



Report Title	WHSSC Performance Report – June 2023			Agenda Item	4.1
Meeting Title	Joint Committee			Meeting Date	19/09/2023
FOI Status	Open/Public				
Author (Job title)	Head of Information				
Executive Lead (Job title)	Director of Planning and Performance				
Purpose of the Report	The purpose of this report is to provide a summary of the performance of WHSSC commissioned services. Further detail by resident Health Board 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 type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the report

WHSSC PERFORMANCE REPORT JUNE 2023

1.0 SITUATION

This report provides an overview of the performance of services commissioned by WHSSC up to the end of June 2023.

Recovery rates, access comparisons across Health Boards 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 Health Board is provided in an associated Power BI report, available online to all direct recipients of this report and their colleagues, upon request. Health Boards 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 Board and Management Group, and presented at each Joint Committee meeting. The purpose of the report is to provide a monthly overview of the performance of commissioned services and the measures that are being taken by the WHSST team with the provider if they are not performing in line with relevant contract requirements and/or Ministerial Measures.

3.0 ASSESSMENT

WHSSC has used the national data sources from 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 Health Board contracts. The DHCW data used in this report was refreshed on July 31st 2023; this data is available to all NHS Wales organisations on an anonymised basis, and is also the data that underlies the Welsh Government 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)	-
Appendices	-

WHSSC Integrated Performance Report

June 2023

WHSSC

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1. Key Information for June 2023

Services in escalation: As in May there are 10 services in escalation. Since May one service has been de-escalated from Level 3 to Level 2 and now there are 7 services at level 2, and 3 services at level 3. There is also one related service which is under Welsh Government escalation (North Wales Plastics Outreach clinics).

Escalation movements since last month are:

- CAMHS (Ty Lidiard) / CTMUHB – de-escalated from Level 3 to Level 2 in July 2023

Quality: There have been 10 incidents recorded within Quarter 1 (April-June 2023), and 11 so far within Quarter 2. There have been 8 complaints/concerns recorded within Quarter 1 (April-June 2023), and 15 so far within Quarter 2, 9 of which relate to the Wales Fertility Institute.

Finance: The annual budget for WHSSC is currently £1.05 billion, with about a quarter of this relating to EASC and NCCU budgets. The reported variances for Month 3 total a £1m overspend to date, with a year-end forecast overspend of £767k.

This is mainly driven by pockets of SLA overperformance across Wales (notably TAVI and BMT) and England (High cost drugs and devices) through April and May. There is an offsetting release of provisions for elective recovery and NICE drugs in developments. The baselines in the Welsh contracts have been updated for 23/24 as per the SLA proposals.

Welsh Government performance targets: Welsh Government have announced revised performance measure targets for 2023/24. The main ones affecting WHSSC services are the requirements to have:

- Improvement towards no patients waiting over 52 weeks for a new outpatient appointment, then leading to no patients waiting over 36 weeks.
- Improvement towards no patients waiting over 104 weeks for treatment (97% expected to achieve this by December 2023, and 99% by March 2024), then leading to no patients waiting over 52 weeks for treatment.
- All main specialty services are meeting the 104 week target, except for Plastic Surgery at Swansea Bay UHB. This service is in escalation (see section below).

Accountability Conditions Specialties:

Cardiac Surgery: By the end of June 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 Health Board's significant improvement in meeting contract volumes and waiting times in 2023/24 continues to be evident..

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 the Ministerial Measures 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 531 that have been waiting over 2 years. In both categories this is a slight reduction from last month and the number of patients in both categories 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 new outpatient waits over a year. The SBUHB service is at escalation Level 2 for performance reasons.

Small numbers of patients have been formally reported as waiting more than a year for any part of the pathway at Mersey & West Lancashire Trust (formerly known as St. Helens & Knowsley); there are also 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, and further work is being undertaken to understand if there is a reporting issue regarding the waiting list for the outreach service.

Paediatric Surgery: The end of June position at Cardiff & Vale UHB includes 115 patients waiting over 1 year for treatment, which is a slight increase on last month, however the 104 week target for inpatient and 52 week target for first outpatient appointments continue to be met. The service is in Escalation level 3 and a revised improvement plan and trajectory has been received to achieve contract volumes by December 2023. The trajectory now sets out the plan to achieve monthly contract volumes by December 2023, however, the service will not meet the overall total contracted volume this year.

Alder Hey NHS Foundation Trust has reported that activity is higher than pre-Covid and the Trust is managing the small number (<5) of patients waiting over 52 weeks.

Neurosurgery: The C&VUHB service reported that they had met the Welsh Government target of zero patients waiting over 52 weeks. In June 2023 there were 23 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; one patient has been admitted, the other 3 patients are complex pain. The plan was to clear these by the end of Quarter 1 but the centre is having difficulties in scheduling these patients due to their complexities and vacancies within the complex pain specialty. There are 30 patients in June 2023 waiting over 36 weeks, the centre still plan to clear the

backlog by March 2024. WHSSC will continue to monitor the situation at the regular quarterly SLA meetings.

Performance of other areas by exception:

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. A new digital scanner in Cardiff became live in July 2023, with business cases expected from SBUHB and BCUHB in October/November and August 2023, respectively.

Artificial Limbs Service: Posture & Mobility - After an initial lull in referrals since Covid 19, these have now increased again. There has been a significant reduction in numbers waiting since last month with 21 patients waiting over 52 weeks for the North Wales Posture and Mobility services, and 15 in total for the Cardiff/Swansea services.

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 has been de-escalated to level 2 in July 2023 for quality reasons, and FACTS remains at Escalation level 2. The escalation status of both services will be reviewed again shortly with a view to de-escalation.

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 is 6% lower to date in 2023/24 than in 2019/20, (calculation excludes the Birmingham and Bristol Trusts data as that is not yet appearing in the DHCW data yet for this year). It is noteworthy that A&E and Trauma are still seeing lower levels, which indicates higher recovery in the other treatment specialties.

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						(M1-3)	(M1-3)	(M1-3)	(M1-3)	diff from 19/20
	2019/20	2021/22	2022/23	2023/24	Total					
☐ Major North Wales provider	4,187	3,514	3,706	453	11,860	1,074	876	899	453	-58%
☐ Major Powys provider	14,830	12,717	13,265	3,349	44,161	3,603	3105	3,270	3,349	-7%
☐ Major Powys provider	17,647	15,683	16,753	3,957	54,040	4,187	4027	3,999	3,957	-5%
Total	36,664	31,914	33,724	7,759	110,061	8,864	8008	8,168	7,759	-12%

Summary of main specialty inpatient activity and waiting lists (DHCW data):

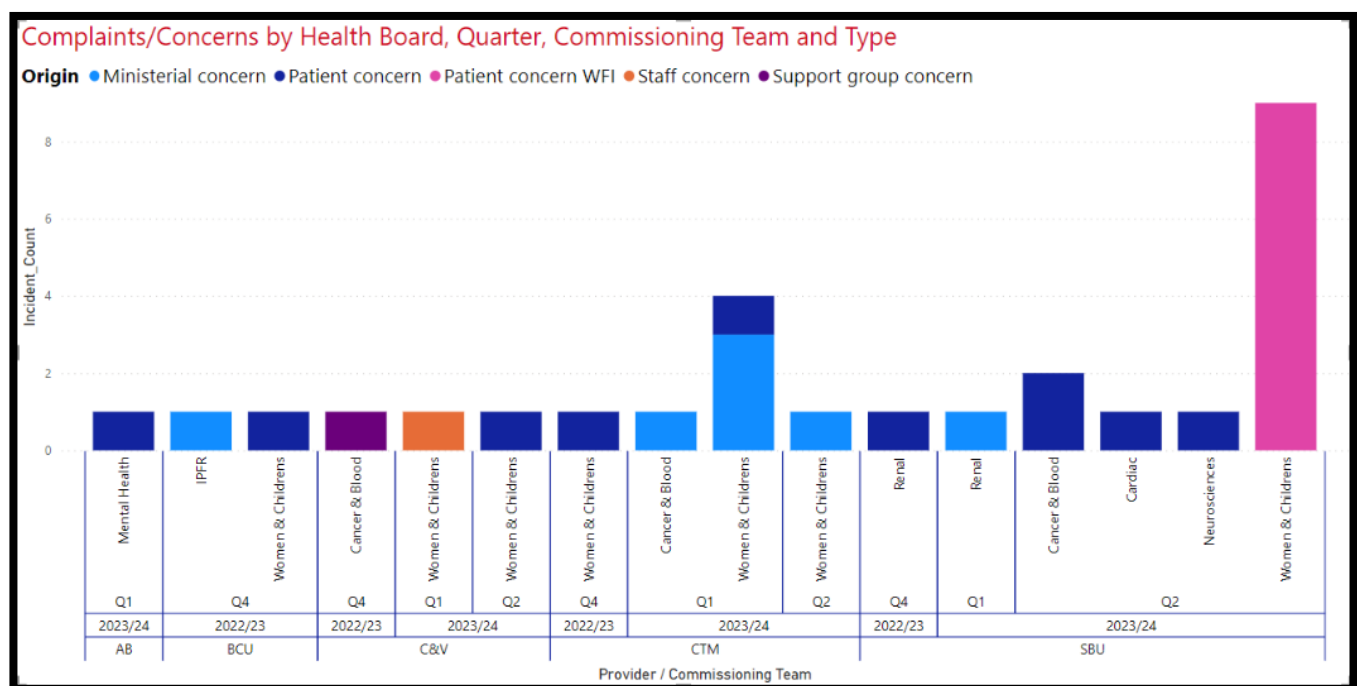
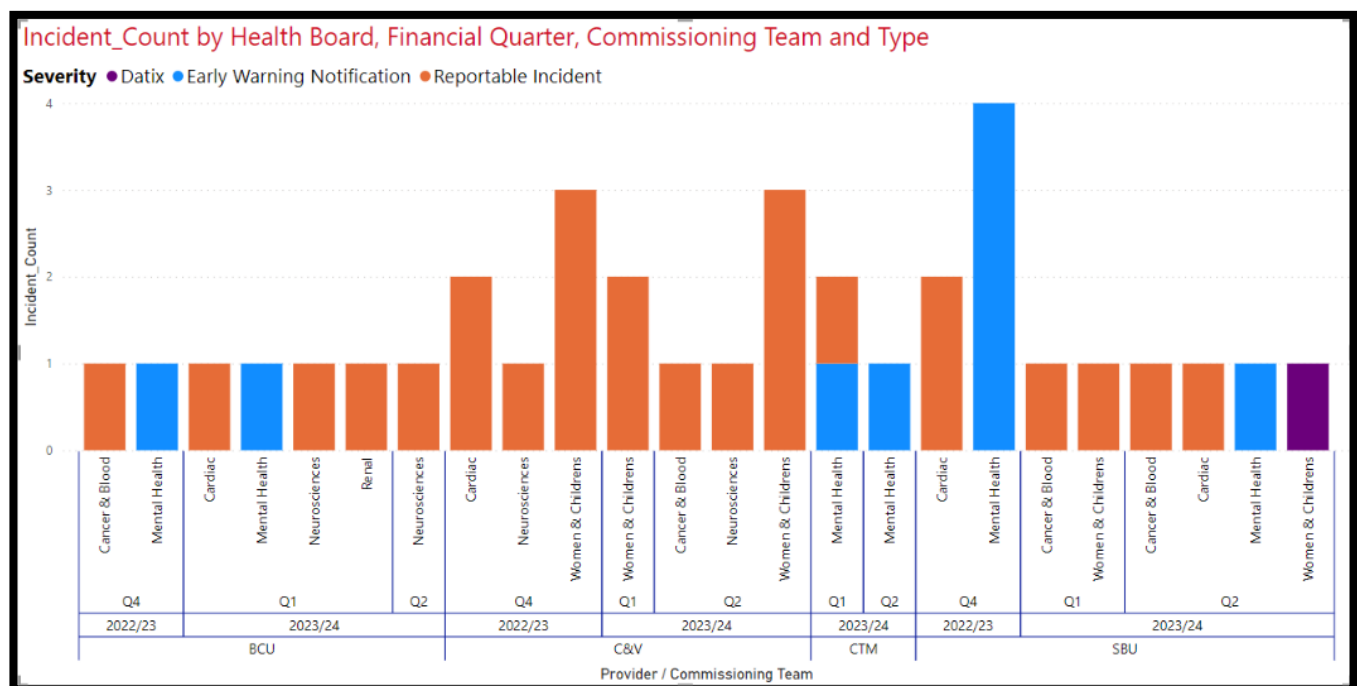
Episode comparison to current month (DHCW data warehouse)						Current Waiting List totals (DHCW data)				
Specialty_WHSSC	Episodes for 2019/20 (M1-3)	Episodes for 2021/22 (M1-3)	Episodes for 2022/23 (M1-3)	Episodes for 2023/24 (M1-3)	Episodes 2023/24 % diff from 19/20	202302 Admitted diagnostic intervention	FUP OP appointment	New OP appointment	Unknown	Total
Cardiac Surgery	523	445	426	423	-19%	90	52	101	218	461
Cardiff and Vale University Local Health Board	204	176	142	166	-19%	69	27	30		126
Liverpool Heart And Chest Hospital nhs foundation	107	119	101	117	9%				202	202
Swansea Bay University Local Health Board	173	124	148	129	-25%	21	25	71		117
University Hospitals Birmingham Nhs Foundation t	19	14	18						10	10
University Hospitals Of North Midlands nhs trust	20	12	17	11	-45%				6	6
Neurosurgery	851	744	687	727	-15%	223	114	493	459	1,289
Cardiff and Vale University Local Health Board	549	474	429	482	-12%	223	114	493		830
The Walton Centre Nhs Foundation trust	263	236	219	213	-19%				442	442
University Hospitals Of North Midlands nhs trust	39	34	39	32	-18%				17	17
Paediatric Surgery	774	570	578	599	-23%	525	38	306	99	968
Alder Hey Children's Nhs Foundation trust	108	85	81	104	-4%				99	99
Cardiff and Vale University Local Health Board	666	485	497	495	-26%	525	38	306		869
Plastic Surgery	2,790	2,215	2,174	2,292	-18%	2,745	183	1,174	621	4,723
Countess Of Chester Hospital Nhs foundation trus	169	175	119	165	-2%				174	174
Mersey and West Lancashire nhs trust	361	238	278	349	-3%				447	447
Swansea Bay University Local Health Board	2,260	1,802	1,777	1,778	-21%	2,745	183	1,174		4,102
Thoracic Surgery	307	345	310	354	15%	67	79	71	39	256
Cardiff and Vale University Local Health Board	148	181	166	169	14%	43	67	48		158
Liverpool Heart And Chest Hospital nhs foundation	40	74	54	74	85%				39	39
Swansea Bay University Local Health Board	111	85	82	106	-5%	24	12	23		59
University Hospitals Of North Midlands nhs trust	8	5	8	5	-38%					
Total Specialty	5,245	4,319	4,175	4,395	-16%	3,650	466	2,145	1,436	7,697

2. Overview of services in escalation

Escalation level	Movement	Provider	Service	Notes
WG Escalation	same	English providers	Plastic Surgery Outreach	Note: Welsh Government leading the escalation process along with a wider escalation of Dermatology issues in North Wales
Level 3	same	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, and monthly escalation meetings being held.
Level 3	same	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.
Level 3	same	Swansea Bay UHB	Welsh Fertility Institute (WFI)	In escalation since June 2023 due to concerns about the safety and quality of the service at the Welsh Fertility Institute (WFI). These were identified by a Human Fertilisation and Embryology Authority (HFEA) inspection report, leading the service being placed in escalation level 3.
Level 2	same	Cardiff & Vale UHB	AWLP (All-Wales Lymphoma Panel)	In escalation since April 2023 due to a drop in performance, including the 7 day turn-around time target. Escalation meetings will be held to monitor progress.
Level 2	same	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 de-escalation to Level 2 in May 2023.
Level 2	same	Cardiff & Vale UHB	Paediatric Intensive Care	In escalation since May 2023 due to concerns regarding capacity, staffing levels, bed availability and related adverse incidents. Weekly data has been requested to monitor the service, along with regular update meetings.
Level 2	down	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, and further to level 2 in July 2023
Level 2	same	CTM UHB	FACTS	In escalation since September 2020 due to issues around workforce and clinical leadership; de-escalated to level 2 in December 2022.
Level 2	same	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 implemented in March 2023.
Level 2	same	Swansea Bay UHB	Plastic Surgery	In escalation since November 2022 due to significant waiting list numbers including long waiters over 2 years, escalation increased to level 2 in July 2023; weekly performance data being received
Total				

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	(1,044,789)	(261,197)	(1,069)	(767)
Spend - NHS Wales				
Aneurin Bevan Health Board	11,914	2,978	-	-
Betsi Cadwaladr University Health Board Provider	47,822	12,139	183	183
Cardiff & Vale University Health Board	282,607	71,817	1,165	1,165
Cwm Taf Morgannwg University Health Board	11,202	2,801	-	-
Hywel Dda Health Board	2,110	528	-	-
Swansea Bay University Health Board	120,910	29,802	(426)	(426)
Velindre NHS Trust	56,290	14,082	10	10
Total	532,855	134,146	932	932
Spend - Other				
2021/22 Reserves	-	-	-	-
2022/23 Plan Developments	32,372	6,542	(1,551)	(2,138)
Direct Running Costs	4,783	1,195	(1)	(1)
EASC (incl WAST and EASC/QAT team costs)	251,457	62,864	-	-
IPFR	41,061	10,455	190	-
IVF	5,071	1,489	221	221
Mental Health	40,733	10,610	427	427
Non Welsh SLAs	129,569	33,244	852	1,326
Phasing adjustment	-	-	-	-
Prior Year Developments	1,928	482	-	-
Renal	4,959	1,240	-	-
Total	511,934	128,120	137	(166)
Total	0	1,069	(0)	0

The annual budget for WHSSC is currently £1.05 billion, with about a quarter of this relating to EASC and NCCU budgets. The reported variances for Month 3 total a £1.069m overspend to date, with a year-end forecast overspend of £767k.

This is mainly driven by pockets of SLA overperformance across Wales (notably TAVI and BMT) and England (High cost drugs and devices) through April and May. There is an offsetting release of provisions for elective recovery and NICE drugs in developments. The baselines in the Welsh contracts have been updated for 23/24 as per the SLA proposals.

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. Some targets were amended in June 2023/24 for this current financial year. The measures relevant to WHSSC activity are listed below:

Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority	Status
28 Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	Revised
Rationale: The number of patients waiting for a new outpatient appointment has increased year on year whilst capacity has been unable to meet demand. NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level.					
29 Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	New
Rationale: As above.					
31 Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	Revised
Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services.					
32 Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	New
Rationale: As above.					


Welsh Government have confirmed that there are no target dates for the revised targets, but they expect over 97% of NHS Wales services to meet the 104 week treatment target by December 2023, and 99% by March 2024.

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 Health Board.

The exceptions/services worth noting are (June 2023 DHCW data):

- Plastic Surgery (Swansea Bay UHB) – 1,173 waiting over 52 weeks for treatment, including 531 waiting over 104 weeks
- Paediatric Surgery (Cardiff & Vale UHB) – 115 waiting over 52 weeks for treatment
- English providers – of the main specialist specialties that WHSSC reports on, there were 86 patients that had been waiting longer than 52 weeks in total across all parts of the pathway (ie. inpatients and outpatients totalled together).

6. Service Performance Scorecard



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

Performance Scorecard

Specialty / Provider Name	Measure	Tolerance Levels			Apr 2023		May 2023		Jun 2023		Latest Movement
Cardiac Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	96.85%	🟡	96.83%	🟡	97.13%	🟡	↑
Cardiothoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	83.71%	🔴	90.91%	🔴	NaN		↑
Neurosurgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	95.79%	🟡	96.57%	🟡	97.21%	🟡	↑
Paediatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	77.92%	🔴	76.05%	🔴	73.84%	🔴	↓
Plastic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	60.66%	🔴	60.98%	🔴	59.16%	🔴	↓
Spinal Surgery Service	RTT < 36 weeks - admissions	<95%	95-99%	100%	75.86%	🔴	77.27%	🔴	NaN		↑
Thoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	97.30%	🟡	97.22%	🟡	96.17%	🟡	↓
Bariatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	71.23%	🔴	58.62%	🔴	68.25%	🔴	↓
PET Scans	Pet scan < 10 days after referral	<90%	90-95%	>=95%	74.37%	🔴	67.61%	🔴	80.49%	🟡	↑
Posture & Mobility RTT - Adult	RTT < 36 weeks	<90%	90-95%	>=95%	93.94%	🟡	94.30%	🟡	94.28%	🟡	↓
Posture & Mobility RTT - Paeds	RTT < 36 weeks	<90%	90-95%	>=95%	96.74%	🟢	97.42%	🟢	96.97%	🟢	↓
CAMHS Beddays (excl. Out of Area)	NHS Beddays against contract	<85%, >105%	< 90%, >100%	90% - 100%	89.79%	🟡	65.02%	🔴	63.51%	🔴	↓
CAMHS Home Leave (excl. Out of Area)	NHS Home Leave against total	<20%, >40%	<25%, >35%	25%-35%	26.81%	🟢	26.79%	🟢	24.46%	🟡	↓
Medium Secure Beddays	NHS Beddays against contract	<90%, >110%	< 95%, >105%	95% - 105%	42.53%	🔴	79.66%	🔴	79.62%	🔴	↓

<div>  <div> Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC) </div> </div> <div>Welsh Government Post COVID Targets</div>										
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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%	99.92%	🟡	100.00%	🟢	100.00%	🟢	→
Plastic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	88.87%	🔴	88.84%	🔴	87.51%	🔴	↓
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%	🟢	→
Bariatric Surgery - Swansea Bay UHB	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	🟢	100.00%	🟢	100.00%	🟢	→
Bariatric Surgery - Salford Royal	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	🟢	100.00%	🟢	100.00%	🟢	→
Cardiac Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.30%	🟡	99.65%	🟡	99.64%	🟡	↓
Cardiothoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	94.70%	🔴	100.00%	🟢	#DIV/0!		↑
Neurosurgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.56%	🟡	99.77%	🟡	100.00%	🟢	↑
Paediatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	90.10%	🔴	89.62%	🔴	87.81%	🔴	↓
Plastic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	75.16%	🔴	74.19%	🔴	71.69%	🔴	↓
Spinal Surgery Service	RTT < 52 weeks - admissions	<95%	95-99%	100%	96.55%	🟡	100.00%	🟢	#DIV/0!		↑
Thoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	100.00%	🟢	99.21%	🟡	98.85%	🟡	↓
Bariatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	86.30%	🔴	79.31%	🔴	87.30%	🔴	↓
Cardiac Surgery	< 36 weeks for First OP	<95%	95-99%	100%	100.00%	🟢	100.00%	🟢	100.00%	🟢	→
Neurosurgery	< 36 weeks for First OP	<95%	95-99%	100%	99.80%	🟡	100.00%	🟢	100.00%	🟢	→
Paediatric Surgery	< 36 weeks for First OP	<95%	95-99%	100%	96.66%	🟡	93.40%	🔴	91.69%	🔴	↓
Plastic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	88.75%	🔴	92.52%	🔴	91.31%	🔴	↓
Thoracic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	100.00%	🟢	100.00%	🟢	100.00%	🟢	→
Bariatric Surgery - Swansea Bay UHB	< 36 weeks for First OP	<95%	95-99%	100%	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%	🟢	99.75%	🟡	↓
Plastic Surgery	< 52 weeks for First OP	<95%	95-99%	100%	99.92%	🟡	100.00%	🟢	100.00%	🟢	→
Thoracic Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	🟢	100.00%	🟢	100.00%	🟢	→
Bariatric Surgery - Swansea Bay UHB	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	🟢	100.00%	🟢	→		

7. Specific Service details

7.1 Cardiac Surgery

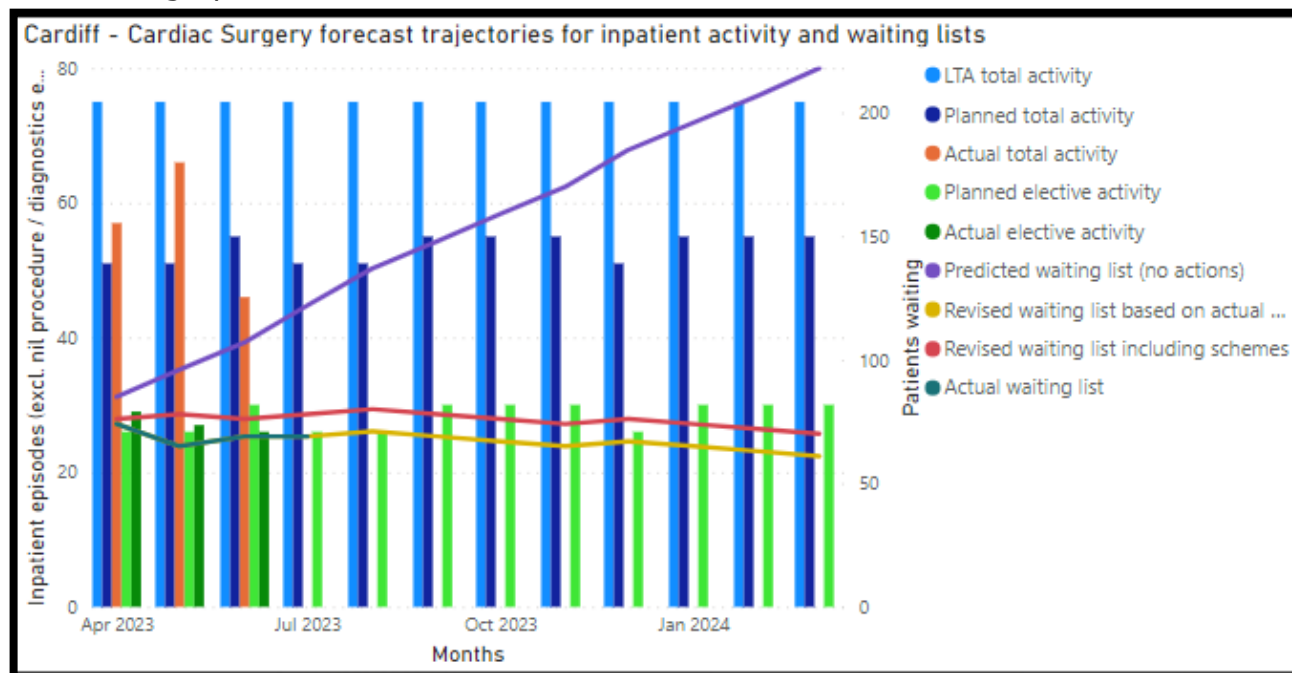
Cardiff & Vale UHB - Performance data and forecasts		Current Performance
Cardiac Surgery current performance:		<p>As a result of an agreement with SBUHB that CTMUHB cardiac surgery patients (excluding PMVR) would be referred to SBUHB for an initial period of six weeks (commencing December 2022), and the concurrent engagement of a team of agency scrub staff, CVUHB was able to both increase the volume of cardiac surgery undertaken and reduce waits.</p> <p>The agreement with SBUHB has, however, now ended, and the agency staff were only in place until the end of June 2023. Although it is too early to know the impact of these changes on activity and waits, the performance of the cardiac surgery service will be subject to monitoring via Risk, Recovery and Assurance meetings with a view to ensuring that positive trajectories are maintained, and mindful of the potential to reinstate the agreement with SBUHB if required.</p>
<div><div><div>Cardiac Surgery - Inpatients</div><div><div>Inpatient episodes (DHCW data incl. nil/Diagnostics episodes) - Top 4 providers</div><div></div></div></div><div><div>Patients Waiting for Admission (DHCW data) - Welsh providers (see separate page for English provider waits)</div><div></div></div></div>		
<div><div><div>Cardiac Surgery - Outpatients (NB. excludes activity coded as Cardiothoracic as not yet split to Cardiac/Thoracic)</div><div><div>Outpatient appointments attended (DHCW data) - Top 4 providers</div><div></div></div></div><div><div>Patients Waiting for New Outpatient appts (DHCW data) - Welsh providers (see separate page for English provider waits)</div><div></div></div></div>		

Waiting list analysis:

CensusFinancialYearStyle	2022/23	2023/24			
Speciality_WHSSC	202211	202212	202301	202302	202303
Cardiac Surgery	136	140	132	127	144
Cardiff and Vale University Local Health Board	136	140	132	127	144
Admitted diagnostic intervention	86	74	65	69	69
Diagnostic	2	3	1	1	2
FUP OP appointment	18	33	19	27	37
New OP appointment	30	30	47	30	36
Total	136	140	132	127	144

CensusFinancialYearStyle	2022/23	2023/24			
Speciality_WHSSC	202211	202212	202301	202302	202303
Cardiac Surgery	136	140	132	127	144
Cardiff and Vale University Local Health Board	136	140	132	127	144
1 - Up to 4 weeks	33	46	52	36	43
2 - 5-25 weeks	87	78	65	73	81
3 - 26-35 weeks	10	12	10	10	14
4 - 36-51 weeks	6	4	4	7	5
5 - 52-103 weeks			1	1	1
Total	136	140	132	127	144

Cardiac Surgery 2023/24 forecasts:



What actions are WHSSC taking?

WHSSC is investigating the growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of WHSSC-commissioned cardiac surgery. It was agreed in January 2023 that this work would be taken forward as a two-phase review.

Phase 1 - which is underway at the time of writing - 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. It was anticipated that this phase would be complete by the end of June 2023.

What are the main areas of risk?

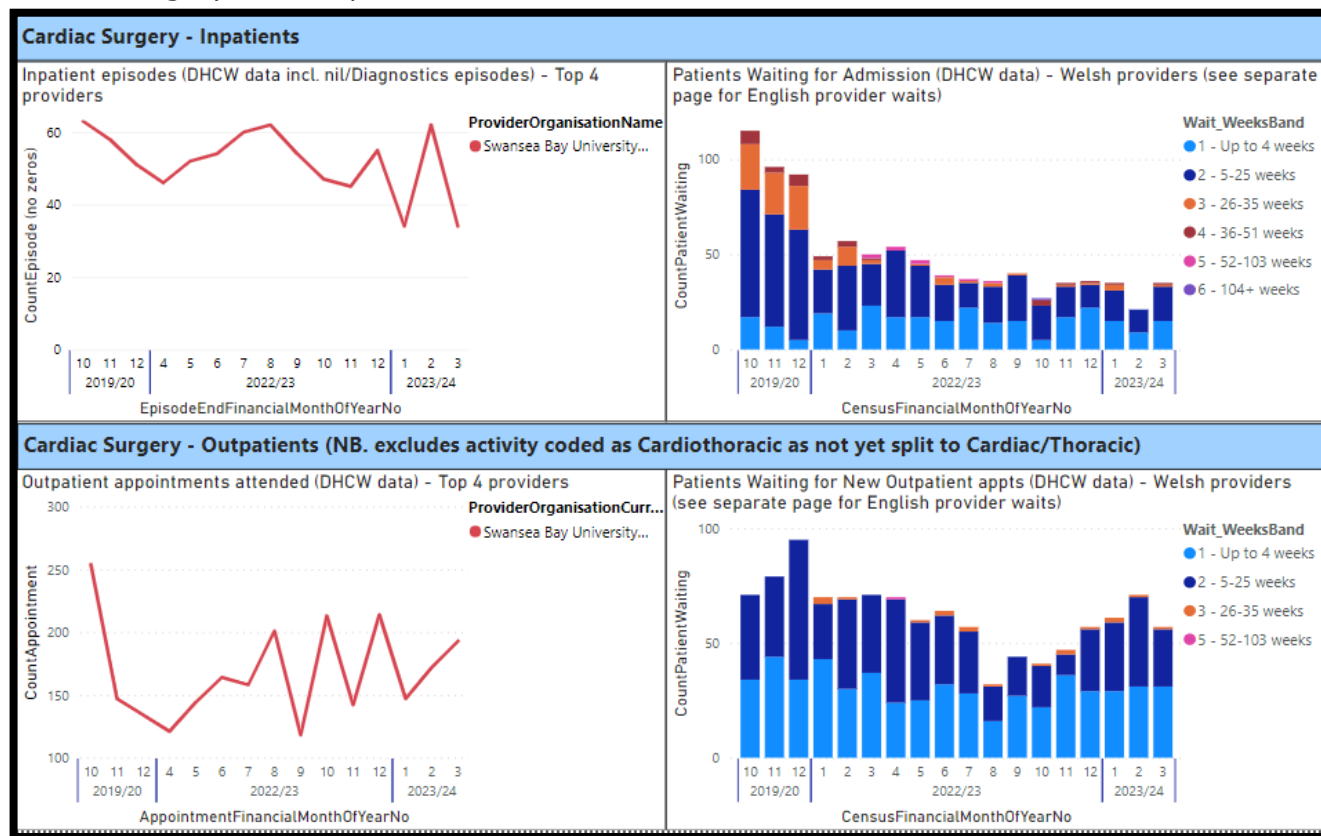
At this point, Cardiff looks on track to hit the WG target of no waiters for admissions over 52 weeks, with just 1 patient waiting over this at the end of June 2023.

