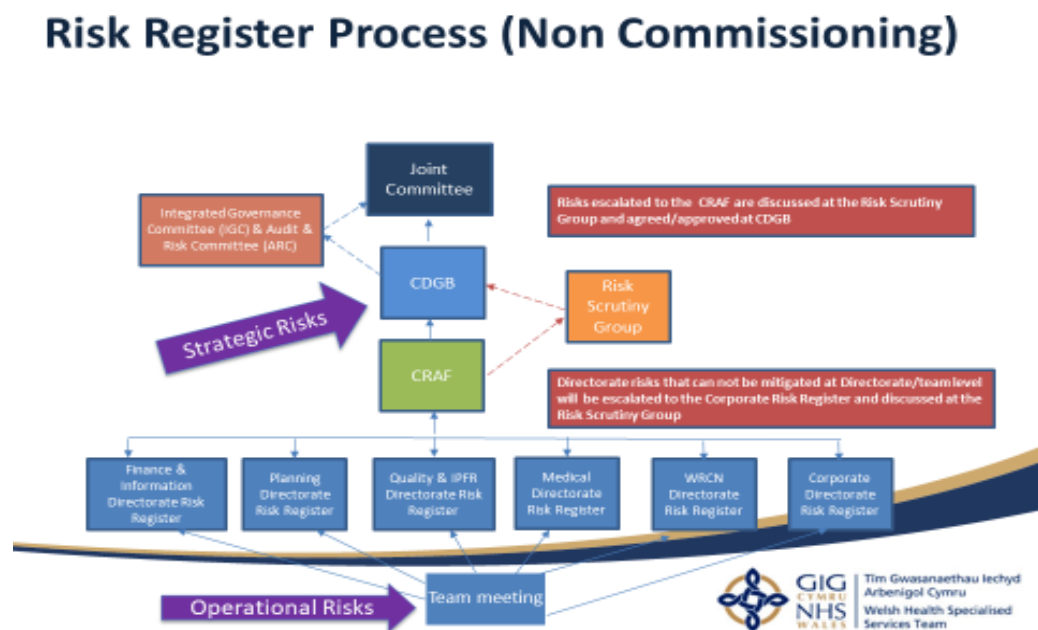
WHSSC revised its approach to assurance and risk management in April/May 2021 and developed the WHSSC risk management strategy, assessment and scoring to align with the approach undertaken in CTMUHB (our host). The JC agreed the approach, format and content of the Corporate Risk Assurance Framework (CRAF) at its meeting on the 11 May 2021 and receives the CRAF at least twice per year. The in-depth scrutiny and monitoring of corporate risks was delegated to sub-committees in order that they could provide assurance to the JC, through their Committee Update Reports, on the management of its principal risks.

The Executive Directors are responsible for reviewing and discussing their commissioning/corporate risks, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Directors to review controls and ensure appropriate action plans are in place, which might include the development of corporate risk management strategies to manage risk(s). Effective management of these risks enables the organisation to improve its chances of success and reduce the likelihood of failure.

Each directorate risk register is submitted to the Risk Scrutiny Group (RSG) on a bi-monthly basis. The membership of the RSG includes Directorate Managers who review and scrutinise the narrative, scores and mitigating actions for each risk. The risks are validated by the RSG and are subject to continuous review by the Executive Director lead for each risk. In addition to reviewing Directorate Risks, the RSG also receives a deep dive into a Commissioning Team Risk Register at each of its meetings.

Any risks identified as scoring 15 and above are captured on the CRAF and are presented to the Corporate Directors Group Board (CDGB) for scrutiny on a monthly basis. The Quality & Patient Safety Committee (QPSC), the Integrated Governance Committee (IGC) and the Cwm Taf Morgannwg Audit & Risk Committee (ARC) receive the CRAF at each meeting and the Joint Committee receive the CRAF on a six monthly basis for assurance. The infographic outlined in Figure 1 below outlines the governance framework for risk management.

Figure 1 – WHSSC Risk Management Framework



3.0 ASSESSMENT

3.1 Risk Summary – June 2023

The June 2023 CRAF is presented at **Appendix 1** for information.

As at 30 June 2023, there are **17** risks on the CRAF. A summary of these risks is outlined below.

3.2 Commissioning Risks – June 2023

There are currently **13** commissioning risks open with a risk score of 15 and above, which are included on the CRAF.

Work continues with the commissioning teams to ensure the following:

- A structured statement describes the risk,
- Controls are in place that modify the risk and gaps are identified; and
- All actions that mitigate the risk are SMART and have action leads.

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

A summary of the changes that have taken place in June 2023 are outlined in the table below.

Table 1 – Commissioning Risk Summary – June 2023

Commissioning Risk Activity	Update as at June 2023
New Commissioning Risks	1 new Commissioning Risks: <ul style="list-style-type: none"> • Risk 49 - Calea Technical Issue
Escalated Commissioning Risks	No risks were escalated.
De-escalated Commissioning Risks	1 Mental Health Risk was de-escalated. <ul style="list-style-type: none"> • Risk 21 - Children & Adolescent Mental Health Services (CAMHS). The risk score was lowered due to positive progress of recruitment within the Units. <p>The score for one IF risk was reduced from 20 to 15 but this currently remains on the CRAF.</p>
Closed Risks	No risks were closed.

3.3 Organisational Directorate Risks – June 2023

There are currently **4** organisational risks open with a risk score of 15 and above, which are included on the CRAF.

A summary of the changes for June 2023 are outlined in the table below. The full CRAF and risk schedules are presented at **Appendix 1** for information.

Table 2 – Organisational Risk Summary – June 2023

Organisational Risk Activity	Update as at June 2023
New Organisational Risks	No new risks
Escalated Organisational Risks	No risks were escalated.
De-escalated Organisational Risks	1 risk was de-escalated. <ul style="list-style-type: none"> • Risk 33 - Welsh Government Priority Delivery Measures was de-escalated at the Corporate Directors group

	Board (CDGB) on 3 July 2023. As at April 2023 the new Performance Report highlights that plastics in SBUHB is the only specialty that is breaching the Ministerial Measures waiting times target. The level of the escalation for this service has been increased to level 2.
Closed Risks	<p>1 risk was closed</p> <ul style="list-style-type: none"> • Risk 41 - Financial Climate Risk - this risk was closed at CDGB on 30 May 2023 on the basis the ICP was formally approved in February 2023. The risk was discussed at the IGC meeting on 13 June and was consequently categorised as an issue for close monitoring.

The risks scoring below 15 are being managed within the directorate/teams and all risks are monitored through the Risk Scrutiny Group (RSG).

4.0 RISK ACTIVITY DECEMBER 2022 – June 2023

The Joint Committee last received the CRAF on 16 January 2023, an overview of the changes between December 2022 and June 2023 are presented at **Appendix 2** for completeness¹.

5.0 RISK BENCHMARKING EXERCISE

Following discussion at the Joint Committee 16 May 2023, concerning the risk scoring for some of the top risks outlined within the Annual Governance Statement 2022-2023 an assurance was given that WHSSC had undertaken a desktop benchmarking exercise to compare and contrast risks scores across HBs and WHSSC at the request of the IGC earlier in the year. The findings were reported and discussed at the June 2023 Integrated Governance Committee meeting as outlined in the June IGC Chair's Report (Agenda Item 4.9.4). The findings indicated that the WHSSC risk scoring levels were unique to WHSSC and were appropriate. It was recognised that the WHSSC scores may appear higher than HB scores, however this was deemed relevant to the nature of the WHSSC business.

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

6.0 GOVERNANCE AND RISK

6.1 Feedback from CTMUHB Audit & Risk Committee (ARC)

On the 19 April 2023 the ARC set an action was set for WHSSC as follows:

"An explanation to be included in future reports as to why the consequence and impact of risks had changed."

Risk owners have been requested to provide detailed narrative on any changes to risk scores. The corporate governance team will monitor this and will support to directorates with risk descriptions as required.

6.2 Internal Audit Progress

An internal audit on WHSSC's risk management process was undertaken on the 16 March 2022, and received an internal audit assessment rating of "reasonable assurance". Overall, the feedback was positive with some minor recommendations to strengthen and develop training, risk narrative and scrutiny. Progress against the recommendations is monitored by the CTMUHB ARC.

6.3 Risk Scrutiny Group

A Risk Scrutiny Group (RSG) Meeting took place on 18 May 2023. Directorate Risk registers were discussed and reviewed. The Mental Health Department presented their Directorate Risk register. A deep dive into the Cardiac Commissioning Team Risk Register was received.

7.0 RECOMMENDATIONS

Members are asked to:

- **Note** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 30 June 2023,
- **Approve** the CRAF as at 30 June 2023,
- **Note** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group meetings; and
- **Note** that a Risk Benchmarking exercise was undertaken and the results were discussed at the Integrated Governance Committee meeting on 13 June 2023.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Implementation of agreed ICP
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in WHSSC.
Finance/Resource Implications	The risks outlined within this report have resource implications, which are being addressed by each respective Executive Director lead and taken into consideration as part of the WHSSC Integrated Commissioning Plan (ICP) processes.
Population Health	There are no immediate adverse population health implications.
Legal Implications (including equality & diversity, socio economic duty etc)	It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.
Long Term Implications (incl WBFG Act 2015)	The robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC consider the long-term impact of decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

Report History (Meeting/Date/ Summary of Outcome	3 July 2023 – CDGB 21 June 2023 – CTMUHB Audit & Risk Committee 13 June 2023 - IGC
Appendices	Appendix 1 – Corporate Risk Assurance Framework (CRAF) June 2023 Appendix 2 - Summary of Risk Activity from December 2022 - June 2023



GIG
CYMRU
NHS
WALES

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

Corporate Risk Assurance Framework (CRAF)

June 2023

1. Dashboard of Risk

Impact	5			42 Referrals for adults with an eating disorder/disordered eating 49 Calea technical issue new June risk 47 IF - Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board		
	4				06 Paediatric patients waiting for surgery 28 Workforce and Capacity 35 Bed Capacity Mental Health Patients 38 No neonatal cot availability in South Wales due to staffing shortages 39 Renal Funding 40 Limited outpatient dialysis capacity in Swansea 44 Paediatric cardiac surgery 48 Wales Fertility Institute	29 WHSSC IPFR Governance 34 Lack of paediatric intensive care beds
	3					03 Plastic Surgery Delays 26 Neuropsychiatry patients waiting times 43 Patient waiting times 46 North Wales Outreach Plastic Surgery Clinic Management Arrangements
	2					
	1					
		1	2	3	4	5
CXL		Likelihood				

2. Corporate Risk Register/Summary of Risk

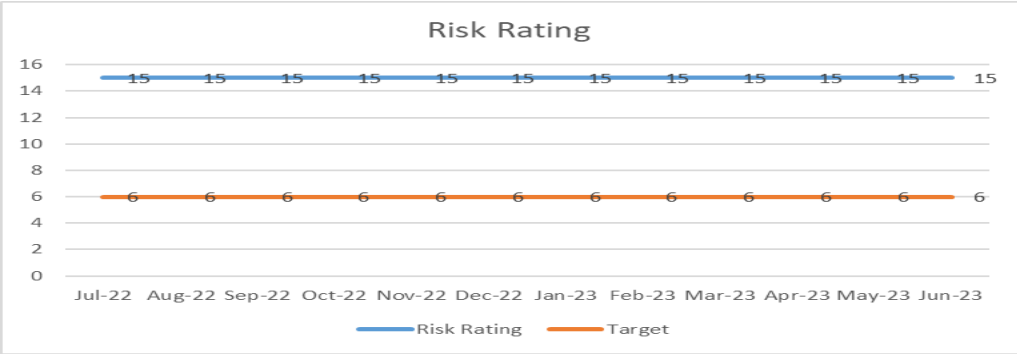
Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
3 CB03 Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Plastic Surgery Delays There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.	15	15	6	Risk score remains the same ↔	30/06/23	28/07/23	Joint Committee	Director of Planning
		Provider/s: SBUHB	C3 x L5	C3 x L5	C2 x L3					
6 P/21/10 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Paediatric patients waiting for surgery There is a risk that paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.	16	16	4	Risk score remains the same ↔	20/06/23	18/07/23	Joint Committee	Director of Planning
		Provider/s: CVUHB	C4 x C4	C4 x C4	C2 x C2					
26 NCC046 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Neuropsychiatry patients waiting times There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support, due to staffing issues. The consequence patients will have long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.	20	15	4	Risk score remains the same ↔	26/06/2023	24/07/2023	Joint Committee	Director of Planning
		Provider/s: CVUHB	C4 x L5	C3 x L5	C4 x L1					
28 CS3 Corporate Services	Workforce and Capacity	Workforce and Capacity There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB's or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work	20	16	9	Risk score remains the same ↔	28/06/23	28/07/23	Joint Committee	Committee Secretary
		Provider/s: N/A	C5 x L4	C4 x L4	C3 x L3					
29 CS8 Corporate Services / Quality and IPFR	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	WHSSC IPFR ToR and Governance There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.	16	20	4	Risk score remains the same ↔	28/06/23	28/07/23	Joint Committee	Director of Nursing/ Committee Secretary
		Provider/s: N/A	C4 x L4	C4 x L5	C2 x L2					
34 P/21/02 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Lack of Paediatric Intensive Care Beds <i>There is a risk</i> that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required <i>due to</i> constraints within the service. <i>There is a consequence</i> that paediatric patients requiring intensive care will be cared for in, inappropriate	12	20	4	Risk score remains the same ↔	20/06/23	18/07/23	Joint Committee	Director of Planning

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
		areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.								
		Provider/s: CVUHB	C3 x L4	C4 x L5	C2 x L2					
35 MH/21/06 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Bed Capacity Mental Health Patients There is a risk that mental health patients will be unable to gain a placement due to the lack of available UK beds, which as a consequence may result in inappropriate placement	9	16	6	Risk score remains the same ↔	26/06/2023	24/07/2023	Joint Committee	Director of Mental Health
		Provider/s: SBUHB, BCUHB, NHS England, Independent Sector	C3 x L3	C4 x L4	C3 x L2					
38 P/21/16 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Neonatal Cots There is a risk that there will not be a Neonatal cot available across the south Wales region due to significant neonatal nursing shortages. There is a consequence that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot	16	16	4	Risk score remains the same ↔	20/06/23	18/07/23	Joint Committee	Director of Planning
		Provider/s: CVUHB	C4 x L4	C4 x L4	C2 x L2					
39 WKN 06 Welsh Kidney Network	Finance including claims	Renal Funding There is a risk that now there is an inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. As a consequence additional investment required through ICP process to sustain current services and manage growth and inflationary uplifts.	12	16	4	Risk score remains the same ↔	June 2023	July 2023	Joint Committee	Programme Director
		Provider/s: N/A	C4 x L4	C4 x L4	C2 x L2					
40 WKN 08 Welsh Kidney Network	Impact on the safety of patients, staff or public (physical/psychological harm)	Limited outpatient dialysis capacity in Swansea There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. As a consequence there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.	12	16	2	Risk score remains the same ↔	June 2023	July 2023	Joint Committee	Programme Director
		Provider/s: SBUHB	C3 x L4	C4 x L4	C2 x L1					
42 MH/21/15 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm)	Referrals for adults with an eating disorder/disordered eating There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. The consequence is that additional placements may be needed, and admissions delayed due to the absence of ED beds in Wales.	15	15	8	Risk score remains the same ↔	26/06/2023	24/07/2023	Joint Committee	Director of Mental Health
		Provider/s: Independent Sector	C5 x L3	C5 x L3	C4 x L2					
43 CB01 Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm)	Patient waiting times There is a risk that patients are not being treated in a timely and/or appropriate way. This is caused by the AWLP service not achieving diagnostic turnaround times that meet the required standards. This could lead to poorer patient outcomes.	8	15	4	Risk score remains the same ↔	30/06/23	28/07/23	Joint Committee	Director of Planning
		Provider/s: CVUHB (subcontract in place with SBUHB)	C2 x L4	C3 x L5	C2 x L2					

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
44 P/21/19 Women and Children	Impact on the safety of patients, staff or public (physical/psychological harm)	Paediatric cardiac surgery <i>There is a risk</i> that paediatric cardiac surgery patients referred to Bristol Children's Hospital, will have longer waits than is clinically appropriate <i>due to</i> lack of availability of a PIC bed within the Bristol Hospital. <i>There is a consequence</i> that the condition of the patient could deteriorate whilst waiting.	16	16	4	Risk score remains the same ↔	20/06/23	18/07/23	Joint Committee	Director of Planning
	:	Provider/s: University Hospital Bristol	C4 x L4	C4 x L4	C2 x L2					
46 CB06 Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm)	North Wales Outreach Plastic Surgery Clinic Management Arrangements There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes.	9	15	4	Risk score remains the same ↔	30/06/23	28/07/23	Joint Committee	Director of Planning
		Provider/s: St Helens and Knowsley NHS Trust & BCUHB	C3 x L3	C3 x L5	C2 x L2					
47 IF14 Intestinal Failure	Impact on the safety of patients, staff or public (physical/psychological harm)	CVUHB delivery of IF service <i>There is a risk</i> that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the Welsh population and as a consequence resulting in no service available in Wales	20	15	6	Risk score reduced From 20 to 15 ↓	14/06/23	12/07/23	Joint Committee	Director of Planning
		Provider: University Hospital of Wales	C5 x L4	C5 x L3	C3 x L3					
48 P/21/20 Women and Children	Impact on the safety of patients, staff or public (physical/psychological harm)	Wales Fertility Institute <i>There is a risk</i> the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service <i>due to</i> 7 major concerns identified during a relicensing inspection by HFEA in January 2023. <i>There is a consequence</i> that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.	16	16	4	Risk score remains the same ↔	20/06/23	18/07/23	Joint Committee	Director of Planning
		Provider: SBUHB	C4 x L4	C4 x L4	C2 x L2					
49 NEW RISK IF02 Intestinal Failure	Impact on the safety of patients, staff or public (physical/psychological harm)	Calea technical issue <i>There is a risk</i> that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm	8	15	6	New Risk Risk Score Increased June 23 From 8 to 15 ↑	14/06/23	12/07/23	Joint Committee	Director of Planning
		Provider: Calea	C4 x L2	C5 x L3	C3 x L2					

21 MH/21/02 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Children & Adolescent Mental Health Services (CAMHS) There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Lidiard)	16	12	8	Risk score has been lowered ↓	26/06/2023	24/07/2023	Team Meeting/Risk Scrutiny Group	Director of Mental Health
		Provider/s: CTMUHB	C4 x L4	C4 x L3	C4 x L2					
33 CS10 Corporate Services	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Welsh Government Priority Delivery Measures There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives	20	12	9	Risk score has been lowered ↓	28/06/23	28/07/23	Risk Scrutiny Group	Director of Planning
		Provider/s – All	C4 x L5	C4 x L3	C3 x L3					

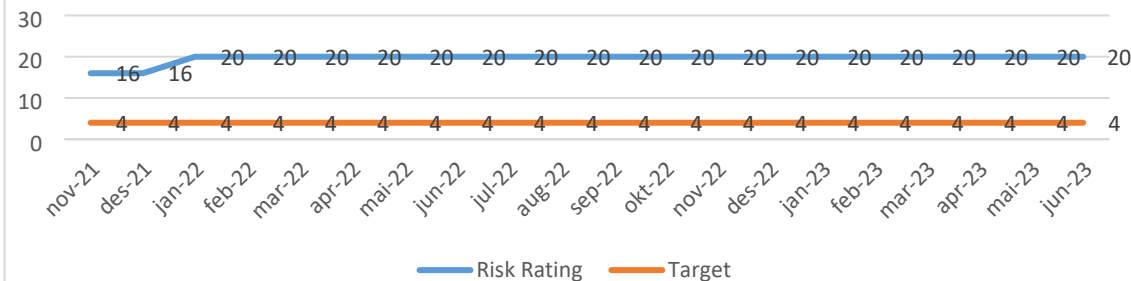
3 Risk Schedules – Risk on a Page

Risk Ref: 3 Plastic Surgery Delays (CB03) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																				
Risk: There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting >104 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.		Date Added to Register: 26/02/21 (first identified 17/03/14)	Date Last Reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																			
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	Commissioning Team 08/11/22 Commissioning Team 28/11/22 Commissioning Team 12/12/22 Commissioning Team 30/01/23 Commissioning Team 02/03/23 Commissioning Team 27/03/23 Commissioning Team 17/04/23 Commissioning Team 18/05/23 Commissioning Team 30/06/23																					
What controls have we put in place for the risk: <ul style="list-style-type: none">Recovery plan requested from SBUHBContinue to monitor progress against the recovery planRequest waiting list dataThis risk is included within the C&B register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures)Work to change the commissioning model has progressed and approved by Joint CommitteeThe outcome from these workshops i.e. a recommendation that WHSSC establish a project to re-align commissioning responsibilities between WHSSC and Health Boards was approved by Joint Committee in January 2023.A Project initiation Document (PID) went to MG in April 2023 outlining timescales for this project.		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB.</td><td>LA-Senior Planner</td><td>monthly</td></tr><tr><td>To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDGB as appropriate.</td><td>LA – Senior Planner</td><td>monthly</td></tr><tr><td>Plastic surgery service to complete the assurance template developed to evidence that the service has maximised performance given current resource constraints: treat in turn rate, outsource/insource, list validation.</td><td>LA – Senior Planner</td><td>Completed</td></tr><tr><td>To recommend to CDG that consideration should be given to placing the service into escalation further to Joint Committee’s agreement to return to normal performance management arrangements (subject to outcome of meeting with SBUHB on recovery trajectories to be held on 30.11.22). Escalation Level 1 agreed by CDGB in December 2022 and weekly submission of activity and waiting list data is required.</td><td>LA – Senior Planner</td><td>Completed</td></tr><tr><td>To request further detail on the recently received delivery plan and to review the recently received quality report. To re-assess the escalation level in June 2023.</td><td>LA – Senior Planner VDJ – Quality Lead</td><td>Complete</td></tr></tbody></table>			Action	Lead	Date	To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB.	LA-Senior Planner	monthly	To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDGB as appropriate.	LA – Senior Planner	monthly	Plastic surgery service to complete the assurance template developed to evidence that the service has maximised performance given current resource constraints: treat in turn rate, outsource/insource, list validation.	LA – Senior Planner	Completed	To recommend to CDG that consideration should be given to placing the service into escalation further to Joint Committee’s agreement to return to normal performance management arrangements (subject to outcome of meeting with SBUHB on recovery trajectories to be held on 30.11.22). Escalation Level 1 agreed by CDGB in December 2022 and weekly submission of activity and waiting list data is required.	LA – Senior Planner	Completed	To request further detail on the recently received delivery plan and to review the recently received quality report. To re-assess the escalation level in June 2023.	LA – Senior Planner VDJ – Quality Lead	Complete
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Additional comments: <p>July 22 - The commissioning team discussed and reviewed the risk and agreed the risk was to remain</p> <p>December 22 - Escalation level 1 agreed by CDG, i.e. weekly submission of activity and waiting list data required.</p> <p>March 23 – The C&B commissioning team agreed that the escalation level should remain at 1 until further detail on the delivery plan is provided by SBUHB at the next performance meeting and secondly review of the SBUHB plastic surgery quality report has been undertaken by WHSSC’s quality lead. A further review will then take place in April.</p> <p>April 23 – Risk reviewed, score remains the same</p> <p>May 23 – Further detail on the delivery plan not yet received therefore escalation level not yet reviewed. The PID for the Realignment of Plastic Surgery Commissioning project was approved at MG in April.</p> <p>June 23 – Escalation increased to level 2 (lack of assurance that the delivery plan will achieve WG targets). Monthly performance meetings are in place. A quality visit is planned in August.</p>																						

Risk Ref: 6 - Paediatric patients waiting for surgery (P/21/10) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																			
Risk: There is a risk that paediatric patients waiting for surgery in the Children’s Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.		Date Added to Register: 24/02/21		Date last reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																	
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What controls have we put in place for the risk: <ul style="list-style-type: none">Ongoing monitoring at Quarterly Commissioner Assurance Meeting with providerThis risk is included within the W&C register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures).Plan in place for a number of children to be outsourced to NHS England and the Private Sector.Performance Management arrangements to be re-instigated which will allow WHSSC to identify and monitor where the issues are that need addressing.Monthly escalation meetings have been established – first meeting scheduled 26/04.Action plan received against escalation objectivesContinue with outsourcing to NHS England and the Private Sector.		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td><ul style="list-style-type: none">Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:<ul style="list-style-type: none">Staffing establishmentBed and theatre capacityAssurance on clinical management of patients on WLRecovery trajectory</td><td>W&C Planner</td><td>Quarterly</td></tr><tr><td><ul style="list-style-type: none">Requested information on long waiting patients from provider to support potential outsourcing arrangements.</td><td>W&C Planner</td><td>Complete</td></tr><tr><td><ul style="list-style-type: none">Meetings being scheduled with NHS England providers to discuss outsourcing capacity</td><td>W&C Planner</td><td>Complete</td></tr><tr><td><ul style="list-style-type: none">Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes.</td><td>W&C Planner</td><td>Complete</td></tr><tr><td><ul style="list-style-type: none">Requested revised recovery plan further to Joint Committee</td><td>W&C Planner</td><td>Complete</td></tr><tr><td><ul style="list-style-type: none">Discussing with local Health Boards scope for mutual aid.</td><td>W&C Planner</td><td>Complete</td></tr><tr><td><ul style="list-style-type: none">Place service in escalation Level 3</td><td>W&C Planner</td><td>Complete</td></tr><tr><td><ul style="list-style-type: none">Performance Management arrangements to be re-instigated</td><td>Director of Planning</td><td>Monthly</td></tr><tr><td><ul style="list-style-type: none">Requested revised trajectories that reach contract baseline as a minimum</td><td>Director of Planning</td><td>Complete</td></tr><tr><td><ul style="list-style-type: none">Performance reporting to JC & MG via performance report</td><td>Director of Planning</td><td>Monthly</td></tr></tbody></table>			Action	Lead	Date	<ul style="list-style-type: none">Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:<ul style="list-style-type: none">Staffing establishmentBed and theatre capacityAssurance on clinical management of patients on WLRecovery trajectory	W&C Planner	Quarterly	<ul style="list-style-type: none">Requested information on long waiting patients from provider to support potential outsourcing arrangements.	W&C Planner	Complete	<ul style="list-style-type: none">Meetings being scheduled with NHS England providers to discuss outsourcing capacity	W&C Planner	Complete	<ul style="list-style-type: none">Requested plan from C&V to manage long waiting patients, with clear trajectories and timeframes.	W&C Planner	Complete	<ul style="list-style-type: none">Requested revised recovery plan further to Joint Committee	W&C Planner	Complete	<ul style="list-style-type: none">Discussing with local Health Boards scope for mutual aid.	W&C Planner	Complete	<ul style="list-style-type: none">Place service in escalation Level 3	W&C Planner	Complete	<ul style="list-style-type: none">Performance Management arrangements to be re-instigated	Director of Planning	Monthly	<ul style="list-style-type: none">Requested revised trajectories that reach contract baseline as a minimum	Director of Planning	Complete	<ul style="list-style-type: none">Performance reporting to JC & MG via performance report	Director of Planning	Monthly
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Additional comments: July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place provider confirmed 109 patients waiting between 52 and 104 weeks and 25 patients waiting over 105 weeks. Therefore, risk cannot be reduced. Apr 23 – W&C Commissioning team reviewed the risk which remains unchanged. May 23 - W&C Commissioning team reviewed the risk which remains unchanged. June 23 - W&C Commissioning team reviewed the risk which remains unchanged.																																					

Risk Ref: 26 - Neuropsychiatry patients waiting times (NCC046) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Mental Health Assuring Committee: Joint Committee																																																																						
Risk: There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support <i>due to</i> staffing issues. <i>The consequence patients will have</i> long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.	Date Added to Register: 12/02/2020 Moved to MH& VG register July 21		Date last reviewed by: <i>Joint Committee – 16 May 2023</i> <i>Risk Scrutiny Group – 18 May 2023</i> <i>Integrated Governance Committee – 13 June 2023</i> <i>Quality Patient Safety Committee – 14 June 2023</i> <i>CTMUHB Audit & Risk Committee – 19 April 2023</i> <i>CDGB – 3 July 2023</i>																																																																					
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What controls have we put in place for the risk: <ul style="list-style-type: none">Business case receivedDeveloped ICP schemeService transferred to the Mental Health portfolioPlanned six monthly review meetings with the service to ensure staff have the specific training, skill and expertise to meet the needs of the existing service and provide an equitable service across WalesFunding release was submitted to the March 2023 MG meeting for Phase 2A of the All-Wales Neuropsychiatry Scheme. The funding release was not approved and it is going back to the April 2023 MG meeting.		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>NCCCT to monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting.</td><td>Planning Manager</td><td>Six monthly</td></tr><tr><td>The scheme was scored 2nd highest risk and has been included in the WHSSC ICP funding 21/22. Business Case received from the service in May 2021. Planning Manager to develop ICP scheme in collaboration with the Service.</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Funding releases paper being prepared for submission to July CDGB and monitoring group</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Funding release paper submitted to July Management group.</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Phase 2b to be considered within the mental health strategy</td><td>Senior Planning Manager</td><td>Completed</td></tr><tr><td>Neuropsychiatry data to be analysed to inform future mitigation actions</td><td>Senior Planning Manager</td><td>Completed</td></tr></table>		Action	Lead	Date	NCCCT to monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting.	Planning Manager	Six monthly	The scheme was scored 2 nd highest risk and has been included in the WHSSC ICP funding 21/22. Business Case received from the service in May 2021. Planning Manager to develop ICP scheme in collaboration with the Service.	Planning Manager	Completed	Funding releases paper being prepared for submission to July CDGB and monitoring group	Planning Manager	Completed	Funding release paper submitted to July Management group.	Planning Manager	Completed	Phase 2b to be considered within the mental health strategy	Senior Planning Manager	Completed	Neuropsychiatry data to be analysed to inform future mitigation actions	Senior Planning Manager	Completed																																																
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Additional comments: <p>From August 2021 the risk will be monitored going forward by the Mental Health & Vulnerable Group commissioning team as funding was approved July 21</p> <p>CIAG approved phase 2a of Neuropsychiatry scheme phase 2b to be considered within mental health strategy.</p> <p>June 22 – Second consultant appointed within service, therefore, risk to be discussed at July commissioning meeting with a view to lowering the risk. Phase 2a to be implemented during this financial year and CIAG bid for phase 2b should provide a basis to close this risk.</p> <p>Sept 22 – Risk Score Lowered to 15 at commissioning team meeting 28/09/22. Further monitoring to continue following the implementation of further service development during 2022/23 and 2023/24.</p> <p>March 23 – Risk score remains the same</p> <p>April 23 – Risks reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22nd</p> <p>May 23 - Risk score remains the same</p> <p><i>June – Risk score remains the same</i></p>																																																																								

Risk Ref: 28 Workforce and Capacity (CS3 / CD01) Risk Domain: Workforce and Capacity		Director Lead: Committee Secretary Assuring Committee: CDGB																																																																						
Risk: There is a risk that WHSSC is unable to keep up with the increasing work demand. Due to additional work related services currently commissioned through HB’s or services which are new to Wales. As a consequence this could have an impact on teams to absorb the additional work.		Date Added to Register: 16.09.21	Date Last Reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																																					
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What controls have we put in place for the risk: <ul style="list-style-type: none">A report was submitted to the Joint Committee on the 7 September 2021 and 15 March 2022 seeking support for an increase in the Direct Running Costs (DRC) budget to recruit additional staff.The CDGB approved the de-escalation of the workforce risk in March 2022 and it was removed from the CRAF in May 2022 and will monitored on the corporate services directorate risk register. Following a review of risks at a risk workshop in September 2022, and in light of the increased workloads, on the 14 December 2022 the CDGB agreed to escalate the risk and increase the score from 12 to 16.Welsh Government has approved funding for PET project support posts and TSW to be hosted by WHSSC.In the long term a workforce strategy will be considered to assist with succession planning and the long term planning risk concerning workforce capacity.An executive OD session held in November 2022 focussed on current and future workforce and organisational development requirements. A short term workforce plan was developed to assist with the immediate issue of resourcing the increasing workforce demand. This is currently being monitored by the CDGB and is being discussed at OD sessions.A number of key strategic pieces of work and a general increase in the number of services has resulted in another significant increase in workloads across the organisation. The number of posts being recruited to has increased significantly over the last few months and this has had a knock on effect on the Corporate Services team who plan and assist the organisation with IT, HR and general resourcing.There is a lack of depth in workforce resource and cross cover as teams are small and this poses a risk to staff as workloads are increasing. In order to mitigate this in the short terms, workloads should be monitored and work should be prioritised.Some vacancies have arisen within the Finance department and there is a need to review the finance structure to ensure sufficient resource.A review of National Commissioning is currently underway and this may have an impact on staffing and resourcing across the organisation going forward. The review is due to report by middle of July 2023.Until the outcome of the review is known, vacancies are being recruited to and where funding has been agreed for new posts there are still being advertised and recruited to.		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>JC approved a request to increase the Direct Running Costs (DRC) budget 2022-2023 on the 7 September 2021 to support the recruitment of the key posts to increase workforce capacity.</td><td>JE</td><td>7 September 2021</td></tr><tr><td colspan="3">COMPLETED</td></tr><tr><td>Workforce capacity review has been undertaken by CDGB and DRC shortfall to be utilised to recruit at risk for critical posts. COMPLETED</td><td>JE</td><td>Oct 2021</td></tr><tr><td>Corporate services team are working with CTMUHB to identify short terms admin pool of resource to support the administrative requirements of WHSSC, which are putting pressure on the teams. COMPLETED and since then WHSSC has recruited via the bank and agency to assist with short term recruitment issues.</td><td>JE</td><td>Oct 2021</td></tr><tr><td>An uplift to the DRC was approved by JC to allow for an additional Corporate resource. This post has now been filled substantively. COMPLETED.</td><td>JE</td><td>May 2022</td></tr><tr><td>Workforce plan developed following the Executive OD session to be monitored to ensure that the short-term impacts concerning staffing issues can be addressed. The plan will be monitored and updated to consider a mid to long-term workforce strategy for 2023-2024. This will include succession planning and capacity issues on a more strategic level.</td><td>JE</td><td>May 2023</td></tr><tr><td>Workloads to be monitored and work to be prioritised by Directors for their teams.</td><td>ALL</td><td>On-going</td></tr></table>		Action	Lead	Date	JC approved a request to increase the Direct Running Costs (DRC) budget 2022-2023 on the 7 September 2021 to support the recruitment of the key posts to increase workforce capacity.	JE	7 September 2021	COMPLETED			Workforce capacity review has been undertaken by CDGB and DRC shortfall to be utilised to recruit at risk for critical posts. 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Risk Ref: 29 – WHSSC IPFR ToR & Governance (CS8) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Nursing/Committee Secretary Assuring Committee: Joint Committee																										
Risk - There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.		Date Added to Register: 20/10/21	Date last reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																									
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What controls have we put in place for the risk: <ul style="list-style-type: none">A judicial review highlighted some deficiencies in the minutes and decision letters advising of a refusal to fund treatment. This de-brief has taken place and learning from this is being implemented.A review of the IPFR governance is underway. A member of the Corporate team will start attending IPFR and act as a governance lead advising the Chair etc. The governance lead will also be able to review the minutes, notes, and decision letters etc.A quality review of other IPFR notes from HB panels will be undertaken as a way of benchmarking.JC approved an uplift to the WHSSC IPFR DRC budget to assist with staffing costs required as a result of the increased scrutiny.A meeting with Welsh Government took place on 10 May 2022 to discuss the authority of the Joint Committee to update and approve the ToR of the IPFR Panel, the governance process for updating the All Wales IPFR policy; and consideration of a wider review of the both the policy and governance framework of IPFR panels in Wales. WHSSC issued a letter to WG 23 May 2022. A response from WG was received on 28 July 2022 confirming agreement for WHSSC to proceed with a review of the WHSSC ToR and a “limited” review of the All Wales IPFR policy. The Joint Committee approved the approach on 6 September 2022.The NHS Wales Board Secretaries Group have been informed of the risk concerning the IPFR panel, and a private briefing session was arranged for them on IPFR governance for 10 June 2022.A new HB IM Interim Chair has been appointed from 1 August 2022 to ensure business continuity for a 6 month period to ensure business continuity. The Joint Committee approved that this interim could be extended until 31 March 2023, at its meeting on 8 November 2023.The formal engagement process to review the WHSSC IPFR panel ToR and the specific and limited review of the all Wales IPFR policy, was launched on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The engagement exercise closed on the 22 December 2022 and the findings are being reviewed.An IPFR stakeholder engagement event to review the WHSSC IPFR) panel ToR and a specific, limited review of the all Wales IPFR policy was held on the 2 December 2022, supported by a briefing from a Kings Counsel (KC) for the NHS Wales Medical Directors Peer Group and a stakeholder engagement session on the 2 December 2022.The updated WHSSC ToR were approved by the Joint Committee on 14 March 2023. In addition, the results of the engagement exercise for the All Wales Policy review were presented. Following approval of the ToR in March WHSSC are currently working on an implementation plan as the new ToR will involve some changes to the current membership and to ensure that HBs have sufficient time to review their WHSSC membership.WHSSC will be presenting the updated All Wales IPFR Policy to the Joint Committee in July 2023 for approval.		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Additional governance support is being provided to support the IPFR panel meetings. Following some post-case advice a prof-forma has been developed to ensure discussions and decisions are recorded – completed</td><td>Committee Secretary</td><td>End of December 2021 and on-going</td></tr><tr><td>The Chair of the IPFR panel stepped down from the position on the 1 April 2022. WHSSC are now faced with a new challenge, as in order to recruit a suitably experienced Chair, we need to update the ToR to outline the increased time commitment and the consideration needs to be given to remunerating the chair for the time involved in dealing with complex IPFR applications. A new HB IM Interim Chair was appointed from 1 August 2022 to ensure business continuity. A further extension was approved by JC members to extend further until September 2023 so that the review of the ToR and IPFR policy can be concluded and further discussion on remuneration could also take place.</td><td>Committee Secretary</td><td>March 2023 September 2023</td></tr><tr><td>An engagement process on the WHSSC IPFR panel ToR launched on 10 November 2022 for a 6 week period and included HBs, the AWTTTC and IPFR QAG. The engagement exercise closed on the 22 December 203 and an update report will be taken to the JC in March 2023.</td><td>Committee Secretary</td><td>Complete</td></tr><tr><td>The updated WHSSC ToR were presented to the Joint Committee 14 March 2023 for approval. 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Additional governance support is being provided to support the IPFR panel meetings. Following some post-case advice a prof-forma has been developed to ensure discussions and decisions are recorded – completed	Committee Secretary	End of December 2021 and on-going																										
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An engagement process on the WHSSC IPFR panel ToR launched on 10 November 2022 for a 6 week period and included HBs, the AWTTTC and IPFR QAG. The engagement exercise closed on the 22 December 203 and an update report will be taken to the JC in March 2023.	Committee Secretary	Complete																										
The updated WHSSC ToR were presented to the Joint Committee 14 March 2023 for approval. In addition, the results of the engagement exercise for the All Wales Policy were presented.	Committee Secretary	Complete																										
The Committee Secretary to keep the NHS Wales Board Secretaries peer group and Welsh Government informed of progress on developments.	Committee Secretary	On-going																										
The updated All Wales IPFR Policy is scheduled to be presented to the Joint Committee in July 2023 for approval, prior to submission to the seven HBs for approval.	Committee Secretary	July 2023																										
Full implementation of the new ToR and amended policy is planned for Autumn 2023 subject to JC approval in July 2023.	Committee Secretary	By end of 2023																										
Additional comments: The IPFR process gained political attention during the Senedd’s Plenary session on the 23 March 2022 and Members of the Senedd (MS) asked questions concerning the IPFR process.																												

Risk Ref: 34 - Lack of Paediatric Intensive Care Beds (P/21/02) Risk Domain: Workforce		Director Lead: Director of Planning Assuring Committee: Joint Committee																																																																																								
Risk: There is a risk that a paediatric intensive care bed, in the Children’s Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.		Date Added to Register: 24/02/21	Date last reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																																																							
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What controls have we put in place for the risk: <ul style="list-style-type: none">Investment through WHSSC 2019/20 ICP to increase bed capacity to meet demandOngoing monitoring at Quarterly Commissioner Assurance Meeting with providerCompleted winter surge plan for 2021/22 which sets out clear escalation management across the South West of England regionReceived Health Board surge plan for 2022/ 23Reviewed information on adverse incidents have occurred as a consequence of bed availabilityDiscussed Collaborative working between Adult Critical Care and Paediatric Critical CareHealth board escalated to level 2 in line with WHSSC escalation framework		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td><ul style="list-style-type: none">Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:<ul style="list-style-type: none">Refusal rates against SLAStaffing establishmentImplementation of investmentCommissioned bed availability</td><td>W&C Planner</td><td>Quarterly</td></tr><tr><td><ul style="list-style-type: none">Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.</td><td>W&C</td><td>Quarterly</td></tr><tr><td><ul style="list-style-type: none">Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.</td><td>W&C planner</td><td>31/05/2023</td></tr><tr><td><ul style="list-style-type: none">Requested action plan against the escalation objectives</td><td>W&C planner</td><td>Completed</td></tr><tr><td><ul style="list-style-type: none">Escalation meeting to discuss detail and progress against action plan</td><td>W&C planner</td><td>28/06/23</td></tr></table>		Action	Lead	Date	<ul style="list-style-type: none">Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:<ul style="list-style-type: none">Refusal rates against SLAStaffing establishmentImplementation of investmentCommissioned bed availability	W&C Planner	Quarterly	<ul style="list-style-type: none">Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.	W&C	Quarterly	<ul style="list-style-type: none">Requested amended surge plan following collaborative working discussion with Adult Critical Care colleagues.	W&C planner	31/05/2023	<ul style="list-style-type: none">Requested action plan against the escalation objectives	W&C planner	Completed	<ul style="list-style-type: none">Escalation meeting to discuss detail and progress against action plan	W&C planner	28/06/23																																																																					
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Additional comments: June 22 – Quarterly Assurance meeting has not taken place since last update (May 22) July 2022 – W&C Commissioning team discussed and reviewed the risk. Quarterly Assurance meeting took place 18 th July 2022 we were notified a number of refusals in quarter 1 as a result of staff shortages Dec 22 – As service has been in a period of surge throughout December the risk score has increased. May 23 - W&C Commissioning team reviewed the risk which remains unchanged. June 23 - W&C Commissioning team reviewed the risk which remains unchanged.																																																																																										

Risk Ref: 35 Bed Capacity Mental Health Patients (MH/21/06) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Mental Health Assuring Committee: Joint Committee																																																																																						
Risk: There is a risk that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement		Date Added to Register: 24/02/21	Date Last Reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																																																					
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Additional comments: <p>Risk discussed at July 2021 commissioning team meeting for clarity on risk title, controls in place and further actions required.</p> <p>Discussed at August 2021 Commissioning team and score raised due to national pressures, closure of one unit in England and ongoing ligature works in Caswell.</p> <p>Jan 22 - MH &VG Commissioning Team advised despite 80 surge beds being purchased until the end of March 22 the risk remains high and likely to increase further.</p> <p>June 22 – Strategy out for stakeholder feedback until July 22</p> <p>Sept 22 – Lower risk score agreed at Commissioning Team 28/09/22 due to repatriation plans in place for Welsh patients from NHSE</p> <p>December 22 – Risk score increased at Commissioning Team on 19th December to reflect pressure in the NHSE medium secure bed provision</p> <p>March 23 – Risk score remains the same</p> <p>April 23 – Risk reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22nd</p> <p>May 23 – NHS England informed no capacity for medium secure placement in NHS England or Independent Sector therefore we may be in a position where we are unable to place</p> <p>June 23 – Risk description discussed and agreed that in addition to this risk an additional risk will be added to capture whether patients in medium secure units are being treated at the appropriate level of security, this additional risk will be developed for discussion at the next Commissioning Team meeting in July 23</p>																																																																																								

Risk Ref: 38 – Neo neonatal cot availability in South Wales due to staffing shortages (P/21/16) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			Director Lead: Director of Planning Assuring Committee: Joint Committee																																																		
Risk: There is a risk that there will not be a Neonatal cot available across the south Wales region due to significant neonatal nursing shortages. There is a consequence that babies will need to travel to NHS England to receive their care or be cared for in an inappropriate setting whilst waiting for an available cot.			Date Added to Register: 26/07/2022		Date last reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																
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What controls have we put in place for the risk: <ul style="list-style-type: none">WHSSC are attending (the scheduled) SITREP meeting(s), hosted by the Maternity and Neonatal Network where the neonatal unit and maternity position is discussed. The daily SITREP meetings continue to take place, these meetings still show significant fragility within the system, and despite the cot work progressing there will be a lead in time before this will help.Notified Welsh Government and (WHSSC/Health Board) Directors of Nursing of current risk.Continue to monitor at Quarterly Commissioner Assurance Meeting encouraging an open dialogue in the interim, as necessary, with all providers, to understand refusal rates and staffing numbers.New cot day tariff implemented, overall investment of over £5m for the South & West Wales			What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td><ul style="list-style-type: none">Requested an escalation plan from each provider, on what steps are taken when staffing falls below the numbers required to open all commissioned cots</td><td>Planning Manager</td><td>completed</td></tr><tr><td><ul style="list-style-type: none">Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position:<ul style="list-style-type: none">Refusal rates and reasons for declined admissionsStaffing establishmentAdverse incidents / near misses as a consequence of closing cots and / or working over capacity</td><td>Planning Manager</td><td>Quarterly</td></tr><tr><td><ul style="list-style-type: none">The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.</td><td>Head of Quality WHSSC</td><td>Completed</td></tr><tr><td><ul style="list-style-type: none">WHSSC to arrange a workforce workshop</td><td>Planning Manager</td><td>TBC</td></tr></table>			Action	Lead	Date	<ul style="list-style-type: none">Requested an escalation plan from each provider, on what steps are taken when staffing falls below the numbers required to open all commissioned cots	Planning Manager	completed	<ul style="list-style-type: none">Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position:<ul style="list-style-type: none">Refusal rates and reasons for declined admissionsStaffing establishmentAdverse incidents / near misses as a consequence of closing cots and / or working over capacity	Planning Manager	Quarterly	<ul style="list-style-type: none">The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.	Head of Quality WHSSC	Completed	<ul style="list-style-type: none">WHSSC to arrange a workforce workshop	Planning Manager	TBC																																	
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<ul style="list-style-type: none">Requested information from all provider Health Boards in advance of Quarterly Commissioner Assurance Meeting, to seek update on current position:<ul style="list-style-type: none">Refusal rates and reasons for declined admissionsStaffing establishmentAdverse incidents / near misses as a consequence of closing cots and / or working over capacity	Planning Manager	Quarterly																																																			
<ul style="list-style-type: none">The NICU visits have taken place and have been very productive and well received. Reference to these visits and the outcomes have been made in the August Quality Patient Safety report. The final NICU visit is scheduled for 05/10/22 and therefore, the action will be closed on this date.	Head of Quality WHSSC	Completed																																																			
<ul style="list-style-type: none">WHSSC to arrange a workforce workshop	Planning Manager	TBC																																																			
Additional comments: Aug 22 - This risk replaces closed risk P/21/15 as the staffing shortages encountered are variable depending on the shift in question and are across all units. Oct 22 – nursing shortage remain and therefore no change to score. Apr 23 – W&C Commissioning team reviewed the risk which remains unchanged. May 23 - W&C Commissioning team reviewed the risk which remains unchanged. June 23 - W&C Commissioning team reviewed the risk which remains unchanged.																																																					

Risk Ref: 39 Renal Funding (WKN 06) Risk Domain: Finance including claims		Director Lead: Programme Director, WKN Assuring Committee: Joint Committee																																																																		
Risk: There is a risk that now there is an inability to meet service demand through ring fenced budget allocations that life maintaining treatment may not be available. As a consequence additional investment is required through ICP process to sustain current services and manage growth and inflationary uplifts.		Date Added to Register: 14/12/22	Date Last Reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																																	
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What controls have we put in place for the risk: <ul style="list-style-type: none">• Priority linked to safety and capacity. Financial reviews ongoing as part of management team workload.• Forecast activity modelling embedded. Steady state as 4% year on year growth tested annually.• Support for Health Boards to manage contracts effectively provided by recruitment of Deputy Network Manager, Contracting Assurance. (May 2022)• Renal activity and quality assurance to be included as a standing item on WHSSC SLA reviews with regional centres.• Growth funding agreed in ICP for 2023/24.• The ICP for 2023/24 has now been signed off - the WKN National QPS meeting is scheduled for 5th July, there will be some consideration on reducing this risk at this meeting.		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Completion of forward look demand and capacity model aligned with finance modelling.</td><td>WKN Manager/WKN QPS Lead/WKN Finance Manager/WKN Director</td><td>Completed</td></tr><tr><td>Participate in SLA reviews with Regional Health Board Renal Centres.</td><td>WKN Manager/WKN QPS Lead/WKN Director</td><td>Quarterly through 2023</td></tr><tr><td>Review contract inflationary uplift mechanisms to separate growth factors i.e. staffing, consumable, utility costs to enable more nuanced negotiations with independent service providers (ISPs)</td><td>WKN Manager/WKN Finance Manager/ Procurement.</td><td>Partially completed Growth included in ICP</td></tr><tr><td>Contract baselines to be reviewed so that service lines are clear and understood and linked to a clear allocation</td><td>WKN deputy manager/WKN finance manager</td><td>June 23</td></tr></table>		Action	Lead	Date	Completion of forward look demand and capacity model aligned with finance modelling.	WKN Manager/WKN QPS Lead/WKN Finance Manager/WKN Director	Completed	Participate in SLA reviews with Regional Health Board Renal Centres.	WKN Manager/WKN QPS Lead/WKN Director	Quarterly through 2023	Review contract inflationary uplift mechanisms to separate growth factors i.e. staffing, consumable, utility costs to enable more nuanced negotiations with independent service providers (ISPs)	WKN Manager/WKN Finance Manager/ Procurement.	Partially completed Growth included in ICP	Contract baselines to be reviewed so that service lines are clear and understood and linked to a clear allocation	WKN deputy manager/WKN finance manager	June 23																																																		
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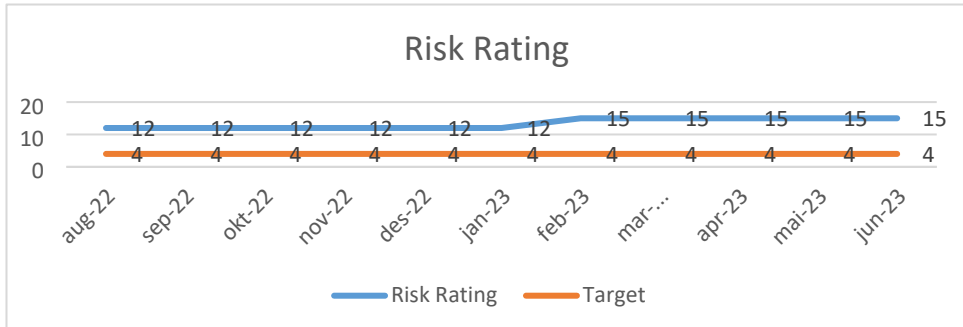
Risk Ref: 40 Limited outpatient dialysis capacity in Swansea (WKN 08) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Programme Director, WKN Assuring Committee: WKN Board																																																																			
Risk: There is a risk that the number of patients receiving outpatient haemodialysis in Morriston will exceed capacity. As a consequence , there is need for expansion of outpatient service provision to include demand from the Neath Port Talbot area and Bridgend localities.		Date Added to Register: 14/12/22	Date Last Reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																																		
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What controls have we put in place for the risk: <ul style="list-style-type: none">Twilight dialysis shifts are opened 6 days weekly, some overflow provided in the acute dialysis facility.Active home haemodialysis programme to ease the pressure until expansion of existing resource is established.Procurement process for retender of existing units and establishment of two new units commenced Jan 2021.The funding release was agreed by the JC in January 2023 but there are awaiting WG sign-off. Any delays in the process has a knock on effect to the operational date of the two new builds.Procurement supported by WG. Contract awardedImplementation programme commencedNew units in place <p>NB risk score will not reach target until new units are in place and therefore additional capacity is available Risk will need to be tolerated until then.</p>		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Completion of procurement process. Preferred provider identified. Approval from JC and SBUHB Board provided. Awaiting WG sign-off.</td><td>SBUHB SRO/WKN Manager</td><td>Complete Contract awarded</td></tr><tr><td>Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.</td><td>SBUHB SRO/WKN Manager</td><td>Contract awarded Implementation Programme started 12 month programme September 2023</td></tr><tr><td>Increase opportunity for home dialysis.</td><td>Home Dialysis Clinical Lead/WKN Manager.</td><td>Value in Health Bid supported investment of an additional £130K in Swansea Bay region to support home dialysis and transplantation Programme on-going Evaluation in 12 months April 2024 December 2022</td></tr><tr><td>Provision to be made in the WHSSC ICP to reflect the additional costs associated with the procurement process.</td><td>WKN Manager/WKN Finance Manager/ WHHSC Director</td><td>Complete</td></tr><tr><td>Implementation Programme for new dialysis units in place</td><td>WKN Deputy Manager</td><td>Complete</td></tr><tr><td>New units in place</td><td>WKN</td><td>April 2024</td></tr></table>		Action	Lead	Date	Completion of procurement process. Preferred provider identified. Approval from JC and SBUHB Board provided. Awaiting WG sign-off.	SBUHB SRO/WKN Manager	Complete Contract awarded	Support mobilisation of contract to ensure efficiency of implementation, noting that new units unlikely to be operational until September 2023.	SBUHB SRO/WKN Manager	Contract awarded Implementation Programme started 12 month programme September 2023	Increase opportunity for home dialysis.	Home Dialysis Clinical Lead/WKN Manager.	Value in Health Bid supported investment of an additional £130K in Swansea Bay region to support home dialysis and transplantation Programme on-going Evaluation in 12 months April 2024 December 2022	Provision to be made in the WHSSC ICP to reflect the additional costs associated with the procurement process.	WKN Manager/WKN Finance Manager/ WHHSC Director	Complete	Implementation Programme for new dialysis units in place	WKN Deputy Manager	Complete	New units in place	WKN	April 2024																																													
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Risk Ref: 42 Referrals for adults with an eating disorder/disordered eating (MH/21/15) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Mental Health Assuring Committee: Joint Committee Reviewed Assurance																																												
Risk: There is a risk that referrals for adults with an eating disorder/disordered eating, will require longer waiting times due to changes at NHSE and the loss of our main contract. <i>The consequence</i> is that additional placements may be needed, and admissions delayed <i>due to</i> the absence of ED beds in Wales.		Date Added to Register: 14/12/22		Date Last Reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																										
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Additional comments: Sept 22 – Risk added December 22 – Risk score agreed and added January 22 – This risk relates to the current interim situation for the commissioning of Adult ED beds whilst a medium term solution is being sought through the appointment of a tender to provide ED Adult services for the next 2-3 years from April 23. The longer term options will be considered via the MH Strategy. March 23 – Risk score remains the same April 23 – Risks reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22 nd May 23 – Risk remains the same June 23 – Risk remains the same																																														


Risk Ref: 43 Patient waiting times (CB01) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																																																						
Risk: There is a risk that patients are not being treated in a timely and/or appropriate way. This is caused by the All Wales Lymphoma Panel (AWLP) service not achieving diagnostic turnaround times that meet the required standards. This could lead to poorer patient outcomes.		Date Added to Register: 12/02/21 (first identified 22/11/17)		Date Last Reviewed: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																																																				
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What controls have we put in place for the risk: <ul style="list-style-type: none">Mechanisms are in place to prioritise clinically urgent cases.Investment through the 21/22 ICP via an uplifted baseline to fund more capacityMonitoring monthly with quarterly commissioner assurance meetings to confirm performance and level of risk as Covid-19 impact reduces and the effects of contract adjustment are realised.A request has been made for the service to work more collaboratively to identify service improvements across the two sites.Equipment failures have caused delays and performance issues – an urgent procurement exercise is taking place with an expected installation taking place in April 2023.To mitigate this, a 7 day working model in the IHC laboratory has been established.Outsourcing lymphoma slides to a laboratory in EnglandNew equipment has been installed at SBUHB and is due to be installed at CVUHB in the next few weeks.		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>To hold quarterly commissioner assurance meetings with the AWLP to review turnaround time performance (with monthly submission of performance data). Note: on hold while progress is made with regard to joint working arrangements between CVU and SBU.</td><td>LA -Senior Planner</td><td>completed.</td></tr><tr><td>Managing Director (SL) and Director of Planning have met with CVUHB clinical and managerial and clinical leads. It was agreed that joint working arrangements should be developed between CVU and SBU under the Regional and Specialised Services Provider Planning Partnership. CVU team will take this forward and confirm progress to WHSSC.</td><td>LA -Senior Planner</td><td>Nov 22 (completed. See additional actions below)</td></tr><tr><td>LA to discuss AWLP performance with Director of Planning in next 1 to 1 on Friday 11th Nov and agree appropriate action. To update Commissioning Team.</td><td>LA -Senior Planner</td><td>Completed</td></tr><tr><td>Ian Langfield will take the lead on the development of joint working arrangements between CVU and SBU under the Regional and Specialised Services Provider Planning Partnership. LA will confirm AWLP commissioning intentions.</td><td>LA – Senior Planner</td><td>Completed</td></tr><tr><td>WHSSC to write to CVU and SBU to ask them to respond to recent drop in performance levels and to advise that performance and assurance meetings will resume in the new year.</td><td>LA – Senior Planner</td><td>Complete</td></tr><tr><td>WHSSC to arrange a meeting with both sides of the service.</td><td>RE-Assistant Planner</td><td>Complete</td></tr><tr><td>Request information from HB quality colleagues regarding DATIX reports related to the service</td><td>VDJ – Quality Lead</td><td>Complete</td></tr><tr><td>Propose further escalation of the service to CDG. This will be considered at CDGB on 6 March 2023. 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Additional comments: The C&B commissioning team agreed to raise the risk score based on recent decline in poor performance at both CVU and SBU and agreed to consider escalation at a future meeting when a response from both centres has been received. Performance meeting arranged in January. Revisit after this meeting. January 2023: The C&B commissioning team agreed to raise the risk score based on a recent meeting with the service where it was reported that poor performance at CV was due to equipment failures in the laboratory. March 2023: AWLP placed into formal escalation level 2. Action plan requested ahead of escalation meeting on 31 st March 2023. May 2023: It was noted at the escalation meeting on 12 th May that errors with SBUHB data reporting had been found. Performance is therefore likely to be better than the data would suggest.																																																																																								

June 2023: It was noted that performance at both centres had improved during May 2023. If June data reporting demonstrates a sustained improvement, the C&B commissioning team will reassess the level of risk at its next meeting on 28th July 2023.

Risk Ref: 44 Paediatric cardiac surgery (P/21/19) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																															
Risk: <i>There is a risk</i> that paediatric cardiac surgery patients will have longer waits than is clinically appropriate <i>due to</i> lack of availability of a PIC bed. <i>There is a consequence</i> that the condition of the patient could deteriorate whilst waiting.		Date Added to Register: 24/01/23	Date Last Reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																														
		Provider/s: University Hospital Bristol																															
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What controls have we put in place for the risk: <ul style="list-style-type: none">Fortnightly report requested from Bristol Children’s Hospital requesting detail on patient waits, steps taken to reschedule and management plan.Meeting with clinical team in Bristol took place to understand the mitigations, agreed trajectories will be provided		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Arrange meeting with Bristol Children’s Hospital</td><td>W&C Planner</td><td>Complete</td></tr><tr><td>Trajectories for patients breaching waiting list standards to be shared with WHSSC.</td><td>W&C Planner</td><td>31 May 2023</td></tr><tr><td>Fortnightly updates being issued by the Provider to support the monitoring of patients on the waiting list.</td><td>W&C Planner</td><td>Fortnightly</td></tr><tr><td>Formally write to Bristol Children’s Hospital to seek formal assurance on planned trajectories</td><td>W&C Planner</td><td>12/07/23</td></tr></table>		Action	Lead	Date	Arrange meeting with Bristol Children’s Hospital	W&C Planner	Complete	Trajectories for patients breaching waiting list standards to be shared with WHSSC.	W&C Planner	31 May 2023	Fortnightly updates being issued by the Provider to support the monitoring of patients on the waiting list.	W&C Planner	Fortnightly	Formally write to Bristol Children’s Hospital to seek formal assurance on planned trajectories	W&C Planner	12/07/23															
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Additional comments: May 23 - W&C Commissioning team reviewed the risk which remains unchanged. June 23 - W&C Commissioning team reviewed the risk which remains unchanged.																																	

Risk Ref: 46 North Wales Outreach Plastic Surgery Clinic Management Arrangements (CB06) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																		
Risk: There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in YG and YGC. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes			Date Added to Register: 09/09/22		Date Last Reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																
			Provider/s: St Helens and Knowsley NHS Trust & BCUHB																																																		
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What controls have we put in place for the risk: <ul style="list-style-type: none">BCUHB has established a Task & Finish Group to address the issue including colleagues from St Helen’s & Knowsley.WHSSC quality team meets regularly with the assistant director of quality BCUHB and has established links with the quality team at SH&K.WHSSC has written formally to BCUHB to raise the concerns around the management of the outreach clinics and seek clarity on the reporting and accountability arrangements in the health board for the Task & Finish Group.BCUHB to report to WHSSC on progress of the T&F Group at the interface planning meeting and the SLA meeting.It has been agreed that Welsh Government will lead the escalation of the management of the plastic surgery outreach clinics as a part of their wider escalation of the dermatology service in north Wales.			What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>WHSSC Quality team to continue to liaise closely with quality leads in BCUHB and SHK Trust.</td><td>VDJ – Quality Lead</td><td>Nov 22</td></tr><tr><td>To follow up with regard to the letter to BCUHB to obtain a response and respond accordingly.</td><td>Planner</td><td>Complete</td></tr><tr><td>Meeting between WHSSC, SHK and BCUHB to ascertain what is required to review all patients on the waiting list.</td><td>LA – Senior Planner</td><td>Complete</td></tr><tr><td>Work with SHK and BCUHB to agree the terms of reference and implement the review.</td><td>LA – Senior Planner & VDJ – Quality Lead</td><td>Complete</td></tr><tr><td>Confirm WHSSC’s role in the escalation led by Welsh Government</td><td>NJ – Director of Planning / Sian Lewis – Managing Director</td><td>Apr 23</td></tr><tr><td>Monitor the findings from the patient harm review currently being undertaken by St Helen’s & Knowsley</td><td>LA – Senior Planner & VDJ – Quality Lead</td><td>From Mar 23 to Jun 23</td></tr><tr><td>Continue to work with BCUHB and SHK, and with Welsh Government, to support addressing the risks relating to the outreach clinics.</td><td>Exec Team C&B Comm Team</td><td>On going</td></tr><tr><td>VDJ to contact BCUHB Head of Patient Safety regarding the two outstanding incidents</td><td>VDJ – Quality lead</td><td>Complete</td></tr></table>			Action	Lead	Date	WHSSC Quality team to continue to liaise closely with quality leads in BCUHB and SHK Trust.	VDJ – Quality Lead	Nov 22	To follow up with regard to the letter to BCUHB to obtain a response and respond accordingly.	Planner	Complete	Meeting between WHSSC, SHK and BCUHB to ascertain what is required to review all patients on the waiting list.	LA – Senior Planner	Complete	Work with SHK and BCUHB to agree the terms of reference and implement the review.	LA – Senior Planner & VDJ – Quality Lead	Complete	Confirm WHSSC’s role in the escalation led by Welsh Government	NJ – Director of Planning / Sian Lewis – Managing Director	Apr 23	Monitor the findings from the patient harm review currently being undertaken by St Helen’s & Knowsley	LA – Senior Planner & VDJ – Quality Lead	From Mar 23 to Jun 23	Continue to work with BCUHB and SHK, and with Welsh Government, to support addressing the risks relating to the outreach clinics.	Exec Team C&B Comm Team	On going	VDJ to contact BCUHB Head of Patient Safety regarding the two outstanding incidents	VDJ – Quality lead	Complete																					
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Additional comments: <p>Active discussion taking place with significant update on patient waiting lists anticipated from BCUHB. Consider escalation if assurance not received within 4 weeks.</p> <p>Feb 23 – The C&B team agreed to raise the risk score to 3x5=15 to reflect the lack of progress to date in transferring waiting list management to SHK, the delay in commencing the patient review and further risks raised by SHK NHST at the SLA meeting.</p> <p>April 23 – Risk reviewed and score remains the same</p> <p>May 23 – The commissioning team noted that the patient harm review is approximately 50% complete with all patients requiring review being offered appointments. Task & Finish Group in progress and meeting fortnightly. Welsh Government special measures for BCUHB includes plastic surgery. Risk remains until completion of harm review and SLA in place for the outreach clinics.</p>																																																					

June 23 – It was noted that WHSSC DoP attends fortnightly meetings with WG and BCUHB. WHSSC also attends the fortnightly Task & Finish Group.

Risk Ref: 47 Sustainability and Delivery of Service provided by Cardiff and Vale University Health Board (IF14) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance								
Risk: There is a risk that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the welsh population and as a consequence resulting in no service available in Wales.			Date Added to Register: 17/05/23		Date Last Reviewed by : Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023						
			Provider: Cardiff and Vale University Health Board								
Risk Rating (impact x likelihood)					Groups discussed risk during period						
<table><tr><td>Initial</td><td>5x4</td><td>20</td></tr><tr><td>Current</td><td>5x3</td><td>15</td></tr><tr><td>Target</td><td>3x3</td><td>6</td></tr></table>					Initial	5x4	20	Current	5x3	15	Target
Initial	5x4	20									
Current	5x3	15									
Target	3x3	6									
What controls have we put in place for the risk: <ul style="list-style-type: none">Provision of Intestinal Failure service escalated to CDGB and Chief Executive at CVUHBWritten to CVUHB for a formal position			What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Assurance received from CVUHB that the sustainability of the service is being reviewed. They are exploring options around additional medical cover as well as future training and recruitment that will ensure service resilience whilst keeping the model attractive and sustainable. Further information to be received at the next Tertiary Services Operational Group, following which WHSSC will receive an agreed position.</td><td>Assistant Director of Planning</td><td>July 2023</td></tr></table>			Action	Lead	Date	Assurance received from CVUHB that the sustainability of the service is being reviewed. They are exploring options around additional medical cover as well as future training and recruitment that will ensure service resilience whilst keeping the model attractive and sustainable. Further information to be received at the next Tertiary Services Operational Group, following which WHSSC will receive an agreed position.	Assistant Director of Planning	July 2023
Action	Lead	Date									
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Additional comments: May 23 - Commissioning Team reviewed the risk and agreed it remains the same score until further information received from the service. June 23 – Commissioning Team reviewed the risk and confirmed confirmation had been received re: CVUHB provision of IF services. The team agreed to lower the score from 20 to 15 but for the risk to remain on the CRAF until actions had been formally agreed.											

Risk Ref: 48 Wales Fertility Institute (WFI) P/21/20 Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																	
There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service due to concerns with regards to the information flows from the service into WHSSC; late submission of contract monitoring which does not reconcile with finance returns. There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.		Date Added to Register: 16/05/23		Date Last Reviewed by: Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023															
		Provider/s: SBUHB																	
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Initial	4x4	16																	
Current	4x4	16																	
Target	2x2	4																	
What controls have we put in place for the risk: <ul style="list-style-type: none">Received the report from the HFEA to support monitoringRequested action plan from the service to improve against the concerns identified by the HFEA.WHSSC due to attend SBUHB monthly Gold Command meeting on 27/06/23		<table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Requested HFEA report from WFI</td><td>Head of Quality WHSSC</td><td>Completed</td></tr><tr><td>Requested Action plans from WFI based on HFEA report</td><td>Head of Quality WHSSC</td><td>22/05/23</td></tr><tr><td>Contract monitoring, MDS and RTT are due on the 18th of each month. These have been requested by WHSSC</td><td>Planning Lead</td><td>Monthly</td></tr><tr><td>Formal recommendation to CDGB to escalate service to level 3</td><td>Head of Quality WHSSC</td><td>03/07/23</td></tr></table>			Action	Lead	Date	Requested HFEA report from WFI	Head of Quality WHSSC	Completed	Requested Action plans from WFI based on HFEA report	Head of Quality WHSSC	22/05/23	Contract monitoring, MDS and RTT are due on the 18 th of each month. These have been requested by WHSSC	Planning Lead	Monthly	Formal recommendation to CDGB to escalate service to level 3	Head of Quality WHSSC	03/07/23
Action	Lead	Date																	
Requested HFEA report from WFI	Head of Quality WHSSC	Completed																	
Requested Action plans from WFI based on HFEA report	Head of Quality WHSSC	22/05/23																	
Contract monitoring, MDS and RTT are due on the 18 th of each month. These have been requested by WHSSC	Planning Lead	Monthly																	
Formal recommendation to CDGB to escalate service to level 3	Head of Quality WHSSC	03/07/23																	
Additional comments: May 23 – SBUHB escalated to Gold Command based on the HEFA report which identified 7 major concerns. June 23 - W&C Commissioning team reviewed the risk which remains unchanged.																			

