

# 2022-03-15 WHSSC Joint Committee (Public)

Tue 15 March 2022, 13:30 - 15:35

Teams Meeting - Details in Calendar Invite

## Agenda

---

13:30 - 13:35  
5 min

### 1. PRELIMINARY MATTERS

 0.0 JC Public Agenda 15 March 2022 (Eng).pdf (2 pages)

#### 1.1. Welcome and Introductions

Oral                      Chair

- To open the meeting with any new introductions

#### 1.2. Apologies for Absence

Oral                      Chair

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

#### 1.3. Declarations of Interest

Oral                      Chair

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

#### 1.4. Minutes of the Meetings held on 11 January 2022, 18 January 2022 and 08 February 2022 and Matters Arising

Att.                      Chair

- To **approve** the minutes of the meetings held on 11 January 2022, 18 January 2022 and 08 February 2022 and to consider any matters arising.

 1.4 Unconfirmed JC Public Minutes 11 January 2022.pdf (9 pages)


 1.4 Unconfirmed JC Public Minutes 18 January 2022.pdf (16 pages)

 1.4 Unconfirmed JC Public Minutes 08 February 2022.pdf (7 pages)

#### 1.5. Action Log

Att.                      Chair

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

 1.5 JC Action Log for 15 March 2022.pdf (3 pages)

---

13:35 - 13:50  
15 min

### 2. PRESENTATIONS

#### 2.1. Neonatal Transport Update

Att.                      Swansea Bay University Health Board

- To **note** the report.

 2.1.1 Neonatal ODN Progress Report JC 15 March 2021.pdf (5 pages)

13:50 - 15:05  
75 min

### 3. ITEMS FOR CONSIDERATION AND/OR DECISION

#### 3.1. Chair's Report

Att. *Chair*

- To **note** the report.

3.1 Chair's Report.pdf (4 pages)

#### 3.2. Managing Director's Report

Att. *Managing Director*

- To **note** the report.

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

#### 3.3. Implementing a 12 Week Clinical Pathway for the Treatment of Aortic Stenosis

Att. *Director of Planning*

- To **support** the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis, and
- To **note** the report.

3.3.1 Implementing a 12 Week Clinical Pathway for Aortic Stenosis.pdf (5 pages)

3.3.2 Appendix 1 Revised Aortic Stenosis Final Pathway.pdf (25 pages)

#### 3.4. WHSSC Process for Responding to the Ministerial Measures

Att. *Director of Planning*

- To **note** the new Ministerial priority measures and the process through which WHSSC will respond to them.

3.4.1 WHSSC Process for Responding to the Ministerial Measures.pdf (6 pages)

3.4.2 Appendix 1 Welsh Government's New Ministerial Priority Measures.pdf (11 pages)

#### 3.5. Major Trauma Update

Att. *Director of Planning*

- To **note** the information in the paper.

3.5.1 MTN Report March 2022.pdf (3 pages)

3.5.2 SWTN Joint Committee Report February 2022 v3 Final.pdf (21 pages)




#### 3.6. Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group

Deferred until 10 May 2022

#### 3.7. All Wales Individual Patient Funding Request (IPFR) Panel Update

Att. *Committee Secretary*




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

-  3.7.1 Individual Patient Funding Request (IPFR) Panel Update.pdf (11 pages)
-  3.7.2 Appendix 1 - Letter from WHSSC to Welsh Government IPFR Progress.pdf (2 pages)
-  3.7.3 Appendix 2 - Letter from WG CPO to WHSSC IPFR - 17 February 2022.pdf (2 pages)

### 3.8. Corporate Risk Assurance Framework (CRAF)

Att. *Director of Planning/Committee Secretary*

- To **note** the updated Corporate Risk Assurance Framework (CRAF), and
- To **note** that a follow up risk management workshop will be held in summer 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

-  3.8.1 Corporate Risk Assurance Framework (CRAF) Jan 2022.pdf (10 pages)
-  3.8.2 Appendix 1 Corporate Risk Assurance Framework (CRAF) Jan 2022.pdf (29 pages)
-  3.8.3 Appendix 2 - Risk Activity from November 2021 - January 2022.pdf (8 pages)

### 3.9. WHSSC Joint Committee Annual Plan of Committee Business 2022-2023

Att. *Committee Secretary*

- To **approve** the Joint Committee's Annual Plan of Committee Business for 2022-2023.

-  3.9.1 WHSSC Joint Committee Annual Plan of Committee Business 2022-2023.pdf (6 pages)
-  3.9.2 Appendix 1 WHSSC Joint Committee Annual Plan of Committee Business 2022-2023.pdf (25 pages)
-  3.9.3 Appendix 2 WHSSC Schedule of Meetings 2022-2023.pdf (1 pages)

15:05 - 15:35  
30 min

## 4. ROUTINE REPORTS AND ITEMS FOR INFORMATION

### 4.1. COVID-19 Period Activity Report Month 09 2021-22

Att. *Director of Finance*

- To **note** the report.

-  4.1.1 COVID-19 Period Activity Report Month 09 2021-2022.pdf (35 pages)
-  4.1.2 Appendix 1 COVID-19 Period Activity Report Month 09 2021-2022.pdf (14 pages)
-  4.1.3 Appendix 2 COVID-19 Period Activity Report Month 09 2021-2022.pdf (7 pages)

### 4.2. Financial Performance Report Month 10 and 11 2021-22

Att. *Director of Finance*

- To **note** the report.

-  4.2 Financial Report Month 10 2021-2022.pdf (11 pages)
-  4.2 Financial Report Month 11 2021-2022.pdf (11 pages)

### 4.3. Corporate Governance Matters Report

Att. *Committee Secretary*

- To **note** the report.

-  4.3 Corporate Governance Matters Report.pdf (5 pages)

### 4.4. Reports from the Joint Sub-Committees

Att. *Joint Committee Sub-Committee Chairs*

- To **note** the reports.

#### 4.4.1. Audit and Risk Committee Assurance Report

-  4.4.1 CTMUHB Audit and Risk Committee Assurance Report.pdf (3 pages)

#### 4.4.2. Management Group Briefings

*Committee Secretary*

 4.4.2 2022-01-20 - MG Core Brief v1.0.pdf (3 pages)

#### **4.4.3. Quality & Patient Safety Committee**

*Director of Nursing*

 4.4.3 Q&PS Chairs Report January 2022.pdf (16 pages)

#### **4.4.4. Integrated Governance Committee**

 4.4.4 IGC Chair's Report.pdf (2 pages)

#### **4.4.5. All Wales Individual Patient Funding Request Panel**

 4.4.5 IPFR Chairs Report January 2022.pdf (3 pages)

#### **4.4.6. Welsh Renal Clinical Network**

 4.4.6 WRCN Chairs Report January 2022.pdf (2 pages)

---

**15:35 - 15:35**  
0 min

## **5. CONCLUDING BUSINESS**

### **5.1. Any Other Business**

*Chair*

### **5.2. Date of Next Meeting (Scheduled)**

*Chair*

10 May 2022 at 09:30hrs

### **5.3. In Committee Resolution**

The Joint Committee is recommended to make the following resolution:

- “That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)”.





## WHSSC Joint Committee Meeting held in public Tuesday 15 March 2022 at 13:30 hrs

Microsoft Teams

### Agenda

ITEM	LEAD	PAPER/ ORAL	TIM E
1.0 PRELIMINARY MATTERS			
1.1 Welcome and Introductions	Chair	Oral	13:30 – 13:35
1.2 Apologies for Absence	Chair	Oral	
1.3 Declarations of Interest	Chair	Oral	
1.4 Minutes of the Meetings held on 11 January 2022, 18 January 2022 and 08 February 2022 and Matters Arising	Chair	Att.	
1.5 Action Log	Chair	Att.	
2.0 PRESENTATIONS			
2.1 Neonatal Transport Update	SBUHB	Att.	13:35 – 13:50
3.0 ITEMS FOR CONSIDERATION AND/OR DECISION			
3.1 Chair’s Report	Chair	Att.	13:50 – 13:55
3.2 Managing Director’s Report	Managing Director	Att.	13:55 – 14:00
3.3 Implementing a 12 Week Clinical Pathway for the Management and Treatment of Aortic Stenosis	Director of Planning	Att.	14:00 – 14:10
3.4 WHSSC Process for Responding to the Ministerial Measures	Director of Planning	Att.	14:10 – 14:20
3.5 Major Trauma Update	Director of Planning	Att.	14:20 – 14:30
3.6 Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group	Committee Secretary	Deferred 10 May 2022	14:30 – 14:40
3.7 All Wales Individual Patient Funding Request (IPFR) Panel Update	Committee Secretary	Att.	14:40 – 14:50
3.8 Corporate Risk Assurance Framework (CRAF)	Committee Secretary	Att.	14:50 – 15.00
3.9 WHSSC Joint Committee Annual Business Cycle 2022-2023	Committee Secretary	Att.	15:00 – 15:05

ITEM	LEAD	PAPER/ ORAL	TIM E
<b>4.0 ROUTINE REPORTS AND ITEMS FOR INFORMATION</b>			
<b>4.1</b> COVID-19 Period Activity Report Month 09 2021-22	Director of Finance	Att.	15:05 - 15:15
<b>4.2</b> Financial Performance Report Month 10 and 11 2021-22	Director of Finance	Att.	15:15 - 15:25
<b>4.3</b> Corporate Governance Matters Report	Committee Secretary	Att.	15:25 - 15:30
<b>4.4</b> Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>i. Audit and Risk Committee Assurance Report</li> <li>ii. Management Group Briefings</li> <li>iii. Quality &amp; Patient Safety Committee</li> <li>iv. Integrated Governance Committee</li> <li>v. Individual Patient Funding Request Panel</li> <li>vi. Welsh Renal Clinical Network (WRCN)</li> </ul>	Joint Sub-Committee Chairs	Att.	15:30 - 15:35
<b>5.0 CONCLUDING BUSINESS</b>			
<b>5.1</b> Any Other Business	Chair	Oral	
<b>5.2</b> Date of Next Meeting (Scheduled) - 10 May 2022 at 09:30hrs	Chair	Oral	
<b>5.3</b> In Committee Resolution  The Joint Committee is recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".	Chair	Oral	

**Unconfirmed Minutes of the Meeting of the  
WHSSC Joint Committee Meeting held In Public on  
Tuesday 11 January 2022  
via MS Teams**

**Members Present:**

Kate Eden	(KE)	Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Mark Hackett	(MH)	Chief Executive, Swansea Bay UHB
Glyn Jones	(GJ)	Interim Chief Executive Officer, Aneurin Bevan UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Karen Preece	(KP)	Director of Planning, WHSSC
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Stuart Walker	(SW)	Interim Chief Executive Officer, Cardiff & Vale UHB

**Deputies:**

Sue Hill (for Jo Whitehead)	(SH)	Executive Director Of Finance, Betsi Cadwaladr UHB
-----------------------------	------	--

**Apologies:**

Jason Killens		Chief Executive Officer, Welsh Ambulance Services NHS Trust (WAST)
Ian Wells		Independent Member, Cwm Taf Morgannwg UHB
Jo Whitehead		Chief Executive Officer, Betsi Cadwaladr UHB
Nick Wood		Deputy Chief Executive NHS Wales, Welsh Government

**In Attendance:**

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
James Leaves	(JL)	Assistant Director of Finance, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

**Minutes:**

Michaella Henderson	(SMH)	Corporate Governance Officer, WHSSC
---------------------	-------	-------------------------------------

The meeting opened at 09:00hrs

Min Ref	Agenda Item
JC022/01	<p><b>1.1 Welcome and Introductions</b></p> <p>The Chair welcomed members to the meeting in Welsh and English and reminded everyone that, due to the COVID-19 pandemic, the meeting was being held virtually via MS Teams.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>It was noted that a quorum had been achieved.</p> <p>The Chair reminded members that the purpose of the Joint Committee (JC) was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively on the basis of a shared national approach, where each member works in the wider interest.</p> <p>The Chair reminded members that the Extraordinary meeting had been requested by the JC in order to consider and approve the WHSSC Integrated Commissioning Plan 2022-2025 (ICP). However whilst the original intent had been to ask JC to approve the ICP today, the WHSSC Executive Team had received informal feedback indicating that HBs were unable to approve the plan at present. This was a result of the Welsh Government Funding Allocation Letters (WGFAL) received by HBs on the 24 December 2021 and the need for HBs to consider the content of those letters and the impact on their own Integrated Medium Term Plans (IMTPs).</p> <p>The Chair advised that it was important that the meeting go ahead to ensure that due process was followed, and to obtain member's views and to confirm next steps in the process.</p>
JC22/02	<p><b>1.2 Apologies for Absence</b></p> <p>Apologies for absence were noted as above.</p>
JC22/03	<p><b>1.3 Declarations of Interest</b></p> <p>The Joint Committee noted the standing declarations, and there were no additional declarations of interest relating to the items for discussion on the agenda.</p>

JC22/04	<p><b>2.1 Managing Director's Report</b></p> <p>The Report from the Managing Director was received and the Managing Director gave an update on relevant matters undertaken since the previous Joint Committee meeting.</p> <p>The Joint Committee received updates on:</p> <ul style="list-style-type: none"> <li>• <b>Ty Llewellyn Medium Secure Unit</b> Members noted that an assurance review had been undertaken by the National Collaborative Commissioning Unit (NCCU) Quality Assurance Service at the Ty Llewellyn Male Medium Secure Unit at Betsi Cadwaladr University Health Board (BCUHB) and that there was a future requirement for an action plan from the Health Board; and</li> <li>• <b>System Resilience and the Local Options Framework Impact – Weekly Reporting</b> Members noted that: <ul style="list-style-type: none"> <li>○ as a consequence of challenges in achieving quoracy linked to COVID-19 operational pressures at HB level, and as result of a recent letter from Mrs Judith Paget, Chief Executive Officer of NHS Wales suggesting NHS bodies step down any non-essential meetings, the Individual Patient Funding Request (IPFR) Panel would be returning to the process previously adopted during the start of the pandemic to ensure business continuity,</li> <li>○ the full IPFR Panel = would be stood down for January 2022,</li> <li>○ the Chair's Action arrangement outlined in the Terms of Reference (ToR) would be used until further notice, strengthened by including the attendance of two WHSSC Clinical Directors and a lay member representative,</li> <li>○ the strengthened Chair's Action arrangement for Panel decisions would be used during January 2022 instead of the full Panel; and</li> <li>○ a report regarding a range of issues related to the IPFR Panel would be presented to the Joint Committee on 18 January 2021.</li> </ul> </li> </ul> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JC22/05	<p><b>2.2 Integrated Commissioning Plan 2022-2025</b></p> <p>Members received the WHSSC Integrated Commissioning Plan (ICP) 2022-2025 for approval and were requested to approve its submission to Welsh Government (WG) in line with the requirements set out in the WG Planning Framework Guidance.</p>

Sian Lewis (SL) introduced the report and members noted that:

- The process for developing the ICP had begun in June 2021, and that the first Clinical Impact Assessment Group (CIAG) Prioritisation results were taken to the MG in August 2021,
- The first draft of the detailed financial plan was taken to MG in September 2021, and a further draft had been considered in October 2021; Following discussion with the JC in November 2021 it was agreed that an extraordinary JC meeting be held on 11 January 2022 to approve the ICP ahead of Health Board board meetings in January and February where they would approve their IMTPs,
- The MG received the ICP on the 06 December 2021 and recommended that the ICP presented, should be submitted to the JC for approval on 11<sup>th</sup> January 2022. They did note however that the WGFAL was due to be published prior to Christmas and that if that changed the position regarding the ICP it may be necessary for the MG to convene an ad hoc meeting in early January 2022. MG members agreed to contact WHSSC should this be the case and a meeting of MG would be arranged; and
- No formal contact had been received from MG members, however informal feedback had been received from some HBs advising that they may not be in a position to approve the ICP at the JC on the 11 January 2022 as they were still considering the WGFAL and the impact on their own IMTPs.

SL advised that WHSSC recognised the particular challenges for HBs related to the WGFAL and the increasing levels of uncertainty regarding the recovery position and the risks that this poses.

Members discussed the challenges faced by HBs and noted that all HBs were still working through their IMTPs and would not be able to commit to fully approving the ICP at today's meeting.

Carol Shillabeer (CS) advised that Steve Moore (SM) was the Peer Group Lead Executive and was supporting HBs discussions with Welsh Government regarding the implications of the financial settlement and the impact on HB plans. CS advised that PTHB was facing a significant financial challenge as a result of the ongoing pandemic and that they were working through a number of issues arising from the WGFAL. The date of the receipt of the letter had not allowed sufficient time to work through their planning assumptions and permit the ICP to be approved at the meeting. CS noted that the huge amount of work undertaken thus far was to be recognised and commended.

Glyn Jones (GJ) advised that in the preceding 4-6 weeks ABUHB had suspended their routine meetings to allow operational staff to deal with the current wave of the pandemic, which had curtailed the amount of time available to fully work through the WGFAL and the

impact on the HB's IMTP. This therefore prevented approval of the ICP at today's meeting as planned. GJ advised that there was also a need to consider the funding settlement for next year, taking into account the COVID-19 costs, including the vaccination programme and Test, Trace & Protect (TTP), as it was likely that the provision of COVID-19 related services will go into next year, with no additional coverage.

SM advised that he supported the comments made by CS and GJ and agreed that HDUHB were facing similar uncertainty regarding the ongoing pandemic costs and that the operational pressures that had curtailed the amount of time available for additional work on the IMTP within the HB.

Members noted that SM had requested that the Directors of Finance Peer Group gather business intelligence to provide a pan Wales position on financial pressures and COVID-19 related costs.

Mark Hackett (MH) advised that notwithstanding the financial allocations, members needed to be cognisant of the fundamental need to invest in specialised services for patients in Wales and the inherent risks for the population in failing to do so. MH advised that investment in specialised services in Wales was already 10% less than in NHS England, which created significant risks for patients needing specialised services.

The Chair agreed that there was a need to focus on risk appetite as a way forward and asked Stuart Davies (SD) to suggest a way forward.

Stuart Davies (SD) advised that the plan presented was very prudent, with relatively low risk and a high degree of certainty for HBs, as WHSSC had previously been asked to provide. However, he explained that work had already begun within WHSSC to look at risk appetite, particularly around slippage potential informed by recent financial developments and in particular the latest activity impact of omicron. He proposed therefore that the WHSSC ICP should be supported in principle but that a revised risk assessment be taken to the MG outlining phasing options in year 1 that could take a more balanced approach to risk overall that included a further look at slippage, manpower recruitment lead times and activity performance.

KP advised that there was a clear process in place, which included engagement through the MG and the CIAG process and included service risk. KP asked members to note that there were a number of areas of strategic importance, such as mental health and paediatric services, that would require a longer investment profile than the current 12 months.



MH queried the impact on the investment amount if the slippage assumption increased and SD responded that the scale of the potential reduction in the Year 1 funding requirement under the proposal was estimated to be a reduction to circa 5.11% from the current 6.57%. He asked members to note that the NHS England recovery rate had slowed dramatically; and that the overall recruitment position was still hampering HB recovery plans in NHS Wales.

CS advised that recovery was key and that there was a need to focus on delivering to contract numbers, then making choices on how to manage the delivery backlog given the huge workforce constraints.

PM advised that CTMUHB were still working through the implications of the funding allocations. He noted that funding could be allocated to the WHSSC plan but that delivery could be limited by workforce issues. PM also advised that delivery was not always about the revenue costs and that capital costs should also be considered, as it there would be limited capital funding available for next year.

PM noted that there needed to be a balance between the very small numbers of patients in specialised services and the HBs obligations to the larger population requiring general services.

Ian Phillips (IP) advised that he agreed with the discussion so far and suggested there was a need to consider recovery, through longer term planning and to develop a workforce for the future, and that training requirements should also be considered.

SL responded that WHSSC were working closely with Health Education and Improvement Wales (HEIW), as were the HB Chief Executive Officers (CEO's), and that workforce challenges were well recognised and part of wider, longer-term strategic conversations. WHSSC would however ensure this was emphasised in the document. Members noted that there were workforce work streams in all of WHSSCs strategic priority programmes, including mental health and paediatric services, and that the aim was to develop 5 year plans for those strategic priorities of which workforce will be a key component.

SD suggested it would be helpful to describe the types of risk assessment that were being undertaken. He advised that as an example, growth funding of £2M had been allocated for TAVI based on assurances from providers that they would fully meet contracted volumes for cardiac surgery and other key specialties next year. Members noted that whilst there was a strong recovery for the first six months of the year activity had already begun to slow in the past three months even before the emergence of the Omicron variant – a reassessment of the likely performance position for the first part of 2022/23 would therefore need to be taken.



SD also noted that the Enhanced Recovery Fund rules in NHS England had changed so that enhanced Payment By Results (PBR) rates now required 94% contract activity delivery, up from 70% originally. This therefore sets a higher bar for additional payment and hence should decrease forecast liabilities for next year compared to the current year experience.

MH advised that related to the workforce issue it would be useful for WHSSC to engage with the Executive Teams within the provider HBs to determine HB workforce plans.

MH suggested that Commissioner HBs could also consider committing to longer-term investment plans for specialised services, over a possible 3 year medium term cycle replacing the annual scheme discussion approach currently in place.

SM agreed that longer-term investment plans would support a workforce strategy, and asked whether there had been a forensic assessment around the possibility of being able to spend money on specialised services next year linked to workforce and capital constraints that would impact on the HBs ability to spend money on more basic services.

Stuart Walker (SW) advised that the implications of the discussions today were specific to specialised services as were the discussions around recovery; and that some specialised services would not face the same recruitment challenges as others and therefore it was not appropriate to assume that those services would result in slippage.

SW said that it would be important for WHSSC to consider the detail of the slippage in order to ensure CVUHBs financial planning processes were aligned and advised that the unpredictable nature of the COVID-19 pandemic would require ongoing flexibility within all plans.

Members noted that WHSSC were working towards a 5-year development plan for both mental health and paediatric services strategic priorities including workforce plans; however, this could be difficult to achieve when the financial allocations were only provided on an annual basis.

SL suggested that the prior discussion indicated that Members could agree the ICP in principle, subject to further work being completed with the MG to explore risk appetite, specifically the potential for financial slippage that could reduce the increase needed for the first year of the ICP whilst maintaining a prudent view of the recurrent position. Members indicated their support for this approach.

	<p>Members noted that the WHSSC team had already identified areas for consideration and that the information would be shared with MG members in advance of the meeting. Members noted that the areas for risk appetite review included the time lag estimated for new developments to fully account for manpower shortages, recognising that some new developments may need to be brought on more quickly than others, and recovery rate uncertainty.</p> <p>Members noted the potentially tight timescales between the MG on the 20 January 2022 and their own Board meeting dates and it was agreed that Jacqui Evans (JE) would make enquiries with the Board Secretaries to confirm the dates planned for IMTP approval, to facilitate scheduling an extraordinary JC meeting in February to formally approve the ICP.</p> <p><b>ACTION:</b> JE to make enquiries with the HB Board Secretaries to confirm the dates that HB IMTPs would be considered at HB board meetings.</p> <p>The Chair thanked members for their contributions to a very constructive conversation around the ICP and for confirming the way forward.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the Integrated Commissioning Plan (ICP) 2022-2025 in principle as the basis of the information to be included in the Health Board IMTP's,</li> <li>• <b>Agree</b> to refer the ICP back to Management Group on 20 January 2022 to <b>consider</b> the proposed approach to financial risk, and <b>agree</b> the level that is appropriate to recommend to the Joint Committee (JC) to enable them to approve the Integrated Commissioning Plan (ICP) 2022/23 at an extraordinary JC meeting in February 2022; and</li> <li>• <b>Agree</b> to schedule an extraordinary JC meeting in February 2022 to formally approve the ICP in readiness for inclusion in HB IMTPs.</li> </ul>
JC22/06	<p><b>3.1 Any Other Business</b></p> <p>SL proposed that, in the light of the current severe operational pressures related to the COVID-19 pandemic and winter pressures, and following discussion with the Chairs of both the Emergency Ambulance Services Committee (EASC) and WHSSC, the WHSSC and EASC Joint Committee meetings on the 18 January be condensed to approximately 3 hours in total. This would allow focussed discussion on substantive issues only. To facilitate this the WHSSC Team would ensure responses to written questions were circulated to members in advance of the meeting and that consideration of routine reports would be deferred to subsequent meetings.</p>



	<p>Members noted the suggested timetable as follows:</p> <ul style="list-style-type: none"><li>• 9.30 - 11.00am WHSSC meeting</li><li>• 11.00- 11.15am Break</li><li>• 11.15- 12.15am EASC meeting</li></ul> <p>Members agreed to the proposal to convene condensed meetings for WHSSC and EASC on the 18 January 2022. To facilitate this it was suggested that any questions relating to the papers should be submitted to the WHSSC team by Thursday 13 January 2022.</p>
JC22/07	<p><b>3.2 Date and Time of Next Scheduled Meeting</b></p> <p>The JC noted that an extraordinary meeting would be arranged for February 2022. The next scheduled meeting will be on the 15 March 2022.</p> <p>There being no other business other than the above the meeting was closed at 10:00.</p>

**Chair's Signature:** .....

**Date:** .....

**Unconfirmed Minutes of the Meeting of the  
WHSSC Joint Committee Meeting held In Public on  
Tuesday 18 January 2022  
via MS Teams**

**Members Present:**

Kate Eden	(KE)	Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Glyn Jones	(GJ)	Interim Chief Executive Officer, Aneurin Bevan UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Karen Preece	(KP)	Director of Planning, WHSSC
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Stuart Walker	(SW)	Interim Chief Executive Officer, Cardiff & Vale UHB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

**Deputies:**

None

**Apologies:**

Carole Bell	Director of Nursing and Quality Assurance, WHSSC
Iolo Doull	Medical Director, WHSSC
Jo Whitehead	Chief Executive Officer, Betsi Cadwaladr UHB

**In Attendance:**

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Andrew Doughton	(AD)	Performance Audit Manager, Audit Wales (for part)
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Geoff Lang	(GL)	Assistant Chief Executive, BCUHB
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government

**Minutes:**

Michaela Henderson	(SMH)	Corporate Governance Officer, WHSSC
--------------------	-------	-------------------------------------

The meeting opened at 09:30hrs

Min Ref	Agenda Item
JC022/008	<p><b>1.1 Welcome and Introductions</b></p> <p>The Chair welcomed members to the meeting in Welsh and English and reminded everyone that, due to the COVID-19 pandemic, the meeting was being held virtually via MS Teams.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>It was noted that a quorum had been achieved.</p> <p>The Chair reminded members that the purpose of the Joint Committee (JC) was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively on the basis of a shared national approach, where each member works in the wider interest.</p> <p>The Chair welcomed Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG), to the meeting as an observer and also Andrew Doughton (AD) from Audit Wales who would be joining for agenda items 2.4 and 2.5.</p> <p>The Chair reminded members that they had agreed at the meeting on the 11 January 2022 that this meeting be would be condensed into 90 minutes due to operational pressures because of the ongoing COVID-19 pandemic. The Chair reported that no comments or questions on the papers had been received prior the meeting and that the routine reports on the agenda would be taken as read so that time could be devoted to agenda items 2.3, 2.4 and 2.6.</p>
JC22/009	<p><b>1.2 Apologies for Absence</b></p> <p>Apologies for absence were noted as above.</p>
JC22/010	<p><b>1.3 Declarations of Interest</b></p> <p>The JC noted the standing declarations. Ceri Phillips (CP), Ian Phillips (IP) and Ian Wells (IW) declared their interests in agenda item 2.6 – WHSSC Independent Member (IM) Remuneration, as serving IMs on the WHSSC Joint Committee. The Chair requested that the declaration be formally noted and recorded, and advised, that having taken governance advice on the matter, the IMs could remain in the meeting for the discussion around IM remuneration but would not be able to take any part in the JC's decision.</p>

	<p>IP declared an interest in agenda item 2.1 – Chair’s Report, item 3.2 Extension of Interim Chair Arrangements for the Welsh Renal Clinical Network (WRCN) as the interim Chair of the WRCN.</p>
JC22/011	<p><b>1.4 Minutes of the meeting held on the 9 November 2021 and Matters Arising</b></p> <p>The minutes of the JC meeting held on the 9 November 2021 were received and approved as a true and accurate record of the meeting.</p> <p>There were no matters arising.</p>
JC22/012	<p><b>1.5 Action Log</b></p> <p>The action log was received and members noted the following updates:</p> <ul style="list-style-type: none"> <li>• <b>JC21/009 – WHSSC Workforce Capacity</b> – action closed,</li> <li>• <b>JC21/011 – Recovery Planning</b> – action closed,</li> <li>• <b>JC21/012 – Major Trauma Priorities</b> – actions closed,</li> <li>• <b>JC21/013 – Circulation of Escalation and De-Escalation Process</b> – action closed,</li> <li>• <b>JC21/015 – Neonatal Transport – Delivery Assurance Group</b> - due March 2022,</li> <li>• <b>JC21/017 – COVID-19 Period Activity Report</b> – action closed, and</li> <li>• <b>JC21/018 – WRCN Procurement</b> – Stuart Davies (SD) reported that enhanced project management arrangements had been put in place at SBUHB and that a Project Manager had been funded to continue throughout the 12-month implementation period, commencing in March 2022. SD noted there was upward pressure on price as a result of independent sector partners pricing increasing uncertainty into the system. The WRCN was working with NHS Wales Shared Services Partnership (NWSSP) and SBUHB to put in place arrangements to mitigate some of the associated risks and to share those risks in order to reduce overall price.</li> </ul>
JC22/013	<p><b>2.1 Chair’s Report</b></p> <p>The Chair’s Report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous JC meeting.</p> <p>The Joint Committee noted:</p> <ul style="list-style-type: none"> <li>• Chair’s action taken to update the Terms of Reference (ToR) for the WRCN to ensure effective governance and, in the interest of expediency, to commence the recruitment exercise for the role of the substantive Chair to the WRCN,</li> <li>• an update on the extension of Interim Chair arrangements for WRCN until the end of March 2022,</li> </ul>



	<ul style="list-style-type: none"> <li>• an update on WHSSC IM Remuneration, to be discussed in more detail at agenda item 2.6,</li> <li>• an update on the Integrated Governance Committee (IGC) meeting held on the 13 December 2021,</li> <li>• an update on the Royal College of Nursing Wales Nurse of the Year Awards 2021 ceremony held on the 10 November and that WHSSC had sponsored the Health Care Support Worker (HCSW) Award category,</li> <li>• that Professor Vivienne Harpwood had appointed Dr Ruth Alcolado, Medical Director, NHS Wales Shared Services Partnership (NWSSP) as the new Vice Chair for the All Wales Individual Patient Funding Request (IPFR) Panel with effect from the 16 December 2021 for 2 years, in accordance with the Standing Orders, and</li> <li>• that the Chair had attended 1 to 1 meetings with HB CEOs.</li> </ul> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Ratify</b> the Chairs action undertaken to update the Terms of Reference (ToR) for the Welsh Renal Clinical Network (WRCN) to ensure effective governance and in the interest of expediency to commence the recruitment exercise for the role of the substantive Chair to the WRCN, and</li> <li>• <b>Approve</b> the extension of the interim WRCN Chair arrangement until 31 March 2022 to ensure business continuity whilst recruitment to the substantive post is underway.</li> </ul>
JC22/014	<p><b>2.2 Managing Director's Report</b></p> <p>The Managing Director's Report was received and the Managing Director gave an update on relevant matters undertaken since the previous JC meeting.</p> <p>The Joint Committee noted updates on:</p> <ul style="list-style-type: none"> <li>• workshops held in November and December 2021 to develop the service model for Hepato-Pancreato-Biliary (HPB) services to be commissioned by WHSSC,</li> <li>• an extension of the fast-track process for military personnel to include reservists as well as regular service personnel,</li> <li>• the retirement of the lead clinician for Paediatric Inherited Metabolic Diseases (IMD) in February 2022 and the resulting decision to commission the service from Birmingham Women and Children's Foundation Trust,</li> <li>• the temporary closure of the Welsh Centre for Burns and Plastic Surgery as a result of workforce issues,</li> <li>• the stakeholder engagement exercise taking place in January and February 2022 to inform development of the WHSSC Specialised Services Strategy, and</li> </ul>

	<ul style="list-style-type: none"> <li>a request from the National Collaborative Commissioning Unit (NCCU) for WHSSC to provide support to enable them to commission up to 80 low secure or Psychiatric Intensive Care Unit (PICU) mental health surge beds was discussed. As these beds would not usually be commissioned by WHSSC and would be funded by WG, in response to the Omicron wave of the COVID-19 pandemic for a limited period up to the end of March 2022, support was requested from WHSSC to facilitate the funding flow.</li> </ul> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the report, and</li> <li><b>Support</b> that WHSSC provides support to the NCCU to enable them to commission mental health surge beds in response to the current omicron wave.</li> </ul>
JC22/015	<p><b>2.3 All Wales Individual Patient Funding Request (IPFR) Panel Update</b></p> <p>The All Wales IPFR Panel update report was received and Jacqui Evans (JE) introduced the report and members noted that:</p> <ul style="list-style-type: none"> <li>The All Wales IPFR Panel was constituted to act as a sub-committee of the JC,</li> <li>the IPFR Panel ToR were contained within the "All Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)" (Policy),</li> <li>a report was submitted to the JC on the 10 November requesting that members amend the ToR to address long standing issues concerning quoracy and to address the challenges arising from the COVID-19 pandemic,</li> <li>the Clinical Director of the All Wales Therapeutics &amp; Toxicology Centre (AWTTC), who also chairs the IPFR Quality Assurance Group (QAG), and the IPFR Quality Managers Group (QMG) had written to the JC indicating their belief that WHSSC could not update its own ToR as that jurisdiction sat with the QAG and therefore the JC was not able to approve the proposed ToR,</li> <li>WHSSC officers subsequently sought clarification from WG regarding the appropriate governance route to allow for changes to the ToR,</li> <li>a further report was submitted to the JC on the 9 November 2021 indicating that clarification regarding the appropriate governance route for changes to the ToR had not yet been received from WG and to alert the JC of the risks related to this. The JC agreed that Simon Dean, Deputy Chief Executive NHS Wales at the time, would make enquiries with WG in order to progress the issue, and</li> <li>on the 3 December 2021 a request for a judicial review in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC &amp; (2) Aneurin Bevan UHB (ABUHB) was allowed and the decision of</li> </ul>



the WHSSC IPFR Panel to refuse funding for cytoreductive surgery with hyperthermic intraperitoneal chemotherapy (CRS with HIPEC) to treat MW's colorectal cancer, was quashed by the Court.

Sian Lewis (SL) briefed members on the Court's interpretation of the policy and next steps. Members noted that:

- the judgement handed down on the 3 December 2021 focussed on three key areas:
  - the All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR),
  - the definition of the comparator group, and
  - the record of the Panel's reasoning.
- the definition of the comparator group was important when an IPFR decision was being made, as the IPFR Panel must ensure that the patient whose request for funding is being considered meets the criteria of deriving significantly more clinical benefit than the comparator group and so the constitution of that comparator group would be key in deciding whether the patient meets that threshold,
- the Judge's interpretation of the comparator group was much broader than that used by not only the WHSSC IPFR Panel but by NHS Wales HB IPFR Panels also,
- the standard of record keeping demanded by the Judge for the IPFR Panel's reasoning for decisions was of a very detailed, quasi legal quality and not the standard usually adopted by either the WHSSC IPFR Panel or by HB IPFR Panels,
- given the criticism received concerning the record of the panel's decision, this would have implications for all IPFR panels. The level of procedural rigour which the court appears to be demanding of NHS bodies would involve significantly more NHS resources being expended on justifying decisions ,
- the Quality Assurance Group (QAG) regularly reviews IPFR records and decisions and no issues around the quality of record keeping had been raised prior to the Judicial Review,
- advice received from the legal team instructed in the matter made clear that the Judge's interpretation of the current Policy must prevail and that whilst the decision could be appealed, the reasons for the decision could not,
- the legal team recommended an urgent review of the Policy in light of the judgement and suggested important changes to the wording to ensure clarity such that the intended meaning of the policy could be reinstated,
- WHSSC met with WG on the 17 December to seek guidance on how to progress matters around both the ToR and Policy,
- verbal feedback was received from the Deputy Chief Medical Officer (DCMO) indicating that it was within the JC's authority to amend the ToR and that they would confirm that in writing and a letter is awaited,

- WG was supportive of the proposed changes to the Policy but were unclear as to the governance route for approval of those changes and it had been agreed WG would take advice and write to HBs and WHSSC confirming the correct governance route, and a letter is awaited,
- the judgement has been shared with NHS England as there were potential ramifications for all IPFR Panels not just those in NHS Wales,
- that WHSSC had suggested to WG that a full root and branch review be undertaken of the IPFR process to address all of the issues in a single piece of work, similar to the review undertaken in 2017, which should include full stakeholder engagement, and advice from NHS governance advisors,
- it was proposed that the review take into consideration that the WHSSC IPFR Panel considers more IPFR applications than any of the HBs, which were predominantly of a non-medicines nature, however the governance arrangements related to AWTTC who are a medicines agency,
- independent legal advice has been sought on updating the Policy to strengthen it to ensure it satisfies the court's requirements and the policy is being provisionally redrafted to reflect these changes, and would be shared with WG in anticipation of the updated Policy being considered and approved by HBs,
- research was being undertaken on alternative models through benchmarking against Individual Funding Request (IFR) models in NHS England,
- HB Board Secretaries had been informed of the implications of the JR judgement handed down on HB IPFR processes and the potential need for approval of a new All Wales IPFR policy to ensure effective governance,
- the AWTTC had been made aware of the implications of the JR judgement,
- NHS England and NICE had been notified concerning the reference made to the Interventional Procedures Guidance (IPG),
- the WHSSC All Wales IPFR Panel ToR would be updated and a report outlining the proposed changes and the resource implications arising from the JR would be presented to the JC meeting on the 15 March 2021.

Stuart Walker (SW) queried whether the HBs had been invited to contribute to the review of the ToR given the knowledge and experience of individuals within HBs and whether Management Group could be asked to review the revised ToR at their February 2022 meeting, prior to them being considered by the JC again on the 15 March 2022.

SL agreed that HB engagement would be sought in the redrafting of the ToR, however, the current governance arrangements identified the QAG and the Quality Management Group (QMG) as providing a HB perspective. In addition, SL noted that the challenges faced by WHSSC was different to HBs because of the much higher number of requests with the majority being for non-medicines. The Chair clarified that the ToR had not yet changed as WHSSC was waiting for written confirmation from WG that the ToR were within the JC's jurisdiction for review. SL emphasised that the urgency around the changes to the ToR was the challenge around achieving quoracy of IPFR Panel meetings that posed a significant risk.

Glyn Jones (GJ) queried what the IPFR Panel decision-making arrangements were for the interim period until the new ToR and Policy could be agreed.

SL advised that extra wraparound administrative support was being provided to the IPFR Panel and that the Corporate Governance Manager had a legal background, and was now included in the IPFR panel process and attended all meetings. SL reported that IPFR Panel meetings were currently being held on a weekly basis with a maximum of three cases being considered at each meeting because of the additional level of procedural rigour required, whereas previously they had been held fortnightly with seven to nine cases being considered at each meeting.

Carol Shillabeer (CS) queried how quality assurance reporting could be provided to the JC and also if members thought there would be value in establishing an IPFR Panel member's network or community of practice to try to ensure consistently high standards and consistency in approach across Wales.

SL advised that the AWTTTC undertook regular IPFR training for IPFR Panel members and clinicians and that the IPFR QMG offered peer support to IPFR managers. In addition, the QAG undertook regular quality audits, which had not identified any significant problems previously. In the light of current issues, which had occurred despite the existing systems SL had concluded that a 'whole system' review was needed.

Geoff Lang (GL) queried whether details of the WHSSC interim arrangements had been shared with HBs and SL advised that the QMG was aware of the arrangements and that JE had also shared the details with the HB Board Secretaries.

SL advised that the next steps were dependent on written confirmation being received from WG confirming the JC's authority to amend the All Wales IPFR panel ToR, and confirming the governance pathway to update the IPFR policy.

	<p><b>ACTION:</b> The amended IPFR Panel ToR to be presented to the JC for approval at the meeting on the 15 March 2022 subject to written confirmation from WG that it is within the JC's remit to do so.</p> <p>Members agreed that SL should write to WG on behalf of the JC requesting written confirmation on the processes to update the ToR for the All Wales IPFR panel and the governance process for updating the IPFR policy, in order to expedite matters.</p> <p><b>ACTION:</b> WHSSC Managing Director to write to WG to request formal written confirmation on the authority of the JC to approve the All Wales IPFR panel ToR, and to confirm the governance pathway to update the All Wales IPFR policy.</p> <p>Members noted that, assuming approval of changes to the Policy were within HB remits as expected, the WHSSC Team would work with the HB Board Secretaries to ensure the policy was approved through the HBs.</p> <p>The Chair noted that the risk surrounding IPFR Panel quoracy had been included on the Corporate Risk Assurance Framework (CRAF) in December 2021.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the issues with the current ToR of the All Wales IPFR Panel,</li> <li>• <b>Note</b> the outcome of the recent Judicial Review and the implications for both the All Wales IPFR Panel and Health Board panels in Wales,</li> <li>• <b>Note</b> the next steps agreed with Welsh Government regarding urgent changes to the existing All Wales IPFR Policy,</li> <li>• <b>Note</b> the next steps agreed with Welsh Government regarding the authority of the Joint Committee to approve changes to the All Wales IPFR Panel ToR, and that a formal letter, from WG, confirming the position is awaited, and</li> <li>• <b>Note</b> the suggestion from WHSSC officers regarding the need for a wider review of both the All Wales IPFR Policy and the governance arrangements for the policy.</li> </ul>
JC22/016	<p><b>2.4 Audit Wales WHSSC Committee Governance Arrangements Update</b></p> <p>The progress report against the recommendations outlined in the Audit Wales "WHSSC Committee Governance Arrangements" report was received and Andrew Doughton (AD), Audit Performance Manager introduced the report. Members noted:</p> <ul style="list-style-type: none"> <li>• the background to the report and the four recommendations for WHSSC and the three recommendations for WG,</li> </ul>

- that Audit Wales thought the WHSSC response to the recommendations was comprehensive and well thought out and that they were particularly pleased to note there had been ongoing oversight and scrutiny of progress by the Integrated Governance Committee (IGC),
- that the only area for concern was around recovery planning due to the ongoing volatile environment as a result of the pandemic.

AD advised that with regard to the WG recommendations, an initial response letter had been received setting out a high level overview of actions to be taken in response to the recommendations. The report had been considered by Senedd Cymru's Public Accounts and Public Administration Committee (PAPAC) following which the Chair of that Committee had written to the Director General/Chief Executive NHS Wales requesting an update on progress, which was awaited.

SL acknowledged AD's comments on the challenges of recovery planning and noted that WHSSC was actively engaged with providers to ensure that comprehensive recovery plans were in place and that options had been agreed with the JC for access to services in the event WHSSC was unable to deliver adequate capacity.

Ian Wells (IW) queried progress on the action to appoint an Associate Medical Director (AMD) for Public Health and what alternatives were being considered given the inability to recruit to that post. SL advised that the WHSS Team was looking at public health expertise at other, non-medical director levels and that a number of individuals with observatory expertise had been approached to assist the team in scoping out a job description.

CS reported that, as one of only two CEOs on the JC at the time of the Good Governance Institute's (GGI's) review of WHSSC in 2015, she had noted significant progress on quality, which was welcomed. The stronger connections and links with HB leaders was also recognised and that it was pleasing to note the distance travelled.

SL thanked AD and Audit Wales for their work that the WHSS Team had found to be an extremely helpful process. The Chair added her thanks to both Audit Wales and the WHSS team for their work in making positive progress against the recommendations especially under the difficult conditions caused by the pandemic.

Members were informed that the updated audit tracker document would be shared with the HB Board Secretaries for inclusion on HB Audit Committee agendas in February/March 2022. This would ensure that all NHS bodies were able to maintain a line of sight on



	<p>the progress being made, noting WHSSC's status as a Joint Committee (JC) of each HB in Wales.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report,</li> <li>• <b>Note</b> the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, and</li> <li>• <b>Approve</b> the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in February/March 2022.</li> </ul>
JC22/017	<p><b>2.5 Assurance on Patients Waiting for Specialised Services</b></p> <p>The Assurance on Patients Waiting for Specialised Services report was received and members noted the detail on the processes being used within WHSSC to seek assurance around how patients were being managed and supported whilst on a waiting list for specialised services.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• Receive <b>assurance</b> that there are robust processes in place to gain assurance that provider organisations are managing and supporting patients waiting for specialised care and treatment, and</li> <li>• <b>Note</b> that the position in the NHS England specialised service providers had been generally more stable with recovery and activity across most contracts back to pre-pandemic levels. However given the rise in cases of the Omicron variant and the reports in the media that Trusts in NHS England were suspending elective care, the WHSS Team would urgently ascertain the position with the main specialised service contractors in NHS England. This would be reported to JC in the routine activity report.</li> </ul>
JC22/018	<p><b>2.6 WHSSC Independent Member (IM) Remuneration</b></p> <p>The update report on WHSSC Independent Member (IM) remuneration was received and members noted the progress made following discussions with WG to review the options to recruit and retain WHSSC Independent members (IMs) in response to the recommendation outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".</p> <p>JE advised that all three of the WHSSC IMs had declared an interest concerning the report and that the declarations would be formally noted and recorded in the minutes of the meeting.</p>

JE introduced the paper and members noted that:

- the WHSS Team had been in discussions with WG as to how best to take forward the recommendation concerning recruitment and retention of IMs in the Audit Wales report,
- the arrangements for remunerating IMs is the responsibility of WG, and following discussion with them a way forward had been agreed which was confirmed in the letter issued to the JC on the Friday 14 January 2022,
- it was the responsibility of the JC to agree the appointments process for the recruitment of WHSSC IMs,
- the current recruitment process for appointing WHSSC IMs was one of nomination by HBs to the non-remunerated IM positions and historically WHSSC had struggled to appoint IMs via this process,
- the JC was being asked to approve the proposal to transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs.

Mark Hackett (MH) advised that he welcomed the proposal to transition to the new recruitment process.

In response to a query from CS, the Chair confirmed that the time requirement for WHSSC IMs was in addition to their HB time responsibilities.

With regard to the process for appointing an Audit Lead IM, members noted that:

- WHSSC had three IMs one of which is an audit lead from Cwm Taf Morgannwg University Health Board (CTMUHB),
- the current hosting agreement between WHSSC and CTMUHB requires that a member of the CTMUHB Audit and Risk Committee (ARC) is appointed by the ARC to be the IM audit lead on WHSSC for a 2 year period,
- following discussions with WG the matter was discussed with the Chair and Board Secretary at CTMUHB and it was agreed that the process could change to accommodate appointing to a remunerated IM position in an equitable manner, and
- this would ensure that the process for appointing WHSSC IMs is consistent with the process for the other two HB IM roles, the only difference being the audit lead advert would have a specific emphasis on the skills required to participate in the ARC.

With regard to the Transition Phase for Remunerating IMs, members noted that:

- consideration needed to be given to how to transition from an unpaid to a remunerated system, and how that transition

would affect the existing WHSSC IMs, all of whom were appointed/re-appointed for 2 years periods in 2021, specifically:

- Powys IM - Re-appointed for a consecutive 2 year period on the 1 April 2021 – term of office ends 31 March 2023,
- Cardiff & Vale UHB (CVUHB) IM - 1 June 2021 for 2 years - term of office ends 31 May 2023, and
- CTMUHB Audit lead - 1 May 2021 for 2 years - term of office ends 30 April 2023.
- in order to ensure a smooth transition, it was proposed that:
  - the existing WHSSC IMs be remunerated from 1 April 2022 until 31 March 2023 for a time commitment of 2 days per month at Band 3 of the WG IM remuneration scale,
  - the transition to a fair and open selection process for appointing the Audit/Finance WHSSC IM commence in June 2022, through advertising the vacancies through the HB Chairs and the HB Board Secretaries, with eligibility confined to existing HB IMs. The intention would be to appoint a new Audit/Finance lead in autumn 2022 which would also allow for the three IMs to have staggered start/end tenure dates,
  - the hosting agreement between CTMUHB and WHSSC would be updated to reflect this change,
  - the process for appointing the two remaining HB WHSSC IMs should commence in early 2023 through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs, with a view to appointing two substantive new IMs for a 2 year period from 1 April 2023 onwards, and
  - if approved, as requested by the NHS Wales Chairs Group, a review of the recruitment process would be undertaken in 12 months' time and the findings would be fed back to the chairs group.

With regard to funding of the remuneration package, members noted that:

- following discussions with WG officials, and past and present IMs on WHSSC, the required time commitment of an IM of WHSSC had been estimated to be two days per month,
- the remuneration was based on that of the WHSSC Chair, which was broadly comparable to Band 3 HB Chair level of the WG IM remuneration table, this would equate to an estimated total annual cost of around £21,000, comprising a daily rate of £278 for an IM and £306 for the Vice Chair,
- the JC was being asked to approve the additional annual cost of remunerating WHSSC IMs and approve an uplift to the Direct Running Costs (DRC) budget to enable a financial pool



	<p>of resource to recurrently fund the remunerated IM positions, and</p> <ul style="list-style-type: none"> <li>• if approved the additional cost would be added to the approved Integrated Commissioning Plan (ICP) for completeness.</li> </ul> <p>The Chair thanked the Committee for their patience in considering the lengthy set of recommendations.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Approve</b> the proposal to transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs,</li> <li>• <b>Approve</b> that the existing arrangements for appointing a CTM audit lead IM, can transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs,</li> <li>• <b>Approve</b> the suggested proposals to remunerate WHSSC IMs including the requirement for a review following the recruitment process,</li> <li>• <b>Approve</b> the additional annual cost of remunerating WHSSC IMs, and <b>approve</b> an uplift to the Direct Running Costs (DRC) budget to enable a financial pool of resource to recurrently fund the remunerated IM positions.</li> </ul>
JC22/019	<p><b>3.1 COVID-19 Period Activity Report Month 8 2021-22</b></p> <p>Members received a report highlighting the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.</p> <p>Members noted the key points this month:</p> <ul style="list-style-type: none"> <li>• Cardiac Surgery</li> <li>• Thoracic Surgery</li> <li>• Neurosurgery</li> <li>• Plastic Surgery</li> <li>• Paediatric Cardiac Surgery</li> <li>• Paediatric Surgery</li> <li>• English provider activity (all specialist and non-specialist)</li> </ul> <p>SD noted the general trend of either static or slightly decreased activity in the target specialities prior to Omicron, which was the last dataset available.</p>

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JC22/020	<p><b>3.2 Financial Performance Report Month 8 2021-22</b></p> <p>The Financial Performance Report Month 8 2021-22 was received and members noted the financial position at Month 8 was a year to date underspend of £13,196k and a forecast outturn underspend of £13,261k.</p> <p>SD noted he would be working with HBs over the next two months to ascertain what year-end opportunities existed.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the current financial position and forecast year-end position.</li> </ul>
JC22/021	<p><b>3.3 Corporate Governance Matters Report</b></p> <p>The Corporate Governance Matters report was received and members noted the update on corporate governance matters that had arisen since the last meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JC22/022	<p><b>3.4 Reports from the Joint Sub-Committees</b></p> <p>The Joint Sub-Committee reports were received as follows:</p> <p><b>i. Audit and Risk Committee Assurance Report</b></p> <p>The Joint Committee <b>noted</b> the assurance report from the CTMUHB Audit and Risk Committee meeting held on the 7 December 2021.</p> <p><b>ii. Management Group</b></p> <p>The Joint Committee <b>noted</b> the core briefing documents from the meetings held on the 25 November 2021 and the 16 December 2021.</p> <p><b>iii. Integrated Governance Committee</b></p> <p>The Joint Committee <b>noted</b> the Chair's report from the meeting held on the 13 December 2021.</p> <p><b>iv. Individual Patient Funding Request Panel (IPFR)</b></p> <p>The Joint Committee <b>noted</b> the Chair's report from the meetings held in November and December 2021.</p> <p><b>v. Welsh Renal Clinical Network (WRCN)</b></p> <p>The Joint Committee <b>noted</b> the Chair's report from the meeting held on the 10 November 2021.</p>

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the content of the reports from the Joint Sub-Committees.</li> </ul>
JC22/023	<p><b>4.1 Any Other Business</b></p> <p>No additional items of business were raised.</p>
JC22/024	<p><b>4.2 Date and Time of Next Scheduled Meeting</b></p> <p>The JC noted that an extraordinary meeting would be arranged for February 2022 and the next scheduled meeting would be on the 15 March 2022.</p> <p>There being no other business other than the above the meeting was closed at 10:40 hrs.</p>

**Chair's Signature:** .....

**Date:** .....

**Unconfirmed Minutes of the Meeting of the  
WHSSC Joint Committee Meeting held In Public on  
Tuesday 08 February 2022 at 9am  
via MS Teams**

**Members Present:**

Kate Eden	(KE)	Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Glyn Jones	(GJ)	Interim Chief Executive Officer, Aneurin Bevan UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Karen Preece	(KP)	Director of Planning, WHSSC
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

**Deputies:**

Stuart Walker (for Suzanne Rankin)	(SW)	Medical Director, Cardiff & Vale UHB
---------------------------------------	------	--------------------------------------

**Apologies:**

Suzanne Rankin	Chief Executive Officer, Cardiff & Vale UHB
Ian Wells	Independent Member, Cwm Taf Morgannwg UHB

**In Attendance:**

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
James Leaves	(JL)	Assistant Director of Finance, WHSSC
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government

**Minutes:**

Michaela Henderson	(SMH)	Corporate Governance Officer, WHSSC
--------------------	-------	-------------------------------------

The meeting opened at 09:00hrs

Min Ref	Agenda Item
JC022/025	<p><b>1.1 Welcome and Introductions</b></p> <p>The Chair welcomed members to the meeting in Welsh and English and reminded everyone that, due to the COVID-19 pandemic, the meeting was being held virtually via MS Teams.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>It was noted that a quorum had been achieved.</p> <p>The Chair reminded members that the purpose of the Joint Committee (JC) was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively on the basis of a shared national approach, where each member works in the wider interest.</p> <p>The Chair welcomed Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG), to the meeting as an observer.</p> <p>The Chair reminded members that at its meeting on 11 January 2022 the JC resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the Integrated Commissioning Plan (ICP) 2022-2025 (Plan) in principle as the basis of the information to be included in the Health Board Integrated Medium Term Plans (IMTPs),</li> <li>• <b>Agreed</b> to refer the ICP back to Management Group (MG) on 20 January 2022 for further discussion on the financial allocation and tables, and</li> <li>• <b>Schedule</b> an extraordinary JC meeting in February 2022 to formally approve the ICP in readiness for submission to Welsh Government by the end of March deadline.</li> </ul> <p>The Chair advised that the meeting had been scheduled for 30 minutes, as the Plan had been approved by the Joint Committee in principle on the 11 January, and that the purpose of the meeting was to update the Committee on the MG's in depth discussions on the financial and risk elements of the ICP at its meeting on the 20 January 2022.</p>
JC22/026	<p><b>1.2 Apologies for Absence</b></p> <p>Apologies for absence were noted as above.</p>

JC22/027	<p><b>1.3 Declarations of Interest</b></p> <p>The JC noted the standing declarations and that there were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JC22/028	<p><b>2.1 Integrated Commissioning Plan (ICP) 2022-2025</b></p> <p>The Integrated Commissioning Plan (ICP) 2022-2025 was received and Sian Lewis (SL) introduced the report and reminded members that the rationale for the sequencing and timing of the ICP being approved was to enable Health Boards (HBs) to include the ICP within their own Integrated Medium Term Plans (IMTPs). There was a requirement for the ICP to be included in the HB IMTP's in order to clarify the financial provision required to deliver specialised services, and to ensure consistency in the information included within the IMTPs across NHS Wales.</p> <p>Stuart Davies (SD) gave an update on the financial elements of the Plan and members noted:</p> <ul style="list-style-type: none"> <li>the WHSS Team had taken a very detailed risk assessment to the MG setting out all the components of the revised financial Plan and that the agreed net result was a reduction in the net financial assets in the Plan by 1.6% to 4.97%, the equivalent of circa £11.4M;</li> <li>the Management Group had accepted the risk assessment in full;</li> <li>the risk assessment undertaken had focussed on three core aspects: <ul style="list-style-type: none"> <li>performance – taking a more balanced approach whereby investment in areas of over-performance remained, however this would be offset by any under-performance against pre-pandemic contracted levels of activity;</li> <li>Slippage: <ol style="list-style-type: none"> <li>New schemes – the year 1 financial requirement for new developments to be based on a lower starting assumption of 25% of planned full year costs in order to reflect the time lag for formal approval of business cases and the recruitment lag inherent in all workforce developments. This would be adjusted to account for the particular nuances of the individual scheme to allow for any circumstances where a specific scheme of such importance needed to be accelerated – for example, for service sustainability and stabilisation; and</li> <li>Prior year schemes – the slippage analysis for 2021-2022 demonstrated a number of schemes with elements of slippage extending beyond the first year,</li> </ol> </li> </ul> </li> </ul>

- therefore all current and prior year schemes had been further examined to identify slippage potential into 2022-2023 which had yielded further slippage on difficult to recruit posts; and
- iii. Revised approach to the handling of the Economic Resilience Fund (ERF).

Jo Whitehead (JW) thanked colleagues in the specialised services commissioning teams for developing the Plan in readiness for HBs to include it within their own IMTP's.

JW queried whether the Welsh language (WL) commitment outlined in the Plan needed to be strengthened to demonstrate how the Plan would support compliance with the Welsh Language Standards; and whether there was sufficient reference to the operating context of the COVID-19 pandemic in order to convey its potential impact on the ability to successfully deliver the Plan for both commissioners and providers.

SL responded and advised that conversations concerning both of the issues raised by JW had been taking place within WHSSC. SL advised that WHSSC was reviewing how they could strengthen the references to WL within policy development and in contracts and service specifications, and that the narrative within the Plan would be strengthened to outline WHSSC's commitment to complying with the legislative framework for WL.

Karen Preece (KP) thanked JW for raising the issues and advised it was useful to obtain an external perspective. KP advised that the operating context of the COVID-19 pandemic outlined in the Plan and the financial assessment undertaken on the Plan recognised that both growth and a return to contracted activity volumes would be major pieces of work. Consequently, the amount of money the WHSS Team anticipated would need to be put into the NHS England Recovery Fund had been revised downwards, but that the Plan would be updated to make this explicit.

**ACTION:** Members agreed that the ICP 2022-2025 be updated to strengthen the reference to supporting the Welsh language; and to be more explicit on how WHSSC are represent the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year.

Carol Shillabeer (CS) advised that it would be important to retain flexibility within the Plan to take advantage of any opportunities that may arise. KP advised that the financial assessment made against the new schemes that would be implemented in year had been made within the context of there being ongoing flexibility to



maximise any opportunities to bring schemes forward if appropriate. KP advised that the Welsh Government (WG Recovery Plan being launched in April 2022 could potentially impact on the Plan, which could result in further changes being required later in the year.

SD reassured members that, by working with providers in NHS England, the WHSS Team was proactive in seeking out opportunities to accelerate recovery in Wales.

Nick Wood (NW) advised that it was WG's intention to present an outline of the WG Recovery Plan to the NHS Leadership Board at the end of February 2022, prior to its publication in April 2022.

Whilst acknowledging that the JC was a commissioning meeting, Stuart Walker (SW) advised that, as a major provider of specialised services, Cardiff & Vale UHB (CVUHB) remained concerned around the lack of predictability of recovery, and the ongoing effect of the pandemic on social services. This could potentially impact on the HB's ability to deliver both scheduled and unscheduled care for patients. SW advised that, whilst flexibility within the Plan was important, providers would also require a level of predictability and ongoing engagement with HBs to monitor performance. KP advised that the Plan had been drafted with a view to addressing some service sustainability issues, to meet required standards and to ensure equity of access and patient care not just within NHS Wales but also across NHS England. Members noted that the financial and risk assessments undertaken for all schemes would be ongoing and was not just a one-off exercise.

Glyn Jones (GJ) queried the assumptions made around a return to pre-COVID-19 pandemic activity levels and advised that it would be important to understand the provider's recovery plans and the potential impact on patient care. KP advised that WHSSC had received some information concerning HB recovery plans and HB commitments to returning to contracted volumes; however, additional data was required, including secondary care flows into specialist care. KP further advised the WHSS Team would work with the MG to obtain this information.

Steve Moore (SM) queried the 2023-2024 financial position and SD advised that there would be a lower full year impact in 2023-2024 than in previous years. Members noted that it had been modelled within the 4% full year impact agreed in previous plans. KP advised that James Leaves (JL) had presented a detailed report on the full year impact to the MG on 20 January 2022. KP further reported that the WHSS Team was already working on the 2023-2024



planning cycle and that the WHSSC commissioning intentions would be sent to HBs in May/June 2022.

Mark Hackett (MH) queried whether over performance would result in payment and SD confirmed that it would. MH further queried whether specialist mental health care and the repatriation of female patients from NHS England could be accelerated and KP confirmed that the WHSS Team would like to do so given the serious concerns reported around mental health services. KP reported that a draft of the WHSSC Mental Health Strategy would be available in March 2022. MH queried partnership working to extend theatre capacity and SD advised that the WHSS Team would be happy to discuss this with HBs.

KP advised that, if the JC approved the Plan today, the next step would be for the WHSS Team to work with the MG to develop an implementation plan.

Members were unanimous in approving the ICP and requested that minor updates be made to strengthen the document, to include WHSSC's commitment to the legislative framework on Welsh Language; and to be more explicit on how WHSSC represents the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year. Members thanked colleagues in the specialist commissioning teams for their hard work in developing the Plan in readiness for HBs to finalise their own IMTPs.

The Chair expressed her thanks to SL, KP, SD, Claire Harding (CH) and JL for their detailed work in developing the Plan. The Chair advised that as the Plan had been agreed in principle and as the suggested updates would not materially change any investment, there was no need to bring the Plan back to the JC. The Plan would be updated and the final document will be circulated to HBs week commencing 14 February 2022 for inclusion within IMTPs.

The Joint Committee resolved to:

- **Note** the discussions at Management Group on 20 January 2022 and their support on a revised risk profile;
- **Note** that the actions supported by Management Group reduced the total uplift required for non-recurrent funding for the 2022-2023 ICP to 4.97%, down by 1.6% (£11.4m) from the previous iteration of the ICP presented in December;
- **Note** that Management Group was supportive of the Plan for approval by Joint Committee;
- **Approve** the Integrated Commissioning Plan 2022-2025; **noting** the Joint Committee's request to strengthen the reference to supporting the Welsh language; and to be more explicit on how WHSSC are sufficiently representing the

	<p>uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year;</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the Plan as the basis of information to be included in Health Board Integrated Medium Term Plans (IMTPs); and</li> <li>• <b>Approve</b> the Plan for submission to Welsh Government in response to the requirements set out in the Welsh Government Planning Guidance.</li> </ul>
JC22/029	<p><b>3.1 Any Other Business</b></p> <p>The Chair noted that this was SW's last meeting and members thanked him for his contributions to the work of the JC and wished him well in his new role with University Hospitals Bristol NHS Foundation Trust.</p>
JC22/030	<p><b>3.2 Date and Time of Next Scheduled Meeting</b></p> <p>The JC noted that the next scheduled meeting would be on the 15 March 2022.</p> <p>There being no other business other than the above the meeting was closed at 9:40 hrs.</p>

**Chair's Signature:** .....

**Date:** .....



## JOINT COMMITTEE MEETING

### Action Log for Joint Committee Meeting 15 March 2022

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
<b>09 November 2021</b>					
JC21/015	<b>JC21/070 2.5 Neonatal Transport – Update on the Development of Neonatal Transport Operational Delivery Network</b>  <b>ACTION:</b> SBUHB to prepare a detailed implementation programme for presentation to the JC on 18 January 2022.	SBUHB	March 2022	<b>18.01.22</b> – Operational details awaited from SBUHB. Action carried forward to March 2022.  <b>15.03.22</b> – Agenda Item 2.1. Action completed. Agree to remove from action log at meeting 15.03.22.	<b>COMPLETED</b>

18 January 2022					
JC22/001	<b>JC22/015 2.3 All Wales Individual Patient Funding Request (IPFR) Panel Update</b>  <b>ACTION:</b> The amended IPFR Panel ToR to be presented to the JC for approval at the meeting on the 15 March 2022 subject to written confirmation from WG that it is within the JC's remit to do so.	SL	March 2022	<b>15.03.22</b> – Agenda Item 3.7. Action completed. Agree to remove from action log at meeting 15.03.22.	<b>COMPLETED</b>
	<b>ACTION:</b> WHSSC Managing Director to write to WG to request formal written confirmation on the authority of the JC to approve the All Wales IPFR panel ToR, and to confirm the governance pathway to update the All Wales IPFR policy.	SL	March 2022	<b>21.01.22</b> – SL issued a letter to the Deputy Chief Medical Officer, Welsh Government on the 21.02.22 requesting formal written confirmation on the governance pathway to update the All Wales IPFR policy.  <b>17.02.22</b> – Written confirmation received from Welsh Government 17.02.22 advising they are reviewing the detail of the judgement and considering the specific points raised in the letter. Action completed. Agree to remove from action log at meeting on 15.03.22 and manage via the Corporate Governance report.	<b>COMPLETED</b>

08 February 2022					
JC22/002	<b>JC22/028 2.1 Integrated Commissioning Plan (ICP) 2022-2025</b>  <b>ACTION:</b> Members agreed that the ICP 2022-2025 be updated to strengthen the reference to supporting the Welsh language; and to be more explicit on how WHSSC are represent the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year.		March 2022	<b>17.02.22</b> – Updated ICP 2022-2025 sent to Welsh Government.  <b>21.02.22</b> – Final ICP 2022-2025 sent to JC and MG members. Action completed. Agree to remove from action log at meeting 15.03.22.	<b>COMPLETED</b>

<b>Report Title</b>	<b>Neonatal Transport Operational Delivery Network Progress Update</b>		<b>Agenda Item</b>	2.1	
<b>Meeting Title</b>	<b>Joint Committee</b>		<b>Meeting Date</b>	15/03/2022	
<b>FOI Status</b>	Open/Public				
<b>Author (Job title)</b>	Executive Nurse Director, Swansea Bay University Health Board (SBUHB)				
<b>Executive Lead (Job title)</b>	Chief Executive, Swansea Bay University Health Board				
<b>Purpose of the Report</b>	The purpose of this report is to provide the Joint Committee with a progress report on the establishment of an Operational Delivery Network for the neonatal transport service.				
<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<p><b>Recommendation(s)</b></p> <p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the information presented within the report</li> </ul>					



# NEONATAL TRANSPORT OPERATIONAL DELIVERY NETWORK PROGRESS UPDATE

## 1.0 SITUATION

The purpose of this report is to provide the Joint Committee with a progress report on the establishment of an Operational Delivery Network for the neonatal transport service.

## 2.0 BACKGROUND

The current neonatal transport service moved to a 24/7 delivery model in January 2021.

However, there have been on-going concerns around the governance of the service and the Joint Committee (JC) supported the establishment of an operational delivery network (ODN) to address the governance concerns and to ensure the ongoing management and development of the service.

The 24/7 service is therefore described as interim, and will support the establishment of the ODN, and will remain the operating model upon which the substantive service will be based.

Swansea Bay University Health Board (SBUHB) agreed to host the ODN and this was supported by the JC. The intention was that the ODN would be in place by January 2022 but operational pressures and the ongoing pandemic meant that this has been delayed, a position understood and supported by the JC.

The intended "go live" date for the ODN is now June 2022. This report provides the JC with an update on progress on the establishment of the ODN.

## 3.0 ASSESSMENT

A task and finish group has been established to support the development and delivery of the ODN. This group is jointly chaired by the Executive Nurse Director and Group Director of Singleton Hospital and Neath Port Talbot Hospital from the SBUHB Group.

Membership of the group comprises managerial and clinical representatives from all Health Boards (HB's) covered by the transport service (excludes Betsi Cadwaladr UHB (BCUHB)), the Welsh Ambulance Services Trust (WAST), the Emergency Ambulance Services Committee (EASC), Emergency Medical Retrieval EMRTs and WHSSC. The terms of reference for the Task and Finish Group are attached at **appendix 1**.

The group has had its first meeting and at that meeting considered:

- The draft service specification for the ODN. The group was invited to submit comments to WHSSC within the next week prior to the service specification being taken through the Policy Group within WHSSC and then out to formal consultation in line with the usual WHSSC process,
- A memorandum of agreement (MoA) to be signed by all organisations within the Network. This mirrors the process within the major trauma network. Members of the group were asked to discuss the MoA with their Governance leads in their organisation,
- The structure of the ODN. Members were referred to the structure within the major trauma network which comprises a network team and a clinical operations board. Further consideration will be given to the structure of the network including the ODN posts at the next meeting,
- The need for robust clinical support and leadership in developing the services and the ODN;
- The Task and Finish group considered a project implementation plan and timeline. This is attached at **appendix 2**.

The next meeting of the Task and Finish Group is arranged for 1 April 2022.

### **Issues to Raise to Joint Committee**

The initial task and finish group was well attended and the group was able to give consideration to the range of documents as described.

Further work is required outside of the meeting to determine any employment issues that may need consideration with existing members of staff employed by the NHS Wales Collaborative who may have transfer claims under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE).

A specific HB Clinical Leads update session is being arranged for March 2022.

There will be a need to compare the current configuration with the transport service specification and the recommendations from the Fox and Puddy review previously commissioned by WHSSC. This will be developed further as the service beds in and was mentioned but not explored at the Task and Finish group.

The commissioning model will continue to be complex even once the ODN is in place with resources flowing from WHSSC to the three HB's who provide transport services (Aneurin Bevan UHB (ABUHB), Cardiff & Vale UHB (CVUHB) and SBUHB) and to WAST who provide the vehicles and drivers.

This was not explored at the Task and Finish Group. The current specification and remit for the ODN does not include overall management of the services and it maybe that a less complex model would be that the ODN does expand its remit to cover management

of the service. Further consideration will be given to the model and the view of JC will be sought in due course.

## 4.0 RECOMMENDATIONS

Members are asked to

- **Note** the information presented within the report.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Implementation of the Plan Choose an item. Choose an item.
<b>Link to Integrated Commissioning Plan</b>	<b>Yes</b>
<b>Health and Care Standards</b>	Effective Care Choose an item. Choose an item.
<b>Principles of Prudent Healthcare</b>	Care for Those with the greatest health need first Choose an item. Choose an item.
<b>NHS Delivery Framework Quadruple Aim</b>	People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement People in Wales have improved health and well-being with better prevention and self-management Choose an item. Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	The task and finish group will consider elements concerning the quality, safety and patient experience linked to the ODN.
<b>Finance/Resource Implications</b>	There are no new finance/resource implications.
<b>Population Health</b>	-
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	The ODN support the requirement to focus on quality outlined within the Health & Social Care (Quality & Engagement) (Wales) Act.
<b>Long Term Implications (incl WCFG Act 2015)</b>	-
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	-
<b>Appendices</b>	Appendix 1 – Neonatal ODN Task & Finish Group Terms of Reference (ToR) Appendix 2 – Project Implementation Plan

# **Neonatal Transport Operational Delivery Network Project Board**

## **Terms of Reference**

### **1.0 Introduction**

The Project Board will oversee the establishment of a Neonatal Transport Operational Delivery Network (ODN) for the south Wales 24 hour Neonatal Transport service, ensuring the provision of a high quality, safe and effective transport service for the population of south and West Wales.

The Project Board will also be responsible for the:

- The staffing configuration of the ODN
- The Governance structure processes for the ODN
- The development of a Clinical Operational Board
- The Clinical model for delivering the Transport service
- The operational requirements set out in the WHSSC Service Specification including single point of contact and cot bureau
- The business case for the permanent model including the operational and ODN elements

The Project Board will provide the basis for the greater involvement of clinicians (doctors and nurses) and managers in the planning, delivery, evaluation and improvement of Neonatal Transport.

The Operational Delivery Network and the permanent 24 hour service will need to be operational from the 1<sup>st</sup> of July 2022.

### **2.0 Objectives**

The main objective of the Project Board is to develop a programme for the implementation of an Operational Delivery Network.

Detailed objectives of the Project Board are set out below.

#### **Implementation phase:**

- Ensure the development of a permanent high quality Operational Delivery Network including;
  - the Network staffing structure,

- business case for ODN resource,
- job descriptions and
- recruitment timetable
- Develop and implement the Governance structure for the ODN including;
  - Reporting structure and processes for Incident Reporting and Mortality and Morbidity reviews
  - Escalation of issues and risk
  - Maintain a risk register and issues log
- Lead on the development of a Clinical Operational Board
  - Develop terms of reference to include scope and remit
  - Develop membership
  - Advise on delivering and operating to clinically agreed service standards
- Develop the Clinical Model for the permanent 24 hour Neonatal Transport Service that meets the requirements of the WHSSC Service Specification
  - Develop business case for recurrent resourcing of the permanent 24 hour Neonatal Transport service

Once the Operational Delivery Network has been established the implementation will be driven by the structures that underpin the ODN and therefore the Group will be stood down.

Where disputes arise during the implementation of the Network between providers and this cannot be addressed at a local level this may need to be escalated to the WHSSC Joint Committee for resolution.

### **3.0 Membership**

The Project Board comprises representatives from across organisations in south Wales. The Project Board membership reflects that the programmes is at its planning phase. Membership will be subject to review during the preparation for delivery and delivery phases of the development.

The Network Board is chaired jointly by Gareth Howells (Job Title) and Jan Worthing (Job title). This structure will remain until the permanent appointment of the Operational Delivery Network Manager.

Membership of the Network Board comprises:

- Operational Delivery Network Clinical Lead
- Clinical and managerial representative from each Health Board in the Network
- Clinical and Managerial representation from WAST
- Clinical and Managerial representation from EMRTS
- Welsh Health Specialised Services Committee (WHSSC) planning representative
- Emergency Ambulances Services Committee representative

NOTE: not all members are in place at the time of review, but will be in place as the implementation proceeds.

The Project Board will meet monthly in the first instance, and videoconferencing will be made available. Frequency of meetings will be reviewed at six months and ongoing frequency will be decided by consensus of the Board.

Whilst the configuration of the ODN is developed and recruited to, the administration support will be provided by WHSSC.

## **4.0 Roles and Responsibilities**

### **Chair's Responsibilities**

- Chair regular meetings in accordance with the programme requirements and timescales
- Comprise and approve agenda and papers for each Board meeting
- Ensure the Project Board develops and agrees a work plan and achieves its objectives and targets
- Conduct meetings within time and hold organisations/members to account for delivery of agreed actions
- Report on progress to the WHSSC Joint Committee

### **Member Roles**

Neonatal Transport Operational Delivery Network Project Board  
Terms of Reference  
Version: Draft v0.1  
Author: Specialised Planner



- Work in a collaborative way to support the delivery of an Operational Delivery Network across the region
- Contribute their specialist knowledge constructively
- Attend meetings on a regular basis
- Complete delegated actions on time
- Communicate board activity, including the distribution of network board papers, to those they represent in particular to Health Board Executive teams
- Comply with the Boards decisions and policies
- Timely completion of any declarations of interest

### **Administrator Role**

- Provide agenda to chair 10 working days before meeting
- Distribute agenda and papers to members 5 working days before meeting
- Circulate formal minutes 10 days after meeting and after Chair's approval
- Provide action list from each meeting
- Record apologies
- Prepare reports
- Communicate correspondence papers, dates etc.
- Completes delegated actions on time
- Chase members to complete agreed actions
- Maintain up to date declarations of interest register for network.

## **5.0 Meeting Protocols**

- Agenda items to chair 10 working days before meeting
- Papers distributed 5 working days before meeting
- Members should make every effort to attend each meeting but, in the event they are unable to attend, a representative/deputy may attend who will report back following the meeting
- A minimum of 50 per cent of board members is required for the meeting to be quorate. This will need to include the chair and the Network Clinical Lead.

## **6.0 Accountability, Commissioning and Reporting Arrangements**

Neonatal Transport Operational Delivery Network Project Board  
Terms of Reference  
Version: Draft v0.1  
Author: Specialised Planner

**Pre ODN Phase** - the Project Board will be hosted by Swansea Bay University Health Board, commissioned by WHSSC and accountable to WHSSC through a Service Level Agreement which will set out the key deliverables for the implementation phase, together with agreed broad outcome measures.

Matters that fall outside the commissioning arrangements and scope of the SLA will be reported via the WHSSC Joint Committee.

**Once ODN is established**– the Operational Delivery Network will be hosted by Swansea Bay UHB, commissioned by WHSSC and accountable to WHSSC through a Service Level Agreement. As the Network enters the operational phase, the SLA will be reviewed and revised, and this will include the development of key performance indicators.

## **6.0 Review**

These terms of reference will be reviewed and ratified by the WHSSC Joint Committee.

