

# Joint Committee (Public)

Tue 09 November 2021, 13:30 - 16:00

TEAMS

## Agenda

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13:30 - 13:35

5 min

### 1. Preliminary Matters

*Oral*            *Chair*

 0.0 Agenda (Eng).pdf (2 pages)

 0.0 Agenda (Welsh).pdf (2 pages)

#### 1.1. Welcome, Introductions and Apologies

*Oral*            *Chair*

#### 1.2. Apologies for Absence

*Oral*            *Chair*

#### 1.3. Declarations of Interest

*Oral*            *Chair*

#### 1.4. Unconfirmed Minutes of the Meeting held on 7 September 2021

*Att.*            *Chair*

 1.4 Unconfirmed JC (Public) Minutes 07 September 2021 v5.pdf (17 pages)

#### 1.5. Action Log and Matters Arising

*Att.*            *Chair*

 1.5 2021-22 JC Action Log November 2021.pdf (4 pages)

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13:35 - 15:00

85 min

### 2. Items for Consideration and/or Decision

#### 2.1. Report from the Chair

*Att.*            *Chair*

 2.1 Report from the Chair JC 9 Nov 2021.pdf (4 pages)

#### 2.2. Report from the Managing Director

*Att.*            *Managing Director*

 2.2 MD report JC 9 Nov 2021 v3.pdf (5 pages)

#### 2.3. Integrated Commissioning Plan 2022-2025

*Presentation*            *Director of Planning*

To follow

#### 2.4. All Wales Positron Emission Tomography (PET) Programme Update

Att. *Managing Director*

- 📄 2.4.1 All Wales PET Programme Report JC 9 Nov 2021 FINAL.pdf (7 pages)
- 📄 2.4.2 Appendix 1 - AG to Sian Lewis re PET.pdf (1 pages)
- 📄 2.4.3 Appendix 2 - PET PAR Review (June 2021) Report - Version 1.0 FINAL.pdf (19 pages)
- 📄 2.4.4 Appendix 3 - All Wales PET - Governance arrangements - SBAR paper FINAL 21.10.2021.pdf (4 pages)
- 📄 2.4.5 Appendix 4 - PET PMO BJC DRAFT v0.6.pdf (33 pages)

## **2.5. Neonatal Transport (Update on the Development of a Neonatal Transport Operations Delivery Network)**

Att. *Director of Planning*

- 📄 2.5.1 Neonatal Transport - ODN update v3 (003).pdf (4 pages)
- 📄 2.5.2. Appendix 1 - Draft actions from Neonatal Transport Workshop 01072021.pdf (3 pages)

## **2.6. Individual Patient Funding Request (IPFR) Panel Update**

Att. *Director of Nursing*

- 📄 2.6.1 IPFR Panel Update.pdf (7 pages)
- 📄 2.6.2 Appendix 1 - All Wales IPFR Policy - June 2017.pdf (29 pages)

## **2.7. Corporate Risk Assurance Framework (CRAF)**

Att. *Committee Secretary*

- 📄 2.7.1 CRAF Cover paper JC Nov 2021.pdf (10 pages)
- 📄 2.7.2 Appendix 1 - CRAF October 2021 v2.pdf (38 pages)

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15:00 - 15:30  
30 min

## **3. Routine Reports and Items for Information**

### **3.1. Activity Report Month 5 2021-22 COVID-19 Period**

Att. *Director of Finance*

- 📄 3.1.1 Covid period activity report 21-22 Mth 5 - MG\_JC Oct21.pdf (30 pages)
- 📄 3.1.2 Covid period activity report 21-22 Mth 5 - MG\_JC Oct21 - appendix 1.pdf (14 pages)
- 📄 3.1.3 Covid period activity report 21-22 Mth 5 - MG\_JC Oct21 - appendix 2 summary cards.pdf (5 pages)

### **3.2. Financial Performance Report Month 6 2021-2022**

Att. *Director of Finance*

- 📄 3.2 Financial Report Month 6 21-22 WHSSC.pdf (11 pages)

### **3.3. Corporate Governance Matters**

Att. *Committee Secretary*

- 📄 3.3.1 Corporate Governance Report.pdf (6 pages)
- 📄 3.3.2 Appendix 1 - WHSSC JC Forward Work Plan 2021-22 for September JC Meeting.pdf (4 pages)

### **3.4. Reports from the Joint Sub-Committees**

Att. *Joint Sub-Committee Chairs*

1. Audit & Risk Committee Assurance Report
2. Management Group Briefings
3. Quality & Patient Safety Committee
4. Integrated Governance Committee
5. Individual Patient Funding Request Panel
6. Welsh Renal Clinical Network

- 📄 3.4 (i) Audit and Risk Committee Assurance Report.pdf (4 pages)
- 📄 3.4(ii) 2021-09-23 - MG Core Brief v1.0.pdf (4 pages)

- 📄 3.4 (ii) 2021-10-21 MG Core Brief v1.0.pdf (3 pages)
  - 📄 3.4 (iii) QPS Panel Chair's Report October 2021.pdf (12 pages)
  - 📄 3.4 (iv) IGC Chair's Report 12 October 2021.pdf (5 pages)
  - 📄 3.4 (v) Chairs report IPFR.pdf (3 pages)
  - 📄 3.4 (vi) Chairs Report WRCN Board Oct21.pdf (2 pages)
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**15:30 - 15:30** **4. Concluding Business**

0 min

*Oral*

**4.1. Any Other Business**

**4.2. Date of next meeting**

2 December 2021 at 13.30 hrs

**4.3. 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 9 November 2021 at 13:30 hrs

Microsoft Teams

### Agenda

Item	Lead	Paper / Oral	Time
<b>1. Preliminary Matters</b>			
<b>1.1</b> Welcome and Introductions	Chair	Oral	13:30 – 13:35
<b>1.2</b> Apologies for Absence	Chair	Oral	
<b>1.3</b> Declarations of Interest	Chair	Oral	
<b>1.4</b> Unconfirmed Minutes of the Meeting held on 7 September 2021	Chair	Att.	
<b>1.5</b> Action Log and Matters Arising	Chair	Att.	
<b>2. Items for Consideration and/or Decision</b>			
<b>2.1</b> Report from the Chair	Chair	Att.	13:35 – 13:45
<b>2.2</b> Report from the Managing Director	Managing Director	Att.	13:45 – 13:55
<b>2.3</b> Integrated Commissioning Plan 2022-2025	Dir of Planning	Pres	13:55 – 14:15
<b>2.4</b> All Wales Positron Emission Tomography (PET) Programme Update	Managing Director	Att.	14:15 – 14:30
<b>2.5</b> Neonatal Transport – Update on the development of a Neonatal Transport Operational Delivery Network.	Dir of Planning	Att	14:30 – 14:40
<b>2.6</b> Individual Patient Funding Request (IPFR) Panel Update	Dir of Nursing	Att.	14:40 – 14:50
<b>2.7</b> Corporate Risk Assurance Framework (CRAF)	Committee Secretary	Att.	14:50 – 15:00
<b>3. Routine Reports and Items for Information</b>			
<b>3.1</b> Activity Report Month 05 2021-22 COVID-19 Period	Director of Finance	Att.	15:00 – 15:10
<b>3.2</b> Financial Performance Report Month 06 2021-22	Director of Finance	Att.	15:10 – 15:20
<b>3.3</b> Corporate Governance Matters	Committee Secretary	Att.	15:20 – 15:30

Item	Lead	Paper / Oral	Time
<b>3.4</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</li> </ul>	Joint Sub-Committee Chairs	Att.	15:30 – 15:45
<b>4. Concluding Business</b>			
<b>4.1</b> Any Other Business	Chair	Oral	
<b>4.2</b> Date of next meeting (Scheduled) - 2 December 2021 at 13:30 hrs	Chair	Oral	
<b>4.3</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	

**Cyfarfod o Gyd-bwyllgor PGIAC a gynhelir yn gyhoeddus  
Dydd Mawrth 9 Tachwedd 2021 am 13:30**

Microsoft Teams

**Agenda**

Eitem	Arweinydd	Papur/ Ar Lafar	Amser
<b>1. Materion rhagarweiniol</b>			
<b>1.1</b> Croeso a chyflwyniadau	Cadeirydd	Ar Lafar	13:30 – 13:35
<b>1.2</b> Ymddiheuriadau am absenoldeb	Cadeirydd	Ar Lafar	
<b>1.3</b> Datganiadau o fuddiannau	Cadeirydd	Ar Lafar	
<b>1.4</b> Cofnodion y cyfarfod a gynhaliwyd 7 Medi 2021 sydd eto i'w cadarnhau	Cadeirydd	At.	
<b>1.5</b> Cofnodion gweithredu a materion sy'n codi	Cadeirydd	At.	
<b>2. Eitemau i'w hystyried a/neu eu penderfynu</b>			
<b>2.1</b> Adroddiad gan y Cadeirydd	Cadeirydd	At.	13:35 – 13:45
<b>2.2</b> Adroddiad gan y Rheolwr Gyfarwyddwr	Rheolwr Gyfarwyddwr	At.	13:45 – 13:55
<b>2.3</b> Cynllun Comisiynu Integredig 2022-2025	Cyfarwyddwr Cynllunio	Cyflwyniad	13:55 – 14:15
<b>2.4</b> Y diweddaraf am Raglen Tomograffeg Allyrru Positronau (PET) Cymru Gyfan	Rheolwr Gyfarwyddwr	At.	14:15 – 14:30
<b>2.5</b> Cludiant Newyddenedigol – Y diweddaraf am y gwaith o ddatblygu Rhwydwaith Cyflawni Gweithredol ar gyfer Cludiant Newyddenedigol.	Cyfarwyddwr Cynllunio	At.	14:30 – 14:40
<b>2.6</b> Diweddariad y Panel Ceisiadau Cyllido Cleifion Unigol (IPFR)	Cyfarwyddwr Nyrso	At.	14:40 – 14:50
<b>2.7</b> Y Fframwaith Sicrwydd Risg Gorfforaethol (CRAF)	Ysgrifennydd y Pwyllgor	At.	14:50 – 15:00
<b>3. Adroddiadau rheolaidd ac eitemau er gwybodaeth</b>			
<b>3.1</b> Adroddiad Gweithgarwch Mis 05 2021-22, Cyfnod COVID-19	Cyfarwyddwr Cyllid	At.	15:00 – 15:10
<b>3.2</b> Adroddiad Perfformiad Ariannol Mis 06 2021-22	Cyfarwyddwr Cyllid	At.	15:10 – 15:20
<b>3.3</b> Materion ynghylch llywodraethu corfforaethol	Ysgrifennydd y Pwyllgor	At.	15:20 – 15:30

Eitem	Arweinydd	Papur/ Ar Lafar	Amser
<b>3.4</b> Adroddiadau'r Is-bwyllgorau ar y cyd <ul style="list-style-type: none"> <li>i. Adroddiad Sicrwydd y Pwyllgor Archwilio a Risg</li> <li>ii. Dogfennau Briffio'r Grŵp Rheoli</li> <li>iii. Y Pwyllgor Ansawdd a Diogelwch Cleifion</li> <li>iv. Y Pwyllgor Llywodraethu Integredig</li> <li>v. Panel Ceisiadau Cyllido Cleifion Unigol</li> <li>vi. Rhwydwaith Clinigol Arennol Cymru</li> </ul>	Cadeiryddion yr Is-bwyllgorau ar y cyd	At.	15:30 – 15:45
<b>4. Dod â busnes i ben</b>			
<b>4.1</b> Unrhyw faterion eraill	Cadeirydd	Ar Lafar	
<b>4.2</b> Dyddiad y cyfarfod nesaf (wedi'i drefnu) - 2 Rhagfyr 2021 am 13:30	Cadeirydd	Ar Lafar	
<b>4.3</b> Penderfyniad mewn pwyllgor Argymhellir bod y Cyd-bwyllgor yn cymryd y penderfyniad canlynol: "Dylid eithrio cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd am weddill y cyfarfod o ystyried natur gyfrinachol yr hyn a drafodir, lle byddai rhoi cyhoeddusrwydd i'r hyn a drafodir yn niweidiol i fudd y cyhoedd" (Adran 1 (2) Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960)".	Cadeirydd	Ar Lafar	

**Minutes of the Meeting of the  
WHSSC Joint Committee Meeting held In Public on  
Tuesday 07 September 2021  
via MS Teams**

**Members Present:**

Kate Eden	(KE)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB (part meeting)
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

**Deputies:**

Sïan Harrop-Griffiths (for Mark Hackett)	(SHG)	Director of Strategy, Swansea Bay UHB
Linda Prosser (for Paul Mears)	(LP)	Director of Strategy & Transformation, Cwm Taf Morgannwg UHB
Stuart Walker (for Len Richards)	(SW)	Medical Director, Cardiff & Vale UHB

**Apologies**

Iolo Doull	(ID)	Medical Director, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Jason Killens	(JK)	Chief Executive Officer, WAST
Rob Nolan	(RN)	Director of Finance, Commissioning & Strategy Betsi Cadwaladr UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Len Richards	(LR)	Chief Executive Officer, Cardiff & Vale UHB
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

**In Attendance:**

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

**Observers**

Simon Dean	(SD)	Welsh Government (WG)
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**Minutes:**

Michaella Henderson (SMH) Corporate Governance Officer, WHSSC

The meeting opened at 09:30hrs

Min Ref	Agenda Item
JC21/036	<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 welcomed Sian Morgan, Consultant Clinical Scientist and Head of the All Wales Genetics Laboratory as a guest speaker for agenda item 2.1.</p> <p>The Chair noted a number of Deputies were attending on behalf of their Chief Executive Officers as noted above.</p> <p>The Chair reminded Members that the purpose of the Joint Committee 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>
JC21/037	<p><b>1.2 Apologies for Absence</b></p> <p>Apologies for absence were noted as above.</p>
JC21/038	<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>
JC21/039	<p><b>1.4 Unconfirmed Minutes of the Meeting Held 13 July 2021</b></p> <p>The minutes of the Joint Committee meeting held on the 13 July 2021 were received and approved as a true and accurate record of the meeting.</p>
JC21/040	<p><b>1.5 Action Log &amp; Matters Arising</b></p> <p>The action log was received and Members noted that the following items were on the agenda for discussion:</p>

	<ul style="list-style-type: none"> <li>• JC21/002 Neonatal Transport Service for South and Mid Wales</li> <li>• JC21/003 Thoracic Surgery Strategic Outline Case</li> <li>• JC21/005 COVID-19 Period Activity Reports Months 1 &amp; 2 2021-22, concerning recovery plans, and</li> <li>• JC21/006 Future New Services</li> </ul> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the action log and agree to close the completed actions.</li> </ul>
JC21/041	<p><b>2.1 All Wales Genetics Service Improvement</b></p> <p>Members received an informative presentation from Sian Morgan (SMg), Consultant Clinical Scientist and Head of the All Wales Genetics Laboratory (AWGL).</p> <p>The Chair advised that Stuart Davies (SD) was the WHSSC Executive Lead for the genetics service. SD introduced the presentation by reminding Members that he had presented to the Joint Committee two years ago, just as WHSSC had embarked on the genomic strategy.</p> <p>SD reported that the work SMg was going to present would prepare the ground for a number of important initiatives that the genomics service would be involved in including advanced therapeutic medicinal products and new treatments available for many cancers with a genetic link.</p> <p>Members discussed the future of cancer services, noted the further increases in capacity and development that would be needed over the next two to three years and thanked SMg for the informative presentation.</p> <p><b>ACTION:</b> It was agreed the presentation slides would be circulated to Members.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the presentation.</li> </ul>
JC21/042	<p><b>2.2 Report from the Chair</b></p> <p>The Chair's report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous Joint Committee meeting.</p> <p>The Joint Committee noted:</p> <ul style="list-style-type: none"> <li>• that the Chair had undertaken a Year End Appraisal Review 2020-2021 with the Minister for Health &amp; Social Services,</li> <li>• that no Chair's actions had been taken since the last meeting,</li> <li>• the Integrated Governance Committee (IGC) meeting held on the 10 August 2021,</li> </ul>

- that discussions with Welsh Government (WG) and Cwm Taf Morgannwg University Health Board (CTMUHB) concerning WHSSC Independent Member (IM) Remuneration, following on from the recommendation outlined in the Audit Wales report "Committee Governance Arrangements at WHSSC were continuing, and that a report was due to be presented to the NHS Wales Chairs group in October 2021,
- the Chair had written to JC members concerning the confidentiality of JC papers and it had been agreed that in future all Joint Committee "In -Committee" Reports will be shared with the NHS Wales Board Secretaries group,
- a request had been received from the Chair of the NHS Wales Chairs group for the NHS Wales Board Secretaries group to review the reporting and accountability arrangements at WHSSC and the Emergency Ambulance Services Committee (EASC).