Risk Ref: 49 Calea technical issue (IF02) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health Risk Appetite Level:		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																
Risk: There is a risk that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm		Date Added to Register: 19/01/22		Date Last Reviewed by Joint Committee: CDGB 3 July 2023																														
		Provider: Calea																																
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4x2</td><td>8</td></tr><tr><td>Current</td><td>5x3</td><td>15</td></tr><tr><td>Target</td><td>3x2</td><td>6</td></tr></table>	Initial	4x2	8	Current	5x3	15	Target	3x2	6	<div>Risk Rating</div> <table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Jan-23</td><td>8</td><td>6</td></tr><tr><td>Feb-23</td><td>8</td><td>6</td></tr><tr><td>Mar-23</td><td>8</td><td>6</td></tr><tr><td>Apr-23</td><td>8</td><td>6</td></tr><tr><td>May-23</td><td>8</td><td>6</td></tr><tr><td>Jun-23</td><td>15</td><td>6</td></tr></tbody></table>				Month	Risk Rating	Target	Jan-23	8	6	Feb-23	8	6	Mar-23	8	6	Apr-23	8	6	May-23	8	6	Jun-23	15	6
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What controls have we put in place for the risk: <ul style="list-style-type: none">WHSSC received notice of Implementation of Contingency Strategy from Calea on 15.06.23CDGB members, Intestinal Failure Lead and CVUHB Clinical Team notified of issues and actions taken to date.Calea are putting additional measures in place to avoid prolonging the impact on patients.Regular review meetings between Calea and procurement (acting on behalf of WHSSC) are in place.		What actions should we take:																																
		<table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Due to recent staff absence in Calea production unit and downtime of equipment, Calea are experiencing a persistent backlog in Parenteral Nutrition production. Decision to implement additional contingency strategies starting with deliveries from Wednesday 21st June 2023. The contingencies include:<ul style="list-style-type: none">Implementing multi-chamber bag (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2- week period, (in agreement with clinical teams)Not permitting the addition of new patients to our PN service, except for patients prescribed multi-chamber bagsOutsourcing some manufacturing</td><td>TP/JT</td><td>Weekly</td></tr><tr><td>Increase communication channels between Calea and Procurement colleagues acting on behalf of WHSSC.</td><td>TP</td><td>Weekly</td></tr></tbody></table>			Action	Lead	Date	Due to recent staff absence in Calea production unit and downtime of equipment, Calea are experiencing a persistent backlog in Parenteral Nutrition production. Decision to implement additional contingency strategies starting with deliveries from Wednesday 21st June 2023. The contingencies include: <ul style="list-style-type: none">Implementing multi-chamber bag (MCB) alternatives for those patients on compounding identified by Trusts as green for a 4-week period and patients on the amber list for a 2- week period, (in agreement with clinical teams)Not permitting the addition of new patients to our PN service, except for patients prescribed multi-chamber bagsOutsourcing some manufacturing	TP/JT	Weekly	Increase communication channels between Calea and Procurement colleagues acting on behalf of WHSSC.	TP	Weekly																					
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Additional comments: May 23 - Commissioning Team reviewed the risk and agreed the risk is to remain on the register for monitoring purposes June 23- Commissioning Team reviewed the risk and agreed the risk score remains the same. Update – 15.06.23 notification received from Procurement re: contingency strategy implemented. Commissioning team informed and agreed the score is to be escalated from 8 to 15.																																		

De-escalated Risk

Risk Domain: Impact on the safety of patients, staff or public physical/psychological harm) Population Health Risk Ref: MH/21/02 Risk Appetite Level: Low			Director Lead: Director of Finance Assuring Committee: Joint Committee Reviewed Assurance																																																																							
Risk: There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Llidiard)			Date Added to Register: 24/02/21		Date Last Reviewed by Quality & Patient Safety Committee: 24 th January 2023																																																																					
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What controls have we put in place for the risk: <ul style="list-style-type: none">Service specification reviewed to ensure relevant information is contained and monitored with the providerMonitor training status of the staff at Ty LlidiardQuality Assurance Improvement Service (QAIS) undertake regular review ensure that environments of care are safeBusiness Plan for Physician Associate providedThis service has been de-escalated from Level 4 to Level 3 as agreed by CDGB on 14th December 2022. Progress against de-escalation action plans, and a favourable report following the latest quality visit provided assurance to support de-escalation of service to Level 3.Improved leadership evident via escalation meetings.Further audit being conducted around the referral processes to enable consideration of further de-escalation.			What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy</td><td>Senior Planning Manager</td><td>Completed</td></tr><tr><td>Reviewed service specification</td><td>Senior Planning Manager</td><td>Completed</td></tr><tr><td>Monitor training status of the staff by QAIS</td><td>Shane Mills</td><td>Completed</td></tr><tr><td>Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.</td><td>Dr Krishna Menon</td><td>Completed</td></tr><tr><td>Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.</td><td>Director of Finance</td><td>Completed</td></tr><tr><td>Action plan developed following QAIS review conducted in March 22 and managed under escalation process.</td><td>Shane Mills</td><td>March 23 – Ongoing June 23</td></tr><tr><td>Work is currently underway by NCCU to consider referral processes and assessments.</td><td>NCCU</td><td>Completed</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			Action	Lead	Date	NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy	Senior Planning Manager	Completed	Reviewed service specification	Senior Planning Manager	Completed	Monitor training status of the staff by QAIS	Shane Mills	Completed	Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.	Dr Krishna Menon	Completed	Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.	Director of Finance	Completed	Action plan developed following QAIS review conducted in March 22 and managed under escalation process.	Shane Mills	March 23 – Ongoing June 23	Work is currently underway by NCCU to consider referral processes and assessments.	NCCU	Completed																																													
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Additional comments: July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 8 as it was originally scored too high April 22 – Score to remain as it is subject to impact of completed actions. June 22 – Risk remains at current level as risk of absconding is still prevalent December 23 – Service de-escalated to Level 3 however work continues to consider referral processes and assessments March 23 – Risk score remains the same April 23 – Risk reviewed agreed it is appropriate for risk score to remain the same and to be reviewed May 22 nd June 23 – Risk has been lowered due to progression of recruitment within the units																																																																										

<div>Risk Ref: 33 - Welsh Government Priority Delivery Measures (CD03) (CS10)</div> <div>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</div> <div>Population Health</div> <div>Risk Appetite Level:</div>		<div>Director Lead: Director of Planning</div> <div>Assuring Committee: Joint Committee</div>																																																																			
There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives		Date Added to Register: 26 January 2022	Date last reviewed by: Joint Committee – 16 May 2023 Risk Scrutiny Group – 18 May 2023 Integrated Governance Committee – 13 June 2023 Quality Patient Safety Committee – 14 June 2023 CTMUHB Audit & Risk Committee – 19 April 2023 CDGB – 3 July 2023																																																																		
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What controls have we put in place for the risk: <ul style="list-style-type: none">Where appropriate WHSSC works with HBs to share capacity , develop regional approaches, as well as supporting outsourcing where required.The JC and MG receive regular specialised services performance reports at each meetingThe Integrated Governance Committee (IGC) oversees the Joint Committee's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the plan. They receive regular updates on progress.The ICP approved by the Joint Committee in February 2023 included performance assumptions.The Joint Committee received a report on the proposed WHSSC process for responding to the Ministerial Priority Measures on the 15 March 2022. The Joint Committee held a recovery workshop on the 12 July 2022 during which the Committee received comprehensive recovery presentations from providers on recovery trajectories across NHS Wales. These will be kept under review over the next few months.A follow up workshop was held on the 6 September at the request of the Joint Committee to focus on Paediatric recovery trajectories.The JC received a Recovery Update (incl Progress with Paediatric Surgery) at its meeting on 8 November 2022, and a further updates are given through the regular performance reports.It was agreed with the JC in November to use the approved Escalation Framework for performance reasons and this was implemented immediately..We have refreshed and developed our Performance Management Framework after the pandemic, this was approved by JC in May 2023.A refreshed integrated Performance Report has been developed and will be used to report performance from April 2023 onwards (first report to JC in July).	What actions should we take:																																																																				
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<div>Additional comments:</div> <div>The WHSSC ICP 2023-2026 was agreed by JC in February 2023 and this included performance planning assumptions. The Ministerial Measures were revised by Welsh Government in June 2023 and the impact on specialised services will be continuously assessed in the light of the assumptions made in the Plan.</div> <div>June 2023 – Risk score reduced from 20 to 12 and risk de-escalated from the CRAF – will remain on the Corporate Services Risk Register as a cross-directorate risk.</div>																																																																					

Risk Appetite Levels

Appetite Level	Described as:
None	Avoid - The avoidance of risk and uncertainty is a key organisational objective.
Low	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
Moderate	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	Open - Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	Seek - Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk. Mature - Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Risk Matrix

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

Likelihood Score (L) - What is the likelihood of the consequence occurring?				
1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain
This will probably never happen / recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen / recur but it is not a persisting issue	Will undoubtedly happen / recur, possibly frequently

Consequence x Likelihood = Risk Score

Domains
Impact on the safety of patients, staff or public (physical/psychological harm)
Population Health
Quality/complaints/audit
Human resources/ organisational development/staffing/ competence
Statutory duty/ inspections
Adverse publicity/ reputation
Business objectives/ projects
Finance including claims
Service/business interruption
Environmental impact

WHSSC COMMISSIONING RISK ACTIVITY BETWEEN DECEMBER 2022 – JUNE 2023

The Joint Committee last considered the December 2022 CRAF on the 16 January 2023. A review of all risks has been undertaken through the commissioning team meetings, the Risk Scrutiny Group (RSG), the Corporate Directors Group Board (CDGB), the Integrated Governance Committee (IGC) and the Quality and Patient Safety Committee (QPSC).

A summary of changes made since December 2022 – June 2023 is outlined below:

1. New Risks

- 2 new Women and Children risks was received during this period,
- 3 new Intestinal Failure risks was received and within the period, 1 of these was closed and removed from the CRAF.

Ref	Initial Score	Score as at June 2023	Date added to CRAF	Rationale
Risk 44 (P/21/19) Paediatric Cardiac Surgery There is a risk that paediatric cardiac surgery patients will have longer waits than is clinically appropriate due to lack of availability of a PIC bed. There is a consequence that the condition of the patient could deteriorate whilst waiting.	16	16	January 2023	Paediatric cardiac surgery patients are waiting longer than clinically appropriate due to lack of availability of a PIC bed.
Risk 45 (IF11) Non-renewal of Calea Contract There is a risk that the contract will not be affordable at the point of renewal due to increased contract rates at negotiation, which as a result may impact service availability for patients.	15	12 (This was the target score and the risk closed during February 2023 see additional information under closed risks)	January 2023	NWSSP negotiating with Calea and Baxter with a view to delaying point which increase takes place. This closed in February and removed from the CRAF as shown below in section 4.
Risk 47 (IF14) Sustainability and Delivery of Service	20	15	May 2023	Issues of provider sustainability and delivery, that Cardiff and Vale University

Ref	Initial Score	Score as at June 2023	Date added to CRAF	Rationale
provided by Cardiff and Vale University Health There is a risk that due to issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services to the welsh population and as a consequence resulting in no service available in Wales.				Health Board will no longer be able to provide Intestinal Failure services - Exploratory conversations with HBs in Wales as to any alternate provider and exploratory discussions with Bristol – potential to contract for activity there.
Risk 48 (P/21/20) Wales Fertility Institute <i>There is a risk</i> the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service <i>due to 7 major concerns</i> identified during a relicensing inspection by HFEA in January 2023 <i>There is a consequence</i> that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.	16	16	May 2023	SBUHB escalated to Gold Command based on the HEFA report which identified 7 major concerns.
Risk 49 (IF02) Calea Technical Issue There is a risk that the private provider Calea will again experience technical issues in the provision of HPN due to issues of compliance with standards which as a consequence will lead to issues of supply and potential patient harm	8	15	June 2023	Notification received from Procurement and contingency strategy implemented.

2. Escalated Risks

- **2** Cancer and Blood risks were escalated during this period.

Ref	Initial Score	Score as June 2023	Date added to CRAF	Rationale
Risk 43 (CB01) Patient waiting times There is a risk that patients are not being treated in a timely and/or appropriate way. This is caused by the All Wales Lymphoma Panel (AWLP) service not achieving diagnostic turnaround times that meet the required standards. This could lead to poorer patient outcomes.	8	15	January 2023	Jan - A meeting with the service took place, where it was reported that poor performance at CVUHB was due to equipment failures in the laboratory. March - AWLP placed into formal escalation level 2. Action plan from the provider received.
Risk 46 (CB06) North Wales Outreach Plastic Surgery Clinic Management Arrangements There is a risk that patients may come to harm due to a lack of clinical prioritisation and oversight of waiting lists for outreach plastic surgery clinics in Ysbyty Gwynedd and Ysbyty Glan Clwyd. This is caused by lack of clarity in the governance and management arrangements for these clinics. This could lead to poor patient experience and outcomes.	9	15	February 2023	February 2023 - Score increased to reflect the lack of progress to date in transferring waiting list management to St Helen's & Knowsley (SHK), the delay in commencing the patient review and further risks raised by SHK NHST at the SLA meeting. May 2023 - Patient harm review is approximately 50% complete with all patients requiring review being offered appointments. Task & Finish Group in progress and meeting fortnightly. Welsh Government special measures for

Ref	Initial Score	Score as June 2023	Date added to CRAF	Rationale
				BCUHB includes plastic surgery and WHSSC are included within the task & Finish Group.

3. De-escalated Risks December 2022– June 2023

3 Commissioning risks have been de-escalated during this period.

- **1** Cardiac,
- **3** Mental Health,

1 Organisational risk has been de-escalated during this period

Reference	Initial Score	Score as at June 2023	Date de-escalated	Rationale
Risk 19 (CT047) Obesity Surgery Standards and waiting times There is a risk to the appropriate commissioning of Tier 4 Obesity Surgery for Wales due to: <ol style="list-style-type: none"> 1. The current commissioning policy does not meet National Institute for Health and Care Excellence (NICE) guidance. 2. There are inadequate primary and secondary care pathways in place to support referral for surgery. 3. The current south Wales Provider has historically been unable to meet the current commissioned 	15	12	February 2023	SBUHB have sustained significant increase in activity levels, facilitated by the addition of a new surgeon.

Reference	Initial Score	Score as at June 2023	Date de-escalated	Rationale
<p>activity with a consequence that patients who would fit the criteria for surgery will not be able to access the service.</p> <p>4. The service being categorised as P4 (non-urgent) surgery with a consequence of disease progression of existing morbidities</p>				
<p>Risk 23 (MH/21/08) Adults Learning Disabilities There is a risk that <u>adults</u> with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care</p>	15	12	March 2023	Review of waiting lists conducted and shows no waiting list in place and placements made in a timely manner. Placements regularly reviewed via NCCU to ensure quality of service
<p>Risk 24 (MH/21/09) Children Learning Disabilities There is a risk that <u>children</u> with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that</p>	15	12	March 2023	Review of waiting lists conducted and shows no waiting list in place and placements made in a timely manner. Placements regularly reviewed via NCCU to ensure quality of service. Therefore risk score decreased

Reference	Initial Score	Score as at June 2023	Date de-escalated	Rationale
patients may be inappropriately placed with the potential to receive sub-optimal care				
Risk 21 (MH/21/02) Children & Adolescent Mental Health Services (CAMHS) There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Llidiard)	16	12	June 2023	The risk score was lowered due to progress of recruitment within the Units.
Risk 33 (CD10/CD03) Welsh Government Priority Delivery Measures	20	12	June 2023	The risk was lowered as at April 2023 the new Performance Report highlights that plastics in SBUHB is the only specialty that is breaching the Ministerial Measures waiting times target. The level of the escalation for this service has been increased to level 2.

4. Closed Risks

- **1 Commissioning** risk was closed during the reporting period.
- **1 Directorate** risk was also closed during this period.

Reference	Initial Score	Score as at date of Closing	Date Closed	Rationale
Risk 45 (IF11) Non-renewal of Calea Contract There is a risk that the contract will not be affordable at the point of renewal due to increased contract rates at negotiation, which as a result may impact service availability for patients.	15	12	February 2023	The inflation risk has been included in the approved 23/24 ICP.
Risk 41 (CS14) NHS Financial Performance There is a risk that the pan Wales financial performance position across Wales are vulnerable as currently Health Boards are reporting large deficits and the annual allocation uplift anticipated will not meet the current inflationary costs pressures. Therefore the uplift required for the WHSSC ICP might not be met by Commissioning Health Boards.	16	12	May 2023	Risk 41 - Financial Climate Risk - this risk was closed at CDGB on 30 May 2023 on the basis the ICP was formally approved in February 2023. The risk was discussed at the IGC meeting on 13 June and was consequently categorised as an issue for close monitoring.



Report Title	Annual Committee Effectiveness Self-Assessment Results 2022-2023		Agenda Item	3.10	
Meeting Title	Joint Committee		Meeting Date	18/07/2023	
FOI Status	Open				
Author (Job title)	Head of Corporate Governance				
Executive Lead (Job title)	Committee Secretary & Associate Director of Governance				
Purpose of the Report	The purpose of this report is to present an update to the Joint Committee on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2021-2022 and to present the results of the annual committee effectiveness self-assessment 2022-2023.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s)					
<p>Members are asked to:</p> <ul style="list-style-type: none">• Note the completed actions made against the Annual Committee Effectiveness Survey 2021-2022 action plan,• Note the results from the Annual Committee Effectiveness Survey for 2022-2023,• Note that an update on the survey findings was presented to the Integrated Governance Committee (IGC) Committee on the 13 June 2023,• Note that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2023-2024; and• Note the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.					

ANNUAL COMMITTEE EFFECTIVENESS SELF-ASSESSMENT RESULTS 2022-2023

1.0 SITUATION

The purpose of this report is to present an update to the Joint Committee on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2021-2022 and to present the results of the annual committee effectiveness self-assessment 2022-2023.

2.0 BACKGROUND

Effective committee meetings are a key part of an effective governance structure and it is important to ensure that the Welsh Health Specialised Services Committee's (WHSSC's) organisational governance is compliant with the provisions of its Standing Orders, which stipulate that:

"The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, expert panels and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated."

The Integrated Governance Committee (IGC) plays a central role in the scrutiny of a number of key governance mechanisms for which it provides assurances to the Joint Committee (JC). The IGC is responsible for agreeing the organisation wide approach to the annual effectiveness self-assessment and for monitoring progress against any identified actions.

3.0 ASSESSMENT

3.1 Annual Committee Effectiveness Self-Assessment 2021-2022

For the 2021-2022 assessment, a survey was issued via email utilising MS forms on 29 March 2022 to enable an efficient yet effective reflection on committee effectiveness and which offered a consistent approach for all committees.

The survey questions were derived from best practice guidance, including the NHS Audit Handbook, and adhered to the following principles:

- the need for sub-committees to strengthen their governance arrangements and support the JC in the achievement of the strategic objectives,
- the requirement for a committee structure that strengthens the role of the JC in strategic decision making and supports the role of Independent Members in challenging executive management actions,

- maximising the value of the input from Independent Members , given their limited time commitment, and
- supporting the JC in fulfilling its role, given the nature and magnitude of the WHSSC agenda.

A number of standard questions were included in the survey questionnaires to all committee members. In addition, the Chairs of each sub-committee meeting were also invited to consider some bespoke and individual questions for their sub-committee members to consider.

The findings of the surveys were presented to the Joint Committee on 12 July 2022. The individual Committee findings were presented to each relevant sub-Committee for assurance and together this contributed to the development of a Joint Committee Development plan with a number of activities for the Joint Committee and its sub committees for 2022-2023, see **Appendix 1**.

4.0 ANNUAL COMMITTEE EFFECTIVENESS SELF ASSESSMENT 2022-2023

For the 2022-2023 assessment a benchmarking exercise was undertaken from other Strategic Health Authorities across Wales. Useful feedback from WHSSC Independent Members (IMs) was also obtained on the approach for the annual self-assessment for 2022-2023. The PWC guidance was provided as an example of a more narrative based questionnaire. Suggested questions based on both approaches was developed with the aim to encourage a combination of narrative and quantitative responses. A draft questionnaire was shared with Executive leads and the Chairs of each sub-committee to incorporate some bespoke questions for their sub-committee and to tailor the questions where necessary. A survey was issued via email utilising MS forms on 6 April 2023 with an initial closing date of 28 April 2023. Due to a poor response rate a reminder was issued on 28 April and the closing date was extended to 26 May 2023.

Following this reminder, the response rate improved and Table 1 below outlines the number of responses received for each survey.

Table 1 – Total Responses Received

Name of Committee/sub-committee	Number of responses 2021-2022	Number of responses 2022-2023
The Joint Committee	13	11
Management Group	10	9
Integrated Governance Committee	4	4

Name of Committee/sub-committee	Number of responses 2021-2022	Number of responses 2022-2023
Quality & Patient Safety Committee	4	6
Individual Patient Funding Request Panel	19	8
Welsh Kidney Network	9	7
Total	59	45

The total number of responses received for 2023 were less than the number of responses received last year.

The findings of the surveys are presented at **Appendices 2-7**. The surveys allowed for narrative to be provided under each question and specific comments have been included.

Overall, the surveys received a positive response, and the findings and feedback will be reviewed with a view to developing an action plan to address any areas that require development that will be monitored by the IGC. The comments from the surveys will be incorporated into a table which will form the basis of an Action Plan.

The individual Committee findings have been presented to each relevant sub-Committee for assurance.

In addition, the surveys have all been shared with the Chairs of the Committees/sub-committees and all of these sources of feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2023-2024, based on the template for 2022 -2023. This is currently in the process of being developed and a draft is attached at **Appendix 8** for information. The outcome of the Review into National Commissioning will be incorporated once the review has been published.

5.0 OTHER SOURCES OF ASSURANCE

In order to obtain a broad view of the Committee's effectiveness, it is important to consider the additional mechanisms and tools, which are used in order to provide evidence that WHSSC's systems of internal control are working effectively or indeed not effectively. By using the tools to map the various sources of assurance issues, gaps in controls and/or gaps in assurance can be identified.

A summary of the sources of assurance are outlined at **Appendix 9**.

The various mechanisms and tools enable the information that is produced to be assessed in terms of its value thereby enabling any gaps in assurance to be identified and reported at an appropriate level and addressed where necessary.

6.0 OVERALL VIEW OF EFFECTIVENESS 2022-2023

Having considered all of the above, the overall findings of the survey are positive and there are effective systems of internal control in place to demonstrate assurance that demonstrates that the governance arrangements and Committee structure in place are effective, and that the sub-Committees are effectively supporting the Joint Committee in fulfilling its role.

7.0 RECOMMENDATIONS

Members are asked to:

- **Note** the completed actions made against the Annual Committee Effectiveness Survey 2021-2022 action plan,
- **Note** the results from the Annual Committee Effectiveness Survey for 2022-2023,
- **Note** that an update on the survey findings was presented to the Integrated Governance Committee (IGC) Committee on the 13 June 2023,
- **Note** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2023-2024; and
- **Note** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Approval process
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Choose an item. Choose an item.
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the Integrated Governance Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	Not applicable
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc)	The WHSSC Standing Orders stipulates that: <i>"The Joint Committee shall introduce a process of regular and rigorous self- assessment and evaluation of its own operations and performance and that of its joint sub-Committees, expert panels and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated."</i> The annual self-assessment exercise demonstrates compliance with the SO's. The SO's also states that the Joint Committee must have a development plan.
Long Term Implications (incl WBFG Act 2015)	Undertaking the annual self-assessment exercise supports WHSSC to work better together with partners.

Report History (Meeting/Date/ Summary of Outcome	<p>5 June 2023 - CDGB discussed and noted.</p> <p>13 June 2023 – IGC discussed and noted.</p> <p>3 July 2023 – CDGB discussed and noted.</p>
Appendices	<p>Appendix 1 – Joint Committee Development Plan 2022-2023</p> <p>Appendix 2 – Joint Committee - Annual Committee Effectiveness Survey Results 2022-2023</p> <p>Appendix 3 – Management Group Survey Results 2022-2023</p> <p>Appendix 4 – Quality & Patient Safety Committee (QPSC) Survey Results 2021-2022</p> <p>Appendix 5 – Integrated Governance Committee Survey Results 2022-2023</p> <p>Appendix 6 - Individual Patient Funding Request (IPFR) Panel Survey Results 2022-2023</p> <p>Appendix 7 – Welsh Kidney Network (WKN) Survey Results 2022-2023</p> <p>Appendix 8 – Draft Joint Committee Development Plan 2023-2024</p> <p>Appendix 9 - Committee Effectiveness - Sources of Assurance</p>

Appendix 1

Joint Committee Development Plan 2022-2023

Meeting Date	Topic	Plan for Delivery and Evaluation
Joint Committee		
10 May 2022	Genomics- Sian Morgan Early presentation at a normal JC May/June/July on good news developments from genomics focussing on Non-invasive pre-natal testing and DPYD testing (for avoiding chemo risk in colo-rectal patients).	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
12 July 2022	Workshop - Recovery Trajectories across NHS Wales JC meeting 10 May 2022 requested a specific workshop on recovery.	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
6 September 2022	ATMP's/Genomics Delivery Plan for Wales Strategic piece covering the next phases of expansion/development in ATMPs and genomics delivery in Wales. Major Trauma Presentation – to update JC members on progress since the launch of the service in September 2020. Specialised Services Strategy Presentation – to inform JC of the planned development of a ten year	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023

Meeting Date	Topic	Plan for Delivery and Evaluation
	strategy for specialised services for the residents of Wales, and to describe the proposed approach to communication and engagement with key stakeholders to support its development.	
8 November 2022	<p>2023 – 2026 ICP Presentation – An overview of the ICP for the next year was provided. The emerging financial plan was shared with members. Arrangements were in progress for all business cases to be scrutinised prior to going through WHSSC’s governance processes in line with the financial commitments in its plan.</p> <p>Recovery Update (incl. Progress with Paediatric Surgery) Members received a presentation providing an update on recovery trajectories since the workshops held with the Joint Committee on the 12 July and 6 September 2022. A focus on Paediatric Surgery was requested.</p>	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
10 January 2023	ICP Workshop – to discuss financial scenarios	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
17 January 2023	ICP Presentation – Updated Financial Position Including more detail around the risks and scenarios	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023

Meeting Date	Topic	Plan for Delivery and Evaluation
14 March 2023	Governance System and Process – WHSSC & HB Shared Pathway Saving Target	
Quality & Patient Safety Committee/Integrated Governance Committee		
7 June 2022	Quality Newsletter	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
	Service Innovation & Improvement Update	
9 August 2022	Mother & Baby Serious Untoward Incident Feedback	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
	Ty Lliard Update	
26 September 2022	Annual QPSC Development Day	<ul style="list-style-type: none"> Feedback following the event
25 October 2022	Neonatal Intensive Care Unit Experiences – patient story	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
24 January 2023	Mental Health Deep Dive	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
18 April 2023	Major Trauma Presentation	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
Individual Patient Funding Request Panel (IPFR)		
17 December 2021	Barrister briefing for IPFR members following the Judicial Review	
2 December 2022	Stakeholder Engagement with KC David Lock on IPFR Policy Changes and WHSSC ToR review	
28 February 2023	Annual IPFR Training and Development Session	

Meeting Date	Topic	Plan for Delivery and Evaluation
Welsh Kidney Network		
27 April 2022	Academi Wales Workshop	<ul style="list-style-type: none"> WKN governance review
Management Group		
28 April 2022	Presentation National Collaborative Commissioning Unit Secure Services Report	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
23 June	Inductions for New Members	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
28 July 2022	Overview of Schemes received by the Clinical Impact Assessment Group (CIAG) for the 2023-2024 Integrated Commissioning Plan (ICP)	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
25 August 2022	Major Trauma Presentation Paediatric Services Deep Dive	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
22 September 2022	Prioritisation Panel – Update Plastic Surgery Commissioning Arrangements Workshop	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
24 November 2022	Recommissioning for Value Workshop	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
15 December 2022	ICP Update Congenital Heart Disease National Standards Self-Assessment (Welsh Level 3 Centres)	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023

Meeting Date	Topic	Plan for Delivery and Evaluation
	Single Commissioner Model Presentation	
26 January 2023	Haematology workshop	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
23 March 2023	Specialised Services Strategy	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
CDGB		
23 May 2022	Improvement Cymru – Quality workshop	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
3 October 2022	Briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
29 November 2022	Compassionate Leadership, Kings Fund, Michael West	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023

Joint Committee, Committee Effectiveness Survey 2022- 2023

11
Responses

03:07
Average time to complete

Closed
Status

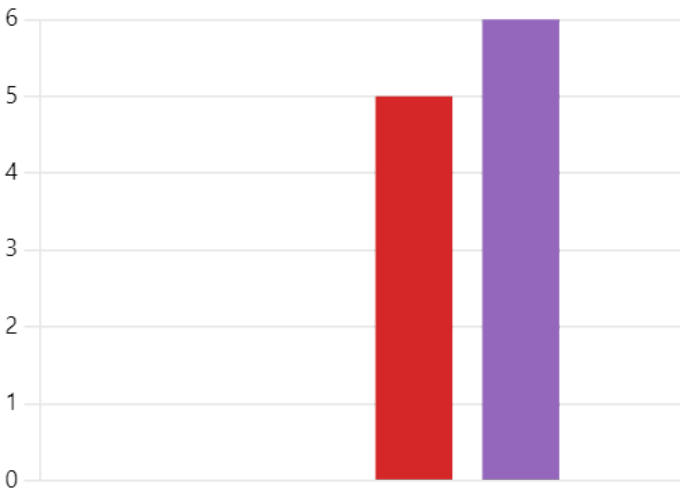
1. Please select which of the following you are a member of?

- WHSSC Executive Team 5
- Independent Member 3
- HB CEO/Director 3
- Other 0

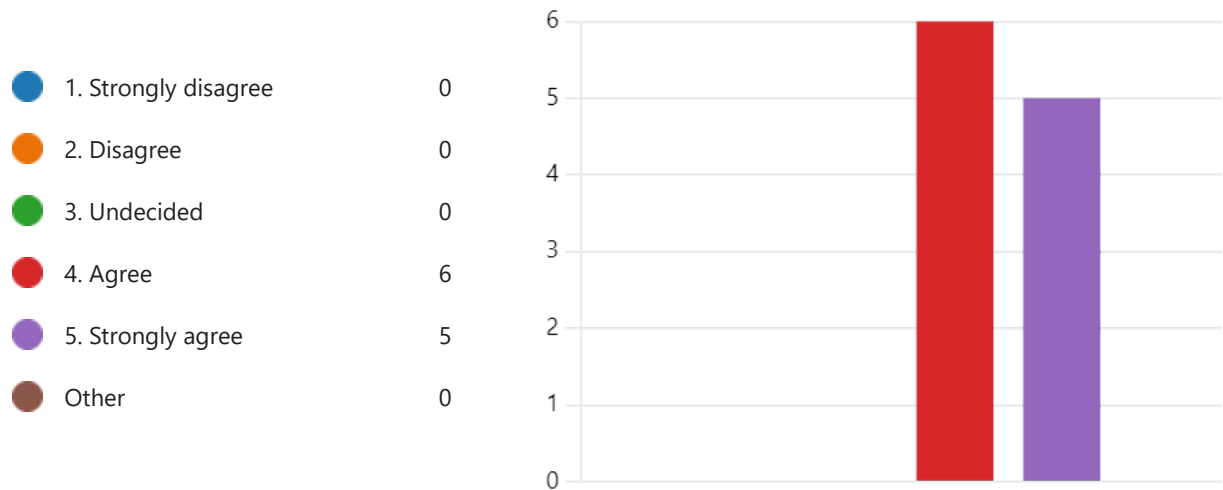


2. The Joint Committee is committed to oversight and being held accountable for its decisions?

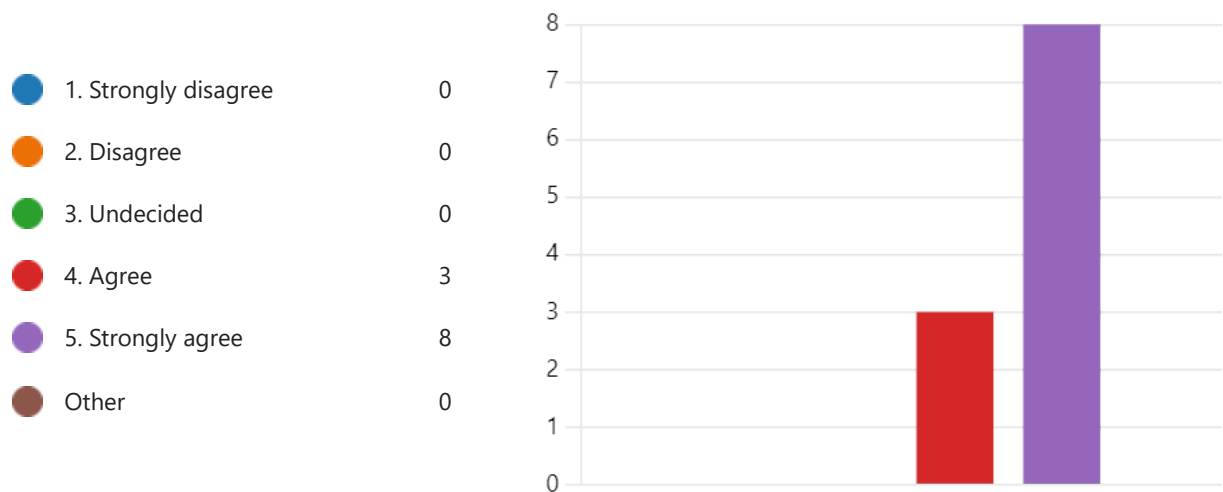
- 1. Strongly disagree 0
- 2. Disagree 0
- 3. Undecided 0
- 4. Agree 5
- 5. Strongly agree 6
- Other 0



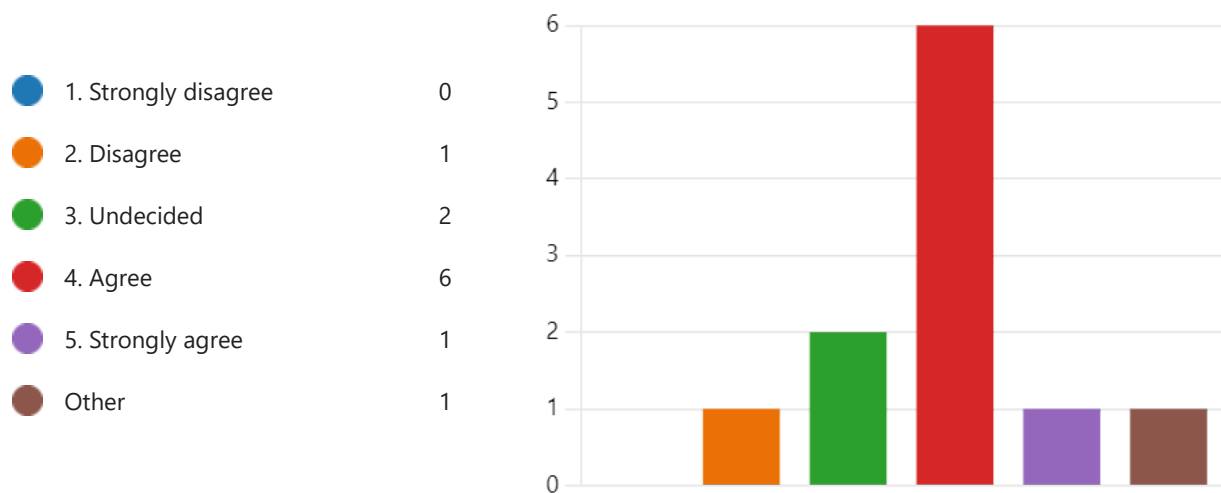
3. The Joint Committee meeting agenda clearly reflect are strategic plans and goals?



4. The Joint Committee has critiqued, questioned and approved WHSSC's annual plan (ICP)?

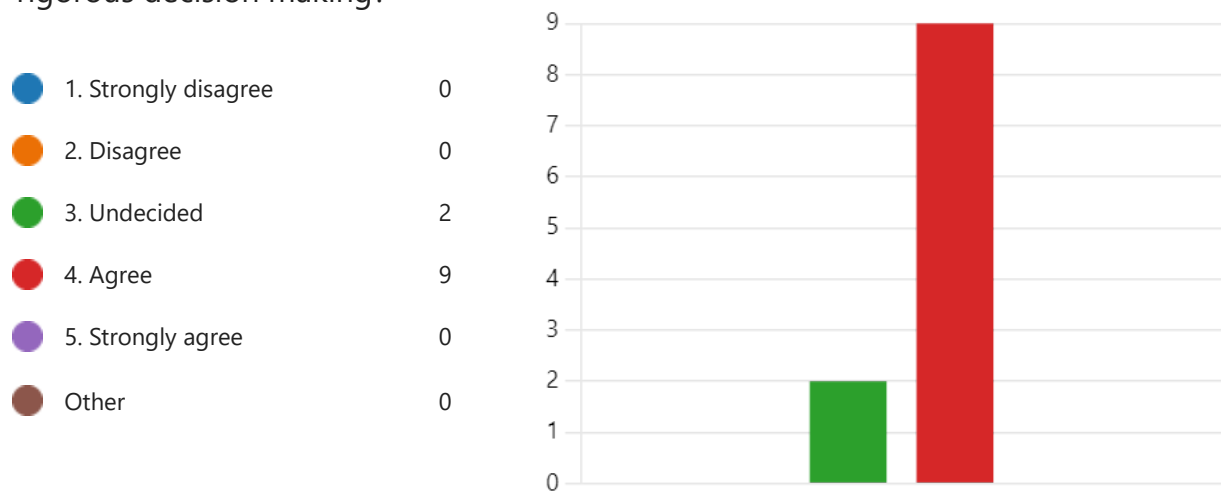


5. Members adequately understand the WHSSC’s business, operations and risks, as well as challenges and opportunities the organisation may face in the future?

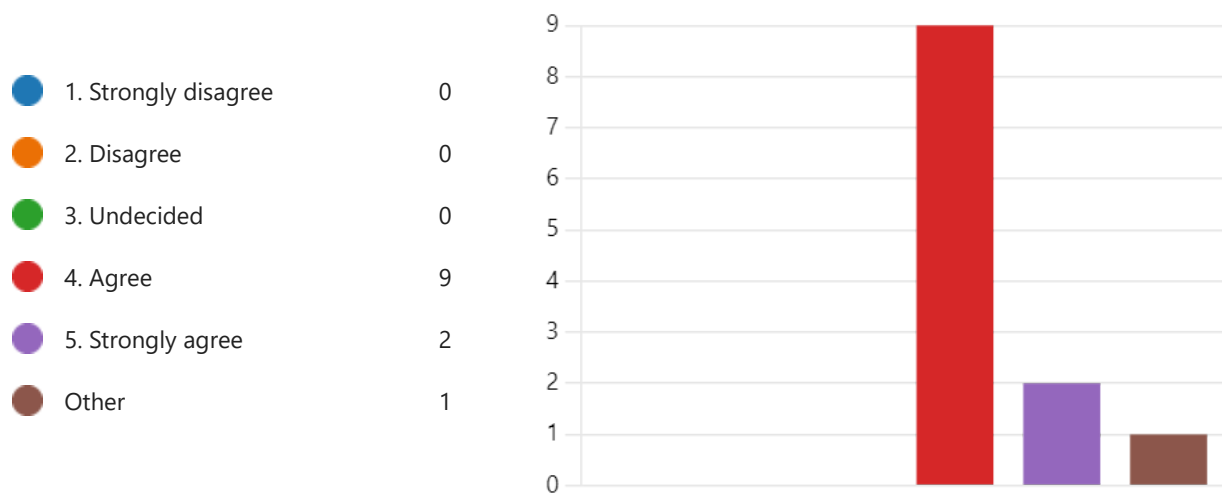


Comments:
- Majority of the time however there can sometimes be a conflict of interest.

6. The Joint Committee encourages a culture that promotes candid communication and rigorous decision making?



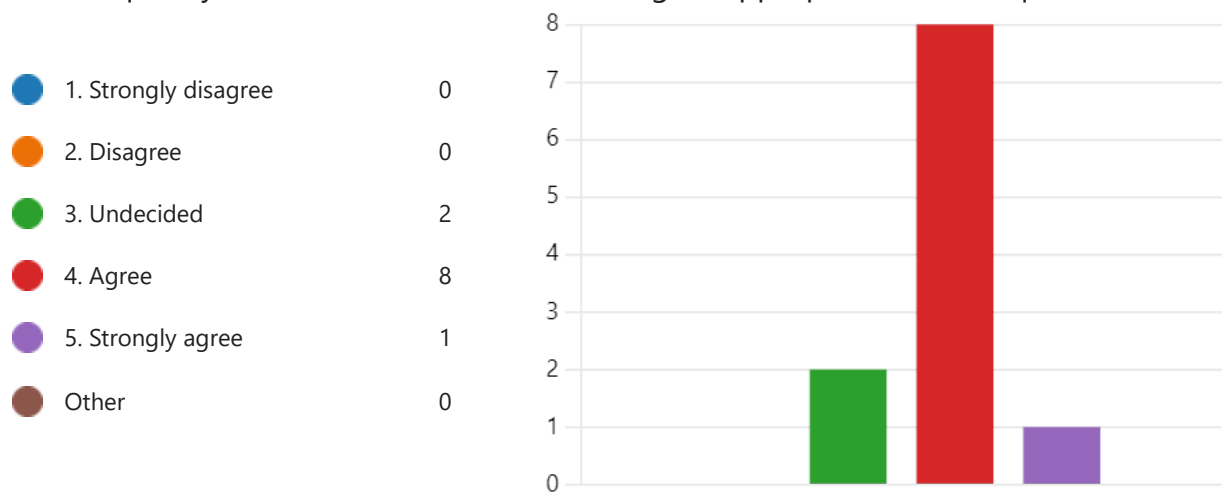
7. All Joint Committee members are able to contribute constructively at Joint Committee discussions without concern or difficulty?



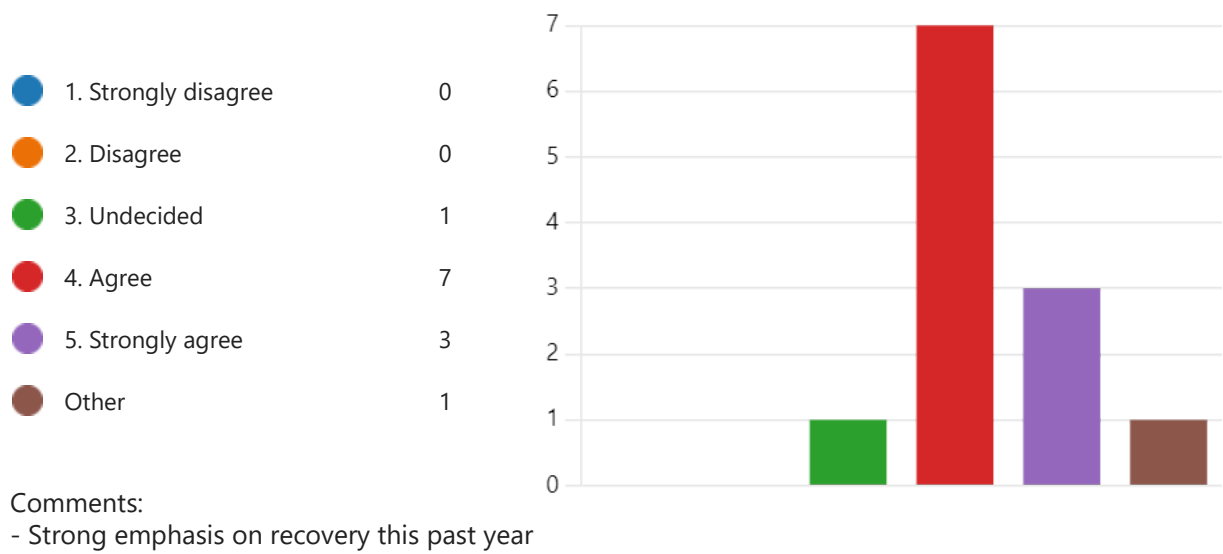
Comments:

- Agree but as below CEOs often dominate discussion.

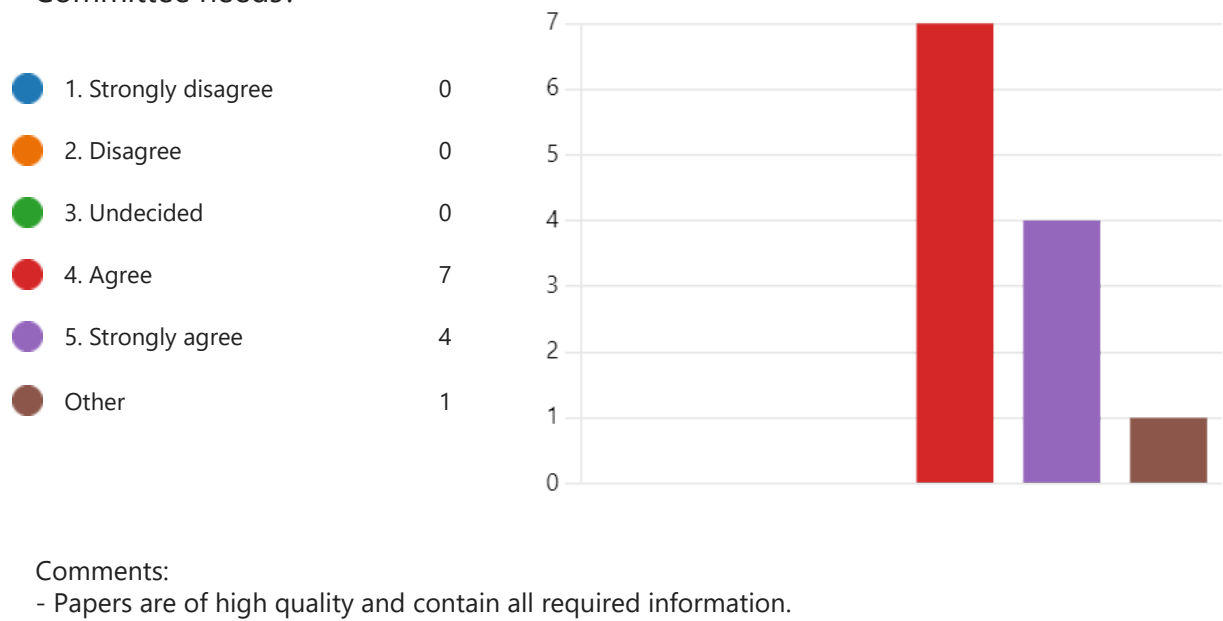
8. The frequency and time allocation for meetings is appropriate and adequate?



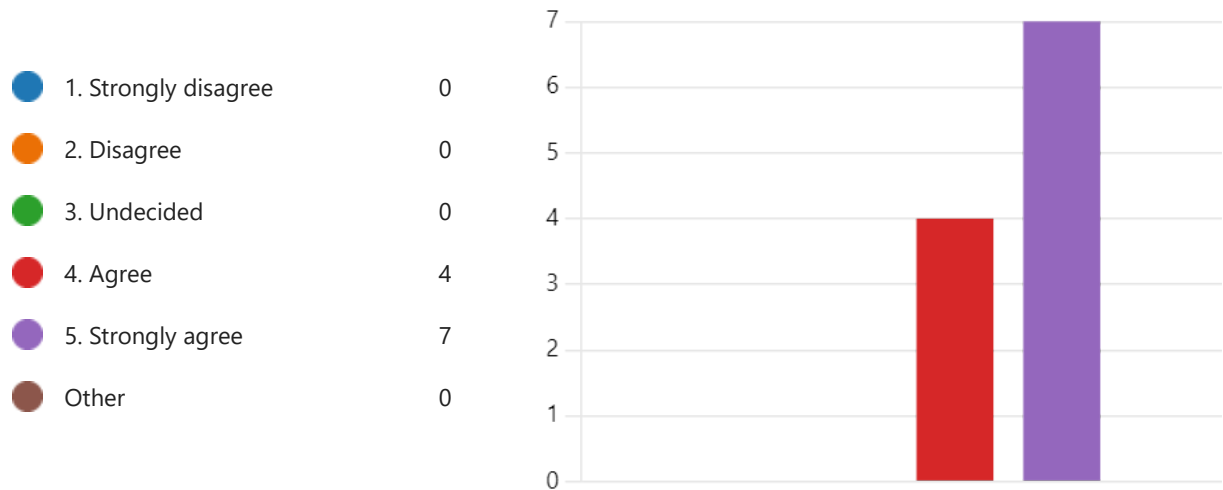
9. On agenda-setting and discussions, the Joint Committee focuses on the most critical issues and opportunities facing WHSSC?



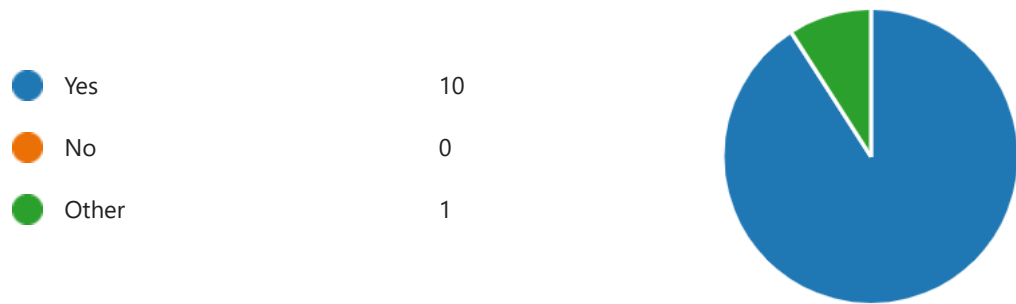
10. The meeting materials efficiently communicate all the information the Joint Committee needs?



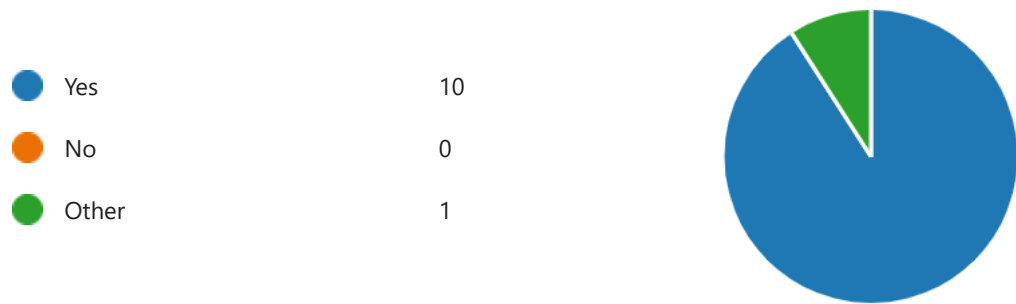
11. The Joint Committee receives materials with enough advance time?



12. Do the Joint Committee meet sufficiently frequently to deal with planned matters and is enough time allowed for questions and discussions?

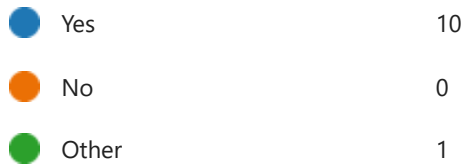


13. Is the atmosphere at the Joint Committee meetings conducive to open and productive debate?



Comments:
- Independent Member contributions is less than that seen at a HB Board meeting. This may reflect the imbalance of executive (WHSSC and HB) numbers and IM numbers. Also because IMS are recruited from HBs there may be a conflict of interests.

14. Is the behavior of all members/attendees courteous and professional?



Comments:

- Usually but HB CEOs often have strong views and care needs to be taken that their strength of feeling doesn't come across as aggressive and put others off from contributing.

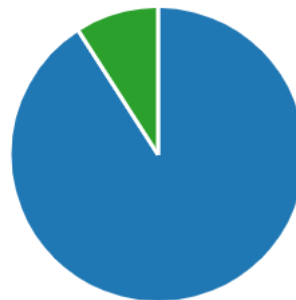
15. Do you consider that where private meetings of the Joint Committee are held, that these have been used appropriately for items that should not be discussed in the public domain (i.e. commercially sensitive, identifiable information)?



Comments:

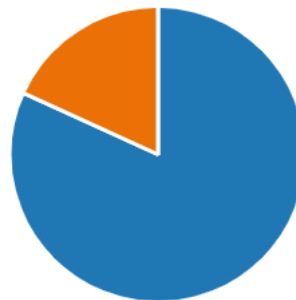
- Yes, private business then reported in public.

16. Would you agree that each agenda item is 'closed off' appropriately so it is clear what the conclusion is? 'closed off' meaning the outcome of the discussion/agenda item is clear (for noting, for approval, the action captured)



17. Have the virtual Joint Committee meetings been effective?

● Yes	9
● No	2
● Other	0



18. Please specify any other comments you would like to make on the effectiveness of the Joint Committee?

11

Responses

i feel we need to be clearer around long term funding strategies linked to service change and the development of the two site tertiary centre model

Nothing further to add

None

I am a new member so have responded "undecided" in a few cases

n/a

The Joint Committee is effective at jointly exercising functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven HBs in Wales. It is important in the advent of the national review into commissioning arrangements that HB representatives on the Joint Committee and the sub committees continue to communicate and engage with HB colleagues on WHSSC matters to ensure effective joint working.

na

Face to face would be good maybe twice a year?

n/a

Volume of papers is high in order to deal with the agenda. Therefore difficult to give attention to all items equally

The governance arrangement of WHSSC and the membership of the Board means that there are inherent tensions. Despite these tensions the Committee does deliver effective decision making which is open and transparent.

WHSSC Management Group Committee Effectiveness Survey 2022-2023

9

Responses

06:32

Average time to complete

Closed

Status

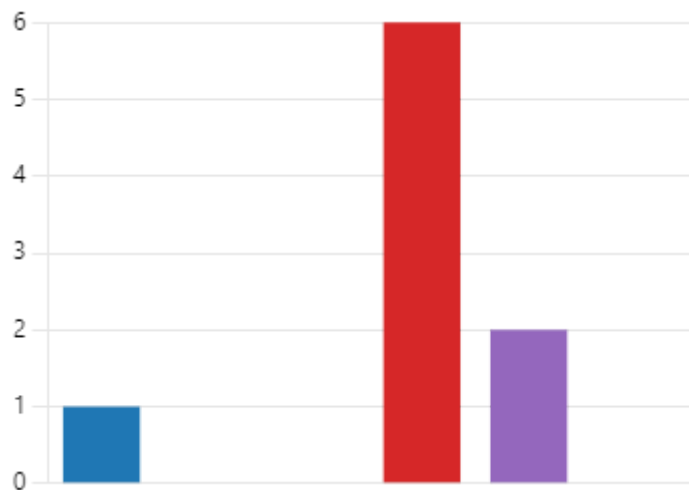
1. Are you a member of WHSSC or a Health Board?

● WHSSC	4
● Health Board	5
● Other	0

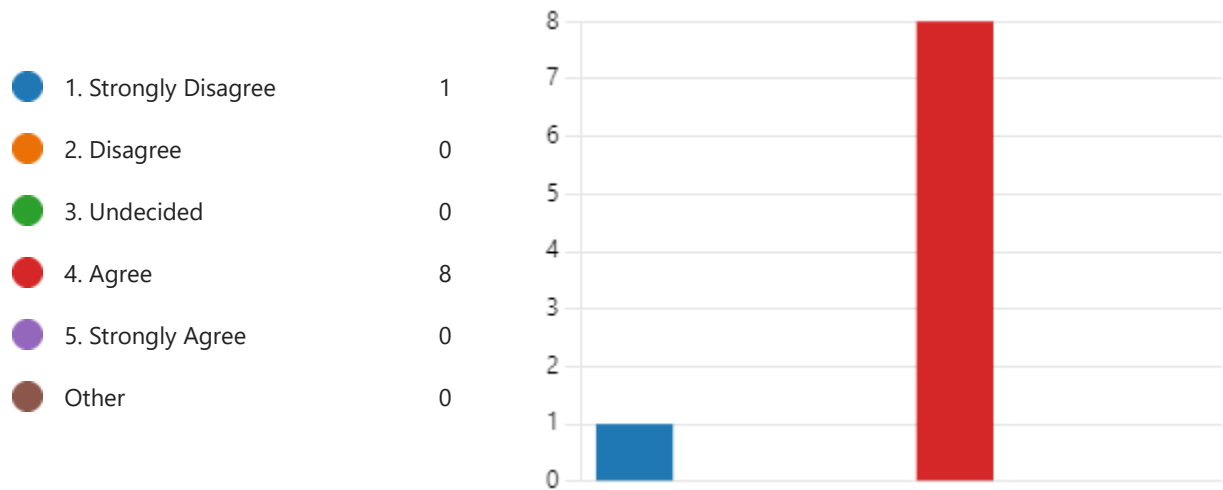


2. The overall purpose of the Management Group is to make recommendations to the Joint Committee and be the Specialised Services Commissioning operational body responsible for the oversight of the development, scrutiny and implementation of the Specialised Services Strategy?

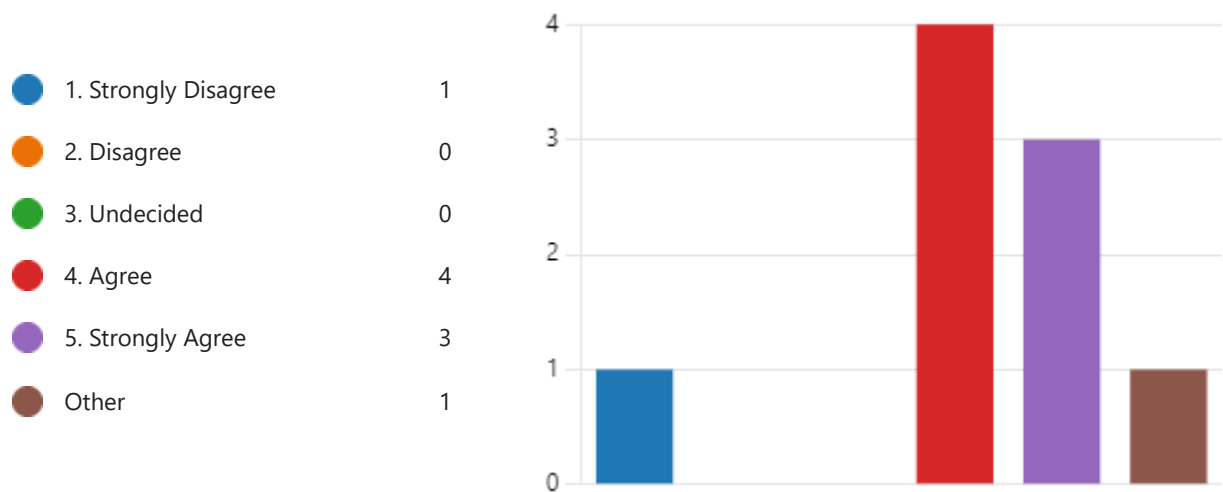
● 1. Strongly Disagree	1
● 2. Disagree	0
● 3. Undecided	0
● 4. Agree	6
● 5. Strongly Agree	2
● Other	0



3. Management Group meeting agendas clearly reflects our strategic plan and goals?

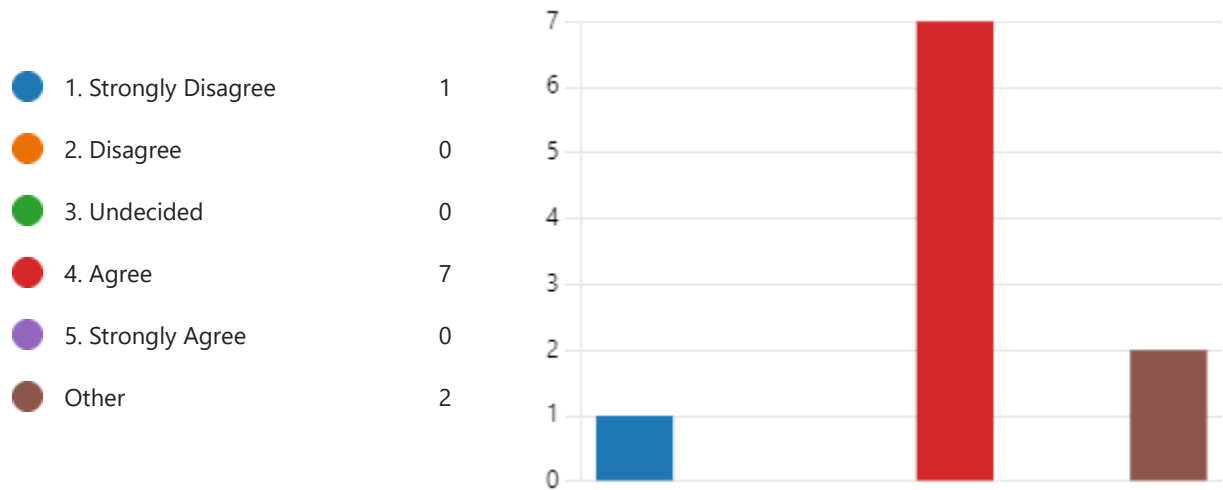


4. Management Group has critiqued and questioned and recommended WHSSC's annual plan (ICP) for approval by the Joint Committee?



Comments:
- I have only recently joined the group, so can't yet comment

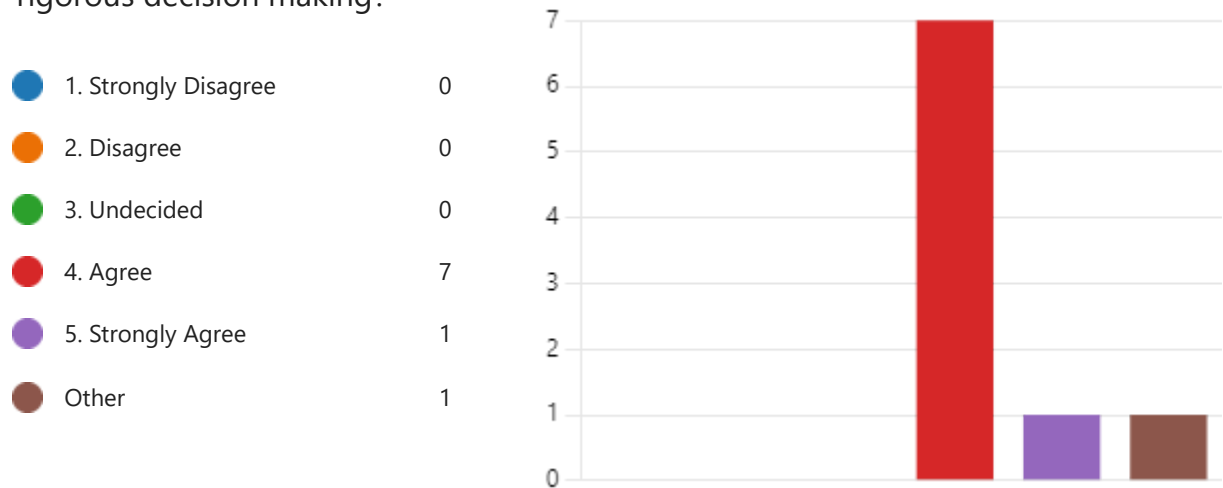
5. Members adequately understand WHSSC business, operations and risks?



Comments:

- Not all members adequately understand
- I'm not sure that we are fully sighted on the risks.

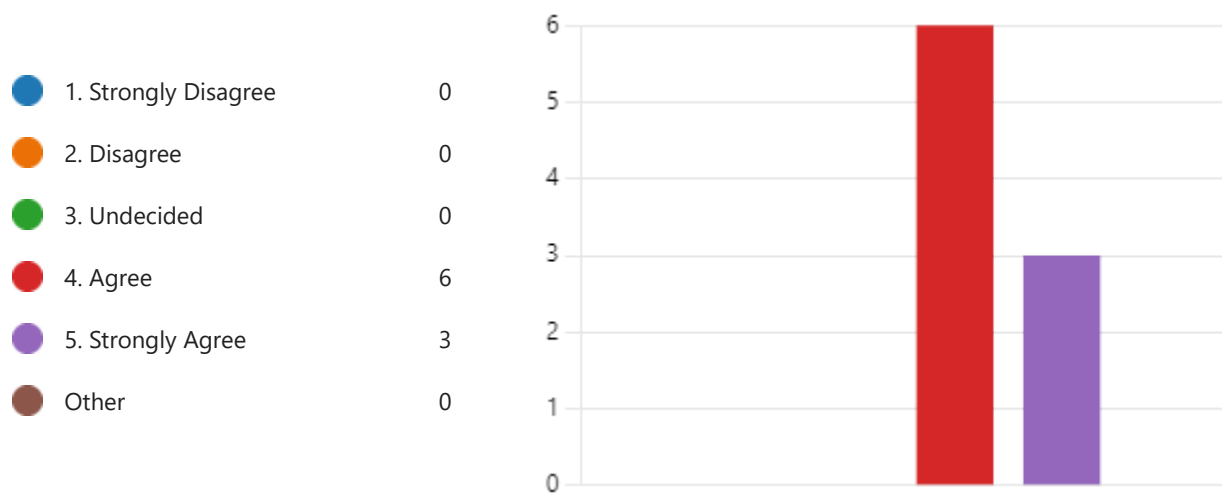
6. Management Group encourages a culture that promotes candid communication and rigorous decision making?



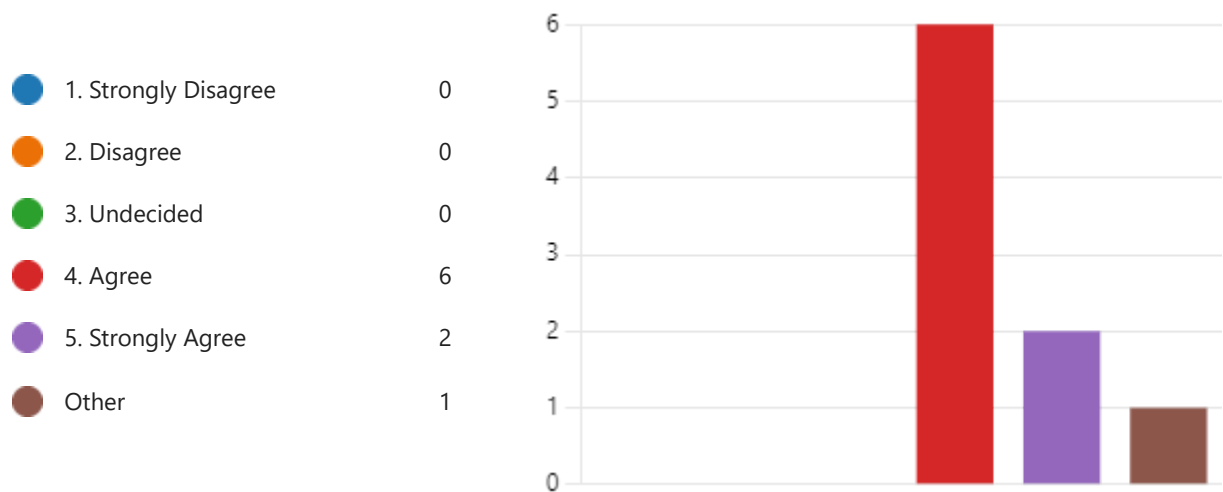
Comments:

- I think that sometimes the agenda is do large that there isn't always time to allow for rigorous discussion but it is certainly the aim

7. All Management Group members are able to contribute constructively at Management Group discussions without concern or difficulty?