## Project Plan

Project Name	ODN for Neonatal Transport	Start Date	24/01/2022
Project Executive Sponsor	Mark Hackett	End Date	31/03/2022
Project Senior Responsible Owner	Gareth Howells	Version	1
Project Manager	TBC	Last Updated	15/02/2022

Summary Delivery vs Plan			
Delivery against Plan	RAG Status Definition	%	Comments
% of activities on track	GREEN: On time or within one week of date, you know it will be on time	85%	
% of activities at risk of delay	AMBER: 1-3 weeks or there is a risk it might be late	0%	
% of activities which are late or confirmed as being late	RED: More than 3 weeks late or you definitely know its going to be late	0%	
% of activities which are complete	Blue: Activity is complete	15%	

Yellow cells = cells for data entry.										Feb-22			Mar-22				Apr-22				May-22			
WBS	Work Activities		Lead	RAG Status	Plan Start	Plan Finish	Days	FTEs	Hrs.	14/2/22	21/2/22	28/2/22	7/3/22	14/3/22	21/3/22	28/3/22	4/4/22	11/4/22	18/4/22	25/4/22	2/5/22	9/5/22	16/5/22	23/5/22
1	Project Name				14-Feb-22	30-Jun-22			0															
1.1	Project planning & prep				14-Feb-22	02-Mar-22	13		0															
1.1.1	Scope			B	14-Feb-22	14-Feb-22	1		0															
1.1.2	Terms of Reference			B	14-Feb-22	14-Feb-22	1		0															
1.1.3	Create Project Board			B	14-Feb-22	14-Feb-22	1		0															
1.1.4	Draft ODN Service Specification			B	14-Feb-22	14-Feb-22	1		0															
1.1.5	Risk Register			G	02-Mar-22	02-Mar-22	1		0															
1.2	Creation of Operational Delivery Network				31-Jan-22	04-Mar-22																		
1.2.1	Agree Staffing Structure			G	02-Mar-22	02-Mar-22	1		0															
1.2.2	Develop Business Case for ODN Resource			G	02-Mar-22	04-Mar-22	3		0															
1.2.3	Agree Job Descriptions			G	02-Mar-22	02-Mar-22	1		0															
1.2.4	Assign Recruitment Timetable Development Role			G	02-Mar-22	02-Mar-22	1		0															
1.2.5				G			0		0															
1.3	Recruitment				02-Mar-22	30-Jun-22																		
1.3.1	Development of Recruitment Timetable			G	02-Mar-22	31-Mar-22	22		0															
1.3.2	Appoint ODN Manager			G	31-Mar-22	30-Jun-22	66		0															
1.3.3	Appoint Network Clinical Lead			G	31-Mar-22	30-Jun-22	66		0															
1.3.4	Appoint ODN Admin Support			G	31-Mar-22	30-Jun-22	66		0															
1.3.5	Appoint Network Chair			G	31-Mar-22	30-Jun-22	66		0															
1.3.6	ODN Manager Commences in Post			G	27-Jun-22	30-Jun-22	4		0															
1.3.7	ODN Admin Support Commences in Post			G	27-Jun-22	30-Jun-22	4		0															
							0		0															
							0		0															
1.4	Development of ODN Governance Structure				02-Mar-22	30-Jun-22	87		0															
1.4.1	Develop Reporting Structure and Process for Incident Reporting and Mortality & Morbidity Reviews			G	02-Mar-22	30-May-22	64		0															
1.4.2	Structure for issue and risk escalation			G	01-May-22	30-May-22	21		0															
1.4.3	Maintenance of Risk Register			G	02-Mar-22	30-Jun-22	87		0															
							0		0															
1.5	Clinical Operational Board				01-May-22	30-May-22	21		0															
1.5.1	Development of Terms of Reference to include scope and remit			G	01-May-22	30-May-22	21		0															
1.5.2	Develop membership			G	01-May-22	30-May-22	21		0															
1.5.3	Advise on Clinically Agreed Service Standards for Delivery			G	01-May-22	30-May-22	21		0															
							0		0															
	Project Delivery Deadlines						0		0															
	Project Board Meeting - March				02-Mar-22	02-Mar-22	1		0															
	Project Board Meeting - April				02-Mar-22	02-Mar-22	1		0															
	Project Board Meeting - May				02-Mar-22	02-Mar-22	1		0															
	Project Board Meeting - June				02-Mar-22	02-Mar-22	1		0															
	WHSSC CDGB - March				04-Mar-22	04-Mar-22	1		0															
	WHSSC MG - March				10-Mar-22	10-Mar-22	1		0															
	Clinical Operational Board Meeting - May				02-May-22	06-May-22	5		0															
	Clinical Operational Board Meeting - June				06-Jun-22	10-Jun-22	5		0															
	Service Go Live				01-Jul-22	01-Jul-22	1		0															
							0		0															
							0		0															
							0		0															

Project Plan



Project Name	ODN for Neonatal Transport	Start Date	24/01/2022
Project Executive Sponsor	Mark Hackett	End Date	31/03/2022
Project Senior Responsible Owner	Gareth Howells	Version	1
Project Manager	TBC	Last Updated	15/02/2022

Summary Delivery vs Plan			
Delivery against Plan	RAG Status Definition	%	Comments
% of activities on track	GREEN: On time or within one week of date, you know it will be on time	85%	
% of activities at risk of delay	AMBER: 1-3 weeks or there is a risk it might be late	0%	
% of activities which are late or confirmed as being late	RED: More than 3 weeks late or you definitely know its going to be late	0%	
% of activities which are complete	Blue: Activity is complete	15%	

Yellow cells = cells for data entry.										Feb-22			Mar-22				Apr-22				May-22			
WBS	Work Activities	Lead	RAG Status	Plan Start	Plan Finish	Days	FTEs	Hrs.	14/2/22	21/2/22	28/2/22	7/3/22	14/3/22	21/3/22	28/3/22	4/4/22	11/4/22	18/4/22	25/4/22	2/5/22	9/5/22	16/5/22	23/5/22	
1	Project Name			14-Feb-22	30-Jun-22			0																
						0		0																

Project Plan

Project Name	ODN for Neonatal Transport	Start Date	24/01/2022
Project Executive Sponsor	Mark Hackett	End Date	31/03/2022
Project Senior Responsible Owner	Gareth Howells	Version	1
Project Manager	TBC	Last Updated	15/02/2022

Summary Delivery vs Plan			
Delivery against Plan	RAG Status Definition	%	Comments
% of activities on track	GREEN: On time or within one week of date, you know it will be on time	85%	
% of activities at risk of delay	AMBER: 1-3 weeks or there is a risk it might be late	0%	
% of activities which are late or confirmed as being late	RED: More than 3 weeks late or you definitely know its going to be late	0%	
% of activities which are complete	Blue: Activity is complete	15%	

Yellow cells = cells for data entry.										Jun-22					
WBS	Work Activities	Lead	RAG Status	Plan Start	Plan Finish	Days	FTEs	Hrs.		30/5/22	6/6/22	13/6/22	20/6/22	27/6/22	
1	Project Name			14-Feb-22	30-Jun-22			0							
1.1	Project planning & prep			14-Feb-22	02-Mar-22	13		0							
1.1.1	Scope		B	14-Feb-22	14-Feb-22	1		0							
1.1.2	Terms of Reference		B	14-Feb-22	14-Feb-22	1		0							
1.1.3	Create Project Board		B	14-Feb-22	14-Feb-22	1		0							
1.1.4	Draft ODN Service Specification		B	14-Feb-22	14-Feb-22	1		0							
1.1.5	Risk Register		G	02-Mar-22	02-Mar-22	1		0							
1.2	Creation of Operational Delivery Network			31-Jan-22	04-Mar-22										
1.2.1	Agree Staffing Structure		G	02-Mar-22	02-Mar-22	1		0							
1.2.2	Develop Business Case for ODN Resource		G	02-Mar-22	04-Mar-22	3		0							
1.2.3	Agree Job Descriptions		G	02-Mar-22	02-Mar-22	1		0							
1.2.4	Assign Recruitment Timetable Development Role		G	02-Mar-22	02-Mar-22	1		0							
1.2.5			G			0		0							
1.3	Recruitment			02-Mar-22	30-Jun-22										
1.3.1	Development of Recruitment Timetable		G	02-Mar-22	31-Mar-22	22		0							
1.3.2	Appoint ODN Manager		G	31-Mar-22	30-Jun-22	66		0							
1.3.3	Appoint Network Clinical Lead		G	31-Mar-22	30-Jun-22	66		0							
1.3.4	Appoint ODN Admin Support		G	31-Mar-22	30-Jun-22	66		0							
1.3.5	Appoint Network Chair		G	31-Mar-22	30-Jun-22	66		0							
1.3.6	ODN Manager Commences in Post		G	27-Jun-22	30-Jun-22	4		0							
1.3.7	ODN Admin Support Commences in Post		G	27-Jun-22	30-Jun-22	4		0							
						0		0							
1.4	Development of ODN Governance Structure			02-Mar-22	30-Jun-22	87		0							
1.4.1	Develop Reporting Structure and Process for Incident Reporting and Mortality & Morbidity Reviews		G	02-Mar-22	30-May-22	64		0							
1.4.2	Structure for issue and risk escalation		G	01-May-22	30-May-22	21		0							
1.4.3	Maintainance of Risk Register		G	02-Mar-22	30-Jun-22	87		0							
						0		0							
1.5	Clinical Operational Board			01-May-22	30-May-22	21		0							
1.5.1	Development of Terms of Reference to include scope and remit		G	01-May-22	30-May-22	21		0							
1.5.2	Develop membership		G	01-May-22	30-May-22	21		0							
1.5.3	Advise on Clinically Agreed Service Standards for Delivery		G	01-May-22	30-May-22	21		0							
						0		0							
	Project Delivery Deadlines					0		0							
	Project Board Meeting - March			02-Mar-22	02-Mar-22	1		0							
	Project Board Meeting - April			02-Mar-22	02-Mar-22	1		0							
	Project Board Meeting - May			02-Mar-22	02-Mar-22	1		0							
	Project Board Meeting - June			02-Mar-22	02-Mar-22	1		0							
	WHSSC CDGB - March			04-Mar-22	04-Mar-22	1		0							
	WHSSC MG - March			10-Mar-22	10-Mar-22	1		0							
	Clinical Operational Board Meeting - May			02-May-22	06-May-22	5		0							
	Clinical Operational Board Meeting - June			06-Jun-22	10-Jun-22	5		0							
	Service Go Live			01-Jul-22	01-Jul-22	1		0							
						0		0							
						0		0							
						0		0							

Project Plan

Project Name	ODN for Neonatal Transport	Start Date	24/01/2022
Project Executive Sponsor	Mark Hackett	End Date	31/03/2022
Project Senior Responsible Owner	Gareth Howells	Version	1
Project Manager	TBC	Last Updated	15/02/2022

Summary Delivery vs Plan			
Delivery against Plan	RAG Status Definition	%	Comments
% of activities on track	GREEN: On time or within one week of date, you know it will be on time	85%	
% of activities at risk of delay	AMBER: 1-3 weeks or there is a risk it might be late	0%	
% of activities which are late or confirmed as being late	RED: More than 3 weeks late or you definitely know its going to be late	0%	
% of activities which are complete	Blue: Activity is complete	15%	

Yellow cells = cells for data entry.										Jun-22				
WBS	Work Activities		Lead	RAG Status	Plan Start	Plan Finish	Days	FTEs	Hrs.	30/5/22	6/6/22	13/6/22	20/6/22	27/6/22
1	Project Name				14-Feb-22	30-Jun-22			0					
							0		0					



Report Title	Chairs Report	Agenda Item	3.1		
Meeting Title	Joint Committee	Meeting Date	15/03/2022		
FOI Status	Public				
Author (Job title)	Chair of WHSSC				
Executive Lead (Job title)	Committee Secretary and Head of Corporate Services				
Purpose of the Report	The purpose of this report is to provide Joint Committee members with an update of the issues considered by the Chair since the last Joint Committee meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

### Recommendation(s)

Members are asked to:

- **Note** the report.



## **CHAIR'S REPORT**

### **1.0 SITUATION**

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

### **2.0 BACKGROUND**

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

### **3.0 ASSESSMENT**

#### **3.1 Chair's Actions**

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

#### **3.2 Chair for the Welsh Renal Clinical Network (WRCN)**

I am pleased to confirm that following a competitive recruitment exercise Ian Phillips has been appointed as the substantive Chair for the Welsh Renal Clinical Network (WRCN), with effect from the 1 April 2022 for a period of three years in accordance with the Terms of Reference. The post is remunerated at Band 3 of the Welsh Government salary scale for public appointments.

In September 2021, the JC agreed that Ian could undertake the role of interim Chair of the WRCN on an unremunerated basis to support the network in ensuring business continuity until the end of March 2022. His proactive involvement in navigating the work of the Network Board has demonstrated positive improvement and his appointment to the Board will support them in developing further.

Ahead of taking up the substantive Chair appointment Ian Phillips will tender his resignation from his position as WHSSC Independent Member (IM) as it would prove a conflict of interest for him to hold both roles concurrently.

Ian's tenure as WHSSC IM will therefore cease on the 31 March 2022. Thereafter, a recruitment exercise will be undertaken to appoint a new WHSSC IM in accordance with the IM appointment process agreed by the JC on the 18 January 2022, to transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs. It is proposed that a new Vice Chair for WHSSC is appointed at the JC meeting on the 10 May 2022.

### **3.3 WHSSC Independent Member Remuneration**

Following the decision of the JC on the 18 January 2022 to remunerate WHSSC IMs from the 1 April 2022 until the 31 March 2023 for a time commitment of two days per month at Band 3 of the WG IM remuneration scale, arrangements are being made for this to take effect from April 2022 onwards.

Following the resignation of Ian Phillips as WHSSC IM, a fair and open selection process for appointing a new IM will be undertaken in April/May 2022 and the recruitment process for the Audit/Finance WHSSC IM will commence in summer 2022 with a view to this individual taking up the post in autumn 2022. This will allow for some business continuity and staggering of these new appointments. The vacancies will be advertised through the HB Chairs and the Board Secretaries.

### **3.4 Integrated Governance Committee (IGC) 28 February 2022**

I chaired the WHSSC Integrated Governance Committee on the 28 February 2022 and the Committee considered the Corporate Risk and Assurance Framework (CRAF) and plans to undertake the annual committee effectiveness process.

### **3.5 1 to 1 Meeting with Health Board CEOs**

Following on from the feedback received in the annual Committee self-assessment exercise, a series of 1 to 1 meetings have been arranged with HB CEOs and me. I met with Mark Hackett, CEO SBUHB, on the 17 February 2022 as the final meeting in this round.

### **3.6 Key Meetings**

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

- Regular catch up meetings with WHSSC IMs,
- Monthly meetings with Welsh Government to take forward Audit Wales' recommendation on IM Remuneration,
- NHS Wales Chairs Peer Group Meeting,
- Ministerial meeting with NHS Chairs and Chief Executives; and
- Annual HB Board attendance - attended the HDUHB Board Meeting on the 17 February 2022 and ABUHB Board meeting on the 23 February to provide an update on the work of WHSSC.

## **4.0 RECOMMENDATIONS**

Members are asked to:

- **Note** the report.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Link to Integrated Commissioning Plan</b>	This report provides an update on key areas of work linked to Commissioning Plan deliverables.
<b>Health and Care Standards</b>	Governance, Leadership and Accountability
<b>Principles of Prudent Healthcare</b>	All
<b>Institute for HealthCare Improvement Quadruple Aim</b>	Not applicable
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	Ensuring the Joint Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
<b>Finance/Resource Implications</b>	There is no direct financial/resource impact from this report.
<b>Population Health</b>	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	There are no specific legal implications relating to any of the issues outlined within this report.
<b>Long Term Implications (incl WCFG Act 2015)</b>	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.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	-
<b>Appendices</b>	-



<b>Report Title</b>	<b>Managing Director's Report</b>	<b>Agenda Item</b>	3.2		
<b>Meeting Title</b>	<b>Joint Committee</b>	<b>Meeting Date</b>	15/03/2022		
<b>FOI Status</b>	Open/Public				
<b>Author (Job title)</b>	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales				
<b>Executive Lead (Job title)</b>	Managing Director, Specialised And Tertiary Services Commissioning				
<b>Purpose of the Report</b>	The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.				
<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s):</b>  Members are asked to: <ul style="list-style-type: none"><li>• <b>Note</b> the report.</li></ul>					

# **MANAGING DIRECTOR'S REPORT**

## **1.0 SITUATION**

The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.

## **2.0 BACKGROUND**

At each Joint Committee meeting, the Managing Director presents a report on key issues that have arisen since its last meeting. The purpose of the Managing Director report is to keep the Joint Committee up to date with important related to WHSSC. A number of issues raised within this report may also feature in more detail within the Executive Directors' reports as part of the Joint Committee's business.

## **3.0 ASSESSMENT**

### **3.1 SBUHB Welsh Centre for Burns**

Due to workforce issues, the Welsh Centre for Burns and Plastic Surgery in Swansea Bay University Heath Board (SBUHB) closed temporarily in October 2021, and the service was escalated to level 3 of the WHSSC escalation process.

A proposal has been received outlining a three-phase plan for the reopening of the service, which reopened on the 14 February 2022. It is important to note that Phase 2 and Phase 3 of the proposal are reliant on the agreement of capital funding from Welsh Government. The WHSS Team are now in liaison with the South West and Wales Burns Network (SWWBN) to agree a monitoring process that sits within the WHSSC escalation framework.

### **3.2 De-escalation of Cardiac Surgery SBUHB from Level 4 to Level 3**

The Joint Committee were informed on the 9 November 2021 that, further to the Getting It Right First Time (GIRFT) review of the both south Wales Cardiac Surgery centres in June 2021, and the subsequent escalation of cardiac surgery at SBUHB to level 4 of the WHSSC escalation process, a number of immediate actions were put in place. The actions included urgent changes to improve the safety of the service including moving to consultant only operating, and only mitral valve specialists operating on mitral valve repairs. Further work was required as a tripartite process between SBUHB, Cardiff and the Vale University Health Board (CVUHB) and WHSSC to improve the pathways for aorta vascular services. The Corporate Directors Group Board (CDGB) agreed that following confirmation of changes to the Aorto-vascular pathway the service in SBUHB could be de-escalated. It has subsequently become apparent that there are a number of complexities to changing the pathway and the safer immediate option

is to leave the pathways as they are but with an additional focus. This additional focus on patients on the aorta vascular pathway is in place and further actions to develop the preferred options for aorta vascular work jointly between SBUHB and CVUHB are being progressed by WHSSC. Reflecting the significant progress that SBUHB have made in addressing the recommendations from GIRFT and that the urgent safety concerns regarding consultant operating have been addressed the service has been de-escalated to level 3 of the WHSSC framework.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance Implementation of the Plan Choose an item.
<b>Link to Integrated Commissioning Plan</b>	This report provides an update on key areas of work linked to Commissioning Plan deliverables.
<b>Health and Care Standards</b>	Governance, Leadership and Accountability Choose an item. Choose an item.
<b>Principles of Prudent Healthcare</b>	All
<b>NHS Delivery Framework Quadruple Aim</b>	Not applicable
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	The information summarised within this report reflects issues relating to quality of care, patient safety, and patient experience.
<b>Finance/Resource Implications</b>	There is no direct financial/resource impact from this report.
<b>Population Health</b>	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	There are no specific legal implications relating to the issues outlined within this report.
<b>Long Term Implications (incl WBFG Act 2015)</b>	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.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	
<b>Appendices</b>	None





Report Title	Implementing a 12 Week Clinical Pathway for the Management and Treatment of Aortic Stenosis			Agenda Item	3.3
Meeting Title	Joint Committee			Meeting Date	15/03/2022
FOI Status	Open				
Author (Job title)	Senior Specialised Services Planning Manager				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	This report seeks support for the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s):</b>  Members are asked to: <ul style="list-style-type: none"><li>• <b>Support</b> the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis, and</li><li>• <b>Note</b> the report.</li></ul>					

# **IMPLEMENTING A 12 WEEK CLINICAL PATHWAY FOR THE MANAGEMENT AND TREATMENT OF AORTIC STENOSIS**

## **1.0 SITUATION**

This report seeks support for the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis.

## **2.0 BACKGROUND**

Outcomes for patients with heart valve disease whose condition is left untreated are poor. Studies show that people with serious aortic stenosis have around a 50% chance of living two years if they are not in receipt of effective treatment. Significant heart valve disease is linked to a worse prognosis for the patient, and is associated with a 35-75% higher risk of death compared to those without significant valvular disease. Prognosis of patients with symptomatic aortic stenosis is worse than most cancers

Early diagnosis and treatment is vital if we are to lengthen and improve the quality of life, reduce unplanned hospital admissions, and ensure those with valve disease are able to play an active role within their communities.

In 2019, WHSSC established a project team to consider the future needs for commissioning the treatment for Aortic Stenosis (AS). A clinical working group was established and a number of workshops have been held. The WHSS team have also worked with the Heart Valve Voice charity to ensure engagement and consultation with patients.

Based on the evidence and the high mortality risks for people with AS, the group proposed that a 12 week pathway was most appropriate and that this should be managed as is the Urgent Suspected Cancer pathway. The Management Group supported the work required to work towards a 12-week pathway at its meeting on the 25 March 2021.

## **3.0 ASSESSMENT**

The pathway (**Appendix 1**) has been developed based on published professional guidance from the British Societies (2021), the British Heart Valve Society, the BCIS TAVI Service Specification (2019), the recently published ESC/EACTS Heart Valve Disease Guidance document (2021) and through an iterative process involving several workshops and rounds of electronic communication with representatives from Cardiology, Cardiac Surgery and Radiology from across Wales and with input from Heart Valve Voice, the UK dedicated heart valve disease charity.

The pathway is based on the requirement for patients referred for possible intervention to be routed through a single, disease-specific, point of entry rather than to an individual surgeon or cardiologist.

The pathway sets out the key principles for the management of AS from referral to Intervention alongside the recommended timeframe for delivery and also sets out guidance for referrers and providers.

Further discussions took place with the Clinical Working Group and Heart Valve Voice at a workshop in November 2021, and a small number of amendments were made and the group agreed a final document.

Whilst the clinical pathway has been agreed there are a number of actions still outstanding in terms of the overall planning of the service and the WHSS team will continue to work with the providers and the cardiac network to achieve these. This includes the need for detailed demand and capacity data to inform future commissioning intentions. In the overall context of funding there should be sufficient resources to achieve this pathway within the current interventional cardiology and cardiac surgery envelope albeit these resources may need to be reallocated.

The aim of the pathway is to provide a streamlined, consistent pathway with a referral to intervention time of 12 weeks for 'elective' outpatient referrals, which ensures that the right patients with degenerative AS receive the right procedure at the right time, regardless of place of presentation.

It is recognised that the pathway is aspirational and that given the current situation that implementation will not be achieved immediately. The pathway has been shared with colleagues at the main NHS England (NHSE) providers and the team have received positive feedback and confirm that it is in line with the direction of travel in NHSE.

The main challenges concerning implementation are likely to be in secondary care. Further work will be required particularly in regards to developing a fast track Echo referral and process for all the District General Hospitals' (DGH's).

It is also recognised that there may be funding implications at Health Board (HB) level to achieve the fast tracking of investigations. The WHSS team recommend that the pathway also be taken through the Heart Conditions Implementation Group for support and sign off. This has been supported by the Chair of the group.

The Clinical Working Group also identified a number of issues regarding to the associated imaging needs as well as training of radiographers and having sufficient consultant radiologists who report as well as perform the investigations in a timely manner. Discussions may be required with the Imaging Board on how best this could be taken forward.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Support** the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis, and
- **Note** the information presented within the report.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Implementation of the Plan Choose an item. Choose an item.
<b>Link to Integrated Commissioning Plan</b>	The development of a strategy for the management of Aortic Stenosis was outlined in the 2019/22 ICP
<b>Health and Care Standards</b>	Timely Care Effective Care Choose an item.
<b>Principles of Prudent Healthcare</b>	Reduce inappropriate variation Only do what is needed Public & professionals are equal partners through co-production
<b>NHS Delivery Framework Quadruple Aim</b>	People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement Choose an item. Choose an item. Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	The Aortic Stenosis Clinical pathway aims to improve the quality, safety and patient experience for Welsh patients receiving treatment for Aortic Stenosis.
<b>Finance/Resource Implications</b>	There are no finance implications highlighted in the report although it is recognised that there may be implications at the implementation stage.
<b>Population Health</b>	There are no population health implications within this report.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	There are no legal implications within this report.
<b>Long Term Implications (incl WBFG Act 2015)</b>	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.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	<b>04.01.22</b> – Corporate Directors Group Board – supported <b>25.03.21</b> – Management Group – supported.
<b>Appendices</b>	<b>Appendix 1</b> – Aortic Stenosis Clinical Pathway

## APPENDIX 1

### All Wales Aortic Stenosis Pathway

#### INTRODUCTION

This pathway has been developed based on published professional guidance from the British Societies (2021), the British Heart Valve Society, the BCIS TAVI Service Specification (2019), the recently published ESC/EACTS Heart Valve Disease Guidance document (2021) and through an iterative process involving several workshops and rounds of electronic communication with representatives from Cardiology, Cardiac Surgery and Radiology from across Wales and with input from Heart Valve Voice, the UK dedicated heart valve disease charity.

The pathway is based on the requirement for patients referred for possible intervention to be routed through a single, disease-specific, point of entry rather than to an individual surgeon or cardiologist.

The pathway will be supported by the [WHSSC TAVI Policy \(CP58\)](#) and the Cardiac Surgery Service Specification (currently in development).

The aim is to provide a streamlined, consistent pathway with a referral to intervention time of 12 weeks for 'elective' outpatient referrals, which ensures that the right patients with degenerative Aortic Stenosis receive the right procedure at the right time, regardless of place of presentation. The timing of intervention, in asymptomatic patients in particular, requires a careful assessment by the multidisciplinary team (MDT) of lesion severity, ventricular function, and procedural risk. This is essential to shared decision-making.

Aortic stenosis is a heterogeneous condition and selection of the most appropriate mode of intervention should be carefully considered by the Heart Team for all patients, accounting for individual age and estimated life expectancy, comorbidities (including frailty and overall quality of life), anatomical and procedural characteristics the relative risks of sAVR and TAVI and their long-term outcomes, prosthetic heart valve durability, feasibility of transfemoral TAVI, and local experience and outcome data. These factors should be discussed with the patient and their family to allow informed treatment choice.

A minimum dataset must be completed for patients who are referred for

discussion. Referrals should be made by a standardised electronic form which facilitates real-time tracking of the patient's clinical journey and audit of timelines and outcomes.

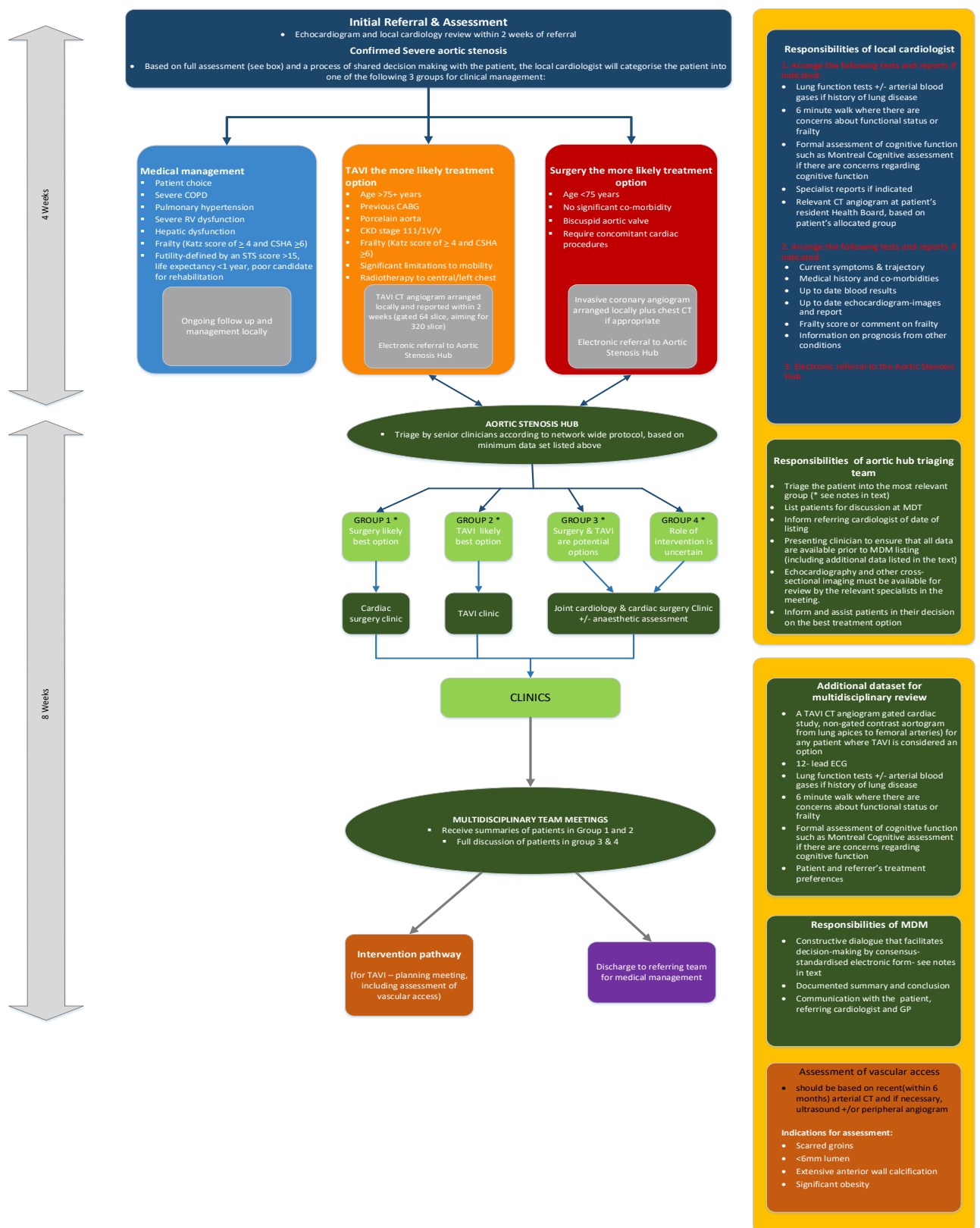
Guidance on the structure and function of the MDT (or 'heart team') and multidisciplinary meetings, both of which are key to supporting this pathway, and based on the published professional guidance from the British Societies (2021) is detailed in Annexe 1. This includes arrangements that support the need for MDMs to reflect the pattern and volume of patient referrals such that discussions and recommendations can be made in response to the urgency of clinical presentations, based on the three broad categories of patients: outpatients, urgent in-patient referrals, and emergency cases.



## **PROCESS**

A flow diagram summarising the patient pathway from review at the local cardiology clinic through to intervention can be found below:

## All Wales Aortic Stenosis (degenerative) Pathway



## PATHWAY NOTES

### 1. Referral of patient from GP for Echocardiogram

All New patient Referrals should be triaged to decide the optimal/safest management following national referral triage guidance (Wales Cardiac network).

Patients referred with possible significant/severe aortic stenosis will need to be seen within 2 weeks in a one-stop clinic by a cardiologist where echo assessment is available.

## **2. Referral of patient with confirmed degenerative AS on Echocardiogram to local cardiology clinic**

New patient with confirmed severe aortic stenosis on echo criteria whether symptomatic or asymptomatic to be seen same day in echo clinic or within 2 weeks.

Patients with moderate aortic stenosis to be seen based on triage risk assessment including current symptoms and co-morbidities, usually between 8-26 weeks.

### **(i) Local Cardiology Clinic**

The Cardiologist will, in addition to assessing the severity of aortic stenosis, undertake an assessment of the patient's frailty and co-morbidities, requesting reports from other specialists where relevant.

- The Katz Index of Independence in Activities in Daily living and the Rockwood CSHA Clinical Frailty score are captured for every TAVI case and form part of the requirements of the NICOR database. A Katz score of  $\leq 4$  and CSHA  $\geq 6$  are indicative of a threshold for considering medical therapy.

Patient's expectations and values are an important part of the decision-making process, and patients should be informed and assisted in their decision on the best treatment option.

Patients should have a full understanding of:

- their disease;
- where they are on the treatment pathway;
- what symptoms to look out for; and
- should also be fully involved in the decision-making process.

In order to prevent patients from falling through the net following treatment for heart valve disease, all hospitals should provide patients with a direct contact number to ensure they are easily able to receive an update on their healthcare plan, as well as flag the onset of any relevant symptoms. The direct contact could be with a clinical secretary, a nurse or other appropriate individuals within the hospital.

## **GROUPS**

Based on their full assessment and discussion with the patient, the Cardiologist will categorise the patient into one of the following 3 groups:

### **Group A – Patients will follow a local Medical management pathway.**

Clinicians and patients should be aware that in specific circumstances, comorbidities and frailty may mean that intervention is not likely to provide benefit and is therefore not advised. Such a decision must be clearly communicated and discussed with the patient unless there are exceptional circumstances.

The BCIS TAVI guideline states:

*"Medical management may be recommended when comorbidities and frailty are so severe that no improvement in quality of life or prognosis is expected from intervention i.e. Intervention is thought to be futile. Therefore, the MDT should refer to reports from other specialists with regard to prognosis and severity of other conditions. This may include memory clinic assessments for patients with cognitive impairment as significant dementia is likely to negate any benefit from intervention."*

The new ACC/AHA guidelines for the management of patients with valvular heart disease, indicate that patients with the following comorbidities would be treated medically and not offered invasive intervention:

- Severe COPD or home oxygen therapy
- Pulmonary hypertension
- Severe RV dysfunction
- Hepatic dysfunction
- Frailty – using a validated tool such as Katz

- Futility- defined by an STS score >15, life expectancy <1 year, poor candidate for rehabilitation.

Some patients who are given the choice of following an interventional pathway may choose not to do so.

A patient who is referred onto palliative care should be signposted towards relevant charities and patient groups for further information and support.

**Group B – patients in whom TAVI is the more likely or inevitable treatment option and therefore will need TAVI CT angiograms**

- Age 75 + years
- Previous CABG
- Porcelain aorta
- CKD stage 111/1V/V
- Cognitive impairment
- Frailty ( Katz score of  $\geq 4$  and CSHA  $\leq 6$ )
- Significant limitations to mobility
- Radiotherapy to central/left chest

**Group C – patients in whom surgery is the more likely treatment option and therefore will need an invasive coronary angiogram plus a Chest CT if indicated**

- Age <75 years
- No significant co-morbidity
- Bicuspid aortic valve
- Require concomitant cardiac procedures

**Responsibilities of the local cardiologist**

a) Arrange the following tests if indicated:

- Lung function tests +/- arterial blood gases if history of lung disease
- Six-minute walk where there are concerns about functional status or frailty
- Formal assessment of cognitive function such as the [Montreal Cognitive Assessment \(MoCA\)](#) if there are concerns regarding

cognitive function

- b) Arrange specialist reports if indicated
- c) Arrange relevant CT angiogram or Invasive coronary angiography at patient's resident Health Board, based on patient's allocated group
- d) Complete Minimum Dataset which includes:
  - Current symptoms & trajectory
  - Medical history and comorbidities
  - Up to date blood test results (full blood count and renal function as a minimum)
  - Up to date echocardiogram - images and report
  - Up to date invasive coronary angiogram or CT coronary angiogram images and report.
  - Frailty score or comment on frailty
  - Information on prognosis from other conditions
- e) Electronic referral to the Aortic Stenosis Hub
- f) Ongoing follow up of patients who are on the 'medical management pathway'

## **IMAGING**

The relevant investigation (TAVI CT angiogram or Invasive Coronary angiography +/- chest CT) should be performed and reported on within 2 weeks of the request.

The technical specifications are attached in Annexe 2a and 2b to aid consistency across Health Board and avoid duplication.

## **(ii) Aortic Stenosis Hub**

All patients should be reviewed by the MDM. It is important, however, that proportionately more time in the MDM is allocated for the review of complex patients, without delaying those patients for whom decision-making is straightforward. In order to facilitate this, patients should be triaged ahead of the MDM according to an agreed network-wide protocol. Triaging should be performed by one or more designated senior clinicians including the MDM chair, supported by the MDM coordinator and/or a specialist nurse. Patients should be triaged into the groups categorized below, based upon comorbidities and frailty as indicative markers for the most likely preferred intervention. The triaging process must be part of the MDM record and a list of patients triaged into Groups 1 and 2 along with a brief case summary should be made available at the MDM. If, following clinic review, the optimal treatment option for these patients is called into question for any reason, they should be referred for full MDM discussion.

### **Minimum dataset for initial triage - as listed above**

#### **Group 1: Patients for whom surgery appears the best option**

Patients in Group 1 should, in general, be triaged towards sAVR as the preferred treatment option and seen in a surgical clinic. Patients will typically be low risk for complications and/or prolonged recovery following sAVR. MDM recommendations can be made by protocol unless there are concerns about technical feasibility, severe individual organ dysfunction, or multiple comorbidities. Examples of such concerns include:

- Uncertain severity of aortic valve disease/indication for intervention
- Significant ascending aortic calcification/porcelain aorta
- Increased surgical risk due to comorbidities
- Increased risk of prolonged post-operative recovery due to frailty, restricted mobility, or other conditions that may affect rehabilitation after the procedure

#### **Group 2: Patients for whom TAVI appears the best option.**

Patients in Group 2 should, in general, be triaged towards TAVI as the preferred treatment option and seen in a TAVI clinic. These patients are likely to be high risk for complications and/or prolonged recovery time following sAVR. The MDM recommendation can be made by protocol unless there are concerns about appropriateness or feasibility of TAVI or, after clinic review, they are felt to be good, low risk, candidates for sAVR, in

which case a full MDM discussion is required. Examples of concerns about suitability for TAVI include the following:

- Uncertain severity of aortic valve disease/indication for intervention
- Unsuitable for transfemoral access
- Severe, complex coronary artery disease
- Significant mitral or tricuspid valve disease
- Dilated ascending aorta
- Aortic regurgitation – all patients with severe aortic regurgitation require full discussion
- Aortic/arterial features identified by CT scanning which confer high risk for complications with TAVI
- Where comorbidities raise doubt regarding whether or not intervention is likely to be beneficial

### **Group 3: Patients where both sAVR and TAVI are potential options**

Patients in Group 3 require a detailed review of the pros and cons of each intervention, with a full MDM discussion to determine the preferred treatment strategy. The MDM discussion should consider the surgical risk profile of the patient, as well as factors, which influence recovery such as frailty, liver disease, and cognitive impairment. Decision-making should take account of local surgical experience, outcome data from the national adult cardiac surgical audit, and local TAVI experience and outcomes.

When both TAVI and sAVR are technically feasible and the optimal strategy is unclear, patients should be assessed jointly in clinic by the cardiac surgery team and the TAVI team to discuss the merits of each intervention and to enable fully informed joint decision-making.

### **Group 4: Patients where the role of intervention is uncertain**

Some of the most difficult decisions concern those patients where the benefit of intervention is uncertain due either to uncertainty about the true severity of the aortic stenosis or concerns about the suitability of the patient for any form of intervention. All such patients require full MDM review.

### **Responsibilities of the Aortic Hub triaging team:**

- Triage the patient into the most relevant group based on referral from local cardiologist, which will include information on patient



preference.

- List patients for the relevant clinic.
- List patients for discussion at MDM.
- Inform referring Cardiologist of date of listing (to give opportunity to attend in person or virtually).
- The presenting clinician should ensure that all data are available prior to MDM listing, including the additional dataset listed below.
- Echocardiography and other cross-sectional imaging must be available for review by relevant specialists in the meeting.

### **(iii) Clinics**

- Patients will be seen at the relevant clinic within 2 weeks of being referred to the Aortic Hub.
- Discussions at the clinics will adopt a “patient-centred approach” with patients being informed and assisted in their decision on the best treatment option.
- The outcome of the review and discussions at the clinic will be included in the information of the MDT.

### **(iv) Multidisciplinary review meeting**

For membership – see Annexe 1

- The MDM is a meeting of members of the MDT convened for the purpose of reaching a consensus on the optimal management of a particular patient.

### **Additional dataset for multidisciplinary meeting review**

- A TAVI CT (gated cardiac study, non-gated contrast aortogram from lung apices to femoral arteries) should be available for any patient where TAVI is considered as the more likely treatment option.
- 12-lead ECG.
- Lung function tests +/- arterial blood gases if history of lung disease.
- Six-minute walk where there are concerns about functional status or frailty.
- Formal assessment of cognitive function such as the Montreal Cognitive Assessment (MoCA) if there are concerns regarding cognitive function.

- Patient and referrer's treatment preferences.

### **Responsibilities and output of MDM**

The chair is responsible for determining if the MDM is quorate and for ensuring that all views are heard in a constructive dialogue which facilitates decision-making by consensus. In many instances, clinical decision-making is relatively straightforward without the need for detailed discussion. In other cases, in which specific patient factors add complexity or when there is equipoise between treatment options, detailed discussion is essential and must be prioritised. The chair is responsible for ensuring that decisions are recorded accurately and impartially. The MDM summary should include sufficient detail of the discussion to allow the decision-making process to be reconstructed; unresolved differences of opinion should be recorded. If no consensus was reached, this should be stated. This is particularly important for complex cases and when differences of opinion were expressed. The chair should review the MDM outcome records during or after the meeting.

The chair, in conjunction with the MDM coordinator, is responsible for ensuring that the decisions made in the MDM and the resulting MDM records are formally communicated back to referring teams, the GP and the patient in a timely fashion. Communications should be electronic and should be entered into the medical records. In cases in which there is a transfer of care between centres, for example, for patients accepted for transfer to a surgical centre, or between clinicians when a patient is accepted for surgery within a centre, the chair should ensure that a named consultant is responsible for the ongoing management of each patient.

MDM outcome forms are naturally suited to standardised electronic design. Essential information for recording includes:

- The named consultant responsible for ongoing care.
- Treatment recommendations
- Key reasons for treatment recommendations
- Timing of treatment – elective outpatient treatment, discharge for outpatient treatment, urgent inpatient treatment
- Arrangements for inter-hospital transfer, if required
- Nature of any additional investigations required
- Process for review of any additional investigations

- Recommendations for specific aspects of care

### **(v) Intervention**

Patients will follow the pathways for their assigned intervention from this point.

Patients planned for TAVI will need consideration of vascular access, with further investigations arranged if required.

### **Monitoring of pathway processes and outcomes**

The cardiac surgical units and interventional cardiology units are expected to submit data to NICOR on all patients who undergo an intervention.

In addition, the MDT should schedule review of serious adverse outcomes as part of regular morbidity and mortality reviews. Named individuals should be appointed to lead this process for each MDM. Review meetings require their own dedicated sessions, which could be aligned with audit and education days or morbidity and mortality sessions. Areas for regular audit and review should include the following:

- Number and breakdown of cases discussed at MDM in relation to unit procedural volumes
- Review of cases discussed at ad hoc/mini MDMs
- Breakdown of MDM treatment recommendations
- Number (proportion) of MDM treatment recommendations which were/were not followed through
- Reasons why MDM treatment recommendations were not followed through (for example, patient choice, operator choice, acute admission, administration failure, death on waiting list)
- Timeframes to interventions
- Feedback regarding specific cases for shared learning
- Review of Patient reported outcome measures
- Review of unit NICOR data

## **ANNEXE 1 - Guidance on the structure and function of the Aortic stenosis MDM**

### **The multidisciplinary team and the multidisciplinary meeting**

The MDT (or “heart team”) is the group of healthcare professionals responsible for the management of a patient on a disease-specific pathway, which may extend from primary to tertiary care. The MDM is a meeting of members of the MDT convened for the purpose of reaching a consensus on the optimal management of a particular patient. The MDM should not only promote collective decision-making but should also foster collective ownership of the decision and of the outcomes associated with it. A poor outcome from TAVR should cause as much concern for the surgical and intensivist members of the team as for the cardiologist(s), while a poor surgical outcome should be of equal concern to the cardiology specialists as to the surgeon(s). Collective ownership of decisions means that the heart team needs to know the consequences of its recommendations for all patients and this requires regular audit of outcomes.

In order to function effectively as the disease- specific point of entry to the cardiac centre, participation at the MDM must be open to all referring cardiologists. The rapid evolution of virtual technology has facilitated network involvement in the MDM and potentially also allows the involvement of patients and relatives in the discussion, either ‘live’ or in the form of a recording of a video consultation.

### **The role of the multidisciplinary meeting chair**

The MDM chair is critically important to the effective functioning of the meeting and for the MDT pathway as a whole. As such, the role must be recognised by hospital management teams in job plans and included in formal appraisal. The chair is responsible for determining if the MDM is quorate. He/she should be a senior clinician who is responsible for ensuring that all views are heard in a constructive dialogue which facilitates decision-making by consensus. The chair is responsible for ensuring that decisions are recorded accurately and impartially. The MDM summary should include sufficient detail of the discussion to allow the decision-making process to be reconstructed; unresolved differences of opinion should be recorded. If no consensus was reached, this should be stated. This is particularly important for complex cases and when differences of opinion were expressed. The chair should review the MDM outcome records during or after the meeting.

The chair, in conjunction with the MDM coordinator, is responsible for ensuring that the decisions made in the MDM and the resulting MDM records are formally communicated back to referring teams in a timely fashion. Communications should be electronic and should be entered into the medical records. In cases in which there is a transfer of care between centres, for example, for patients accepted for transfer to a surgical centre, or between clinicians when a patient is accepted for surgery within a centre, the chair should ensure that a named consultant is responsible for the ongoing management of each patient.

### **The role of the multidisciplinary meeting coordinator**

A dedicated and effective coordinator is an essential requirement of an MDM. Roles should be constructed so that there is always cover for planned or unplanned leave. The responsibilities of the coordinator include:

- To ensure that completed referral forms and all investigation results are available prior to the MDM
- To agree with referring teams when specific patients will be discussed
- To agree, in conjunction with the chair, a record of the MDM discussions and ensure that decisions are conveyed to referring teams in a timely fashion
- To ensure that MDM outcomes are enacted, for example, by making referrals to surgeons or liaising with the inter-hospital transfer coordinator
- To liaise with the on-call cardiologist and cardiac surgeon to ensure that the results of ad hoc urgent MDMs are recorded

### **Participation in multidisciplinary meetings**

All cardiologists in the network/sub-network should attend the MDM relevant to their field. Advanced Nurse Practitioners and other members of heart teams should also attend. Participation in MDMs should be agreed during job planning, and recorded and audited for all 'core' participants. Whilst clinical and other commitments will dictate that attendance of an individual consultant is not always possible, it is not acceptable for core members to attend only when they have a patient to discuss. Participation in daily urgent MDMs will be more restricted but should be job planned for the on-call cardiologist and cardiac surgeon at the surgical centre. MDM attendance is an important part of specialty and undergraduate training. Training rotas should be organised to enable attendance at MDMs by

trainees, who should be encouraged to participate actively in the discussions.

### 1) **Core attendees**

- MDM coordinator
- Cardiologist with expertise in echocardiography and valve disease
- Cardiologist or radiologist with expertise in cardiac structural CT
- Surgeon with expertise in aortic valve surgery +/- TAVI
- Interventional cardiologist with expertise in TAVI

### 2) **Additional attendees**

- Specialist nurses – cardiac surgical and structural
- Cardiac anaesthetist/intensivist
- Elderly Care Physician
- Cardiology and surgical trainees
- Cardiac physiologists
- Medical students

## **The patient in the multidisciplinary process**

Patients, and their partners and carers, play little or no part in most MDMs. Important decisions are being made by clinicians, most of whom have no direct knowledge of the patient. This risks detracting from patient-centred care and shared decision-making. It is therefore vital that the consultant who is responsible for the patient, or a nominated deputy who knows the details of the case, is in attendance to present. Notwithstanding these issues, it is important to view MDMs for elective patients as an integral part of their clinical pathway rather than as stand-alone events. Outpatients who are discussed at an MDM should have a clear understanding of the nature, purpose, and possible outcomes of the MDM, and be asked in advance for their views on potential treatment options so that these may form part of the discussion. A simple additional step which might help the MDT to familiarise itself with the patient in order to individualise its recommendation is the inclusion of a photograph of the patient in the MDM case presentation, while the move towards virtual MDMs means that it is now possible to review videos of consultations or of a patient mobilising. The more widespread use of virtual technologies also means that patients

and their carers could be directly involved in the MDM. The outcome of the MDM must be conveyed to the patient by a member of the MDT responsible for their care in terms that they can understand.

### **Multidisciplinary meetings for elective and non-elective patients**

The arrangements for MDMs need to reflect the pattern and volume of patient referrals such that discussions and recommendations can be made in response to the urgency of clinical presentations. There are three broad categories of patients: outpatients, urgent in-patient referrals, and emergency cases.

Outpatients Specialty MDMs should be convened on a regular basis to discuss outpatient cases. The frequency for most MDMs should be at least weekly.

Urgent in-patient referrals -whilst urgent cases can be discussed in the elective outpatient MDM, a weekly meeting is not sufficiently frequent to ensure discussion of all urgent referrals without some patients incurring a significant delay in their care pathway. Surgical centres should convene daily virtual MDMs at a fixed time for the consideration of urgent in-house and network referrals. This requires the availability of the MDM coordinator and, as a minimum, the on-call cardiac surgeon and cardiologist. This will only be possible if they are free of other timetabled commitments and is greatly facilitated by a cardiologist and surgeon of the week system as this allows for continuity of decision-making. There should also be an identified cardiac anaesthetist / intensivist available to join discussions as required. The on- call cardiologist and cardiac surgeon should be readily available to discuss potential referrals with colleagues from around the network. The on-call consultants, assisted by the MDM coordinator, are responsible for engaging with other colleagues as required for discussion of an individual case and should ensure that decisions taken are acted upon and that there is clear ownership of the ongoing management of the patient by a named consultant at the surgical centre. This model will require reorganisation in the way that cardiology, surgical and anaesthetic teams operate in some centres, but is essential for optimal decision-making.

### **The role of cardiac anaesthesia/intensive care in the multidisciplinary pathway**

The majority of patients discussed at MDMs will not require specific anaesthetic/intensive care input at this point in their management. Access

to anaesthetic advice is essential, however, for some complex and high-risk patients, for example, those who are being considered for cardiac surgery who have comorbidities and patients who have severely impaired systolic left ventricular function. Anaesthetic assessment clinics should be available as part of the MDT pathway for elective outpatients, the outcome of which can be fed into the MDM if the assessment was undertaken *a priori*, or the patient can be referred for formal anaesthetic assessment from the MDM, depending upon the prior pathway. Critical care support will also be required for (non-elective) patients who are haemodynamically unstable. Arrangements should include the ability to involve the on-call cardiac anaesthetist/intensivist for these patients. Anaesthetist/intensivist input into these discussions must form part of the MDM record. There should also be cardiac anaesthetist/intensivist involvement in feedback and audit.

### **Feedback and audit**

Collective ownership of the outcomes of the MDM requires that MDM processes and their outcomes are subject to regular audit. The MDT should schedule review of serious adverse outcomes as part of regular morbidity and mortality reviews. Considerable time is required to collect and analyse the relevant data. Named individuals should be appointed to lead this process for each MDM. These contributions to clinical governance should be recognised in job- planning. Review meetings require their own dedicated sessions, which could be aligned with audit and education days or morbidity and mortality sessions. Areas for regular audit and review should include the following:

- Number and breakdown of cases discussed at MDM in relation to unit procedural volumes
- Review of cases discussed at ad hoc/mini MDMs
- Breakdown of MDM treatment recommendations
- Number (proportion) of MDM treatment recommendations which were/were not followed through
- Reasons why MDM treatment recommendations were not followed through (for example, patient choice, operator choice, acute admission, administration failure, death on waiting list)
- Timeframes to interventions
- Feedback regarding specific cases for shared learning



## **ANNEXE 2a - Pre TAVI CTa Protocol Guidance**

**Purpose** – this document aims to standardise the CT imaging of patients prior to transcatheter aortic valve implantation (TAVI) in severe aortic valve disease.

The guidance is designed to be generic allowing adaptation to different CT scanners.

---

**Principles** – there are TWO PRIMARY elements to the information required from the “CT TAVI” study

1. Arterial access assessment (trans arterial/trans femoral approach):-
  - a. Arterial phase contrast enhanced CT images that includes the common carotid arteries, subclavian arteries, whole aorta, iliac arteries & common femoral arteries.
  - b. Pragmatically this requires an arterial phase contrast enhanced study from just above the clavicles to the lesser trochanters of the femurs.
2. Aortic annulus & valve ‘landing zone’ assessment:-
  - a. Gated (end-systolic phase) scan of the heart & proximal aorta

**In Addition**, where possible, useful information can be obtained.
3. Coronary artery evaluation:-
  - a. CT coronary angiogram to assess coronary artery disease pre procedure with the intention of avoiding invasive coronary angiography in a proportion of patients. This may not always be achievable with current CT technology, but can be achieved in a proportion. The likelihood of diagnostic visualisation of the coronary arteries is increased by adding an end diastolic phase acquisition of the heart. This is not appropriate if diagnostic coronary angiography has already been performed.

### **CT Scanner requirements:**

Essential: 64 slice minimum CT scanner

Prospective ECG synchronised acquisition

Preferable: 256-320 slice equivalent CT scanner (with prospective ECG gating)

**Method:** The method of acquiring the required data set can be achieved in different ways depending on the particular CT scanner technology available.

All require pressure injected iodinated contrast with scanning timed to the arterial phase of enhancement. Arterial phase timing can be achieved using a separate timing bolus or with dynamic contrast detection (e.g. 'smartprep'). Contrast dose should be minimised to reduce the risk of contrast induced nephropathy (CIN), but arterial opacification should not be compromised.

No premedication with beta-blockers or nitrates is required before CT acquisition.

Prospective gating should be utilised for cardiac synchronised acquisition to control radiation dose.

Recent CT imaging should be reviewed at the vetting stage to eliminate re-imaging of areas already available (e.g. recent CT abdomen & pelvis, recent coronary angiography etc.)

Acquisition options (depending on scanner technology available):

1. Single acquisition

- a. Gated (cardiac rhythm synchronised to end systole) CTa thorax with transition to non gated CTa abdomen & pelvis (eg [Canon Prism and Genesis scanners](#), [GE Revolution](#))
- b. Gated whole thorax abdomen & pelvis (not recommended - requires long bolus & often loses contrast opacification by the pelvis/requires large contrast dose)

2. Two separate acquisitions

- a. Gated CTa thorax (end systolic synchronisation)
  - b. Separate non gated CTa abdomen & pelvis
- OR
- a. Gated CTa heart/aortic root (end systolic synchronisation)
  - b. Separate non gated CTa thorax abdomen & pelvis

### Optional additional scans:

- Non contrast coronary artery calcium score (limited value in this age group)
- Add diastolic phase acquisition/reconstruction to the gated element of the heart/thorax in attempt to improve imaging of the coronary arteries (acquired alongside the systolic phase acquisition, not as an additional contrast bolus).
  - If the patient has had recent diagnostic coronary angiography, diastolic phase acquisition is **not** required.

### **Interpretation:**

All pre TAVI CT scans should be interpreted by a consultant radiologist (or equivalent) with experience in whole body CT.

The arterial & coronary interpretation will require interpretation by a consultant radiologist (or equivalent) with expertise & experience in cardiothoracic/vascular CT imaging.

In this age group, co-existing pathology is frequent and its detection and interpretation is essential to the correct management of each patient.

Local arrangements will assign TAVI device planning interpretation of the aortic valve to the in house team or an external 'core lab'.

Complex access cases should be reviewed pre procedure at a dedicated MDT with interventional cardiologists, vascular surgeons and cardiovascular/interventional radiologists.

### **Audit:**

Arrangements should be in place to audit clinical performance. This should include, but not be limited to

- Radiation dose for TAVI CT scans
- Adequacy of contrast opacification and anatomical coverage
- Detection of 'incidental' pathology
- Proportion of CT TAVI patients imaged who proceed to TAVI procedure (& reasons for non procedure)

- Proportion of CT TAVI patients imaged who proceed to open surgical aortic replacement
- Proportion of patients with unnecessary CT TAVI areas, e.g. prior adequate imaging of anatomical areas, diastolic phase acquisition in patients with recent coronary angiography etc.

**Summary:**

The acquisition of a useable CT TAVI scan should be within the technical expertise of all of Wales' DGH & teaching hospital radiology departments.

Attention to the accurate anatomical planning, gating and contrast opacification is essential.

Interpretation should be carried out by senior clinicians experienced in the appropriate areas. This may need involvement of two or more consultants to ensure the accurate interpretation of all elements of the scan depending on local expertise.

## **ANNEXE 2b – TECHNICAL GUIDANCE:**

**Patient Position:** Supine, Feet first, Arms above head

### **Preparation:**

- Good IV access e.g. Green venflon in antecubital fossa,
- Apply ECG leads and ensure good trace and capture of R wave peaks
- No beta blocker (contra-indicated in severe aortic valve stenosis)
- Coaching of inspiratory breath hold essential.

**Start Location:** Above lung apices to include subclavian/common carotid arteries

**End Location:** Just below Lesser trochanter of the femur

### **IV Contrast:**

Non ionic iodinate contrast medium. (pre procedure hydration in poor renal function)

Example injection parameters (acquisition option 1 above):

100 mls omnipaque/Niopam/Visipaque 320-350 @4-5 mls / sec, saline 40 mls @ 4 ml/s

Smaller contrast volumes can be achieved, but arterial phase contrast enhancement needs to be achieved throughout the examination.

Prospective gating set to end systole (40% phase)

(or end systole & end diastole (40% & 70%) if improved coronary visualisation is required)

Example CT parameters:

- peak tube voltage, 100 kV;
- Detector collimation: 160 mm using 256 rows by 0.625 mm on Z axis.
- Detector geometry: 256 rows by 832 detection elements per row.
- High contrast spatial resolution: 0.23 mm.
- Slice thickness: 0.625; gantry rotation time, 280 ms;
- prospective triggering; and iterative reconstruction algorithm

Suggested body mass index (BMI)-adapted protocol:

- BMI  $\leq 26 \text{ kg m}^{-2}$  500 mA;
- BMI of 27–30  $\text{kg m}^{-2}$  600 mA;
- BMI  $> 30 \text{ kg m}^{-2}$  650 mA.

## REFERENCES

1. [Getting the best from the Heart Team: Guidance for the structure and function of cardiac multidisciplinary meetings; A joint report from the Association for Cardiothoracic Anaesthesia and Critical Care, the British Cardiovascular Intervention Society, the British Cardiovascular Society, the British Heart Valve Society and the Society for Cardiothoracic Surgery](#), May 2021
2. [ESC/EACTS Guidelines for the management of valvular heart disease. Eur Heart J 2017;38:2739-2791](#)
3. <https://www.bhvs.org.uk/bhvs-blueprint/>
4. [Service Specification for Transcatheter Aortic Valve Implantation \(TAVI\): Recommendations of the British Cardiovascular Intervention Society \(BCIS\) - Updated July 2019](#)



Report Title	WHSSC Process for Responding to the Ministerial Measures			Agenda Item	3.4
Meeting Title	Joint Committee			Meeting Date	15/03/2022
FOI Status	Open/Public				
Author (Job title)	Assistant Director of Planning				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	This report provides an overview of the recently received Ministerial measures and proposes a process through which WHSSC could respond.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s):</b>  Members are asked to: <ul style="list-style-type: none"><li><b>Note</b> the new Ministerial priority measures and the process through which WHSSC will respond to them.</li></ul>					



# WHSSC PROCESS FOR RESPONDING TO THE MINISTERIAL MEASURES

## 1.0 SITUATION

This report provides an overview of the recently published Ministerial priority measures and proposes a process through which WHSSC could respond.

## 2.0 BACKGROUND

The new priority measures were issued by the Welsh Minister for Health and Social Services during the week commencing 10 January 2022, and a letter was issued to all health organisations to inform them of the new measures. NHS organisations are required to report on the new measures from April 2022.

There are 32 measures, which are clustered into the following domains:

- Population Health
- Care closer to home
- Infection, prevention and control
- Six goals of urgent and emergency care
- Access to timely planned care
- Workforce
- Digital and the economy
- Economy and environment

The Ministers letter requested that the measures are included in Integrated Medium Term Plans (IMTP's) and requested that each organisation identifies a representative to work with Welsh Government (WG) to co-design the next set of measures. A full copy of the new priority measures is attached at **Appendix 1**.

Whilst many of the measures will require monitoring of provider performance by WHSSC, others could be referenced in various contracts/policies (i.e. those related to infection prevention and control). There are also some measures which whilst not directly attributable to specialist services provision could have a longer term impact on demand (e.g. measures on weight loss could in the longer term impact the need for bariatric surgery).

## 3.0 ASSESSMENT

### 3.1 Developing a Process for Managing the Measures within WHSSC

It will be important to establish an early baseline for those measures, which are relevant to WHSSC, in order to establish reporting mechanisms by April 2022. It is proposed that colleagues in the performance team are asked to provide initial

data, and that baseline plans, which are understood to have been developed by Health Boards (HBs) during December 2021, are also collated in order to understand the relationship between the data. (e.g. anticipate that data from Digital Health and Care Wales (DHCW). This will include all patients with an open clock, and HBs will have some supporting rationale around the numbers and types of patients waiting).

### 3.2 Enabling Conversations with Providers

During the COVID-19 pandemic, and in response to the Ministerial priorities issued to Health organisations at the pandemic's inception, WHSSC has modified its relationship with providers, seeking assurance on delivery and recovery, however moving away from assertive performance management. The measures appear to offer the opportunity to revisit this approach, and it is suggested that existing and well-established mechanisms between WHSSC and commissioned providers are utilised for this as follows:

<b>Service Level Agreements (SLA) Meetings with providers</b>	<p>Will provide an assurance of delivery against measures, discussion on any gaps between measures and delivery.</p> <p>Will enable agreement on management plans to close gaps.</p>
<b>Assurance/performance meetings</b>	<p>It is proposed that the assurance meetings once again become performance meetings.</p> <p>Will provide an Assessment of each service area against measures.</p> <p>Will consider a report through pre SLA meetings to inform actual SLA meetings.</p>

If supported, it is suggested that the approach is signalled through forthcoming SLA meetings with a refocus taking place from the beginning of the next financial year.

### 3.3 Reflecting the Measures within the Integrated Commissioning Plan (ICP)

The WHSSC Integrated Commissioning Plan (ICP) has been developed along an early timeline this year, and reached the completed draft stage in advance of the measures being received. Consequently, the ICP was updated in advance of its final consideration at the Joint Committee meeting on the 8 February 2022 to include reference to the new measures.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the new Ministerial priority measures and the process through which WHSSC will respond to them.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance Implementation of the Plan Choose an item.
<b>Link to Integrated Commissioning Plan</b>	The Ministerial measures will need to be incorporated into the ICP
<b>Health and Care Standards</b>	Effective Care Governance, Leadership and Accountability Safe Care
<b>Principles of Prudent Healthcare</b>	Public & professionals are equal partners through co-production Care for Those with the greatest health need first Reduce inappropriate variation
<b>NHS Delivery Framework Quadruple Aim</b>	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome Choose an item. Choose an item. Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	There are implications for the implementation of the measures for Q&PS which will need to be monitored through the relevant committee, as well as needing to be referenced through varying policies.
<b>Finance/Resource Implications</b>	There are finance and resource implications for the implementation of the measures that will need to be monitored through the Joint Committee, the Management Group and the Finance Group.
<b>Population Health</b>	WHSSC will (as invited) take part in discussions related to population health and how they impact on specialist services.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	The measures as they relate to WHSSC will be implemented within the context of all legal implications placed upon WHSSC.
<b>Long Term Implications (incl WBFG Act 2015)</b>	It is assumed that the Ministerial measures will have been developed and confirmed within the Welsh policy context, including those with long-term implications, including the WBFG Act 2015.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	<b>24.02.22 – Management Group</b> - noted the new Ministerial priority measures and the process through which WHSSC will respond to them.



## PRIORITY MEASURES – PHASE ONE

### POPULATION HEALTH

Priority Measure		Target	Reporting Frequency	Source
1	Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Annual improvement	Annual	All Wales Weight Management Pathway Monitoring Form (Welsh Government)
2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)
3	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	A 5% prevalence rate by 2030	Quarterly	National Survey for Wales
4	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Quarterly	Smoking Cessation Services Data Collection (Welsh Government)
5	Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	Evidence of Improvement	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)

## CARE CLOSER TO HOME

Priority Measure		Target	Reporting Frequency	Source
6	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	4 quarter improvement trend, towards an annual increase of 10% from baseline data	Quarterly	Primary Care Information Portal
7	Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: <ul style="list-style-type: none"> <li>❖ Blood pressure reading is 140/80 mmHg or less</li> <li>❖ Cholesterol values is less than 5 mmol/l (&lt;5)</li> <li>❖ HbA1c equal or less than 58 mmol/mol or less</li> </ul>	1% annual increase from baseline data	Annual	National Diabetes Audit

## INFECTION PREVENTION AND CONTROL

8	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific target	Monthly	Public Health Wales
9	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Health Board specific target	Monthly	Public Health Wales

## SIX GOALS OF URGENT AND EMERGENCY CARE

Priority Measure		Target	Reporting Frequency	Source
10	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Increase by April 2023	Quarterly	Manual Data Collection (Welsh Government)
11	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	Quarterly	WAST – Ambulance Quality Indicators
12	Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	7 day a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)
13	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	Quarterly	Admitted Patient Care
14	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	Quarterly	Admitted Patient Care



## ACCESS TO TIMELY PLANNED CARE

Priority Measure		Target	Reporting Frequency	Source
15	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	Monthly	Referral to Treatment (combined) Dataset
16	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	Monthly	Referral to Treatment (combined) Dataset
17	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	Monthly	Referral to Treatment (combined) Dataset
18	Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	Monthly	Referral to Treatment (combined) Dataset
19	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	Monthly	Referral to Treatment (combined) Dataset
20	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)
21	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	Monthly	Diagnostic & Therapies Waiting Times Dataset
22	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	Monthly	Suspected Cancer Pathway Data Set (NDR – DHCW)

## WORKFORCE

Priority Measure		Target	Reporting Frequency	Source
23	Agency spend as a percentage of the total pay bill	12 month reduction trend	Monthly	Financial Monitoring Returns (Welsh Government)
24	Overall staff engagement score	Annual improvement	Annual	NHS Wales Staff Survey
25	Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Annual improvement	Annual	NHS Wales Staff Survey
26	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Monthly	Electronic Staff Record (ESR)
27	Percentage of sickness absence rate of staff	12 Month Reduction Trend	Monthly	Electronic Staff Record (ESR)
28	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	85%	Monthly	Electronic Staff Record (ESR) & Medical Appraisal & Revalidation System (MARS)

DIGITAL AND TECHNOLOGY				
Priority Measure		Target	Reporting Frequency	Source
31	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)
ECONOMY AND ENVIRONMENT				
32	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	Annual	Organisation Level Emission Return
33	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of improvement	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)
34	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)

## Ministerial Priority Measures

### Context

A Healthier Wales is the long-term plan for health and social care and drives our commitment to deliver seamless, integrated care. The lessons learnt from COVID-19 have shown us that we need to accelerate our strategies and focus on prevention at all stages if we are to reduce the demand on the NHS. Integrated Medium Term Plans must focus on improving population health to: deliver health equity; improve outcomes and; support the delivery of a sustainable NHS for the future.

The NHS also needs to demonstrate its national leadership role to build a sustainable future for Wales. The NHS is not just a provider of health services; it also has a strategic role to plan for a Wales that is fit for the future.

### The Ministerial message in the Planning Framework outlines the areas of focus:

*My priorities recognise that as a country we must continue to respond to the immediate challenges of COVID, whilst also turning our attention to longer-term sustainability **and improving population health**. We must invest in recovery, tackle health inequalities, improve mental health provision by giving parity between physical and mental health conditions, and focus on prevention. I am deeply committed to supporting our health and care workers who have been and remain at the forefront of our efforts.*

*I want to ensure that we can improve accessibility to our services through the use of new technologies and innovative ways of working which will increase resilience.*

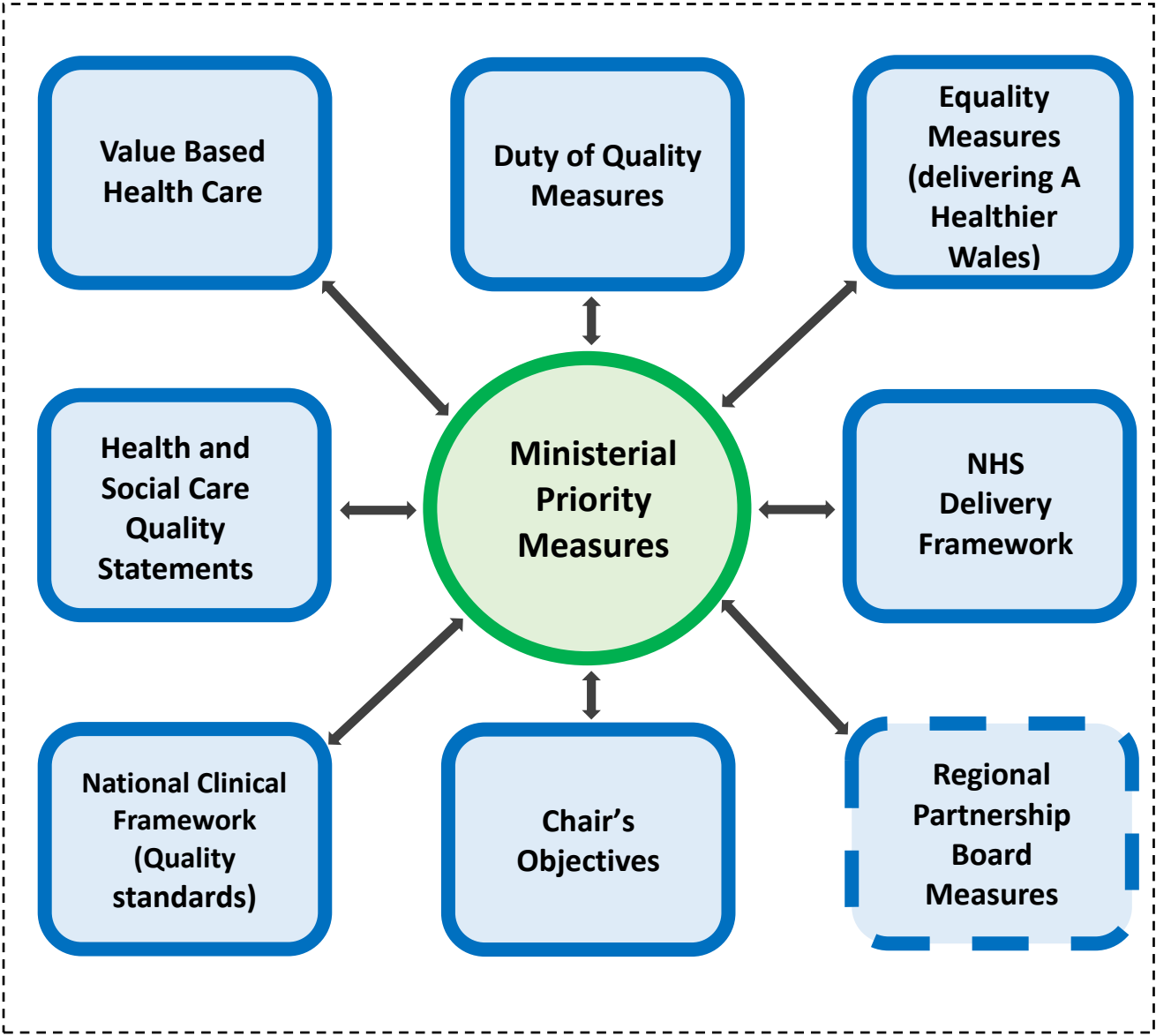
*We must also recognise that NHS Wales is the largest public organisation in Wales and, as such, has a unique opportunity to use its spending and employment practices to promote wider government policy goals. I am keen that working together we take every opportunity to support local economic growth, regeneration, and community resilience; helping to address inequalities and the socio-economic determinants of health.*

*Within my priorities, there will be some areas of particular interest that I will be discussing with NHS Chairs to ensure progress is driven forward. These will demonstrate our commitment to achieving the vision and ambitions set out in “A Healthier Wales”. Focusing improvement in these areas will provide the gains that are necessary to underpin longer-term sustainability, transformational change and improvement.*

Organisations are expected to align existing plans to address these priorities and to bring forward key actions that will ensure these are the focus for the whole organisation. **These areas will form the basis of discussions with NHS Chairs and will be supported by the development of measurable outcomes as part of the development of the new Outcomes Framework for health and social care. By the start of the New Year, the Minister will be publishing specific targets under the areas of priorities previously raised in the IMTP guidance. Health Board Chairs will be held to account on the delivery of these specific targets.**

**How does this work link with other potential developments?**

The Ministerial Measures establish a change in focus by concentrating on the role of prevention at all stages. The work will form part of a wider suite of actions and will link with other national developments (including legislation). The overall aim is to build a governance and accountability framework that demonstrates the NHS’s role in delivering the ambitions of A Healthier Wales.



Work continues to develop the Outcomes Framework for Health and Social Care. Time is required to build the evidence base behind each of the population indicators and to ensure that the actions we prioritise have the greatest impact on improving the health and wellbeing of the people of Wales. We plan to issue a suite of national population indicators by May 2022, following the completion of stakeholder engagement during February- March 2022.

### **Phased approach to developing Ministerial Measures**

The development of the Ministerial Priorities will be in four phases reflecting their current readiness. Delivery measures in Phases One and Two are the start of the process to turn the population indicators into measurable actions. A phased process provides time to develop meaningful measurement, with the aim of driving the right behaviours to make the changes we need. To build consistency and remove inequalities, ambitions are expressed as targets for health boards and trusts to plan against. Many of these targets are longer-term goals and therefore, local plans need to demonstrate how organisations are building and developing their local services to meet these ambitions.

Phase One focuses on a set of measures that builds on established work and demonstrates the wider remit and responsibility of NHS Wales. Phase One measures will be released in January 2022 to ensure that organisations have time to review and reflect them in their IMTP for 2022-25. All of the measures are developed from the key areas of focus highlighted in the Planning Framework and will support NHS organisations to monitor the progress of their IMTP.

Delivery measures/milestones in phases one will focus on the following priority areas:

- Population Health
- Care Closer to Home
- Infection Prevention and Control
- Six Goals of Urgent and Emergency Care
- Access to Timely Planned Care
- Workforce
- Digital and Technology
- Economy and Environment

## Phase One Measures

These have agreed targets and established data flows and will be **introduced during January 2022**. Due to some measures being whole population indicators and/or reported on an annual basis, additional supporting measures have been identified to track in-year delivery. In some instances, the in-year measurement will be a qualitative report outlining progress against organisational plan etc. These reports will be produced by the appropriate policy lead.

## Phase Two Measures

These have established data flows, but further work is required to understand the baseline data so that ambitious and realistic measures can be established. These measures will **be introduced during May 2022** (where baseline data is available and has been reviewed).

## Phase Three Measures

These support current policy direction but have no established measurement. These measures should be **introduced during June 2023** (depending upon the complexity of the data collection).

## Phase Four Measures

Consideration required identifying appropriate measurement for the areas initially identified by the Minister. If a measurement that supports policy direction can be identified, the measure should be **introduced during June 2023** (depending upon the complexity of the data collection).

For phases two to four, NHS organisations will be asked to contribute to the development of measures and will be required to identify a lead officer to support Welsh Government in this work.

## Governance and Accountability Arrangements

Boards and Committees must be assured that their organisations deliver their plans. All plans must contain actions and milestones to demonstrate progress. Where national measurement is not in place, local systems will be expected to collect data to enable organisation to demonstrate progress.

The Minister will regularly seek assurance from Chairs and Vice Chairs that milestones are achieved, with particular interest in the specific areas of focus.

In the Minister's introduction of the NHS Wales Planning Framework, the Minister made it clear that the NHS has a significant role in improving the health and wellbeing of the Welsh population. While no one organisation is accountable for the achievement of a population indicator, NHS Wales has a

significant contribution to make. Furthermore, the priorities recognise that we are still in the midst of a pandemic response, with a need to continue the reactivation of and recover services.

Boards are accountable for the monitoring of their Integrated Medium Term Plans and managing associated risks. Organisations will be expected to provide Welsh Government with quarterly updates. At regular intervals, the Minister and Welsh Government officials will want to discuss progress with Chairs/Vice Chairs, Chief Executive Officers and Executive Teams. These discussions will be conducted through established governance arrangements, such as Integrated Quality Planning and Delivery meetings, Joint Executive Meetings and tripartite review with HIW and Audit Wales.





Report Title	Major Trauma Network covering south, mid and west Wales Performance Report			Agenda Item	3.5
Meeting Title	Joint Committee			Meeting Date	15/03/2022
FOI Status	Open/Public				
Author (Job title)	Director of Planning				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to provide a update on the performance and key issues in the Major Trauma Network covering south, mid and west Wales				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s):</b>  Members are asked to: <ul style="list-style-type: none"><li>• <b>Note</b> the information in the paper</li></ul>					

# **MAJOR TRAUMA NETWORK COVERING SOUTH, MID AND WELSH WALES PERFORMANCE REPORT**

## **1.0 SITUATION**

The purpose of this report is to provide an update on the performance and key issues in the Major Trauma Network covering south, mid and west Wales (the MTN).

## **2.0 BACKGROUND**

The MTN went live in September 2020. An operational delivery network was established and a commissioning assurance process implemented by way of a Delivery Assurance Group (DAG). The DAG usually meets quarterly and reports into Joint Committee. This paper presents a performance and key issues update to Joint Committee.

## **3.0 ASSESSMENT**

Due to the two week reset taking place across health and social care from 2<sup>nd</sup> to 16<sup>th</sup> March 2022 at the request of operational teams the DAG scheduled for 4<sup>th</sup> March 2022 was postponed. The report attached at appendix 1 has therefore not been discussed by DAG but is presented here to Joint Committee for information.

## **4.0 RECOMMENDATIONS**

Members are asked to:

- Note the information in appendix 1

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Implementation of the Plan Choose an item. Choose an item.
<b>Link to Integrated Commissioning Plan</b>	Implementation of the MTN supported in the 2019-20 ICP.
<b>Health and Care Standards</b>	Safe Care Effective Care Timely Care
<b>Principles of Prudent Healthcare</b>	Care for Those with the greatest health need first Reduce inappropriate variation Choose an item.
<b>NHS Delivery Framework Quadruple Aim</b>	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome Choose an item. Choose an item. Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	Detailed in the appendix
<b>Finance/Resource Implications</b>	Included and supported within the ICP
<b>Population Health</b>	
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	
<b>Long Term Implications (incl WBFG Act 2015)</b>	
<b>Report History (Meeting/Date/Summary of Outcome)</b>	
<b>Appendices</b>	Appendix 1 Report attached

# South Wales Trauma Network

## Operational Delivery Network

---

Quarterly Delivery Assurance Group Report for Joint Committee

March 2022

### **Disclaimer**

The document is intended for the stakeholders of the South Wales Trauma Network, and due to the nature of the service contains sensitive information relating to clinical and operational activity. Whilst every effort has been made to anonymise patient details, due to often high-profile nature and relatively low volume of cases links may be made. With this in mind it is requested that this document is not shared on a wider basis without the express permission of SWTN and is stored securely according to the host organisational policies.

This report follows Clinical and Operational Board held on 3<sup>rd</sup> February 2022.

### **Introduction**

The South Wales Trauma Network (SWTN) went live on September 14<sup>th</sup> 2020.

The availability of one year's operational activity and data for the SWTN enables the formal evaluation programme for the operational network to begin. The external Peer Review process began during November 2021 where evidence gathering is required across all participant organisations and will culminate with the peer review interviews that will take place in late March 2022. TARN data for the full year effect will be available in early March 2022 and will among other measurable metrics inform both the peer review and the formal one-year evaluation being carried out in collaboration with Swansea University.

### **Clinical & Operational Data**

The data presented below represents Quarter 3 of 2021 (1<sup>st</sup> October 2021-31<sup>st</sup> December 2021). 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 Activity between 1<sup>st</sup> October 2021 and 31<sup>st</sup> December 2021.

## DEMOGRAPHICS

399

patients treated at the MTC with an incident date between 1<sup>st</sup> October & 31<sup>st</sup> December 2021. Of these patients 56% were adults, 6% were paediatric patients and 38% 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 275 (69%) with NHS no.

350 (88%) 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



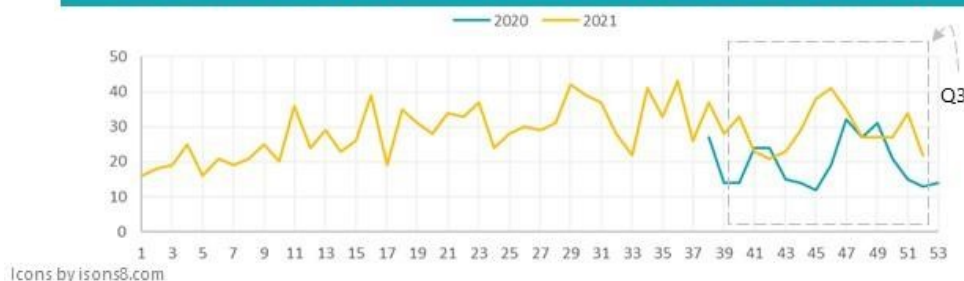
141 (35%) CAVUHB\*  
63 (16%) ABUHB  
60 (15%) CTMUHB  
31 (8%) SBUHB

28 (7%) HDUHB  
20 (4%) Out of network/PTHB  
56 (14%) Unknown (problems in MTD with linking to demographic system)

\*132 of the 141 CAV patients were labelled as MTC patients. Equitable?

From the 495 TARN submissions with ISS>15 not transferred out of TUs (ISS>=9 for LEH/RTF) during October 2020-June 2021, 48 cases were clinically appropriate for transfer to the MTC (validated by the ODN).

## DISTRIBUTION OF INCIDENTS BY WEEK NUMBER



## MECHANISM OF INJURY

113 (28%) vehicle incident

146 (37%) fall < 2m

72 (18%) Fall > 2m

14 (4%) stabbing & weapon

<5 Non Accidental Injury

<5 suspected self harm

21 (5%) sport

<5 alleged intent (non assault)

<5 inconclusive

6 (2%) other

<5 blow(s)

20 (5%) alleged assault

## OUTCOMES

So far 384 discharges for these patients:

224 patients discharged home /temp accommodation

35 other

74 patients repatriated

42 not major trauma

9 transferred to TUs

## TUs/LEH/RTFs

SBUHB started adding patients on 01/02/2021  
182 patients treated at Morriston in Q3

HDUHB started adding patients on 27/07/2021  
97 patients treated in HDUHB hospitals in Q3

ABUHB started adding patients on 23/08/2021  
218 patients treated at GUH in Q3

CTMUHB started adding patients on 17/01/2022

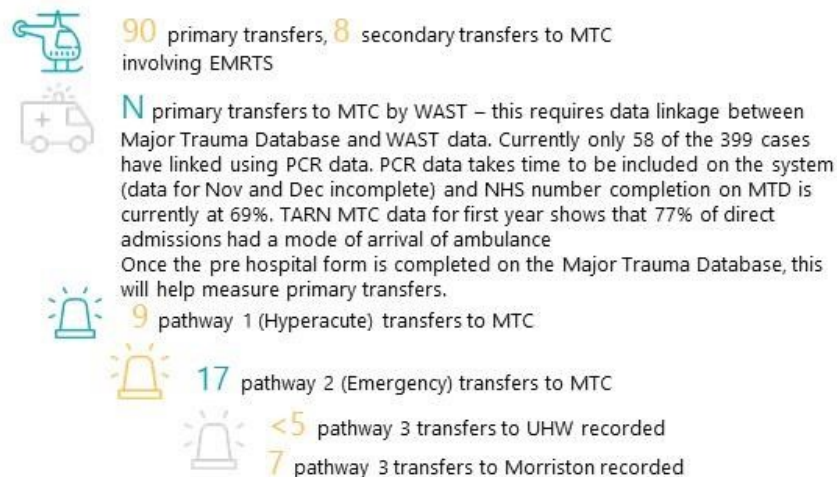


South Wales Trauma Network Activity between 1<sup>st</sup> October and 31<sup>st</sup> December 2021. Data extracted from Trauma desk data, sitrep and TARN on 19/01/2022

## TRAUMA DESK, WAST & EMRTS



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



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



Icons by isons8.com

## SITREP COMPLIANCE

Aim for 90% compliance. The Centre for Specialist Spinal Injuries and Neurological Rehabilitation, UHL has begun completing the sitrep once a week; we have received 4 responses so far.