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 Health Board 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:



Current Performance

The data indicates a steady decrease in the number of inpatient waiters, but a recent increase in the number of outpatient waiters. The Cardiac Surgery service has highlighted that it has additional inpatient capacity; it has not yet advised of an expectation that recent increases in outpatient waits will translate to increased inpatient demand. Monitoring will be undertaken via recently reinstated Risk, Assurance and Recovery meetings.

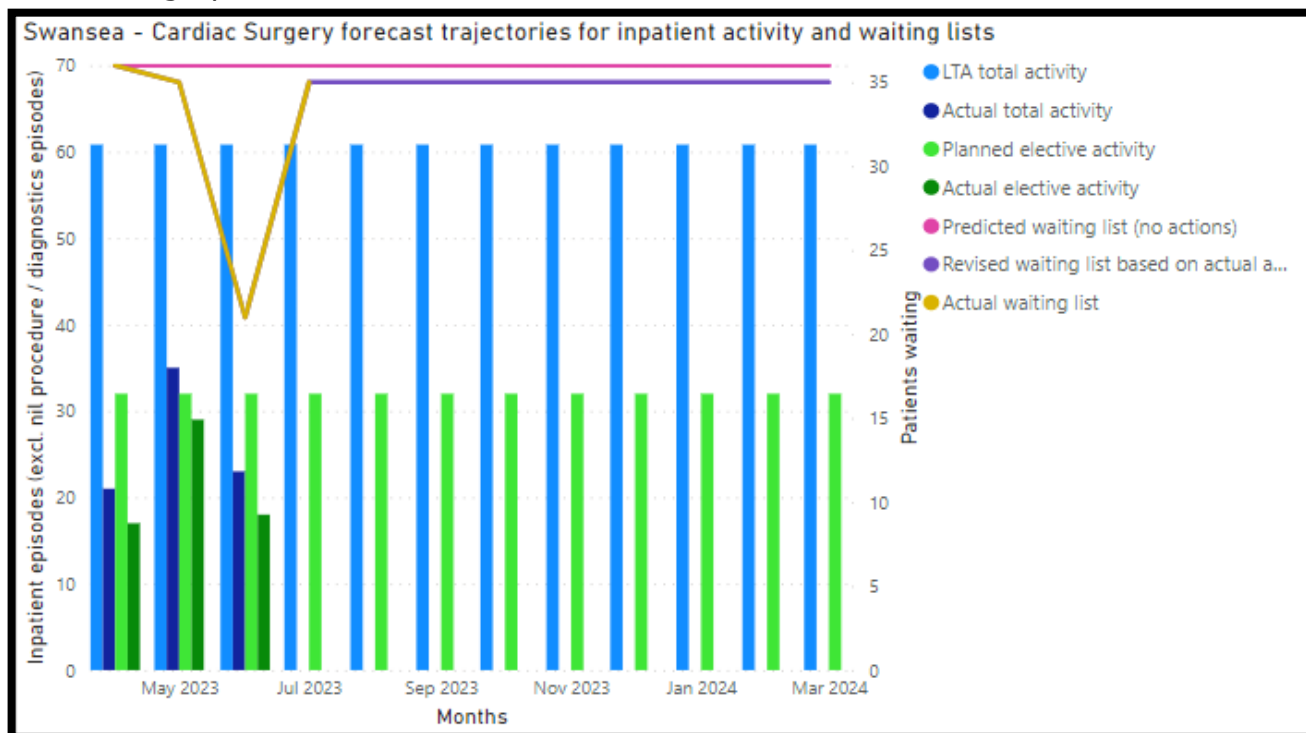
In addition, and as noted above, commencing December 2022, CVUHB and SBUHB agreed that CTMUHB cardiac surgery patients (excluding PMVR) would be referred to SBUHB for an initial period of six weeks. This arrangement worked well but, following an extension of an additional six weeks, has now been ended.

Waiting list analysis:

CensusFinancialYearStyle Specialty_WHSSC	2022/23 202211	2022/23 202212	2023/24 202301	2023/24 202302	2023/24 202303
Cardiac Surgery	114	116	134	130	135
Swansea Bay University Local Health Board	114	116	134	130	135
Admitted diagnostic intervention	35	36	35	21	35
Diagnostic	17	9	8	13	16
FUP OP appointment	15	14	30	25	27
New OP appointment	47	57	61	71	57
Total	114	116	134	130	135

CensusFinancialYearStyle Specialty_WHSSC	2022/23 202211	2022/23 202212	2023/24 202301	2023/24 202302	2023/24 202303
Cardiac Surgery	114	116	134	130	135
Swansea Bay University Local Health Board	114	116	134	130	135
1 - Up to 4 weeks	64	56	52	49	56
2 - 5-25 weeks	46	56	73	76	74
3 - 26-35 weeks	3	3	6	4	3
4 - 36-51 weeks	1	1	3	1	2
Total	114	116	134	130	135

Cardiac Surgery 2023/24 forecasts:



What actions are WHSSC taking?

WHSSC is investigating the growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of WHSSC-commissioned cardiac surgery. It was agreed in January 2023 that this work would be taken forward as a two-phase review.

Phase 1 - which is underway at the time of writing - 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. It is anticipated that this phase will be complete by the end of June 2023.

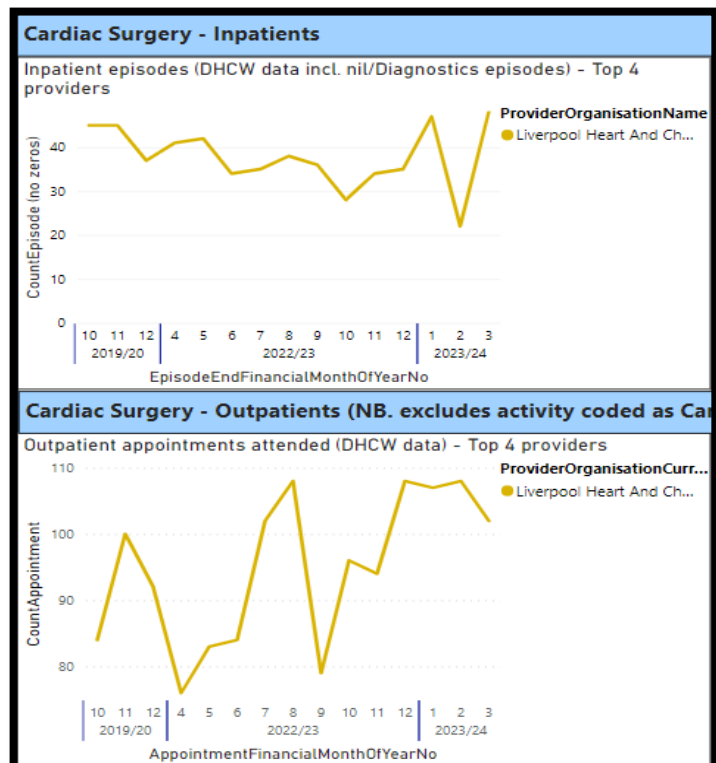
What are the main areas of risk?

Swansea Bay has hit the WG target of no waiters for admissions over 52 weeks, with the longest waiters being 12 patients in the 5-25 week wait band.

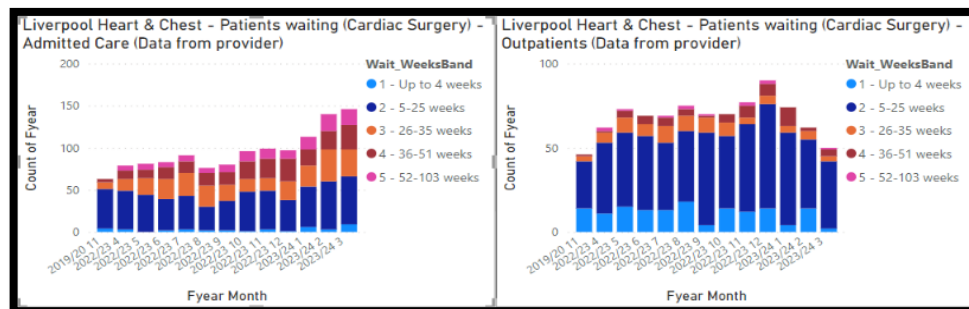
The service is not planning to meet the contracted inpatient levels, but demand is also appearing lower, hence the waiting lists do not appear to be affected adversely.

Liverpool Heart & Chest - Performance data and forecasts

Cardiac Surgery current performance:



Waiting list analysis:



Current Performance

Although, as noted in the most recent update, Liverpool Heart & Chest have generally had a good recovery compared to pre-Covid levels, the waiting lists have been rising. Until recently, some patients were waiting over a year for new outpatient appointments, albeit that these long waiters appear to have been addressed; waits for patients awaiting admissions continue to rise steadily.

What actions are WHSSC taking?

Regular meetings with the services to monitor the position.

What are the main areas of risk?

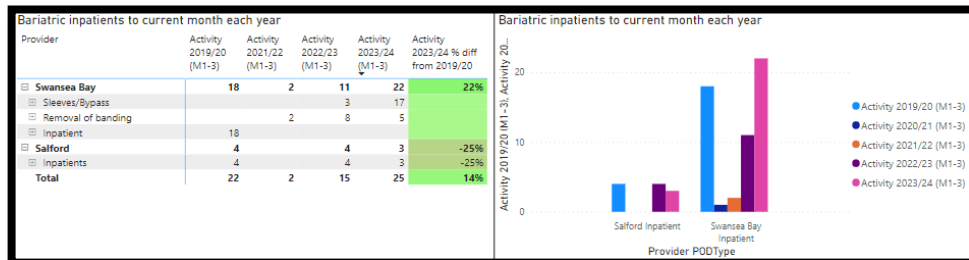
Liverpool appears on track to hit the WG target of no waiters for admissions over 52 weeks, with the longest waiters currently being 15 patients in that wait band. The New outpatient target of no waiters over 36 weeks also appears on track with 11 patients currently in that wait band.

With increasing waiting lists for New outpatients, this demand will increasingly put pressure on the waiting lists for admission and treatment.

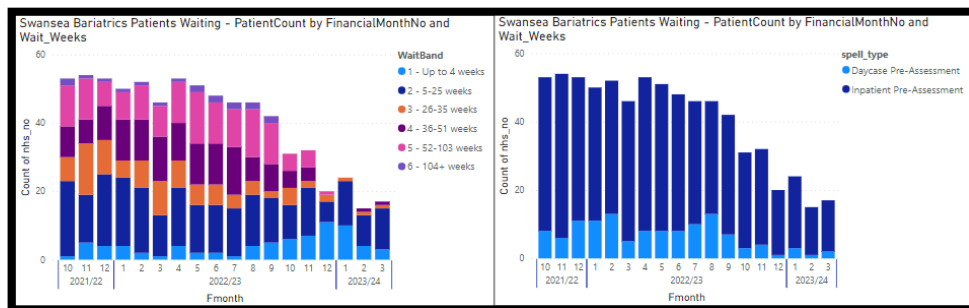
7.2 Bariatric Surgery

Bariatric Surgery - Performance data and forecasts

Bariatric Surgery current performance:



Swansea Bay Waiting list analysis:



Current Performance

As noted in the last update, following a period of being in Level 1 of the WHSSC Escalation Framework, the Swansea Bay Bariatric Surgery service has delivered significant increases in the volume of inpatient and outpatient activity since January 2023, significantly reducing both the overall waiting list and the number of long waiters. Although the service advised the activity levels would likely reduce slightly from April 2023, the Health Board has advised that it is still likely to exceed its contract target for 2023-24, albeit that any overprovision would align with WHSSC's long-term intentions for the commissioning of bariatric surgery.

What actions are WHSSC taking?

WHSSC continues to meet with the service on a bi-monthly basis to monitor the position and agree any mitigating actions as required.

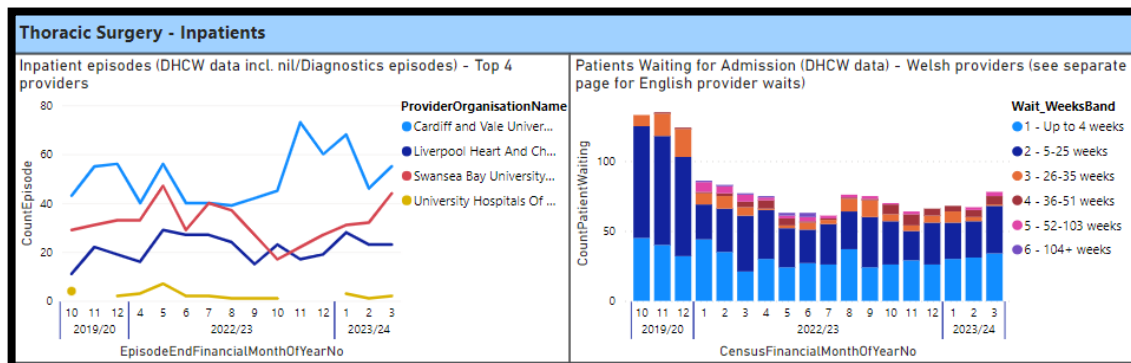
What are the main areas of risk?

The good progress at Swansea needs to be maintained to avoid a repeat of the waiting list deterioration.

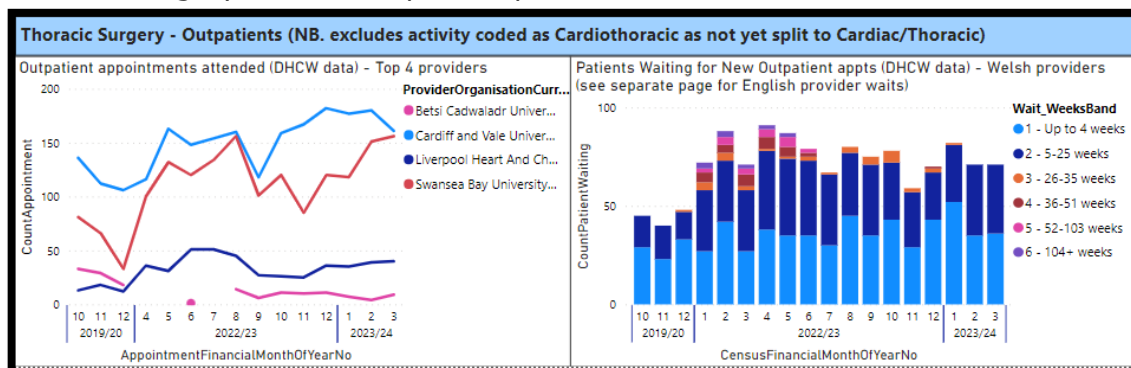
7.3 Thoracic Surgery

Thoracic Surgery - Performance data and forecasts

Thoracic Surgery current inpatient performance and Welsh waits:



Thoracic Surgery current outpatient performance and Welsh waits:



Forecast trajectories 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 Health Boards 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.

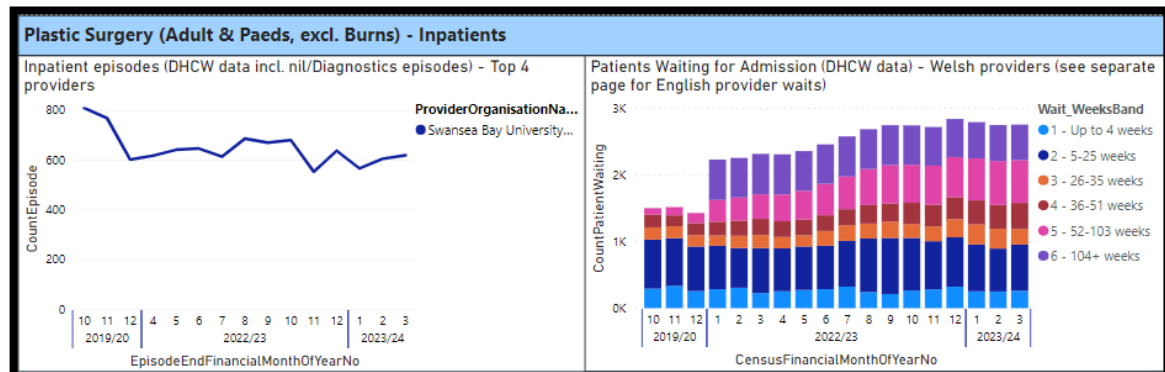
What are the main areas of risk?

With increasing activity for New outpatients, this demand will increasingly put pressure on the waiting lists for admission and treatment.

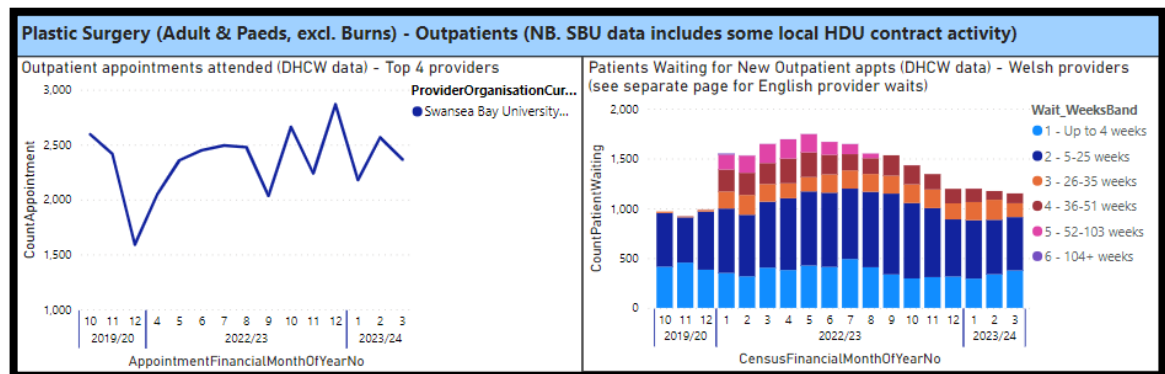
7.4 Plastic Surgery

Swansea Bay UHB - Performance data and forecasts

Plastic Surgery current inpatient performance and Welsh waits:



Plastic Surgery current outpatient performance and Welsh waits:



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 531 patients that have been waiting over 2 years, and almost 1,200 that have been waiting over 1 year.

Note: the DHCW data to the left includes some local Dermatology activity contracted between SUBHB and HDUHB.

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 has since been increased to level 2 in July 2023.

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.

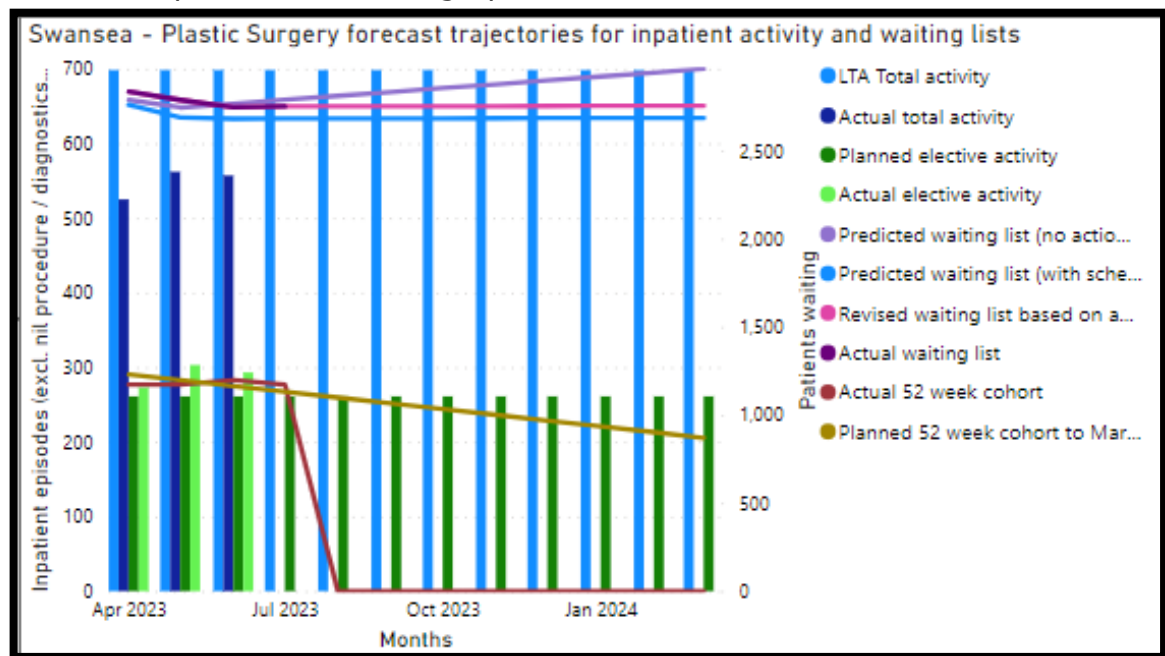
What are the main areas of risk?

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

Breakdown of patients waiting:

CensusFinancialYearStyle Specialty_WHSSC	2022/23 202211	2022/23 202212	2023/24 202301	2023/24 202302	2023/24 202303
Plastic Surgery	2,715	2,835	2,788	2,745	2,751
Swansea Bay University Local Health Board	2,715	2,835	2,788	2,745	2,751
Admitted diagnostic intervention	2,715	2,835	2,788	2,745	2,751
1 - Up to 4 weeks	280	321	252	250	260
2 - 5-25 weeks	723	741	702	643	693
3 - 26-35 weeks	222	271	301	297	234
4 - 36-51 weeks	326	330	360	357	391
5 - 52-103 weeks	584	602	630	659	642
6 - 104+ weeks	580	570	543	539	531
Total	2,715	2,835	2,788	2,745	2,751

Swansea Bay UHB - Plastic Surgery 2023/24 forecasts:



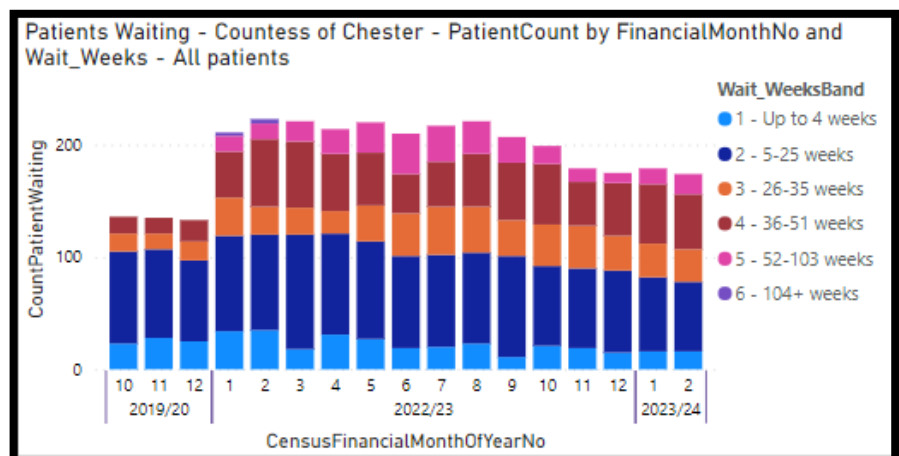
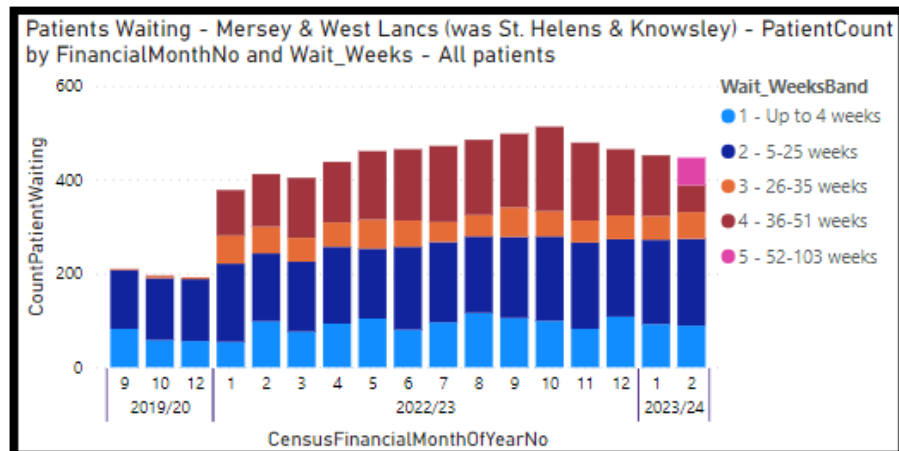
waiting over a year would reduce from 1,231 to 870, although this would still breach the WG inpatient target.

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 Health Boards, 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

Mersey and West Lancashire Teaching Hospital NHS Trust (formerly known as St. Helen's and Knowsley) operate outreach clinics into 3 BCUHB sites, which are inconsistent across the sites. The outreach model includes outpatient, minor operations and dressing clinics.

There are a number of concerns with regards to the outreach model currently in place:

- Access to appropriate facilities across the sites leading to different levels of service
- The number of vacancies in Dermatology, with referrers increasingly referring into Plastic Surgery, as the waiting lists in this area are lower compared to Dermatology
- The differing IT systems across the BCUHB sites, which has led to different waiting list management arrangements.

The BCUHB element of the North Wales Plastics pathway has been put into escalation by Welsh Government due to concerns about the quality of the service, and more investigation is being undertaken into the Mersey and West Lancashire outreach service, and the associated data flows.

What actions are WHSSC taking?

Regular meetings with WG and BCUHB, with a request for BCUHB to convene a Task & Finish group to address the concerns. Mersey and West Lancashire have been requested to undertake a Harms review of the waiting lists. BCUHB have been requested to model the demand and capacity of this service.

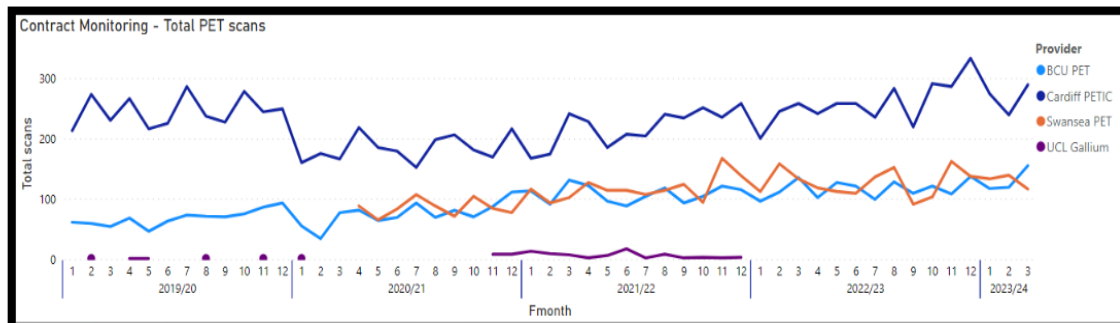
What are the main areas of risk?

Lack of Dermatology services and appropriate clinic space. Lack of clarity in relation to the waiting list held by BCUHB for the clinics held at Ysbyty Glan Clwyd and Ysbyty Gwynedd, including a lack of reporting arrangements about these patients.

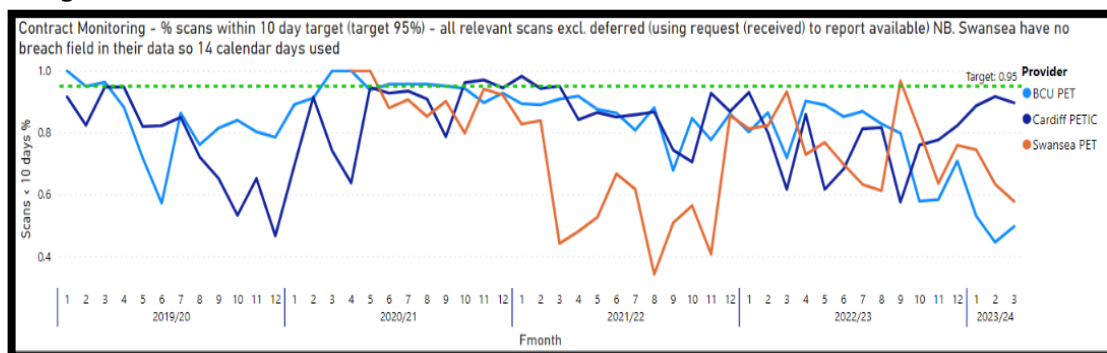
7.5 PET Scans

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, which has led to capacity pressures. Cardiff recently provided significant support to Swansea when their site had major mobile scanner failures; this is now longer necessary.

What actions are WHSSC taking?

Welsh Government (WG) requested WHSSC to lead the all-Wales PET Programme, which has an oversight and assurance function for the capital 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.

The programme has made significant input to the PET service across Wales. A new digital scanner in Cardiff became live in July 2023, with capacity therefore expected to increase significantly in the short/medium term. Business cases are expected from SBUHB and BCUHB in October/November and August 2023, respectively.

WHSSC are also working with all 3 Welsh providers to improve and standardise data collection across all sites, to ensure consistency and additional analysis opportunities.

What are the main areas of risk?

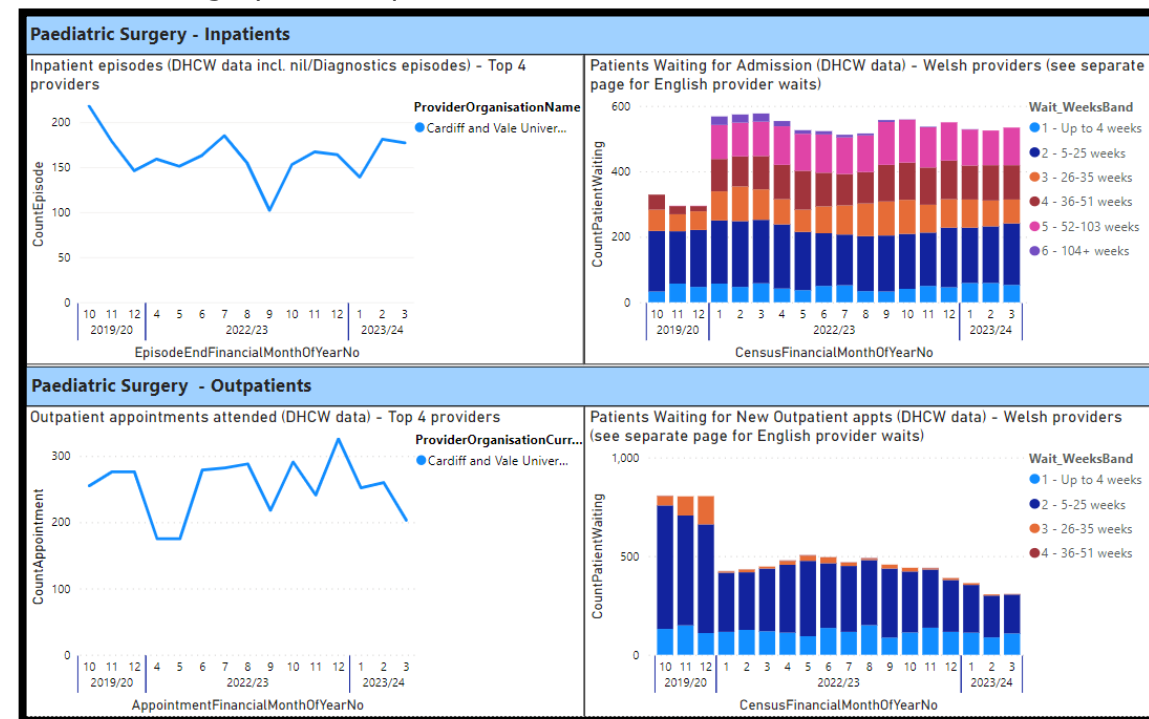
Increased demand has put significant pressure on the service, with the resulting drop of achievement of the 10 working day target of the PET scan report being available to the referring clinician.