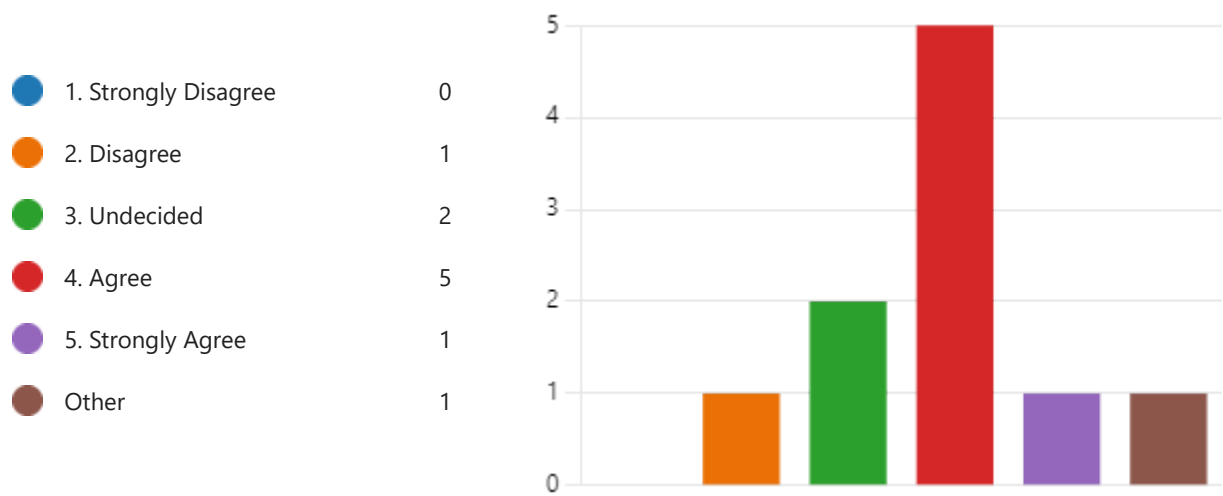


8. The frequency and time allocation for meetings is appropriate and adequate?



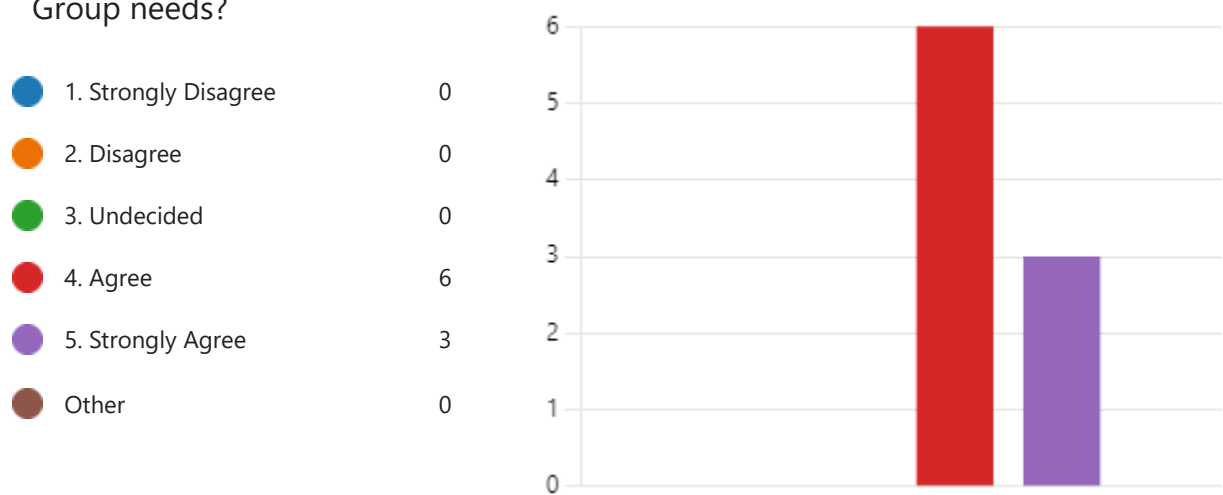
Comments:
- Possibly too much on the agenda for the time allotted

9. On agenda-setting and discussions, Management Group focuses on the most critical issues and opportunities facing WHSSC?

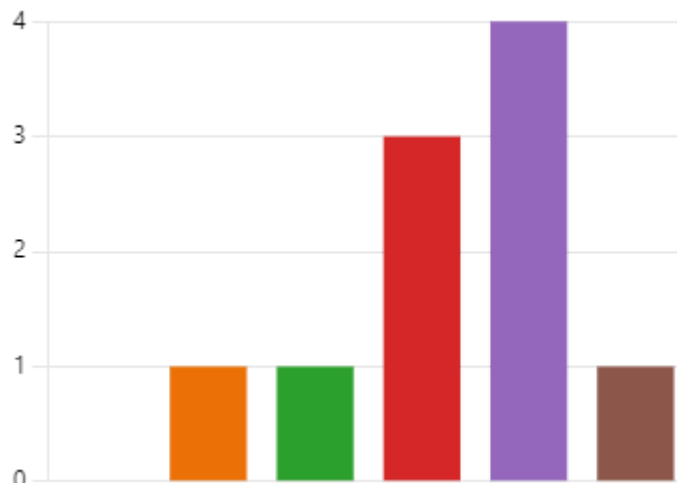
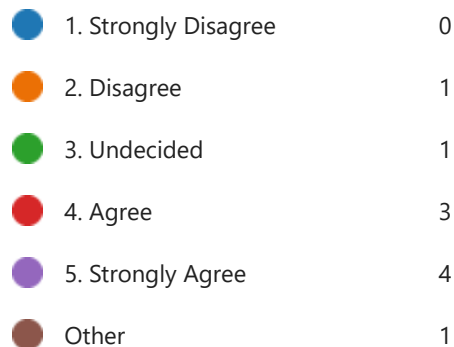


Comments:
- Mostly this is the case, but sometimes WHSSC's focus can be diluted with other priorities that don't fit with WHSSC's specialised services strategy

10. The meeting materials efficiently communicate all the information Management Group needs?



11. Management Group receives materials with enough advance time?



Comments:

- The new schedule with papers coming out two weeks in advance is helpful, but often it is not the complete set that is issued at this time and often significant agenda items come late, which can make it difficult to prepare and gather views from wider health board staff where required.

12. Does Management Group meet sufficiently frequently to deal with planned matters and is enough time allowed for questions and discussions?



Comments:

- Not always the agenda can be a bit full

13. Is the atmosphere at Management Group meetings conducive to open and productive debate?



14. Is the behaviour of all members/attendees courteous and professional?



Comments:

- Sometimes can be challenging with a conflict of interest as a member of a Health Board

15. Would you agree that each agenda item is 'closed off' appropriately so it is clear what the conclusion is? 'closed off' meaning the outcome of the discussion/agenda item is clear (for noting, for approval, the action captured)?



16. Have virtual Management Group meetings been effective?



Comments:

- I know not everyone agrees, but I think it would help to have occasional meetings in person to build connectivity and rapport between members.

17. Please specify any other comments you would like to make on the effectiveness of the Management Group?

9

Responses

Nothing further to add

Overall members take a highly professional and considered approach to matters in hand and offer rigorous and conscientious scrutiny.

Nil

n/a

"The Management Group is effective at making recommendations to the Joint Committee and fulfilling the role of the Specialised Services Commissioning operational body responsible for the oversight of the development, scrutiny and implementation of the Specialised Services Strategy. The MG have a specific role to ensure that HB colleagues are kept abreast of WHSSC matters and that CEOs are briefed ahead of Joint Committee meetings, however there may be inconsistencies in cascading information at a local level which could be strengthened. "

na

Very positive. Maybe hold alternating meetings in person/teams

Very well run and chaired. Although there is a lot of papers to read/review in preparation, but evidences good information sharing

I have been a member for just over 12 months. I had some apprehension beforehand. However, I have found the meetings to be effective, constructive challenge is welcomed with little sense of defensiveness. Members are able to agree and disagree with each other.

WHSSC Quality & Patient Safety Committee Effectiveness Survey 2022-2023

6

Responses

02:58

Average time to complete

Closed

Status

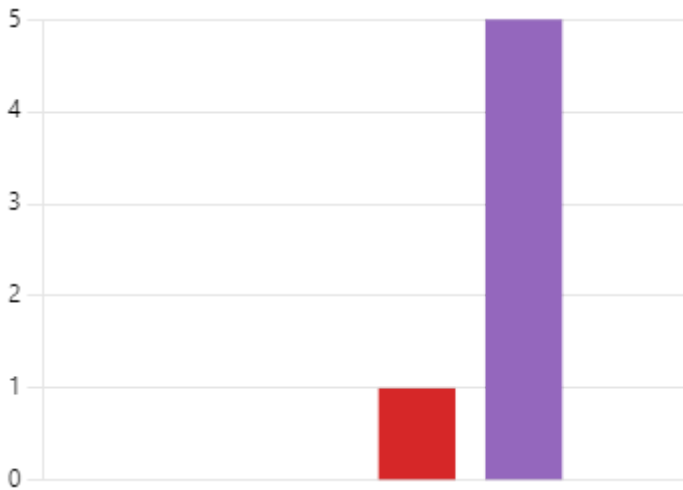
1. Are you a member of WHSSC or a Health Board Independent Member?

● WHSSC	2
● Health Board	4
● Other	0

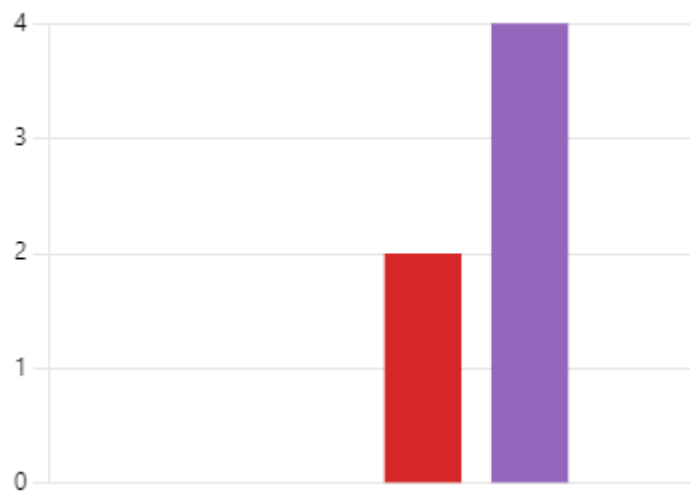
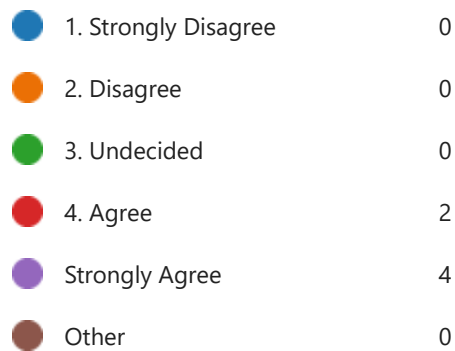


2. QPSC is committed to oversight and rigorous scrutiny and provides assurance to the JC that WHSSC is commissioning high quality and safe services?

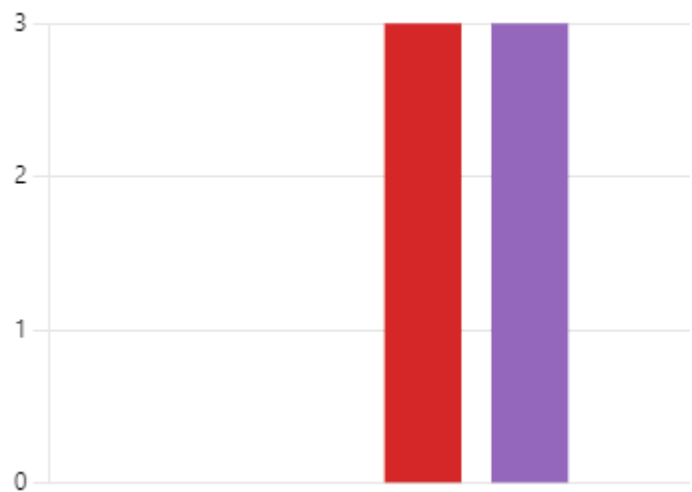
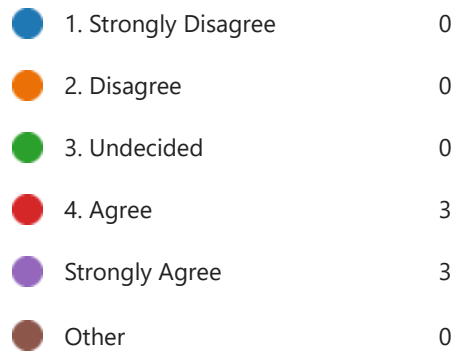
● 1. Strongly Disagree	0
● 2. Disagree	0
● 3. Undecided	0
● 4. Agree	1
● Strongly Agree	5
● Other	0



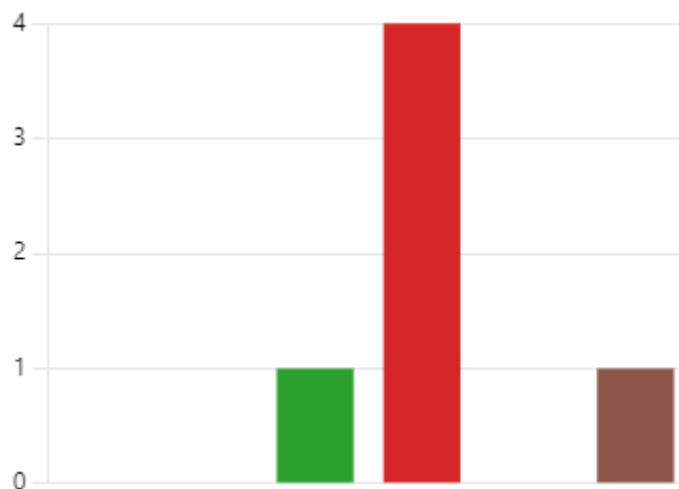
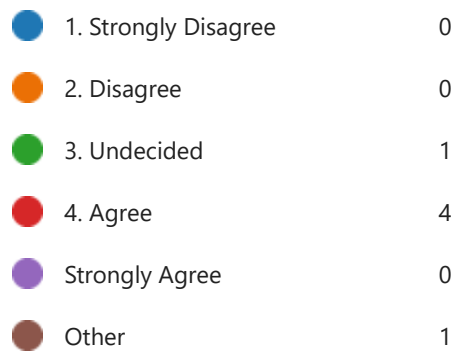
3. QPSC meeting agendas clearly reflects the purpose within the Committee Terms of Reference?



4. QPSC has critiqued and questioned the services in Escalation and the Corporate Risk Assurance Framework and provides adequate assurance to the Joint Committee?

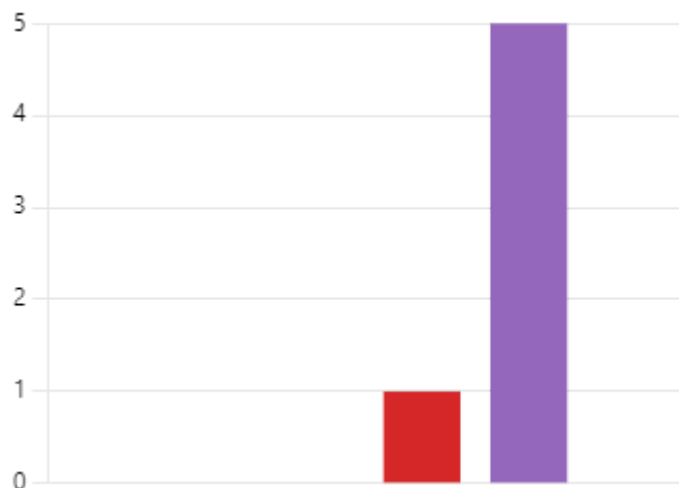
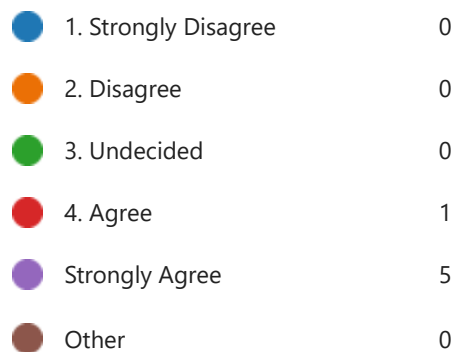


5. Members adequately understand the WHSSC’s business, operations and risks, as well as challenges and opportunities the organisation may face in the future?

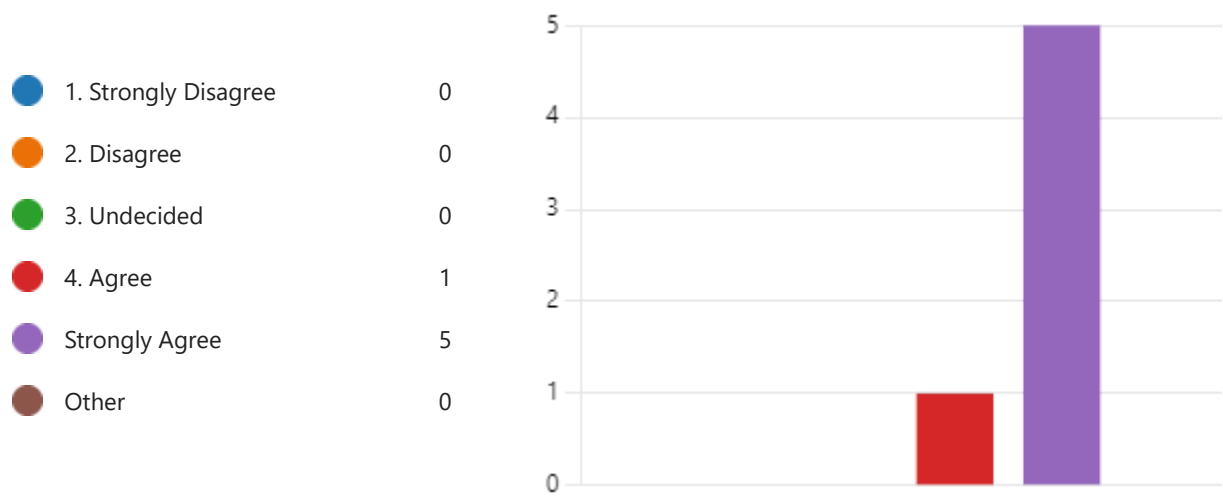


Comments:
Due to change in Health Board membership this can be problematic however induction of new members has helped

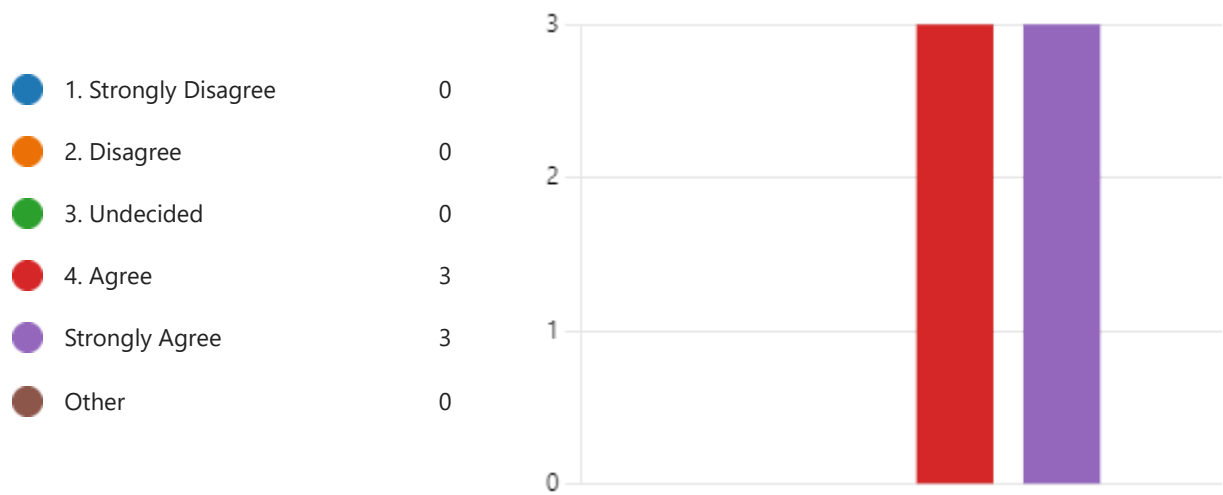
6. QPSC encourages a culture that promotes candid communication and rigorous decision making?



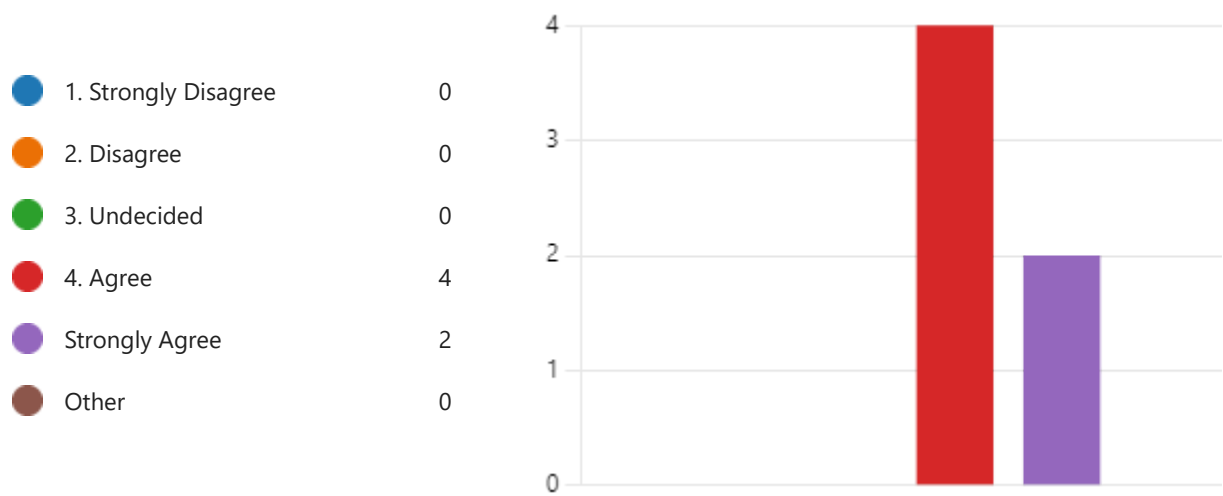
7. All QPSC members are able to contribute constructively at discussions without concern or difficulty?



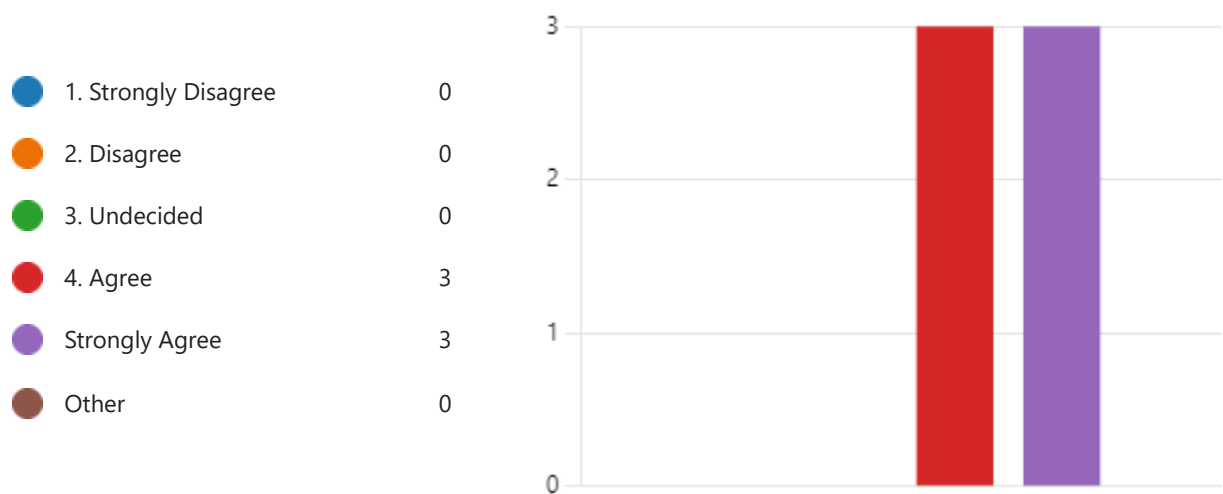
8. The frequency and time allocation for meetings is appropriate and adequate?



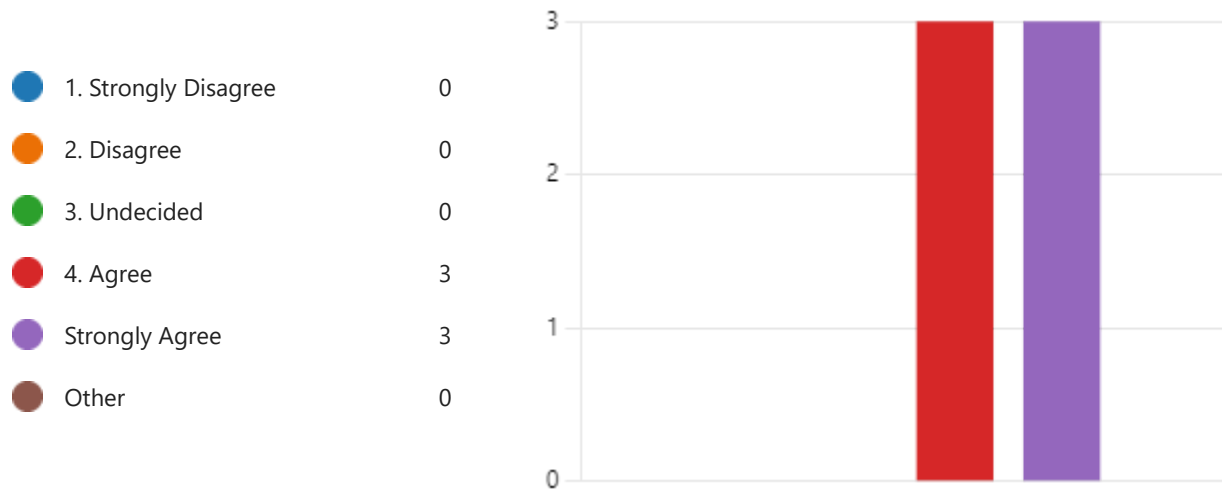
9. On agenda-setting and discussions, QPSC focuses on the most critical issues and opportunities facing WHSSC?



10. The meeting materials efficiently communicate all the information QPSC needs?



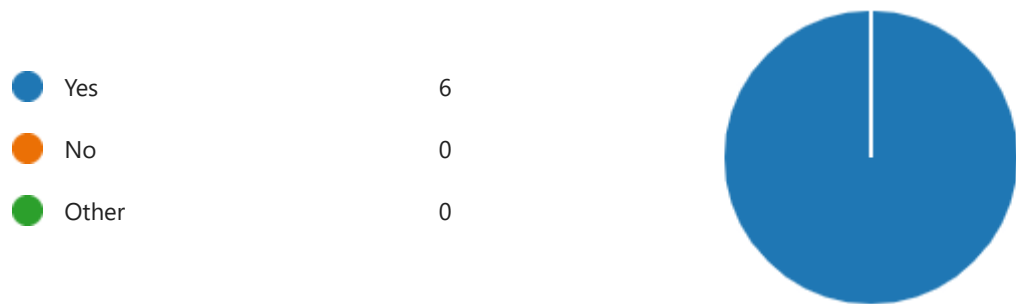
11. QPSC receives materials with enough advance time?



12. Does QPSC meet sufficiently frequently to deal with planned matters and is enough time allowed for questions and discussions?



13. Is the atmosphere at QPSC meetings conducive to open and productive debate?



14. Is the behaviour of all members/attendees courteous and professional?

Yes	6
No	0
Other	0



15. Would you agree that each agenda item is 'closed off' appropriately so it is clear what the conclusion is? 'closed off' meaning the outcome of the discussion/agenda item is clear (for noting, for approval, the action captured)

Yes	5
No	0
Other	1



16. Have virtual QPSC meetings been effective?

Yes	6
No	0
Other	0



17. Please specify any other comments you would like to make on the effectiveness of the QPSC?

6

Responses

Nothing to add

Health Boards need to ensure that there are mechanisms in place to allow WHSSC issues are effectively communicated internally for adequate discussion and assurance.

None

None.

I am content with the way in which these meetings are run. Occasionally more of a deep dive into specific items might be helpful. These are however covered in development sessions.

na

WHSSC Integrated Governance Committee Effectiveness Survey 2022-2023

5

Responses

01:52

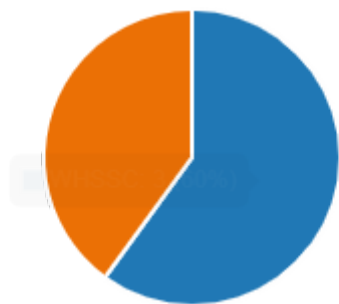
Average time to complete

Closed

Status

1. Are you a member of WHSSC or an Independent Member?

● WHSSC	3
● Independent Member	2
● Other	0



2. IGC is committed to oversight and rigorous scrutiny and provides assurance to the JC that WHSSC is commissioning high quality and safe services?

● 1. Strongly Disagree	0
● 2. Disagree	0
● 3. Undecided	0
● 4. Agree	3
● 5. Strongly Agree	2



3. IGC meeting agendas clearly reflects the purpose within the Terms of Reference?

1. Strongly Disagree	0
2. Disagree	0
3. Undecided	0
4. Agree	3
5. Strongly Agree	3



4. IGC regularly receives the services in Escalation and the Corporate Risk Assurance Framework and provides adequate assurance to the Joint Committee that there are effective processes in place to manage risk across the organisation?

1. Strongly Disagree	0
2. Disagree	0
3. Undecided	1
4. Agree	2
5. Strongly Agree	2



5. Members adequately understand the WHSSC's business, operations and risks, as well as challenges and opportunities the organisation may face in the future?

1. Strongly Disagree	0
2. Disagree	0
3. Undecided	0
4. Agree	5
5. Strongly Agree	0



6. IGC encourages a culture that promotes candid communication and rigorous decision making?

1. Strongly Disagree	0
2. Disagree	0
3. Undecided	0
4. Agree	4
5. Strongly Agree	1



7. All IGC members are able to contribute constructively at discussions without concern or difficulty?

1. Strongly Disagree	0
2. Disagree	0
3. Undecided	0
4. Agree	4
5. Strongly Agree	1



8. The frequency and time allocation for meetings is appropriate and adequate?

1. Strongly Disagree	0
2. Disagree	0
3. Undecided	1
4. Agree	3
5. Strongly Agree	1



9. On agenda-setting and discussions, IGC focuses on the most critical issues and opportunities facing WHSSC?

1. Strongly Disagree	0
2. Disagree	0
3. Undecided	1
4. Agree	2
5. Strongly Agree	2



10. The meeting materials efficiently communicate all the information IGC needs?

1. Strongly Disagree	0
2. Disagree	0
3. Undecided	1
4. Agree	2
5. Strongly Agree	2



11. IGC receives materials with enough advance time?

1. Strongly Disagree	0
2. Disagree	0
3. Undecided	0
4. Agree	1
5. Strongly Agree	4



12. Does IGC meet sufficiently frequently to deal with planned matters and is enough time allowed for questions and discussions?

● Yes	4
● No	0
● Other	1



13. Is the atmosphere at IGC meetings conducive to open and productive debate?

● Yes	5
● No	0
● Other	0



14. Is the behaviour of all members/attendees courteous and professional?

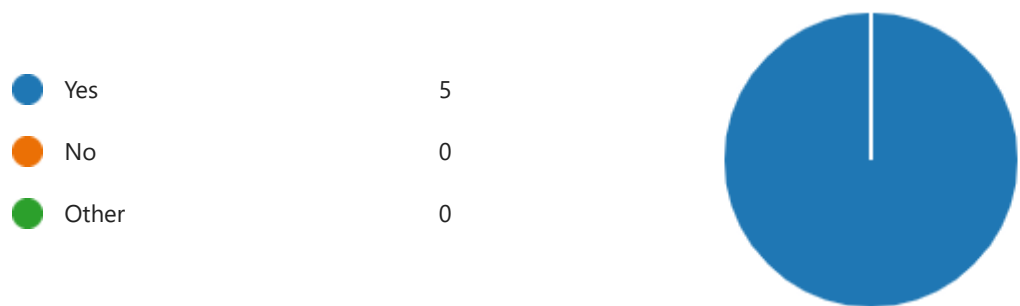
● Yes	5
● No	0
● Other	0



15. Would you agree that each agenda item is 'closed off' appropriately so it is clear what the conclusion is? 'closed off' meaning the outcome of the discussion/agenda item is clear (for noting, for approval, the action captured)



16. Have virtual IGC meetings been effective?



17. Any other comments you would like to make on the effectiveness of IGC?

5
Responses

Good oversight and scrutiny for assurance

I am a new committee member so have limited evidence. Hence several "undecided" responses.

N/a

IGC is highly effective at supporting the Joint Committee in receiving assurance that there are effective governance and scrutiny arrangements are in place across the organisation.

na

Individual Patient Funding Request Panel (IPFR) Committee Effectiveness Survey 2022-2023

8

Responses

10:16

Average time to complete

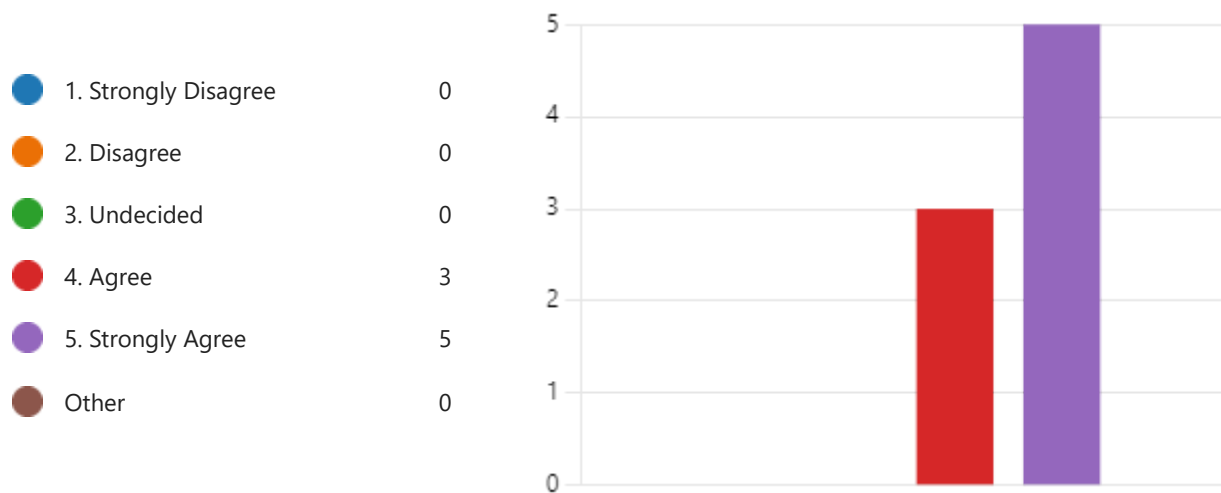
Closed

Status

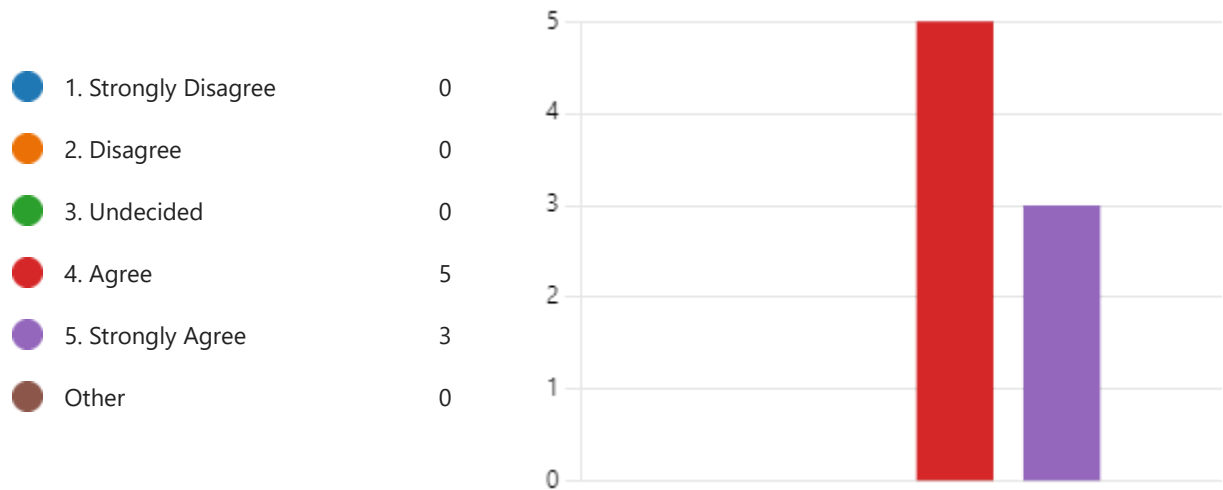
1. Are you a member of WHSSC, HB/Trust, Lay Member or other?



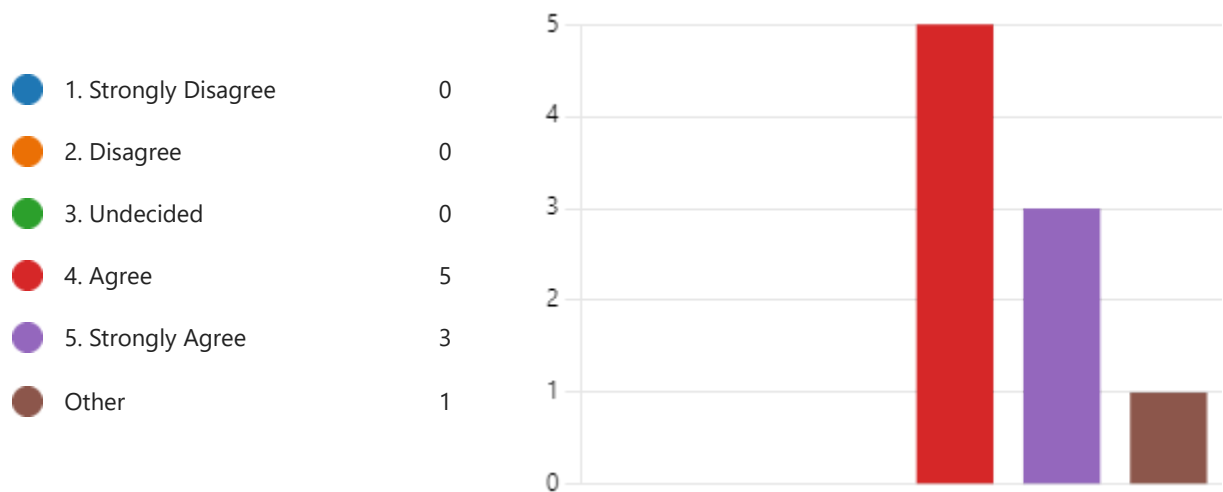
2. The WHSSC IPFR panel is committed to making best use of NHS resources and being held accountable for its decisions?



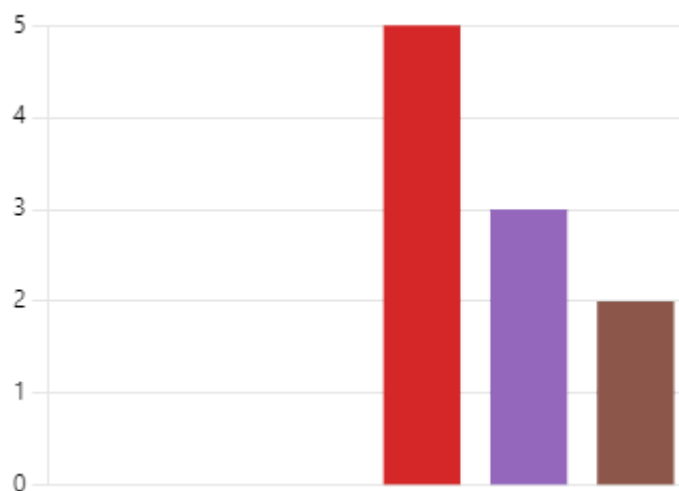
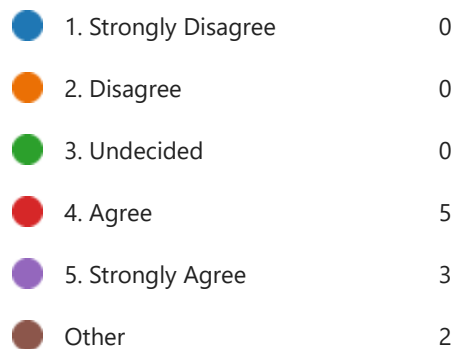
3. The WHSSC IPFR panel meeting agendas clearly reflects the Terms of Reference?



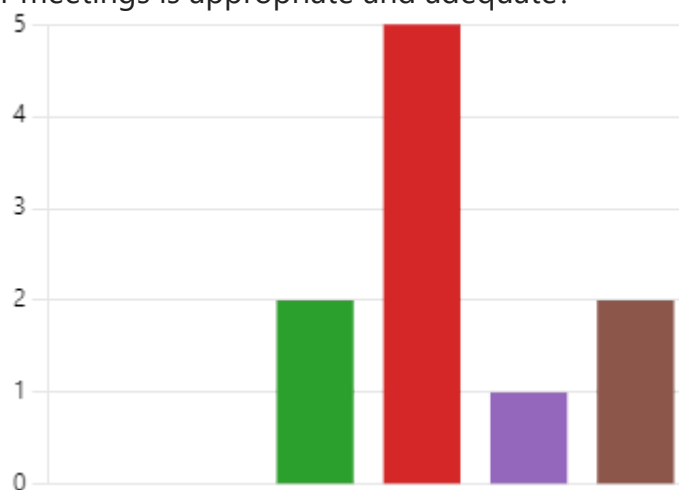
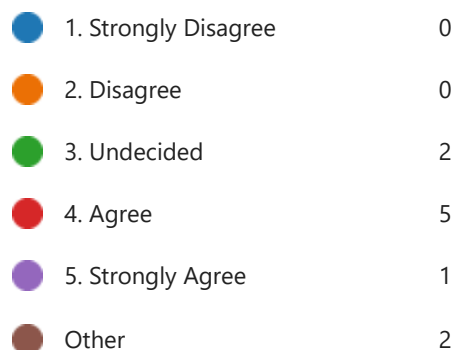
4. The WHSSC IPFR panel encourages a culture that promotes candid communication and rigorous decision making?



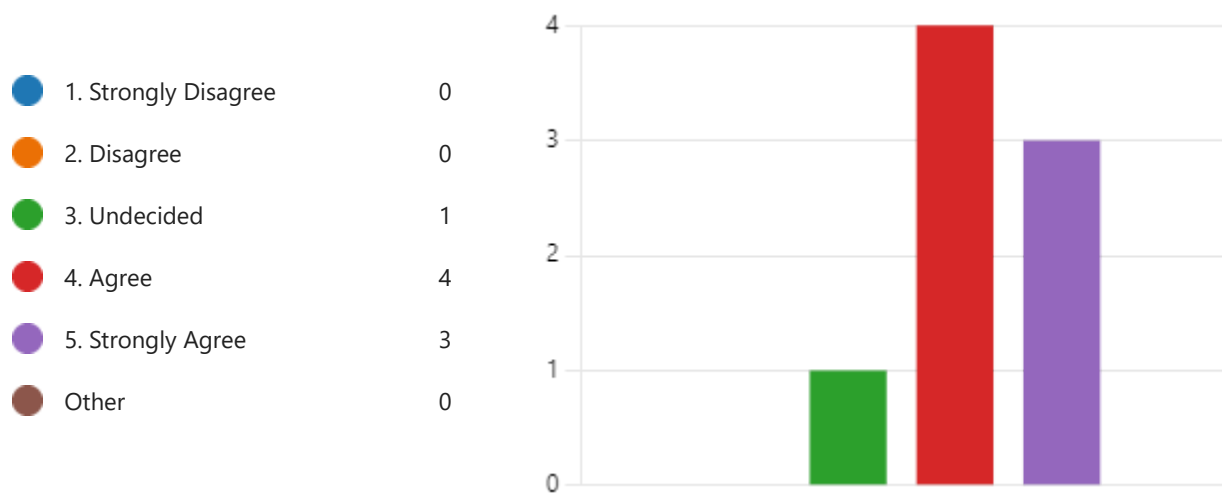
5. All WHSSC IPFR members and attendees are able to contribute constructively to discussions without concern or difficulty?



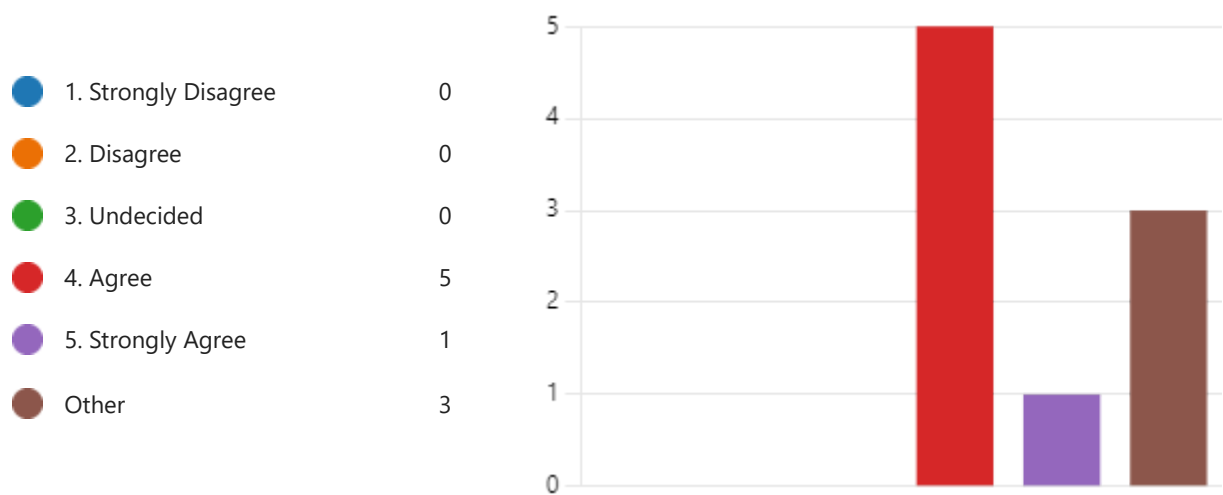
6. The frequency and time allocation for meetings is appropriate and adequate?



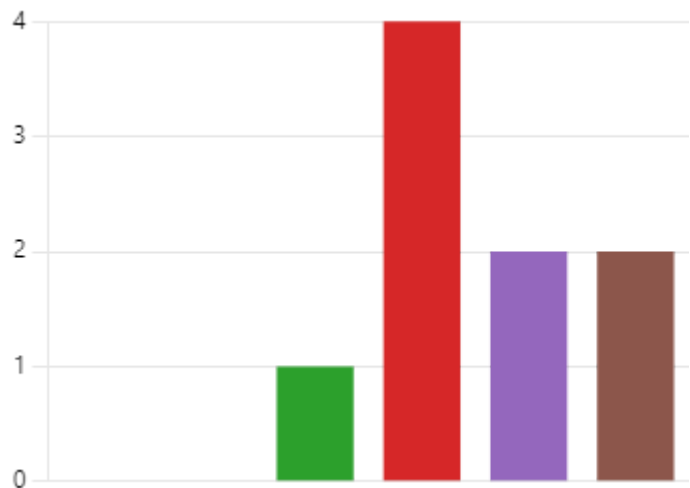
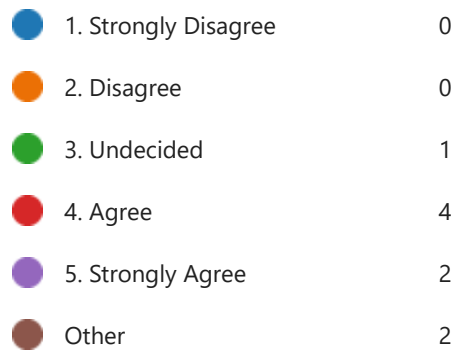
7. When discussing cases, the WHSSC IPFR Panel focuses on the criteria and only when there is evidence to support the criteria is funding approved?



8. The meeting materials efficiently communicate all the information the WHSSC IPFR Panel needs?



9. The WHSSC IPFR Panel receives materials with enough advance time?



10. Does the WHSSC IPFR Panel meet sufficiently frequently to deal with planned matters and is enough time allowed for questions and discussions?



11. Is the atmosphere at the WHSSC IPFR Panel meetings conducive to open and productive debate?



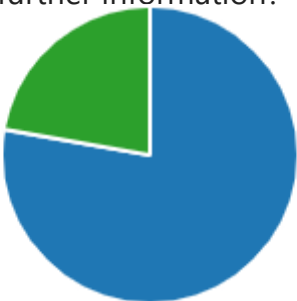
12. Is the behaviour of all members/attendees courteous and professional?

Yes	7
No	0
Other	2



13. Would you agree that each agenda case is 'closed off' appropriately so it is clear what the conclusion is? 'closed off' meaning the outcome of the discussion is clear (approved/not approved/ deferred – request for further information?)

Yes	7
No	0
Other	2



14. Have the virtual IPFR meetings been effective?

Yes	8
No	0
Other	1



15. Any other comments you would like to make on the effectiveness of the IPFR Committee?

The individual responses have been removed from the report and a summary narrative provided. This is to avoid identifying specific individuals on the panel and to ensure compliance with the UK GDPR and the Data Protection Act 2018. The full report has been considered by the Chair, the IPFR Executive Lead and the Integrated Governance Committee within WHSSC.

Summary:

Two key themes were identified in the responses. The first related to issues of respect and behaviours amongst panel members and the second to the poor quality of some applications and difficulties related to the current format of the request form.

WKN Committee Effectiveness Survey Questions

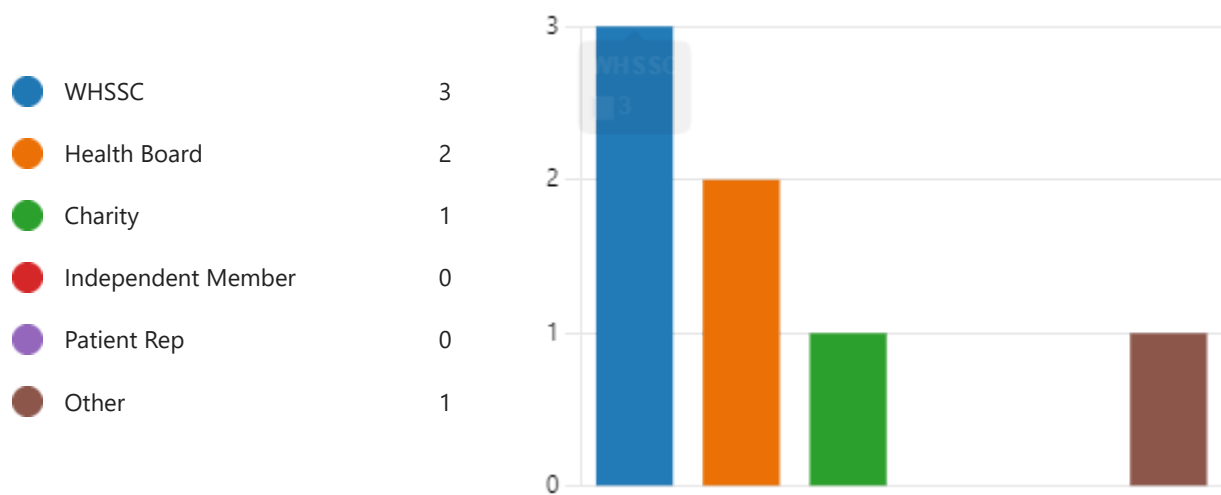
2022-2023

7
Responses

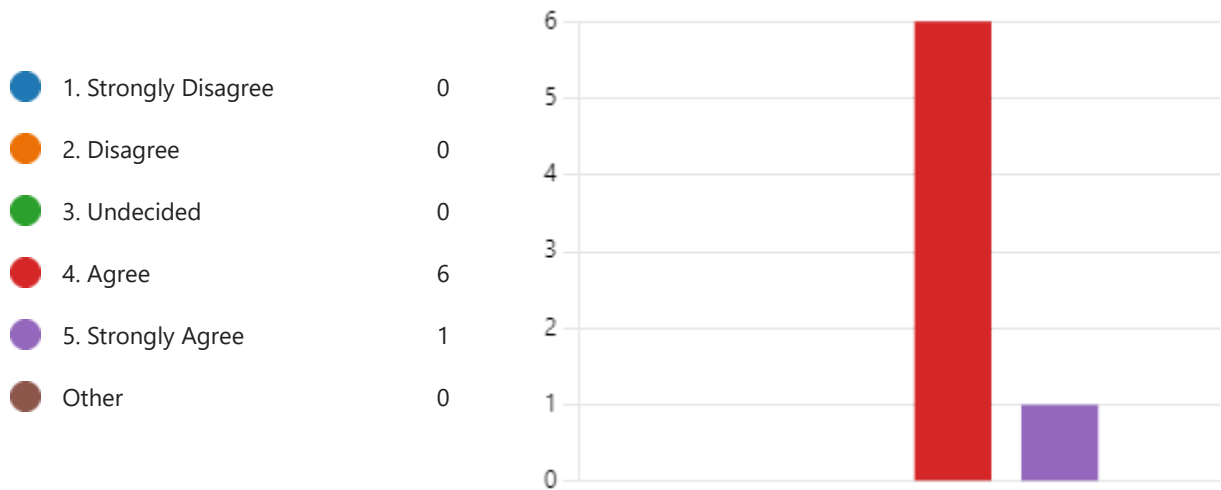
202:16
Average time to complete

Closed
Status

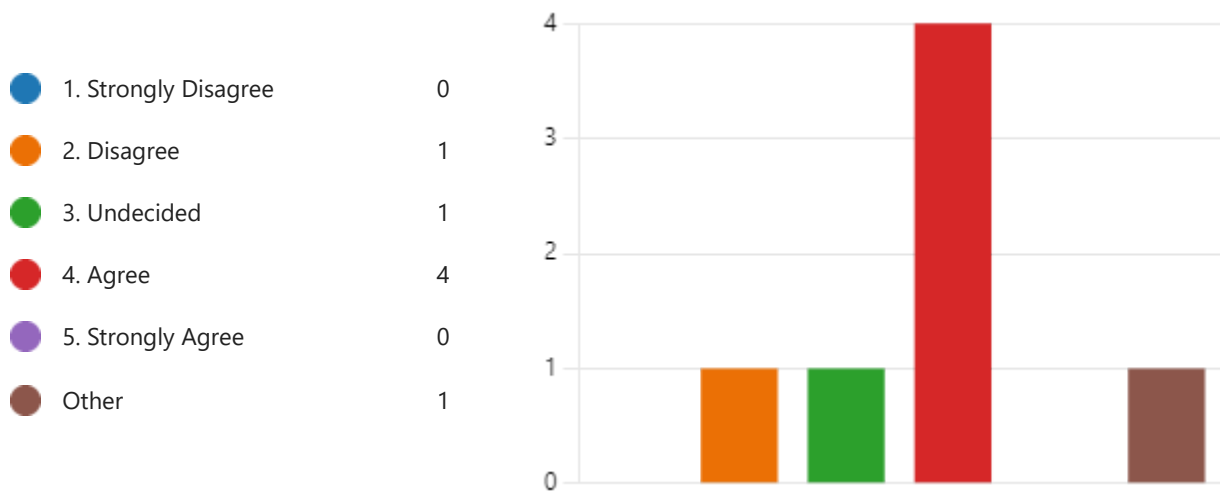
1. Do you a work for WHSSC, a Health Board, a Charity or are you an Independent Member or Patient Representative?



2. The WKN is committed to oversight and being held accountable for its decisions?

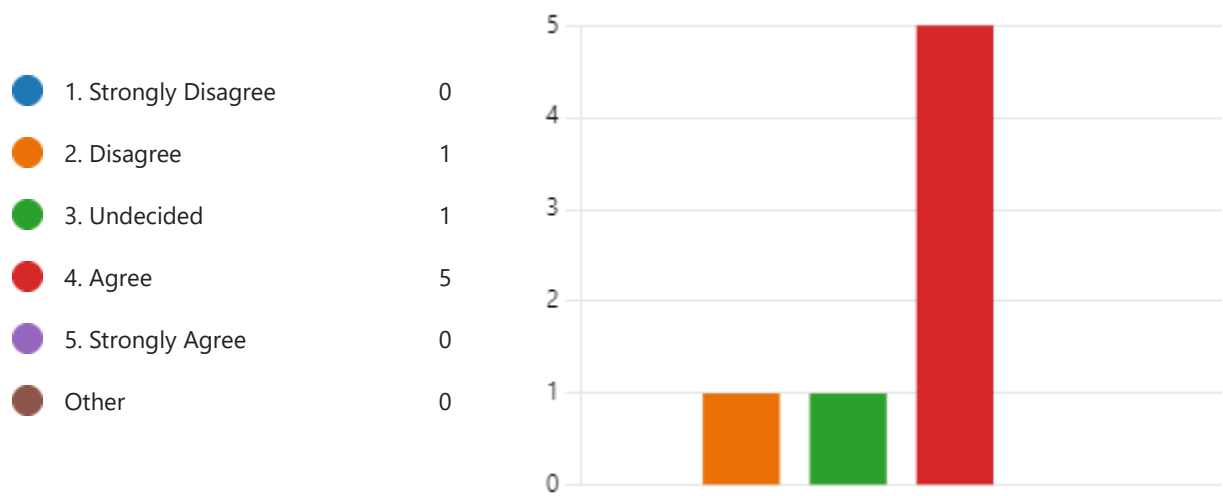


3. The WKN meeting agendas clearly reflects our strategic plan and goals?

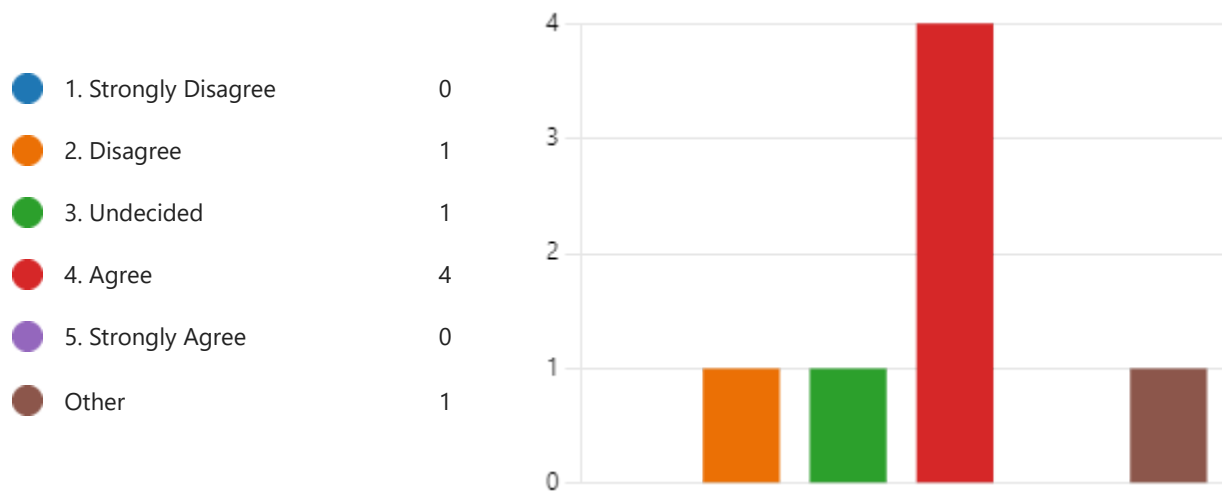


Comments:
- Could be improved

4. The WKN Board has critiqued, questioned and approved the annual plan for the WKN?

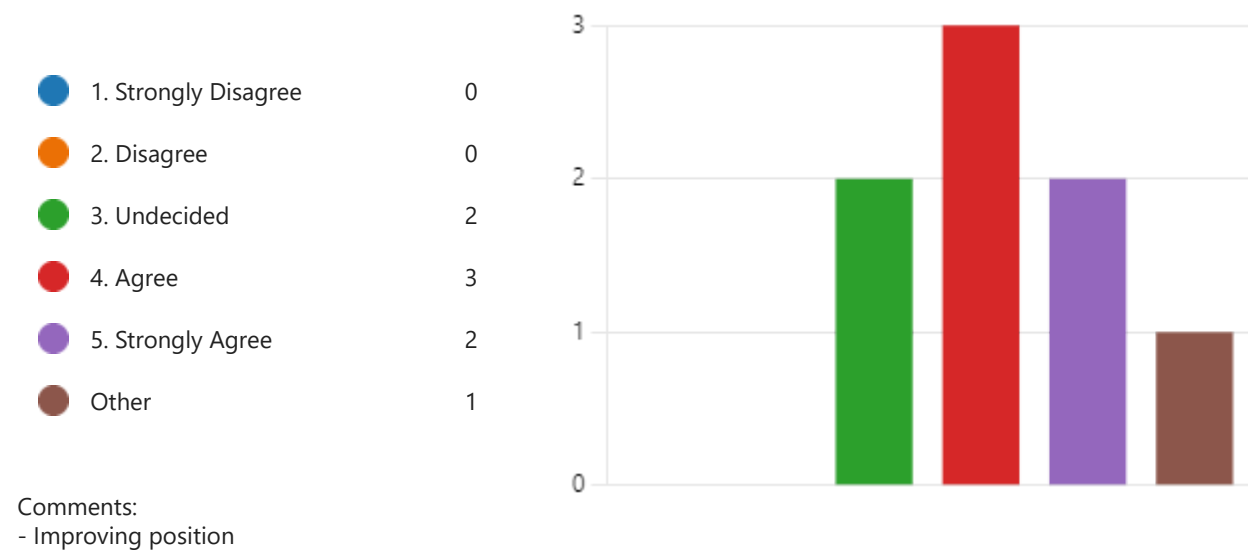


5. Members adequately understand the WKN’s business, operations and risks, as well as challenges and opportunities the organisation may face in the future?

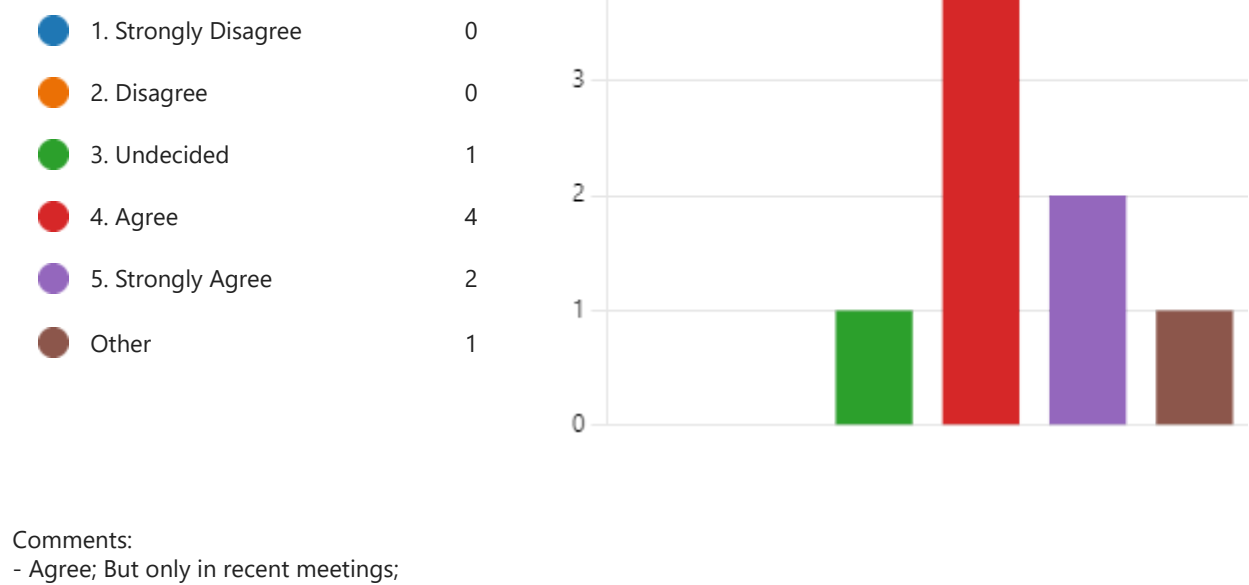


Comments:
- Could be improved

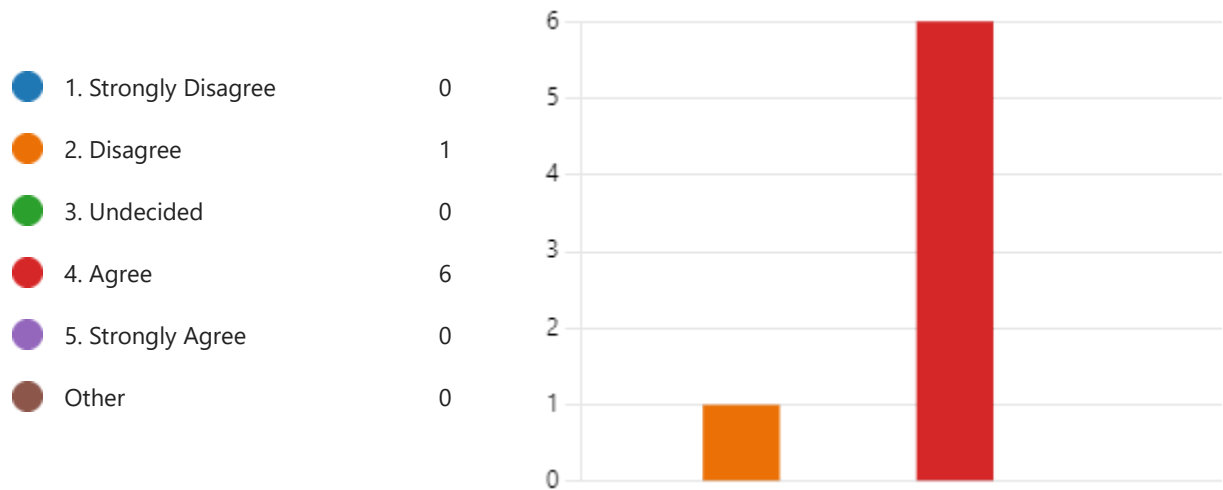
6. WKN encourages a culture that promotes candid communication and rigorous decision making?



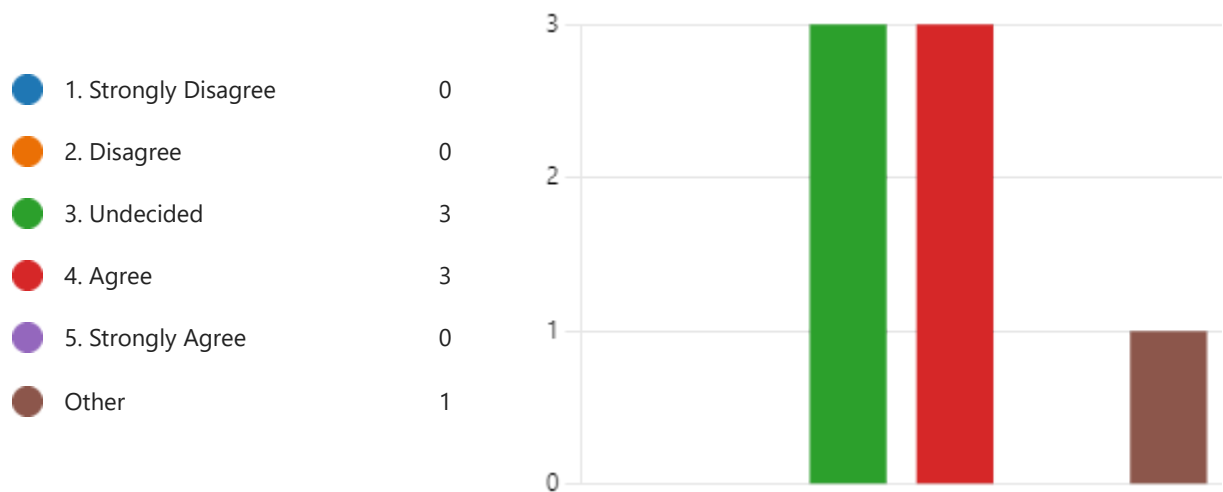
7. All WKN Board members are able to contribute constructively at Board meetings without concern or difficulty?