## TARN

Data from TARN Clinical Report 3 summarised below.

Trust / Hospital	01 September 2020 to 31 August 2021				01 September 2019 to 31 August 2020			
	N	E	C (%)	A (%)	N	E	C (%)	A (%)
Aneurin Bevan University Health Board	578	545 - 653	88.5 - 100+	96.2	533	545 - 653	81.6 - 97.9	91.4
Nevill Hall Hospital	8	228 - 273	2.9 - 3.5	92	142	228 - 273	52 - 62.4	88.9
Royal Gwent Hospital	92	317 - 380	24.2 - 29	96	391	317 - 380	100+	92.4
The Grange University Hospital	478			96				
Cardiff and Vale University Health Board	749	718	100+	97.1	713	718	99.3	96.4
University Hospital Llandough	19	35	54.8	96	25	35	72.1	97.4
University Hospital of Wales	730	684	100+	97	688	684	100+	96.4
Cwm Taf Morgannwg University Health Board	668	665 - 797	83.8 - 100+	92.5	768	665 - 797	96.4 - 100+	90.7
Prince Charles Hospital	253	267 - 320	79.1 - 94.8	92	299	267 - 320	93.4 - 100+	92.4
Princess of Wales Hospital	198	204 - 244	81.1 - 97.3	94	223	204 - 244	91.4 - 100+	89.5
Royal Glamorgan Hospital	217	194 - 233	93.1 - 100+	92	246	194 - 233	100+	89.6
Hywel Dda University Health Board	529	127 - 152	100+	91.7	445	127 - 152	100+	87.6
Bronglais General Hospital	161	127 - 152	100+	94	139	127 - 152	91.4 - 100+	93.1
Glangwili General Hospital	310	215 - 258	100+	94	227	215 - 258	88 - 100+	92.1
Withybush General Hospital	58	173 - 207	28 - 33.6	71	79	173 - 207	38.2 - 45.8	64.7
Swansea Bay University Health Board	699	475 - 569	100+	94.7	593	475 - 569	100+	93.6

N The number of approved submissions for the period

E The expected number of submissions for the period (from HES / HIPE / PEDW)

C The case ascertainment % for the period

A The accreditation % for the period

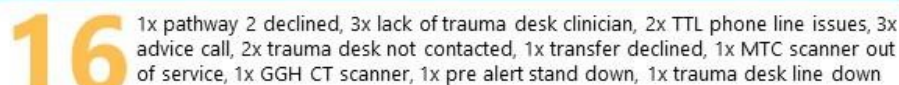
South Wales Trauma Network Activity between 1<sup>st</sup> October and 31<sup>st</sup> December 2021. Data extracted from Induction, Sharepoint, Twitter, GREATix and TRID

## TRID SUMMARY

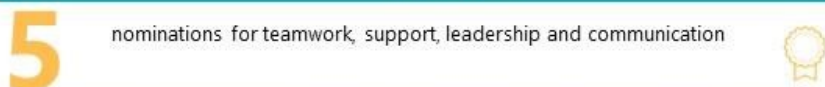


\* Some TRIDs have more than one issue therefore above counts of themes do not sum to the total of 42

## TRAUMA DESK OCCURRENCE LOG ENTRIES



## GREATix



## RESEARCH/QI/AUDIT/INJURY PREVENTION

The amendment, to allow the disclosure of confidential patient information from TARN to SAIL via the Department for Health and Care Wales (DHCW), for the purposes of the TEAR Cymru project, is supported by The Secretary of State for Health and Social Care

Research grant being written by Cardiff University for water safety project

## MEDIA & SOCIAL MEDIA



## EDUCATION



## LESSONS LEARNT BULLETIN & COMMS BRIEFS



## MEETINGS



South Wales Trauma Network Activity between 1<sup>st</sup> October and 31<sup>st</sup> December 2021 summary and actions

## SUMMARY

### Major Trauma Database:

1. Addition of pre hospital form on the major trauma database
2. M&M form on the database

### TRID

1. Once for Wales system does not cover cross network TRIDS

## ACTIONS

### Major Trauma Database:

1. CAV will develop pre hospital form for trauma desk to complete with ATMIST and TARN fields along with details on primary and secondary transfers
2. M&M form will be finalised on the database so that the forms can be completed electronically. Nursing and AHP sections added to the form

### TRID

1. SWTN form will be developed so that colleagues can continue to report TRIDs to the Network



## ***Performance Management & Governance***

There have been 6 adult & paediatric case quality reviews (CQR), followed by formal governance meetings since go live. Should any issues arise between meetings, additional lessons learnt bulletins are distributed to ensure learning is shared timely (see **Appendix 1**).

## **Training and Education**

The Level 1 Emergency Department adult and paediatric nursing competency portfolio, answer book and clinical skills sessions were launched across the SWTN in November 2021. Train the Trainer sessions for the MTPs and ED practice educators were delivered at launch and the resources have been well received, with utilisation already taking place in some areas. There still continues to be some operational constraints in the release of staff for training across the SWTN.

The Level 1 Ward nursing competency will require further scoping across both MTC and TUs to determine the nursing educational requirements, with the need for a strategy for the delivery of ward nursing education. The ODN Nurse lead is working with a National major trauma education group to address the delivery of ward nursing education.

It is envisaged the learning platform will be ready imminently with immediate access to various clinical skills videos. The virtual reality 360° videos require further post-production work prior to release. Trauma Team Member (TTM) 360° videos will be ready initially and the Trauma Team Leader (TTL) content will follow. As in interim measure, the clinical skills videos, Level 1 ED nursing resources, TREATS and other education resources are being hosted on the Sharepoint site which has been shared across the SWTN.

A SWTN conference is in planning for early summer of 2022.

## **TARN**

TARN Clinical report 3, 2021 and the 2020/21 Q1 MTC (published 9th September 2021) and TU dashboards (published 4th November 2021) were summarised and discussed in the Network Governance meeting on 16<sup>th</sup> December 2021. Note that the dashboards summarised in the reporting schedule provide a snapshot of the data at a fixed time point, therefore, results for measures may have changed since then. Q1 dashboard data quality measures show that Glangwili, UHW and GUH have all achieved the target of 95% for data accreditation. For case ascertainment, the target is 80+% and all are now above this. GUH has unknown case ascertainment as this hospital does not have past PEDW data yet. Morriston hospital, Glangwili Hospital and POW have excellent results in terms of submissions within the target deadline; 100+% of their submissions were within the target of 40 days which is much higher than the national mean of 57.6%.

## ***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. The

system is managed by the ODN team and requests are made to all involved parties for investigation and then outcomes and lessons learnt are shared and form part of the governance programme, lessons learned reports and the network training plan.

### **October 2021**

There were 16 TRiDs raised in October 2021

### **November 2021**

There were 15 TRiDs submitted in November 2021

### **December 2021**

There were 11 TRiDs submitted in December 2021

### **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 filled out by any member of staff when they see something that has made a positive difference to patientcare either directly or indirectly. The ODN share GREATix information and specific learning points across the network at M&Ms and educational meetings.

### ***Concerns: Organisational***

The orthoplastic service across the MTC and Morriston hospital has seen a far higher number of patients that was modelled in the business case. Resource has been reallocated to support the service until financial year end.

At the time of writing, the network has received an update regarding the outcome of the year 3 financial increment being considered by the WHSSC Joint Committee to support the ODN, MTC and orthoplastic service. The detailing and phasing are currently being worked through. Health Board commissioning of major trauma takes place via the IMTP process.

In November 2021, the SRO for the ODN formally wrote to Chief Operating Officers thanking them for their overall performance of timely repatriation from the MTC, providing individual Health Board data, alongside reminding of their responsibilities to adhere to the principles set out in the automatic repatriation policy. This was in light of some deterioration that month, owing to operational pressures.

Between 3<sup>rd</sup>- 6<sup>th</sup> December 2021, the Chief Operating Officer for CAVUHB asked the ODN to enact MTC escalation procedures, given operational pressures at the UHW site. A reflection session regarding this was undertaken at the last Clinical and Operational Board. Overall, there was good work and communication between the ODN team and MTC directorate team handling the situation, minor adjustment to the triage tool, and robust communication to the network. All cases that remained local were minimal and followed up by MTC and there was no requirement for mutual aide. Further reflection will be undertaken at the DAG as required.

## ***Concerns: Clinical***

The SWTN rehabilitation medicine model has required revision due to an unforeseen shortage of consultant cover across the network. Mitigations have been put in place, in lieu of more robust measures, guided by the network rehabilitation lead.

The SRO for the network wrote to the Director of Nursing for HDUHB, in relation to delays in repatriation of complex spinal patients, owing to delays in nursing training. This followed two MDT meetings led by the ODN to help resolve the issues, with input from the network nurse matron and AHP lead. All patients were successfully repatriated, albeit delayed. At the time of writing, the ODN is still waiting for a formal response from the Health Board. More broadly the need for a dedicated landing pad for all organisations, which Health Boards committed to at go live, has been reinvigorated.

Following a period of improvement, in November 2021, there were further issues related to secondary transfer acceptance to the MTC. Again, the issues were multifactorial. The Network Clinical Director and Network Governance Lead formally wrote to SROs, clinical and managerial leads for cascading of key messages to all staff and importance of adherence to the principles set out in the MTC acceptance policy. Since then, less issues have been reported, and the ODN have committed to continue to monitor. Health Boards are reminded to continue their awareness of pathways.

There have been some concerns in relation to the management of orthoplastic cases in nonorthoplastic hospitals within the network. This is being mitigated by enhancing access to specialist care, planned educational roadshows and the plan to introduce a direct to orthoplastic centre pathway for isolated open limb injuries.

Concerns around delayed ambulance response to scene due to operational pressures and clinical impact has been picked up through two meetings with colleagues from WAST, EMRTS, ODN and EASC. Feedback is provided as part of WASTs report.

The ODN supported the development of a national patient notice to improve recognition of handlebars injuries, following the review of case in a multiagency debrief.

## ***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.

There are seven risks that are currently highlighted as a red RAG rating. These are regarding:

- **COVID-19 Recovery**

**Mitigation-** There is a risk around critical care capacity linked to increased demand associated to the COVID 19 pandemic specifically with regards to sudden surges in activity linked to the pandemic- recorded on MTC risk register.

- **WAST Trauma Desk staff absence in the team**

**Mitigation-** 1 x vacancy with Trauma desk. mitigation put in place over Christmas due to rota gaps. waiting for outcome of replacement post

- **Sharing of Clinical Images & Information across SWTN. Lack of access to imaging and clinical results for patients repatriated from MTC**

**Mitigation-** ongoing work nationally that SWTN are involved with, with an aim to resolve in 2022.

- **Appropriate local management of repatriated patients requiring complex management & rehabilitation medicine consultant dedicated sessions.**

**Mitigation-** recent approval by AB to fund 4 sessions of consultant rehabilitation medicine. SWTN rehabilitation clinical lead aware and incorporating these sessions into the overarching rehabilitation plan going forward

- **Engagement of specialities in local major trauma governance processes.**

**Mitigation-** Continue to engage local specialties in governance process. ODN monitoring via bi-monthly catch ups with health boards.

- **Speciality Rehabilitation provision for SWTN patients.**

**Mitigation-** Formal Proposal for spinal nursing/therapy outreach currently being progressed through C&VUHB governance process- awaiting update from MTC in March 2022.

- **Major Trauma ICU Capacity-** *Three ICU beds were commissioned as part of the SWTN however, due to various demand in the MTC, ICU capacity transfers have taken place. These transfers require investigation regarding the requirement for MTC rehabilitation requirements post patient ICU admission.*

**Mitigation-** SWTN Lead AHP assessing all MT patients transferred from MTC ICU to TU ICU in relation to their rehabilitation requirements and outcomes.

Reinforcement of the network ICU to ICU repatriation process.

ODN will carry out a formal evaluation regarding major trauma patients transferred from MTC ICU to TU ICU including their rehabilitation requirements when ICU admission has been stepped down.

See mitigations in MTC report.

There are currently 9 live issues.

Most issues are high priority and the mitigations can be found in the Issue Register:

- Nursing/therapy T&E in relation repatriation of complex patients
- Lack of awareness of secondary transfer pathways
- Sharing of patient related images via non-health approved communication apps e.g. WhatsApp, resulting in medicolegal vulnerability
- Rehabilitation Service Provision across SWTN
- Delayed inter-network repatriations

## ***Service Development Update***

The E learning platform is to be launched imminently in a phased approach to ensure no delay in providing access to content. The ODN are currently working through final revisions and any necessary requirements with Information Governance, Cyber Security and the digital media company in readiness for the launch. As a mitigation to the delay all clinical skills and available training has been made available and circulated via the SWTN SharePoint page.

The Post Programme Evaluation has been shared with Welsh Government who have provided a formal response. The Post Programme Evaluation will be presented at the NHS Wales Health Collaborative Executive Group Meeting on 22<sup>nd</sup> February.

The SWTN in collaboration with the National Wales Value in Health (ViH) team are currently working together to undertake a number of projects to support the role out of PROMS and PREMS across the network and to evaluate the use of a patient held record.

The progression of the patient held record work stream is taking place in collaboration with ViH and a private provider (Neuroproactive) that has worked with many other NHS organisations throughout NHS England. A pilot project within the MTC is taking place in order to prove the concept. ViH has commissioned CEDAR to undertake an independent evaluation of the product to look at whether it gives tangible benefit to patients, families and staff. Depending on the outcome of the independent evaluation, this service may be rolled out to all eligible patients within the network. SWTN and ViH will continue to work closely together to ensure the network is providing value added care to its patients.

## ***Outstanding Service Specification***

The first SWTN peer review process will begin during March 2022. The NHS England (NHSE) Quality Surveillance Team (QST) national peer review process has recently been revised in terms of the peer review membership and delivery of the process. The National Quality Nursing Team now facilitate the Peer Review process. Prescribed evidence is collected and submitted by each of the partaking organisations by 21<sup>st</sup> February 2022; the formal peer

review process will take place during the week commencing 21<sup>st</sup> March 2022. The ODN have organised and facilitated the peer review process for all partaking organisations to ensure a single point of contact process is in place. The final report will be available approximately 8 weeks after the peer review week.

The Veteran Trauma Network Wales (VTN Wales) has been 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 work with the VTN Wales throughout Wales. The role will be based at the VTC in UHW however will outreach across the SWTN as required and facilitate the triage of VTN Wales referrals.

## Benefits Realisation

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

The formal one-year evaluation being led by the SWTN Quality Improvement lead, members of the ODN and Swansea University will reflect the current position of the programme against the benefits realisation plan in the Programme Business Case.

## Achievements

Rollout of the Major Trauma Database (MTD) is now completed. The final health board committed to using the MTD in January 2022.

The Wales value based health care team are working in collaboration with the ODN and an external company regarding the introduction of a patient held record which will eventually incorporate PROMS. This project will be a fully formally evaluated piece of work with the intention of publishing results of the 1-year pilot project.

The ODN is collaborating with a number of organisations on injury prevention with the portfolio increasing as requirements become evident. Themes include water safety, cycle safety, knife crime and e-scooters.

The Veteran Trauma Network Wales (VTN Wales) has been 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 work with the VTN Wales throughout Wales. The role will be based at the VTC in UHW however will outreach across the SWTN as required and facilitate the triage of VTN Wales referrals.

Finally, and importantly, on the 6<sup>th</sup> Jan 2022, the Minister for Health and Social Services released written statement on behalf of Welsh Government acknowledging the 1 year anniversary of the SWTN and providing key highlights. This led to some media interest in the activities of the network.



## Specific Organisational Updates

### MTC update

- **Workforce update**

The MTC's advert for a Polytrauma Practitioner was a successful one. Two appointments were made, Jiji Kuriakose and Alex Winterburn join the team from the middle of March. Jiji brings a wealth of Major Trauma experience, having started with the Polytrauma Unit in her role as Deputy Ward Manager. Alex joins the team from Swansea Bay UHB and brings a broad spectrum of clinical experience.

- **Education/Training update**

During November 2021 the Major Trauma Education Group (MTEG) facilitated a two-day, SIM based, trauma course, which successfully attracted and trained over 25 Consultants and Senior Doctors from an array of subspecialties including Anaesthesia, Trauma & Orthopaedic, General Surgery and Emergency Medicine (including Paediatrics). The course covered many aspects of trauma including the composition of successful trauma teams, human factors, key trauma skills and debrief.

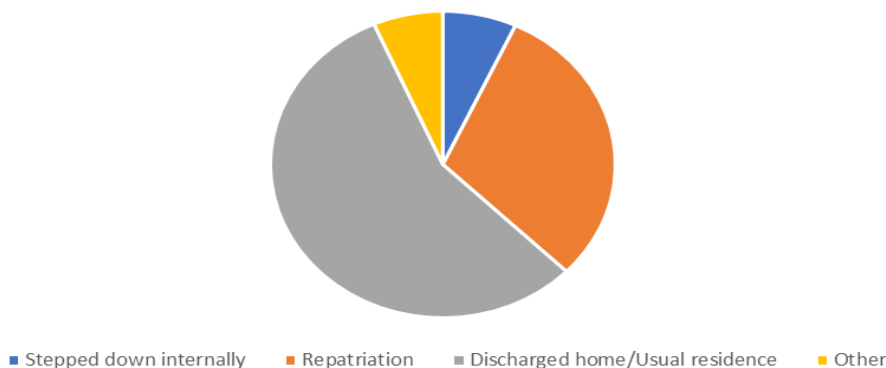
- **Practitioner Training**

Polytrauma Clinical Lead, Nick Wen, has developed a comprehensive framework for developing the Practitioner role for the PTU. This is a 2-year plan with weekly teaching/educational sessions to support Practitioner development. The educational sessions comprise a mix of delivered teaching, simulation training and case-based discussions.

- **MTC Activity Overview**

The Major Trauma Centre has admitted 409 patients since the last meeting (October 2021 through to 31<sup>st</sup> January 2022), the breakdown by Health Board is as follows:

### PTU discharge location



UHB	Number of admissions
Aneurin Bevan UHB	81
Betsi Cadwallader	0
Cardiff & Vale UHB	169
Cwm Taf Morgannwg UHB	73
Hywel DDa UHB	31
Swansea Bay UHB	43
Other	12

The PTU continues to discharge a large proportion (56%) of patients directly to their home/place of residence. The above chart also outlines the continued support received by the Network/Neighbouring Health Boards in facilitating repatriations and in turn supporting the flow of major trauma patients into the MTC.

### Tier 1 Target Performance

#### Infection control

#### Directorate of Major Trauma - Poytrauma Unit

2021-22

Area	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
C Difficile Cases	0	0	0	0	0	0	0	0	0	0
MRSA Cases	0	0	0	0	0	0	0	0	0	0
MSSA Cases	0	0	0	0	0	0	0	0	0	0
E Coli Cases	0	0	0	0	0	0	0	0	0	0
Klebsiella	0	0	0	0	0	0	0	0	0	<5



<b>Pseudomonas</b>	0	0	0	0	0	0	0	0	0	0
<b>% compliance with hand hygiene</b>	100%	100%	100%	100%	100%	100%	85%	80%	100%	80%

### Concerns

Area	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
<b>Number of Concerns</b>					<5	<5		<5		
<b>Performance within 30 Days</b>										100%

- Over-triage**

The MTC continues to monitor potential over triage arriving at the MTC. Encouragingly, the position remains unchanged, in that, decisions made to access the MTC have in the most part been appropriate when considering mechanism of injury.

- Other updates**

Following some concern in the form of TRiDs raised around recent ICU to ICU patient transfers, a task and finish piece has been instigated to track decisions made, specifically around the selection process of patients identified for transfer as an assurance piece. Once completed the group will be appraised of the position.

## WAST update

The senior paramedic role includes regular team rideouts as part of their responsibility for clinical leadership and supervision. One of the updates being shared with clinicians is the introduction of the SWTN and the major/silver trauma tool and trauma desk. At the end of January 2022, the number of rideouts completed was 881.

To ensure that our clinical teams are fully equipped in terms of decision making and clinical intervention skills, day one of the 2021/2022 CPD programme is focussed on major trauma. This includes the use of the major trauma triage tool, decision support, patient flow and teamwork with other pre-hospital providers. Several months of CPD hours were lost during the pandemic so multiple courses are being planned to ensure as many staff as possible can complete the programme.

WAST are members of the SWTN silver trauma group who have identified patients who have not been pre-alerted or have experienced long delays for response or whilst awaiting handover at hospital. To further understand how we can develop improvements a trial including the trauma desk staff and major trauma practitioners in the Grange University Hospital has been agreed.

An important development in WAST is the development of a new response type – Cymru High Acuity Units (CHARUs). This resource will be staffed by experienced paramedics who have completed additional training/education (additional medicines and technical/nontechnical skills). The resource will have a defined codeset and will be dispatched to patients suspected of critical illness or injury. It is anticipated this will start in September 2022. The resource has been modelled in both a rural and urban footprint across Wales.

In response to the issue raised at the last Delivery Assurance Meeting with pathway two transfers, there have been productive meetings with the Operational Delivery Network and EMRTS, updates from those meetings include:

- WAST are currently being supported by 250 military personnel under the provision of a Military Aid to Civil Authority (MACA), this is continuing until the end of March. WAST is currently developing its quarter one tactical plan to ensure production losses from the military leaving are mitigated as far as possible.
- A key issue will be handover delays, and any reduction in delays will improve the capacity WAST has to respond across its range of EMS activity including pathway two transfers.
- In terms of internal efficiencies to increase capacity, WAST is working with trade unions to develop solutions which aim to reduce the impact of post-production lost hours. Furthermore, the re-rostering of EMS crews to align rosters to demand will deliver the equivalent of around 72FTE into the system across Wales from quarter 3 in 2022/23.
- Private provision for support with inter-hospital transfers and repatriations, including major trauma secondary transfers and cases such as myocardial infarction, vascular, stroke and thrombectomy is currently going through the tender process which closes on 24<sup>th</sup> February 2022. The request is for two vehicles per region between the hours of 10am and 2am.
- WAST is currently reviewing cases of moderate/major trauma patients who are on the major trauma database to identify the initial MPDS protocol and categorisation. This will allow us to better identify protocols/categories of incidents where major trauma has been confirmed
- Cohorting is currently in place at two sites (Morriston Hospital and the Grange University Hospital).

## Finance

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

### 2021/22 Expenditure

The expenditure is reported in January 2022, against the Welsh Government recurrent funding issued through 2021/22 Health Board Allocations.

Major Trauma Provider:	2021/22		
	Allocation £m	Forecast Spend £m	Variance £m
Cardiff & Vale MTC	11.222	10.490	(0.732)
Swansea Bay MTC element	0.928	0.928	0
Swansea Bay ODN	0.518	0.518	0
WAST Pre Hospital Care	0.640	0.640	0
<b>Major Trauma Total 21/22</b>	<b>13.280</b>	<b>12.548</b>	<b>(0.732)</b>

The reported slippage forecast at the Cardiff & Vale MTC is largely due to recruitment difficulties in critical care nurses, with 12 posts unfilled for the majority of the year.

It was agreed that the non-recurrent slippage of £0.535m can be utilised to support a number of additional activity and training schemes in 21/22, the latest forecast against these schemes is £0.242m as per the below table:

Centre	Scheme Title	Approved NR Funding £	Forecast 21/22 Expenditure £
Cardiff	Education - MSc Trauma Sciences	20,100	20,100
Cardiff	Education - MSc Trauma Sciences	6,600	9,970
Cardiff	Education - MSc Trauma Sciences	3,300	3,000
Cardiff	Paediatric EU Training	9,000	5,500
Cardiff	Children's Acute Trauma Course	2,300	2,000
Cardiff	Clinical Neuropsychologist training	6,700	6,700

Cardiff	Paediatric MTP	27,571	-
Cardiff	Discharge / flow co-ordinators MTC	27,571	-
Cardiff	Increased therapy support	47,537	-
Cardiff	Pain Team	16,253	13,224
Swansea	Plastics Trauma Clinical Lead	11,884	11,884
Swansea	12 PA Sessions to Surgeons	95,069	95,069
Swansea	12 Session Locum Consultant	82,827	-
Swansea	Trauma Specialist Sessions	71,320	71,320
Swansea	Doppler Kit	3,633	3,633
Swansea	Theatre Sessions	103,158	-
<b>Total</b>		<b>534,823</b>	<b>242,400</b>

## 2022/23 Financial Assumptions

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

The recurrent value of the major trauma schemes is £1.948m, however as part of the plan development process the Joint Committee requested a risk profiled review of the impact of all new investments in year 1.

This part year effect of the MTC schemes assessed the 2022/23 requirement as £1.181m, acknowledging that a number of schemes had already been recruited to through the 21/22 nonrecurrent schemes.

### Major Trauma Priorities Strategic Investment

		Recurrent FYE	22/23 PYE	PYE slippage assumption
Post / Capacity investment	Recruitment Status	£	£	%
		11,884	11,884	100%
		95,069	95,069	100%
Clinical lead for plastics	In post	165,655	124,241	75%
8 sessions to uplift existing Consultants	In post	766,315	383,158	50%
Additional Consultant plastic trauma	Awaiting appointment	291,000	72,750	25%
Orthoplastics Theatre Sessions	New capacity	71,302	71,302	100%
Enhanced Nursing bay for microsurgery	New recruitment	248,483	124,242	50%
		109,092	109,092	100%
		66,431	66,431	100%

Additional sessions to support trauma lists	In post	57,776	57,776	100%
18 sessions Additional locum trauma fellowship	New recruitment	65,015	65,015	100%
Ortho Geriatric 8 sessions consultant	In post			
Poly Trauma Practitioners	In post			
Acute Pain CNS	In post			
Senior Matron ODN	In post			
<b>Total</b>		<b>1,948,022</b>	<b>1,180,959</b>	
<b>PYE slippage</b>			<b>(767,063)</b>	
				-39%

Note the WHSSC ICP was approved by the Joint Committee on 8<sup>th</sup> February 2022 and has been submitted to Welsh Government.

## Recommendations

The Delivery Assurance Group (DAG) are asked to:

1. Note content of report.
2. Note continuing excellent progress across the work through quarter 3.
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 6– December 2021

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 16th December 2021. 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.



#### Self-Presenters

- \* With the growing pressures on all services across the network it is evident that patients will cease to wait for an ambulance in the community and make their own way to Emergency Departments (EDs). Patients are self-presenting with significant injuries and may catch triage nurses and ED clinicians "off-guard." It is worth noting that the method of transport to the ED is no longer an indication of severity of the patient's condition.
- \* A number of cases have been identified from across the network where injuries have been missed as a result of patients self-presenting. This is often due to lower suspicions of serious injury and as such the usual mechanisms of a trauma team being present haven't been utilised.
- \* EDs should ensure the trauma team activation criteria are displayed in walk in and ambulance triage areas, as well, as by the pre-alert phone and resus areas. Triage nurses should alert a senior in ED if a patient self-present, where clinical concern exists and trauma team activation criteria are met.
- \* Self-presentation does not negate the need for trauma team activation.



#### Radiology Protocols

- \* Radiological investigation (i.e. CT) within the context of major trauma remains one of our strongest allies in reducing mortality and morbidity across the network.
- \* Several cases have been identified where junior colleagues having difficulty in accessing complete CT imaging across the network. This issue appears to be across all organisations, and is often at its most troubling out of hours. The trend also seems to be towards more junior colleagues experiencing the most resistance.
- \* Consequently, at times MTC trauma team leaders have experienced receiving information about injuries in piecemeal.
- \* The network has clear guidance on radiology in major trauma for adults and paediatrics (see SWTN CG16 and SWTN CG18 (p69-74)).
- \* The network also encourages ALL members of staff to look at local escalation procedures and use the senior members of the clinical team, where resistance is met and clinical concern remains.
- \* We remain the first line of advocacy for patients and if a clinician feels a patient requires imaging but is unable to obtain it then they should escalate to their registrars or consultants as appropriate. All departments have access to consultant cover 24 hours a day (even if they are off site), please use them to get the best for our patients. This is a piece of work that the network will look into in 2022.

#### Trauma Call Activation

- \* Due to perceived or actual fear of unnecessarily disturbing members of the trauma team, trauma team activations are often being delayed or not initiated.
- \* Each quarter the network identifies a number of patient from across the network who have had to go through a Morbidity & Mortality review process, which may have been mitigated by trauma team activation being utilised early. It is far better to maintain a low threshold to activate a trauma team and then quickly 'stand-down' team members if not required.
- \* The current trauma call activation criteria based on a number of validated set of anatomical, physiological and mechanism factors. Remember a trauma team can be activated at any point in the patient's hospital journey if clinical concern exists. The criteria are available on Induction APP and SharePoint under SWTN Infographics.



## Silver Trauma

- \* Silver trauma (or trauma in older people) remains a challenge for all organisations within the network.
- \* Traditional mechanism of injury and kinematics associated with trauma require a much lower threshold for injury suspicion. It can often be the case that symptoms are vague and not classical in their presentation. This can lead to missed diagnoses and poorer outcomes for this cohort of patients.
- \* During this quarter's case quality review meeting, there was a trend in some organisations to consider a two-tier trauma call system. This is currently not supported by the South Wales Trauma Network and currently we cannot advocate deviating from the designated activation criteria. However, the discussion was lively and engaging and as such the network will use the peer review process to explore this as an option in 2022.

## Paediatrics

- \* Both paediatric cases highlighted the importance of raising awareness of secondary transfer pathways. With both pathway 1 (Hyperacute) and pathway 2 (Emergency) transfers being subject to automatic acceptance.
- \* NICE guidance should be followed when requesting and authorising CT imaging of the head.
- \* Paediatric head injury patients going to CT scan should have their airway protected; or be accompanied by someone who can manage an airway in an emergency
- \* A paediatric case highlighted the importance of initiating a trauma call as a delayed action during the patient's journey. This is not isolated to the Pre-hospital or Emergency department arena, but also inpatient settings, when further information becomes available.
- \* Secondary transfers into the MTC should all go via the Emergency Department unless the surgeons want them to go straight to theatre because the required surgery is time critical.

**Our mission statement:**  
"Saving Lives, Improving Outcomes, Making a Difference"

## Secondary and Tertiary Trauma Surveys

- \* Major trauma practice over the past 20 years has changed significantly. As a group of interested parties we have been increasingly organised and structured to provide the best care current evidence allows. The network would like to take this opportunity to thank you all for your efforts.
- \* The trauma booklets developed by the network and are comprehensive. Frequently TRiDS (trauma DATIX reports) are submitted for patients with missed or mismanaged injuries that would have been discovered during a full secondary trauma survey. Please can we encourage compliance with the secondary survey process and ensure all trauma team leaders ensure a designated person perform this valuable adjunct in trauma care as part of ED management.
- \* The tertiary trauma survey is a patient evaluation that identifies and catalogues all injuries after the initial resuscitation and any subsequent emergent operative interventions. It is a comprehensive review of the medical record with emphasis on the mechanism of injury and pertinent co-morbid factors. The survey includes the repetition of the primary and secondary surveys, a review of all laboratory data, and a review of all related radiographic studies. Any new physical findings require further studies to rule out missed injuries.
- \* The timing of this survey typically occurs within 24 hours of admission and is repeated when the patient is awake, responsive, and able to communicate any complaints. It can be documented initially in the trauma booklet.
- \* It is the responsibility of the lead admitting specialty to ensure tertiary surveys are completed in all patients who are TARN eligible, until the patient is able to comply with commands or reaches 14 days post injury.



Please note that the next Adult & Paediatric Case Quality Review will be held at Governance Day on Thursday 24th March 2022





## Appendix 2- GREATix



Achub bywydau  
Gwella canlyniadau  
Gwneud gwahaniaeth

Saving lives  
Improving outcomes  
Making a difference

# 5 GREATix Submissions

1<sup>st</sup> October 2021-31<sup>st</sup> December 2021



GIG  
CYMRU  
NHS  
WALES

Rhwydwaith Trawma  
De Cymru  
South Wales  
Trauma Network

## 2 LEADERSHIP & SUPPORT



Hywel Dda recently had an ITU-to-ITU Major Trauma repatriation. The patient had significant a head injury on top of a complex medical background. The patient was repatriated for further ICU care closer to home and to continue weaning from multi organ support. The rehabilitation prescription on transfer provided good insight to the patient's injuries, management to date and offered support with ongoing management.



## 1 COMMUNICATIONS

Last minute discussions to ensure patients are allocated the correct bed in their local Health Board. All under the ever-present pressure of bed management and transport deadlines

The site management team have been responsibility for facilitating two repatriations from the MTC in two days whilst running a hospital under significant pressure. They recognised the Major Trauma Network pathways and explored all possible option to repatriate the patients. Both patients were provided with appropriate beds identified in a timely manner despite the ongoing pressures.

The team are very grateful for the ongoing support that benefits patients in being closer to home.



Icons by icons8.com

## 2 TEAMWORK





<b>Report Title</b>	<b>All Wales Individual Patient Funding Request (IPFR) Panel Update</b>	<b>Agenda Item</b>	3.7		
<b>Meeting Title</b>	<b>Joint Committee</b>	<b>Meeting Date</b>	15/03/2022		
<b>FOI Status</b>	Public				
<b>Author (Job title)</b>	Committee Secretary & Head of Corporate Services				
<b>Executive Lead (Job title)</b>	Managing Director, Specialised And Tertiary Services Commissioning				
<b>Purpose of the Report</b>	The purpose of this report is to provide the Joint Committee (JC) with an update regarding proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel. The report also proposes that an engagement process is undertaken related to future changes to the ToR as well as arrangements for a strengthened governance structure for the Joint Committee's sub-committee.				
<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s):</b>  Members are asked to: <ul style="list-style-type: none"><li>• <b>Note</b> the progress made and the proposed changes to the All-Wales IPFR WHSSC Panel Terms of Reference (ToR), which are being discussed with Welsh Government,</li><li>• <b>Note</b> the progress made following discussions with Welsh Government regarding urgent changes to the existing NHS Wales Policy "Making Decisions on Individual Funding Requests (IPFRs)",</li><li>• <b>Support</b> that the WHSS Team undertake an engagement process around proposals to change the All-Wales IPFR WHSSC Panel ToR; and</li><li>• <b>Approve</b> an uplift to the Direct Running Costs (DRC) budget by £57K per annum to fund the additional governance resource within WHSSC.</li></ul>					

# INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL UPDATE

## 1.0 SITUATION

The purpose of this report is to provide the Joint Committee (JC) with an update regarding proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel. The report also proposes that an engagement process is undertaken on future changes to the ToR as well as arrangements for a strengthened governance structure for the Joint Committee's sub-committee.

## 2.0 BACKGROUND

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

There are both longstanding issues and risks arising from the COVID-19 pandemic related to the terms of reference (ToR) of the All Wales IPFR Panel and a report was submitted to the JC on the 10 November 2020 requesting that the ToR be amended. The report outlined that lessons should be learned from the agile governance methods adopted during the pandemic and in particular the strengthened Chair's Action process used between March 2020 and March 2021. The JC was however unable to approve the changes as the Clinical Director of the All Wales Therapeutics & Toxicology Centre (AWTTC) who chairs the IPFR Quality Assurance (QA) group and the IPFR Managers Group took the view it was in the HB IPFR Panel Chairs jurisdiction to amend the ToR and not the WHSSC JC.

As a result of this intervention, in December 2020, enquiries were made to Welsh Government (WG) concerning the correct process to amend the current All Wales IPFR Panel ToR. Since then, further enquiries have been made to WG to outline the risks and seek advice on how to proceed.

Separate to these issues, on the 3 December 2021 a request for a judicial review in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC & (2) Aneurin Bevan UHB (ABUHB) was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. The basis of this decision was the court's interpretation of the existing NHS Wales Policy Making Decisions on Individual Funding Requests (IPFR's), and legal advice from a Queen's Counsel (QC) Barrister, which indicated that the policy would need to be updated if its original and intended meaning was to be reinstated. The WHSSC legal expert together with the WHSSC Medical Director have provisionally redrafted the policy

to this effect. A direct request was then made to WG for clarity regarding the governance arrangements for both the NHS Wales Policy Making Decisions on Individual Funding Requests (IPFR's) and the All Wales IPFR Panel ToR. The redraft of the policy is 'on hold' by WHSSC until clarity is received from WG, however it stands ready to be considered immediately once clarity is reached.

On the 18 January 2022, a further report was presented to the JC providing an update on the governance issues described above.

### 3.0 ASSESSMENT

#### 3.1 Progress on the actions agreed with Welsh Government (WG)

Following the update given to the JC on the 18 January 2022, the JC requested that the Managing Director, WHSSC write to WG on behalf of the Committee to request an update on progress. A letter was issued on the 21 January 2022, see **Appendix 1** and a letter of response was received from the Chief Pharmaceutical Officer (CPO) on the 17 February 2022, see **Appendix 2**. The letter advises that WG are reviewing the detail of the judgment and are considering:

- the authority of the Joint Committee to update and approve the terms of reference of the Welsh Health Specialised Services Committee All-Wales IPFR Panel,
- The governance process for updating the NHS Wales Policy "Making Decisions on Individual Funding Requests (IPFR's); and
- Consideration of a wider review of the both the policy and governance framework of IPFR panels in Wales.

Given that WHSSC still has a requirement to convene the All-Wales IPFR panel, there is a significant risk in operating the panel whilst the terms of reference have not been updated and the unchanged policy is still extant.

#### 3.2 Risks and risk management

IPFR governance has been identified as a risk on the WHSSC Corporate Risk Assurance Framework (CRAF) and has been escalated from 16 to 20 following the judgment handed down in the Judicial Review case in December 2021. The risks associated with the current operating framework for the All-Wales IPFR panel relate to:

1. The risk of further Judicial Review proceedings due to weaknesses in the decision-making process; and
2. The change in the way the NHS Wales Policy Making Decisions on Individual Funding Requests (IPFR's) criteria are interpreted and the impact on the commissioning position for particular interventions.

The issues underlying these risks relate to:

- The ability to provide a quorate Panel on a reliable basis. This is a longstanding issue, which has been exacerbated both by the growing number of requests arising from the pandemic, and the time now required

to scrutinise each case. Both of these factors have meant it is necessary to increase the frequency of Panel meetings to one meeting per week of approximately 1-2 hours in length, not including preparation and pre-reading,

- The need for a suitably experienced and knowledgeable Chair for this complex and often-contentious role. The current Chair is due to step down in September 2022 and has indicated that the recently increased time commitment required for the smooth functioning of the IPFR process means that this date may need to be brought forward,
- The handling of very complex decision making when the Panel has the large membership required stated in the current policy,
- The need for more detailed consideration by the Panel of the ethical principles underlying decision-making,
- The interpretation of the All-Wales IPFR criteria by the Panel to reflect the more complex definitions laid down by the Court in the judgment handed down on the 3 December 2021,
- The use of the existing IPFR form which has been designed to consider requests for medicines and does not meet the needs of the majority of the All Wales IPFR Panel requests which are for non-medicines; and
- The additional rigour now required in recording the decision in the Panel records.

To ensure that the issues were fully understood the WHSS Team invited an independent QC barrister to sit in on a Panel meeting and provide feedback. The feedback emphasised the importance of effective chairmanship, ensuring a limit on the number of cases considered at each Panel meeting, reducing the Panel size to allow more focused discussion, and that careful interpretation of the IPFR Policy criteria was required with more detailed recording of the Panel's deliberations.

These risks are currently mitigated through the following arrangements:

1. The full Panel has been suspended temporarily, and in January 2022 was replaced by a strengthened Chair's Action Panel, identical to that used earlier in the pandemic. The more streamlined membership allows meetings to be held on a weekly basis that reduces the number of cases considered at each meeting. The situation has been reviewed on a monthly basis, and the arrangement has been extended until the end of March 2022. The arrangement was put in place in response to the letter received from Judith Paget CBE, Chief Executive NHS Wales/Director General Health & Social Services, on the 6 December 2021, concerning system resilience in light of ongoing pressures within HBs related to the pandemic, and in particular staff absence levels, which has presented increasing challenges in achieving quoracy for the panel. There is a pressing need to reinstate the panel when it is anticipated that system pressures will reduce in April 2022,
2. The appointment of a Vice-Chair, which has allowed the meeting frequency to be increased,

3. The level of procedural rigour now demanded by the court has been addressed by providing additional in-house administrative support to the Panel. This involves not only considerably more time input from the WHSSC Patient Care Team who manage both the Prior Approval and IPFR processes but also the addition of a governance advisor from the Corporate Services Team. The advisor provides input into all stages of the Panel process including pre-meeting scrutiny, advice to the Chair and panel members, and support for the recording of the panel outcomes; and
4. Notifying WG, the All-Wales IPFR QA Group and the HB Board Secretaries of the risks, which also apply to HB IPFR Panels. The risks however are lower in HBs because of the much small number of requests received.

It is important to note that the additional administrative support for the Panel is not sustainable and is putting undue pressures on both the Patient Care Team and the Corporate Services Team, which has impacted on their ability to perform their existing duties. Consequently, WHSSC has employed a temporary corporate governance resource to support the team via a recruitment agency.

## 4.0 ALL WALES IPFR PANEL TERMS OF REFERENCE (ToR)

### 4.1 Key principles for consideration

To avoid delay whilst the uncertainty regarding the authority to approve changes to the All-Wales IPFR ToR is resolved, the WHSS Team have considered the issues identified above and identified some key principles that would need to be addressed. These are summarised in the table below:

Future recruitment of a suitably experienced and skilled Chair	
Issue	Principle
<p><b>Chair – Person specification.</b></p> <p>The existing Chair is due to step down in 2022. The current ToR states that an Independent Chair will be "<i>from existing members of the NHS organisations' Boards</i>".</p> <p>Advice from the current Chair and feedback from the QC barrister invited to review the Panel process both emphasise the importance of any future Chair requiring a comprehensive skill set. This includes the ability to undertake highly complex reasoning, to have a sound knowledge of the ethical principles underpinning the decision-making process, as well as an ability to effectively manage a meeting with varied membership of health professionals and lay people.</p>	<p>A person specification should be developed which clarifies the relevant skills and experience and there should be widening of the pool from which a Chair could be recruited.</p> <p>We note that in NHS England a lay Chair is often used.</p>

<p><b>Chair - Time commitment</b></p> <p>Currently there is no reference to time commitment.</p> <p>Feedback from the current Chair is that the time commitment is a significant challenge for those with existing roles in NHS HBs. In addition, the time commitment has grown significantly following the Judicial Review. Prior to the pandemic, meetings were held monthly, and then every two weeks and meetings are now held weekly. The current assessment is that meetings would need to be held once per week as a minimum.</p> <p>The WHSSC JC experience of trying to recruit to Independent Members (IMs) has demonstrated that time commitment can be a particular barrier to recruitment.</p>	<p>There should be an explicit agreement regarding the time needed to fulfil the role. It is proposed that a time commitment of 2-3 days per month would be appropriate.</p>
<p><b>Chair - Remuneration</b></p> <p>Currently there is no reference to remuneration in the ToR.</p> <p>To recruit into the post successfully and deliver the requirements identified above, it is likely that remuneration will be required.</p>	<p>The role should be remunerated. It is proposed that remuneration be aligned with that for WHSSC IMs and the Chair of the Welsh Renal Clinical Network (WCRN).</p>
<p><b>The requirement for the Panel to meet sufficiently often to meet growing demand whilst considering fewer cases in each meeting</b></p>	
<p><b>Issue</b></p> <p><b>Membership of the Panel</b></p> <p>Currently the ToR requires representation from each HB at Director Level:</p> <p><i>"A named representative from each of the seven Health Boards who should be a Director or Deputy/Assistant Director, or named deputies of appropriate seniority and experience who can operate in the capacity of the primary representative".</i></p> <p><i>"A further two panel members may be appointed at the discretion of the Chair of the panel, for example a member of the Ethics Committee or a Senior Pharmacist."</i></p>	<p><b>Principle</b></p> <p>It is proposed that the number of members on the Panel should be reduced as well as the number of members required for quoracy. Lay representation continues to be desirable and is in line with current WG policy on citizen involvement.</p> <p>Consideration should be given to the remuneration of lay members to attract a diverse mix of candidates and ensure quoracy given the time commitment required.</p>

<p><i>These members should come from outside the 7 Health Boards and one of which would be nominated as the Vice Chair."</i></p> <p>There are long standing issues regarding quoracy and these have worsened during the pandemic. In addition, the independent review of the Panel by a legal advisor reported that the panel membership was too large to enable effective debate on the complex matters in hand.</p>	
<p><b>Appointment of the Vice Chair</b> The current ToR imply that a Vice Chair should be selected from the NHS but from outside of the HBs.</p> <p>This requirement considerably restricts eligibility to other NHS bodies, for example, the previous Vice Chair was the Chair of Health Education &amp; Improvement Wales (HEIW), and the current Chair is the Medical Director of the NHS Wales Shared Services Partnership (NWSSP). In the past, the lack of a Vice Chair has resulted in a significant number of meetings being cancelled.</p>	<p>It is proposed that two Vice Chairs be appointed from the Panel membership.</p>
<p><b>The need to ensure that the Panel members are sufficiently trained and experienced to undertake the IPFR assessment of requests in the light of the new definitions set down by the Court</b></p>	
<p><b>Issue</b></p>	<p><b>Principle</b></p>
<p>The recent Judicial Review has increased the complexity of decision-making and increased the need for a suitably experienced and appropriately trained membership of the Panel.</p> <p>Currently the ToR require representation from each HB. This arrangement results in a high turnover of membership such that members are unable to develop sufficient expertise. This issue is compounded by the specialist nature of the requests considered by the Panel, the majority of which are for complex non-medicine interventions. In addition, the All-Wales Panel considers more requests than all of the HB panels combined.</p>	<p>Recruitment of Panel members from HBs should be based on skill set, interest, and ability to meet the meeting schedule.</p> <p>It is proposed that two pools of members are appointed to ensure that sufficient members are available for weekly meetings.</p> <p>All Panel Members receive an induction programme and training in IPFR methodology, and when complex clinical,</p>

The basis of the requirement for each HB to be represented on the Panel is unclear. The role of Panel members is to assess requests against the policy and the requirement for HB representation risks confusing the role of the member and creating a conflict of interest.	ethical or scientific matters are under consideration access will be made available to specialist support and advice on complex clinical, ethical or scientific matters.
<b>Issues not addressed in the current ToR</b>	
<b>Issue</b>	<b>Principle</b>
<b>Members' Interests During Meetings</b>	The ToR should be strengthened to make explicit reference for the need to for all members to declare any personal or prejudicial interests relating to the discussions of the panel.
<b>Situations where the Panel cannot reach consensus</b>	The ToR should provide for those situations where consensus cannot be reached by the panel.
<b>Committee Secretariat and Support for Panel members</b>	The ToR should include the need for procedural guidance for the IPFR process and meetings.

## 4.2 Next Steps

### 4.2.1 Engagement on the Principles

To avoid unnecessary delay in addressing the risks related to the All-Wales IPFR Panel ToR it is proposed that the WHSS Team engage with the HB Board Secretaries' Peer Group and the IPFR QA Group regarding the principles described above. The WHSS Team will then collate the feedback in readiness for a formal process to update the ToR.

### 4.2.2 Sustainable Resource & Capacity

To continue to mitigate the risks inherent in the IPFR process, which were exacerbated by the recent interpretation by the Court of the All-Wales IPFR Policy, it will be necessary to provide a more sustainable arrangement for providing governance support for the All-Wales IPFR Panel. In order to achieve this WHSSC has had to proceed at financial risk by appointing an additional temporary Corporate Governance Officer role via a recruitment agency, and therefore requests that the Joint Committee approve the required uplift to the Direct Running Costs (DRC) budget to provide long term funding for this additional post within WHSSC. The annual cost will be



£57K per annum and needs to be seen in the context of the level of financial and reputational risks that are to be mitigated. As a reference point, the total value of the wider IPFR budget is now £61.5m per annum and the recent Judicial Review cost in excess of £60,000 in legal fees alone.

#### 4.2.3 IPFR HB Support

It is relevant to note that the risks also apply to HB IPFR panels, and it is suggested that the WHSSC governance team could provide support and links to IPFR Panels within HBs via the HB governance arrangements if required.

## 5.0 RECOMMENDATIONS

Members are asked to:

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

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance Choose an item. Choose an item.
<b>Link to Integrated Commissioning Plan</b>	
<b>Health and Care Standards</b>	Governance, Leadership and Accountability Choose an item. Choose an item.
<b>Principles of Prudent Healthcare</b>	All
<b>NHS Delivery Framework Quadruple Aim</b>	People in Wales have improved health and well-being with better prevention and self-management Choose an item. Choose an item. Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	A national IPFR quality function is in place to support the IPFR panel to ensure quality and consistency. The quality function provides quality assurance around the decision-making of panels and promotes consistency across Wales.
<b>Finance/Resource Implications</b>	The level of procedural rigour which the court is now demanding of NHS bodies will involve significantly more NHS resources being expended on IPFR processes in future and may impact the DRC budget. This report outlines the rational for additional resource.
<b>Population Health</b>	No adverse implications relating to population health have been identified.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	In accordance with the legal and regulatory framework for NHS decision making, Health Boards must be able to demonstrate that their decisions are within their lawful powers and comply with their legal obligations. In terms of the exercise of their powers, they must demonstrate that in the decision-making process they have not taken any irrelevant considerations into account, but have taken into account all relevant issues, giving them appropriate weight, and that their decisions are rational, logical, lawful and proportionate. The level of procedural rigour that the court is now demanding of NHS bodies will also involve

	significantly more NHS resources being expended on ensuring that there is an accurate record of the panel's discussions. No adverse implications relating to Human Rights, equality and diversity have been identified. The IPFR policy aims to ensure that there is a clear and open mechanism for making decisions that are fair, open and transparent.
<b>Long Term Implications (incl WBFG Act 2015)</b>	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.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	<p><b>28 February 2022 - Integrated Governance Committee</b> – verbal discussion when scrutinising the Corporate Risk Assurance Framework (CRAF).</p> <p><b>18 January 2022 – Joint Committee</b> – update on discussion with Welsh Government following the IPFR Judicial review. Request for a letter to be issued to WG to confirm the position.</p> <p><b>9 November 2021 - Joint Committee</b> – it was agreed that the Deputy Director of NHS Wales to make enquiries with Welsh Government.</p> <p><b>12 October 2021 – Integrated Governance Committee</b> – verbal discussion</p> <p><b>10 November 2020</b> - requesting to update the ToR, not approved and the Clinical Director of All Wales Therapeutics &amp; Toxicology Centre (AWTTC) who chairs the IPFR Quality Assurance (QA) group and the NHS Wales IPFR Managers Group took the view it was in their jurisdiction to amend the ToR and that WHSSC could not update its own ToR. WHSSC approached Welsh Government (WG) for guidance on how to proceed in December 2020.</p>
<b>Appendices</b>	<p><b>Appendix 1</b> – Letter from Dr Sian Lewis, WHSSC to Welsh Government, IPFR Process – 21 January 2022</p> <p><b>Appendix 2</b> – Letter from the Chief Pharmaceutical Officer to WHSSC 17 February 2022</p>



GIG  
CYMRU  
NHS  
WALES

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

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

Professor Chris Jones  
Deputy Chief Medical Officer for Wales  
Welsh Government

Dear Chris,

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

With reference to our meeting to discuss the governance process for Individual Patient Funding Requests (IPFR) on the 17 December 2021, during which we discussed the appropriate governance processes for updating the All Wales IPFR policy and the All Wales IPFR Panel Terms of reference, the Joint Committee (*"the Committee"*) received a progress report on the [18 January 2022](#) and noted:

- The proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel;
- The recent Judicial Review of an All Wales IPFR Panel decision; and
- The outcome of a meeting with Welsh Government on the 17 December 2021 to discuss the governance arrangements of the All Wales IPFR Panel (the 'Panel'), including the authority of JC to amend the ToR of the Panel,

I am writing to you at the request of the Committee to ask for formal written confirmation and guidance from Welsh Government to confirm:

- that the Joint Committee has authority to update and approve the ToR for the All Wales IPFR Panel, as one of its sub-committees,
- the governance process for updating the All Wales IPFR policy, and
- if in light of the recent Judgement handed down in the judicial review concerning an All Wales IPFR Panel decision, the apparent ambiguity regarding the governance arrangements of the current IPFR process and because the last Policy review was almost 5 years ago, whether consideration is now being given to undertaking a wider review of the both the Policy and governance framework of IPFR panels in Wales.

As you will know, this is a matter of significant risk to WHSSC and now appears on our Corporate Risk Assurance Framework (CRAF). Nick Wood, Interim Deputy

Welsh Health Specialised Services Committee  
Unit G1, The Willowford  
Main Avenue, Treforest Industrial Estate  
Pontypridd CF37 55YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru  
Uned G1, Y Willowford  
Prif Rhodfa, Ystad Ddiwydiannol  
Pontypridd CF37 55YL

**Chair/Cadeirydd:** *Kate Eden*

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

Chief Executive NHS Wales was in attendance at the JC meeting and is aware of the discussions.

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

Yours Sincerely,



**Dr Sian Lewis**

**Managing Director**

Cc

Andrew Evans, Chief Pharmaceutical Officer, Welsh Government

Nick Wood, Interim Deputy Chief Executive NHS Wales

Joint Committee Members

Jacqui Evans, Committee Secretary & Head of Corporate Services

---

Welsh Health Specialised Services Committee  
Unit G1, The Willowford  
Main Avenue, Treforest Industrial Estate  
Pontypridd CF37 55YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru  
Uned G1, Y Willowford  
Prif Rhodfa, Ystad Ddiwydiannol  
Pontypridd CF37 55YL

**Chair/Cadeirydd:** *Kate Eden*

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

**Prif Swyddog Fferyllol**  
**Chief Pharmaceutical Officer**



Dr Sian Lewis  
Managing Director  
Welsh Health Specialised Services Committee

By email to: [Jacqueline.evans8@wales.nhs.uk](mailto:Jacqueline.evans8@wales.nhs.uk)

17 February 2022

Dear Sian,

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

Thank you for your letter dated 21 January 2022 to the Deputy Chief Medical Officer, who has passed it to my team for consideration.

This response is to note your request for formal written confirmation and guidance from Welsh Government on the following points:

- The authority to update and approve the terms of reference of the Welsh Health Specialised Services Committee IPFR Panel;
- The governance process for updating the All Wales IPFR policy; and
- Consideration of a wider review of the both the policy and governance framework of IPFR panels in Wales.

The current policy was developed following an independent review of the IPFR processes within health boards and WHSSC, and was subject to extensive scrutiny and consultation. In general the quality assurance processes for the policy implemented in light of the review, indicate overall the policy works well. Regardless of the where the authority to amend the policy rests, Ministers will wish to ensure it continues to work for patients.

It is important any potential changes to the policy are properly tested and all health boards have the opportunity to consider and contribute to any changes. We are reviewing the detail of the judgement and considering the specific points raised in your letter.

We are grateful for your patience whilst this process is underway and will write with further detail in due course.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Evans', enclosed within a thin black rectangular border.

**Andrew Evans**

Prif Swyddog Fferyllo/Chief Pharmaceutical Officer  
Llywodraeth Cymru/Welsh Government

Cc:

Kate Eden, Welsh Health Specialised Services Committee

Nick Wood, Interim Deputy Chief Executive NHS Wales

Natalie Proctor, Interim Head of Pharmacy and Prescribing, Welsh Government

Chris Jones, Deputy Chief Medical Officer, Welsh Government

Pat Vernon, Head of Major Health Conditions, Welsh Government

Anthony Davies, Major Health Conditions Senior Policy Manager, Welsh Government

<b>Report Title</b>	<b>Corporate Risk Assurance Framework (CRAF)</b>	<b>Agenda Item</b>	3.8
<b>Meeting Title</b>	<b>Joint Committee</b>	<b>Meeting Date</b>	15/03/2022
<b>FOI Status</b>	Open/Public		
<b>Author (Job title)</b>	Corporate Governance Manager and Risk and Assurance Officer		
<b>Executive Lead (Job title)</b>	Committee Secretary		

<b>Purpose of the Report</b>	The purpose of this report is to present the updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.				
<b>Specific Action Required</b>	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:

- **Approve** the updated Corporate Risk Assurance Framework (CRAF), and
- **Note** that a follow up risk management workshop will be held in summer 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.



# **CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)**

## **1.0 SITUATION**

The purpose of this report is to present the updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

## **2.0 BACKGROUND**

WHSSC is committed to developing and implementing a Risk Management Strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Integrated Commissioning Plan (ICP). The strategy is applied alongside other key management tools, such as performance, quality and financial reports, to provide the Joint Committee (JC) with a comprehensive picture of the organisation's risk profile.

WHSSC revised its approach to assurance and risk management in April/May 2021 and developed the WHSSC risk management strategy, assessment and scoring to align with the approach undertaken in CTMUHB (our host). The JC agreed the approach, format and content of the Corporate Risk Assurance Framework (CRAF) at its meeting on the 11 May 2021 and receives the CRAF at least twice per year. The in-depth scrutiny and monitoring of corporate risks was delegated to sub-committees in order that they could provide assurance to the JC, through their Committee Update Reports, on the management of its principal risks.

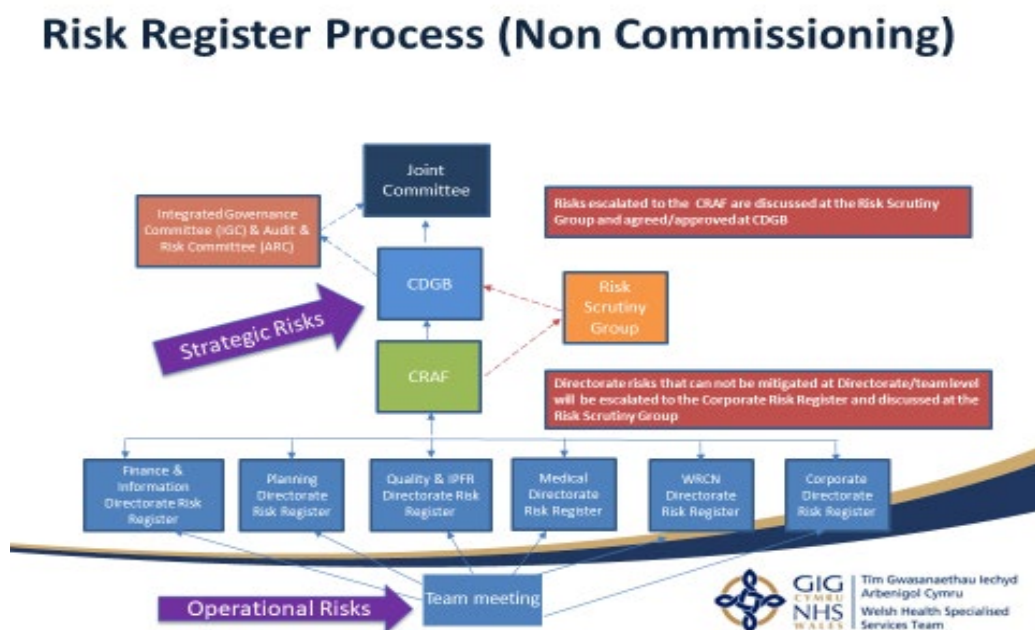
The Executive Directors are responsible for reviewing and discussing their commissioning/corporate risks, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Directors to review controls and ensure appropriate action plans are in place, which might include the development of corporate risk management strategies to manage risk(s). Effective management of these risks enables the organisation to improve its chances of success and reduce the likelihood of failure.

Each directorate risk register is submitted to the newly introduced Risk Scrutiny Group (RSG) on a monthly basis. The membership of the RSG includes Directorate Managers who review and scrutinise the narrative, scores and mitigating actions for each risk. The risks are validated by the RSG and are subject to continuous review by the Executive Director lead for each risk.

Any risks identified as scoring 15 and above are captured on the CRAF and are presented to the CDGB for scrutiny on a monthly basis. The Quality & Patient

Safety Committee (QPSC), the Integrated Governance Committee (IGC) and the Cwm Taf Morgannwg Audit & Risk Committee (ARC) receive the CRAF at each meeting and the Joint Committee receive the CRAF on a six monthly basis for assurance. The infographic outlined in Figure 1 below outlines the governance framework for risk management.

**Figure 1 – WHSSC Risk Management Framework**



The RSG last met on the 31 January 2022, the Group reviewed all of the Directorate Risk Registers and received deep dive session on the Medical Directorate, and the Cancer and Blood Commissioning teams risk registers. The group confirmed that the risks outlined in section 3.2 below required escalation to the CRAF.

This report outlines the actions undertaken to update the CRAF since it was last presented to the Joint Committee on the 9 November 2021 for assurance.

### 3.0 ASSESSMENT

#### 3.1 Risk Summary – January 2022

The CRAF was considered by the RSG on the 1 November 2021, 9 December 2021 and a further meeting took place on 31 January 2022. The CDGB last reviewed the document on the 7 February 2022 and the updated document is presented at **Appendix 1**.

As at January 2022, there are 22 risks on the CRAF. A summary of these risks is outlined below.

### **3.2 Commissioning Risks – January 2022**

There are currently **19** commissioning risks open with a risk score of 15 and above, which are included on the CRAF.

An overview of the changes are outlined below but a more detailed summary of any changes since November 2021 are presented at **Appendix 2**.

#### **3.2.1 New Commissioning Risks**

- **2 new** Cancer & Blood commissioning risks were received during November 2021 – January 2022.

#### **3.2.2 Escalated Commissioning Risks**

- **2** risks in total have been escalated during the period November 2021-January 2022. **1** Mental Health & Vulnerable Group commissioning risk and **1** Women & Children Group commissioning risk was escalated during January 2022.

#### **3.2.3 De-escalated Commissioning Risk**

- **6** risks in total have been deescalated during the period November 2021-January 2022. **1** Neuroscience risk, **1** Cancer and Blood risk and **4** Women & Children risks were de-escalated during November 2021 and January 2022

#### **3.2.4 Closed Risks**

- **7** Neuroscience red risks have been closed during November 2021 and January 2022.

*\*To note - 2 risks were previously given the same reference number of 11*

##### **11 (NCCO51) Sub specialisation for Neuro Oncology Service**

The risk was closed in November 21 by the commissioning team (please see **Appendix 2**)

##### **11 (MH/21/06) Bed Capacity Mental Health Patients**

The risk was removed in error in the October 21 version of the CRAF. The risk remains open and has been given a new reference number.

### 3.3 Organisational Directorate Risks – January 2022

There are currently **3** organisational risks open with a risk score of 15 and above, which are included on the CRAF.

As a consequence of reviewing directorate risk registers, the CDGB agreed to add 1 organisational risk during November – January 2022. In January 2022, the CDGB approved the escalation of the Individual Patient Funding Request (IPFR) risk from 16 to 20 and agreed to add an additional risk concerning the new Priority delivery Measures introduced by Welsh Government.

- **Risk 28 (CS/03) Workforce Demand and Capacity** - The risk was identified as cross cutting issue across directorates and had initially scored 20 but was reduced to 16 as a number of immediate actions had been taken to mitigate the risk, including the Joint Committee approving an increase the Direct Running Costs (DRC) budget to enable additional workforce capacity at its meeting on the 7 September 2021. Whilst the risk has been mitigated and the score has been reduced, it remains a “live” risk as the recruitment of the identified resource will take some months and until staff are recruited and are in post, the remaining WHSSC staff remain under considerable pressure,
- **Risk 29 (CS/08) WHSSC Individual Patient Funding Request (IPFR) Terms of Reference (ToR) and governance** - There is a risk that WHSSC will be unable to comply with the ToR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk of further legal challenges to IPFR decisions following a recent Judicial Review decision. The risk on a page explores in detail the recent activity in relation to the IPFR Risk.
- **Risk 33 (CS/10 CD03) Welsh Government Priority Delivery Measures**  
There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives.

A summary of the commissioning and directorate risks is outlined in table 1 below.

**Table 1 – Summary of Strategic/Organisational risks (15 and above) January 2022**

Directorate	No of Risks 15 and above	New Risks	Escalated/ De-escalated
<b>Corporate Services</b>	<b>3*</b>	A new risk regarding delivery Measures for Welsh Government has been added to the corporate risk register currently rated 20.	<p>A cross cutting risk number CS/03 relating to workforce demand and capacity. This was rated as 20, but is now a corporate risk and had been reduced to 16.</p> <p>A new cross cutting risk number CS/08 – IPFR has been added to the Corporate Services Risk Register and additional narrative around the governance issues have been included. This risk has increased from 16 to 20.</p>
<b>Finance &amp; Information</b>	<b>0</b>	No risks scoring over 15	n/a
<b>Medical Directorate</b>	<b>0</b>	No risks scoring over 15	n/a
<b>Planning/Commissioning</b>	<b>19</b>	No new risks scoring over 15 However, workforce demand and capacity is also relevant to this department.	<p>2 risks escalated (from Amber to Red) MH&amp;VG Team and Women &amp; Children.</p> <p>See Appendix 2 for de-escalated risks.</p>
<b>Quality and IPFR</b>	<b>1*</b>	No New risks	The IPFR risk was escalated from 16 – 20 during January 2022.

<b>Welsh Renal Clinical Network (WRCN)</b>	<b>0</b>	No risks scoring over 15	N/A
Total	<b>22</b>	N/A	N/A

The full Corporate Risk Register and risk schedules are presented at **Appendix 1** for information.

A summary of all of the directorate risk scores is outlined in **Table 2** below.

\*The IPFR risk appears on the Quality, IPFR, and Corporate Services Directorate Risk Registers, as it is a cross directorate risk. It is counted as one risk on the CRAF.

**Table 2 - Summary of Risk Assessment Scores**

<b>Risk Analysis</b>	<b>No of Risks Sep/Oct 2021 (after the workshop)</b>	<b>No of Risks November 2021</b>	<b>No of Risks December 2021</b>	<b>No of Risks January 2022</b>
<b>Red 15-25</b> Extreme Risk <i>*Any risk rated as 15 and above is included on the CRAF</i>	29	22	22	22
<b>Amber 8-12</b> High Risk	20	20	16	16
<b>Yellow 4-6</b> Moderate Risk	2	2	1	1
<b>Green 1-3</b> Low Risk	0	0	0	0

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

## **4.0 GOVERNANCE AND RISK**

An update on the CRAF was provided to the CTMUHB Audit and Risk Committee (ARC) on the 24 February 2022 and the updated document will be submitted ARC meeting in April 2022.

Following the risk workshop held in September 2021 a further risk management workshop will be held in summer 2022 to review how the RSG process is working,

to consider risk appetite and tolerance levels across the organisation and to discuss developing a Joint Assurance Framework (JAF).

An internal audit on WHSSC's risk management process is being undertaken on the 16 March 2022.

## 5.0 RECOMMENDATIONS

Members are asked to:

- **Approve** the updated Corporate Risk Assurance Framework (CRAF), and
- **Note** that a follow up risk management workshop will be held in summer 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance Choose an item. Choose an item.
<b>Link to Integrated Commissioning Plan</b>	Implementation of agreed ICP
<b>Health and Care Standards</b>	Safe Care Effective Care Governance, Leadership and Accountability
<b>Principles of Prudent Healthcare</b>	Only do what is needed Reduce inappropriate variation Choose an item.
<b>Institute for HealthCare Improvement Quadruple Aim</b>	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in WHSSC.
<b>Finance/Resource Implications</b>	The risks outlined within this report have resource implications which are being addressed by each respective Executive Director lead and taken into consideration as part of the WHSSC Integrated Commissioning Plan (ICP) processes.
<b>Population Health</b>	There are no immediate adverse population health implications.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.
<b>Long Term Implications (incl WBFG Act 2015)</b>	The robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC consider the long-term impact of decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
<b>Report History (Meeting/Date/</b>	<b>14.02.2022</b> - Corporate Directors Group Board (CDGB) – Approved,



<b>Summary of Outcome</b>	<b>24.02.2022</b> – CTMUHB Audit & Risk Committee (ARC) – noted the verbal update, <b>28.02.2022</b> – Integrated Governance Committee – Approved.
<b>Appendices</b>	Appendix 1 – Corporate Risk Assurance Framework (CRAF) Appendix 2 – Risk Activity from November 2021- January 2022



## **Corporate Risk Assurance Framework (CRAF) January 2022**

1. Dashboard of Risk

Impact	5			03 Plastic Surgery Delays 17 Waiting Times Weight Loss surgery 19 Obesity Surgery Standards 20 Waiting Times Cardiac Surgery 24 Access to Care for Children with LD 25 Delayed Treatment Welsh Gender Service	23 Access to Care Adults with a LD	
	4				06 Paediatric patients waiting for surgery 09 Theatre capacity neurosurgery patients 18 Cardiac surgery in Swansea 21 CAMHS 22 FACTS 27 Neonatal Cots 28 Workforce Demand and Capacity 30 Major Burns ITU 31 HCC South Wales 32 <b>ESCALATED RISK</b> Increase in referrals for adults with an eating disorder 34 <b>ESCALATED RISK</b> lack of paediatric intensive care bed 35 Lack of available beds for mental health patients	26 Neuropsychiatry patients waiting times 29 WHSSC IPFR Governance 33 <b>NEW RISK</b> Welsh Government Priority Delivery Measures
	3					
	2					
	1					
		1	2	3	4	5
CXL		Likelihood				

## 2. Summary of Risks

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
<b>3</b> (CB03) (formerly CH018) <b>Cancer &amp; Blood</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Plastic Surgery Delays</b> There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.	15	15	6	Risk score remains the same ↔	14/01/22	18/02/22	Joint Committee	Director of Planning
<b>6</b> P/21/10 <b>Women &amp; Children</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Paediatric patients waiting for surgery</b> There is a risk that paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.	16	16	4	Risk score remains the same ↔	12/01/2022	23/02/2022	Joint Committee	Director of Planning
<b>9</b> NCC049 <b>Neurosciences</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>South Wales neurosurgery waiting times</b> <i>There is a risk</i> that the providers for south Wales neurosurgery cannot meet the waiting times target <i>due to</i> environmental and workforce issues, <i>with a consequence that</i> patients in south Wales are waiting in excess of the agreed waiting times for Neurosurgery which has the risk of them having to undergo unnecessary repeated radiological scans.	16	16	4	Risk score remains the same ↔	24/01/22	28/02/22	Joint Committee	Director of Planning
<b>17</b> CT045 <b>Cardiac</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Weight Loss Surgery</b> There is a risk that patients requiring weight loss surgery will have their treatment delayed or not provided due to the service being categorised as P4 (non-urgent) surgery with a consequence of disease progression of existing morbidities.	15	15	5	Risk score remains the same ↔	11/01/22	03/02/22	Joint Committee	Director of Planning
<b>18</b> CT048 <b>Cardiac</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Cardiac surgery in Swansea</b> There is a risk patients undergoing cardiac surgery in Swansea are at a greater risk of complications as recent evidence from the Getting It Right First Time Review of cardiac services has highlighted a high rate of poor clinical outcomes. Consequently, patients are at risk of harm from practices during surgery and in the post-operative period resulting in long-term morbidity issues.	16	16	5	Risk score remains the same ↔	11/01/22	03/02/22	Joint Committee	Director of Planning
<b>19</b> CT047 <b>Cardiac</b>	Impact on the safety of patients, staff or public (physical/psychological harm)	<b>Tier 4 Obesity Surgery</b> There is a risk to the appropriate commissioning of Tier 4 Obesity Surgery for Wales due to:  1. The current commissioning policy does not meet National Institute for Health and Care Excellence (NICE) guidance.	15	15	5	Risk score remains the same ↔	11/01/22	03/02/22	Joint Committee	Director of Planning

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
	Population Health	2. There are inadequate primary and secondary care pathways in place to support referral for surgery. 3. The current south Wales Provider has historically been unable to meet the current commissioned activity with a consequence that patients who would fit the criteria for surgery will not be able to access the service.								
20 CT046 Cardiac	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Cardiac Surgery Waiting Times</b> There is a risk that people waiting for Cardiac Surgery will have their treatment delayed due to long waiting times with a consequence of deteriorating condition and disease progression.	20	15	5	Risk score remains the same ↔	11/01/22	03/02/22	Joint Committee	Director of Planning
21 MH/21/02 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Children &amp; Adolescent Mental Health Services (CAMHS)</b> There is a risk that tier 4 providers for CAMHS cannot meet the service specification <b>due to</b> environmental and workforce issues, <b>with a consequence that</b> children could abscond/come to harm. (Ty Llidiard)	16	16	8	Risk score remains the same ↔	24/01/22	03/03/22	Joint Committee	Director of Finance
22 MH/21/05 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Forensic Adolescent and Consultation Treatment Service (FACTS)</b> There is a risk to the appropriate commissioning of a FACTs service in Wales Due to fragility to the staffing model, which, consequently, may result in inadequate services for children.	16	16	6	Risk score remains the same ↔	24/01/22	03/03/22	Joint Committee	Director of Finance
23 MH/21/08 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Access to Care Adults Learning Disability</b> There is a risk that adults with a learning disability will not have access to appropriate care and treatment <b>due to</b> the lack of secure MH beds in Wales and a reduction in access to beds in England. <b>The consequence</b> is that patients may be inappropriately placed with the potential to receive sub-optimal care	15	20	3	Risk score remains the same ↔	24/01/22	03/03/22	Joint Committee	Director of Planning
24 MH/21/09 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Access to care for Children's Learning Disability</b> There is a risk that children with a learning disability will not have access to appropriate care and treatment <b>due to</b> the lack of secure MH beds in Wales and a reduction in access to beds in England. <b>The consequence</b> is that patients may be inappropriately placed with the potential to receive sub-optimal care	15	15	12	Risk score remains the same ↔	24/01/22	03/03/22	Joint Committee	Director of Planning
25 MH/21/12 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public	<b>Delayed Treatment Welsh Gender Service</b> There is a risk that people waiting to be seen in the Welsh Gender service (both adults and children) will have their treatment delayed <b>due to</b> service waiting	6	15	4	Risk score remains the same ↔	24/01/22	03/03/22	Joint Committee	Director of Planning

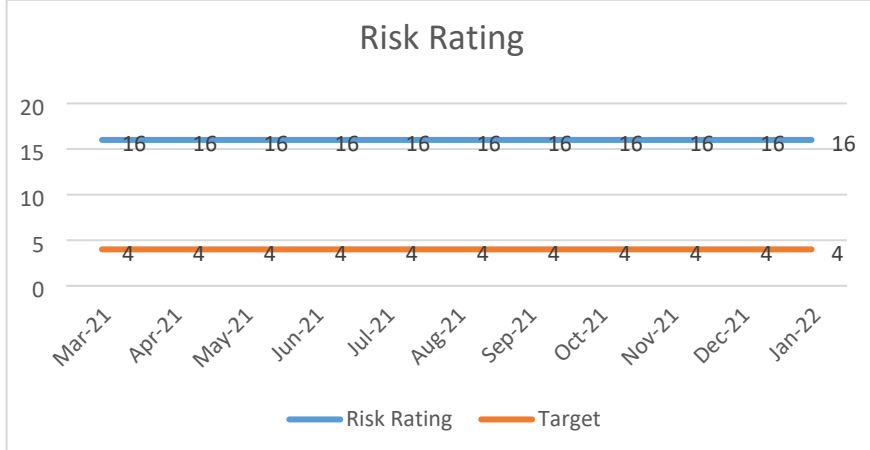
Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
	(physical/psychological harm) Population Health	times with a <i>consequence</i> of deteriorating mental health.								
<b>26</b> NCC046  <b>Removed from Neuroscience register and to be monitored via MH&amp;VG</b> July 21	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Neuropsychiatry patients waiting times</b> There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support, due to staffing issues. The consequence patients will have long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.	20	20	4	Risk score remains the same ↔	24/01/22	03/03/22	Joint Committee	Director of Planning
<b>27</b> P/21/15 <b>Women &amp; Children</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Neonatal Cots</b> There is a risk that the Neonatal service in Cardiff & Vale are unable to open the commissioned number of cots due to staffing shortages, and as a consequence babies will need to be transferred to other units in Wales or transferred to NHS England	20	16	4	Risk score remains the same ↔	12/01/2022	23/02/2022	Joint Committee	Director of Planning
<b>28</b> (CS/03 PT/02) <b>Corporate Services</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>WHSSC Workforce Demand</b> <i>There is a risk</i> that WHSSC is unable to keep up with increasing work demand due to increasing workloads with existing portfolios as a consequence we will have insufficient capacity to deliver the plan. This will affect the ability to recruit, retain and engage staff.	20	16	4	Risk score remains the same ↔	31/01/2022	February 2022	Joint Committee	Committee Secretary/ Head of Corporate Services
<b>29</b> (CS/08 CD02) <b>Quality and IPFR/Corporate Services</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>WHSSC IPFR ToR and Governance</b> There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.	16	20	4	Risk score escalated from 16 to 20 Jan 22 ↑	31/01/2022	February 2022	Joint Committee	Director of Nursing Committee Secretary/ Head of Corporate Services
<b>30</b> CB04 <b>Cancer &amp; Blood</b>	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Major Burns ITU</b> There is a risk that patients are not being treated in a timely and/or appropriate way due to the closure of the major burns ITU at SBUHB and as a consequence this could lead to poorer patient outcomes	16	16	4	New risk	14/01/22	18/02/22	Joint Committee	Director of Planning
<b>31</b> CB05 <b>Cancer &amp; Blood</b>	Impact on the safety of patients, staff or public	<b>HCC South Wales</b> There is a risk that patients with HCC in south Wales are not being treated in a timely way. Due to lack of capacity (consultant time) and imaging availability in	16	16	4	New risk	14/01/22	18/02/22	Joint Committee	Director of Planning

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
	(physical/psychological harm) Population Health	the HCC MDT and as a consequence could lead to poorer patient outcomes.								
<b>32</b> MH/21/11 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Adults with an Eating Disorder</b> There is a risk that referrals for adults with an eating disorder/disordered eating, will increase <i>due to</i> COVID-19. <i>The consequence</i> is that additional placements may be needed, and admissions delayed <i>due to</i> the absence of ED beds in Wales	10	16	4	Risk Score escalated January 22 ↑	24/01/22	03/03/22	Joint Committee	Director of Planning
<b>33</b> (CS/10 CD03) Corporate Services	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Welsh Government Priority Delivery Measures</b> There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives	20	20	6	NEW RISK	26/01/2022	February 2022	Joint Committee	Director of Nursing Committee Secretary/ Head of Corporate Services
<b>34</b> P/21/02 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Lack of Paediatric Intensive Care Beds</b> <i>There is a risk</i> that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required <i>due to</i> constraints within the service. <i>There is a consequence</i> that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.	12	16	4	Risk score escalated from 12 to 16 ↑	12/01/2022	23/02/2022	Joint Committee	Director of Planning
<b>35</b> MH/21/06 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Bed Capacity Mental Health Patients</b> <i>There is a risk</i> that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement	9	16	6	Risk score remains the same ↔	24/01/22	03/03/22	Joint Committee	Director of Planning