The continued use of mobile scanners at BCUHB and SBUHB is resulting in frequent service failures due to scanner breakdown and radiopharmaceutical supply issues.

7.6 Paediatric Surgery

Cardiff & Vale UHB - Performance data and forecasts

Paediatric Surgery current performance:



Waiting list analysis:

CensusFinancialYearStyle Specialty_WHSSC	2022/23 202211	2022/23 202212	2023/24 202301	2023/24 202302	2023/24 202303
Paediatric Surgery	537	550	529	525	534
Cardiff and Vale University Local Health Board	537	550	529	525	534
Admitted diagnostic intervention	537	550	529	525	534
1 - Up to 4 weeks	50	46	59	59	53
2 - 5-25 weeks	163	182	169	173	188
3 - 26-35 weeks	85	87	86	79	73
4 - 36-51 weeks	114	118	104	108	105
5 - 52-103 weeks	123	117	110	106	115
6 - 104+ weeks	2		1		
Total	537	550	529	525	534

CensusFinancialYearStyle Specialty_WHSSC	2022/23 202211	2022/23 202212	2023/24 202301	2023/24 202302	2023/24 202303
Paediatric Surgery	440	389	363	306	308
Cardiff and Vale University Local Health Board	440	389	363	306	308
New OP appointment	440	389	363	306	308
1 - Up to 4 weeks	137	116	112	88	108
2 - 5-25 weeks	295	263	242	212	197
3 - 26-35 weeks	5	9	9	6	2
4 - 36-51 weeks	3	1			1
Total	440	389	363	306	308

Current Performance

Cardiff and Vale is reporting a significant number of patients waiting over 52 weeks for treatment. In dialogue with the provider, there are a number of contributing factors to the waiting list including paediatric intensive care pressures, 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.

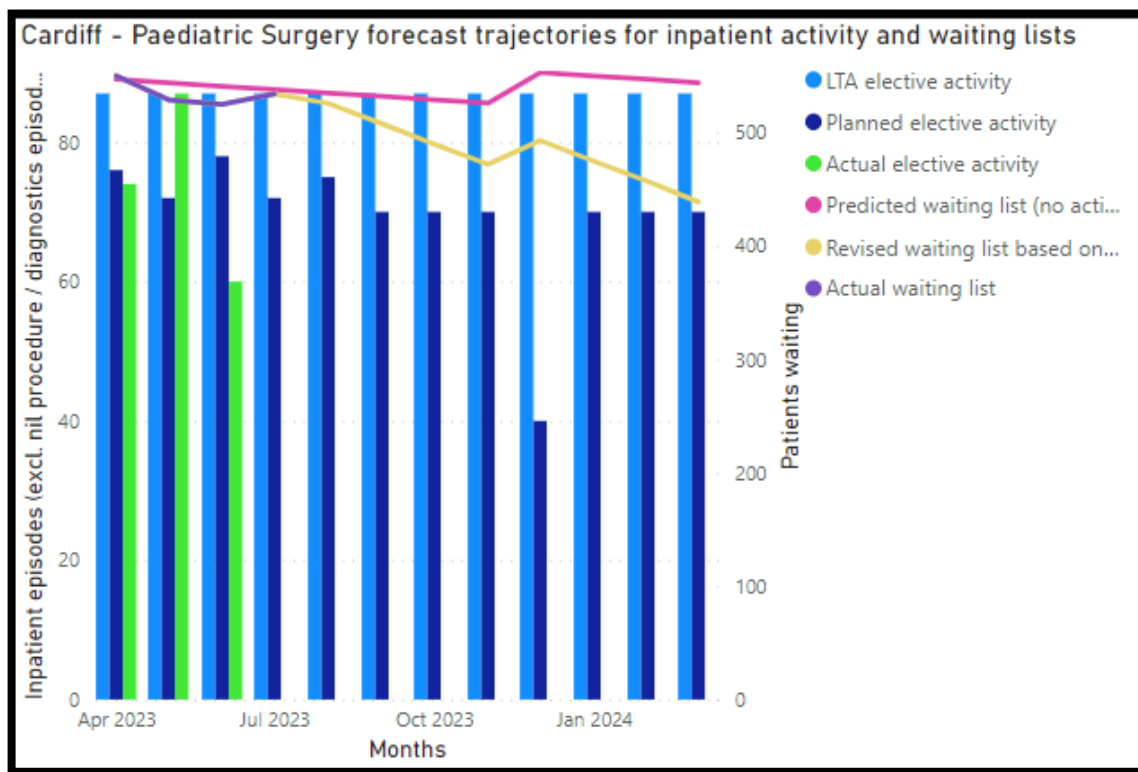
An improvement plan is in place to achieve contract volumes and is being monitored at Executive-led Escalation meetings, and a revised trajectory has been received. Outsourcing remains in place.

What are the main areas of risk?

At this point, the Cardiff service is hitting the amended WG targets for 2023/24 of zero patients waiting more than 52 weeks for new outpatient appointments, or over 104 weeks for inpatients.

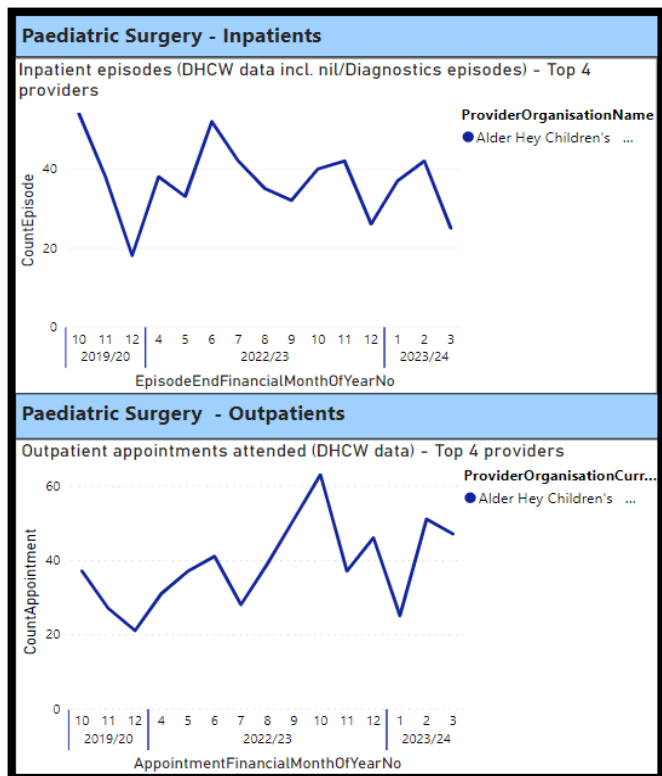
Further improvements to improve the patients waiting over 52 weeks for treatment will need increased delivery above contract volumes.

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			2023/24	
Specialty_WHSSC	201910	201911	201912	202210	202211	202212	202301	202302
<input checked="" type="checkbox"/> Paediatric Surgery	50	49	54	91	93	101	108	99
<input checked="" type="checkbox"/> Alder Hey Children's Nhs Foundation trust	50	49	54	91	93	101	108	99
<input checked="" type="checkbox"/> Unknown	50	49	54	91	93	101	108	99
1 - Up to 4 weeks	18	14	13	22	17	25	13	16
2 - 5-25 weeks	32	35	41	46	53	56	72	60
3 - 26-35 weeks				8	11	4	10	15
4 - 36-51 weeks				14	9	12	12	7
5 - 52-103 weeks				1	3	4	1	1
Total	50	49	54	91	93	101	108	99

Current Performance

Whilst activity totals are very close to pre-Covid levels, however the number of patients on the waiting list has increased. The increase in patient numbers is due to a number of contributing factors including increased referrals, post-Covid backlog and recent junior doctor strikes.

What actions are WHSSC taking?

A face to face visit took place in quarter 1 and Alder Hey reported to WHSSC a robust plan is in place to manage the small number of patients waiting over 52 weeks.

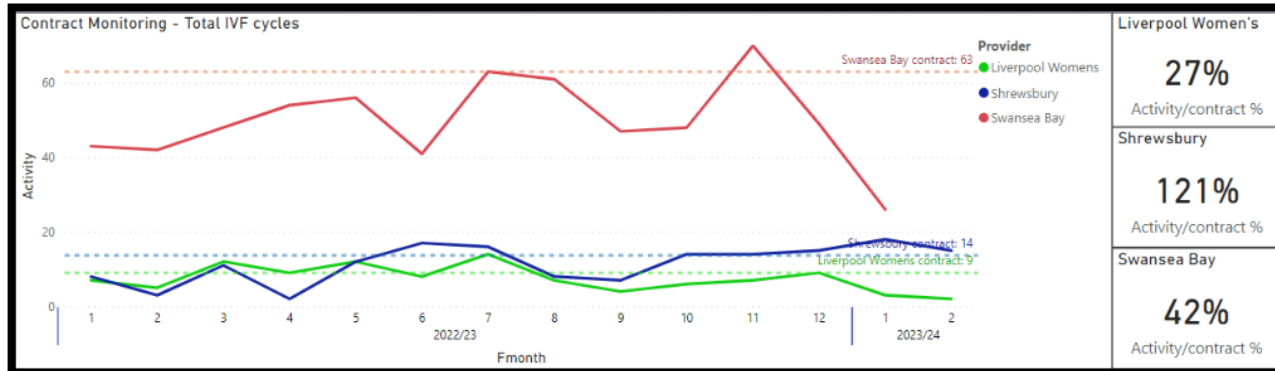
What are the main areas of risk?

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 currently no patients waiting over 104 weeks, and just 1 waiting over 52 weeks at the end of May.

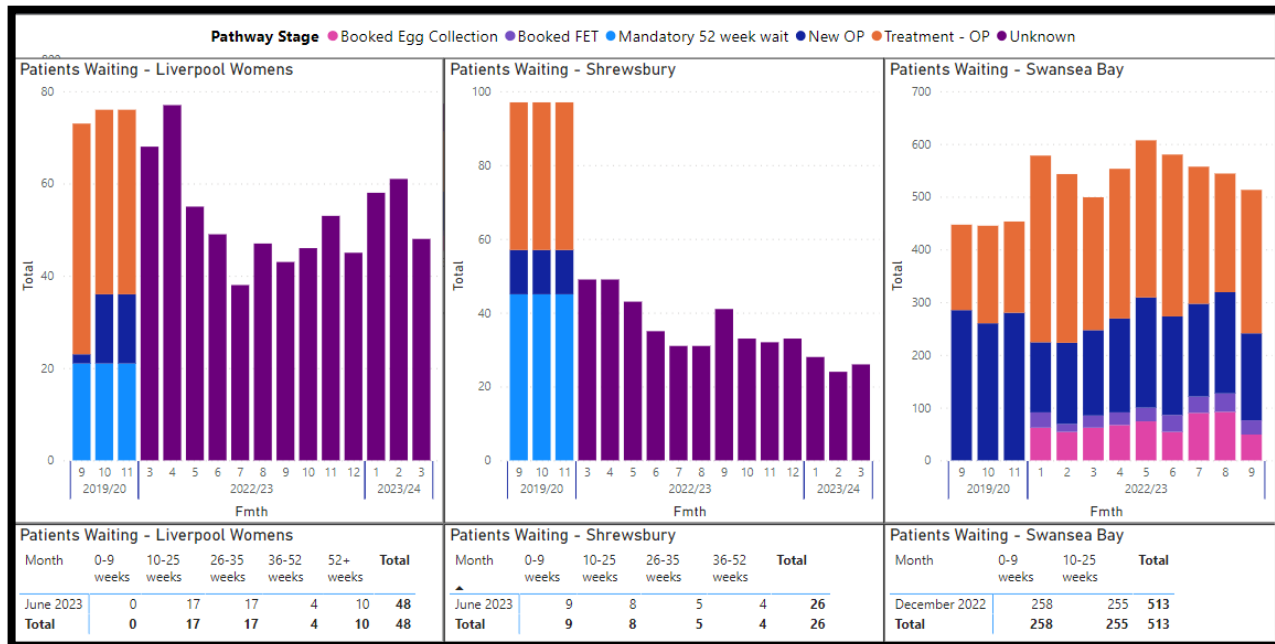
7.7 In Vitro Fertilisation (IVF)

IVF - Performance data and forecasts

IVF current performance:



Waiting list analysis:



Current Performance

A number of concerns regarding the safety and quality of service at the Welsh Fertility Institute (WFI) have been raised through different routes, including the HFEA re-inspection report of January 2023, WHSSC Quality and Assurance meetings, and WFI/IPFR requests.

What actions are WHSSC taking?

WHSSC have placed WFI into escalation level 3.

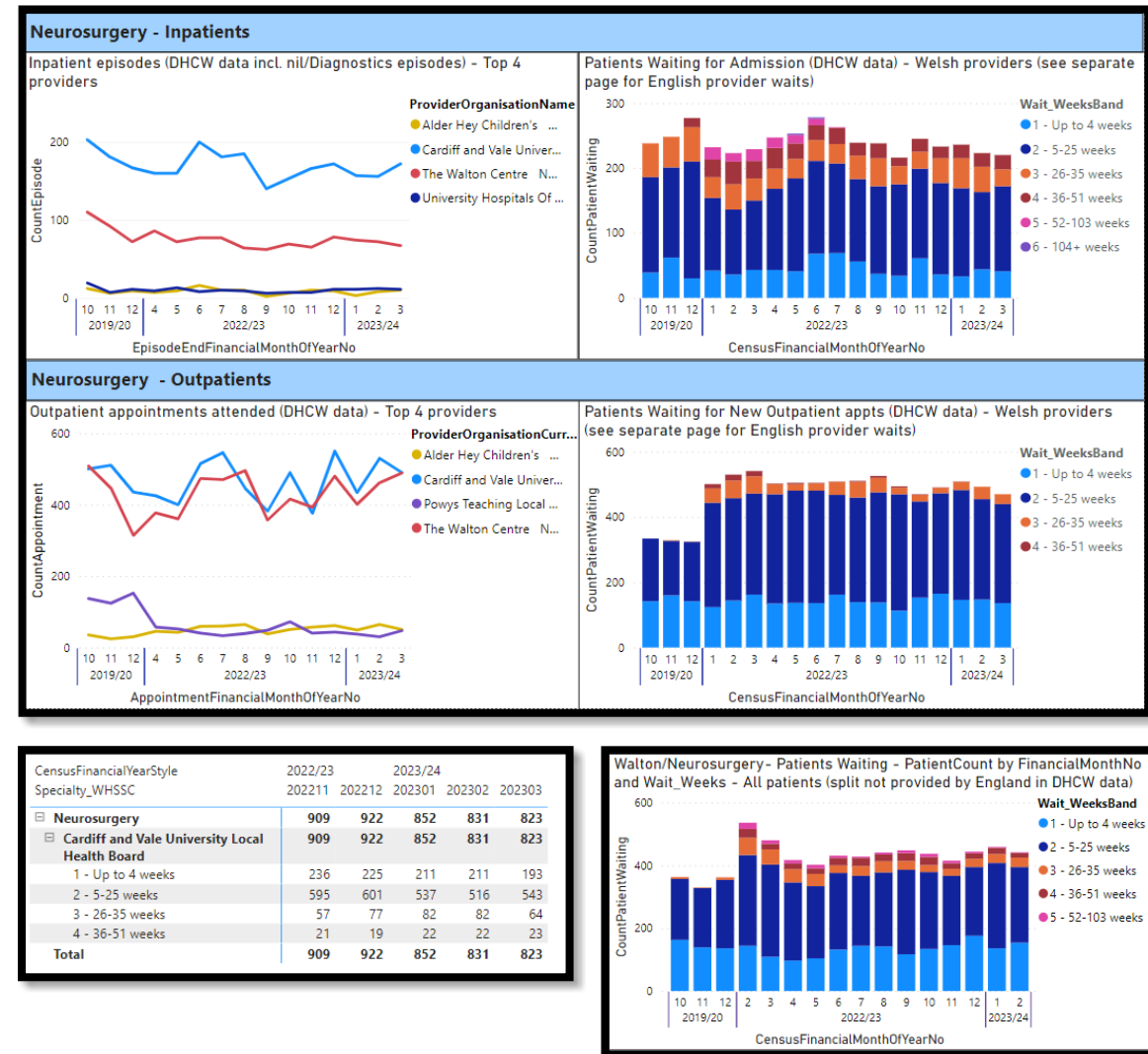
What are the main areas of risk?

Quality and outcomes of the service in general.

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.

The Walton Centre have been requested to provide a trajectory position for the next SLA meeting which is to be held in July 2023 .

What are the main areas of risk?

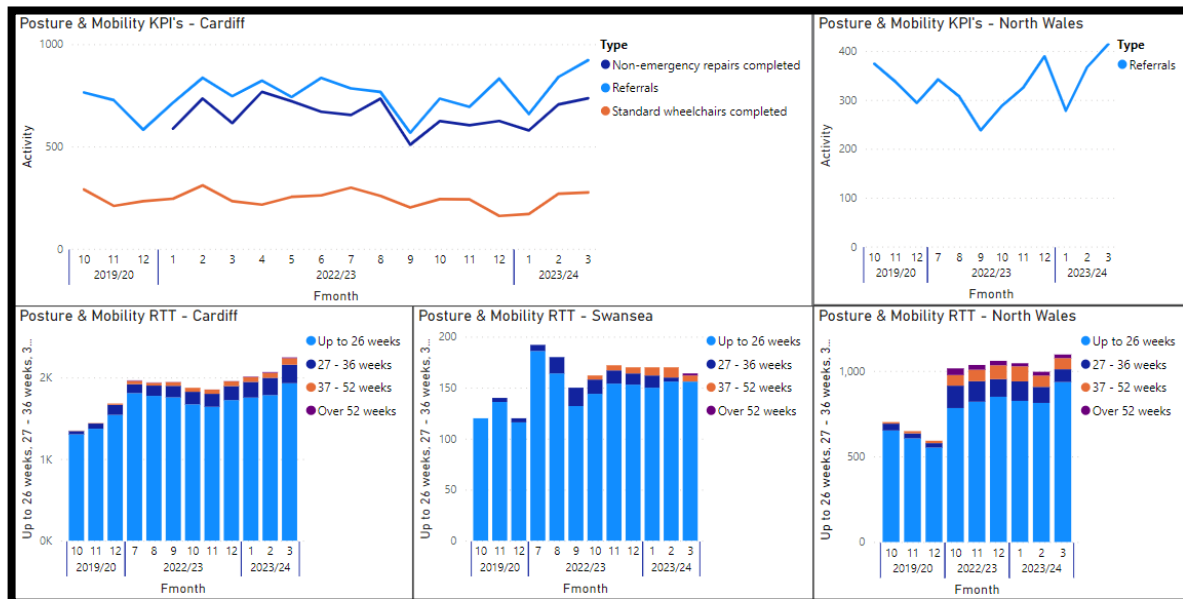
At this point, no patients have been waiting over 52 weeks at Cardiff, and only 4 at the Walton.

However, with increasing waiting lists for New outpatients, this demand will increasingly put pressure on the waiting lists for admission and treatment.

7.9 ALAS (Artificial Limbs Service)

ALAS - Performance data and forecasts

Posture and Mobility referrals and waiting lists:



Month	May 2023					June 2023				
Area	Up to 26 weeks	27 - 36 weeks	37 - 52 weeks	Over 52 weeks	Total waiting	Up to 26 weeks	27 - 36 weeks	37 - 52 weeks	Over 52 weeks	Total waiting
EAT RRT	155	25	15	5	200	165	23	16	1	205
North Wales - Posture & Mobility RTT	813	94	66	22	995	935	75	65	21	1,096
North Wales - Prosthetics RTT	164	6	1	0	171	158	9	2	0	169
South Wales - Posture & Mobility RTT - Cardiff	1,784	212	61	9	2,066	1,930	227	80	9	2,246
South Wales - Posture & Mobility RTT - Swansea	78	2	5		85	78		3	1	82
South Wales - Prosthetics RTT - Cardiff	336	24	9	2	371	363	24	7	4	398
South Wales - Prosthetics RTT - Swansea	187	9			196	223	8	2		233
Total	3,517	372	157	38	4,084	3,852	366	175	36	4,429

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 21 patients waiting over 52 weeks for the North Wales Posture and Mobility services with a plan to clear the backlog by November 2023, and 15 in total for the Cardiff/Swansea services.

Key challenges have been delays in the supply chain, complexity of clients having increased due to the impact of Covid in accessing services, and more lengthy appointments due to complexity needs and staff recruitment challenges.

What actions are WHSC taking?

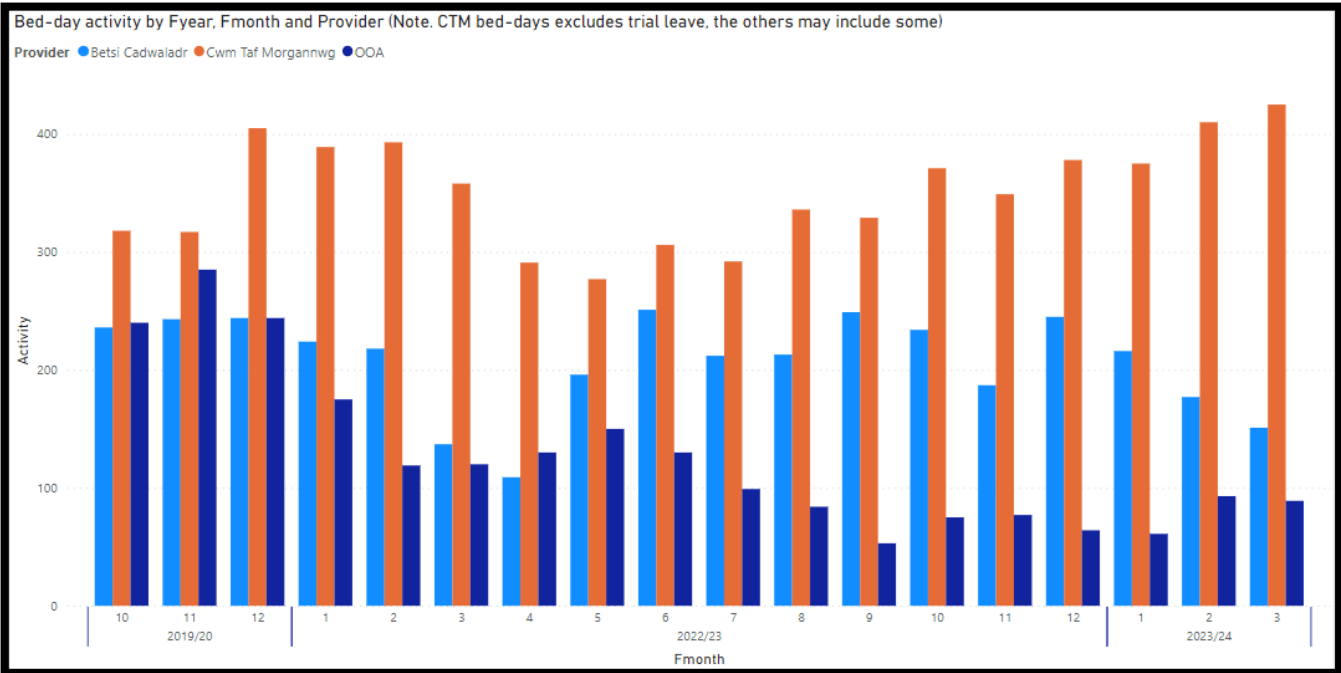
Regular performance meetings with the services. These have led to patient level activity data now being received from all 3 centres, along with the data around patients waiting.

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.

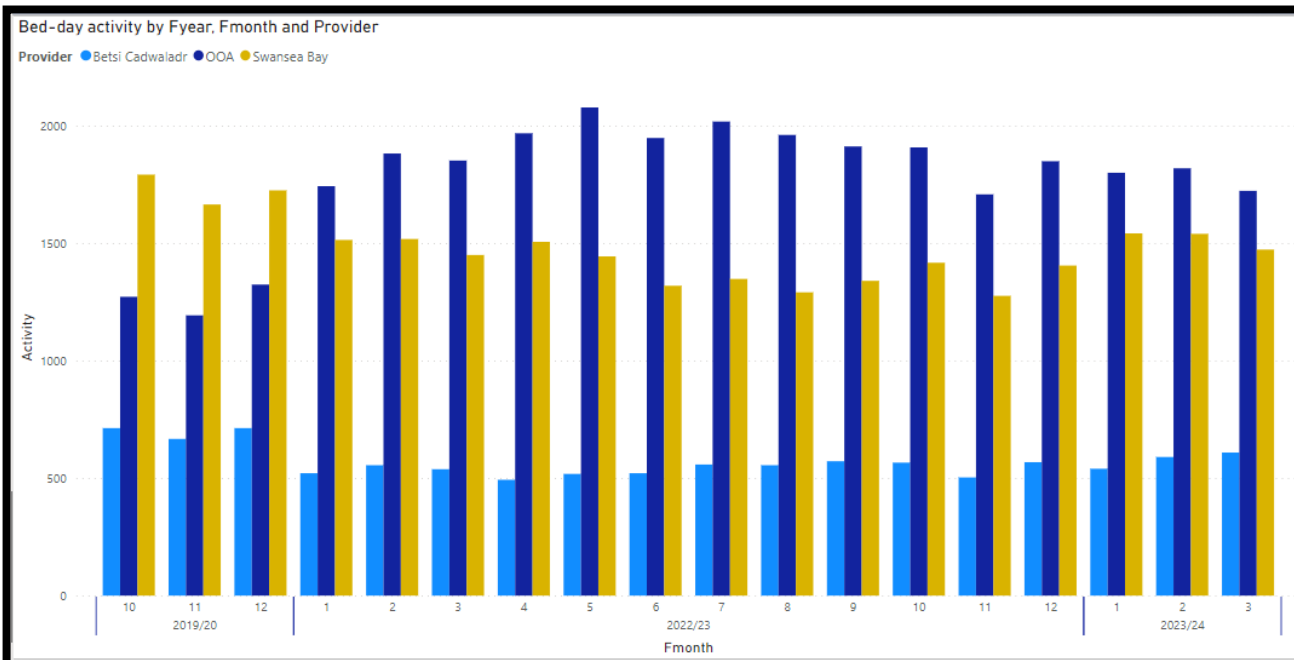
7.10 CAMHS – NHS and Out of Area Placements (OOA)

CAMHS - Performance data	Current Performance
<p>CAMHS current performance:</p>  <p>Bed-day activity by Fyear, Fmonth and Provider (Note. CTM bed-days excludes trial leave, the others may include some)</p> <p>Provider: ● Betsi Cadwaladr ● Cwm Taf Morgannwg ● OOA</p> <p>Activity</p> <p>Fmonth</p> <p>Fyear</p>	<p>Whilst the NHS inpatient CAMHS units are close to pre-Covid bed-days, the use of other providers has reduced.</p> <p>The Ty Lidiard service has been de-escalated from level 3 to level 2 in July 2023.</p> <p>What actions are WHSSC taking?</p> <p>Monthly performance meetings have been set up to monitor progress of NWAS, whilst Ty Lidiard are discussing performance through the escalation process.</p> <p>Bed Panel occurs weekly and discusses bed state with a significant improvement for bed occupancy at Ty Lidiard.</p> <p>What are the main areas of risk?</p> <p>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.</p>

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

Area		2021-22	2022-23	2023-24
Centre	Unit haemodialysis activity (sessions)	11870	12715	3222
	Home dialysis (patients)	198	245	87
	Nephrology outpatient activity (appointments)	2759	4198	1119
East	Unit haemodialysis activity (sessions)	18342	18761	4741
	Home dialysis (patients)	357	349	83
	Nephrology outpatient activity (appointments)	5948	6491	1724
West	Unit haemodialysis activity (sessions)	12646	12167	2894
	Home dialysis (patients)	437	457	107
	Nephrology outpatient activity (appointments)	3951	3030	666
Total	Unit haemodialysis activity (sessions)	42858	43643	10857
	Home dialysis (patients)	992	1051	277
	Nephrology outpatient activity (appointments)	12658	13719	3509

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	1,182
Nephrology activity, inc. IPEL and IPNEL, DC, RDAs, OPN, OPFU, OPP (Nephrology)	9,585	9,262	2,204
Home haemodialysis activity (Home Renal Dialysis)	7,516	7,681	1,898
Peritoneal dialysis activity (Renal CAPD (Dialysis))	21,767	18,643	4,511
Unit haemodialysis activity (Hospital Renal Dialysis)	83,905	90,755	23,599
Transplant activity (Renal Transplants)	97	115	27

Welsh Kidney Network current performance: SBUHB region

	2021-22	2022-23	2023-24
Haemodialysis activity at Morriston units (Hospital Unit Dialysis)	36411	36886	9476
Haemodialysis activity at satellite units (West Wales Dialysis)	26645	26995	7626
Total unit haemodialysis activity	63056	63881	17102
Home dialysis patients (Home Dialysis per Month)	452	401	90
CAPD patients (CAPD per Month)	307	310	82
APD patients (APD per Month)	309	252	68
AAPD patients (AAPD per Month)	63	32	7
PD patients, Sum of: (CAPD, APD and AAPD per Month)	679	594	157
Renal vascular access activity (Renal access GS)	143	162	51
New outpatient appointments (Out Patients New)	811	1111	455
Followup outpatient appointments (Out Patients FU)	9204	9612	2242
Outpatient procedures (OPP)	858	697	23

Current Performance

BCUHB region:

Based upon Month 2 data the trajectory for Unit Dialysis is mixed across the 3 areas, with Centre looking around a 3% increase is the expected level of growth seen in Unit Dialysis year on year. East and West both under-underperforming this demonstrates the need for agility across the Pan-BCUHB for both service provision and financial flow. The Home Dialysis provision in Centre if levels continue will see a significant rise in numbers as much as 37%.

C&VUHB region:

Based on Month 2 data the trajectory for unit dialysis approximately 3% growth, expected level of growth seen in Unit Dialysis year on year, and home dialysis predicting a slight increase from 2022/23.

SBUHB region:

Based on Month 2 data the trajectory for unit dialysis approximately 4% growth, higher than the other 2 regions, along with PD, however Home dialysis is projected to underperform and therefore will a level of focus.

What actions are WHSSC taking?	What are the main areas of risk?
<p>BCUHB region: Discussions are ongoing between WHSSC & BCU. Formal letter issued to IHC Director for YGC regarding renal capacity 18.05.23. Formal letter issued to CEO & Medical Director of BCU regarding Serious Concerns raised as part of the Peer Review Process for Unit Dialysis with BCU 15.06.23. Meeting to be arranged by end of Quarter 2 with CEO & Medical Director (BCU) WHSSC Exec's and WKN Management.</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.</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 4 2023-2024			Agenda Item	4.2
Meeting Title	Joint Committee			Meeting Date	19/09/2023
FOI Status	Open/Public				
Author (Job title)	Interim Director of Finance				
Executive Lead (Job title)	Interim Director of Finance				
Purpose of the Report	<p>The purpose of this report is to set out the financial position for WHSSC for the 4th 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 current financial position and forecast year-end position. 					

WHSSC FINANCIAL PERFORMANCE REPORT – MONTH 4 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 will be shared with WHSSC Management Group on 24 August 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 2023.

3.0 ASSESSMENT

The year to date financial position reported at Month 4 for WHSSC an overspend against the ICP financial plan of £1.069m and a forecast year-end overspend of £0.767m.