8. The frequency and time allocation for meetings is appropriate and adequate?

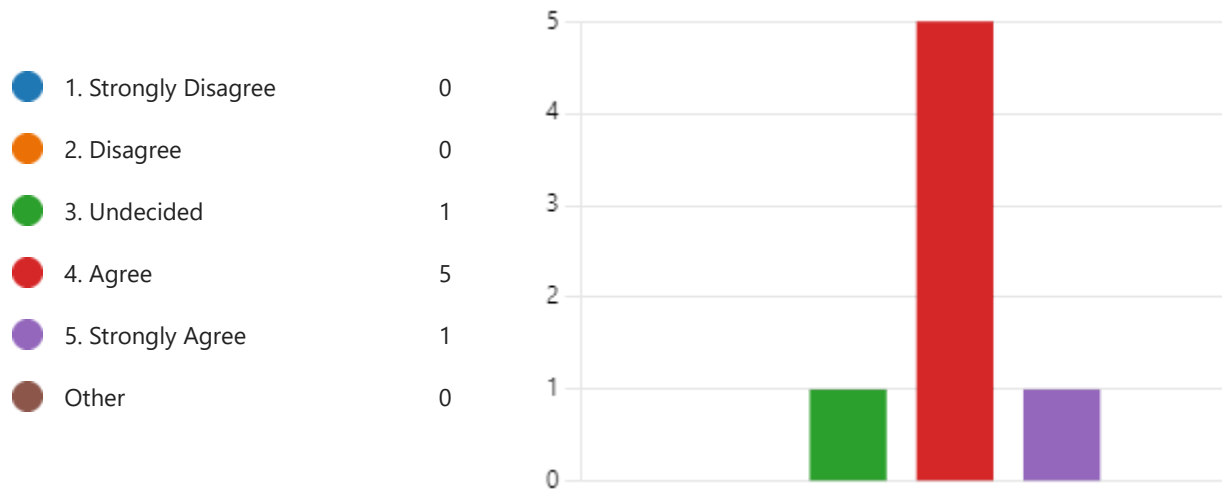


9. On agenda-setting and discussions, the Board focuses on the most critical issues and opportunities facing the WKN and kidney services?

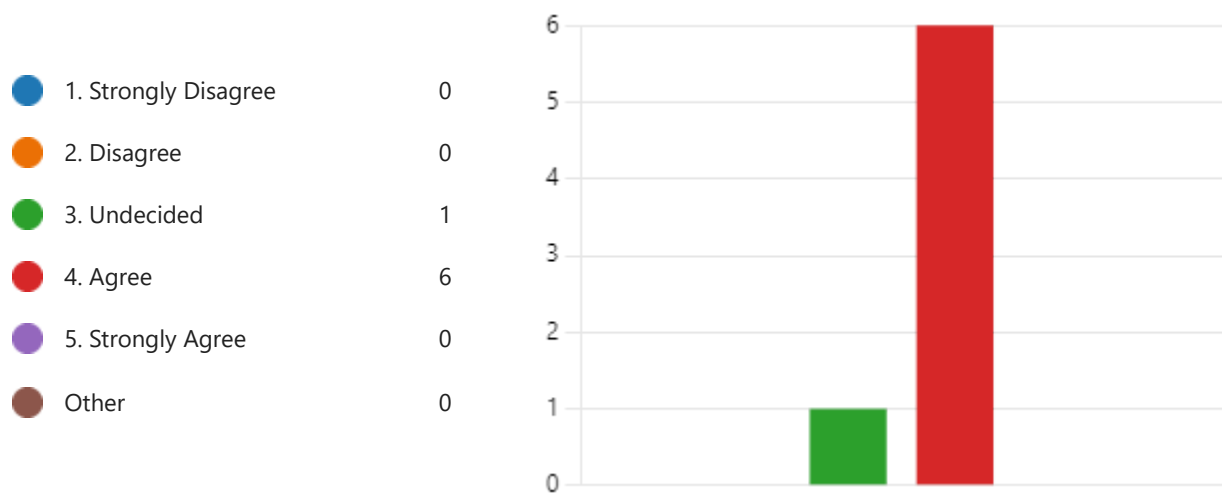


Comments:
- Could be improved

10. The meeting materials efficiently communicate all the information the WKN needs



11. The WKN Board receives materials with enough advance time?



12. Does the WKN Board meet sufficiently frequently to deal with planned matters and is enough time allowed for questions and discussions?



Comments:
- Meeting usually runs over allocated time as discussions not factored into timings

13. Is the atmosphere at the WKN Board meetings conducive to open and productive debate?

● Yes	6
● No	1
● Other	0



14. Is the behaviour of all members/attendees courteous and professional?

● Yes	7
● No	0
● Other	0



15. Do you consider that where private meetings of the WKN are held, that these have been used appropriately for items that should not be discussed in the public domain (i.e. commercially sensitive, identifiable information)?

● Yes	7
● No	0
● Other	0



16. Would you agree that each agenda item is 'closed off' appropriately so it is clear what the conclusion is? 'closed off' meaning the outcome of the discussion/agenda item is clear (for noting, for approval, the action captured)?



Comments:
- This is very difficult for many things

17. Have the virtual WKN Board meetings been effective?



18. Any other comments you would like to make on the effectiveness of the WKN?

7
Responses

No

The WKN Board is improving. Papers for meetings are now sent out timely. Discussions are much more focussed on the important business and the atmosphere at Board meetings has improved and is more inclusive. There is still more to do though with regard to ensuring that the business of the Board is really focussed on the improvement agenda and greater involvement in strategy and planning

Being sent most board papers 10 days prior to the meeting is making it much easier to prepare for and take part in the meetings.

No

The timing and scheduling of meetings has been inconsistent and ideally a forward plan of dates to accommodate diaries and plan in advance should be developed. Also, papers need to be issued well in advance of the meeting.

The recent review was good. The renal specialty appreciates having the WKN.

Appendix 8

Joint Committee Development Plan 2023-2024

Meeting Date	Topic	Plan for Delivery and Evaluation
Joint Committee		
16 May 2023	<p>WHSSC Specialised Services Strategy Presentation</p> <p>WHSSC & HB Shared Pathway Saving Target – Milestones on Governance System & Process</p> <p>In person Attendance for WHSSC IMs and Executives -</p>	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2023-2024
18 July 2023	<p>Genomics Presentation</p> <p>Demand and Capacity – Mental Health Update</p>	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2023-2024
11 September 2023	Michael West – Development Session	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2023-2024
19 September 2023		<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2023-2024
21 November 2023		<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2023-2024
16 January 2024		<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2023-2024
19 March 2024		

Meeting Date	Topic	Plan for Delivery and Evaluation
Quality & Patient Safety Committee/Integrated Governance Committee		
18 April 2023	Major Trauma Presentation	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
14 June 2023	Quality Newsletter	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
	Patient Story – Immunology	
16 August 2023	Deep Dive – Prosthetic/Wheelchair Services Welsh Kidney Network – Presentation	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
27 September 2023	Annual QPSC Development Day	<ul style="list-style-type: none"> Feedback following the event
24 October 2023		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
5 December 2023		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
14 February 2024		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
Individual Patient Funding Request Panel (IPFR)		
TBC	A series of training sessions will be arranged as soon as the updated IPFR policy is approved by the JC in July 2023.	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
Welsh Kidney Network		
29 September 2023	Annual Audit Day	<ul style="list-style-type: none"> WKN governance review WKN Board

Meeting Date	Topic	Plan for Delivery and Evaluation
		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
Management Group		
27 April 2023	Specialised Services Commissioning Strategy Update	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
6 June 2023	Efficiencies Workshop (GIRFT/SAIL/Benchmarking)	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
22 June 2023	<ul style="list-style-type: none"> UHW 2 Presentation Performance Report – New format Presentation Recommissioning and Efficiency Programme Presentation 	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
27 July 2023		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
24 August 2023		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
28 September 2023		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
26 October 2023		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
23 November 2023		<ul style="list-style-type: none"> Through the IGC

Meeting Date	Topic	Plan for Delivery and Evaluation
		<ul style="list-style-type: none"> Annual Committee Effectiveness survey 2023-2024
14 December 2023		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
25 January 2024		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
22 January 2024		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
28 March 2024		<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024
CDGB		
TBC	TBC	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2023-2024

APPENDIX 9

Annual Committee Effectiveness Assessment 2022-2023

Sources of Assurance in WHSSC

Tool	Scope	Assurance Reporting
Corporate Risk Assurance Framework (CRAF)	This is an essential component of WHSSC's internal control system and is used as a systematic and structured method of recording all risks (operational, financial and strategic) that threaten the achievement of WHSSC's objectives. This forms an integral part of day-to-day practices and culture, utilising a single co-ordinated approach to the identification, assessment and management of all types of risk.	<p>The CRAF is presented to each Quality and Patient Safety Committee (Q&PS), Integrated Governance Committee (IGC) and Audit & Risk Committee (ARC) meeting and is presented to the Joint Committee (JC) every 6 months.</p> <p>The operating framework for the CRAF is outlined in the Risk Management Strategy.</p> <p>Members of the WHSSC Joint Committee share responsibility for the effective management of risk and compliance with relevant legislation. In relation to risk management, Joint Committee is responsible for approving the risk appetite for WHSSC. The WHSSC risk management strategy states that the Joint Committee will review its risk appetite on an annual basis to ensure that progress is being made toward the 'risk appetite' WHSSC wishes to achieve. Following the risk workshop the CDGB reviewed its risk appetite and an updated risk appetite statement 2023 was approved by the Joint</p>

Tool	Scope	Assurance Reporting
		Committee on 17 January 2023 .
Internal Audit	Looks at areas related to corporate governance, risk management and internal control.	<p>The WHSSC Audit tracker outlines audits undertaken and progress being made against recommendations, and is presented to each ARC and IGC meeting.</p> <p>Internal Audits on Neurosciences and Long Term Conditions and Quality Assurance Processes received substantial assurance</p>
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 2022-2023. 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.
Internal Policies	Policies and procedures designed to give management a reasonable assurance that the company achieves its objectives	<p>A report on operational policies is presented to the QPS and IGC routinely for assurance.</p> <p>The WHSSC internal policy group oversee the management of all policies and report to the Corporate Directors Group (CDGB).</p> <p>WHSSC's policy on policies has been updated and is subject to a consultation process. The Policy will be reviewed during 2023 to reflect the new guidance</p>

Tool	Scope	Assurance Reporting
		on changes to NHS services in Wales. WHSSC will work with Llais and Health Board Engagement leads to do this.
Regulatory and Legal	Compliance with regulatory and legislative frameworks.	Routine assurance reports to JC and sub committees. 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.



Report Title	Declarations of Interest, Gifts, Hospitality and Sponsorship 2022-2023			Agenda Item	3.12
Meeting Title	Joint Committee			Meeting Date	18/07/2023
FOI Status	Public				
Author (Job title)	Head of Corporate Governance				
Executive Lead (Job title)	Committee Secretary and Associate Director of Governance				
Purpose of the Report	The purpose of this report is to present an update on detail of the Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship activities for the financial year 2022-2023.				
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 Declarations of Interest Register for 2022-2023,• Note the Gifts, Hospitality and Sponsorship register for 2022-2023,• Note that the Registers were presented and discussed at the Integrated Governance Committee meeting on 13 June 2023; and• Receive assurance regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.					

DECLARATIONS OF INTERESTS, GIFTS, SPONSORSHIP, HOSPITALITY 2022-2023

1.0 SITUATION

The purpose of this report is to present an update on detail of the Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship activities for the financial year 2022-2023.

2.0 BACKGROUND

In accordance with the requirements of the Health Board's (HBs) Standing Orders and Standards of Behaviour Framework Policy¹, a report is required to be received by the Audit & Risk Committee as a standing which will detail the Declarations of Interest, Gifts, Hospitality and Sponsorship activities approved.

The following staff are required to complete the DOI form:

- All staff Band 7 and above,
- All staff within the Corporate Services Department,
- Joint Committee members; and
- Sub-committee members.

3.0 ASSESSMENT

3.1 Declarations of Interest (DOI) 2022-2023

During last years' audit of the WHSSC Annual Accounts, Audit Wales raised queries about the completion of the DOI forms and the Committee Secretary was subjected to scrutiny on the process adopted and was advised to consider cross referencing DOI quality checks against the Companies House online register and the DOI registers for each of the seven HB's. In addition, having reviewed the process and forms, it was recommended that WHSSC adopt a similar process to that of the HBs to ensure effective governance and compliance.

The DOI form was updated for the 2022-2023 exercise and the updated form was approved by the Corporate Directors Group Board (CDGB) on 6 March 2023. To ensure effective governance an additional form was introduced for WHSSC Executive Directors and the WHSSC Joint Committee Independent Members (IMs) in accordance with the strengthened process introduced in some HBs. That form was also approved by CDGB on 6 March 2023.

¹ available here <https://whssc.nhs.wales/publications/corporate-policies-and-procedures/corp-008-standards-of-behaviour-policy-v3-0-pdf/>)

It is important to note that all Committee Members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, as far as they are applicable, as specified in Schedule 2 of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 ("the Constitution Regulations") and the and the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the provisions of the WHSSC Standing Orders (SO's) and Memorandum of Agreement (MoA).

Accordingly, the WHSSC SO's require all Committee Members to confirm, on an annual basis and in writing that they continue to meet the eligibility requirements listed in the form. Should a Committee Member become ineligible under Schedule 2 of the Constitution Regulations, they must immediately notify the Committee Secretary.

3.2 Indemnity of Chair and Independent Member Declaration

HBs are required to ask their Chair and Independent Members of WHSSC to declare their understanding of their indemnity in relation to activity undertaken in their role on an annual basis.

As WHSSC is a hosted body under CTMUHB, the SOs state that for the Chair of the WHSSC Joint Committee:

"Page 8 Section A: Statutory Framework - The Host LHB shall issue an indemnity to the Chair, on behalf of the LHBs"

The 3 Independent Members on the WHSSC Joint Committee are covered by their respective HB SO's (which adhere to the Welsh Government model SOs) which outline that:

"1.4.4 HBs shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith",

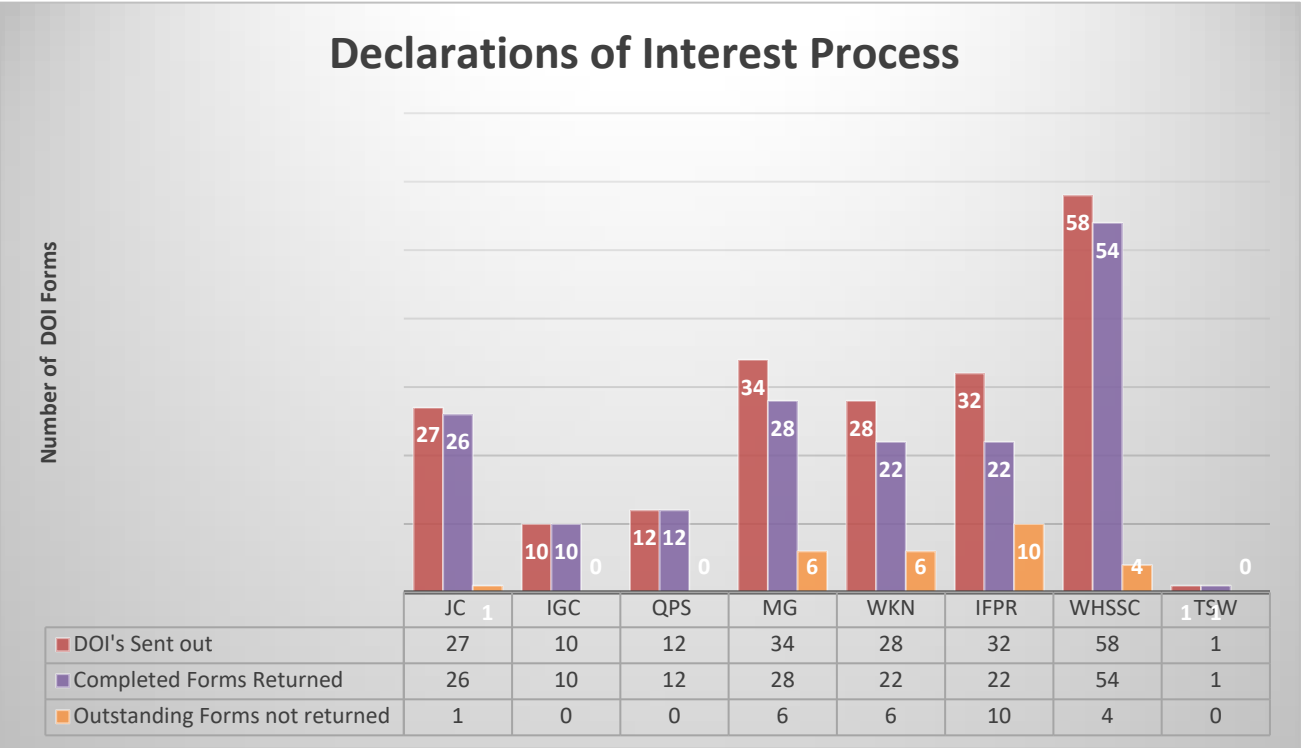
Therefore, there is no requirement for WHSSC to issue a separate declaration form to cover indemnity.

3.3 DOI Process for 2022-2023

E-mails with the blank DOI form and where applicable the Annual Declaration of Eligibility were circulated to all relevant individuals on 23 March 2023. A total of 202 individuals were asked to return a completed DOI form. As at June 2023, 175 completed forms had been returned, an 87% return rate. In comparison to this time last year we had an 81% return rate. Reminders have been issued to individuals who have yet to complete and return their form.

Table 1 below provides a summary of the DOI forms received per Committee.

Table 1 – Summary of DOI Forms Received 2022-2023



The DOI register is presented at **Appendix 1**. A summary of the findings is outlined below:

- 96% of Joint Committee members returned the DOI forms, 4% remain outstanding,
- 100% of Integrated Governance Committee (IGC) members returned DOI's,
- 100% of Quality & Patient Safety Committee (QPSC) members returned the forms,
- 82% of Management Group (MG) returned the DOI forms, 18% remains outstanding,
- 79% of Welsh Kidney Network (WKN) members returned DOI's and 21% remain outstanding,
- 69% of the All Wales Individual Patient Funding Request (IFPR) panel members returned the DOI's with 31% remaining outstanding,
- 93% of WHSSC staff returned DOI's with, 7% remaining outstanding,
- 100% of Traumatic Stress Wales (TSW) staff returned DOI's.

As part of the Audit Wales review of the annual accounts related party disclosures are reviewed and the auditors raised some queries in relation to the JC Declarations of Interest and their Related Party Transactions. The queries raised have now been resolved to satisfaction, and a note will be included in the WHSSC Annual Accounts to reflect that we had not been unable to obtain a completed

DOI for the interim CEO from one HB for the period 17 January 2023 to 31 March 2023.

3.4 Gifts, Hospitality and Sponsorship

The Standards of Behaviour Framework policy outlines the process to follow when considering gifts, hospitality and sponsorship. A specific form must be completed to seek approval for receiving hospitality/sponsorship/gifts and this must be authorised making an informed decision on approval or rejection.

During 2022-2023 7 entries were included on the Gifts, Hospitality, Fundraising and Sponsorship Register. The register is presented at **Appendix 2** for information.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the Declarations of Interest Register for 2022-2023,
- **Note** the Gifts, Hospitality and Sponsorship register for 2022-2023,
- **Note** that the Registers were presented and discussed at the Integrated Governance Committee meeting on 13 June 2023; and
- **Receive** assurance regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Approval Process
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The register and Declaration on Interests is the method by which WHSSCC safeguards against conflict or potential conflict of interest where private interests and public duties of members of staff do not concur. WHSSC must be impartial and honest in the conduct of its business and must ensure that employees and members remain beyond suspicion at all times.
Finance/Resource Implications	There are no direct finance or resource implications arising from this report.
Population Health	There are no immediate population health implications.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications related to the activity outlined in this report. There are no equality and diversity implications.
Long Term Implications (incl WBFG Act 2015)	There are none identified.
Report History (Meeting/Date/ Summary of Outcome)	CDGB – 6 June 2023 IGC – 13 June 2023
Appendices	Appendix 1 – DOI Register 2022-2023 Appendix 2 - Gifts, Hospitality and Sponsorship Register 2022-2023

JOINT COMMITTEE

R E F N O	NAME	JOB TITLE	DATE REQUEST SENT	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTER EST ACQUI RED	DURATI ON OF INTERE ST	NATURE OF RELATI ONSHIP	FINANCI AL TRANSA CTIONS OR BENEFIT S IN KIND	REVIEWED BY
WHSSC Independent Members and Chair											
1	Eden, Kate	Chair, WHSSC	23.03.2023	28.03.2023	29.03.2023	Vice Chair and Non Executive Director, Public Health Wales	Apr-16	Ongoing	Personal	Remunera ted	Helen Tyler, Head of Corporate Governance 27.04.2023
						Vice Chair and Council Member, Arts Council of Wales (Acting Chair during period October 2022 – March 2023)	Apr-17	Ongoing	Personal	Usually unremune rated. Remunera ted during period of October 2022 – March 2023 as Acting Chair	
						Council Member, Prifysgol Aberystwyth University	Aug-20	Ongoing	Personal	Unremune rated	
						Independent Challenge Expert, Hafren Dyfrdwy	Jul-22	Ongoing	Personal	Remunera ted	
						Nick Sullivan, Global President, Lumanity (HEOR, HTA, medcomms management consultancy)	Oct-19	Ongoing	Spouse	Employme nt	
						Run Leader, RunWithUsAbergavenny	2018	Ongoing	Personal	Voluntary	

2	Phillips, Ceri	Independent Member, CVUHB	23.03.2023	04.04.2023	04.04.2023	Emeritus Professor Swansea University	2020	Ongoing	Personal	Nil	Helen Tyler, Head of Corporate Governance 27.04.2023
						Honorary Professor Cardiff University	2020	Ongoing	Personal	Nil	
3	Patel, Chantal	Independent Member, HDUHB	23.03.2023	04.04.2023	04.04.2023	Hywel Dda University Health Board	2021	Ongoing	Personal	Nil	Helen Tyler, Head of Corporate Governance 27.04.2023
						Swansea University Faculty of Medicine , Life Sciences & Health & Social care	1994	Ongoing	Personal	Nil	
						Chair of the Family Glamorgan Development Centre	2012	Ongoing	Personal	Nil	
						Trustee of Institute of Medical Ethics	2019	Ongoing	Personal	Nil	
						Associate Professor Swansea University		Ongoing	Spouse	Nil	
						Trustee of The Indian Society of South West Wales	Jul-22		Personal	Not remunerated	
4	Spill, Steve	Independent Member, SBUHB	23.03.2023	05.04.2023 / 19/05/2023	05.04.2023	Karbon Homes Limited- Non- executive director (NED)	01.04. 2019	Ongoing	Personal	Directors Fee	Helen Tyler, Head of Corporate Governance 19.05.2023
						Coastal Housing Group- NED	01.09. 2020	Ongoing	Personal	Directors Fee	
						British Small Animal Veterinary Association (and related company Vet2Vet Ltd) - NED	01.02. 2020	Ongoing	Personal	Directors Fee	
						Swansea Bay UHB- Vice Chair	19.12. 2020	Ongoing	Personal	Directors Fee	
						In2Matrix- Board Adviser	01.07. 2019	Ongoing	Personal	Directors Fee	
						Owner- Timesfuture Limited (PSC- now dormant)	01.01. 2000	Ongoing	Personal	N/A	

						Platform for Change (and subsidiaries Gofal Enterprises Ltd and App Cleaning Ltd)	01.11. 2019	15.01.20 23	Personal	Nil	
HBs CEOs											
5	Hackett , Mark	Chief Executiv e Officer, SBUHB	23.03.2023	06.04.2023	27.04.2023	British Dietetic Association	2 years	2 years	Spouse	Unknown	Helen Tyler, Head of Corporate Governance 27.04.2023
						NED in Oswestry Orthopaedic Centre	1 year	1 year	Spouse	Unknown	
						Honorary Professor at Swansea University'	Ongo ing	Ongoing	Spouse	Unknown	
6	Mears, Paul	Chief Executiv e Officer, CTMUH	23.03.2023	27.03.2023	29.03.2023	Nil					Helen Tyler, Head of Corporate Governance 27.04.2023
7	Moore, Steve	Chief Executiv e Officer, H DUHB	23.03.2023	04.04.2023	04.04.2023	Nil					Helen Tyler, Head of Corporate Governance 27.04.2023
8	Rankin, Suzann e	Chief Executiv e Officer, CVUHB	23.03.2023	23.03.2023	29.03.2023	Chief Executive of Cardiff and Vale University Health Board	Feb-22	Ongoing	Personal	Nil	Helen Tyler, Head of Corporate Governance 27.04.2023
						Director of Welsh Wound Innovation Centre	April 2022	Ongoing	Personal	Nil	
						Lay Member (NHS) Cardiff University Council	April 2022	April 2025	Personal	Nil	
9	Schilla beer, Carol	Chief Executiv e Officer, PTHB	23.03.2023	20.04.2023	24.04.2023	Member of Royal College of Nursing	Ongo ing	Ongoing	Personal	Nil	Helen Tyler, Head of Corporate Governance 17.05.2023

10	Harris, Gill	Interim Chief Executive, BCUHB	23.03.2023								
11	Lyons, Nick	Executive Medical Director	23.03.2023	26.04.2023	17.05.2023	Physio at Ysbyty Glan Clwyd	Ongoing	Ongoing	Spouse	Unknown	Helen Tyler, Head of Corporate Governance
12	Prygodzicz, Nicola	Chief Executive Officer, ABUHB	23.03.2023	29.03.2023	29.03.2023	Nil					Helen Tyler, Head of Corporate Governance 27.04.2023
22	Cooper, Tracey	Chief Executive Officer, Public Health Wales	23.03.2023	04.04.2023	04.04.2023	Nil					Helen Tyler, Head of Corporate Governance 27.04.2023
23	Ham, Steve	Chief Executive Officer, Velindre NHS Trust	23.03.2023	24.04.2023	24.04.2023	Nil					Helen Tyler, Head of Corporate Governance 27.04.2023

24	Killens, Jason	Chief Executive Officer, Welsh Ambulance Services NHS Trust	23.03.2023	24.03.2023	29.03.2023	Honorary Professor – Swansea University		4 years		Personal	Nil	Helen Tyler, Head of Corporate Governance 27.04.2023
25	Wells, Ian	Independent Member, CTMUHB	23.03.2023	18.04.2023	18.04.2023	IM Digital and Data CTMUHB	2017	Ongoing		Personal	£9360 p.a.	Helen Tyler, Head of Corporate Governance 27.04.2023
						Director of WIDI		31-Jan-23		Personal	Nil	
26	Jones, Glyn	Former Acting Chief Executive, ABUHB	23.03.2023	05.04.2023	05.04.2023	Shareholder / Director - KBJ Development Ltd	2004	Ongoing		Personal	25% shareholding	Helen Tyler, Head of Corporate Governance 27.04.2023
						Volunteer Treasurer and Trustee, Citezens Advise - Caerphilly	Oct 2021	Ongoing		Personal	Voluntry - Funding from NHS	
27	Whitehead, Jo	Former Chief Executive Officer, BCUHB	23.03.2023	29.03.2023	30.03.2023	Nil						Helen Tyler, Head of Corporate Governance 27.04.2023

Intergrated Governance Committee								
NAME	JOB TITLE	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST	NATURE OF RELATIONSHIP	FINANCIAL TRANSACTIONS OR BENEFITS IN KIND
MEMBERS								
Eden, Kate (JC)	Chair, WHSSC	23.03.2023	28.03.2023	Vice Chair and Non Executive Director, Public Health Wales	Apr-16	Ongoing	Personal	Remunerated
				Vice Chair and Council Member, Arts Council of Wales (Acting Chair during period October 2022 – March 2023)	Apr-17	Ongoing	Personal	Usually unremunerated. Remunerated during period of October 2022 – March 2023 as Acting Chair
				Council Member, Prifysgol Aberystwyth University	Aug-20	Ongoing	Personal	Unremunerated
				Independent Challenge Expert, Hafren Dyfrdwy	Jul-22	Ongoing	Personal	Remunerated

				Nick Sullivan, Global President, Lumanity (HEOR, HTA, medcomms management consultancy)	Oct-19	Ongoing	Spouse	Employment
Phillips, Ceri	Independent Member, CVUHB	04.04.2023	04.04.2023	Emeritus Professor Swansea University	2020	Ongoing	Personal	Nil
				Honorary Professor Cardiff University	2020	Ongoing	Personal	Nil
Spill, Steve	Independent Member, SBUHB	05.04.2023	05.04.2023	Karbon Homes Limited- Non- executive director (NED)	01.04.2019	Ongoing	Personal	Directors Fee
				Coastal Housing Group- NED	01.09.2020	Ongoing	Personal	Directors Fee
				British Small Animal Veterinary Association (and related company) - NED	01.02.2020	Ongoing	Personal	Directors Fee
				Swansea Bay UHB- Vice Chair	19.12.2020	Ongoing	Personal	Directors Fee
				In2Matrix- Board Adviser	01.07.2019	Ongoing	Personal	Directors Fee
				Owner- Timesfuture	01.01.2000	Ongoing	Personal	Nil

				Limited (PSC- now dormant)				
Patel, Chantal	Independent Member, HDUHB	23.03.2023	04.04.2023	Hywel Dda University Health Board	2021	Ongoing	Personal	Nil
				Swansea University Faculty of Medicine , Life Sciences & Health & Social care	1994	Ongoing	Personal	Nil
				Chair of the Family Glamorgan Development Centre	2012	Ongoing	Personal	Nil
				Trustee of Institute of Medical Ethics	2019	Ongoing	Personal	Nil
				Trustee of The Indian Society of South West Wales	Jul-22		Personal	Not remunerated
				Associate Professor Swansea University		Ongoing	Spouse	Nil

Regular Attendees

Preece, Karen (MG)		29.03.2023	30.03.2023	Nil				
Phillips, Ian	Chair, WKN	23.03.2023	12.04.2023	Independent Member POWYS Teaching Health Board	2018	Ongoing	Personal	£9360 P/A

Evans, Jacqui	Committee Secretary and Associate Director of Corporate Services, WHSSC	31.03.2023	04.04.2023	Sole proprietor of EA Evans & Sons General Builders	1993	Ongoing	Spouse	Nil
				School Governor Pontarddulais Comprehensive School	2021	Ongoing	Personal	Nil
Carole Bell	Director of Nursing and Quality Assurance, WHSSC	04.04.2023	04.04.2023	Nil				
Johnson, Nicola	Director of Planning, WHSSC	23.03.2023	30.03.2023	Nil				

Leavers during the Year								
Wells, Ian	Independent Member, CTMUHB	23.03.2023	23.05.2023	IM Digital and Data CTMUHB	2017	Ongoing	Personal	£9360 p.a.
				Director of WIDI		31-Jan-23	Personal	Nil

Quality and Patient Services

		DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATI ON OF INTERE ST	NATURE OF RELATIO NSHIP	FINANCIAL TRANSACTION S OR BENEFITS IN KIND
NAME	JOB TITLE							
Britton, Pippa	Indepen dent Member, ABUHB (from Jan 2022)	03.04.2023	04.04.2023	Aneurin Bevan Health Board Vice Chair	2017	Ongoing	Personal	Remunerated
				Sport Wales Vice Chair	2017	Nov-23	Personal	Remunerated
				Charity Commission	2023	Ongoing	Personal	Remunerated
Jouvenat, Dilys	Indepen dent Member, CTMUHB	23.03.2023	30.03.2023	Chair of RCT Citizens Advice Trustee Board, Trustee/Board Member South East Wales Citizens Advice, Trustee/Board Member Interlink			Personal	Nil
				RCT Citizens Advice Chair of Trustee Board, Trustee/Board Member Interlink, Trustee/Board Member South East Wales Citizens Advice			Personal	Nil
Phillips, Ceri	Indepen dent Member, CVUHB	04.04.2023	04.04.2023	Emeritus Professor Swansea University	2020	Ongoing	Personal	Nil
				Honorary Professor Cardiff University	2020	Ongoing	Personal	Nil
Spill, Steve	Indepen dent Member, SBUHB	05.04.2023	05.04.2023	Karbon Homes Limited- Non- executive director (NED)	01.04.2019	Ongoing	Personal	Directors Fee
				Coastal Housing Group- NED	01.09.2020	Ongoing	Personal	Directors Fee

				British Small Animal Veterinary Association (and related company) - NED	01.02.2020	Ongoing	Personal	Directors Fee
				Swansea Bay UHB- Vice Chair	19.12.2020	Ongoing	Personal	Directors Fee
				In2Matrix- Board Adviser	01.07.2019	Ongoing	Personal	Directors Fee
				Owner- Timesfuture Limited (PSC- now dormant)	01.01.2000	Ongoing	Personal	Nil
Williams, Kirsty	Vice Chair, Powys	23.05.2023	23.05.2023	Director of Powys Samaritans.	#may 2023	Ongoing	Personal	Nil
				Vice Chair Powys Teaching Health Board	Jan-22	Ongoing	Personal	Nil
				Chair Powys Regional Partnership Board.	Nov-22	Ongoing	Personal	Nil
				Honorary visiting fellow Cardiff University. Director of International Learning Programme a subsidiary of Cardiff University.	Jul-05	ongoing	Personal	Nil
Delyth Raynsford		02.06.2023	07.06.2023	Nil				

WHSSC

NAME	JOB TITLE							
Johnson, Nicola	Director of Planning , WHSSC	23.03.2023	30.03.2023	Nil				
Dawson-John, Vicki		29.03.2023	30.03.2023	Nil				
Tyler, Helen		04.04.2023	04.04.2023	Nil				
Roberts, Adele (MG)		26.05.2023	01.06.2023	Nil				

Fardy. Helen		23.05.2023	23.05.2023	Director-Pen a Gwddf	3 years		Personal	Dividend
Carole Bell	Director of Nursing and Quality Assurance, WHSSC	04.04.2023	04.04.2023	Nil				

Leavers during the Year

Lucy Reid BCUHB								
Cheryls Carslisle								

Management Group							
MEMBERS HB	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST	NATURE OF RELATIONSHIP	FINANCIAL TRANSACTIONS OR BENEFITS IN KIND
Simpson, Anne	29.03.2023	30.03.2023	Nil				
Pullen, Hywel	23.03.2023	30.03.2023	Member of executive committee of CIPFA Cymru Wales branch	2023	ongoing	Personal	Nil
Baxter, Sally	23.03.2023	30.03.2023	Nil				
Jones, Suzanne	27.03.2023	30.03.2023	Nil				
Wilkey, Melanie	27.03.2023	12.04.2023	Hourly paid lecturer at University of South Wales – South Wales Business School, MSc Management	01/02/2022	Ongoing	Personal	Casual contract, hourly paid as per work undertaken
Meredith, Philip							
Nolan, Rob	23.05.2023	23.05.2023	Nil				
Beadle, Elizabeth							
Jones, Andrew							
Warren, Rebeka							
Binding, Daniel	07.06.2023	07.06.2023	Nil				
Lines, Clare	23.05.2023	25.05.2023	Nil				
Broadhead, Kerry	08.06.2023	19.06.2023	Nil				
Mackenzie, Charlie							

MEMBERS WHSSC							
Johnson, Nicola	23.03.2023	30.03.2023	Nil				
Harding, Claire	30.03.2023	30.03.2023	Nil				
Doull, Iolo	23.03.2023	30.03.2023	Chair All Wales Medical Strategy Group	2022	2023	Personal	I am reimbursed for attendance at meetings, and this is paid directly to WHSSC
			Chair Wales Research Ethics Committee 2	2022	2023	Personal	I am reimbursed for attendance at meetings
			Honorary Chair, Cardiff University Research within Children's Health	2022	2023	Personal	Nil
Preece, Karen	29.03.2023	30.03.2023	Nil				
Lewis, Sian	25.03.2023	30.03.2023	Nil				
Davies, Stuart	23.03.2023	30.03.2023	Nil				
Evans, Jacqui	31.03.2023	04.04.2023	Sole proprietor of EA Evans & Sons General Builders	1993	Ongoing	Spouse	Nil
			School Governor Pontarddulais Comprehensive School	2021	Ongoing	Personal	Nil
Carole Bell	04.04.2023	04.04.2023	Nil				
DEPUTIES HB							
Roan, Hannah	23.03.2023	30.03.2023	Nil				

Williams, Kamela	23.05.2023	23.05.2023					
Dalton, James							
Milne, Gillian	25.05.2023	25.05.2023	Nil				
Games, Katie	23.05.2023	23.05.2023	Nil				
Mercer, Elinor	05.06.2023	05.06.2023	Nil				
Morgan, John	07.06.2023	07.06.2023	Nil				
Gough, Andrew	24.05.2023	25.05.2023	Nil				
Hurley, Sian	08.06.2023	19.06.2023	Nil				
Jones, Stacy	08.06.2023	19.06.2023	Nil				
Hanks, David	25.05.2023	25.05.2023	Nil				
Stevens, Chris	28.03.2023	30.03.2023	Nil				

Welsh Renal Clinical Network

NAME	JOB TITLE	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST	NATURE OF RELATIONSHIP	FINANCIAL TRANSACTIONS OR BENEFITS IN KIND
MEMBERS								
Alejmi, Abdulfattah	Clinical Director							
Chess, James	Network Clinical Lead for IM & T	26.04.2023	27.04.2023	Nil				
Evans, Ross	Patient Advocacy Group Representative	03.04.2023	04.04.2023	Director of Kidney Wales	2 Years	Ongoing	Personal	Nil
Issac, Linzi	Patient Advocacy Group Representative	06.04.2023	12.04.2023	Nil				
Kumwenda, Mick	Clinical Director							
Mikhail, Ashraf	Network Lead for Clinical Governance / Patient Quality and Safety	29.03.2023	30.03.2023	Nil				
Mcmillan, Sarah	Senior Staff Nurse	29.03.2023	30.03.2023	Vascular Access CNS Job	Ongoing	Ongoing	Personal	7.5 hours a week paid
				Cardiff and the Vale NHS Trust	Ongoing	Ongoing	Personal	Nil
Parker, Claire	Clinical Director	23.05.2023	23.05.2023	Nil				
Popham, Joanne	Patient Advocacy Group Representative	29.03.2023	30.03.2023	Nil				
Roberts, Gareth	Network Clinical Lead (or deputy)							

Robertson, Stuart	Clinical Director	04.04.2023	04.04.2023	Nil				
Stephens, Michael	Network Clinical Lead for Transplantation and Vascular Access	29.03.2023	30.03.2023	Trustee of 'Kidney Wales' charity	2015	Ongoing	Personal	Nil
Williams, Gail	Network Lead Nurse							
IN ATTENDANCE								
Bond, Iwan	Directorate Manager	12.04.2023	12.04.2023	Nil				
Davies, Richard	Projects & Service Improvement Manager	24.05.2023	25.05.2023	Nil				
Davies, Stuart (JC)	Nominated Director of Welsh Health Specialised Services Team	23.03.2023	30.03.2023	Nil				
Harris, Helen	WRCN Accountant							
Holmes, Jennifer	Renal Information Analyst	23.05.2023	23.05.2023.	Nil				
Jefferies, Helen	Clinical Lead for Home Therapies	29.03.2023	30.03.2023	Nil				
Long, Rachel	Directorate Manager	03.04.2023	04.04.2023	Magistrate – Cardiff Bench	2018	Ongoing	Personal	Nil - Special Leave
Lewis, Caroline	Welsh Government Policy Lead for Renal Services;	04.04.2023	04.04.2023	Nil				
Matthews, Jonathan	Renal Network Coordinator	23.05.2023	23.05.2023	Nil				

Preece, Karen	Exec Lead	29.03.2023	30.03.2023	Nil				
Pritchard, Annmarie	Deputy Network Manager	24.04.2023	25.04.2023	Nil				
Phillips, Ian (JC)	WRCN Chair	05.04.2023	12.04.2023	Independent Member POWYS Teaching Health Board	2018	Ongoing	Personal	£9360 P/A
Siddel, Sarah	Directorate Managers	03.04.2023	04.04.2023	Nil				
Spence, Susan	Renal Network Manager							
Sarah Mcmillan	Vascular Access Nurse Specialist	25.04.2023	25.04.2023	Vascular Access CNS Job, Cardiff and the Vale NHS Trust	Ongoing	Ongoing	Personal	7.5 hour p/w paid
Leavers in the Year								
Brown, Christopher	Network Clinical Lead for Pharmacy							
Jones, Caron	Network Chair of Health and Wellbeing Professionals Group							
Williams, Gail	Network Lead Nurse							
Hamlett, Toni	Directorate Manager							

IFPR

NAME	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST	NATURE OF RELATIONSHIP	FINANCIAL TRANSACTIONS OR BENEFITS IN KIND
Hehir, James	06.04.2023	12.04.2023	Non-Executive Director, Llandarcy Park Ltd	14.06.2018	Ongoing	Personal	Nil
			Trustee Neath Port Talbot Contact Centre	01.05.2005	Ongoing	Personal	Nil
			Vice Chairman, Neath Port Talbot Group of FE Colleges	29.03.2006	Ongoing	Personal	Nil
			Solicitor of the Supreme Court	14.02.1984	31.08.2016	Personal	Nil
			Honorary Vice President, West Glamorgan Magistrates Association	16.10.2017	Ongoing	Personal	Nil
			Associate Member, Magistrates Association	01.06.1993	Ongoing	Personal	Nil
			Patron Neath YMCA	April 2015	Ongoing	Personal	Nil
Alcolado, Ruth	29.03.2023	30.03.2023	Nil				
Hunt, Sheila	05.04.2023	05.04.2023	Director at Sheila Hunt Coaching	Ongoing	Ongoing	Personal	Nil
			Cross Bench Peer, House of Lords	Ongoing	Ongoing	Daughter	Nil
			Emeritus Professor Cardiff University	Ongoing	Ongoing	Personal	Nil
Walker, Faith							
Grenier, Teena	24.04.2023	24.04.2023	Nil				
Treharne, Mari	03.04.2023	04.04.2023	Nil				
Matthews, Ann-Marie	03.04.2023	04.04.2023	Nil				
Risley, James	23.05.2023	23.05.2023	Director, Medzen Limited	1 year	1 year	personal	Nil
			Director, Leading on the Frontline	1 year	1 year	personal	Nil
			Clinical Advisor, Deloitte Consulting			Personal	Nil

Hain, Richard	03.05.2023	04.05.2023	Honorary professor - Swansea University	Ongoing	Ongoing	Spouse	Nil
			Visiting professor - University of South Wales	Ongoing	Ongoing	Spouse	Nil
			Senior Lecturer - University of Liverpool	Ongoing	Ongoing	Spouse	Nil
Al-Samsam, Rim	29.03.2023	30.03.2023	Nil				
Hughes, Richard	31.03.2023	04.04.2023	Trustee	Jan-23	Ongoing	Personal	Nil
			RCN Wales Board Member	Dec-22	Dec-26	Personal	Nil
Oliver, William							
Knaggs, Paul							
Reid, Keith	30.03.2023	30.03.2023	Director of The Wallich by dint of being a trustee	May 2022	Ongoing	Spouse	Nil
			Trustee of the Wallich. Also confers a directorship of the organisation	May 2022	Ongoing	Spouse	Nil
Morrell, Christine	13.04.2023	18.04.2023	Nil				
Vincent, Judith	06.04.2023	12.04.2023	Nil				
Davies, Paul Stuart							
Dean, Helen							
Roeves, Alastair							
Williams, Roger							
Jayham, Amy	07.06.2023	07.06.2023	Nil				
WHSSC							

Doull, Iolo	28.03.2023	30.03.2023	Chair All Wales Medical Strategy Group	2022	2023	Personal	I am reimbursed for attendance at meetings, and this is paid directly to WHSSC
			Chair Wales Research Ethics Committee 2	2022	2023	Personal	I am reimbursed for attendance at meetings
			Honorary Chair, Cardiff University Research within Children's Health	2022	2023	Personal	Nil
Davies, Stuart (JC)	23.03.2023	30.03.2023	Nil				
Dew, Catherine (IPFR)	29.03.2023	30.03.2023	Nil				
Hall, Natalie	23.05.2023	23.05.2023	Nil				
Tyler, Helen	04.04.2023	04.04.2023	Nil				
Lewis, Sian	25.03.2023	30.03.2023	Nil				
Carole Bell	04.04.2023	04.04.2023	Nil				
Richards, Andrea							

Deputies

Pugh-Jones, Jenny	29.03.2023	30.03.2023	Nil				
	04.04.2023	04.04.2023	GP Partner, Montgomery Medical Practice, 7 Well Street, Montgomery, Powys, SY15 6PF	1 year		Personal	Financial remuneration

Stratton, Richard			Assistant Medical Director, Powys Teaching Health Board	1 Year		Personal	Salary
			Trustee, ReKindle Charity, 11-12 Market Street, Newtown, Powys, SY16 2PQ	4 Months		Personal	No reward, volunteer position
Wright, Kate							

Leavers in the Year

Hosking, Emma Jane							
Wareham, Conrad							
Fitzpatrick, Colin							
Nnoaham, Kelechi							
Nelson, Claire							
Muzammil, Sadat							

Trauma Services Wales

NAME	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST	NATURE OF RELATIONSHIP	FINANCIAL TRANSACTIONS OR BENEFITS IN KIND
Bisson, Jonathan	30.05.2023	01.06.2023	Director of Goldcrest Medical Limited, a company that specialises in preparing medic-legal reports.	May 2018	Ongoing	Personal	Dividend payment
			Company Secretary and employee of Goldcrest Medical Limited.	May 2018	Ongoing	Spouce	Salary and Dividend payments.
			Clinical Professor in Psychiatry at Cardiff University and an active researcher in the field of traumatic stress.	2010	Ongoing	Personal	Roles within WHSSC and Cardiff University complement each other.

WHSSC Register of Gifts, Hospitality and Fundraising 2022-23

Name	Designation	Charity/Organisation	Date	Approved by Line Manager / Director	Comments	Amount Raised/Paid £	Certificate / Receipt Received Y /N
Laura Holborn	Corporate	BBC Children in Need	21/11/2022	Sian Lewis	Bake off	£147	Y
Helen Tyler	Corporate	HFMA Dinner	08/12/2022	Jacqui Evans	2 Free places at the HFMA dinner – as WHSSC/SAIL project has been shortlisted for HFMA addressing healthcare inequalities through NHS finance action award'	N/A – gift	Y
Karla Williams	Corporate	The Rescue Hotel, Cardiff Dogs Home	20/12/2022	Helen Tyler	Christmas Raffle	£150	Y
Karla Williams	Corporate	Llamau	20/12/2022	Helen Tyler	Christmas Raffle	£150	Y
Karla Williams	Corporate	Pontypridd Food Bank	20/12/2022	Helen Tyler	Food donation	N/A	Y
Karla Williams	Corporate	OASIS Cardiff	31/03/2023	Helen Tyler	Easter raffle	£150	Y

Name	Designation	Charity/Organisation	Date	Approved by Line Manager / Director	Comments	Amount Raised/Paid £	Certificate / Receipt Received Y / N
Laura Holborn	Corporate	Royal College of Nursing	Event date 29/06/2023*	Sian Lewis/Carole Bell	Sponsorship for Healthcare Support Worker Award	£5,000	Y

* Payment for this event occurred during 2022. The event was postponed until June 2023



Report Title	WHSSC Integrated Performance Report – April 2023			Agenda Item	4.1
Meeting Title	Joint Committee			Meeting Date	18/07/2023
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 provide a summary of the performance of WHSSC’s commissioned services. Further detail including splits by resident Health Board (HB) is provided in an accompanying Power BI Dashboard report.				
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.

WHSSC INTEGRATED PERFORMANCE REPORT - APRIL 2023

1.0 SITUATION

The purpose of this report is to provide a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) is provided in an accompanying Power BI Dashboard report.

This report provides an overview on the performance of providers for services commissioned by WHSSC up to April 2023. To reflect the ongoing return to performance management, this report replaces the COVID-19 Activity report that has been presented to the Management Group since early 2020.

Recovery rates, access comparisons across HBs and waiting lists are considered along with the relevant new Performance Measures set out by Welsh Government.

Breakdowns of the current data (inpatient activity, outpatient activity and patients waiting) by resident HB is provided in an associated Power BI report available online, available to all direct recipients of this report and their colleagues, upon request. HBs can use the filters on that report to see their own individual positions.

2.0 BACKGROUND

The performance report is presented on a monthly basis to the WHSSC Corporate Directors and Management Group members, and presented at the bi-monthly Joint Committee meetings. The purpose of the report is to provide a monthly overview of the performance of Specialised Services and the measures that are being taken by the WHSST team with the provider if they are not performing in line with national targets such as Referral to Treatment (RTT) and Cancer waiting times.

3.0 ASSESSMENT

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 Digital Health & Care Wales (DHCW), together with monthly contract monitoring information received from providers 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 HB contracts. The DHCW data used in this report was refreshed on 30 May 2023; this data is available to all NHS Wales organisations on an anonymised basis, and

is also the data that underlies the Welsh Government (WG) statistics reported online.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan Governance and Assurance Choose an item.
Link to Integrated Commissioning Plan	This report provides assurance on delivery of the ICP.
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Any issues are identified in the report.
Finance/Resource Implications	Any issues are identified in the report.
Population Health	Any issues are identified in the report.
Legal Implications (including equality & diversity, socio economic duty etc)	Any issues are identified in the report.
Long Term Implications (incl WBFG Act 2015)	Any issues are identified in the report.
Report History (Meeting/Date/ Summary of Outcome)	6 June 2023 – CDGB presentation. 22 June 2023 – Management Group.
Appendices	-

WHSSC Integrated Performance Report

April 2023

WHSSC

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1. Key Information for April 2023

Services in escalation: The 7 services in escalation are comprised of 2 services at level 1, 2 services at level 2, and 3 services at level 3. One of these will be de-escalated by the next report, and one had its level increased in March 2023.

Quality: There were 14 incidents recorded within Quarter 4 (Jan-Mar 2023), and 5 complaints/concerns.

Finance: The annual budget for WHSSC is currently £1.053 million, with about a quarter of this relating to EASC and NCCU budgets. The reported variance and the forecast year-end variance have both been reported as nil for Month 1.

Welsh Government performance targets: Welsh Government have announced revised performance measure targets for 2023/24. The main ones affecting WHSSC services is the requirement to have:

- No patients waiting over 52 weeks for a new outpatient appointment by the end of June 2023.
All services appear to be able to meet that target by June 2023.
- No patients waiting over 104 weeks for treatment by the end of June 2023, then leading to no patients waiting over 36 weeks for treatment by the end of March 2024.
Most services appear to be able to meet the first target by June 2023, except for Plastic Surgery at Swansea Bay UHB. This service is in escalation.

Cardiac Surgery: By the end of April 2023, waiting lists for Cardiac Surgery treatments had halved at the Welsh providers compared to pre-COVID levels, although the waiting lists have increased at Liverpool Heart & Chest. Very few patients are currently waiting over 36 weeks. Work is underway to investigate the continuing growth in the number of TAVI procedures and resultant impact on Cardiac Surgery as a whole. Both of the South Wales services have been de-escalated from Level 3 to Level 2 (due to quality reasons) in the last quarter.

Bariatric Surgery: The Swansea Bay services was put into escalation in December 2022, but has since been de-escalated due to the HBs significant improvement in meeting contract volumes and waiting times.

Thoracic Surgery: Whilst the Welsh centres are not performing to the full inpatient contract levels, waiting lists have improved compared to pre-COVID figures, and are approximately half of the total at the end of 2019/20. It is important to note that collaborative arrangements are in place between the two South Wales services to use their joint capacity to ensure equitable access.

Plastic Surgery: Patients continue to breach maximum waiting times for treatment at Swansea Bay UHB. There are now 1,173 patients that have been waiting for inpatient treatment for over 1 year, including 543 that have been waiting over 2 years, although the number of patients in this category has been steadily

reducing. The service has cleared the longest waiters for new outpatient appointments and is now achieving the WG performance target of no waits over a year. The SBUHB service is Escalation Level 1 for performance reasons and the escalation status is being reviewed.

No patient has been waiting more than a year for any part of the pathway at St. Helens & Knowsley; there are a small number at Countess of Chester, although this is a local BCU contract and not paid for through WHSSC. The BCUHB part of the North Wales pathway is in escalation via Welsh Government for quality reasons.

PET: Breaches of the 10-day turnaround time for reports have been gradually increasing at all centres. This is due to increased demand over the past 4 years, and scanner breakdowns. However, a new scanner will be online in Cardiff in July 2023, with a mobile scanner in place as contingency whilst works are taking place. The new scanner has been planned to improve capacity to enable the waiting times to be achieved across South Wales. Business cases are expected from SBUHB and BCUHB shortly as part of the National PET Programme.

Paediatric Surgery: The end of April position at Cardiff & Vale UHB includes 111 waiting over 1 year, but has met the 104 week target. Whilst the trajectory for 2023/24 shows an expected improvement in total patients waiting, it is unlikely to reach the March 2024 WG target for treatment by 36 weeks. However, the service has achieved the new outpatient target of 52 weeks, and has only a handful of patients waiting over 26 weeks. The service is in Escalation level 3 and an improvement plan has been received to achieve contract volumes, with a revised trajectory expected in July.

Alder Hey has reported that activity is higher than pre-COVID and is managing the small number of patients waiting over 52 weeks.

IVF: All 3 main IVF providers under-performed against contract levels in 2022/23. Swansea Bay has reported no patients waiting over 26 weeks. Liverpool Womens and Shrewsbury have reported longer waits, but the numbers are small.

Neurosurgery: The CVUHB service reported that they had met the Welsh Government target of zero patients waiting over 52 weeks. In April 2023 there were 24 patients waiting over 36 weeks, these will be cleared by March 2024.

The Walton Centre performance trajectory was discussed at a recent SLA meeting, there are 4 patients waiting over 52 weeks and the plan is to clear these by the end of quarter 1. There are 25 patients in April 2023 waiting over 36 weeks, WHSSC will continue to monitor the situation at the regular quarterly SLA meetings.

Artificial Limbs Service: Posture & Mobility - After an initial lull in referrals since COVID 19, these have now increased again. There are 52 patients waiting over

52 weeks for the North Wales Posture and Mobility services, and a small number in the Cardiff service.

CAMHS: CAMHS Out of Area (OoA) performance is much improved and has been consistently below target for an extended period. The NHS inpatient units are close again to pre-COVID activity levels. Ty Llidiard remains at Escalation level 3 for quality reasons.

Adult Medium Secure: While both NHS inpatient units are delivering fewer bed-days than pre-COVID, the use of other providers has increased. Performance meetings are occurring with both units monthly to monitor progress and a repatriation plan is in place for each unit and is on profile.

Renal Network: There are 3 regional providers of renal activity, with various over and underperforming service areas. Dialysis demand has been increasing over recent years.

English provider activity (those with a WHSSC contract, DHCW data): On average, English provider activity was 9% lower in April 2023 than in April 2019. It is noteworthy that A&E and Trauma are still seeing lower levels, which indicates higher recovery in the other treatment specialties.

Table 1 – Episodes by Provider

Episodes by provider – full years except current year (data: DHCW inpatient episodes)						2019/20	2021/22	2022/23	2023/24	Episodes 2023/24 %
Main HB	2019/20	2021/22	2022/23	2023/24	Total	(M1-1)	(M1-1)	(M1-1)	(M1-1)	diff from 19/20
☐	4,213	3,515	3,705	329	11,762	361	274	313	329	-9%
☐ Major North Wales provider	14,810	12,700	13,221	953	41,684	1,180	973	1,024	953	-19%
☐ Major Powys provider	17,650	15,685	16,730	1,277	51,342	1,423	1,284	1,202	1,277	-10%
Total	36,673	31,900	33,656	2,559	104,788	2,964	2,531	2,539	2,559	-14%

Summary of main specialty inpatient activity and waiting lists (DHCW data):

Table 2 – Summary of Waiting Lists

Episode comparison to current month (DHCW data warehouse)						Current Waiting List totals (DHCW data)				
Specialty_WHSCC	Episodes for 2019/20 (M1-1)	Episodes for 2021/22 (M1-1)	Episodes for 2022/23 (M1-1)	Episodes for 2023/24 (M1-1)	Episodes 2023/24 % diff from 19/20	2022/23 Admitted diagnostic intervention	FUP OP appointment	New OP appointment	Unknown	Total
Cardiac Surgery	182	132	150	105	-42%	110	47	87	230	474
Cardiff and Vale University Local Health Board	61	51	43	56	-8%	74	33	30		137
Liverpool Heart And Chest Hospital nhs foundatio	40	42	47	4	-90%				216	216
Swansea Bay University Local Health Board	67	35	49	37	-45%	36	14	57		107
University Hospitals Birmingham Nhs Foundation t	7	4	7	7	0%				7	7
University Hospitals Of North Midlands nhs trust	7		4	1	-86%				7	7
Neurosurgery	280	237	217	240	-14%	233	199	490	462	1,384
Cardiff and Vale University Local Health Board	183	161	130	158	-14%	233	199	490		922
The Walton Centre Nhs Foundation trust	84	62	75	73	-13%				444	444
University Hospitals Of North Midlands nhs trust	13	14	12	9	-31%				18	18
Paediatric Surgery	249	200	181	174	-30%	550	71	389	101	1,111
Alder Hey Children's Nhs Foundation trust	31	30	28	36	16%				101	101
Cardiff and Vale University Local Health Board	218	170	153	138	-37%	550	71	389		1,010
Plastic Surgery	952	743	728	725	-24%	2,835	133	1,196	640	4,804
Countess Of Chester Hospital Nhs foundation trus	49	46	39	47	-4%				175	175
St Helens And Knowsley Teaching Hospitals nhs tr	121	77	94	115	-5%				465	465
Swansea Bay University Local Health Board	782	620	595	563	-28%	2,835	133	1,196		4,164
Thoracic Surgery	115	97	84	98	-15%	66	58	70	30	224
Cardiff and Vale University Local Health Board	58	53	49	68	17%	44	41	56		141
Liverpool Heart And Chest Hospital nhs foundatio	15	18	19						30	30
Swansea Bay University Local Health Board	39	23	15	27	-31%	22	17	14		53
University Hospitals Of North Midlands nhs trust	3	3	1	3	0%					
Total Specialty	1,778	1,409	1,360	1,342	-25%	3,794	508	2,232	1,463	7,997

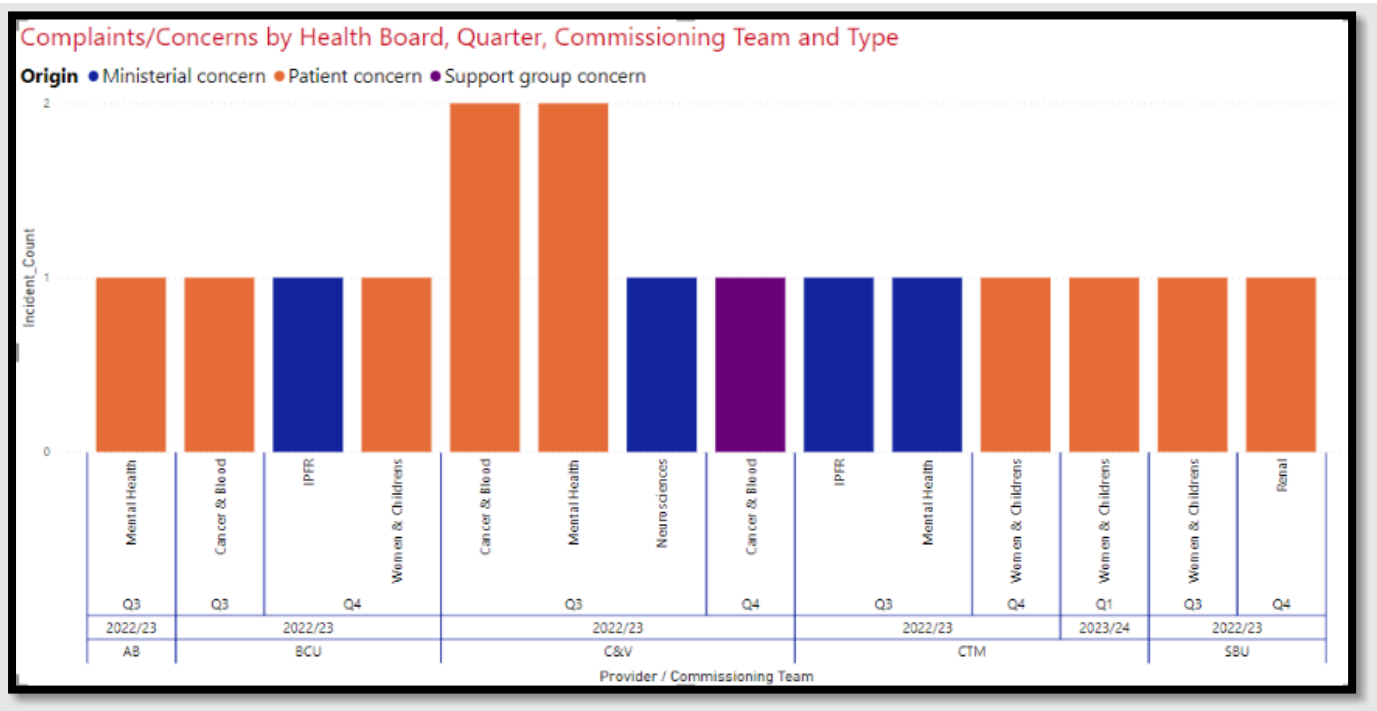
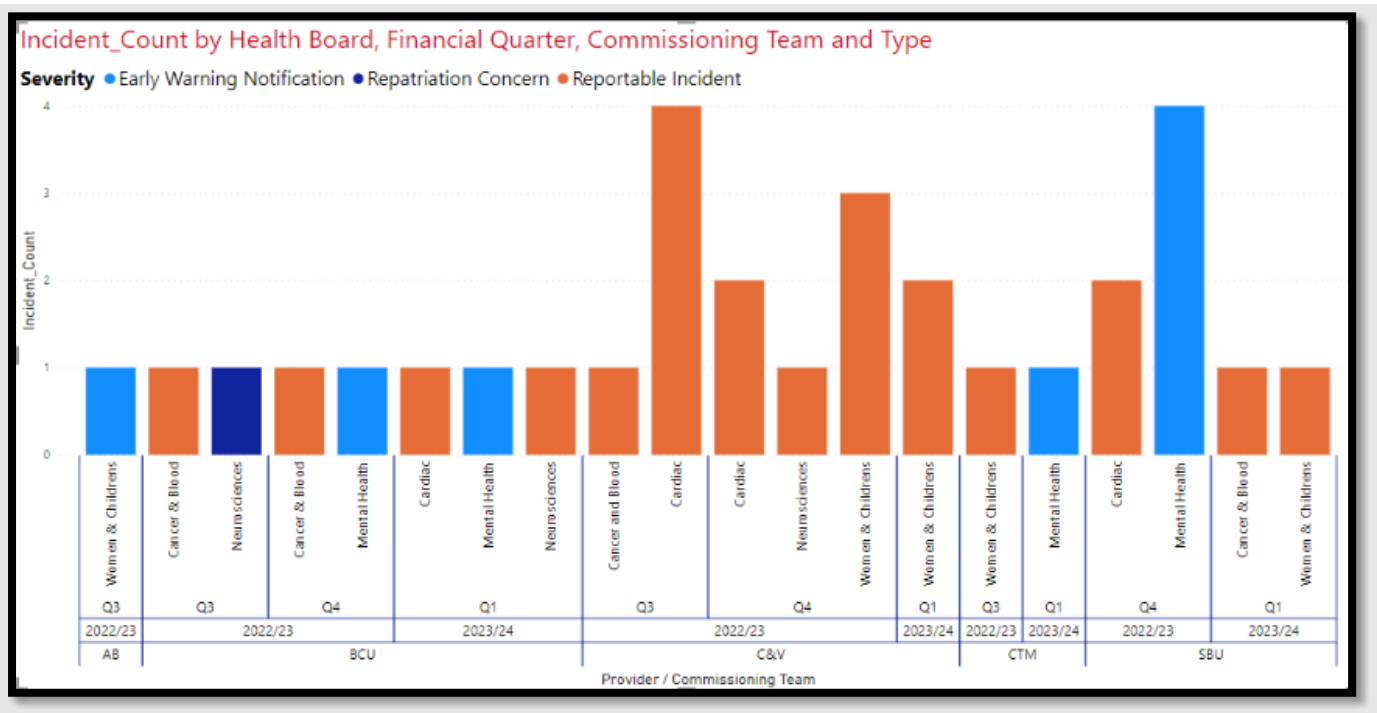
2. Overview of services in escalation (April 2023 QPS report)

Table 3 – Services in Escalation

Escalation level	Provider	Service	Notes
Level 1	Swansea Bay UHB	Bariatric Surgery	In escalation since November 2022 due to waiting list issues; weekly performance data being received and shows significant improvement. To be de-escalated for the next report
Level 1	Swansea Bay UHB	Plastic Surgery	In escalation since November 2022 due to significant waiting list numbers including long waiters over 2 years; weekly performance data being received
Level 2	Cardiff & Vale UHB	Cardiac Surgery	In escalation since July 2021 for not implementing the GIRFT review or addressing issues identified by HEIW; SMART action plan has now been developed, leading to a meeting regarding potential de-escalation scheduled for April 2023
Level 2	Swansea Bay UHB	Cardiac Surgery	In escalation since July 2021 due to GIRFT review highlighting a high rate of poor clinical outcomes; de-escalated on immediate actions required by GIRFT review. De-escalation to Level 2 scheduled for April 2023
Level 3	Cardiff & Vale UHB	Paediatric Surgery	In escalation since November 2022, level increased to Level 3 in March 2023; weekly performance data requested to give assurance on delivery against baseline for future recovery.
Level 3	CTM UHB	CAMHS (Ty Lidiard)	In escalation since March 2018 due to unexpected patient death and patient safety concerns; implementation of Medical Emergency Response SOP by CTM, and recruitment/Estates issues addressed, leading to de-escalation to level 3 in December 2022
Level 3	Swansea Bay UHB	Adult Burns	In escalation since November 2021; At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model. Estimated capital completion: end of 2023.

Please see the bi-monthly Quality & Patient Safety (QPS) report from the Quality team for more details.

3. Quality Dashboard



Please see the bi-monthly Quality & Patient Safety (QPS) report from the Quality team for more details.

4. Financial Summary

Heading	Annual Budget £'000	Actual to Date £'000	Variance to date £'000	Forecast Variance Year-end £'000
Income	(1,052,643)	(87,720)	-	-
Spend - NHS Wales				
Aneurin Bevan Health Board	9,851	821	-	-
Betsi Cadwaladr University Health Board Provider	45,963	3,830	-	-
Cardiff & Vale University Health Board	276,547	23,046	-	-
Cwm Taf Morgannwg University Health Board	11,084	924	-	-
Hywel Dda Health Board	1,735	145	-	-
Swansea Bay University Health Board	116,841	9,737	-	-
Velindre NHS Trust	54,292	4,524	-	-
Total	516,312	43,026	-	-
Spend - Other				
2021/22 Reserves	-	-	-	-
2022/23 Plan Developments	67,527	5,627	-	-
Direct Running Costs	4,783	399	-	-
EASC (incl WAST and EASC/QAT team costs)	250,200	20,850	-	-
IPFR	38,070	3,173	-	-
IVF	5,020	418	-	-
Mental Health	36,533	3,044	-	-
Non Welsh SLAs	127,311	10,609	-	-
Phasing adjustment	-	-	-	-
Prior Year Developments	1,928	161	-	-
Renal	4,959	413	-	-
Total	536,330	44,694	-	-
Total	(0)	(0)	-	-

Please see the monthly Finance report and Risk-sharing tables for more details.