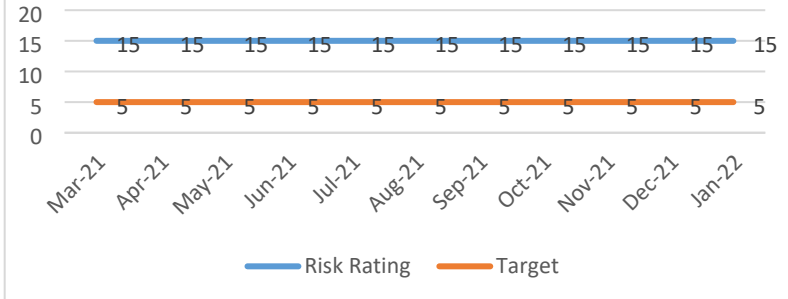
4. Risk Schedules – Risk on a Page

<b>Risk Ref: 3 – Plastic Surgery Delays (CB03)</b> Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																																														
<b>Risk:</b> There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.		<b>Date Added to Register:</b> 26/02/21 (first identified 17/03/14)	<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																													
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>5x3</td><td>15</td></tr><tr><td>Current</td><td>5x3</td><td>15</td></tr><tr><td>Target</td><td>2x3</td><td>6</td></tr></table>	Initial	5x3	15	Current	5x3	15	Target	2x3	6	<div>Risk Rating</div> <table><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr><tr><td>Mar-21</td><td>15</td><td>6</td></tr><tr><td>Apr-21</td><td>15</td><td>6</td></tr><tr><td>May-21</td><td>15</td><td>6</td></tr><tr><td>Jun-21</td><td>15</td><td>6</td></tr><tr><td>Jul-21</td><td>15</td><td>6</td></tr><tr><td>Aug-21</td><td>15</td><td>6</td></tr><tr><td>Sep-21</td><td>15</td><td>6</td></tr><tr><td>Oct-21</td><td>15</td><td>6</td></tr><tr><td>Nov-21</td><td>15</td><td>6</td></tr><tr><td>Dec-21</td><td>15</td><td>6</td></tr><tr><td>Jan-22</td><td>15</td><td>6</td></tr></table>	Month	Risk Rating	Target	Mar-21	15	6	Apr-21	15	6	May-21	15	6	Jun-21	15	6	Jul-21	15	6	Aug-21	15	6	Sep-21	15	6	Oct-21	15	6	Nov-21	15	6	Dec-21	15	6	Jan-22	15	6	<b>Groups discussed risk during period</b>  Commissioning Group – 12/08/21 Commissioning Group – 09/09/21 Commissioning Team - 12/11/21 Commissioning Team - 10/12/21 Commissioning Team - 14/01/22	
	Initial	5x3	15																																													
Current	5x3	15																																														
Target	2x3	6																																														
Month	Risk Rating	Target																																														
Mar-21	15	6																																														
Apr-21	15	6																																														
May-21	15	6																																														
Jun-21	15	6																																														
Jul-21	15	6																																														
Aug-21	15	6																																														
Sep-21	15	6																																														
Oct-21	15	6																																														
Nov-21	15	6																																														
Dec-21	15	6																																														
Jan-22	15	6																																														
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>Monitor progress against the Recovery Plan from SBUHB</li><li>Breakdown of waiting list by type of surgery and health board has been provided</li></ul>		<b>What actions should we take:</b> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>To monitor progress against the plastic surgery recovery plan via monthly or bi-monthly commissioner assurance meetings with SBUHB.</td><td>LA-Senior Planner</td><td>March 22</td></tr><tr><td>To report on progress against the recovery plan at the Cancer &amp; Blood commissioning team meeting and to CDG as appropriate.</td><td>LA – Senior Planner</td><td>Monthly</td></tr><tr><td></td><td></td><td></td></tr></table>		Action	Lead	Date	To monitor progress against the plastic surgery recovery plan via monthly or bi-monthly commissioner assurance meetings with SBUHB.	LA-Senior Planner	March 22	To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDG as appropriate.	LA – Senior Planner	Monthly																																				
Action	Lead	Date																																														
To monitor progress against the plastic surgery recovery plan via monthly or bi-monthly commissioner assurance meetings with SBUHB.	LA-Senior Planner	March 22																																														
To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDG as appropriate.	LA – Senior Planner	Monthly																																														
<b>Additional comments:</b>																																																



<b>Risk Ref: 6 Paediatric patients waiting for surgery (P/21/10)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																																															
<b>Risk:</b> 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.			<b>Date Added to Register:</b> 24/02/21		<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																													
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td><b>Current</b></td><td><b>4x4</b></td><td><b>16</b></td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table>			Initial	4x4	16	<b>Current</b>	<b>4x4</b>	<b>16</b>	Target	2x2	4	<div>Risk Rating</div>  <table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>16</td><td>4</td></tr><tr><td>Apr-21</td><td>16</td><td>4</td></tr><tr><td>May-21</td><td>16</td><td>4</td></tr><tr><td>Jun-21</td><td>16</td><td>4</td></tr><tr><td>Jul-21</td><td>16</td><td>4</td></tr><tr><td>Aug-21</td><td>16</td><td>4</td></tr><tr><td>Sep-21</td><td>16</td><td>4</td></tr><tr><td>Oct-21</td><td>16</td><td>4</td></tr><tr><td>Nov-21</td><td>16</td><td>4</td></tr><tr><td>Dec-21</td><td>16</td><td>4</td></tr><tr><td>Jan-22</td><td>16</td><td>4</td></tr></tbody></table>			Month	Risk Rating	Target	Mar-21	16	4	Apr-21	16	4	May-21	16	4	Jun-21	16	4	Jul-21	16	4	Aug-21	16	4	Sep-21	16	4	Oct-21	16	4	Nov-21	16	4	Dec-21	16	4	Jan-22	16	4
Initial	4x4	16																																																
<b>Current</b>	<b>4x4</b>	<b>16</b>																																																
Target	2x2	4																																																
Month	Risk Rating	Target																																																
Mar-21	16	4																																																
Apr-21	16	4																																																
May-21	16	4																																																
Jun-21	16	4																																																
Jul-21	16	4																																																
Aug-21	16	4																																																
Sep-21	16	4																																																
Oct-21	16	4																																																
Nov-21	16	4																																																
Dec-21	16	4																																																
Jan-22	16	4																																																
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>Working with HB on post COVID-19 recovery plans</li><li>Quarterly commissioning assurance meetings taking place with provider</li></ul>			<b>What actions should we take:</b>																																															
			<table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Seek recovery plan from the W&amp;C Clinical Board</td><td>W&amp;C Planner</td><td>complete</td></tr><tr><td>Work with provider on understanding the detail within the recovery plan</td><td>W&amp;C Planner</td><td>Quarter 4</td></tr><tr><td>Seek assurance on the clinical management of patients on the waiting list.</td><td>W&amp;C Planner</td><td>Quarter 4</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			Action	Lead	Date	Seek recovery plan from the W&C Clinical Board	W&C Planner	complete	Work with provider on understanding the detail within the recovery plan	W&C Planner	Quarter 4	Seek assurance on the clinical management of patients on the waiting list.	W&C Planner	Quarter 4																																	
Action	Lead	Date																																																
Seek recovery plan from the W&C Clinical Board	W&C Planner	complete																																																
Work with provider on understanding the detail within the recovery plan	W&C Planner	Quarter 4																																																
Seek assurance on the clinical management of patients on the waiting list.	W&C Planner	Quarter 4																																																
<b>Additional comments:</b>																																																		

<b>Risk Ref:9 Theatre capacity neurosurgery patients (NCC049)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			<b>Director Lead: Director of Planning</b> <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																															
<b>Risk:</b> There is a risk that patients in south Wales will have their surgery delayed due to insufficient theatre and inpatient bed capacity to deliver the required commissioned activity that meet the needs of the population with a consequence of deteriorating condition and disease progression			<b>Date Added to Register:</b> 27/01/21		<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																													
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td><b>Current</b></td><td><b>4x4</b></td><td><b>16</b></td></tr><tr><td>Target</td><td>4x1</td><td>4</td></tr></table>		Initial	4x4	16	<b>Current</b>	<b>4x4</b>	<b>16</b>	Target	4x1	4		<div>Risk Rating</div> <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>16</td><td>4</td></tr><tr><td>Apr-21</td><td>16</td><td>4</td></tr><tr><td>May-21</td><td>16</td><td>4</td></tr><tr><td>Jun-21</td><td>16</td><td>4</td></tr><tr><td>Jul-21</td><td>16</td><td>4</td></tr><tr><td>Aug-21</td><td>16</td><td>4</td></tr><tr><td>Sep-21</td><td>16</td><td>4</td></tr><tr><td>Oct-21</td><td>16</td><td>4</td></tr><tr><td>Nov-21</td><td>16</td><td>4</td></tr><tr><td>Dec-21</td><td>16</td><td>4</td></tr><tr><td>Jan-22</td><td>16</td><td>4</td></tr></tbody></table>		Month	Risk Rating	Target	Mar-21	16	4	Apr-21	16	4	May-21	16	4	Jun-21	16	4	Jul-21	16	4	Aug-21	16	4	Sep-21	16	4	Oct-21	16	4	Nov-21	16	4	Dec-21	16	4	Jan-22	16	4	
Initial	4x4	16																																																
<b>Current</b>	<b>4x4</b>	<b>16</b>																																																
Target	4x1	4																																																
Month	Risk Rating	Target																																																
Mar-21	16	4																																																
Apr-21	16	4																																																
May-21	16	4																																																
Jun-21	16	4																																																
Jul-21	16	4																																																
Aug-21	16	4																																																
Sep-21	16	4																																																
Oct-21	16	4																																																
Nov-21	16	4																																																
Dec-21	16	4																																																
Jan-22	16	4																																																
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>Develop an Adult Neurosurgery Service Specification to ensure the service can be monitored against national standards.</li><li>Gateway service review as part of the five year neurosciences strategy</li><li>Neurosciences and complex conditions commissioning team (NCCCT) to monitor the recovery plan and continuing meeting with the team at the Risk and Assurance meetings.</li><li>Full access restored to theatres 12 and 14</li></ul>			<b>What actions should we take:</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Draft Adult Neurosurgery Service Specification to be completed and circulated to the Service Leads for review prior to progressing through the WHSSC Policy approval process.</td><td>Planning Manager</td><td>31/03/22</td></tr><tr><td>Submit Specification to policy group</td><td>Planning Manager</td><td>31/03/22</td></tr><tr><td>Neurosciences gateway review paper will be submitted to February Management Group meeting</td><td>Planning Manager</td><td>28/02/22</td></tr><tr><td>WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. ( Currently the service is operating at 80% of 2 theatres pre-COVID-19 they had access to 100% of the 2 theatres )</td><td>Planning Manager</td><td>Bi-monthly</td></tr><tr><td>Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049</td><td>Planning Manager</td><td>completed</td></tr></tbody></table>			Action	Lead	Date	Draft Adult Neurosurgery Service Specification to be completed and circulated to the Service Leads for review prior to progressing through the WHSSC Policy approval process.	Planning Manager	31/03/22	Submit Specification to policy group	Planning Manager	31/03/22	Neurosciences gateway review paper will be submitted to February Management Group meeting	Planning Manager	28/02/22	WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. ( Currently the service is operating at 80% of 2 theatres pre-COVID-19 they had access to 100% of the 2 theatres )	Planning Manager	Bi-monthly	Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049	Planning Manager	completed																											
Action	Lead	Date																																																
Draft Adult Neurosurgery Service Specification to be completed and circulated to the Service Leads for review prior to progressing through the WHSSC Policy approval process.	Planning Manager	31/03/22																																																
Submit Specification to policy group	Planning Manager	31/03/22																																																
Neurosciences gateway review paper will be submitted to February Management Group meeting	Planning Manager	28/02/22																																																
WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. ( Currently the service is operating at 80% of 2 theatres pre-COVID-19 they had access to 100% of the 2 theatres )	Planning Manager	Bi-monthly																																																
Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049	Planning Manager	completed																																																
<b>Additional comments:</b> <p>Following discussion at the November 21 Commissioning Team meeting it was agreed to incorporate risk NCC050 into NCC049 and reword the risk title.</p> <p>Removed risk - NCCC050 There is a risk that patients will not be able to be admitted due to a lack of additional capital investment to increase bed capacity to align with the increase in theatre capacity, to support the level of referrals into the service and meet national standards for the population of south Wales and as a consequence the service will not meet the national standards for the population of south Wales and patients will not receive timely access to procedures and care</p>																																																		

<b>Risk Ref:</b> 17 Waiting Times Weight Loss Surgery (CT045) <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)			<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																				
<b>Risk:</b> There is a risk that patients requiring weight loss surgery will have their treatment delayed or not provided <b>due to</b> the service being categorised as P4 (non-urgent) surgery with a <b>consequence of</b> disease progression of existing morbidities.			<b>Date Added to Register:</b> 12/08/20		<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																		
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>5x3</td><td>15</td></tr><tr><td>Current</td><td>5x3</td><td>15</td></tr><tr><td>Target</td><td>5x1</td><td>5</td></tr></table>			Initial	5x3	15	Current	5x3	15	Target	5x1	5	<div>Risk Rating</div> 											
Initial	5x3	15																					
Current	5x3	15																					
Target	5x1	5																					
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>Service asked to review all patients on the waiting list and categorise according to the British Obesity and Metabolic Medicine Society guidance.</li><li>Meeting to take place with service to understand and agree a Recovery Plan.</li></ul>			<b>What actions should we take:</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Service to develop a Recovery Plan for discussion with WHSSC.</td><td>SBUHB Associate Service Director</td><td>Complete</td></tr><tr><td>WHSSC have established bi-monthly Risk, Assurance and Recovery meetings with the service to monitor the delivery of the Recovery Plan.</td><td>Planning Manager</td><td>complete</td></tr><tr><td>Monthly monitoring of activity and pathway waits.</td><td>Planning Manager</td><td>complete</td></tr><tr><td>Scope the feasibility of outsourcing patients to NHS England Provider – no scope to outsource to NHS England.</td><td>Planning Manager</td><td>complete</td></tr><tr><td>ABUHB have indicated their interest to become a Provider for bariatric services. WHSSC currently working with ABUHB to scope the feasibility of ABUHB becoming a designated Provider.</td><td>Planning Manager</td><td>31/03/22</td></tr></tbody></table>			Action	Lead	Date	Service to develop a Recovery Plan for discussion with WHSSC.	SBUHB Associate Service Director	Complete	WHSSC have established bi-monthly Risk, Assurance and Recovery meetings with the service to monitor the delivery of the Recovery Plan.	Planning Manager	complete	Monthly monitoring of activity and pathway waits.	Planning Manager	complete	Scope the feasibility of outsourcing patients to NHS England Provider – no scope to outsource to NHS England.	Planning Manager	complete	ABUHB have indicated their interest to become a Provider for bariatric services. WHSSC currently working with ABUHB to scope the feasibility of ABUHB becoming a designated Provider.	Planning Manager	31/03/22
						Action	Lead	Date															
Service to develop a Recovery Plan for discussion with WHSSC.	SBUHB Associate Service Director	Complete																					
WHSSC have established bi-monthly Risk, Assurance and Recovery meetings with the service to monitor the delivery of the Recovery Plan.	Planning Manager	complete																					
Monthly monitoring of activity and pathway waits.	Planning Manager	complete																					
Scope the feasibility of outsourcing patients to NHS England Provider – no scope to outsource to NHS England.	Planning Manager	complete																					
ABUHB have indicated their interest to become a Provider for bariatric services. WHSSC currently working with ABUHB to scope the feasibility of ABUHB becoming a designated Provider.	Planning Manager	31/03/22																					
<b>Additional comments:</b>  WHSSC are now receiving all pathway waiting list data to enable enhanced monitoring and agree any further actions. There is no scope to outsource to NHSE due to capacity and that bariatric surgery is not being classed as high priority There is a delay in being able to progress discussions with ABUHB due to the continued issues with the COVID-19 pandemic and unavailability of staff																							

<b>Risk Ref: 18 Cardiac Surgery Swansea (CT048)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)			<b>Director Lead: Director of Planning</b> <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																						
<b>Risk:</b> There is a risk patients undergoing cardiac surgery in Swansea are at a greater risk of complications as recent evidence from the Getting It Right First Time Review of cardiac services has highlighted a high rate of poor clinical outcomes. Consequently, patients are at risk of harm from practices during surgery and in the post-operative period resulting in long-term morbidity issues.			<b>Date Added to Register:</b> 14/07/21		<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																				
<div><div>Risk Rating (impact x likelihood)</div><table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>5x1</td><td>5</td></tr></table></div>			Initial	4x4	16	Current	4x4	16	Target	5x1	5	<div><div>Risk Rating</div><table><caption>Risk Rating Data</caption><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr><tr><td>Jul-21</td><td>16</td><td>5</td></tr><tr><td>Aug-21</td><td>16</td><td>5</td></tr><tr><td>Sep-21</td><td>16</td><td>5</td></tr><tr><td>Oct-21</td><td>16</td><td>5</td></tr><tr><td>Nov-21</td><td>16</td><td>5</td></tr><tr><td>Dec-21</td><td>16</td><td>5</td></tr><tr><td>Jan-22</td><td>16</td><td>5</td></tr></table></div>			Month	Risk Rating	Target	Jul-21	16	5	Aug-21	16	5	Sep-21	16	5	Oct-21	16	5	Nov-21	16	5	Dec-21	16	5	Jan-22	16	5	<div><b>Groups discussed risk during period</b></div> <div>Commissioning Team 27/07/21 Commissioning Team 25/09/21 Commissioning Team 30/09/21 Commissioning Team 29/10/21 Commissioning Team 30/11/21 Commissioning Team 06/01/22</div>		
Initial	4x4	16																																							
Current	4x4	16																																							
Target	5x1	5																																							
Month	Risk Rating	Target																																							
Jul-21	16	5																																							
Aug-21	16	5																																							
Sep-21	16	5																																							
Oct-21	16	5																																							
Nov-21	16	5																																							
Dec-21	16	5																																							
Jan-22	16	5																																							
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>Consultant only operating whilst a review of the clinical outcomes takes place.</li><li>Mitral Valve surgery to only be undertaken by the two Consultants with a sub-specialist interest in mitral valve surgery.</li><li>Service has established a gold command structure to steer improvement.</li></ul>			<b>What actions should we take:</b> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Service escalated to Stage 4 of the WHSSC Escalation Process.</td><td>Director of Planning</td><td>Complete</td></tr><tr><td>To receive an improvement plan from the service which addresses the clinical outcomes and the 5 process issues highlighted in the report and set out in the GIRFT recommendations by end of July 2021</td><td>Senior Planning Manager</td><td>Complete</td></tr><tr><td>To establish 6 weekly escalation meetings with SBUHB to review progress against the improvement plan</td><td>Senior Planning Manager</td><td>Complete</td></tr><tr><td>Arrange meeting with SBUHB and C&amp;VUHB to discuss interim arrangements for Aorto-vascular service.</td><td>Senior Planning Manager</td><td>Complete</td></tr><tr><td>WHSSC to write to SBUHB following agreement of interim pathway.</td><td>Senior Planning Manager</td><td>31/03/22</td></tr><tr><td>Improvement plan to be monitored through the regular escalation meetings and when data shows improvement consideration will be given to de-escalation</td><td>Senior Planning Manager</td><td>30/04/22</td></tr></table>			Action	Lead	Date	Service escalated to Stage 4 of the WHSSC Escalation Process.	Director of Planning	Complete	To receive an improvement plan from the service which addresses the clinical outcomes and the 5 process issues highlighted in the report and set out in the GIRFT recommendations by end of July 2021	Senior Planning Manager	Complete	To establish 6 weekly escalation meetings with SBUHB to review progress against the improvement plan	Senior Planning Manager	Complete	Arrange meeting with SBUHB and C&VUHB to discuss interim arrangements for Aorto-vascular service.	Senior Planning Manager	Complete	WHSSC to write to SBUHB following agreement of interim pathway.	Senior Planning Manager	31/03/22	Improvement plan to be monitored through the regular escalation meetings and when data shows improvement consideration will be given to de-escalation	Senior Planning Manager	30/04/22															
Action	Lead	Date																																							
Service escalated to Stage 4 of the WHSSC Escalation Process.	Director of Planning	Complete																																							
To receive an improvement plan from the service which addresses the clinical outcomes and the 5 process issues highlighted in the report and set out in the GIRFT recommendations by end of July 2021	Senior Planning Manager	Complete																																							
To establish 6 weekly escalation meetings with SBUHB to review progress against the improvement plan	Senior Planning Manager	Complete																																							
Arrange meeting with SBUHB and C&VUHB to discuss interim arrangements for Aorto-vascular service.	Senior Planning Manager	Complete																																							
WHSSC to write to SBUHB following agreement of interim pathway.	Senior Planning Manager	31/03/22																																							
Improvement plan to be monitored through the regular escalation meetings and when data shows improvement consideration will be given to de-escalation	Senior Planning Manager	30/04/22																																							
<b>Additional comments:</b>																																									

Risk Ref: 19 Obesity Surgery Standards (CT047) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)			Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																															
Risk: There is a risk to the appropriate commissioning of Tier 4 Obesity Surgery for Wales due to: <ul style="list-style-type: none"><li>The current commissioning policy does not meet National Institute for Health and Care Excellence (NICE) guidance.</li><li>There are inadequate primary and secondary care pathways in place to support referral for surgery.</li><li>The current south Wales Provider has historically been unable to meet the current commissioned activity with a consequence that patients who would fit the criteria for surgery will not be able to access the service.</li></ul>			Date Added to Register:24/02/20		Date last reviewed by: Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																													
Risk Rating (impact x likelihood) <table><tr><td>Initial</td><td>5x3</td><td>15</td></tr><tr><td>Current</td><td>5x3</td><td>15</td></tr><tr><td>Target</td><td>5x1</td><td>5</td></tr></table>			Initial	5x3	15	Current	5x3	15	Target	5x1	5	<div>Risk Rating</div> <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>15</td><td>5</td></tr><tr><td>Apr-21</td><td>15</td><td>5</td></tr><tr><td>May-21</td><td>15</td><td>5</td></tr><tr><td>Jun-21</td><td>15</td><td>5</td></tr><tr><td>Jul-21</td><td>15</td><td>5</td></tr><tr><td>Aug-21</td><td>15</td><td>5</td></tr><tr><td>Sep-21</td><td>15</td><td>5</td></tr><tr><td>Oct-21</td><td>15</td><td>5</td></tr><tr><td>Nov-21</td><td>15</td><td>5</td></tr><tr><td>Dec-21</td><td>15</td><td>5</td></tr><tr><td>Jan-22</td><td>15</td><td>5</td></tr></tbody></table>			Month	Risk Rating	Target	Mar-21	15	5	Apr-21	15	5	May-21	15	5	Jun-21	15	5	Jul-21	15	5	Aug-21	15	5	Sep-21	15	5	Oct-21	15	5	Nov-21	15	5	Dec-21	15	5	Jan-22	15	5
Initial	5x3	15																																																
Current	5x3	15																																																
Target	5x1	5																																																
Month	Risk Rating	Target																																																
Mar-21	15	5																																																
Apr-21	15	5																																																
May-21	15	5																																																
Jun-21	15	5																																																
Jul-21	15	5																																																
Aug-21	15	5																																																
Sep-21	15	5																																																
Oct-21	15	5																																																
Nov-21	15	5																																																
Dec-21	15	5																																																
Jan-22	15	5																																																
What controls have we put in place for the risk: <ul style="list-style-type: none"><li>WHSSC Commissioning Policy and Service Specification have been reviewed and updated to reflect the current evidence and guidance.</li><li>WHSSC have commissioned PHW to undertake a review and identify the barriers to accessing the service (work has been delayed due to COVID-19 pandemic).</li><li>WHSSC to undertake further work with current Providers and consider if additional or alternative provider is required to meet the population needs.</li></ul>			What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>The revised WHSSC Commissioning Policy and Service Specification is out for stakeholder consultation.</td><td>Consultant Bariatric Surgeon, SBUHB</td><td>Complete</td></tr><tr><td>WHSSC to undertake further work with current Providers and consider if additional or alternative Provider is required to meet the population needs.</td><td>Planning Manager</td><td>Complete</td></tr><tr><td>WHSSC has asked ABUHB to complete a self-assessment against the service specification to underpin an evaluation of their potential to become a Provider.</td><td>ABUHB</td><td>31/03/22</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			Action	Lead	Date	The revised WHSSC Commissioning Policy and Service Specification is out for stakeholder consultation.	Consultant Bariatric Surgeon, SBUHB	Complete	WHSSC to undertake further work with current Providers and consider if additional or alternative Provider is required to meet the population needs.	Planning Manager	Complete	WHSSC has asked ABUHB to complete a self-assessment against the service specification to underpin an evaluation of their potential to become a Provider.	ABUHB	31/03/22																																	
Action	Lead	Date																																																
The revised WHSSC Commissioning Policy and Service Specification is out for stakeholder consultation.	Consultant Bariatric Surgeon, SBUHB	Complete																																																
WHSSC to undertake further work with current Providers and consider if additional or alternative Provider is required to meet the population needs.	Planning Manager	Complete																																																
WHSSC has asked ABUHB to complete a self-assessment against the service specification to underpin an evaluation of their potential to become a Provider.	ABUHB	31/03/22																																																
Additional comments:  Nov 21 - It was agreed that whilst the Commissioning Policy and Service Spec were not in line with Nice Guidance and the work was ongoing regarding the scope for another provider that the Risk Score should stay the same but kept under review.																																																		

<b>Risk Ref:</b> 20 Waiting Times Cardiac Surgery Treatment (CT046) (Previously CT037 and 38) <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)			<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																															
<b>Risk:</b> There is a risk that people waiting for Cardiac Surgery will have their treatment delayed due to long waiting times with a consequence of deteriorating condition and disease progression.			<b>Date Added to Register:</b> 09/07/2018		<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																													
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>5x4</td><td>20</td></tr><tr><td>Current</td><td>5x3</td><td>15</td></tr><tr><td>Target</td><td>5x1</td><td>5</td></tr></table>			Initial	5x4	20	Current	5x3	15	Target	5x1	5	<div>Risk Rating</div> <table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>20</td><td>5</td></tr><tr><td>Apr-21</td><td>20</td><td>5</td></tr><tr><td>May-21</td><td>20</td><td>5</td></tr><tr><td>Jun-21</td><td>20</td><td>5</td></tr><tr><td>Jul-21</td><td>20</td><td>5</td></tr><tr><td>Aug-21</td><td>20</td><td>5</td></tr><tr><td>Sep-21</td><td>20</td><td>5</td></tr><tr><td>Oct-21</td><td>20</td><td>5</td></tr><tr><td>Nov-21</td><td>15</td><td>5</td></tr><tr><td>Dec-21</td><td>15</td><td>5</td></tr><tr><td>Jan-22</td><td>15</td><td>5</td></tr></tbody></table>			Month	Risk Rating	Target	Mar-21	20	5	Apr-21	20	5	May-21	20	5	Jun-21	20	5	Jul-21	20	5	Aug-21	20	5	Sep-21	20	5	Oct-21	20	5	Nov-21	15	5	Dec-21	15	5	Jan-22	15	5
Initial	5x4	20																																																
Current	5x3	15																																																
Target	5x1	5																																																
Month	Risk Rating	Target																																																
Mar-21	20	5																																																
Apr-21	20	5																																																
May-21	20	5																																																
Jun-21	20	5																																																
Jul-21	20	5																																																
Aug-21	20	5																																																
Sep-21	20	5																																																
Oct-21	20	5																																																
Nov-21	15	5																																																
Dec-21	15	5																																																
Jan-22	15	5																																																
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>Weekend working.</li><li>Extended daytime lists.</li><li>Potential to outsource south Wales patients to Stoke post pandemic.</li><li>Temporary change to TAVI policy to enable patients at intermediate risk to access TAVI instead of SAVR.</li></ul>			<b>What actions should we take:</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Service to develop a Recovery Plan for discussion and agreement with WHSSC.</td><td>General Manager, C&amp;VUHB</td><td>Complete</td></tr><tr><td>WHSSC established risk controls through the bi-monthly Risk, Assurance and Recovery meetings.</td><td>Planning Manager</td><td>Complete</td></tr><tr><td>Scope the potential to outsource to NHSE provider (SBUHB).</td><td>Planning Manager</td><td>Complete</td></tr><tr><td>Close ongoing monitoring (through the Risk, Assurance and Recovery meetings) of the waiting list positions due to the volatility of the numbers of new referrals into to Cardiac Centres. <b>See additional comments below for context.</b></td><td>Planning Manager</td><td>31/03/22</td></tr></tbody></table>			Action	Lead	Date	Service to develop a Recovery Plan for discussion and agreement with WHSSC.	General Manager, C&VUHB	Complete	WHSSC established risk controls through the bi-monthly Risk, Assurance and Recovery meetings.	Planning Manager	Complete	Scope the potential to outsource to NHSE provider (SBUHB).	Planning Manager	Complete	Close ongoing monitoring (through the Risk, Assurance and Recovery meetings) of the waiting list positions due to the volatility of the numbers of new referrals into to Cardiac Centres. <b>See additional comments below for context.</b>	Planning Manager	31/03/22																														
Action	Lead	Date																																																
Service to develop a Recovery Plan for discussion and agreement with WHSSC.	General Manager, C&VUHB	Complete																																																
WHSSC established risk controls through the bi-monthly Risk, Assurance and Recovery meetings.	Planning Manager	Complete																																																
Scope the potential to outsource to NHSE provider (SBUHB).	Planning Manager	Complete																																																
Close ongoing monitoring (through the Risk, Assurance and Recovery meetings) of the waiting list positions due to the volatility of the numbers of new referrals into to Cardiac Centres. <b>See additional comments below for context.</b>	Planning Manager	31/03/22																																																
<b>Additional comments:</b> Jan 22 - Health Boards are reporting a backlog of cardiology outpatients that may convert to a referral into the cardiac surgery services. Whilst the numbers of referrals into the cardiac surgery service have dropped significantly during the pandemic and therefore there has been a reduction in the overall numbers of patients on the waiting list and the length of time they wait for their procedure, there is now a gradual increase in referrals. This requires careful monitoring over the next 3 months to understand the position and make a decision as the whether the risk can be lowered or needs to be increased.																																																		

<b>Risk Ref: 21 CAMHS Service (MH/21/02)</b> Risk Domain: Impact on the safety of patients, staff or public physical/psychological harm) Population Health			<b>Director Lead:</b> Director of Finance <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																																	
<b>Risk:</b> There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Llidiard)			<b>Date Added to Register:</b> 24/02/21		<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																															
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>4x2</td><td>8</td></tr></table>			Initial	4x4	16	Current	4x4	16	Target	4x2	8	<div>Risk Rating</div> <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>16</td><td>12</td></tr><tr><td>Apr-21</td><td>16</td><td>12</td></tr><tr><td>May-21</td><td>16</td><td>12</td></tr><tr><td>Jun-21</td><td>16</td><td>12</td></tr><tr><td>Jul-21</td><td>16</td><td>8</td></tr><tr><td>Aug-21</td><td>16</td><td>8</td></tr><tr><td>Sep-21</td><td>16</td><td>8</td></tr><tr><td>Oct-21</td><td>16</td><td>8</td></tr><tr><td>Nov-21</td><td>16</td><td>8</td></tr><tr><td>Dec-21</td><td>16</td><td>8</td></tr><tr><td>Jan-22</td><td>16</td><td>8</td></tr></tbody></table>			Month	Risk Rating	Target	Mar-21	16	12	Apr-21	16	12	May-21	16	12	Jun-21	16	12	Jul-21	16	8	Aug-21	16	8	Sep-21	16	8	Oct-21	16	8	Nov-21	16	8	Dec-21	16	8	Jan-22	16	8	<div>Groups discussed risk during period</div> <div>Commissioning Team 22/06/21 Commissioning Team 19/07/21 Commissioning Team 25/08/21 Commissioning Team 20/10/21 Commissioning Team 30/11/21 Commissioning Team 24/01/22</div>	
Initial	4x4	16																																																		
Current	4x4	16																																																		
Target	4x2	8																																																		
Month	Risk Rating	Target																																																		
Mar-21	16	12																																																		
Apr-21	16	12																																																		
May-21	16	12																																																		
Jun-21	16	12																																																		
Jul-21	16	8																																																		
Aug-21	16	8																																																		
Sep-21	16	8																																																		
Oct-21	16	8																																																		
Nov-21	16	8																																																		
Dec-21	16	8																																																		
Jan-22	16	8																																																		
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>Check service specification to ensure relevant information is contained and monitor this with the provider</li><li>Monitor training status of the staff</li><li>QAIS regular review</li></ul>			<b>What actions should we take:</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy</td><td>Senior Planning Manager</td><td>March 2022</td></tr><tr><td>Reviewed service specification</td><td>Senior Planning Manager</td><td>Completed</td></tr><tr><td>Monitor training status of the staff by QAIS</td><td>Shane Mills</td><td>March 2022</td></tr><tr><td>QAIS review and feedback outcome at Feb 22 commissioning team meeting</td><td>Shane Mills</td><td>March 2022</td></tr><tr><td>Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.</td><td>Dr Krishna Menon</td><td>Completed</td></tr><tr><td>Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.</td><td>Senior Planning Manager</td><td>March 2022</td></tr></tbody></table>			Action	Lead	Date	NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy	Senior Planning Manager	March 2022	Reviewed service specification	Senior Planning Manager	Completed	Monitor training status of the staff by QAIS	Shane Mills	March 2022	QAIS review and feedback outcome at Feb 22 commissioning team meeting	Shane Mills	March 2022	Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.	Dr Krishna Menon	Completed	Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.	Senior Planning Manager	March 2022																										
Action	Lead	Date																																																		
NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy	Senior Planning Manager	March 2022																																																		
Reviewed service specification	Senior Planning Manager	Completed																																																		
Monitor training status of the staff by QAIS	Shane Mills	March 2022																																																		
QAIS review and feedback outcome at Feb 22 commissioning team meeting	Shane Mills	March 2022																																																		
Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.	Dr Krishna Menon	Completed																																																		
Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.	Senior Planning Manager	March 2022																																																		
<b>Additional comments:</b>  Target score lowered from 12 to 8 July 21 as team thought original score was high.																																																				

Risk Ref: 22 Forensic Adolescent and Consultation Treatment Service (FACTS) (MH/21/05) Risk Domain: Impact on the safety of patients, staff or public physical/psychological harm) Population Health			Director Lead: Director of Finance Assuring Committee: Joint Committee Reviewed Assurance																																														
Risk: There is a risk to the appropriate commissioning of a FACTs service in Wales Due to fragility to the staffing model, which, as a consequence may result in inadequate services for children			Date Added to Register:24/02/21		Date last reviewed by: Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																												
Risk Rating (impact x likelihood) <table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>3x2</td><td>6</td></tr></table>	Initial	4x4	16	Current	4x4	16	Target	3x2	6		<div>Risk Rating</div> <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>16</td><td>12</td></tr><tr><td>Apr-21</td><td>16</td><td>12</td></tr><tr><td>May-21</td><td>16</td><td>12</td></tr><tr><td>Jun-21</td><td>16</td><td>12</td></tr><tr><td>Jul-21</td><td>12</td><td>6</td></tr><tr><td>Aug-21</td><td>6</td><td>6</td></tr><tr><td>Sep-21</td><td>6</td><td>6</td></tr><tr><td>Oct-21</td><td>6</td><td>6</td></tr><tr><td>Nov-21</td><td>6</td><td>6</td></tr><tr><td>Dec-21</td><td>6</td><td>6</td></tr><tr><td>Jan-22</td><td>6</td><td>6</td></tr></tbody></table>		Month	Risk Rating	Target	Mar-21	16	12	Apr-21	16	12	May-21	16	12	Jun-21	16	12	Jul-21	12	6	Aug-21	6	6	Sep-21	6	6	Oct-21	6	6	Nov-21	6	6	Dec-21	6	6	Jan-22	6	6	Groups discussed risk during period  Commissioning Team 22/06/21 Commissioning Team 19/07/21 Commissioning Team 25/08/21 Commissioning Team 20/10/21 Commissioning Team 30/11/21 Commissioning Team 24/01/22
Initial	4x4	16																																															
Current	4x4	16																																															
Target	3x2	6																																															
Month	Risk Rating	Target																																															
Mar-21	16	12																																															
Apr-21	16	12																																															
May-21	16	12																																															
Jun-21	16	12																																															
Jul-21	12	6																																															
Aug-21	6	6																																															
Sep-21	6	6																																															
Oct-21	6	6																																															
Nov-21	6	6																																															
Dec-21	6	6																																															
Jan-22	6	6																																															
What controls have we put in place for the risk:  <ul style="list-style-type: none"><li>Monthly Commissioning Quality Team (CQT) Meetings with the provider moving to bi-monthly in June 2021 until service is de-escalated</li><li>Provider needs to meet 4 key requirements as set out in the WHSSC CQV FACTS report</li><li>Development of a service specification and commissioning policy for FACTS</li></ul>			What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Review and update CQT action log monthly</td><td>Planning Manager for Vulnerable Groups</td><td>Last action log updated 25/09/21. Next CQV meeting 03/02/21</td></tr><tr><td>Sign off of the Monthly Activity Report</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Provide monthly activity report</td><td>CTMUHB Head of CAMHS</td><td>Completed</td></tr><tr><td>Provide Monthly Staff Establishment Reporting</td><td>CTMUHB Head of CAMHS</td><td>Completed</td></tr><tr><td>Set up Monthly Partnership Meetings (initially set up by WHSSC then handed over to CTMHUB)</td><td>Planning Manager for Vulnerable Groups</td><td>No longer required</td></tr><tr><td>Work with the FACTS service and stakeholders (Youth Justice Board and Youth Custody Service) to develop a FACTS Service Specification</td><td>Planning Manager for Vulnerable Groups</td><td>Completed</td></tr><tr><td>CTMUHB to submit a clinical leadership plan</td><td>CTMUHB</td><td>3<sup>rd</sup> February 2021</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			Action	Lead	Date	Review and update CQT action log monthly	Planning Manager for Vulnerable Groups	Last action log updated 25/09/21. Next CQV meeting 03/02/21	Sign off of the Monthly Activity Report	Planning Manager	Completed	Provide monthly activity report	CTMUHB Head of CAMHS	Completed	Provide Monthly Staff Establishment Reporting	CTMUHB Head of CAMHS	Completed	Set up Monthly Partnership Meetings (initially set up by WHSSC then handed over to CTMHUB)	Planning Manager for Vulnerable Groups	No longer required	Work with the FACTS service and stakeholders (Youth Justice Board and Youth Custody Service) to develop a FACTS Service Specification	Planning Manager for Vulnerable Groups	Completed	CTMUHB to submit a clinical leadership plan	CTMUHB	3 <sup>rd</sup> February 2021																				
Action	Lead	Date																																															
Review and update CQT action log monthly	Planning Manager for Vulnerable Groups	Last action log updated 25/09/21. Next CQV meeting 03/02/21																																															
Sign off of the Monthly Activity Report	Planning Manager	Completed																																															
Provide monthly activity report	CTMUHB Head of CAMHS	Completed																																															
Provide Monthly Staff Establishment Reporting	CTMUHB Head of CAMHS	Completed																																															
Set up Monthly Partnership Meetings (initially set up by WHSSC then handed over to CTMHUB)	Planning Manager for Vulnerable Groups	No longer required																																															
Work with the FACTS service and stakeholders (Youth Justice Board and Youth Custody Service) to develop a FACTS Service Specification	Planning Manager for Vulnerable Groups	Completed																																															
CTMUHB to submit a clinical leadership plan	CTMUHB	3 <sup>rd</sup> February 2021																																															
Additional comments:  Commissioning team July 21 agreed to lower target score from 12 to 6. Jan 22 - The service is currently in escalation (level 3) due to recruitment and retention issues. Whilst progress is being made, concerns remain over management of the team, clinical leadership and establishment of a substantive Consultant Psychiatrist post. The risk rating will be reduced as the key requirements of the escalation process are met. There are other factors impacting on the lack of reduction to current risk, including clarification of input to other agencies such as HMP YOI Parc and Hillside Secure Services that impact on the stability of the core FACTS service commissioned by WHSSC.																																																	



<b>Risk Ref: 23 Adults with a learning disability (MH/21/08)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																														
<b>Risk:</b> There is a risk that <u>adults</u> with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care		<b>Date Added to Register:</b> 24/02/21	<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																													
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>5x3</td><td>15</td></tr><tr><td>Current</td><td>5x4</td><td>20</td></tr><tr><td>Target</td><td>3x1</td><td>3</td></tr></table>	Initial	5x3	15	Current	5x4	20	Target	3x1	3	<div>Risk Rating</div> <table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>15</td><td>12</td></tr><tr><td>Apr-21</td><td>15</td><td>12</td></tr><tr><td>May-21</td><td>15</td><td>12</td></tr><tr><td>Jun-21</td><td>15</td><td>12</td></tr><tr><td>Jul-21</td><td>15</td><td>12</td></tr><tr><td>Aug-21</td><td>20</td><td>3</td></tr><tr><td>Sep-21</td><td>20</td><td>3</td></tr><tr><td>Oct-21</td><td>20</td><td>3</td></tr><tr><td>Nov-21</td><td>20</td><td>3</td></tr><tr><td>Dec-21</td><td>20</td><td>3</td></tr><tr><td>Jan-22</td><td>20</td><td>3</td></tr></tbody></table>		Month	Risk Rating	Target	Mar-21	15	12	Apr-21	15	12	May-21	15	12	Jun-21	15	12	Jul-21	15	12	Aug-21	20	3	Sep-21	20	3	Oct-21	20	3	Nov-21	20	3	Dec-21	20	3	Jan-22	20	3	<b>Groups discussed risk during period</b>  Commissioning Team 22/06/21 Commissioning Team 19/07/21 Commissioning Team 25/08/21 Commissioning Team 20/10/21 Commissioning Team 30/11/21 Commissioning Team 24/01/22
Initial	5x3	15																																														
Current	5x4	20																																														
Target	3x1	3																																														
Month	Risk Rating	Target																																														
Mar-21	15	12																																														
Apr-21	15	12																																														
May-21	15	12																																														
Jun-21	15	12																																														
Jul-21	15	12																																														
Aug-21	20	3																																														
Sep-21	20	3																																														
Oct-21	20	3																																														
Nov-21	20	3																																														
Dec-21	20	3																																														
Jan-22	20	3																																														
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>Case managers in place</li><li>Consistent dialogue with NHS England about beds</li><li>QAIS support</li></ul>		<b>What actions should we take:</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Assistant Director of Nursing regularly meeting with England</td><td>Shane Mills</td><td>Mar 22</td></tr><tr><td>Support from case managers in place via Assistant Director of Nursing</td><td>Shane Mills</td><td>Mar 22</td></tr><tr><td>Revisit training programme for senior psychiatric medical staff (learning disabilities) to access forensic experience</td><td>Dr Robert Colgate</td><td>April 22</td></tr><tr><td>Learning disabilities work stream is being considered under the mental health strategy.</td><td>Senior Planning Manager</td><td>March 2022</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Action	Lead	Date	Assistant Director of Nursing regularly meeting with England	Shane Mills	Mar 22	Support from case managers in place via Assistant Director of Nursing	Shane Mills	Mar 22	Revisit training programme for senior psychiatric medical staff (learning disabilities) to access forensic experience	Dr Robert Colgate	April 22	Learning disabilities work stream is being considered under the mental health strategy.	Senior Planning Manager	March 2022																														
Action	Lead	Date																																														
Assistant Director of Nursing regularly meeting with England	Shane Mills	Mar 22																																														
Support from case managers in place via Assistant Director of Nursing	Shane Mills	Mar 22																																														
Revisit training programme for senior psychiatric medical staff (learning disabilities) to access forensic experience	Dr Robert Colgate	April 22																																														
Learning disabilities work stream is being considered under the mental health strategy.	Senior Planning Manager	March 2022																																														
<b>Additional comments:</b>  Commissioning team July 21 lowered target score from 12 to 3 as originally scored high. Current score raised from 15 to 20 due to closure of LD unit in England 10/08/21.																																																

<b>Risk Ref:</b> 24 Children with a learning disability (MH/21/09) <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																														
<b>Risk:</b> There is a risk that <u>children</u> with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care		<b>Date Added to Register:</b> 24/02/21	<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																													
<div><div>Risk Rating (impact x likelihood)</div><table><tr><td>Initial</td><td>5x3</td><td>15</td></tr><tr><td>Current</td><td>5x3</td><td>15</td></tr><tr><td>Target</td><td>4x2</td><td>8</td></tr></table></div>	Initial	5x3	15	Current	5x3	15	Target	4x2	8	<div><div>Risk Rating</div><table><caption>Risk Rating Data</caption><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr><tr><td>Mar-21</td><td>15</td><td>12</td></tr><tr><td>Apr-21</td><td>15</td><td>12</td></tr><tr><td>May-21</td><td>15</td><td>12</td></tr><tr><td>Jun-21</td><td>15</td><td>12</td></tr><tr><td>Jul-21</td><td>15</td><td>8</td></tr><tr><td>Aug-21</td><td>15</td><td>8</td></tr><tr><td>Sep-21</td><td>15</td><td>8</td></tr><tr><td>Oct-21</td><td>15</td><td>8</td></tr><tr><td>Nov-21</td><td>15</td><td>8</td></tr><tr><td>Dec-21</td><td>15</td><td>8</td></tr><tr><td>Jan-22</td><td>15</td><td>8</td></tr></table></div>	Month	Risk Rating	Target	Mar-21	15	12	Apr-21	15	12	May-21	15	12	Jun-21	15	12	Jul-21	15	8	Aug-21	15	8	Sep-21	15	8	Oct-21	15	8	Nov-21	15	8	Dec-21	15	8	Jan-22	15	8	<div><div>Groups discussed risk during period</div><div>Commissioning Team 22/06/21 Commissioning Team 19/07/21 Commissioning Team 25/08/21 Commissioning Team 20/10/21 Commissioning Team 30/11/21 Commissioning Team 24/01/22</div></div>	
Initial	5x3	15																																														
Current	5x3	15																																														
Target	4x2	8																																														
Month	Risk Rating	Target																																														
Mar-21	15	12																																														
Apr-21	15	12																																														
May-21	15	12																																														
Jun-21	15	12																																														
Jul-21	15	8																																														
Aug-21	15	8																																														
Sep-21	15	8																																														
Oct-21	15	8																																														
Nov-21	15	8																																														
Dec-21	15	8																																														
Jan-22	15	8																																														
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>Case managers in place</li><li>Consistent dialogue with NHS England about bed capacity</li><li>QAIS support</li></ul>		<b>What actions should we take:</b> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Assistant Director of Nursing regularly meeting with England</td><td>Shane Mills</td><td>Mar 22</td></tr><tr><td>Support from case managers in place via Assistant Director of Nursing</td><td>Shane Mills</td><td>Mar 22</td></tr><tr><td>Learning disabilities work stream is being considered under the mental health strategy.</td><td>Senior Planning Manager</td><td>March 2022</td></tr></table>		Action	Lead	Date	Assistant Director of Nursing regularly meeting with England	Shane Mills	Mar 22	Support from case managers in place via Assistant Director of Nursing	Shane Mills	Mar 22	Learning disabilities work stream is being considered under the mental health strategy.	Senior Planning Manager	March 2022																																	
Action	Lead	Date																																														
Assistant Director of Nursing regularly meeting with England	Shane Mills	Mar 22																																														
Support from case managers in place via Assistant Director of Nursing	Shane Mills	Mar 22																																														
Learning disabilities work stream is being considered under the mental health strategy.	Senior Planning Manager	March 2022																																														
<b>Additional comments:</b>  Commissioning team July 21 lowered target score from 12 to 8 as originally scored high																																																

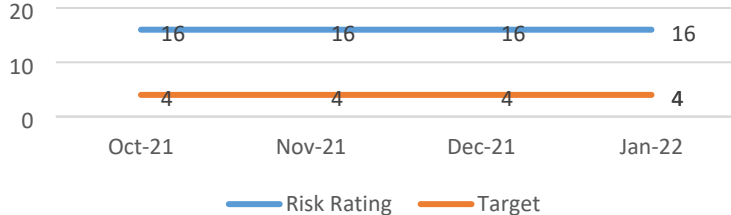
<b>Risk Ref: 25 Welsh Gender service (MH/21/12)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)		<b>Director Lead: Director of Nursing</b> <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																														
<b>Risk:</b> There is a risk that people waiting to be seen in the Welsh Gender service (both adults and children) will have their treatment delayed due to service waiting times with a consequence of deteriorating mental health.		<b>Date Added to Register:</b> 24/02/21	<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																													
<div><div>Risk Rating (impact x likelihood)</div><table><tr><td>Initial</td><td>2x3</td><td>6</td></tr><tr><td>Current</td><td>5x3</td><td>15</td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table></div>	Initial	2x3	6	Current	5x3	15	Target	2x2	4	<div><div>Risk Rating</div><table><caption>Risk Rating Data</caption><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr><tr><td>Mar-21</td><td>6</td><td>4</td></tr><tr><td>Apr-21</td><td>6</td><td>4</td></tr><tr><td>May-21</td><td>6</td><td>4</td></tr><tr><td>Jun-21</td><td>6</td><td>4</td></tr><tr><td>Jul-21</td><td>15</td><td>4</td></tr><tr><td>Aug-21</td><td>15</td><td>4</td></tr><tr><td>Sep-21</td><td>15</td><td>4</td></tr><tr><td>Oct-21</td><td>15</td><td>4</td></tr><tr><td>Nov-21</td><td>15</td><td>4</td></tr><tr><td>Dec-21</td><td>15</td><td>4</td></tr><tr><td>Jan-22</td><td>15</td><td>4</td></tr></table></div>	Month	Risk Rating	Target	Mar-21	6	4	Apr-21	6	4	May-21	6	4	Jun-21	6	4	Jul-21	15	4	Aug-21	15	4	Sep-21	15	4	Oct-21	15	4	Nov-21	15	4	Dec-21	15	4	Jan-22	15	4	<div><div>Groups discussed risk during period</div><div>Commissioning Team 22/06/21 Commissioning Team 19/07/21 Commissioning Team 25/08/21 Commissioning Team 20/10/21 Commissioning Team 30/11/21 Commissioning Team 24/01/22</div></div>	
Initial	2x3	6																																														
Current	5x3	15																																														
Target	2x2	4																																														
Month	Risk Rating	Target																																														
Mar-21	6	4																																														
Apr-21	6	4																																														
May-21	6	4																																														
Jun-21	6	4																																														
Jul-21	15	4																																														
Aug-21	15	4																																														
Sep-21	15	4																																														
Oct-21	15	4																																														
Nov-21	15	4																																														
Dec-21	15	4																																														
Jan-22	15	4																																														
<div><div>What controls have we put in place for the risk:</div><div><div>Gender Identity Service for Adults (non -surgical) - Welsh Gender Service</div><div><ul style="list-style-type: none"><li>Commissioning of a new service in Wales hosted by CVUHB</li><li>Introduction of Peer Support Programme (Umbrella Cymru) to support vulnerable patients on waiting list</li><li>Submission of CIAG scheme to increase capacity and activity of the Welsh Gender Service to address long waiting times</li></ul></div><div>WHSSC commissions the surgical pathway from NHS England and attends the NHS England Programme Board and Gender Commissioners Group.</div></div></div>		<div><div>What actions should we take:</div><table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Bi-monthly reviews with the Welsh Gender Service to monitor performance</td><td>Director of Nursing and Quality Assurance</td><td>Bi-monthly</td></tr><tr><td>Funding release for expansion of Welsh Gender Service to increase capacity and activity (3 phases 2021-22, 2022-23, 2023-24)</td><td>Planning Manager for Vulnerable Groups</td><td>Phase 1 of 3 Completed</td></tr><tr><td>Attend NHS England Programme Board for Gender Identity Services</td><td>Director of Nursing and Quality Assurance</td><td>Monthly</td></tr><tr><td>Attend NHS England Gender Identity Services Commissioners Group</td><td>Planning Manager for Vulnerable Groups</td><td>Monthly</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table></div>		Action	Lead	Date	Bi-monthly reviews with the Welsh Gender Service to monitor performance	Director of Nursing and Quality Assurance	Bi-monthly	Funding release for expansion of Welsh Gender Service to increase capacity and activity (3 phases 2021-22, 2022-23, 2023-24)	Planning Manager for Vulnerable Groups	Phase 1 of 3 Completed	Attend NHS England Programme Board for Gender Identity Services	Director of Nursing and Quality Assurance	Monthly	Attend NHS England Gender Identity Services Commissioners Group	Planning Manager for Vulnerable Groups	Monthly																														
Action	Lead	Date																																														
Bi-monthly reviews with the Welsh Gender Service to monitor performance	Director of Nursing and Quality Assurance	Bi-monthly																																														
Funding release for expansion of Welsh Gender Service to increase capacity and activity (3 phases 2021-22, 2022-23, 2023-24)	Planning Manager for Vulnerable Groups	Phase 1 of 3 Completed																																														
Attend NHS England Programme Board for Gender Identity Services	Director of Nursing and Quality Assurance	Monthly																																														
Attend NHS England Gender Identity Services Commissioners Group	Planning Manager for Vulnerable Groups	Monthly																																														
<div><div>Additional comments:</div><div>Current score was discussed in more detail at July commissioning group - potentially score risk as 5 X 3 = 15 as there is an increased number of suicides for the group of individuals and the frequency of their mental health deteriorating is higher. <b>Jan 22 - The level of risk remains high due to the highly vulnerable nature of the patient group. WHSSC are currently in discussion with the London Gender Identity Service (Tavistock and Portman NHS Foundation Trust) regarding the repatriation of individuals on the London GIC waiting list, which has a longer waiting time than the Welsh Gender Service. These patients were too complex for the new service when it opened but they have now developed the required skills and experience. Work is underway to understand how this will impact on the Welsh Gender Service waiting list.</b></div></div>																																																

Risk Ref: 26 Neuropsychiatry patients waiting times (NCC046) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			Director Lead: Director of Planning Assuring Committee: Joint Committee																																															
Risk: There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support <i>due to</i> staffing issues. <i>The consequence patients will have</i> long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.			Date Added to Register: 12/02/2020 Moved to MH& VG register July 21		Date last reviewed by: Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																													
Risk Rating (impact x likelihood) <table><tr><td>Initial</td><td>4x5</td><td>20</td></tr><tr><td>Current</td><td>4x5</td><td>20</td></tr><tr><td>Target</td><td>4x1</td><td>4</td></tr></table>		Initial	4x5	20	Current	4x5	20	Target	4x1	4	<div><div>Risk Rating</div><table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>20</td><td>4</td></tr><tr><td>Apr-21</td><td>20</td><td>4</td></tr><tr><td>May-21</td><td>20</td><td>4</td></tr><tr><td>Jun-21</td><td>20</td><td>4</td></tr><tr><td>Jul-21</td><td>20</td><td>4</td></tr><tr><td>Aug-21</td><td>20</td><td>4</td></tr><tr><td>Sep-21</td><td>20</td><td>4</td></tr><tr><td>Oct-21</td><td>20</td><td>4</td></tr><tr><td>Nov-21</td><td>20</td><td>4</td></tr><tr><td>Dec-21</td><td>20</td><td>4</td></tr><tr><td>Jan-22</td><td>20</td><td>4</td></tr></tbody></table></div>				Month	Risk Rating	Target	Mar-21	20	4	Apr-21	20	4	May-21	20	4	Jun-21	20	4	Jul-21	20	4	Aug-21	20	4	Sep-21	20	4	Oct-21	20	4	Nov-21	20	4	Dec-21	20	4	Jan-22	20	4
Initial	4x5	20																																																
Current	4x5	20																																																
Target	4x1	4																																																
Month	Risk Rating	Target																																																
Mar-21	20	4																																																
Apr-21	20	4																																																
May-21	20	4																																																
Jun-21	20	4																																																
Jul-21	20	4																																																
Aug-21	20	4																																																
Sep-21	20	4																																																
Oct-21	20	4																																																
Nov-21	20	4																																																
Dec-21	20	4																																																
Jan-22	20	4																																																
What controls have we put in place for the risk: <ul style="list-style-type: none"><li>Planned six monthly review with the service.</li><li>Service will be transferred to the Mental health portfolio</li></ul>			What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>NCCCT to monitor the recovery plan through the six monthly Risk, Assurance and Recovery meetings.</td><td>Planning Manager</td><td>Six monthly</td></tr><tr><td>The scheme was scored second highest risk and has been included in the WHSSC ICP funding 21/22. Business Case received from the service in May 2021. Planning Manager to develop ICP scheme in collaboration with the Service.</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Funding releases paper being prepared for submission to July CDGB and monitoring group</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Funding release paper submitted to July Management group.</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Phase 2b to be considered within the mental health strategy</td><td>Senior Planning Manager</td><td>March 2022</td></tr></tbody></table>			Action	Lead	Date	NCCCT to monitor the recovery plan through the six monthly Risk, Assurance and Recovery meetings.	Planning Manager	Six monthly	The scheme was scored second highest risk and has been included in the WHSSC ICP funding 21/22. Business Case received from the service in May 2021. Planning Manager to develop ICP scheme in collaboration with the Service.	Planning Manager	Completed	Funding releases paper being prepared for submission to July CDGB and monitoring group	Planning Manager	Completed	Funding release paper submitted to July Management group.	Planning Manager	Completed	Phase 2b to be considered within the mental health strategy	Senior Planning Manager	March 2022																											
Action	Lead	Date																																																
NCCCT to monitor the recovery plan through the six monthly Risk, Assurance and Recovery meetings.	Planning Manager	Six monthly																																																
The scheme was scored second highest risk and has been included in the WHSSC ICP funding 21/22. Business Case received from the service in May 2021. Planning Manager to develop ICP scheme in collaboration with the Service.	Planning Manager	Completed																																																
Funding releases paper being prepared for submission to July CDGB and monitoring group	Planning Manager	Completed																																																
Funding release paper submitted to July Management group.	Planning Manager	Completed																																																
Phase 2b to be considered within the mental health strategy	Senior Planning Manager	March 2022																																																
Additional comments:  From August 2021 the risk will be monitored going forward by the Mental Health & Vulnerable Group commissioning team as funding was approved July 21 CIAG approved phase 2a of Neuropsychiatry scheme phase 2b to be considered within mental health strategy																																																		

<b>Risk Ref: 27 Neonatal Cots (P/21/15)</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																												
<b>Risk: There is a risk</b> that the Neonatal service in Cardiff & Vale are unable to open the commissioned number of cots <b>due to</b> staffing shortages, and as a consequence babies will need to be transferred to other units in Wales or transferred to NHS England.			<b>Date Added to Register:</b> 09/08/21		<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																										
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>5x4</td><td>20</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table>			Initial	5x4	20	Current	4x4	16	Target	2x2	4	<div>Risk Rating</div> <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Oct-21</td><td>20</td><td>4</td></tr><tr><td>Nov-21</td><td>16</td><td>4</td></tr><tr><td>Dec-21</td><td>16</td><td>4</td></tr><tr><td>Jan-22</td><td>16</td><td>4</td></tr></tbody></table>			Month	Risk Rating	Target	Oct-21	20	4	Nov-21	16	4	Dec-21	16	4	Jan-22	16	4	<b>Groups discussed risk during period</b>  Commissioning Team – September 2021 Commissioning Team– 20/09/21 Commissioning Team – 20/10/21 Commissioning Team – 17/11/21 Commissioning Team – 13/12/21 Commissioning Team - 12/01/21	
Initial	5x4	20																													
Current	4x4	16																													
Target	2x2	4																													
Month	Risk Rating	Target																													
Oct-21	20	4																													
Nov-21	16	4																													
Dec-21	16	4																													
Jan-22	16	4																													
<b>What controls have we put in place for the risk:</b>  Escalated to all Executive Teams across NHS Wales and the WHSSC commissioned elements are being closely monitored.			<b>What actions should we take:</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Develop surge/capacity plans with all neonatal units across Wales.</td><td>WC Planner</td><td>Quarter 4</td></tr><tr><td>Exploring the inclusion of cot capacity within the sitrep reporting process</td><td>Director of Planning</td><td>Completed</td></tr><tr><td>Fortnightly meetings taking place with provider to understand operational pressures</td><td>WC Planner</td><td>Quarter 4</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			Action	Lead	Date	Develop surge/capacity plans with all neonatal units across Wales.	WC Planner	Quarter 4	Exploring the inclusion of cot capacity within the sitrep reporting process	Director of Planning	Completed	Fortnightly meetings taking place with provider to understand operational pressures	WC Planner	Quarter 4														
Action	Lead	Date																													
Develop surge/capacity plans with all neonatal units across Wales.	WC Planner	Quarter 4																													
Exploring the inclusion of cot capacity within the sitrep reporting process	Director of Planning	Completed																													
Fortnightly meetings taking place with provider to understand operational pressures	WC Planner	Quarter 4																													
<b>Additional comments:</b>																															

<b>Risk Ref: Risk 28 (CS/03 CD01)Workforce Demand and Capacity</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee</b>																															
<b>Risk: <i>There is a risk</i></b> that WHSSC is unable to keep up with increasing work demand due to increasing workloads with existing portfolios as a consequence we will have insufficient capacity to deliver the plan. This will affect the ability to recruit, retain and engage staff.		<b>Date Added to Register:30/9/21</b>		<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																													
Risk Rating (impact x likelihood) <table><tr><td>Initial</td><td>5x4</td><td>20</td></tr><tr><td><b>Current</b></td><td><b>4x4</b></td><td><b>16</b></td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table>		Initial	5x4	20	<b>Current</b>	<b>4x4</b>	<b>16</b>	Target	2x2	4	<div><p>Risk Rating</p><table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Sep-21</td><td>20</td><td>4</td></tr><tr><td>Oct-21</td><td>20</td><td>4</td></tr><tr><td>Nov-21</td><td>16</td><td>4</td></tr><tr><td>Dec-21</td><td>16</td><td>4</td></tr><tr><td>Jan-22</td><td>16</td><td>4</td></tr></tbody></table></div>			Month	Risk Rating	Target	Sep-21	20	4	Oct-21	20	4	Nov-21	16	4	Dec-21	16	4	Jan-22	16	4	<b>Groups discussed risk during period</b>  Risk Scrutiny Group (RSG) & CDGB 30 September 2021 – identified as a cross cutting risk, reduced from 20 to 16 RSG 9 December 2021 and 31 January 2022	
Initial	5x4	20																															
<b>Current</b>	<b>4x4</b>	<b>16</b>																															
Target	2x2	4																															
Month	Risk Rating	Target																															
Sep-21	20	4																															
Oct-21	20	4																															
Nov-21	16	4																															
Dec-21	16	4																															
Jan-22	16	4																															
<b>What controls have we put in place for the risk:</b> <ol style="list-style-type: none"><li>A resource exercise has taken place to describe the additional work requests recently received and to consider the additional resources that would be required if WHSSC agreed to take on this additional work.</li><li>A report was submitted to the Joint Committee on the 7 September 2021 seeking support for an increase in the Direct Running Costs (DRC) budget to recruit additional staff, this was approved and recruitment exercise have commenced</li><li>In the long term, a workforce plan will be considered to assist with succession planning and the long term planning risk concerning workforce capacity. There are potentially a number of senior staff who are looking to retire and this may pose a challenge with succession to these senior posts.</li><li>We have recruited two administrative assistants on a 6-month temporary basis to assist with the immediate administrative support needs for the whole of WHSSC. In the meantime, other posts have been successfully appointed to following recruitment via NHS jobs. A number of staff have recently started new posts and a number are due to start in the first quarter of 2022.</li><li>A number of departments are now seeing the benefit of new recruits joining their teams.</li><li>The resource within the Corporate Department requires review as workload pressures within the department have increased due to end of year reporting and compliance reporting.</li></ol>		<b>What actions should we take:</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>JC approved a request to increase the Direct Running Costs (DRC) budget 2022-2023 on the 7 September 2021 to support the recruitment of the key posts to increase workforce capacity.</td><td>JE</td><td>7 September 2021 <b>COMPLETED</b></td></tr><tr><td>Develop a long-term workforce plan to look at succession planning and capacity issues on a more strategic level.</td><td>JE</td><td>February 2022</td></tr><tr><td>Workforce capacity review has been undertaken by CDGB and DRC shortfall to be utilised to recruit at risk for critical posts.</td><td>JE</td><td>Oct 2021 <b>COMPLETED</b></td></tr><tr><td>Corporate services team are working with CTMUHB to identify short terms admin pool of resource to support the administrative requirements of WHSSC, which are putting pressure on the teams.</td><td>JE</td><td>Oct 2021 <b>COMPLETED</b></td></tr><tr><td>The Resource within the Corporate Department requires review as workload pressures within the department have increased.</td><td>JE</td><td>February 2022</td></tr></tbody></table>			Action	Lead	Date	JC approved a request to increase the Direct Running Costs (DRC) budget 2022-2023 on the 7 September 2021 to support the recruitment of the key posts to increase workforce capacity.	JE	7 September 2021 <b>COMPLETED</b>	Develop a long-term workforce plan to look at succession planning and capacity issues on a more strategic level.	JE	February 2022	Workforce capacity review has been undertaken by CDGB and DRC shortfall to be utilised to recruit at risk for critical posts.	JE	Oct 2021 <b>COMPLETED</b>	Corporate services team are working with CTMUHB to identify short terms admin pool of resource to support the administrative requirements of WHSSC, which are putting pressure on the teams.	JE	Oct 2021 <b>COMPLETED</b>	The Resource within the Corporate Department requires review as workload pressures within the department have increased.	JE	February 2022											
Action	Lead	Date																															
JC approved a request to increase the Direct Running Costs (DRC) budget 2022-2023 on the 7 September 2021 to support the recruitment of the key posts to increase workforce capacity.	JE	7 September 2021 <b>COMPLETED</b>																															
Develop a long-term workforce plan to look at succession planning and capacity issues on a more strategic level.	JE	February 2022																															
Workforce capacity review has been undertaken by CDGB and DRC shortfall to be utilised to recruit at risk for critical posts.	JE	Oct 2021 <b>COMPLETED</b>																															
Corporate services team are working with CTMUHB to identify short terms admin pool of resource to support the administrative requirements of WHSSC, which are putting pressure on the teams.	JE	Oct 2021 <b>COMPLETED</b>																															
The Resource within the Corporate Department requires review as workload pressures within the department have increased.	JE	February 2022																															
<b>Additional comments:</b> Risk has been lowered as a number of immediate actions has been taken to mitigate the risk including the Joint Committee approving an increase the Direct Running Costs (DRC) budget to enable additional workforce capacity at its meeting on the 7 September 2021. Whilst the risk has been mitigated and the score has been reduced, it remains a “live” risk as the recruitment of the identified resource will take some months and until staff are recruited and are in post, the remaining WHSSC staff remain under considerable pressure.																																	

<b>Risk Ref: Risk 29 – WHSSC IPFR ToR &amp; Governance</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee</b>																												
<b>Risk</b> - There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.		<b>Date Added to Register:</b> 20/10/21	<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																											
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td><b>Current</b></td><td><b>4x5</b></td><td><b>20</b></td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table>	Initial	4x4	16	<b>Current</b>	<b>4x5</b>	<b>20</b>	Target	2x2	4	<div>Risk Rating</div> <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Sep-21</td><td>16</td><td>4</td></tr><tr><td>Oct-21</td><td>16</td><td>4</td></tr><tr><td>Nov-21</td><td>16</td><td>4</td></tr><tr><td>Dec-21</td><td>16</td><td>4</td></tr><tr><td>Jan-22</td><td>20</td><td>4</td></tr></tbody></table>	Month	Risk Rating	Target	Sep-21	16	4	Oct-21	16	4	Nov-21	16	4	Dec-21	16	4	Jan-22	20	4	<div>Groups discussed risk during period</div> <div>CDGB 20 October 2021 – identified as a risk that required escalation to the CRAF due to the issues identified in the IPFR Annual Report 2021/21 and IPFR Chairs Reports. RSG – 7 December 2021 and 31 January 2022</div>	
Initial	4x4	16																												
<b>Current</b>	<b>4x5</b>	<b>20</b>																												
Target	2x2	4																												
Month	Risk Rating	Target																												
Sep-21	16	4																												
Oct-21	16	4																												
Nov-21	16	4																												
Dec-21	16	4																												
Jan-22	20	4																												
<b>What controls have we put in place for the risk:</b> <div><div>1.</div><div>The IPFR Terms of Reference require urgent review. A report has been sent to Welsh Government seeking clarification of WHSSC remits and authority to review the TOR within the All Wales Policy. A further meeting has taken place with Welsh Government, an update report was given to the JC 18 January and we await written confirmation that the ToR are within WHSSC remit to amend.</div></div> <div><div>2.</div><div>A recent judicial review highlighted some deficiencies in the minutes and decision letters advising of a refusal to fund treatment. There will be a formal debrief following a thorough review of the legal decision in this case. This de-brief has taken place and learning from this is being implemented.</div></div> <div><div>3.</div><div>A review of the IPFR governance is underway. A member of the Corporate team will start attending IPFR and act as a governance lead advising the Chair etc. The governance lead will also be able to review the minutes, notes, and decision letters etc.</div></div> <div><div>4.</div><div>A quality review of other IPFR notes from HB panels will be undertaken as a way of benchmarking.</div></div> <div><div>5.</div><div>The Chair of the WHSSC IPFR panel has appointed a Vice Chair for the panel commencing from 18 December 2021.</div></div> <div><div>6.</div><div>The IPFR Policy is being reviewed by our legal advisor for the Judicial Review case.</div></div> <div><div>7.</div><div>Due to a request from Health Boards to release clinical staff from any no- essential meetings, the IPFR Panel will operate as Chairs Action for the month of January 2022. A decision has recently been taken to extend this for February 2022.</div></div>		<b>What actions should we take:</b> <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>A meeting has taken place with Welsh Government (WG) on Friday 17<sup>th</sup> December 2021.</td><td>Head of Corporate Services/Committee Secretary</td><td>December 2021</td></tr><tr><td>Following the judgment handed down in an IPFR judicial review on the 3 December 2021, additional enquiries will be made with WG to consider reviewing the All Wales Policy “Making Decisions on Individual Patient Funding Requests (IPFR), which was last updated in 2017 and is overdue for review. WG are responsible for the policy and the ToR for the WHSSC IPFR panel sit within the policy.</td><td>Head of Corporate Services/Committee Secretary</td><td>February 2022</td></tr><tr><td>Additional governance support is being provided to support the IPFR panel meetings. Following some post-case advice a prof-forma has been developed to ensure discussions and decisions are recorded – completed</td><td>Head of Corporate Services/Committee Secretary</td><td>End of December 2021</td></tr></table>		Action	Lead	Date	A meeting has taken place with Welsh Government (WG) on Friday 17 <sup>th</sup> December 2021.	Head of Corporate Services/Committee Secretary	December 2021	Following the judgment handed down in an IPFR judicial review on the 3 December 2021, additional enquiries will be made with WG to consider reviewing the All Wales Policy “Making Decisions on Individual Patient Funding Requests (IPFR), which was last updated in 2017 and is overdue for review. WG are responsible for the policy and the ToR for the WHSSC IPFR panel sit within the policy.	Head of Corporate Services/Committee Secretary	February 2022	Additional governance support is being provided to support the IPFR panel meetings. Following some post-case advice a prof-forma has been developed to ensure discussions and decisions are recorded – completed	Head of Corporate Services/Committee Secretary	End of December 2021															
Action	Lead	Date																												
A meeting has taken place with Welsh Government (WG) on Friday 17 <sup>th</sup> December 2021.	Head of Corporate Services/Committee Secretary	December 2021																												
Following the judgment handed down in an IPFR judicial review on the 3 December 2021, additional enquiries will be made with WG to consider reviewing the All Wales Policy “Making Decisions on Individual Patient Funding Requests (IPFR), which was last updated in 2017 and is overdue for review. WG are responsible for the policy and the ToR for the WHSSC IPFR panel sit within the policy.	Head of Corporate Services/Committee Secretary	February 2022																												
Additional governance support is being provided to support the IPFR panel meetings. Following some post-case advice a prof-forma has been developed to ensure discussions and decisions are recorded – completed	Head of Corporate Services/Committee Secretary	End of December 2021																												
<b>Additional comments:</b>																														

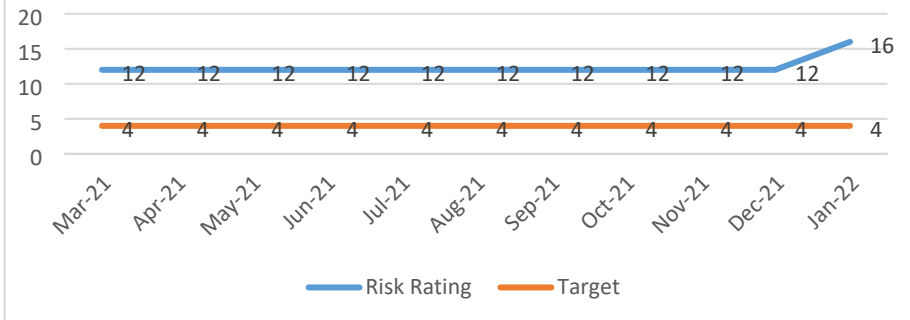
Risk Ref: 30- Major Burns (CB04) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																				
Risk: There is a risk that patients are not being treated in a timely and/or appropriate way due to the closure of the major burns ITU at SBUHB and consequently this could lead to poorer patient outcomes.			Date Added to Register: 12/11/21 (first identified 08/10/21)		Date last reviewed by: Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																		
Risk Rating (impact x likelihood)  <table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>4x1</td><td>4</td></tr></table>	Initial	4x4	16	Current	4x4	16	Target	4x1	4		Risk Rating  		Groups discussed risk during period										
	Initial	4x4	16																				
Current	4x4	16																					
Target	4x1	4																					
<ul style="list-style-type: none"><li>Risk discussed by CDGB on Tuesday 2<sup>nd</sup> November 2021. Decision made to place service in formal escalation.</li><li>Commissioning Team 12/11/21</li><li>Commissioning Team 10/12/21</li><li>Commissioning Team 14/01/22</li></ul>																							
What controls have we put in place for the risk: <ul style="list-style-type: none"><li>Mutual assistance is in place through the South Wales and West Burns Network.</li><li>If a patient requires ITU level (major) burns care, referral will be made either to Bristol or via the National Burns Bed Bureau to an alternative suitable provider outside the Network.</li><li>SBUHB will continue to provide a treat, stabilise and transfer service.</li><li>WHSSC has placed the service in escalation level 4.</li></ul>			What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>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.</td><td>SL/ID</td><td>On-going since risk identified</td></tr><tr><td>To work with NHS England southwest commissioners and the SWW Burns Network to support clear pathways and ensure continued access to burns care for patients in Wales and the Network.</td><td>SL/ID</td><td>On-going since risk identified</td></tr><tr><td>To monitor the SBUHB action plan through formal escalation meetings.</td><td>SL/ID/LA/RE/VDJ</td><td>March 22</td></tr><tr><td>The peer review report has been received by WHSSC and is due to be discussed at the Burns Network meeting on the 16 December 21. The interim mitigations are still in place at present</td><td>LA</td><td>Complete</td></tr><tr><td>SBUHB are to provide a plan based on the recent peer review by the end of January.</td><td>LA</td><td>Feb 22</td></tr></tbody></table>			Action	Lead	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.	SL/ID	On-going since risk identified	To work with NHS England southwest commissioners and the SWW Burns Network to support clear pathways and ensure continued access to burns care for patients in Wales and the Network.	SL/ID	On-going since risk identified	To monitor the SBUHB action plan through formal escalation meetings.	SL/ID/LA/RE/VDJ	March 22	The peer review report has been received by WHSSC and is due to be discussed at the Burns Network meeting on the 16 December 21. The interim mitigations are still in place at present	LA	Complete	SBUHB are to provide a plan based on the recent peer review by the end of January.	LA	Feb 22
Action	Lead	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.	SL/ID	On-going since risk identified																					
To work with NHS England southwest commissioners and the SWW Burns Network to support clear pathways and ensure continued access to burns care for patients in Wales and the Network.	SL/ID	On-going since risk identified																					
To monitor the SBUHB action plan through formal escalation meetings.	SL/ID/LA/RE/VDJ	March 22																					
The peer review report has been received by WHSSC and is due to be discussed at the Burns Network meeting on the 16 December 21. The interim mitigations are still in place at present	LA	Complete																					
SBUHB are to provide a plan based on the recent peer review by the end of January.	LA	Feb 22																					
Additional comments:																							

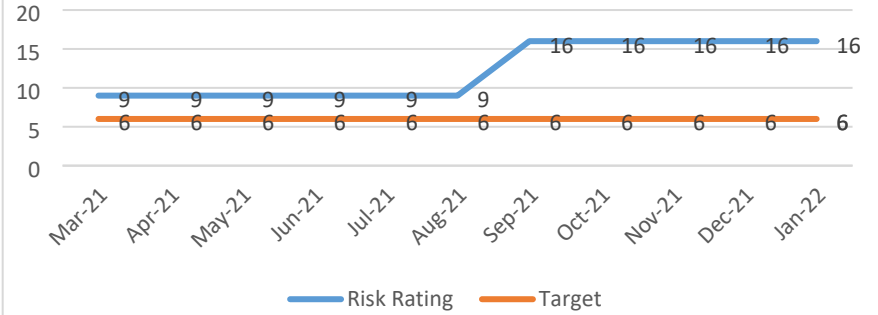


<b>Risk Ref: 31 – HCC South Wales (CB05)</b> Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																										
<b>Risk:</b> There is a risk that patients with HCC in south Wales are not being treated in a timely way. Due to lack of capacity (consultant time) and imaging availability in the HCC MDT and as a consequence could lead to poorer patient outcomes.			<b>Date Added to Register:</b> 12/11/21 (first identified 08/10/21)		<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																								
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4x4</td><td>16</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>4x1</td><td>4</td></tr></table>		Initial	4x4	16	Current	4x4	16	Target	4x1	4		<div>Risk Rating</div> <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Oct-21</td><td>16</td><td>4</td></tr><tr><td>Nov-21</td><td>16</td><td>4</td></tr><tr><td>Dec-21</td><td>16</td><td>4</td></tr><tr><td>Jan-22</td><td>16</td><td>4</td></tr></tbody></table>	Month	Risk Rating	Target	Oct-21	16	4	Nov-21	16	4	Dec-21	16	4	Jan-22	16	4		<div>Groups discussed risk during period</div> <div>Commissioning Team 12/11/21 Commissioning Team 10/12/21 Commissioning Team 14/01/22</div>
Initial	4x4	16																											
Current	4x4	16																											
Target	4x1	4																											
Month	Risk Rating	Target																											
Oct-21	16	4																											
Nov-21	16	4																											
Dec-21	16	4																											
Jan-22	16	4																											
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>A financial provision has been included in the WHSSC ICP 2021/22 for patients with hepatology conditions.</li></ul>			<b>What actions should we take:</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Prepare paper for Management Group in October 2021 to highlight the risks in the HCC MDT and seek agreement to focus the commissioning intention for the hepatology provision in the WHSSC plan to specifically address the HCC risks.</td><td>LA</td><td>Completed.</td></tr><tr><td>To request a business case from CVUHB to address the immediate risks in the HCC MDT.</td><td>LA</td><td>Completed.</td></tr><tr><td>To review the HCC business case when this is received from CVUHB (awaiting confirmation from CVUHB when they expect to submit the case to WHSSC).</td><td>C&amp;B CT</td><td>Expected February 2022</td></tr><tr><td>To make recommendation to CDGB and MG with regard to funding release for the HCC MDT business case.</td><td>LA</td><td>Expected February/March 2022</td></tr><tr><td>To request data which provides evidence of delays in treatment</td><td>LA</td><td>February 22</td></tr></tbody></table>			Action	Lead	Date	Prepare paper for Management Group in October 2021 to highlight the risks in the HCC MDT and seek agreement to focus the commissioning intention for the hepatology provision in the WHSSC plan to specifically address the HCC risks.	LA	Completed.	To request a business case from CVUHB to address the immediate risks in the HCC MDT.	LA	Completed.	To review the HCC business case when this is received from CVUHB (awaiting confirmation from CVUHB when they expect to submit the case to WHSSC).	C&B CT	Expected February 2022	To make recommendation to CDGB and MG with regard to funding release for the HCC MDT business case.	LA	Expected February/March 2022	To request data which provides evidence of delays in treatment	LA	February 22						
Action	Lead	Date																											
Prepare paper for Management Group in October 2021 to highlight the risks in the HCC MDT and seek agreement to focus the commissioning intention for the hepatology provision in the WHSSC plan to specifically address the HCC risks.	LA	Completed.																											
To request a business case from CVUHB to address the immediate risks in the HCC MDT.	LA	Completed.																											
To review the HCC business case when this is received from CVUHB (awaiting confirmation from CVUHB when they expect to submit the case to WHSSC).	C&B CT	Expected February 2022																											
To make recommendation to CDGB and MG with regard to funding release for the HCC MDT business case.	LA	Expected February/March 2022																											
To request data which provides evidence of delays in treatment	LA	February 22																											
<b>Additional comments:</b>																													

<b>Risk Ref:</b> 32 Adults with an Eating Disorder (MH/21/11) <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)			<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																																		
<b>Risk:</b> There is a risk that referrals for adults with an eating disorder/disordered eating, will increase <i>due to partly</i> COVID-19. <i>The consequence</i> is that additional placements may be needed, and admissions delayed <i>due to</i> the absence of ED beds in Wales			<b>Date Added to Register:</b> 24/02/21		<b>Date last reviewed by:</b> Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																																
<div><div>Risk Rating (impact x likelihood)</div><table><tr><td>Initial</td><td>2x5</td><td>10</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table></div>			Initial	2x5	10	Current	4x4	16	Target	2x2	4	<div><div>Risk Rating</div><table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>10</td><td>8</td></tr><tr><td>Apr-21</td><td>10</td><td>8</td></tr><tr><td>May-21</td><td>10</td><td>8</td></tr><tr><td>Jun-21</td><td>15</td><td>8</td></tr><tr><td>Jul-21</td><td>9</td><td>4</td></tr><tr><td>Aug-21</td><td>9</td><td>4</td></tr><tr><td>Sep-21</td><td>9</td><td>4</td></tr><tr><td>Oct-21</td><td>9</td><td>4</td></tr><tr><td>Nov-21</td><td>9</td><td>4</td></tr><tr><td>Dec-21</td><td>9</td><td>4</td></tr><tr><td>Jan-22</td><td>16</td><td>4</td></tr></tbody></table></div>			Month	Risk Rating	Target	Mar-21	10	8	Apr-21	10	8	May-21	10	8	Jun-21	15	8	Jul-21	9	4	Aug-21	9	4	Sep-21	9	4	Oct-21	9	4	Nov-21	9	4	Dec-21	9	4	Jan-22	16	4	<div><div>Groups discussed risk during period</div><div>Commissioning Team 22/06/21 Commissioning Team 19/07/21 Commissioning Team 25/08/21 Commissioning Team 20/10/21 Commissioning Team 30/11/21 Commissioning Team 24/01/22</div></div>		
Initial	2x5	10																																																			
Current	4x4	16																																																			
Target	2x2	4																																																			
Month	Risk Rating	Target																																																			
Mar-21	10	8																																																			
Apr-21	10	8																																																			
May-21	10	8																																																			
Jun-21	15	8																																																			
Jul-21	9	4																																																			
Aug-21	9	4																																																			
Sep-21	9	4																																																			
Oct-21	9	4																																																			
Nov-21	9	4																																																			
Dec-21	9	4																																																			
Jan-22	16	4																																																			
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"><li>Demand and capacity assessment</li><li>Regular review</li><li>Commissioning plan to be developed</li></ul>			<b>What actions should we take:</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Commission rapid review of current demands from NHS benchmarking of eating disorders services.</td><td>Director Planning</td><td>Complete</td></tr><tr><td>Rapid review to be re-run in November 21 for reporting in December 21</td><td>Shane Mills</td><td>Feb 22</td></tr><tr><td>Set up workshop to consider alternative controls for adult services</td><td>Senior Planner</td><td>Mar 22</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			Action	Lead	Date	Commission rapid review of current demands from NHS benchmarking of eating disorders services.	Director Planning	Complete	Rapid review to be re-run in November 21 for reporting in December 21	Shane Mills	Feb 22	Set up workshop to consider alternative controls for adult services	Senior Planner	Mar 22																																				
Action	Lead	Date																																																			
Commission rapid review of current demands from NHS benchmarking of eating disorders services.	Director Planning	Complete																																																			
Rapid review to be re-run in November 21 for reporting in December 21	Shane Mills	Feb 22																																																			
Set up workshop to consider alternative controls for adult services	Senior Planner	Mar 22																																																			
<b>Additional comments:</b> <p>July 21 – lowered current score from 15 to 9 and lower the target score from 8 to 4</p> <p>Jan 22 - MH &amp;VG Commissioning Team advised the risk score is to be increase from 9 to 16 due to notice has been given from NHS provider to cease the contract.</p>																																																					

Risk Ref: 33 CS10 New Risk Welsh Government Priority Delivery Measures (CD03) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			Director Lead: Committee Secretary Assuring Committee: Joint Committee														
There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives			Date Added to Register: 26 January 2022		Date last reviewed by: Risk Scrutiny Group 31.01.22												
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4x5</td><td>20</td></tr><tr><td>Current</td><td>4X5</td><td>20</td></tr><tr><td>Target</td><td>3X3</td><td>9</td></tr></table>		Initial	4x5	20	Current	4X5	20	Target	3X3	9	<div>Update As at January 2022</div> <div>Cross Directorate Risk (CD03) - WG have set 34 new Priority Delivery measures that will be formally monitored from April 2022 onwards. NHS bodies are expected to align their developing Integrated Medium term Plans (IMTPs) towards delivering these priorities and measures, and where necessary, to bring forward key actions that will ensure these are the focus for the whole organisation. There is a risk that WHSSC will be unable to deliver specialised services it has committed to delivering in the Integrated Commissioning Plan (ICP) due to the waiting list backlog.</div> <div>Graph to be added</div>						
		Initial	4x5	20													
Current	4X5	20															
Target	3X3	9															
Groups discussed risk during period																	
		RSG 31 January 2022 CDGB															
What controls have we put in place for the risk: <div>1. WHSSC are working with HBs to share infrastructure and to develop regional approaches for high volume and specialist services.</div> <div>2. The JC and MG receive regular updates specialised services performance at each meeting</div> <div>3. The new measures have been reflected in the Integrated Commissioning Plan (ICP) 2022-2025</div> <div>4. The Integrated Governance Committee (IGC) oversees the Joint Committee's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the plan. They receive regular updates on progress.</div>			What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>ICP to be presented to the Joint Committee 8 February 2022 for approval, once approved it will be included in HB Integrated Medium term Plans (IMTPs').</td><td>KP/AD</td><td>February 2022</td></tr><tr><td>The JC and MG will receive routine reports at each meeting on the performance of specialised services, and the impact of waiting list backlog and the shortfall in capacity.</td><td>KP/SD</td><td>Monthly</td></tr><tr><td></td><td></td><td></td></tr></table>			Action	Lead	Date	ICP to be presented to the Joint Committee 8 February 2022 for approval, once approved it will be included in HB Integrated Medium term Plans (IMTPs').	KP/AD	February 2022	The JC and MG will receive routine reports at each meeting on the performance of specialised services, and the impact of waiting list backlog and the shortfall in capacity.	KP/SD	Monthly			
Action	Lead	Date															
ICP to be presented to the Joint Committee 8 February 2022 for approval, once approved it will be included in HB Integrated Medium term Plans (IMTPs').	KP/AD	February 2022															
The JC and MG will receive routine reports at each meeting on the performance of specialised services, and the impact of waiting list backlog and the shortfall in capacity.	KP/SD	Monthly															
Additional comments:																	

Risk Ref: 34 Lack of Paediatric Intensive Care Beds (P/21/02) Risk Domain: Workforce			Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																	
Risk: There is a risk that a paediatric intensive care bed, in the Children’s Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.			Date Added to Register:24/02/21		Date last reviewed by: Commissioning team 12/01/22															
Risk Rating (impact x likelihood)		Risk Rating																		
<table><tr><td>Initial</td><td>3x4</td><td>12</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table>	Initial	3x4	12	Current	4x4	16	Target	2x2	4				Groups discussed risk during period							
Initial	3x4	12																		
Current	4x4	16																		
Target	2x2	4																		
				Commissioning Team – 29/06/21 Commissioning Team – 11/08/21 Commissioning Team– 20/09/21 Commissioning Team – 20/10/21 Commissioning Team – 17/11/21 Commissioning Team – 13/12/21 Commissioning Team - 12/01/21																
What controls have we put in place for the risk:			What actions should we take:																	
<ul style="list-style-type: none"><li>Monitoring of investment of newly commissioned 7 beds to ensure commissioned capacity meets demand</li><li>Monthly refusal rates monitored in line with SLA</li></ul>			<table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Request information from Health Board on staffing establishment.</td><td>W&amp;C Planner</td><td>Completed</td></tr><tr><td>Work with HB on winter surge plan for winter 2021/22</td><td>W&amp;C Planner</td><td>Completed</td></tr><tr><td>Ongoing monitoring of current capacity</td><td>W&amp;C Planner</td><td>28/02/22</td></tr><tr><td></td><td></td><td></td></tr></table>			Action	Lead	Date	Request information from Health Board on staffing establishment.	W&C Planner	Completed	Work with HB on winter surge plan for winter 2021/22	W&C Planner	Completed	Ongoing monitoring of current capacity	W&C Planner	28/02/22			
Action	Lead	Date																		
Request information from Health Board on staffing establishment.	W&C Planner	Completed																		
Work with HB on winter surge plan for winter 2021/22	W&C Planner	Completed																		
Ongoing monitoring of current capacity	W&C Planner	28/02/22																		
Additional comments:																				
The Women & Children Commissioning Group to agree to review risk in Feb 2022 In addition to note the change of the risk domain, from Impact on the safety of patients, staff or public to workforce as WHSSC is currently commissioning sufficient capacity, however, the service are unable to meet the required standards due to workforces restraints.																				