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	
Finance/Resource Implications	This document reports on the ongoing financial performance against the agreed IMTP.
Population Health	
Legal Implications (including equality & diversity, socio economic duty etc)	
Long Term Implications (incl WBFG Act 2015)	
Report History (Meeting/Date/ Summary of Outcome)	
Appendices	

FINANCE PERFORMANCE REPORT – MONTH 4

1.0 PURPOSE OF REPORT

The purpose of this report is to set out the financial position for WHSSC for 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	793,332	264,444	266,608	2,164	1,095	(4,202)	(4,969)
EASC (WAST, EMRTS, NCCU)	248,457	82,819	82,819	0	0	0	0
Total as per Risk-share tables	1,041,789	347,263	349,427	2,164	1,095	(4,202)	(4,969)

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 2024/25 Integrated Commissioning Plan and commissioner contribution adjustments will be actioned through the plan as 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)

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.

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing	Annual	Budgeted	Actual to	Variance	Previous	Current	Previous
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Wales							
Cardiff & Vale University Health Board	291,781	97,260	99,364	2,103	1,165	6,310	1,165
Sw ansea Bay University Health Board	121,226	40,409	41,255	846	(426)	2,538	(426)
Cw m Taf Morgannwg University Health Board	11,202	3,734	3,734	0	0	0	0
Aneurin Bevan Health Board	11,914	3,971	3,971	0	0	0	0
Hyw el Dda Health Board	2,110	703	703	0	0	0	0
Betsi Cadw aladr Univ Health Board Provider	47,822	15,941	16,204	263	183	263	183
Velindre NHS Trust	56,290	18,763	18,773	10	10	10	10
Sub-total NHS Wales	542,344	180,781	184,004	3,223	932	9,121	932
Non Welsh SLAs	129,569	43,190	44,972	1,783	852	2,070	1,326
IPFR	42,981	14,327	14,612	285	190	285	0
IVF	5,071	1,690	1,764	74	221	238	221
Mental Health	42,519	14,173	14,472	299	427	1,851	427
Renal	4,959	1,653	1,653	0	0	0	0
Prior Year developments	(11,510)	(3,837)	(2,934)	903	0	1,069	0
2020/21 Plan Developments	32,486	10,829	6,470	(4,358)	(1,551)	(7,216)	(2,138)
Direct Running Costs	4,913	1,638	1,595	(42)	(1)	(58)	(1)
Reserves Releases 2022/23	0	0	0	0	0	(11,563)	0
Total Expenditure	793,332	264,444	266,608	2,164	1,069	(4,202)	767

5.0 FINANCIAL POSITION DETAIL - PROVIDERS

The Welsh SLA provider position at month 4 is an overspend of £3.223m, with significant over performance noted in TAVI and BMT procedures.

There is also significant pass through pressure on immunology and inherited bleeding disorder blood products of £1.594m to date.

The English SLA YTD M4 position of £1.783m is mainly driven by continued drug and devices overspend, with elective activity mostly absorbed within baselines and agreed block arrangements.

There continues to be pressure on the eating disorders budget within the specialised mental health portfolio with £0.755m overspend reported to date. This is forecast to result in a £2.3m variance at year end if the current run rate continues.

These variances are partially offset by the release of provisions in developments for performance and high cost drugs and secured releases of £11.5m included in the forecast position.

The WHSSC running cost budget is currently £42k underspent to date and is on course to achieve the 5% budget reduction applied as a plan saving.

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 M4	2,164	(130)	273	(39)	332	173	305	1,250
Variance M3	1,069	198	75	12	397	67	254	67
Movement	1,095	(328)	198	(51)	(64)	107	51	1,183

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 M4	(4,202)	(1,449)	(73)	(1,051)	(519)	(306)	(32)	(773)
EOY forecast M3	767	121	18	(38)	401	37	247	(18)
EOY movement	(4,969)	(1,570)	(91)	(1,013)	(919)	(343)	(279)	(755)

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%.

This is in addition to a prior year savings target rolled forward of £2.350m

At month 4 it is reported that there is a shortfall of £0.903m against the planned savings target with a forecast variance of £1.069m.

Table 5 – Plan Savings Monitoring

Prior Year Plan Savings Targets	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000	Current EOYF £'000
Existing Medicines Management Optimisation Schemes	(1,600)	(533)	(533)	-	-
Referral Management Schemes	(250)	(83)	0	83	250
Neonatal Out of Area Capacity Reduction	(500)	(167)	(167)	-	-
Sub-total Prior Year Savings	(2,350)	(783)	(700)	83	250
2023/24 ICP Re-commissioning Schemes	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000	Current EOYF £'000
23/24 Medicines Management Optimisation Schemes	(1,000)	(333)	(400)	(67)	(67)
Reduction in Neonatal OOA transfers due to SW capacity	(250)	(83)	(83)	-	-
Target Reduction in Forensic OOA Placements	(1,000)	(333)	0	333	333
Target Reduction in NW CAMHS OOA Placements	(250)	(83)	(83)	-	-
Target Reduction in SW CAMHS OOA Placements	(500)	(167)	(167)	-	-
Target Reduction in Eating Disorders OOA Placements	(500)	(167)	0	167	167
Paeds Contract Rebasng through Strategy Service Reviews	(250)	(83)	(83)	-	-
Device Optimisation C&V	(150)	(50)	(50)	-	-
Device Optimisation SB	(150)	(50)	(50)	-	-
Genetics - Repatriate send out tests to in house	(250)	(83)	(83)	-	-
WHSSC DRC Budget CRP 5% (office optimisation & agile working)	(175)	(58)	(73)	(15)	(15)
Sub Total 2022/23 Re-commissioning Schemes	(4,475)	(1,492)	(1,073)	419	419
2023/24 Disinvestments	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000	Current EOYF £'000
Cardiac Surgery disinvestment C&V	(1,875)	(625)	(291)	334	334
Cardiac Surgery disinvestment SB	(1,395)	(465)	(465)	0	-
Non Recurrent under performance (assume 50% recovery)					-
Paeds Surgery C&V	(150)	(50)	(50)	0	-
Plastics SB	(700)	(233)	(233)	0	-
Bariatrics SB	(90)	(30)	(30)	0	-
Thoracic SB	(125)	(42)	(42)	0	-
Thoracic C&V	(200)	(67)	0	67	67
Renal Activity	(150)	(50)	(50)	0	-
Sub Total Disinvestments	(4,685)	(1,562)	(1,161)	401	401
Total Savings	(11,510)	(3,837)	(2,934)	903	1,069

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. To date £2.884m of savings have been identified.

Table 6 – Schemes 1% Savings Target

WHSSC Pathway Efficiency Savings 2023/24		Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2023/24 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/WHSSC	(0.113)	(0.134)	(0.095)	(0.085)	(0.074)	(0.025)	(0.075)	(0.600)
Cystic Fibrosis - Home IV Service baseline	WHSSC	(0.066)	(0.078)	(0.055)	(0.050)	(0.043)	(0.015)	(0.043)	(0.350)
Total Schemes Identified		(0.574)	(0.332)	(0.752)	(0.609)	(0.314)	(0.086)	(0.218)	(2.884)
% of Savings Target Identified		40%	21%	57%	55%	37%	27%	23%	38%

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 Q1

As at the end of Q1 WHSSC has achieved 99.4% compliance for NHS invoices paid within 30 days by value and 99.5% by number.

For non NHS invoices WHSSC has achieved 97.7% in value for invoices paid within 30 days and 97.5% by number.

This data is updated on a quarterly basis.

11.0 RESPONSES TO ACTION NOTES FROM WG MMR RESPONSES

Please see section 7 for update on savings achievement against plan.

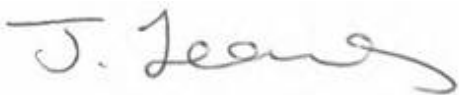
3.1 Following your response to Action Point 2.1, I trust that any financial impact from decisions made on the adopted framework at the Joint Committee (18th July) are urgently taken forward with providers to ensure any corresponding pressures are managed. I look forward to a further update in your next submission. (Action Point 3.1)

Response: The Joint Committee reconfirmed that the WHSSC ICP assumptions of a return to the pre Covid extant contract mechanisms would apply to the WHSSC welsh provider SLAs

12.0 CONFIRMATION OF POSITION REPORT BY THE MD AND DOF



**Sian Lewis,
Managing Director, WHSSC**



**James Leaves,
Interim Director of Finance, WHSSC**



Report Title	South Wales Neonatal Transport Delivery Assurance Group Report (April 2023 - June 2023)			Agenda Item	4.3
Meeting Title	Joint Committee			Meeting Date	19/09/2023
FOI Status	Public				
Author (Job title)	Specialised Planning Manager – Women and Children				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to provide a summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) quarterly report for 1 st of April 2023 – 30 th of June 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"/>
<p>Recommendation(s):</p> <p>Members are asked to:</p> <ul style="list-style-type: none">• Note the highlights of the Q1 Neonatal Transport DAG report,• Note that the full report is shared In-Committee due to potential patient identifiable data; and• Receive assurance that the Neonatal Transport service delivery and outcomes are being scrutinised by the Delivery Assurance Group (DAG).					

SOUTH WALES NEONATAL TRANSPORT DELIVERY ASSURANCE GROUP REPORT (APRIL 2023–JUNE 2023)

1.0 SITUATION

The purpose of this report is to provide a summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) quarterly report for 1 April 2023 – 30 June 2023.

2.0 BACKGROUND

The DAG was established in January 2022, is chaired by the WHSSC Director of Planning and Performance and comprises of representation from all commissioning Health Boards (HB's) covered by the transport service and the three provider HBs at a clinical and managerial level.

The purpose of the group is to provide commissioner assurance on the performance of the service and to address any concerns from commissioners. The DAG meets quarterly and reports directly to the Joint Committee (JC).

3.0 ASSESSMENT

The April 2023 to June 2023 Neonatal Transport DAG report is included in **Appendix 1** of the In Committee agenda item.

3.1 Highlights from the report

- A total of 123 transfers were undertaken in the reporting period (increase of 9.8% from previous year), of which 14 were undertaken at night (decrease of 17.6%). 1 baby was transferred by air,
- CHANTS 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 90% of the time, identifying 3 occasions where the team did not arrive at the baby's cot side within 3.5hrs of the referral call:
 - 1 occasion it was due to the distance to the referral unit, EMRTS unavailable;
 - Referral of twins made close to team handover, babies were deemed clinically stable to defer to the day time team, twin 2 was delayed as the team were transferring twin 1.
- CHANTS confirmed no gaps in service during the reporting period.

3.2 Incidents and shared learning

There have been 5 Datix submissions during the quarterly reporting period, all of which were submitted by HBs. The categorisation of the Datix reports are included in **table 1**.

Table 1: Datix categorisation

Category	Number of incidents
Equipment	1
Operational	1
Clinical	1
Ambulance	2

3.3 Issues and Risks

- It was noted that the July meeting where the report was discussed was not quorate and the report was received for information,
- The interim night service is working to a restricted criteria for night transfers and capacity transfers should only be undertaken when there is no ITU capacity in the Network. An agreed action from the meeting was a review of the night transfer criteria; and
- As outlined in the Managing Directors Report, there have been delays in the implementation of the Operational Delivery Network and discussions are ongoing.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the highlights of the Q1 Neonatal Transport DAG report,
- **Note** that the full report is shared In-Committee due to potential patient identifiable data; and
- **Receive** assurance that the Neonatal Transport service delivery and outcomes are being scrutinised by the Delivery Assurance Group (DAG).

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	Neonatal Transport service and the establishment of the DAG were included in the ICP
Health and Care Standards	Safe CareSafe Care Timely CareTimely Care Individual CareIndividual Care
Principles of Prudent Healthcare	Reduce inappropriate variationReduce 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-managementPeople 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)	-
Appendices	The full April to June 2023 Neonatal Transport DAG report is to be discussed In-Committee.

Report Title	South Wales Trauma Network Delivery Assurance Group Report (Quarter 1 2023/24)			Agenda Item	4.4
Meeting Title	Joint Committee			Meeting Date	19/09/2023
FOI Status	Open				
Author (Job title)	Network Manager				
Executive Lead (Job title)	Director of Planning and Performance				
Purpose of the Report	To provide a summary of the Quarter 1 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s):

Members are asked to:

- Note** the full South Wales Major Trauma Network (SWTN) DAG Report and highlights contained in the cover paper.

SOUTH WALES TRAUMA NETWORK DELIVERY ASSURANCE GROUP REPORT (QUARTER 1 2023/24)

1.0 SITUATION

The purpose of this paper is to precis the South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) report for Quarter 1 2023/24 and to provide a summary of its highlights.

2.0 BACKGROUND

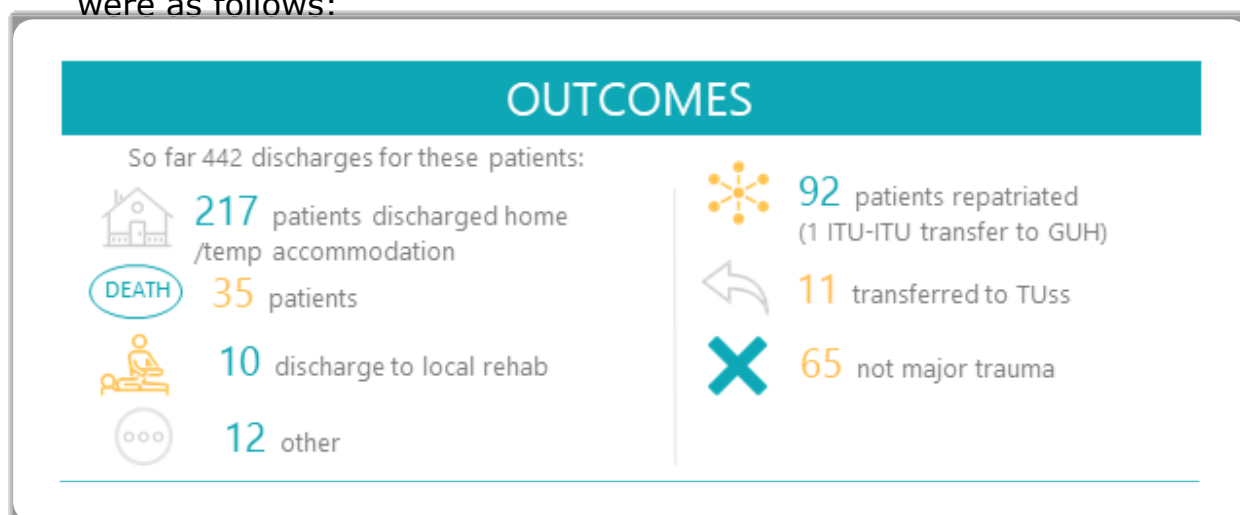
The South Wales Trauma Network was launched in September 2020 with Swansea Bay University Health Board as the network host. WHSSC commissions the Network; assurance on delivery is provided to the Joint Committee via the quarterly Delivery Assurance Group, which includes representatives of all South and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

3.0 ASSESSMENT

The full Q1 SWTN DAG report is included at **Appendix 1**.

3.1 Highlights

- 483 patients were treated in the Major Trauma Centre (MTC) during Q1 (1 April – 30 June 2023), of whom 56% were working age adults, 36% were older adults (65+) and 9% were children. The outcomes for the patients were as follows:



- The MTC has seen 4,181 patients from go-live up to the end of June 2023, of which 35% have been categorised as Silver Trauma. 59% of patients admitted to the MTC are subsequently discharged to their home or place of

residence; 30% are repatriated back to their local health board or out of the network.

- **Training and Education** – Level 2 Emergency Department adult nursing training continues via National Trauma Nursing Core Courses (TNCC). Access to courses remains challenging, although the SWTN education group is exploring options for increasing TNCC provision and the opportunities that the European Trauma Course (ETC) may provide for nursing colleagues across the SWTN.
- As highlighted in the last update, the development of the bespoke Level 2 course for the South Wales Trauma Network in collaboration with Cardiff University continues apace; the associated e-learning materials have been peer reviewed by SWTN nursing colleagues and feedback has been provided. The first courses will run in October 2023 and all 10 places have been filled by SWTN nursing colleagues. It is intended that the course will be run six times per annum for a total of sixty places.
- **SWTN Annual Conference 2023** – The second South Wales Trauma Network annual conference is scheduled for 12 October 2023 in Carmarthen. The conference is a key part of the Network's workplan and development of joint working across the region.
- **Injury prevention bulletins** – The issuing of injury prevention bulletins is due to commence shortly. These will contain links to relevant resources for both staff and the public, and will be based on the most frequent mechanisms of injury from the previous year's data. Public facing resources will be provided to all Health Boards, incorporating links (via QR codes) to relevant online resources in order to help raise awareness and spread safety campaign messages.
- **Trauma Team Activation audit** – As required by the recommendations of the 2022 South Wales Trauma Network Peer Review, a comprehensive audit of local adherence to 'Trauma Team Activation' that will measure real time attendances in all SWTN provider Emergency Departments has been initiated. The ODN Clinical Lead for Governance will analyse the findings, develop recommendations and present the outcomes to the Clinical & Operational Board.
- **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. Gateway 1 and 3 reviews were undertaken prior to operational commissioning of the service. The Gateway 5 Review has been triggered by the SRO and timescales are under discussion with the Welsh Government review team.
- **Peer Review** - A further Peer Review focussing on the operational delivery of the Network will take place in early 2024.
- **Activity and utilisation of the MTC** – This information has now been added to the DAG reports and further work is being undertaken by WHSSC on the risk share arrangements in the context of the ICP process. A paper is being prepared for the October Management Group meeting that will encompass delivery assurance, commissioning and performance management arrangements for ODNs.

3.2 Issues and Risks

- **TARN** – The Trauma Audit Research Network (TARN) is the national clinical audit for traumatic injury across England, Wales, Ireland and a number of hospitals across Europe, and is hosted by the University of Manchester. On 9 June 2023, the University of Manchester advised that it had been the subject of a cyber-attack. As a precautionary measure, the TARN National Major Trauma database was taken offline at midday on Thursday 15 June. Although it was subsequently confirmed that the University's information systems had been accessed and that student and alumni data had been copied, there is currently no evidence of TARN data having been compromised.
- A national meeting of Trauma Network Clinical Directors and Managers, the TARN team and representatives from NHSE was held in June at which a number of directives were agreed, including that:
 - The TARN system will no longer be hosted by the University of Manchester
 - A new TARN platform will be developed within the NHSE data repository as part of NHSE National Outcomes Registries Programme, and that NHS Wales will be able to use the new platform
 - A standardised Excel spreadsheet developed by TARN would be employed as an interim solution.
- TARN coordinators from across the Major Trauma networks have, however, highlighted a number of significant and ongoing concerns, including:
 - A large and growing TARN submission backlog
 - The unknown status of historical TARN data
 - Delays to the availability of reporting, including quarterly dashboards, clinical reports and TARN analytics
 - The reimbursement of TARN fees during the downtime
 - Inadequate communication.
- In view of there being insufficient resource nationally to support the submission of a case backlog, the TARN coordinators have proposed that no data is submitted during the period that TARN is offline. Data collection will recommence only once the standardised Excel spreadsheet is made available by TARN. This proposal – which was supported by ODN and subsequently by the Delivery Assurance Group – will mean there will be a nation-wide loss of data for the affected quarter.
- The Delivery Assurance Group also supported a proposal to extend the South Wales Trauma Network Band 6 TARN Support Manager Role for a further 12 months (within the envelope of the existing ODN budget) in order to support the SWTN's mitigation response to TARN issue, and to support the new TARN system whilst continuing to improve the Network's data quality.
- The Network Clinical Lead expressed concern that the timeline for NHSE to put a new database in place was off-track. WHSSC will write to the NHSE lead to escalate the importance of this being rectified in order to support effective commissioning, clinical benchmarking and evaluation of major

trauma services. It will also be considered for inclusion on the WHSSC risk register as a commissioning risk.

- **PICU service** – Pressure on the PICU service has been evident since the June meeting of the Delivery Assurance Group and paediatric patients were diverted from the Major Trauma Centre to the neighbouring Major Trauma Centre in Bristol on three occasions in June and July. A debrief identified a number of required improvements and the paediatric lead for the South Wales Trauma Network is undertaking a review of the relevant policy.
- **Clinical Lead roles** – The MTN clinical leads have recently completed their agreed two year secondments and the posts are due to be advertised shortly.
- **Major Trauma ICU Capacity** – As noted in previous updates, concerns with Major Trauma ICU capacity and the rehabilitation requirements of post-transfer patients have necessitated that an ICU to ICU repatriation evaluation be undertaken by the ODN. A report has been completed and is currently subject to the SWTN's governance processes.
- **SWTN Orthoplastic Service** –The ODN will be supporting an Orthoplastic 'deep dive', working with colleagues in SBUHB and the MTC to ensure the delivery of a robust service across both sites. Any service deficits will be highlighted; the outcomes of the exercise will underpin subsequent service development or commissioning recommendations.
- **Landing pads** – Prior to the operational launch of the SWTN, all Health Boards were asked to facilitate the timely repatriation of patients for 'care closer to home'. This was to be enabled by the formation of 'landing pads'. The ODN had, however, identified that more work was needed to define what landing pads should look like from a Network perspective. This work is now complete, and the Network has developed a list of criteria that will assist Health Boards when defining their landing pads or landing pad team.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the full South Wales Major Trauma Network (SWTN) DAG Report and highlights contained in the cover paper.

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	Not applicable
Appendices	Appendix 1 – South Wales Major Trauma Network (SWTN) DAG Q1 Report

South Wales Trauma Network

Operational Delivery Network

Quarterly Delivery Assurance Group Report for Joint Committee
August 2023

This report follows Clinical and Operational Board held on 20th July 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 1 of 2023/24 (1st April 2023 -30th June 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 Major Trauma Database Activity between 1st April 2023 and 30th June 2023.

DEMOGRAPHICS

483 patients treated at the MTC with an incident date between 1st April & 30th June 2023. Of these patients 56% were adults, 9% were paediatric patients and 36% were aged 65+.

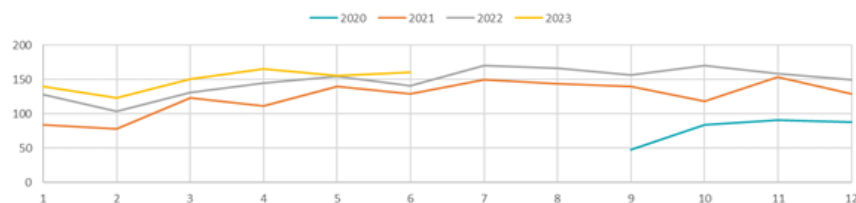
* Note that this information has been extracted from the Major Trauma Database. It includes stays at UHW, UHL and Children's Hospital for Wales.

Median age **54**
65% male
NHS 414 (86%) with NHS no.
438 (91%) 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

188 (39%) CAVUHB
100 (21%) ABUHB
55 (11%) CTMUHB
39 (8%) SBUHB
35 (7%) HDUHB
5 (1%) PTHB
36 (7%) Out of network/Other
24 (5%) Unknown

TRENDS IN INCIDENT NUMBERS BY MONTH



Icons by isons8.com

MECHANISM OF INJURY

166 (34%) vehicle incident	171 (35%) fall < 2m	76 (16%) Fall > 2m	16 (3%) stabbing & weapon
<5 burn	<5 suspected self harm	17 (4%) sport	<5 shooting & weapon
<5 suspected high risk behaviour	16 (3%) other	12 (2%) alleged assault	<5 alleged intent (non assault)
<5 skeletal/ Organ/ Vessel Destruction	<5 inconclusive	<5 amputation (total)	<5 amputation (partial)
<5 Non Accidental Injury	<5 non intentional	<5 blow(s)	

OUTCOMES

So far 442 discharges for these patients:

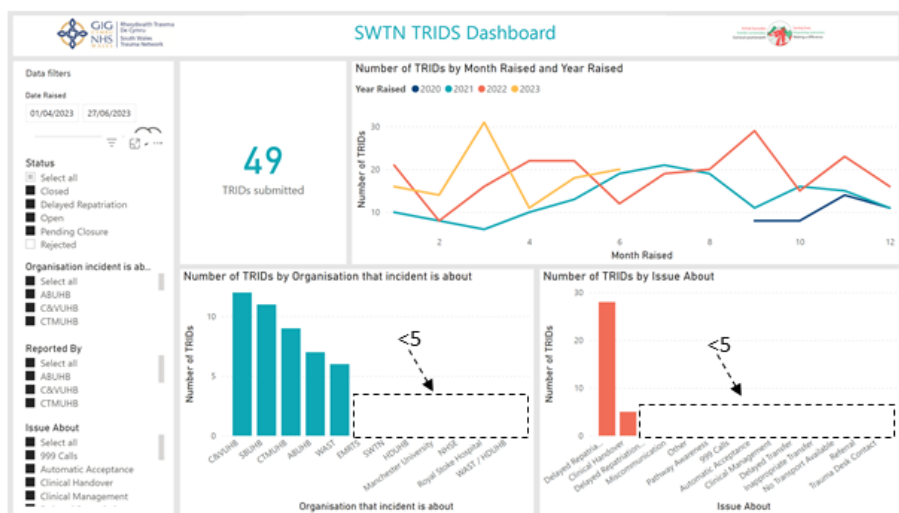
217 patients discharged home /temp accommodation	92 patients repatriated (1 ITU-ITU transfer to GUH)
DEATH 35 patients	11 transferred to TUs
10 discharge to local rehab	65 not major trauma
12 other	

TUs/LEH/RTFs

234 patients treated at Morriston in Q1	210 patients treated in HDUHB hospitals in Q1	225 patients treated at GUH in Q1
218 patients treated at CTMUHB hospitals in Q1		

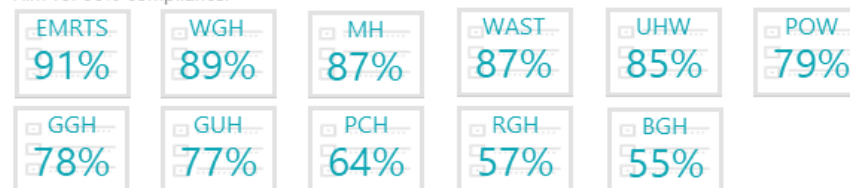
South Wales Trauma Network Activity between 1st April 2023 and 30th June 2023

TRID SUMMARY



SITREP COMPLIANCE

Aim for 90% compliance.



GREATix

5

nominations for teamwork, support, leadership and communication



EDUCATION



SWTN training platform is now live.



Review and editing of TTL and pre-hospital scenarios is complete and development of associated e-learning packages commenced



ED level 1 nursing portfolio currently under review to convert to e-learning linked to myESR



Level 2 nursing course development in collaboration with Cardiff University. First course will be held October 2023.



Planning of second South Wales Trauma Network conference due to be held October 2023



Network wide spinal injuries association study days facilitated

Icons by isons8.com

Performance Management & Governance

There has been 3 adult & paediatric case quality review (CQR), followed by 2 formal governance meetings 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

A project to convert the learning portfolio of the Level 1 training into e-learning and linking with 'myESR' nurse training is in progress. The e-learning aspect is currently in development has had a first review by both the SWTN Matron and ED colleagues, further reviews of subsequent edits and drafts will continue.

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 – consultation on the new proposal for the peer review system has been shared with national colleagues, awaiting outcome.

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 has been peer reviewed by SWTN nursing colleagues and feedback provided. The first courses will run in October 2023, and will be peer reviewed as per the new NMTNG guidelines to ensure it meets the Level 2 competency frameworks. The SWTN have secured 10 places on every course for nursing colleagues across the SWTN and this allocation is managed by the Senior Matron. All places for the October courses were filled with SWTN nursing colleagues. 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.

A second Welsh ETC course was hosted in C&VUHB in May 2023, building the instructor case from South Wales region further. We await future dates for the next ETC.

The national plan for Level 1 ward nursing e-Learning development continues which we would hope to adopt across the SWTN.

A DSTS course was well attended by Welsh surgical colleagues in June, supported by 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 final training day is planned for October 2023.

Insight Discovery days were held in July 2023 for the MTP/RC/SWTN community to encourage team working and building at a network level. A further date is in planning for October/November 2023 for the ODN team, incorporating the clinical leads for the SWTN.

The second SWTN conference is planned for October 2023.

Trauma Audit & Research Network (TARN)

Please see TARN data SBAR which will be discussed during the meeting.

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 sited as the issue.

April 2023

There were 11 TRiDs raised in April 2023

Main themes were:
Delayed repatriation
Clinical handover

May 2023

There were 19 TRiDs submitted in May 2023

Main theme was:
Delayed repatriation
Clinical handover

June 2023

There were 21 TRiDs submitted in June 2023

Main theme was:
Delayed repatriation
Clinical handover

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 2**).

From March to June 2023 there were 5 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 acknowledge that the Clinical Directors' post within the South Wales Trauma Network has been extended a further six months.

Since the last Delivery Assurance Group meeting in June, there has been excessive pressure on the PICU service. On three occasions: 16th-19th June 2023, 21st June 2023 and 8th-10th July, Paediatric patients were diverted from the Major Trauma Centre where mutual aid from neighboring Major Trauma Centre in Bristol was agreed. During this period, welsh Paediatric Major Trauma patients were treated and transferred to a Bristol's PICU. Following these diverts, a debrief meeting took place to review the policy and areas of improvement were identified. The paediatric lead for the SWTN is there for undertaking a review of the policy and will submit it to governance process.

TARN has recently experienced a cyber-attack which this has been a very difficult situation for the network and all involved. The ODN have supplied an in depth paper for reassurance that we have looked at all possibilities moving forward and to look for direction from the Delivery Assurance Group on how we move forward.

The Cardiothoracic Unit has been allocated to Swansea Bay 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 have made the decision to support a deep dive working with our 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. We endeavour to highlight any lack in services and work with our orthoplastic and MTC colleagues. The outcomes of this deep dive will form the basic information to be able to drive our service forward. The ODN will bring this paper back to the governance process to seek direction and to highlight areas which require funding or divert of funds.

The open fracture direct access to Swansea Bay University Health Board has been agreed on principle by all parties although WAST are asking for reassurance on the offload statistics outside Morriston General Hospital. This is being taken forward by our clinical director.

Concerns: Clinical

1) Orthoplastic

The ODN in conjunction with the Orthopaedic, plastic surgery and Morriston EM consultants agreed a policy for open fractured being taken straight to Morriston. This was on the guarantee of a ring fenced bed and suitable referral pathways. WAST have subsequently rejected the policy and want assurances in relation to offload times in Morriston. The ODN and the network as a whole are unable to provide such assurances, and so a further meeting between ourselves and WAST is to be arranged as soon as possible.

2) Trauma Team activation audit.

The audit is undergoing the data collection phase. We are currently half way through with 5 units being visited to date. These include Morriston ED, HDdHB and The GUH. The report will be constructed shortly after data collection has been completed.

3) Rib Fixation and Thoracic trauma

Task and finish groups have been arranged and are due to meet in September. These have been slow to get going but it is hoped the rib fixation pathway will gain momentum as the meeting become more regular.

4) Paediatric Clinical Lead Role

We are delighted to welcome an existing NHSW colleague into the ODN as a substantive Paediatric Clinical Lead. This staff member has shown excellent leadership during her interim post and was successful at interview. They have thrown herself into the paediatric escalation policy in light of several episodes of PICCU capacity issues at the MTC in recent months. This is ongoing but will assist in future issues and make clear the pathways to escalate in and out of hours.

5) Clinical Lead Roles

The clinical leads for each have completed the two years of their secondments. Due to a number of senior interim leadership posts being taken up in the network, these contracts have been extended but will be advertised after the next DAG meeting having gone through the appropriate chain of approval.

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 23 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 has been carried out by ODN. Document has been submitted to Governance, COB and DAG process.

- SWTN Orthoplastic Nursing Service- The split orthoplastic model within the SWTN coupled with the constraints of launching the SWTN during the Covid pandemic has encouraged a silo SWTN orthoplastic working model between C&VUHB and SBUHB resulting in a vulnerable orthoplastic nursing workforce in the MTC.

Mitigation- ODN to progress a collaborative resolution with the MTC and Orthoplastic service based in SBUHB through the formal ODN & Orthoplastic meeting agenda as a priority.

There are currently 4 live issues.