5. Welsh Government Performance measures

New performance measures were announced by Welsh Government in January 2022, with a new Performance Framework for 2022/23. The target dates for Outpatient assessments by 52 weeks, and Treatment by 104 weeks were amended for 2023/24. The measures relevant to WHSSC activity are listed below:

Performance Measure	Target	Data source
42 – Patients waiting over 52 weeks for a new outpatient appointment	Improvement towards no waits over 52 weeks by 30 June 2023	DHCW Referral to Treatment (RTT) dataset
45 – Patients waiting over 104 weeks for treatment	Improvement towards no waits over 104 weeks by 30 June 2023	DHCW Referral to Treatment (RTT) dataset
46 – Patients waiting over 36 weeks for treatment	Improvement towards no waits over 36 weeks by March 2024	DHCW Referral to Treatment (RTT) dataset

Most services are meeting the required trajectories; please see the detailed pages in the underlying WHSSC Performance Dashboard report in Power BI for specific figures, including splits by resident HB.

The exceptions/services worth noting are (April 2023 DHCW data):

- Plastic Surgery (Swansea Bay UHB) – 1,173 waiting over 52 weeks for treatment, including 543 waiting over 104 weeks
- Paediatric Surgery (Cardiff & Vale UHB) – 111 waiting over 52 weeks for treatment, including 1 waiting over 104 weeks
- English providers – 58 patients across all pathway stages waiting over 104 weeks, the majority of which are Trauma & Orthopaedics patients waiting at Robert Jones & Agnes Hunt Orthopaedic Hospital.

There are patients waiting over 52 weeks for various pathway stages. The highest patient counts includes Trauma & Orthopaedics patients at Robert Jones & Agnes Hunt, Plastic Surgery patients at the Countess of Chester (note the Countess of Chester is a local BCU contract and is not through WHSSC) and a variety of specialties at Shrewsbury & Telford (note only IVF and Renal activity is under WHSSC for Shrewsbury and the rest is HB-related).

6. Service Performance Scorecard

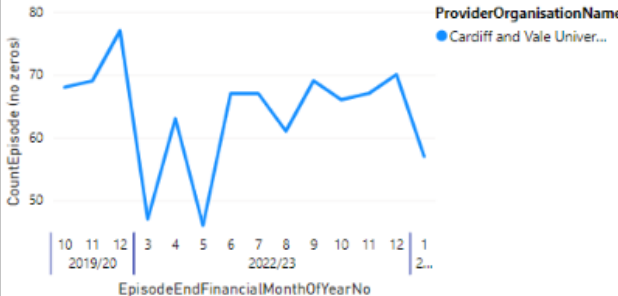
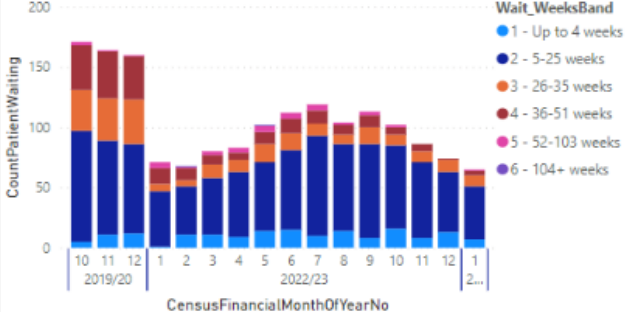

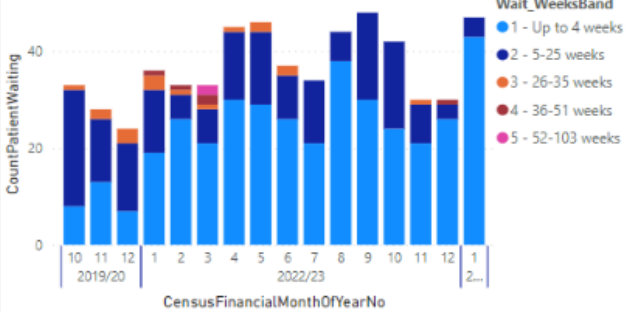
 Pryllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC)										
Performance Scorecard										
Specialty / Provider Name	Measure	Tolerance Levels			Feb 2023		Mar 2023		Apr 2023	
										Latest Movement
Cardiac Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	96.74%	⬇️	98.24%	⬇️	96.99%	⬇️
Cardiothoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	82.43%	⬇️	83.08%	⬇️	#DIV/0!	⬆️
Neurosurgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	95.47%	⬇️	96.03%	⬇️	97.30%	⬆️
Paediatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	76.84%	⬇️	76.05%	⬇️	77.00%	⬆️
Plastic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	61.21%	⬇️	61.50%	⬇️	59.29%	⬇️
Spinal Surgery Service	RTT < 36 weeks - admissions	<95%	95-99%	100%	75.00%	⬇️	80.00%	⬇️	#DIV/0!	⬆️
Thoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	94.67%	⬇️	96.04%	⬇️	97.89%	⬆️
Bariatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	64.77%	⬇️	66.67%	⬇️	71.23%	⬆️
Cardiac Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	100.00%	⬆️	100.00%	⬆️	99.62%	⬆️
Cardiothoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	95.40%	⬇️	96.15%	⬇️	#DIV/0!	⬆️
Neurosurgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.20%	⬇️	99.43%	⬇️	100.00%	⬆️
Paediatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	89.21%	⬇️	89.44%	⬇️	89.16%	⬆️
Plastic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	75.70%	⬇️	75.58%	⬇️	71.57%	⬆️
Spinal Surgery Service	RTT < 52 weeks - admissions	<95%	95-99%	100%	100.00%	⬆️	96.00%	⬇️	#DIV/0!	⬆️
Thoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	98.77%	⬇️	99.56%	⬇️	100.00%	⬆️
Bariatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	81.82%	⬇️	84.00%	⬇️	86.30%	⬆️
PET Scans	Pet scan < 10 days after referral	<90%	90-95%	>=95%	66.19%	⬇️	85.54%	⬆️	⬆️	
Posture & Mobility RTT - Adult	RTT < 26 weeks	<90%	90-95%	>=95%	90.09%	⬇️	93.91%	⬆️	⬆️	
Posture & Mobility RTT - Paeds	RTT < 26 weeks	<90%	90-95%	>=95%	100.00%	⬆️	97.21%	⬆️	⬆️	
CAMHS Beddays (excl. Out of Area)	NHS Beddays against contract	<85%, >105%	< 90%, >100%	90% - 100%	70.12%	⬇️	77.63%	⬇️	89.79%	⬆️
CAMHS Home Leave (excl. Out of Area)	NHS Home Leave against total	<20%, >40%	<25%, >35%	25%-35%	16.44%	⬇️	24.88%	⬆️	26.81%	⬆️
Medium Secure Beddays	NHS Beddays against contract	<90%, >110%	< 95%, >105%	95% - 105%	66.63%	⬇️	75.04%	⬆️	42.53%	⬆️

Welsh Government Post COVID Targets

Specialty / Provider Name	Measure	Tolerance Levels			Feb 2023		Mar 2023		Apr 2023		Latest Movement
Cardiac Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	➡
Cardiothoracic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	#DIV/0!		➡
Neurosurgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	➡
Paediatric Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	99.84%	⚠	100.00%	✓	99.90%	⚠	↓
Plastic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	88.28%	✗	88.44%	✗	87.07%	✗	↓
Spinal Surgery Service	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	#DIV/0!		➡
Thoracic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	➡
Cardiac Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	➡
Neurosurgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	➡
Paediatric Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	➡
Plastic Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	99.92%	⚠	↓
Thoracic Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	➡

7. Specific Service details

7.1 Cardiac Surgery

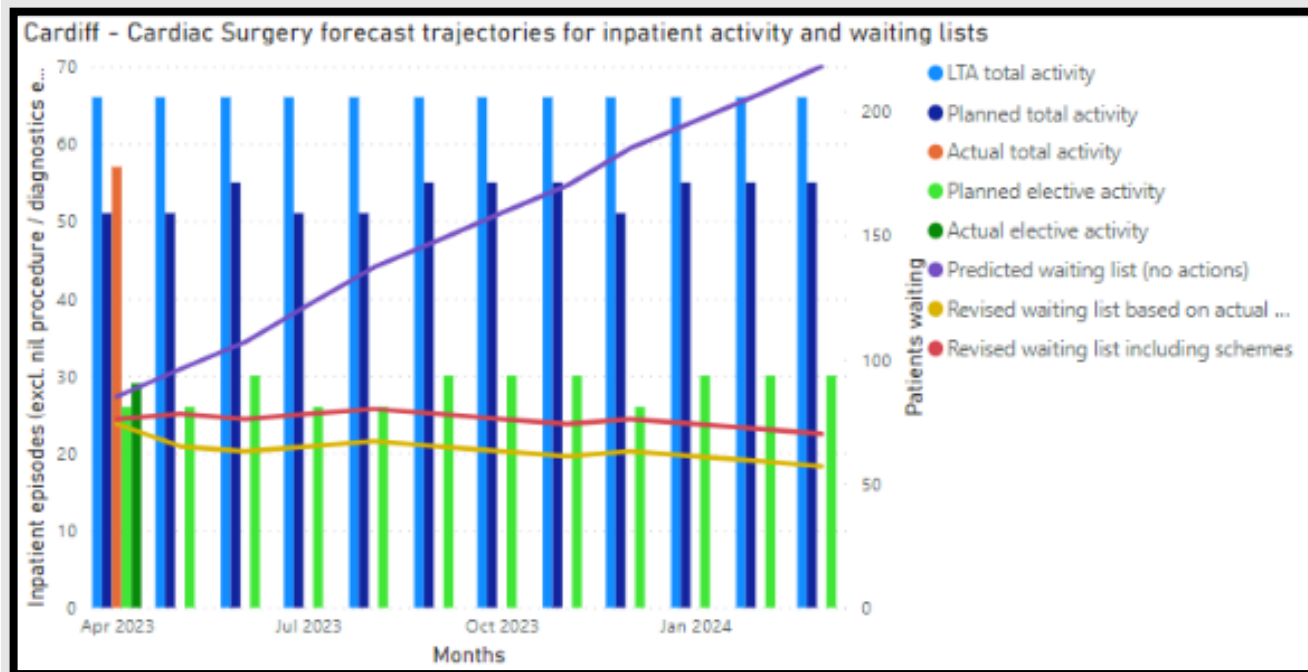
Cardiff & Vale UHB - Performance data and forecasts	Current Performance
<p data-bbox="112 327 660 359">Cardiac Surgery current performance:</p> <div data-bbox="134 367 1411 1181"><h4 data-bbox="145 383 448 406">Cardiac Surgery - Inpatients</h4><div data-bbox="145 422 761 766"><p data-bbox="145 422 761 462">Inpatient episodes (DHCW data incl. nil/Diagnostics episodes) - Top 4 providers</p></div><div data-bbox="772 422 1400 766"><p data-bbox="772 422 1400 446">Patients Waiting for Admission (DHCW data) - Welsh providers</p></div><h4 data-bbox="145 782 862 805">Cardiac Surgery - Outpatients (NB. includes some coded as Cardiothoracic)</h4><div data-bbox="145 821 761 1165"><p data-bbox="145 821 761 861">Outpatient appointments attended (DHCW data) - Top 4 providers</p></div><div data-bbox="772 821 1400 1165"><p data-bbox="772 821 1400 845">Patients Waiting for New Outpatient appts (DHCW data) - Welsh providers</p></div></div>	<p data-bbox="1489 295 2128 630">Commencing December 2022, CVUHB and SBUHB agreed that CTMUHB cardiac surgery patients (excluding PMVR) would be referred to SBUHB for an initial period of six weeks. This arrangement has worked well, albeit that numbers have been less than anticipated, and it was agreed in January 2023 it would be extended for an additional six weeks. This arrangement has now ended.</p>

Waiting list analysis:

CensusFinancialYearStyle Specialty_WHSSC	2022/23 202209	2022/23 202210	2022/23 202211	2022/23 202212	2023/24 202301
Cardiac Surgery	189	181	136	140	132
Cardiff and Vale University Local Health Board	189	181	136	140	132
Admitted diagnostic intervention	113	102	86	74	65
Diagnostic	4	4	2	3	1
FUP OP appointment	24	33	18	33	19
New OP appointment	48	42	30	30	47
Total	189	181	136	140	132

CensusFinancialYearStyle Specialty_WHSSC	2022/23 202209	2022/23 202210	2022/23 202211	2022/23 202212	2023/24 202301
Cardiac Surgery	189	181	136	140	132
Cardiff and Vale University Local Health Board	189	181	136	140	132
1 - Up to 4 weeks	42	51	33	46	52
2 - 5-25 weeks	117	113	87	78	65
3 - 26-35 weeks	16	9	10	12	10
4 - 36-51 weeks	11	6	6	4	4
5 - 52-103 weeks	3	2			1
Total	189	181	136	140	132

Cardiac Surgery 2023/24 forecasts:



What actions are WHSSC taking?

There is work underway to investigate the continuing growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of cardiac surgery commissioned by WHSSC. The outcomes of this exercise were incorporated into the 'WHSSC Cardiac Review' report, which was endorsed by WHSSC Joint Committee in January 2023.

Work is now underway on Phase 1 of the planned review, which will seek to re-baseline the TAVI/cardiac surgery contract, ascertain whether the TAVI policy remains fit for purpose, and consider the differential costs of TAVI valve types. Phase 1 is due to be completed by June 2023.

What are the main areas of risk?

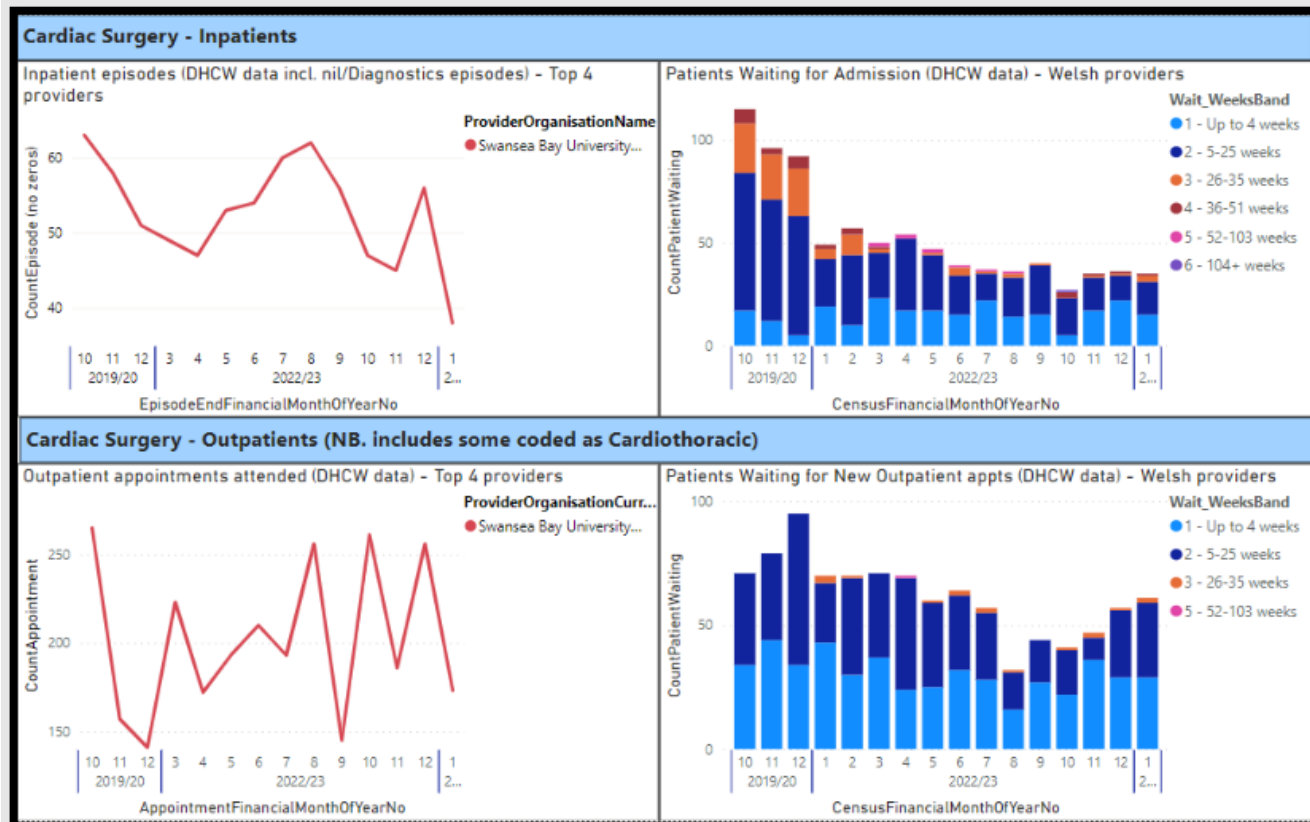
At this point, Cardiff looks on track to hit the WG target of no waiters for admissions over 36 weeks by June 2023, with just 5 patients waiting over this at the end of April 2023.

The service is not planning to meet the contracted inpatient levels, but lower demand is currently allowing the levels of patients waiting not to increase.

However, the HB forecasts includes assumptions of additional activity through a sustainable theatre staffing/agency scheme, plus the recruitment of a 6th consultant. If these do not materialise, the waiting lists would increase.

Swansea Bay UHB - Performance data and forecasts

Cardiac Surgery current performance:



Waiting list analysis:

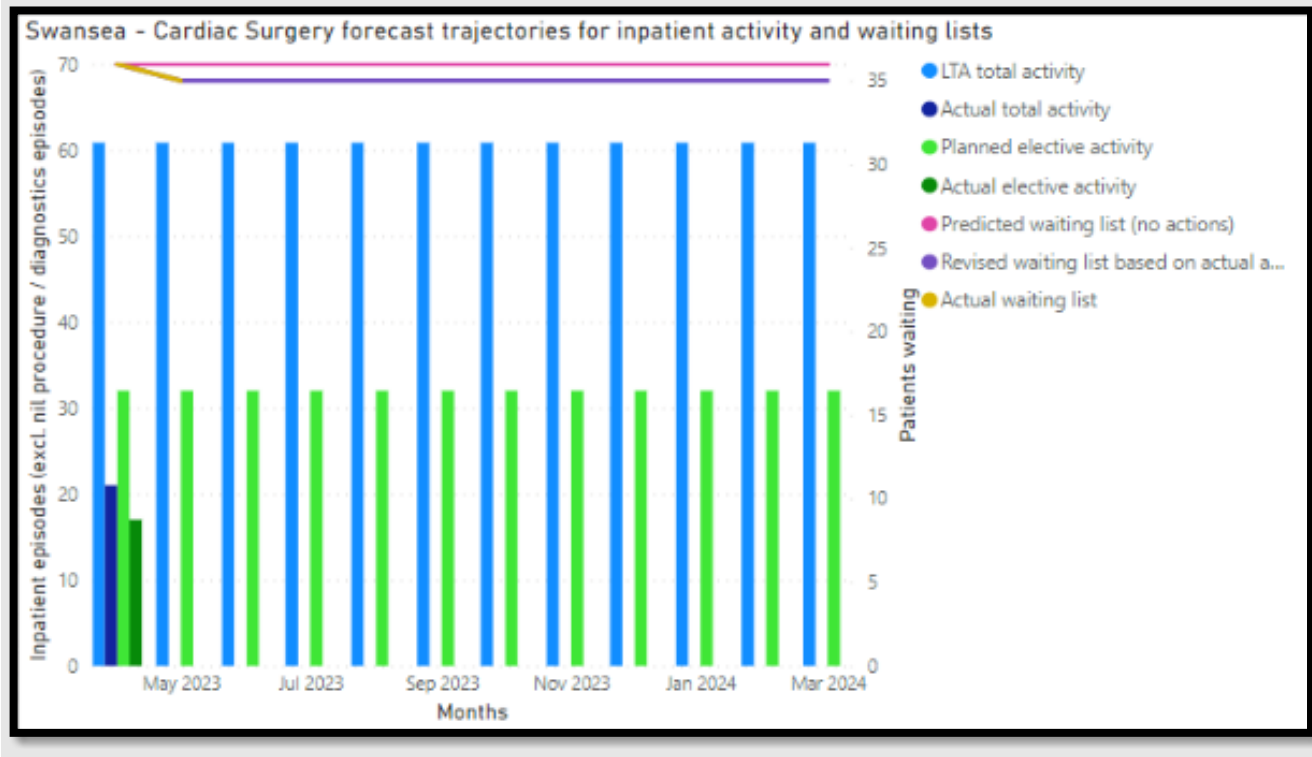
CensusFinancialYearStyle	2022/23	2023/24			
Specialty_WHSCC	202209	202210	202211	202212	202301
Cardiac Surgery	104	96	114	116	134
Swansea Bay University Local Health Board	104	96	114	116	134
Admitted diagnostic intervention	40	27	35	36	35
Diagnostic	11	14	17	9	8
FUP OP appointment	9	14	15	14	30
New OP appointment	44	41	47	57	61
Total	104	96	114	116	134

CensusFinancialYearStyle	2022/23	2023/24			
Specialty_WHSCC	202209	202210	202211	202212	202301
Cardiac Surgery	104	96	114	116	134
Swansea Bay University Local Health Board	104	96	114	116	134
1 - Up to 4 weeks	45	33	64	56	52
2 - 5-25 weeks	56	56	46	56	73
3 - 26-35 weeks	3	3	3	3	6
4 - 36-51 weeks	3	1	1	1	3
6 - 104+ weeks		1			
Total	104	96	114	116	134

Current Performance

Commencing December 2022, CVUHB and SBUHB agreed that CTMUHB cardiac surgery patients (excluding PMVR) would be referred to SBUHB for an initial period of six weeks. This arrangement has worked well, albeit that numbers have been less than anticipated, and it was agreed in January 2023 it would be extended for an additional six weeks.

Cardiac Surgery 2023/24 forecasts:



What actions are WHSSC taking?

There is work underway to investigate the continuing growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of cardiac surgery commissioned by WHSSC. The outcomes of this exercise were incorporated into the 'WHSSC Cardiac Review' report, which was endorsed by WHSSC Joint Committee in January 2023.

Work is now underway on Phase 1 of the planned review, which will seek to re-baseline the TAVI/cardiac surgery contract, ascertain whether the TAVI policy remains fit for purpose, and consider the differential costs of TAVI valve types. Phase 1 is due to be completed by June 2023.

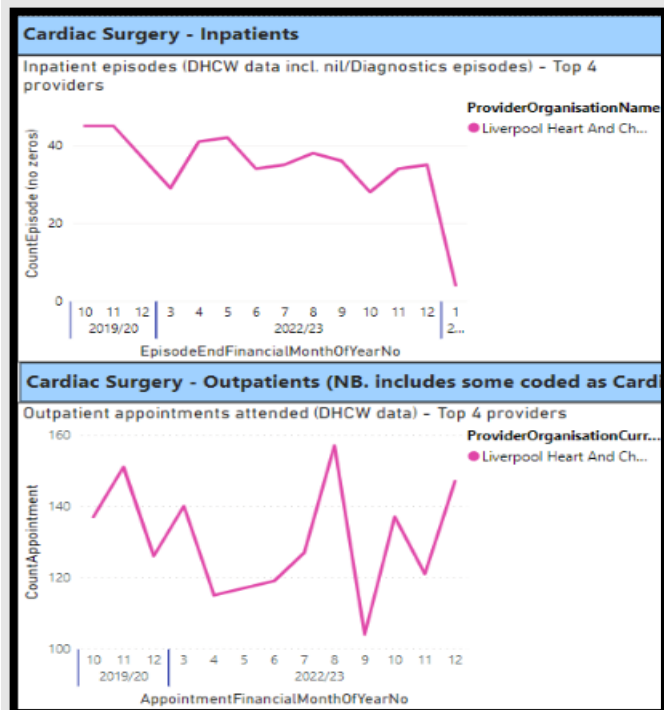
What are the main areas of risk?

At this point, Swansea Bay looks on track to hit the WG target of no waiters for admissions over 36 weeks by June 2023, with just 3 patients waiting over this at the end of April 2023.

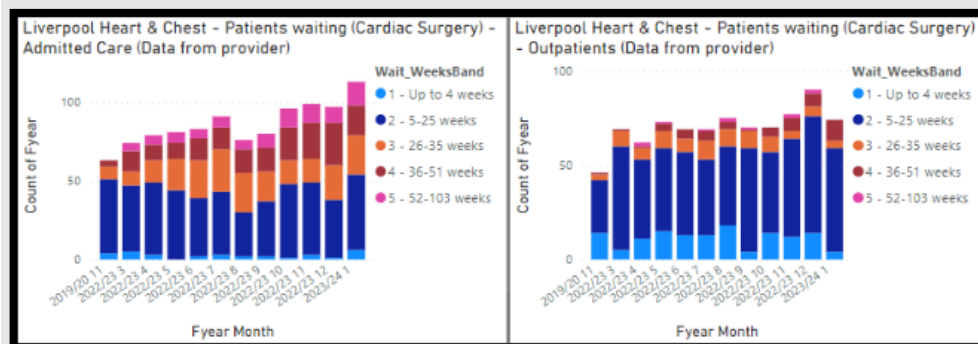
The service is not planning to meet the contracted inpatient levels, but demand is also appearing lower, hence the waiting lists do not appear to be affected adversely.

Liverpool Heart & Chest - Performance data and forecasts

Cardiac Surgery current performance:



Waiting list analysis:



Current Performance

Whilst Liverpool Heart & Chest have generally had a good recovery compared to pre-COVID levels, the waiting lists are now rising as shown to the left, with some patients now waiting over a year for New outpatient appointments. Waits are not as long for patients waiting for admissions, but the total patient numbers have been steadily rising.

What actions are WHSSC taking?

Regular meetings with the services to monitor the position.

What are the main areas of risk?

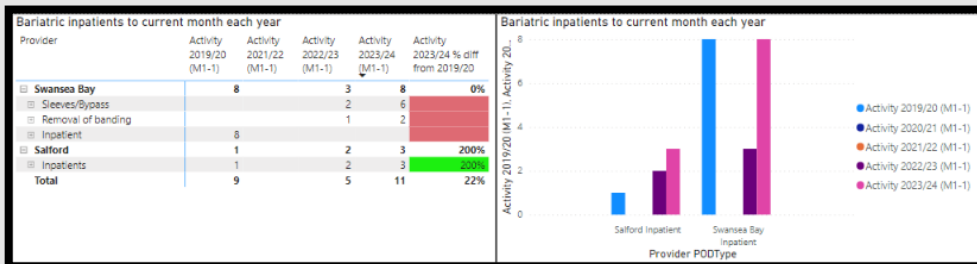
At this point, Liverpool looks on track to hit the WG target of no waiters for admissions over 36 weeks by June 2023, with 9 patients waiting over this at the end of February 2023.

However, with increasing waiting lists for New outpatients, this demand will increasingly put pressure on the waiting lists for admission and treatment.

7.2 Bariatric Surgery

Bariatric Surgery - Performance data and forecasts

Bariatric Surgery current performance:



Current Performance

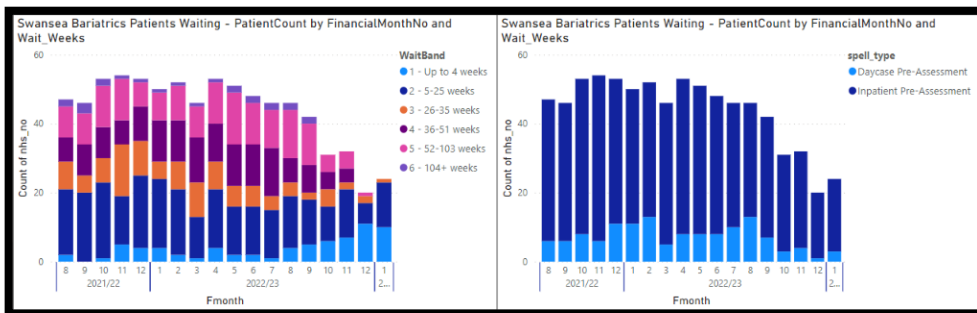
The Swansea Bay Bariatric Surgery service was put into Level 1 escalation in December 2022, due to the concerning waiting list totals and waiting times. However, the service has significantly improved inpatient and outpatient activity since January 2023, leading to the waiting list halving since then. As of the end of April, the longest wait is one patient that has been waiting between 26-35 weeks, the rest have all been waiting under 26 weeks.

The service has now been de-escalated and is longer in escalation.

What actions are WHSSC taking?

Regular meetings with the services to monitor the position.

Swansea Bay Waiting list analysis:



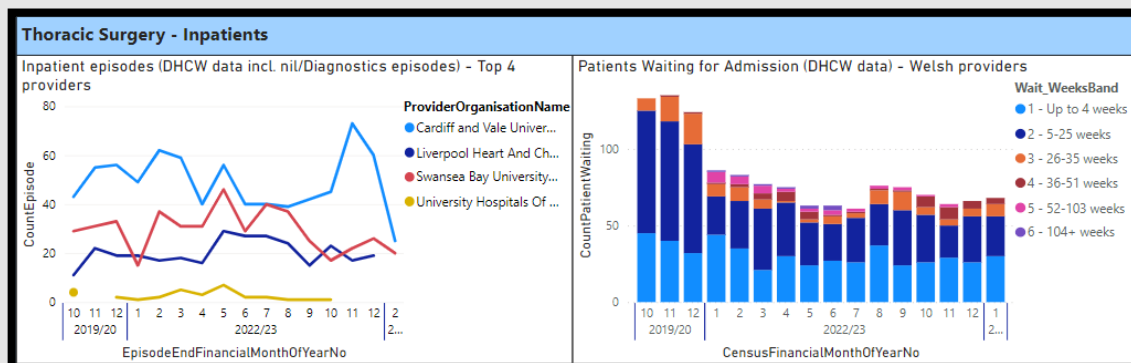
What are the main areas of risk?

The good progress at Swansea needs to be maintained to avoid a repeat of the waiting list deterioration.

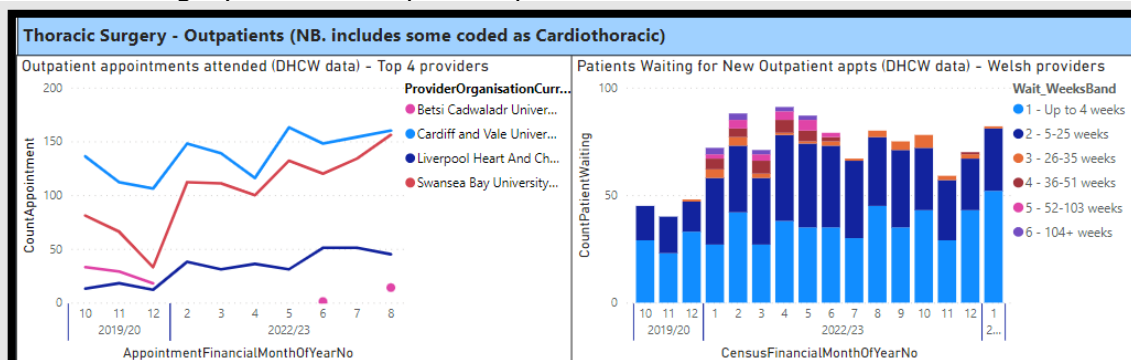
7.3 Thoracic Surgery

Thoracic Surgery - Performance data and forecasts

Thoracic Surgery current inpatient performance and Welsh waits:



Thoracic Surgery current outpatient performance and Welsh waits:



Forecasts for 2023/24 have been received from Cardiff & Vale. It shows lower planned inpatient activity than contracted, but does not forecast material increases in the waiting lists, or breaches of the Welsh Government targets.

Current Performance

Whilst the Welsh centres are not performing to the full inpatient contract levels, this has not impacted waiting list levels compared to pre-COVID figures. The waiting list for inpatients has actually halved compared to the end of 2019/20.

What actions are WHSSC taking?

In interpreting the data, it is important to note that collaborative arrangements are in place between the two South Wales thoracic surgery services to use the joint capacity across the 2 services to ensure equitable access. This ensures that if the usual centre is capacity constrained 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 HBs for which it is the usual provider.

To date, the joint meeting has focused on primary lung cancer patients. The service has been providing elective operations for non-cancer patients but a small number of long waiters still remain within the backlog.

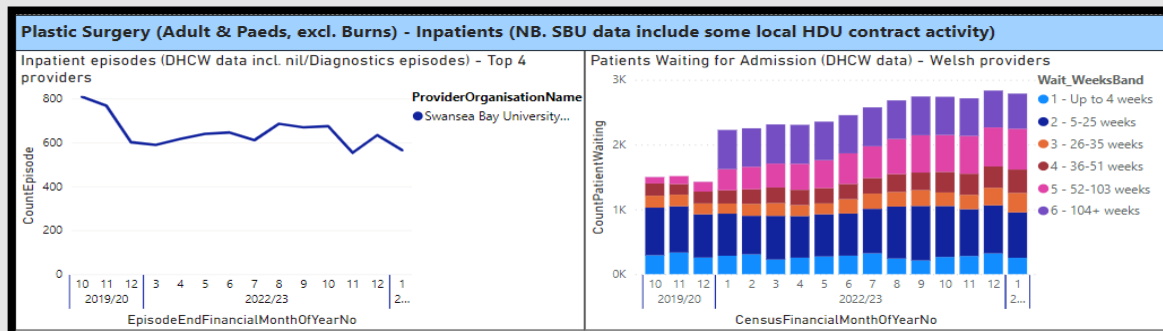
What are the main areas of risk?

With increasing activity for New outpatients, this demand will increasingly put pressure on the waiting lists for admission and treatment.

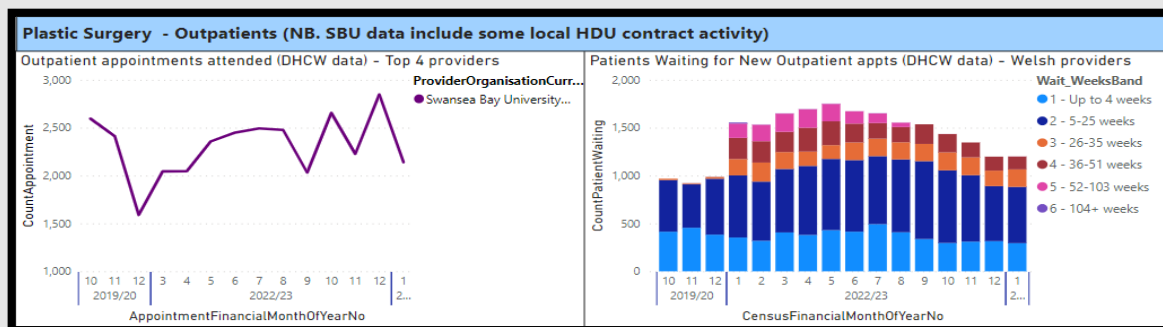
7.4 Plastic Surgery

Swansea Bay UHB - Performance data and forecasts

Plastic Surgery current inpatient performance and Welsh waits:



Plastic Surgery current outpatient performance and Welsh waits:



Breakdown of patients waiting:

CensusFinancialYearStyle	2022/23	2022/20	2022/21	2022/22	2023/24
Speciality_WHSSC	2022/20	2022/21	2022/22	2022/23	2023/24
Plastic Surgery	2,742	2,739	2,715	2,835	2,788
Swansea Bay University Local Health Board	2,742	2,739	2,715	2,835	2,788
Admitted diagnostic intervention	2,742	2,739	2,715	2,835	2,788
1 - Up to 4 weeks	212	265	280	321	252
2 - 5-25 weeks	840	787	723	741	702
3 - 26-35 weeks	244	209	222	271	301
4 - 36-51 weeks	272	318	326	330	360
5 - 52-103 weeks	576	570	584	602	630
6 - 104+ weeks	598	590	580	570	543
Total	2,742	2,739	2,715	2,835	2,788

CensusFinancialYearStyle	2022/23	2022/20	2022/21	2022/22	2023/24
Speciality_WHSSC	2022/20	2022/21	2022/22	2022/23	2023/24
Plastic Surgery	1,533	1,433	1,344	1,196	1,198
Swansea Bay University Local Health Board	1,533	1,433	1,344	1,196	1,198
New OP appointment	1,533	1,433	1,344	1,196	1,198
1 - Up to 4 weeks	336	296	309	315	294
2 - 5-25 weeks	812	757	693	574	587
3 - 26-35 weeks	180	188	187	161	182
4 - 36-51 weeks	205	191	155	146	134
5 - 52-103 weeks		1			1
Total	1,533	1,433	1,344	1,196	1,198

Current Performance

The service at Swansea Bay has been struggling with treatment and patients waiting for some time, even before COVID-19. Over 2,700 patients are waiting for admission, including 543 patients that have been waiting over 2 years, and over 1,170 that have been waiting over 1 year.

Note: the DHCW data to the left includes some local Dermatology activity contracted between SUBHB and HDUHB (about 10% of the total).

What actions are WHSSC taking?

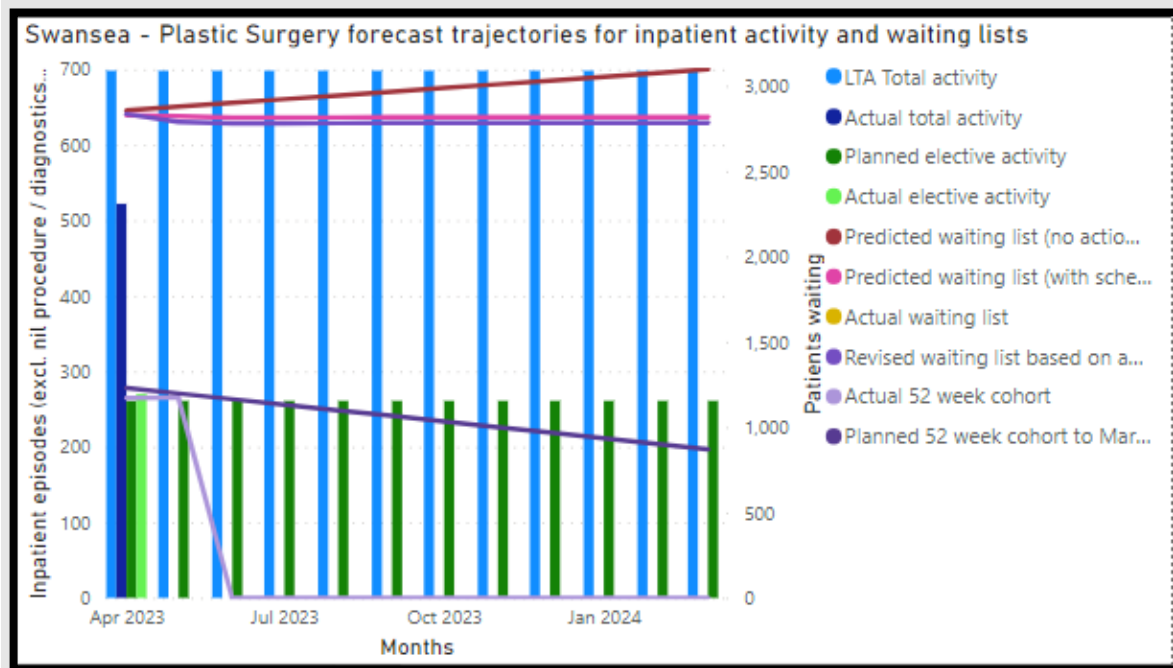
WHSSC put the service into level 1 escalation in December 2022, and is receiving weekly performance updates. The escalation status is currently being reviewed by the Commissioning team.

Since the escalation, the new outpatients waiting have reduced significantly, usually with no patients now waiting over a year, which will meet the WG New outpatient target. The total of patients waiting for admission has remained static i.e. not continued to deteriorate.

What are the main areas of risk?

The 2023/24 forecast provided by the service assumes some small additions to capacity from various schemes, which would lead to a static total waiting list. However, within that total, they estimate the patients

Swansea Bay UHB - Plastic Surgery 2023/24 forecasts:



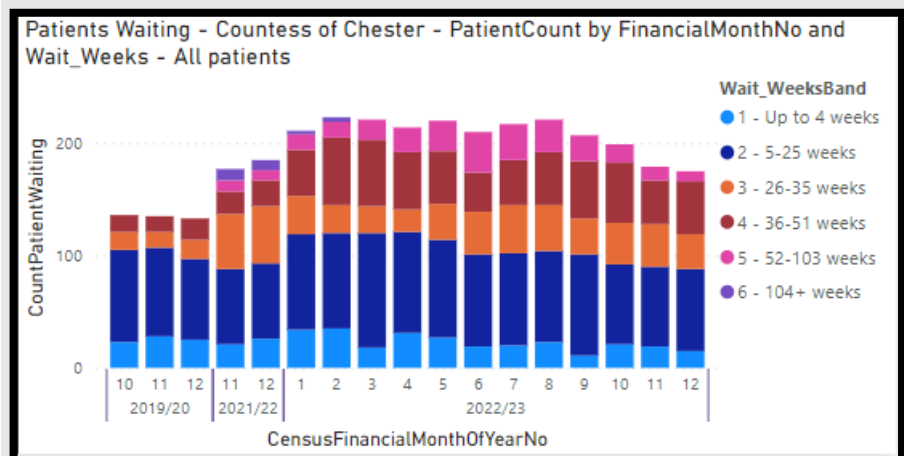
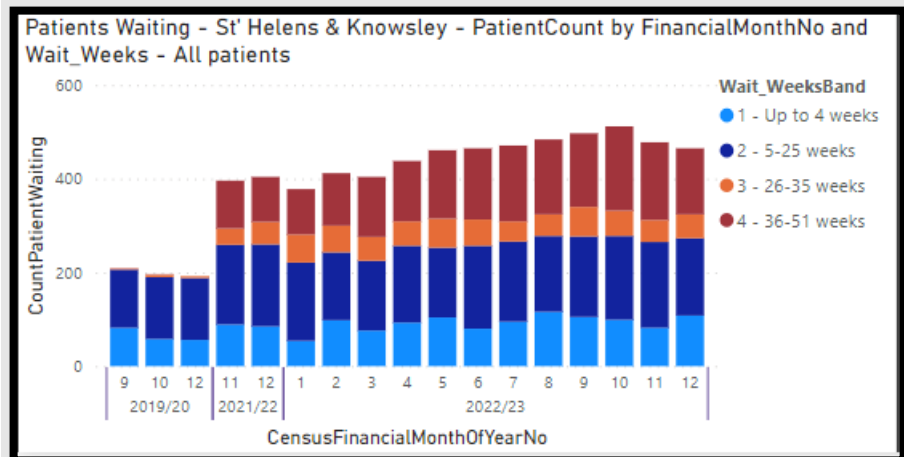
waiting over a year would reduce from 1,231 to 870, although this would still breach the WG inpatient target.

The risk is that demand would increase and negate the impact of the additional capacity schemes. The breakdown of complexity of the patients waiting is unknown to WHSSC.

Please note that it has been agreed that the commissioning of Plastic Surgery as a Specialty will return to HBs, with WHSSC retaining only an agreed sub-section of Specialised activity. A Project group is being formed to work out the details.

Plastic Surgery English providers - Performance data and forecasts

English providers waiting list analysis (total pathway, as the pathway point is not provided for English data):



Current Performance

Plastic Surgery is a specialty that appears to be struggling in various ways across the UK. At St. Helen's and Knowsley, the total waiting list is growing in a similar manner to Swansea Bay, although the pathway breakdown is unknown, and there is no one waiting over a year at this point. The BCUHB part of the North Wales plastics pathway has been put into escalation by Welsh Government for quality reasons.

Patients being treated at the Countess of Chester include some long waiters over a year, but the waiting list has been reducing gradually in total.

Please note the Countess of Chester activity 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.

What actions are WHSSC taking?

Regular meetings with the Trusts and BCUHB to monitor the position. Advisor to WG / BCUHB Escalation meetings for the North Wales pathway.

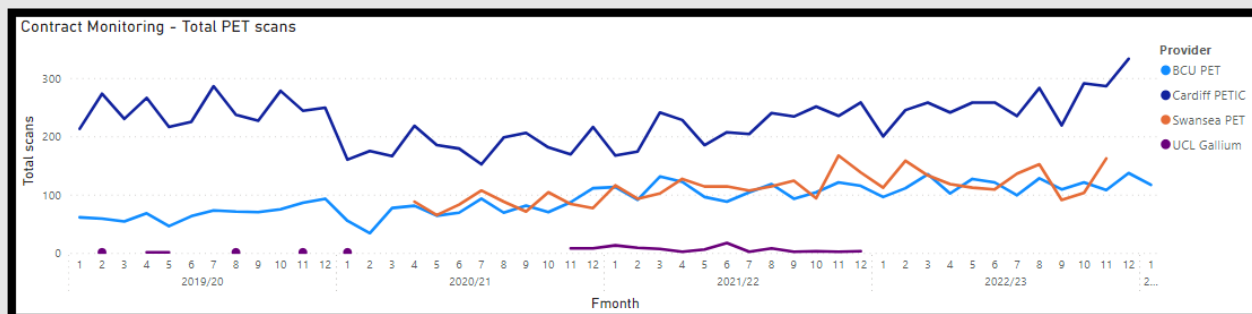
What are the main areas of risk?

Sustained demand on this service is putting pressure on all points of the pathway. Excessive time waiting may be exacerbating the patients treatment needs in the meantime, adding further complications.

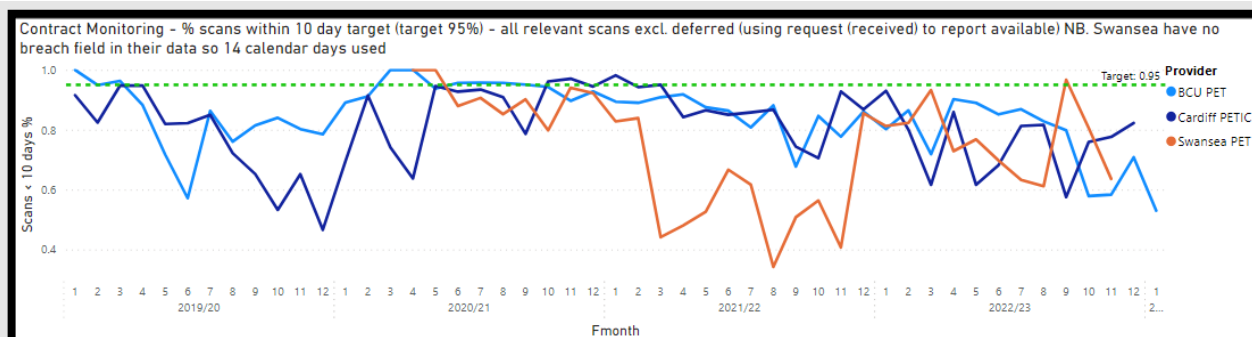
7.5 PET Scans

PET Scans - Performance data and forecasts

PET Scans current performance:



Performance against 10 working day target from PET scan request to the report being available:



Current Performance

PET scanning is an area with increasing growth and interest.

At the time of writing this report, data had not been received from Swansea Bay since Feb 2023, and Cardiff PETIC since March 2023.

What actions are WHSSC taking?

Welsh Government (WGov) requested WHSSC to lead the all-Wales PET Programme, which is responsible for capital (scanner) replacements across Wales. A small team sit within WHSSC to facilitate all aspects of capital replacement at PET sites, and are funded from WG until early 2025.

This team have made significant input to the PET service across Wales. A new digital scanner will be online in Cardiff in July 2023, with business cases expected from SBUHB and BCUHB in September and August 2023, respectively.

WHSSC are working on improving data collection across all sites, to ensure consistency

What are the main areas of risk?

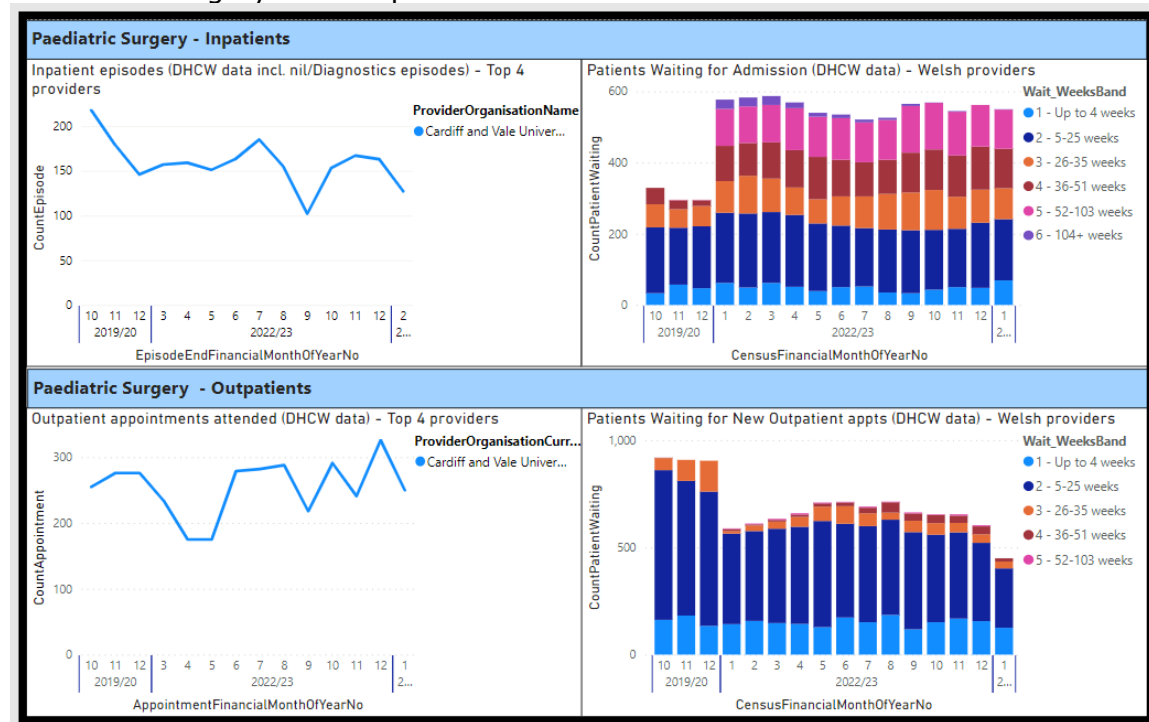
Increased demand has put significant pressure on the service, with the resulting drop of achievement of the 10 working day target of the PET scan report being available to the referring clinician.

The continued use of mobile scanners at BCUHB and SBUHB is resulting in frequent service failures due to scanner breakdown and supply issues.

7.6 Paediatric Surgery

Cardiff & Vale UHB - Performance data and forecasts

Paediatric Surgery current performance:



Waiting list analysis:

CensusFinancialYearStyle	2022/23	2022/23	2022/23	2023/24	2023/24
Speciality_WHSSC	202209	202210	202211	202212	202301
Paediatric Surgery	557	559	537	550	529
Cardiff and Vale University Local Health Board	557	559	537	550	529
Admitted diagnostic intervention	557	559	537	550	529
1 - Up to 4 weeks	33	41	50	46	59
2 - 5-25 weeks	171	168	163	182	169
3 - 26-35 weeks	104	104	85	87	86
4 - 36-51 weeks	112	114	114	118	104
5 - 52-103 weeks	131	131	123	117	110
6 - 104+ weeks	6	1	2		1
Total	557	559	537	550	529

CensusFinancialYearStyle	2022/23	2022/23	2022/23	2023/24	2023/24
Speciality_WHSSC	202209	202210	202211	202212	202301
Paediatric Surgery	457	441	440	389	363
Cardiff and Vale University Local Health Board	457	441	440	389	363
New OP appointment	457	441	440	389	363
1 - Up to 4 weeks	87	113	137	116	112
2 - 5-25 weeks	350	309	295	263	242
3 - 26-35 weeks	20	19	5	9	9
4 - 36-51 weeks			3	1	
Total	457	441	440	389	363

Current Performance

Cardiff and Vale is reporting a significant number of patients waiting over 52 weeks for admissions. In dialogue with the provider, there are a number of contributing factors to the waiting list including nurse capacity, bed capacity, anaesthetic support and theatre availability.

What actions are WHSSC taking?

Following concerns around performance, WHSSC put the service into Level 1 escalation in December 2022, with weekly performance updates now being submitted. The escalation was increased to Level 3 in March 2023.

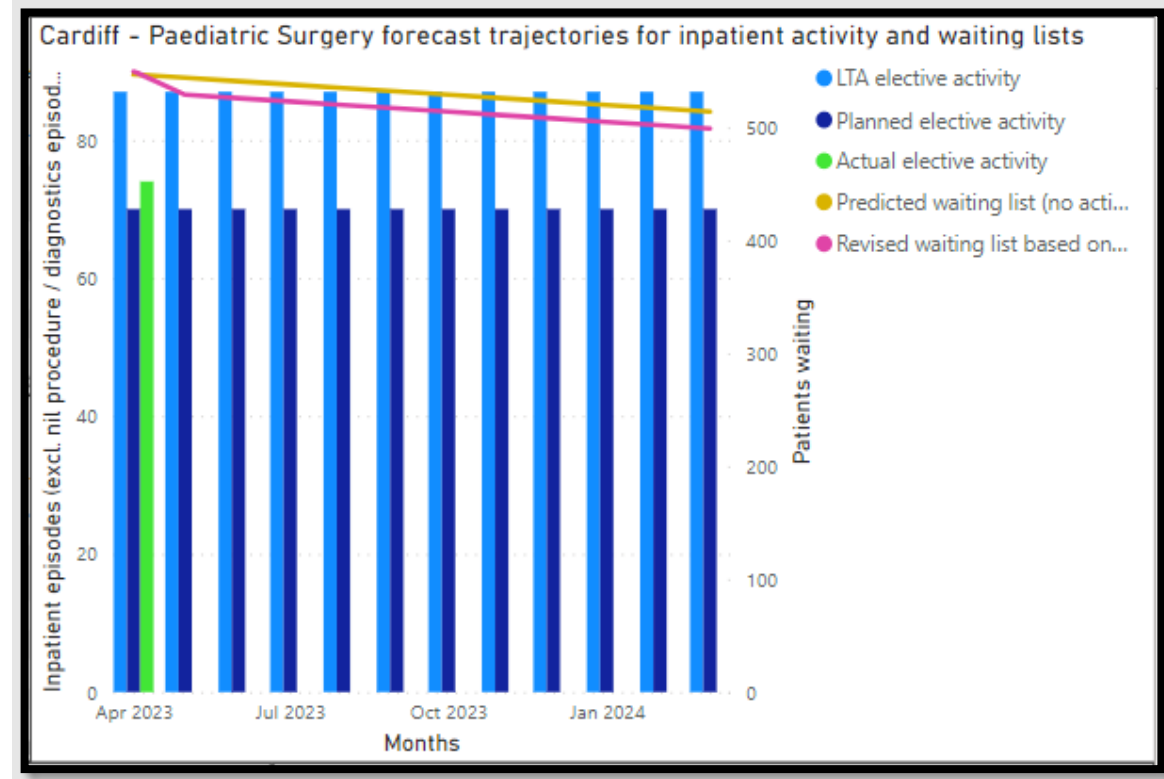
An improvement plan is in place to achieve contract volumes and is being monitored at Executive-led Escalation meetings, and a revised trajectory is expected in July. Outsourcing remains in place.

What are the main areas of risk?

At this point, the Cardiff service looks on track to hit the WG target of no waiters for New outpatients over 52 weeks, or admissions over 104 weeks by June 2023.

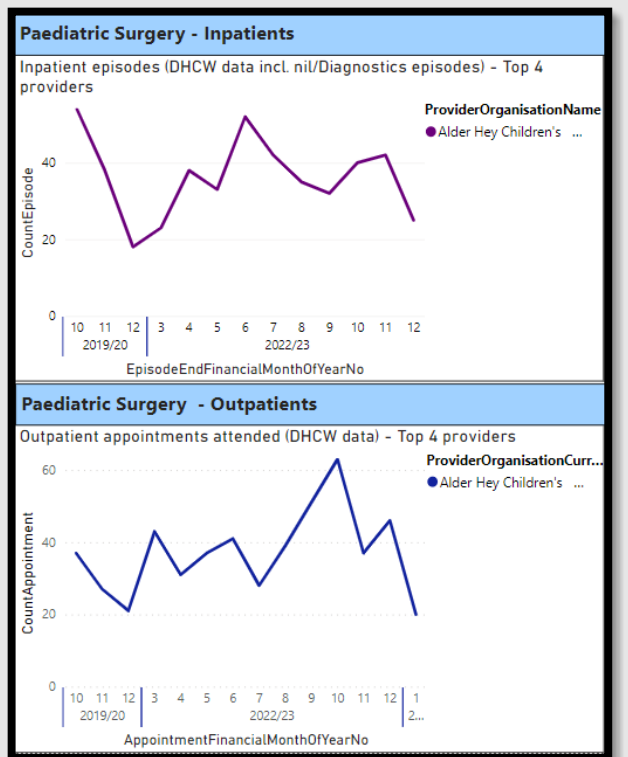
However, the target of no admissions waiting over 36 weeks by March 2024 will need increased work and delivery of contract volumes.

Cardiff & Vale UHB - Paediatric Surgery 2023/24 forecasts:



Alder Hey Childrens Hospital - Performance data and forecasts

Paediatric Surgery current performance:



Waiting list analysis:

CensusFinancialYearStyle	2019/20			2022/23				
Specialty_WHSSC	201910	201911	201912	202208	202209	202210	202211	202212
<input checked="" type="checkbox"/> Paediatric Surgery	50	49	54	89	89	91	93	101
<input checked="" type="checkbox"/> Alder Hey Children's Nhs Foundation trust	50	49	54	89	89	91	93	101
<input checked="" type="checkbox"/> Unknown	50	49	54	89	89	91	93	101
1 - Up to 4 weeks	18	14	13	24	26	22	17	25
2 - 5-25 weeks	32	35	41	37	37	46	53	56
3 - 26-35 weeks				8	10	8	11	4
4 - 36-51 weeks				19	15	14	9	12
5 - 52-103 weeks				1	1	1	3	4
Total	50	49	54	89	89	91	93	101

Current Performance

Whilst activity totals are very close to pre-COVID levels, the backlog of patients has led to a higher waiting list of around double the amount of patients.

What actions are WHSSC taking?

Alder Hey had previously reported to WHSSC through their recovery plans that activity was currently higher than pre-pandemic levels and a robust plan is in place to manage the small number of patients waiting over 52 weeks.

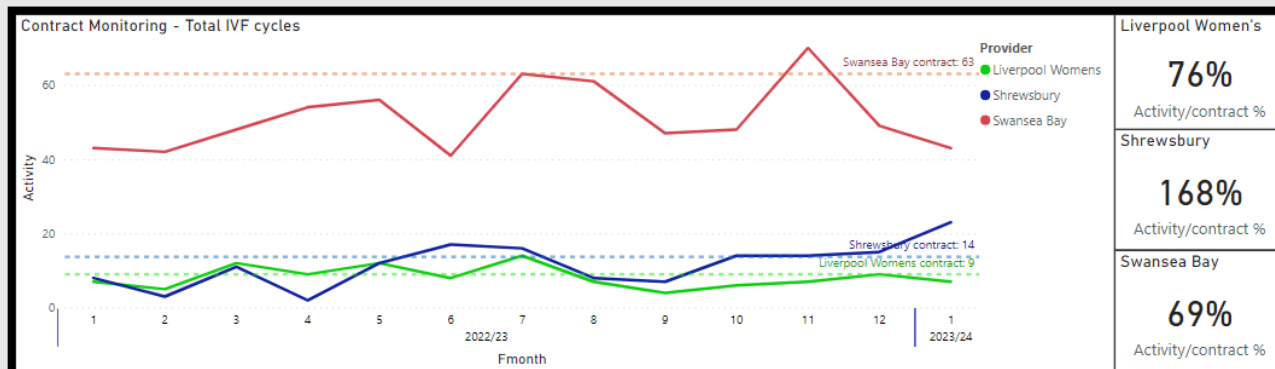
What are the main areas of risk?

Before COVID, no patients at Alder Hey were waiting over 26 weeks, but this now applies to about a third of the patients. However, there are no patients waiting over 104 weeks, and 4 waiting over 52 weeks.

7.7 In Vitro Fertilisation (IVF)

IVF - Performance data and forecasts

IVF current performance:



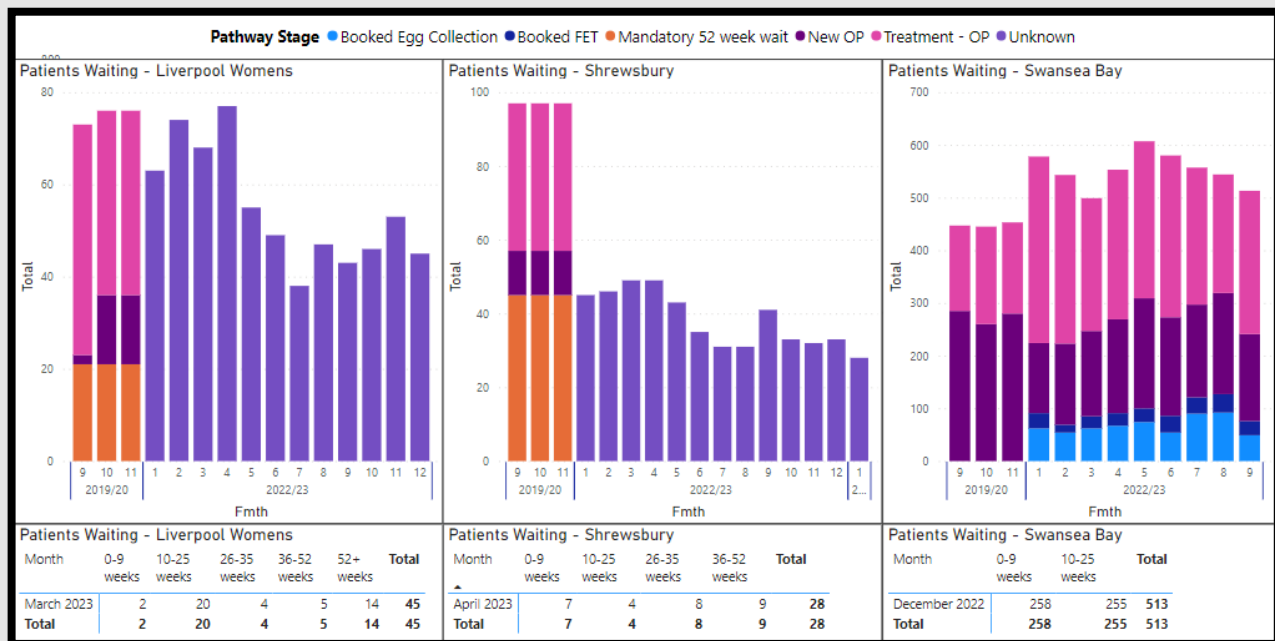
Current Performance

All 3 main IVF providers under-performed against contracted cycles in 2022/23. Both English providers have patients waiting over 26, 36 and 52 weeks, although their total waiting list is lower than pre-COVID.

What actions are WHSSC taking?

Regular contact with services to monitor performance.

Waiting list analysis:



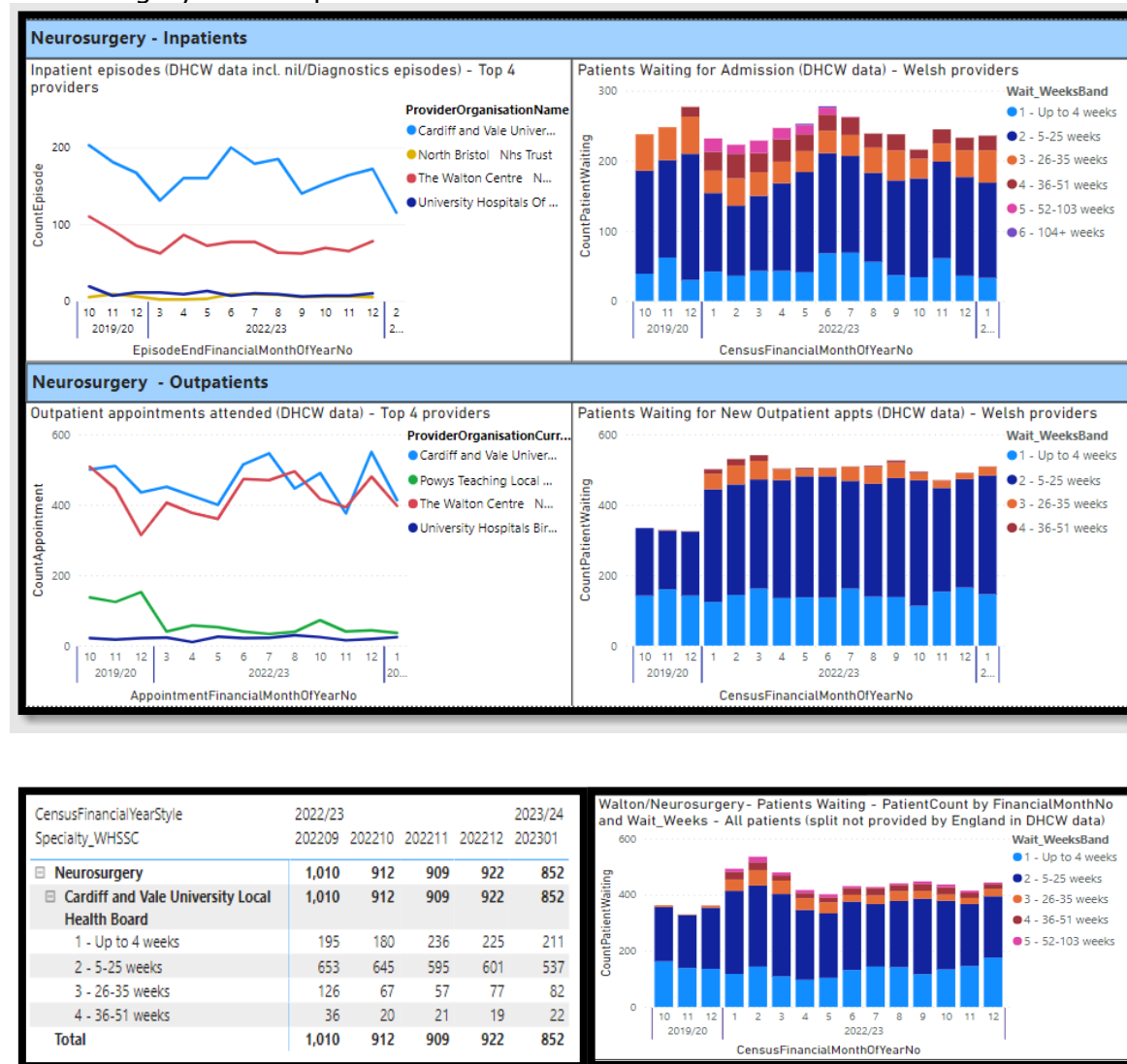
What are the main areas of risk?

Long waits may adversely affect outcomes.

7.8 Neurosurgery

Neurosurgery - Performance data and forecasts

Neurosurgery current performance:



Current Performance

The Neurosurgery services have been stretched over recent years, but total waiting lists are still comparable to pre-COVID levels at Cardiff, and no patient has been waiting over 52 weeks for treatment. Total patients waiting for New outpatients have increased at Cardiff, but no patient has been waiting longer than 36 weeks.

Total patients waiting at the Walton are also comparable to pre-COVID levels, although the data shows this has been reducing steadily over the past few months.

What actions are WHSSC taking?

Cardiff have provided a 2023/24 forecast of their activity and waiting lists. Their projections show a reducing waiting list, based on over-performing against their contracted elective activity, including utilising evening theatre sessions.

What are the main areas of risk?