Sian Lewis (SL) emphasised the importance of ensuring that the Terms of Reference for the review of WHSSC and EASC were very clear, in particular in relation to where the resulting report would be sent for consideration and what the position would be if the report set out different or conflicting recommendations to the recent Audit Wales Governance Report. Judith Paget (JP) advised that it would be useful to understand what the concerns were which had led to the request for the review, and that the NHS Wales CEO group were unaware of the planned review. JP requested that the matter be discussed with the CEO group and the Chair agreed that it might be helpful.

**ACTION:** Judith Paget (JP) to discuss the NHS Wales Chairs group request for a review of the reporting and accountability arrangements for WHSSC and EASC with the NHS Wales CEO group.

The Joint Committee resolved to:

- **Note** the report.

JC21/043

### **2.3 Report from the Managing Director**

The Managing Director's report was received and the Managing Director gave an update on relevant matters undertaken since the previous Joint Committee meeting.

The Joint Committee noted:

- That the NHS Wales Shared Services Partnership (NWSSP) Internal Audit (IA) Team had undertaken a review of the Cancer & Blood Commissioning Team within WHSSC and given an assessment rating of "substantial assurance", building on the previous "substantial assurance" rating awarded to the Women & Children's Commissioning Team; and

	<ul style="list-style-type: none"> <li>The WHSS Team had started preparation for the COVID-19 Inquiry and that Kevin Smith, former Committee Secretary, had agreed to return and undertake that piece of work.</li> </ul> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the report.</li> </ul>
JC21/044	<p><b>2.4 Commissioning Future New Services for Mid, South and West Wales</b></p> <p>The Commissioning Future New Services for Mid, South and West Wales was received and members were requested to consider requests received from the NHS Wales Collaborative (Collaborative) for WHSSC to commission:</p> <ul style="list-style-type: none"> <li>Hepato-Pancreato-Biliary Services;</li> <li>The Hepato-Cellular Carcinoma (HCC) MDT and;</li> <li>to develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service; and</li> <li>to also consider a request from the CEOs of SBUHB and C&amp;VUHB on behalf of the Collaborative to commission a spinal services operational delivery network (ODN) on behalf of the six HBs in Mid, South and West Wales.</li> </ul> <p>SL advised that the JC were being asked to support that a request be submitted to the commissioning HB's seeking approval of delegated commissioning authority to WHSSC.</p> <p>Members noted that the Committee Secretary at WHSSC had liaised with the Board Secretaries at Cardiff and Vale UHB and at Swansea Bay UHB to confirm the most appropriate governance pathway. It was agreed that the decision needed to be formally taken through the Joint Committee to seek support for the change but that final approval was required from each of the commissioning HBs. WHSSC would submit a formal report to individuals HBs for inclusion on their September Board agendas for a final decision to be made.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the requests received from the Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery;</li> <li><b>Support</b> the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC;</li> <li><b>Support</b> that WHSSC develop a service specification for specialised paediatric orthopaedic surgery;</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Support</b> in principle the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC;</li> <li>• <b>Support</b> a request to commissioning Health Boards (HBs) for approval of delegated commissioning authority to WHSSC as described above;</li> <li>• <b>Note</b> that the required deadline for completing the development of the Paediatric Orthopaedic Service Specification is December 2021; and</li> <li>• <b>Approve</b> that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards (HBs) in Mid, South and West Wales. With the required funding identified and invested in through the 2022/25 Integrated Commissioning Plan.</li> </ul>
JC21/045	<p><b>2.5 WHSSC - Workforce Capacity</b></p> <p>The WHSSC workforce capacity report was received and members noted the requests and proposals received for WHSSC to undertake new work related to services currently commissioned through HBs or services which are new to Wales; the workload challenges related to services currently commissioned through WHSSC; the range of opportunities to address the workload challenges through further development of the WHSS Team (WHSST) workforce; and the request for support to take forward requests for additional investment.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> <li>• WHSSC had been formed in 2010 and that it had matured significantly since its original purpose of providing a light touch to commissioning specialised services, focusing on planning and contracting;</li> <li>• There had been significant internal model modernisation, but without any increase above inflation in direct running costs (DRC) from the HBs;</li> <li>• Requests for WHSSC to commission new services were being received against the background of increasing demand for the support for existing services and expectations around delivery of commissioned specialised services;</li> <li>• Benchmarking data provided in the report was favourable to an increase in DRC;</li> <li>• The WHSS Team was already working with Health Technology Wales (HTW) and funding was being sought from WG to fund Project manager posts,</li> <li>• WHSSC had investigated opportunities to spend to save, and were exploring ongoing efficiencies with internal staff and utilising internal slippage funds,</li> </ul>

- It had been proposed that a cross charge against the running cost allocation for the expanded Quality Assurance Improvement Service (QAIS) Team and Care Home Team portfolios of the NCCU for increased finance support be requested,
- Despite exploitation of the opportunities described above there will remain a significant gap in the WHSSC workforce in delivering the planned commissioning activities, and that it was proposed that a 5.9% uplift to the WHSSC running cost budget be submitted within the 2022-2023 Integrated Commissioning Plan (ICP), which was equivalent to a 0.03% uplift against the total commissioning allocation.

The Joint Committee acknowledged the WHSSC workload pressures and agreed that, if new services were to be commissioned by WHSSC, it would also be appropriate to look at which services were no longer considered specialised, such as interventional cardiology and some elements of plastic surgery, which might be repatriated to HBs. SL advised that previously Management Group (MG) had not expressed an appetite for repatriating interventional cardiology.

KP advised that other areas were also under consideration including plastic surgery and JP requested that a proactive approach be made on plastic surgery. Sïan Harrop-Griffiths (SHG) informed Members that SBUHB had already started engaging with the WHSS Team on repatriating some plastic surgery services.

Members discussed the process for considering if services were specialised and agreed that conversations needed to take place at Management Group before being presented to Joint Committee for consideration.

**ACTION:** WHSST to proactively engage with MG regarding the services currently commissioned by WHSSC, which would merit being commissioned locally at HB level and to review the current WHSSC portfolio of specialised services to determine if any should be removed from the specialised services commissioning list and return to Health Boards to commission.

The Joint Committee resolved to:

- **Note** the requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales;
- **Note** the workload challenges related to services currently commissioned through WHSSC;
- **Note** the opportunities for increasing WHSST capacity which have already been exploited;

	<ul style="list-style-type: none"> <li>• <b>Support</b> the request to Welsh Government (WG) for funding for additional project management support;</li> <li>• <b>Support</b> the request to recharge the National Collaborative Commissioning Unit (NCCU) for increased finance support;</li> <li>• <b>Support</b> the inclusion of an increased DRC requirement in the 2022-2023 Integrated Commissioning Plan (ICP).</li> </ul>
JC21/046	<p><b>2.6 Recovery Planning – Quality and Outcome Improvement for Patients</b></p> <p>The presentation on Recovery Planning – Quality and Outcome Improvement for Patients was received and Karen Preece (KP) advised that WHSSC had received recovery plans from Cardiff and Vale, Swansea Bay and Betsi Cadwaladr UHBs and they were being discussed through individual Service Level Agreement (SLA) meetings.</p> <p>Members noted the areas of risk and that consideration was being given to identifying alternative providers for particularly challenging areas, although it would be preferable to use current providers. KP advised that there was a need to revisit the discussions from the Joint Committee’s equity workshop in May 2021, and that there was a requirement to undertake a gap analysis to determine residual waiting list positions. WHSSC will continue to monitor progress and performance and report to MG monthly and to JC bi-monthly.</p> <p>Stuart Walker (SW) requested that the slides were shared as they would be useful to reflect the WHSSC perspective back to teams and aid discussions. SW said that it is important that recovery discussions are being held in a cooperative and consensual manner between HBs and WHSSC. KP advised that the usual route was via the Service Level Agreement (SLA) meetings but that a discussion between WHSSC and its main providers would be helpful to see how there could be collective support and to find NHS Wales solutions. It was agreed that a tripartite executive team meeting would be organised.</p> <p>SD advised that WHSST needed further detail on how the allocation that HBs had received from Welsh Government was being utilised within specialist service provision</p> <p>Linda Prosser (LP) raised questions concerning (i) the number of people potentially affected by recovery plan issues by HB and (ii) what support was being provided to patients on waiting lists, and made a strategic observation as to the standalone status of many of the NHS England facilities already in recovery. In response KP advised that activity reports were being presented to Management Group and Joint Committee on a regular basis and that WHSST could only take assurance from the HBs during SLA meetings that patients on the waiting lists were being dealt with appropriately</p>

including the use of harm reviews by providers. She also confirmed that the risks were captured on the WHSSC commissioning risk register. SD noted the WHSS Team could provide the HB with a detailed snapshot of current waiting list positions and composition by HB but that it would not be possible to project that information forward and match it to HB recovery plans as the plans received so far were not sufficiently detailed.

KP agreed to bring a report to a future JC meeting.

**ACTION:** It was agreed that a written report as to the assurances being provided by HBs to WHSSC in terms of waiting list patients would be provided to a future Joint Committee meeting.

SHG provided members with an assurance that it was SBUHB's expectation that they would deliver and recover as much as possible in 2021-22 and that Mark Hackett, CEO had given an absolute commitment that it would be a priority for SBUHB to deliver contracted LTA levels as a provider from 2022-23 onwards.

Carol Shillabeer (CS) noted, and other members agreed, that it was important to maintain flexibility in pathways and that serious consideration should be given to the key issue of switching patients to alternative providers who can provide swifter access to treatment, including those in NHS England, if that would ensure more timely access to services for the patient.

Members discussed the UK Government announcement concerning an additional £5.4 billion of funding over the next 6 months to support the NHS COVID-19 response and help tackle waiting lists, noted that discussions were being held within WG on HB spending of phase 1 and 2 monies and noted that there was a need to act swiftly to consider the optimum level of outsourcing that could be provided to support HB recovery plans.

JP advised that the burden of care for waiting list patients could often fall on family members and other carers for a long period of time and that support for carers was an issue ABUHB were considering at a local level; and that the amalgamation of recovery plans with both tertiary and secondary care providers and the subsequent impact on how patients move through the pathway was an important consideration and should be discussed at Management Group.

**ACTION:** Members agreed the amalgamation of recovery plans with both tertiary and secondary providers that impact how patients move through the pathway would be added to a future MG agenda.

	<p>Ian Phillips (IP) highlighted the longer term areas of significant risk and harm and queried the distinction between COVID-19 issues and pre-existing capacity issues and how they affected recovery rates. KP responded by saying that pre the COVID-19 pandemic, benchmarks and baselines were in place that helped to flag risk areas and underlying capacity gaps in some services. The current challenge related to the backlogs and how long they would potentially take to clear.</p> <p>The Chair invited observer Simon Dean (SD) to address the meeting. SD noted Members' concerns regarding timely and equitable access to services and asked WHSST and HB representatives to provide him with early notification of any concerns to enable WG to consider and address them.</p> <p>Members agreed that if a decision was taken to use alternative providers it would be important to include the current provider in discussions and approach the whole pathway in a cooperative and collaborative way.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the presentation.</li> </ul>
JC21/047	<p><b>2.7 Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022</b></p> <p>The report informing the Joint Committee of the major trauma priorities for in year use of underspend and the resource plan for 2022 was received and members noted the current activity and performance of the Major Trauma Network, the current risks identified in the Network, the resources within the Network and how these were currently being utilised, and which sought support for underspends identified across the Network within this financial year to be used on a non-recurrent basis to address priorities identified by the Network which would be included in the Integrated Commissioning Plan (ICP).</p> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• utilising the non-recurrent underspend across the network for priorities rather than solely in the major trauma centre,</li> <li>• the issues in the report and requested that the proposal regarding the non-recurrent underspends, identified across the Network within this year be considered by MG and that they should have delegated authority on the matter,</li> <li>• accepted the principle that if the MG agreed to use the underspend within major trauma that this resource would be used across the Network;</li> <li>• which areas they wished to support for inclusion in the ICP and requested that further work be undertaken by MG</li> </ul>

	<p>regarding the relative priority of the proposals compared to other proposals in the plan and that their recommendations are included within the ICP for consideration by the Joint Committee</p> <p>A number of members of the committee emphasised the importance of ensuring that decision related to the funding of the Major Trauma Service be considered alongside other service priorities.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Discuss</b> the issues in the report;</li> <li>• <b>Discuss</b> and the areas being considered for inclusion in the Integrated Commissioning Plan (ICP) for 2022;</li> <li>• <b>Agree</b> that the proposal regarding the non-recurrent underspends, identified across the Network within this year be considered by MG and that in principle this resource could be used across the Network, and</li> <li>• <b>Agree</b> that a report on the Major Trauma Service proposals submitted for inclusion in the ICP should be presented to MG and that the relative priority of the proposals compared to other proposals in the plan should be considered. The recommendations arising from the consideration should be included within the ICP for consideration by the Joint Committee.</li> </ul>
JC21/048	<p><b>2.8 Review of Neonatal Cot Capacity and Neonatal Tariff</b></p> <p>The review of the neonatal cot capacity and neonatal tariff report was received and members noted the update on the number of neonatal intensive care and high dependency cots commissioned across the south Wales region, and the review of cot capacity in light of the high number of capacity transfers carried out by the transport and the neonatal tariff.</p> <p>KP advised that the issues had been discussed with the Maternity and Neonatal Board and that they had been requesting that a review be undertaken for some time, and welcomed the review.</p> <p>CS advised that she supported the review and that was important to gain an understanding on the current position.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Support</b> the proposed programme of works;</li> <li>• <b>Support</b> the objectives of the review;</li> <li>• <b>Support</b> the planned methodology for demand and capacity modelling; and</li> <li>• <b>Support</b> the timelines for completion of review.</li> </ul>

JC21/049	<p><b>2.9 Commissioning of Inherited White Matter Disorders Service (IWMDS)</b></p> <p>The Commissioning of Inherited White Matter Disorders Service (IWMDS) report was received and members noted the development of a new Highly Specialised Service in NHS England for an Inherited White Matter Disorders Service (IWMDS), and which sought approval from the Joint Committee that WHSSC commissions the service for the population of Wales.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> <li>• Inherited White Matter Disorders (IWMD's), are a group of rare genetic disorders which delay or slow motor development NHS England have confirmed their intent to commission a specialised diagnostic and management service for inherited white matter disorders, for both children and adults. Based on the available evidence, and the emerging 4 nation's position on this, it is proposed that Wales also formalises its commissioning intent for this patient cohort,</li> <li>• it was recommended that WHSSC formally commission this small highly specialised service allowing easier access for the population of Wales.</li> </ul> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the development of a new highly specialised service for an Inherited White Matter Disorders Service (IWMDS) in NHS England; and</li> <li>• <b>Approve</b> the commissioning of the service for the population of Wales</li> </ul>
JC21/050	<p><b>2.10 Syndrome without a Name (SWAN) Service Pilot</b></p> <p>The Syndrome Without a Name (SWAN) report was received and members noted the request to ratify the commissioning of a 2 year pilot of a Syndrome Without a Name (SWAN) service further to WHSSC receiving a request from WG.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> <li>• WG had agreed to a Rare Diseases Implementation Group (RDIG) proposal to establish a Syndrome Without a Name (SWAN) service,</li> <li>• Funding is to be provided for a 2 year pilot and commissioned by WHSSC, the outcomes of which will inform a longer term commissioning proposal to be considered via WHSSC Integrated Commissioning Planning processes,</li> <li>• The main aim of the SWAN service will be to reduce the burden of the "diagnostic odyssey" experienced by patients, which is a key action identified by the RDIG,</li> <li>• The project will include the establishment of a Task and Finish Group to develop the outcome measures and pilot</li> </ul>