One issue is high priority, and the mitigations can be found in the Issue Register:

- 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

The rehabilitation medicine model embedded within the SWMTN continues to function effectively, delivering early rehabilitation assessment and specialist advice across the network. Swansea Bay UHB, Hywel Dda UHB and CTM UHB have appointed to the 4 sessions funded. A consultant colleague has moved to the National Rehabilitation Facility in development at Stanmore Hall and this has created a temporary vacancy within the MTC. There is a locum consultant post due to be advertised shortly with a substantive post in development. The additional welcome investment from WHSSC for consultant rehabilitation medicine sessions within neurosciences including spinal injury rehabilitation has necessitated a review of the configuration of posts to ensure that the breadth of expertise required can be delivered within attractive consultant posts. Confidence is high that we will recruit to the new consultant posts.

Whilst the consultant sessions for Aneurin Bevan UHB are not substantively filled, patients from the health board are reviewed in the TBI clinic within Cardiff and Vale UHB within a weekly clinic and consultant advice is available.

A third rehabilitation medicine trainee post is in development with HEIW and we await confirmation of funding.

Patient Recorded Outcome Measures (PROMS)

The SWTN is piloting a national trial for the role out of PROMs in our Trauma Units.

This role out was carried out by a project manager, now the scheme is up and running the maintenance of the project is under the remit of the Lead AHP for SWTN.

We remain in regular contact with Quality Health regarding the completion rates per HB. We are working with each HB to ensure strategies for completion are optimum for each team.

Cedar are evaluating the Welsh translation.

We are looking forward to the PROMs reports via TARN which will give us a unique insight into the pts perspective of our Trauma Units and a greater understanding of our long-term outcomes.

A novel piece of research has also been carried out which highlighted that our male population, those whose mechanism of injury is a fall of less than two metres and those who have an Injury Severity Score of greater than 12 are less likely to respond to 6 month follow up PROMs. It is the ambition that this can be further developed into a predictive tool. This will enable us to focus our attention on these patients in order that improved levels of feedback can allow us to better evaluate our services.

Workforce & Service Development

In the next upcoming Workforce and Service Development Meeting on 18th September, we have asked for all health boards to feed back their delivery against their peer reviews to give assurance to the ODN that the peer review is at the centre of their focus moving forward. The next peer review is due April 2024. The ODN is striving to ensure that we support the health boards in adhering to their peer review outcomes.

The ODN are going to update the health boards 2021 Trauma Unit Quality Indicators and the 2022 Pre-hospital Quality indicators.

The ODN have asked the health boards to forward us their CIAG and EASC proposals for 2023 & 2024 and present these at the next meeting in September.

Through the workforce and Service Development meeting, we have worked with HR throughout south wales to draft a contract which will enable us to deliver and enhance our patient care and service. This has been signed by all Health Boards although, Swansea University Health Board have raised queries which they would like to raise at the next meeting before finalisation.

Outstanding Service Specification

The SWTN will imminently embark on a Welsh Government Gateway 5 Review. Gateway 1 and 3 reviews were undertaken during the programme phases of setting up the network prior to operational commissioning of the service. The Gateway 5 review was recommended within the Gateway 3 review in order to provide assurance regarding the programme of work when operational

and will deliver a peer review of programmes and projects in order to provide assurance and confidence of delivery to the Senior Responsible Officer and Delivery Assurance Group.

The Gateway 5 review forms part of the robust evaluation programme the SWTN committed to delivering prior to launching the network. A further peer review regarding the operational delivery of the network will take place in early 2024.

The WHSSC CIAG process for funding requirements 2024/25 have recently been submitted. The WHSSC commissioned major trauma services the MTC, Orthoplastic's and the ODN submitted individual CIAG proposals in order to support the overall delivery of major trauma services across the SWTN both to support the overall direction of travel and in response to the lived experience of the network. The outcomes of the CIAG proposals will be received later in 2023.

The Veteran Trauma Network Wales (VTN Wales) were successful in the submission of an application with the Covenant fund to secure funding for a Veteran Health post based in C&VUHB though the individual will also work with the VTN Wales throughout Wales. In collaboration with a Defence Medical Welfare Service (DMWS) officer a formal support network is now being offered to all VTN referrals. The ODN and the Armed Forces Covenant and Veterans Healthcare Collaborative Lead are working together to develop the VTN programme of work for formal development of the service and to formalise a MDT led process around the management of VTN Wales referrals that echo's the more established service offered in VTN England.

The second SWTN annual major trauma conference will be held in October 2023. The conference will be hosted by stakeholder organisation Hywel Dda University Health Board. The conference is entitled 'From Roadside to Recovery' and ODN are currently developing the agenda and key note speakers.

The SWTN major trauma element of the Orthoplastic service is currently undergoing a full service review led by the ODN. The review of the service will analyse finance and workforce elements of service delivery across both the MTC and Morriston in juxtaposition to required activity. The service evaluation will consider both acute and elective service provision to provide a complete assessment of current service provision and inform any further considerations of recommendations.

Benefits Realisation

The benefits realisation plan as described in the Programme Business Case details a total of twenty benefits to be achieved in full or in part where appropriate over the initial 5 years of becoming an operational Major Trauma network. Eleven of these were anticipated to be achieved in year 1 of the Programme going live and have been evaluated within the formal SWTN One Year Evaluation.

The benefits realisation table includes the measureable metrics considered by the ODN as the network reaches its third year in operation. The table also includes the SWTN current position against each of the measurable outputs.

In depth analysis of the Benefits Realisation Plan will take place by members at the Delivery Assurance Group meeting on 29th August 2023. Any further updates against delivery of the plan will take place thereafter.

Achievements

Injury prevention bulletins to commence in line with the Governance scheduling with links to relevant resources for both staff and the public. These will be based on the most frequent mechanisms of injury from the previous year's data for the same time period. There will be public facing resources provided to all HB's with QR code links to online resources relevant to help raise awareness and spread safety campaign messages.

A comprehensive audit of local adherence to 'Trauma Team Activation' has begun in response to recommendations as a result of the SWTN Peer Review in 2022. The audit is taking place by auditing real time attendances in all SWTN provider Emergency Departments. The ODN Clinical Lead for Governance is responsible for obtaining the audit and presenting the results to the Clinical & Operational Board for analysis of findings and the development of recommendations thereafter.

Specific Organisational Updates

MTC update

TARN

Please see below regarding the TARN system:

On 9 June, the University of Manchester confirmed it had been the subject of a cyber-attack. The University confirmed on 23 June that systems have been accessed and student and alumni data have been copied. Individuals have been informed of this cyber incident and offered support and advice to further protect their data.

As a precaution, The Trauma Audit Research Network's National Major Trauma Database (TARN) was taken offline at midday on Thursday, 15 June.

An investigation relating to the cyber security breach has been coordinated by the University of Manchester and national cyber and crime agencies. Communication has been sent from NHS England to Chief Information Officers at trust and regional levels and to date there is no reported evidence of NHS data compromise.

It has been made clear that the TARN system will not be re-established in its previous form through the University of Manchester. As a result NHSE is to establish a new data collection system that incorporates TARN data set requirements but will be hosted within an NHS England data repository as part of NHSE National Outcomes Registries Programme.

Activity

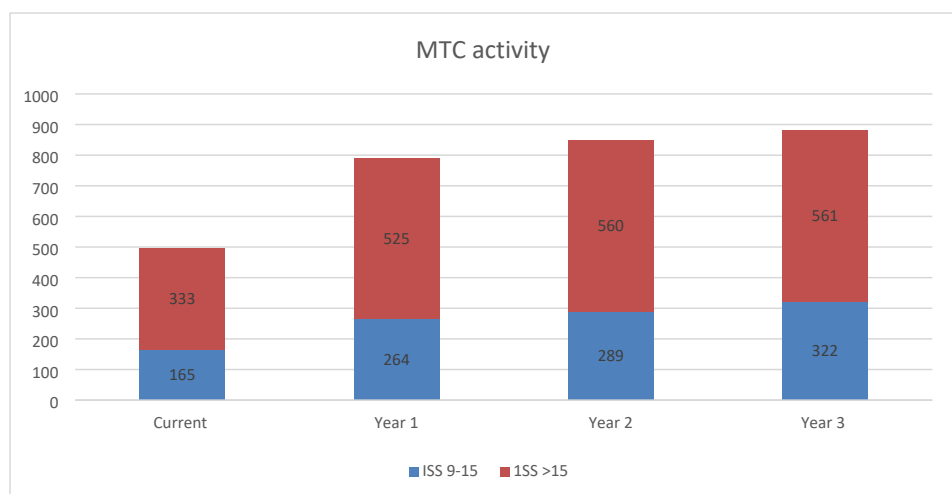
The Major Trauma Centre has seen 4481 patients from go-live up to the end of June 2023 with 35% of the patient population categorised as Silver Trauma. The Polytrauma Unit (PTU) has

admitted/treated 1143 patients for the same period, breakdown by Health Board is below. Please note these are patients who were admitted to the PTU as their first destination. A number of patients will spend time in Critical Care or other high dependency areas then step down to PTU.

UHB	Number of admissions
Aneurin Bevan UHB	205
Betsi Cadwallader	5
Cardiff & Vale UHB	398
Cwm Taf Morgannwg UHB	195
Hywel DDa UHB	132
Powys LHB	21
Swansea Bay UHB	84
Other	103

Overwhelmingly, a large majority of patients admitted to the MTC are subsequently discharged to their home/place of residence (59%), with 30% repatriated back to their local health board/out of network. The MTC would like to acknowledge and highlight the continued efforts made by the Network and Neighbouring Health Boards in facilitating repatriations and in turn supporting the flow of major trauma patients into the MTC.

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

Rehabilitation

Paediatrics

We continue to see a rising number of paediatric patients who require complex rehabilitation.

We are continuing to develop the options appraisal for a specialist rehabilitation facility within the CHfW. This is an ongoing piece of work with WHSSC.

Scoping work has started alongside paediatric MTC's within NHSE to investigate the use of a standardised tool to assess the family's needs, following admission to an MTC.

Adults

PROMs delivery has continued to climb, thus ensuring we are able to obtain an increasing amount of feedback in order to evaluate and tailor follow up services.

Discharge rates from PTU remain consistently high, yet again show-casing the success of the hyperacute rehabilitation model.

WHSSC strategy for specialist rehabilitation is continuing to progress and we are currently reviewing data with a view to analysing flow through MTC to specialist rehabilitation.

Rehabilitation prescriptions are being made available to patients with increasing regularity.

Poly-Trauma Unit

Recently there have been significant staffing challenges for the Polytrauma Unit (PTU) nursing team while we await recruitment processes to finalise but will soon welcome 5 new streamlining nurses to the unit. The Practice Educator for Major Trauma Martyn Bowden, has developed a robust induction programme alongside a bespoke Nursing and Midwifery preceptorship programme to support the newly qualified nurses in their first nursing posts.

We continue to support the Plastics Dressings Clinic from within the PTU nursing team, which helps to deliver a quality service to patients but presents additional challenges for meeting the nursing establishment.

Despite the staffing challenges that we continue to face, the nursing team provide high quality care to patients on the PTU.

Tenable audit data demonstrates 94.9% compliance against the Core Standards (July 2023) and 93.9% against Infection Prevention and Control audit standards (May 2023).

Since the beginning of 2023 there have been no cases of hospital acquired infections and no formal patient concerns relating to care received on the PTU.

PTU Practitioners

Our team of Polytrauma Practitioners continue to develop and progress their role on the PTU. The role of the PTU Practitioner was a newly created and unique role introduced with the establishment of the MTC and PTU. Nurses were recruited into these posts from a range of backgrounds and expertise. PTU Practitioners cross a wide range of speciality teams and require a wide-ranging knowledge and skills base to effectively manage complex polytrauma patients. 6 out of 7 of the Practitioners are now fully MSc qualified and have non-medical prescribing qualifications. The 7th member of the team, who joined most recently, has commenced on the Advanced Practice Masters' pathway and will be supported to complete this qualification including the non-medical prescribing element.

The PTU Practitioner team have been working collaboratively with the new Clinical Lead for Major Trauma Education Dr Nadiah Spencer, to identify key topics and skills deficits to address their training and development needs through a dedicated programme of supportive and targeted education.

Quality Improvement projects

Members of the PTU nursing team have recently undertaken training to learn to use new Thopaz digital chest drain systems which will be introduced onto the unit shortly. The benefit of these new chest drain systems is that they allow patients to mobilise much earlier and more easily with indwelling intrathoracic drains. This means that patients will be able to undergo more intensive therapy at an earlier phase of their care which will hopefully improve recovery and reduce hospital length of stay.

Members of the wider PTU multidisciplinary team are undertaking a quality improvement project to improve compliance against the major trauma standard T16-2C-106 *Formal Tertiary Survey*. This standard requires all major trauma patients to undergo a formal tertiary survey to identify missed injuries. This project was instigated by one of the PTU Nurse Practitioners - Alex Winterburn. Alex has completed an initial audit and is working with the Clinical Lead for Major Trauma Education, Dr Nadiah Spencer to develop and deliver tertiary survey assessment training to the wider major trauma team (including Nurse Practitioners on PTU, ACCP's in Critical Care and Junior Doctors) and will review compliance following the implementation and cascading of training. The aim is to be able to replicate this quality improvement across the MTC to improve standards for the whole major trauma patient cohort.

WAST update

As reported in the June update we have continued with the roll out of the Cymru High Acuity Response Unit (CHARU) with 100 staff now trained and operational pan Wales. Further recruitment and education sessions are planned for the Autumn to increase the numbers to our funded establishment. They continue to attend the highest acuity calls including Out of Hospital Cardiac Arrest and major trauma to bring clinical leadership to the most challenging incidents.

A recent clinical audit was undertaken by a senior paramedic Trauma Desk in relation to compliance with the Tranexamic Acid (TXA) patient group directive (PGD) and the South Wales Trauma Triage tool highlighted areas of good practise.

- 96.7% of patients were administered TXA in line with the PGD criteria.
- 92.5% of patients received TXA within three hours of injury/bleed.

Areas for improvement include the contact with the trauma desk regarding all patients with suspected major trauma and where TXA is being considered.

Interviews are being held as a secondment as a Senior Paramedic Trauma desk. This vacancy occurred after the postholder took a secondment within a partner NHS Trust. A paper was submitted and approved at the SWTN clinical and operational board to progress with the peer review recommendations for one organisation too have 24 hour responsibility for the trauma desk.

Our Senior paramedics have carried out 771 operational ride outs with staff this year as part of their clinical leadership and mentorship programme. They continue to emphasis on the ride outs and in general the partnership work with SWTN highlighting the requirement to have clinical discussions with the trauma desk clinicians when major trauma is present of suspected to ensure optimum patient care and disposition to the correct treatment centre.

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 included 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 Specialised MTU	2.879	2.879	0
Swansea Bay ODN	0.708	0.708	0
WAST Pre Hospital Care	0.651	0.651	0
Major Trauma Total 23/24	16.425	16.425	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.

4 MTN schemes have been submitted into the Clinical Impact Assessment Group prioritisation process held in August 2023 for consideration in the 2024/25 WHSSC ICP.

Commissioner Utilisation

WHSSC will review the MTC utilisation against the initial Welsh Government population allocations and subsequent commissioning Health Board investments as part of the wider WHSSC risk-sharing review in development of the 2024/25 Integrated Commissioning Plan.

The 22/23 MTC activity is set out below:

Cardiff MTC Activity only	AB	C&V	CTM	HD	Po	SB	Out of Network / Unknown	Total
Q1 April - June 2022	75	163	62	33	9	33	62	437
Q1 Utilisation %	17%	37%	14%	8%	2%	8%	14%	100%
Q2 July - September 2022	87	174	71	63	10	44	46	495
Q2 Utilisation %	18%	35%	14%	13%	2%	9%	9%	100%
Q3 October - December 2022	83	210	68	32	5	37	39	474
Q3 Utilisation %	18%	44%	14%	7%	1%	8%	8%	100%
Q4 January - March 2023	100	160	60	30	3	24	34	411
Q4 Utilisation %	24%	39%	15%	7%	1%	6%	8%	100%
Total 2022/23 MTC Activity	345	707	261	158	27	138	181	1817
22/23 Utilisation %	19%	39%	14%	9%	1%	8%	10%	100%
Allocation & HB Funding %	25%	21%	17%	16%	1%	18%	0%	100%

Note: SBU MTU specialised activity has been recorded through WHSSC-SBU provider contract from April 2023 and will be shared in future reports.

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.



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

5 GREATix Received

Quarter 1 2023/2024

Colleague displayed excellent communication skills, co-ordinating the care of a patient to ensure timely follow plans put in place, in order to facilitate patient discharge directly home from the MTC. Colleague went above and beyond for this patient, allowing me to contact her on her personal phone when she had finished work for the day. Not something that we should have to do, but in doing so Thursday enabled a timely discharge from the MTC, with the patient assured she would have the necessary follow up in place.



Patient and family very keen to take patient home who was emerging from post-traumatic amnesia. The family were really emotional and wanting to discharge the patient. Colleague and Senior lead nurse who was on a non-working day, coordinated for the patient to have an assessment. After the end of their shift senior discharge nurse and colleagues arranged to come to the Ward to do a Mental Capacity Assessment which resulted in the patient being assessed to have mental capacity and he was able to be discharged home. This was a wonderful and compassionate choice for these staff members to undertake in their own time. This also allowed a bed to be free.

TEAMWORK GREATix

Creating an excellent discharge handbook for paediatric patients that have sustained a blunt abdominal injury

LEADERSHIP GREATix

Preventing Falls initiative - Baywatch bays. Baywatch initiative has seen dedicated members of staff monitor patients deemed at high risk of a falls.

SUPPORT GREATix

Communication and advocating for the patient in preparation for repatriation of a patient coming back to POW. Met with challenging attitudes from senior clinicians from within her own health board but remained professional throughout, a real credit to her service, and the SWTN.

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Report Title	Specialised Paediatric Services Strategy – Implementation Board Highlight Report			Agenda Item	4.5
Meeting Title	Joint Committee			Meeting Date	19/09/2023
FOI Status	Open				
Author (Job title)	Specialised Planning Manager, Women and Children				
Executive Lead (Job title)	Director of Planning & Performance				
Purpose of the Report	The purpose of this report is to provide a progress update on the implementation of the Specialised Paediatric Services Strategy.				
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					

SPECIALISED PAEDIATRIC SERVICES STRATEGY – IMPLEMENTATION BOARD HIGHLIGHT REPORT

1.0 SITUATION

The purpose of this report is to provide a progress update on the implementation of the Specialised Paediatric Services Strategy.

2.0 BACKGROUND

The Specialised Paediatric Services Strategy was approved by the Joint Committee in September 2022 following a period of engagement with providers across NHS Wales and NHS England. The strategy covers a five year period with year being 2022/23.

3.0 ASSESSMENT

A highlight report from the Implementation Board that took place on the 26 July 2023 is attached in **Appendix 1**.

3.1 Progress Year 1 (2022/23)

Due to the short timescales for year 1 of the strategy along with conflicting priorities within the Commissioning Team the expected date for delivery for the objectives have been re-profiled. Of the four deliverables, one is complete, two are on track against the re-profiled target date and one has been delayed as the support of an independent advisor has been commissioned in order to progress.

3.2 Progress Year 2 (2023/24)

Of the six objectives set for year 2, three are on track for completion within the target date. The commencement of the Paediatric Oncology review has been delayed however it is not anticipated that there will be a delay in completion. It is anticipated that two of the service reviews will commence in year however the final reports are likely to be delayed due to the rollover of activity from year 1 of the strategy.

The update on timescales was supported by the Implementation Board.

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 Choose an item. Choose an item.
Link to Integrated Commissioning Plan	The Specialised Paediatric Strategy is included within the WHSSC 2023/24 ICP.
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
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 The health and social care workforce is motivated and sustainable People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	
Finance/Resource Implications	The Implementation of the Specialised Paediatric Strategy has a funding allocation within the WHSSC 2023/24 ICP.
Population Health	
Legal Implications (including equality & diversity, socio economic duty etc)	
Long Term Implications (incl WBFG Act 2015)	
Report History (Meeting/Date/ Summary of Outcome)	4 September - CDGB
Appendices	Appendix 1 – Specialised Paediatric Services Strategy Implementation Board Highlight Report

Sepcialised Paediatric Services Strategy Implementation Board

Exec Sponsor:	Nicola Johnson	Aim of programme: The purpose of the Group is to oversee and monitor the Implementation of the five year Specialised Paediatric Services Strategy.	Programme Start:	Sep-22	
WHSSC Lead	Kimberley Meringolo		Programme End:	May-22	
			Reporting period:	Jul-23	
1. Overall Status Summary		2. Achievements - What went well this period			3. Set backs - What didn't go so well this period
Status Amber		• Establishment of Implementation Board			Meeting postponed due to industrial action
		• Approval of funding for Chronic Pain Service			Delays in receiving business cases from provider health boards
		• Develop mechanisms and structure for reporting to Programme Board			Businesses cases received are above the financial allocation within the strategy
4. Upcoming Key Milestones or Deliverables from year 1 (2022/23)		Re-profiled Target Deadline	Expected Delivery Date	Confidence Rating	5. The Path to Green - How you will get back on track / keep on track
Develop and implement new service model for Specialised Chronic Pain		End of Qtr 1	Complete		
Transfer the Commissioning of Specialised Paediatric Respiratory from HB to WHSSC		End of Qtr 3	End of Qtr 4		Commissioned independent support to review current demand and develop commissioning criteria.
Review of Paediatric Endocrinology in line with the STEEEP framework		End of Qtr 2	End of Qtr 2		
Review of Paediatric Rehabilitation with development of new service model		End of Qtr 3	End of Qtr 3		
6. Upcoming Key Milestones or Deliverables from year 2 (2023/24)		Target Deadline	Expected Delivery Date	Confidence Rating	7. The Path to Green - How you will get back on track / keep on track
Transfer the Commissioning of Specialised Paediatric Infectious Diseases from HB to WHSSC		End of Qtr 2	End of Qtr 2		
Formally Commissioning of High Dependency Care linked to tertiary care		End of Qtr 3	End of Qtr 3		
Review of Paediatric Oncology in line with the STEEEP framework		End of Qtr 4	End of Qtr 4		There have been dealys in commencing this project due to WHSSC internal capacity constraints however it is not anticipated that this will impact on the completetion deadline.
Review of Cleft Lip and Palate in line with the STEEEP framework		End of Qtr 4	Qtr 1 - 2024/25		The review will commence in year, however the final report might be delayed.
Review of Paediatric Nephrology in line with the STEEEP framework		End of Qtr 4	Qtr 1 - 2024/25		The review will commence in year, however the final report might be delayed.
Develop Commissioning criteria for Specialised Paediatric Surgery		End of Qtr 4	End of Qtr 4		
Summary of Risk		Likelihood	Impact	RAG	Mitigating Actions
Current NHS Wales Financial position		4	4	16	Value based approach to all reviews and new services to ensure system savings / efficiencies are in place.
Ability for providers to deliver approved schemes due to recruitment challenges		4	3	12	A feasiblity assessment will be undertaken prior to approval of funding



Report Title	All Wales PET Programme Progress Report			Agenda Item	4.6
Meeting Title	Joint Committee			Meeting Date	19/09/2023
FOI Status	Public				
Author	All Wales PET Programme Manager				
Executive Lead	Managing Director				
Purpose of the Report	To update Joint Committee on the progress made by the All Wales 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 PET Programme and its associate projects and workstreams.					

ALL WALES PET PROGRAMME PROGRESS REPORT

1.0 SITUATION

To provide an update to the Joint Committee on the work of the All Wales PET Programme which is in the implementation stage.

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 25th 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.

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

3.0 ASSESSMENT

3.1 Programme Milestones

Table 1 – PET Programme Milestones

Project	Proposed date of Business Case completion	Proposed “go live” date	
Project 1 - Cardiff			
BJC	Approved Dec 2021	PET Scanner	July 2023
		Ion Source replacement	Feb 2024
		Hot Cell replacement	Jan 2025
Project 2 - Betsi			
SOC	Approved		
OBC	Aug 2023		Aug 2025
FBC	May 2024		
Project 3 - Swansea			
BJC	Nov 2023		Nov 2024

3.2 Project Updates

Project 1 (PETIC)

- GE Omni Legend System scanner installation work is now complete and PETIC scanning capacity has already increased from 75 to 91 scans / week, even though the image optimisation work is still ongoing.
- 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.
- 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.
- Work on planning for the hot cell replacement work and uptake room capacity review is commencing this September.

Project 2 (BCUHB)

- There is now a formalised project management structure for the Outline Business Case (OBC) element of the BCUHB Project Board project.
- The Nuclear Medicine Consolidation project will be composed of a Single Consolidated Unit at Glan Clwyd Hospital.
- A draft of the OBC has been completed and an engagement session is set on September 5th, 2023 to update the stakeholder group on progress, details of the proposed service model, and next steps as the project moves towards the Full Business Case stage.

Project 3 (SBUHB)

- The SBUHB Project Board are nearing completion of the business case. SBUHB will be submitting a fully tendered business case (fully tendered single case) to Welsh Government in November 2023, with a view to having a fixed scanner operational in November 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.

3.3 Workstream Updates

Workstream 1 (Procurement)

- The workstream has completed a closure report and closure has been endorsed by All Wales PET Programme Board.

Workstream 2 (Workforce)

- 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 outcome for the request has been

Workstream 3 (Radiopharmaceuticals)

- 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 October 2023
- Part two is set for completion in Spring 2024

Workstream 4 (Centres of Excellence)

- 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)

- 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.
- The work is set for completion Autumn 2023.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the progress made by the All Wales 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	
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	. 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 are no direct impacts arising from this report.
Long Term Implications (incl WBFG Act 2015)	-
Report History (Meeting/Date/ Summary of Outcome)	-
Appendices	-



Report Title	Corporate Governance Report	Agenda Item	4.7		
Meeting Title	Joint Committee	Meeting Date	19/09/2023		
FOI Status	Open				
Author (Job title)	Head of Corporate Governance				
Executive Lead (Job title)	Committee Secretary & Associate Director of Corporate Services				
Purpose of the Report	The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s) Members are asked to: <ul style="list-style-type: none">• Note the report.					

CORPORATE GOVERNANCE REPORT

1.0 SITUATION

The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.

2.0 BACKGROUND

There are a number of corporate governance matters that need to be reported as a regular item in-line with the governance and accountability framework for WHSSC. This report encompasses all such issues as one agenda item.

3.0 ASSESSMENT

3.1 Matters Considered In-Committee

In accordance with the WHSSC Standing Orders, the Joint Committee is required to report any decisions made in private "In-Committee" session, to the next available public meeting of the Joint Committee. An "In-Committee" meeting was held on 18 July 2023 and the following updates were received:

- Minutes of the In Committee Meeting held on 16 May 2023,
- South Wales Neonatal Transport Delivery Assurance Group (DAG) Update Report,
- Financial Framework for 2023-24,
- Financial Assurance Report; 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/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
- WHC/2023/024 – Changes to shingles vaccinations (from September 2023)
- WHC/2023/025 – Suspected cancer pathway: guidelines
- WHS/2023/026 0 NHS Framework for research and development

3.3 Individual Patient Funding Request (IPFR) Panel Governance and Process for Recruitment

The Extraordinary Joint Committee meeting held on 1 August 2023 supported the request to take forward the urgent recruitment of the WHSSC IPFR panel Chair and approved the proposed remuneration package. Delays were experienced in the recruitment process but the post is now live, with the aim to appoint a substantive IPFR Chair by the end of October 2023. The team are currently exploring options to cover the chair in an interim capacity through September.

3.4 WHSSC Internal and External Audit Tracker

The WHSSC Audit Tracker captures all of the recommendations received from internal audit and the document is presented to each CTMUHB Audit & Risk Committee (ARC) for assurance, the tracker was last discussed at the ARC meeting on 18 August 2023. An update and final Audit Wales Governance Tracker will be presented to the November 2023 Joint Committee meeting.

3.5 Forward Work Plan

The Joint Committee Forward Work Plan is presented at **Appendix 1** 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 inductions 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- Joint Committee Forward Work Plan 2023-2024

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2025

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
19 September 2023	<p>Chair's Report</p> <p>Managing Director's Report</p> <p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Forward Work Plan</p>	<p>Sexual Assault Referral Centre (SARC)</p> <p>Integrated Commissioning Plan (ICP) Update</p> <p>Single Commissioner for Secure Mental Health Service Project Initiation Document (PID)</p> <p>Revision to Financial Delegated Limits</p> <p>WHSSC Model Standing Orders – Governance and Accountability Framework</p>	<p>WHSSC Performance Report</p> <p>Financial Performance Report</p> <p>Corporate Governance Matters Report</p> <p>Report from the Chair of the CTMUHB Audit & Risk Committee</p> <p>Reports from the Joint Sub-Committees</p> <ul style="list-style-type: none"> - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel 	<p>Genomics Update</p> <p>Welsh Government National Commissioning Review Update</p> <p>Paediatric Strategy Improvement Board</p> <p>South Wales Neonatal Transport Delivery Assurance Group Report (April 2023 - June 2023)</p> <p>South Wales Trauma Network Delivery Assurance Group Report (Q1)</p> <p>All Wales PET Programme Progress Report</p>

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
21 November 2023	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan		WHSSC Integrated Performance Report Financial Performance Report 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 WKN	Mother and Baby Unit outcome data update

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
16 January 2024	<p>Chair's Report</p> <p>Managing Director's Report</p> <p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Forward Work Plan</p>	Corporate Risk Assurance Framework	<p>WHSSC Integrated Performance Report</p> <p>Financial Performance Report</p> <p>Financial Assurance Report</p> <p>Corporate Governance Matters Report</p> <p>Report from the Chair of the CTMUHB Audit & Risk Committee</p> <p>Reports from the Joint Sub-Committees</p> <ul style="list-style-type: none"> - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WKN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
19 March 2024	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan		WHSSC Integrated 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 - WKN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
21 May 2024	<p>Chair's Report</p> <p>Managing Director's Report</p> <p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Forward Work Plan</p>		<p>WHSSC Integrated Performance Report</p> <p>Financial Performance Report</p> <p>Financial Assurance Report</p> <p>Corporate Governance Matters Report</p> <p>Report from the Chair of the CTMUHB Audit & Risk Committee</p> <p>Reports from the Joint Sub-Committees</p> <ul style="list-style-type: none"> - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WKN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
16 July 2024	<p>Chair's Report</p> <p>Managing Director's Report</p> <p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Forward Work Plan</p>		<p>WHSSC Integrated Performance Report</p> <p>Financial Performance Report</p> <p>Financial Assurance Report</p> <p>Corporate Governance Matters Report</p> <p>Report from the Chair of the CTMUHB Audit & Risk Committee</p> <p>Reports from the Joint Sub-Committees</p> <ul style="list-style-type: none"> - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WKN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
17 September 2024	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan		WHSSC Integrated 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 - WKN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
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MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
21 January 2025	<p>Chair's Report</p> <p>Managing Director's Report</p> <p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Forward Work Plan</p>		<p>WHSSC Integrated Performance Report</p> <p>Financial Performance Report</p> <p>Financial Assurance Report</p> <p>Corporate Governance Matters Report</p> <p>Report from the Chair of the CTMUHB Audit & Risk Committee</p> <p>Reports from the Joint Sub-Committees</p> <ul style="list-style-type: none"> - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WKN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
18 March 2025	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan		WHSSC Integrated 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 - WKN 	

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 James Leaves, Interim Director of Finance Jacqui Maunder-Evans, Committee Secretary
Date of Meeting	16 August 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>	
<p>1.EASC Update (including an update on Non-Emergency Patient Transport Services and the Integrated Commissioning Action Plan)</p> <p>Gwenan Roberts (GR), Deputy Director Corporate and Committee Secretary, EASC gave an update on the EASC business including:</p> <ol style="list-style-type: none"> 1. EASC Risk Register 2. EASC Assurance framework 3. EASC Performance Dashboard 4. EASC Action Plan 5. Non-Emergency Patient Transport Services (NEPTS) 6. Integrated Commissioning Action Plans (ICAPs) 7. EASC Integrated Medium Term Plan (IMTP) 8. Investigation Welsh Language Commissioner 9. Emergency Medical Retrieval and Transfer Service (EMRTS) Review 10. Letter to Host Organisation in relation to the Statutory Duty of Candour and Duty of Quality 11. National Commissioning Review 	

The Committee **noted** the report.