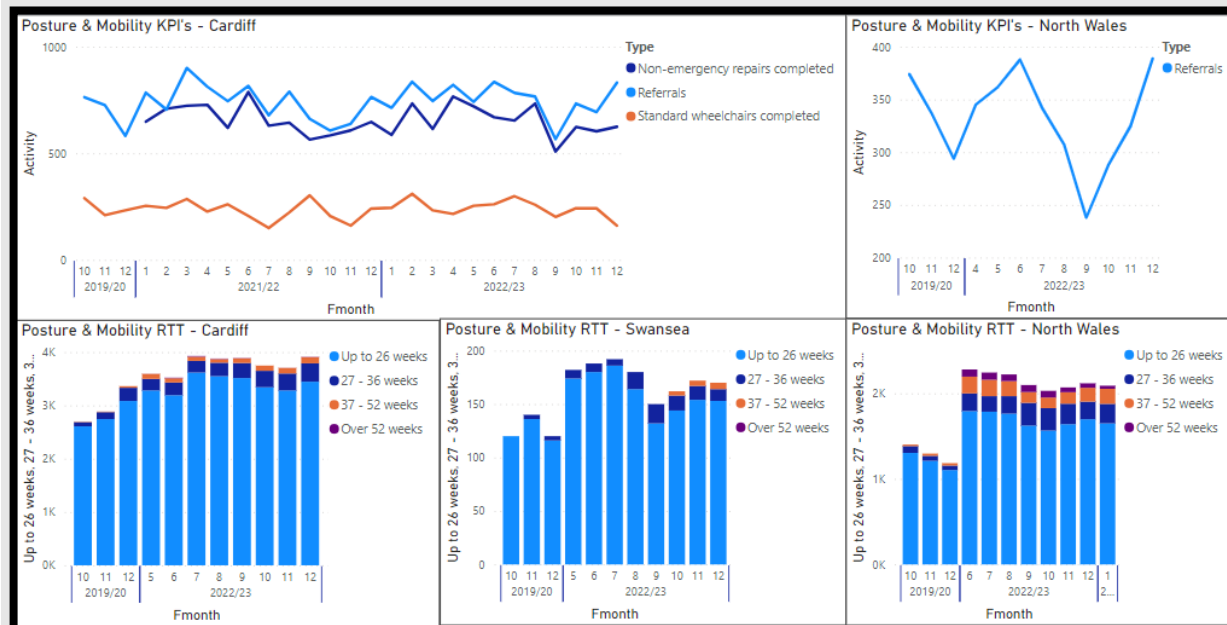
At this point, no patients have been waiting over 52 weeks at Cardiff, and only 5 at the Walton.

However, with increasing waiting lists for New outpatients, this demand will increasingly put pressure on the waiting lists for admission and treatment, including the WG target of no waits over 36 weeks by the end of March 2024.

7.9 ALAS (Artificial Limbs Service)

ALAS - Performance data and forecasts

Posture and Mobility referrals and waiting lists:



Current Performance

Posture and Mobility services have been struggling with rising waiting lists, with the Cardiff service having a setback in relation to the major flooding just before COVID-19 hit.

After an initial lull in referrals, these have now increased again. There are 52 patients waiting over 52 weeks for the North Wales Posture and Mobility services, and a small number in the Cardiff service.

What actions are WHSSC taking?

Regular performance meetings with the services. These have led to patient level activity data now being received from all 3 centres, along with the data around patients waiting.

There is also a new PROMS system being developed, with data to be received this financial year.

What are the main areas of risk?

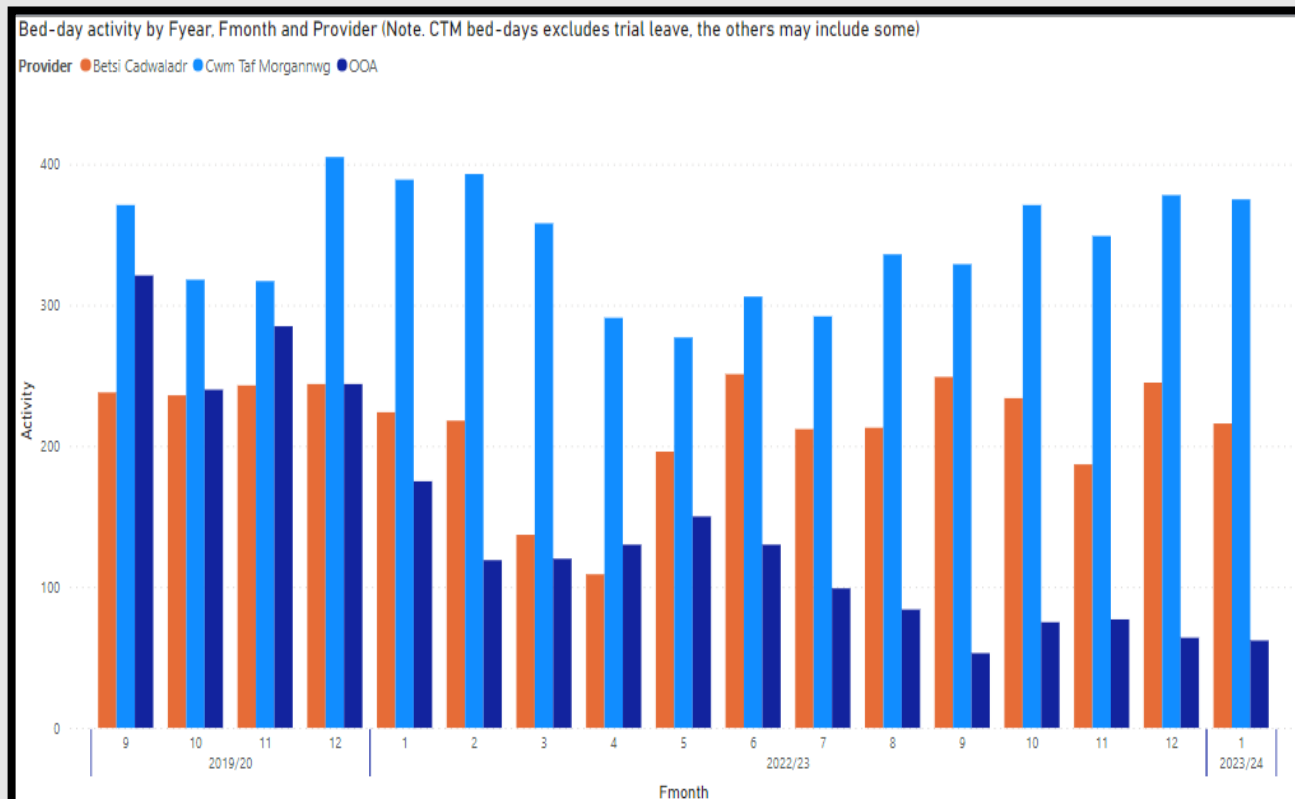
Patients waiting a long time can deteriorate in the meantime.

Month	March 2023			
Area	Up to 26 weeks	27 - 36 weeks	37 - 52 weeks	Over 52 weeks
EAT RRT	320	36	18	8
North Wales - Posture & Mobility RTT	1,698	206	162	52
North Wales - Prosthetics RTT	300	6		
South Wales - Posture & Mobility RTT - Cardiff	3,446	344	116	6
South Wales - Posture & Mobility RTT - Swansea	153	11	6	
South Wales - Prosthetics RTT - Cardiff	616	40	12	6
Total	6,533	643	314	72

7.10 CAMHS – NHS and Out of Area Placements (OOA)

CAMHS - Performance data

CAMHS current performance:



Current Performance

Whilst the NHS inpatient CAMHS units are close to pre-COVID bed-days, the use of other providers has reduced.

What actions are WHSSC taking?

Monthly performance meeting have been set up to monitor progress of NWAS whilst Ty Llidiard are discussing performance through the escalation process. Bed Panel occurs weekly and discusses bed state with a significant improvement for bed occupancy at Ty Llidiard.

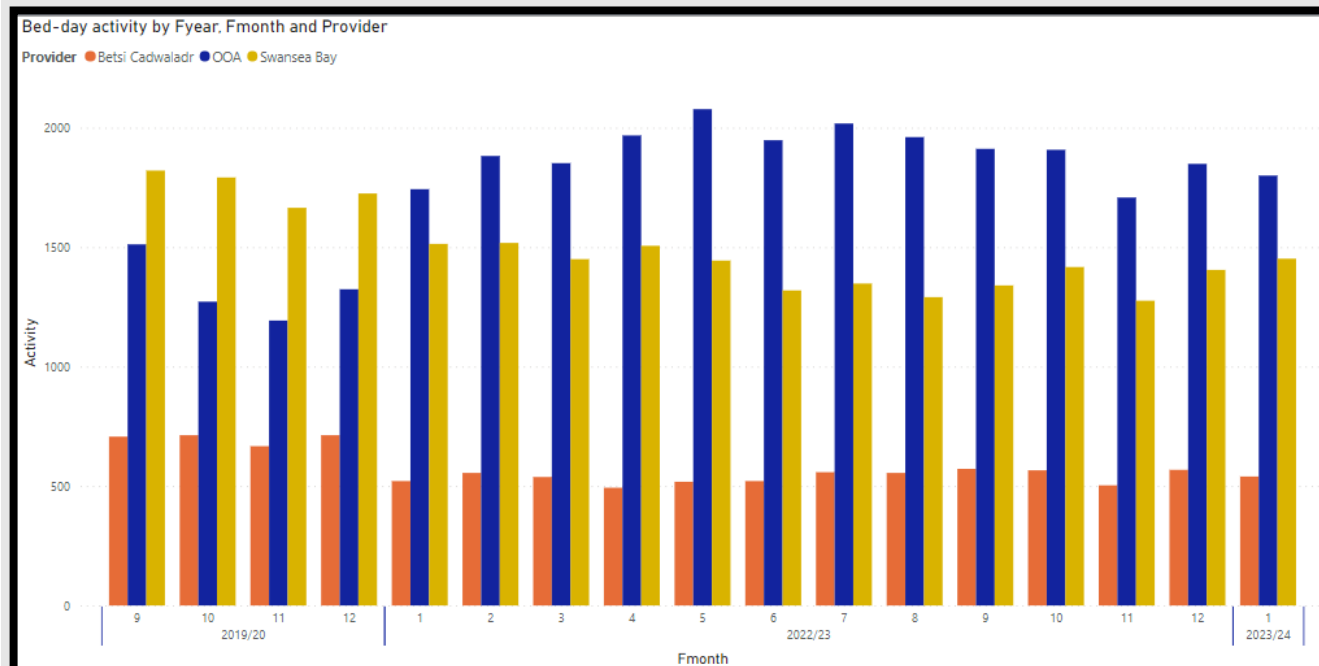
What are the main areas of risk?

Circumstances where units have closed to admissions have seen an increase in out of area placements for that time period. There is a risk that these patients will not be able to be repatriated unless it is safe and appropriate to do so.

7.11 Adult Medium Secure – NHS and Out of Area Placements (OOA)

Adult Medium Secure - Performance data and forecasts

Adult Medium Secure current performance:



Current Performance

Whilst both NHS inpatient Medium Secure units are performing with less bed-days than pre-COVID, the use of other providers has increased.

What actions are WHSSC taking?

Regular performance meetings are taking place with both units on a monthly basis.

Repatriation plans are in place for both units and are on profile.

What are the main areas of risk?

Lack of seclusion suites in both units limits the acuity of patients that can be repatriated or admitted. There is a risk that patients remain out of area due to this.

7.12 Welsh Kidney Network activity

Welsh Kidney Network - Performance data and forecasts

Welsh Kidney Network current performance: BCUHB region

Totals for all areas (West, Centre and East)																												
Year	2021-22												2022-23												2023-24			
	1	2	3	4	5	6	7	8	9	10	11	12	Total	1	2	3	4	5	6	7	8	9	10	11	12	Total	1	Total
Unit haemodialysis activity (sessions)	3576	3477	3630	3864	3700	3678	3650	3584	3623	3471	3116	3489	42858	3559	3662	3716	3675	3816	3520	3547	3554	3708	3737	3406	3743	43643	3365	3365
Home dialysis (patients)	79	77	81	79	79	78	81	85	88	88	87	90	992	90	90	90	92	86	89	93	92	87	92	77	73	1051	89	89
Nephrology outpatient activity (appointments)	947	957	982	1282	985	1112	1201	1344	1027	849	946	1026	12658	1117	1097	1108	974	899	1139	1180	1489	1100	1370	1172	1074	13719	1063	1063

Welsh Kidney Network current performance: C&VUHB region

	2021-22	2022-23	2023-24
Renal surgery activity, inc. IPEL and IPNEL, DC, RDAs, OPN, OPFU, OPP (Renal Surgery)	5,052	5,189	354
Nephrology activity, inc. IPEL and IPNEL, DC, RDAs, OPN, OPFU, OPP (Nephrology)	9,585	9,262	605
Home haemodialysis activity (Home Renal Dialysis)	7,516	7,681	605
Peritoneal dialysis activity (Renal CAPD (Dialysis))	21,767	18,643	1,410
Unit haemodialysis activity (Hospital Renal Dialysis)	83,905	90,755	7,477
Transplant activity (Renal Transplants)	97	115	8

Welsh Kidney Network current performance: SBUHB region

	2021-22	2022-23	2023-24
Haemodialysis activity at Morriston units (Hospital Unit Dialysis)	36411	36886	3034
Haemodialysis activity at satellite units (West Wales Dialysis)	26645	26995	2452
Total unit haemodialysis activity	63056	63881	5486
Home dialysis patients (Home Dialysis per Month)	452	401	30
CAPD patients (CAPD per Month)	307	310	26
APD patients (APD per Month)	309	252	22
AAPD patients (AAPD per Month)	63	32	3
PD patients, Sum of: (CAPD, APD and AAPD per Month)	679	594	51
Renal vascular access activity (Renal access GS)	143	162	13
New outpatient appointments (Out Patients New)	811	1111	121
Followup outpatient appointments (Out Patients FU)	9204	9612	610
Outpatient procedures (OPP)	858	697	

Current Performance

BCUHB region: Unit dialysis currently underperforming on current baselines, except in Wrexham/ Welshpool, where it is over performing by 8%.

C&VUHB region: Unit Dialysis currently over performing against contracted activity and has increased from previous year. PD activity has seen a decline within the last 2 months, below previous year's level. Transplant activity has increased against contracted activity level.

SBUHB region: Morriston and West Wales unit dialysis currently over performing against contracted activity levels. CAPD & PD both underperforming.

What actions are WHSSC taking?	What are the main areas of risk?
<p>BCUHB region: The current sub structure of having 3 distinct IHC regions is having a significant impact on managing and flexing the renal service particularly where the demand exceeds current capacity.</p> <p>C&VUHB region: Work is ongoing with the region to expand existing capacity within 2 ISP sites to deal with the current increase in unit dialysis activity. Outdated baseline figures for all regions are being considered, utilising 2022/23 out-turn activity.</p> <p>SBUHB region: Work is ongoing with the region to expand existing capacity within 2 ISP sites to deal with the current increase in unit dialysis activity.</p> <p>All regions: The Network is currently reviewing baseline figures for all regions as outdated, utilising 2022/23 out-turn activity and working with WHSSC Finance on appropriate funding model. In turn this will provide a demand and capacity model for workforce requirements.</p> <p>Available datasets are being considered, including waiting list activity as this is not currently actively monitored as this is currently a pass through activity. Alignment to the WHSSC performance Management framework structure is progressing, and providing a 'voice' for renal services within the WHSSC/Provider meetings.</p> <p>Recently awarded ViHC monies distributed within each region, aim of increasing the level of transplantation and home dialysis activity. BCU focus is on additional staff for transplantation and Home Dialysis. C&V currently undertaking a scoping exercise on the most effective areas to target within the patient pathway. SB's will focus on locally on CKD and will lead on an All Wales project looking at Kidney Risk equation and emulating 'Transplant First' into Vital data. This will be monitored through the quarterly regional meetings and WKN Board.</p> <p>An All Wales project looking at Kidney Risk equation and emulating 'Transplant First' into Vital data is being progressed.</p>	<p>BCU region: Increased pressure of staff working within a pan-BCU single service against a backdrop of a 3 sub-structured organisation.</p> <p>Insufficient funding mechanism within the existing BCU sub-structure does not provide the level of flexibility to manage the service provision pan BCU, compounded by the fact that BCU are within a block contract, current lack of visibility regarding funding flow.</p> <p>C&VUHB region: Increased pressure on workforce, which will be mitigated by rebasing activity and costings.</p> <p>Increase in cost within Independent Service Providers (ISPs) due to current market conditions and scarcity of labour.</p> <p>SBUHB region: Increase in demand within the Swansea Morriston region, mitigated by recently awarded contract for 2 additional ISP units to be located within the NPT and Bridgend areas, predicted to come on-line by end of 2024.</p> <p>Increased pressure on workforce, which will be mitigated by rebasing activity and costings.</p>

Report Title	Financial Performance Report – Month 2 2023-2024			Agenda Item	4.2
Meeting Title	Joint Committee			Meeting Date	18/07/2023
FOI Status	Open/Public				
Author (Job title)	Assistant Director of Finance				
Executive Lead (Job title)	Director of Finance				
Purpose of the Report	<p>The purpose of this report is to set out the financial position for WHSSC for the second month of 2023-2024.</p> <p>The financial position is reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan by the Joint Committee in February 2023.</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"/>
<p>Recommendation(s)</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> Note the contents of this report including the year to date financial position and forecast year-end position. 					

FINANCIAL PERFORMANCE REPORT - MONTH 2 2023-2024

1.0 SITUATION

The purpose of this report is to provide narrative to the current financial position and forecast yearend position of WHSSC for the 2023-2024 financial year.

This report was shared with WHSSC Management Group on 22 June 2023.

2.0 BACKGROUND

The financial position is reported against the 2023/24 baselines following approval of the 2023-26 WHSSC Integrated Commissioning Plan by the Joint Committee of the 7 health boards in February 2022.

3.0 ASSESSMENT

The year to date financial position reported at Month 2 for WHSSC an underspend of (£0.021m) and a break even forecast year-end position.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the contents of this report including the year to date financial position and forecast year-end position.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan
Link to Integrated Commissioning Plan	This document reports on the ongoing financial performance against the agreed IMTP
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Any issues are identified in the report.
Finance/Resource Implications	This document reports on the ongoing financial performance against the agreed IMTP.
Population Health	Any issues are identified in the report.
Legal Implications (including equality & diversity, socio economic duty etc.)	Any issues are identified in the report.
Long Term Implications (incl. WBFG Act 2015)	Any issues are identified in the report.
Report History (Meeting/Date/ Summary of Outcome)	22 June 2023 – Management Group
Appendices	-

FINANCE PERFORMANCE REPORT – MONTH 2

1.0 PURPOSE OF REPORT

The purpose of this report is to set out the financial position for WHSSC for the year of 2023-2024 together with any corrective action required.

The narrative of this report excludes the financial position for EASC, which includes WAST & EMRTS provider contracts, EASC and the NCCU team running costs, which are covered in separate Finance Report that is tabled at the EAS Committee. For information purposes, the consolidated position is summarised in the table below:

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	795,875	132,646	132,624	(21)	(21)	0	0
EASC (WAST, EMRTS, NCCU)	252,302	42,050	42,050	0	0	0	0
Total as per Risk-share tables	1,048,177	174,696	174,675	(21)	(21)	0	0

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 2023/24 baselines following approval of the 2023-26 ICP by the Joint Committee in February 2023. 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.

NHS England is reported on contract baselines agreed within the post pandemic NHSE framework of 'aligned payments and incentives'. These are reported against the current ICP provision. WHSSC continues to commission in line with the contract intentions agreed as part of the ICP 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

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 and 2021/22 activity would be too volatile given the downturn in activity.

The latest commissioner utilisation shares will be reviewed by the finance sub group in development of the 2024/24 Integrated Commissioning plan and commissioner contribution adjustments will be actioned through the plan if required.

NHS Wales Contracting Framework

The contracting framework for NHS Wales providers is reported as per the approved WHSSC ICP assumption of a return to pre COVID contracting terms, in that no provider tolerances are applied to contract underperformance and the extant marginal rates for performance are re-instated.

4.0 ACTUAL YEAR TO DATE AND FORECAST OVER / (UNDERSPEND) (SUMMARY)

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Previous month Var to date	Current EOYF Variance	Previous month EOYF Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Wales							
Cardiff & Vale University Health Board	291,889	48,648	48,648	0	0	0	0
Swansea Bay University Health Board	121,641	20,274	20,045	(302)	0	0	0
Cwm Taf Morgannwg University Health Board	10,726	1,788	1,788	0	0	0	0
Aneurin Bevan Health Board	11,914	1,986	1,912	0	0	0	0
Hywel Dda Health Board	2,110	352	352	0	0	0	0
Velindre NHS Trust	56,290	9,382	9,382	0	0	0	0
Sub-total NHS Wales	541,134	90,189	89,887	(302)	0	0	0
Non Welsh SLAs	128,819	21,470	21,470	0	0	0	0
IPFR	40,561	6,760	6,979	218	0	0	0
IVF	5,071	845	845	0	0	0	0
Mental Health	40,233	6,705	6,768	62	0	0	0
Renal	4,959	827	827	0	0	0	0
Prior Year developments	1,928	321	321	0	0	0	0
2020/21 Plan Developments	28,387	4,731	4,731	0	0	0	0
Direct Running Costs	4,783	797	797	0	0	0	0
Reserves Releases 2019/20	0	0	0	0	0	0	0
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
Total Expenditure	795,875	132,646	132,624	(21)	0	0	0

The reported position is based on the following:

- NHS Wales activity – provider contract monitoring returned to the extant contracting framework for 2023/24 as an agreed financial assumption included in the ICP approved by Joint Committee
- NHS England activity – provider contract monitoring against agreed baselines based on the NHSE 'aligned payment and incentives' framework, with actual variances for drugs and devices applied and recognition of elective recovery fund claims for sustained recovery performance.
- Mental Health & IPFR – live patient data as at the end of the month, plus current funding approvals and block bed capacity.
- Developments – variety of bases, including agreed phasing of funding.

5.0 FINANCIAL POSITION DETAIL - PROVIDERS

As there are incomplete provider monitoring returns received for month 1 at the date of reporting for May 2023, the year to date financial position is an underspend of (£0.021m) and the forecast yearend position is reported as breakeven.

To note the financial performance framework for NHS Wales providers is reported as per the approved WHSSC ICP assumption that no provider tolerances are applied to contract underperformance and the extant marginal rates for performance are re-instated.

To date this has a £200k potential risk on the SBU activity reported for month 1, should the Joint Committee decide to revert to the DoF provider protection principles, it is estimated that the annual impact is between £4-5m combined for the Cardiff & Vale, Swansea Bay and Velindre provider SLAs if performance does not significantly approve above 2022/23 levels.

Welsh Government have been notified and agreed reporting on this basis, the level of risk of reverting to the provider protection arrangements will be reported in future months once the impact can be assessed from provider monitoring returns.

6.0 FINANCIAL POSITION DETAIL – BY COMMISSIONERS

The financial arrangements for WHSSC do not allow WHSSC to over or underspend, therefore variances are distributed based on a defined risk sharing mechanism. The following table provides details of how the yearend variances are allocated by LHB and the movement from last month's forecast position.

Table 3 – Year to Date position by LHB

	Allocation of Variance							
	Total	Cardiff and Vale	SB	Cwm Taf Morgannwg	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Variance M2	(21)	96	(40)	27	14	(24)	(22)	(72)
Variance M1	0	0	0	0	0	0	0	0
Movement	(21)	96	(40)	27	14	(24)	(22)	(72)

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total	Cardiff and Vale	SB	Cwm Taf Morgannwg	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
EOY forecast M2	0	0	0	0	0	0	0	0
EOY forecast M1	0	0	0	0	0	0	0	0
EOY movement	0	0	0	0	0	0	0	0

7.0 PLAN SAVINGS AND ADDITIONAL 1% PATHWAY SAVINGS

The 2023-26 WHSSC ICP included a 1.2% commissioning budget savings target of £9.160m in order to contain the uplift required by commissioning Health Boards to 3.11%.

The plan savings target is set out in the below table and achievement against these targets will be monitored monthly through this report in future months.

Table 5 – Plan Savings Target

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

During the plan development process, the Joint Committee asked WHSSC to work with the HBs to identify additional pathway savings equivalent to 1% of the required uplift.

These are currently at the scoping stage with some early themes emerging and progress in identifying and achieving the additional £7.6m pathway savings will also be monitored in this report in future months.

Table 6 – Schemes % Savings Target

		Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2023/24 Target 1 % Savings
		£m	£m	£m	£m	£m	£m	£m	£m
WHSSC & HBs Shared 1% Savings Target	Pathway budget where savings materialise	(1.444)	(1.583)	(1.312)	(1.105)	(0.860)	(0.314)	(0.951)	(7.569)
Identified Schemes:									
Intestinal Failure - Beddays Reduction	WHSSC	(0.187)	0.000	(0.367)	(0.298)	(0.108)	(0.018)	(0.022)	(1.000)
Intestinal Failure - NHS Community Nursing	WHSSC	(0.114)	(0.066)	(0.145)	(0.101)	(0.036)	(0.013)	(0.025)	(0.500)
Intestinal Failure - Saline reduction	WHSSC	(0.023)	(0.013)	(0.029)	(0.020)	(0.007)	(0.003)	(0.005)	(0.100)
ALAS - Static Seating Contract	WHSSC	(0.008)	(0.010)	(0.007)	(0.006)	(0.005)	(0.002)	(0.005)	(0.044)
Paeds Endocrine - Growth Hormone (Primary Care)	HB	(0.037)	0.000	(0.031)	(0.028)	(0.024)	(0.004)	(0.025)	(0.150)
Cardiology - Reduction in attendances non specialised	HB	(0.026)	(0.031)	(0.022)	(0.020)	(0.017)	(0.006)	(0.017)	(0.140)
Cystic Fibrosis - Reduction in attendances non specialised	HB	(0.113)	(0.134)	(0.095)	(0.085)	(0.074)	(0.025)	(0.075)	(0.600)
Total Schemes Identified		(0.508)	(0.254)	(0.696)	(0.559)	(0.271)	(0.071)	(0.174)	(2.534)
% of Savings Target Identified		35%	16%	53%	51%	32%	23%	18%	33%

8.0 INCOME/EXPENDITURE ASSUMPTIONS

8.1 Income from LHB's

There are no notified disputes regarding the income assumptions related to the WHSSC IMTP.

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

- None

9.0 OVERVIEW OF KEY RISKS / OPPORTUNITIES

Failure to achieve the planned savings target could have an adverse effect on commissioner financial positions against the agreed plan.

10.0 PUBLIC SECTOR PAYMENT COMPLIANCE Q4

As at the end of Q4 WHSSC has achieved 99.2% compliance for NHS invoices paid within 30 days by value and 99.3% by number.

For non NHS invoices WHSSC has achieved 97.8% in value for invoices paid within 30 days and 97.6% by number.

This data is updated on a quarterly basis.

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

11.0 RESPONSES TO ACTION NOTES FROM WG MMR RESPONSES

No Action Points to address from the Month 1 Monitoring Returns

12.0 SLA 2023/24 STATUS UPDATE

Welsh SLAs are currently being developed with providers and are on target to be signed by the end of June 2023.

13.0 CONFIRMATION OF POSITION REPORT BY THE MD AND DOF



**Sian Lewis,
Managing Director, WHSSC**



**Stuart Davies,
Director of Finance, WHSSC**



Report Title	South Wales Neonatal Transport Delivery Assurance Group Update Report (April 2022 to March 2023)			Agenda Item	4.4
Meeting Title	Joint Committee			Meeting Date	18/07/2023
FOI Status	Open				
Author (Job title)	Assistant Planning Manager (W&C)				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	To provide a summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) Annual Report for 1 April 2022 – 31 March 2023.				
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
- **Receive** assurance that the Neonatal Transport service delivery and outcomes is being scrutinised by the Delivery Assurance Group (DAG).

SOUTH WALES NEONATAL TRANSPORT DELIVERY ASSURANCE GROUP UPDATE REPORT

1.0 SITUATION

The purpose of this report is to provide a summary of South Wales Neonatal Transport Delivery Assurance Group (DAG) Annual Report for April 2022 to March 2023.

2.0 BACKGROUND

The DAG was established in January 2022, is chaired by the WHSSC Director of Planning and comprises of representation from all commissioning Health Boards (HB's) covered by the transport service and the three provider HB's 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 (JC).

From April 2023 it has been agreed that the DAG will meet quarterly (rather than bi-monthly) and the reporting schedule to Joint Committee will reflect this change.

3.0 ASSESSMENT

The WHSSC team continue to work closely with the neonatal transport providers in developing a robust reporting tool for presentation to the JC to provide sufficient assurance on the delivery of the service.

Due to the enhanced data reporting and the small number of transfers undertaken there is a risk of being able to identify individual cases. Therefore, to ensure effective information governance under the UK GDPR the full report will be presented to the Joint Committee in committee meeting only.

End of year reports will no longer be for the calendar year, as agreed moving forward the reporting period will be the financial year (April to March).

3.1 Highlights from the report

- A total of 429 transfers were undertaken in the period (an increase of 9.2% from the previous year), of which 60 were undertaken at night (increase of 2.1%) and 11 transfers facilitated by the Emergency Medical Retrieval & Transfer Service (EMRTS). 10 transfers were abandoned,

- CHANTS¹ have consistently achieved the < 1-hour response time and maintained 100% compliance against the National Transport Group (NTG) immediate dispatch standard,
- CHANTS were able to respond to ITU uplifts 86.1% of the time, identifying 16 occasions where the team did not arrive at the baby's cot side within 3.5hrs of the referral call,
- Month on month activity undertaken by each provider varies, however when annualised is more consistent,
- CHANTS perform well when benchmarked against other national transport services, in particular, temperature management of extreme preterm babies and the rate of normal blood gases. These rates have improved from previous year,
- CHANTS transferred 100% of all uplift referrals; and
- There have been no gaps in clinical service and a gap due to driver sickness during the reporting period.

3.2 Incidents and shared learning

There were 29 Datix submissions between April 2022 and March 2023, 8 of which were submitted by HBs and the remaining 21 by the CHANTS service. Due to the cancellation of the March 2023 Transport subgroup meeting and the date of submission and completion of this report, 13 remain open, some of which have not yet been discussed at the Transport Sub-Group.

3.3 Issues and Risks

- The interim night service has restricted criteria for night transfers and capacity transfers should only be undertaken when there is no ITU capacity in the Network. However, the demand for capacity transfers is reflected in the current cot availability and staffing pressures. Going forward, to ensure equity of service, a review of the night transfer criteria is required as a matter of urgency and the new ODN will be required to review this as a priority,
- The Joint Committee approved the funding for the ODN in March 2023. The ODN have been requested to submit an update against investment on particular recruitment into key posts from SBUHB by the end of July 2023. An update to be presented to Joint Committee in September 2023; and
- Parent feedback response rates for neonatal transport remains a national issue and the NTG Chair has met with BLISS and parent groups in NHS England (NHSE) who are working to improve the response rate. The CHANTS parent feedback questions response rate is currently under review by team members, with the support of parent users. This is to gauge the best time to ask families for feedback post transfer.

¹ CHANTS is a dedicated neonatal transport service that operates within South Wales.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Receive** assurance that the Neonatal Transport service delivery and outcomes is being scrutinised by the Delivery Assurance Group (DAG).

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Neonatal Transport service and the establishment of the DAG were included in the ICP
Health and Care Standards	Safe Care Timely Care Individual Care
Principles of Prudent Healthcare	Reduce inappropriate variation 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	The DAG is providing scrutiny on the service
Finance/Resource Implications	The financial implications of the ODN are still being established.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications relating to any of the issues outlined within this report
Long Term Implications (incl WBFG Act 2015)	None identified
Report History (Meeting/Date/ Summary of Outcome)	3 July 2023 - CDGB
Appendices	-

Report Title	South Wales Trauma Network Delivery Assurance Group Report (Quarter 4 2022/23)			Agenda Item	4.5
Meeting Title	Joint Committee			Meeting Date	18/07/2023
FOI Status	Open				
Author (Job title)	Network Manager				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to provide a summary of the Quarter 4 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<p>Recommendation(s):</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> Note the South Wales Major Trauma Network (SMMTN) Delivery Assurance Group (DAG) Report. 					

SOUTH WALES TRAUMA NETWORK DELIVERY ASSURANCE GROUP REPORT (QUARTER 4 2022/23)

1.0 SITUATION

The purpose of this report is to provide a summary of the Quarter 4 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWMTN).

2.0 BACKGROUND

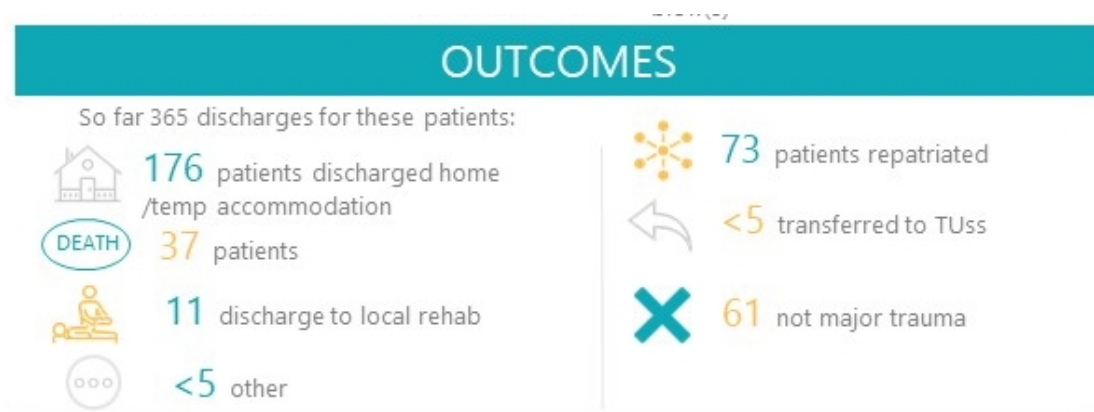
The SWMTN was launched in September 2020, with Swansea Bay University Health Board (SBUHB) as the network host. WHSSC commissions the Network; assurance on delivery is provided to the Joint Committee via the quarterly DAG, which includes representatives of all South and Mid Wales Health Boards (HBs)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

3.0 ASSESSMENT

The full Q4 SWTN DAG report is presented at **Appendix 1**. Highlights from the report are outlined below.

3.1 Highlights

- 411 patients were treated in the MTC during Q4 (1 January – 31 March 2023), of whom 51% were working age adults, 43% were older adults (65+) and 6% were children. The outcomes for the patients were as follows:



- The Major Trauma Centre has now seen 4,005 patients from go-live up to 31 March 2023, of which 34% have been categorised as Silver Trauma. The Polytrauma Unit has admitted/treated 1,395 patients during the same period, of whom a large majority have subsequently been discharged to

their home/place of residence (53%) or repatriated back to their local HB/out of network (33%). The MTC acknowledges the continued efforts made by the Network and neighbouring HBs to facilitate both repatriations, to support the flow of major trauma patients into the MTC,

- **MTN Clinical Director** – The Quarter 3 update highlighted that the South Wales Trauma Network Interim Clinical Director, Miss Lorraine Harry, had regrettably been required to step down from the role for family reasons. As a result Dr Jonathan Lambley was appointed to the remaining term of the Interim position. Dr Lambley's term has since been extended by an additional six months,
- **Training and Education** – Level 1 Emergency Department adult and paediatric nursing training and Level 2 Emergency Department adult nursing training continues across the South Wales Trauma Network. The development of the bespoke Level 2 course for the South Wales Trauma Network in collaboration with Cardiff University continues apace. The first course will run in October 2023 and will be peer reviewed to ensure that the programme meets the Level 2 competency frameworks. It is intended that the course will be run six times per annum; the SWTN has secured ten places on each course (managed by the Senior Matron) for nursing colleagues from across the Network. The Network is content that the course will effect a positive step towards addressing the training needs at Level 2, as highlighted in all HB risk registers,
- **TRiDs** - The TRiD (Trauma Reporting Incident Database) was set up within the DATIX system to allow any incidents that occur anywhere in the network to be reported and investigated. Due to the new 'All Wales Datix system' being unable to support the managing TRiDs across multiple HBs the SWTN has migrated to an internal SharePoint system as an interim measure, supported by the Delivery Unit. The system is managed by the ODN team; outcomes and lessons learnt are shared across the SWTN and form part of the governance programme, lessons learned reports and the network training plan. Of further note, the system has been refined in response to the common TRiD theme of delayed repatriation, with the revisions enabling the more efficient and efficacious monitoring of delayed repatriation for those occasions when HB bed capacity is cited as an issue,
- **PROMs** – The SWTN PROMs platform provided by Quality Health is now live across all sites and Quality Health are providing the ODN with a real time monthly reports to monitor activity. Now that all trauma teams are working proactively to collect PROMs for eligible patients, the MTN has reported an increase of more than 150% in CVUHB (compared to the same period in 2022-23) and an increase in collections in SBUHB,
- **Gateway 5 Review** – It was intended at its inception that the SWTN would be subject to a robust evaluation process, incorporating a Welsh Government Gateway 5 Review, due to commence Spring/Summer 2023. The MTN SRO has recently confirmed that review will go ahead, subject to the Welsh Government review team assessment and timescales; and
- **Evaluation Report** - The First Year evaluation of the South Wales Trauma Network was presented to the October 2022 SWTN Clinical and Operational

Board meeting, and to the November 2022 DAG meeting. A summary of its findings was subsequently presented to the January 2023 Joint Committee meeting. Following the report's dissemination, a number of additional questions were received from HBs relating to patient flow, service use and outcomes, resulting in the subsequent issuing of an 'Extension of the First Year Evaluation' report. This provides further detail on unmatched transfers, patient flows, outcomes and the activation of the trauma team, all with reference to the objectives of the underpinning Programme Business Case. The summary of the Extension report is included at **Appendix 2**. WHSSC is undertaking further work to consider the future performance management and delivery assurance arrangements for the elements of the SWTN that are commissioned by WHSSC now that the ODN is maturing.

3.2 Issues and Risks

- **TARN** – A review of Trauma Audit Research Network (TARN) 2022-23 Q2 dashboards indicated that data accreditation has fallen across all sites between Q1 and Q2, with significant issues with case ascertainment evident at the Major Trauma Centre and Grange University Hospital. Moreover, a comprehensive review of data quality and data collection pathways flagged up issues with working practices, patient inclusion criteria identification, gaps in accredited data fields and Clinical Report measures. As a result, the ODN TARN Support Manager – appointed 23 January 2023 – is advising all sites on how to improve case identification, and to collate relevant, timely and accurate data. The Support Manager is providing training both remotely and face to face, encouraging use of the TARN Radiology Guidance Document for radiology departments, and supporting TARN Co-ordinators, clinicians and managers to further improve documentation, and the collation, submission and reporting of TARN data,
- **Industrial action** – Although industrial action has been less frequent since the last DAG report in April 2023, the ODN has flagged that more industrial action has recently been announced by the Royal College of Nursing. Although the Network anticipates that the mitigations put in place for preceding periods of industrial action will remain extant, the trauma desk is no longer an area of derogation. This change – the result of the changing form of industrial action – will pose particular challenges when seeking to sustain seamless levels of care. Reliance on the Emergency Medicine, Retrieval and Transfer service (EMRTS) air desk has thus far provided respite to support operations but, due to the level of demand increasing, this is not a sustainable solution long term. Should industrial action become more frequent, processes will need to be re-examined. Further mitigations include changes to communications necessitated by lack of the Trauma Desk, with a direct to Trauma Team Leader model being delivered at the MTC; the building of awareness across the trauma pathway to ensure that all parties understand that the most sick may not get transferred immediately; and sitrep reporting to ensure that all HBs are cognisant of the strain across the service,

- **Major Trauma ICU Capacity** – This continues to be a red-rated risk on the SWTN Risk Register. As noted in previous updates, an ICU to ICU repatriation evaluation has been undertaken by the ODN and a draft will be circulated to the Network’s governance structures during spring 2023 for comment, prior to the final version being shared,
- **SWTN Orthoplastic Nursing Service** – An additional red risk relates to the SWTN split-site orthoplastic model which, when coupled with the constraints of launching the SWTN during the Covid pandemic, has encouraged a siloed approach to orthoplastic provision across CVUHB and SBUHB. This has resulted in the MTC orthoplastic nursing workforce being considered unduly vulnerable, with the ODN consequently working to progress a collaborative resolution with the MTC and SBUHB Orthoplastic service, via the formal ODN & Orthoplastic meeting structures in the first instance; and
- **Landing pads** – Although the ODN has previously highlighted the importance of HB ‘landing pads’ to support timely repatriation, it was acknowledged at the most recent meeting of the DAG that more work needed to be done to define what, from a Network perspective, landing pads needed to look like. It was agreed that this definition would need to accommodate the different structures and requirements of individual HBs, but that the focus should be on securing timely repatriation.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the South Wales Major Trauma Network (SMMTN) Delivery Assurance Group (DAG) Report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Major Trauma priorities and benefits realisation
Health and Care Standards	Safe Care Effective Care Individual Care
Principles of Prudent Healthcare	Reduce inappropriate variation Care for Those with the greatest health need first Only do what is needed
NHS Delivery Framework Quadruple Aim	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The DAG receives assurance reports which include indicators of quality, safety and experience.
Finance/Resource Implications	The DAG report includes a quarterly update on the major trauma expenditure and strategic priorities.
Population Health	The purpose of the SWTN is to improve access and equity to services to improve population health within South Wales.
Legal Implications	No legal implications have been identified.
Long Term Implications	The outcomes and benefits of the MTN are monitored and assured by the DAG.
Report History	-
Appendices	Appendix 1 – SWTN DAG Q4 Report Appendix 2 – Summary of First Year Evaluation report

South Wales Trauma Network

Operational Delivery Network

Quarterly Delivery Assurance Group Report for Joint Committee

March 2023

This report follows Clinical and Operational Board held on 20th April 2023.

Introduction

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

The availability of operational activity and data for the SWTN via the Trauma Audit Research Network (TARN) has enabled both the external peer review and the formal evaluation programme for the operational network to take place. The external Peer Review process took place in late March 2022, and alongside other measurable metrics informed the formal one-year evaluation that was recently undertaken by the SWTN in collaboration with Swansea University. As part of the proposed robust evaluation process for the SWTN, a Welsh Government Gateway 5 Review is due to commence during the forthcoming Spring/Summer, dates are still to be determined with Welsh Government colleagues.

Clinical & Operational Data

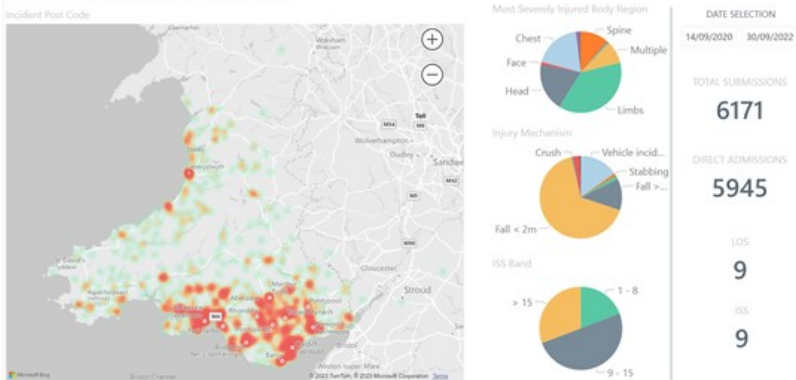
The data presented below represents Quarter 4 of 2023 (1st January 2023 -31st March 2023). There are still some IT links that are required to allow the pre hospital data to link with the major trauma database. This will enable a clearer view of the whole patient pathway.

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

South Wales Trauma Network TARN activity from go live to 30/09/2022

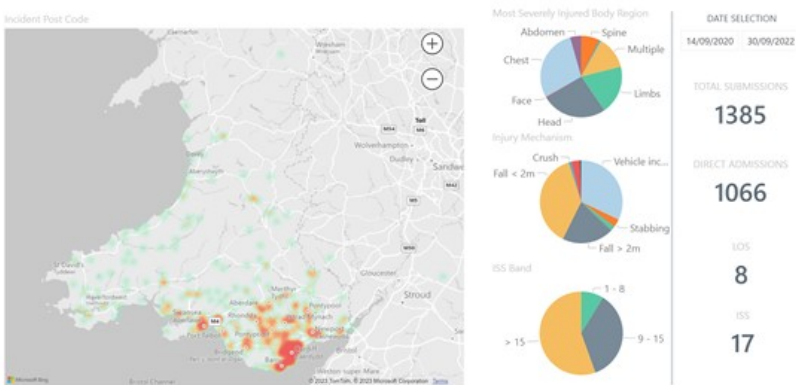
TARN ANALYTICS

All incidents across the network:

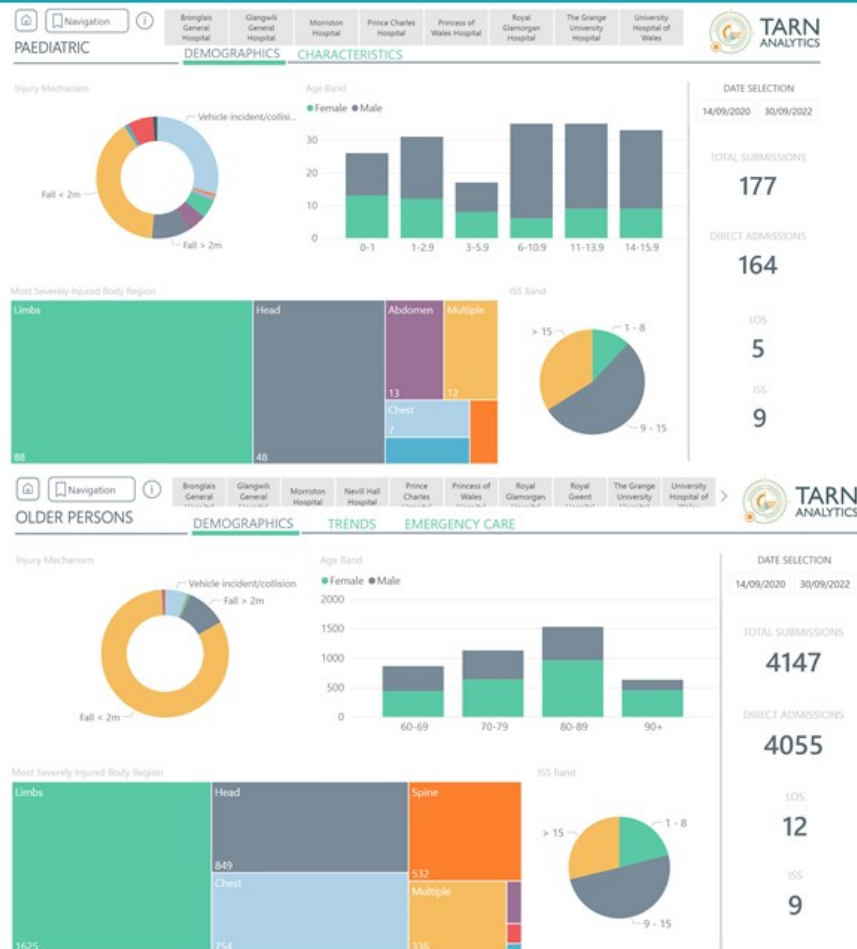


Case ascertainment was 100% and data accreditation was 90.3% during 2022/23 Q2. GUH & UHW are below the target for case ascertainment.

Incidents treated at UHW:



TARN PAEDIATRIC & OLDER PERSONS



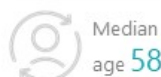
South Wales Trauma Network Major Trauma Database Activity between 1st January 2023 and 31st March 2023.

DEMOGRAPHICS

411

patients treated at the MTC with an incident date between 1st January & 31st March 2023. Of these patients 51% were adults, 6% were paediatric patients and 43% were aged 65+.

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



Median
age 58



58%
male



318 (77%)
with NHS no.



344 (84%)
TARN eligible

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

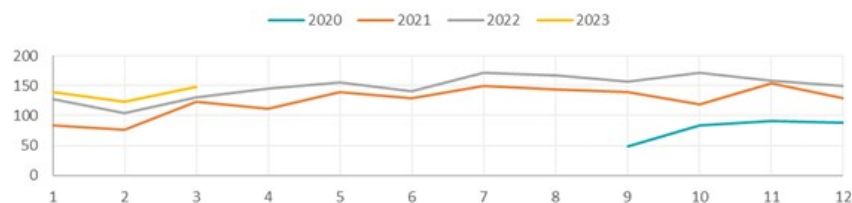


160 (39%) CAVUHB*
100 (24%) ABUHB
60 (15%) CTMUHB
24 (6%) SBUHB

30 (7%) HDUHB
12 (3%) Out of network/Other
25 (6%) Unknown

*148 of the 160 CAV patients were labelled as MTC patients.

TRENDS IN INCIDENT NUMBERS BY MONTH



Icons by isons8.com

MECHANISM OF INJURY



123 (30%)
vehicle incident



<5
burn



<5 suspected
high risk behaviour



<5 skeletal/
Organ/ Vessel
Destruction



<5 Non
Accidental Injury



179 (44%)
fall < 2m



6 (1%)
suspected
self harm



5 (1%)
other



<5
inconclusive



<5 non
intentional



69 (17%)
Fall > 2m



5 (1%)
sport



11 (3%)
alleged
assault



<5
amputation
(total)



<5
blow(s)



8 (2%) stabbing
& weapon



<5 shooting
& weapon



<5 alleged intent
(non assault)



<5
amputation
(partial)

OUTCOMES

So far 365 discharges for these patients:



176 patients discharged home
/temp accommodation



37 patients



11 discharge to local rehab



<5 other



73 patients repatriated



<5 transferred to TUs



61 not major trauma

TUs/LEH/RTFs



186 patients treated
at Morriston in Q4



182 patients treated in
HDUHB hospitals in Q4



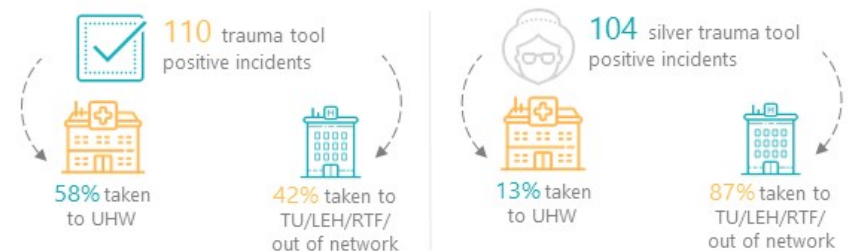
238 patients treated
at GUH in Q4



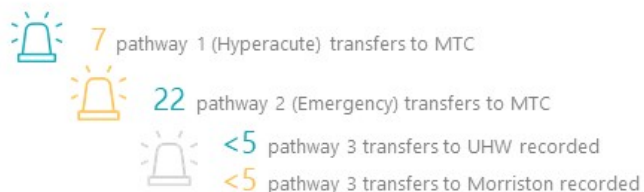
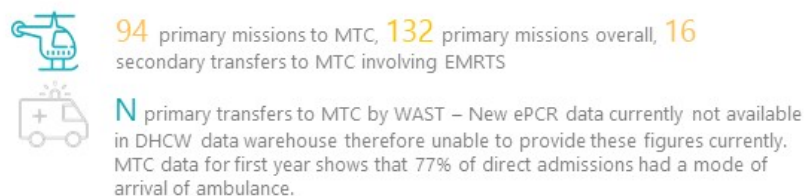
171 patients treated at
CTMUHB hospitals in Q4

South Wales Trauma Network Activity between 1st January 2023 and 31st March 2023.

TRAUMA DESK, WAST & EMRTS



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

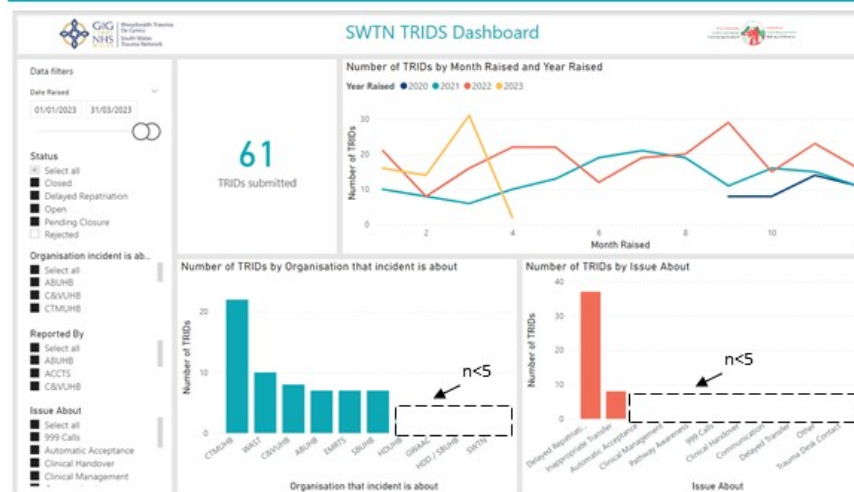


* Note that the figures are under-reported

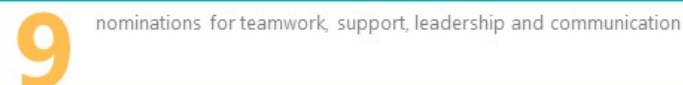


Icons by isons8.com

TRID SUMMARY

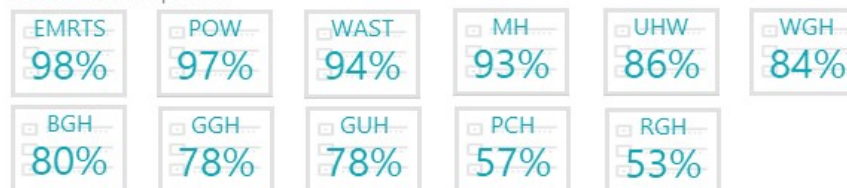


GREATix



SITREP COMPLIANCE

Aim for 90% compliance.



Performance Management & Governance

There has been 2 adult & paediatric case quality review (CQR), followed by a formal governance meeting during the calendar year of 2023 thus far. Should any issues arise between meetings, additional lessons learnt bulletins are distributed to ensure learning is shared timely (**Appendix 1**).

Training and Education

The Level 1 Emergency Department adult and paediatric nursing training continues across the South Wales Trauma Network. A project to convert the learning portfolio of the Level 1 training into e-learning and linking with 'myESR' nurse training continues. The e-learning aspect is currently in development and will be reviewed by both the SWTN Matron and ED colleagues when complete prior to publishing.

Level 2 Emergency Department adult nursing training continues via National Trauma Nursing Core Courses (TNCC). Access to courses remains challenging. The SWTN education group are exploring more provision of TNCC, and the opportunities that European Trauma Course (ETC) will provide for nursing colleagues across the SWTN. The national NMTNG are continuing the work stream of peer reviewing further courses as Level 2 standard. Further work is being undertaken to allow peer review processes to be more sustainable from a National perspective – awaiting consultation on the new proposal for the peer review system.

The bespoke Level 2 course for the South Wales Trauma Network in collaboration with Cardiff University development continues at pace. The associated e-learning material will be peer reviewed by SWTN nursing colleagues during the month of May. The first courses will run in October 2023, and will be peer reviewed to ensure meets the Level 2 competency frameworks. The SWTN have secured 10 places on every course for nursing colleagues across the SWTN and this allocation will be managed by the Senior Matron. The course intends to be run 6 times per year, so securing 60 nursing places per year. A very positive step towards addressing the training needs at Level 2, as highlighted in all Health Boards risk registers.

Plans for the delivery of further Welsh ETC courses are in place for May 2023, instructor case from South Wales region will continue to be built at this course.

The national plan for Level 1 ward nursing e-Learning development continues which we would hope to adopt across the SWTN.

The ODN has organised 3 Spinal Injury Awareness study days to be rolled out to a minimum of 60 staff across the SWTN. The first training day was held in April 2023 with good attendance and feedback.

Insight Discovery days will be held in July 2023 for the MTP/RC/SWTN community to encourage team working and building at a network level.

Trauma Audit & Research Network (TARN)

TARN 2022/23 Q2 dashboards were summarised and discussed in the Network Governance meeting on 23rd March 2023. Note that the dashboards summarised in the reporting schedule provide a snapshot of the data at a fixed time point, therefore, results for measures may have changed since then. An SBAR on data quality was presented at the Governance meeting. A review of case ascertainment and accreditation was undertaken by the TARN Support manager. Data accreditation has fallen across all sites between Q1 and Q2 and there are significant issues with case ascertainment at the MTC and GUH. A slight fall in data accreditation across the network was expected due to missing WAST ePCR Data as of July 2022. GUH case ascertainment remains unavailable, however, only 12 cases were submitted in Q2 compared with 108 during Q1.

A comprehensive review of data quality and data collection pathways flagged up issues in working practices, patient inclusion criteria identification, gaps in accredited data fields and Clinical Report measures. This includes insufficient injury descriptions prompting return of cases to sites by TARN for review of 'not further specified' (NFS) injury descriptions. The omitted injury descriptors are partly due to insufficient information submitted by TARN co-ordinators and insufficient injury descriptions in radiology reports. If the cases are not updated with specific injury descriptors within three months, TARN will approve the cases using the lowest injury codes. This effects Injury Severity Scores (ISS), Probability of Survival (Ps) and the case mix standardised excess rate of survival (Ws).

The TARN Support Manager is advising all sites on how to improve case identification, collate relevant, timely and accurate data, providing training both remotely and face to face, and promoting the use of the TARN Radiology Guidance Document for radiology departments. The guidance document was developed by the Peninsular Trauma Network and shared for use via the TARN website, and is used at some SWTN sites. An in-depth review of data quality is underway for all sites to further highlight trends in data misses and improvements in data quality specific to sites. The TARN Support Manager is continuing to support TARN Co-ordinators, clinicians and managers to further improve documentation, collation, submission and reporting with regard to Trauma and TARN.

Health Board Clinical and Managerial leads formally acknowledged any gaps in TARN data quality from 1st April 2019 and provided a summary of remedial actions at the Clinical and Operational Board meeting, 20th April.

Feedback

TRiDs

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

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

This system has been further refined in response to the common TRiD theme of delayed repatriation. This will allow a short form to be completed and shared with the HB concerned bi-weekly. If reasoning for the delayed repatriation is more complex than bed capacity within the response the TRiD will be fed back into the formal TRiD system and investigated appropriately. The developed process will allow for more efficient and efficacious monitoring of delayed repatriation where HB's bed capacity is cited as the issue.

January 2023

There were 19 TRiDs raised in January 2023

Main themes were:

Delayed repatriation (8)

Inappropriate transfer (5)

February 2023

There were 16 TRiDs submitted in February 2023

Main theme was:

Delayed repatriation (10)

March 2023

There were 34 TRiDs submitted in March 2023

Main theme was:

Delayed repatriation (22)

GREATix

The GREATix initiative formally acknowledges examples of good practice. The idea is to recognise and celebrate when a team or person has performed well and to promote learning from this. GREATix forms are completed by any member of staff when they see something that has made a positive difference to patient care either directly or indirectly. The ODN share GREATix information and specific learning points across the network at M&Ms and educational meetings (**Appendix 1**).

From January to March 2023 there were 8 GREATix's submitted all citing themes celebrating teamwork, communication, support and leadership across the major trauma pathway and multidisciplinary teams.

Concerns: Organisational

The ODN would like to thank Lorraine Harry, who has now left post, for all of her hard work and support over the last 6 months. The ODN would like to welcome and congratulate Jonathan Lambley as the new Interim Clinical Director South Wales Trauma Network for the next 6 months.

The ODN would like to acknowledge Emma Price who has led on the PROMs Project. Emma has successfully delivered a robust programme to ensure the collection of PROMs throughout the South Wales Network. We would like to wish her all the best in her future endeavours.

Since the last Delivery Assurance Group we have acknowledged that colleagues worked cooperatively to draft a Working Operational Policy to ensure that the strikes were carried out with no reporting incidents'. We continue to work together to ensure minimum impact for future strikes acknowledging the upcoming scheduled RCN strike on Tuesday 6th June. The ODN continues to work with all stakeholders to ensure impact on patient care is minimal and that a long term and resilient solution is developed and can be enacted as required in the event of any future suspension of the Trauma Desk Service.

We are pleased to announce the first engagement of the Rib Fixation work stream which commenced on March 17th. The Cardiothoracic Unit has been allocated to SBUHB and will be located in Morriston General Hospital therefor highlighting the issue covering the MTC Rib Fixation. The two work streams will be set up in the next few months to ensure all areas are covered and discussed with the best options for the delivery of the Fixation Service.

The ODN continues to work with Orthoplastic colleagues in SBUHB and the MTC to ensure a robust service across both sites. There is a challenge around the Plastic Surgery Service and Outpatients capacity in the MTC and we continue to look at all aspects of the service.

The Open Fracture direct access to SBUHB still has its challenges, although, we have moved forward with WAST agreeing the Direct Access Pathway and SBUHB supporting the allocation of a ring-fenced bed. Upcoming meeting arranged with MGH ED to supply them with updated data around patient numbers that may be accessing this service moving forward. I look forward to moving this service forward with benefits to the patients although acknowledge the pressures of the ED.

The ODN would like to acknowledge that on Thursday 4th May, Cardiff enacted their Escalation Policy due to pressures in the MTC. The policy remained active for 24 hours and stood down on Friday 5th May. On Wednesday 10th May, a debrief was carried out between the ODN and the MTC areas of improvement were identified and highlighted. The ODN and MTC are currently working together to amend and update the Escalation Policy.

It is important to highlight the pressures through the system operationally and we would like to thank all parties involved in supporting the success of the repatriation of patients at this extremely difficult time.

The ODN would like to officially confirm that Dr Dinendra Gill has formally resigned from his post as Clinical Director for the South Wales Trauma Network. Without Dr Dinendra Gill, the SWTN would not have achieved the success without his compassion, drive and commitment of care for the patients of South Wales. He will be greatly missed and we wish him all the best in his future endeavours.

The ODN would like to share that the Clinical Lead for Quality Improvement, Mr David O'Reilly, has formally handed his notice in to the South Wales Trauma Network. We would like to thank Wing Commander O'Reilly for all of his work and efforts and we wish him all the best in his new venture.

Concerns: Clinical

1) Industrial Action

Since the last DAG meeting industrial action has become less frequent across all unions and health disciplines. More industrial action has been announced by the Royal College of Nurses over May and June due to pay offers being rejected. The mitigation put in place previously will still stand. Initially, services had been derogated, in line with provision of emergency and urgent care. However, the landscape has changed, as the industrial actions have evolved. The trauma desk is no longer an area of derogation and this has proven challenging to ensure seamless levels of care. Reliance on the Emergency Medicine, Retrieval and Transfer service (EMRTS) air desk has provided respite to support operations. Due to the level of demand increasing, this is not a sustainable solution long term and should industrial action become increasingly frequent again, processes will need to be re-examined. Mitigations include changes to communications necessitated by lack of the Trauma Desk, with a direct to Trauma Team Leader model being delivered at the MTC; pathway awareness confirmation although appreciation that those most sick may not get transferred immediately; sitrep information continuing so that all Health Boards appreciate the strain across the service. We hope for a swift resolution to the crisis.

2) Trauma Team Activation

We acknowledge the variable compliance of hospitals within the network in Trauma Team Activation, as previously reported upon. Data presented to Governance gave evidence of the positive correlation of activation of a full team to a trauma in ED, with reduced times to CT scanning and time reviewed by a consultant. We are now auditing this in all trauma delivery facilities to ask why some patients received a trauma call and others did not. This is part of a programme of work described below to address the ODN peer review recommendation. A graduate NHS manager is currently pending a start date to take this audit and piece of work forward. This will be fully supported by the network and the ODN with ongoing efforts to allow access to emergency departments to obtain data.

3) ODN Audit of All Clinical Guidelines and Policies

The peer review recommendation for the ODN included a review and audit of all the clinical guidelines and policies. Terms of Reference have been established and circulated. The first network wide audit will address the serious concern of Trauma Team Activation as described above.

4) Orthoplastics and Change of Disposition of Isolated Open Fractures to Morriston
WHSSC funding was confirmed for the orthoplastic service which is one of the high delivery trauma outputs, reconfigured with the launch of the Network. Open fractures are now treated in an orthoplastics setting, across two hospital sites, aligning with NICE Guidance, Standards for the Management of Open Tibial Fractures and British Orthopaedic Association (BOA) Standards (BOAST), and is reported nationally through TARN. There is still work to do. As noted in the Programme Business Case, there was a day one “Go live” objective of plastic surgeons present at the MTC 5 days a week. Year 2-3 is to see progression of the model towards a 24/7 fully supported service at the MTC. The model of delivery is a two site one, and the recognition of the role of Morriston Hospital in managing isolated limb open fractures provided crucial data to support further financial resource. Future work streams will examine the service across both hospital sites; identify need for resource to be able to provide a fully supported service at both MTC and TUs; and provide process mapping to ensure seamless flow within Morriston to enable the change in disposition of isolated open fractures direct from scene.

5) Thoracic Service Reconfiguration and Chest Wall Trauma

The regional Thoracic Service Reconfiguration is a priority at national level, and this will include the management of chest wall trauma with surgical intervention. Following network meetings looking to optimise the rib fixation pathway, two Task and Finish Groups are being created to address the short term goals of equity for those requiring rib fixation. Secondly to examine a workable model of practice to support the new centre located in SBUHB and supporting the MTC. Stakeholders from all aspects of the service are included. The management of fractured ribs including pain relief interventions, as well as formal surgical fixation, sustainably and equitably across South and West Wales, is the primary goal.

6) Rehabilitation

It has been a challenge to address the need in rehabilitation medicine across the network. We are still committed to providing a network solution for the 4 funded sessions by ABUHB, and there continues to be engagement, with mitigation in place for rehabilitation of AB patients provided by the MTC consultants. This model is also provided currently for CTMUHB, but with the numbers of consultants involved, is not sustainable. A further substantive job has been advertised, but recruitment for specified rehabilitation sub specialties such as trauma is difficult, because of the lack of trainees in the specialty. There is a national shortage of consultants specialising in rehabilitation medicine.

Risk and issues log

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

There are currently 26 risks identified. The ODN team have recently undertaken a review of the risks & Issues logs to ensure all are still relevant for the SWTN and removing those that have reduced and/or can be considered at a level to tolerate.

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

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

Mitigation- Formal ICU>ICU evaluation to be carried out by ODN. Draft to be received by Governance, COB and DAG in Spring 2023 for comments prior to final version being shared.

SWTN Orthopaedic Nursing Service- The split orthopaedic model within the SWTN coupled with the constraints of launching the SWTN during the Covid pandemic has encouraged a silo SWTN orthopaedic working model between C&VUHB and SBUHB resulting in a vulnerable orthopaedic nursing workforce in the MTC.

Mitigation- ODN to progress a collaborative resolution with the MTC and Orthopaedic service based in SBUHB through the formal ODN & Orthopaedic meeting agenda as a priority.

There are currently 4 live issues.

One issue is high priority,

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

Mitigation- ODN has reviewed the trauma team activation tool to use amended GCS scores & fall from height resulting in trauma team activation tool being reviewed and altered post peer review. Carry out audit per HB to investigate why trauma calls not activated. Use data to evidence access to investigations and treatment when trauma calls not activated.

Service Development Update

Rehabilitation

It has been a challenge to address the need in rehabilitation medicine across the network.

SBUHB and HDD sessions are running successfully, CTMUHB have four funded sessions which run efficiently and smoothly.

We are still committed to providing a network solution for the 4 funded sessions by ABUHB, there continues to be engagement, with mitigation in place for rehabilitation of AB patients provided by the MTC consultants via clinics and consultations as required. With the numbers of consultants involved, this is difficult to manage and is not sustainable. This situation will be exacerbated in the coming months due to the recent resignation of our rehabilitation consultant from the MTC this will leave another 5 sessions unfulfilled.

A further substantive job has been advertised, but recruitment for specified rehabilitation sub specialties such as trauma is difficult, because of the lack of trainees in the specialty.

There will be a short presentation from the Rehabilitation Lead of the Network to update the Delivery Assurance Group.

The hyper acute rehabilitation model within the MTC continues to work effectively and efficiently, resulting in a consistent 57% discharge home. The repatriation model is functioning well and is currently delivering an 81% repatriation rate within 24 hours. The ODN monitor this consistently and attempt to appropriately support any delays.

The rehabilitation team and ODN continue to work alongside WHSSC to formulate a National strategy for specialist rehabilitation within Wales, this process is being mirrored within paediatrics. Task and finish groups are working hard to finalise documents for review to plan future services.

The Lead AHP for the network, Lead AHP for MTC and the MTC therapy team have worked closely with the National Major Trauma Rehabilitation Group to develop clinical learning frameworks for therapies within major trauma. The lead AHP for SWTN will now benchmark our current capabilities against this framework to ensure we are able to deliver this for our patients.