	<p>evaluation criteria. An evaluation of the pilot will take place 18 months after commencement,</p> <ul style="list-style-type: none"> <li>• In order to use the evaluation of the pilot to inform the ICP for 2024/25, the pilot will need to commence in January 2022 and the review will take place in June 2023,</li> <li>• As a significant proportion of the anticipated cohort will be paediatric patients, the intention is to request that Cardiff and Vale University Health Board (CVUHB), host the pilot as provider of tertiary paediatric services.</li> </ul> <p>SD advised that the funding had agreed by WG and that the only resource implication for consideration was if there was a need to go beyond the initial 2 year funding phase.</p> <p>LP queried if the evaluation would include an ability to evaluate what resource was currently being deployed and how streamlining could help more effective use of resource. KP responded that this would be considered as part of the evaluation process.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the request from Welsh Government (WG) for WHSSC to commission a 2 year pilot for a Syndrome Without a Name (SWAN) service;</li> <li>• <b>Ratify</b> the commissioning of the pilot; and</li> <li>• <b>Approve</b> the intention to request that CVUHB hosts the pilot.</li> </ul>
JC21/051	<p><b>2.11 Commissioning Assurance Framework (CAF)</b></p> <p>The Commission Assurance Framework (CAF) and the suite of accompanying appendices were received for final approval.</p> <p>Carole Bell (CB) provided an update and members noted that:</p> <ul style="list-style-type: none"> <li>• the Integrated Commissioning Plan (ICP) 2021-2022 was presented to the Joint Committee on 09 March 2021,</li> <li>• a final draft of the ICP was considered and approved by Joint Committee at the Extraordinary Meeting on 16 February 2021, and that Section 13 of the ICP outlined that a new Commissioning Assurance Framework (CAF) would be introduced in 2021-2022 which would be supported by a Performance Assurance Framework, Risk Management Strategy, Escalation Process and a Patient Engagement &amp; Experience Framework.</li> </ul> <p>CS queried if the Management Group were being utilised to support the development of new activities, in addition to the WHSSC Quality &amp; Patient Safety Committee, and CB responded that the CAF and supporting documents had been developed through a series of workshops and that MG members were in attendance at those workshops to ensure an evidence led approach.</p>

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the Commissioning Assurance Framework (CAF);</li> <li>• <b>Approve</b> the Performance Assurance Framework;</li> <li>• <b>Approve</b> the WHSSC Escalation Process;</li> <li>• <b>Approve</b> the Patient Experience &amp; Engagement Framework; and</li> <li>• <b>Note</b> the Risk Management Strategy which was approved by the Joint Committee in May 2021.</li> </ul>
JC21/052	<p><b>2.12 Results of Annual Committee Self-Assessment 2020-2021</b></p> <p>The results of the Annual Committee Self-Assessment were received and members noted that:</p> <ul style="list-style-type: none"> <li>• To ensure effective governance the Joint Committee are required to undertake an annual committee self-assessment exercise in accordance with the provisions of the Standing Orders,</li> <li>• The progress made against the action plan from the 2019-20 exercise had been positive and all of the actions had been completed,</li> <li>• For the 2020-2021 assessment, unfortunately due to COVID-19 the workshop approach adopted in 2020 could not be repeated, so the request for feedback was circulated to members via email in June 2021,</li> <li>• The survey achieved a 29% response rate, equating to 19 responses, the majority of which were positive</li> <li>• The Integrated Governance Committee considered the feedback in August and noted the low response rate and suggested that this could be attributed to operational pressures impacting on the ability to run actual workshops, and the impact on the time commitments of individual members arising from the pandemic,</li> <li>• Going forward the comments and themes from the self-assessment will be incorporated into an action plan and progress will be monitored through the IGC,</li> <li>• The Welsh Renal Clinical Network (WRCN) didn't participate in the exercise as they were participating in a "healthy boards" workshop programme facilitated by Academi Wales.</li> </ul> <p>JE advised that the IGC had considered the results of the self-assessment and sources of evidence from the broader assurance framework and were assured that WHSSC have a number of tools in place which already provide assurance on committee effectiveness, and felt that the overall findings of the self-assessment provided an assurance that the governance arrangements and Committee structure in place were effective, and that the Committees were effectively supporting the Joint Committee in fulfilling its role.</p>

	<p>Members noted that the next self-assessment will be undertaken in April 2022 to coincide with the end of financial year reporting requirements of the Annual Governance Statement (AGS).</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the completed actions within the Committee Effectiveness Action plan 2019- 2020;</li> <li>• <b>Note</b> the results of the Annual Committee Effectiveness Survey 2020-2021, and the action plan for 2020-2021, to be progressed via the Integrated Governance Committee; and</li> <li>• <b>Receive</b> assurance that the Annual Committee Effectiveness Self-assessment for 2020-21 has been completed and that the appropriate actions have been agreed.</li> </ul>
JC21/053	<p><b>2.13 Sub-Committee Annual Reports 2020-21</b></p> <p>The Sub-Committee annual reports for the Welsh Renal Clinical Network (WRCN) 2020-2021 and Individual Patient Funding Request (IPFR) Panel 2020-2021 were received.</p> <p>SL noted that the IPFR Panel report identified issues related to quoracy of the panel and the need to review the terms of reference.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the Sub-Committee Annual Reports 2020-21.</li> </ul>
JC21/054	<p><b>3.1 COVID-19 Period Activity Report Month 3 2021-22</b></p> <p>The COVID-19 period activity report for month 3 was received.</p> <p>Members noted the scale of the decrease in activity levels during the peak COVID-19 period, and whether there were any signs of recovery in specialised services activity. The activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.</p> <p>SD advised that there was no real change in trends with NHS Wales recovery activity still behind that of NHS England but noted that some of the core NHS Wales speciality activities were starting to recover. Members noted that whilst activity continued to strongly recover in both NHS England and NHS Wales, the waiting list profiles detailed in the report continued to show an increase of patients waiting over 52 weeks and that, therefore, it would be important to get strong and agreed profiles from Welsh providers in particular to recover the waiting list position.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the information presented within the report.</li> </ul>

JC21/055	<p><b>3.2 Financial Performance Report Month 4 2021-22</b></p> <p>The Financial Performance Report for month 4 2021-2022 was received.</p> <p>Members noted that the financial position reported at Month 4 for WHSSC was a year-end outturn forecast under spend of £4,804k. The under spend predominantly relates to the English SLAs block framework and releasable reserves from 2020/21 provisions. There is a partial cost pressure offset with the over spend in IPFR and Mental Health due to high Children and Adolescent Services (CAMHS) out of area (OAA) activity and complex LD patient placements.</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>
JC21/056	<p><b>3.3 Corporate Governance Matters</b></p> <p>The Corporate Governance matters report was received and members noted the corporate governance matters arising since the previous meeting.</p> <p>Members noted that this was a new report which would feature as a standing item on the agenda going forward to provide assurance to the Joint Committee on corporate governance matters.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JC21/057	<p><b>5.3 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 noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on the 17 August 2021.</p> <p><b>ii. Management Group</b></p> <p>The Joint Committee noted the core briefing documents from the meetings held on the 15 July 2021 and the 19 August 2021.</p> <p><b>iii. Quality &amp; Patient Safety Committee</b></p> <p>The Joint Committee <b>noted</b> the Chairs report from the meeting held on the 10 August 2021. Members noted the services at level 4 of the WHSSC escalation/de-escalation process.</p> <p><b>iv. Integrated Governance Committee</b></p> <p>The Joint Committee <b>noted</b> the Chairs report from the meeting held on the 10 August 2021.</p>

	<p><b>v. Individual Patient Funding Request Panel (IPFR)</b> The Joint Committee <b>noted</b> the Chairs report from the meetings held in August 2021.</p> <p><b>vi. Welsh Renal Clinical Network (WRCN)</b> The Joint Committee <b>noted</b> the Chairs report from the meeting held on the 4 August 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>
JC21/058	<p><b>4.1 Any Other Business</b></p> <ul style="list-style-type: none"> <li>• <b>Risk Management Workshop</b> - JE advised that a risk management workshop has been arranged with the Corporate Directors Group on the 16 September 2021 in order to review the existing risks and horizon scan for potential new risks, members noted that the updated Corporate risk assurance framework (CRAF) will be presented to the IGC in October and to the Joint Committee in November 2021.</li> </ul>
JC21/059	<p><b>4.2 Date and Time of Next Scheduled Meeting</b> The Joint Committee noted that the next scheduled meeting would take place on 9 November 2021 via MS Teams.</p> <p>There being no other business other than the above the meeting was closed.</p>
JC21/060	<p><b>4.3 In Committee Resolution</b> The Joint Committee made the following resolution:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)”.</p>

**Chair’s Signature:** .....

**Date:** .....



## JOINT COMMITTEE MEETING 2021-22 Action Log November 2021

Date of Meeting	Ref	Action	Responsible Officer	Target Date	Progress Update	
07.09.21	JC21/007	<b>JC21/041 - 2.1 All Wales Genetics Service Improvement</b>  <b>ACTION:</b> It was agreed the slide presentation would be circulated to Members.	MH	Sept 2021	<b>08.09.21</b> – MH circulated slides on behalf of Sian Harrop-Griffiths, Director of Strategy, SBUHB. Action closed.	<b>CLOSED</b>
07.09.21	JC21/008	<b>JC21/042 – 2.2 Report from the Chair</b>  <b>ACTION:</b> It was agreed that JP would make enquiries with the NHS Wales CEO group regarding the request from the NHS Wales Chairs group for a review of the reporting and accountability arrangements for WHSSC and EASC.	JP	Nov 2021	A verbal update will be given by the Chair at the meeting.	<b>OPEN</b>

07.09.21	JC21/009	<p><b>JC21/045 – 2.5 WHSSC – Workforce Capacity</b></p> <p><b>ACTION:</b> It was agreed that WHSST would proactively engage with the Management Group (MG) regarding the services currently commissioned by WHSSC, which would merit being commissioned locally at HB level and to review the current WHSSC portfolio of specialised services to determine if any should be removed from the specialised services commissioning list and return to Health Boards to commission.</p>	KP	Nov 2021	A workshop is planned for the MG meeting on the 25 November 2021.	<b>OPEN</b>
07.09.21	JC21/010	<p><b>JC21/046 – 2.6 Recovery Planning – Quality and Outcome Improvement for Patients</b></p> <p><b>ACTION:</b> It was agreed that a written report as to the assurances being provided by HBs to WHSSC in terms of waiting list patients would be provided to a future Joint Committee meeting.</p>	KP	Nov 2021	Assurances are being sought at the routine meetings with services and at the SLA meetings with each provider. A verbal update on the information gained from these meetings will be given at the Joint Committee meeting.	<b>OPEN</b>

07.09.21	JC21/011	<p><b>JC21/046 – 2.6 Recovery Planning – Quality and Outcome Improvement for Patients</b></p> <p><b>ACTION:</b> Members agreed the amalgamation of recovery plans with both tertiary and secondary providers that impact how patients move through the pathway would be added to a future MG agenda.</p>	KP	Nov 2021	This has been raised with Management Group and a detailed discussion is planned for the November 2021 meeting	<b>OPEN</b>
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07.09.21	JC21/012	<p><b>JC21/047 Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022</b></p> <p><b>Action:</b> the proposal regarding the non-recurrent underspends, identified across the Network within this year be considered by MG and under the principle that this resource could be used across the Network,</p> <p><b>Action:</b> a report on the Major Trauma Service proposals submitted for inclusion in the ICP should be presented to MG and that the relative priority of the proposals compared to other proposals in the plan should be considered. The recommendations arising from the consideration should be included within the ICP for consideration by the Joint Committee.</p>	KP	Oct 2021	<p>Action Completed. A paper was presented to the September MG meeting with agreement to support the use of the non-recurrent underspend against the priorities identified by the major trauma network.</p> <p>A paper on the recurrent requirements for the MTN will be presented to the November MG meeting.</p>	<b>OPEN</b>
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		Agenda Item	2.1
Meeting Title	<b>Joint Committee</b>	Meeting Date	09/11/2021
Report Title	Chairs Report		
Author (Job title)	Chair		
Executive Lead (Job title)	-	Public / In Committee	Public

**Purpose**  
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.

RATIFY <input checked="" type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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		Meeting Date	
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**Recommendation(s)**  
Members are requested to:

- **Note** the contents of the report.

**Considerations within the report** (tick as appropriate)

	YES	NO		YES	NO		YES	NO
	Strategic Objective(s)	✓			Link to Integrated Commissioning Plan		✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓		✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓		✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			✓

## **CHAIRS 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**

The Chair's report includes information on the key activities that have taken place since the last Joint Committee meeting on the 7 September 2021.

### **3.0 ASSESSMENT**

#### **3.1 Chairs Actions**

No Chairs actions have been taken since the last meeting.

#### **3.2 WHSSC Independent Member Remuneration**

Following the recommendation for Welsh Government in the Audit Wales (AW) report, "Committee Governance Arrangements at WHSSC", concerning the remuneration of Independent Members (IMs) at WHSSC, Welsh Government (WG) presented a report to NHS Wales Chairs group on the 5 October 2021 outlining the potential options for remunerating WHSSC IMs and proposing that the existing WHSSC IMs are remunerated with a set time commitment for the role, together with the introduction of a selection process.

The NHS Wales Chairs group suggested that further discussion was required and a meeting is being held with Mark Polin, Chair of Betsi Cadwaladr UHB (BCUHB), Donna Mead, Chair of Velindre NHS Trust (VNHST), WG, the Committee Secretary of WHSSC and myself on the 2 November 2021 to do so. A verbal update will be provided to the JC meeting on the 9 November 2021.

WHSSC is required to have three IMs - two of whom are drawn from the IMs of the Health Boards (HBs), and one selected as an Audit lead from Cwm Taf Morgannwg UHB (CTMUHB). As part of the IM remuneration discussions with WG, WHSSC have also been in discussion with CTMUHB and it has been agreed that the process for selecting the Audit lead IM role, which is currently selected from the membership of the CTMUHB Audit and Risk Committee (in accordance with the hosting agreement between WHSSC and CTMUHB) should change to broaden the pool of applicants. It is proposed that the Audit lead vacancy is advertised through a fair an open competition alongside the other two WHSSC IM roles, with a specific requirement for a finance/audit skillset.

#### **3.3 Integrated Governance Committee (IGC) 12 October 2021**

The WHSSC Integrated Governance Committee met on the 12 October 2021 and considered the Corporate Risk and Assurance Framework (CRAF), progress on delivering the Integrated Commissioning Plan (IPC) 2020-2021, development of

the ICP 2022-2025, progress made against the recommendations made in the Audit Wales "Committee Governance Arrangements Report and corporate governance matters.

### **3.4 1 to 1 Meeting with Health Board CEO's**

Following the feedback received in the annual Committee self-assessment exercise, a series of 1 to 1 meetings have been arranged between HB CEOs and me during October and November.