2.WHSSC Corporate Risk Assurance Framework (CRAF)

Jacqui Maunder-Evans (JME), Committee Secretary, WHSSC presented the Corporate Risk and Assurance Framework (CRAF). Members noted that:

- As at 30 June 2023, there were 17 risks on the CRAF with a risk score of 15 and above,
- There were 13 commissioning risks, and one new commissioning risk; and
- There were 4 organisational risks, and that one risk had been de-escalated and one risk was closed.

The Committee **noted** the report.

3.WHSSC Internal and External Audit Recommendations Tracker

James Leaves (JL), Interim 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 December 2023 due to competing work pressures; 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 November 2023 and a further report progress report will be shared with the Board Secretaries thereafter.

The Committee **noted** the report.

Matters referred to other Committees

None

Date of next scheduled meeting	18 October 2023
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CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 27 JULY 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. Presentation Explaining Psychology for Specialised Medical Settings: The Development of the Visible Psychological Care Model Approach

Members welcomed Dr Richard Cuddihy, Consultant Clinical Psychologist for the Artificial Limb and Appliance Service (ALAC) Cardiff & Vale University Health Board, and received an informative presentation "Explaining Psychology for Specialised Medical Settings". The presentation;

- Explored Psychological Aspects within Specialised Services,
- Explained key concepts of visible Psychological Care,
- Explained the role of the Psychologist.

4. Matters Arising

Members received an explanation for the approach taken to defer one funding release report and to continue with consideration of the Paediatric Spinal Surgery – Advanced Nurse Practitioner funding release. The decision had been made because of the current financial context.

5. Managing Director's Report

Members received the Managing Director's Report and noted the update on:

- **WHSSC Standard Operating Procedure (SOP) – Engagement & Consultation (Service Change).**

In order to both reflect the new guidance on the management of service change in NHS services in Wales, and to standardise the WHSSC approach, a standard operational procedure has been developed which outlines a 16 stage process, along with varying templates and resources that can support the process.

- **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. A report with a draft set of measures against which achievement of the strategic aims and objectives contained within the strategy can be monitored has been delayed further due to the urgent work that had arisen. A report will be brought to a Management Group before the end of 2023 for consideration and input from members.

4. Funding Release for Neuropsychiatry Phase 2A

See above.

5. Single Commissioner for Secure Mental Health Services Project Initiation Document (PID)

Members received a report presenting the Project Initiation Document (PID) for the single commissioner model for secure mental health services.

Members (1) **Noted** the information presented within the report; (2) **Supported** the following recommendations for approval by the Joint Committee:

- To initiate the project to develop a single commissioner model for secure mental health services.

6. Managing Length of Stay for Intestinal Failure Services

Members received a report outlining that Intestinal Failure (IF) services have been identified as an area for review within the WHSSC Efficiency and Commissioning programme and how a significant financial sum could be saved by addressing admission, length of stay and the discharge of patients from the tertiary centre in Cardiff and Vale University Health Board.

Members discussed the proposal and agreed the challenge needed to be addressed and discussed potential solutions to achieve this including an accelerated escalation process and the potential to look at charging options should the escalation process not be successful.

Members (1) **Noted** the information presented within the report; (2) **Supported** the broad principles which included an accelerated escalation process; and (3) **Requested** further work to be undertaken to look at charging options.

7. Nursing Provision Intestinal Failure Services

Members received a report outlining proposals to address the escalating private sector nursing costs for patients with Intestinal Failure (IF).

Members (1) **Noted** the considerable savings that could be made as a result of a) undertaking a patient review to assess patients who may be able to self-support, b) capping the amount of private sector nursing hours for training and

c) Directly employing nurses within the NHS; (2) **Supported** the principles contained within the report and it was agreed that the first two actions should progress with immediate effect; and (3) **Requested** that further work would be needed on understanding and implementing the direct employment workforce model.

8. Funding Release for Paediatric Spinal Surgery – Advanced Nurse Practitioner

Members received a report requesting support for the release of funding for a Nurse Practitioner to support Paediatric Spinal Surgery in the Children's Hospital for Wales (CHfW). The request for funding is within the provision made in the 2022/23 Integrated Commissioning Plan (ICP).

Members (1) **Noted** the report; (2) **Supported** the release of funding for a Nurse Practitioner to support Paediatric Spinal Surgery in the Children's Hospital for Wales (CHfW); and (3) **Noted** that the requested funding is within the provision made in the 2022/23 Integrated Commissioning Plan (ICP).

9. Haematology Commissioning – Project Initiation Document (PID)

Members received a report presenting a Project Initiation Document (PID) for the Haematology Commissioning project for information.

Members **noted** the report.

10. Cochlear and Bone Conduction Hearing Implant (BCHI) – Project Timelines

Members received a report summarising the agreement by Joint Committee that the preferred commissioning model for the provision of Cochlear and Bone Conduction Hearing Implant (BCHI) services for South East Wales, South West Wales and South Powys was a single implantable device hub with outreach for both children and adults. Members received an indicative timescales for the delivery of the required Designated Provider process and period of formal consultation.

Members (1) **Noted** the four phases required in order that WHSSC can commission a new Cochlear and Bone Conduction Hearing Implant service in line with the preferred option approved by Joint Committee for a single Centre of Excellence for Specialist Auditory Devices for Specialist Auditory Devices; and (2) **Noted** the indicative timeline provided and the potential start date for the new service – subject to consultation under the terms of the new service change guidance – of January 2025.

11. Integrated Performance Report Month 2 2023-2024

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report. Members also received an informative demonstration of the Power BI

database which will enable HBs to review relevant data for their own resident population.

Members **noted** the report.

12. Financial Performance Report - Month 3 2023-2024

Members received the Financial Performance Report for Month 3, which sets out the financial position for WHSSC for month 3 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 3 for WHSSC was an overspend against the ICP financial plan of £1.069million and a forecast year-end overspend of £0.767million.

Members **noted** the current financial position and forecast year-end position.

13. Forward Work Plan

Members **noted** the forward work plan.

14. Any Other Business

The following items of additional business were discussed:

- **Independent Sector** –WG have confirmed that they will be releasing £50M of funding to support performance recovery. SD suggested that if HBs identify any areas where the independent sector capacity is needed WHSSC could support negotiations.
- **Clinical Impact Assessment Process (CIAG) Update** – members received a verbal update and noted that 28 schemes had been received in total, 10 from SBUHB, 12 schemes from CVUHB, 5 from BCUHB and 1 from WHSSC. 19 will be taken through the CIAG process. They also noted that correspondence had been sent to the relevant Health Boards advising them of those schemes that would proceed to CIAG.
- **Retirement of WHSSC Director of Finance** – members noted that it was Stuart Davies' last Management Group meeting following announcing his retirement. Members thanked him for his enormous contribution and commitment to developing specialised commissioning in Wales and wished him every success in future.



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 24 AUGUST 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. Financial Savings (10/20/30%)

Members received a presentation providing an update on the work that has been undertaken to respond to the request from the Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group in a letter received 31 July 2023. For organisations who have submitted balanced plans to provide options to go further and improve the positions laid out in their plans.

Members **noted** the update.

4. Managing Director's Report

Members received the Managing Director's Report and noted the update on:

- **Requests for WHSSC to Commission New Services** - WHSSC have received requests from the Collaborative Executive Group (CEG) to commission new services for NHS Wales, specifically:
 - Sacral Nerve Stimulation (SNS) for faecal and urinary incontinence in South Wales. A report formally requesting that the Joint Committee consider and approve that WHSSC commissions SNS was included on the July meeting agenda. It was agreed that the WHSSC Team would 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 outlined the proposed process and timeline,
 - Neurophysiology - A report asking the JC to formally approve that WHSSC commissions this service and which outlines the

process and timeline was on the agenda for the July JC meeting.

The JC approved the adoption of both services into the WHSSC portfolio. 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-Pancreato- biliary (HPB) Surgery Services will be undertaken and will inform the 2024-25 ICP.

Members **noted** the report.

5. Clinical Impact Assessment Group (CIAG) Process and Outcome 2023

Members received a report presenting the process and indicative outcome of the WHSSC Clinical Impact Assessment Group (CIAG) prioritisation process.

Members **(1) Noted** and **commented** on the 2023 process, **(2) Noted** the indicative outcome of the 2023 process; and **(3) Noted** and **supported** the next steps and the evaluation process.

6. Performance Activity Report for June 2023

Members received a report providing an overview of the performance of services commissioned by WHSSC up to the end of June 2023. Including recovery rates, access comparisons across Health Boards and waiting lists, along with the relevant new Performance Measures set out by Welsh Government.

Members **noted** the report.

7. Financial Performance Report - Month 4 2023-2024

Members received the Financial Performance Report for Month 4, 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 year to date financial position reported at Month 4 for WHSSC was an overspend against the ICP financial plan of £1.069m and a forecast year-end overspend of £0.767m.

Members **noted** the current financial position and forecast year-end position.

8. Forward Work Plan

Members **noted** the forward work plan.

9. Any Other Business

- **Murder of Babies at the Countess of Chester Hospital –** members discussed the high profile case of Nurse Lucy Letby who had been found guilty of murdering seven babies on a neonatal unit at the Countess of Chester Hospital. Members discussed the need to consider any learning points for us as commissioners of neonatal services; and
- **Retirement Assistant Director Health Strategy & Planning, BCUHB –** members noted that it was Sally Baxter's last meeting as she was retiring from the NHS. Members thanked her for her contribution to the work of the Management Group, acknowledged that she had been a great asset and a valuable link to BCUHB, WHSSC colleagues in North Wales appreciated her insights and assistance. Members wished her well on her retirement and advised that it also meant a great loss to the NHS.



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 17 August 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 Panel meetings held in June and July 2023.

However, a representative has now been nominated from Powys Teaching HB who attended during August. With a deputy representative now being delegated within Cwm Taf Morgannwg UHB, it has been less challenging to reach quoracy requirements as stipulated within the current ToR and has allowed us to continue with full IPFR Panel meetings.

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
July	15	11
August	3	16

Key risks and issues/matters of concern and any mitigating actions

All Wales IPFR Policy Review

The final draft of the All-Wales Individual Patient Funding Panel (IPFR) Policy was due to be presented to the Joint Committee (JC) in July 2023 but was withdrawn because of concerns raised by the Board Secretaries Group regarding the integrity of the March JC approval process for the WHSSC IPFR Panel ToR. This matter is now being discussed with the Board Secretaries in early September.

All Wales IPFR Chair person Recruitment

The job advert for the role of Chair of the WHSSC IPFR Panel is due to be advertised on the NHS Jobs website. The JC agreed that the job could be advertised at an extraordinary meeting of the WHSSC JC on 1 August 2023. The post will be advertised as a 3 year Fixed Term contract with the closing date on 14 September 2023.

Matters requiring Committee level consideration and/or approval	
<ul style="list-style-type: none"> • None 	
Matters referred to other Committees	
<ul style="list-style-type: none"> • None 	
Confirmed Minutes for each of the meetings are available on request.	
Date of next meeting	7 September 2023

Reporting Committee	Integrated Governance Committee (IGC)
Chaired by	WHSSC Chair
Lead Executive Director	Committee Secretary
Date of last meeting	15 August 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.

15 August 2023

1.0 DELIVERY OF THE INTEGRATED COMMISSIONING PLAN (ICP) ICP 2023-2024 – QUARTER 1 UPDATE

Members received a report providing an update on the Delivery of the ICP for Quarter 1. Members noted the following position against Quarter 1 actions by Commissioning Team:

- 1 Cancer & Blood scheme was closed. Due to the current economic climate BCUHB would not be progressing the Stereotactic Ablative Radiotherapy (SABR) scheme during 2023-2024.
- 1 Cardiac scheme – Adult Congenital Heart Disease (ACHD) funding release letter was issued in May 2023, monitoring arrangements were now in place,
- 3 Neurosciences schemes – South Wales Cochlear and Baha were on target and progressing as expected, Malignant Spinal Cord Compression (MSCC) had been re-profiled to Q2 as the business case from the provider was delayed. Provider repatriation position in respect of the North Wales cochlear proposal was delayed.
- 3 Women & Children schemes – Paediatric Radiotherapy had progressed as anticipated. Neonatal was transitioning from an interim to a permanent model and this would be cost neutral. Paediatric Infectious Diseases was delayed as the value of the business case exceeded available financial resources, therefore further work will need to be undertaken with the provider HB.

It was noted there were no actions for Mental Health and Vulnerable Groups and the Welsh Kidney Network due in Quarter 1.

The BCUHB SABR scheme was a proposal for an outreach service. Members were assured that pausing this will not impact on patients being able to access the service as the current pathway is unaffected.

In depth discussions took place around the current economic climate. It was explained that WHSSC would begin a risk assessment process for any uncommitted funds or funds released but not yet utilized.

2.0 CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)

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.

As at July 2023 there were currently 19 open risks on the CRAF - 15 commissioning risks and 3 organisational risks. 2 new Commissioning risks have recently been added to the CRAF.

- 50 Deep Brain Stimulation and delays in communication with gatekeeper/referring clinician,
- 51 Deep Brain Stimulation – lack of awareness of eligibility criteria re unmet need.

An organisational risk was closed and removed from the CRAF.

- Risk 39 Renal Funding – This risks was de-escalated from 16 to 4 following confirmation of the approved growth funding agreed through ICP for 2023-24 position.

One organisational risk was escalated to the CRAF.

- Risk 52 – (WKN12) Additional Dialysis Sessions - issues have arisen due to BCU organisational structure which currently limits flexibility across the 3 IHCs and the ability of the north Wales services to meet demand.

3.0 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 services currently in escalation include:

- Burns – Cancer and Blood, Level 3
- Paediatric Surgery, Women and Children, Level 3
- Women's Fertility Service.

Members noted that Ty Llidiard – Mental Health was recently de-escalated from Level 3 to Level 2.

Members noted that the report would be discussed in detail in QPSC on 16 August 2023.

4.0 CORPORATE GOVERNANCE REPORT

Members noted updates on the following :

Individual Patient Funding request (IPFR) update

This was on track with the aim to appoint an IPFR Chair by the end of September 2023.

WHSSC Internal and External Audit Tracker

An updated and final Audit Wales Governance Tracker will be presented to the November 2023 Joint Committee meeting. The internal Audit tracker will be presented to the August 2023 ARC meeting for assurance.

WHSSC Governance and Accountability Framework

Welsh Government have issued new model standing orders. The updated SOs were in the process of being reviewed and will be presented to the Joint Committee on 19 September 2023 for approval. The main changes relate to reflecting the provisions of the Health and Social Care (Quality and Engagement) Act 2020 including:

- a) Introduction of the duty of quality and duty of candour; and
- b) Changes linked to the establishment of Llais and the dissolution of the Community Health Councils (CHCs) and the Board of Community Health Councils.

5.0 ANY OTHER BUSINESS

There was no other business to discuss.

Key risks and issues/matters of concern and any mitigating actions

As identified above in relation to the deliverability of the IPC and the current economic climate across NHS Wales.

Matters requiring Joint Committee level consideration and/or approval

The WHSSC Governance and Accountability Framework and updated SOs will be presented to the September 2023 JC for approval.

Matters referred to other Committees

None

The confirmed Minutes for IGC meetings are available on request

Date of next meeting

25 October 2023

WHSSC Joint Committee
19 September 2023
Agenda Item 4.8.5

Reporting Committee	Quality Patient Safety Committee (QPSC)
Chaired by	Kate Eden
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	16 August 2023
Summary of key matters considered by the Committee and any related decisions made	
<ul style="list-style-type: none"> • WHEELCAIR SERVICES DEEP DIVE PRESENTATION AND PATIENT STORY <p>A presentation outlining the functions of the Posture and Mobility service and the services it provides for children, young people and adults who require long term wheelchair use was received. Members noted the actions in place to reduce the current waiting times of over 52 weeks to zero by December 2023. The increased waiting times were a direct result of the COVID Pandemic and the backlog created due to the service being closed during that period.</p> <p>Members received an informative patient story about a young girl, Ellen, who presented to the service initially with extremely complex issues and no experience of independent movement having never rolled, crawled or operated a wheelchair by herself. Despite this, Ellen was insistent on trying a powered wheelchair to gain more independence in her everyday life. Members noted the challenges Ellen faced due to her presentation, posture and dyskinesia and how the services used innovative thinking to overcome the issues by adapting a wheelchair to suit her posture and using the Drive Deck Platform to assess the best way she could drive it independently.</p> <p>The presentation;</p> <ul style="list-style-type: none"> • Explored Referral to Treatment Time (RTT) between 2019/2022 and 2022/2023 and the first quarter of 2023/2024; and • Explained the actions that were being taken to help reduce waiting lists. <p>QPSC noted;</p> <ul style="list-style-type: none"> • The Welsh Government RTT performance measures, • Trajectories for 2023/2023, • Key Performance Indicators; and • Quality standards. <p>The challenges and achievements across the three centres were highlighted.</p>	

2.0 WELSH KIDNEY NETWORK (WKN) PRESENTATION

Members received a presentation outlining the impact of kidney disease and treatment options for patients with advanced kidney failure. Members noted the significant commitment required for patients undergoing Haemodialysis in the Dialysis Unit and the work that the WKN had undertaken to increase the uptake of home therapy using value based healthcare to improve access for patients as well as employing welfare benefits officers to assist patients in navigating the benefits system to access available financial assistance.

Members also noted the main role of the WKN as the commissioner for all adult kidney specialised services in Wales. The presentation explained the structure and role of WKN and highlighted the current commissioning responsibilities as;

- Haemodialysis (HD),
- Home HD,
- Peritoneal dialysis,
- Transplantation,
- Vascular access

3.0 WELSH KIDNEY NETWORK REPORT

Members received a report outlining the current Quality and Patient Safety issues within the services that are commissioned by the Welsh Kidney Network (WKN) across Wales.

Members noted that the risk register for the WKN had been reviewed and discussed in the WKN QPS meeting on 5 July 2023 and WKN Board meeting on 3 August 2023. There were 11 items on the current WKN risk register. One risk related the pressure on the Transplant Follow up Service had been closed.

Members noted that the Network Manager post would be advertised shortly which should decrease the current staffing risk and the updates to the limited outpatient dialysis capacity risk in Swansea which should be resolved once the new units open.

The Patient Story attached as an appendix to the report provided an account of a renal patients experience with the services following two failed transplants and how the team supported them to carry out self-care dialysis at home despite initial anxieties.

4.0 COMMISSIONING TEAM AND NETWORK UPDATES

Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a

summary of the services in escalation is attached to this report. The key points for each service are summarised below and updates regarding services in escalation are attached in the tables at the end of the report.

- **Cancer & Blood**

The main issue to note was the improved traction on the performance issues within the All Wales Lymphoma Panel service. The Escalation meetings continue to monitor progress against the action plan. It is anticipated that during the next escalation meeting in September 2023 there will be a recommendation to reduce the level of escalation due to the good work being undertaken.

North Wales Plastic Surgery service remains an area of concern and WHSSC continue to work with the Welsh Government escalation arrangements. WHSSC continue to attend the Task and Finish Group as an advisor and members noted that the Harm review is progressing. Members noted that as part of the harm review patients had been categorised and prioritised and those categorised as urgent have already been seen.

South Wales Plastic Surgery - It was noted that Plastic Surgery waiting times continue to breach maximum waiting times for treatment at Swansea Bay UHB and this remained a concern for WHSSC. The service remains in escalation Level 2 with a delivery plan in place.

- **Neurosciences**

Members noted that two new risks scoring above 15, both relating to Deep Brain Stimulation commissioned from North Bristol NHS Trust, had been added since the last report. A progress meeting has been scheduled for 21 September 2023 and a further update will be provided at the next QPSC meeting.

- **Cardiac**

Members noted the updates against the two services which currently remained in escalation level 2; Cardiff and Vale UHB (CVUHB) Cardiac Surgery Service;

- The planned repatriation of Cardiothoracic Surgery to UHW, initially scheduled for September 2023, is likely to be delayed and the actions that had been paused pending the relocation have been discussed with the HB at the July Cardiac Service Risk, Recovery and Assurance meeting.
- A formal escalation review is scheduled to take place in October 2023 when the outstanding actions will be discussed.

Swansea Bay UHB (SBUHB) Cardiac Surgery Service;

- Escalation monitoring continues to take place via bi-monthly meetings,
- SBUHB continue to make excellent progress against the action plan and the team will be considering the potential for further de-escalation at the next meeting in October 2023 subject to the National Adult Cardiac Surgery Audit Report (NACSA 2023).

- **Women & Children**

Members noted the five service areas with risks scoring 15 and above;

- Paediatric Intensive Care,
 - Paediatric Surgery,
 - Neonatal,
 - Paediatric Cardiac Surgery; and
 - Wales Fertility Institute (WFI) – IVF.
- Mitigating actions are in place for each of the services with Paediatric Surgery, Paediatric Intensive Care and the Wales Fertility Institute all being managed through the WHSSC escalation process.

- **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. The first escalation meeting is due to be scheduled and further feedback will be shared subsequently.

- **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 by December 2023 and they have provided a revised demand and capacity plan and waiting times trajectory and this is being monitored on a weekly basis. Members expressed their continued concern in relation to Paediatric Surgery waiting times and requested further assurance.

Overall waiting times have decreased to meet the Ministerial waiting time of 104 weeks. However, because this relates to children WHSSC have requested further significant reduction to 52 weeks 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 on 1 June 2023. Further investigations into pressure damage sustained on the unit are on-going. WHSSC have written to CVUHB requesting further assurance regarding the concerns raised into the pressure damage incidents. A response from the Executive Nurse Director (END) has been received advising that the Executive team in CVUHB had been sighted on the full report which is due to be presented to the HB Quality, Patient, Safety and Experience (QPSE) Committee on 26 September 2023. The full assurance report with relevant actions will then be shared with WHSSC and submitted to WHSSC QPSC in October 2023.

Health Inspectorate Wales has written to the Chief Executive Officer (CEO) of CVUHB after a whistle blowing letter outlining concerns relating to the Paediatric Critical Care Unit (PICCU). Members noted the response provided by the Executive Director of Nursing confirming that detailed analysis was being undertaken and highlighting the significant pressures the services are currently experiencing. Once that analysis has been completed the results will be shared with QPSC.

- **Mental Health & Vulnerable Groups**

Members noted that there was currently only one Mental Health service in escalation. Ty Llidiard has been de-escalated to Level 2 and FACTS has been de-escalated completely. Ty Llidiard in particular had made excellent progress over the last 12 months.

The committee received an update regarding the rise in Eating Disorder (ED) adult placements, many of them being placed out of area. A review with the Clinical Gate Keepers is taking place to understand the rationale for the significant increase over the last six months. A Deep Dive into ED services will be brought back to QPS for further discussion.

WHSSC continue to participate in the Children and Young People's Gender Identity Service transformation programme and NHS England (NHSE) have prepared letters to issue jointly from NHSE and NHS Wales to all those on the waiting list relevant by age. These will be available bilingually.

Members noted that the First Minister made a visit to the Mother and Baby Unit in Tonna in July which received positive feedback.

- **Intestinal Failure (IF) – Home Parenteral Nutrition**

Members noted the improved position concerning the risk related to sustainability and delivery of the IF service in CVUHB due to workforce issues. The HB remain committed to providing this services.

4.0 OTHER REPORTS RECEIVED

Members received reports on the following:

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 2 in July 2023,
- Paediatric Surgery C&VUHB remains in escalation level 3 since March 2023,
- Wales Fertility Institute (WFI) – IVF has been escalated to 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 at **Appendix 1**

4.2 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.

4.3 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 June to July 2023 was presented to the committee.

4.4 Incident and Concerns Report

Members received a report outlining the incidents and concerns reported to WHSSC and the actions taken for assurance. Members noted the 8 new incidents that had been reported since the last update and the actions taken in line with the governance process within the relevant HBs.

An in-depth review of the women and children's incidents was included. Members noted the additional detail following the Deep Dive into Women and Children's services outlined within the report, as requested by members during the last QPSC meeting for further assurance. No themes or issues were identified.

A public report has been issued from the Ombudsman looking at how complaints are handled and the recommendations will be considered at the QPSC Development Day to ensure it ties into the Duty of Candour and Quality going forward.

Members noted the content of the report.

4.5 Report from the WHSSC Policy Group

A report outlining the summary of activity of the Policy Group was received and members noted the 40 policies currently in development across the services. The Policy Group also reports this to Management Group for further assurance.

4.6 Quarterly Newsletter

The WHSSC Quarterly Newsletter in Welsh and English versions was received and members noted the work outlined within the paper. The newsletters are attached as **Appendix 2**.

4.0 ITEMS FOR INFORMATION:

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee 18 July 2023,



- Welsh Health Circulars on Research Matters and Withdrawal of WHC Annual Quality Standards,
- 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. Members continued to express their concern over Paediatric Surgery waiting times and requested more information in relation to the waiting times trajectories. Further assurance was requested on pressure sores in CVUHB Paediatric Intensive Care Unit.

Members also wanted to highlight the inspiring patient story received and the comprehensive update received on the work of ALAC. In addition a very informative presentation from the WKN was provided.

Carolyn Donoghue new Independent Member (IM) for WHSSC has been appointed as the new WHSSC QPSC Chair.

Summary of services in Escalation

- Attached (**Appendix 1**)

Matters requiring Committee level consideration and/or approval

- Quality Newsletter English and Welsh (**Appendix 2 & 3**)

Matters referred to other Committees

As above.

Confirmed minutes for the meeting are available upon request

Date of Next Scheduled Meeting

24 October 2023 at 10.00hrs

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: 14/06/2023

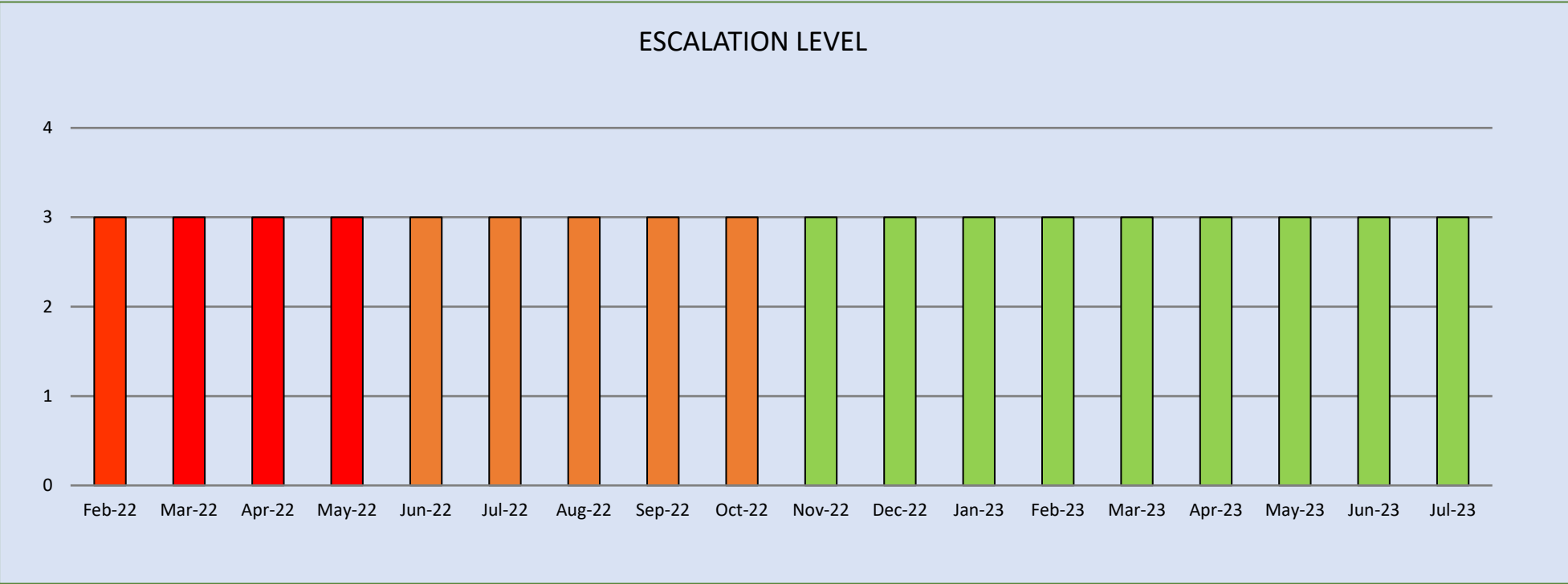
Service in Escalation: Burns

Current
Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ July 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 may be delayed to the initial intended timeline as the case goes through the scrutiny process.

Background Information:

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.

Actions:

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 went to their Investment in Infrastructure Board on 22 nd June; 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 5 th June, 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: <ul style="list-style-type: none"> July 2023 The Welsh Government Infrastructure Investment Board considered the burns case on June 22 2023 the outcome is not confirmed as yet. There may be delay to the initial intended timeline as the case goes through the scrutiny process. Once the outcome of the WG process is known, the timeline can be confirmed. 				

Executive Director Lead: David Roberts
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: 14/06/2023

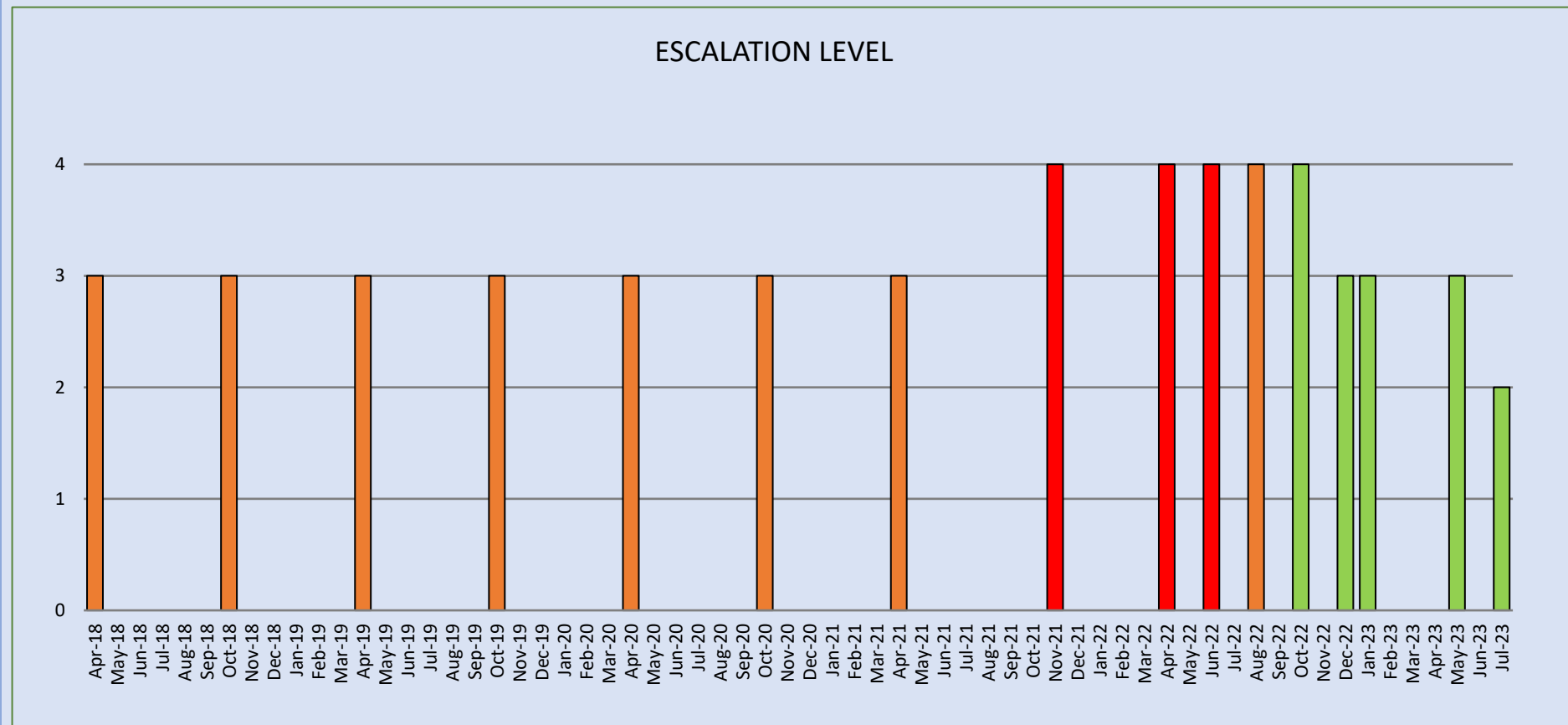
Service in Escalation: Ty Lliardiard

Current Escalation Level 2

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↓ July 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
July 2023 - WHSSC escalation	De-escalated to level 2

Rationale for Escalation Status :

De-escalated to level 2.