We are continuing to work to increase the rehabilitation prescription distribution. Due to the unique set up of the South Wales Trauma Network we are in discussion with TARN about the timing of this distribution.

We are working closely with TARN coordinators to ensure that the rehabilitation dataset is easy to access to ensure efficiency and accuracy in this sphere of our TARN submission.

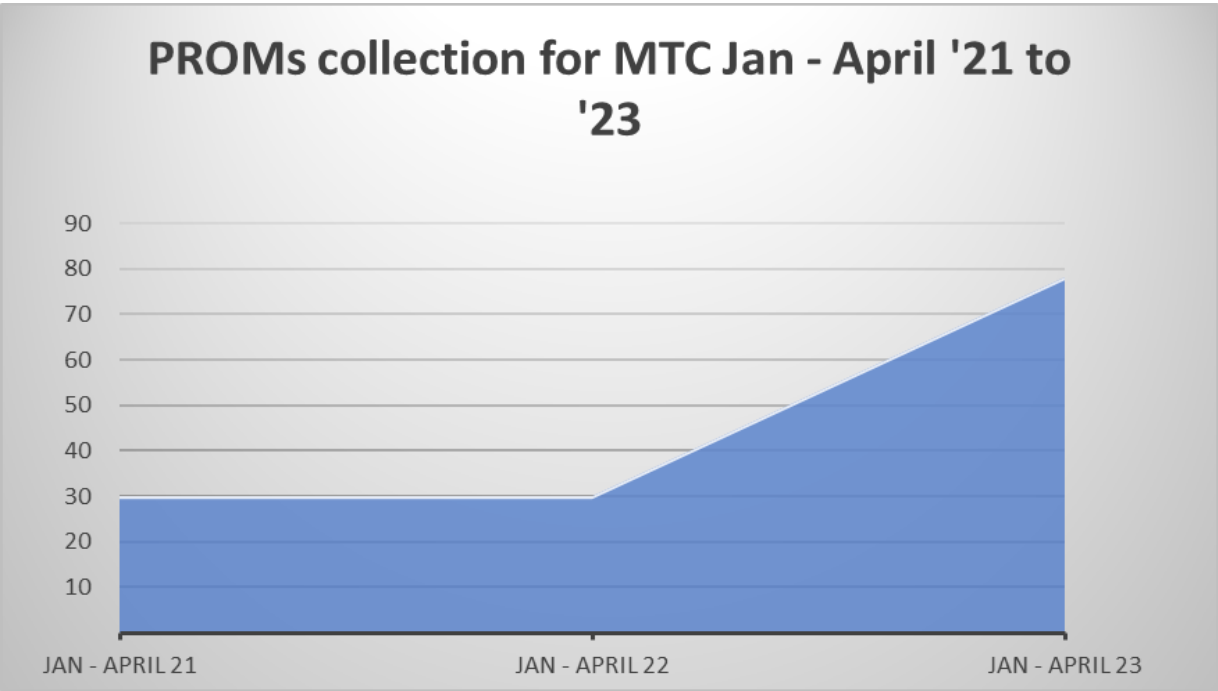
Patient Recorded Outcome Measures (PROMS)

SWTN PROMs platform provided by Quality Health is now live across all sites. All units have been provided with tablets with the App installed and set up with log ins for each health board. Quality Health are providing the ODN with a real time monthly report to monitor activity across all sites and we are pleased to report there has been a large upsurge in activity in C&V with a 50% increase on the same period in the previous 2 years.

SBUHB and HDUHB have also begun collecting PROMs and not reported any issues to date. The real time report will be shared with each health board at monthly health board/ODN meetings to give them an indication of how many PROMS they are managing to capture.

The SWTN Project Manager and AHP are in the process of undertaking follow up visits to iron out any glitches and monitor how the teams are getting on with the new system. Follow up visits to HDUHB and CTMUHB are planned in the next 2 weeks and CTM are planning to begin the process of digital PROMs collection at the beginning of May.

Below is a graph to show the uptake of PROMs against the same period in the MTC in UHW against the same period in the preceding 2 years.



Workforce & Service Development

The ODN met with each of the WHSSC financed services within the SWTN alongside colleagues from WHSSC in order to determine end of year financial position, mirroring the process during the first year of the SWTN. The financial position for each of the aforementioned WHSSC funded service can be found in the financial section of this report. The SWTN process determines the requirements for each of the WHSSC funded partaking organisations in order to offer support, an evaluation perspective and to ensure any strategies and proposals

support the overall direction of travel for the SWTN as described in the five-year plan of the Programme Business Case while ensuring local requirements as a result of the lived experience are also incorporated.

(Update further following meeting 18th May)

Outstanding Service Specification

Unfortunately, the South Wales Trauma Network Interim Clinical Director Miss Lorraine Harry PhD FRCS(Plast) MACantab has needed to step down from the role for family reasons. SBUHB, the SWTN and the ODN are extremely grateful to Loz for all the hard work she has put in to the post and wish her and her family the very best.

When appointed six months ago, SBUHB were fortunate to interview two excellent candidates who were both clearly appointable. With Loz's departure, SBUHB have made the decision to offer the remaining term of the Interim position to the second candidate, Dr Jonathan Lambley, who was extremely impressive at interview. Jon has been offered the post and has accepted.

Benefits Realisation

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

The formal one-year evaluation being led by the SWTN Quality Improvement lead, members of the ODN and Swansea University reflects the current position of the programme against the benefits realisation plan in the Programme Business Case. The one-year evaluation has been completed and has been published widely with SWTN stakeholders.

The table in **Appendix 5** illustrates the aforementioned benefit realisation table including the measureable metrics considered for the One Year Evaluation. The table also includes the SWTN current position against each of the measurable outputs.

Achievements

Since Emma Price has been working on PROMs, all trauma teams within the SWTN now have access to the digital PROMs platform and have begun the process of collecting PROMs for eligible patients. We have seen an increase of more than 150% C&V (based on the same time period in 2022/23) which is a great achievement. We have also seen collections increase in SBUHB. We will be receiving a real time report at the end of each month which we plan to share with each health board to give them an indication of how the work is progressing.

The bespoke Level 2 course for the South Wales Trauma Network in collaboration with Cardiff University development continues at pace. The associated e-learning material will be peer reviewed by SWTN nursing colleagues during the month of May. The first courses will run in October 2023, and will be peer reviewed to ensure meets the Level 2 competency frameworks. The SWTN have secured 10 places on every course for nursing colleagues across

the SWTN and this allocation will be managed by the Senior Matron. The course intends to be run 6 times per year, so securing 60 nursing places per year. A very positive step towards addressing the training needs at Level 2, as highlighted in all Health Boards risk registers.

Specific Organisational Updates

MTC update

TARN

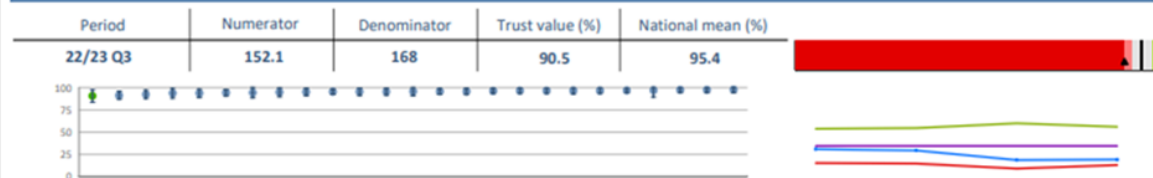
The MTC's overall case ascertainment (quantity of cases submitted to TARN) in Q3 2022/23 has shown a notable improvement compared to Q2 2022/23 report (increase from 43.7% in Q2 to 88.4% in Q3). The MTC's data accreditation (quality of data submitted to TARN) in Q3 2022/23 has also demonstrated a small improvement compared to Q2 2022/23 report (increase from 88.5% in Q2 to 90.5% in Q3). The case ascertainment in Q3 2022/23 was above the target value of 80%, however the data accreditation in Q3 2022/23 was below the target value of 95%. The indicators used to assess MTC's data accreditation that are frequently not fully reported include time of incidents and 999 call details, doctors present in ED as well as pupil reactivity. Further improvements are expected in 2023/24 following the recruitment of the TARN Support Manager and the Data Manager, who will support a more accurate data collection, reporting and management, consequently leading to better performance.

Major Trauma Dashboard University Hospital of Wales

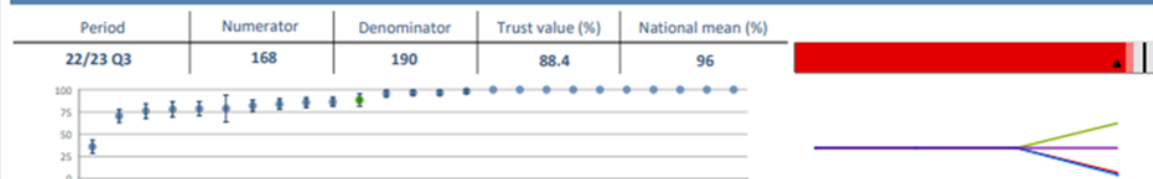
Developed by the Major Trauma Clinical Reference Group
Prepared by the Trauma Audit & Research Network 13/03/2023

Data Quality

MTC 01a - Data Accreditation



MTC 01b - Case Ascertainment Overall case ascertainment (quantity of cases submitted to TARN)

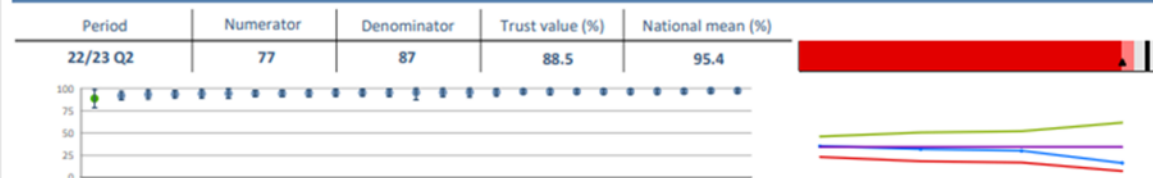


Major Trauma Dashboard University Hospital of Wales

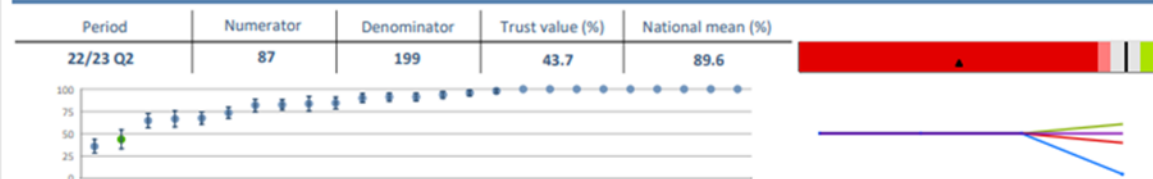
Developed by the Major Trauma Clinical Reference Group
Prepared by the Trauma Audit & Research Network 12/12/2022

Data Quality

MTC 01a - Data Accreditation



MTC 01b - Case Ascertainment Overall case ascertainment (quantity of cases submitted to TARN)



Activity

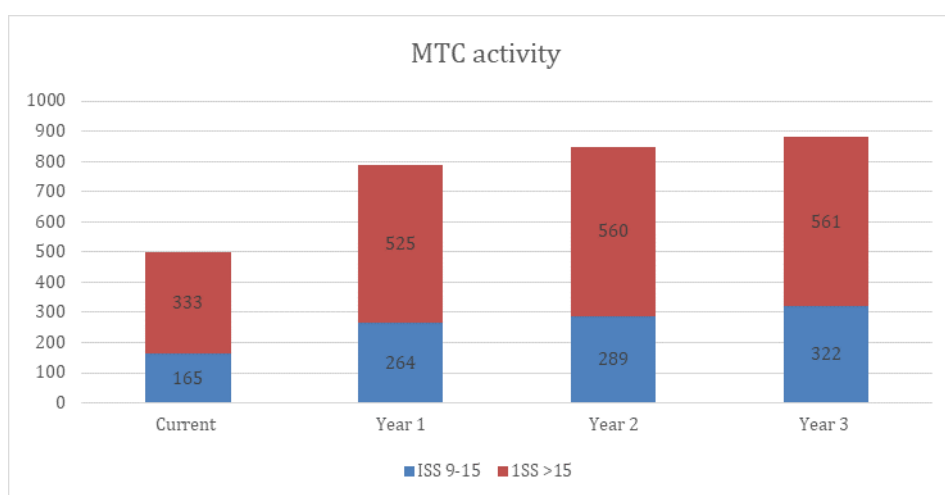
The Major Trauma Centre has seen 4005 patients from go-live up to the end of March 2023 with 34% of the patient population categorised as Silver Trauma. The Polytrauma Unit has admitted/treated 1395 patients for the same period, breakdown by Health Board is as follows:

UHB	Number of admissions
Aneurin Bevan UHB	282
Betsi Cadwallader	6
Cardiff & Vale UHB	430
Cwm Taf Morgannwg UHB	213
Hywel DDa UHB	189
Powys LHB	24
Swansea Bay UHB	125
Other	126

Overwhelmingly, a large majority of patients admitted to the PTU are subsequently discharged to their home/place of residence (53%), with 33% repatriated back to their local health board/out of network. The MTC would like to acknowledge and highlight the continued efforts made by the Network and Neighbouring Health Boards in facilitating repatriations and in turn supporting the flow of major trauma patients into the MTC.

The DMT continue to work with the Information Team at Cardiff and Vale UHB to improve our ability to generate accurate activity data for the service, including the reintroduction of a modified Major Trauma Centre Dashboard.

The below figures highlight the activity estimated through the business plan, however, the Major Trauma Database suggests that actual activity has been significantly higher. With 1501 patients in 2021 and 1775 patients to the end of 2022.



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

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

Concerns

2022/23													
Area	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Number of Concerns						2	1	0	0	1	1	1	6
Performance within 30 Days						No Data	No Data						

WAST update

We had previously updated on the planned introduction of a new resource type which was modelled on attending high acuity incidents across Wales. These include all red calls and other high acuity incidents such as major trauma. The new resource type is called Cymru High Acuity Response Unit (CHARU) and is staffed by experienced paramedics who have completed additional training and education.

100 paramedics are now in CHARU posts across Wales which will ensure that some of the benefits to patients are provided equitably in both rural and urban areas across Wales.

The senior paramedic role includes regular team rideouts as part of their responsibility for clinical leadership and supervision. One of the ongoing updates being shared with clinicians is the flow of patients within the SWTN and the major/silver trauma tool and the function of the trauma desk. Senior paramedics have undertaken 554 rideouts with their teams across Wales during the first four months of 2023.

The trust has introduced an additional analgesia (Penthrox) which can be administered by all EMS clinical grades. The new analgesia went live this month and is indicated for trauma in the 18 and over age group.

Volunteer Community First Responders have also been trained to administer Penthrox in a UK Ambulance Service first.

Finance update

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

2023/24 Baselines

The current service baselines that will be reflected in the 2023/24 provider SLAs are detailed below.

	2023/24		
	Allocation £m	Forecast Spend £m	Variance £m
Major Trauma Provider:			
Cardiff & Vale MTC	12.187	12.187	0
Swansea Bay MTC	2.644	2.644	0
Swansea Bay ODN	0.642	0.642	0
WAST Pre Hospital Care	0.650	0.650	0
Major Trauma Total 22/23	16.123	16.123	0

The baselines are uplifted by the framework allocation inflation of 1.5% and the full year effect of the strategic investment that have been agreed through the approved WHSSC Integrated Commissioning Plan.

WHSSC will review the MTC utilisation against the initial Welsh Government population allocations and subsequent commissioning Health Board investment as part of the wider WHSSC risk-sharing review in development of the 2024/25 Integrated Commissioning Plan.

Recommendations

The Delivery Assurance Group (DAG) are asked to:

1. Note content of report.
2. Note continuing excellent progress across the work through quarter 4.
3. Identify any risks and issues from this report that require escalation, action or otherwise by DAG members.

Appendix 1- Governance Day Lessons Learnt Bulletin

Lesson Learnt Bulletin..

Issue 1– September 2020

To support the governance arrangements of the network, this Lessons Learnt Bulletin provides a summary of the key issues identified from the Adult & Paediatric Case Quality Review and Network Governance Meetings held on 23rd March 2023. We hope you find it useful and informative. This bulletin references network clinical guidelines, policies and infographics (accessible on Induction APP and SharePoint).

NOTE: All cases pre-date the start of the South Wales Trauma Network and should be interpreted in this context.

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@SWTraumaNetwork
Wales Trauma Network



Missed Injuries / Clinical Management

- Decision for MRI overnight should be made by a consultant and should only happen if it is to change management.
- Resuscitation team need to be able to access MRI in an emergency.
- If C-spine not cleared the patient should be accompanied to MRI by sufficient people to perform a log roll.
- Emergency airway/ resuscitation equipment should be available in MRI / or accompany the patient to MRI.
- Patients awaiting transfer into the MTC as part of the Trauma Network should continue to receive regular review and active management until their departure from the TU.
- Local specialist teams should be involved as required up until transfer to the MTC.



Pathway Awareness

- An important reminder that trauma patients should be taken to the nearest Trauma Unit; which will not necessarily be a trauma unit within the same health authority.
- Further clarity is required regarding the specialist role of Swansea as a Trauma Unit in Spinal and Thoracic injury.



Minor Injuries

- The abdominal injury triage tool is required to be embedded in minor injury units.
- All Trauma should be discussed with the TTL via the Trauma desk and sent to the nearest Trauma Unit which should be pre-alerted and a trauma call should be put out (for those cases that warrant one); exactly the same as if the patient had originally presented to the Trauma Unit.



Automatic Acceptance / Triage Disposition

- Several cases presented who should have been transferred to the MTC as a pathway 2 which is subject to automatic acceptance.



Lack of Trauma Call

- Early identification of a required trauma call will identify injuries earlier.
- Severe Max Fax injuries will all require a CT head and spine.
- Further work to delineate Max Fax cover for TUs around the Trauma Network will be carried out.
- Injury prevention project with Bike Park Wales are emphasising wearing full face mask helmets
- "Wheeled vehicle" will replace "Motorised vehicle" in Trauma guidelines
- Clinicians should be clear in documentation when they call the trauma desk that they have received advice from the TTL rather than the trauma desk.
- All chest injuries should be assumed to be penetrating and reviewed and management led by a senior clinician.
- There is no direct trauma pathway into Llandough Hospital and this will be considered in the future.



Please note that the next Adult & Paediatric Case Quality Review will be held at Governance Day on 22nd June 2023



Appendix 2- GREATIX Summary



Achub bywydau
Gwellia canlyniadau
Gwneud gwahaniaeth

Saving lives
Improving outcomes
Making a difference

7 GREATix Submissions

1st January 2023-31st March 2023



GIG
CYMRU
NHS
WALES

Rhwydwaith Trawma
De Cymru
South Wales
Trauma Network

1 COMMUNICATION



Over the past few months there have been multiple occasions where there have been visiting practitioners from different areas within Cardiff and Vale UHB and wider SWTN. The major trauma practitioner has taken a lead in explaining the role of the MTPs and the workings of the Major Trauma Service within the MTC. They are always welcoming and clear in all their explanations and shows passion in what they do.



Consultant presented the case so eloquently, with a detailed timeline of events and produced rich discussion of the case which involved various specialities. It was described as 'the best M&M I have ever attended' by one of the Consultant attendees. The consultant's superb clinical knowledge was exemplary and evident during the discussion. They had clearly gone above and beyond and taken time to research relevant subjects prior to the discussion.

2 ABOVE & BEYOND



During a very difficult trauma call, the Emergency Department team and Adult Trauma Team were very grateful for the efforts of the two porters who were supporting the team with the massive haemorrhage protocol.

They had to run to blood bank several times to urgently retrieve blood products for an ongoing resuscitation and the emergency team were very appreciative of the speed and effort during the prolonged resuscitation.

Icons by icons8.com

4 TEAMWORK

SOUTH WALES TRAUMA NETWORK

FIRST YEAR EVALUATION EXTENSION

1. BACKGROUND

Following the dissemination of the first year evaluation, further questions were raised by Health Boards regarding patient flow and service use at the MTC; further detail was required at the patient's home Health Board level. Site or Health Board specific outcomes were also required.

2. DATA & DATA QUALITY

The first year evaluation highlighted that the network needed to reduce unmatched transfers within the TARN data across all sites. UHW had 103 unmatched transfers between 1st April 2019 and 13th September 2021. These missing cases mean that the figures on service use will be underestimated. Additionally, there is concern that there is not concordance between the changes in flow seen in the TARN data and that indicated by data from the Major Trauma Database or C&VUHB business metrics. During the first year following the launch of the Network, the MTC submitted 778 TARN cases, however, there were 1,338 cases entered on the Major Trauma Database. A further programme of work is required to determine whether these differences are due to problems in the data or differences in inclusion and exclusion data that confound the comparisons.

3. CHANGE IN FLOW TO THE MAJOR TRAUMA CENTRE (MTC)

Patient flow and service use at the MTC was required at the patient's home Health Board level. TARN submissions contain the first part of the patient's home postcode (first three or four characters). Ordnance Survey Code Point data was used to find a patient's home Health Board based on the first part of the postcode, however, in some cases, the first part of the postcode mapped to more than one Health Board e.g. CF15 postcodes map to C&VUHB, CTMUHB and ABUHB. This issue was resolved by weighting the data by Health Boards, however, using this method provides estimates of the total number of TARN submissions and service use.

Table 2 summarises the number of TARN submissions by the patient's home Health Board. The Programme Business Case modelled activity is presented in table 1. The modelling work focused on hospital spells, therefore the figures are not directly comparable with table 2. The modelled activity vastly underestimated the effect of the trauma desk with larger numbers of patients taken directly to the MTC from neighbouring Health Boards. The TARN data also underestimates the activity due to the known unmatched transfers. The modelling predicted increased numbers of secondary transfers in to the MTC across the board. However, in reality, secondary transfers only significantly increased from hospitals in HDUHB. This would largely be due to the role played by the trauma desk and the introduction of the trauma tool; more patients from Health Boards close to C&VUHB were directly transferred to UHW.

4. EXCESS RATE OF SURVIVAL

The network's excess rate of survival (Ws score) during the year between 14th September 2020 and 13th September 2021 was -1.07, meaning there were 1.07 additional deaths of injured patients than would be expected each time 100 severely injured patients are treated. The confidence interval lies below zero, therefore is statistically significant. Site specific Ws scores with 95% confidence intervals are displayed in table 4. As previously described, TARN Ws scores use probability of survival derived from information about patients with an arrival date between April 2017 and March 2019. SWTN hospitals are therefore being compared against the standard of mature English trauma networks. The performance of SWTN on this metric is therefore in line with expectations for an immature network. This excess of mortality is the justification for the investment in the network and the baseline from which we should see future improvements.

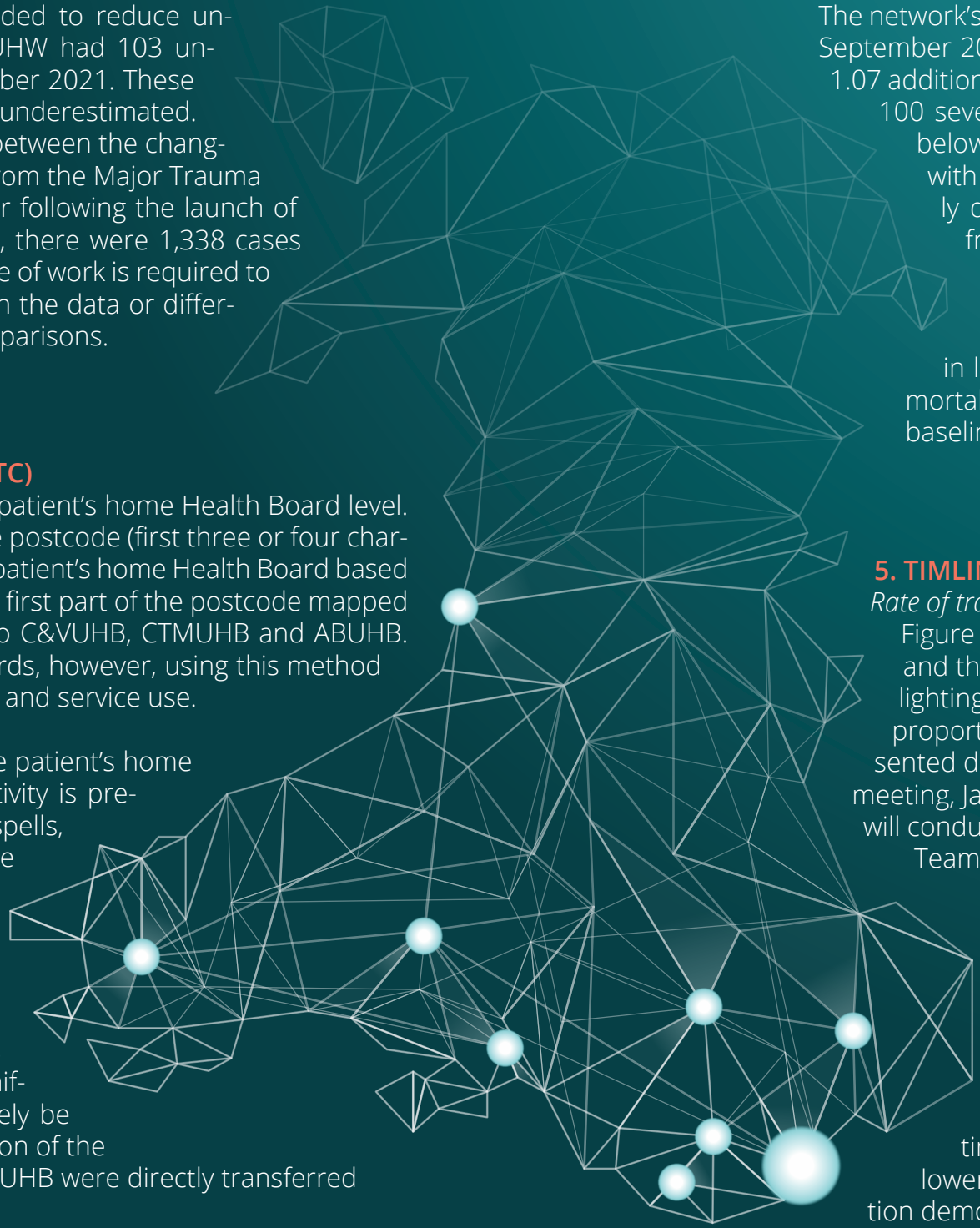
5. TIMLINESS & QUALITY OF CLINICAL CARE

Rate of trauma calls

Figure 1 highlights the inequity between patients treated at the MTC and those treated in hospitals across the rest of the network, highlighting the fact that UHW activate a trauma team for a far greater proportion of ISS>15 cases in comparison to the TUs. The ODN presented data on the lack of trauma calls at the SWTN Governance Group meeting, January 2023. In response to the evidence presented, the ODN will conduct an audit against the P04 SWTN Adult and Paediatric Trauma Team Activation Criteria policy at each site over the next 6 months.

Time to CT

The boxplots in figure 2 provide the distribution of time to CT by hospital Health Board. The lower and upper hinges (edges of the box) correspond to the first and third quartiles and the line within the box is the median. C&VUHB is the only Health Board with a median time to CT below 60 minutes. CTMUHB, HDUHB and SBUHB have similar median time to CT; ABUHB has the greatest median time to CT and the lower quartile is also greater than 60 minutes. The first year evaluation demonstrated that patients received by a trauma team have quicker times to CT and since the MTC activate a trauma team for a far greater proportion of ISS>15 cases than other hospitals, the median time to CT is much lower.



Hospital Health Board	Transfer Status	Assumed pre go live position (spells)	Modelled change in flow year 1 (spells)
H DUHB	Transfer TU to MTC	3	59
	Direct to MTC	0	19
S BUHB	Transfer TU to MTC	10	76
	Direct to MTC	0	17
A BUHB	Transfer TU to MTC	4	46
	Direct to MTC	0	17
C TMUHB	Transfer TU to MTC	7	74
	Direct to MTC	0	17

Table 1. Modelled hospital spells for ‘candidate’ (ISS >=9) major trauma. Source: Appendix 2, Programme Business Case.

Patient’s Home Health Board	Transfer Status	Actual pre go live position 01/04/2019-31/03/2020 (TARN submissions)	Actual change in flow year one 14/09/2020-13/09/2021 (TARN submissions)
H DUHB	Transfer TU to MTC	27.1	42.1
	Direct to MTC	14.2	29.9
S BUHB	Transfer TU to MTC	17.3	16.4
	Direct to MTC	21.7	33.1
A BUHB	Transfer TU to MTC	32.6	24.3
	Direct to MTC	57.8	102.5
C TMUHB	Transfer TU to MTC	42	25.4
	Direct to MTC	39	82.6

Table 2. MTC service use by patient’s home Health Board, ISS>=9. Source: TARN

	H DUHB	S BUHB	A BUHB	C TMUHB
Pre-launch	28	25	34	67
Post-launch	68	33	33	43

Table 3. Transfers in to the MTC by Health Board of transferring hospital prior to the launch of the network (01/04/2019-31/03/2020) and during the first year following the launch of the network (14/09/2020-13/09/2021) including unmatched transfers

Site	01/04/2019-31/03/2020		14/09/2020-13/09/2021	
	n	Ws (95% CI)	n	Ws (95% CI)
Morrison Hospital	597	-0.35 (-2.29 to 1.58)	713	-0.68 (-2.33 to 0.98)
University Hospital of Wales	658	-1.23 (-2.84 to 0.38)	668	-1.56 (-3.21 to 0.1)
Withybush General Hospital	68	1.94 (-3.88 to 7.77)	59	2.93 (-5.88 to 11.74)
Glangwili General Hospital	163	-0.07 (-3.27 to 3.12)	285	-2.04 (-4.64 to 0.55)
Bronglais General Hospital	141	-0.12 (-4.04 to 3.8)	139	-0.19 (-4.27 to 3.89)
Royal Gwent Hospital	305	-3.33 (-6.09 to -0.56)	62	5.74 (-0.42 to 11.9)
Prince Charles Hospital	244	0.08 (-2.8 to 2.96)	238	-1.39 (-4.31 to 1.52)
Royal Glamorgan Hospital	215	1.28 (-2.12 to 4.67)	211	-0.18 (-3.79 to 3.43)
Princess of Wales Hospital	229	-3.19 (-6.03 to -0.35)	178	-1.37 (-4.61 to 1.88)
The Grange University Hospital			518	-2.09 (-4.04 to -0.14)
Nevill Hall Hospital	187	-4.6 (-7.82 to -1.37)		

Table 4. Case mix standardised excess rate of survival (Ws) with 95% confidence intervals. Source: TARN

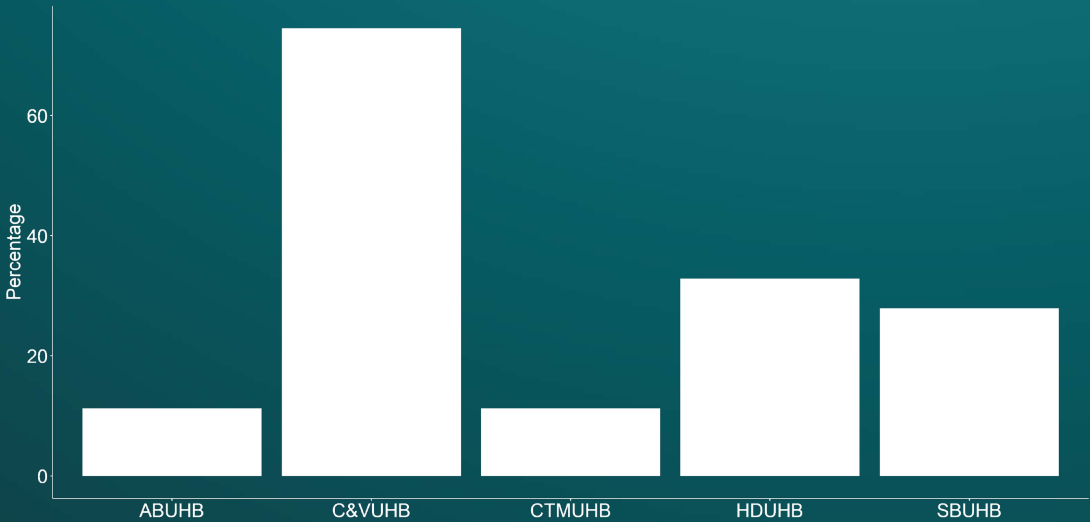


Figure 1. Percentage of major trauma patients (ISS>15) receiving a trauma call by hospital Health Board during the year following the launch of the network

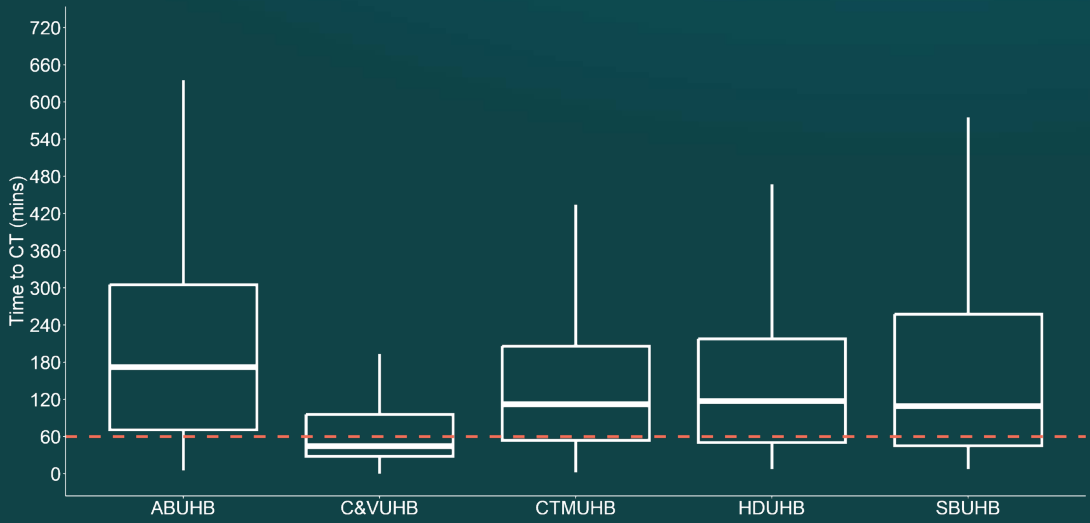


Figure 2. Distribution of time to CT for patients with ISS>=9 by hospital Health Board (outlier points removed)



Report Title	All Wales PET Programme Progress Report			Agenda Item	4.6
Meeting Title	Joint Committee			Meeting Date	18/07/2023
FOI Status	Public				
Author	All Wales PET Programme Manager				
Executive Lead	Managing Director				
Purpose of the Report	The purpose of this report is to provide an update on the progress made by the All Wales Positron Emission Tomography (PET) Programme.				
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 progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams.					

ALL WALES PET PROGRAMME PROGRESS REPORT

1.0 SITUATION

The purpose of this report is to provide an update on the progress made by the All Wales Positron Emission Tomography (PET) Programme.

2.0 BACKGROUND

WHSSC commissions PET scanning as a specialist service. The issues facing the Welsh PET service are longstanding and were first described in several strategic documents published in 2018^{1,2} consequently, the All Wales PET Advisory Board (AWPET) wrote to Welsh Government (WG) with a series of key recommendations³. In response, WG asked WHSSC to host and manage a Strategic Programme of work to review the issues facing PET delivery in Wales, such as numbers of scanners, workforce, radiopharmaceutical supply and research.

The output of this Strategic Programme was a national Programme Business Case (PBC) (May 2021). The PBC recommended that four new fixed, digital PET scanners should be put in place across Wales in a phased manner over the next five years.

Following WG scrutiny and receipt of support from all Health Boards (HBs) and Velindre University NHS Trust, Ministers endorsed the £25M capital All Wales PET PBC on the 25 August 2021. Due to the success of the Programme, the Director General/CEO NHS Wales issued a second mandate⁴ (October 2021) requesting that WHSSC take on responsibility for the All Wales PET Programme implementation phase.

The programme is now in the implementation stage and is progressing well.

3. ASSESSMENT

A detailed progress report is attached in **Appendix 1** which outlines the progress made by the all Wales PET Programme with its projects and workstreams.

¹ Welsh Government, Imaging Statement of Intent (Mar 2018)

² Auditor General for Wales (Wales Audit Office), Radiology Services in Wales (Nov 2018)

³ All Wales PET Advisory Group (AWPET) and the Welsh Scientific Advisory Committee (WSAC), Positron Emission Tomography (PET) in Wales - Overview and Strategic Recommendations (Nov 2018)

⁴ Goodall, A. 2021. Letter to Sian Lewis. 28 October

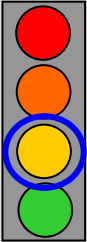
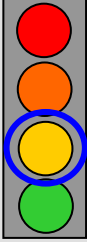
4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	None
Health and Care Standards	Governance, Leadership and Accountability Effective Care
Principles of Prudent Healthcare	Public and professionals are equal partners through co-production
NHS Delivery Framework Quadruple Aim	Reducing the per capita cost of health care Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	There are no direct impacts arising from this report. A strong governance framework as assessed by Internal Audit reports is essential to ensuring patients experience the greatest possible levels of safety and quality in the services commissioned by WHSSC. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	There are no direct impacts arising from this report.
Population Health	-
Legal Implications (including equality & diversity, socio economic duty etc.)	There may be an adverse effect on the organisation if arrangements are not put in place to ensure robust and detailed governance arrangements as determined through internal audit assessment.
Long Term Implications (in line with WBFG Act 2015)	Ensuring a robust governance framework as documented and supported by Internal Audit will have a positive impact on the commissioning of specialised services.
Report History (Meeting/Date/ Summary of Outcome)	-
Appendices	Appendix 1 – All Wales PET Imaging Programme Progress Update

All Wales PET Imaging Programme

Progress Report						
Programme Name:		<i>All Wales PET Imaging Programme</i>				
Completed by:	Saja Muwaffak	Reporting period:	May 2023	To:	July 2023	
Date Completed:		03.07.2023	Next Joint Committee Meeting:	18.07.2023		
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Current Status</p>  </div> <div style="text-align: center;"> <p>Previous Status</p>  </div> </div>		Headlines:				
		<div style="display: flex; justify-content: space-between; padding: 5px;"> <div>Project</div> <div>Proposed date of Business Case completion</div> <div>Proposed "go live" date</div> </div>				
		Project 1 - Cardiff				
				PET Scanner	July 2023	
		BJC	Approved Dec 2021	Ion Source replacement	Feb 2024	
				Hot Cell replacement	Jan 2025	
		Project 2 - Betsi				
		SOC	Approved			
		OBC	June 2023	August 2025		
		FBC	May 2024			
Project 3 - Swansea						
BJC	Sep 2023	Sep 2024				
Project 1 (PETIC) <ul style="list-style-type: none"> GE Omni Legend System scanner installation work has commenced. The old scanner was removed w/c 1st May 2023 and building work commenced w/c 8th May 2023. During the 11-week scanner downtime up to 75 scans per week are being carried out over 5 days in the mobile scanner which is on site in UHW. There is also capacity of a further 10 FDG scans per week in Bristol and Cheltenham to facilitate sufficient capacity to meet demand and ensure patients that cannot be scanned on a mobile scanner can be scanned on one of these two fixed scanners. Certain scans such as Choline and Brain have been put on hold during the downtime. The Pharmaceutical Consultant has been appointed with only the contract left to sign. The appointment will inform planning for the hot cell and ion source replacement at the manufacturing facility. Work to develop the additional uptake rooms is still ongoing. Finally, the order for the cyclotron upgrade was placed late 2022 with the original company that installed the cyclotron chosen. This is because this company owns the IP for the existing cyclotron. 						

- PETIC aims to start scanning with the new fixed digital scanner on the 24th of July 2023.

Project 2 (BCUHB)

- There is now a formalised project management structure for the OBC element of the BCUHB Project Board project: a project board, project team and a number of subgroups, which have started monthly meetings in April 2023.
- The new BCUHB Project Board has met three times and is working on the business case. The Nuclear Medicine Consolidation project will be composed of a Single Consolidated Unit at Glan Clwyd Hospital.

Project 3 (SBUHB)

- The SBUHB Project Board are continuing to write their business case. SBUHB will be submitting a fully tendered business case (fully tendered single case) to Welsh Government in September 2023, with a view to having a fixed scanner operational in September 2024. At the time of writing, there are minimal issues facing this Project. The plan is to construct a modular PET building alongside the existing Cancer Centre. The project has recently received approval for a direct award for the procurement of the building supplier.
- There has been a 3-month delay to the original planning due to unforeseen issues with drainage identified at planning stages and the time taken to approve a direct award for the building supplier.

Project 4 (location of scanner to be defined)

- In December 2022, members of the PET Stakeholder Group and Programme Board unanimously agreed that a fourth PET scanner should be put in place in Wales. This recommendation was presented to the WHSSC Joint Committee in January 2023 who endorsed this recommendation. The PET PMO has sought a formal yes/no decision on this recommendation from Welsh Government as Programme Sponsors. The sponsors have informed the programme board to put the work on the fourth scanner on hold due to current capital funding issues.

Workstream 1 (Procurement)

- The Procurement Workstream has produced a PET scanner specification and evaluation for the Swansea and North Wales Projects. This has involved significant collaboration between NWSSP, SBUHB and BCUHB colleagues. The scanner tender went live at the end of 2022. The bids have undergone evaluation and concluded in March 2023, and a preferred supplier has been chosen.
- A sub-group of the workstream has completed a specification document for the ancillary equipment (radiopharmaceutical injector).

	<ul style="list-style-type: none">• The workstream has completed a closure report and is now closed.				
	<u>Workstream 2 (Workforce)</u> <ul style="list-style-type: none">• The Group has completed a document that presents a detailed description of current career pathways for the core PET workforce; a detailed picture of the current PET staff/workforce; a detailed description of the pipeline and the gaps present for the required future PET workforce (in line with demand); and a commissioning ask for training from HEIW.• The workstream has submitted a request for training with a breakdown of phased training requirements for funding to HEIW in May 2023.				
	<u>Workstream 3 (Radiopharmaceuticals)</u> <ul style="list-style-type: none">• Several Radiopharmaceutical Workstream meetings have taken place.• The NIHR Observatory is supporting the workstream free of charge in producing a Horizon scan and landscape analysis of innovations (part one) and supply chain challenges for PET radiopharmaceuticals (part one).• Part one is set for completion in Autumn 2023 and part two is set for completion in Spring 2024				
	<u>Workstream 4 (Centres of Excellence)</u> <ul style="list-style-type: none">• The Centres of Excellence (C&E) Workstream ToR has been drafted and work is ongoing to further define the workstream. A face-to-face workshop is also planned for Spring 2024.				
	Other enabling work – electronic referral form (ETR) <ul style="list-style-type: none">• A discrete task and finish group, led by the WHSSC PET PMO, was set up to develop an ETR for PET.• The underspend (£32,000) from the Welsh Government PET PMO budget is being used by DHCW to develop the form.• Work has been ongoing together with DHCW the “wireframe” has been finalised. The form is now being developed by the developer.				
	<u>Programme Status</u> <ul style="list-style-type: none">• The status is marked as Amber/Green as good progress is being made on most fronts, however some areas are requiring substantial attention, as noted in the summary above.				
<table><tr><th>Key Achievements</th><th>Next Period</th></tr><tr><td><ul style="list-style-type: none">• The PETIC new fixed digital scanner is due to go live in July 2023.• The PMO work with DHCW to produce an All Wales PET-ETR form by August 2023 is progressing well. The “wireframe” is now complete, and the</td><td><ul style="list-style-type: none">• Complete all associated Programme structure and governance-related tasks, such as C&E Workstream group set-up.• Write and approve any outstanding Programme Management related documents, such as Communications and</td></tr></table>		Key Achievements	Next Period	<ul style="list-style-type: none">• The PETIC new fixed digital scanner is due to go live in July 2023.• The PMO work with DHCW to produce an All Wales PET-ETR form by August 2023 is progressing well. The “wireframe” is now complete, and the	<ul style="list-style-type: none">• Complete all associated Programme structure and governance-related tasks, such as C&E Workstream group set-up.• Write and approve any outstanding Programme Management related documents, such as Communications and
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All Wales PET Imaging Programme

<p>form development has now commenced.</p> <ul style="list-style-type: none"> The PMO has submitted an SBAR paper to HEIW to ask for funding for the PET-CT workforce. Work to baseline the programme benefits has commenced. 	<p>Engagement Approach and Strategy</p> <ul style="list-style-type: none"> Carry out detailed planning for Workstreams – paying particular attention to core milestones and the critical path.
Slippage	Issues or concerns
<ul style="list-style-type: none"> There will likely be amendments to the overall Programme timelines in light of requirements for each Project. This will realise slippage, depending on the detailed Project plans. 	<ul style="list-style-type: none"> The issue with Welsh Government capital funding mean that funding for project 2 (BCUHB) and project 3 (SBUHB) is now at risk. The Welsh Government is carrying out a prioritisation process to select which programmes to fund. There is a need to factor in lead times for equipment shipping and construction materials. Timelines will be assessed in the coming months and serve as a risk to Programme delivery timelines. There is a need to factor in the rising costs of materials and assess this for the Programme. There is a need to make significant and rapid progress in some areas of the Programme.

Key to Traffic Lights

		Red	Highly problematic - requires urgent and decisive action.
		Amber / Red	Problematic - requires substantial attention, some aspects need urgent attention.
		Amber / Green	Mixed - aspect(s) require substantial attention, some good.
		Green	Good - requires refinement and systematic implementation.

Report Title	Efficiency and Recommissioning Programme Update			Agenda Item	4.7
Meeting Title	Joint Committee			Meeting Date	18/07/2023
FOI Status	Open/Public				
Author (Job title)	Assistant Director of Planning				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to provide an update on the Efficiency and Recommissioning programme enabled to realise the 1% savings requested by Joint Committee when signing off the 2023-24 Integrated Commissioning Plan (ICP).				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<p>Recommendation(s):</p> <p>Members are asked to;</p> <ul style="list-style-type: none"> Note the report and the progress made. 					

EFFICIENCY AND RECOMMISSIONING PROGRAMME UPDATE

1.0 SITUATION

The purpose of this report is to provide an update on the Efficiency and Recommissioning programme enabled to realise the 1% savings requested by Joint Committee when signing off the 2023-24 Integrated Commissioning Plan (ICP).

2.0 BACKGROUND

On the 13 February 2023 the Joint Committee members considered and approved the Integrated Commissioning Plan (ICP) 2023-2024. In doing so, they requested a savings target of 1% of the WHSSC Budget (equating to approximately £7.5m) to be realised within WHSSC commissioned services, and the pathways that lead to them. This request was in addition to a £9 Million savings target already included within the plan.

3.0 ASSESSMENT

3.1 Programme arrangements

The Recommissioning and Efficiency work is being managed through formal programme management arrangements. A Programme Board has been established and is jointly chaired by the Assistant Director of Planning and the Assistant Director of Finance from within WHSSC. Membership is comprised from across each of the seven Health Boards (HBs) and varying project leads. Highlight reports are generated for each project within the programme and are considered on a monthly basis, as is the frequency of the Board to enable traction and pace. To date, three meetings have taken place.

3.2 Generating ideas for savings

A variety of discussions have been held in order to generate ideas for savings/efficiencies across WHSSC commissioned services, and the pathways that lead to them. In particular considerations have been given to the specific areas outlined in **Table 1** below.

Table 1 – Focus Areas to Generate Ideas for Savings/Efficiencies

Focus Area	Ideas/Suggestions
Data and metrics	Are we using all of the available data and metrics available to us when reviewing services
Investment reviews	Have there been investments committed to that have been unable to progress, and if so, could that allocation now be released

Benchmarking	Where are the opportunities for efficiencies based on how we benchmark with 'best in class'
GIRFT	Learning from the Getting it right First Time/Model Hospital work (over 40 reports) – What can we apply?
Out-patients modernisation opportunities	Can we apply any efficiencies as a result of out-patient modernisations e.g. PIFU, SOS

The full list of suggested WHSSC Efficiency & Recommissioning Projects - June 2023 (Q1) is presented at **Appendix 1**. The status of each project is also identified. A summary is outlined in **Table 2** below.

Table 2 – Summary of the Status of Projects

Programme Summary Position: Green, generally where expected for End Q1	
Achievements <ul style="list-style-type: none"> • Programme structure in place • 12 projects initially identified • All 12 projects have an owner • At end Q1 <ul style="list-style-type: none"> • 3 on track (1 complete) • 4 still in scoping • 5 identified savings already in plan • Further schemes identified by E&R Board and WHSSC workshop • Additional 5 added to 'live project list' • Pipeline list developed • Approx 33% savings identified 	Next Period <ul style="list-style-type: none"> • Finalise/refine project list • Identify project owners for all • Conclude scoping phases of all projects • Have timeline/critical path for all projects • Develop savings trajectory
Setbacks/risks <ul style="list-style-type: none"> • Some projects not scoped in timescale set • Officer capacity in WHSSC and HBs to deliver 	Mitigations <ul style="list-style-type: none"> • Escalation of position to CDGB • Deployment of PMO capacity • Leads across WHSSC and HBs

3.3 Realising savings

To date the schemes outlined in **Table 3** below have been able to quantify savings and have plans in place to realise these:

Table 3 – Schemes and Quantified Savings Target

Scheme	Quantified savings target
Intestinal Failure (Length of stay)	£1.3 m
Intestinal Failure (Nursing)	£1.2 m
Wheelchairs and seating	£44 k

4.0 RECOMMENDATIONS

Members are asked to;

- **Note** the report and the progress made.

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	Specific programme of work in 2022-25 ICP
Health and Care Standards	Staff and Resourcing Governance, Leadership and Accountability Effective Care
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	Choose an item. Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome People in Wales have improved health and well-being with better prevention and self-management People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement
Organisational Implications	
Quality, Safety & Patient Experience	Quality, safety and patient experience is implicit throughout this work
Finance/Resource Implications	The programme seeks to identify a more efficient model of commissioning
Population Health	There are no particular considerations at this stage
Legal Implications (including equality & diversity, socio economic duty etc)	There are no particular considerations at this stage
Long Term Implications (incl WBFG Act 2015)	The programme seeks to identify a more efficient model of commissioning
Report History (Meeting/Date/Summary of Outcome)	3 July 2023 - CDGB
Appendices	Appendix 1 – WHSSC Efficiency & Recommissioning Projects - June 2023 (Q1)

Key	
Green	On Target/delivered
Amber	Moving with some delay
Red	Project Not Started
Blue	Unallocated
Grey	Already identified in plan

WHSSC Efficiency & Recommissioning Projects - June 2023 (Q1)

Ref no.	Review name	Lead	Scoping Document Complete	Cash saving or efficiency review	Status	Progress
1.	Intestinal Failure	Claire Harding	Yes	Potential £1.5m (£1m bed days £0.5m nursing costs £100k saline reduction)	On track	Initiated with clear milestones for delivery. Highlight report received June 23.
2.	Psychology Review	Claire Harding/Cerys Gamble (PMO)	Yes	To be determined Q2	On track	Initiated with clear milestones for delivery. Highlight report received June 23.
3.	Wheelchairs & Seating	Liz Kenward	Yes	44k	Delivered	Scoping complete, actions agreed, financial contract review required.
4.	PET	Andrew Champion	Yes	TBC		To be Confirmed.
5.	TAVI Phase 2	Richard Palmer	No	Unable to quantify at this time	Scoping	At scoping stage will offer a timeline in accordance with the timescales set out in the work plan.
6.	Contract Reviews and Rebasing/review of previous investments	James Leaves	No	Realised Q4	Scoping	At scoping stage.
7.	Impact of Kaftrio for treatment of patients with CF	Sandy Tallon	No	TBC	On track	Development work ongoing
8.	Review of GRFT reports that apply to Specialist services and application of good practice	PMO & all commissioning teams	No	TBC	Scoping	At scoping stage - Review of documents underway
9.	Day cases v inpatients rates – across services / providers / Welsh NHS and NHSE (where appropriate)	Sandra Tallon	No	TBC	Initiating	Not scoped
10.	Women & Children Services (Paed General Surgery and Urology): <ul style="list-style-type: none"> • Increase use and scope of day case surgery • Reduce number of follow ups required after a low risk procedure • Reduce unnecessary surgical procedures – develop service specification with clear exclusion criteria 	Kimberley Meringolo/James Leaves	No	TBC	Scoping	

Key	
Green	On Target/delivered
Amber	Moving with some delay
Red	Project Not Started
Blue	Unallocated
Grey	Already identified in plan

11.	Referral Management/Gatekeeping	Andrea Richards	No	TBC	Scoping	
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Pipeline

Ref no.	Review name	Lead	Scoping Document Complete	Cash saving or efficiency review	Status	Progress
	Efficiencies related to out-patients model	TBC	No	TBC	Unallocated	Not scoped
	Review of INNUs	TBC	No	TBC	Unallocated	Not scoped
	Thrombectomy	TBC	No	TBC	Unallocated	Not scoped
	Orthoplastics – capacity release	TBC	No	TBC	Unallocated	Not scoped
	Review impact of WHSSC funded pharmacy roles and efficiencies made	TBC	No	TBC	Unallocated	Not scoped
	Medicine pathway routes where no HT appraisal advice exists, could look at rationalisation	TBC	No	TBC	Unallocated	Not scoped
	Review of Neonatal ODN funding model	TBC	No	TBC	Unallocated	Not scoped
	CAMHS – Welsh units better staffed than NHSE - how does that compare to the quality of services and difference in LOS etc.	TBC	No	TBC	Unallocated	Not scoped
	Neurosurgery: <ul style="list-style-type: none"> Case coordinator for rehabilitation demonstrated to have benefits in patients experience and efficiencies across the pathway Cauda equina pathway 	TBC	No	TBC	Unallocated	Not scoped

Key	
Green	On Target/delivered
Amber	Moving with some delay
Red	Project Not Started
Blue	Unallocated
Grey	Already identified in plan

Savings identified elsewhere in the plan (Savings will not be quantified as part of this programme unless they exceed the savings target already made in the ICP)

	Medicines Management	Andrew Champion /Gail Woodland	Yes	Only above £3m savings already assumed in plan	Assumed in plan	At scoping stage. Progressing, however, considerable assumption in the plan.
	Sail/Mair	Kendall Smith/Sandra Tallon	Yes	Approx. £140k realised in Health Boards	Assumed in plan	At scoping stage. Highlight report June 23.
	Paediatric Surgery	Kimberley Meringolo	Yes	Only above savings already assumed in plan	Assumed in plan	Will progress but savings identified elsewhere.
	Paediatric Oncology	Kimberley Meringolo	Yes	Will quantify by Q4	Assumed in plan	Will progress savings identified elsewhere, however anything more towards 1%.
	Mental Health ME, CAMHS, ED	Emma King	No	Savings already assumed in plan	Assumed in plan	To be confirmed.
	TAVI Phase 1	Richard Palmer	Yes	Savings already assumed in plan- Completion June 2023	Assumed in plan	To be Confirmed.



Report Title	Corporate Governance Report	Agenda Item	4.8		
Meeting Title	Joint Committee	Meeting Date	18.07.2023		
FOI Status	Open				
Author (Job title)	Head of Corporate Governance				
Executive Lead (Job title)	Committee Secretary & Associate Director of Governance				
Purpose of the Report	The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s) Members are asked to: <ul style="list-style-type: none">• Note the report.					

CORPORATE GOVERNANCE REPORT

1.0 SITUATION

The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.

2.0 BACKGROUND

There are a number of corporate governance matters that need to be reported as a regular item in-line with the governance and accountability framework for WHSSC. This report encompasses all such issues as one agenda item.

3.0 ASSESSMENT

3.1 Matters Considered In-Committee

In accordance with the WHSSC Standing Orders, the Joint Committee is required to report any decisions made in private "In-Committee" session, to the next available public meeting of the Joint Committee. An "In-Committee" meeting was held on 16 May 2023 and the following updates were received:

- Minutes of the In Committee Meeting held on 14 March 2023,
- Updates on High Cost Complex Mental Health Cases; and
- Any Other Business

3.2 Welsh Health Circulars (WHCs)

Welsh Government (WG) issue Welsh Health Circulars (WHCs) around specific topics. The following WHCs have been received since the last meeting and are available via the WG website, where further details as to the risks and governance issues are available:

- WHC/2023/09 – COVID-19 Vaccination of children aged 5 months to 4 years in a clinical risk group
- WHC/2023/11 – Guidance on Self-harm
- WHS/2023-012 – NHS Wales financial monitoring returns, 2023 to 2024
- WHC/2023/013 – Health and Care Quality Standards 2023
- WHS/2023/015 COVID-19 vaccination observation periods/vaccination following recovery from COVID-19
- WHC/2023/016 – HPV immunisation programme update
- WHC/2002/017 – Patient safety incident reporting and management
- WHC/2003/019 – In support of prevention of suicide and self-harm
- WHC/2003-018 – Introduction of HL7 FHIR as a foundational standard in all NHS Wales Bodies
- WHC/2003/022 Armed Forces Covenant healthcare priorities
- WHC/2023/023 The National Influenza Immunisation Programme 23-24

3.3 Welsh Health Circular (WHC) 2023/017 Patient Safety Incident Reporting and Management

This NHS Wales Executive National Policy on Patient Safety Incident Reporting and Management WHC was issued as a WHC on 12 May 2023 and there was a specific request for NHS organisations to ratify the revised national policy through their internal governance processes during Q1 2023/24. As a hosted organisation the ratification will be undertaken by CTMUHB, however to provide assurance that WHSSC is aware of its responsibilities the WHC is presented at **Appendix 1** for information and the updated policy and supporting documents can be accessed through at the following link and should be used with immediate effect - [Performance and Assurance – NHS Wales Executive](#).

3.4 Audit Wales WHSSC Committee Governance Update

The Audit Wales review into Committee Governance arrangements at WHSSC was undertaken between March and June 2020, however as a result of the COVID-19 pandemic, aspects of the review were paused, and re-commenced in July. A survey was issued to all Health Boards and the fieldwork was concluded in October 2020.

The findings were published in May 2021 in the [Audit Wales Committee Governance Arrangements at WHSSC](#) report.

The report outlined recommendations for WHSSC and for Welsh Government. The document was presented at the Integrated Governance Committee (IGC) meeting on 13 June 2023 and the CTMUHB Audit & Risk Committee (ARC) meeting on 21 June 2023.

3.4.1 WHSSC Management Response

The three partially completed actions for WHSSC have been completed and updates are summarised below for information.

R3 In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on: a. the backlog of waits for specialised services, b. potential impact and cost of managing hidden demand; and c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19		
Audit Wales Recommendation		Progress update
R3b	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 backlog of waits and the impact of managing hidden demand and financial consequences	Recommendation Completed The Job description has been reviewed by the job evaluation panel at CTMUHB and has been re-banded. In light of the WG Review on National Commissioning Arrangements, it is proposed that the post be advertised after the Minister's announcement on the future of commissioning bodies.

Audit Wales Recommendation		Progress update
R4 The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021		
R4a	Embrace New Innovations	Recommendation Completed The draft strategy was presented to the Management Group on 23 March 2023, discussed at a workshop on the 17 April 2023 and was approved by the Joint Committee on 16 May 2023. View here - Strategies and Plans - Welsh Health Specialised Services Committee (nhs.wales)
Audit Wales Recommendation		Progress update
R4b	Approach to Review of Services will be considered in strategy engagement	Recommendation Completed The draft strategy was presented to the Management Group on 23 March 2023, discussed at a workshop on the 17 April 2023 and was approved by the Joint Committee on 16 May 2023. View here - Strategies and Plans - Welsh Health Specialised Services Committee (nhs.wales)

3.4.2 Welsh Government Management Response

The report outlined three recommendations for Welsh Government (WG) and 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.

Recommendation 5 has been completed, and Recommendations 6 & 7 are categorised as partially completed. An update on progress is outlined below:

R6 Sub-regional and regional programme management	
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).	
Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated: As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of	Further to a meeting with WG on 31 May 2023 it was confirmed that due to a change in portfolio within the HSSG at WG, the Committee Secretary at WHSSC will liaise with Trudi Burton, WG, to be kept updated on the two recommendations pertaining to the WG with a view to obtaining an update for Joint Committee in September 2023.

<p>WHSSC, should be strengthened. The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.</p>	
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R7 Future governance and accountability arrangements for specialised services

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.

Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:

A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good Governance Institute's report of 2015 which suggested a more national model may be appropriate.

In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was intended the NHS Executive would be become a member of the Joint Committees'

Further to a meeting with WG on 31 May 2023 it was confirmed that due to a change in portfolio within the HSSG at WG, the Committee Secretary at WHSSC will liaise with Trudi Burton, WG, to be kept updated on the two recommendations pertaining to the WG with a view to obtaining an update for Joint Committee in September 2023.

Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.	
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Audit Wales have confirmed they are content for the Joint Committee to receive an update on progress on 18 July 2023. A full update will be presented to the Joint Committee in September 2023. Thereafter an update will be submitted to Audit Wales and to HB Audit Committees for assurance in October/November 2023. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales.

3.5 Forward Work Plan

The Joint Committee's Forward Work Plan is presented at **Appendix 2** for information.

3.6 Virtual Committee Arrangements

Further to the Committee effectiveness exercise for 2021-2022 undertaken in April 2022, the feedback from individual members indicated that the majority of members would prefer to continue with the virtual meeting arrangements adopted during the COVID-19 pandemic and the recovery phase. The WHSSC IMs attended the Joint Committee on 16 May 2023 in person which was followed by an informal lunch as part of the induction process. In addition, feedback received during the 2022-2023 exercise suggested twice yearly face to face meetings for the Joint Committee would be welcomed. Therefore, the majority of Joint Committee meetings will still be virtual with the exception of twice yearly in person meetings in September 2023 and March 2024. The sub-committee meetings will continue to be held virtually for the foreseeable future, and face to face meetings will be considered for any key decision making requirements as deemed appropriate by the Chair.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Approval process
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the Integrated Governance Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	Not applicable
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc.)	There are no direct legal implications. There are no adverse equality and diversity implications.
Long Term Implications (incl. WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/Summary of Outcome)	-
Appendices	Appendix 1 – Welsh Health Circular (WHC) 2023/017 Patient Safety Incident Reporting and Management Appendix 2 – Joint Committee Forward Work Plan 2023-2024

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 12 May 2023

STATUS: ACTION

CATEGORY: QUALITY & SAFETY

Title: NHS Wales Executive National Policy on Patient Safety Incident Reporting and Management

Date of Expiry / Review 31 March 2024

For Action by:

Local health boards and NHS trusts, special health authorities, primary care providers.

Action required by: 12 May 2023

Sender:

Professor Chris Jones, National Clinical Director, NHS Wales and Deputy Chief Medical Officer
Sue Tranka, Chief Nursing Officer, Nurse Director NHS Wales

HSSG Welsh Government Contact(s) :

Teresa Bridge, Quality and Safety, Quality and Nursing Directorate. Tel: 03000 256797 Email:

QualityAndNursing@gov.wales

Enclosure(s): None



Llywodraeth Cymru
Welsh Government

Yr Athro/Professor Chris Jones
Cyfarwyddwr Clinigol Cenedlaethol, GIG Cymru
a Dirprwy Brif Swyddog Meddygol
National Clinical Director, NHS Wales and Deputy Chief
Medical Officer

Sue Tranka
Prif Swyddog Nyrsio
Chief Nursing Officer
Cyfarwyddwr Nyrsio GIG Cymru
Nurse Director NHS Wales

12 May 2023

Dear Colleagues

We would like to draw your attention to the new national policy on patient safety incident reporting and management.

This has been developed by the former NHS Wales Delivery Unit (now part of the NHS Wales Executive) through a series of consultation workshops held in late 2022 and fulfils action 4 of the [Quality and Safety Framework: learning and improving](#).

As a result of feedback provided during consultation the new policy merges Welsh Government policy and Delivery Unit implementation guidance. It replaces the interim Welsh Government Patient Safety Incidents policy of May 2021 and the Delivery Unit implementation guidance of June 2021. The policy sets out several key changes, for example the establishment of a system to thematically analyse incident data has been superseded by plans to undertake thematic analysis at a national level using the Once for Wales Concerns Management System.

Incident reporting and shared learning go hand in hand to help improve the quality and safety of patient care, one of the aspirations of *A Healthier Wales*. This updated policy empowers organisations to take ownership and accountability for incident reporting and management and sets out clear expectations for patient safety incident reporting across NHS Wales.

We expect NHS organisations to ratify this revised national policy through their internal governance processes during Q1 2023/24. The updated policy and supporting documents can be accessed through at the following link and should be used with immediate effect.

[Performance and Assurance - NHS Wales Executive](#)



Llywodraeth Cymru
Welsh Government

The Nationally Reportable Incident (NRI) forms will be updated to help improve the quality of information received by the NHS Wales Executive and support more thematic analysis of investigation outcomes.

We extend our thanks to all key stakeholders and NHS Wales Executive colleagues involved in the development of the policy and supporting documents.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Chris Jones'.

YR ATHRO/PROFESSOR CHRIS JONES

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J. Rankin'.

**CHIEF NURSING OFFICER
NURSE DIRECTOR NHS WALES**

**PRIF SWYDDOG NYRSIO
CYFARWYDDWR NYRSIO GIG CYMRU**

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2025

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
18 July 2023	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan	Future Commissioning of the Wales Neurophysiology Service Sacral Nerve Stimulation (SNS) for Faecal Incontinence in South Wales Update on Welsh Kidney Network (WKN) Governance Review Corporate Risk Assurance Framework Policy for Policies IPFR Engagement Update – All Wales Policy Appointment Process for the Individual Patient Funding Request (IPFR) Panel	WHSSC Integrated Performance Report Month 1 2023 Financial Performance Report Financial Assurance Report South Wales Neonatal Transport Delivery Assurance Group Update Report Major Trauma Network Delivery Assurance Group Quarter 4 Update Report Progress Report – PET Programme Efficiency and Recommissioning Programme Update	Genomics Service Update NHSE Funding Growth / Impact on Providers

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
		Annual Review of Committee Effectiveness 2022-2023 Declarations of Interest, Gifts, Hospitality and Sponsorship WHSSC Annual Report 2022-2023	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 	
19 September 2023	Chair's Report Managing Director's Report Declarations of Interest	Risk Management Strategy/Joint Committee Assurance Framework (JAF)	WHSSC Integrated Performance Report Financial Performance Report Financial Assurance Report	Paediatric Strategy Improvement Board

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
	Minutes Action Log Forward Work Plan		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 	
21 November 2023	Chair's Report Managing Director's Report Declarations of		WHSSC Integrated Performance Report Financial Performance Report	Specialised Paediatric Services 5 year Commissioning Strategy (Bi-annual update)

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
	Interest Minutes Action Log Forward Work Plan		Financial Assurance Report Corporate Governance Matters Report Reports from the Joint Sub-Committees <ul style="list-style-type: none"> - CTMUHB Audit & Risk Committee - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel 	Mother and Baby Unit outcome data update
16 January 2024	Chair's Report Managing Director's Report Declarations of Interest	Corporate Risk Assurance Framework	WHSSC Integrated Performance Report Financial Performance Report Financial Assurance Report	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
	Minutes Action Log Forward Work Plan		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 	
19 March 2024	Chair's Report Managing Director's Report Declarations of Interest		WHSSC Integrated Performance Report Financial Performance Report Financial Assurance Report	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
	Minutes Action Log Forward Work Plan		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 	
21 May 2024	Chair's Report Managing Director's Report Declarations of		WHSSC Integrated Performance Report Financial Performance Report	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
	Interest Minutes Action Log Forward Work Plan		Financial Assurance 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 	
16 July 2024	Chair's Report Managing Director's Report		WHSSC Integrated Performance Report Financial Performance Report	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
	Declarations of Interest Minutes Action Log Forward Work Plan		Financial Assurance 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 	
17 September 2024	Chair's Report Managing Director's Report		WHSSC Integrated Performance Report Financial Performance	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
	Declarations of Interest Minutes Action Log Forward Work Plan		Report Financial Assurance 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 	
19 November 2024	Chair's Report		WHSSC Integrated Performance Report	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
	Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan		Financial Performance Report Financial Assurance 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 	
21 January 2025	Chair's Report		WHSSC Integrated Performance Report	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
	Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan		Financial Performance Report Financial Assurance 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 	
18 March 2025	Chair's Report		WHSSC Integrated	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
	Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan		Performance Report Financial Performance Report Financial Assurance 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
In attendance for WHSSC	Steve Spill, WHSSC Independent Member – Audit & Finance Stuart Davies, Director of Finance Jacqui Evans, Committee Secretary
Date of Meetings	21 June 2023
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>	
21 June 2023 – Hosted Bodies Audit & Risk Committee – Public Meeting	
1.WHSSC Corporate Risk Assurance Framework (CRAF) Jacqui Evans (JE), Committee Secretary, WHSSC presented the Corporate Risk and Assurance Framework (CRAF). Members noted that: <ul style="list-style-type: none"> • As at 30 May 2023, there were 18 risks on the CRAF with a risk score of 15 and above, • There were 13 commissioning risks, and two new commissioning risks were received during May 2023, • One red risks were de-escalated during the period and was removed from the CRAF; and • There were 5 organisational risks including Individual Patient Funding Request (IPFR) governance and the Welsh Government Delivery measures. <p>The Committee noted the report.</p>	
2.WHSSC Internal and External Audit Recommendations Tracker Stuart Davies (SD), Director of Finance, WHSSC gave a progress report on the implementation of internal and external audit recommendations.	