Risk Ref: 35 Lack of available beds for mental health patients (MH/21/06) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																														
Risk: There is a risk that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement		Date Added to Register:24/02/21	Date last reviewed by: Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021 Quality Patient Safety – 18 January 2022																																													
Risk Rating (impact x likelihood) <table><tr><td>Initial</td><td>3x3</td><td>9</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>3x2</td><td>6</td></tr></table>	Initial	3x3	9	Current	4x4	16	Target	3x2	6	<div>Risk Rating</div>  <table><thead><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>9</td><td>6</td></tr><tr><td>Apr-21</td><td>9</td><td>6</td></tr><tr><td>May-21</td><td>9</td><td>6</td></tr><tr><td>Jun-21</td><td>9</td><td>6</td></tr><tr><td>Jul-21</td><td>9</td><td>6</td></tr><tr><td>Aug-21</td><td>9</td><td>6</td></tr><tr><td>Sep-21</td><td>16</td><td>6</td></tr><tr><td>Oct-21</td><td>16</td><td>6</td></tr><tr><td>Nov-21</td><td>16</td><td>6</td></tr><tr><td>Dec-21</td><td>16</td><td>6</td></tr><tr><td>Jan-22</td><td>16</td><td>6</td></tr></tbody></table>		Month	Risk Rating	Target	Mar-21	9	6	Apr-21	9	6	May-21	9	6	Jun-21	9	6	Jul-21	9	6	Aug-21	9	6	Sep-21	16	6	Oct-21	16	6	Nov-21	16	6	Dec-21	16	6	Jan-22	16	6	Groups discussed risk during period
	Initial	3x3	9																																													
Current	4x4	16																																														
Target	3x2	6																																														
Month	Risk Rating	Target																																														
Mar-21	9	6																																														
Apr-21	9	6																																														
May-21	9	6																																														
Jun-21	9	6																																														
Jul-21	9	6																																														
Aug-21	9	6																																														
Sep-21	16	6																																														
Oct-21	16	6																																														
Nov-21	16	6																																														
Dec-21	16	6																																														
Jan-22	16	6																																														
What controls have we put in place for the risk: <ul style="list-style-type: none"><li>Assessment of capacity and demand</li><li>Commissioning strategy to be developed</li></ul>		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Secure work stream is being considered under the mental health strategy.</td><td>Senior Planning Manager</td><td>March 2022</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Action	Lead	Date	Secure work stream is being considered under the mental health strategy.	Senior Planning Manager	March 2022																																							
Action	Lead	Date																																														
Secure work stream is being considered under the mental health strategy.	Senior Planning Manager	March 2022																																														
Additional comments: Risk discussed at July 2021 commissioning team meeting for clarity on risk title, controls in place and further actions required. Discussed at August 2021 Commissioning team and score raised due to national pressures, closure of one unit in England and ongoing ligature works in Caswell. Jan 22 - MH &VG Commissioning Team advised despite 80 surge beds being purchased until the end of March 22 the risk remains high and likely to increase further. Restructure of NHS England in to provider collaborative will further impact the availability if UK beds therefore this risk will be monitored closely																																																

Risk Appetite Levels

Appetite Level	Described as:
None	<b>Avoid</b> - The avoidance of risk and uncertainty is a key organisational objective.
Low	<b>Minimal</b> - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
Moderate	<b>Cautious</b> - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	<b>Open</b> - Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	<b>Seek</b> - Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk.  <b>Mature</b> - Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Risk Matrix

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Likelihood Score (L) - What is the likelihood of the consequence occurring?				
1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain
This will probably never happen / recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen / recur but it is not a persisting issue	Will undoubtedly happen / recur, possibly frequently

Consequence x Likelihood = Risk Score

Domains
Impact on the safety of patients, staff or public (physical/psychological harm)
Population Health
Quality/complaints/audit
Human resources/ organisational development/staffing/ competence
Statutory duty/ inspections
Adverse publicity/ reputation
Business objectives/ projects
Finance including claims
Service/business interruption
Environmental impact

## APPENDIX 2

### RISK ACTIVITY FROM NOVEMBER 2021-JANUARY 2022

The Joint Committee last considered the CRAF on the 9 November 2021. Since then a review of all risks has been undertaken through the commissioning team meetings, the Risk Scrutiny Group (RSG), the Corporate Directors Group Board (CDGB) and the Integrated Governance Committee (IGC).

A summary of changes made between November 2021 and 31 January 2022 is outlined below:

#### New Risks

2 new Cancer & Blood commissioning risks were received during November 2021 – January 22.

1 new Organisational risk was added to the CRAF during January 2022.

Risk Reference	Score
<b>30 (CB04)</b> <b>Major Burns ITU</b> There is a risk that patients are not being treated in a timely and/or appropriate way due to the closure of the major burns ITU at SBUHB and as a consequence this could lead to poorer patient outcomes	16
<b>31 (CB05)</b> <b>HCC South Wales</b> There is a risk that patients with HCC in south Wales are not being treated in a timely way. Due to lack of capacity (consultant time) and imaging availability in the HCC MDT and as a consequence could lead to poorer patient outcomes.	16
<b>33 (CS/10 CD03)</b> <b>Welsh Government Priority Delivery Measures</b> There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives	20

## Escalated Risks

**3** risks in total have been escalated during the period November 2021-January 2022.

**1** Mental Health & Vulnerable Group commissioning risk and **1** Women & Children Group commissioning risk was escalated during January 2022. The IPFR risk was also escalated during January 2022.

Reference	Escalated/ Score	Action
<b>32 (MH/21/11)</b> <b>Adults with an Eating Disorder</b> There is a risk that referrals for adults with an eating disorder/disordered eating, will increase <i>due to</i> Covid19. <i>The consequence</i> is that additional placements may be needed, and admissions delayed <i>due to</i> the absence of ED beds in Wales.	From 9 to 16	The MH&VG commissioning team agreed to escalate the risk from 9 to 16 as the additional need for placement and the absence of ED beds remains.
<b>34 (P/21/02)</b> <b>Lack of Paediatric Intensive Care Beds</b> <i>There is a risk</i> that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required <i>due to</i> constraints within the service. <i>There is a consequence</i> that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.	From 12 to 16	The Women & Children Commissioning Group to agree the escalation of risk score from 12 to 16. In addition to note the change of the risk domain, from Impact on the safety of patients, staff or public to workforce as WHSSC is currently commissioning sufficient capacity, however, the service are unable to meet the required standards <i>due to</i> workforces restraints.
<b>29 (CS/08 CD02)</b> <b>WHSSC IPFR Governance</b> WHSSC IPFR ToR and Governance There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in	From 16 to 20	CDGB agreed the escalation of risk score from 16 to 20 following the Judgment from the Judicial review and the urgent need to review the All Wales Policy and Terms of Reference.



the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews		
--	--	--

## De-escalated Risks

**7** risks in total have been deescalated during the period November 2021-January 2022.

**1** Neuroscience risk, **1** Cancer and Blood risk, **4** Women & Children risks and **1** corporate organisational risk were de-escalated during the period November 2021 and January 2022.

Reference	Deescalated/ Score	Action
<b>15 (NCC055)</b> <b>War Veteran Patients</b> There is a risk that civilian patients have longer waiting times due to the priority given to War Veterans as staffing levels and non-pay funding are not being increased to meet the expected KPIs for War Veterans. The consequence is that civilian patients are not receiving equitable access to the Prosthetics service	From 15-12	Following review at the November 21 Commissioning team meeting it was agreed to lower the risk from 15 to 9, as the risk was originally score to high.
<b>2 (P/21/03)</b> <b>Paediatric Gastroenterology</b> There is a risk for patients requiring access to paediatric Gastroenterology services in south Wales that due to limited specialist nurse and dietetic support through the current commissioning arrangements there is a consequence that care will be delayed and will be without full MDT input	From 16-9	Following review at the November 21 Commissioning team meeting it was agreed to lower the risk score from 16 to 9 as the controls in place for investment and the proposal addresses the longer-term sustainability.

Reference	Deescalated/ Score	Action
<b>5 (P/21/08)</b> <b>Inherited Metabolic Disease (IMD)</b> There is a risk that the current paediatric Inherited Metabolic Disease service for south Wales is no longer sustainable due to the impending retirement of the single-handed consultant. The consequence is a service collapse for the south Wales population	From 25 -12	Following discussion at the Women and Children's Commissioning Team in November 2021, it was agreed to lower the risk score from 25 to 12 as two permanent solutions from NHS England were considered with no gap in service.
<b>7 (P/21/12)</b> <b>Cleft Lip and Palate</b> There is a risk that patients requiring surgery for Cleft Lip and Palate in south Wales are unable to have treatment within the recommended timeframes due to difficulties accessing theatre capacity to ensure the timely surgery of patients on the waiting list. The consequence of patients not being operated on within the required window could impact on their suitability for future surgery	From 16-12	Following discussion at the Women and Children Commissioning Team meeting November 21 it was agreed the risk score would be lowered from 16 to 12, as there is improved theatre capacity locally and improved activity levels.
<b>4 (P/21/07)</b> <b>Neonatal Transport Governance Process</b> There is a risk that the current governance processes for the neonatal transport service in south Wales are not sufficiently escalating areas of concerns to all relevant health boards due to the current split model (1 in 3). The consequence is that through existing arrangements not all three providers are aware of risks and incidents in the system	From 16 to 9	The Women & Children Commissioning Group in January 22 agreed to reduce the risk score from 16 to 9 as the Delivery Assurance Group (DAG) has been established, however, processes for assurance are being worked through, therefore, risk partly mitigated.
<b>01 (CB02)</b> <b>Cancer Waiting Times</b> There is a risk that patients referred to thoracic surgery may breach	From 15 to 9	The C&B Commissioning team agreed in January 2022 as the requested thoracic surgery data has

Reference	Deescalated/ Score	Action
<p>cancer waiting times due to delays in the surgical component of the pathway. This is caused by loss of throughput/capacity due to infection control measures. This would lead to risk of poorer patient outcomes.</p>		<p>been received from both Cardiff and Swansea in which it states that any breaches were not due to capacity issues, the score could be reduced, with the caveat that data continues to be provided. As a reduction in demand has been seen (which has been referred to the WCN), the team will ask them if their capacity is sufficient if demand should increase again.</p>
<p><b>28 (CS/03 CD01)</b> <b>Workforce Demand and Capacity</b> There is a risk that WHSSC is unable to keep up with increasing work demand due to increasing workloads with existing portfolios as a consequence we will have insufficient capacity to deliver the plan. This will affect the ability to recruit, retain and engage staff.</p>	<p>From 20 to 16</p>	<p>Risk has been lowered as a number of immediate actions has been taken to mitigate the risk including the Joint Committee approving an increase the Direct Running Costs (DRC) budget to enable additional workforce capacity at its meeting on the 7 September 2021. Whilst the risk has been mitigated and the score has been reduced, it remains a "live" risk as the recruitment of the identified resource will take some months and until staff are recruited and are in post, the remaining WHSSC staff remain under considerable pressure.</p>

## Closed Risks

**7** Neuroscience **Red** risks been closed during November 2021 and January 2022.

Reference	Closed Score	Action
<b>8 (NCC048) Neurosurgery</b> <i>There is a risk to the ongoing sustainability of the Neurosurgical service provided by Cardiff and Vale due to a reduction by HEIW in the number of Neurosurgical trainee posts and difficulties in appointing to non- training posts with a consequence of the service not being able to provide adequate out of hours medical cover resulting in the potential loss of a South Wales Service.</i>	16 Red Risk	The Commissioning Team undertook further review of this risk in November 21 and it was agreed to close the risk as a locum had been appointed and therefore the immediate risk had been mitigated. However, neurosurgical activity and waiting times continue to be monitored at the regular risk and assurance meetings held with the service.
<b>13 (NCC012) Waiting times – Neurosurgery</b> There is a risk that the providers for south Wales neurosurgery cannot met the waiting times target due to environmental and workforce issues, with a consequence that patients in south Wales are waiting in excess of the agreed waiting times for Neurosurgery which has the risk of them having to undergo unnecessary repeated radiological scans.	16 Red Risk	An overarching risk has been added to the CRAF - 33 (CS/10/D03) Welsh Government Priority delivery Measures, the risk will remain on the commissioning team register for monitoring.
<b>10 (NCCC050) Bed/Theatre Capacity Neurosurgery Patients</b> There is a risk that patients will not be able to be admitted due to a lack of additional capital investment to increase bed capacity to align with the increase in theatre capacity, to support the level of referrals into the service and meet national standards for the population of south Wales and as a consequence the service will not meet the national standards for the	20 Red Risk	Following discussion at the November 21 Commissioning Team meeting it was agreed to incorporate risk NCC050 into NCC049 and reword the risk title. Hence, NCC050 has been closed and NCC049 remains on the CRAF.

Reference	Closed Score	Action
population of south Wales and patients will not receive timely access to procedures and care		
<b>11 (NCC051)</b> <b>Sub specialisation for Neuro Oncology Service</b> There is a risk that the south Wales Neuro oncology Provider cannot address the concerns of the independent peer review regarding the lack of consultant sub specialisation for the Neuro oncology service with a consequence of not being able to meet cancer services strategic priorities and sustainability of the south Wales service.	15 Red Risk	The Commissioning team recommended to close the risk as a Business Case was received and a funding release completed. Presented at CDGB and Management Group in Nov 21.
<b>12 (NCC052)</b> <b>Cochlear and BAHA</b> There is a risk that patients are accessing a poor Cochlear and BAHA service at CTMUHB's Bridgend Hospital due to the long waiting times and the loss of audiology support from the service, with a consequence of patients' waiting too long for treatment and their condition deteriorating and inadequate service provision affecting the quality of treatment provided to patients.	16 Red Risk	The Commissioning team recommended to close the risk as patients from CTMUHB are receiving their care from C&VUHB. Although this is an interim arrangement two workshops have been held with the service to progress the engagement and consultation process
<b>14 (NCC053)</b> <b>CT Scans</b> There is a risk that patients are not able to receive rapid access imaging (Non contrast CT scan and CT Angiogram as a minimum) for Thrombectomy service, due to the delay in images being transferred in a time critical manner from the North Wales Health Boards to Walton Centre with a consequence that patients are not able to access	16 Red Risk	The Commissioning team advised that progress had been made to install the 3D net Biotronic IT platform. Therefore, the commissioning team agreed that the risk could be closed.

Reference	Closed Score	Action
life changing Thrombectomy treatment.		
<b>16 (NCC056)</b> <b>IPC Neurosurgery</b> There is a risk that patients from the Major Trauma unit or Neurosurgery wards at UHW are unable to access specialist rehabilitation due to an outbreak of Klebsiella and consequently the wards have been closed to new admissions. South Wales patients requiring access to specialist rehabilitation may need to be outsourced to providers in England.	20 Red Risk	The Commissioning team recommended closure of the risk as the ward is now open and operational.



<b>Report Title</b>	<b>WHSSC Joint Committee Annual Plan of Committee Business 2022-2023</b>		<b>Agenda Item</b>	3.9	
<b>Meeting Title</b>	<b>Joint Committee</b>		<b>Meeting Date</b>	15/03/2022	
<b>FOI Status</b>	Open/Public				
<b>Author (Job title)</b>	Corporate Governance Officer				
<b>Executive Lead (Job title)</b>	Committee Secretary & Head of Corporate Services				
<b>Purpose of the Report</b>	The purpose of this report is to present the Joint Committee's Annual Plan of Committee Business for 2022-2023 that outlines the annual business cycle for the work of the Committee.				
<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s):</b>  Members are asked to: <ul style="list-style-type: none"><li>• <b>Approve</b> the Joint Committee's Annual Plan of Committee Business for 2022-2023.</li></ul>					

# WHSSC JOINT COMMITTEE ANNUAL PLAN OF COMMITTEE BUSINESS 2022-2023

## 1.0 SITUATION

The purpose of this report is to present the Joint Committee's (JC's) Annual Plan of Committee Business for 2022-2023 that outlines the annual business cycle for the work of the Committee.

## 2.0 BACKGROUND

Section 6.3 of the WHSSC Standing Orders stipulate that:

*"6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda".*

The JC are required to agree the plan for the forthcoming year by the end of March, and that the plan be included on the website.

## 3.0 ASSESSMENT

### 3.1 Development of the Annual Plan of Committee Business

The draft Annual Plan has been developed with due regard to:

- the WHSSC Standing Orders and Scheme of Reservation and Delegation of Powers,
- the Integrated Commissioning Plan (ICP),
- key risks and areas where scrutiny is required by the full JC; and
- key statutory, national and best practice requirements and reporting arrangements.

The Annual Plan details the items that the JC should review and are items that are detailed within the JC's Scheme of Reservation (decisions reserved for the Joint Committee). It should be noted that the Annual Plan is flexible and additional items will be added throughout the year.

### 3.2 Joint Committee Annual Plan of Committee Business 2022-2023

The JC Annual Plan of Committee Business 2022-2023 and the Sub-Committee Forward Work Plans are presented at **Appendix 1** and provide an overview of the scheduled items for 2022-2023.



The draft meeting schedule for the JC has been arranged to ensure that there are no diary clashes with Health Board (HB) meetings. In addition, as previously agreed, the JC for Welsh Health Specialised Services (WHSSC) and Emergency Ambulance Services Committee (EASC) will be held on the same day.

The schedule of WHSSC Joint Committee meeting dates for 2022-2023 is outlined in the table below:

Date	Time
10 May 2022	09:30
12 July 2022	13:30
06 September 2022	09:30
08 November 2022	13:30
06 December 2022 (tbc)	09:30
17 January 2023	09:30
14 March 2023	13:30

The JC Annual Plan will be subject to change throughout the year, and will steer agenda planning.

In addition to the specific papers detailed within the JC Annual Plan, the JC will also:

- Routinely consider members' interests at the start of each meeting,
- Receive minutes from the previous meeting and an update against an ongoing log of agreed actions; and
- Receive summary reports from each of its Sub-committees in order to demonstrate that delegated responsibilities are being effectively discharged.

The schedule of meetings for 2022-2023 is presented at **Appendix 2**, which includes dates for the following key meetings:

- Corporate Directors Group Board (CDGB),
- Management Group (MG),
- Joint Committee (JC),
- Quality & Patient Safety Committee (QPSC); and
- Integrated Governance Committee (IGC)

The schedule has been developed so that the Management Group meeting that takes place the month prior to a Joint Committee meeting will consider agenda items that will require their input prior to being submitted to the next Joint Committee meeting.

As the WHSSC continues to manage and support its response to the recovery phase of COVID-19, the JC arrangements will continue to be held virtually, with focussed agendas and shorter meetings.

#### **4. RECOMMENDATIONS**

Members are asked to:

- **Approve** the Joint Committee's Annual Plan of Committee Business for 2022-2023.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance Development of the Plan Implementation of the Plan
<b>Link to Integrated Commissioning Plan</b>	An annual plan of work provides each committee/group with an indication of the planned work for the year. This will also enable WHSSC to operate a more efficient way and support delivery of the Integrated Commissioning Plan.
<b>Health and Care Standards</b>	Governance, Leadership and Accountability Choose an item. Choose an item.
<b>Principles of Prudent Healthcare</b>	Only do what is needed Choose an item. Choose an item.
<b>NHS Delivery Framework Quadruple Aim</b>	Choose an item. Choose an item. Choose an item. Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	Strong governance mechanisms will indirectly improve quality of service and patient safety and experience.
<b>Finance/Resource Implications</b>	There are no financial/resource implications associated with this report.
<b>Population Health</b>	Not applicable
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	Section 6.3 of the WHSSC Standing Orders stipulate that The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda". The Joint Committee are required to agree the plan for the forthcoming year by the end of March, and that the plan be included on the website.
<b>Long Term Implications (incl WBFG Act 2015)</b>	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.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	Not applicable

## Appendices

**Appendix 1** – WHSSC Joint Committee Annual Plan of Committee Business 2022-2023

**Appendix 2** – WHSSC Schedule of Meetings 2022-2023

## WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PROGRAMME

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>15 March 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Chair's Report  Managing Director's Report  Annual Review of Committee Effectiveness 2022  Commissioning of 12 Week Clinical Pathway for the Treatment of Aortic Stenosis  WHSSC Process for Responding to the Ministerial Measures  Disestablishment of Learning Disability Advisory Group  All Wales IPFR Terms of Reference (ToR)  Corporate Risk Assurance Framework	COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters Report  Report from the Chair of the CTMUHB Audit & Risk Committee  Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	SBUHB Presentation - Neonatal Transport – Update on the Development of Neonatal Transport Operational Delivery Network (Action Log Item)  Major Trauma Update  WHSSC Annual Business Cycle 2022-2023

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>10 May 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Chair's Report  Managing Director's Report  Corporate Risk Assurance Framework  WHSSC Specialised Services Strategy  Sub Committee Annual Reports 2021-22 and Terms of Reference  Annual Governance Statement 2021-22  Committee Effectiveness	COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters Report  Report from the Chair of the CTMUHB Audit & Risk Committee  Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	Strategy for Specialised Services

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>12 July 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Chair's Report  Managing Director's Report  Annual Committee Self-Assessment 2022  Risk Management Strategy  WHSSC Annual Report 2021-2022	COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters Report  Report from the Chair of the CTMUHB Audit & Risk Committee  Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>06 September 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Chair's Report  Managing Director's Report  WHSSC Standing Orders	COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters Report  Report from the Chair of the CTMUHB Audit & Risk Committee  Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	



MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>08 November 2022</b>	<p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Forward Work Programme</p>	<p>Chair's Report</p> <p>Managing Director's Report</p> <p>Corporate Risk Assurance Framework</p> <p>Integrated Commissioning Plan 2023-2026</p>	<p>COVID-19 Period Activity Report</p> <p>Financial Performance Report</p> <p>Corporate Governance Matters Report</p> <p>Report from the Chair of the CTMUHB Audit &amp; Risk Committee</p> <p>Reports from the Joint Sub-Committees</p> <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>17 January 2023</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Chair's Report  Managing Director's Report	COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters Report  Report from the Chair of the CTMUHB Audit & Risk Committee  Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>14 March 2023</b>	<p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Forward Work Programme</p>	<p>Chair's Report</p> <p>Managing Director's Report</p> <p>Annual Review of Committee Effectiveness 2023</p>	<p>COVID-19 Period Activity Report</p> <p>Financial Performance Report</p> <p>Corporate Governance Matters Report</p> <p>Report from the Chair of the CTMUHB Audit &amp; Risk Committee</p> <p>Reports from the Joint Sub-Committees</p> <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	

## WHSSC MANAGEMENT GROUP 12 MONTH ROLLING FORWARD WORK PROGRAMME

MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>24 March 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report  Annual Review of Committee Effectiveness 2022  Terms of Reference Review and Approval  Funding Release – Welsh Gender Service  Gambling Addiction Services  Complex Mental Health Patients – Recharging Framework (Action Log Item)	COVID-19 Period Activity Report  Financial Performance Report	Specialised services strategy  Shaping Our Future Hospitals Update (Action Log Item)  Major Trauma Presentation (Action Log Item)  NCCU Secure Services Report (Action Log Item)  Paediatric Ketogenic Diet – Change in Service Model (Action Log Item)

MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>21 April 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report  Draft MG Annual Report 2021-22	COVID-19 Period Activity Report  Financial Performance Report	
<b>19 May 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report	WHSSC Policy Group Report  COVID-19 Period Activity Report  Financial Performance Report	
<b>23 June 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report	COVID-19 Period Activity Report  Financial Performance Report	

MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>28 July 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report		
<b>25 August 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report	WHSSC Policy Group Report  COVID-19 Period Activity Report  Financial Performance Report	
<b>22 September 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report	COVID-19 Period Activity Report  Financial Performance Report	

MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>27 October 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report	COVID-19 Period Activity Report  Financial Performance Report	
<b>24 November 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report  Integrated Commissioning Plan 2023-26	WHSSC Policy Group Report  COVID-19 Period Activity Report  Financial Performance Report	
<b>15 December 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report	COVID-19 Period Activity Report  Financial Performance Report	

MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>26 January 2023</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report	COVID-19 Period Activity Report  Financial Performance Report	
<b>23 February 2023</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Managing Director's Report	WHSSC Policy Group Report  COVID-19 Period Activity Report  Financial Performance Report	Integrated Commissioning Plan 2024-25 Timeline



MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>23 March 2023</b>	Declarations of Interest	Managing Director's Report	COVID-19 Period Activity Report	
	Minutes	Annual Review of Committee Effectiveness 2023	Financial Performance Report	
	Action Log			
	Forward Work Programme	Terms of Reference Review and Approval		

## WHSSC QUALITY & PATIENT SAFETY COMMITTEE 12 MONTH ROLLING FORWARD WORK PROGRAMME

MEETING	STANDING ITEMS	FOR NOTING / ACTION	ROUTINE REPORTS	INFORMATION
<b>30 March 2022</b>	Presentation & Patient Story  Declarations of Interest  Minutes  Action Log  Agenda Items for Next Meeting  Issues for Escalation to Joint Committee through Chair's Report  Key Issues for Health Board Quality and Safety Committees  Forward Work Programme	Update Reports from the Networks - WRCN  Update Reports from Commissioning Teams - Cancer & Blood - Cardiac - Mental Health & Vulnerable Groups - Neurosciences - Women & Children  Report on Escalation & Table Summary of Services in Escalation  Terms of Reference Review  Draft Q&PS Annual Report 2021-22	Corporate Risk Assurance Framework  Report from the WHSSC Policy Group  CQC/HIW Summary Update  Serious Incidents & Complaints Report	Chair's Report and Escalation Summary to the Joint Committee  WHSSC Q&PS Distribution List  Mother & Baby Unit Incident Feedback (Action Log Item)  NCCU Secure Services Report (if finalised)  Neonatal Network Transport Update  Update from the Inquest (action Log Item)  Annual Review of Committee Effectiveness 2022 –Approach

MEETING	STANDING ITEMS	FOR NOTING / ACTION	ROUTINE REPORTS	INFORMATION
<b>07 June 2022</b>	<p>Presentation &amp; Patient Story</p> <p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Agenda Items for Next Meeting</p> <p>Issues for Escalation to Joint Committee through Chair's Report</p> <p>Key Issues for Health Board Quality and Safety Committees</p> <p>Forward Work Programme</p>	<p>Update Reports from the Networks</p> <ul style="list-style-type: none"> <li>- WRCN</li> </ul> <p>Update Reports from Commissioning Teams</p> <ul style="list-style-type: none"> <li>- Cancer &amp; Blood</li> <li>- Cardiac</li> <li>- Mental Health &amp; Vulnerable Groups</li> <li>- Neurosciences</li> <li>- Women &amp; Children</li> </ul> <p>Report on Escalation &amp; Table Summary of Services in Escalation</p>	<p>Corporate Risk Assurance Framework</p> <p>Report from the WHSSC Policy Group</p> <p>CQC/HIW Summary Update</p> <p>Serious Incidents &amp; Complaints Report</p>	<p>Chair's Report and Escalation Summary to the Joint Committee</p> <p>WHSSC Q&amp;PS Distribution List</p> <p>Annual Review of Committee Effectiveness 2022 – Results.</p>

MEETING	STANDING ITEMS	FOR NOTING / ACTION	ROUTINE REPORTS	INFORMATION
<b>09 August 2022</b>	Presentation & Patient Story  Declarations of Interest  Minutes  Action Log  Agenda Items for Next Meeting  Issues for Escalation to Joint Committee through Chair's Report  Key Issues for Health Board Quality and Safety Committees  Forward Work Programme	Update Reports from the Networks - WRCN  Update Reports from Commissioning Teams - Cancer & Blood - Cardiac - Mental Health & Vulnerable Groups - Neurosciences - Women & Children  Report on Escalation & Table Summary of Services in Escalation	Corporate Risk Assurance Framework  Report from the WHSSC Policy Group  CQC/HIW Summary Update  Serious Incidents & Complaints Report	Chair's Report and Escalation Summary to the Joint Committee  WHSSC Q&PS Distribution List  Major Trauma Network Peer Review Findings (Action Log Item)

MEETING	STANDING ITEMS	FOR NOTING / ACTION	ROUTINE REPORTS	INFORMATION
<b>11 October 2022</b>	<p>Presentation &amp; Patient Story</p> <p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Agenda Items for Next Meeting</p> <p>Issues for Escalation to Joint Committee through Chair's Report</p> <p>Key Issues for Health Board Quality and Safety Committees</p> <p>Forward Work Programme</p>	<p>Update Reports from the Networks</p> <ul style="list-style-type: none"> <li>- WRCN</li> </ul> <p>Update Reports from Commissioning Teams</p> <ul style="list-style-type: none"> <li>- Cancer &amp; Blood</li> <li>- Cardiac</li> <li>- Mental Health &amp; Vulnerable Groups</li> <li>- Neurosciences</li> <li>- Women &amp; Children</li> </ul> <p>Report on Escalation &amp; Table Summary of Services in Escalation</p>	<p>Corporate Risk Assurance Framework</p> <p>Report from the WHSSC Policy Group</p> <p>CQC/HIW Summary Update</p> <p>Serious Incidents &amp; Complaints Report</p>	<p>Chair's Report and Escalation Summary to the Joint Committee</p> <p>WHSSC Q&amp;PS Distribution List</p>

MEETING	STANDING ITEMS	FOR NOTING / ACTION	ROUTINE REPORTS	INFORMATION
<b>24 January 2023</b>	<p>Presentation &amp; Patient Story</p> <p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Agenda Items for Next Meeting</p> <p>Issues for Escalation to Joint Committee through Chair's Report</p> <p>Key Issues for Health Board Quality and Safety Committees</p> <p>Forward Work Programme</p>	<p>Update Reports from the Networks</p> <ul style="list-style-type: none"> <li>- WRCN</li> </ul> <p>Update Reports from Commissioning Teams</p> <ul style="list-style-type: none"> <li>- Cancer &amp; Blood</li> <li>- Cardiac</li> <li>- Mental Health &amp; Vulnerable Groups</li> <li>- Neurosciences</li> <li>- Women &amp; Children</li> </ul> <p>Report on Escalation &amp; Table Summary of Services in Escalation</p>	<p>Corporate Risk Assurance Framework</p> <p>Report from the WHSSC Policy Group</p> <p>CQC/HIW Summary Update</p> <p>Serious Incidents &amp; Complaints Report</p>	<p>Chair's Report and Escalation Summary to the Joint Committee</p> <p>WHSSC Q&amp;PS Distribution List</p>

MEETING	STANDING ITEMS	FOR NOTING / ACTION	ROUTINE REPORTS	INFORMATION
<b>21 March 2023</b>	<p>Presentation &amp; Patient Story</p> <p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Agenda Items for Next Meeting</p> <p>Issues for Escalation to Joint Committee through Chair's Report</p> <p>Key Issues for Health Board Quality and Safety Committees</p> <p>Forward Work Programme</p>	<p>Update Reports from the Networks</p> <ul style="list-style-type: none"> <li>- WRCN</li> </ul> <p>Update Reports from Commissioning Teams</p> <ul style="list-style-type: none"> <li>- Cancer &amp; Blood</li> <li>- Cardiac</li> <li>- Mental Health &amp; Vulnerable Groups</li> <li>- Neurosciences</li> <li>- Women &amp; Children</li> </ul> <p>Report on Escalation &amp; Table Summary of Services in Escalation</p> <p>Annual Review of Committee Effectiveness 2023</p> <p>Terms of Reference Review and Approval</p> <p>Draft Q&amp;PS Annual Report 2022-23</p>	<p>Corporate Risk Assurance Framework</p> <p>Report from the WHSSC Policy Group</p> <p>CQC/HIW Summary Update</p> <p>Serious Incidents &amp; Complaints Report</p>	<p>Chair's Report and Escalation Summary to the Joint Committee</p> <p>WHSSC Q&amp;PS Distribution List</p>

## **WHSSC INTEGRATED GOVERNANCE COMMITTEE 12 MONTH ROLLING FORWARD WORK PROGRAMME**

MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>30 March 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Terms of Reference Review and Approval  Draft IGC Annual Report 2021-22  Draft Annual Governance Statement	Governance Update Report  Corporate Risk Assurance Framework (CRAF)  Escalation Table  Audit Wales – WHSSC Committee Governance Review – Tracker	WRCN Update  ICP Update 2022-23 (if required)  Report on Improvement and Innovation Days process (Action Log Item)



MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>April 2022 (TBC)</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Results of Annual Committee Effectiveness Self-Assessment 2021-2022		
<b>07 JUNE 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Annual Review of Declarations of Interest  Governance and Accountability Framework	Governance Update Report  Corporate Risk Assurance Framework (CRAF)  Escalation Table  Audit Wales – WHSSC Committee Governance Review – Tracker  Internal Audit Tracker	Annual Governance Statement – final version for information  ICP Update 2022-23 (if required)

MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>09 August 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme		Governance Update Report  Corporate Risk Assurance Framework (CRAF)  Escalation Table  Audit Wales – WHSSC Committee Governance Review – Tracker  Internal Audit Tracker	IGC Annual Committee Evaluation 2022 – Discussion  ICP Update 2022-23 (if required)

MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>11 October 2022</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme		Governance Update Report  Corporate Risk Assurance Framework (CRAF)  Escalation Table  Audit Wales – WHSSC Committee Governance Review – Tracker  Internal Audit Tracker	ICP Update 2022-23 (if required)  WRCN Update

MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>24 January 2023</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme		Governance Update Report  Corporate Risk Assurance Framework (CRAF)  Escalation Table  Audit Wales – WHSSC Committee Governance Review – Tracker  Internal Audit Tracker	Development of the Integrated Commissioning Plan 2023-24  ICP Update 2022-23 (if required)

MEETING	STANDING ITEMS	FOR APPROVAL	ROUTINE REPORTS	INFORMATION
<b>21 March 2023</b>	Declarations of Interest  Minutes  Action Log  Forward Work Programme	Annual Review of Committee Effectiveness 2023  Terms of Reference Review and Approval  Draft IGC Annual Report 2022-23  Draft Annual Governance Statement  Governance and Accountability Framework	Governance Update Report  Corporate Risk Assurance Framework (CRAF)  Escalation Table  Audit Wales – WHSSC Committee Governance Review – Tracker  Internal Audit Tracker	ICP Update 2022-23 (if required)

	Corporate Directors Group Board	Quality and Patient Safety Committee	Integrated Governance Committee	Management Group	Joint Committee
Feb-22	07			24	
Mar-22	07	30	30	24	15 (PM)
Apr-22	04			28	
May-22	03			26	10 (AM)
Jun-22	06	07	07	23	
Jul-22	04			28	12 (PM)
Aug-22	01	09	09	25	
Sep-22	05			22	06 (AM)
Oct-22	03	11	11	27	
Nov-22	07			24	08 (PM)
Dec-22	28/11			15	06 (AM)
Jan-23	03	24	24	26	17 (AM)
Feb-23	06			23	
Mar-23	06	21	21	23	14 (PM)

13:00 - 16:00

10:00 - 12:30

AM - 09:30 - 12:30  
PM - 13:30 - 16:00

<b>Report Title</b>	<b>COVID-19 Period Activity Report Month 09 2021-2022</b>		<b>Agenda Item</b>	4.1	
<b>Meeting Title</b>	<b>Joint Committee</b>		<b>Meeting Date</b>	15/03/2022	
<b>FOI Status</b>	Open/Public				
<b>Author (Job title)</b>	Head of Information				
<b>Executive Lead (Job title)</b>	Director of Finance				
<b>Purpose of the Report</b>	The purpose of this report is to highlight the scale of the decrease in activity levels during the peak COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.				
<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s)</b>  Members are asked to: <ul style="list-style-type: none"> <li><b>Note</b> the report.</li> </ul>					

# **COVID-19 PERIOD ACTIVITY REPORT MONTH 09 2021-2022**

## **1.0 SITUATION**

The purpose of this report is to highlight the scale of the decrease in activity levels during the peak COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

This report sets out the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The context for this report is to illustrate the decrease during the peak COVID-19 periods, and to inform the level of potential harms to specialised services patients. It also illustrates the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability, but this is covered in greater detail in the separate monthly financial performance report. Recovery rates, access comparisons across Health Boards (HBs) and waiting lists are also considered, along with the relevant new Performance Measures set out by Welsh Government.

## **2.0 BACKGROUND**

The impact of COVID-19 on the level of provision of healthcare has been felt across all levels of service, including specialised services that have traditionally been assumed to be essential services. WHSSC has used the national data sources from Digital Health & Care Wales (DHCW) (previously known as the NHS Wales Informatics Service (NWIS) together with monthly contract monitoring information to inform this report. Members are asked to note that the DHCW data for Admitted Patient Care and Patients Waiting includes all Welsh activity for providers with a WHSSC contract, and also includes some non-specialist activity that may be included in local HB contracts.

## **3.0 ASSESSMENT**

This report has been rearranged from the version used in 2020-2021 to deal with Specialties/areas on an all-Wales basis. Specialties/areas covered in this report include:

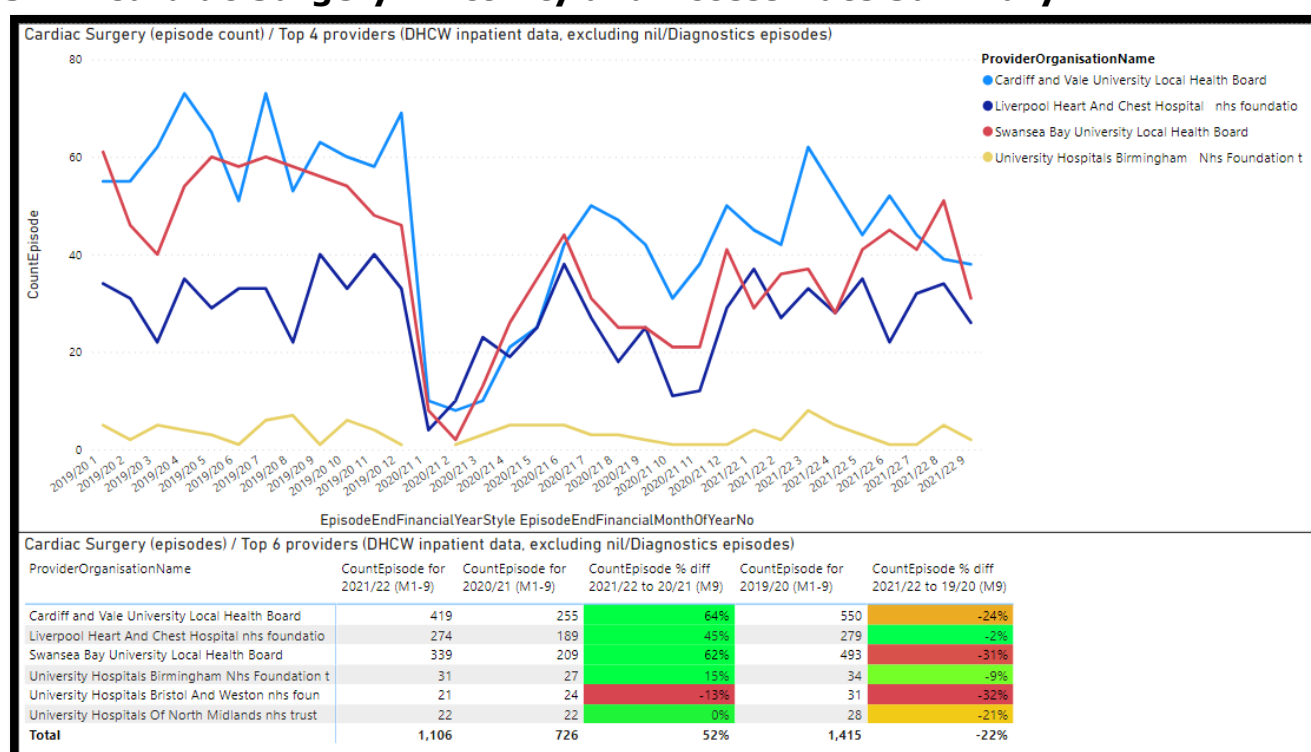
- Cardiac Surgery,
- Thoracic Surgery,
- Neurosurgery,
- Plastic Surgery,
- Paediatric Cardiac Surgery,



- Paediatric Surgery,
- English provider activity (all specialist and non-specialist),
- **Annex A and B** – summary of Cardiff & Vale UHB (CVUHB) and Swansea Bay UHB (SBUHB) contracts,
- **Appendix A** – charts of DHCW data showing inpatient activity at NHS England Trusts with a WHSSC contract (specialist and non-specialist); and
- **Appendix B** – tables including the relevant Performance measures as directed by Welsh Government.

## 3.1 Cardiac Surgery

### 3.1.1 Cardiac Surgery – Activity and Access Rate Summary



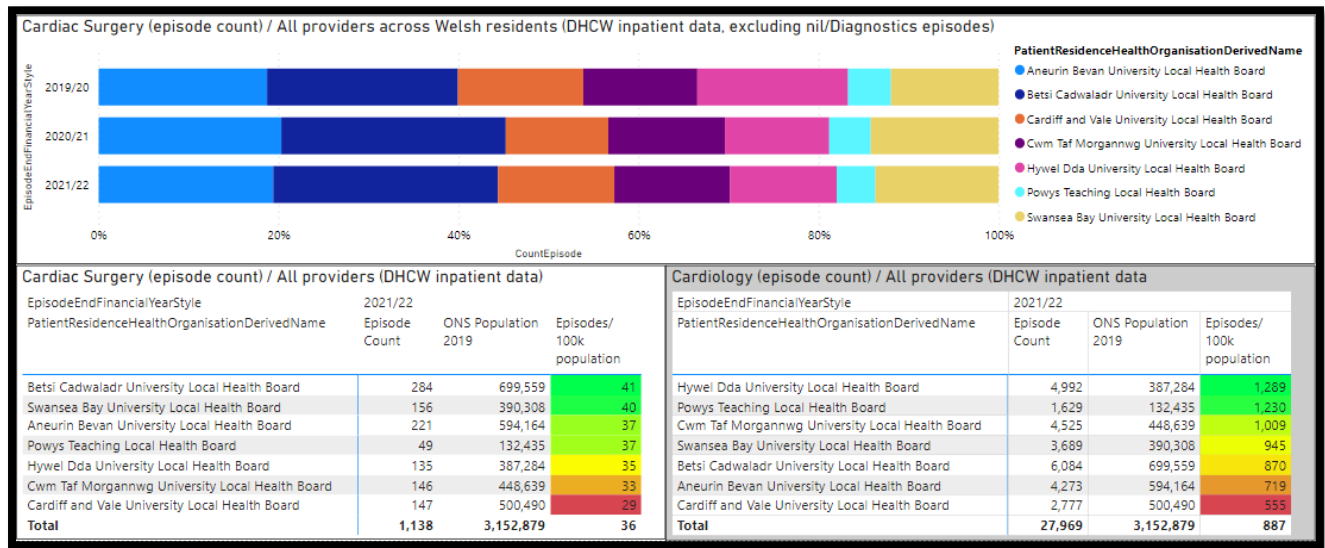
Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**

The above table highlights the variance in cardiac surgery inpatient recovery across the main specialist providers, with Liverpool Heart & Chest Hospital (LH&CH) showing the highest and quickest recovery. The main three providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

There was a concerning drop in the volume of cardiac inpatient activity reported during the COVID-19 period, which is recovering, but stood at 48% less activity overall in 2020-2021 compared to 2019-2020. Using activity to date this year 2021-2022 (Month 9), activity is already 52% more than last year, but is still 22% lower than to the same month in 2019-2020. Historically, cardiac surgery is seen as an urgent elective specialty with high levels of emergency and inter hospital referrals and lower levels of elective referrals. The decrease is therefore of concern and indicative of a significant risk of harm during the highest COVID-

19 periods. The risk of COVID-19 infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor.

There has been some proactive switching into TAVI (Trancatheter Aortic Valve Implantation) procedures for selected sub groups of patients, but numbers are not materially higher than pre-COVID-19.



Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**

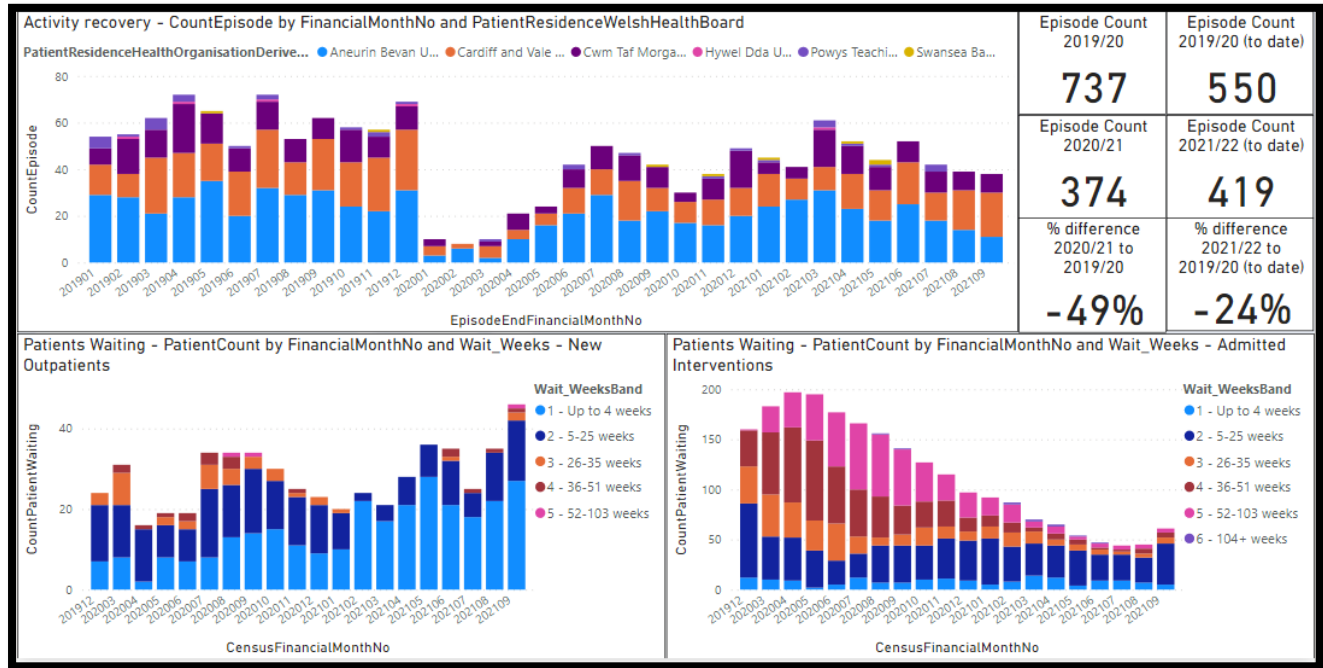
Access rates across the HBs varied the most during the initial COVID-19 wave, but have stabilised in recent months to almost the same split of the available activity as 2019-2020. However, Betsi Cadwaladr UHB (BCUHB) is reflecting an increased share of the activity, due to the good recovery at LH&CH.

Inpatient episodes per 100k population varies significantly overall across the HB areas, from 29 to 41 so far in 2021-2022 as per the small table above to the left.

Interestingly, the access rates vary to those of cardiology (mostly non-specialist), which is shown in the small table above to the right. This data is shown for information only, as this is not WHSSC-commissioned, except for some specific devices/interventions.

3.1.2 Cardiac Surgery – Recovery and Waiting Lists

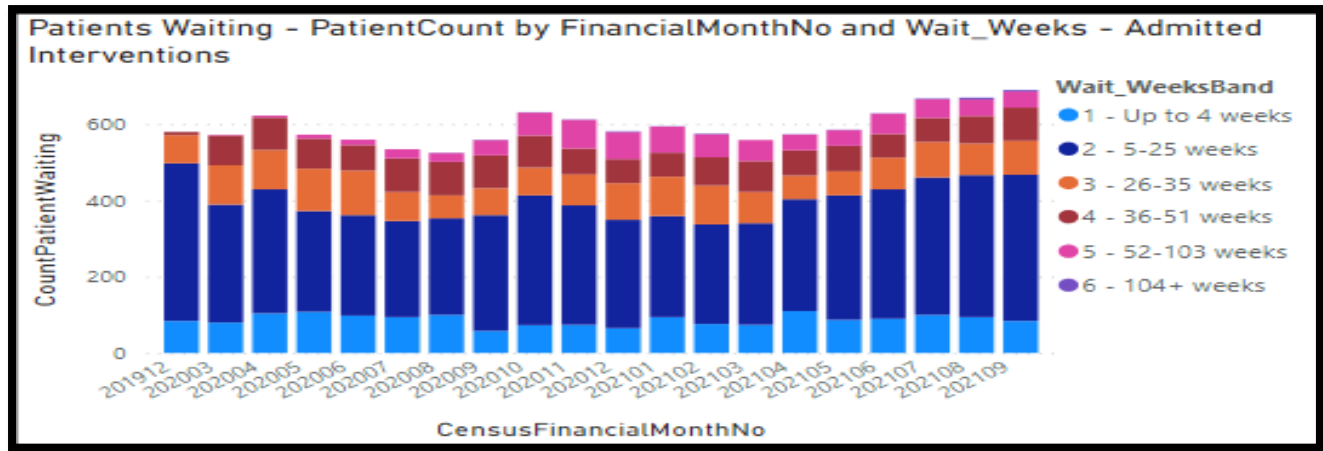
Cardiff & Vale UHB (CVUHB)



Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**

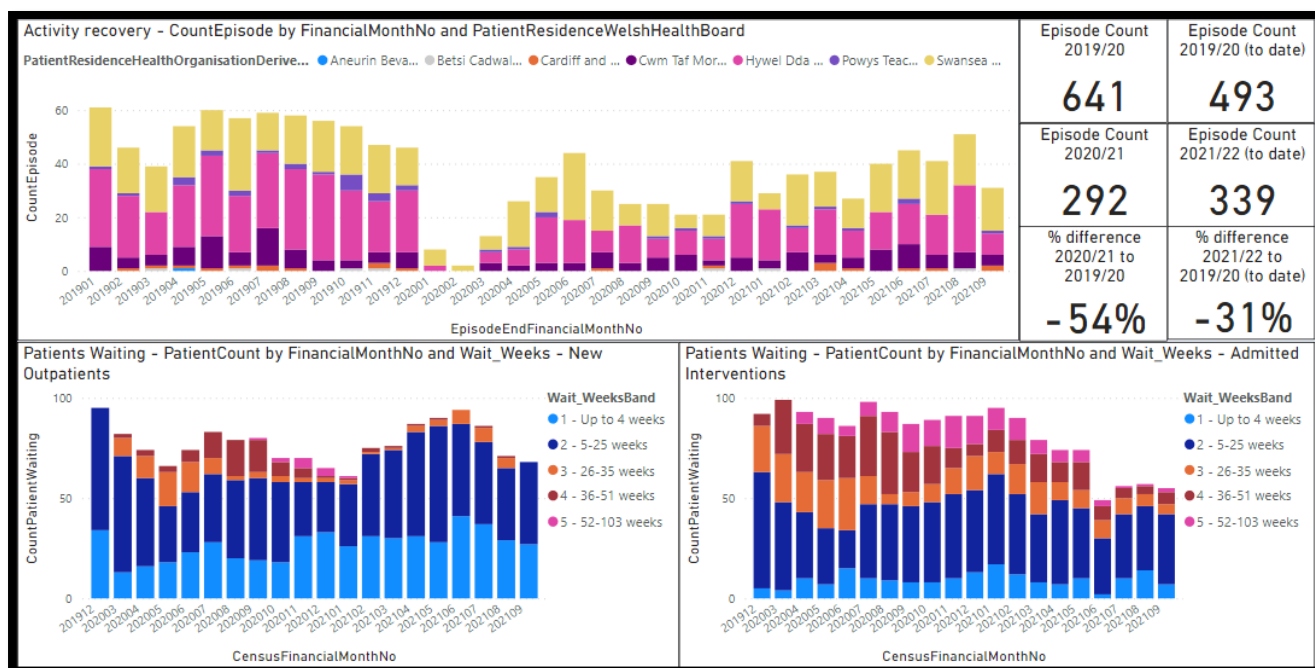
The tables above show a summary of the position at CVUHB in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again, elective activity has kept pace to the point that the waiting list for admissions has reduced to almost a third of pre-COVID-19 demand, with very few patients now waiting over 26 weeks.

It is worth noting that patients waiting for admissions for Cardiology treatments have increased slightly at CVUHB over the same period, but not materially.



Data source: DHCW central data warehouse; all Cardiology patients waiting at CVUHB – admitted interventions (specialist and non-specialist).

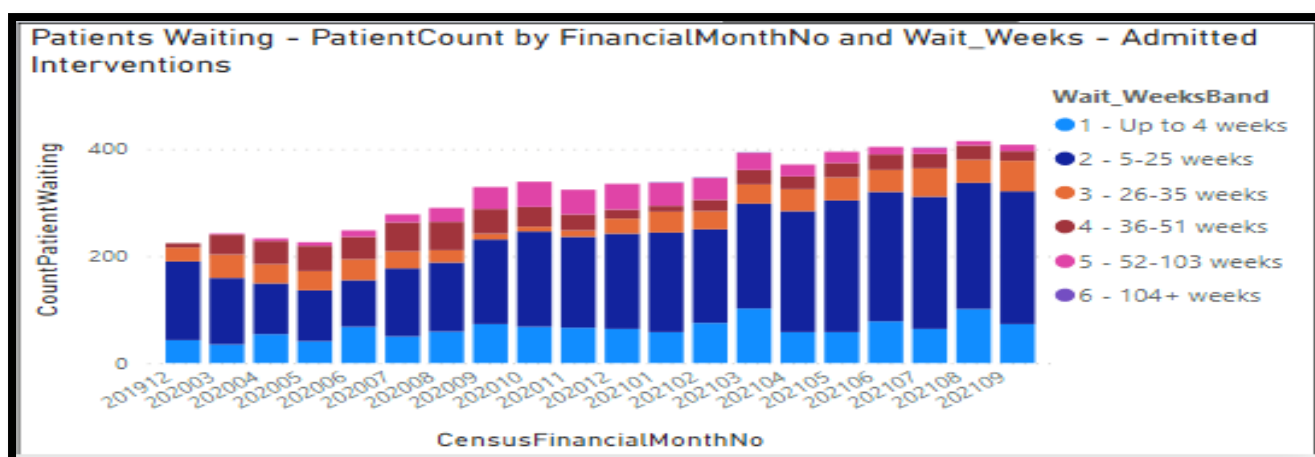
Swansea Bay UHB (SBUHB)



Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**

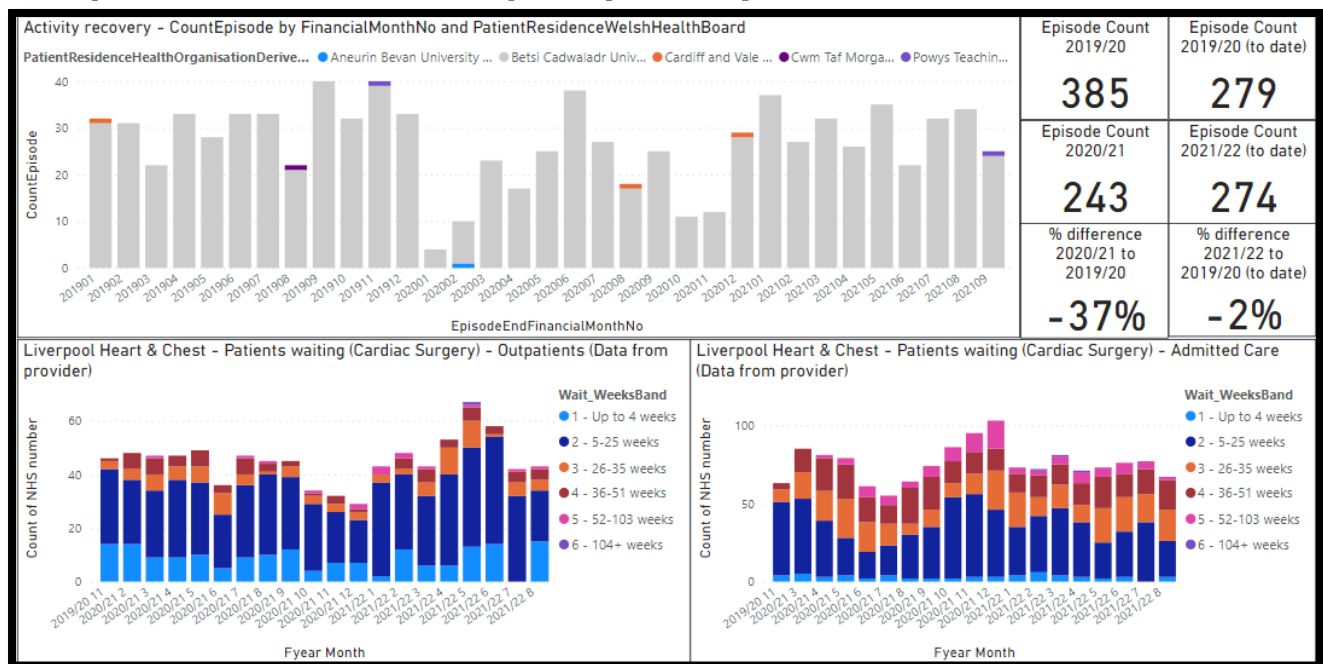
The tables above show a summary of the position at SBUHB in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again to Pre-COVID-19 levels, elective activity has kept pace to the point that the waiting list for admissions has reduced to about half of Pre-COVID-19 demand, with about 25% now waiting over 26 weeks.

It is worth noting that patients waiting for admissions for Cardiology treatments have almost doubled at SBUHB over the same period, but it is unknown how many of these are waiting for specialist procedures.



Data source: DHCW central data warehouse; all Cardiology patients waiting at SBUHB – admitted interventions (specialist and non-specialist).

# Liverpool Heart & Chest Hospital (LH&CH)



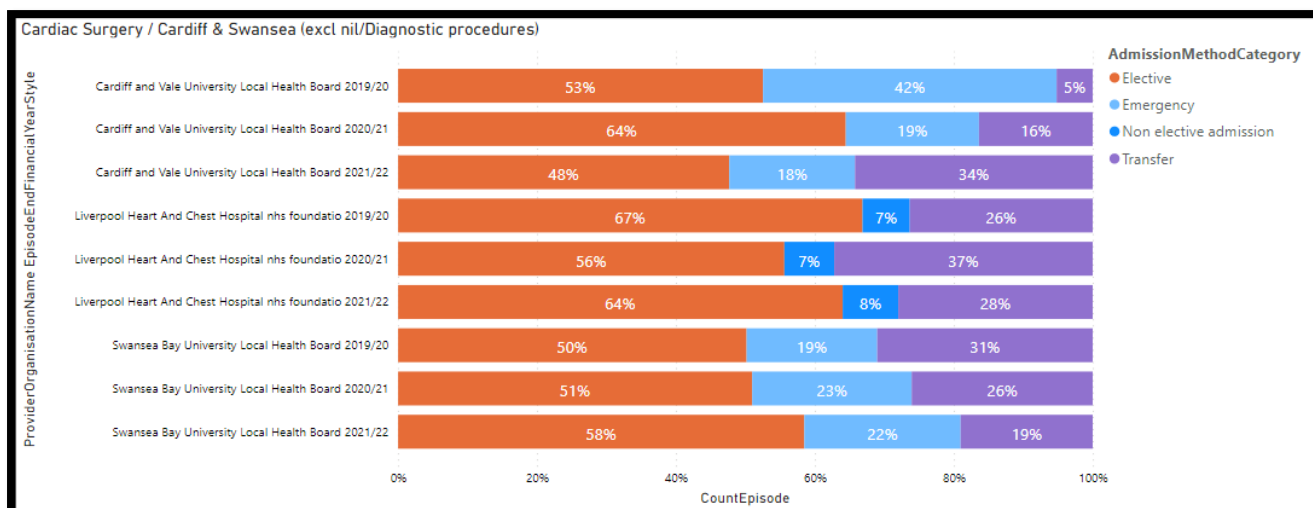
Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**

The tables above show a summary of the position at LH&CH in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a similar pattern in new referrals (those between 0-4 weeks) again to Pre-COVID-19 levels, elective activity is also back to the same Pre-COVID-19 levels. The waiting list for admissions is also roughly the same again, but with more than half now waiting over 26 weeks.

## Overall Notes

An additional note is that the reported pattern of activity is historically different between Wales and England, with England reporting typically higher proportions of elective/transferred expected overnight stay activity. Welsh centres have reported that the pressure from transfers squeezes capacity available for elective cases with a resulting adverse impact on the waiting list.

The below chart shows the elective/emergency percentages of the overall inpatient activity. Whilst LH&CH appears to be back to 2019-2020 splits, CVUHB has seen a marked increase in Transferred activity, while SBUHB has seen a decrease.



Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes

### Specialised Planner Comments:

Both South Wales centres continue to drive forward the improvement work based on the recommendations from the GIRFT review. It is important to note that whilst referrals to cardiac surgery are increasing and the number of long waiting patients are relatively low compared to pre-COVID-19 there is a risk that as local HBs manage the recovery of cardiology waits that there could be a significant increase in numbers and time waiting for cardiac surgery over the forthcoming months.

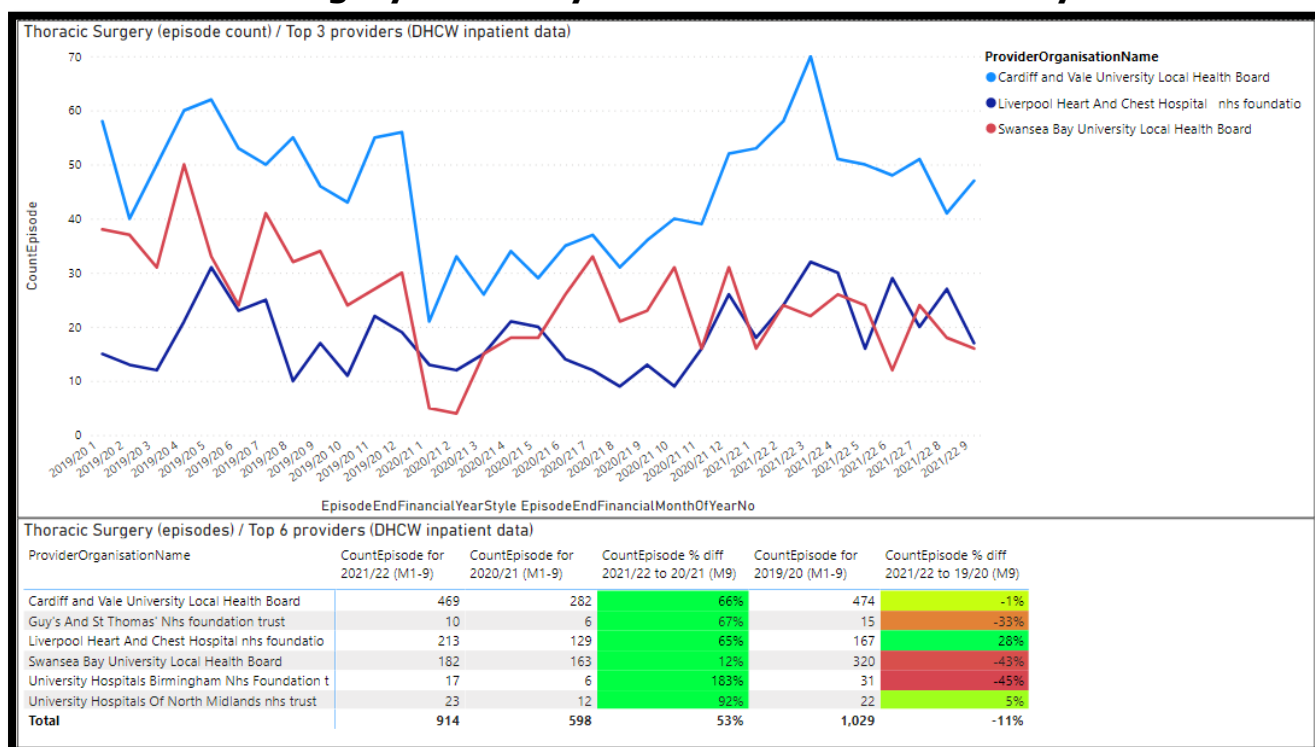
Cardiology activity in CVUHB has reduced as the LHBs Omicron variant response affected theatre capacity in certain specialities. This is not expected to deteriorate further this financial year but equally, not expected to recover either. WHSSC are also aware of the diagnostic backlog within the LHB that could worsen the Referral to Treatment (RTT) position for cardiology & cardiac surgery. Cardiac Surgery & Thoracic Surgery are suffering with the issues around scrub staff and anaesthetic availability due to COVID-19 and this also impacts on the services ability to staff weekend lists.

Cardiology and Cardiac Surgery activity in SBUHB has been a lot more volatile than in CVUHB. They have the same issues with a diagnostic back log that will affect both services, and the GIRFT review has also had an impact on cardiac surgery.



## 3.2 Thoracic Surgery

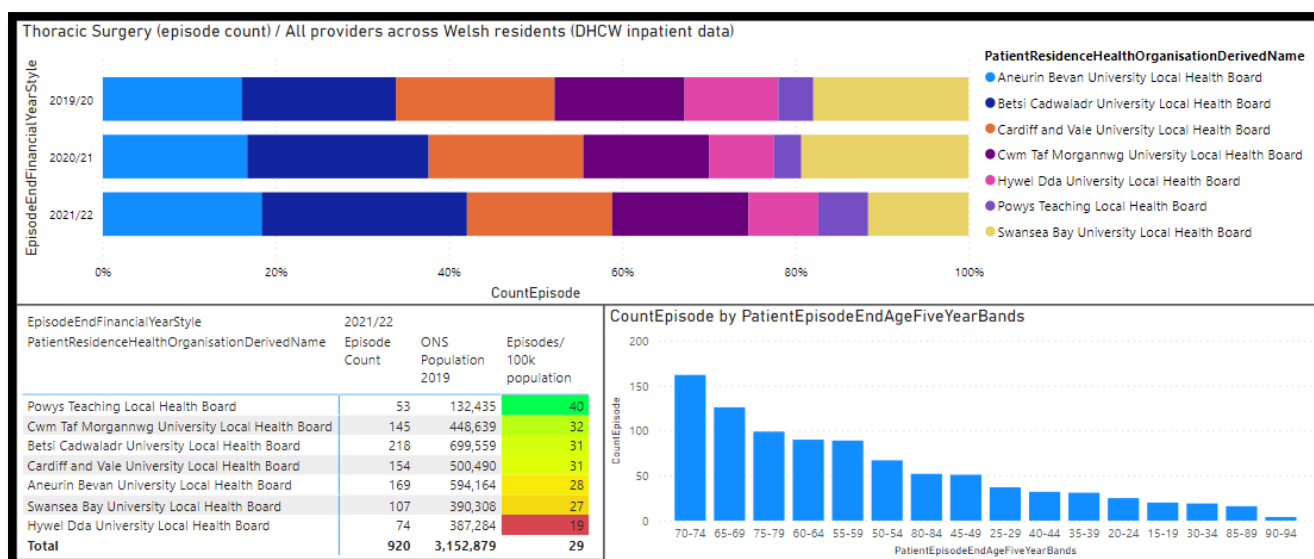
### 3.2.1 Thoracic Surgery – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Thoracic Surgery inpatient recovery across the main specialist providers, with LH&CH showing the highest and quickest recovery to activity. LH&CH has actually performed inpatient episodes 28% higher to date than 2019-2020. CVUHB is showing similar activity to 2019-2020 to the same month. However, SBUHB is showing a 43% drop in activity to date compared to 2019-2020, although this is still 12% more than they had performed to this point in 2020-2021.

The drop in the volume of Thoracic inpatient activity reported over the COVID-19 period stood at 35% less activity overall in 2020-2021 compared to 2019-2020. Using activity to date this year 2021-2022 (Month 9), activity is 11% less than 2019-2020, but is 53% higher in total than to the same month last year.



Data source: DHCW central data warehouse; all inpatient activity

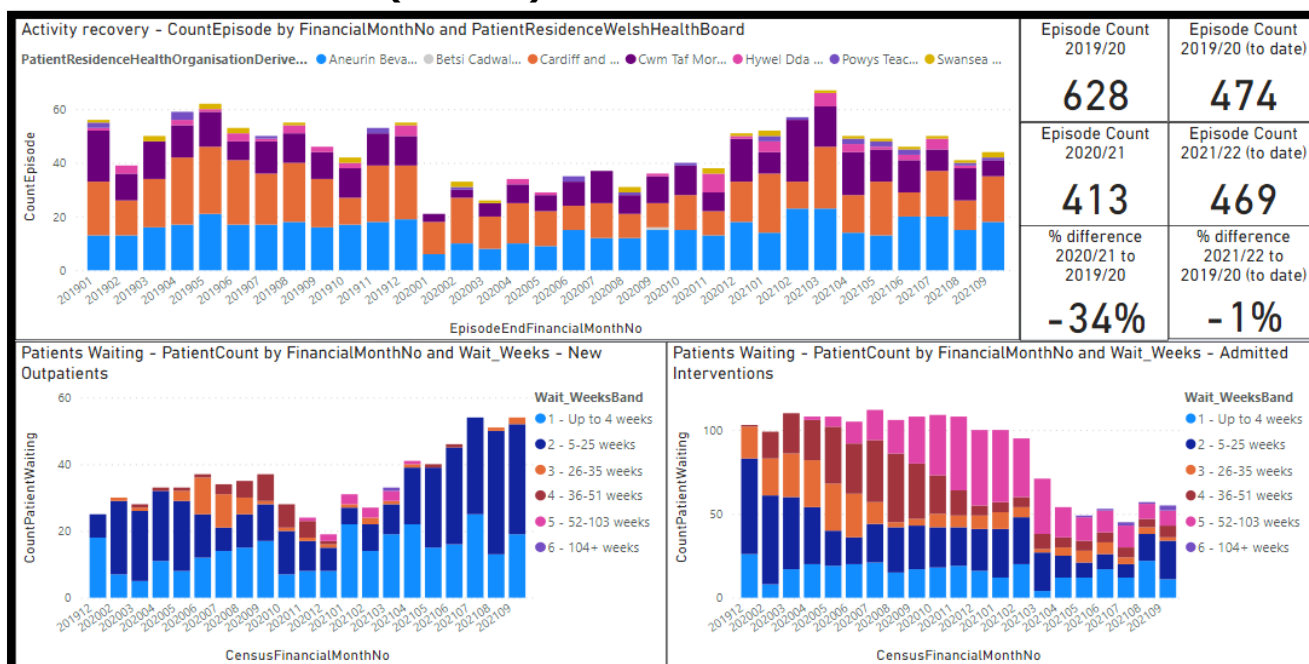
Access rates across the HBs varied across the past two years, which is to be expected given the relatively low activity numbers (about 73/month), but should still be monitored.

Inpatient episodes per 100k population varies significantly overall across the HB areas, from 19 to 40 as per the small table above for 2021-2022. Given SBUHB's slower recovery, it is unsurprising to see lower access rates for Hywel Dda UHB (H DUHB) and SBUHB residents. A breakdown of the total activity across 5-year age bands shows a higher access by ages 60-79, which should be taken into account.



## 3.2. Thoracic Surgery – Recovery and Waiting Lists

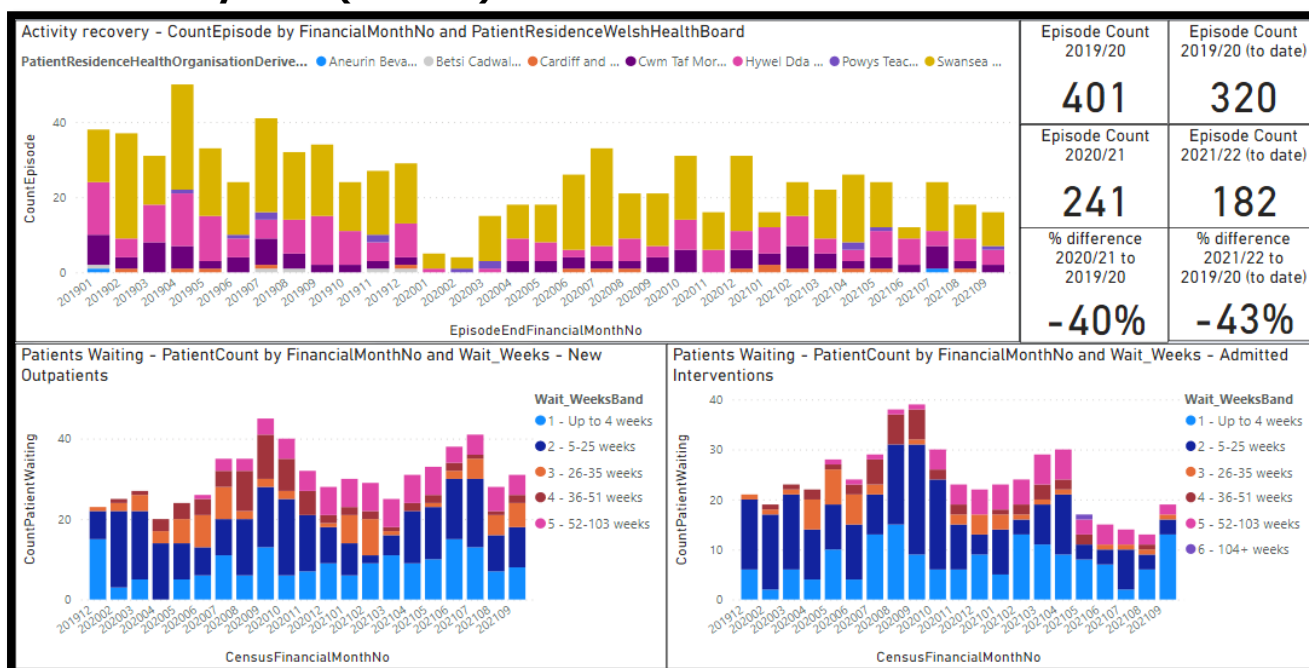
### Cardiff and Vale UHB (CVUHB)



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show a summary of the position at CVUHB in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again, elective activity has recovered to the same episode counts as 2019-2020. The waiting list for admissions has reduced to around half of Pre-COVID-19 demand.