### **3.5 Appointment of Chair for the Welsh Renal Clinical Network (WRCN)**

Further to the interim appointment of a Chair for the Welsh Renal Clinical Network (WRCN) in July 2021, a recruitment pack for the WRCN role has been devised and was shared with the WRCN on the 4 October 2021.

WG have confirmed that WHSSC are responsible for recruiting to the role on behalf of the JC and plans are in place to advertise the vacancy via NHS Jobs in October 2021 with a view to making an appointment by January 2022. WG have advised that the role does not need to be advertised through the formal Public appointments process.

### **3.6 Digital IM Network – Digital Health and Care Wales (DHCW)**

Following the NHS Wales Chairs meeting held on 5 October 2021 it was agreed to establish a Digital IM network for one year to pursue the option to use a patient story approach to understand the impact of Digital across the health care system. It was agreed that membership would include EASC and WHSSC, and I will attend the first meeting on behalf of WHSSC.

### **3.7 Key Meetings**

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

- the NHS Wales IM Virtual Induction Programme Sessions on 16 and 22 September,
- Ministerial Meeting with NHS Chairs (Quarter 3) – 16 September,
- NHS Wales Chairs Peer Group Meeting,
- 1:1 meetings with NHS Wales HB Chairs.

## **4.0 RECOMMENDATIONS**

Members are requested to:

- **Note** the report.

<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	Approval process	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	Ensuring the Joint Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.	
Resources Implications	Not applicable.	
Risk and Assurance	The Chairs report provides an assurance to the Joint Committee on activities undertaken since the previous meeting.	
Evidence Base	Not applicable	
Equality and Diversity	Not applicable	
Population Health	Not applicable	
Legal Implications	Not applicable	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Not applicable		



		Agenda Item	2.2
Meeting Title	<b>Joint Committee</b>	Meeting Date	09/11/2021
Report Title	Report from the Managing Director		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

Purpose	The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Not applicable	Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of this report.</li> </ul>		

**Considerations within the report** (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓		✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓		✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

# REPORT FROM THE MANAGING DIRECTOR

## 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 which 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 UPDATES

### 3.1 De-Escalation of SBUHB Cardiac Surgery

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 have been put in place and the Corporate Directors Group Board (CDGB) agreed that following confirmation of changes to the Aorto-vascular pathway the service will be de-escalated.

Ongoing monitoring of improvement made against the action plan will continue through the 6-weekly escalation meetings.

### 3.2 De-escalation of Swansea Bay UHB Trans-catheter Aortic Valve Intervention (TAVI) Service

Following on from the commissioned review of SBUHB's TAVI service by the Royal College of Physicians (RCP) in February 2020, the WHSS team escalated the TAVI service to Level 3 of the WHSSC Escalation framework. This was prompted by the findings of the Royal RCP review.

Through the continued Quality Commissioning meetings and the risk, assurance and recovery meetings it is evident that SBUHB have sustained the improvements made and there have been no further incidents or concerns noted during this period. Additionally, performance against the Welsh Government (WG) Referral to Treatment (RTT) times has also been maintained with the majority of patients being treated within 18 weeks and the Quality and Safety dashboard demonstrates that the service outcomes have continued to be in line with nationally reported outcomes

In light of the sustained improvement in the quality of the service provided, the waiting times and the continued Health Board (HB) executive oversight of the

service it has been agreed that the service be taken out of escalation and the Cardiac Commissioning team will continue to monitor the service through bi-monthly risk and assurance meetings and the quarterly dashboard submissions.

### **3.3 Commissioning Future Services – South, Mid & West Wales**

On the 7 September the Joint Committee supported requests received from the NHS Wales Collaborative (Collaborative) for WHSSC to commission:

- Hepato-Pancreato-Biliary Services;
- The Hepato-Cellular Carcinoma (HCC) MDT and; to
- Develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service.

And a formal report was submitted to the commissioning HB Board meetings for final approval in September/October 2021 and all HBs approved that WHSSC formally commission the new services. A formal letter will be issued to the Collaborative confirming the outcome, and work will begin for WHSSC to take on the new services.

### **3.4 Organisational Development Session - Improvement Cymru**

On the 28 September 2021 the WHSSC executive team met with Improvement Cymru (IC) to learn more about their recently published "Achieving Quality and Safety Strategy"<sup>1</sup> and to discuss and explore potential options for them to support WHSSC in developing its new specialist services strategy.

Following a productive meeting WHSSC agreed to hold a Quality Improvement workshop facilitated by IC in the next 6 months, agreed to develop improvement and audit days with nursing teams with a view to undertaking our own internal competency assessment to drive improvement, and considered predictive modelling for interventions, and international collaborative networks.

### **3.5 WHSSC Specialised Services Strategy**

The WHSSC Specialised Services Strategy was introduced in 2012 and is in the process of being updated to reflect the significant challenge related to the pace of development of innovative treatments, an increasingly austere financial climate and more recently the unprecedented and disruptive impact of the COVID-19 pandemic on NHS care.

Alongside these changes, we have an aging population and an increasing number of treatment options for patients with more advanced disease, all creating a growing demand for specialised services. It is against this backdrop that it has become increasingly important that we renew the strategy and ensure it can meet the needs of the population of Wales for the next 10 years.

As previously agreed with Joint Committee a stakeholder engagement exercise will be undertaken in December 2021/January 2022 to gain insight on long term

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<sup>1</sup> [Improvement Cymru - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/publications/achieving-quality-and-safety-strategy/)

ambitions and to inform how we shape and design our services for the future. This will inform the Specialised Services Strategy which will be presented to the JC in January/March 2022 and will support the 3 year Integrated Commissioning Plan (ICP). We are also in the process of developing a communication and engagement plan to support and inform the strategy.

Developing the strategy demonstrates positive progress against recommendation 4 of the Audit Wales report "WHSSC Committee Governance Arrangements" in relation to developing and approving a new strategy.

#### 4.0 RECOMMENDATION

Members are asked to:

- **Note** the report

<b>Link to Healthcare Objectives</b>	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Not applicable
Institute for HealthCare Improvement Triple Aim	Not applicable
<b>Organisational Implications</b>	
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.
Resources Implications	There is no direct resource impact from this report.
Risk and Assurance	The information summarised within this report reflect financial, clinical and reputational risks. WHSSC has robust systems and processes in place to manage and mitigate these risks.
Evidence Base	Not applicable

Equality and Diversity	There are no specific adverse implications relating to equality and diversity within this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications	There are no specific legal implications relating within this report.

**Report History:**

<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Not applicable	-	-



		Agenda Item	2.4
Meeting Title	<b>Joint Committee</b>	Meeting Date	09/11/2021
Report Title	Future governance and resource arrangements for the All Wales Positron Emission Tomography (PET) Programme		
Author (Job title)	Dr Sarah McAllister, All Wales PET Programme Manager		
Executive Lead (Job title)	Dr Sian Lewis, Managing Director	Public/In Committee	Public

Purpose	To provide an update on the WHSSC Governance and Accountability Framework to support implementation of the All Wales Positron Emission Tomography (PET) Programme.			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the paper;</li> <li>• <b>NOTE</b> the mandate letter received from the Director General for Health and Social Services and the NHS Wales Chief Executive regarding the PET Programme;</li> <li>• <b>SUPPORT</b> the business case requesting revenue funding from Welsh Government for a Programme Management Office based at WHSSC;</li> <li>• <b>SUPPORT</b> the request to Welsh Government to formally appoint the Managing Director of WHSSC as the Programme SRO, and</li> <li>• <b>APPROVE</b> the changes to the top-level governance and structure of the Programme.</li> </ul>		

**Considerations within the report** (tick as appropriate)

	YES	NO		YES	NO		YES	NO
Strategic Objective(s)	✓		Link to Integrated Commissioning Plan		✓	Health and Care Standards	✓	
Principles of Prudent Healthcare	✓		IHI Triple Aim	✓		Quality, Safety & Patient Experience	✓	
Resources Implications	✓		Risk and Assurance	✓		Evidence Base	✓	
Equality and Diversity	✓		Population Health	✓		Legal Implications		✓

**Commissioner Health Board affected**

Aneurir Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓
<b>Provider Health Board affected</b> (please state below)													

## **REVIEW AND UPDATE OF THE FUTURE GOVERNANCE AND RESOURCE ARRANGEMENTS FOR THE ALL WALES POSITRON EMISSION TOMOGRAPHY (PET) PROGRAMME**

### **1.0 SITUATION**

The purpose of this report is to provide an update on the WHSSC Governance and Accountability Framework to support implementation of the All Wales Positron Emission Tomography (PET) Programme.

### **2.0 BACKGROUND**

Following Welsh Government (WG) scrutiny and receipt of support from all Health Boards (HBs) and Velindre University NHS Trust, Welsh Government (WG) Ministers endorsed the All Wales PET Programme Business Case (PBC) on the 25th August 2021. WHSSC has subsequently received a mandate letter from Dr Andrew Goodall, Director General for Health and Social Services and NHS Wales Chief Executive, requesting that WHSSC continue to “hold the ring” for the PET Programme – see **Appendix 1**).

In line with the WG capital programme development process, the PET Programme underwent a Programme Assessment Review (PAR) in June 2021 – see **Appendix 2**. This PAR was organised by the WG Integrated Assurance Team and involved several external, programme expert reviewers who assessed the likely deliverability of the Programme. After interviewing over fifteen key stakeholders and appraising relevant documentation, the review team made several key recommendations, including a requirement to:

- Reset the Programme [governance] for the next phase of delivery;
- Review and establish ownership, and designate a Senior Responsible Officer (SRO) appointment, for the next phase of the Programme;
- Appoint a full-time Programme Director, and
- Establish a Programme Management Office (PMO) capability.

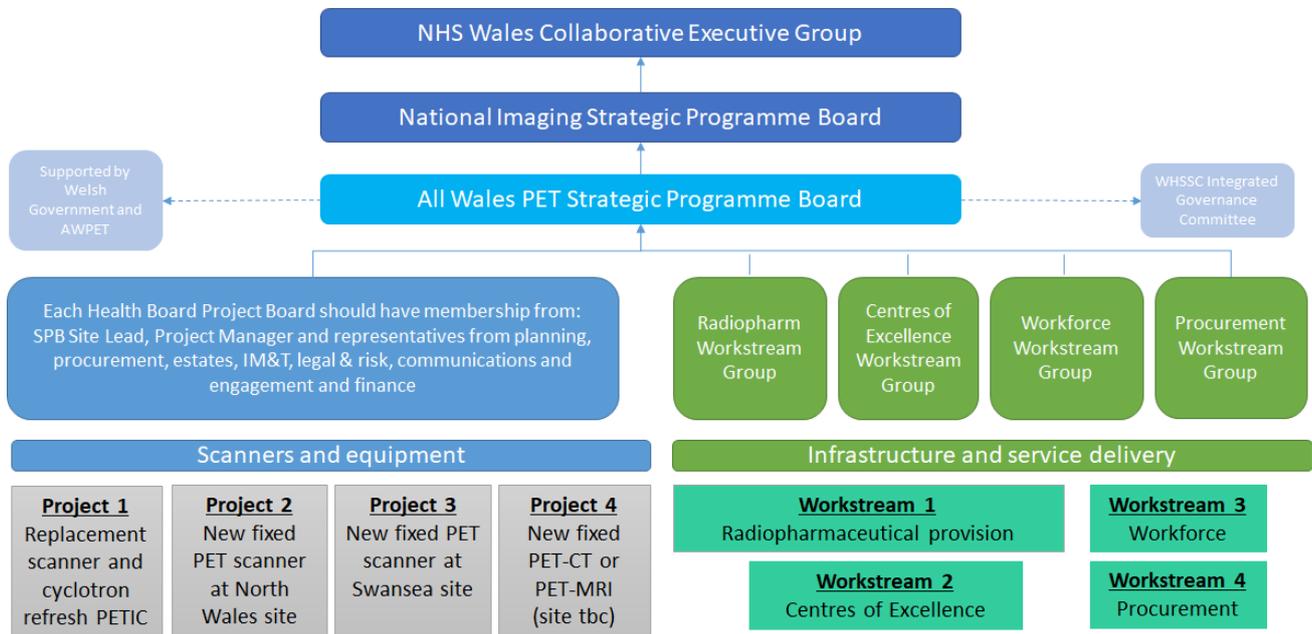
The mandate letter (presented at Appendix 1) clearly articulates a request for WHSSC to take responsibility of the All Wales PET Programme. Therefore, it is now appropriate to fulfil the recommendations of the PAR in order to enable success of the implementation phase.

### **3.0 CHANGES TO THE PROGRAMME GOVERNANCE & ACCOUNTABILITY STRUCTURE**

The All Wales PET Programme currently exists as a Programme within the Strategic Resource Planning Workstream of the Imaging Portfolio that reports to the National Imaging Programme Strategy Board (NIPSB;). The NIPSB is chaired by Steve Moore, Chief Executive, Hywel Dda University Health Board (HDUHB)

and is hosted by the NHS Wales Health Collaborative (the Collaborative). Figure 1 below outlines the governance structure for the PET programme.

**Figure 1. Current All Wales PET Programme governance structure**



The PET Programme currently sits outside of the wider imaging portfolio and is hosted at WHSSC, instead of the Collaborative. This decision was made by Dr Andrew Goodall<sup>1</sup> (2019) based upon PET provision being commissioned by WHSSC, on WHSSC’s unique positive standing concerning All Wales stakeholder engagement, its historical participation in PET service developments and its in-depth understanding of service delivery. Despite being hosted at WHSSC, the development of the PBC continues to be within the NIPSB governance structures at the Collaborative.

Given the complex nature of the PET Programme and its infrastructure requirements, alongside the urgency for scanner replacement, it is important to ensure that sufficient and proper oversight, governance and escalation routes are in place throughout Programme implementation.

Top-level Programme governance needs to be clear and it is critical for this to be defined and agreed before implementation begins. The PAR included a requirement for the Programme to “...reconstitute the governance structure to bring greater cohesion between policy direction, clinical advice and decision-making”.

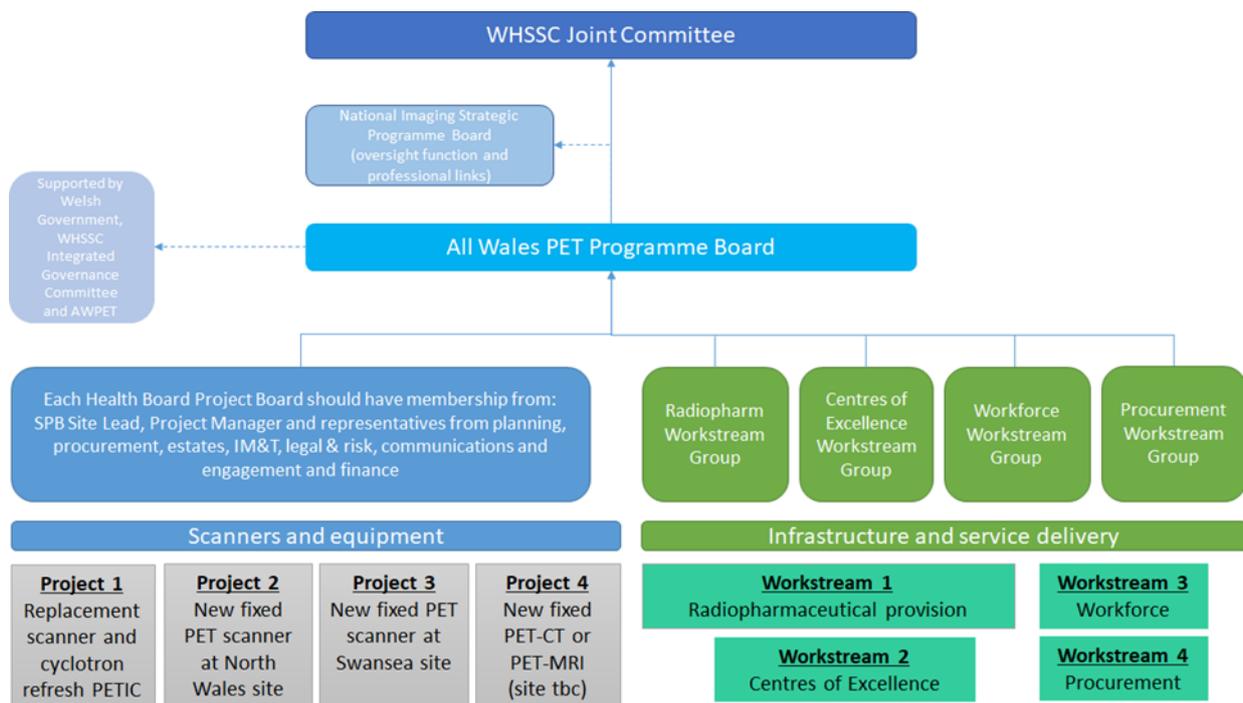
A WHSSC-hosted PET Programme Board reporting into the Collaborative Executive Group (CEG) does not allow for an appropriate level of authority and

<sup>1</sup> Goodall, A. 2019. Letter to Martin Rolles. 28 March

control over the Programme, nor does it provide a suitable escalation arrangement. However, the WHSSC Joint Committee is established for jointly exercising those functions relating to the planning and security of specialised and tertiary services on an all-Wales basis on behalf of each of the seven LHBs in Wales.