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. July 2023 – The Service has been de-escalated to Level 2 in June 2023	Actions: <table><thead><tr><th>Action</th><th>Lead</th><th>Action Due Date</th><th>Completion Date</th></tr></thead><tbody><tr><td>Escalation meetings held monthly, however these have been escalated to Executive level discussions following the report on a visit from NCCU into the unit.</td><td>Senior Planner</td><td></td><td>Completed March 22</td></tr><tr><td>Service specification action plan agreed.</td><td>Senior Planner</td><td></td><td>Completed March 22</td></tr><tr><td>Implementation of Medical Emergency Response SOP by CTM took place on 03/05/22.</td><td>Senior Planner</td><td></td><td>Completed May 22</td></tr><tr><td>Recruitment of all staff to be in place.</td><td>Senior Planner / Service Leads</td><td></td><td>Completed</td></tr><tr><td>Estates issues being addressed and meeting to map these and plan a timeline.</td><td>Senior Planner / Service Manager</td><td>Ongoing</td><td></td></tr><tr><td>Executive lead for CTMUHB leading on the current escalation and development plan alongside WHSSC Executive lead with regular updates in between Escalation meetings.</td><td>Senior Planner</td><td>Ongoing</td><td></td></tr><tr><td>NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy.</td><td>Senior Planning Manager</td><td></td><td>Completed</td></tr><tr><td>Reviewed service specification.</td><td>Senior Planning Manager</td><td></td><td>Completed</td></tr><tr><td>Monitor training status of the staff by QAIS.</td><td>Shane Mills</td><td></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></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></td><td>Completed</td></tr><tr><td>Action plan developed following QAIS review conducted in March 2022 and managed under escalation process.</td><td>NCCU Director</td><td>March 2023</td><td>Actions outstanding to be completed by Sept 23</td></tr><tr><td>Review of patient referrals admissions refusals and outcomes from March 2022 being undertaken.</td><td>NCCU Director and Team</td><td>April 2023</td><td>Completed June 23</td></tr></tbody></table>	Action	Lead	Action Due Date	Completion Date	Escalation meetings held monthly, however these have been escalated to Executive level discussions following the report on a visit from NCCU into the unit.	Senior Planner		Completed March 22	Service specification action plan agreed.	Senior Planner		Completed March 22	Implementation of Medical Emergency Response SOP by CTM took place on 03/05/22.	Senior Planner		Completed May 22	Recruitment of all staff to be in place.	Senior Planner / Service Leads		Completed	Estates issues being addressed and meeting to map these and plan a timeline.	Senior Planner / Service Manager	Ongoing		Executive lead for CTMUHB leading on the current escalation and development plan alongside WHSSC Executive lead with regular updates in between Escalation meetings.	Senior Planner	Ongoing		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 2022 and managed under escalation process.	NCCU Director	March 2023	Actions outstanding to be completed by Sept 23	Review of patient referrals admissions refusals and outcomes from March 2022 being undertaken.	NCCU Director and Team	April 2023	Completed June 23
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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 th . July 23 – Report received from NCCU and resulted in de-escalation Level 2 in June 2023. 6 Actions outstanding to be completed by September 2023. Further escalation meeting scheduled for 7th August 2023.																																																									

Executive Director Lead: Nicola Johnson
Commissioning Lead: Kimberley Meringolo
Commissioning Team: Women and Children

Service in Escalation: Paediatric Surgery

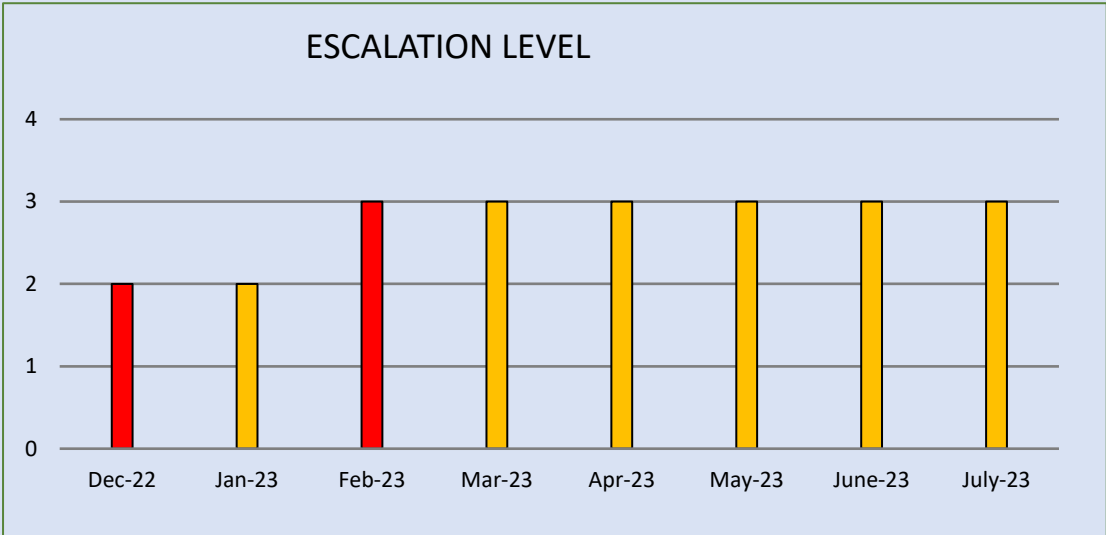
Current
Escalation Level 3

Date of Escalation Meetings: 26/04/23, 23/05/23,
20/06/2023 & 26/07/23
Date Last Reviewed by Quality & Patient Safety
Committee: 14/06/2023

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ July 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



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.

- Original recovery plan trajectories have reflected a nominal improvement on the waiting list position, and clarity is required on zero waits > 104 weeks,
- The original plan does not deliver contracted volume,
- 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. Service is on-track to meet contracted volumes by December 2023. Reprofiting the waiting times projections is being undertaken by the HB for sharing in August.

Actions:

Action	WHSSC Lead	Action Due Date	Completion Date
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	Completed 20/06/23
Further reprofiling of waiting times being undertaken by the HB in line with meeting contract volumes by December 2023.	Senior Planning Manager	August 2023	

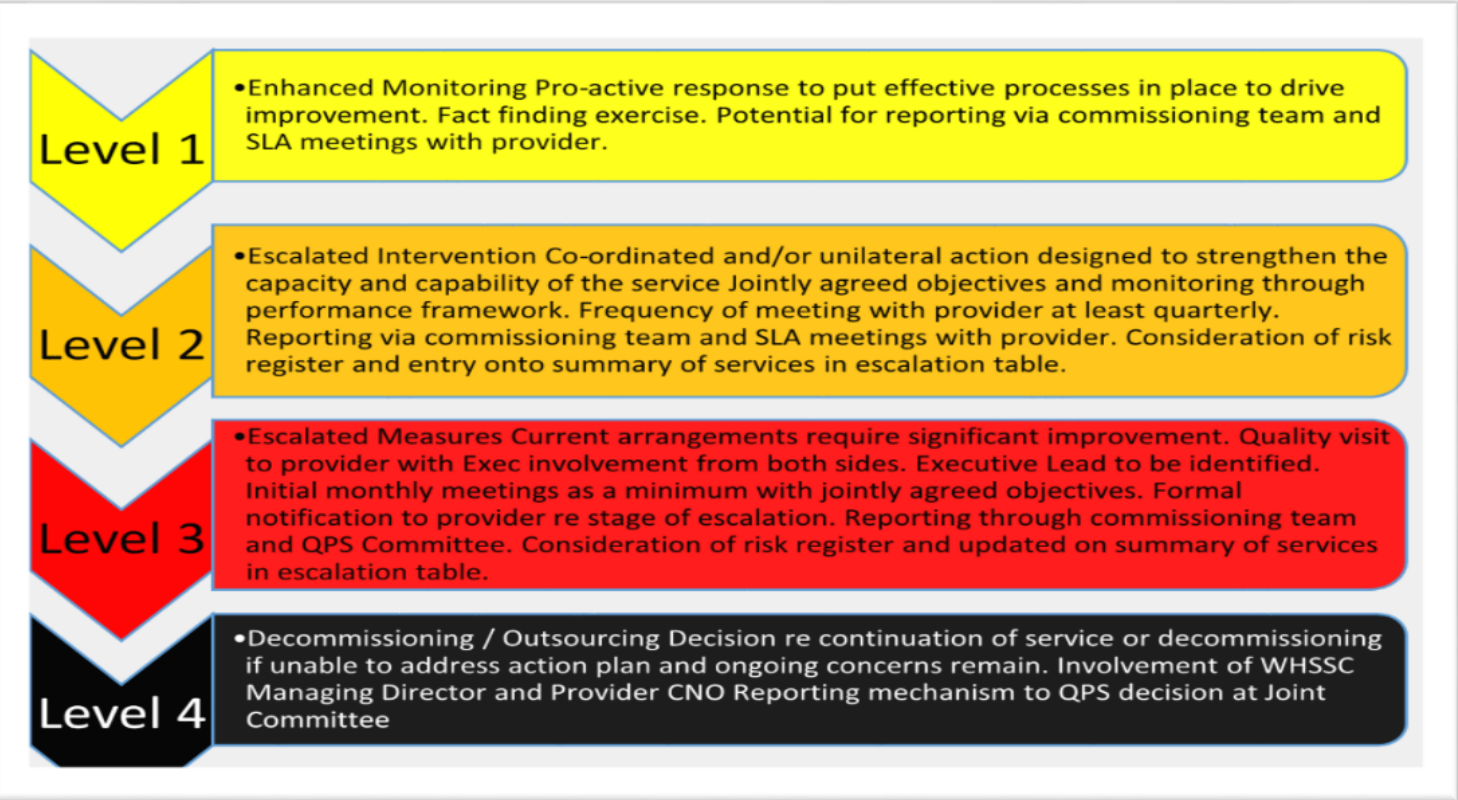
Issues/Risks:

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.

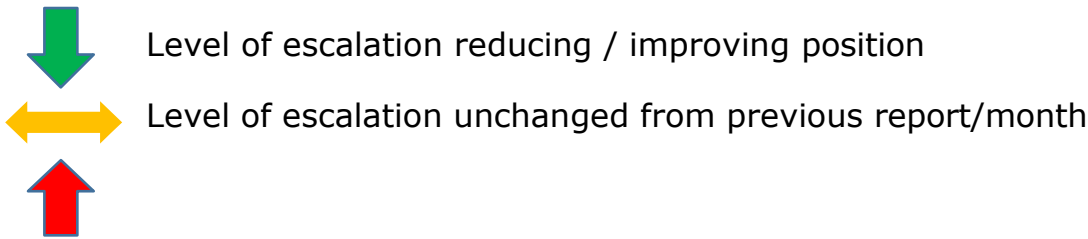
<div>Executive Director Lead: Nicola Johnson</div> <div>Commissioning Lead: Kimberley Meringolo</div> <div>Commissioning Team: Women and Children</div> <div>Date of Escalation Meetings:</div> <div>Date Last Reviewed by Quality & Patient Safety Committee:</div>		<div>Service in Escalation: Wales Fertility Institute</div> <div>Current Escalation Level 3</div>		<div>Escalation Trend Level</div> <table><tr><th>Trend</th><th>Rationale</th><th>Current Trend Level</th></tr><tr><td>↓</td><td>Escalation level lowered</td><td rowspan="3"></td></tr><tr><td>↔</td><td>Escalation remains the same</td></tr><tr><td>↑</td><td>Escalation level escalated</td></tr></table> <div>Escalation History:</div> <table><tr><th>Date</th><th>Escalation Level</th></tr><tr><td>July 2023 – WHSSC escalation</td><td>3</td></tr></table> <div>Rationale for Escalation Status : Concerns from a number of routes with regards to the service including the WHSSC contract monitoring data submission; adherence to WHSSC policies and HFEA performance outcomes below National average.</div>		Trend	Rationale	Current Trend Level	↓	Escalation level lowered		↔	Escalation remains the same	↑	Escalation level escalated	Date	Escalation Level	July 2023 – WHSSC escalation	3								
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<div>Escalation Trajectory:</div> <div><div>ESCALATION LEVEL</div><div><div>4</div><div>3</div><div>2</div><div>1</div><div>0</div></div><div><div></div><div></div><div></div><div></div><div></div></div><div>Jul-23</div></div>				<div>Background Information:</div> <div>A number of concerns regarding the safety and quality of service had been raised through different routes, including HFEA re-inspection report January 2023, WHSSC quality and assurance meetings and WFI IPFR requests regarding Wales Fertility Institute leading to the escalation of the service.</div>		<div>Actions:</div> <table><tr><th>Action</th><th>Lead</th><th>Action Due Date</th><th>Completion Date</th></tr><tr><td>Initial escalation planning meeting Exec to exec</td><td>Assistant Specialised Planner</td><td>7th August 2023</td><td></td></tr><tr><td>Monthly escalation meeting</td><td>Assistant Specialised Planner</td><td>Monthly</td><td></td></tr><tr><td>Quality visit</td><td>Assistant Specialised Planner</td><td>September 2023</td><td></td></tr><tr><td>SMART Action plan from WFI, action plan has been requested in order that it can be agreed with WHSSC colleagues</td><td>Assistant Specialised Planner/ Service Manager</td><td>7th August 2023</td><td></td></tr></table>		Action	Lead	Action Due Date	Completion Date	Initial escalation planning meeting Exec to exec	Assistant Specialised Planner	7 th August 2023		Monthly escalation meeting	Assistant Specialised Planner	Monthly		Quality visit	Assistant Specialised Planner	September 2023		SMART Action plan from WFI, action plan has been requested in order that it can be agreed with WHSSC colleagues	Assistant Specialised Planner/ Service Manager	7 th August 2023	
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<div>Issues/Risks: There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023. 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.</div>																											

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



Welsh Health Specialised Services Commissioning **NEWSLETTER**

4th Edition, Spring/ Summer 2023



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee



This is the 4th edition of the Quality newsletter from the Welsh Health Specialised Services team in Wales. Our plan is for these to be published on a quarterly basis to supplement reports and data already provided through different forums into Welsh Health Boards.

**This Newsletter is available
in Welsh on request.
Mae'r Cylchlythyr hwn ar
gael yn Gymraeg ar gais.**



This gives an overview of some of the work we are involved with, and presents some of the highlights from a commissioning perspective. The services commissioned from WHSSC are provided both in Wales and in England; this will only provide a snapshot of our work. Permission has been provided for the content included.



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee

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Reporting

WHSSC do not investigate incidents but are responsible for supporting the investigations into these alongside the monitoring and reporting to the Health Boards. WHSSC are responsible for ensuring the delivery of safe services and ensure that trends or themes arising from concerns have actions plans which are completed and support learning. WHSSC facilitates the continued monitoring of commissioned services and work with providers when issues arise.



Between the periods of January to June 2023, there were **18** Patient Safety Incidents and **10** Early Warning Notifications logged.

Between the periods of January to June 2023, there were **5** Patient Safety Incidents and **1** Early Warning Notifications logged.



Concerns

Incidents

Concerns raised with WHSSC may involve a direct response from the organisation or involve a joint response with the commissioning Health Board or WHSSC may need to ask the Health Board to respond directly.

Putting Things Right

Complaints

Update from the Patient Care Team IPFR (Individual Patient Funding Request)



The Patient Care Team receives and manages individual patient funding requests for healthcare that falls outside of agreed range of services.

An overview of IPFRs processed in Quarter 4 2022-23 and Quarter 1 2023-24:

	Number of Requests discussed as Chairs Actions	Number of Requests discussed by All Wales IPRF Panel
January 2023	7	9
February 2023	2	12
March 2023	1	12
April 2023	0	14
May 2023	8	12
June 2023	7	11



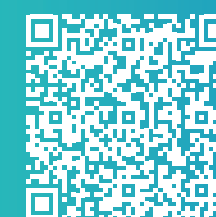
Rare Disease Day - 28th February 2023

On Rare Disease Day, a new App was unveiled by Health and Social Services Minister Eluned Morgan. The Care and Respond app has been developed in Wales by Science & Engineering Applications Ltd, in collaboration with various patient groups and the NHS, with Welsh Government funding to support clinical decision making in cases of emergency and other time critical situations.

The Welsh Government is currently implementing the Wales Rare Diseases Action Plan, and funding the UK's first SWAN (Syndrome Without a Name) Clinic, based at the University Hospital of Wales, in Cardiff.



Click the picture to be taken to the Care and Respond website.



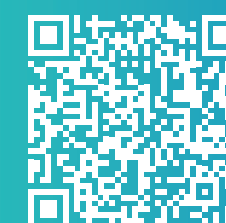
Scan the QR code/ click on it to be taken to the Wales Rare Diseases Action Plan 2022-2026.

Medical Devices Swansea Bay's Rehabilitation Engineering Unit (MPCE)/Artificial Limb and Appliance Service (ALAS)

Swansea Bay's Rehabilitation Engineering Unit (MPCE) recently had an article published in Scope, the member magazine of the Institute of Physics and Engineering in Medicine (IPEM).

The article reflects the approach in Swansea to achieving Medical Devices Regulations compliance through implementation of quality management systems within individual services (including Swansea's Artificial Limb and Appliance Service), and direction and coordination through the Health Board wide 'MDR Assurance Group'.

The work of the Health Education and Improvement Wales (HEIW) MDR Group is also referenced, plus how Swansea has recently collaborated with BCUHB regarding 'MDR Preparedness' and the benefits of cross-Health Board collaboration (i.e. sharing of specialist knowledge, efficient ways of working, aligned approaches) to reduce the corporate and operational risks, including of commissioned services.



Scan the QR code/ click on it to be taken to the Summer edition of Scope which features this excellent article (page 32)!

QuicDNA



From left to right: Charles Janczewski, Dr Magda Meissner, Eluned Morgan MS, Sian Morgan

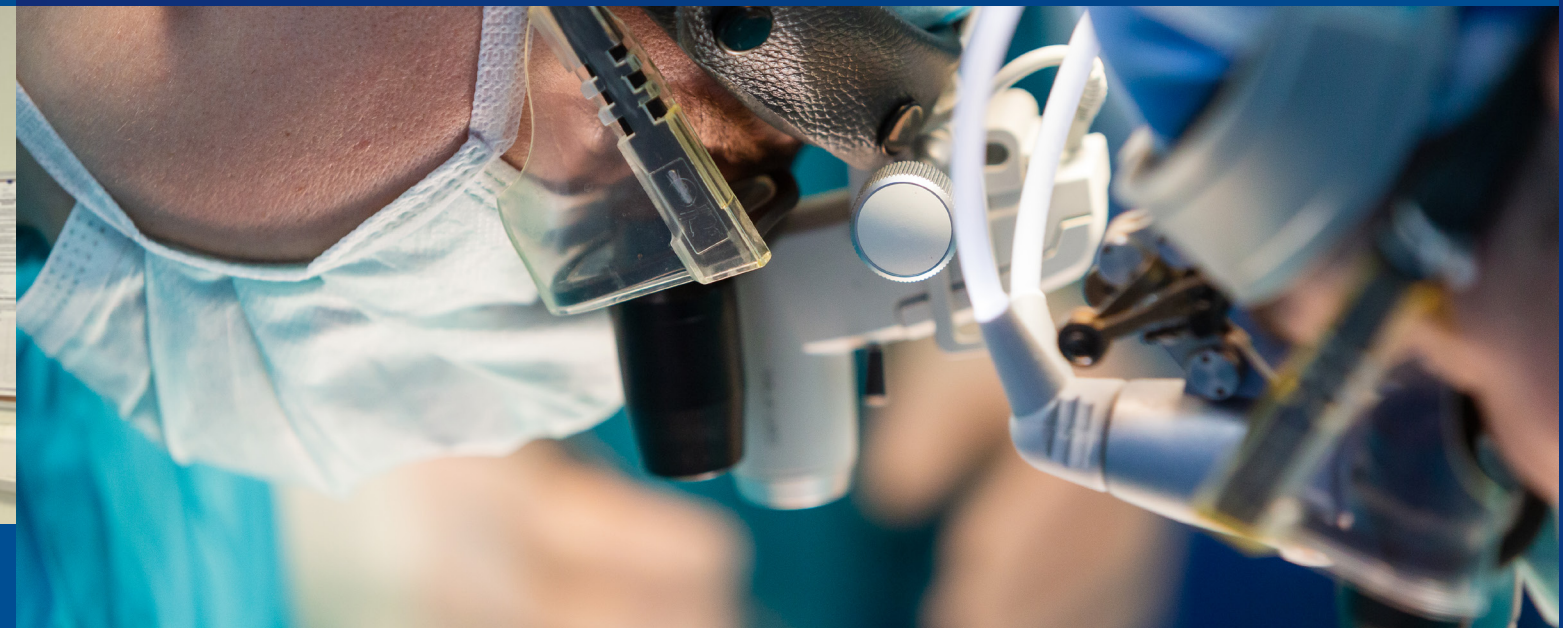
QuicDNA is a clinical trial that will evaluate the benefits of an innovative liquid biopsy test in people with suspected lung cancer. The trial will look at how the use of the liquid biopsy test earlier in the diagnostic process could improve and speed up diagnosis, reduce the time between diagnosis and treatment, and eventually inform how the technology can be used for other types of cancer.

The Minister for Health and Social Services Eluned Morgan MS visited the Institute of Medical Genetics at University Hospital of Wales to learn more about the launch of the QuicDNA clinical trial.

QuicDNA was presented by Sian Morgan at the Thoracic Education Event hosted by Wales Cancer Network on 19th May. In the future, QuicDNA has the potential to provide a simple, accessible and reliable means of investigating suspected cancer, screen asymptomatic cancer patients and less invasive monitoring for cancer recurrence.



Living Donor Transplant



Dr Doruk Elker, Clinical Lead for Transplantation has shared the fantastic success of the Living Kidney Donor (LKD) Transplant Program.

41 living kidney donor transplants were completed in the 2021/22 financial year and is the highest number of living donor transplants the team have done in Cardiff in a decade! In addition, 5 living donor nephrectomies were completed, of which four were non-directed altruistic donors. Two children were transplanted in Bristol after the donor and recipient work-ups were completed in Cardiff. The team are encouraged that this strong activity will continue as there are 14 LKD transplants already booked until mid-July with many more in the planning stages.

“

“Congratulations to the Live Donor team and the wider transplant team for their dedication and commitment to make this happen for the patients and their families.”

We also thank our Nephrology colleagues for educating CKD patients and their families about the benefits of living kidney donation and referring them in a timely fashion. This is reflected in the latest NHSBT report which demonstrates that Cardiff Transplant Unit has the highest rate of pre-emptive living donor kidney transplants in the UK.”

Dr Elker

An amazing achievement, we are sure you will agree!

UK Kidney Conference



The Welsh Kidney Network were one of the many exhibition stands represented at the UK Kidney Association's 'UK Kidney Week' (UKKW) event which is an annual occurrence and the largest UK Conference event for Kidney Professionals. 2023's event was hosted at the ICC Newport on the 5th-7th June.

This was the first time that this national event had been hosted in Wales and a number of the WKN's clinical leads were able to promote the excellent work going on across our nation, from Transplantation to Home Therapies, Digital infrastructure to Workforce audits. This, alongside the Welsh Minister for Health and Social Care services' Key Note speech in which the WKN were highly commended, led to a number of delegates visiting the Network's exhibition stand during the event.



From left to right: Sarah McMillan, AnnMarie Pritchard, Richard Davies, Jonathan Matthews, Jennifer Holmes

Our Kidney Network is built on quality, best practice, technology and innovation, placing patients at the heart of everything we do.



Rhwydwaith Arennau Cymru
Welsh Kidney Network

International Nurses Day and International Day of the Midwife

WHSSC Patient Care and Quality Teams displayed memorabilia to celebrate International Nurses Day and International Day of the Midwife collectively. A massive thank you to Theresa Williams of the Patient Care Team for baking cupcakes and Welsh cakes!



The Walton Centre

The Walton Centre have launched a six stage process The 'Six WALTON Steps' highlighting their vision of an excellent Patient and Family Journey. Through feedback, they have developed a shared vision for the ideal patient and family experience at The Walton Centre and included initiatives such as pet therapy across the trust, music sessions and Easter eggs delivered by the senior nursing team on Easter Sunday.



Duty of Quality



The Duty of Quality forms part of The Health and Social Care (Quality and Engagement) (Wales) Act 2020 and WHSSC demonstrate how they are meeting the Act:

Domains of Quality (STEEEP)
Framework to assess quality and guide improvement.

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Person-centred



Evidencing the Duty of Quality

- Make use of existing performance, outcome and delivery indicators and measures where possible
- Patient and staff experience, information and stories
- Reports from inspectorate and licensing bodies
- Consideration of national clinical audits, reports, inquiries

Reporting to support Annual Quality Report

- Bimonthly QPS Chairs Report to Joint Committee
- Summary of Services in Escalation Trajectory
- Quarterly bilingual Quality newsletter
- Six monthly Innovation & Improvement Report
- QPS & WHSSC Annual Report
- Integrated Commissioning Plan (ICP)
- **Incorporate STEEEP into all reporting templates**
- **Quarterly report to QPS to monitor progress**

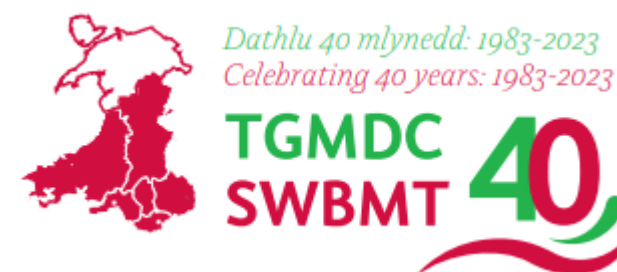


Scan the QR code/
click on it to be
taken to The Duty
of Quality Statutory
Guidance 2023 and
Quality Standards
2023.

South Wales Blood and Marrow Transplant (SWBMT) Programme

St David's Day 2023 marked the 40th anniversary of the first stem cell transplant performed in Wales on 1st March 1983.

A celebratory event was held on 24th June to honour Dr Jack Whittaker who started the transplant programme, as well as other key founding members.



FAST Stroke Campaign

Awareness campaign ran at the end of April and included TV, video on demand, radio and social media advertising, as well as coverage in the Welsh media. The campaign aimed to raise awareness of the signs of stroke and increase knowledge of stroke as a medical emergency.

Stroke is the fourth single leading cause of death in the UK and the single largest cause of complex disability. Increased awareness of the FAST acronym has been shown to lead to patients seeking prompt help for stroke symptoms. Early treatment not only saves lives but results in a greater chance of a better recovery.



Thoracic Education Event



The Wales Cancer Network held the Annual Welsh Thoracic Oncology Group Education Event on Friday 19th May and was attended by a wide range of MDT members. Among the topics presented were Lung Cancer Screening, Sublobar Resections, Robotics and Genomics.



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Canser Cymru
Wales Cancer
Network

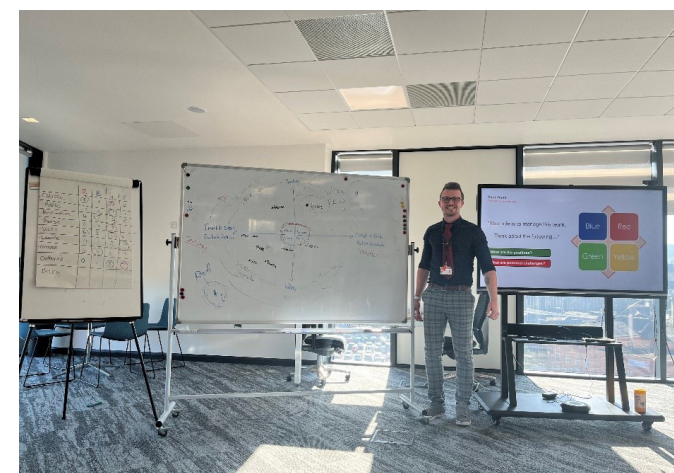
A big thank you to Rhiannon Parker, Events Manager for The Wales Cancer Network for providing the pictures!



Patient Care and Quality Team Development Day



WHSSC Patient Care and Quality Teams attended a Team Development Day in February in collaboration with Transport for Wales (TfW). Mark Hector, Training and Development Manager at TfW was an excellent Facilitator in the Jigsaw Discovery Tool and the Team look forward to future collaboration opportunities!



RCN Awards 2023



The annual Royal College of Nursing awards took place on 29th June at City Hall, Cardiff. WHSSC sponsors the Health Care Support Worker (HCSW) award and a number of WHSSC staff attend the award ceremony along with Kate Eden (Chair). The award is open to any Health Care Support Worker who is delegated work directly by a Registered Nurse, Midwife or Health Visitor in any setting, who has demonstrated commitment to providing high standards of nursing and midwifery care.

A huge congratulations to the winner, Heather Fleming, and also to the runner-up, Kelly Brown!

Health Care Support Worker Award



HEATHER FLEMING
Early Years Bladder and Bowel
Assistant Practitioner,
Cardiff and Vale University Health Board

Heather reduced the distress experienced by children and their parents and carers around childhood continence.

As the early years bladder and bowel assistant practitioner (EYBBAP) at Cardiff and Vale University Health Board, Heather gave appropriate care, advice, and support in the community. She worked tirelessly to develop the service and reach as many children and families as possible.

In giving preventative, early intervention care and support around toilet training and continence, Heather aimed to achieve equity of health outcomes. She gave education and training to early years settings in the community, such as children's centres, preschools and nurseries, ensuring continuity of care. She also gave one-to-one support in the home, building trusting professional relationships.

The contribution she made to overall health and wellbeing was pivotal at a time which can be extremely challenging and upsetting. Her support helped to reduce the waiting list for the paediatric continence service and helped to increase the number of fully toilet-trained children starting nursery or school. The panel saw numerous examples where Heather's work led to significant impact and improved outcomes for children, and it was clear that she continually strives for excellence.

Quick Round up of Commissioning Teams



Mental Health and Vulnerable Groups

5 year Mental health strategy ongoing. Review of current services and further development of these underway.



Women and Children's

IVF Service Improvement and Innovation Day currently being planned.



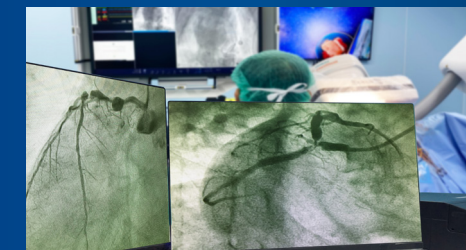
Neurosciences and long term condition

All Wales strategy to improve outcomes and experience of patients receiving specialised rehabilitation is underway.



Cancer and Blood

Thoracic, Inherited Bleeding Disorder and Immunology Service Improvement and Innovation Days are currently being planned.



Cardiac

Evaluation and actions being taken forward from service developments such as dashboards for clinical practice reporting.



Intestinal Failure

Ongoing work being undertaken with the recently formed IF commissioning team and as a result of the IF review and Service Improvement and Innovation Day.



Specialised Services

Strategy is underway.



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Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee

Recognition of Significant Events and Thank you's

“

An excellent news story was published - The North Wales Adolescent Service (NWAS) has been awarded a Kitemark!