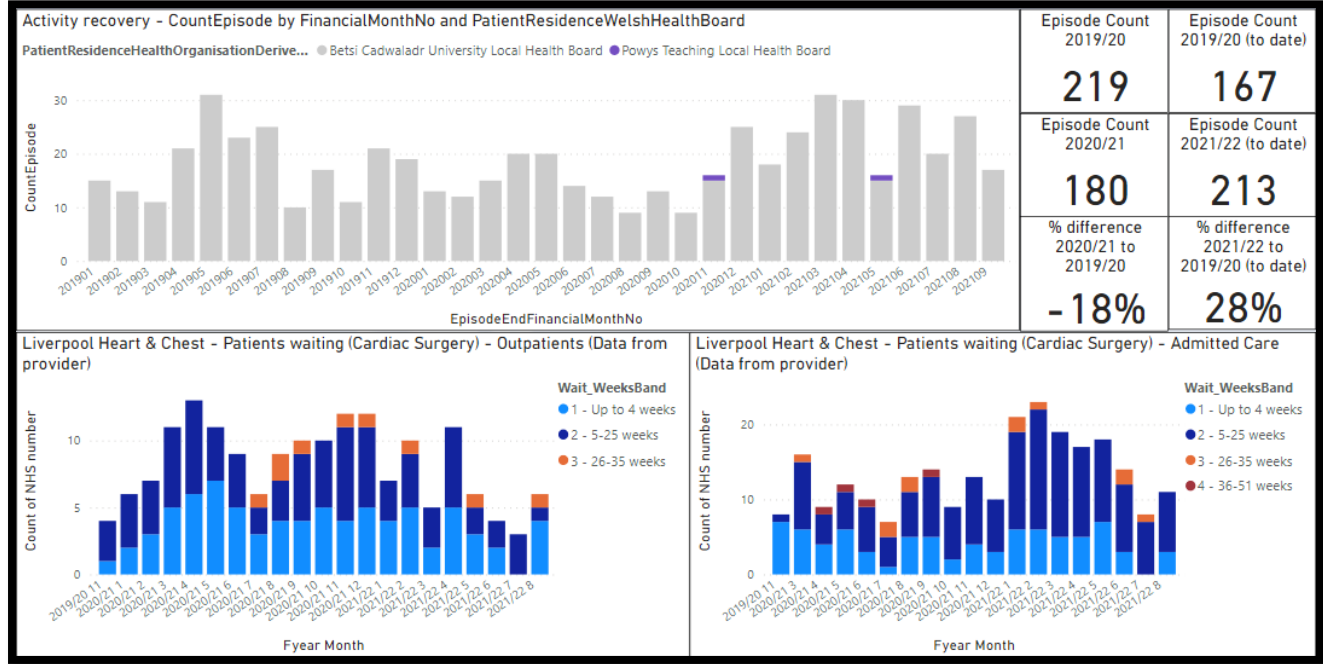
### Swansea Bay UHB (SBUHB)



Data source: DHCW central data warehouse; all patients waiting with an open pathwa

The previous tables show a summary of the position at SBUHB in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again, elective activity is still 43% lower than 2019-2020, a similar recovery level as to this point in 2020-2021. However, the overall waiting list for admissions is almost the same as March 2020, although the numbers are not high.

Liverpool Heart & Chest Hospital



Data source: DHCW central data warehouse; Waiting list data from provider directly

The tables above show a summary of the position at LH&CH in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a quick increase in new referrals (those between 0-4 weeks) after the pandemic started, inpatient activity has increased by 28% compared to 2019-2020. Despite this, the patients waiting for admission has increased, although these are not material numbers and are easily skewed month-on-month.

Specialised Planner Comments:

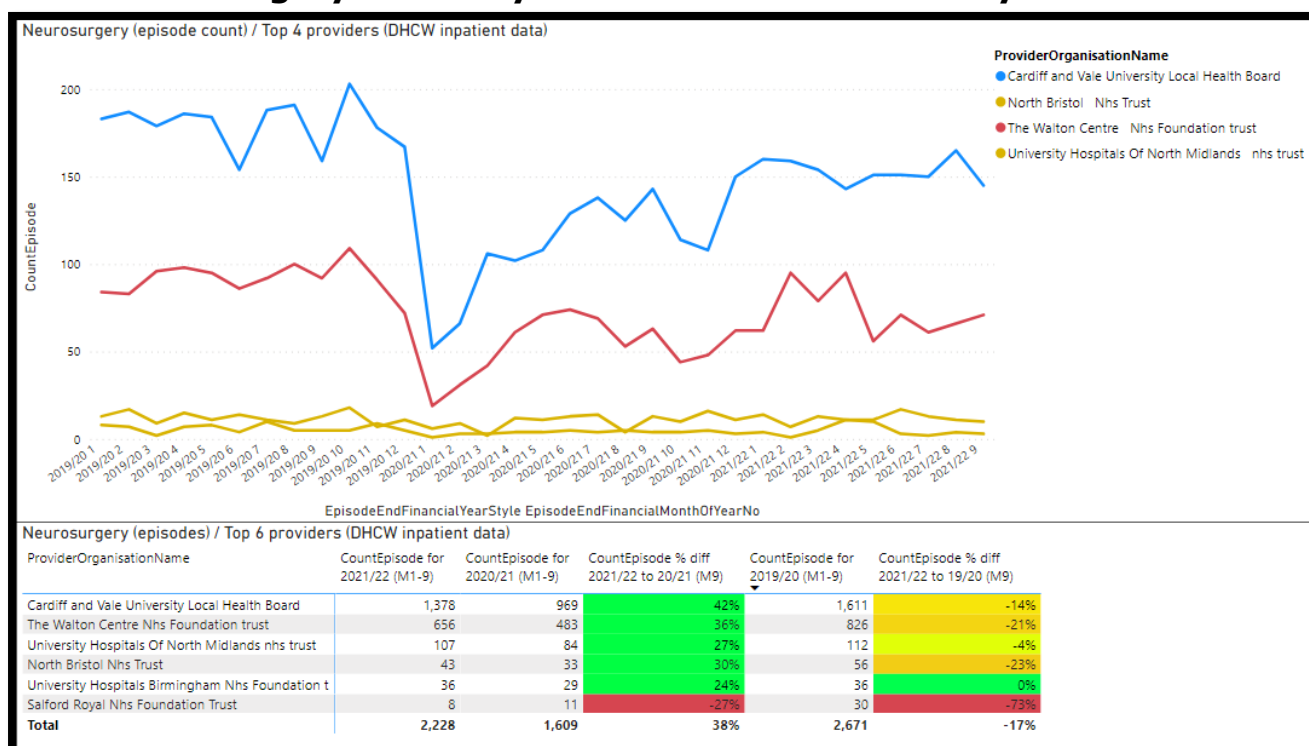
In interpreting the data above, it is important to note that over the last 12 months, collaborative arrangements have been in place between the two South Wales thoracic surgery services to use the joint capacity across the two services to ensure equitable access. This ensures that if their usual centre is capacity constrained due to the impact of the pandemic (or potentially other factors) and there is available capacity at the other south Wales service, patients can be cross-referred and access treatment on the basis of clinical need. This means that activity at a particular centre does not directly translate into access for residents of HBs for which it is the usual provider.

It is important also to be aware that the lung cancer MDT in HDUHB has reported that many patients referred to the MDT over the last few months have presented

late in their disease which has led directly to lower referrals to surgery since patients with advanced disease are less likely to be suitable for surgical treatment. This is the likely explanation for the particularly low rate of utilisation for HDUHB residents observed to month 7. This also at least partly explains the lower level of activity at SBUHB in comparison to 2019-2020. Discussions at the bi-weekly joint thoracic surgical meeting between CVUHB and SBUHB have indicated that late presentation has not to date been a significant factor affecting surgical referrals in other parts of the region.

### 3.3 Neurosurgery

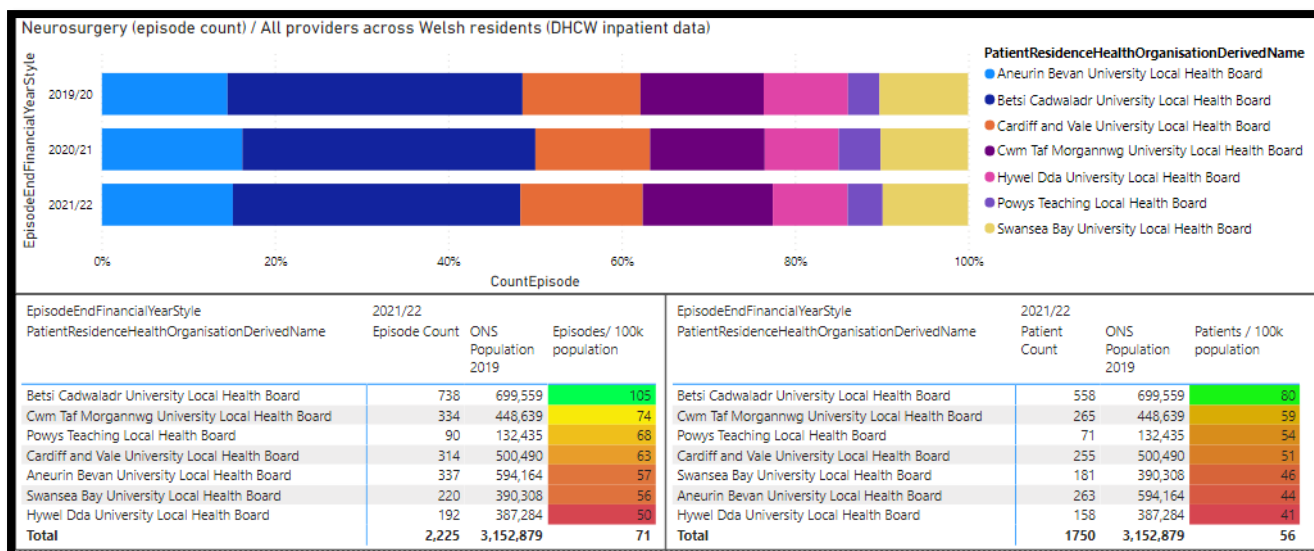
#### 3.3.1 Neurosurgery – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Neurosurgery inpatient recovery across the main specialist providers, with CVUHB and The Walton Centre (TWC) showing similar recoveries with reductions of 14% and 21% this year compared to the same point in 2019-2020. Overall activity was 39% less in 2020-2021 than in 2019-2020, with the equivalent figure being 17% less so far in 2021-2022.

Please note the University Hospitals North Midlands (UHMN) activity above primarily relates to North Wales residents, which is paid for through a local contract and not WHSSC.



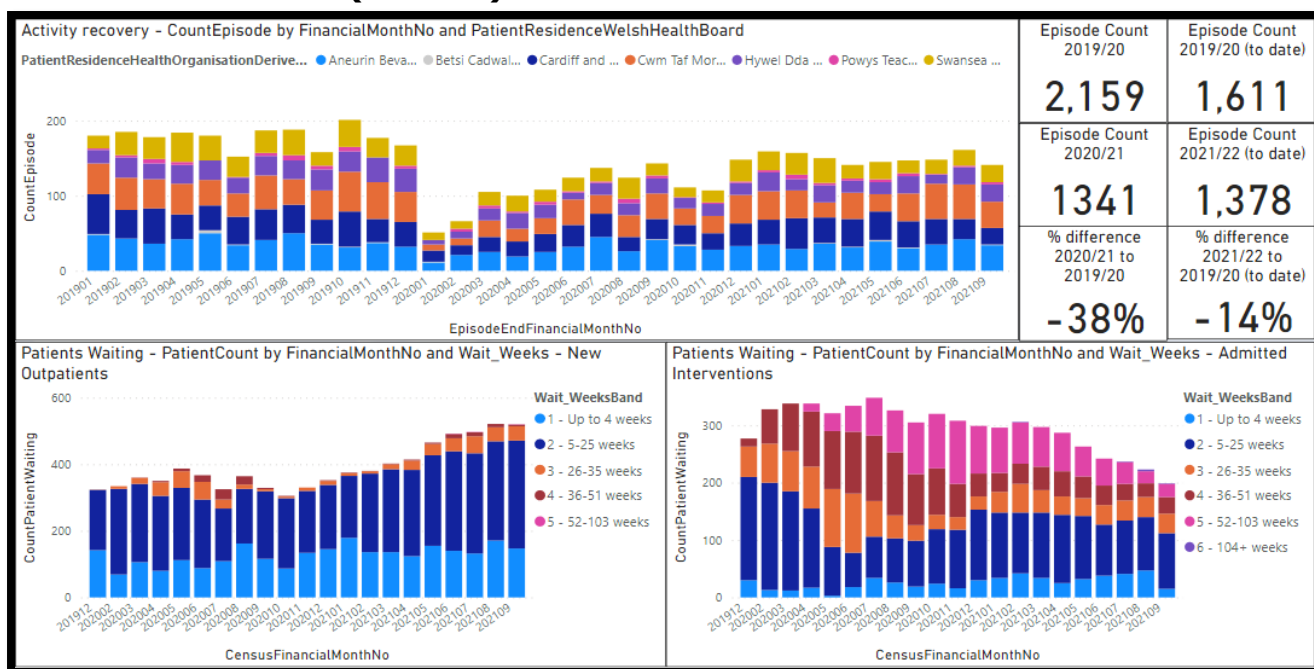
Data source: DHCW central data warehouse; all inpatient activity

Access rates across the HBs have not varied much across the past three years, as shown in the charts above. Inpatient episodes per 100k population in 2021-2022 so far vary from 50 to 105 across HBs in the bottom left chart, with North Wales having the highest access.

Using individual patient counts (bottom right chart) also shows a similar access order, although this may be related to the way activity is reported between the two main centres as being in different NHS countries.

### 3.3.2 Neurosurgery – Recovery and Waiting Lists

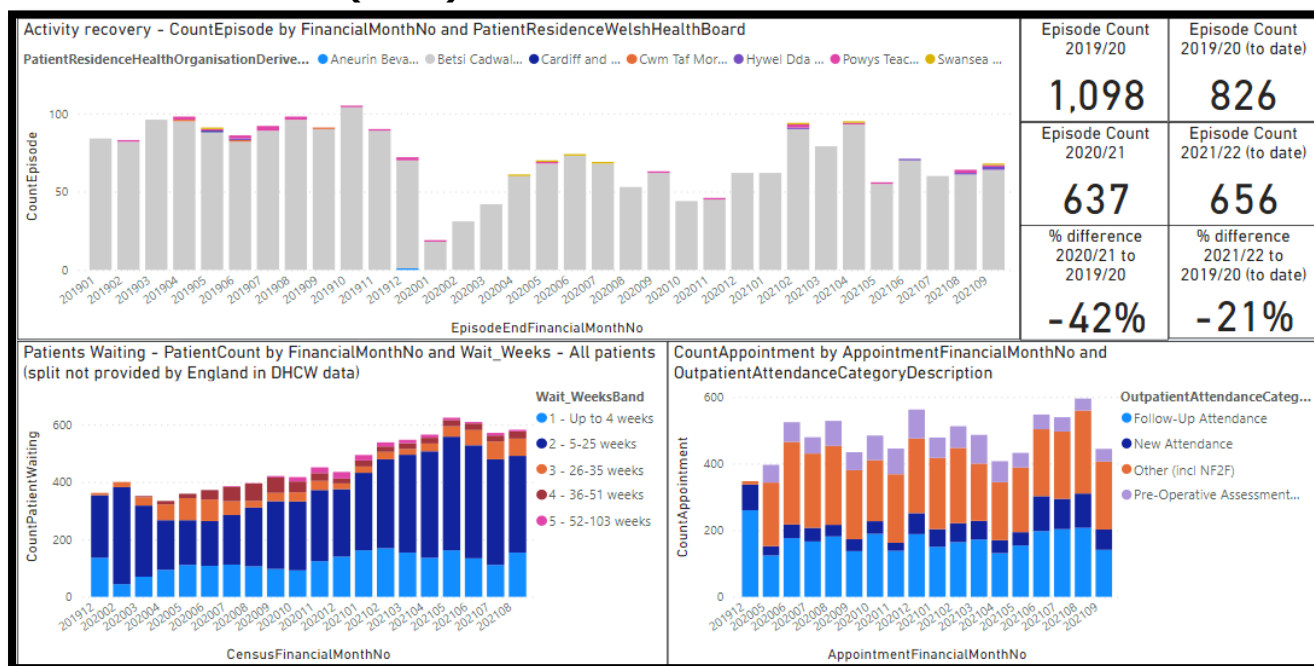
#### Cardiff & Vale UHB (CVUHB)



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show a summary of the position at CVUHB in relation to Neurosurgery. Whilst the chart showing New Outpatients shows a comparable rate in new referrals (those between 0-4 weeks), the total is now growing. While elective activity increased from the initial reduction, it has stayed static for a few months, but the total waiting list for admissions has been steadily reducing.

## The Walton Centre (TWC)



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show a summary of the position at the TWC in relation to Neurosurgery. Whilst activity is 21% less this year than 2019-2020, the total patients waiting had been steadily increasing compared to what it was as COVID-19 struck, and some patients have now been waiting more than a year. However, the past few months are showing an improvement in the waiting list numbers, and this will hopefully continue.

One point to note is the bottom right chart, which shows the movement across types of Outpatient appointment since March 2020. New attendances in person are starting to increase, and it is notable that non face-to-face appointments have been well-utilised during the COVID-19 period.

## Specialised Planner Comments:

The number of patients waiting over 36 weeks at CVUHB is reducing but at a slower rate than planned. These levels are significantly higher than pre-COVID-19 levels, as the service had managed to just achieve no breaches over 36 weeks. One of the main contributing factors for the current waiting list position is that not all the pre-COVID-19 theatre capacity has been made available to the service, but the plan is for the service to treat all patients waiting over 52 weeks by the end of March 2022. The position will continued to be monitored with the service at the bi monthly risk and assurance meetings.



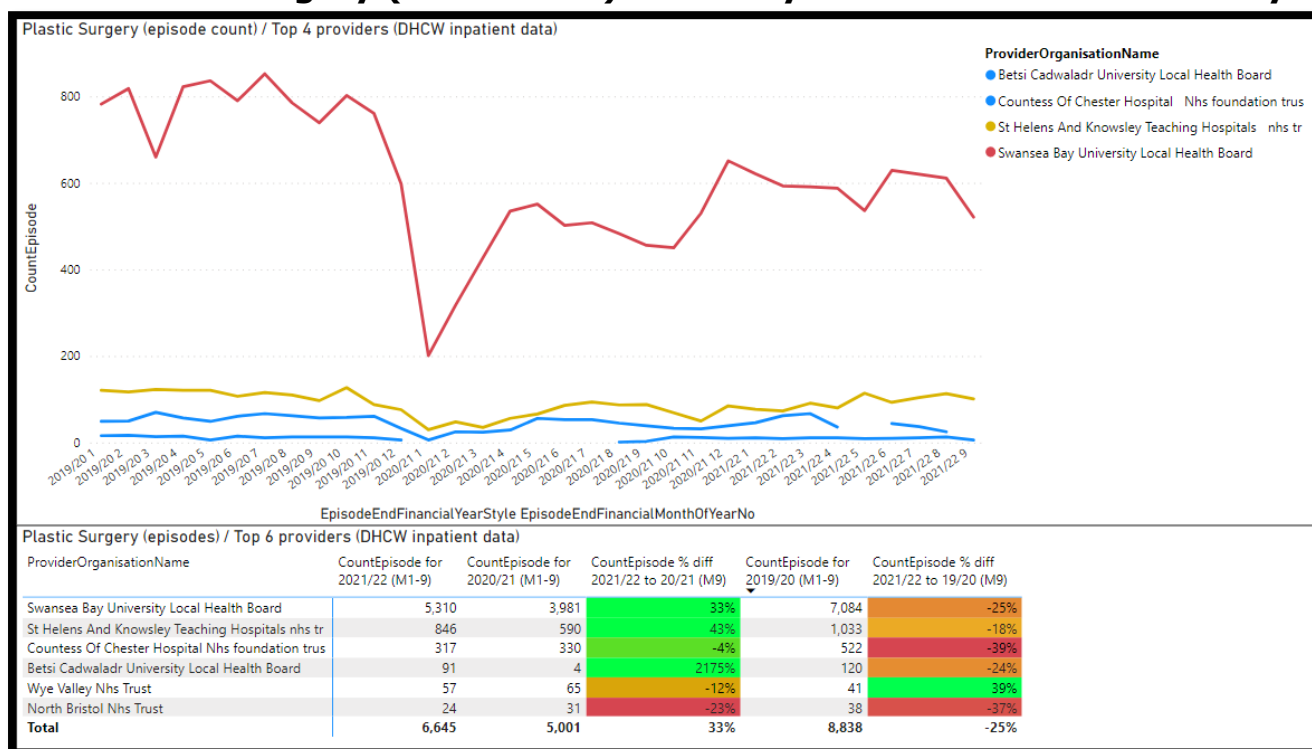
Some additional information is that the CVUHB service have access to a private provider once per month to undertake procedures that do not require an overnight stay. This list should be cleared by the middle February. The intention then will be to use the session to undertake cases that require a general anaesthetic.

The service have actively prioritised those Neurosurgeons with the longest waiting list and provided additional capacity in the green zone to address the longest waiting patients, whilst the other surgeons are operating in the amber zone.

TWC have a restoration and recovery plan for all of their long waiters which includes a regular clinical validation of patients who have waited over six months, to ensure that symptoms and imaging are up to date. TWC have been managing this with Consultant and Nurse led consultations and they have the ability to operate on weekend lists as Waiting List Initiatives.

### 3.4 Plastic Surgery (excl. Burns)

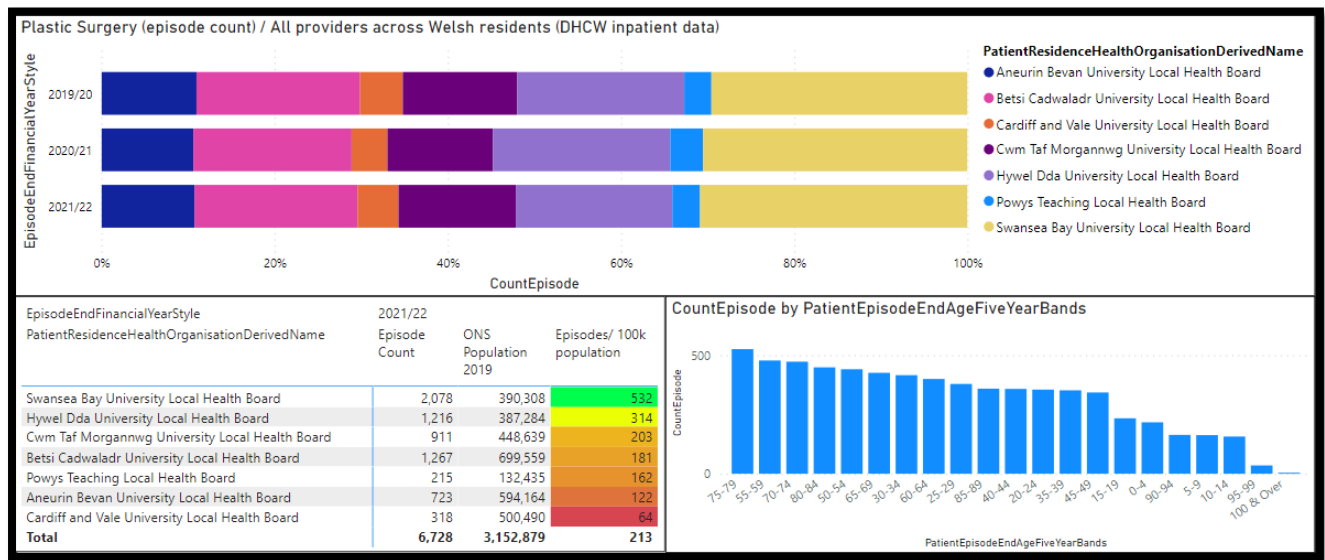
#### 3.4.1 Plastic Surgery (excl. Burns) – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Plastic Surgery inpatient recovery across the main specialist providers, with an overall reduction of 25% so far this year compared to 2019-2020. The total reduction was 39% across the full year of 2020-2021. They all show the expected inverse relationship to the COVID-19 waves across the UK, with activity steadily increasing again after the first few months.

Please note the Countess of Chester Hospital NHS Foundation Trust (CCHNT) activity above primarily relates to North Wales residents, which is paid for through a local contract and not WHSSC. Wye Valley NHS Trust (WVNT) patients are primarily Powys residents through the WHSSC contract.



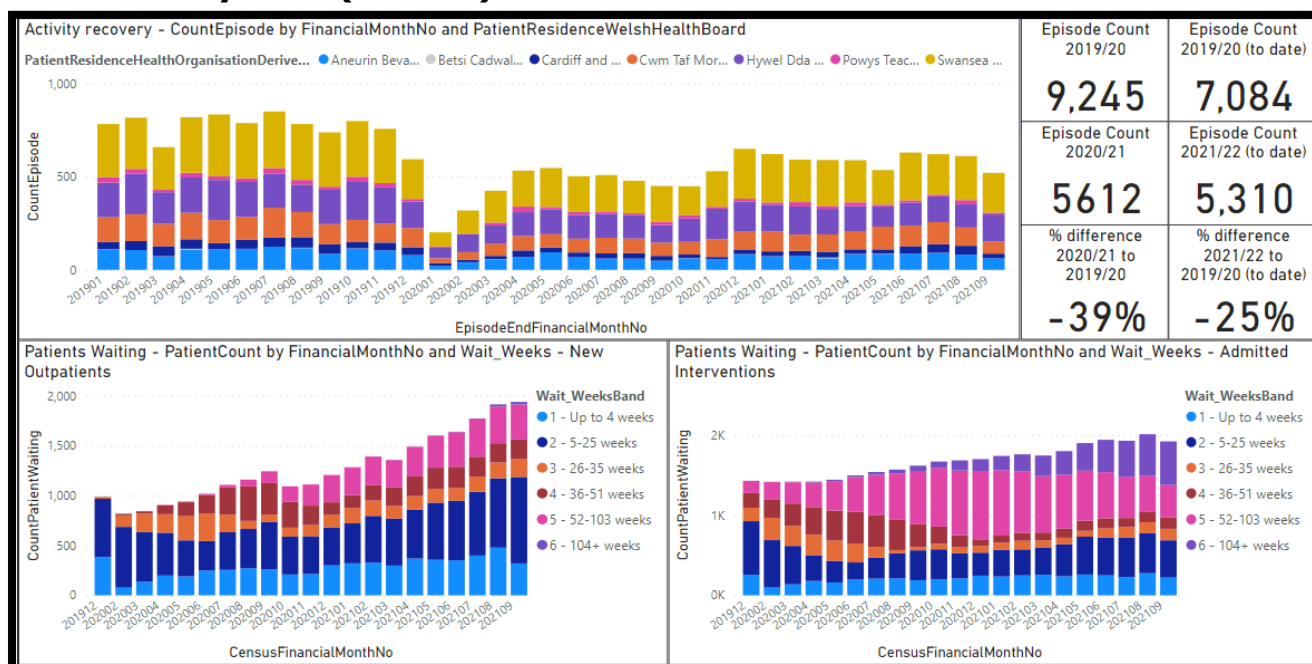
Data source: DHCW central data warehouse; all inpatient activity

Access rates across the HBs do not appear to have varied much across the past two years, as shown in the charts above.

However, there is a big variation across episodes/100k population, with inpatient episodes per 100k population in 2020-2021 varying from 58 to 552 across HBs, and between 64 and 532 in 2021-2022 in the bottom left chart. This is related to the current contract that SBUHB hold as the lead South Wales centre, which includes significant non-specialist activity for both SBUHB and HDUHB residents, and is being discussed internally. Non-specialist activity for other HBs is reported under non-WHSSC areas/specialties, and reporting is also linked to the specialty/grade of the treating medic (e.g. Dermatology/Plastic Surgery).

### 3.4.2 Plastic Surgery (excl. Burns) – Recovery and Waiting lists

#### Swansea Bay UHB (SBUHB)

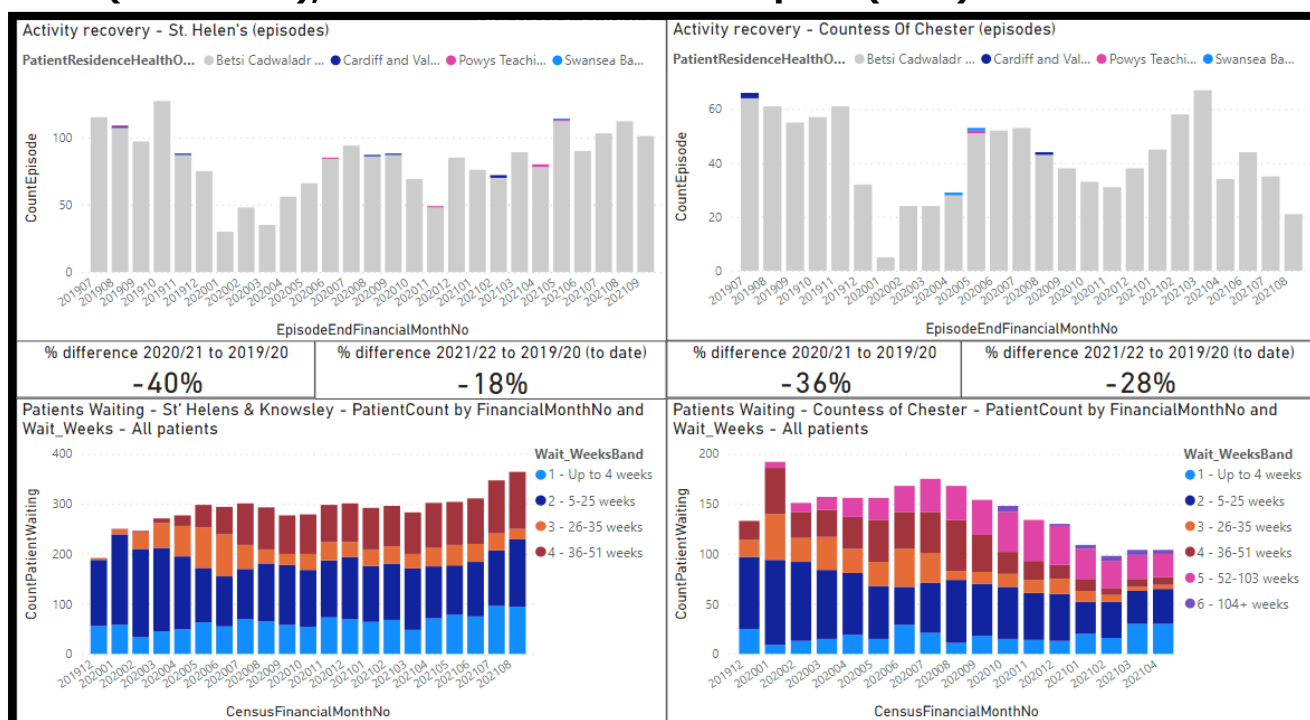


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show a summary of the position at SBUHB in relation to Plastic Surgery. Whilst activity is now 25% less this year than 2019-2020, which is better than the 39% drop to this point in 2020-2021, the total patients waiting has been steadily increasing to almost double what it was as COVID-19 struck, and a significant number of patients have now been waiting more than two years. Within the total of patients waiting, those waiting for new outpatient appointments have nearly doubled since February 2020, and those waiting for admissions have increased by around 35%.



## English Providers – St. Helen’s & Knowsley Teaching Hospitals NHS Trust (SH&KTHT), Countess of Chester Hospital (CCH)



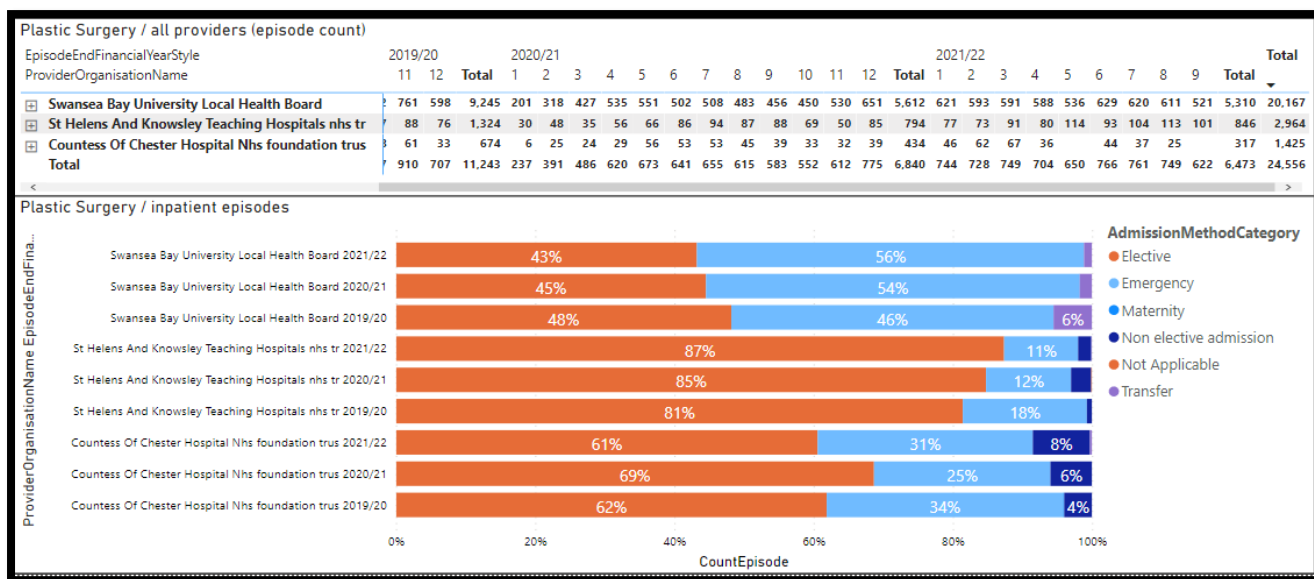
Data source: DHCW central data warehouse; all patients waiting with an open pathway

Whilst English providers also reflect the trend of patients in general waiting longer than before the pandemic, the percentage of patients waiting over a year is much lower. Total waiting patients have increased at SH&KTHT, although no one has been waiting over a year. The total initially increased but since decreased to Pre-COVID-19 levels at CCH (local BCUHB contract), although about a third of the patients have been waiting for over a year, and a few patients over two years.

### Other Notes

Interestingly, data on the inpatient episodes shows an inverse of the elective/non-elective split for SBUHB and the English providers, with SBUHB having a higher proportion of emergency activity. Please see the below chart for the movements across the past three years. The episode counts have been included to give some perspective on the numbers, as SBUHB treats a far higher volume of Welsh patients.

Given the expected prioritisation weighted towards cancer work, it is likely that there will be a legacy of non-cancer elective waiting list cases, although the available data does not give the cancer breakdown.



Data source: DHCW central data warehouse; all inpatient activity

### Specialised Planner Comments:

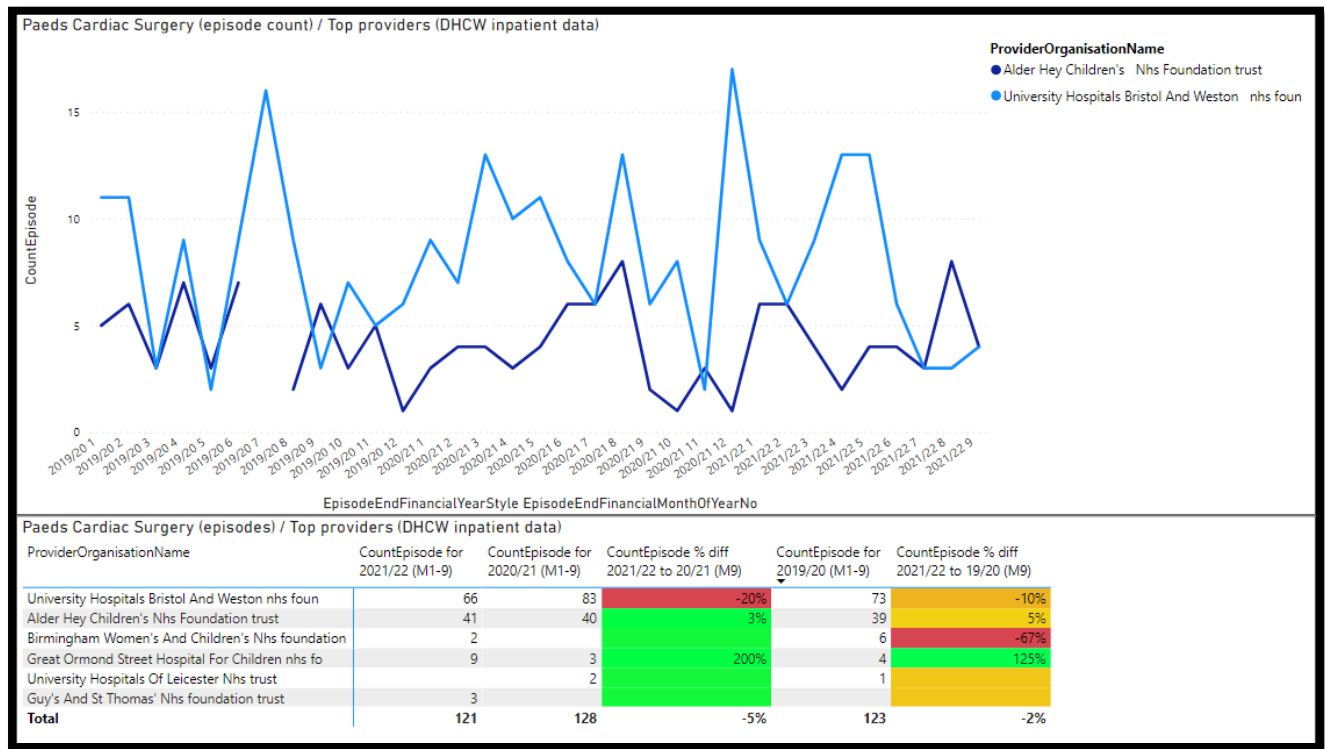
As noted in the comments above, variation across health boards in utilisation of plastic surgery does not necessarily reflect variation in access to appropriate treatment, since many procedures (the majority of activity) provided by plastic surgery are also provided by other specialties. Whether a particular patient is treated by a plastic surgeon or a surgeon from another specialty largely depends on the local services available in the patient's HB (unless it is a specialised procedure only offered by Plastics).

WHSSC will be working with SBUHB to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment.

Plastics is a concern and prior to January, SBUHB had outsourced capacity at Sancta Maria for inpatients. The longer-term plan for the LHB is to create capacity by moving more non-specialist activity away from Morriston, but there will be a need to reconfigure both Estates and Workforce to make this happen.

3.5 Paediatric Cardiac Surgery (English providers using this specialty code)

3.5.1 Paediatric Cardiac Surgery – Activity and Access Rate Summary



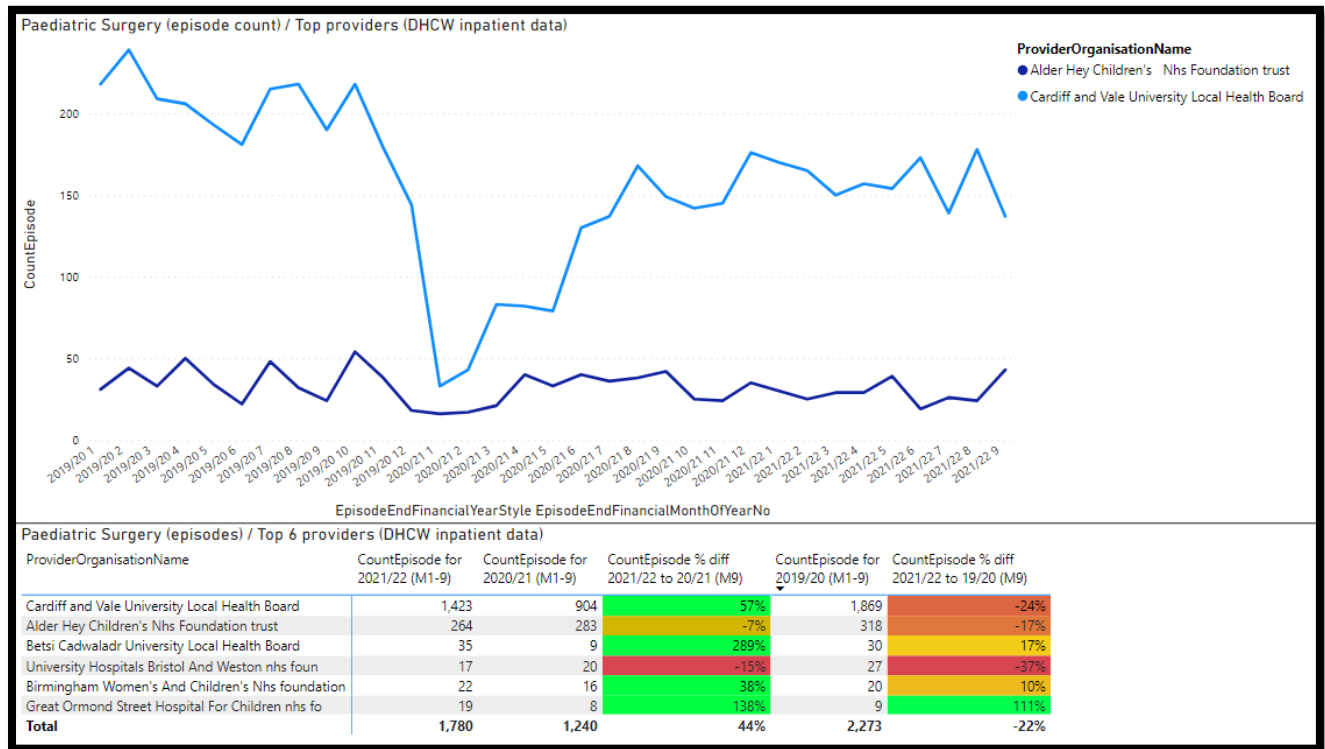
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paeds Cardiac Surgery inpatient recovery across the main specialist providers.

Case volumes are traditionally small but with high importance in terms of outcomes. Encouragingly, figures to date for this year show a 2% deterioration compared to 2019-2020, and a 5% deterioration compared to 2020-2021.

### 3.6 Paediatric Surgery

#### 3.6.1 Paediatric Surgery – Activity and Access Rate Summary

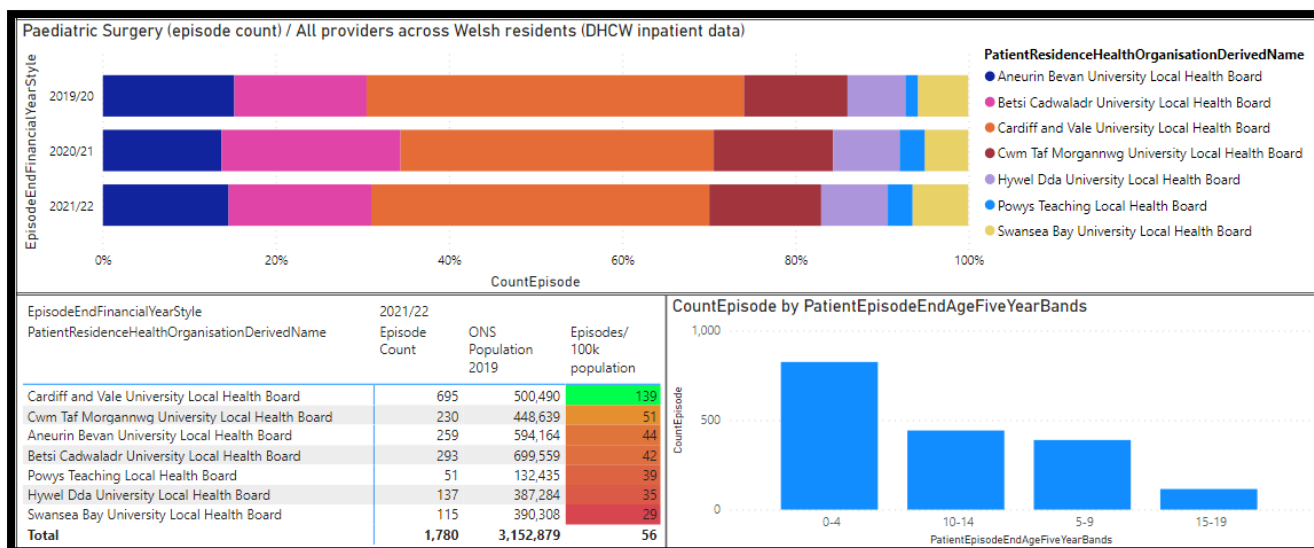


Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric Surgery inpatient recovery across the main specialist providers, with Alder Hey Children's NHS Foundation Trust (AHCNHT) (Initially showing the highest and quicker recovery, although the main providers (AHCNT and CVUHB) are now both around the same percentage decrease in 2021-2022. The main two providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

There was a drop in the volume of Paediatric Surgery inpatient activity reported during the period, which is recovering but was 38% less activity overall in 2020-2021 compared to 2019-2020.

Activity so far in 2021-2022 shows a 44% increase compared to last year at this point, but 22% less than 2019-2020, with the two main providers being roughly the same.



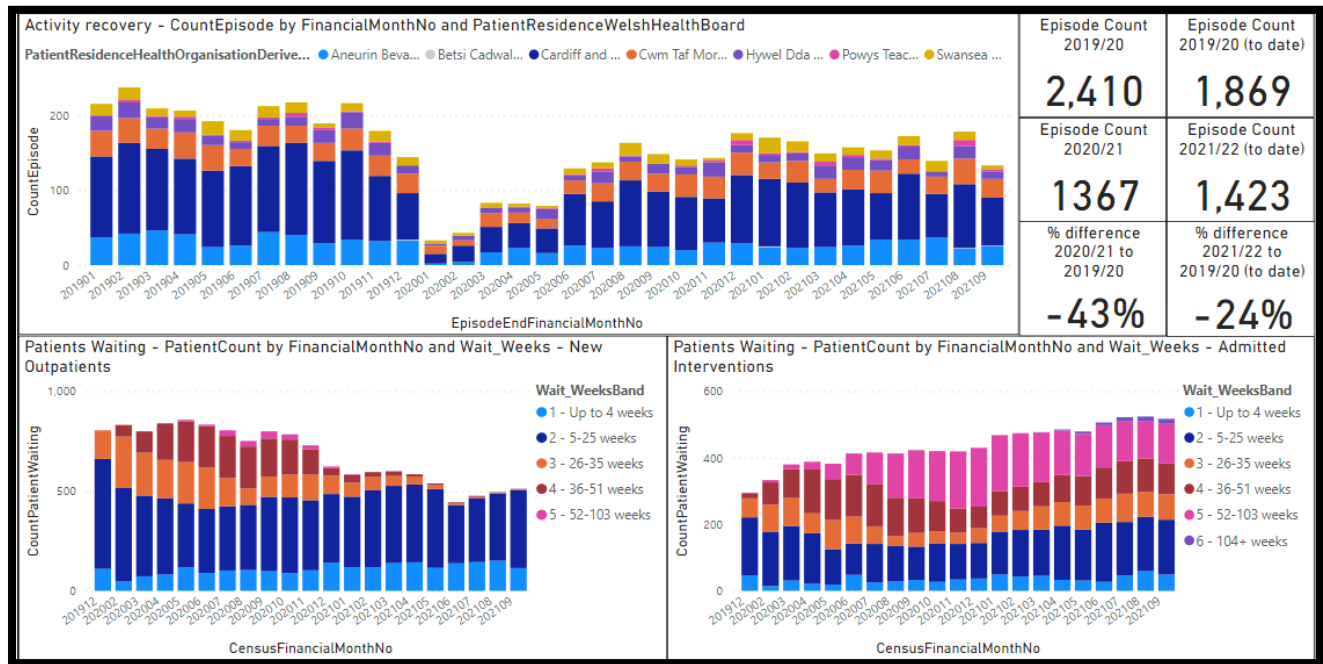
Data source: DHCW central data warehouse; all inpatient activity

Access rates across the HBs varied as the pandemic initially hit, but have now stabilised to roughly the same split as last year. The highest age group having inpatient episodes are by far the 0-4 age group.

However, inpatient episodes per 100k population varies significantly overall across the HB areas, from 29 to 139 as per the small table above, with CVUHB being by far the highest. This may be linked to CVUHB being the contracted provider of this service, with all activity passing through the WHSSC contract, and is being considered internally.

3.6.2 Paediatric Surgery – Recovery and Waiting lists

Cardiff & Vale UHB (CVUHB)

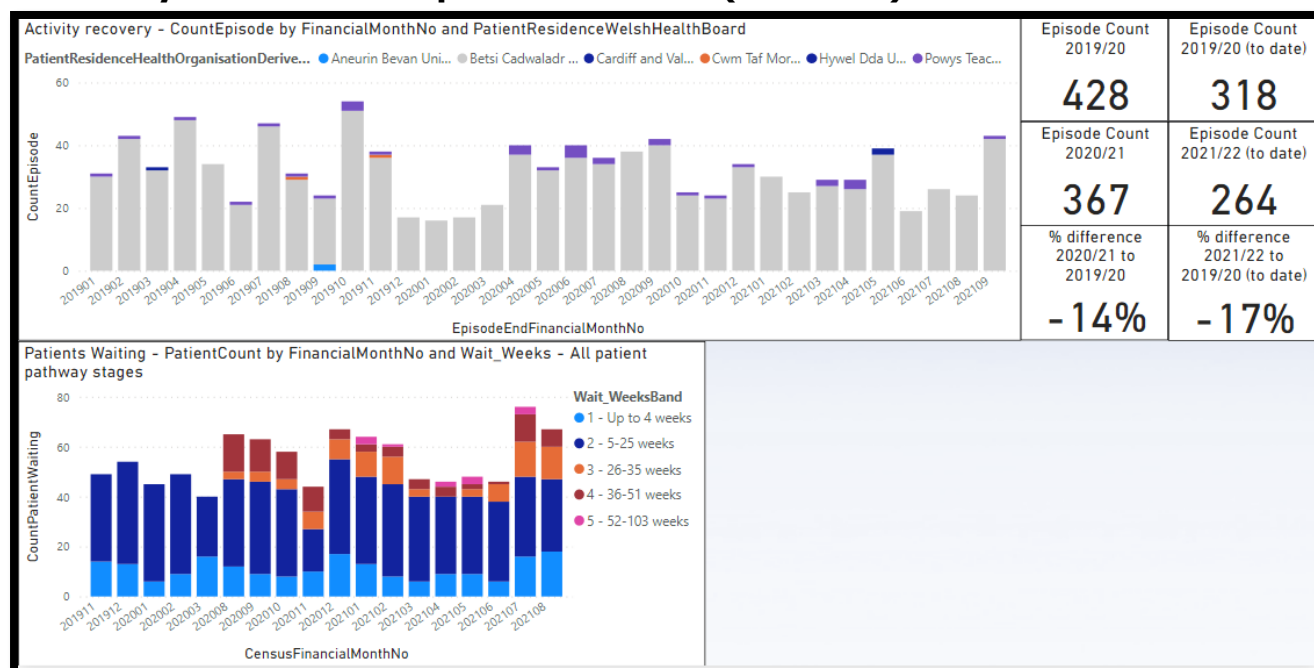


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting for Paediatric Surgery services at CVUHB. As the main provider, CVUHB shows mixed results – while patients waiting for outpatient appointments have reduced, particularly for follow-ups, patients waiting for admitted interventions have increased, with almost 30% now having waited for over a year. Given that the highest age band of this specialty is in the 0-4 age band, this is particularly significant. Whilst tackling the New Outpatient waiting list is to be commended, it appears to then adversely affect the waiting list for admissions further down the pathway.

Previous experience emphasizes the importance of maintaining elective waiting lists delivered on a timely basis, given the qualitative impact on the development of children. It will be important to see a more rapid increase in activity if waiting times for children are to be kept to tolerable levels. Meanwhile it will be essential for the provider to have in place appropriate systems to monitor the risk of these patients waiting for surgery.

## Alder Hey Childrens Hospital NHS Trust (AHCHNT)



Data source: DHCW central data warehouse; all inpatient activity

The tables above show a summary of the position at AHCHNT in relation to Paediatric Surgery. The recovery position to the current month is similar to last year (14% less in 2020-2021 compared to 2019-2020 in total, and 17% less to date this year compared to 2019-2020), the total waiting list had remained fairly static until the past two months, where it has increased again.

### Specialised Planner Comments:

AHCHNT had previously reported to WHSSC through their recovery plans that activity was currently higher than pre-COVID-19 levels and a robust plan is in place to manage the small number of patients waiting over 52 weeks. The provider has confirmed that all patients waiting over 52 weeks will be treated before the end of March 2022, and indeed by the end of September 2021 the single longest waiting patient was between 36-51 weeks.

CVUHB are reporting a significant number of patients waiting over 52 weeks. In dialogue with the provider, there are a number of contributing factors to the waiting list including nurse capacity, bed capacity and theatre availability. The HB are refining the recovery plan for paediatrics to detail the trajectory for managing the patient cohort. WHSSC have sought assurance on the clinical review and communication with patients on the waiting list. There are 50 newly qualified nurses due to start within the Children's hospital over the coming months, which will work towards alleviating the nursing and bed pressures.



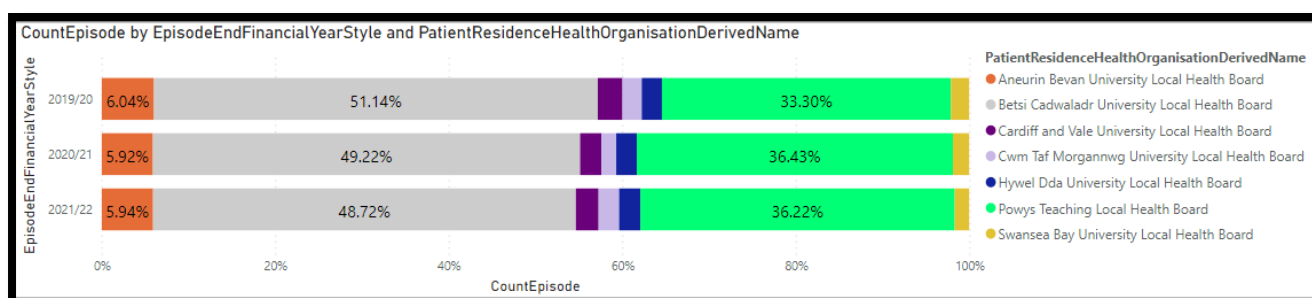
### 3.7 NHS England Providers – Organisations with WHSSC Contracts

The key summaries and analysis relating to English providers are set out in **Appendix A**.

#### 3.7.1 Analysis Summary

Tables 1 to 3 of **Appendix A** detail the trend in admitted patient care activity levels since the 2019-2020 financial year. Table 2 analyses the activity by resident HB, and Table 3 analyses the activity by Specialty. In summary, 2020-2021 English provider activity (using providers with WHSSC contracts) dropped by 34% in comparison to 2019-2020, and in the inverse pattern to the COVID-19 waves, as expected. December 2021 activity shows a continued increase in performance and is expected to continue into 2021-2022, and indeed activity this year to date has improved to just 14% less than to this point in 2019-2020.

It is worth noting that the overall split across resident HBs is relatively unchanged, with inpatient access rates close to the same percentages as before COVID-19, with the exception of Powys, whose share has increased slightly, and BCUHB, whose share has decreased slightly. The following chart shows the shares since April 2019. The actual episode counts can be found in **Appendix A**, Table 2, and there are pages per HB as Table 4.



Data source: NWIS central data warehouse; all inpatient activity at English Trusts with WHSSC contracts

## 4.0 SUMMARY

In summary of the data and detail in the report, the main points can be condensed to the following:

**Cardiac Surgery (pages 3-8)** – Whilst overall inpatient activity has decreased by 22% to date this financial year, compared to 2019-2020, this has not translated into higher waiting lists due to lower demand for inpatient admissions. CVUHB's waiting list for admissions has actually reduced to about a third of pre-COVID-19 levels (about 50 patients), and SBUHB's has reduced to about half (about 60 patients), although Liverpool's list has increased slightly (about 60 patients).



However, referrals for New outpatient appointments is now growing again after an initial lull as COVID-19 hit Wales, and the Welsh centres historically have a much higher percentage than Liverpool of emergency admissions compared to elective admissions. Therefore the good progress must be maintained, especially considering the link to Cardiology and that patients may move to Cardiac Surgery lists at short notice.

It is also worth noting that waiting lists for admissions for Cardiology have increased at both CVUHB and SBUHB – a small increase at CVUHB to about 650 patients, but almost doubles at SBUHB to about 400 patients. These figures include non-specialist activity, as well as specialised interventions.

**Thoracic Surgery (pages 9-13)** – Whilst inpatient activity overall has decreased by 11% to date this financial year, compared to 2019-2020, this varies across the three main providers. CVUHB have actually performed the same episode volume as in 2019-2020, and have halved their waiting list for admissions (about 50 patients). Liverpool have increased their inpatient activity by 28%, but their waiting list for admissions has increased a little to about 10 patients. SBUHB's activity is 43% lower than 2019-2020 so far this year, but their waiting list has also decreased to about 20 patients.

Similar to Cardiac Surgery, New Outpatient referrals appear to be now increasing again though, so the good work needs to be maintained.

**Neurosurgery (pages 13-16)** – Inpatient activity has decreased by 17% to date this financial year compared to 2019-2020, with both CVUHB and the TWC showing similar recovery rates. However, CVUHB's waiting list for admissions has reduced a little (about 200 patients), although a fifth of those have been waiting for over a year, while TWC's waiting list for admissions has been steadily increasing from about 350 patients in March 2020 to almost 600 in December 2021.

New outpatient referrals appear to be consistent, but both centres now have a growing waiting list for new appointments, which could translate into pressure on the waiting list for admissions.

**Plastic Surgery (pages 16-20)** – Inpatient activity is still 25% less so far this financial year compared to 2019-2020, although this is higher than 2020-2021. Both of the centres commissioned by WHSSC (SBUHB and SH&KTHT) are now showing large waiting lists for admissions, with large numbers having waited over a year. SBUHB's inpatient waiting list has grown from about 1,450 in March 2020 to about 2,000 in December 2021, with roughly half having waited over a year.

The new performance measures from Welsh Government (WG) also show that about 500 patients have now waited over two years for admission at SBUHB. WHSSC is working with the HB to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment.

SH&KTHT's total waiting list for all pathway points has grown from just under 200 in March 2020 to well over 350 in December 2021, although none have waited over a year.

It is noteworthy that SBUHB shows a far higher percentage of emergency activity (57% to date in 2021-2022) than SH&KTHT (13% to date in 2021-2022), although this was also the case Pre-COVID-19.

**Paediatric Surgery (pages 22-24)** - Inpatient activity overall has decreased by 22% to date this financial year, compared to 2019-2020, but this is still significantly more than in 2020-2021. Whilst CVUHB has clearly worked to reduce the New Outpatient waiting list (which has seen steadily growing referrals again since April 2020), the waiting list for admissions has been progressively growing from about 300 patients in March 2020 to about 500 in December 2021, with about 30% having now waited over a year (very few had waited over 36 weeks pre-COVID-19). A few patients have now even tipped into the wait band of over two years. This is concerning, given that children aged 0-4 are the highest age band of admitted patients. However, WHSSC have been in discussions with the HB around their recovery plan, and 50 newly qualified nurses are due to start within the Children's hospital over the coming months, which will work towards alleviating the nursing and bed pressures.

Alder Hey's waiting list has remained fairly static since Pre-COVID-19, with about 65 patients waiting across all pathway points. The Trust had confirmed that all patients waiting over 52 weeks will be treated before the end of March 2022, and achieved that by November 2021.

**NHS England providers (page 25, Appendix 1)** – Overall, the English Trusts that WHSSC commission have performed by 14% less inpatient episodes so far this year compared to 2019-2020. It can be noted that part of this reduction is due to the lower volumes of emergency admissions from Welsh residents (probably due to less travelling over the COVID-19 period), and that the specialist activity has reduced by less than this. For example, Trauma & Orthopaedics, which accounts for about 15% of the total inpatient activity, has reduced by 22% in total, and A&E by 29%. **Appendix 1** lists all the specialties in order, and also shows the position by HB.

### **Other Notes**

CVUHB - throughout the LHB are issues with regards to staffing, due to COVID-19 infections, and at UHW there are COVID-19 cases on some wards. The front door performance is poor at present, and there are also social care issues that are impacting their ability to discharge patients. All this is having an effect upon elective cases in all speciality levels. The LHB have also had to make temporary changes to wards with some green wards moving to amber and some amber wards moving to red.

## 5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Implementation of the Plan Governance and Assurance Choose an item.
<b>Link to Integrated Commissioning Plan</b>	This report provides assurance on delivery of the ICP.
<b>Health and Care Standards</b>	Governance, Leadership and Accountability Choose an item. Choose an item.
<b>Principles of Prudent Healthcare</b>	Reduce inappropriate variation Choose an item. Choose an item.
<b>Institute for HealthCare Improvement Quadruple Aim</b>	Reducing the per capita cost of health care Choose an item. Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	Any issues are identified in the report.
<b>Finance/Resource Implications</b>	Any issues are identified in the report.
<b>Population Health</b>	-
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	Any issues are identified in the report.
<b>Long Term Implications (incl WBFG Act 2015)</b>	Any issues are identified in the report.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	-

<p><b>Appendices</b></p>	<p><b>Annex A</b> – contract monitoring return activity CVUHB</p> <p><b>Annex B</b> – contract monitoring return activity SBUHB</p> <p><b>Appendix 1</b> – charts of DHCW data showing inpatient activity at NHS England Trusts with a WHSSC contract (specialist and non-specialist)</p> <p><b>Appendix 2</b> – tables including the relevant Performance measures as directed by Welsh Government</p>
--------------------------	---

# ANNEX A

## CVUHB – CONTRACT MONITORING RETURN - page 1 of 3

### Notes:

1. The new month's figure is the difference from the previous month's sub-total, so would include any retrospective adjustments made in the contract monitoring.
2. The charts in the main report body use DHCW data for consistency with other providers; year-to-date activity totals are checked to ensure any variation to the contract monitoring summarised below is not material. These small variations may include residency allocations (including border residents), episode/spell end months etc
3. The Cardiac Surgery inpatient line below includes minor surgeries, which are not reflected in the charts in the main body of the report, to be consistent with other providers.

	Financial (£)												Activity											
	February	March	20/21 Avg	April	May	June	July	August	September	October	November	December	February	March	20/21 Avg	April	May	June	July	August	September	October	November	December
CARDIOTHORACIC																								
Cardiology - Specialist	1,075,650	1,151,524	890,234	1,103,826	1,033,887	1,143,182	1,091,599	994,350	1,088,704	971,299	1,007,123	1,010,539	194	146	149	156	190	182	181	169	157	150	174	143
Cardiology - Aneurin Bevan	121,728	154,633	161,312	150,558	86,483	124,892	124,892	110,026	88,790	101,532	107,903	118,521	37	47	44	37	39	41	41	34	24	30	33	38
Cardiology - Cwm Taf	111,392	77,524	29,836	29,629	39,275	19,982	19,982	19,982	39,275	19,982	39,275	19,982	7	8	2	3	2	1	1	2	2	4	0	1
Cardiology - Swansea Bay	61,240	11,253	3,307	2,765	13,996	8,257	13,996	3,670	2,765	13,431	2,765	2,765	3	2	0	1	0	1	1	1	0	2	0	0
Transcatheter Aortic Valve Implantation (TAVI)	198,385	378,735	263,010	372,548	281,280	332,552	278,788	289,410	249,414	295,048	297,540	396,938	12	20	15	17	15	15	16	15	12	11	16	22
Adult Congenital Heart Disease (ACHD)	36,353	36,353	64,857	105,022	105,022	105,022	105,022	105,022	105,022	105,022	105,022	105,022	61	63	56	65	55	50	43	49	61	70	72	67
Cardiac Surgery	1,169,555	1,305,417	1,103,661	1,150,513	1,189,440	1,270,428	1,214,837	1,156,213	1,199,288	1,176,140	1,168,926	1,127,529	62	82	37	49	56	71	61	48	60	44	47	44
OP			-										106	119	66	88	78	80	108	86	87	130	125	89
Thoracic Surgery	327,363	370,447	230,345	302,516	428,711	395,390	297,804	355,381	285,347	367,517	275,131	282,921	53	61	35	52	63	67	50	52	46	53	38	47
OP			-										111	102	94	123	122	103	147	126	104	155	138	108
TOTAL	3,101,665	3,485,886	2,746,563	3,217,377	3,178,095	3,399,705	3,146,921	3,034,054	3,058,604	3,049,970	3,003,685	3,064,217	646	650	496	591	620	611	649	582	553	649	643	559
NEUROSCIENCES / ALAS			-												0									
Neurosurgery	1,522,373	1,532,197	1,467,583	1,565,659	1,578,737	1,530,505	1,549,394	1,547,567	1,546,142	1,568,177	1,547,472	1,543,851	190	192	120	174	183	149	164	162	159	177	164	159
OP			-										516	396	381	422	279	573	370	396	439	436	544	406
Spinal Implants	135,361	139,471	40,960	150,358	62,487	218,081	143,642	174,134	98,486	90,876	160,217	182,282	4	12	3	9	6	13	13	14	8	6	11	10
OP			-										63	38	0	0	0	0	0	0	0	0	0	0
Intrathecal Pump Transfer from ABMU/SBU	13,776	13,750	14,025	14,306	14,306	14,306	14,306	14,306	14,306	14,306	14,306	14,306												
ISAT	186,841	97,465	138,768	180,870	227,291	164,072	190,744	84,209	210,813	164,621	146,593	97,612	18	13	14	20	16	16	16	8	15	16	17	14
Excess costs of INR outsourcing	106,661	46,683	10,118	(6,338)	11,897	5,575	4,239	3,796	4,239	4,719	5,135	176,838	4	0	0	0	0	0	0	0	0	0	0	1
Epilepsy Surgery	30,774	30,774	5,231	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	1	1	0	0	0	0	0	0	0	0	0	0
PDOC			-				95,333	23,833	23,833	23,833	23,833	23,833			0									
Neuro-Oncology											34,667	4,333												
Spinal Injuries	286,626	277,665	278,062	284,938	291,788	281,689	288,302	278,356	270,827	283,560	302,258	296,873	615	556	512	522	574	495	541	466	412	505	616	614
OP			-										63	38	52	53	48	60	66	71	67	69	138	40
Neuro Rehab	285,593	316,256	282,238	268,067	264,948	252,038	276,547	259,442	265,912	243,568	276,401	236,902	537	782	479	341	312	223	396	285	310	160	380	125
OP			-										16	9	9	20	33	33	26	14	48	41	52	22
Relocation of Specialist Rehabilitation											54,400	6,800												
ALAS incl. AAC	1,320,373	2,053,666	1,269,732	1,440,166	1,311,312	1,411,172	1,369,916	1,401,763	1,468,124	1,460,484	1,411,967	1,423,687			0									
ALAS - Exceptional Circumstances (Treforest Ind. Estate)		(998,000)	-	-	-	-	-	-	-	-	-	-			0									
TOTAL	3,888,378	3,509,927	3,506,717	3,898,024	3,762,764	3,877,435	3,932,422	3,787,405	3,902,681	3,854,143	3,977,246	4,007,316	2,027	2,037	1,570	1,561	1,451	1,562	1,592	1,416	1,458	1,410	1,922	1,391
RENAL			-												0									
Renal Surgery	303,929	288,717	277,873	304,402	300,967	299,513	304,759	297,305	320,415	309,326	308,132	323,350	75	69	51	63	60	60	72	63	81	79	72	86
OP			-										394	347	259	327	329	356	359	329	343	366	413	309
Nephrology	537,530	520,979	519,762	534,765	532,325	565,690	532,327	531,046	547,815	540,674	557,598	566,386	154	118	100	90	72	112	99	102	137	128	133	157
OP			-										736	557	536	489	659	945	636	747	612	504	852	667
Home Renal Dialysis	115,577	121,610	125,181	130,510	122,923	124,516	123,806	131,340	117,624	129,320	126,148	126,897	583	650	662	656	575	592	621	610	555	753	646	654
Renal CAPD (Dialysis)	122,934	126,686	128,186	129,202	128,338	127,195	125,874	133,128	133,706	134,638	138,350	129,340	1,723	1,872	1,883	1,799	1,930	1,716	1,675	1,926	1,888	1,983	2,115	1,793
Hospital Renal Dialysis	1,096,826	1,103,018	1,105,891	1,103,972	1,143,098	1,100,576	1,160,405	1,187,623	1,109,825	1,145,267	1,147,191	1,187,366	6,900	6,900	6,831	6,792	6,957	6,638	7,153	7,347	6,821	7,078	7,048	7,351
Renal Transplants	468,270	509,790	449,974	472,029	462,450	512,204	540,319	454,991	481,843	528,978	491,068	484,249	9	2	5	5	7	10	15	5	5	12	9	7
TOTAL	2,645,067	2,670,799	2,606,867	2,674,880	2,690,101	2,729,692	2,787,491	2,735,433	2,711,228	2,788,202	2,768,487	2,817,588	10,574	10,515	10,326	10,221	10,589	10,429	10,630	11,129	10,442	10,903	11,288	11,024

	Financial (£)												Activity											
	February	March	20/21 Avg	April	May	June	July	August	September	October	November	December	February	March	20/21 Avg	April	May	June	July	August	September	October	November	December
HAEMATOLOGY																								
Haemophilia	453,297	628,980	336,642	325,387	407,033	535,670	401,774	451,856	387,925	341,543	475,005	390,653	1,600,796	2,223,126	1,419,378	1,348,670	1,554,260	2,169,065	2,169,073	1,627,891	1,379,115	1,745,859	1,870,593	1,780,546
IBD Transfer	148,754	148,754	122,914	154,764	154,764	154,764	154,764	154,764	154,764	154,764	154,764	154,764			0									
Haemophilia Reference Centre	6,002	6,002	6,122	6,245	6,245	6,245	6,245	6,245	6,245	6,245	6,245	6,245			0									
Blood and Marrow Transplantation (BMT)	670,804	593,983	644,365	883,350	808,388	744,041	883,739	819,534	697,958	645,588	627,829	751,844												
ATMP - CAR-T	105,982	357,543	231,419	336,914	336,914	338,574	84,254	336,914	84,254	84,254	84,490	84,254												
All Wales Lymphoma Panel	86,058	83,495	78,672	109,775	109,775	109,603	115,433	106,060	104,003	104,993	107,736	109,794												
Clinical Immunology	675,522	752,926	786,206	742,995	635,524	855,806	679,713	593,405	963,879	716,906	646,001	933,556												
Hereditary Anaemia			7,917	30,770	30,770	30,770	30,770	30,770	30,770	30,770	30,770	30,770												
TOTAL	2,146,420	2,571,683	2,214,257	2,590,199	2,489,413	2,775,473	2,356,692	2,499,548	2,429,798	2,085,063	2,132,840	2,461,880	1,601,152	2,223,491	1,419,707	1,348,965	1,554,604	2,169,473	2,169,529	1,628,303	1,379,516	1,746,271	1,871,025	1,780,994
PAEDIATRICS / NEONATAL																								
Paediatric Surgery	537,628	510,886	498,489	546,195	541,778	536,865	538,672	534,930	552,604	527,298	558,727	520,663												
OP																								
Paediatric Renal	135,801	122,769	121,909	129,984	134,040	129,575	124,636	131,583	128,385	148,049	129,599	139,077												
OP																								
Paediatric Oncology	920,072	728,621	758,417	814,840	816,644	901,684	858,396	853,796	787,662	843,586	868,333	924,891												
OP																								
Paediatric Neurology	196,659	197,099	192,661	193,056	197,087	198,049	294,753	217,145	218,871	222,887	220,498	216,302												
OP																								
Paediatric Ketogenic Diet			3,958	8,313	8,313	8,313	8,313	8,313	8,313	8,313	8,313	8,313												
Paediatric Rheumatology Service	21,764	21,764	22,199	22,643	22,643	22,643	91,677	49,652	41,852	41,852	41,852	41,852												
Paeds Neuro Rehab	21,401	21,401	21,829	22,266	22,266	22,266	22,266	22,266	22,266	22,266	22,266	22,266												
Paediatric Gastroenterology	76,488	81,544	88,449	85,232	89,672	88,554	94,458	95,454	92,535	83,314	227,791	109,870												
OP																								
Paediatric ENT	119,853	108,012	105,832	110,597	109,844	114,768	112,588	111,373	111,569	112,905	117,087	110,747												
OP																								
Paediatric Cardiology	194,093	190,093	214,877	241,567	242,824	243,616	232,986	216,845	250,691	241,024	243,285	250,486												
OP																								
Fetal Cardiology	20,344	19,831	20,873	21,510	21,855	22,545	22,775	22,085	22,545	21,625	21,970	21,740												
Paediatric Cystic Fibrosis	57,246	27,728	38,645	36,464	39,461	37,467	46,046	36,245	37,873	40,513	70,123	44,523												
Paeds Respiratory Equipment / CNS	18,368	35,424	22,676	30,383	18,014	19,215	34,438	16,966	15,775	41,740	19,165	41,662												
Paediatric Radiology																								
Paediatric Endocrinology	57,917	57,917	59,075	60,257	60,257	60,257	60,257	60,257	60,257	60,257	60,257	60,257												
Foetal Medicine	10,250	10,250	25,925	26,444	26,444	26,444	26,444	26,444	26,444	26,444	26,444	26,444												
Children's Hospital for Wales	102,716	102,716	104,770	106,866	106,866	106,866	106,866	106,866	106,866	106,866	106,866	106,866												
PICU BH	392,403	426,562	356,408	327,405	339,843	386,044	440,242	378,937	397,595	414,476	410,922	414,476												
NICU BH	794,525	799,534	796,630	744,152	784,065	860,192	807,309	790,079	833,719	821,018	796,546	860,234												
Perinatal Pathology	23,048	23,048	23,509	23,979	23,979	23,979	23,979	23,979	23,979	23,979	23,979	23,979												
Paediatric MRI Investment & IMD			14,152	28,863	46,888	37,876	37,876	37,876	37,876	37,876	37,876	37,876												
Syndrome without a Name (SWAN)									215,000	35,833	(107,500)	17,917												
TOTAL	3,700,575	3,485,201	3,491,285	3,581,013	3,652,782	3,847,218	3,984,973	3,741,087	3,992,673	3,882,119	4,005,564	4,013,083	3,256	3,031	2,610	2,539	2,510	3,301	2,849	2,616	3,095	2,986	3,264	3,228

	Financial (£)												Activity											
	February	March	20/21 Avg	April	May	June	July	August	September	October	November	December	February	March	20/21 Avg	April	May	June	July	August	September	October	November	December
ADULT CRITICAL CARE			-												0									
Adult ICU	555,445	593,323	484,917	566,122	606,802	514,001	559,766	732,654	530,527	548,325	412,302	514,001	309	340	230	286	318	245	181	517	258	272	165	245
Adult HDU	59,893	37,959	42,758	64,595	66,116	76,766	44,057	44,817	56,988	36,450	43,296	34,928	42	12	17	45	47	61	18	19	65	-22	17	6
LTV Consultant Sessions	3,121	3,121	3,184	3,247	3,247	3,247	3,247	3,247	3,247	3,247	3,247	3,247			0									
LTV Unit Development	69,167	69,167	69,167	71,961	71,961	71,961	71,961	71,961	71,961	71,961	71,961	71,961			0									
TOTAL	687,626	703,570	600,025	705,925	748,126	665,976	679,031	852,680	662,724	659,983	530,806	624,138	351	352	247	331	365	306	199	536	323	250	182	251
GENETICS / LTC			-												0									
Medical Genetics	1,046,804	993,969	1,088,985	1,316,849	1,300,266	1,321,196	1,254,728	1,329,510	1,304,510	1,304,510	112,510	1,155,510	186	162	67	83	99	92	32	63	60	54	10	14
Lynch Syndrome - (Genetics)	24,350	24,350	24,837	25,334	25,334	25,334	25,334	25,334	25,334	25,334	25,334	25,334			0									
Genetic Counsellor 8a - £24,420	5,189	5,189	5,293	5,399	5,399	5,399	5,399	5,399	5,399	5,399	5,399	5,399			0									
HD & £36,630 ABMU															0									
Enzyme Replacement Therapy	38,117	38,117	38,879	39,657	39,657	39,657	39,657	39,657	39,657	39,657	39,657	39,657			0									
Cystic Fibrosis	466,750	496,464	509,631	511,591	516,808	537,303	529,964	511,741	535,644	544,103	536,639	500,584			0									
Home TPN	105,433	77,956	104,063	110,979	122,750	115,183	135,783	284,428	204,176	243,321	235,302	210,918	172	104	170	181	209	191	240	243	307	419	402	344
TPN Exceptional Costs	31,132	68,130	32,188	29,468	31,574	30,014	30,440	30,602	31,495	29,798	30,331	30,467	106	117	115	111	124	111	117	118	110	108	114	112
BAHAs & Cochlears	370,106	470,738	386,167	410,559	410,559	410,559	410,559	410,559	410,559	410,559	410,559	410,559			0									
TOTAL	2,087,882	2,174,913	2,190,044	2,449,835	2,452,346	2,484,645	2,431,864	2,637,229	2,556,773	2,602,681	1,395,730	2,378,427	464	383	351	375	432	394	389	424	477	581	526	470
OTHER			-												0									
Liver Surgery	85,842	93,391	87,559	65,750	81,457	97,164	89,310	65,750	65,750	97,164	73,603	81,457	10	11	10	7	9	11	10	7	7	11	8	9
Major Trauma Centre	359,250	359,250	881,583	935,184	935,184	935,184	935,184	935,184	935,184	935,184	935,184	935,184			0									
Gender Service	41,667	41,667	47,964	49,773	49,773	49,773	143,509	73,207	73,207	73,207	73,207	73,207			0									
Radiofrequency Ablation (RFA)	-	-	12,862	26,722	27,022	11,680	7,542	50,234	30,558	14,719	37,302	15,502			0									
Hepatology	21,436	21,436	21,865	22,302	22,302	22,302	22,302	22,302	22,302	22,302	22,302	22,302			0									
Neuropsychiatry	112,961	236,433	225,738	227,499	223,888	208,669	252,905	264,921	230,058	237,290	242,807	242,137	425	351	301	319	315	371	382	330	333	374	396	396
Regional Pharmaceutical Service	60,638	60,638	61,851	63,088	63,088	63,088	63,088	63,088	63,088	63,088	63,088	63,088			0									
Pay Award	282,411	282,411	441,050	449,871	449,871	555,452	485,065	485,065	485,065	485,065	485,065	485,065			0									
NICE / High Cost Drugs	51,126	24,097	78,317	71,309	58,218	47,825	25,960	49,598	30,219	36,959	55,055	59,867			0									
Interstitial Lung Disease	12,469	12,469	12,719	12,973	12,973	12,973	12,973	12,973	12,973	12,973	12,973	12,973			0									
Neuroendocrine Tumours	33,163	33,163	47,993	63,403	63,403	63,403	63,403	63,403	63,403	63,403	63,403	63,403			0									
Rebasing Difference / Roundings	(19,339)	(19,339)	-	-	-	-	-	-	-	-	-	-			0									
TOTAL	1,041,624	1,145,616	1,919,502	1,987,875	1,987,179	2,067,513	2,101,241	2,085,725	2,011,807	2,041,354	2,063,990	2,054,185	435	362	311	326	324	382	392	337	340	385	404	405
			-												0									
Total	19,299,238	19,747,594	19,275,259	21,105,128	20,960,806	21,847,657	21,420,634	21,373,161	21,326,288	20,963,514	19,878,347	21,420,835	1,618,905	2,240,821	1,435,619	1,364,909	1,570,895	2,186,458	2,186,229	1,645,343	1,396,204	1,763,435	1,889,254	1,798,322