It is therefore proposed that the PET Programme adjusts its top-level governance routes and reports directly into the WHSSC Joint Committee, in place of the Collaborative Executive Group, as outlined in Figure 2 below:

**Figure 2. Proposed All Wales PET Programme governance structure**



WHSSC believes that this proposal addresses all of the concerns regarding the level of authority and escalation required for this All Wales Programme, as noted in the PAR report.

For assurance, Mark Dickinson, Acting Director, NHS Wales Health Collaborative and Amanda Evans, National Imaging Portfolio Programme Lead, NHS Wales Health Collaborative discussed and agreed this proposal on 7th October 2021. Additional detail can be found in **Appendix 3**.

The current Senior Responsible Officer (SRO) for the Programme is Sian Lewis, Managing Director, WHSSC. The PAR report stated that it was pertinent to have the SRO formally appointed for the next phase of the Programme, to establish clear lines of accountability and authority.

## 4.0 PROGRAMME RESOURCING

Additional resource is required to deliver the All Wales PET Programme. The needs and requirements are detailed within the Programme Management Office Business Justification Case (PMO BJC) presented at **Appendix 4**.

There is currently one Programme Manager (8a) in post and funding from the Collaborative for this position will cease on the 31st March 2022. This situation puts the programme at risk of failure. The PAR Report clearly states the requirement for a PMO function to be set-up and appropriately adapt best practice methodologies for delivery.

The preferred option for a PMO at WHSSC includes the appointment of a Programme Delivery Lead (band 8b), a Programme Manager (band 8a), an assistant Project Manager (band 6) and a part-time (0.5 WTE) administrator (band 4). These proposals are in line with the expert advice received from the PAR Team.

## 5.0 NEXT STEPS

In order for WHSSC to accept the WG request to take responsibility for the All Wales PET Programme, it is pertinent that all governance, structure and resource needs are met. If members of the Joint Committee support and approve the proposals in this paper, WHSSC will write to WG outlining the governance structure, the SRO appointment and the additional resource needed as requirements to enable WHSSC to take the All Wales PET Programme into implementation.

## 6.0 RECOMMENDATIONS

Members are asked to:

- **NOTE** the content of the paper;
- **NOTE** the mandate letter received from the Director General for Health and Social Services and the NHS Wales Chief Executive regarding the PET Programme;
- **SUPPORT** the business case requesting revenue funding from Welsh Government for a Programme Management Office based at WHSSC;
- **SUPPORT** the request to Welsh Government to formally appoint the Managing Director of WHSSC as the Programme SRO, and
- **APPROVE** the changes to the governance and structure of the programme.

## 7.0 APPENDICES / ANNEXES

Appendix 1 – All Wales PET Programme Mandate letter from Andrew Goodall

Appendix 2 - Programme Assurance Review Report

Appendix 3 – SBAR paper on All Wales PET Programme governance

Appendix 4 – All Wales PET PMO BJC

<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Implementation of the Plan Governance and Assurance Organisation Development	
Link to Integrated Commissioning Plan	Implementation of the agreed ICP	
Health and Care Standards	Staff and Resourcing Effective Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	Robust risk management arrangements are a requisite to the assurance of quality of care, patient safety and the patient experience.	
Resources Implications	This proposal requires the application of additional resources.	
Risk and Assurance	To ensure effective governance the All Wales PET Programme Board terms of reference (ToR) are reviewed annually. Risk and Issue logs will be appropriately managed for the Programme, with the Board assessing Project and Workstream Risks. Programme and Project Assurance is built into the Programme framework, in addition to audit.	
Evidence Base	The proposals in this paper are based upon recommendations made by an independent and experienced group of programme and project experts, commissioned by WG.	
Equality and Diversity	There are no adverse equality and diversity implications.	
Population Health	There are no adverse immediate population health implications.	
Legal Implications	-	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>

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

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



Llywodraeth Cymru  
Welsh Government

Dr Sian Lewis  
Managing Director, WHSSC  
[Sian.Lewis100@wales.nhs.uk](mailto:Sian.Lewis100@wales.nhs.uk)

28 October 2021

Dear Sian

### Positron Emission Topography (PET) in Wales

I am pleased to note the successful endorsement of the All Wales PET Programme Business Case (PBC). This is testament to the diligent work of you and your team.

I would like to take this opportunity to confirm the programme leadership, governance and funding arrangements as the programme transitions through the preparation phase and into the implementation phase. Reflection upon success thus far, and considering outcomes of the Gateway Review, indicates that retention of the programme within WHSSC is appropriate.

The Gateway Review recommendations highlight that additional resources would be required within the Programme Team to effectively coordinate and manage the programme. I would therefore ask WHSSC prepare and submit a business case to Welsh Government outlining the additional resources required to maximise successful programme outcomes for consideration.

This would also appear a sensible juncture at which to review the programme structure, reporting and governance arrangements. I would like to understand the current programme governance arrangements and your opinion as to any necessary revised structures through the final phases of the programme. We will be in a position to appoint an SRO and confirm the governance and leadership arrangements once an implementation plan and funding arrangements have been agreed.

I would ask you to provide details of your proposals against these requests directly to Matthew Ager, Radiation Lead for Health, by end of November 2021.

Yours sincerely

**Dr Andrew Goodall CBE**



## Programme Assessment Review (PAR)

<b>Programme/project Title:</b>	<b>Positron Emission Tomography – Computerised Topography (PET-CT)</b>
<b>IAH ID number:</b>	<b>AH/21/47</b>

<b>Version number:</b>	Version 1.0 FINAL
<b>Senior Responsible Owner (SRO)</b>	Dr Sian Lewis
<b>Date of issue to SRO:</b>	15 <sup>th</sup> June 2021
<b>Department/Organisation of the programme/Project</b>	WHSSC
<b>Programme/Project Director (or equivalent)</b>	Dr Andrew Champion (Deputy SRO)
<b>Business Case stage reached:</b>	Pre-Submission and Approval of the Programme Business Case
<b>Review dates:</b>	7 <sup>th</sup> – 9 <sup>th</sup> June 2021
<b>Review Team Leader:</b>	Peter Clark
<b>Review Team Member(s):</b>	Kate Chesson Tracey Hill Alan Prosser
<b>Departmental Representative:</b>	
<b>Previous Review:</b>	This is the first Review of the Programme.
<b>Security Classification</b>	Official

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[Please remember to click on “update table” once the report is completed to ensure that the contents table above is accurate]

### About this report

This report is an evidence-based snapshot of the programme’s/project’s status at the time of the review. It reflects the views of the independent review team, based on information evaluated over the review period, and is delivered to the SRO immediately at the conclusion of the review.

This assurance review was arranged and managed by:

Welsh Government Integrated Assurance Hub (IAH)  
Cathays Park 2  
Cathays  
Cardiff  
CF10 3NQ

IAH helpdesk: [Assurance@gov.wales](mailto:Assurance@gov.wales)

# 1. Delivery Confidence Assessment (DCA)

<b><u>Delivery Confidence Assessment:</u></b>	<b>Amber/ Red</b>
<p>The All Wales PET-CT Programme was established at WHSSC in January 2020, following a request from Andrew Goodall to write and submit a Programme Business Case (PBC) to guide the development of the future Welsh PET service provision. This PBC has been the focus of WHSSC and is complete. At the time of conducting this PAR, the PBC is undergoing scrutiny by Welsh Government.</p> <p>The Case covers Capital funding of £24.881M to create the new facilities and procure scanners. A significant issue facing the Programme is the urgent need to replace the PETIC scanner owned by Cardiff University, hosted at Cardiff and Vale UHW, providing NHS scanning services. Cardiff University are in the final stages of producing the Business Case for this investment. The Programme has an interdependency with work in Betsi Cadwaladr University Health Board (BCUHB) with the Nuclear Medicine Consolidation Programme. A Strategic Outline Case (SOC) was submitted for the Nuclear Medicine Consolidation Programme by BCUHB in October 2020 which was taken forward separately and was outside of PET strategic development timelines. The Review Team (RT) understands that the SOC has recently been returned, without approval, for further work to be carried out.</p> <p>The RT were extremely encouraged to hear from stakeholders that they understood the importance and criticality of enhancing digital PET-CT services for Wales. They expressed appreciation and enthusiasm for the Programme and the approach being taken, particularly their regular interaction with the Programme Manager.</p> <p>The Programme team submitted the PBC to Welsh Government in May 2021 and recognises the challenge that will be faced as delivery moves in to implementation. The Programme appears to have needed to retro-fit (itself) and reconcile existing drivers and critical interconnections that span the spectrum of sometimes conflicting agendas to bring them together under a programme framework, highlighting the coherence necessary for an effective response at a national strategic level. In light of this, a number of critical issues are highlighted in this report that must be addressed as a matter of urgency if successful delivery is to be assured. These include:</p> <ul style="list-style-type: none"><li>• The need to “reset” the Programme for the next phase, ensuring that appropriate top-down governance is in place to engage and manage projects and workstreams for delivery,</li><li>• Review and establish ownership for the Programme going forward, formalising the SRO appointment, and</li><li>• Identification and recruitment of additional suitably experienced and capable resources at the Programme level, including the appointment of a Programme Director and PMO team, and for the projects and workstreams delivering key enablers and business changes at Health Boards.</li></ul> <p>Taking these issues into account, together with other recommendations made in this report, the RT assesses the Programme’s Delivery Confidence as ‘Amber/Red’.</p>	

The Delivery Confidence assessment RAG status should use the definitions below:

RAG	Criteria Description
<b>Green</b>	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
<b>Amber/Green</b>	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
<b>Amber</b>	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
<b>Amber/Red</b>	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
<b>Red</b>	Successful delivery of the project/programme appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The project/programme may need re-base lining and/or overall viability re-assessed.

## 2. Summary of report recommendations

The Review Team makes the following recommendations which are prioritised using the definitions below:

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification (Please enter the categorisation number from the list provided here)
1.	Reset the Programme for the next phase of delivery.	C- Critical	Do Now	1.1
2.	Review and develop benefits identification and mapping for the Programme to clearly identify the linkage of enablers (Scanners and support services) delivered to care pathways/interventions and measurable patient outcomes (benefits).	E- Essential	By close of scrutiny phase of Business Case	6
3.	Strengthen the Procurement Strategy and requirements, particularly to address scanner supplier selection, to ensure efficiency of service and support business continuity arrangements and assurance regarding Value for Money.	E- Essential	By close of scrutiny phase of Business Case	7.1
4.	Establish a Programme Management Office capability and appropriately adapt best practice methodologies for delivery, using artefacts/products and templates available from the	C- Critical	Do Now	3.1 – 3.8

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification (Please enter the categorisation number from the list provided here)
	Integrated Assurance Hub and or the NHS Collaborative.			
5.	Review and establish ownership, the SRO appointment, for the next phase of the Programme.	C- Critical	Do Now	1.1 & 10.1
6.	Appoint a full-time Programme Director.	C- Critical	Do Now	10.1
7.	Specify and ensure that at go-live, each Project Business Case and Project workstream within the Programme is led by an appropriately qualified and experienced project manager supported by a dedicated team	E- Essential	By Project Business Case approval	3.3 & 10.1

**Critical (Do Now)** – To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately

**Essential (Do By)** – To increase the likelihood of a successful outcome the programme/project should take action in the near future.

**Recommended** – The programme/project should benefit from the uptake of this recommendation.

### **3. Areas of good practice and lessons learnt**

The Review Team notes the following areas of good practice:

- The Programme leadership has engaged well with stakeholders across a number of organisations and there is a high level of support and enthusiasm for the scheme.
- The Programme recognises the need for rigour in the processes and approaches needed to deliver the new equipment and facilities over several sites. Tailored MSP and PRINCE2 methodologies are to be used to manage delivery.

### **4. Areas of concern**

The need to re-establish the Programme for implementation phase under the overarching framework for All Wales PET-CT facilities and services. Ensuring that associated and dependent projects and workstreams, and their business cases, fit within the Programme framework and are managed professionally and effectively.

## **5. Acknowledgement**

The Review Team would like to thank the SRO, Programme Team and stakeholders interviewed for their support and openness, which contributed to the Review Team's understanding of the programme and its workstreams and the outcome of this review.

Special thanks to Sarah McAlister for her logistic support to the Review Team ensuring all documentation was available and the interview schedule ran smoothly.

## **6. Comments from the SRO**

I am grateful to the Gateway Review team for their time and expertise in taking forward this process. I entirely support their observation that having achieved submission of the PBC, in order to successfully deliver and implement this important all Wales infrastructure development through a programme management approach will require a significant step up in the resourcing of the programme and a clear mandate for the SRO. In addition this will need to be underpinned by adequately resourced local project teams.

I recognise that it may be decided that the programme management of the implementation phase may best sit elsewhere in NHS Wales however I and my team are more than willing to lead on the programme, if it is deemed appropriate, accepting all the recommendations offered by the team.

I would also like to thank all those members of NHS Wales who have so generously given us their time and expertise in bringing together the PBC despite the huge challenges of the pandemic.

In terms of next steps, we will be focussing on responding to Welsh Government scrutiny questions, attending the Welsh Government Investment and Infrastructure Board, in addition to creating and executing an action plan based on the recommendations in this PAR Report.

## **7. Summary of the Programme/Project**

### **Background and context:**

The mandate for developing the All Wales PET Programme Business Case was issued by Dr Andrew Goodall in March 2019, following publication of key strategic reports on both PET and the wider imaging provision in Wales. WHSSC host the Programme Board for this strategic Programme and have used HM Treasury Green Book methodology and extensive engagement to develop the All Wales PET Programme Business Case (PBC).

PET-CT has become a central diagnostic tool in the management of cancer, and increasingly in many non-cancer conditions such as Alzheimer's. Its role and the evidence base continue to evolve. There is an increasing body of high-quality evidence outlining the contribution of PET to improved patient outcomes. There are many studies that demonstrate the role PET-CT has in accurately determining the staging of certain cancers and subsequent treatment plans, which enables reduction of inappropriate patient management and allows for best prognosis and patient care.

Demand for PET-CT is growing with England realising an approximate 19% rise in demand per annum. However, in Wales, scanning activity levels are low compared with the rest of the UK. It is estimated that in 2020 Wales was performing approximately 33% of the PET scans per head of population compared to England, despite a growing and aging population. In addition, NHS Wales

has a list of funded indications for PET-CT which is limited compared to England and Scotland. The picture becomes bleaker when comparing performance with the rest of Europe and beyond.