The National Participation Standards Kitemark, which is awarded by youngsters, is achievable for organisations who prove they are achieving against the National Standards.

Youngsters commend north Wales health board for its “commitment to improving patient experience”



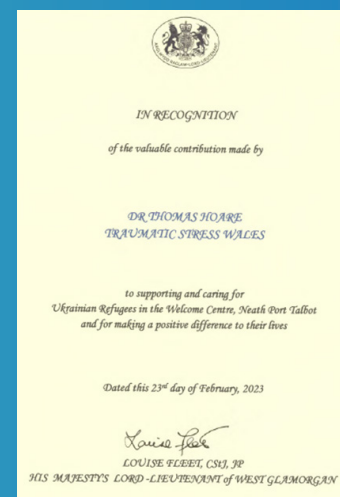
Scan the QR code/click on it to be taken to the news story!

“

Dr Thomas Hoare received recognition from the Lord Lieutenant of West Glamorgan and Penny Nurse, Project Manager for Traumatic Stress Wales said

“Congratulations Tom – this is well deserved and you should be VERY proud.”

The entire team here at WHSSC agree!



Useful Links

Adult Congenital Heart Disease (ACHD) Newsletter

The Winter and Spring versions of the ACHD Newsletter are available here:



Click the PDF to open the document.



HEIW Nursing Workforce Plan Newsletter

HEIW produce a quarterly Workforce Plan Newsletter and the Spring edition is now available.



Scan the QR code/ click on it to be taken to the newsletter.

Mesothelioma UK Magazine

Mesothelioma UK are a support group who publish a quarterly magazine and the latest edition and archive can be accessed here:



Scan the QR code/ click on it to be taken to the newsletter.

Perinatal Mental Health Network Newsletter

The April Perinatal Mental Health Network Newsletter is available here:



Scan the QR code/ click on it to be taken to the newsletter.



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Partneriaeth
Cydwasaethau
Shared Services
Partnership

Welsh Health Services Specialised Commissioning **NEWSLETTER**



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Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee

Whssc.nhs.wales

Spring/Summer 2023

For queries or detail on any aspect within this Newsletter, contact
Adele Roberts, Head of Patient Safety and Quality, or
Leanne Amos, Quality Administration Support Officer.

Email: Adele.Roberts@wales.nhs.uk / Leanne.Amos@wales.nhs.uk



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Designed by NHS Wales Shared Services
Partnership Communications

CYLCHLYTHYR

4^{ydd} Argraffia, Gwanwyn/ Haf 2023



Dyma'r 4ydd rhifyn o'r cylchlythyr Ansawdd gan dîm Gwasanaethau Iechyd Arbenigol Cymru yng Nghymru. Ein cynllun yw cyhoeddi'r rhain bob chwarter i ategu adroddiadau a data a ddarparwyd eisoes drwy wahanol fforymau i Fyrddau Iechyd Cymru.

Mae hwn yn rhoi trosolwg o rywfaent o'r gwaith yr ydym yn ymwneud ag ef, ac yn cyflwyno rhai o'r uchafbwyntiau o safbwynt comisiynu. Darperir gwasanaethau a gomisiynir gan PGIAC yng Nghymru ac yn Lloegr; bydd hwn yn rhoi cipolwg ar ein gwaith yn unig. Rhoddwyd caniatâd ar gyfer y cynnwys sydd wedi'i gynnwys.

**This Newsletter is available
in Welsh on request.
Mae'r Cylchlythyr hwn ar
gael yn Gymraeg ar gais.**

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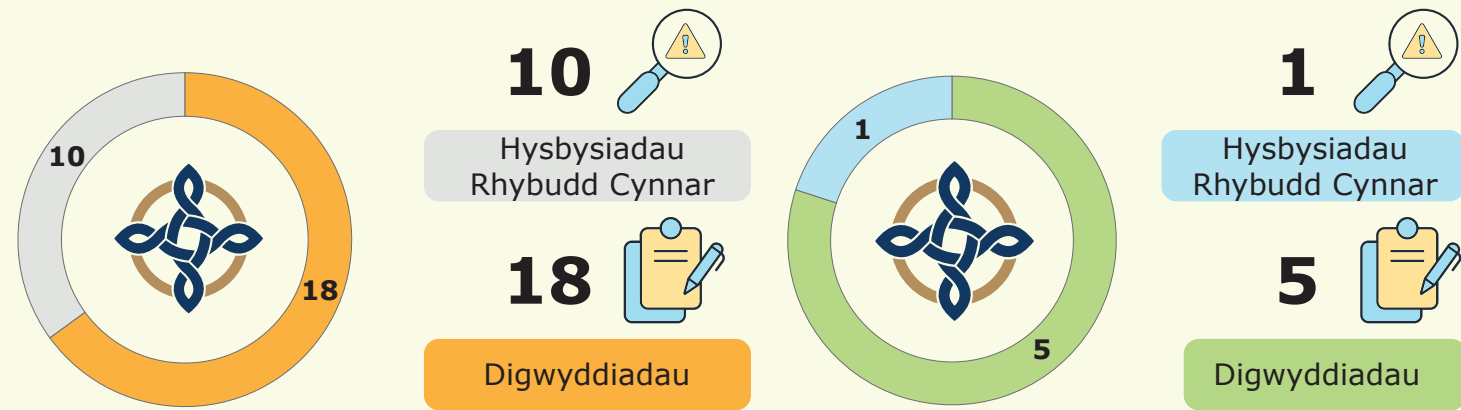
Adrodd

Nid yw PGIAC yn ymchwilio i ddigwyddiadau ond mae'n gyfrifol am gefnogi'r ymchwiliadau i'r rhain ochr yn ochr â monitro ac adrodd i'r Byrddau Iechyd. Mae PGIAC yn gyfrifol am sicrhau bod gwasanaethau diogel yn cael eu darparu a sicrhau bod gan dueddiadau neu themâu sy'n codi o bryderon gynlluniau gweithredu sy'n cael eu cwblhau ac sy'n cefnogi dysgu. Mae PGIAC yn hwyluso monitro parhaus gwasanaethau a gomisiynir ac yn gweithio gyda darparwyr pan fydd materion yn codi.



Rhwng y cyfnodau o fis Ionawr i fis Mehefin 2023, cofnodwyd **18** Digwyddiad Diogelwch Cleifion a **10** Hysbysiad Rhybudd Cynnar.

Rhwng y cyfnodau o fis Ionawr i fis Mehefin 2023, cofnodwyd **5** Digwyddiad Diogelwch Cleifion a **1** Hysbysiad Rhybudd Cynnar.



Pryderon

Digwyddiadau

Gweithio i Wella

Cwynion

Gall pryderon a godir gyda PGIAC gynnwys ymateb uniongyrchol gan y sefydliad neu gynnwys ymateb ar y cyd â'r Bwrdd Iechyd sy'n comisiynu neu efallai y bydd angen i PGIAC ofyn i'r Bwrdd Iechyd ymateb yn uniongyrchol.

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Welsh Health Specialised Services Committee

Diweddariad gan y Tîm Gofal Cleifion IPFR (Ceisiadau Cyllido Cleifion Unigol)



Mae'r Tîm Gofal Cleifion yn derbyn ac yn rheoli ceisiadau cyllido cleifion unigol am ofal iechyd sydd y tu allan i'r ystod gytunedig o wasanaethau.

Trosolwg o Geisiadau Cyllido Cleifion Unigol a broseswyd yn Chwarter 4 2022-23 a Chwarter 1 2023-24:

	Nifer y Ceisiadau a drafodwyd fel Camau Gweithredu Cadeiryddion	Nifer y Ceisiadau a drafodwyd gan Banel IPFR Cymru Gyfan
Ionawr 2023	7	9
Chwefror 2023	2	12
Mawrth 2023	1	12
Ebrill 2023	0	14
Mai 2023	8	12
Mehefin 2023	7	11



Diwrnod Clefydau Prin - 28ain Chwefror 2023

Ar Ddiwrnod Clefydau Prin, dadorchuddiwyd Ap newydd gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, Eluned Morgan. Datblygwyd yr ap Gofal ac Ymateb yng Nghymru gan Science & Engineering Applications Ltd, mewn cydweithrediad ag amrywiol grwpiau cleifion a'r GIG, gyda chyllid gan Lywodraeth Cymru i gefnogi'r broses o wneud penderfyniadau clinigol mewn achosion o argyfwng a sefyllfaoedd eraill sy'n hanfodol o ran amser.

Ar hyn o bryd mae Llywodraeth Cymru yn gweithredu Cynllun Gweithredu Clefydau Prin Cymru, ac yn ariannu Clinig SWAN (Syndrome Without a Name) cyntaf y DU, sydd wedi'i leoli yn Ysbyty Athrofaol Cymru, yng Nghaerdydd.



Cliciwch ar y llun i fynd â chi i wefan Care and Respond.



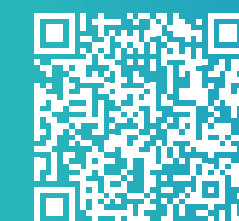
Sganiwch y cod QR/ cliciwch arno i fynd â chi i Gynllun Gweithredu Clefydau Prin Cymru 2022-2026.

Dyfeisiau Meddygol Uned Peirianeg Adsefydlu Bae Abertawe (MPCE)/ Gwasanaeth Aelodau Artiffisial a Chyfarpar (ALAS)

Yn ddiweddar, cyhoeddwyd erthygl yn Scope, sef cylchgrawn aelodau'r Sefydliad Ffiseg a Pheirianeg mewn Meddygaeth (IPEM) gan Uned Peirianeg Adsefydlu Bae Abertawe.

Mae'r erthygl yn adlewyrchu'r dull yn Abertawe o gyflawni cydymffurfiaeth Rheoliadau Dyfeisiau Meddygol (MDR) drwy weithredu systemau rheoli ansawdd o fewn gwasanaethau unigol (gan gynnwys Gwasanaeth Aelodau Artiffisial a Chyfarpar (ALAS), a chyfeiriad a chydlynw drwy 'Grŵp Sicrwydd MDR' ledled y Bwrdd Iechyd.

Cyfeirir hefyd at waith Grŵp MDR Addysg a Gwella Iechyd Cymru (AaGIC), yn ogystal â sut mae Abertawe wedi cydweithio'n ddiweddar â Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC) ynghylch 'Parodrwydd ar gyfer MDR' a manteision cydweithredu ar draws Byrddau Iechyd (h.y. rhannu gwybodaeth arbenigol, ffyrdd effeithlon o weithio, dulliau cyd-alinio) i leihau'r risgiau corfforaethol a gweithredol, gan gynnwys gwasanaethau a gomisiynwyd.



Sganiwch y cod QR/ cliciwch arno i fynd â chi i rifyn yr Haf o Scope sy'n cynnwys yr erthygl ardderchog hon (tudalen 32)!

QuicDNA



O'r chwith i'r dde: Charles Janczewski, Dr Magda Meissner, Eluned Morgan MS, Sian Morgan

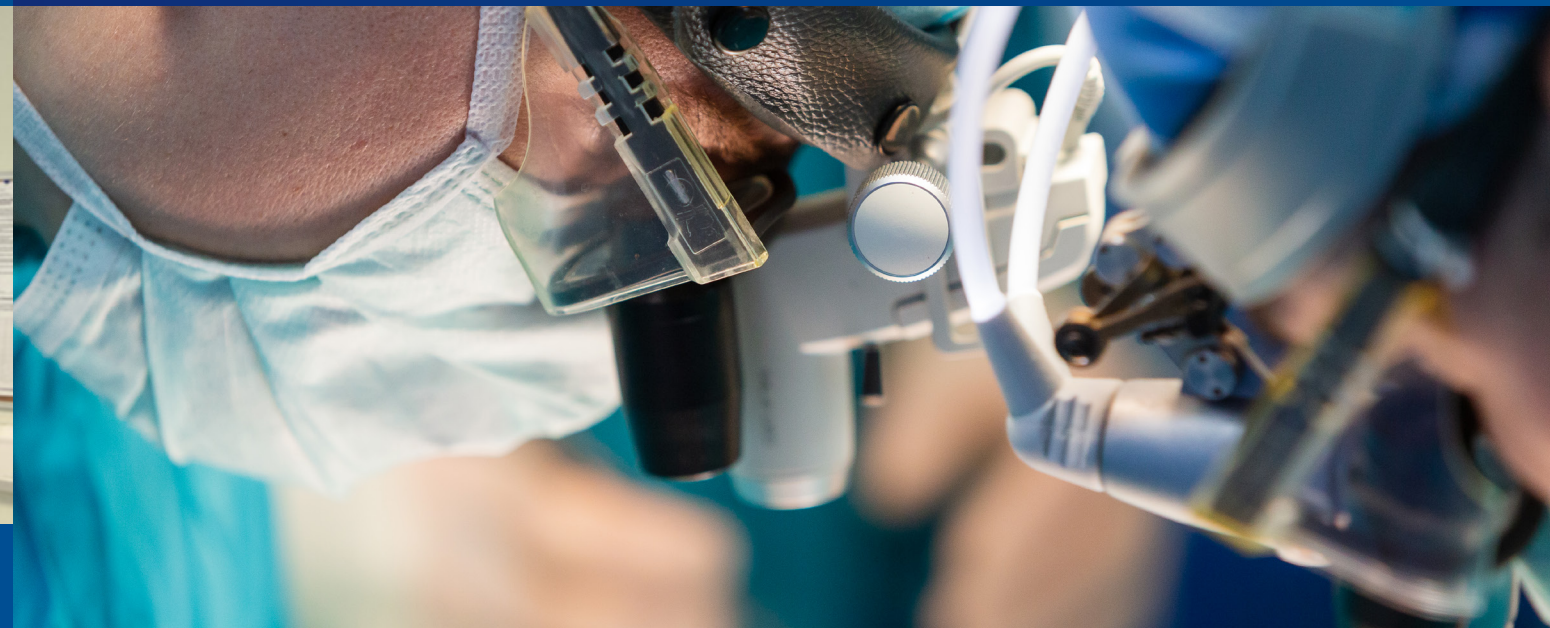
Mae QuicDNA yn dreial clinigol a fydd yn gwerthuso buddion prawf biopsi hylif arloesol mewn pobl sydd ag amheuaeth o ganser yr ysgyfaint. Bydd y treial yn edrych ar sut y gallai defnyddio'r prawf biopsi hylif yn gynharach yn y broses ddiagnostig wella a chyflymu'r diagnosis, lleihau'r amser rhwng diagnosis a thriniaeth, ac yn y pen draw hysbysu sut y gellir defnyddio'r dechnoleg ar gyfer mathau eraill o ganser.

Ymwelodd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, Eluned Morgan AS, â'r Sefydliad Geneteg Feddygol yn Ysbyty Athrofaol Cymru i ddysgu mwy am lansiad treial clinigol QuicDNA.

Cyflwynwyd QuicDNA gan Sian Morgan yn y Digwyddiad Addysg Thorasig a gynhaliwyd gan Rwydwaith Cancer Cymru ar 19 Mai. Yn y dyfodol, mae gan QuicDNA y potensial i ddarparu dull syml, hygyrch a dibynadwy o ymchwilio i ganser a amheuir, sgrinio cleifion cancer asymptomatig a monitro llai ymledol ar gyfer dychweliad cancer.



Trawsblaniad Rhoddwyr Byw



Mae Dr Doruk Elker, Arweinydd Clinigol Trawsblannu wedi rhannu llwyddiant gwyb Rhaglen Trawsblannu Rhoddwyr Arennau Byw (LKD).

Cwblhawyd 41 trawsblaniad rhoddwyr arennau byw ym mlwyddyn ariannol 2021/22 a dyma'r nifer uchaf o drawsblaniadau rhoddwyr byw y mae'r tîm wedi'u gwneud yng Nghaerdydd mewn degawd! Yn ogystal, cwblhawyd 5 neffrectomi rhoddwr byw, ac roedd pedwar ohonynt yn rhoddwyr anhunanol heb eu cyfeirio. Cafodd dau o blant eu trawsblannu ym Mryste ar ôl i'r rhoddwyr a'r derbynnydd gael eu datblygu yng Nghaerdydd. Anogir y tîm y bydd y gweithgaredd cryf hwn yn parhau gan fod 14 trawsblaniad LKD eisoes wedi'u bwcio tan ganol mis Gorffennaf gyda llawer mwy yn y camau cynllunio.



"Llongyfarchiadau i'r tîm Rhoddwyr Byw a'r tîm trawsblannu ehangach am eu hymroddiad a'u hymrwymiad i wneud i hyn ddigwydd i'r cleifion a'u teuluoedd."

Rydym hefyd yn diolch i'n cydweithwyr Neffroleg am addysgu cleifion clefyd cronig yn yr arennau (CKD) a'u teuluoedd am fanteision rhoi arennau byw a'u cyfeirio mewn modd amserol. Adlewyrchir hyn yn adroddiad diweddaraf Gwaed a Thrawsblaniadau'r GIG (NHSBT) sy'n dangos mai Uned Trawsblannu Caerdydd sydd â'r gyfradd uchaf o drawsblaniadau arennau rhoddwyr byw rhagataliol yn y DU."

Dr Elker

Cyflawniad anhygoel, rydym yn siŵr y byddwch yn cytuno!

Cynhadledd UK Kidney



Roedd Rhwydwaith Arennau Cymru yn un o'r nifer o stondinau arddangos a gynrychiolir yn nigwyddiad 'UK Kidney Week' (UKKW) Cymdeithas Arennau'r DU sy'n ddigwyddiad blynyddol a'r digwyddiad Cynhadledd fwyaf yn y DU ar gyfer Gweithwyr Proffesiynol Arennau. Cynhaliwyd digwyddiad 2023 yn ICC Casnewydd ar 5 - 7 Mehefin.

Dyma'r tro cyntaf i'r digwyddiad cenedlaethol hwn gael ei gynnal yng Nghymru a gallodd nifer o arweinwyr clinigol y Rhwydwaith Arennau Cymru (WKN) hyrwyddo'r gwaith rhagorol sy'n digwydd ar draws ein cenedl, o Drawsblannu i Therapiau Cartref, Seilwaith Digidol i archwiliadau Gweithlu. Arweiniodd hyn, ochr yn ochr â Phrif araith Gweinidog Iechyd a Gofal Cymdeithasol Cymru, lle canmolwyd WKN yn fawr, at nifer o gynrychiolwyr yn ymweld â stondin arddangosfa'r Rhwydwaith yn ystod y digwyddiad.



O'r chwith i'r dde: Sarah McMillan, AnnMarie Pritchard, Richard Davies, Jonathan Matthews, Jennifer Holmes

Mae ein rhwydwaith arenau wedi'i adeiladu ar ansawdd, arfer gorau, technoleg ac arloesedd, gan osod cleifion wrth wraidd popeth a wneir gennym.



Diwrnod Rhyngwladol y Nyrsys a Diwrnod Rhyngwladol y Fydwraig

Roedd timau Gofal ac Ansawdd Cleifion PGIAC yn arddangos trugareddau o'r gorffennol i ddathlu Diwrnod Rhyngwladol y Nyrsys a Diwrnod Rhyngwladol y Fydwraig. Diolch yn fawr iawn i Theresa Williams o'r Tîm Gofal Cleifion am bobu cacennau bach a chacennau cri!



Canolfan Walton

Mae Canolfan Walton wedi lansio proses chwe cham, sef 'The Six WALTON Steps' sy'n tynnu sylw at eu gweledigaeth o Daith Cleifion a Theuluoedd rhagorol. Trwy adborth, maent wedi datblygu gweledigaeth ar y cyd ar gyfer y profiad delfrydol i gleifion a'u teuluoedd yng Nghanolfan Walton ac wedi cynnwys mentrau fel therapi anifeiliaid anwes ar draws yr Ymddiriedolaeth, sesiynau cerddoriaeth ac wyau Pasg a ddarperir gan yr uwch dîm nyrsio ar Sul y Pasg.



Dyletswydd Ansawdd



Mae'r Ddyletswydd Ansawdd yn rhan o Ddeddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020 ac mae PGIAC yn dangos sut maent yn bodloni'r Ddeddf:

Domains of Quality (STEEEP)
Framework to assess quality and guide improvement.

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Person-centred



Evidencing the Duty of Quality

- Make use of existing performance, outcome and delivery indicators and measures where possible
- Patient and staff experience, information and stories
- Reports from inspectorate and licensing bodies
- Consideration of national clinical audits, reports, inquiries

Reporting to support Annual Quality Report

- Bimonthly QPS Chairs Report to Joint Committee
- Summary of Services in Escalation Trajectory
- Quarterly bilingual Quality newsletter
- Six monthly Innovation & Improvement Report
- QPS & WHSSC Annual Report
- Integrated Commissioning Plan (ICP)
- **Incorporate STEEEP into all reporting templates**
- **Quarterly report to QPS to monitor progress**



Sganiwch y cod QR/ cliciwch arno i fynd â chi i Ganllawiau Statudol y Ddyletswydd Ansawdd 2023 a Safonau Ansawdd 2023.

Rhaglen Trawsblannu Gwaed a Môr Esgyrn De Cymru (SWBMT)

Roedd Dydd Gŵyl Dewi 2023 yn nodi 40 mlynedd ers y trawsblaniad bôn-gelloedd cyntaf a berfformiwyd yng Nghymru ar 1af Mawrth 1983.

Cynhaliwyd digwyddiad dathlu ar 24 Mehefin i anrhydeddu Dr Jack Whittaker a ddechreuodd y rhaglen drawsblannu, yn ogystal â sefydlwyr allweddol eraill.



Ymgyrch Strôc FAST

Cynhaliwyd ymgyrch ymwybyddiaeth ddiwedd mis Ebrill ac roedd yn cynnwys y teledu, fideo ar alw, hysbysebu ar y radio a chyfryngau cymdeithasol, yn ogystal â darllediadau yn y cyfryngau yng Nghymru. Nod yr ymgyrch oedd codi ymwybyddiaeth o arwyddion strôc a chynyddu gwybodaeth am strôc fel argyfwng meddygol.

Strôc yw'r pedwerydd prif achos marwolaeth yn y DU a'r achos unigol mwyaf o anabledd cymhleth. Dangoswyd bod mwy o ymwybyddiaeth o'r acronym FAST yn arwain at gleifion yn gofyn am gymorth prydlon ar gyfer symptomau strôc. Mae triniaeth gynnar nid yn unig yn achub bywydau ond yn arwain at fwy o siawns o wellhad.



Digwyddiad Addysg Thorasig



Cynhaliodd Rhwydwaith Cancer Cymru Ddigwyddiad Addysg Blynyddol Grŵp Oncoleg Thorasig Cymru ddydd Gwener 19 Mai a mynychodd ystod eang o aelodau'r tîm amlddisgyblaethol (MDT). Ymhlith y pynciau a gyflwynwyd oedd Sgrinio Cancer yr Ysgyfaint, Echdoriad Is-labeledol, Roboteg a Genomeg.



**GIG
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WALES** | Rhwydwaith
Cancer Cymru
Wales Cancer
Network

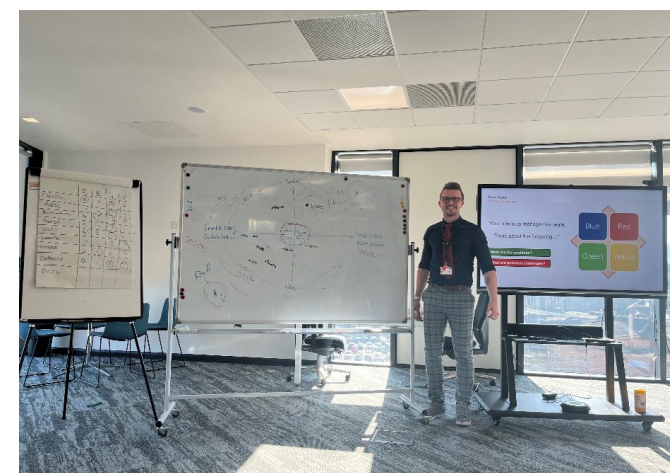
Diolch yn fawr iawn i Rhiannon Parker, Rheolwr Digwyddiadau Rhwydwaith Cancer Cymru am ddarparu'r lluniau!



Diwrnod Datblygu Tîm Gofal ac Ansawdd Cleifion



Mynychodd Timau Gofal Cleifion ac Ansawdd PGIAC Ddiwrnod Datblygu Tîm ym mis Chwefror mewn cydweithrediad â Thrafnidiaeth Cymru (TrC). Roedd Mark Hector, Rheolwr Hyfforddi a Datblygu TrC yn Hwylusydd ardderchog yn yr Offeryn Jigsaw Discovery ac mae'r Tîm yn edrych ymlaen at gyfleoedd i gydweithio yn y dyfodol!




Gwobrau RCN 2023



O'r Dde i'r Chwith: Krysta Hallewell, Emma King, Debra Davies, Kate Eden, Leanne Amos, Jason Mohammad, Vicki Dawson-John, Kirsty John

Cynhaliwyd gwobrau'r Coleg Nyrsio Brenhinol blynyddol ar 29 Mehefin yn Neuadd y Ddinas, Caerdydd. Mae PGIAC yn noddi'r wobwr Gweithiwr Cymorth Gofal Iechyd (HCSW) ac mae nifer o staff PGIAC yn mynychu'r seremoni wobrwyo ynghyd â Kate Eden (Cadeirydd). Mae'r wobwr yn agored i unrhyw Weithiwr Cymorth Gofal Iechyd sy'n cael gwaith wedi'i ddirprwyo'n uniongyrchol gan Nyrs Gofrestredig, Bydwraig neu Ymwelydd Iechyd mewn unrhyw leoliad, sydd wedi dangos ymrwymiad i ddarparu safonau uchel o ofal nyrsio a bydwreigiaeth.

Llongyfarchiadau mawr i'r enillydd, Heather Fleming, a hefyd i'r ail, Kéllý Brown!



Health Care Support Worker Award

Heather reduced the distress experienced by children and their parents and carers around childhood continence. As the early years bladder and bowel assistant practitioner (EYBBAP) at Cardiff and Vale University Health Board, Heather gave appropriate care, advice, and support in the community. She worked tirelessly to develop the service and reach as many children and families as possible. In giving preventative, early intervention care and support around toilet training and continence, Heather aimed to achieve equity of health outcomes. She gave education and training to early years settings in the community, such as children's centres, preschools and nurseries, ensuring continuity of care. She also gave one-to-one support in the home, building trusting professional relationships. The contribution she made to overall health and wellbeing was pivotal at a time which can be extremely challenging and upsetting. Her support helped to reduce the waiting list for the paediatric continence service and helped to increase the number of fully toilet-trained children starting nursery or school. The panel saw numerous examples where Heather's work led to significant impact and improved outcomes for children, and it was clear that she continually strives for excellence.

HEATHER FLEMING
Early Years Bladder and Bowel Assistant Practitioner,
Cardiff and Vale University Health Board

Newyddion Cyflym o'r Timau Comisiynu



Iechyd Meddwl a Grwpiau Agored i Niwed

Strategaeth iechyd meddwl 5 mlynedd parhaus. Adolygiad o'r gwasanaethau presennol a datblygiad pellach o'r rhain ar y gweill.



Menywod a Phlant

Diwrnod Gwella ac Arloesi'r Gwasanaeth IVF yn cael ei gynllunio ar hyn o bryd.



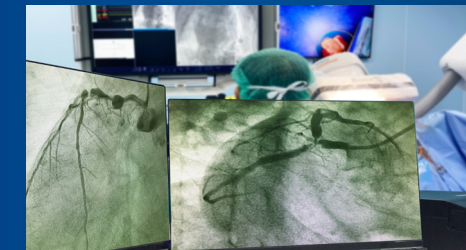
Niwrowyddorau a chyflyrau hirdymor

Strategaeth Cymru gyfan i wella canlyniadau a phrofiad cleifion sy'n cael adsefydlu arbenigol ar y gweill.



Canser a'r Gwaed

Diwrnodau Gwella ac Arloesi'r Gwasanaeth Thorasig, Anhwylder Gwaedu Etifeddol ac Imiwnoleg yn cael eu cynllunio ar hyn o bryd.



Cardiaidd

Gwerthusiad a chamau gweithredu yn cael eu datblygu o ddatblygiadau gwasanaeth fel dangosfyrddau ar gyfer adrodd ar ymarfer clinigol.



Methiant y Coluddyn

Gwaith parhaus yn cael ei wneud gyda'r tîm comisiynu Methiant y Coluddyn a ffurfiwyd yn ddiweddar ac o ganlyniad i'r adolygiad Methiant y Coluddyn a'r Diwrnod Gwella Gwasanaeth ac Arloesi.



Gwasanaethau Arbenigol

Strategaeth ar y gweill.



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WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Welsh Health Specialised Services Committee

Cydnabod Digwyddiadau Sylweddol a Diolchiadau

“

Cyhoeddwyd stori newyddion rhagorol – Mae Gwasanaeth Glasoed Gogledd Cymru (NWAS) wedi derbyn Nod Barcud!

Gellir cyflawni'r Nod Barcud Safonau Cyfranogiad Cenedlaethol, a ddyfernir gan bobl ifanc, ar gyfer sefydliadau sy'n profi eu bod yn cyflawni yn erbyn y Safonau Cenedlaethol.

Youngsters commend north Wales health board for its "commitment to improving patient experience"



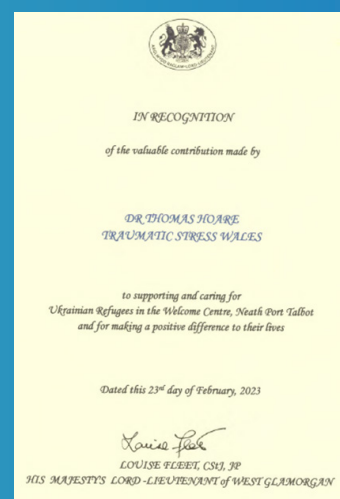
Sganiwch y cod QR/cliciwch arno i fynd â chi i'r stori newyddion!

“

Cafodd Dr Thomas Hoare gydnabyddiaeth gan yr Arglwydd Raglaw o Orllewin Morgannwg a Penny Nurse, Rheolwr Prosiect Straen Trawmatig Cymru.

“Llongyfarchiadau i Tom - mae hyn yn haeddiannol iawn a dylech fod yn falch IAWN.”

Mae'r holl dîm yma yn PGIAC yn cytuno!



Dolenni defnyddiol

Cylchlythyr Clefyd Cynhenid y Galon Oedolion (ACHD)

Mae fersiynau Gaeaf a Gwanwyn o'r Cylchlythyr ACHD ar gael yma:



Cliciwch ar y PDF i agor y ddogfen.



Cylchlythyr Cynllun Gweithlu Nyrso AaGIC

Mae AaGIC yn cynhyrchu Cylchlythyr chwarterol Cynllun Gweithlu ac mae rhifyn y Gwanwyn bellach ar gael.



Sganiwch y cod QR/cliciwch arno i fynd â chi i'r cylchlythyr.

Cylchgrawn Mesothelioma UK

Mae Mesothelioma UK yn grŵp cymorth sy'n cyhoeddi cylchgrawn chwarterol ac mae modd cael mynediad i'r rhifyn a'r archif diweddaraf yma:



Sganiwch y cod QR/cliciwch arno i fynd â chi i'r cylchlythyr.

Cylchlythyr Rhwydwaith Iechyd Meddwl Amenedigol

Mae cylchlythyr Rhwydwaith Iechyd Meddwl Amenedigol Ebrill ar gael yma:



Sganiwch y cod QR/cliciwch arno i fynd â chi i'r cylchlythyr.

Comisiynu Gwasanaethau
Iechyd Arbenigol Cymru

CYLCHLYTHYR



Whssc.nhs.wales

Gwanwyn/Haf 2023

Ar gyfer ymholiadau neu fanylion am unrhyw agwedd o fewn y
Cylchlythyr hwn, cysylltwch ag **Adele Roberts**, Pennaeth Diogelwch
Cleifion ac Ansawdd neu **Leanne Amos**, Swyddog Cymorth
Gweinyddu Ansawdd.

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