## ANNEX B - SBUHB – CONTRACT MONITORING RETURN – Page 1 of 1

### Notes:

































1. The new month's figure is the difference from the previous month's sub-total, so would include any retrospective adjustments made in the contract monitoring.
2. SBUHB's contract monitoring is in spells, whereas all the charts in the main report use episode data from DHCW for consistency with other providers

	Financial (£)										Activity											
	20/21 Avg	April	May	June	July	August	September	October	November	December	February	March	20/21 Avg	April	May	June	July	August	September	October	November	December
RENAL																						
Renal - Other	678,963	743,028	705,840	706,518	708,304	712,773	720,845	720,400	680,443	640,065	1,149	802	892	931	1,177	1,128	1,042	1,034	1,189	1,048	1,196	987
Hospital Dialysis	495,504	511,853	517,576	522,678	539,475	522,056	525,042	521,558	522,429	525,166	2,968	2,980	2,906	2,958	3,004	3,045	3,180	3,040	3,064	3,036	3,043	3,065
Home Dialysis	93,303	95,678	63,107	85,499	89,571	83,463	79,392	71,249	71,249	69,214	47	46	47	47	31	42	44	41	39	35	35	34
Renal Wwales Contract	256,298	281,920	229,118	196,577	187,628	171,660	290,455	293,604	292,535	306,904	2,035	2,060	2,180	2,194	2,187	2,197	2,255	2,180	2,195	2,219	2,236	2,349
Total	1,524,067	1,632,479	1,515,641	1,511,272	1,524,977	1,489,953	1,615,733	1,606,811	1,566,656	1,541,348	6,199	5,888	6,025	6,130	6,399	6,412	6,521	6,295	6,487	6,338	6,510	6,435
CARDIOTHORACIC																						
Cardiac Surgery	1,112,468	1,147,404	1,185,217	1,209,806	1,170,237	1,197,343	1,248,485	1,213,301	1,248,590	1,257,688	43	40	21	20	31	36	29	32	48	36	42	48
OP	0										33	23	22	34	25	33	27	28	35	29	50	29
TAVI	317,055	304,092	401,148	347,435	358,915	208,255	448,385	351,185	561,695	316,083	14	11	13	11	15	11	14	6	17	11	22	10
Cardiology	835,629	915,290	1,014,919	961,440	900,192	856,438	908,686	819,612	839,484	960,499	168	111	149	160	178	181	163	147	170	142	139	149
Bariatrics	16,637	13,659	13,659	20,881	13,659	38,342	13,659	17,270	37,157	13,659	8	2	1	0	0	2	0	6	0	1	4	0
Total	2,281,788	2,380,445	2,614,943	2,539,562	2,443,003	2,300,378	2,619,215	2,401,369	2,686,927	2,547,930	266	187	206	225	249	263	233	219	270	219	257	236
PAEDS / NEONATAL																						
CLP	112,170	117,127	119,311	124,772	136,741	125,580	125,580	125,580	123,396	120,119	19	2	5	7	9	14	10	11	11	9	6	6
NICU	448,083	477,944	449,484	454,650	488,118	514,750	468,751	482,063	421,512	444,003	592	534	540	587	486	502	658	645	587	685	489	455
BAHA	5,193	5,270	5,270	5,270	5,270	5,270	5,270	5,270	5,270	5,270			0									
Paeds Onc	11,844	12,080	12,080	12,080	12,080	12,080	12,080	12,080	12,080	12,080			0									
Total	577,290	612,421	586,146	596,773	642,209	657,681	611,682	624,993	562,258	581,472	611	536	544	594	495	516	668	656	598	696	498	461
CANCER & BLOOD																						
Plastics	1,055,137	1,372,010	1,152,205	1,238,484	1,194,422	1,115,507	1,423,927	1,185,666	1,288,051	1,238,563	695	620	434	569	502	575	551	493	626	522	559	596
OP	0										582	534	264	299	318	342	318	298	302	329	429	327
Burns	420,748	471,148	458,630	444,325	464,442	413,926	457,736	432,702	408,561	413,479	166	126	130	224	196	164	209	96	194	138	84	95
Thoracic	149,015	132,436	212,117	170,233	207,320	211,202	322,639	244,298	221,461	173,029	27	30	19	13	26	25	25	27	49	32	27	24
OP	0										68	34	42	90	94	89	90	86	97	87	99	85
SNB	9,405	9,593	9,593	9,593	9,593	9,593	9,593	9,593	9,593	9,593			0									
Haemophilia	64,730	73,838	54,484	75,617	96,285	57,807	136,863	115,644	86,296	72,182			0									
Sarcoma	75,287	104,034	76,973	80,220	52,077	74,808	78,056	74,808	66,149	121,353	15	27	13	29	32	15	13	18	17	22	18	33
Clinical Genetics	5,177	5,386	5,386	5,386	5,386	5,386	5,386	5,386	5,386	5,386			0									
Total	1,779,499	2,168,446	1,969,389	2,023,858	2,029,526	1,888,229	2,434,200	2,068,097	2,085,497	2,033,585	1,553	1,371	902	1,224	1,168	1,210	1,206	1,018	1,285	1,130	1,216	1,160
NEUROSCIENCES																						
ALAC	158,277	161,443	161,443	161,443	161,443	161,443	161,443	161,443	161,443	161,443			0									
Rehab	150,653	147,004	154,699	160,811	164,225	176,612	162,003	171,600	165,936	157,217	295	314	263	245	315	374	402	367	330	489	311	266
OP	0										28	25	13	3	5	6	7	38	16	6	27	19
Total	308,930	308,447	316,142	322,253	325,667	338,055	323,446	333,043	327,379	318,660	323	339	276	248	320	380	409	405	346	495	338	285
OTHER																						
NICE	49,204	41,979	50,953	22,442	55,957	65,791	70,105	54,853	74,156	47,866			0									
East Forensics	1,197,992	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952			0									
Devices	0												0									
Academic Fee	10,841	11,058	11,058	11,058	11,058	11,058	11,058	11,058	11,058	11,058			0									
IVF	123,533	186,217	159,639	220,911	224,219	185,837	178,471	167,611	228,408	128,275	179	153	129	165	149	175	179	152	149	151	165	125
EMRTS	312,690	318,944	318,944	318,944	318,944	318,944	318,944	318,944	318,944	318,944			0									
Air Am	65,110	66,412	66,412	66,412	66,412	66,412	66,412	66,412	66,412	66,412			0									
Pay award 20/21	193,060	196,921	196,921	196,921	196,921	196,921	196,921	196,921	196,921	196,921			0									
Total	1,952,431	2,043,484	2,025,879	2,058,640	2,095,463	2,066,916	2,063,864	2,037,752	2,117,852	1,991,429	179	153	129	165	149	175	179	152	149	151	165	125
Total	8,424,006	9,145,722	9,028,140	9,052,359	9,060,845	8,741,211	9,668,140	9,072,065	9,346,569	9,014,423	9,131	8,474	8,082	8,586	8,780	8,956	9,216	8,745	9,135	9,029	8,984	8,702

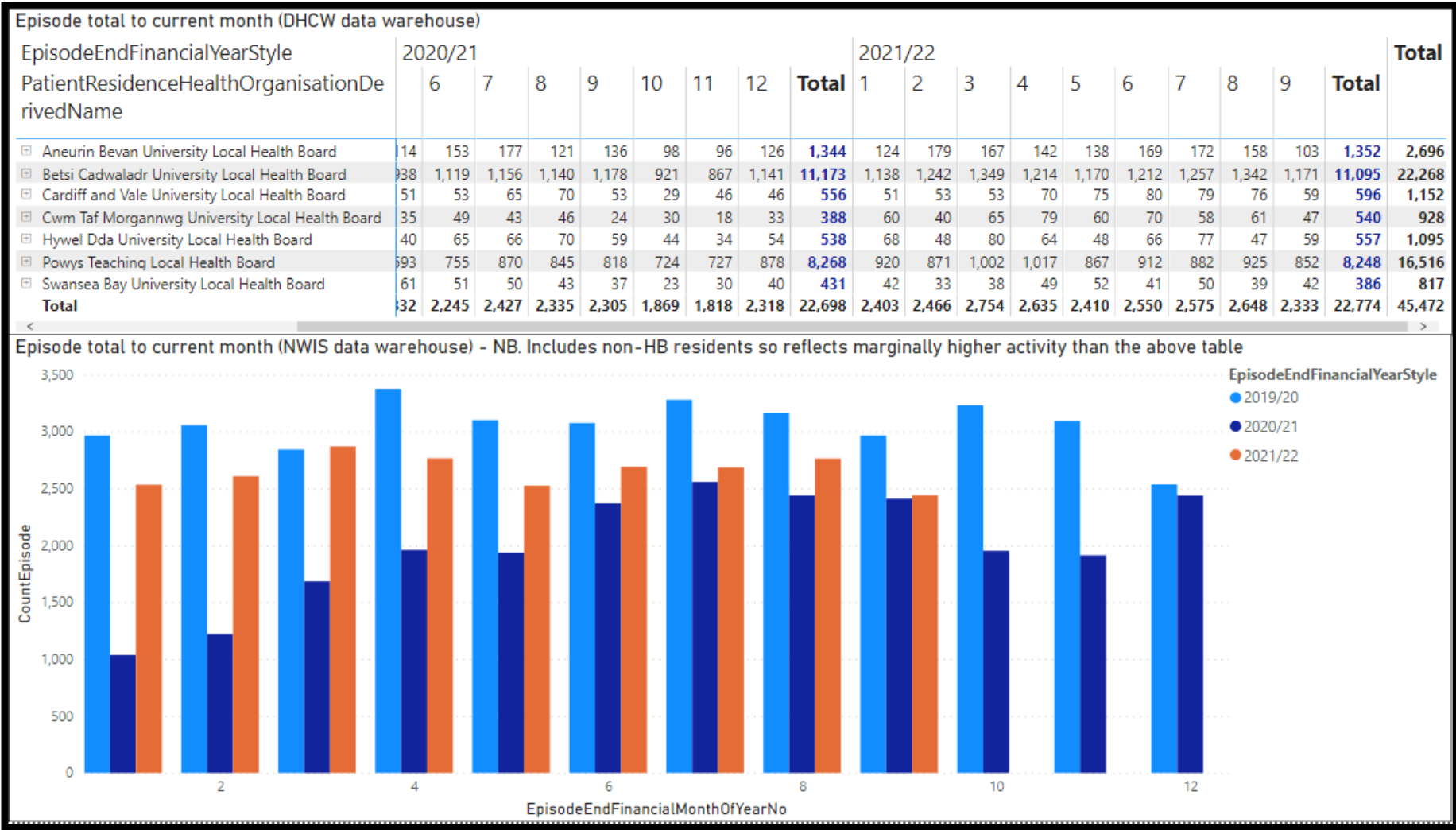
## APPENDIX 1

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpec)

Table 1 – Analysis by NHS England Provider by Month

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border resident					CountEpisode for 2021/22 (M1-9)	CountEpisode for 2020/21 (M1-9)	CountEpisode % diff 2021/22 to 20/21 (M9)	CountEpisode for 2019/20 (M1-9)	CountEpisode % diff 2021/22 to 19/20 (M9)
Main HB	2019/20	2020/21	2021/22	Total					
 <b>Total</b>	<b>4,213</b>	<b>2,529</b>	<b>2,626</b>	<b>9,368</b>	<b>2,626</b>	<b>1,929</b>	<b>36%</b>	<b>3,290</b>	<b>-20%</b>
 Cambridge University Hospitals NHS Foundation tr	80	27	34	<b>141</b>	34	23	48%	60	-43%
 Great Ormond Street Hospital For Children nhs fo	326	193	297	<b>816</b>	297	161	84%	267	11%
 Guy's And St Thomas' NHS foundation trust	446	182	223	<b>851</b>	223	136	64%	368	-39%
 Imperial College Healthcare NHS Trust	302	131	178	<b>611</b>	178	93	91%	246	-28%
 King's College Hospital NHS Foundation trust	130	61	71	<b>262</b>	71	47	51%	98	-28%
 Leeds Teaching Hospitals NHS Trust	80	24	42	<b>146</b>	42	23	83%	68	-38%
 Royal Free London NHS Foundation trust	193	121	127	<b>441</b>	127	95	34%	151	-16%
 Royal Papworth Hospital NHS Foundation trust	105	32	45	<b>182</b>	45	28	61%	85	-47%
 The Newcastle Upon Tyne Hospitals nhs foundation	132	103	42	<b>277</b>	42	82	-49%	98	-57%
 The Royal Marsden NHS Foundation trust	52	54	44	<b>150</b>	44	41	7%	41	7%
 The Royal Orthopaedic Hospital NHS foundation tr	159	98	110	<b>367</b>	110	66	67%	121	-9%
 University College London Hospitals NHS foundati	357	216	245	<b>818</b>	245	183	34%	277	-12%
 University Hospitals Bristol And Weston nhs foun	1,851	1,287	1,168	<b>4,306</b>	1,168	951	23%	1,410	-17%
 <b>Major North Wales provider</b>	<b>14,810</b>	<b>9,783</b>	<b>9,356</b>	<b>33,949</b>	<b>9,356</b>	<b>7,207</b>	<b>30%</b>	<b>11,185</b>	<b>-16%</b>
 Alder Hey Children's NHS Foundation trust	3,669	2,816	2,330	<b>8,815</b>	2,330	2,053	13%	2,831	-18%
 Liverpool Heart And Chest Hospital nhs foundatio	1,400	1,129	1,180	<b>3,709</b>	1,180	804	47%	1,039	14%
 Liverpool University Hospitals NHS Foundation tr	2,572	1,454	1,497	<b>5,523</b>	1,497	1,079	39%	1,966	-24%
 Manchester University NHS Foundation Trust	1,106	571	696	<b>2,373</b>	696	408	71%	830	-16%
 Salford Royal NHS Foundation Trust	301	109	116	<b>526</b>	116	81	43%	214	-46%
 Sheffield Teaching Hospitals NHS Foundation trus	221	155	153	<b>529</b>	153	123	24%	172	-11%
 St Helens And Knowsley Teaching Hospitals nhs tr	1,655	1,010	1,028	<b>3,693</b>	1,028	763	35%	1,234	-17%
 The Christie NHS Foundation Trust	620	542	361	<b>1,523</b>	361	382	-5%	441	-18%
 The Clatterbridge Cancer Centre NHS foundation t	351	212	224	<b>787</b>	224	155	45%	296	-24%
 The Walton Centre NHS Foundation trust	1,895	1,170	1,244	<b>4,309</b>	1,244	851	46%	1,429	-13%
 Wirral University Teaching Hospital NHS foundati	1,020	615	527	<b>2,162</b>	527	508	4%	733	-28%
 <b>Major Powys provider</b>	<b>17,649</b>	<b>11,591</b>	<b>11,888</b>	<b>41,128</b>	<b>11,888</b>	<b>8,467</b>	<b>40%</b>	<b>13,340</b>	<b>-11%</b>
 Birmingham Women's And Children's NHS foundation	413	313	273	<b>999</b>	273	231	18%	311	-12%
 The Robert Jones And Agnes Hunt Orthopaedic hospit	5,188	2,193	3,035	<b>10,416</b>	3,035	1,597	90%	3,875	-22%
 University Hospitals Birmingham NHS Foundation t	1,154	702	637	<b>2,493</b>	637	570	12%	876	-27%
 University Hospitals Of North Midlands nhs trust	903	738	643	<b>2,284</b>	643	528	22%	692	-7%
 Wye Valley NHS Trust	9,991	7,645	7,300	<b>24,936</b>	7,300	5,541	32%	7,586	-4%
<b>Total</b>	<b>36,672</b>	<b>23,903</b>	<b>23,870</b>	<b>84,445</b>	<b>23,870</b>	<b>17,603</b>	<b>36%</b>	<b>27,815</b>	<b>-14%</b>

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpec)  
Table 2 – High level summary by LHB of residence (Note. Variance to the previous table relates to border/unknown residents)



Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpC)  
Table 3 (4 pages) – Analysis by Specialty – Comparison of episodes to current month in 2021/22 to 2019/20 and 2020/21

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents					TreatmentSpecialtyDescription	CountEpis de for 2021/22 (M1-9)	CountEpisod e for 2020/21 (M1-9)	CountEpisod e % diff 2021/22 to 20/21 (M9)	CountEpisod e for 2019/20 (M1-9)	CountEpis ode % diff 2021/22 to 19/20 (M9)
TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total						
Accident & Emergency	384	194	225	803	Accident & Emergency	225	150	50%	315	-29%
Adult Cystic Fibrosis Service	69	34	15	118	Adult Cystic Fibrosis Service	15	29	-48%	55	-73%
Adult Mental Illness	2			2	Adult Mental Illness				1	
Allergy Service	91	54	86	231	Allergy Service	86	28	207%	65	32%
Anaesthetics	20	15	114	149	Anaesthetics	114	7	1529%	19	500%
Blood And Marrow Transplantation	137	83	100	320	Blood And Marrow Transplantation	100	70	43%	97	3%
Breast Surgery	89	61	60	210	Breast Surgery	60	46	30%	59	2%
Burns Care	95	77	63	235	Burns Care	63	65	-3%	66	-5%
Cardiac Surgery	602	376	427	1,405	Cardiac Surgery	427	300	42%	436	-2%
Cardiology	1,665	1,330	1,350	4,345	Cardiology	1,350	943	43%	1,264	7%
Cardiothoracic Surgery	72	52	49	173	Cardiothoracic Surgery	49	38	29%	59	-17%
Cardiothoracic Transplantation	71	29	35	135	Cardiothoracic Transplantation	35	21	67%	63	-44%
Chemical Pathology	3	2		5	Chemical Pathology		1		3	
Child & Adolescent Psychiatry		2	2	4	Child & Adolescent Psychiatry	2	2	0%		
Clinical Genetics	1		1	2	Clinical Genetics	1			1	0%
Clinical Haematology	1,055	926	752	2,733	Clinical Haematology	752	685	10%	777	-3%
Clinical Immunology	22	6		28	Clinical Immunology		5		14	
Clinical Immunology And	17	15	36	68	Clinical Immunology And	36	8	350%	12	200%
Clinical Microbiology		2		2	Clinical Microbiology		2			
Clinical Neurophysiology	4		2	6	Clinical Neurophysiology	2			3	-33%
Clinical Oncology (previously Radiotherapy)	491	406	280	1,177	Clinical Oncology (previously Radiotherapy)	280	294	-5%	389	-28%
Clinical Pharmacology	7	23	14	44	Clinical Pharmacology	14	15	-7%	6	133%
Colorectal Surgery	270	204	192	666	Colorectal Surgery	192	124	55%	195	-2%
Community Paediatrics					Community Paediatrics					
Congenital Heart Disease	29	28	22	79	Congenital Heart Disease	22	17	29%	16	38%
Critical Care Medicine	201	116	111	428	Critical Care Medicine	111	92	21%	148	-25%
Dental Medicine Specialties		1	2	3	Dental Medicine Specialties	2	1	100%		
Dermatology	503	404	298	1,205	Dermatology	298	284	5%	344	-13%
Diabetic Medicine	29	20	15	64	Diabetic Medicine	15	15	0%	22	-32%
Diagnosic Imaging	100	106	150	356						
<b>Total</b>	<b>36,672</b>	<b>23,903</b>	<b>23,870</b>	<b>84,445</b>	<b>Total</b>	<b>23,870</b>	<b>17,603</b>	<b>36%</b>	<b>27,815</b>	<b>-14%</b>



Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total
Diagnostic Imaging	199	186	158	543
Endocrinology	91	72	80	243
ENT	322	127	170	619
Gastroenterology	1,695	1,343	1,325	4,363
General Medicine	3,018	2,431	1,975	7,424
General Surgery	1,799	1,101	1,061	3,961
Geriatric Medicine	376	367	310	1,053
Gynaecological Oncology	9	17	7	33
Gynaecology	448	238	285	971
Haemophilia Service		3	2	5
Hepatobiliary & Pancreatic Surgery	297	188	168	653
Hepatology	216	194	156	566
Infectious Diseases	38	17	24	79
Intermediate Care			2	2
Interventional Radiology	138	103	109	350
Maxillo-Facial Surgery	110	29	26	165
Medical Oncology	474	266	289	1,029
Midwifery Service	15	10	6	31
Neonatology	77	74	63	214
Nephrology	425	303	253	981
Neurology	962	652	695	2,309
Neurosurgery	1,376	830	836	3,042
Nuclear Medicine	9	6	8	23
Obstetrics Hospital Bed	343	366	313	1,022
Ophthalmology	1,530	689	830	3,049
Oral Surgery	198	101	86	385
Orthoptics	1			1
Orthotics			1	1
Paediatric Audiological		1		1
Paediatric Burns Care	58	53	32	143
Total	36,672	23,903	23,870	84,445

TreatmentSpecialtyDescription	CountEpis de for 2021/22 (M1-9)	CountEpisod e for 2020/21 (M1-9)	CountEpisod e % diff 2021/22 to 20/21 (M9)	CountEpisod e for 2019/20 (M1-9)	CountEpis ode % diff 2021/22 to 19/20 (M9)
Diagnostic Imaging	158	131	21%	159	-1%
Endocrinology	80	57	40%	67	19%
ENT	170	106	60%	254	-33%
Gastroenterology	1,325	905	46%	1,273	4%
General Medicine	1,975	1,753	13%	2,329	-15%
General Surgery	1,061	832	28%	1,407	-25%
Geriatric Medicine	310	272	14%	288	8%
Gynaecological Oncology	7	12	-42%	8	-13%
Gynaecology	285	186	53%	341	-16%
Haemophilia Service	2	3	-33%		
Hepatobiliary & Pancreatic Surgery	168	138	22%	225	-25%
Hepatology	156	153	2%	162	-4%
Infectious Diseases	24	10	140%	27	-11%
Intermediate Care	2				
Interventional Radiology	109	76	43%	105	4%
Maxillo-Facial Surgery	26	25	4%	84	-69%
Medical Oncology	289	196	47%	379	-24%
Midwifery Service	6	6	0%	13	-54%
Neonatology	63	53	19%	60	5%
Nephrology	253	274	-8%	333	-24%
Neurology	695	465	49%	718	-3%
Neurosurgery	836	627	33%	1,037	-19%
Nuclear Medicine	8	5	60%	9	-11%
Obstetrics Hospital Bed	313	272	15%	261	20%
Ophthalmology	830	527	57%	1,030	-19%
Oral Surgery	86	76	13%	161	-47%
Orthoptics					
Orthotics	1				
Paediatric Audiological		1			
Paediatric Burns Care	32	41	-22%	47	-32%
Total	23,870	17,603	36%	27,815	-14%

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total
Paediatric Cardiac Surgery	153	159	121	433
Paediatric Cardiology	355	267	238	860
Paediatric Clinical Haematology	354	162	162	678
Paediatric Clinical Immunology And Allergy Service	47	18	15	80
Paediatric Dentistry	52	28	29	109
Paediatric Dermatology	31	18	30	79
Paediatric Diabetic Medicine		3		3
Paediatric Ear Nose and Throat	205	107	121	433
Paediatric Endocrinology	122	78	77	277
Paediatric Epilepsy	24	11	12	47
Paediatric Gastroenterology	221	217	226	664
Paediatric Infectious Diseases	1			1
Paediatric Intensive Care	158	132	136	426
Paediatric Interventional Radiology	26	12	14	52
Paediatric Maxillo-Facial	2	1	5	8
Paediatric Medical Oncology	679	553	283	1,515
Paediatric Metabolic Disease	17	17	16	50
Paediatric Nephrology	367	267	251	885
Paediatric Neuro-Disability		2	1	3
Paediatric Neurology	151	99	91	341
Paediatric Neurosurgery	193	141	135	469
Paediatric Ophthalmology	95	94	83	272
Paediatric Pain Management			1	1
Paediatric Plastic Surgery	187	141	126	454
Paediatric Respiratory Medicine	158	100	92	350
Paediatric Rheumatology	103	95	73	271
Paediatric Surgery	513	440	326	1,279
Paediatric Thoracic Surgery	6	2	3	11
Paediatric Transplantation Surgery	10	2	5	17
<b>Total</b>	<b>36,672</b>	<b>23,903</b>	<b>23,870</b>	<b>84,445</b>

TreatmentSpecialtyDescription	CountEpisodes for 2021/22 (M1-9)	CountEpisodes for 2020/21 (M1-9)	CountEpisodes % diff 2021/22 to 20/21 (M9)	CountEpisodes for 2019/20 (M1-9)	CountEpisodes % diff 2021/22 to 19/20 (M9)
Paediatric Cardiac Surgery	121	126	-4%	122	-1%
Paediatric Cardiology	238	204	17%	281	-15%
Paediatric Clinical Haematology	162	105	54%	255	-36%
Paediatric Clinical Immunology And Allergy Service	15	10	50%	35	-57%
Paediatric Dentistry	29	25	16%	41	-29%
Paediatric Dermatology	30	17	76%	25	20%
Paediatric Diabetic Medicine		1			
Paediatric Ear Nose and Throat	121	71	70%	161	-25%
Paediatric Endocrinology	77	52	48%	94	-18%
Paediatric Epilepsy	12	9	33%	21	-43%
Paediatric Gastroenterology	226	155	46%	172	31%
Paediatric Infectious Diseases				1	
Paediatric Intensive Care	136	110	24%	124	10%
Paediatric Interventional Radiology	14	8	75%	21	-33%
Paediatric Maxillo-Facial Surgery	5	1	400%	2	150%
Paediatric Medical Oncology	283	438	-35%	492	-42%
Paediatric Metabolic Disease	16	10	60%	11	45%
Paediatric Nephrology	251	190	32%	303	-17%
Paediatric Neuro-Disability	1	2	-50%		
Paediatric Neurology	91	74	23%	125	-27%
Paediatric Neurosurgery	135	108	25%	154	-12%
Paediatric Ophthalmology	83	66	26%	67	24%
Paediatric Pain Management	1				
Paediatric Plastic Surgery	126	102	24%	149	-15%
Paediatric Respiratory Medicine	92	71	30%	119	-23%
Paediatric Rheumatology	73	66	11%	81	-10%
Paediatric Surgery	326	337	-3%	379	-14%
Paediatric Thoracic Surgery	3			6	-50%
Paediatric Transplantation Surgery	5	2	150%	7	-29%
<b>Total</b>	<b>23,870</b>	<b>17,603</b>	<b>36%</b>	<b>27,815</b>	<b>-14%</b>

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total
Paediatric Respiratory Medicine	158	100	92	350
Paediatric Rheumatology	103	95	73	271
Paediatric Surgery	513	440	326	1,279
Paediatric Thoracic Surgery	6	2	3	11
Paediatric Transplantation Surgery	10	2	5	17
Paediatric Trauma and Orthopaedics	143	95	98	336
Paediatric Urology	331	235	266	832
Paediatrics	708	361	323	1,392
Pain Management	126	75	38	239
Palliative Medicine	1	5	3	9
Physiotherapy				
Plastic Surgery	1,490	939	969	3,398
Podiatric Surgery	109	22	59	190
Rehabilitation Service	46	37	18	101
Respiratory Medicine	875	510	492	1,877
Respiratory Physiology	4	3	2	9
Restorative Dentistry	2	3	1	6
Rheumatology	728	550	676	1,954
Spinal Injuries	235	84	74	393
Spinal Surgery Service	27	39	25	91
Stroke Medicine	157	171	133	461
Thoracic Surgery	309	210	260	779
Transient Ischaemic Attack				
Transplantation Surgery	242	158	109	509
Trauma & Orthopaedics	5,429	2,171	3,158	10,758
Tropical Medicine	2			2
Upper Gastrointestinal Surgery	87	46	54	187
Urology	1,103	718	844	2,665
Vascular Surgery	113	64	58	235
Well Babies	22	14	17	53
<b>Total</b>	<b>36,672</b>	<b>23,903</b>	<b>23,870</b>	<b>84,445</b>

TreatmentSpecialtyDescription	CountEpis de for 2021/22 (M1-9)	CountEpisod e for 2020/21 (M1-9)	CountEpisod e % diff 2021/22 to 20/21 (M9)	CountEpisod e for 2019/20 (M1-9)	CountEpis ode % diff 2021/22 to 19/20 (M9)
Paediatric Respiratory Medicine	92	100	-8%	158	-42%
Paediatric Rheumatology	73	66	11%	81	-10%
Paediatric Surgery	326	337	-3%	379	-14%
Paediatric Thoracic Surgery	3			6	-50%
Paediatric Transplantation Surgery	5	2	150%	7	-29%
Paediatric Trauma and Orthopaedics	98	69	42%	112	-13%
Paediatric Urology	266	158	68%	244	9%
Paediatrics	323	267	21%	513	-37%
Pain Management	38	57	-33%	102	-63%
Palliative Medicine	3	2	50%	1	200%
Physiotherapy					
Plastic Surgery	969	706	37%	1,162	-17%
Podiatric Surgery	59	17	247%	95	-38%
Rehabilitation Service	18	28	-36%	33	-45%
Respiratory Medicine	492	359	37%	683	-28%
Respiratory Physiology	2	3	-33%	4	-50%
Restorative Dentistry	1	3	-67%	2	-50%
Rheumatology	676	377	79%	555	22%
Spinal Injuries	74	66	12%	188	-61%
Spinal Surgery Service	25	25	0%	21	19%
Stroke Medicine	133	128	4%	132	1%
Thoracic Surgery	260	153	70%	245	6%
Transient Ischaemic Attack					
Transplantation Surgery	109	125	-13%	167	-35%
Trauma & Orthopaedics	3,158	1,651	91%	4,055	-22%
Tropical Medicine				2	
Upper Gastrointestinal Surgery	54	37	46%	65	-17%
Urology	844	512	65%	880	-4%
Vascular Surgery	58	50	16%	86	-33%
Well Babies	17	6	183%	14	21%
<b>Total</b>	<b>23,870</b>	<b>17,603</b>	<b>36%</b>	<b>27,815</b>	<b>-14%</b>

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpC)  
Table 4 (8 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22  
(All-Wales and each Health Board of residence)

#### 4.1 All-Wales:

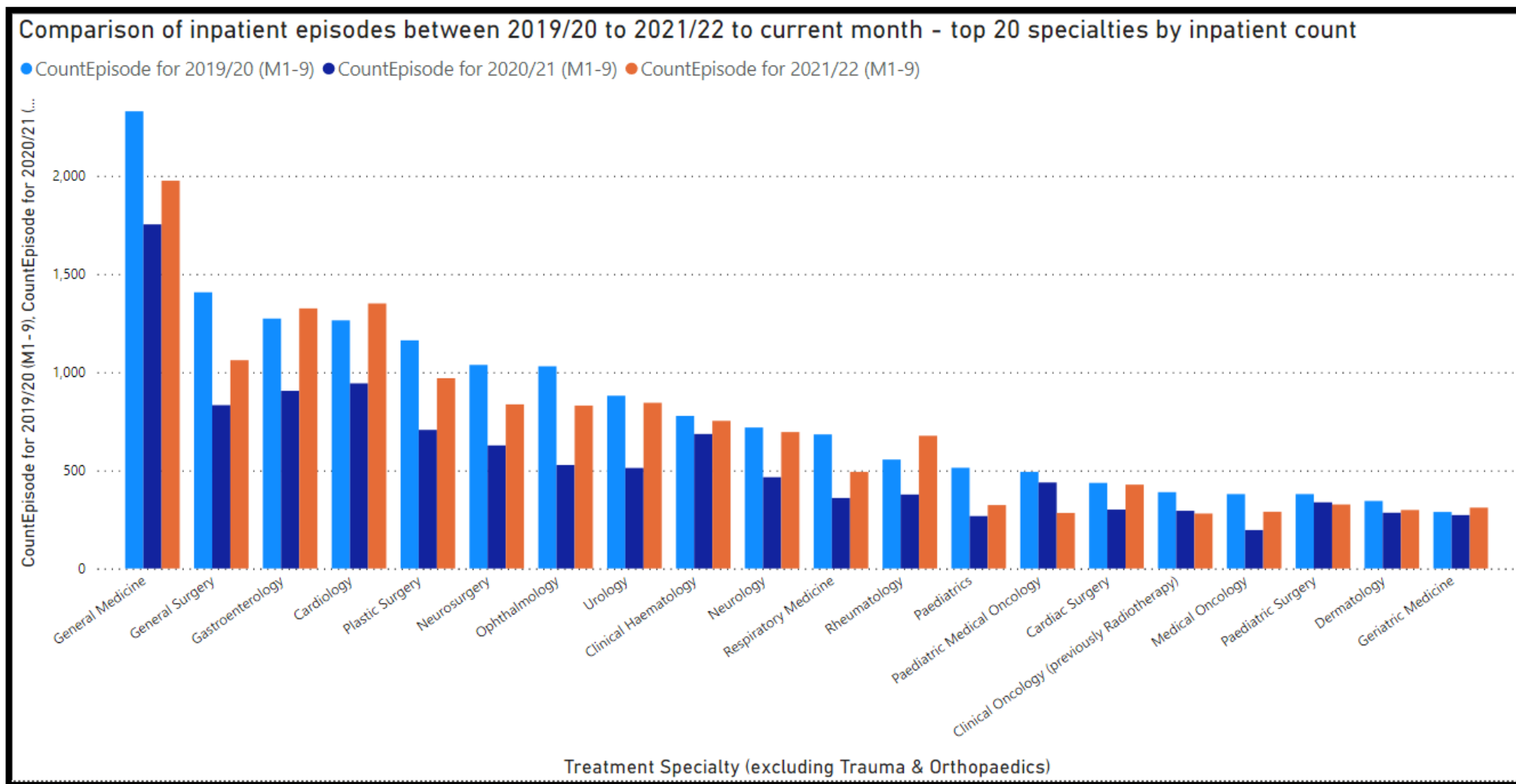




Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

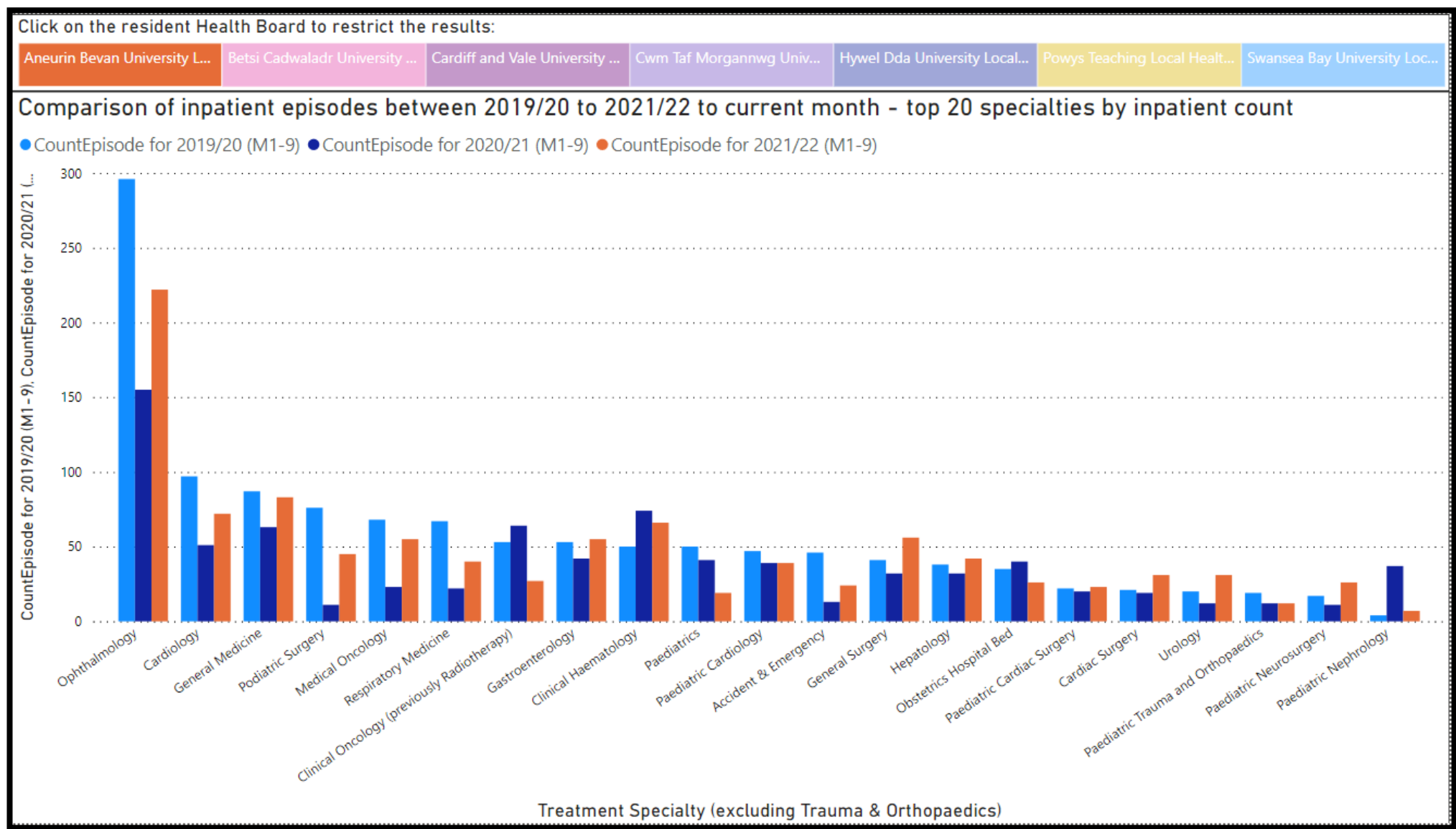


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

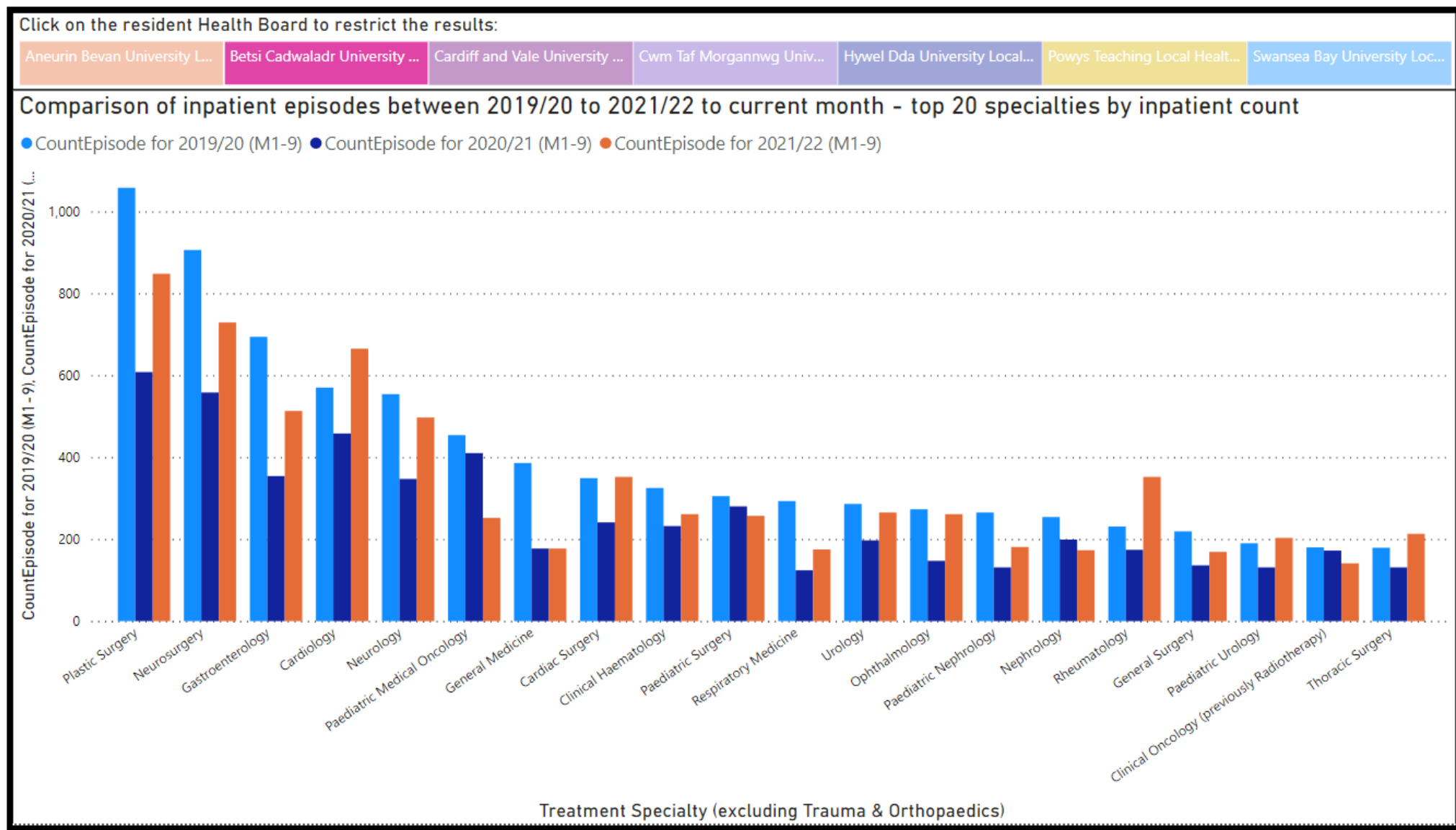


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

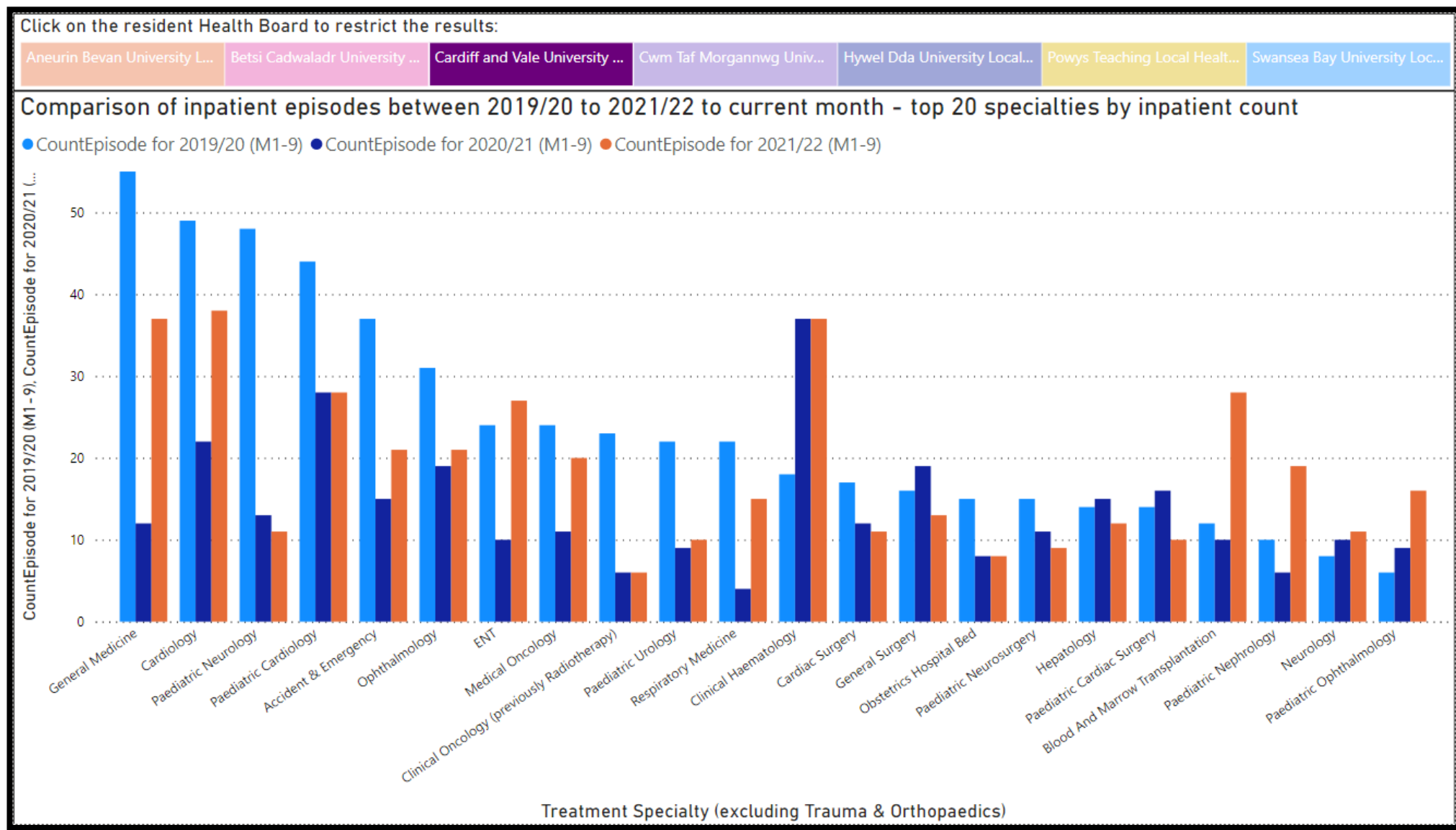


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

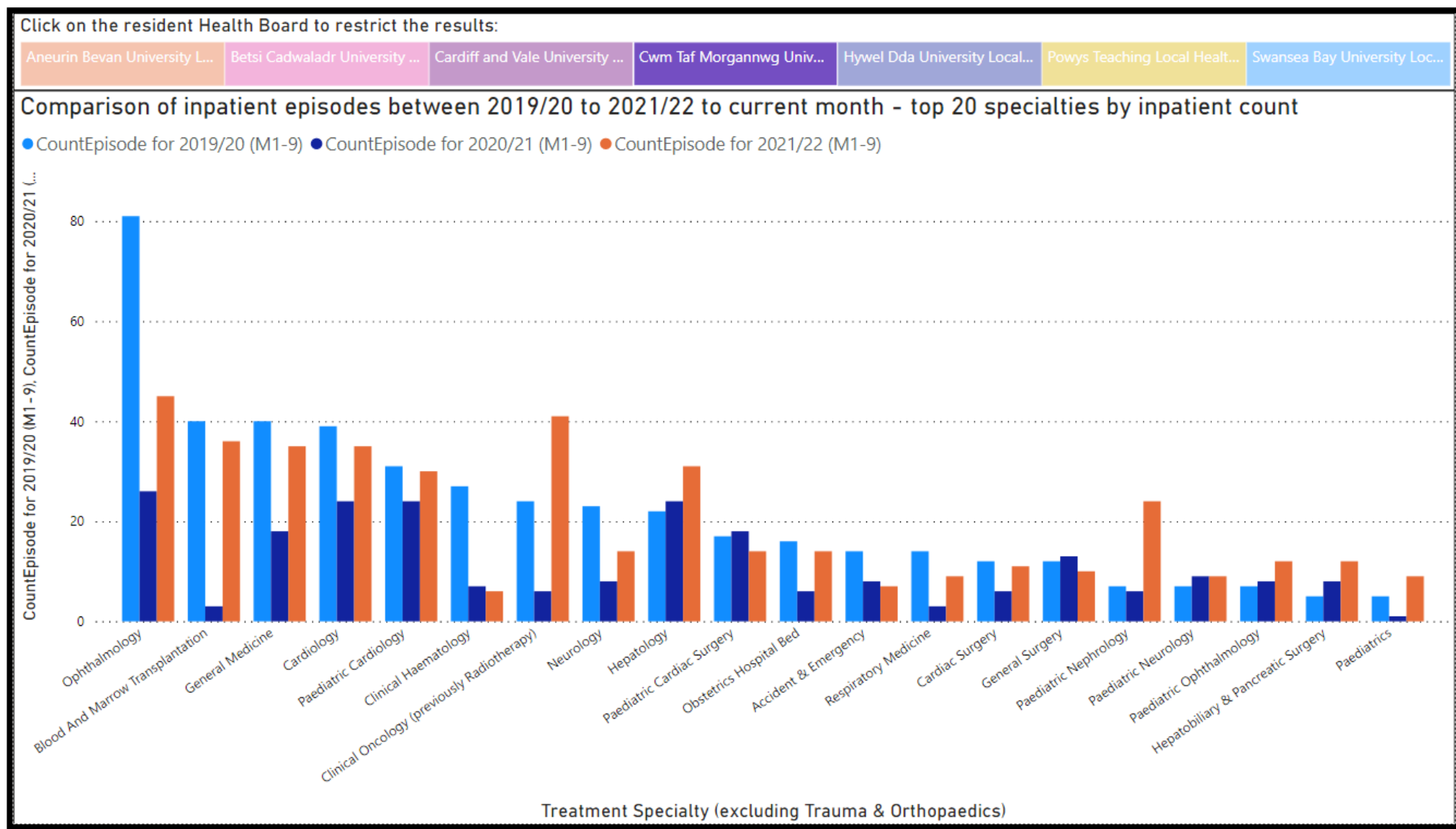


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

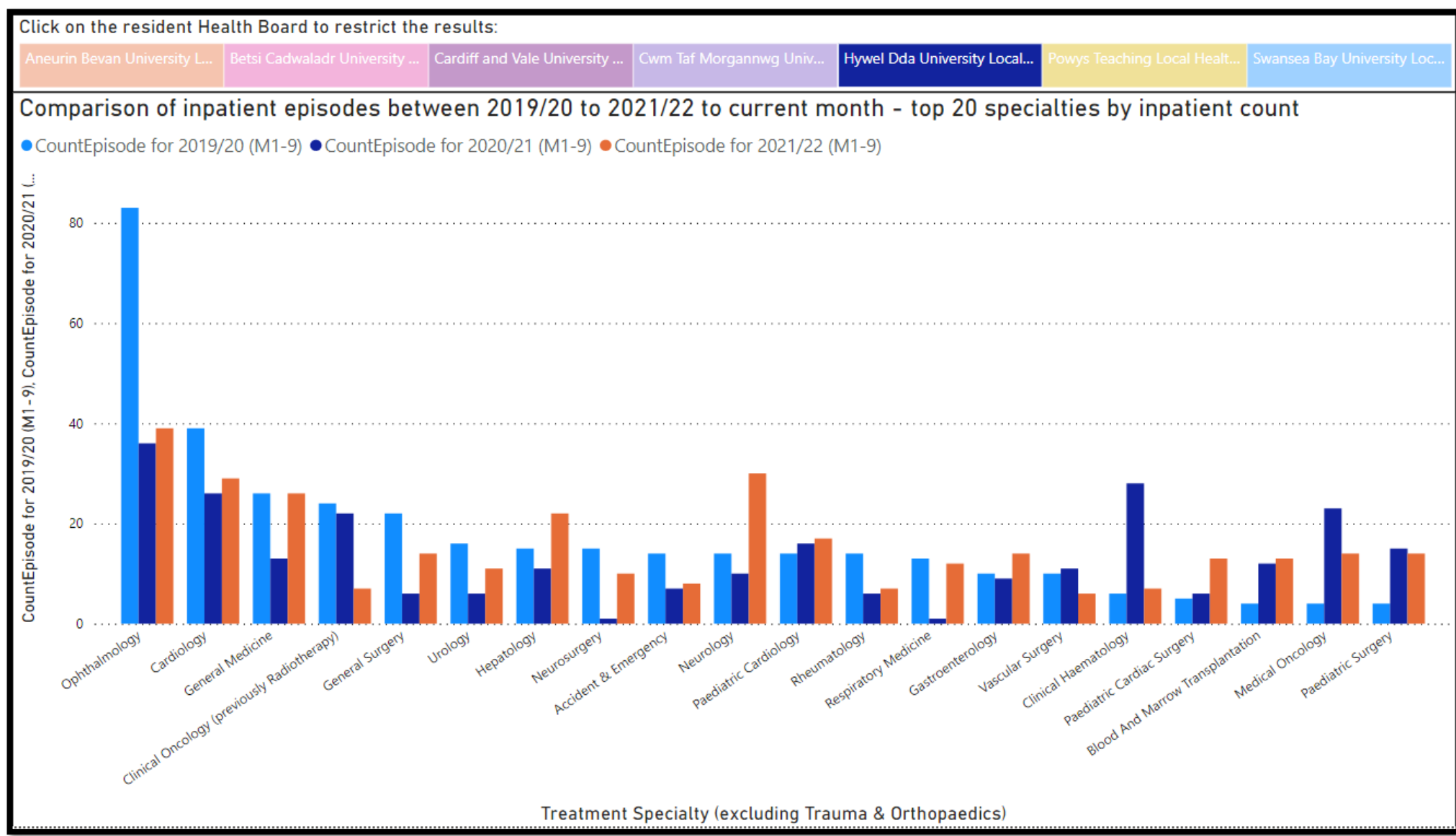


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

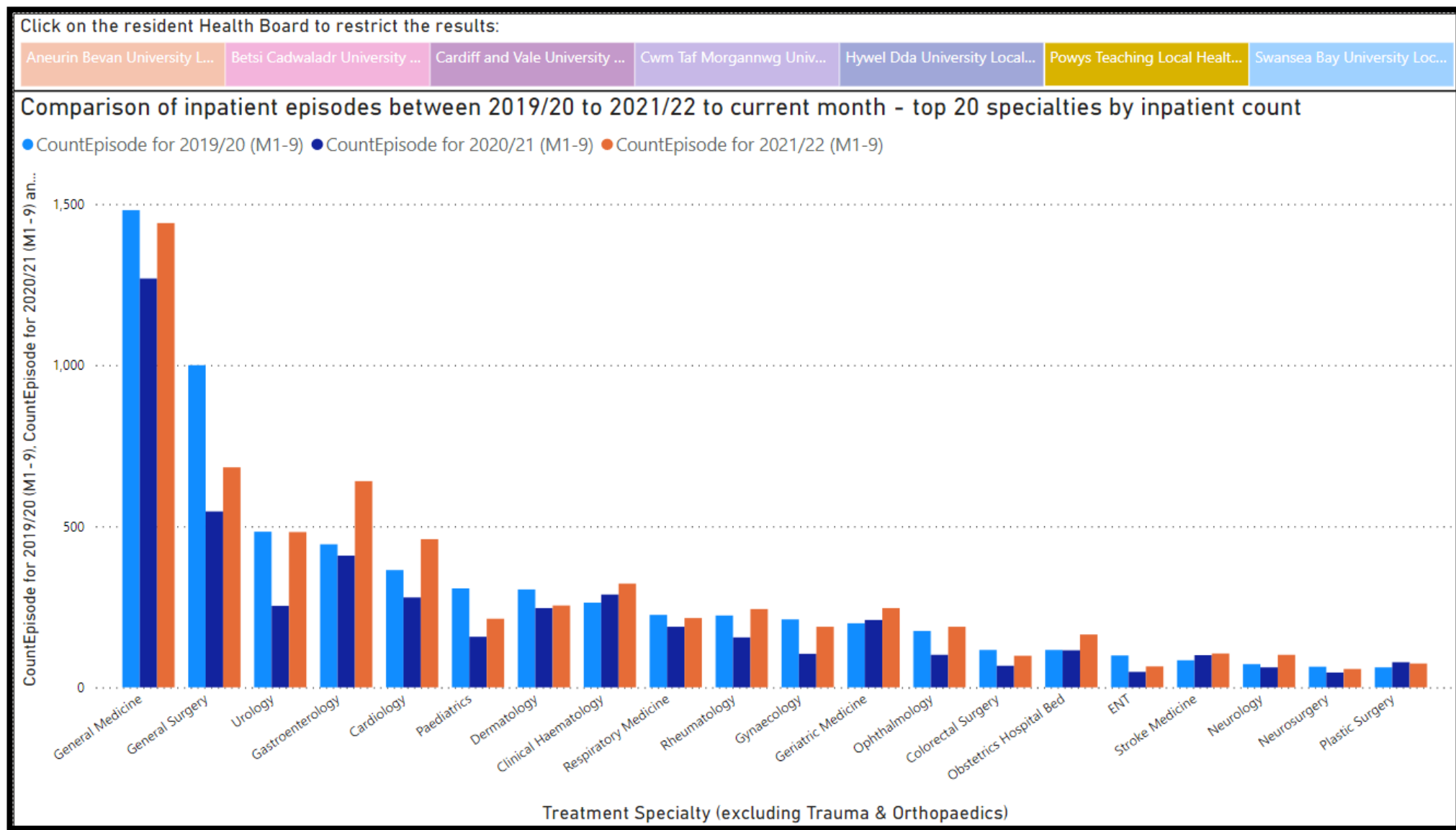
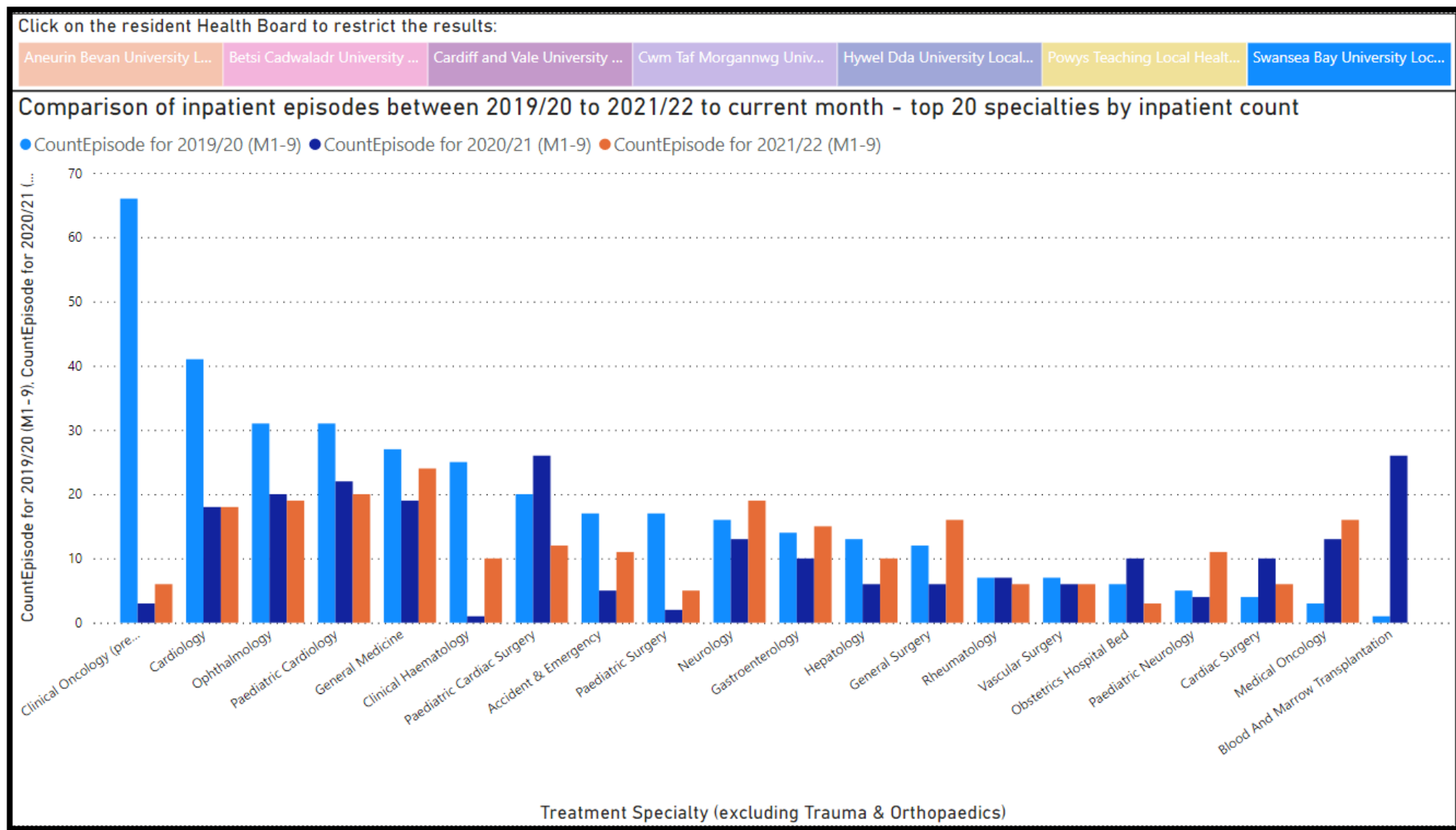


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22



## APPENDIX 2

### New Welsh Government performance measures

New performance measures were announced by Welsh Government in January 2022; with the relevant measures related to activity listed below:

ACCESS TO TIMELY PLANNED CARE				
Priority Measure		Target	Reporting Frequency	Source
15	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	Monthly	Referral to Treatment (combined) Dataset
16	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	Monthly	Referral to Treatment (combined) Dataset
17	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	Monthly	Referral to Treatment (combined) Dataset
18	Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	Monthly	Referral to Treatment (combined) Dataset
19	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	Monthly	Referral to Treatment (combined) Dataset
20	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)
21	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	Monthly	Diagnostic & Therapies Waiting Times Dataset
22	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	Monthly	Suspected Cancer Pathway Data Set (NDR – DHCW)

This appendix contains the available performance data against the following specialties:

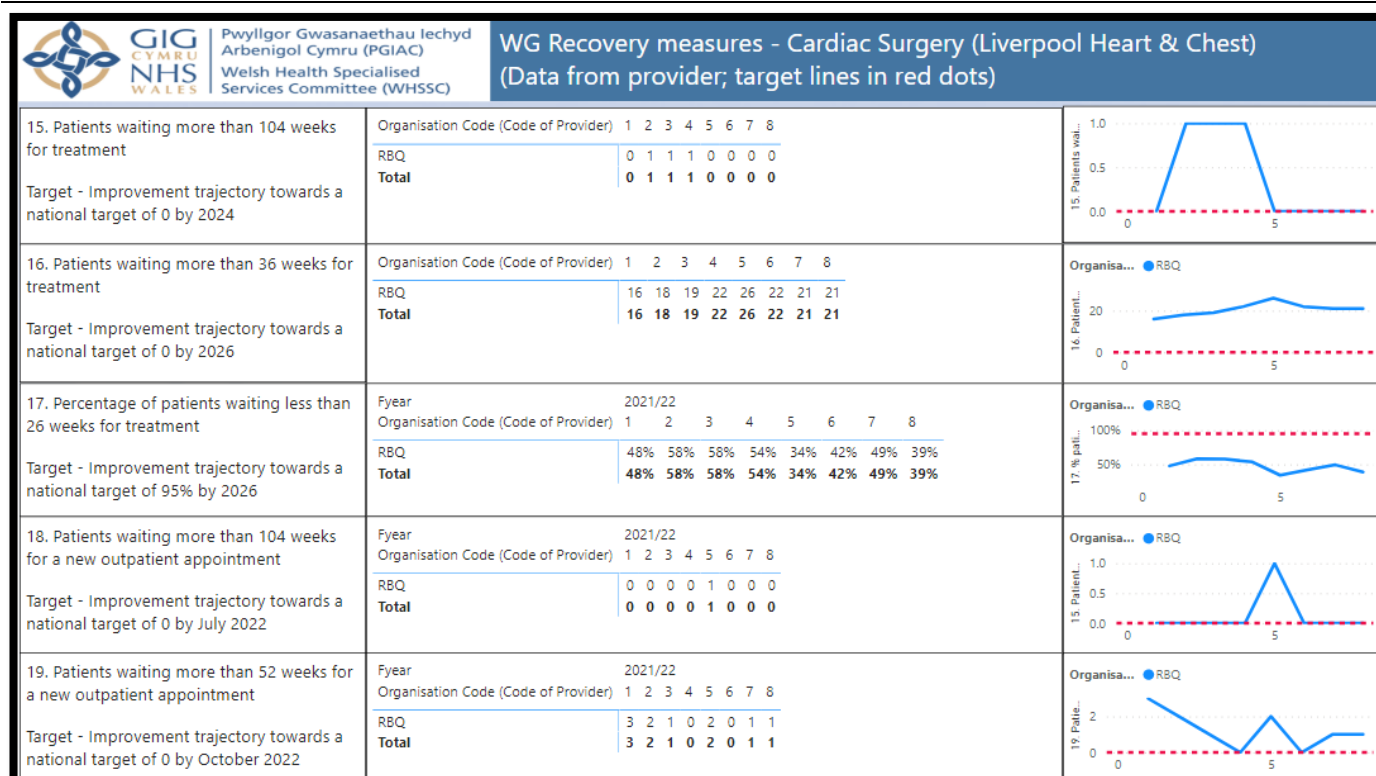
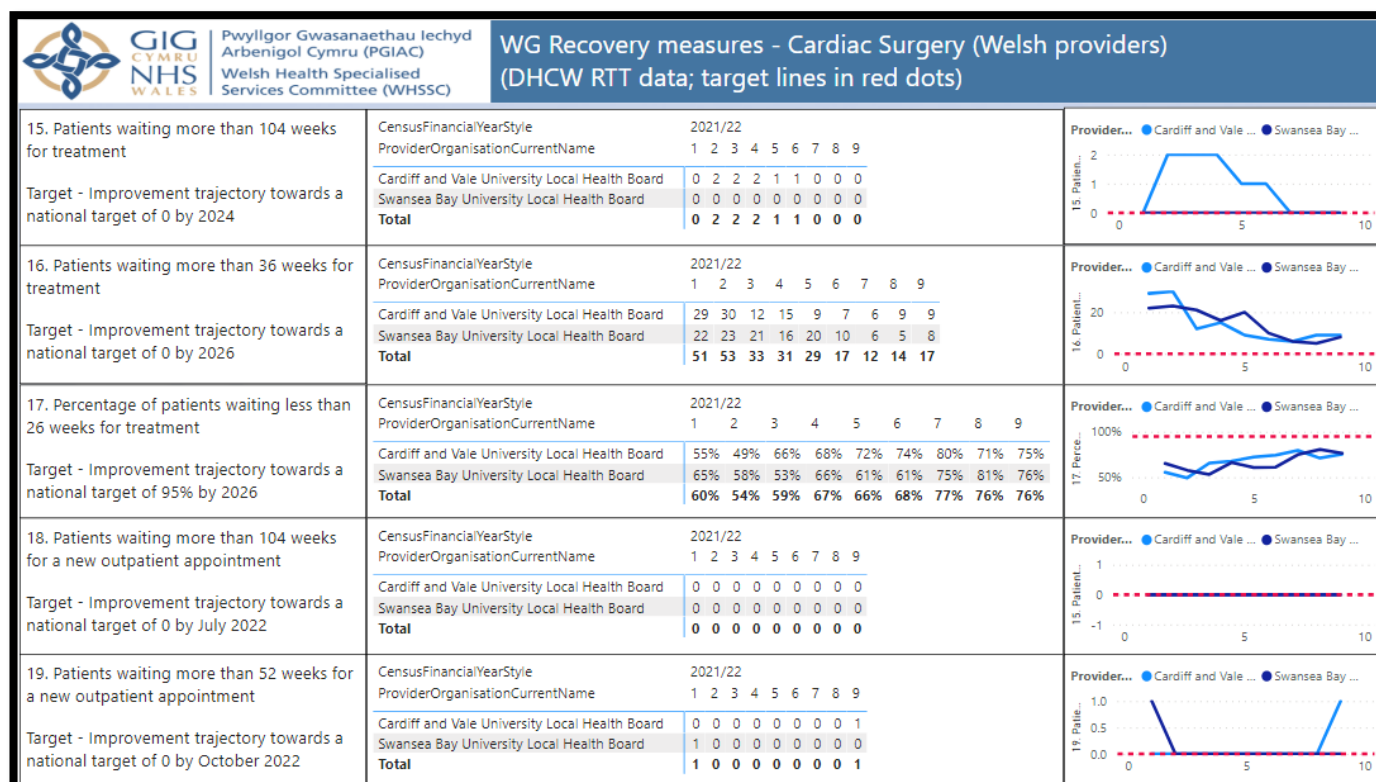
- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Surgery

Please note that the Referral to Treatment (RTT) dataset does not split out the pathway point (eg. New outpatient, Inpatient treatment) for English providers, so the total patient set has been used.

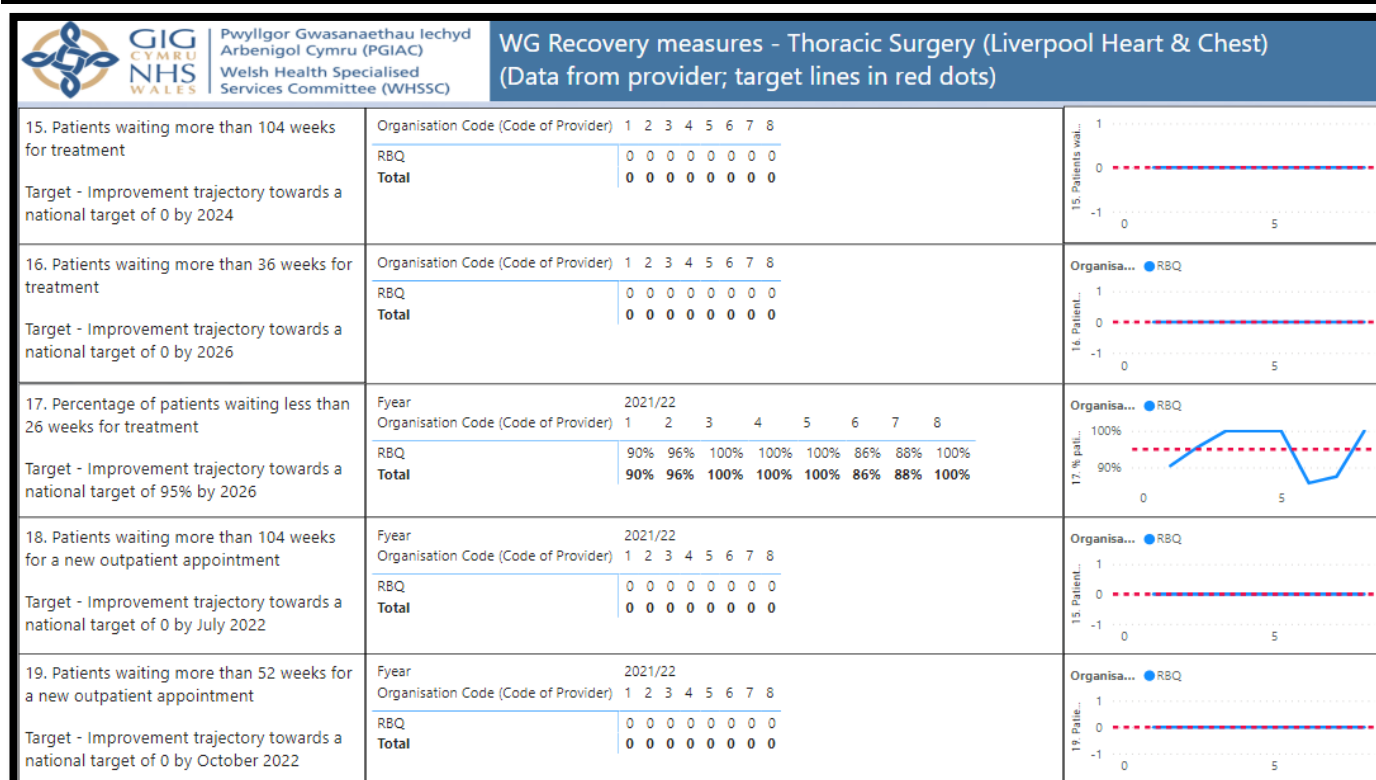
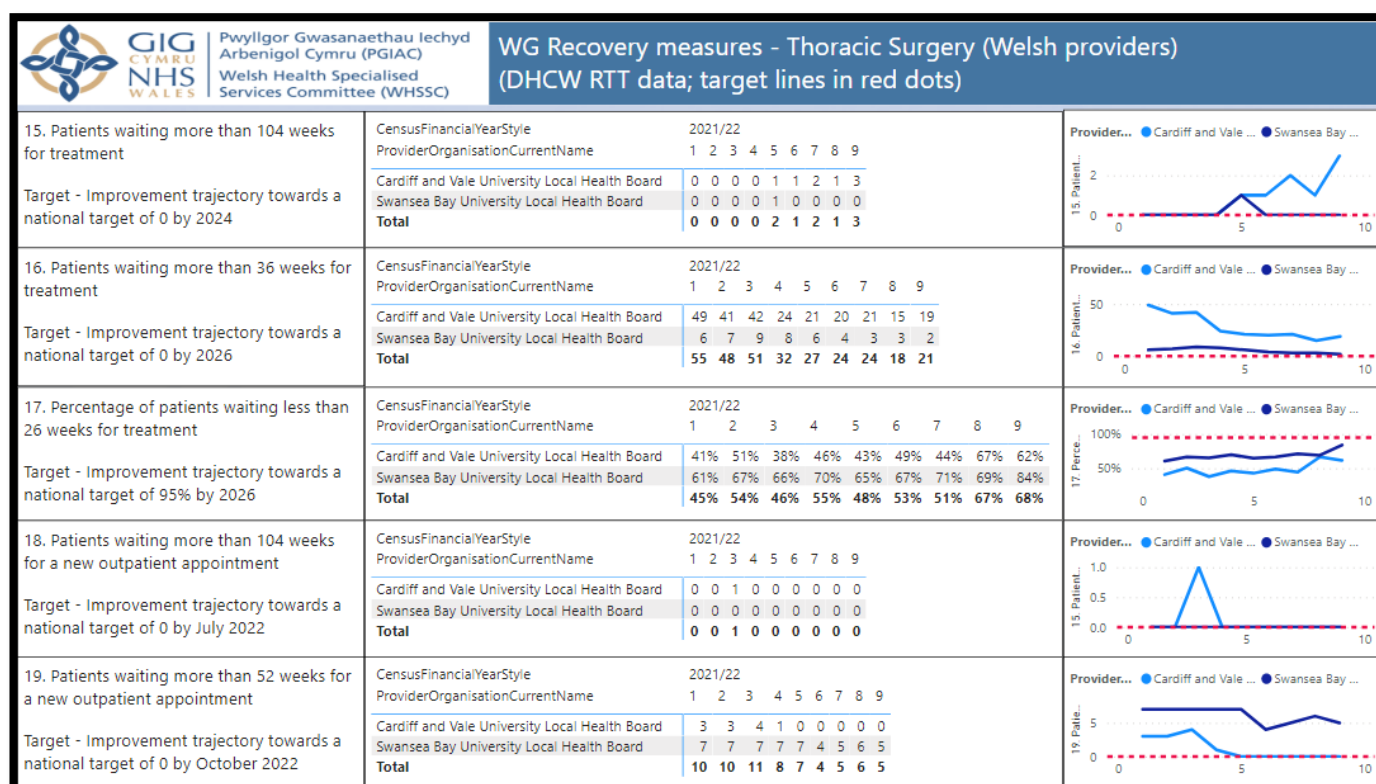
The Outpatient Follow-up delay data is available only from Welsh Government direct, and this will be included in the next month's report (measure number 20). The Suspected Cancer Pathway dataset is held by DHCW, and is currently being discussed internally by them around the format to make this data available (measure number 22).