Furthermore, Wales has just 0.6 PET scanners per million population which is comparable to countries such as Albania and realises the lowest scanner provision when compared to the devolved nations. There is a reliance on mobile scanners in Wales which create a poor patient experience, constrain patient throughput and produce lower quality scans. Welsh NHS staffing levels are facing the same challenges as the wider imaging workforce, in that many key staff are facing retirement and lack of in-house professionals that are adequately trained in this highly specialised and technical diagnostic approach. There is an additional need to future-proof the radiopharmaceutical provision for Welsh PET services.

It is necessary to modernise, expand and develop the PET service within Wales to ensure that the Welsh population, NHS Wales Staff and the wider NHS Wales can realise the benefits of having an accessible and excellent diagnostic PET service.

### Aims and objectives:

The preferred way forward for the programme seeks to have four Projects that will, over the course of five years, update the existing fixed facility at Cardiff (PETIC), replace mobile scanners with fixed scanners at the Swansea and North Wales sites and at a fourth location (to be defined).

Figure 1: Programme Plan

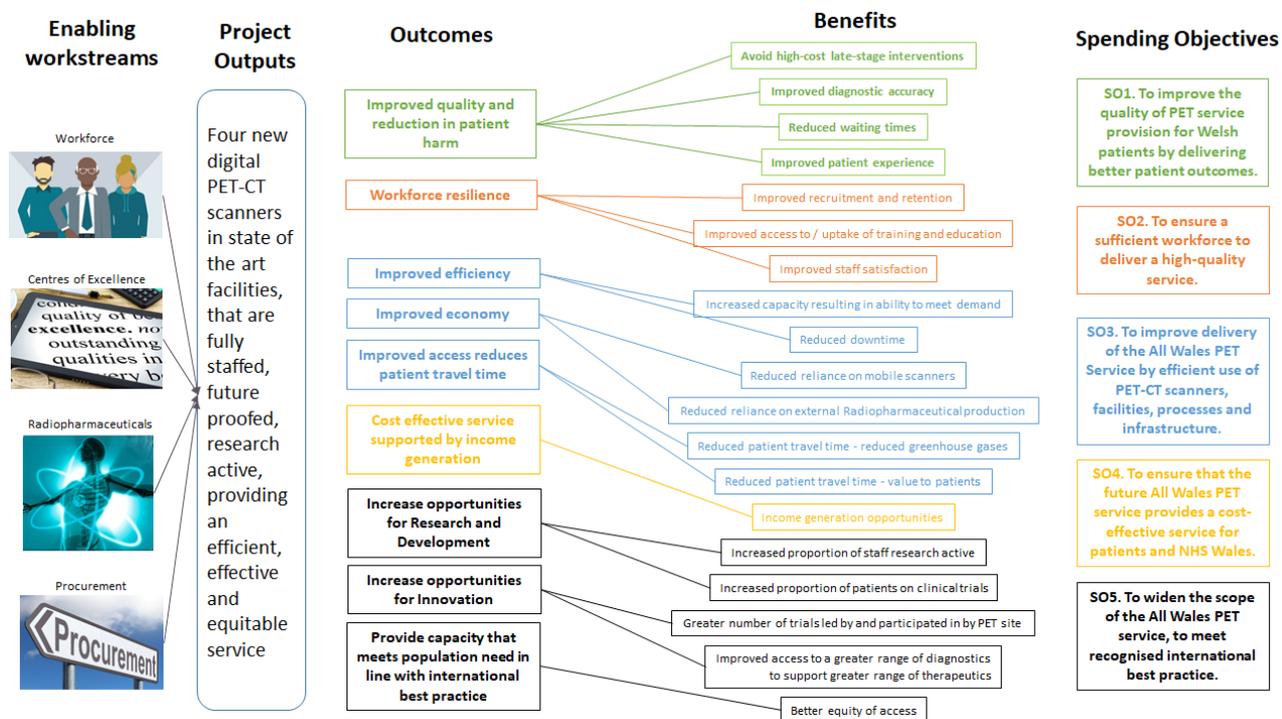
Business Case (BC)	Proposed date of Welsh Gov. BC approval	Proposed "go live" date	
<b>Tranche 1</b>			
<b>Project 1</b>			
BJC	July 2021	PET Scanner	March 2022
		Ion Source replacement	March 2022
		Hot Cell replacement	March 2023
<b>Tranche 2</b>			
<b>Project 2</b>			
SOC1	July 2021	January 2024	
OBC/FBC	March 2022		
<b>Project 3</b>			
OBC2	November 2021	November 2023	
FBC2	July 2022		
<b>Tranche 3</b>			
<b>Project 4</b>			
Appraisal Process	April 2023		
OBC3	January 2024	June 2026	
FBC3	December 2024		
<b>Tranche 4</b>			
January 2027			

The PBC is primarily a capital funding request business case (£24.881 million) and has focused on the supporting infrastructure for PET-CT service delivery over the next ten years, thus ensuring deliverability and sustainability is at the heart of the overall strategic approach. In consideration of

the focus on supporting infrastructure, the Programme will have four supporting workstreams running for the duration, including: Workforce, Radiopharmaceuticals, Procurement and Centres of Excellence.

The All Wales PET Programme team has worked closely with Welsh Government and other partners to ensure that management of the All Wales PET Programme benefits is robust. This work has included the identification and quantification of Programme benefits, where possible. This has allowed for the quantified benefits to influence the Economic Case where the selection of the preferred way forward was made. The quantification of benefits relating to the All Wales PET Programme reflect some wider societal benefits. These are included only where they can be directly attributable to the provisioning of the PET scanners.

Figure 2: Benefits Map



## Key Milestones:

Milestone	Date (mm/yy)
Submission of PBC to Welsh Government	May 2021
Submission of Project 1 BJC to Welsh Government	May 2021
PET PBC – Programme Assurance Review	June 2021
Baselining Benefits	July – Sept 2021
PET PBC – IIB review	TBC
Finalise Programme structure (including workstream leads)	August 2021
Endorsement of PBC by Welsh Government	September 2021
Kick-off Programme “Implementation Phase”	October 2021
Approval of Project 1 BJC by Welsh Government	October 2021
Completion of Project 1, phase 1	March 2022
Completion of Project 1, phase 2	March 2022
Completion of Project 1, phase 3	March 2023
Submission of Project 2 OBC/FBC to Welsh Government	March 2022
Approval of Project 2 by Welsh Government	June 2022
Completion of Project 2	January 2024
Submission of Project 3 OBC to Welsh Government	November 2021
Submission of Project 3 FBC to Welsh Government	May 2022
Approval of Project 3 by Welsh Government	July 2022
Completion of Project 3	November 2023
Appraisal Process for Project 4	April 2023
Submission of Project 4 OBC to Welsh Government	January 2024
Submission of Project 4 FBC to Welsh Government	September 2024
Approval of Project 4 by Welsh Government	December 2024
Completion of Project 4	June 2026

## **8. Scope/Terms of Reference of the Review**

In addition to the standard guidance regarding the content of a Programme Assessment Review (PAR) the Review Team were provided with a tailored Terms of Reference, included at Annex C.

## **9. Detailed Review Team findings**

### **9.1. Introduction**

The Review Team notes that the Mandate from Dr Andrew Goodall (28<sup>th</sup> March 2019) specifically requests that ‘WHSSC develops a Programme Business Case (PBC) with support from the National Imaging Network to guide the development of the service provision in the future.’ **Drafting of the PBC is complete and its recent submission indicates that WHSSC have fulfilled the mandated request. As yet there is no mandate for the next, implementation, phase of the Programme.**

**The RT understands this situation and, in order to fulfil the terms of reference for the Review and provide practical feedback and assistance to the SRO, noting the pressing timescales for PETIC procurement, have considered the arrangements so far put in place or planned for the implementation phase, assuming approval of the PBC.**

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The All Wales PET-CT Programme was established at WHSSC in January 2020. To date, the Programme Mandate is to develop a Programme Business Case that considers additional capital investment required to “enable the broader service to be developed and made equitable for patients across all Wales” and to “guide the development of the service provision in the future”.

Drafting of the Programme Business Case (PBC), following the HM Treasury Five Case model, is complete and was submitted in May 2021. The PBC covers Capital funding of £24.881M to create the new facilities and procure scanners. The preferred option anticipates the installation of four fixed PET-CT Scanners. There is also a focus on the supporting infrastructure and workforce required to deliver PET-CT services over the next ten years, ensuring delivery and sustainability.

A significant issue facing the Programme is the urgent need to replace the PETIC scanner. The scanner is owned by Cardiff University, located at the University Hospital Wales site in Cardiff, providing NHS scanning services as well as R&D activity. Cardiff University are in the final stages of producing the Business Case for this investment.

The Programme also has an interdependency with work in Betsi Cadwaladr University Health Board with the Nuclear Medicine Consolidation Programme A Strategic Outline Case (SOC) was submitted for the Nuclear Medicine Consolidation Programme by BCUHB in October 2020 which was taken forward separately and was outside of PET strategic development timelines. The Review Team (RT) understands that the SOC has recently been returned, without approval, for further work to be carried out. However, the details of any queries and additional work required to support the Case were not available to the Programme or the RT.

## **9.2 Current Progress**

The Welsh Health Specialised Services Committee (WHSCC) programme leadership team are fully aware of the challenges and complexity facing this programme and the need to adopt an MSP/PRINCE2 methodology to provide some rigour to their programme management arrangements.

The Programme team were clear on the immediate challenges they face in terms of:

- Gaining formal sign off of the Strategic Programme Business Case
- Submission and sign off for the PETIC Business Case for Cardiff University.
- Issues arising from the Betsi Cadwaladr University Health Board business case where PET services is part of a wider clinical model delivery for the Nuclear medicine service for north Wales
- Governance arrangements for the team delivering the Programme being complex and lacking some clarity in terms of approvals (Linkage to Collaborative Executive

It was extremely encouraging to find that all stakeholders interviewed understood the importance and criticality of enhancing digital PET services for Wales to improve patient outcomes and were supportive of this vision. It was also clear that those interviewed were each playing significant direct and indirect roles in promoting and developing PET services.

Given the various stakeholders involved, the programme team's leadership, coordination and tenacity for bringing the PET community around the table and coordinating multiple activities to support the production of a strategic programme business case for Wales is not underestimated by the RT, particularly given the backdrop of this work moving forwards during a pandemic.

Particular appreciation was expressed by those interviewed for the approach taken by the recently appointed Programme Manager who has grasped the detail and all the moving parts contributing to the Programme in a short timescale and who has clearly invested a huge amount of time and effort during this period.

### **9.3. Assurance and Governance for the Programme**

There is widespread support and commitment to the programme and strong clinical consensus recognising the need for investment for a PET service to meet the current and future demand in Wales.

The Programme appears to have needed to retro-fit (itself) and reconcile existing drivers and critical interconnections that span the spectrum of sometimes conflicting agendas to bring them together under a programme framework, highlighting the coherence necessary for an effective response at a national strategic level.

Establishing the Programme has been challenging with the development of some of the component business cases being ahead of the development of the Programme Business Case (PBC). The PBC provides the opportunity to clearly articulate value added by a national strategic approach to ensure not only that the business needs are met, but also that there is mutual reinforcement across the PET environment of associated strategies and plans. In effect, the PBC needs to frame the component business cases and this lack of co-ordination has 'muddied the waters', particularly when different organisations and governance structures appear to be overseeing different elements of the delivery plan.

The RT heard of the significant progress by the WHSCC team in developing the PBC demonstrating strategic alignment to Welsh government (WG) policy, sector and organisational strategies and agendas. This is now in place to provide the overarching framework for the PETIC Business Case, setting out a response to the critical expansion/development of PET for the population in South East Wales led Cardiff University, and the SOC developed by Betsi Cadwaladr University Health Board for the population of North Wales and parts of Powys. These cases set out the respective organisation's expected results within a certain timeframe and resources required going forward to achieve the required infrastructure, and in particular the workforce, is in place for a sustainable PET service that can respond in an agile way to the future need.

Whilst it is anticipated that further work will be required to respond to scrutiny of the PBC and associated cases before they can be considered for approval of all Wales capital, with others yet to be developed, the SRO and WHSCC team are to be commended on the engagement and collaboration that has taken place over the past months.

At this juncture, given the scope of the original mandate for WHSCC to develop a PBC, and with the work required to finalise the PBC, PETIC case and BCUHB SOC, the RT suggests that now is the time to consider and recognise the distinction between governance and Programme Management, and embed more formally robust Programme Management controls going forward for the next phase. As the tempo, and complexity of the Programme increases, the need to maintain co-ordinated delivery across the key organisations and provide leadership to ensure the programme remains aligned to a national approach, will become increasingly challenging and important. This will ensure accountability for delivery is clear, whilst simultaneously maintaining sustained overall programme rigour recognising the autonomy and accountabilities that individual organisations have at an operational level once implementation is underway. Without this *reset* there is the risk that divergent delivery of outputs across the programme could continue, leading to misalignment, further delay and increased risk to delivery.

There is widespread agreement that WHSSC is naturally placed to 'hold the ring' across Wales in respect of the programme. As specialist commissioners, they have the necessary national leadership profile. Endorsement and formal appointment of the SRO by WG would be helpful to then allow for a formal realignment and strengthening of leadership and governance going forward.

The RT is of the view that the Programme needs to be adopting a twin-speed rolling-wave approach, where the implementation of the here and now is managed in parallel with the planning for next tranche of work.

The RT believes there would be benefit in appointing a full-time Programme Director to support the SRO (who's day job is Managing Director) and to do the 'look ahead' and manage the interface between policy, delivery and clinical advice at strategic levels with Cardiff University and the Health Boards. Working with a Programme Management Office (PMO) function, with a Programme Manager, the Programme Director would bring about the twin-speed rolling-wave approach.

To further support the programme, establishment of a Programme Management Office (PMO) function is also required particularly if financial and commercial elements are to be contained within agreed parameters for the next phase, and conditions on investment approval are such that an overall integrated procurement strategy is required. The RT are firmly of the view that this formalised joined up approach is now needed and that significant investment in a PMO would be a major step forward to aiding robust programme planning arrangements, fully support the projects and workstreams of delivery and increase the likelihood of the programme's success in enabling significant benefits to patient services and treatment outcomes.

In summary, in order to reset the Programme for the next phase of delivery, consideration must be given to:

- The MD of WHSSC, retaining overall SRO responsibility (with a letter of appointment from WG), supported by:
- A Programme Director, with a clear understanding of the PET-CT strategy, who can take on day-to-day management of the Programme and its constituent projects

keeping the SRO fully apprised of progress, issues and risk mitigation. The Programme Director will also be the liaison link with projects and work streams in other organisations.

- Establishment of a Programme Management Office function to service the information needs of the various governance groups and liaise across the implementation teams in Cardiff University and the Health Boards.
- the Programme Director and PMO team align with the NHS Health Collaborative to benefit from their experience and processes in managing national Programmes and Projects
- Projects and work streams – run by Health Boards and Cardiff University. These projects must have appropriate dedicated PPM support and management together with assurance activity. These should be dedicated specialists NOT additions to someone's already crowded day job, especially when Welsh Government NHS Wales capital investment is allocated to external bodies.

### **Recommendations 1: Reset the Programme for the next phase of delivery. [Critical]**

**This work will include:**

- **WG to formally appoint the SRO who can then consider an appropriate governance structure and arrangements (Refer to REC 5 below)**
- **Reconstitute the governance structure to bring greater cohesion between policy direction, clinical advice and decision making, whilst also instigating a twin-speed approach to controlling the current delivery and planning the future.**
- **Appoint a Programme Director to plan the forward tranche and manage the interface between policy, delivery and clinical advice. (Refer to REC 6 below)**
- **Define, establish and develop a Programme Management Office function. (Refer to REC 4 below)**

## **9.4. Business Case and Benefits Realisation**

The Programme Business Case (PBC) for an All Wales PET Service follows the recommended Welsh Government Five Case Business Model approach. Archus consultancy were appointed to assist, and with close working with the Programme Manager and other stakeholders, developed the Economic and Financial cases.