Members noted:

- the summary of internal audits undertaken during 2022-2023 and the assessment ratings,
- that two recommendations were outstanding in relation to the report on Risk Management, the due dates had been revised to July 2023; and
- the progress made against the seven external audit recommendations outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".

Members noted that a full progress report on the Audit Wales recommendations will be presented to the Joint Committee in September 2023 and a further report progress report will be shared with the Board Secretaries thereafter.

The Committee **noted** the report.

3.EASC Update (to include an update on Non-Emergency Patient Transport Services and the Integrated Commissioning Action Plan)

Stephen Harrhy (SH), Chief Ambulance Services Commissioner (CASC), EASC gave an update on the EASC business including:

1. EASC risk register
2. EASC Assurance framework
3. EASC risk appetite statement
4. Welsh Language Commissioner Final report and decision notice
5. National Collaborative Commissioning Unit (NCCU) risk register
6. EASC performance dashboard
7. EASC Action Plan 2023

Members noted the risk register and advised that it had been extensively reviewed and updated by the EASC Team in May 2023 and will be approved by the EAS Joint Committee in July 2023.

Members noted that there were five ongoing risks which scored 15 and above.

The Committee **noted** the report.

21 June 2023 – CTMUHB Audit & Risk Committee – In Committee Meeting to Discuss the Draft Annual Accounts and Accountability Report

1.In Committee Meeting

1.1 CTMUHB – Draft Annual Report

The Committee received the:

- i. CTMUHB – Draft Annual Report including Accountability Report, Remuneration and Staff Report, Performance Report 2022-2023,
- ii. WHSSC Draft Annual Governance Statement 2022-2023,
- iii. EASC Draft Annual Governance Statement 2022-2023,
- iv. National Imaging Academy Governance Compliance Statement 2022,
- v. NCCU Annual Governance Compliance Statement 2022-2023
- vi. Head of Internal Audit Opinion and Annual Report 2022-2023,
- vii. CTMUHB Audit Enquiries Letter
- viii. CTMUHB Draft Accounts 2022-2023,
- ix. WHSSC and EASC Annual Audit Enquiries letter 2022-2023
- x. WHSSC and EASC Draft Accounts 2022-2023; and the
- xi. CTMUHB Organisational Risk Register

The Committee:

- **Noted** the progress made in compiling the CTMUHB Annual Report for 2022-2023,
- **Noted** the Governance Statements received from the Health Board's Hosted Organisations,
- **Noted** the CTMUHB Annual Audit Enquiries Letter 2022-2023,
- **Noted** the WHSSC and EASC Audit Enquiries Letters 2022-2023,
- **Noted** the CTMUHB Draft Accounts 2021-2022; and
- **Noted** the WHSSC and EASC draft audited financial statements for the financial year ended 31 March 2022.

Matters referred to other Committees

None

Date of next scheduled meeting	16 August 2023
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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 25 MAY 2023

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting noting that, following on from the COVID-19 pandemic, meetings continued to be held via MS Teams.

2. Action Log

Members received an update on progress against the action log and **noted** the updates.

3. Specialised Services Commissioning Strategy Update

Members received a verbal update on the work that has been undertaken toward the development of a ten year strategy for specialised services for the residents of Wales, and the approach in communication and engagement with key stakeholders to support its development.

Members **noted** the update.

4. Managing Director's Report

Members received the Managing Director's Report and noted the update on:

- **WHSSC Policy development:**
 - **CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy**
 - **CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy**

The WHSSC team have been in discussion with Citizens Voice / Llais and are doing further work to review the stakeholder feedback received from the engagement exercise on the above policies. WHSSC officers will meet with Citizens Voice / Llais in late May to go through the feedback and our proposed next steps. The WHSSC team are also looking to review the WHSSC Policy for Policies and will ensure that it dovetails with the recently published service change guidance. An update report will be presented to the Joint Committee in July on both the Policy for Policies and the development of the policies CP37 and CP38.

Members **noted** the report.

5. Cardiac Review Project Initiation Document (PID)

Members received a report presenting the draft Project Initiation Document (PID) for the planned two phase WHSSC Cardiac Review.

Members **noted** the Project Initiation Document (PID) for the WHSSC Cardiac Review.

6. Impact of the NHS England Interim Commissioning Position Statement for TAVI and SAVR

Members received a report providing an update on the review of the potential impact of the NHS England Interim Commissioning Position Statement for Trans-catheter Aortic Valve Implantation (TAVI) and Surgical Aortic Valve Replacement (SAVR), which sought to ascertain the implications for Welsh-resident patients undergoing procedures in England, and made a recommendation on the WHSSC position.

Members (1) **Noted** the report, (2) **Supported** the proposal that WHSSC continue to use its extant TAVI Commissioning Policy for Welsh residents, (3) **Supported** the recommendation that WHSSC-commissioned English providers should adhere to the NHSE Interim Commissioning Position Statement for Welsh residents; and (4) **Supported** that, as per current arrangements, Blueteq forms will not be required for Welsh-resident patients undergoing procedures at WHSSC-commissioned English providers.

7. Funding Release – Data Manager Children’s Hospital for Wales

Members received a report seeking support for the release of funding for a Data Manager in the Children’s Hospital for Wales (CHfW) for a period of two years.

Members (1) **Noted** the report; (2) **Supported** the release of funding for a data manager within the Children’s Hospital for Wales (CHfW) for a period of two years; and (3) **Agreed** that a highlight report 12 months from the recruitment be brought back to the Management Group.

8. Performance Activity Report for Month 12 2022-2023

Members received a report highlighting the scale of the decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

Members noted that the activity decreases were shown in the context of a 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 performance measures set out by Welsh Government (WG).

Members **noted** the report.

9. Financial Performance Report - Month 1 2023-2024

Members received the Financial Performance Report for Month 1, which set out the financial position for WHSSC for the first month of 2023-2024.

The financial position was reported against the 2023-2024 baselines following approval of the 2023-26 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 1 for WHSSC was a break even year-end outturn.

Members **noted** the current financial position and forecast year-end position.

10. Forward Work Plan

Members **noted** the forward work plan.

11. Any Other Business

The following items of additional business were discussed:

- **Positron Emission Tomography (PET) PET** – Members received an update on the PET Capital Programme to replace PET scanners in CVUHB and to provide new fixed site scanners to replace the mobile ones in SBUHB and BCUHB. Members noted that the location for a fourth scanner was still undecided and that due to the challenges concerning the capital investment position across Wales WG had advised that WHSSC should pause the development of a business case for the fourth scanner. Funding for the fixed site scanners would be decided by the WG capital funding prioritisation process at the end of June 2023,
- **Annual Committee effectiveness survey** – Members were encouraged to complete the annual committee effectiveness survey and that the closing date had been extended to 26 May 2023,
- **WHSSC Specialised Services Strategy (SSS)** – Members received an update on the 10 year WHSSC Specialised Services Strategy which was approved by the Joint Committee on 16 May 2023. Members noted that an update report would be brought to the next Management Group meeting 22 June 2023; and
- **Welsh Government Review of National Commissioning Functions** – Members received an update on discussions held at the NHS Wales CEO Leadership Board meeting on 23 May 2023, concerning the WG Review of National Commissioning Arrangements. Members noted that the final review report was being submitted to the Director General for Health & Social Services / CEO NHS Wales on 31 May 2023, and thereafter the report would be submitted to the Minister for Health and Social Services and an announcement outlining the way forward was anticipated before the Senedd summer recess 17 July 2023.



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 22 JUNE 2023

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting noting that, following on from the COVID-19 pandemic, meetings continued to be held via MS Teams. The Chair thanked Rob Nolan, Finance Director – Commissioning & Strategy at BCUHB for his contributions as a Management Group member over the years and wished him well as this was his last meeting.

2. Action Log

Members received an update on progress against the action log and **noted** the updates.

3. Specialised Services Commissioning Strategy Update

Members welcomed Ed Hunt, Programme Director for Cardiff & Vale University Health Board, and received an informative presentation on the strategy for development of the Health Board over the next ten years, "Shaping Our Future Hospitals," which includes plans to re-develop the University Hospital of Wales (UHW) Heath site. The Management Group (MG) noted the:

- History and milestone dates,
- Case for Change,
- Programme Vision,
- The following three core projects
 - Clinical services transformation
 - Potential redevelopment of Hospital Infrastructure
 - Relationship with Higher Education
- Outcomes and Impacts,
- Logical view of the strategic outline case, and
- Next steps

Members **noted** the update.

4. Integrated Performance Report

Members received an update on the new Integrated Performance Report which provided an overview on the performance of providers for services commissioned by WHSSC up to April 2023. To reflect the return to performance

management, this report has replaced the COVID-19 Activity report that had been presented to the Management Group since early 2020.

Members provided positive feedback on the new report format.

5. Recommissioning and Efficiency Update

Members received an informative presentation on the work of the Recommissioning and Efficiency Board. The programme arrangements and highlights were noted. To date around 33% of the 1% savings target has been identified.

6. Managing Director's Report

Members received the Managing Director's Report and noted the update on:

- **Funding for Phase 2A of the All-Wakes Neuropsychiatry Scheme**

This Report was delayed pending receipt of information from CVUHB.

- **Policy Group Update Report**

Members noted that the routine Policy Group report was delayed due to capacity issues.

- **WHSSC Policy development:**

- **CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy**
- **CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy**

The WHSSC team have been in discussion with Llais and are undertaking further work to review the stakeholder feedback received from the engagement exercise on the above policies. An update report will be presented to the Joint Committee in July on both the Policy for Policies and the development of the policies CP37 and CP38.

- **WHSSC Specialised Services Strategy**

The Specialised Services Commissioning Strategy was approved by the Joint Committee at their meeting on 16 May 2023 for formal publication at the end of May 2023. To deliver the strategy, the Joint Committee supported the work to build a suite of meaningful success measures against which the achievement of the strategic aims and objectives over the next ten years can be monitored. A report with a draft set of measures will be brought to a future Management Group for consideration.

- **Annual Committee Effectiveness Survey – Management Group**

The findings of the Management Group survey were presented and discussed. Overall, the survey received a positive response, and the findings and feedback will be reviewed with a view to developing an action plan to address any areas that require development that will be monitored by the Integrated Governance Committee (IGC).

Members **noted** the report.

7. Funding Release for Specialised Paediatric Chronic Pain

Members received a report requesting support for the release of funding to enable the implementation of the Specialised Paediatric Services Strategy to establish the new Specialised Paediatric Chronic Pain Service. Members also received a patient story from a family who had recently benefited from the support of the Chronic Pain Service.

Members (1) **Supported** the release of funding to enable the implementation of the Specialised Paediatric Services Strategy to establish the new Specialised Paediatric Chronic Pain Service; and (2) **Noted** that the requested funding was within the provision made in the 2022/25 ICP.

8. Intestinal Failure Review Progress Update

Members received a report providing a progress update on Intestinal Failure and the findings of the Intestinal Failure review.

Members (1) **Noted** the information presented within the report; (2) **Noted** the progress made to date, and (3) **Noted** the proposed next actions.

9. Thinking Differently About Psychology for Specialised Services

Members received a report responding to the request for a review of psychology investments, with a view to commissioning a more efficient model.

Members (1) **Noted** the information presented within the report; (2) **Noted** the Project Initiation Document (PID) and Terms of Reference (ToR) for the review signed off by WHSSC Corporate Directors Group Board on 6 June 2023; and (3) **Agreed** to receive the outcome of the review in accordance with the timeline set out for the review.

10. Integrated Performance Report Month 1 2023-2024

Members received the first Integrated Performance Report on the performance measures set out by Welsh Government (WG) of services commissioned by WHSSC for April 2023. Members noted the services in escalation and actions being undertaken to address areas of non-compliance. Members also noted the further detail including splits by resident Health Board (HB) in an accompanying Power BI Dashboard report and the information presented on Quality Indicators. Members noted that information on recovery rates where applicable were also included.

Members **noted** the report.

11. Financial Performance Report - Month 2 2023-2024

Members received the Financial Performance Report for Month 2, which sets out the financial position for WHSSC for the first month of 2023-2024.

The financial position was reported against the 2023-2024 baselines following approval of the 2023-26 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The financial position reported at Month 2 for WHSSC was a break even year-end outturn.

Members **noted** the current financial position and forecast year-end position.

12. Forward Work Plan

Members **noted** the forward work plan.

11. Any Other Business

The following items of additional business were discussed:

- **Positron concerning Access Issues for Olaparib and BRCA Gene Testing for Prostate Cancer Patients** – Members noted a letter dated 12 June 2023 from the Wales Cancer Network addressed to Urology CSG Members and MDTs raising concerns around the resource and capacity issues within Health Board pathology laboratories to provide the required tumour specimen preparation prior to genomic testing.
- **Plastic Surgery – North Wales** – Members noted that WHSSC were exploring potential long waiters within the plastics and dermatology pathways in North Wales. WHSSC are continuing to explore these issues and will report back to a future MG when more information is available.



Reporting Committee	All Wales Individual Patient Funding Request (IPFR) Panel
Chaired by	James Hehir
Lead Executive Director	Director of Nursing and Quality Assurance
Date of last meeting	WHSSC IPFR Panel meeting 15 June 2023 (meeting twice monthly)

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

We have again faced issues with achieving quoracy for the last 2 out of 4 Panel meetings held in May and June 2023.

Despite reminder emails being sent to members a week in advance to confirm their attendance, at least one meeting per month has had to be stood down or cancelled due to non-communication and/or non-attendance.

Achieving quoracy is proving to be challenging at this current time as Powys Teaching HB currently have no nominated delegate to attend the All Wales IPFR Panel since the departure of their previous attendee. They are currently sourcing a new representative.

The following table demonstrates the number of requests considered at the Chair's Action Panel meetings and All Wales IPFR Panel meetings during this reporting period.

	Number of Requests discussed as Chair's Actions	Number of Requests discussed by WHSSC IPFR Panel
May	8	12
June	10	13

Key risks and issues/matters of concern and any mitigating actions

All Wales IPFR Policy Review

Following further discussion and review with the IPFR Policy Implementation Group, the final draft of the All-Wales Individual Patient Funding Panel (IPFR) Policy will be presented to the Joint Committee in July 2023 for approval.

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit Report – May 2023

One of the roles of this group is to consider an anonymised random sample of IPFR reports (one from each IPFR panel in Wales) in relation to their completeness, timeliness and efficiency of communication in line with the NHS Wales IPFR policy process. During this meeting the group considered one application from each panel considered between **January** and **March 2023**.

The report highlighted that all criteria were met for the IPFR assessed from WHSSC. The group noted that although the discussion was considered to be in line with the decision-making guide the record presented facts with limited discussion by the panel documented.

As in the previous quarter 95% of cases considered by WHSSC panel from January to March met the urgency stipulated in the request form. In the same quarter in 2020 urgency was met in 94% of cases considered.

Matters requiring Committee level consideration and/or approval

- None

Matters referred to other Committees

- None

Date of next meeting

6 July 2023

Reporting Committee	Integrated Governance Committee (IGC)
Chaired by	WHSSC Chair
Lead Executive Director	Committee Secretary
Date of last meeting	13 June 2023

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.

Meetings continue to be held via MS Teams.

13 June 2023

1.0 WELSH KIDNEY NETWORK (WKN) UPDATE

Members received a report providing an update on the WKN Governance Action Plan, outlining the progress in respect of the implementation of recommendations from the WKN Governance Review. Members noted that the majority of actions were green and the amber actions were in relation to the need for the future direction of the WKN to be decided.

Members noted:

- The WKN Board discussed the future direction of the Network at the May 2023 Board meeting.
- The WKN expressed a preference to remain within WHSSC, as a commissioning organisation.
- The Network were also keen to understand the outcome of the National Review into Commissioning, as if the commissioning remit of any future organisation/s expanded to include not solely the specialised element of services, this could be a positive given the recent Quality Statement.
- An increased focus on strategy and planning within the WKN is essential.
- The Network are keen to actively commission services rather than allocating funds to deliver services on a pass through basis. In addition, they are keen to provide a source of expert advice and guidance even when not commissioning e.g. prevention and AKI.

The role of Charities as equal partners within the Network was discussed. Members also discussed the importance of the Executive Lead role for the WKN. IP concluded that being part of a commissioning organisation has been the real difference and

this message came across when they recently attended the UK Kidney Network conference; and echoed the importance of the need to move into prevention.

2.0 ANNUAL REVIEW OF COMMITTEE EFFECTIVENESS 2022-2023

Members received a report presenting an update on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2021-2022 and the results of the annual Committee Effectiveness Self-Assessment for 2022- 2023 was received.

The findings of the 2022-2023 self-assessment survey were detailed in the report. The individual committee findings will be presented to each relevant sub-committee for assurance and a report will also be presented to the July 2023 JC meeting.

Members noted:

- The approach was developed using previous templates, modifying the versions for Joint Committee and sub-committees.
- Fewer responses had been received compared to last year but more narrative comments were included and these were useful and would form the basis of an action plan.
- Positive feedback on the quality of papers was noted.
- A common theme across the meetings related to the quantity of papers.
- It was recognised that this was due to the complexity and diversity of WHSSC and the expanding portfolio.

Members discussed the feedback and commented that only half of the CEOs responded to the JC survey. Members noted that an action plan will be developed following the July JC meeting, which will be monitored through the IGC.

3.0 DECLARATION OF INTEREST

The report which provided an update on details of the Declarations of Interest, Gifts, Hospitality and Sponsorship activities for the financial year 2022-2023 was received.

Members noted:

- More responses had been received compared to last year.
- This year's process had been strengthened and expanded following last year's feedback to include a cross check against Companies House data.
- There remained some queries from Audit Wales, which were being reviewed and responded to.

4.0 DRAFT ANNUAL REPORT 2022-2023

Members received a report presenting an early draft of the Annual Report 2022-2023 for consideration. Members agreed to provide written feedback in writing outside of the meeting.

5.0 CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)

Members received a 6 month report outlining WHSSC's current risks scoring 15 or above on the commissioning teams and directorate risk registers. Members noted the updates in red.

As at May 2023 there were currently 18 open risks on the CRAF - 13 commissioning risks and 5 organisational risks. 2 new Commissioning risks have recently been added to the CRAF.

- Risk 47 Intestinal Failure - Issues of provider sustainability and delivery, that Cardiff and Vale University Health Board will no longer be able to provide Intestinal Failure services – Score 20.
- Risk 48 Women and Children - Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023 – Score 16.

An organisational risk was closed and removed from the CRAF.

- Risk 41 Corporate Services – NHS Financial Performance. The pan Wales financial performance position is vulnerable as currently Health Boards are reporting large deficits and the annual allocation uplift anticipated will not meet the current inflationary costs pressures. Therefore the uplift required for the WHSSC ICP might not be met by Commissioning Health Boards.

Members noted that that the rationale behind the closure of the Finance risk was that the ICP had been approved by the JC in February 2023. It may be that a subsequent and new risk will need to be escalated during quarter four when discussions around the year-end financial reporting begin but at present this remains an issue that is being monitored.

Members queried the rationale for closing this finance risk in light of the current financial pressures. It was agreed that further clarity around the rationale would be included in the report for JC. Members discussed the implications of the financial pressures and received assurance that this issue would be closely monitored.

An update on the benchmarking exercise was provided. The feedback from Risk leads at the time was that WHSSC risks were scored appropriately. The suggestions that were made following this peer review of adding in the rationale and clearer explanation for reducing scores was in progress.

SL emphasised that we are a commissioning organisation so the risks will be articulated differently to HBs and Trust risks.

6.0 SUMMARY OF SERVICES IN ESCALATION

The updated report template presenting a summary of the services in escalation (as reported within the Programme Reports) was received. The report is helpful in demonstrating the level of escalation and progress made during the period of time the escalation status is open. It provides a greater level of detail for IMs, with updates shown in red for completeness.

The services currently in escalation include:

- Burns – Cancer and Blood, Level 3
- Ty Llidiard – Mental Health, Level 3
- Paediatric Surgery, Women and Children, Level 3

Members noted that Cardiac Surgery in SBUHB was recently de-escalated to Level 2.

Members noted that the report would be discussed in detail in QPSC on 14 June 2023. CB noted it was important for IGC members to have sight of the report and to review the services in escalation alongside the CRAF.

7.0 CORPORATE GOVERNANCE REPORT

Members noted updates on the following :

IM recruitment

- The successful candidate would start on 1 July 2023. Members will receive a Chairs Action request with additional information.

Individual Patient Funding request (IPFR) update

- The revised Policy report was on track for the July JC meeting.
- Members noted the approval process and the need for the Policy to go forward to all HBs for approval after the July JC meeting.
- IPFR Substantive Chair discussions were on-going and a meeting with Welsh Government was due to take place on 31 May 2023.
- An update on the Wales Audit Tracker outstanding actions for WHSSC was provided. The action to develop a Specialised Services Strategy was closed following JC approval on 16 May 2023.
- Recruitment of an Assistant Medical Director for Public Health will commence after the outcome of the National review into Commissioning.
- The remaining Welsh Government actions were in progress.

8.0 ANY OTHER BUSINESS

Members noted and discussed the positive correspondence between WHSSC and Welsh Government regarding the ICP.

Members received an update on the timescales for the final report into the National Commissioning Review.

Key risks and issues/matters of concern and any mitigating actions

As identified above.

Matters requiring Joint Committee level consideration and/or approval

The Register of Interest and the results of the Committee Effectiveness Surveys will be presented to the JC for assurance.

The final Annual Report for 2022-2023 will be presented to the July JC meeting.

Matters referred to other Committees

None

The confirmed Minutes for IGC meetings are available on request

Date of next meeting

15 August 2023

WHSSC Joint Committee
18 July 2023
Agenda Item: 4.9.5

Reporting Committee	Quality Patient Safety Committee (QPSC)
Chaired by	Ceri Phillips
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	14 June 2023
Summary of key matters considered by the Committee and any related decisions made	
<p>1.0 IMMUNOLOGY PATIENT STORY</p> <p>Members received an informative patient story on the benefits of self-administering subcutaneous immunoglobulin infusions at home. The patient story highlighted the positive impact that the Immunology Services had made to the patient's quality of life.</p> <p>2.0 WELSH KIDNEY NETWORK (WKN)</p> <p>Members received a report outlining the current Quality Patient Safety (QPS) issues within the services that are commissioned by the Welsh Kidney Network (WKN) across Wales.</p> <p>Members noted that the risk register for the WKN had been reviewed and discussed in the WKN QPS meeting on 2 May 2023 and the WKN Board meeting on 31 May 2023. It was noted that there were 13 items on the current WKN risk register. One risk related to COVID-19 had recently closed.</p> <p>Members noted the updates to the Renal Funding risk and the limited outpatient dialysis capacity risk in Swansea and it was highlighted that these risks remain on the Corporate Risk Assurance Framework (CRAF).</p> <p>3.0 COMMISSIONING TEAM AND NETWORK UPDATES</p> <p>Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below and updates regarding services in escalation are attached in the table at the end of the report.</p> <ul style="list-style-type: none"> Cancer & Blood <p>The main issue to note was the traction on the performance issues within the all Wales Lymphoma Panel service. The Escalation meetings were closely monitoring progress against the action plan. Arrangements were being put in</p> 	

place to look at the sustainability of the service model and clinical leadership as part of the WHSSC planning work.

The North Wales Plastic Surgery service remains an area of concern. WHSSC is contributing to the Welsh Government escalation arrangements and officers continue to attend the local Task and Finish Group as an advisor. The Harm review is underway and there is traction with the operational issues within the context of the wider issues within BCUHB.

South Wales Plastic Surgery - It was noted that Plastic Surgery waiting times continue to breach the Ministerial measures waiting times for treatment at Swansea Bay UHB and this remains a concern for WHSSC, with escalation levels being reviewed.

Workforce issues within the Neuro Endocrine Tumour Service (NETS) have been addressed with the support of a visiting consultant with NET expertise to oversee the delivery of the service. A full review of the service with stakeholders is planned in June 2023 with the aim of finding a sustainable solution going forward.

- **Neurosciences**

There were no changes in risks since the last update, with no red risks in the portfolio and no services are in escalation.

- **Cardiac**

Within the Cardiac surgery services, there have been significant improvements in both South Wales services. No new risks for the portfolio have been added to the Risk Register since the last report.

Members noted that SBUHB and CVUHB Cardiac Services have been de-escalated from level 3 to level 2 following the improvements put in place. The services will continue to be monitored through their action plans. The Cardiff service was recently de-escalated to Level 2 in May 2023 and will be reviewed in 6 months for assurance that the improvement actions have been fully embedded.

- **Fertility Service South Wales**

Members noted that a number of concerns had been raised following a relicensing inspection by the Human Fertilisation and Embryology Authority (HFEA) of the Women's Fertility Institute (WFI) in Neath Port Talbot Hospital, which was undertaken in January 2023. A new risk has been added to the CRAF and the escalation level is being reviewed.

- **Paediatric Surgery**

The service remains in Escalation Level 3 and the Risk remains on the CRAF. Members noted the issues in relation to the waiting list and the actions in place to improve the situation. It was noted that CVUHB have provided assurance that

they will meet the contract volumes and they have committed to producing a revised demand and capacity plan and waiting times trajectory.

Waiting times have decreased and the service is meeting the Ministerial measures for waiting times. However, because this relates to children WHSSC have set an objective for further significant reduction over the next year. Outsourcing arrangements to NHS England and the private sector will remain in place to support this.

- **Paediatric Intensive Care Unit (PICU)**

The Paediatric Intensive Care service remains in escalation Level 2 due to concerns regarding capacity, staffing levels, quality and contract monitoring. In line with the WHSSC Escalation Framework clear objectives have been set for improvement and an action plan was received in June 2023. Members advised they were unable to be assured on the pressure damage report from the Health Board as this had been shared in summary by letter. The DoN undertook to write to the UHB to request the full report. An update will be provided at the next QPSC meeting.

- **Neonatal Cot Availability in South Wales**

The Neonatal Cots Reconfiguration recommendations were approved by the Joint Committee in March 2023 and members noted that the investment as agreed in this year's ICP had been released which should stabilise the position and see the reduction in risk over the next year.

- **Mental Health & Vulnerable Groups**

Members noted that there were currently two Mental Health services in escalation. Ty Llidiard remains at Escalation Level 3 and FACTS is currently in escalation Level 2.

The committee received an update regarding the Gender Development Service (GIDS) for Children and Young People. NHS England have published an update on their progress towards improving and expanding services for children and young people experiencing gender incongruence and gender dysphoria and it is anticipated that the early stages of service provision at the Southern Hub will begin in autumn this year (2023) – with the Northern Hub mobilising by April 2024.

The Cass Review published a journal entry detailing the research programme and made some recommendations with regard to Hormone Therapy for Children.

- **Intestinal Failure (IF) – Home Parenteral Nutrition**

Members noted the report highlighting the new risk related to sustainability and delivery of the service due to workforce issues. Alternative options were being explored and outsourcing to a service in Bristol is being considered.

4.0 OTHER REPORTS RECEIVED

Members received reports on the following:

4.1 Services in Escalation Summary

Members noted the content of the report and the new format template. The new format of the report aims to provide an escalation trajectory to capture both the historical picture and movement within the escalation level. Members noted the three services in escalation level 3 and above and the updates:

- Ty Llidiard had been lowered to escalation level 3 from 4 in December 2022,
- Paediatric Surgery C&VUHB had been escalated to level 3 in March 2023,
- Burns service in SBUHB remains in Escalation level 3.

Members provided very positive comments on the report and found it very helpful providing an overall snapshot with the narrative for the detail. A copy of each of the services in escalation is attached to the report **Appendix 1**

4.2 WHSSC Committee Effectiveness Survey Results

Members received a report providing feedback from the Annual Committee Effectiveness Self-Assessment 2022-2023.

4.3 CRAF Risk Assurance Framework

Members received a report outlining WHSSC's current risks scoring 15 or above on the commissioning teams and directorate risk registers. Members noted the updates in red.

4.4 Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update

A briefing on Healthcare Inspectorate Wales (HIW) and Care Quality Commission (CQC) reports published during the period April to June 2023 was presented to the committee.

4.5 Incident and Concerns report

Members received a report outlining the incidents and concerns reported to WHSSC and the actions taken for assurance. A request was made to include an in-depth review of the women and children's incidents. This was following queries raised by members as to whether there were any themes linked to these concerns.

Members noted the content of the report.

5.0 ITEMS FOR INFORMATION:

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee 16 May 2023



- WHC/2003/017 National Policy on Patient Safety Incident Reporting
- QPSC Distribution List; and
- QPSC Forward Work Plan.

Key risks and issues/matters of concern and any mitigating actions

Key risks are highlighted in the narrative above.

Summary of services in Escalation

- Attached (***Appendix 1***)

Matters requiring Committee level consideration and/or approval

- N/A

Matters referred to other Committees

As above.

Confirmed minutes for the meeting are available upon request

Date of Next Scheduled Meeting

16 August 2023 at 14.00hrs

Executive Director Lead: Nicola Johnson
Commissioning Lead: Luke Archard
Commissioning Team: Cancer and Blood

**Date of Escalation Meetings: 27/09/22,
01/12/2022, 03/03/2023, 03/05/2023**
**Date Last Reviewed by Quality & Patient Safety
Committee: 18/04/2023**

Service in Escalation: Burns

**Current
Escalation Level 3**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ May 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
November 2021 – South West Burns Network escalation	4
February 2022 – WHSSC escalation	3
August 2022 – WHSSC escalation	3
September 2022 – WHSSC escalation	3
December 2022 – WHSSC escalation	3

Rationale for Escalation Status :
Remains at level 3.
The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023.
The capital case remains on target with the planned timeline.

Background Information:	Actions:			
At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model.	Action	Lead	Action Due Date	Completion Date
	To escalate and liaise with SBUHB at CEO and MD level with regard to the immediate actions needed to provide continued access to burns care for patients in Wales and the Network.	MD/ CEO		Completed
	To work with NHS England south west commissioners and the SWW Burns Network to support clear pathways and ensure continued access to burns care for patients in Wales and the Network.	MD/Exec Lead WHSSC		Completed
	To monitor the SBUHB action plan through formal escalation meetings.	MD/ Exec Lead WHSSC		Ongoing
	The peer review report was received by WHSSC and discussed at the Burns Network meeting on the 16 th December 21. The interim mitigations are still in place at present.	Senior Planner		Completed
	SBUHB are to provide a plan based on the recent peer review by the end of January 22.	Senior Planner		Completed
	A series of monitoring meetings are being put in place and LA to ask SBUHB if they are confident as to whether 2 beds meets their requirements. The unit has reopened with reduced capacity, i.e. 2 ITU beds instead of 3. Full capacity will return in the longer term. WHSSC has responsibility for monitoring implementation rather than the burns network. It was agreed that the risk score could be reduced to 9 (3 x 3) and considered for further reduction when assurance as to whether the service considered the reduced capacity to be sufficient for their needs.	Senior Planner WHSSC/ Service Manager SBUHB		Completed
	Interim arrangements to sustain burns service are in place while the business case is developed to collocate burns intensive care with the general intensive care unit. Interim arrangements appear to have taken effect. Risk may be reduced once escalation meetings can be confirmed.	Senior Manager/ Senior Planner WHSSC	Ongoing	
	WHSSC to look at the business continuity plan in the event of potential loss of staff.	Senior Planner WHSSC	Ongoing	
	Since the last escalation meeting, there has been a degree of delay relating to the process of Welsh Government scrutiny of the case which will go their Investment in Infrastructure Board on 22 nd July. It had been hoped that the works would commence in May. There may therefore be a 2 month or so departure from original timelines. At the SLA with Swansea on Monday of this week, it was confirmed that this message had been conveyed to the staff supporting the interim rota arrangements (one of the concerns has been to ensure the resilience of this rota which in turn is felt to depend in part on there being demonstrable progress with the business case so they can see the finish line).	Senior Team SBUHB/ Senior Planner WHSSC	Ongoing	
Issues/Risks:				

Executive Director Lead: Nicola Johnson
Commissioning Lead: Emma King
Commissioning Team: Mental Health & Vulnerable Groups

Date of Escalation Meetings: 12/07/21, 10/08/21, 14/09/21, 12/10/21, 09/11/21, 14/12/21, 11/01/22, 08/02/22, 08/03/22, 12/04/22, 03/05/22, 14/06/22, 20/07/22, 09/08/22, 13/09/22, 14/10/22, 05/12/22, 10/01/23, 12/06/23
Date Last Reviewed by Quality & Patient Safety Committee: 18/04/2023

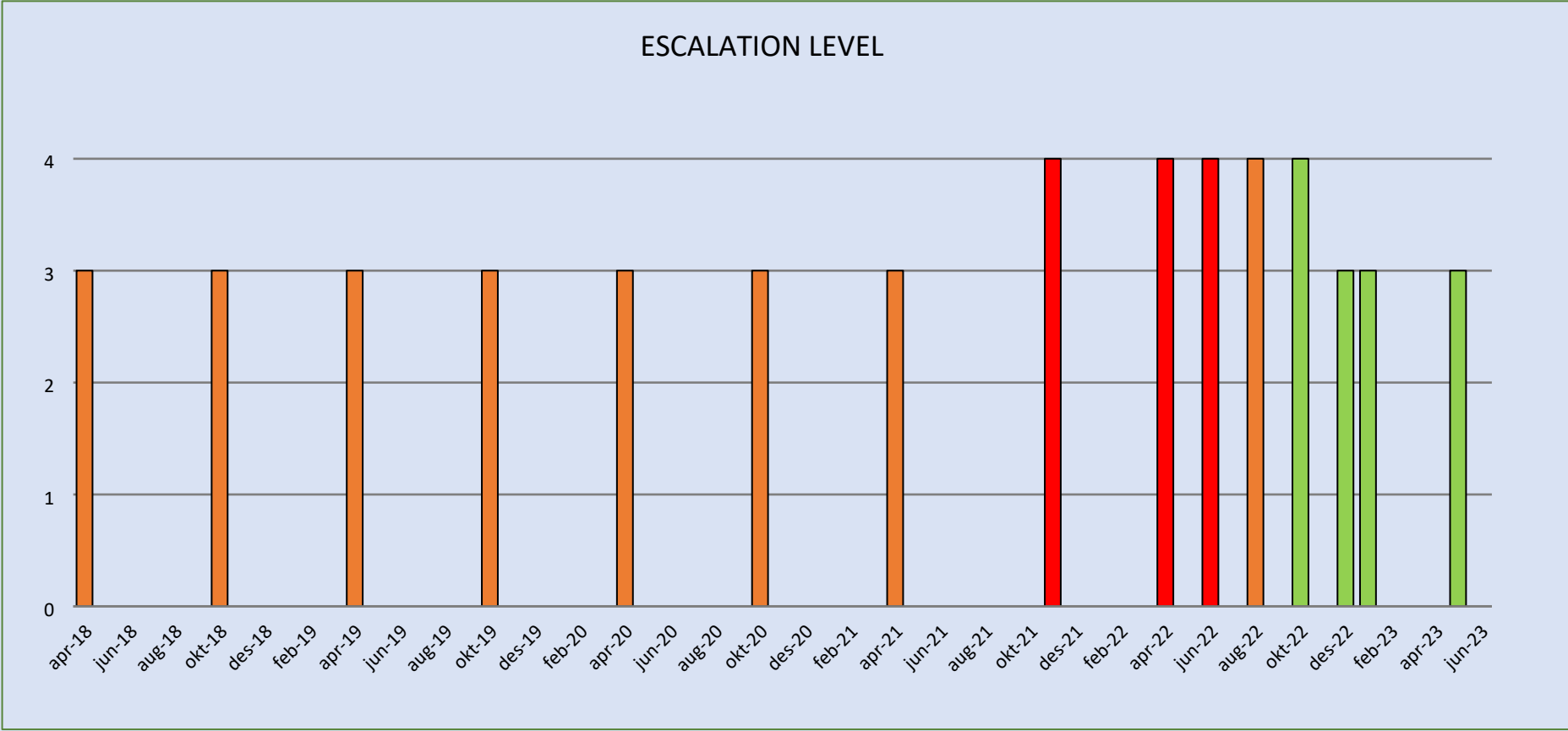
Service in Escalation: Ty Lliardiard

**Current
Escalation
Level 3**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ May 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
Mar 2018 – WHSSC escalation	3
Sept 2020 - WHSSC escalation	3
Nov 2021 - WHSSC escalation	Escalation level increased to level 4
December 2022 - WHSSC escalation	De-escalated to level 3

Rationale for Escalation Status :
De-escalated to level 3.

Background Information: March 2018 - Unexpected Patient death and frequent SUI’s revealed patient safety concerns due to environmental shortfalls and poor governance. September 2020 - SUI reported to Welsh Government. September 2022 - Recruitment plan underway with all vacancies out to advert; interview dates arranged. December 2022 - This service has been de-escalated to Level 3 as agreed by CDGB on 14th December.	Actions:			
	Issues/Risks: This is a significant risk and is captured on WHSSC CRAF ref: MH/21/02 There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 8 as it was originally scored too high April 22 – Score to remain as it is subject to impact of completed actions June 22 – Risk remains at current level as risk of absconding is still prevalent December 22 – Service de-escalated to Level 3 however work continues to consider referral processes and assessments May 23 - There has been no change to the Ty Llidiard escalation status and no meetings have been held pending a report from NCCU next meeting planned for June 12 2023.			

Service in Escalation:
Cardiac CVUHB

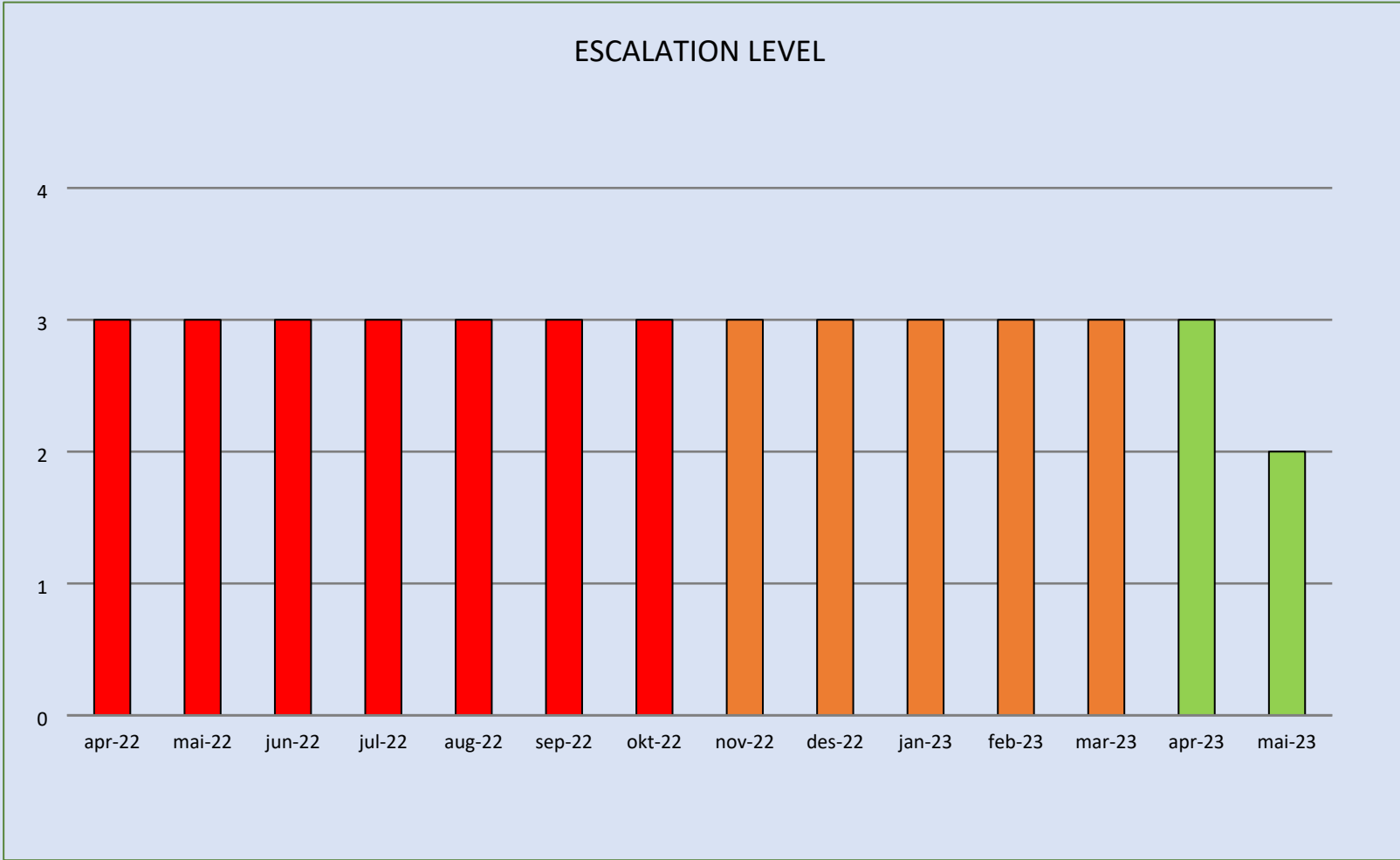
Executive Director Lead: Nicola Johnson
Commissioning Lead: Richard Palmer
Commissioning Team: Cardiac

Date of Escalation Meetings: 01/06/22, 20/07/22,
21/11/22, 05/04/23
Date Last Reviewed by Quality & Patient Safety
Committee: 18/04/23

Current
Escalation Level
2

Escalation Trend Level		
Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↓ May 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
April 2022– WHSSC escalation	3
June 2022– WHSSC escalation	3
November 2022– WHSSC escalation	3
May 2023 – WHSSC escalation	2

Rationale for Escalation Status :
Following an escalation meeting on 5 April 2023, the escalation status of the Cardiff and Vale Cardiac Surgery service was considered by the Cardiac Commission Team, which recommended a reduction to Level 2. When considering the service’s escalation status, the Cardiac Commissioning Team found that:

- The majority of the actions contained in the GIRFT/HEIW action plan were complete and that there had been evident progress towards the delivery of the GIRFT indicators
- Those actions that remained outstanding were subject to a number of interdependencies that may delay delivery
- The requested HEIW report had been received, and the Cardiac Surgery service had shared detail of progress against the report’s recommendations and follow-up visits via Level 3 escalation meetings

- There had been had been improved engagement from the Health Board senior team in respect of escalation issues.

Background Information:

Owing to the failure of Cardiff and Vale University Health Board to...

1. Implement the outcomes of the GIRFT review (June 2021), for which no appropriate SMART action plan has been shared with WHSSC
2. Communicate and address (via a SMART action plan) the additional issues recently identified by HEIW, arising from the concerns with the cardiac surgical service raised by trainees

...there is a risk that people waiting for Cardiac Surgery delivered by Cardiff and Vale University Health Board may receive suboptimal or delayed treatment, and that WHSSC will be unable to effectively monitor.

The following controls have thus been put in place:

- Instituting of regular (every 6 weeks) Stage 3 escalation meetings with Cardiff and Vale University Health Board – **with monitoring to be taken forward via regular Cardiac Services Risk, Assurance and Recovery meetings following de-escalation to Level 2, and with a formal review planned for October 2023.**
- HEIW report and action plan shared with WHSSC and discussed in escalation meetings.
- Development of SMART action plan to take forward the recommendations of the GIRFT review, shared with WHSSC at escalation meetings to enable the monitoring of progress and identification of any required remedial actions.

WHSSC assurance and confidence level in developments:

Medium – Although the service has been de-escalated and commended both for the improvements made and the engagement of the senior team since the service was escalated to Level 3 in April 2022, further de-escalation will depend on the delivery of a number of interdependent actions, including the repatriation of the Cardiac Surgery service from UHL to UHW and additional

Actions:

Action	Lead	Action Due Date	Completion Date
De-escalate service to Stage 2 of the WHSSC escalation process	Director of Planning		Completed
Utilise regular bi-monthly Cardiac Services Risk, Assurance and Recovery meetings to oversee escalation process	Senior Planning Manager		Completed
Receive a SMART action plan from the service that addresses the recommendations contained in the GIRFT report.	Senior Planning Manager	In progress - chased 10/06/22	Completed
Receive HEIW report concerning issues with the cardiac surgical service raised by trainees.	Senior Planning Manager		Completed
Monitor implementation of the SMART action plan at escalation meetings.	Senior Planning Manager	In progress	
Development of de-escalation criteria based on recommendations in GIRFT report and action plan.	Associate Medical Director		Completed

recruitment. Although appropriate planning has been undertaken and progress will be monitored, any delay in the interdependent actions will see consideration of further de-escalation similarly delayed.

Issues/Risks:

June 2022 – Service escalated to Stage 3 of the WHSSC escalation process in April 2022 owing to continuing concerns with engagement; agreed at the 28 June 2022 Cardiac Commissioning Team meeting that the escalation constituted a risk (as opposed to an issue) owing to concern that the failure to implement GIRFT/HEIW recommendations will impact on patients, but that the accompanying narrative should be revised to clarify the precise concerns; escalation meeting held on 01 June 2022, at which an apparently extant action plan was discussed, but not subsequently shared.

July 2022 – Action plan now shared with WHSSC. Second escalation meeting held on 20 July 2022 at which – mindful of the long-term nature of many of the HB’s objectives – progress was noted. Agreed that WHSSC would refer to both the GIRFT report and the action plan in order to develop de-escalation criteria in time for the next escalation meeting (September). No change to risk score.

August 2022 – Draft de-escalation criteria shared with Health Board in readiness for discussion at September escalation meeting. No change to risk level.

September 2022 – The de-escalation criteria was discussed with the Health Board in the September escalation meeting. It was agreed in the meeting that the Health Board would provide a formal response in regards to the proposed de-escalation criteria. No change to the risk score.

October 2022 - Health Board had not yet provided formal response to proposed de-escalation criteria. Planned October escalation meeting had been rescheduled to Monday 21 November owing to Health Board availability; Health Board had submitted updated action plan in lieu of meeting. No change to risk score.

November 2022 – Further progress was noted at November escalation meeting; de-escalation criteria discussed – agreed that focus would be on evidencing positive trajectory, assisted by cardiac surgery dashboard; risk score unchanged.

December 2022 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.

January 2023 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.

February 2023 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.

March 2023 – No escalation meetings since the last CRAF review. Risk level remains unchanged; next meeting scheduled for 5 April 2023.

May 2023 – Following the de-escalation of the service (from Level 3 to 2 in May 2023) and the subsequent review of the risk by the Commissioning Team, the risk score has been reduced to 9. Regular monitoring will continue through the Cardiac Risk, Assurance and Recovery meetings. The Health Boards position will be formally be reviewed in six months’ time following an assessment of progress against the actions as outlined in the de-escalation letter.

Service in Escalation: Paediatric Surgery

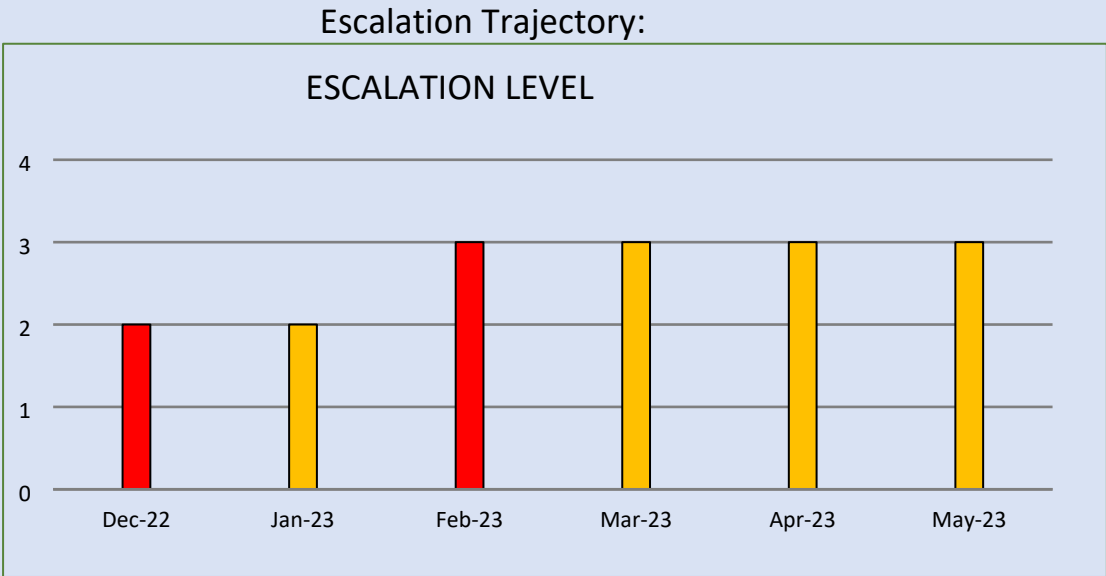
Executive Director Lead: Nicola Johnson
Commissioning Lead: Kimberley Meringolo
Commissioning Team: Women and Children

Date of Escalation Meetings: 26/04/23, 23/05/23
Date Last Reviewed by Quality & Patient Safety Committee: 18/04/2023

**Current
Escalation Level 3**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ May 2023
↔	Escalation remains the same	
↑	Escalation level escalated	



Escalation History:

Date	Escalation Level
March 2023 – WHSSC escalation	3

Rationale for Escalation Status :

As a result of the service failing to engage fully with WHSSC regarding the weekly submission of contract delivery and waiting time profiles, it was agreed that the C&VUHB Paediatric Surgery service should be further escalated from Level 1 to Level 3 of the WHSSC Escalation Framework.

Background Information:

There is a risk that Paediatric patients waiting for surgery in the Children’s Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.

- Recovery plan trajectories have reflected a nominal improvement on the waiting list position, and clarity is required on zero waits > 104 weeks,
- The current plan does not deliver contracted volumes,
- Timely assurance on delivery against the baseline for future recovery, via weekly reports, as opposed to monthly reporting suggested by the UHB.

WHSSC assurance and confidence level in developments:

Medium – Action plan developed and positive progress made in implementing a number of new pilot schemes and securing additional capacity. Currently it is premature to consider the de-escalation of the service as these pilot schemes need to roll out and additional lists undertaken to measure success against the waiting list position. Commitment to re-cast trajectories in light of action plan with ultimate aim to meet contracted volumes.

Actions:

Action	Lead	Action Due Date	Completion Date
To establish monthly escalation meetings with CVUHB to review progress against the improvement plan.	Senior Planning Manager	Monthly	
Action plan to be monitored through the monthly escalation meetings and when data shows improvement consideration will be given to de-escalation.	Senior Planning Manager	Monthly	
Requested revised trajectories to be issued to WHSSC by the end of June 2023.	Senior Planning Manager	30 June 2023	

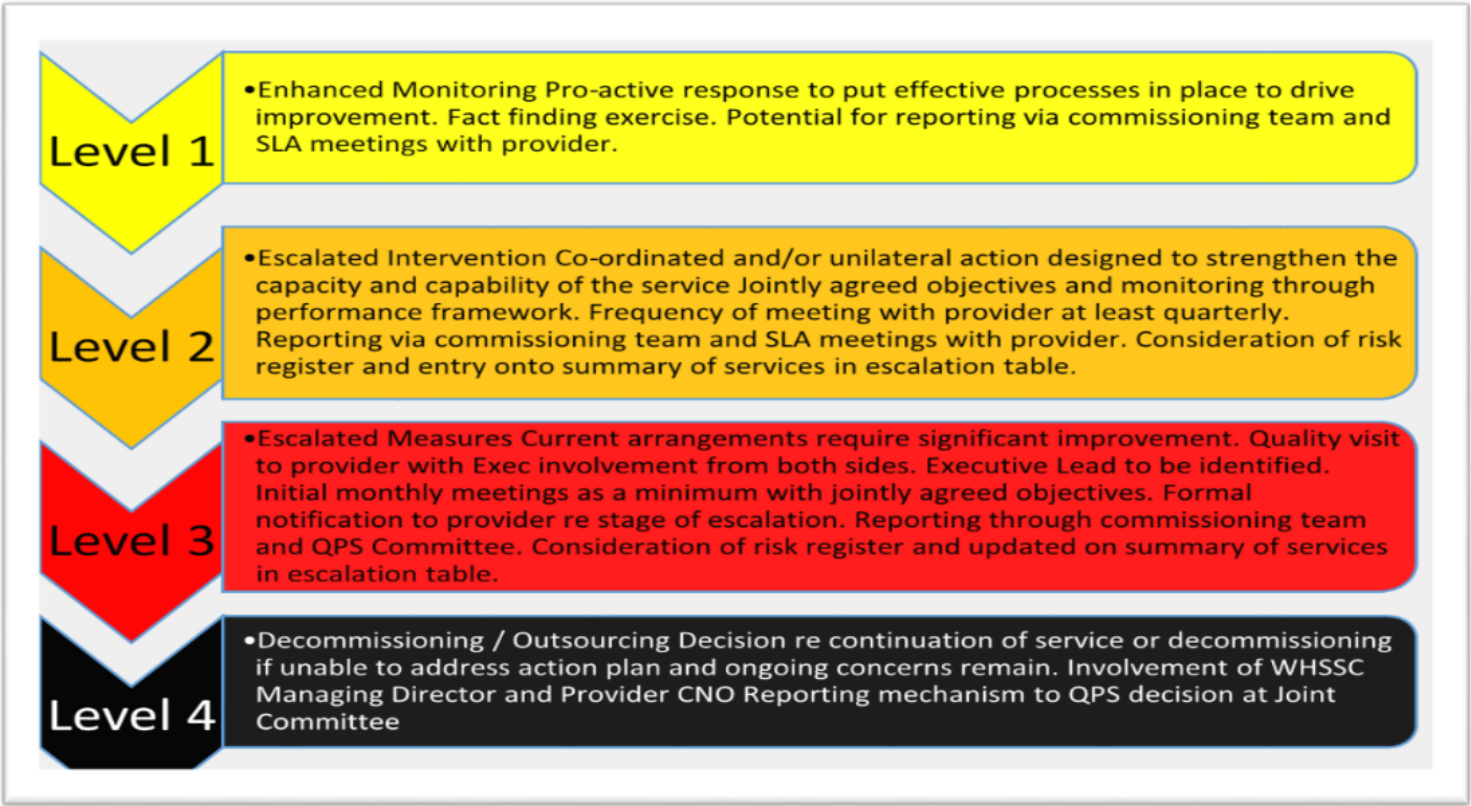
Issues/Risks:

April 2023 – Action plan presented by HB and actions agreed to progress in time for next meeting.

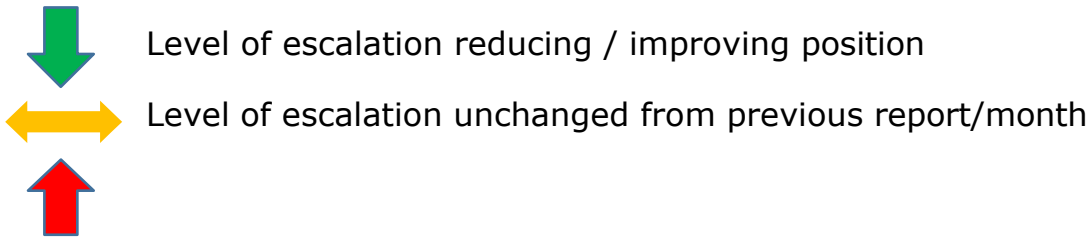
May 2023 – a number of actions within the action plan are in progress, action at meeting to update trajectories in time for the July meeting in order to allow measurement of improvement.

Level 1 ENHANCED MONITORING	<p>Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes:</p> <ul style="list-style-type: none"> No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further. Continued intervention is required at level 1 and a review date agreed. Escalation to Level 2 if further intervention is required <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p>
Level 2 ESCALATED INTERVENTION	<p>Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include</p> <ul style="list-style-type: none"> Provider performance meetings Triangulation of data with other quality indicators Advice from external advisors Monitoring of any action plans <p>A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the WHSSC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes:</p> <ul style="list-style-type: none"> Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring. If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures
Level 3 ESCALATED MEASURES	<p>Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the WHSSC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives.</p> <p>Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum:</p> <ul style="list-style-type: none"> Chair (WHSSC Executive Lead) Associate Medical Director - Commissioning Team Senior Planning Lead – Commissioning Team WHSSC Head of Quality Executive Lead from provider Health Board/Trust Clinical representative from provider Health Board/Trust Management representative from provider Health Board/Trust <p>An agreed agenda should be shared prior to the meeting with a request for evidence as necessary.</p> <p>At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.</p>

Level 4 DECOMISSIONING/OUTSOURCING	<p>Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the WHSSC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation.</p> <p>The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue:</p> <ol style="list-style-type: none">1. De-commissioning of the service2. Outsourcing from an alternative provider. This may be permanent or temporary3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider. <p>Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.</p> <p>At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.</p>
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SERVICES IN ESCALATION



Reporting Committee	Welsh Kidney Network (WKN)
Chaired by	Chair, Welsh Kidney Network (WKN)
Lead Executive Director	Director of Programmes
Date of last meeting	31st May 2023

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

This report provides assurance to the Joint Committee in accordance with the WKN Terms of Reference (ToR) which state that the Chair of the Welsh Kidney Network (the 'WKN') will provide reports to the Joint Committee following WKN meetings outlining the activities of the Network and bringing attention to any significant matters under consideration by the Network. Minutes are available on request from the WKN Coordinator, Jonathan.Matthews@wales.nhs.uk.

1. Future Direction for the WKN

Members discussed their ambitions for the future direction of the WKN. They supported;

- Increase its focus on strategy and planning
- Increase involvement in prioritisation and what matters to patients and staff, linking much closer to the development of the WHSSC Integrated Commissioning Plan
- Commissioning chronic disease kidney services for CKD services delivered by the secondary care nephrology teams
- Be the source of advice and guidance even when not commissioning, in particular for CKD prevention and management of acute kidney injury

They also discussed where, in structural terms they felt they would be best placed and concluded that there would be significant benefits from remaining within WHSSC.

They noted that a paper would be presented to Joint Committee seeking a mandate for this future direction.

2. WHSSC ICP update 24/25

WKN Board members discussed and supported commissioning intentions for the next planning round for 2024/25 and they noted the planning process.

3. Quality and Patient Safety

No new risks had been reported to the Board. Two of the existing risks are to be closed. The first relates to COVID whilst the other refers to the WKN Terms of Reference. Another risk is to be updated relating to the Glan Clwyd unit.

There was a request within the Board meeting to consider the financial risk rating once a renewed finance report becomes available.

4. Value in Health Bid

The Value in Health team continue to be very supportive of the WKN's direction for the Value in Health Bid. A communication has been issued to the three regional centres in Wales outlining the plan. The Health Boards are now proceeding to recruitment.

5. Clinical Lead Roles

Given that the contracts of each of the clinical leads within the Network (with exception to Dr Jefferies) have expired, a plan was proposed and accepted by Board members to renew the contracts for a period of time, but also to stagger the times in which they come up for renewal to minimise the risk of several clinical leads departing at the same time at some point in the future. Joint Committee will be asked to support the plan and the paper is attached to this report. Please see section below.

6. Recent Vital Data incident

Board members were informed of a significant error that occurred during a routine maintenance task on the MPI (Master Patient Index), a system maintained by DHCW. The MPI is important in coordinating a patient's identity, demographics and prevents duplicate records from being created. The error resulted in hundreds of corrupted records. Subsequent to this issue arising, and in the absence of the clinical lead for IM&T, the Renal Digital team took a decision to turn off the dependency on the MPI to prevent importing incorrect data. This decision led to some negative consequences such as:

- Renal patients being unable to view results on the Patient Knows Best system.
- Clinicians taking longer to review their patients during clinic.
- People having to manually type patient demographics leading to incomplete records.
- The duplication of records.

In an effort to mitigate against a similar problem in the future, the Clinical Lead for IM&T proposed writing an SOP on how to respond, and to clarify the governance around decisions to turn off certain aspects of the system. An initiative to bolster the digital teams skills to deal with these situations will also be pursued.

7. Highlight Reports

The following highlight reports were received:

- Kidney Care UK Highlight Report
- Kidney Wales Highlight Report
- Clinical Information Lead Highlight Report
- SBUHB Highlight Report
- BCUHB Highlight Report

- CVUHB Highlight Report
- Health and Wellbeing Professionals Highlight Report
- Transplant and Vascular Access Clinical Lead Highlight Report

8. Governance review action plan

Board members were informed that much of the Governance Review Action Plan was complete. Only items regarding the future direction and function of the Network remain.

Board members were informed that the WKN will be subject to a routine internal audit during quarter 2 of 2023.

Matters requiring Committee level consideration and/or approval

Clinical Lead Roles

The Joint Committee are asked to note the risk of all Clinical Leads within the WKN sharing the same contract termination date, and to **approve** the proposal of extending the contracts of the existing clinical leads in a staggered approach (as set out in table 2 of **Appendix 1**).

Clinic Capacity

There are continuing challenges in Cwm Taf Morgannwg UHB (CTMUHB) concerning extended waiting times to see a nephrologist. This potentially leads to delayed diagnoses and missed opportunities to delay or reverse progression of CKD to the point where renal replacement therapy is required. Although this is not an area of WKN commissioning responsibility support is being provided by the WKN Board Exec Lead to resolve this issue and ensure that a sustainable service can be provided.

Matters referred to other Committees

- None

Date of next meeting

3 August 2023

Welsh Kidney Network Board (WKN) Paper

Clinical Leads Contracts

Executive Lead: Karen Preece

Author: Karen Preece

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Purpose of the WKN Board Paper

To advise Board members of;

- The issues regarding the contracts for the clinical leads
- A process to refresh the contracts to mitigate the risk of all contracts finishing at the same time

Governance

Link to Renal Delivery Plan	<p>The WKN is a non-statutory body which obtains its authority and responsibility as delegated by the Welsh Health Specialised Services (WHSSC) Joint Committee.</p> <p>This delegation provides the autonomy within an agreed framework for the officers of the WKN to carry out the duties required of them to manage and lead the planning, commissioning and performance management of specialised renal services across Wales.</p> <p>The Renal Delivery Plan sets out the Welsh Government's expectations of the NHS in Wales to commission and deliver high quality patient centred care for anyone affected by CKD. It focuses on meeting population needs, improving access to services and reducing inequalities in outcomes across 7 themes:</p> <ol style="list-style-type: none"> 1. Preventing the development of CKD 2. Early identification and management of CKD 3. Delivering fast, effective care 4. Meeting people's needs 5. Caring at the end of life 6. Improving information 7. Targeting research
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Supporting evidence
<ul style="list-style-type: none"> Terms of reference approved 4th April 2023 by the WKN Board and 17th May 2023 by Joint Committee

Engagement – Who has been involved in this work?
<ul style="list-style-type: none"> Discussions with the clinical leads affected by this proposal

WKN Board Resolution (insert √) To;							
APPROVE	√	ENDORSE		DISCUSS		NOTE	
Recommendation		Members of the WRCN Board are asked to; <ul style="list-style-type: none">Note the issue regarding contracts for clinical leadsNote the risk of continuity to the Board if all the WKN clinical lead contracts are refreshed at the same timeSupport the proposal in table 2					
Summarise the Impact of the WKN Board Report							
Equality and diversity		None					
Legal implications		None					
Quality, Safety & Patient Experience							
Resources		None					
Risks and Assurance							
Workforce		Mitigates the risk of all clinical leads being replaced at the same time and ensures continuity on the WKN Board.					

1. **SITUATION / PURPOSE OF REPORT**

There are a number of clinical leads employed on a sessional/responsibility payment by the Welsh Kidney Network. The leads were appointed on a fixed term contract the majority of which have expired and in some cases have significantly expired. This paper presents a way forward to comply with the new Terms of Reference for the WKN and to ensure continuity and mitigate the risk of refreshing all clinical leads at the same time whilst providing clinical leads with an in date contract.

2. **BACKGROUND / INTRODUCTION**

Clinical leads play an important and integral part of the work of the WKN. The majority were appointed some time ago with the intention that the contracts would be for three years and then expressions of interest would be sought for the

position. Due to a number of reasons at the term of the contract expressions of interest were not sought and so the contracts for the leads continued. The Governance Review on the WKN made explicit reference to needing to review and refresh the terms of reference (ToRs) for the WKN Board. Work has been ongoing since the review on the ToRs culminating in the WKN Board approving a new set of ToRs at the meeting on 4th April 2023. In accordance with these ToRs they were approved by Joint Committee at their meeting on 17th May 2023.

The ToRs confirm that clinical leads should usually be appointed for three years and that expressions of interest should be sought at the end of the time. The existing lead could reapply.

As stated above, the current clinical leads' contracts have all expired and a process needs to be put in place to comply with the ToRs but also to ensure a level of continuity now and for the future so that all the contracts do not expire at the same time in the future.

3. **ASSESSMENT / GOVERNANCE AND RISK ISSUES**

The table below shows the current clinical leads, when they commenced in role and when their term expired.

Table 1 Current Contractual Position

Position	Currently in Role	Commenced in role	Term Expires	# of Weekly Sessions
Network Clinical Lead	Gareth Roberts	February 2020	February 2023	2
Network Clinical Lead for Governance / Patient Quality and Safety	Ashraf Mikhail	April 2010	April 2013	1
Network Clinical Lead for Transplantation and Vascular Access	Michael Stephens	December 2014	December 2017	1
Network Clinical Lead for IM&T	James Chess	December 2016	December 2019	1
Clinical Lead for Home Therapies	Helen Jefferies	February 2021	February 2024	1
Network Clinical Lead for Pharmacy (8c)	VACANT	-	-	4 (2 day)
Network Chair of Health and Wellbeing Professionals Group	Bethan Pettifer & Clare Weekes (Joint)	January 2023	-	2
Regional Service Development Nurse (Band 7) x 3	VACANT		-	

Given the risk of terminating all these posts at the same time the following is proposed, the proposal has been discussed with the affected clinical lead all of whom are supportive.

Table 2 – Proposal to Extend Contracts

Position	Currently in Role	Suggested Extension	# of Weekly Sessions
Network Clinical Lead	Gareth Roberts	February 2026	2
Network Clinical Lead for Governance / Patient Quality and Safety	Ashraf Mikhail	September 2023	1
Network Clinical Lead for Transplantation and Vascular Access	Michael Stephens	May 2024	1
Network Clinical Lead for IM&T	James Chess	May 2024	1
Clinical Lead for Home Therapies	Helen Jefferies	Still in contract expires Feb 2024	1
Network Clinical Lead for Pharmacy (8c)	VACANT	See immediate expression of interest	2
Network Chair of Health and Wellbeing Professionals Group	Bethan Pettifer & Clare Weekes (Joint)	Still in contract	2
Regional Service Development Nurse (Band 7) x 3	VACANT	TBC	

4. RECOMMENDATION

- Members of the WKN Board are asked to;
- Note the issue regarding contracts for clinical leads
 - Note the risk of continuity to the Board if all the WKN clinical lead contracts are refreshed at the same time
 - Support the proposal in table 2