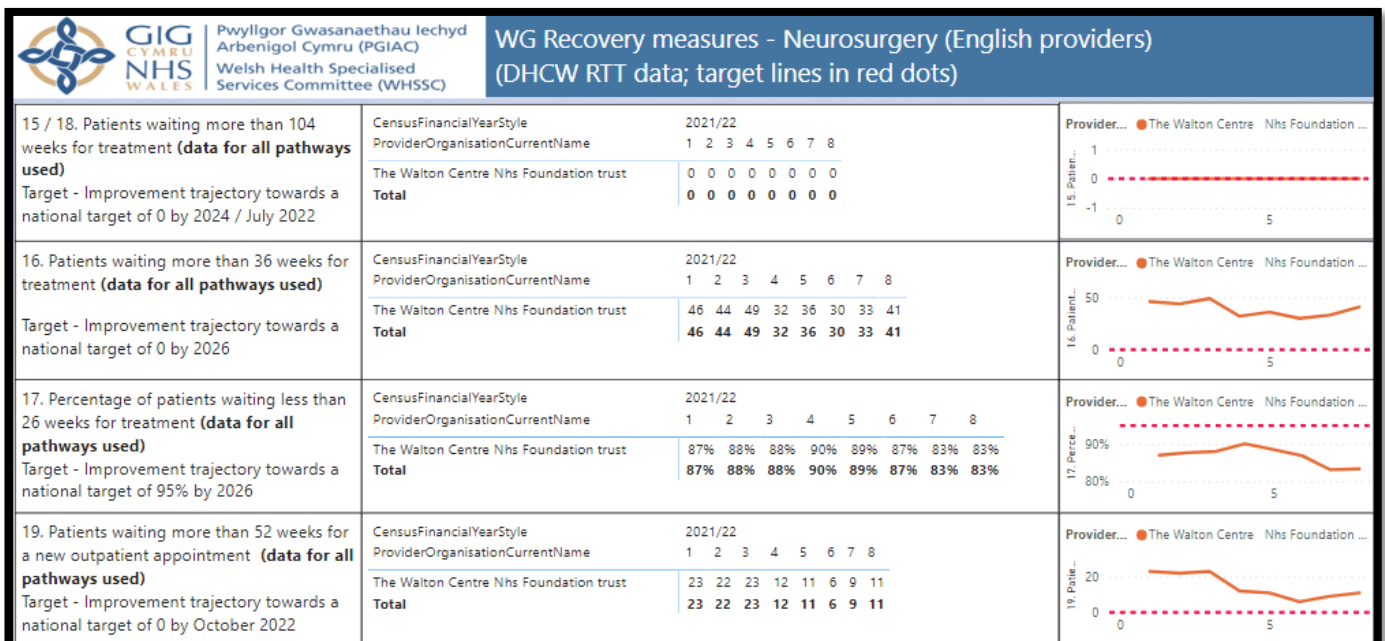
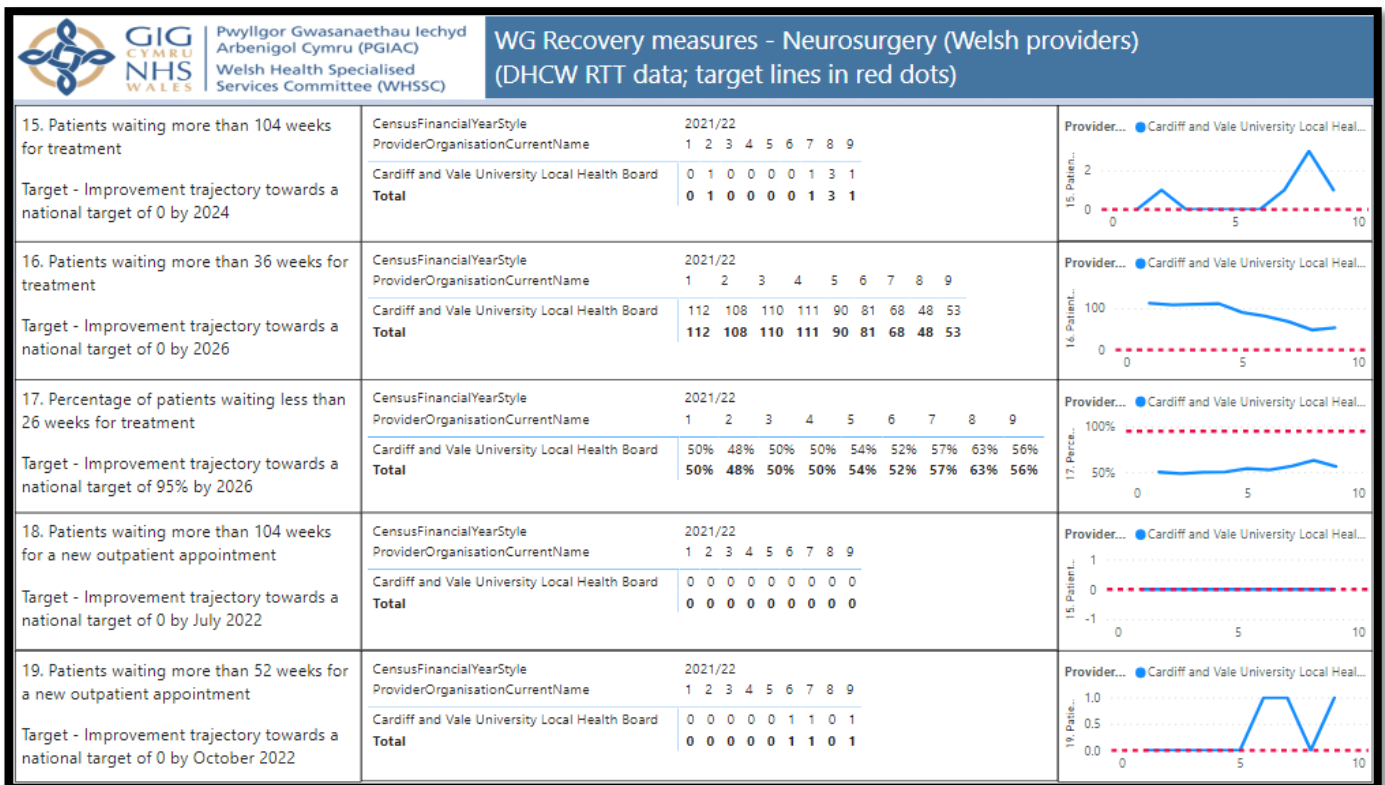
## Cardiac Surgery (measures 15 – 19)



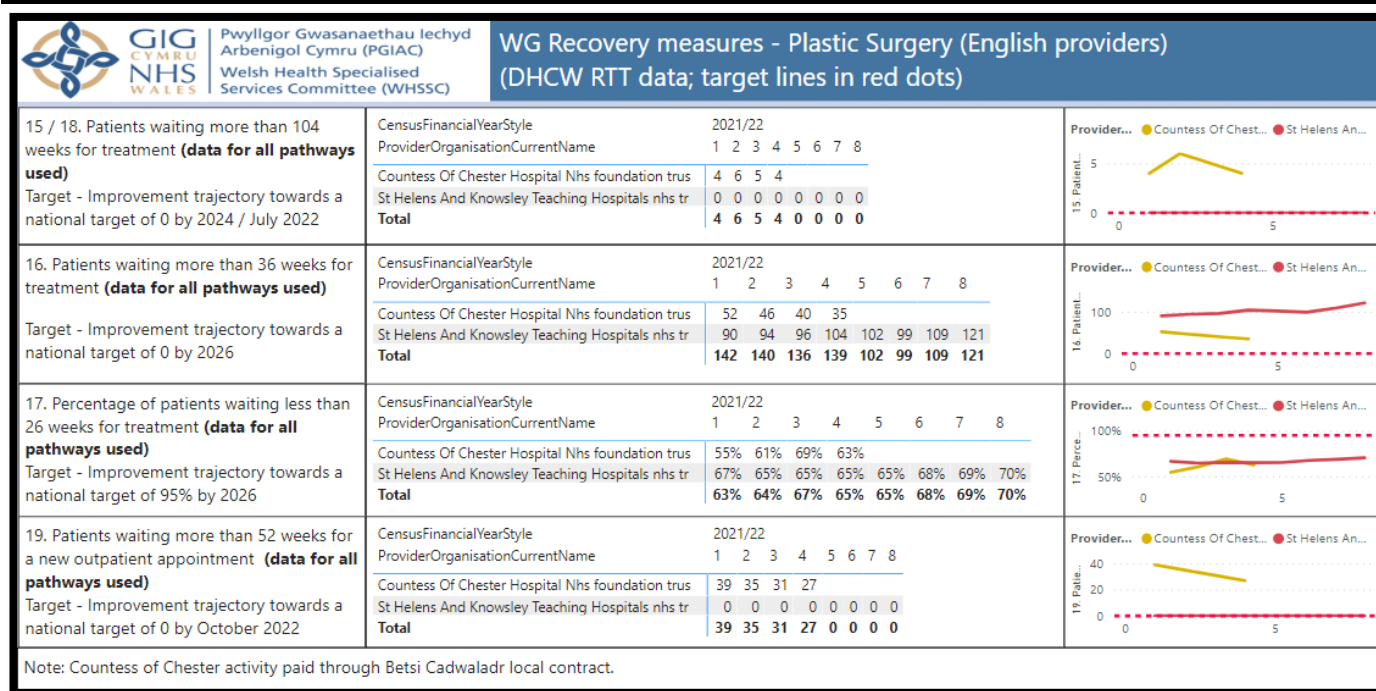
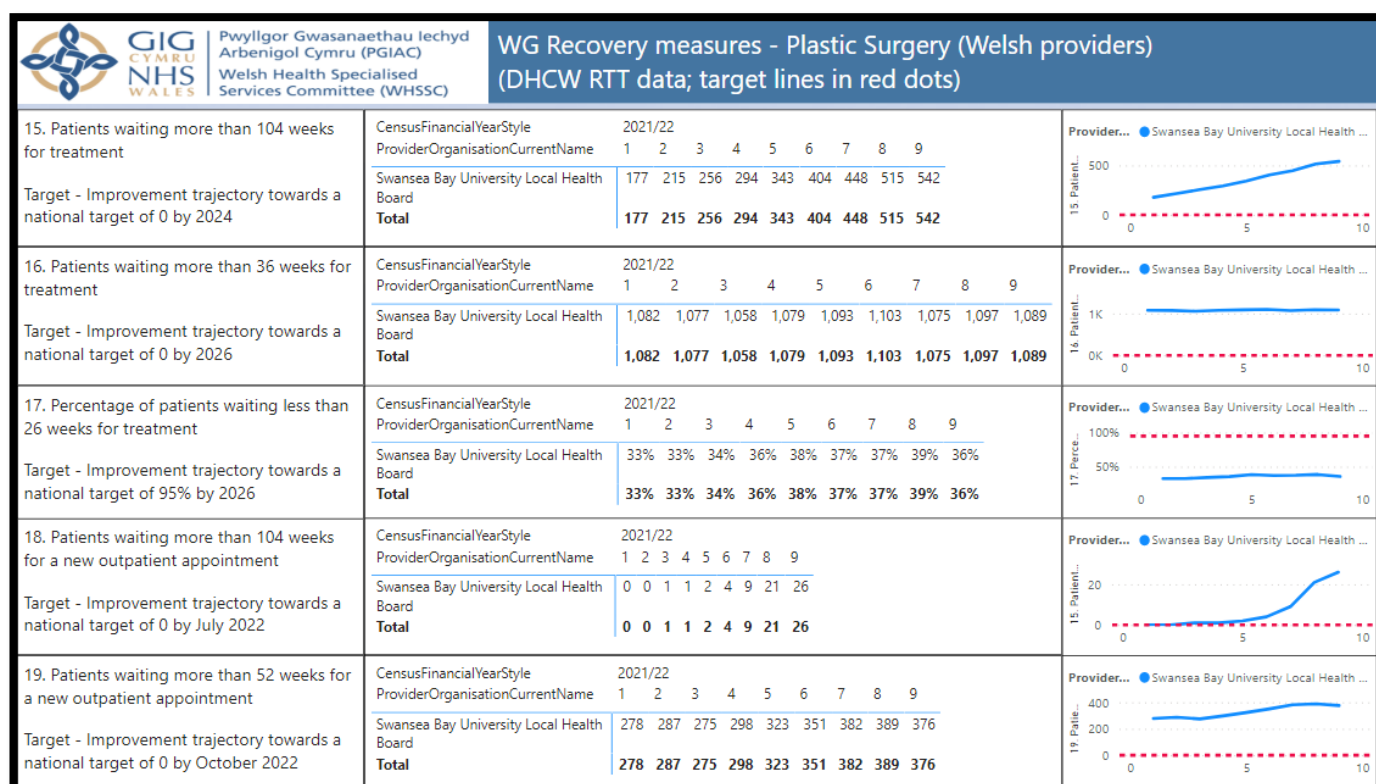
## Thoracic Surgery (measures 15 – 19)



## Neurosurgery (measures 15 – 19)

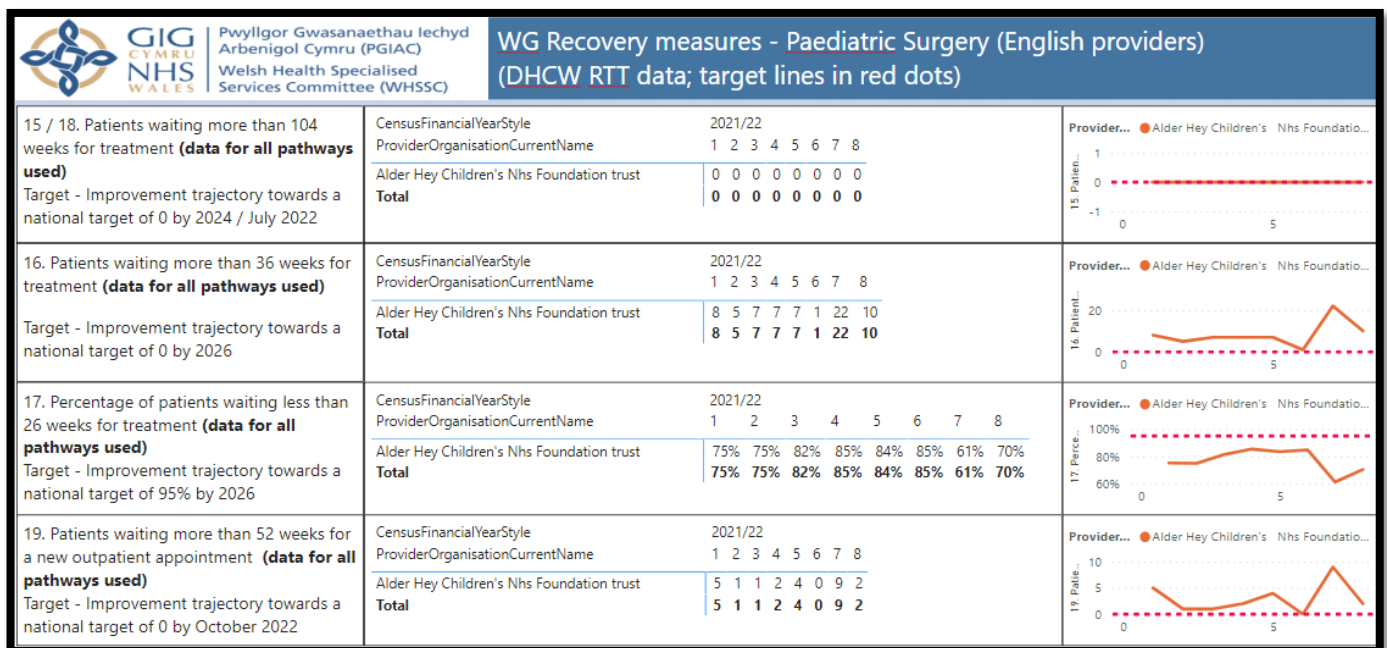
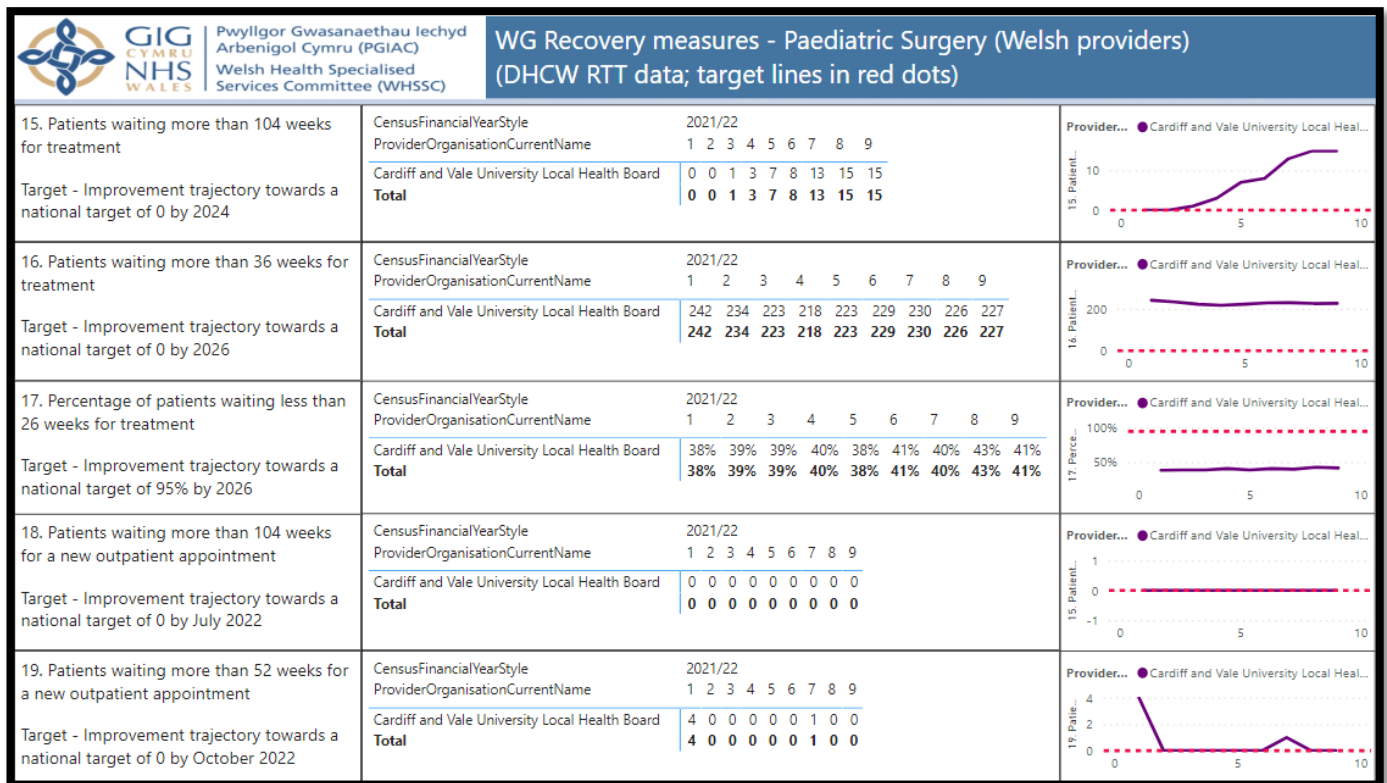


## Plastic Surgery (measures 15 – 19)



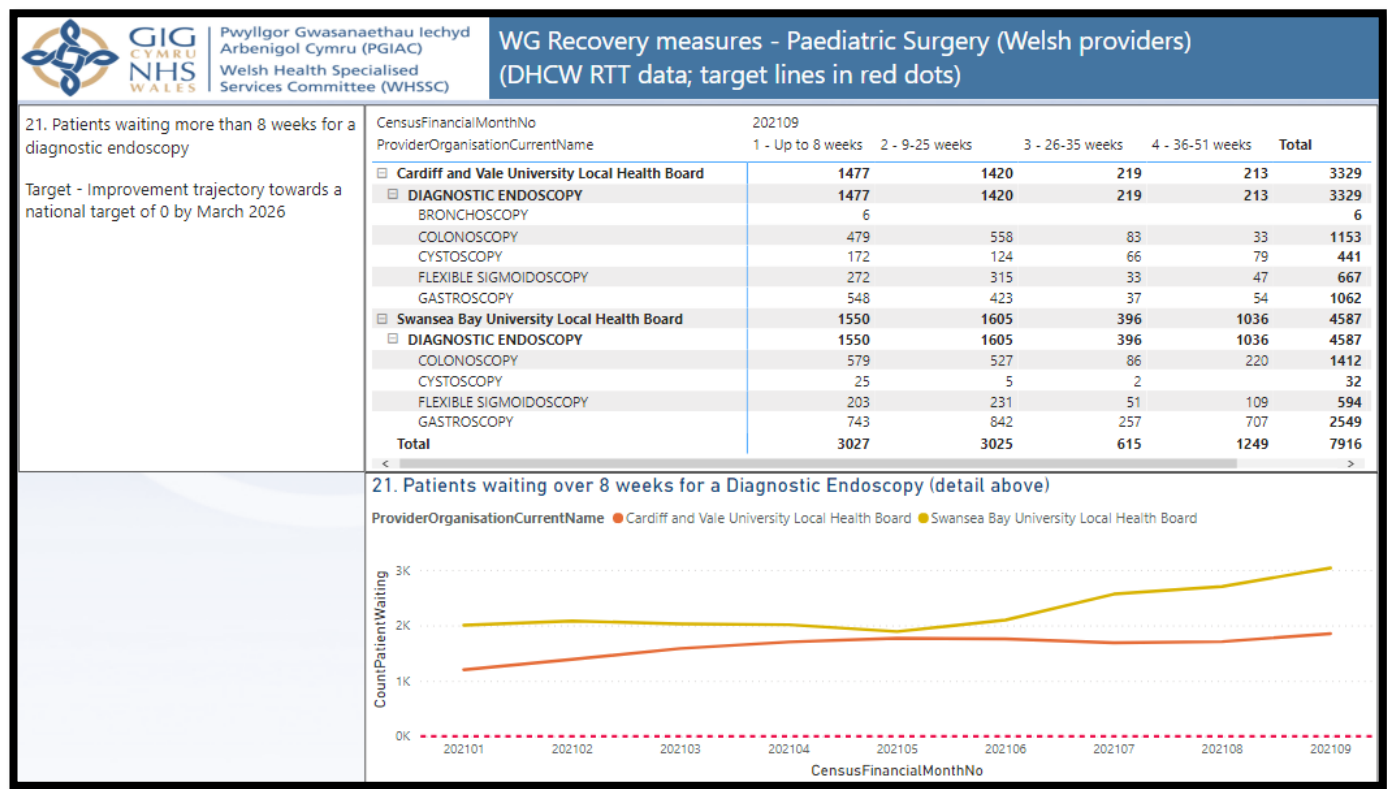


## Paediatric Surgery (measures 15 – 19)



Patients waiting over 8 weeks for a Diagnostic Endoscopy (measure 21)

This measure is derived from a national DHCW dataset around patients waiting for Diagnostics. Specialties are not separated out, hence the figures below relate to the provider as a whole, and will include patients that are not in a pathway relating to specialist treatments.





<b>Report Title</b>	<b>Financial Performance Report – Month 10 2021-2022</b>			<b>Agenda Item</b>	4.2
<b>Meeting Title</b>	<b>Joint Committee</b>			<b>Meeting Date</b>	24/02/2022
<b>FOI Status</b>	Open/Public				
<b>Author (Job title)</b>	Finance Manager - Contracting				
<b>Executive Lead (Job title)</b>	Director of Finance				
<b>Purpose of the Report</b>	<p>The purpose of this report is to set out the financial position for WHSSC for the 10th month of 2021-2022.</p> <p>The financial position is reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan by the Joint Committee in January 2021.</p>				
<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s)</b>  Members are asked to: <ul style="list-style-type: none"><li>• <b>Note</b> the current financial position and forecast year-end position.</li></ul>					

# WHSSC FINANCIAL PERFORMANCE REPORT MONTH 10 2021-2022

## 1.0 SITUATION

The purpose of this report is to provide the current financial position of WHSSC together with outturn forecasts for the 2021-2022 financial year.

This report will be shared with WHSSC Management Group on 24 February and Joint Committee on 15 March.

## 2.0 BACKGROUND

The financial position is reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan the Joint Committee in January 2021.

## 3.0 ASSESSMENT

The financial position reported at Month 10 for WHSSC is a year-end outturn forecast under spend of £13,924k.

The under spend predominantly relates to slippage in new planned developments, further declared slippage in prior year developments, release of growth provisions above 2021-2022 forecast requirement and releasable reserves from 2020-2021 provisions. There are a number of cost pressures absorbed in the net position including high cost transplant patients and complex mental health placements.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the current financial position and forecast year-end position.



<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance Development of the Plan Choose an item.
<b>Link to Integrated Commissioning Plan</b>	This document reports on the ongoing financial performance against the agreed IMTP
<b>Health and Care Standards</b>	Governance, Leadership and Accountability Choose an item. Choose an item.
<b>Principles of Prudent Healthcare</b>	Only do what is needed Choose an item. Choose an item.
<b>NHS Delivery Framework Quadruple Aim</b>	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.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	
<b>Finance/Resource Implications</b>	This document reports on the ongoing financial performance against the agreed IMTP.
<b>Population Health</b>	
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	
<b>Long Term Implications (incl WBFG Act 2015)</b>	
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	
<b>Appendices</b>	

# FINANCE PERFORMANCE REPORT – MONTH 10

## 1.0 SITUATION / PURPOSE OF REPORT

The purpose of this report is to set out the estimated financial position for WHSSC for the 10th month of 2021-2022 together with any corrective action required.

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	742,939	619,116	604,998	(14,118)	(922)	(13,541)	(280)
EASC (WAST, EMRTS, NCCU)	193,200	161,000	160,696	(304)	(348)	(383)	(441)
Total as per Risk-share tables	936,139	780,116	765,694	(14,423)	(1,227)	(13,924)	(663)

**The narrative of this report excludes the financial position for EASC, which includes the WAST contracts, the EASC team costs and the QAT team costs, and have a separate Finance Report. For information purposes, the consolidated position is summarised in the table below.**

Please note that as LHB's cover any WHSSC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the WHSSC position as reported to WG is a nil variance.

## 2.0 BACKGROUND/INTRODUCTION

The financial position is reported against the 2021-2022 baselines following approval of the 2021-2022 ICP by the Joint Committee in January 2021. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions as the need arises.

The financial position at Month 10 is a year to date underspend of £14,423k and a forecast outturn underspend of £13,924k.

NHS England is reported in line with the current IMTP. WHSSC continues to commission in line with the contract intentions agreed as part of the IMTP and historic standard PBR principles, and declines payment for activity that is not compliant with the business rules related to out of time activity.

### 3.0 GOVERNANCE & CONTRACTING

All budgets have been updated to reflect the 2021-2022 ICP, including the full year effects of 2020-2021 Developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2020-2021 contract values which have been transposed into the 2021-2022 contract documents.

The Finance Sub Group has developed a risk sharing framework which has been agreed by Joint Committee and was implemented from April 2019. This is based predominantly on a 2 year average utilisation calculated on the latest available complete year's data. Due to the nature of highly specialist, high cost and low volume services, a number of areas will continue to be risk shared on a population basis to avoid volatility in individual commissioner's position.

### 4.0 ACTUAL YEAR TO DATE AND FORECAST OVER / (UNDERSPEND) (SUMMARY)

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget £'000	Budgeted to Date £'000	Actual to Date £'000	Variance to Date £'000	Previous month Var to date £'000	Current EOYF Variance £'000	Previous month EOYF Var £'000
<b>NHS Wales</b>							
Cardiff & Vale University Health Board	248,240	206,866	205,603	(1,263)	(1,335)	(1,571)	(1,980)
Swansea Bay University Health Board	109,075	90,896	91,467	571	483	740	741
Cwm Taf Morgannwg University Health Board	10,146	8,455	8,455	0	0	0	0
Aneurin Bevan Health Board	8,934	7,445	7,445	0	0	0	0
Hywel Dda Health Board	1,662	1,385	1,385	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	44,239	36,866	36,446	(420)	(343)	(494)	(417)
Velindre NHS Trust	49,566	41,305	40,907	(398)	0	(583)	(133)
<b>Sub-total NHS Wales</b>	<b>471,862</b>	<b>393,219</b>	<b>391,709</b>	<b>(1,510)</b>	<b>(1,196)</b>	<b>(1,908)</b>	<b>(1,790)</b>
Non Welsh SLAs	119,250	99,375	99,751	377	(36)	655	233
IPFR	61,497	51,248	57,688	6,440	6,355	8,907	7,954
IVF	4,906	4,089	3,870	(219)	(242)	28	27
Mental Health	35,013	29,177	30,597	1,419	927	2,113	1,491
Renal	4,774	3,979	3,744	(235)	(220)	(189)	(115)
Prior Year developments	1,928	1,607	2,877	1,270	1,091	1,956	2,326
2020/21 Plan Developments	39,436	32,864	20,516	(12,347)	(12,069)	(14,059)	(13,119)
Direct Running Costs	4,272	3,560	3,450	(110)	(139)	(1)	(45)
Reserves Releases 2019/20	0	0	(9,204)	(9,204)	(7,667)	(11,044)	(10,223)
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
<b>Total Expenditure</b>	<b>742,939</b>	<b>619,116</b>	<b>604,998</b>	<b>(14,118)</b>	<b>(13,196)</b>	<b>(13,541)</b>	<b>(13,261)</b>

The reported position is based on the following:

- Developments – variety of bases, including agreed phasing of funding.
- Mental Health – live patient data as at the end of the month, plus current funding approvals.
- NHS England activity – block basis for months 1-10 of this financial year.
- All other areas are reported as 1/12<sup>th</sup> of IMTP.

\*\* Please note that Income is collected from LHB's in equal 12ths, therefore there is usually an excess budget in Months 1-11 which relates to Developments funding in future months. To keep the Income and Expenditure position equal, the phasing adjustment is shown on a separate line for transparency and is accrued to date to avoid a technical underspend.

## **5.0 FINANCIAL POSITION DETAIL - PROVIDERS**

Provider positions can be summarised as follows for month 10:

### **5.1 NHS Wales Providers**

YTD M10 position (£1,510k), Forecast YE position (£1,908k).

Month 10 reporting is based on the COVID-19 block funding flow agreements for 2021-2022, with pass through elements paid on pass through.

Both underspending positions relate to significant non recurrent slippage of prior year developments in the Cardiff & Vale provider position due to recruitment lag. These developments include Cystic Fibrosis, Inherited Bleeding Disorders, Adult Congenital Heart Disease and the Hereditary Anaemia service. There is also non-recurrent slippage on full year allocations for WG funded developments such as the Major Trauma Centre and critical care Long Term Ventilation. This month has seen partial offsets as overspends are reported for excess Interventional Neuro-Radiology costs as a patient was referred to Bristol and additional Parenteral Nutrition costs due to the continued Calea homecare supply issues.

There is an increased underspend forecast in pass through melanoma drugs at Velindre Cancer Centre due to delays to anticipated NICE approvals

### **5.2 NHS England Providers**

YTD M10 position £377k, Forecast YE position £655k.

The movement in both YTD and forecast positions is mainly a result of an increase in drugs and devices charged outside the block agreements across several providers but particularly in the north-west.

Additional activity payments to NHSE providers under the 'elective recovery fund' terms are estimated to be £6,000k for 2021-2022, this is reported in the COVID recovery section of the tables as directly funded through Welsh Government.

### **5.3 Individual Patient Commissioning & Non Contract Activity**

YTD M10 position £6,440k, Forecast YE position £8,907k.

The yearend forecast has increased at month 10 by £953k. £500k reflects an increase for patients with Paroxysmal Nocturnal Hemoglobinuria switching to the recently approved Ravalizumab, receiving the initial high loading dose and first maintenance dose in the last quarter of 2021-2022. The position also contains £2.8m for long term critical care patients at GOSH who received their transplants October and January, both patients have now been discharged.

### **5.4 Specialised Mental Health**

YTD M10 position £1,419k, Forecast YE position £2,113k.

There continues to be pressure on the CAMHS OOA position due to capacity constraints in Welsh contracted provider units. Within the medium secure position, a provision to block buy a number of female beds from mid-January to accommodate placements currently being held in a low secure setting is included in the position from. There is also continued provision for a complex MH patient currently held in a low secure setting. Month 10 has seen further increases in NHSE Gender assessment activity.

### **5.5 Renal**

YTD M10 position (£235k), Forecast YE position (£189k).

Renal forecast is under budget mainly due to lower than planned activity in Royal Liverpool & Broadgreen. The budget and associated costs for West Wales dialysis transport has been moved to EASC in month 10.

### **5.6 Developments and Strategic Priorities**

YTD M10 position (£11,077k), Forecast YE position (£12,103k)

The position reflects significant slippage released in developments against in year funding releases, prioritisation schemes and collective commissioning provisions where spend is unlikely to now materialise in 2021-2022. This equates to a forecast movement of (£1,310k) at month 10.

The genetics test directory position assumes a number of non-recurrent recovery schemes are supported to reduce waiting times and backlogs across the wider portfolio of laboratory and clinical genetics, this results in a forecast variance of £1,676k over the current in year allocated baseline for the test directory and strategy funding. The month 10 position reflects a transfer of retained developments into SLAs ahead of year end agreements, a reduction in the C&V CAR-T forecast and a release of a provision for clinical immunology price growth which has been contained at a lower level than anticipated in 2021-2022.

## 5.7 WHSSC Running Costs

YTD M10 position (£110k), Forecast YE position (£1k).

The underspend to date reflects vacancies for first 10 months of the year and this is profiled for the remainder of the year to arrive at the forecast year end underspend position. This position includes the incurred legal fees for an IPFR judicial review.

## 5.8 Reserves

YTD M10 position (£9,204k), Forecast YE position (£11,044k)

Month 10 has seen an additional reserve release of residual balance sheet items totalling £821k.

## 6.0 FINANCIAL POSITION DETAIL – BY COMMISSIONERS

The financial arrangements for WHSSC do not allow WHSSC to either over or underspend, and thus any variance is distributed to LHB's based on a clearly defined risk sharing mechanism. The following table provides details of how the current variance is allocated and how the movements from last month impact on LHB's.

**Table 3 – Year to Date position by LHB**

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Variance M10	(14,118)	(2,577)	(1,254)	(2,151)	(2,556)	(1,826)	(710)	(3,044)
Variance M9	(13,196)	(2,417)	(1,139)	(1,978)	(2,448)	(1,647)	(733)	(2,834)
Movement	(922)	(160)	(115)	(173)	(108)	(179)	23	(210)

**Table 4 – End of Year Forecast by LHB**

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
EOY forecast M10	(13,541)	(2,629)	(1,105)	(2,159)	(2,418)	(1,813)	(687)	(2,731)
EOY forecast M9	(13,261)	(2,481)	(1,071)	(1,966)	(2,498)	(1,656)	(792)	(2,797)
EOY movement	(280)	(148)	(34)	(193)	80	(157)	105	67

## 7.0 INCOME / EXPENDITURE ASSUMPTIONS

### 7.1 Income from LHB's

The table below shows the level of current year outstanding income from Health Boards in relation to the IMTP and in-year Income adjustments. There are no notified disputes regarding the Income assumptions related to the WHSSC IMTP.

These figures reflect the rebased risksharing financial framework and a cost neutral allocation adjustment is anticipated to realign commissioner funding with the WHSSC income expectations.

Please note that Income for WHSSC/EASC elements has been separated, although both organisations share one bank account. The below table uses the total Income to allow reconciliation to the MMR returns; please refer to the Income tab on the monthly risk-sharing file to see further details relating to the Commissioner Income.

**Table 5 – 2020/21 Commissioner Income Expected and Received to Date**

	2020/21 Planned Commissioner Income	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounted to Date	EOY Comm'er Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
SB	113,161	94,301	93,266	1,094	(59)	94,301	(1,099)
Aneurin Bevan	178,063	148,386	146,115	2,366	(95)	148,386	(2,838)
Betsi Cadwaladr	203,546	169,621	166,723	3,045	(147)	169,621	(2,720)
Cardiff and Vale	150,834	125,695	123,689	2,075	(69)	125,695	(2,622)
Cwm Taf Morgannwg	135,542	112,952	108,328	4,231	393	112,952	(2,152)
Hywel Dda	110,268	91,890	90,562	1,405	(78)	91,890	(1,807)
Powys	44,725	37,271	36,861	453	(43)	37,271	(685)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	936,139	780,116	765,544	14,670	(98)	780,116	(13,924)

Invoices over 11 weeks in age detailed to aid LHB's in clearing them before Arbitration dates:

None

## 8.0 OVERVIEW OF KEY RISKS / OPPORTUNITIES

NHS England – 2021-2022 recovery over performance payments to English providers is estimated at £4.5m at month 10 based on months 1-9 contract monitoring. Whilst the thresholds for over performance are anticipated to remain

at 95% for the remainder of 2021-2022 there is a risk that sustained elective performance increases and the associated costs of drugs and devices outside of the ERF will be chargeable by English providers.

The current forecast for ERF payments is £6m for 2021-2022.

An analysis showing the 'actual' recovery costs incurred to date by English Providers are provided below. These costs are those in the month 10 reported position.

- Alder Hey £676,500 (Paediatrics)
- Liverpool Heart and Chest £2,459,389 (Cardiac/Cardiology)
- The Walton £478,499 (Neuro)
- St Helens and Knowsley £35,707 (Plastics)
- North Midlands £278,747 (Cardiac/Cardiology)
- Liverpool Womens £84,523 (IVF)
- Birmingham Women & Children's £84,592 (Paediatrics)
- Uni Birmingham £169,347 (Multiple specialties)
- GOSH £193,005 (Paediatrics)
- Imperial College £56,694 (Multiple specialties)

Total estimated at M10 = £4,553,003

## **9.0 PUBLIC SECTOR PAYMENT COMPLIANCE**

As at month 9 WHSSC has achieved 99.7% compliance for NHS invoices paid within 30 days by value and 98.6% by number.

For non NHS invoices WHSSC has achieved 98.3% in value for invoices paid within 30 days and 97.4% by number.

This data is updated on a quarterly basis.

WHSSC has undertaken a self-audit of our PSPP results as provided by NHS WSSP and are content that they are accurate. Therefore we have updated our forecast end of year position.

## **10. RESPONSES TO ACTION NOTES FROM WG MMR RESPONSES**

No WHSSC actions from the month 9 submission.

## **11. SLA 2021-2022 STATUS UPDATE**

All Welsh SLAs have been signed.



## 12. CONFIRMATION OF POSITION REPORT BY THE MD AND DOF



**Sian Lewis,  
Managing Director, WHSSC**



**Stuart Davies,  
Director of Finance, WHSSC**



<b>Report Title</b>	<b>Financial Performance Report – Month 11 2021-2022</b>			<b>Agenda Item</b>	4.2
<b>Meeting Title</b>	<b>Joint Committee</b>			<b>Meeting Date</b>	15/03/2022
<b>FOI Status</b>	Open/Public				
<b>Author (Job title)</b>	Finance Manager - Contracting				
<b>Executive Lead (Job title)</b>	Director of Finance				
<b>Purpose of the Report</b>	<p>The purpose of this report is to set out the financial position for WHSSC for the 11th month of 2021-2022.</p> <p>The financial position is reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan by the Joint Committee in January 2021.</p>				
<b>Specific Action Required</b>	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s)</b>  Members are asked to: <ul style="list-style-type: none"><li>• <b>Note</b> the current financial position and forecast year-end position.</li></ul>					

# WHSSC FINANCIAL PERFORMANCE REPORT MONTH 11 2021-2022

## 1.0 SITUATION

The purpose of this report is to provide the current financial position of WHSSC together with outturn forecasts for the 2021-2022 financial year.

This report will be shared with WHSSC Management Group on 24th March and Joint Committee on 15th March.

## 2.0 BACKGROUND

The financial position is reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan the Joint Committee in January 2021.

## 3.0 ASSESSMENT

The financial position reported at Month 11 for WHSSC is a year-end outturn forecast under spend of £14,058k.

The under spend predominantly relates to slippage in new planned developments, further declared slippage in prior year developments, release of growth provisions above 2021-2022 forecast requirement and releasable reserves from 2020-2021 provisions. There are a number of cost pressures absorbed in the net position including high cost transplant patients and complex mental health placements.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the current financial position and forecast year-end position.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance Development of the Plan Choose an item.
<b>Link to Integrated Commissioning Plan</b>	This document reports on the ongoing financial performance against the agreed IMTP
<b>Health and Care Standards</b>	Governance, Leadership and Accountability Choose an item. Choose an item.
<b>Principles of Prudent Healthcare</b>	Only do what is needed Choose an item. Choose an item.
<b>NHS Delivery Framework Quadruple Aim</b>	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.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	
<b>Finance/Resource Implications</b>	This document reports on the ongoing financial performance against the agreed IMTP.
<b>Population Health</b>	
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	
<b>Long Term Implications (incl WBFG Act 2015)</b>	
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	
<b>Appendices</b>	

# FINANCE PERFORMANCE REPORT – MONTH 11

## 1.0 SITUATION / PURPOSE OF REPORT

The purpose of this report is to set out the estimated financial position for WHSSC for the 11th month of 2021-2022 together with any corrective action required.

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	742,939	681,027	664,043	(16,984)	(2,866)	(13,676)	(134)
EASC (WAST, EMRTS, NCCU)	193,200	177,100	176,755	(345)	(41)	(383)	0
Total as per Risk-share tables	936,139	858,128	840,798	(17,329)	(2,907)	(14,058)	(134)

**The narrative of this report excludes the financial position for EASC, which includes the WAST contracts, the EASC team costs and the QAT team costs, and have a separate Finance Report. For information purposes, the consolidated position is summarised in the table below.**

Please note that as LHB's cover any WHSSC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the WHSSC position as reported to WG is a nil variance.

## 2.0 BACKGROUND / INTRODUCTION

The financial position is reported against the 2021-2022 baselines following approval of the 2021-2022 ICP by the Joint Committee in January 2021. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions as the need arises.

The financial position at Month 11 is a year to date underspend of £17,329k and a forecast outturn underspend of £14,058k.

NHS England is reported in line with the current IMTP. WHSSC continues to commission in line with the contract intentions agreed as part of the IMTP and historic standard PBR principles, and declines payment for activity that is not compliant with the business rules related to out of time activity.

### 3.0 GOVERNANCE & CONTRACTING

All budgets have been updated to reflect the 2021-2022 ICP, including the full year effects of 2020-2021 Developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2020-2021 contract values which have been transposed into the 2021-2022 contract documents.

The Finance Sub Group has developed a risk sharing framework which has been agreed by Joint Committee and was implemented from April 2019. This is based predominantly on a 2 year average utilisation calculated on the latest available complete year's data. Due to the nature of highly specialist, high cost and low volume services, a number of areas will continue to be risk shared on a population basis to avoid volatility in individual commissioner's position.

### 4.0 ACTUAL YEAR TO DATE AND FORECAST OVER / (UNDERSPEND) (SUMMARY)

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget £'000	Budgeted to Date £'000	Actual to Date £'000	Variance to Date £'000	Previous month Var to date £'000	Current EOYF Variance £'000	Previous month EOYF Var £'000
<b>NHS Wales</b>							
Cardiff & Vale University Health Board	248,240	227,553	225,952	(1,601)	(1,263)	(1,721)	(1,571)
Swansea Bay University Health Board	109,075	99,986	100,642	656	571	832	740
Cwm Taf Morgannwg University Health Board	10,146	9,301	9,301	0	0	0	0
Aneurin Bevan Health Board	8,934	8,190	8,190	0	0	0	0
Hywel Dda Health Board	1,662	1,523	1,523	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	44,239	40,553	40,142	(410)	(420)	(484)	(494)
Velindre NHS Trust	49,566	45,436	44,956	(480)	(398)	(583)	(583)
<b>Sub-total NHS Wales</b>	<b>471,862</b>	<b>432,541</b>	<b>430,706</b>	<b>(1,835)</b>	<b>(1,510)</b>	<b>(1,957)</b>	<b>(1,908)</b>
Non Welsh SLAs	119,250	109,312	109,760	448	377	614	655
IPFR	61,497	56,373	63,052	6,680	6,440	11,046	8,907
IVF	4,906	4,497	4,312	(185)	(219)	(126)	28
Mental Health	35,013	32,095	33,644	1,549	1,419	2,358	2,113
Renal	4,774	4,376	3,885	(492)	(235)	(493)	(189)
Prior Year developments	1,928	1,767	3,031	1,264	1,270	1,956	1,956
2020/21 Plan Developments	39,436	36,150	21,917	(14,233)	(12,347)	(16,039)	(14,059)
Direct Running Costs	4,272	3,916	3,860	(56)	(110)	10	(1)
Reserves Releases 2019/20	0	0	(10,124)	(10,124)	(9,204)	(11,044)	(11,044)
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
<b>Total Expenditure</b>	<b>742,939</b>	<b>681,027</b>	<b>664,043</b>	<b>(16,984)</b>	<b>(14,118)</b>	<b>(13,676)</b>	<b>(13,541)</b>

The reported position is based on the following:

- Developments – variety of bases, including agreed phasing of funding.
- Mental Health – live patient data as at the end of the month, plus current funding approvals.
- NHS England activity – block basis for months 1-11 of this financial year.
- All other areas are reported as 1/12<sup>th</sup> of IMTP.

\*\* Please note that Income is collected from LHB's in equal 12ths, therefore there is usually an excess budget in Months 1-11 which relates to Developments funding in future months. To keep the Income and Expenditure position equal, the phasing adjustment is shown on a separate line for transparency and is accrued to date to avoid a technical underspend.

## **5.0 FINANCIAL POSITION DETAIL - PROVIDERS**

Provider positions can be summarised as follows for month 11:

### **5.1 NHS Wales Providers**

YTD M11 position (£1,835k), Forecast YE position (£1,957k).

Month 11 reporting is based on the COVID-19 block funding flow agreements for 2021-2022, with pass through elements paid on pass through.

Both underspending positions relate to significant non recurrent slippage of prior year developments in the Cardiff & Vale provider position due to recruitment lag. These developments include Cystic Fibrosis, Inherited Bleeding Disorders, Adult Congenital Heart Disease and the Hereditary Anaemia service. There is also non-recurrent slippage on full year allocations for WG funded developments such as the Major Trauma Centre and critical care Long Term Ventilation. This month has also seen a reduction of C&V ATMP forecast as 2 patients were unable to receive treatment, one due to illness prior to infusion and one due to a time lag in cell delivery. There are partial offsets as overspends are reported for excess Interventional Neuro-Radiology costs as a patient was referred to Bristol and additional Parenteral Nutrition costs due to the continued Calea homecare supply issues.

There remains an underspend forecast in pass through melanoma drugs at Velindre Cancer Centre due to delays to anticipated NICE approvals

### **5.2 NHS England Providers**

YTD M11 position £448k, Forecast YE position £614k.

The movement in both YTD and forecast positions is not material this month.

Additional activity payments to NHSE providers under the 'elective recovery fund' terms are estimated to be £6,000k for 2021-2022, this is reported in the COVID recovery section of the tables as directly funded through Welsh Government.

### **5.3 Individual Patient Commissioning & Non Contract Activity**

YTD M11 position £6,680k, Forecast YE position £11,046k.

The yearend forecast has increased at month 11 by £2,138k. This relates to the overspend on Vertex CF Triple Therapy treatments due to the expansion of indications for the treatment. The position also contains £2.8m for long term critical care patients at GOSH who received their transplants October and January, both patients have now been discharged.

### **5.4 Specialised Mental Health**

YTD M11 position £1,549k, Forecast YE position £2,358k.

There continues to be pressure on the CAMHS OOA position due to capacity constraints in Welsh contracted provider units. Within the medium secure position, a provision to block buy a number of female beds from mid-January to accommodate placements currently being held in a low secure setting is included in the position from. There is also continued provision for a complex MH patient currently held in a low secure setting. Month 11 has seen further increases in NHSE Gender assessment activity, CAMHS OOA for south wales patients which is partially offset by a forensic mental health reduction.

### **5.5 Renal**

YTD M11 position (£492k), Forecast YE position (£493k).

Renal forecast is under budget mainly due to lower than planned activity in Royal Liverpool & Broadgreen and the movement in month 11 is due to a reduction in drug performance in C&V.

### **5.6 Developments and Strategic Priorities**

YTD M11 position (£12,970k), Forecast YE position (£14,083k)

The position reflects significant slippage released in developments against in year funding releases, prioritisation schemes and collective commissioning provisions where spend is unlikely to now materialise in 2021-2022. This equates to a forecast movement of (£1,980k) at month 11.

The genetics test directory position assumes a number of non-recurrent recovery schemes are supported to reduce waiting times and backlogs across the wider portfolio of laboratory and clinical genetics, this results in a forecast variance of £1,676k over the current in year allocated baseline for the test directory and strategy funding. The month 11 position reflects a further reduction in the C&V CAR-T forecast as 2 patients will not complete treatment this year, reductions in



spend on the Micro Processor Knee programmes and a reduction in Welsh provider dialysis growth.

## 5.7 WHSSC Running Costs

YTD M11 position (£56k), Forecast YE position £10k.

The underspend to date reflects vacancies for first 11 months of the year. This yearend position includes the incurred legal fees for an IPFR judicial review.

## 5.8 Reserves

YTD M11 position (£10,124k), Forecast YE position (£11,044k)

No new reserve releases have been identified at month 11.

## 6.0 FINANCIAL POSITION DETAIL – BY COMMISSIONERS

The financial arrangements for WHSSC do not allow WHSSC to either over or underspend, and thus any variance is distributed to LHB's based on a clearly defined risk sharing mechanism. The following table provides details of how the current variance is allocated and how the movements from last month impact on LHB's.

**Table 3 – Year to Date position by LHB**

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Variance M11	(16,984)	(3,309)	(1,521)	(2,703)	(3,268)	(2,164)	(732)	(3,286)
Variance M10	(14,118)	(2,577)	(1,254)	(2,151)	(2,556)	(1,826)	(710)	(3,044)
Movement	(2,866)	(732)	(267)	(553)	(711)	(339)	(22)	(242)

**Table 4 – End of Year Forecast by LHB**

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
EOY forecast M11	(13,676)	(2,871)	(1,057)	(2,324)	(2,528)	(1,845)	(518)	(2,532)
EOY forecast M10	(13,541)	(2,629)	(1,105)	(2,159)	(2,418)	(1,813)	(687)	(2,731)
EOY movement	(134)	(243)	48	(165)	(110)	(31)	169	199

## 7.0 INCOME / EXPENDITURE ASSUMPTIONS

### 7.1 Income from LHB's

The table below shows the level of current year outstanding income from Health Boards in relation to the IMTP and in-year Income adjustments. There are no notified disputes regarding the Income assumptions related to the WHSSC IMTP.

These figures reflect the rebased risksharing financial framework and a cost neutral allocation adjustment is anticipated to realign commissioner funding with the WHSSC income expectations.

Please note that Income for WHSSC/EASC elements has been separated, although both organisations share one bank account. The below table uses the total Income to allow reconciliation to the MMR returns; please refer to the Income tab on the monthly risk-sharing file to see further details relating to the Commissioner Income.

**Table 5 – 2020/21 Commissioner Income Expected and Received to Date**

	2020/21 Planned Commissioner Income	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounted to Date	EOY Comm'er Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
SB	113,161	103,731	102,312	1,419	0	103,731	(1,052)
Aneurin Bevan	178,063	163,225	160,727	2,603	(105)	163,224	(2,948)
Betsi Cadwaladr	203,546	186,583	186,584	0	0	186,584	(2,522)
Cardiff and Vale	150,834	138,265	136,058	2,282	(76)	138,264	(2,864)
Cwm Taf Morgannwg	135,542	124,247	119,161	4,654	432	124,247	(2,318)
Hywel Dda	110,268	101,079	101,079	0	0	101,079	(1,839)
Powys	44,725	40,998	40,998	0	0	40,998	(516)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	936,139	858,128	846,918	10,958	252	858,128	(14,058)

Invoices over 11 weeks in age detailed to aid LHB's in clearing them before Arbitration dates:

None

## 8.0 OVERVIEW OF KEY RISKS / OPPORTUNITIES

NHS England – 2021-2022 recovery over performance payments to English providers is estimated at £5.4m at month 11 based on months 1-10 contract monitoring. Whilst the thresholds for over performance are anticipated to remain at 95% for the remainder of 2021-2022 there is a risk that sustained elective performance increases and the associated costs of drugs and devices outside of the ERF will be chargeable by English providers.

The current forecast for ERF payments is £6m for 2021-2022.

An analysis showing the 'actual' recovery costs incurred to date by English Providers are provided below. These costs are those in the month 10 reported position.

- Alder Hey £754,000 (Paediatrics)
- Liverpool Heart and Chest £2,629,868 (Cardiac/Cardiology)
- The Walton £882,883 (Neuro)
- St Helens and Knowsley £35,707 (Plastics)
- North Midlands £278,747 (Cardiac/Cardiology)
- Liverpool Womens £84,523 (IVF)
- Birmingham Women & Children's £309,592 (Paediatrics)
- Uni Birmingham £169,347 (Multiple specialties)
- GOSH £193,005 (Paediatrics)
- Imperial College £56,694 (Multiple specialties)

Total estimated at M11 = £5,394,366

There are a number of Mental Health Surge beds commissioned through NCCU which are reported through the WHSSC COVID position. The current forecast outturn for 2021-2022 is £2.1m which will be covered by WG COVID in year allocation.

## **9.0 PUBLIC SECTOR PAYMENT COMPLIANCE**

As at month 9 WHSSC has achieved 99.7% compliance for NHS invoices paid within 30 days by value and 98.6% by number.

For non NHS invoices WHSSC has achieved 98.3% in value for invoices paid within 30 days and 97.4% by number.

This data is updated on a quarterly basis.

WHSSC has undertaken a self-audit of our PSPP results as provided by NHS WSSP and are content that they are accurate. Therefore we have updated our forecast end of year position.

## **10. RESPONSES TO ACTION NOTES FROM WG MMR RESPONSES**

10.1 – The English ERF forecast remains at £6,000 for this year.

10.2 – Cwm Taf have confirmed that the I&E variance with WHSSC at month 10 was a mistake and they will correct for month 11. I have forwarded copies of the e-mail to Gary Young.

## **11. SLA 2021-2022 STATUS UPDATE**

All Welsh SLAs have been signed.

## **12. CONFIRMATION OF POSITION REPORT BY THE MD AND DOF**



**Sian Lewis,  
Managing Director, WHSSC**



**Stuart Davies,  
Director of Finance, WHSSC**



Report Title	Corporate Governance Matters Report	Agenda Item	4.3		
Meeting Title	Joint Committee	Meeting Date	15/03/2022		
FOI Status	Open				
Author (Job title)	Corporate Governance Manager				
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services				
Purpose of the Report	The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s)</b>  Members are asked to: <ul style="list-style-type: none"><li>• <b>Note</b> the report.</li></ul>					

# **CORPORATE GOVERNANCE MATTERS REPORT**

## **1.0 SITUATION**

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

## **2.0 BACKGROUND**

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

## **3.0 ASSESSMENT**

### **3.1 Matters Considered In-Committee**

In accordance with the WHSSC Standing Orders, the Joint Committee (JC) is required to report any decisions made in private "In-Committee" session, to the next available public meeting of the Joint Committee. There have not been any JC "In-Committee" meetings since the 9 November 2021.

### **3.2 Welsh Health Circular's (WHC's)**

Welsh Government (WG) issues Welsh Health Circular's (WHCs) around specific topics. The following WHCs have been received since the last meeting and are available via the WG website, where further details as to the risks and governance issues are available:

- WHC 2021 034 – Health Board allocations 2022 to 2023
- WHC 2022 007 – Recording of Dementia Codes

### **3.3 Sub-Committee Terms of Reference (ToR)**

The Terms of Reference (ToR) for the sub-committees are traditionally reviewed on an annual basis in tandem with the publication of the sub-committee annual reports.

#### **3.3.1 Individual Patient Funding Request (IPFR) Panel**

The TOR for the WHSSC IPFR panel were due to be submitted to the March 2022 Joint Committee for consideration, however following the letter issued to WG at the request of the JC concerning the All Wales IPFR policy, we are still awaiting confirmation from WG concerning the authority of the JC to approve the updated ToR.

### **3.3.2 Management Group (MG)**

The ToR are in the process of being reviewed and will be considered by the MG on the 28 April 2022 along with the sub-committee annual report.

### **3.3.3 Integrated Governance Committee (IGC) and Quality & Patient Safety Committee (QPSC)**

The ToR and sub-committee annual reports will be presented to the respective Committee meetings on the 30 March 2022.

### **3.4 Committee Arrangements during COVID-19**

As the WHSSC continues to manage and support its response to the recovery phase of COVID-19, the JC arrangements will continue to be held virtually, with focussed agendas and shorter meetings.

## **4.0 RECOMMENDATIONS**

Members are asked to:

- **Note** the report.

<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance Choose an item. Choose an item.
<b>Link to Integrated Commissioning Plan</b>	Approval process
<b>Health and Care Standards</b>	Governance, Leadership and Accountability Choose an item. Choose an item.
<b>Principles of Prudent Healthcare</b>	Public & professionals are equal partners through co-production Choose an item. Choose an item.
<b>Institute for HealthCare Improvement Quadruple Aim</b>	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	Ensuring the Joint Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
<b>Finance/Resource Implications</b>	There are no financial/resource implications associated with this report.
<b>Population Health</b>	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	This report demonstrates compliance with the Model Standing Orders, Reservations and Delegation of Powers (SO's) which were last issued by WG in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).
<b>Long Term Implications (incl. WCFG Act 2015)</b>	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.



<b>Report History (Meeting/Date/ Summary of Outcome</b>	-
<b>Appendices</b>	-

**CTMUHB Audit and Risk Committee – Part 2**  
**Assurance Report**

<b>Reporting Committee</b>	<b>CTMUHB Audit and Risk Committee – Part 2</b>
<b>Chaired by</b>	<b>Jayne Sadgrove, Vice Chair CTMUHB, Independent Member of the Audit &amp; Risk Committee (ARC)</b>
<b>In attendance for WHSSC</b>	<b>Jacqui Evans, Committee Secretary</b>
<b>Date of Meeting</b>	<b>24 February 2022</b>
<b>Report Author</b>	<b>Committee Secretary</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<p>The CTMUHB Audit &amp; Risk Committee (ARC) provides 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 &amp; Risk Committee meetings. This assurance report sets out the key areas of discussion and decision.</p> <p><b>1.0 EASC Risk Register</b></p> <p>Gwenan Roberts (GR), Assistant Director of Corporate, EASC gave an update on the EASC risk register and advised that it had been extensively reviewed and updated by the EASC Team in October 2021 and approved by the EASC Joint Committee on the 9 November 2021. The last meeting of EASC was held on 18 January and was time limited due to the operational pressures of the COVID-19 pandemic. Members noted that there were two ongoing risks which scored 15 and above and that two new risks has been added since the last meeting.</p> <p>The Committee <b>noted</b> the report.</p> <p><b>2.0 WHSSC Corporate Risk Assurance Framework (CRAF)</b></p> <p>Jacqui Evans (JE), WHSSC Committee Secretary, gave a verbal update on the Corporate Risk and Assurance Framework (CRAF) that had been approved by the Joint Committee (JC) on the 9 November 2021. Members noted that:</p> <ul style="list-style-type: none"> <li>• The JC was due to receive the CRAF at its meeting on the 15 March 2022 and the document would be brought to the ARC in April 2022,</li> <li>• The WHSSC Integrated Governance Committee (IGC) was due to consider the CRAF on 28 February 2022 and would receive an update on the desktop audit being undertaken to benchmark WHSSC risk scores against Health Board (HB) scoring; and</li> </ul>	

- an internal audit on WHSSC's risk management process was scheduled for 16 March 2022.

The Committee **noted** the verbal update.

### **3.0 WHSSC Internal and External Audit Recommendations Tracker**

JE gave a progress report on the implementation of internal and external audit recommendations and members noted that since 2018, eight reports had been issued, 21 recommendations had been made, 20 recommendations had been achieved and one recommendation was outstanding, which had not yet reached its due date.

Members noted the progress made against the seven external audit recommendations outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".

The Committee **noted** the report.

### **4.0 Audit Wales "WHSSC Committee Governance Arrangements" Update**

JE gave an update on the progress made against the Audit Wales recommendations in the "WHSSC Committee Governance Arrangements" report. Members noted that the JC had received the updated tracker report and an update from Audit Wales on the progress made against the recommendations on the 18 January 2022 and noted:

- that Audit Wales thought the WHSSC response to the recommendations was comprehensive and well thought out, and that they were particularly pleased to note there had been ongoing oversight and scrutiny of progress by the Integrated Governance Committee (IGC);
- that the only area for concern was around pan-Wales recovery planning due to the ongoing volatile environment as a result of the COVID-19 pandemic, and that WHSSC was actively engaged with providers to ensure that comprehensive recovery plans were in place and that options had been agreed with the JC for access to services in the event that WHSSC was unable to deliver adequate capacity; and
- that the majority of actions had been completed and there were only three areas of partial compliance for WHSSC.

In relation to the three recommendations for Welsh Government (WG), members noted that Audit Wales had written to the Director General/Chief Executive NHS Wales (DG/CENW), and an initial response letter had been received setting out a high-level overview of actions to be taken in response to the recommendations. The report had been considered by Senedd Cymru's Public Accounts and Public Administration Committee (PAPAC) following which the Chair of that Committee had written to the DG/CENW requesting an update. An update is awaited.

Members noted that the progress against the Audit Wales recommendations had been shared with the HB Board Secretaries for inclusion on HB Audit Committee agendas in February/March 2022. This would ensure that all NHS bodies were able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales.

The Committee **noted** the report.

#### **5.0 EASC Governance Report**

Emma Samways (ES), Internal Auditor gave an update on the internal audit report on governance arrangements for the EASC undertaken as part of the 2021-2022 internal audit plan for CTMUHB. Members noted the findings of the audit and the management responses.

The Committee **noted** the report.

#### **6.0 WHSSC Internal Audit Report - PET Scanner**

Paul Dalton, Internal Auditor gave an update on the internal audit report on the All Wales Positron Emission Tomography (PET) Service for WHSSC undertaken at the request of WHSSC as part of the 2021-2022 internal audit plan for CTMUHB. Members noted the findings of the audit and the management responses.

The Committee **noted** the report.

#### **Matters referred to other Committees**

None

#### **Date of next scheduled meeting**

28 April 2022



## CORE BRIEF TO MANAGEMENT GROUP MEMBERS

### MEETING HELD ON 20 JANUARY 2022

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

#### 1.0 Welcome and Introductions

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams. It was noted that a quorum had been achieved.

#### 2.0 Action Log

Members received an update on progress against the action log and **noted** the updates.

#### 3.0 Managing Director's Report

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

- The Commissioning of Burns Treatment from SBUHB Welsh Centre for Burns,
- National Collaborative Commissioning Unit (NCCU) Surge Beds,
- The WHSSC Specialised Services Strategy.

#### 4.0 Funding Release for Cystic Fibrosis In-Patient Capacity

Members received a report seeking support to delay the release of funding for increasing Adult Cystic Fibrosis in-patient capacity at the university Hospital Llandough (UHL) until further demand and capacity work is undertaken and to review the situation at the end of Quarter 1, 2022-2023.

Members (1) **Noted** the report, and (2) **Supported** the recommendation to delay the release of funding for increasing Cystic Fibrosis in-patient capacity at UHL until further demand and capacity work is undertaken and to review the situation at the end of Quarter 1, 2022-2023.

#### 5.0 Proposal to Undertake an Options Appraisal with Regard to the Service Model for the Provision of Inherited Cardiac Conditions

Members received a report setting out the process to undertake an options appraisal to consider the options and select the preferred option for the service model for Inherited Cardiac Conditions (ICCs) for south east and north Wales

Members **noted** the report.

## 6.0 Integrated Commissioning Plan (ICP) 2022-2023

Members received a report presenting a revised approach to managing the financial risk for the Integrated Commissioning Plan (ICP) 2022-2023 further to the decision of the Joint Committee on 11 January 2022 to support the ICP subject to a review being undertaken by the Management Group to agree an appropriate level of financial risk that could be recommended.

Members noted the revised financial plan allowed for a reduction in the core uplift from 6.57% to 5.04%. Members discussed the revised risk assessment for non-recurrent financial requirements for 2022-2023 including the risks related to slippage in new investments and the provision for growth in the Major Trauma Service.

Members also discussed the challenges for Health Boards (HBs) related to the Welsh Government (WG) financial allocation letter and the increasing levels of uncertainty regarding their recovery positions. Members noted that Powys THB expressed a preference to manage the risks related to English inflation within their HB allocation rather than through WHSSC.

Members noted that a special extraordinary JC meeting will be scheduled in February 2022 to formally approve the plan in readiness for submission to WG.

Members (1) **Discussed** and **approved** the proposed approach to financial risk, (2) **Agreed** the level that is appropriate to recommend to the Joint Committee (JC) to enable them to approve the Integrated Commissioning Plan (ICP) 2022-2023 at an extraordinary JC meeting in February 2022, and **agreed** that the WHSS team would discuss major trauma service risks with CVUHB and SBUHB, and will discuss the management of English inflation with Powys THB.

## 7.0 COVID-19 Activity Report for Month 8 2021-2022

Members received a report highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and outlining whether there were any signs of recovery in specialised services activity.

Members noted the decrease in activity during the peak COVID-19 periods, and the reduction in activity in both English and Welsh providers prior to the onset of the omicron wave, in a number of key specialty areas.

Members **noted** the report.

## 8.0 Financial Performance Report - Month 9 2021-2022

Members received the Financial Performance Report for Month 9 which provided the current financial position of WHSSC together with the outturn forecast for the financial year.

Members noted that the financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated

Commissioning Plan by the JC in January 2021, and that the financial position reported at Month 9 for WHSSC was a year-end outturn forecast under spend of £12,347k.

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

## 9.0 Forward Work Plan

Members **noted** the forward work plan.



<b>Reporting Committee</b>	<b>Quality Patient Safety Committee</b>
<b>Chaired by</b>	<b>Ceri Phillips</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>18 January 2022</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<p><b>Presentation/Patient Experience</b></p> <p>Members received a presentation from the Major Trauma Network (MTN). Four patient stories were presented by the MTN illustrating how the patient journey has changed since the inception. It was noted that the MTN would be peer reviewed in March 2022 by NHS England with a report due in June 2022 and the findings would be presented to the August 2022 QPS meetings. PROMS and PREMS were being built in across the network in partnership with Value in Health Wales and it was confirmed that patient information was available bilingually and a proactive app was being developed.</p> <p><b>Commissioning Team and Network Updates</b></p> <p>Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below:</p> <p><b>1.0 Welsh Renal Clinical Network</b></p> <p>The Committee received the report and took questions by exception. Congratulations were passed onto the Renal Network Team who had recently won a prestigious Nursing Times Award for Learning Disabilities Nursing for their home haemodialysis care of patient with learning difficulties.</p> <p><b>2.0 Cancer &amp; Blood</b></p> <p>The Committee received an update regarding the burns services at SBUHB that is currently in escalation level 3 because of the closure of the Morriston Hospital Burns ITU due to staffing constraints. Extensive discussions with the South West and Wales Burns Network around the development of an action plan are ongoing and SBUHB have confirmed their commitment to re-opening the full burns service.</p> <p><b>3.0 Cardiac</b></p> <p>An update was received on GIRFT. In addition, the Committee received assurance that SBUHB was making good progress on the Action Plan relating to cardiac mitral valve surgery and noted that, once resolution was achieved on the vascular</p>	



pathway issues, consideration would be given to de-escalate the service from level 4 to level 3.

#### **4.0 Mental Health & Vulnerable Groups**

Members received a presentation on Mental Health Specialised Services. It was noted that the Coroner's Inquest following the death of a Young Person in Ty Llidiard back in March 2017 would commence on 17 January 2022 and was expected to last 10 days. An update on the judgment would be provided at the next meeting.

#### **5.0 Neurosciences**

Members received the Neurosciences Commissioning Team Update and noted the progress made.

#### **6.0 Women & Children**

The Committee was informed that the WHSSC Joint Committee had approved the extension at the request of SBUHB for the OCN for Neonatal Transport because of operational pressures caused by the COVID-19 pandemic.

#### **Development Day**

The Development Day was scheduled to take place on the 10 February 2022. A draft agenda was discussed and circulated prior to the event.

#### **Other Reports Received**

Members received reports on the following:

- **Services in Escalation Summary**

Members noted that the cochlear services in Bridgend had been de-escalated and removed from the report. No new services had been added since the last report.

- **WHSSC Policy Group**

The Committee was reassured by the work undertaken by the policy group and requested a development session with members to fully understand the position in order to be able to support any future work to align with the Committee's work plan.


- **CRAF Risk Assurance Framework**
- **CQC/HIW Summary Update**
- **Incidents and Complaints Report**

#### **Items for information**


Members received a number of documents for information only which members needed to be aware of:

- National Reporting and Learning System Letter from Welsh Government;
- Chair's Report and Escalation Summary to Joint Committee 12 October 2021;
- Q&PS Forward Work Plan;


<ul style="list-style-type: none"> <li>• Q&amp;PS Circulation List.</li> </ul>	
<b>Key risks and issues/matters of concern and any mitigating actions</b> No specific items were identified requiring reporting in addition to the above updates.	
<b>Summary of services in Escalation (Appendix 1 attached)</b>	
<b>Matters requiring Committee level consideration and/or approval</b> Members noted that the Neonatal Network Transport was already on the agenda to be discussed by Joint Committee on 15 March 2022	
<b>Matters referred to other Committees</b> None identified	
Confirmed minutes for the meeting are available upon request	
<b>Date of next scheduled meeting:</b>	30 March 2022 at 13.00hrs

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 05/01/2022	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	<ul style="list-style-type: none"> <li>Medical workforce and shortages operational capacity</li> <li>Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of- Area admissions</li> </ul>	<ul style="list-style-type: none"> <li>QAIS report outlined key areas for development including the recommendation to consider the location of NWAS due to lack of access on site to other health board provision – This is being considered in the Mental Health Specialised Services Strategy.</li> <li>Participation in weekly bed management panel meeting.</li> <li>Medical workforce issues ongoing. Registrar due to start January 22. Consultant post still awaiting GMC/Royal College approval – appointed to in January 2021 so 12</li> </ul>	

					months ago.	
--	--	--	--	--	-------------	--


Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 05/01/2022	Movement from last month
March 2018  September 2020  August 2021	Ty Llidiard	CTMUHB	4	<ul style="list-style-type: none"> <li>Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance</li> <li>SUI 11<sup>th</sup> September</li> </ul>	<ul style="list-style-type: none"> <li>Escalation meetings held monthly, however Dec 21 meeting stood down due to operational pressures at CTM.</li> <li>Funding from WG approved in Dec 21 to meet needs of gap analysis. CTM to conduct gap analysis against the service spec.</li> <li>CTM UHB to finalise the SOP for Medical Emergency Response– discussions have been concluded. Awaiting publication and implementation of SOP by CTM.</li> <li>Follow-up meeting to be arranged to discuss CTM OD report to agree any</li> </ul>	

					<p>additional elements and the time frame for delivery – Meeting scheduled for Dec 21 stood down due to operational pressures at CTM.</p> <ul style="list-style-type: none"> <li>• CTM UHB to share maturity matrix and agree a timeframe for the action plan. CTM to map against Ty Llidiard and report progress accordingly.</li> <li>• Coroner's inquest 17 January for 10 days</li> <li>• HIW unannounced visit 11 November – awaiting publication full report</li> </ul>	
--	--	--	--	--	---	--


Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 05/01/2022	Movement from last month
September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> <li>Workforce issue</li> </ul>	<ul style="list-style-type: none"> <li>7 CQV meetings have now been held and the service will remain at level 3 until all key actions are met.</li> <li>The CQV meeting planned for December was stood down and re-scheduled for 3rd February 2022.</li> <li>CTMUHB ILG have been asked to submit a Clinical Leadership Plan to address the substantive Consultant Psychiatrist post and Clinical Lead role.</li> <li>The FACTS service specification is being finalized subject to input from CAMHS</li> </ul>	


					colleagues.	
--	--	--	--	--	-------------	--




Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
September 2019	Cochlear Implant Service	South Wales	4	<ul style="list-style-type: none"> <li>Quality and Patient Safety concerns from C&amp;V Cochlear Implant team, from the patients who were immediately transferred to the service in Cardiff following the loss of audiology support from the Bridgend service.</li> </ul>	<ul style="list-style-type: none"> <li>C&amp;VUHB treating all patients.</li> <li>Interim CHC arrangements agreed.</li> <li>WHSSC Corporate Directors agreed that an initial key piece of work, which was started prior to the concerns raised about the Bridgend service should be re-established before the commencement of the engagement process.</li> <li>2 workshops took place in September. The first workshop concluded with the potential service models for appraisal. The second workshop undertook an option</li> </ul>	<p>Risk removed November 2021</p> 

					<p>appraisal on the models. The next steps are to undertake a financial option appraisal and consultation and engagement.</p> <ul style="list-style-type: none"> <li>• This risk was reassessed at the Neurosciences and Complex Conditions Commissioning Team meeting held in November 2021. It was agreed that because the required mitigating action is in place i.e. that service is being delivered by C&amp;VUHB, that this risk can be closed and removed from the CRAF.</li> </ul>	
--	--	--	--	--	--	--

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
July 2021	Cardiac Surgery	SBUHB	4	<ul style="list-style-type: none"> <li>Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review</li> </ul>	<ul style="list-style-type: none"> <li>6 weekly meetings in place to receive and monitor against the improvement plan.</li> <li>Plan to de-escalate to Level 3 following an agreed pathway for aorto-vascular cases. Initial meeting held but further clarity being sought in regards to best practice and cardiac team having sight of additional quality outcome data at the meeting planned for February 2022. Plan to de-escalate to level 3 will then be reviewed.</li> </ul>	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
July 2021	Cardiac Surgery	C&VUHB	2	<ul style="list-style-type: none"> <li>Lack of assurance regarding processes and patient flow which impact on patient experience</li> </ul>	<ul style="list-style-type: none"> <li>C&amp;VUHB have an agreed programme of improvement work to address the recommendations set out in the GIRFT report.</li> <li>Bi- monthly meetings agreed for monitoring purposes. WHSSC have not yet received an action plan from C&amp;VUHB that outlines the programme of work and this has subsequently been escalated to Clinical Board for action.</li> </ul>	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
November 2021	Burns	SBUHB	3	<ul style="list-style-type: none"> <li>The burns service at SBUHB is currently unable to provide major burns level care due to staffing issues in burns ITU.</li> </ul>	<ul style="list-style-type: none"> <li>Mutual assistance in place via the South West and Wales Burns Network and wider UK burns escalation arrangements. Patients will be stabilised at Swansea and transferred to another centre if appropriate to their care needs.</li> <li>Network and peer visit to Swansea has taken place to advise on interim and longer term solution.</li> <li>SBUHB has confirmed its</li> </ul>	

					<p>commitment to re-opening the service.</p> <ul style="list-style-type: none"> <li>• The plan for re-opening burns ITU and commencing major burns level care is expected by end of January.</li> </ul>	
--	--	--	--	--	---	--

## Services in Escalation



Level of escalation reducing / improving position



Level of escalation unchanged from previous report/month



Level of escalation increasing / worsening position

<b>Reporting Committee</b>	<b>Integrated Governance Committee (IGC)</b>
<b>Chaired by</b>	<b>WHSSC Chair</b>
<b>Lead Executive Director</b>	<b>Committee Secretary</b>
<b>Date of last meeting</b>	<b>28 February 2022</b>

**Summary of key matters considered by the Committee and any related decisions made.**

The Integrated Governance Committee (IGC) scrutinises evidence and information brought before it in relation to activities and potential risks which impact on the services commissioned by the Welsh Health Specialised Services Committee (WHSSC) and provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

Due to the COVID-19 pandemic, the meeting was held via MS Teams.

**1.0 Corporate Risk Assurance Framework (CRAF)**

The Corporate Risk Assurance Framework (CRAF) was received and members noted the updates to the document. Members noted the summary outlining all of the changes to the CRAF since it was last presented to the Joint Committee (JC) in November 2022. Members agreed that this was a helpful addition to the report as it provided a useful summary of risk activity. Overall, members welcomed the improvements to the CRAF and provided some useful comments on how it could be strengthened including adding further clarity in relation to the trend column and more detail in the narrative of the risk schedules.

Members noted that risk concerning Individual Patient Funding Request (IPFR) governance had been updated to clarify that WHSSC were still awaiting written confirmation from Welsh Government to confirm the authority of the JC to update the ToR. An assurance was given that additional Governance support was being provided to the WHSSC IPFR team.

**2.0 Summary of Services in Escalation Reported to Q&PS in January 2022**

The summary of services in escalation report presented to the Quality & Patient Safety (Q&PS) Committee in January 2022 was received for information. Members welcomed the addition of the report as a routine agenda item to be presented alongside the CRAF to provide assurance and oversight on key issues. Members noted that the report is presented to each WHSSC Q&PS Committee meeting and was discussed in detail as part of the Commissioning Report updates.



### **3.0 Risk Benchmarking Report**

Members received the Risk Benchmarking report that outlined the results of a desktop audit and risk benchmarking mapping exercise on a sample of WHSSC risks. The benchmarking exercise was supported by Risk Leads from a selection Health Boards (HBs) and Trusts. Members agreed that this had been a useful and worthwhile exercise and that further consideration should be given to strengthening communication with HBs to ensure consistency and correlation between risks that appear on WHSSC risk registers and HB risk registers.

### **4.0 Committee Effectiveness Self-Assessment 2021-2022**

Members received a comprehensive report on the progress made against the actions from the Committee Effectiveness Self-Assessment undertaken in 2020-2021 and noted the positive progress made over the last 12 months.

Members supported the suggested approach for the Committee Effectives process for 2021-2022 utilising questions based on good practice via an online survey.

Members noted the additional sources of information that would be considered when assessing the effectiveness of the committees.

### **5.0 Corporate Governance Update**

Members received the Corporate Governance update report and noted updates on the internal/external audit tracker, Welsh Health Circulars (WHCs), and update on the recruitment of a new substantive Chair for the Welsh Renal Clinical Network (WRCN), sub-committee terms of reference and annual reports and the forward work plan.

The Chair congratulated Ian Phillips on his appointment to the role of Chair of the WRCN.

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

As recorded above

### **Matters requiring Joint Committee level consideration and/or approval**

The Corporate Risk Assurance Framework (CRAF)

### **Matters referred to other Committees**

None

The confirmed Minutes for IGC meetings are available on request

### **Date of next meeting**

30 March 2022

**WHSSC Joint Committee**  
**15 March 2022**  
**Agenda Item 4.4.5**

<b>Reporting Committee</b>	<b>All Wales Individual Patient Funding Request (IPFR) Panel</b>
<b>Chaired by</b>	<b>Professor Vivienne Harpwood</b>
<b>Lead Executive Director</b>	<b>Director of Nursing and Quality Assurance</b>
<b>Date of last meeting</b>	<b>Chair's Action 24/02/2022 (meeting weekly)</b>

**Summary of key matters considered by the Committee and any related decisions made.**

Due of the on-going pressures within the Health Boards affecting the ability of some members of the All Wales IPFR Panel to attend meetings, Chair's Action Panels have been held on a weekly basis during January and February 2022.

The Chair's Action Panel membership includes the Chair, Managing Director of WHSSC and a WHSSC Clinical Director. Either or both the Director of Nursing and Quality Assurance or Medical Director have attended these meetings. As previously during the pandemic, the Chair's Action decision-making has been strengthened by the attendance of a Lay Member at each meeting. This arrangement is reviewed on a monthly basis by the Corporate Directors Group Board in WHSSC.

The Chair's Action Panel has met 8 times from 01 January to 24 February 2022. Ruth Alcolado, Vice-Chair of the Panel has chaired all of these meetings.

The following table demonstrates the number of requests considered as Chair's Action Panel during this period.

	<b>Number of Requests discussed as Chairs Action</b>
<b>January 2022</b>	15
<b>February 2022</b>	12

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

**All Wales IPFR Panel Quoracy**

Following the update given to the Joint Committee 18 January 2022, the Joint Committee (JC) requested that the Managing Director, WHSSC write to Welsh Government (WG) on behalf of the JC to request an update on progress. A letter was issued on the 21 January 2022 and a letter of response was received from the Chief Pharmaceutical Officer on the 17 February 2022. The letter advises that WG are reviewing the detail of the judgment and are considering:

- The authority of the JC to update and approve the terms of reference of the Welsh Health Specialised Services Committee All-Wales IPFR Panel;
- The governance process for updating the All-Wales IPFR policy; and

- Consideration of a wider review of the both the policy and governance framework of IPFR panels in Wales.

### **Judicial Review**

A paper updating the position and proposing the next steps will be presented to the March JC meeting.

### **Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit - October to December 2021**

One of the roles of this Group is to consider an anonymised random sample of IPFR reports (one from each IPFR panel in Wales) in relation to their completeness, timeliness and efficiency of communication in line with the NHS Wales IPFR policy process.

### **WHSSC Audit Findings**

One case was examined and all criteria but one were met which was that the panel decision was made within 72 hours whilst the requesting clinician indicated a 48 hour response was required. The Panel Deputy Chair has asked the WHSSC Medical Director to raise this case with the Clinical Director of AWTTC as the view of the Panel was that a 4-6 week response time would have been more clinically appropriate.

### **Request for Independent Review by Health Board**

WHSSC received a request for Independent Review by Cardiff and Vale University Health Board of the process followed by the All Wales IPFR Panel. The Review Panel considered on 19 January 2022.

### **Conclusion:**

- The Review Panel noted that the clinical decision letter did not reference or explain that the All Wales IPFR policy does not support non-clinical factors, such as employment, being taken into consideration when determining funding.
- It was agreed that further research had been undertaken and published since 2010 that could have also been considered by the All Wales Panel.
- The Review Panel noted the references to additional research in the IPFR application form but abstracts or summaries of how applicable these references are to this patient's case were not provided by the referring clinician. It is the role of the referring clinician to make the case by providing all relevant clinical information.
- The request was considered within the timescale stipulated in the IPFR policy.
- The meeting was properly constituted in terms of Panel membership and quoracy.

**Decision:**

The request for Review cited the following 2 grounds:

**Ground One:** *The Health Board [WHSSC] has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests. – This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agreed is not necessarily unfair.*

**Ground One – To uphold the grounds of the review and ask the original IPFR Panel to reconsider the request**

**Ground Two:** *The Health Board has prepared a decision which is irrational in the light of the evidence submitted – the decision made is considered to be irrational or so unreasonable that no reasonable Health Board could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones or gave unreasonable weight to particular factors.*

**Ground Two – To uphold the grounds of the review and ask the original IPFR Panel to reconsider the request**

**Recommendations:**

- The request be scheduled for reconsideration by the All Wales IPFR Panel.
- The referring clinician to provide additional information such as summaries of relevant current clinical evidence and how applicable to this patient's case for funding to support reconsideration by the All Wales IPFR Panel.
- All Wales Panel records to document in full all discussions.
- Decision letters to include greater explanation of the rationale for the decision.
- The patient should be copied into the Review Panel letter to the referring clinician.

The request has been considered again as a Chair's Action but the decision remains to not approve funding.

<b>Matters requiring Committee level consideration and/or approval</b>		
<ul style="list-style-type: none"> <li>• None</li> </ul>		
<b>Matters referred to other Committees</b>		
<ul style="list-style-type: none"> <li>• None</li> </ul>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;"><b>Date of next meeting</b></td> <td><b>03 March 2022</b></td> </tr> </table>	<b>Date of next meeting</b>	<b>03 March 2022</b>
<b>Date of next meeting</b>	<b>03 March 2022</b>	

<b>Reporting Committee</b>	<b>Welsh Renal Clinical Network (WRCN)</b>
<b>Chaired by</b>	<b>(Interim) Chair, Welsh Renal Clinical Network</b>
<b>Lead Executive Director</b>	<b>Director of Finance</b>
<b>Date of last meeting</b>	<b>09 February 2022</b>
<b>Summary of Workshop held in place of the WRCN Board.</b>	
<p>Building on the Welsh Renal Clinical Network (WRCN) Board Effectiveness workshops held in the summer of 2021 and feedback received across the network following meetings with the interim chair as part of his induction, a follow-up workshop was held on the 9 February in lieu of the scheduled WRCN Board meeting. The workshop was facilitated by Dr Sian Lewis, Managing Director, WHSSC, and explored the key themes outlined below:</p> <ul style="list-style-type: none"> <li>• Strategy and purpose of the WRCN Board</li> <li>• Structure and function of the board and sub-committees</li> <li>• Processes, priorities and plans</li> <li>• Governance and assurance</li> <li>• Commissioning responsibilities</li> <li>• Communications and engagement</li> </ul> <p>Colleagues were asked to complete a short survey covering these themes prior to the workshop, in order to help focus discussions and allow those unable to attend to contribute.</p> <p>The significant success of the WRCN to date was widely acknowledged. Colleagues also recognised that the initial focus of the clinical network was to improve capacity and access to dialysis across NHS Wales and that this had been successfully delivered. The significant wider successes of the network were also recognised. In addition, it was noted that the current agenda was much broader and involved the whole of the clinical pathway from prevention, early diagnosis, through to effective treatment with good outcomes, including holistic support and beyond to end of life care. It was therefore appropriate to review the structure and processes of the WRCN in order to prioritise appropriately and ensure effective delivery of these broader agendas.</p> <p>Following the workshop, it was agreed that an independent review of the governance structures of the WRCN would inform this process. Terms of reference for this proposed review are currently being drafted. The results of this review will help inform a follow-up workshop and inform the plans to move forward, building on current success and meeting the desire to achieve more in the future.</p>	

In the meantime, the 2022/23 plan, based on the previously reported prioritisation process and contained within the wider WHSSC IMTP, will be reviewed at the joint Quality and Patient Safety and Management Group meeting due to be held on the 17 March in order to commence the delivery plans for the coming year. These will be considered by the WRCN Board at its April meeting.

**Matters requiring Committee level consideration and/or approval**

- None

**Matters referred to other Committees**

- None

**Annexes:**

None

**Date of next meeting**

**08 April 2022**