**Given the significant landscape change due to the pandemic, the team may wish to revisit some of the demand predications highlighted in the light of developing NHS Wales pandemic recovery plans to triangulate that the case clearly represents the local healthcare situation /pressure sufficiently. The RT are unsighted on this.**

The specialist workforce community is a key driver and essential success factor for this programme. The scarcity and technical specialism of PET personnel is challenging and must be addressed to enable the success of the Programme and secure the service going forward. Currently resource in this specialism are scarce, particularly in the North Wales workstream where there appears to be a single point of failure for the provision of service. The numbers of specialists and their retention within Wales will be an important factor to monitor over the lifecycle of the Programme. Whilst there are local ideas to improve retention in Wales by mixing PET with other nuclear medicine roles to enable cross pollination of ideas and experience and job variety.

The workforce workstream appears to have focused on numbers of specialists required per PET scanner, missing an opportunity to be innovative in coming up with ways to improve the existing blockers to entry and retention for this profession. There is a sense of fishing in the same pool for the qualified personnel and perhaps versatility not specificity is something to consider. **The criticality of the workforce agenda in PET services should receive more emphasis in the service planning elements of the Project Business Cases.**

Whilst the benefits work is a good basis within the Case, the RT believe more work could be done to map and interconnect these, recognising PET services as an enabler of benefits delivered by specific specialty care pathways/interventions, which in turn lead to measurable changes (benefits).

As such, consideration should be given to re-casting the mapping of benefits, enablers and business/service changes, which would also offer the opportunity to fully understand dependencies, maximise investment and challenge any future attempt to deny some deliverables on affordability grounds.

**Recommendation 2: Review and develop benefits identification and mapping for the Programme to clearly identify the linkage of enablers (Scanners and support services) delivered to care pathways/interventions and measurable patient outcomes (benefits). [Essential – By close of scrutiny phase of Business Case]**

A further observation is that the PBC procurement strategy should be strengthened, with particular reference to Cardiff University and the potential of divergence in supplier selection.

It would seem prudent for the Programme Team to explore an integrated procurement strategy. Supplier selection requirements should be stipulated in funding correspondence, as this may not only provide improved value for money for NHS Wales but could support improved business continuity solutions in terms of scanner down time, workforce arrangements and IT infrastructure solutions. This condition could be attached to the business case and investment approval. However, the RT recognises that replacement of the PETIC scanner is service critical and this opportunity may have to be expedited.

**Recommendation 3: Strengthen the Procurement Strategy and requirements, particularly to address scanner supplier selection, to ensure efficiency of service and support business continuity arrangements and assurance regarding Value for Money. [Essential - By close of scrutiny phase of Business Case]**

## 9.5. Delivery Methodology

The Programme Management Case states that delivery will adopt the MSP and PRINCE2 methodologies. Although recognised as Best Practice, this approach will place significant demands on the Programme management team to ensure full compliance. The anticipated team, a Programme Manager (PM) assisted by two administrative support staff, is unlikely to be able to cope. Establishing a Programme Management Office (PMO) will ensure the PM is adequately supported by skilled and experienced programme and project management staff, familiar with how the methodologies can be appropriately tailored to manage delivery. Tailoring and following the '*principles*' of MSP and PRINCE2

methodologies, rather than committing to full compliance, would enable a robust enough structure to support successful delivery of the Programme, with the PMO bearing the burden of monitoring and reporting. The RT understands that the central Welsh Government Integrated Assurance Hub can provide practical advice and assistance on PMO setup, product specifications and artefact templates to support the PMO. If administration support is readily available and willing to train, this route could be an opportunity to gain knowledge in the programme and project environment.

Establishing clear processes, drawn from the best practice methodologies, and establishing a PMO will ensure sufficient resource and capacity/capability to coordinate delivery and manage the interface between policy and commissioning agendas, clinical advice and delivery and provide greater cohesion between these. Experience and example of successful best practice exists within the Collaborative, which could be harnessed if closer connections are established for greater support from the community to the Programme.

**Recommendation 4: Establish a Programme Management Office capability and appropriately adapt best practice methodologies for delivery, using artefacts/products and templates available from the Integrated Assurance Hub and or the NHS Collaborative. [Critical]**

## **9.6. Delivery resources and processes**

Currently, the Programme is being run by a small dedicated team. The SRO and Deputy SRO are performing their roles in addition to their full-time jobs. The Programme Manager, on a fixed term contract, is responsible for producing the Programme Business Case and managing/minuting all meetings, whilst producing a risk register and plan. There is limited administration support available on an ad hoc basis.

The Programme SRO does not have a letter of appointment, which is advised to set clear remit and boundaries of delivery and authority. The SRO currently performs the role in addition to her complex job. Due to the likely nature of the workload increasing in complexity and time commitment going into implementation phase, a full-time Programme Director position, to support the SRO, is advised.

The Programme has a high-level Gantt chart setting out planned activity – however, no critical path or resourcing is included. A comprehensive, resourced Plan, with an agreed Critical Path, is required to properly identify resource requirements and priorities for the wider team and manage delivery going forward.

Key artefacts to improve assurance within the PMO and each workstream/project could include (but are not limited to):

- a) A robust risk and issues register (RAID) for tracking and setting out risk management approach is needed
- b) A detailed and agreed programme plan containing milestones, a critical path and resource information for demand/capacity planning
- c) A dependency log or matrix using impact assessments could be considered due to the inter-dependencies and complexities of the delivery landscape

- d) A benefits map, linked back to strategic outputs, to drive what success means to strengthen the benefits currently documented
- e) When implementation commences the projects (and project managers of the workstreams) that feed the Programme would benefit from utilising templates/ artefacts to ensure consistency of reporting and ease for the Programme manager and PMO to collate information for Boards
- f) A delivery RAG confidence status and 'Back to green' actions report to give clear deadlines for commitment.
- g) A Programme Communication and Engagement Strategy

The key to success will be to ensure that appropriately qualified and experienced Project Managers lead all the workstreams and engage fully with the PMO service to deliver the outputs of the programme to time and quality. Although the RT understands and recognises the enthusiasm of key stakeholders, they cannot be expected to accept the burden of delivery management in addition to their challenging and demanding day jobs.

**Recommendation 5: Review and establish ownership, the SRO appointment, for the next phase of the Programme. [Critical]**

**Recommendation 6: Appoint a full-time Programme Director. [Critical]**

**Recommendation 7: Specify and ensure that at go-live each Business Case and Project workstream within the Programme is led by an appropriately qualified and experienced project manager supported by a dedicated team [Essential – By Programme Business Case approval]**

## **10. Next assurance review**

The DCA for this Review is Amber/Red and will trigger a follow-up Assurance of Action Plan (AAP) Review in approximately 12 weeks time (Sept 2021). Arrangements for the AAP will be made in accordance with Assurance Hub requirements.

## **ANNEX A - List of Interviewees**

The following stakeholders were interviewed during the review:

<b>Name</b>	<b>Organisation and role</b>
Matthew Ager	Welsh Government Lead for Radiation in Health; representing WG Sponsor (deputy for Rob Orford)
Dr Andrew Champion	Assistant Director, Evidence Evaluation, (WHSSC)
Nic Cowley	Head of Sourcing – Commissioning, Capital & IMT (NHS Wales Shared Services Partnership - Procurement Services)
Stuart Davies	Director of Finance (WHSSC)
Mr Mark Elias	Consultant Radiologist (BCUHB)
Ian Gunney	NHS Capital, Estates & Facilities, Welsh Government
Liz Hargest	Education Development Manager, Education, Quality and Integration (Health Education and Improvement Wales)
Professor Neil Hartman	Head of Nuclear Medicine at Swansea Bay UHB
Dr Sian Lewis	Programme SRO and WHSSC Managing Director
Professor Chris Marshall	PETIC Lead, Cardiff University
Sarah McAllister	Programme Manager (WHSSC)
Steve Moore	Chief Executive of Hywel Dda UHB and Chair of the NIPSB
Professor Steve Riley	Head of School of Medicine, Dean of Medical Education, Cardiff University

## **ANNEX B - Progress against previous assurance review**

**NOT USED – this is the first Review of the Programme**

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## **ANNEX C – Terms of Reference**



# **All Wales Positron Emission Tomography – Computer Tomography (PET-CT) Programme**

## **Programme Assurance Review Terms of Reference**

Version: 0.2

May 2021

### **Introduction/Background**

The All Wales PET Strategic Programme Board (SPB) was established at WHSSC in December 2019 and tasked to develop and implement the recommendations from the November 2018 AWPET/WSAC report, “Positron Emission Tomography (PET) in Wales – Overview and Strategic Recommendations”.

A fixed-term programme manager post has been funded through the NHS Wales Health Collaborative and hosted by WHSSC. The Senior Responsible Officer (SRO) of the Programme Board is Dr Sian Lewis Managing Director, WHSSC and Deputy SRO is Dr Andrew Champion, Assistant Director, Evidence Evaluation and Effectiveness. The SPB is accountable to the National Imaging Programme Strategic Board, which sits outside of WHSSC.

The All Wales PET-CT Programme Business Case (PBC) is complete. Whilst this is primarily a capital funding request business case (£24.881M), the focus has also been on the supporting infrastructure for PET-CT service delivery over the next ten years, thus ensuring deliverability and sustainability is at the heart of the overall strategic approach. As such, the Programme will be structured and phased to take infrastructure constraints and needs into account.

Several expert groups and workstreams were set up to help develop the programme:

- A Clinical Programme Board developed an evidence-based clinical demand model for the next ten years and assessed future scope expansion of the service;
- A Workforce Programme Board produced an “ideal” workforce model, carried out a costed gap analysis and assessed roles and responsibilities;
- A Radiopharmaceutical Group defined existing and future scope, and
- An RD&I workstream established current research activity and scoped opportunities for linking with academia and industry in areas such as Artificial Intelligence.

The PBC follows the Five Case Model in line with HM Treasury Green Book and Welsh Government best practice guidance as set out in ‘Better Business Cases: Guide to Developing the Programme Business Case’.

The new Programme Manager started in November 2020 and has focussed on developing the All Wales PET Strategy and writing the PBC. In January 2021, WHSSC secured the services of an external consultancy firm (Archus) to assist with the Economic and Financial Cases. Archus’ input has resulted in accelerating the PBC write-up.

Version 2  
February 2019

The NHS Wales Health Collaborative Executive Group (CEG) will be reviewing the PBC for endorsement on the 18th May, following which, we will submit to Welsh Government.

The Preferred Way Forward of the Programme will see installation of four fixed PET-CT scanners. The implementation will be phased, dependent on clinical demand and infrastructure readiness. The most pressing need is the replacement scanner at the Cardiff site and as such, we will be submitting a Business Justification Case to Welsh Government at the same time as the PBC. Following this, the Programme is set out so that a fixed scanner can be installed at the Swansea and North Wales sites, following submission and approval of OBC and FBCs. A fourth scanner is intended to be installed to meet clinical demand in 2026/27, but the site is yet to be considered. These plans are detailed within the PBC.

### **Main area of concern**

This Programme is a “first” for all involved: for WHSSC, for the SRO, Assistant SRO and for the Programme Manager. As such, we are seeking views and advice from a critical friend to ensure that this All Wales Programme has the highest prospect of success. Furthermore, the Programme Business Case submission to Welsh Government is imminent and we require a Gateway Review to confirm strategic alignment.

The governance structure and organisational arrangements of the NIPSB are about to change, with a consolidation on the horizon for the NHS Wales Health Collaborative. In consideration of this, we are seeking additional assurance that the Programme is set-up in the optimal fashion for delivery.

A significant issue facing this Programme is the urgent need for a replacement scanner at the PETIC site. This scanner is already 5 years beyond its planned replacement date and replacement parts are difficult to obtain. This has been an issue for at least 3 years, but because of delays in obtaining a business case from PETIC which could be supported by either WHSSC or WG, this replacement has not taken place. The scope of works and equipment has expanded to include the radiopharmaceutical production facility, as a result of the Programme development work. WHSSC has commented on several iterations of the recent PETIC Business Justification Case, and as a result of the quality of this document and issues surrounding the set-up of the facility (Cardiff University owned, hosted at Cardiff and Vale UHW, providing NHS scanning), we want to seek some assurance and review of the set-up at PETIC, including contracts and management capability, to ensure deliverability of a the Project at this site.

It is important to note there is an interdependency with work in Betsi Cadwaldr University Health Board with the Nuclear Medicine Consolidation Programme, which has already seen a SOC submitted to Welsh Government (October 2020). Betsi Cadwalladr are currently undertaking a public engagement process around the location of centralised nuclear medicine services, which includes PET scanning, as part of the next steps in the process of business case development.

### **Exam questions**

Specifically we would like the Review Team to focus on the Programme set-up and take advice to ensure that the Programme is being managed effectively.

In addition, we would like the Review Team to review and comment on the status of the PETIC situation, specifically some assurance that the Project is/will be managed effectively on the NHS behalf.

## **Position paper for Welsh Government colleagues on the future governance arrangements for the All Wales Positron Emission Tomography (PET) Programme**

**October 2021**

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### **Situation:**

Following Welsh Government scrutiny and receipt of support from all Health Boards, Welsh Government (WG) Ministers endorsed the All Wales PET Programme Business Case (PBC) on the 25<sup>th</sup> August 2021.

The Programme team at the Welsh Health Specialised Services Committee (WHSSC) are now working to shift the Programme from development, into the implementation phase. To enable successful delivery, this shift in phasing will realise the refresh of some of the existing groups, in addition to the setting-up of new structures within the Programme architecture.

To ensure successful implementation of this strategic All Wales capital replacement Programme, WHSSC have assessed the existing governance arrangements with a view to putting in place appropriate levels of authority and control over the Programme, in addition to a suitable escalation arrangement.

### **Background:**

The All Wales PET Programme exists as a Programme within the Strategic Resource Planning Workstream of the Imaging Portfolio that reports to the National Imaging Programme Strategy Board (NIPSB; see Figure 1). This Board is chaired by Steve Moore (Chief Executive, Hywel Dda University Health Board) and is hosted by the NHS Wales Health Collaborative (Collaborative). The NIPSB was set-up following publication of the Imaging Statement of Intent<sup>1</sup>. WG currently supports the Imaging Portfolio by providing £500k per annum to the Collaborative to fund project and programme management for multiple improvement initiatives (see Figure 1).

The PET Programme is currently hosted at WHSSC, as mandated by Andrew Goodall, Director General for Health and Social Services and the NHS Wales Chief Executive<sup>2</sup>. This decision was based upon PET provision being commissioned by WHSSC as a specialised service, in addition to WHSSC's unique positive standing concerning All Wales stakeholder engagement,

<sup>1</sup> Welsh Government, Imaging Statement of Intent (Mar 2018)

<sup>2</sup> Goodall, A. 2019. Letter to Martin Rolles. 28 March

historical participation in PET service developments and in-depth understanding of service delivery.

Despite being hosted at WHSSC, the development of the PBC was carried out within the NIPSB governance structures at the Collaborative. This involved the PET Programme Board being required to seek endorsement for the PBC via the NHS Wales Collaborative Executive Group (CEG). The terms of reference for the CEG, stipulate that:

*"Decisions made by the Collaborative Executive Group that would have a material impact on services delivered by health boards, trusts or special health authorities, on the content of the Collaborative Team work programme will be advisory to the Collaborative Leadership Forum and will be referred back to that Forum for agreement. Where necessary, such recommendations may need to be agreed by individual boards.*

*The Collaborative Executive Group has no specific delegated authority from statutory health bodies, although Chief Executives may make commitments via the Collaborative Executive Group within the normal limits of their delegated authority".*

The PET Programme is currently noted by the NIPSB as having separate governance arrangements (Figure 1), however the current requirements for the Programme Board are for it to follow CEG approval and review routes.

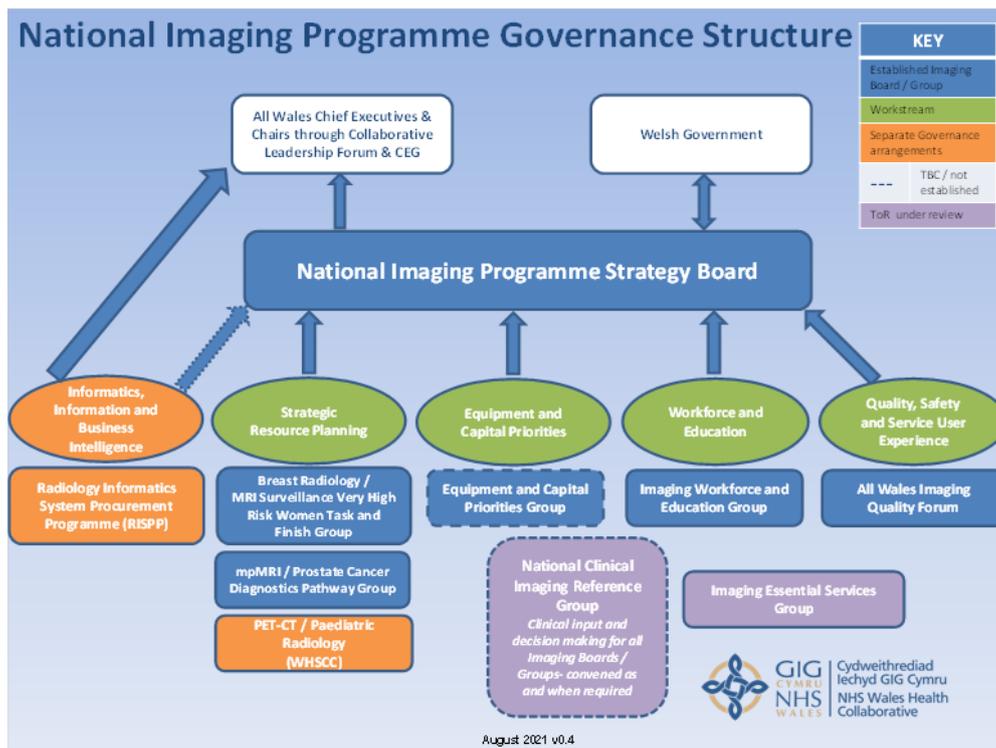


Figure 1. National Imaging Programme Governance Structure (August 2021; v0.4)

## Assessment:

Given the complex nature of the PET Programme and its infrastructure requirements, alongside the urgency for scanner replacement, it is important to ensure that sufficient oversight, governance and escalation routes are in place throughout Programme implementation.

Clarity is required surrounding the top-level Programme governance and it is critical this is defined before implementation begins. The WG Integrated Assurance Hub coordinated a Programme Assurance Review (PAR) of the All Wales PET Programme in June 2021. This Review noted a requirement for the Programme to:

*"...reconstitute the governance structure to bring greater cohesion between policy direction, clinical advice and decision making".*

Individual members of CEG i.e. Chief Executives, have delegated authority from their Health Board, which they can exercise through the CEG. However, as a group, CEG does not have specific delegated authority from statutory health bodies. In addition, the long-term future of the Collaborative Executive Group is unknown in light of the NHS Executive function on the horizon. Therefore, the existing governance arrangements, whereby the WHSSC-hosted PET Programme Board reports into the CEG, does not allow for an appropriate level of authority and control over the Programme, nor does it provide a suitable escalation arrangement.

In contrast, the WHSSC Joint Committee has been established for jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales. Therefore, a feasible alternative to top-level Programme governance could be that the Joint Committee receive assurance and oversight from the Programme Board on the authority and control over the Programme. This would also be favourable in light of WHSSC having the commissioning role for PET services in Wales.

## Recommendation:

WHSSC therefore proposes that in response to the phasing of the Programme delivery, the All Wales PET Programme adjusts its top-level governance routes and reports into the WHSSC Joint Committee, in place of CEG (Figure 2). WHSSC believes that this proposal answers all key concerns that currently exist regarding the level of authority and escalation required for this All Wales Programme, as noted in the PAR report.

Mark Dickinson (Acting Director, NHS Wales Health Collaborative) and Amanda Evans (National Imaging Portfolio Programme Lead, NHS Wales

Health Collaborative) discussed and agreed this proposal on 7th October 2021.

This paper is put forward to the WHSSC Joint Committee for agreement that it is best placed to receive assurance and oversight from the PET Programme Board on the authority and control over the Programme, and that any issues can be escalated to the Joint Committee for resolution if appropriate, notwithstanding the role of WG.

If formally supported by the WHSSC Joint Committee, we will recommend this new top-level governance arrangement to Welsh Government as Programme Sponsors, seeking formal approval.

WHSSC is cogniscent of the benefits of maintaining a strong and productive relationship with the Collaborative and NIPSB, in addition to its part of the wider Imaging Portfolio. Hence, WHSSC proposes that the Programme continues to report monthly progress to NIPSB for information and feedback. WHSSC wishes to continue to work closely with colleagues and collaborate with partners in common Programmes and improvement initiatives (Figure 2).

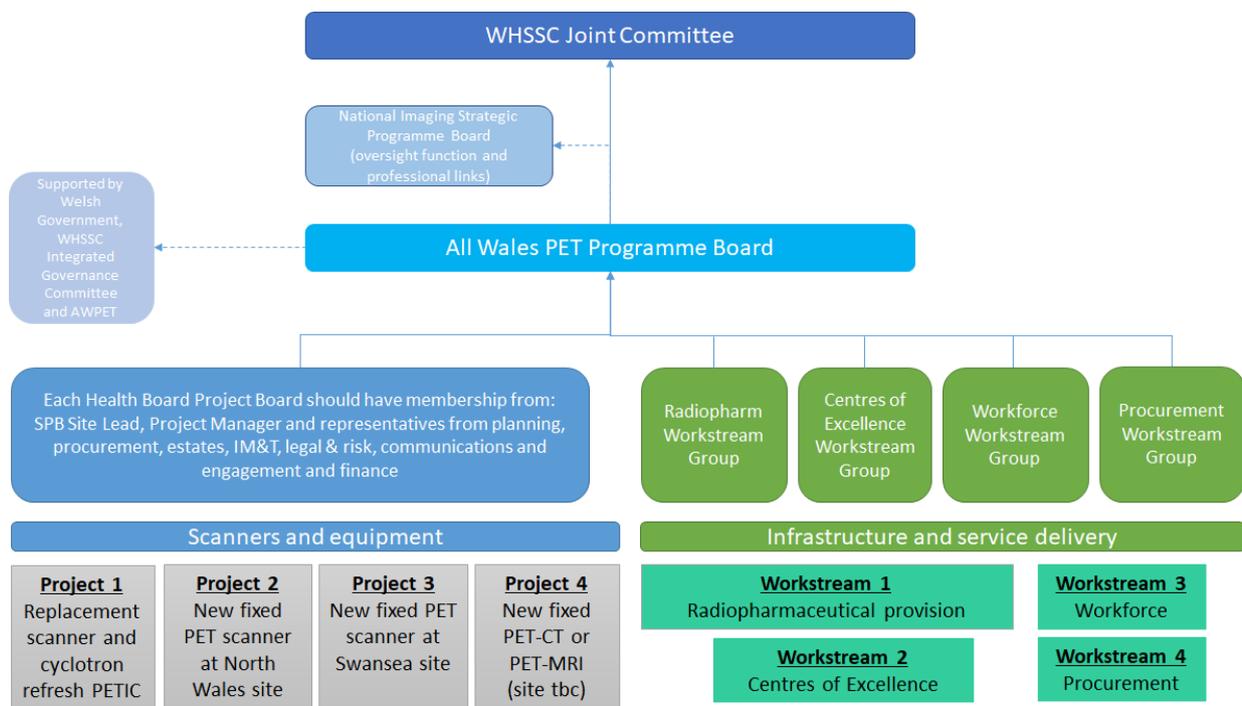


Figure 2. Proposed All Wales PET Programme governance structure

## Funding request for resources for an All Wales PET Programme Management Office (PMO) at WHSSC

### SINGLE STAGE BUSINESS JUSTIFICATION CASE - LOW VALUE AND RISK (£0 TO £250K VALUE OF PROCUREMENT)

SRO:	Dr Sian Lewis (Managing Director, WHSSC)
Programme Manager:	Dr Sarah McAllister
Organisation:	Welsh Health Specialised Services Committee (WHSSC)

	Name	Meeting Date
Endorsed by:	WHSSC Joint Committee	

	Name	Signature	Date
Prepared by:	Dr Sarah McAllister		
Reviewed by:	Dr Andrew Champion  Stuart Davies  James Leaves		
Approved by:	Dr Sian Lewis		

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# INTRODUCTION

## Purpose of this Business Justification Case (BJC)

This BJC has been written in response to a recent mandate letter from Andrew Goodall [REF] requesting that WHSSC take on the responsibility of the All Wales PET Programme.

Specifically, this business case seeks to address the Recommendations noted in the Welsh Government Integrated Assurance and PPM Team facilitated Programme Assurance Review (PAR) Report that specifies a requirement to set up a centralised programme management office (PMO) at WHSSC and appoint a Programme Director to enable successful delivery.

This PMO BJC outlines the potential role and value that this PMO would offer the delivery of both the capital replacement projects, and the wider strategic infrastructure considerations of an all-Wales PET service.

## What is PET?

Positron Emission Tomography (PET) is a scanning technique that produces detailed 3-dimensional images of the inside of the body. A PET-CT scan is most commonly used in combination with a computerised tomography (CT) scan to produce images that are even more detailed. The main clinical benefit of using PET-CT scanning lies in its ability to link changes in metabolic activity (PET), with anatomical imaging (CT), allowing for more accurate identification of the location, size and shape of tumours through identifying abnormal cellular activity. PET-CT scans are being increasingly used for non-cancer indications e.g. diagnosing early onset Alzheimer's and dementia.

PET influences clinical decision making and there is an increasing body of high-quality evidence to demonstrate the contribution of PET to improved patient outcomes. Many studies have demonstrated the role of PET-CT in accurately diagnosing and staging certain cancers in order to determine subsequent treatment plans, which enables the avoidance of inappropriate patient management and allows for best prognosis and patient care.

## Current PET service provision in Wales

WHSSC commission and approve funding of PET scans for the population of Wales in line with the criteria presented in commissioning policy CP50a[REF] and service specification CP50b [REF]. The All Wales PET Group underpins the commissioning of PET Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales. It uses an evidence-based approach to advise WHSSC on the introduction of new indications (including non-oncological indications), ensuring that all decisions are made following a systematic review of the available evidence.

NHS Wales currently has three providers delivering PET-CT services:

- A fixed site at the University Hospital of Wales in Cardiff (the Wales Research and Diagnostic Positron Emission Tomography Imaging Centre; PETIC).
- A mobile service at Wrexham Maelor Hospital (2 days per week).
- A mobile service at Singleton Hospital, Swansea (2 days per week).

## Issues facing PET scanning in Wales

The issues facing the Welsh PET service are longstanding and were clearly described in several strategic documents published in 2018<sup>1,2,3</sup>.

In brief, there is a growing and aging population (particularly in those aged over 65), thus the demand for PET-CT is increasing substantially in the UK and other countries across the world. Critically, in his 2020 report 'Diagnostics: Recovery and Renewal', Professor Sir Mike Richards indicated that between 2014/15 and 2018/19 demand for PET-CT in England increased by 18.7% per annum in England. The Richard's Report recommends that scanning equipment should, as a minimum, be expanded in line with current growth rates and that all imaging equipment older than 10 years be replaced.

In Wales however, scanning activity levels are lower when compared with the rest of the UK. In 2019 it was estimated that Wales was performing approximately 40% of the PET scans per million of population compared to England. In addition, NHS Wales has a list of commissioned indications for PET-CT that is limited compared to England and Scotland, although this gap is closing with new indications added each year in Wales since 2017. Furthermore, Wales has just 0.6 scanners per million population versus ~1.0 scanners per million population in other devolved nations of the UK. The picture becomes bleaker when comparing performance and infrastructure with the rest of Europe and beyond. Several other significant considerations for this programme are:

- Poor patient experience and quality issues associated with mobile scanners;
- the fixed PET-CT scanner in Cardiff being older than its recommended, useful life;
- critical workforce issues facing the wider imaging radiology profession;
- assurance of radiopharmaceutical supply, and
- the need for equitable patient access to research, development and innovation activity in Wales.

## National strategic drivers for an All Wales PET Programme

The All Wales PET Advisory Group (AWPET) and the Welsh Scientific Advisory Committee (WSAC) 2018 report<sup>3</sup> recommended that WHSSC should lead on developing a Programme Business Case (PBC) for PET-CT capacity in Wales and that it should consider increased clinical demand projections, estates, staffing requirements and research for the next 10 years.

Following these report recommendations, Andrew Goodall (INSERT TITLE) wrote to WHSSC, requesting that it lead on writing a PBC with a view to addressing the various issues facing the Welsh PET service<sup>4</sup>. This decision was based upon PET provision being commissioned by WHSSC as a specialised service, as well as its unique positive standing concerning All Wales

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<sup>1</sup> Welsh Government, Imaging Statement of Intent (Mar 2018)

<sup>2</sup> Auditor General for Wales (Wales Audit Office), Radiology Services in Wales (Nov 2018)

<sup>3</sup> All Wales PET Advisory Group (AWPET) and the Welsh Scientific Advisory Committee (WSAC), Positron Emission Tomography (PET) in Wales - Overview and Strategic Recommendations (Nov 2018)

<sup>4</sup> Goodall, A. 2019. Letter to Martin Rolles. 28 March

stakeholder engagement, historical participation in PET service developments and in-depth understanding of service delivery.

The All Wales PET Programme Board was set up by WHSSC in early 2020. The PET Programme currently exists as a Programme within the Strategic Resource Planning Workstream that forms part of the National Imaging Programme Strategy Board (NIPSB). This Board is chaired by Steve Moore (Chief Executive, Hywel Dda University Health Board) and is hosted by the NHS Wales Health Collaborative (Collaborative). The NIPSB was set-up following publication of the Imaging Statement of Intent [REF]. WG currently supports this by supplying £500k per annum to the Collaborative to fund project and programme management for multiple imaging improvement initiatives.

### Status of the All Wales PET Programme

The Programme Board submitted the PBC to WG in June 2021. Following scrutiny at the July 2021 Welsh Government Infrastructure Investment Board and receipt of Letters of Support from all seven Health Boards and Velindre NHS Trust, WG Ministers endorsed the All Wales Positron Emission Tomography Computerised Tomography (PET-CT) Programme Business Case (PBC) on the 25<sup>th</sup> of August 2021 {REF LETTER}.

Several expert groups were set up to help develop the programme:

- A Clinical Programme Board developed an evidence-based clinical demand model for the next ten years and assessed future scope expansion of the service;
- A Workforce Programme Board produced an “ideal” workforce model, carried out a costed gap analysis and assessed roles and responsibilities;
- A Radiopharmaceutical Group defined existing and future scope, and
- An RD&I workstream established current research activity and scoped opportunities for linking with academia and industry in areas such as Artificial Intelligence.

The PBC followed the Five Case Model in line with HM Treasury Green Book and Welsh Government best practice guidance as set out in ‘Better Business Cases: Guide to Developing the Programme Business Case’ [REF].

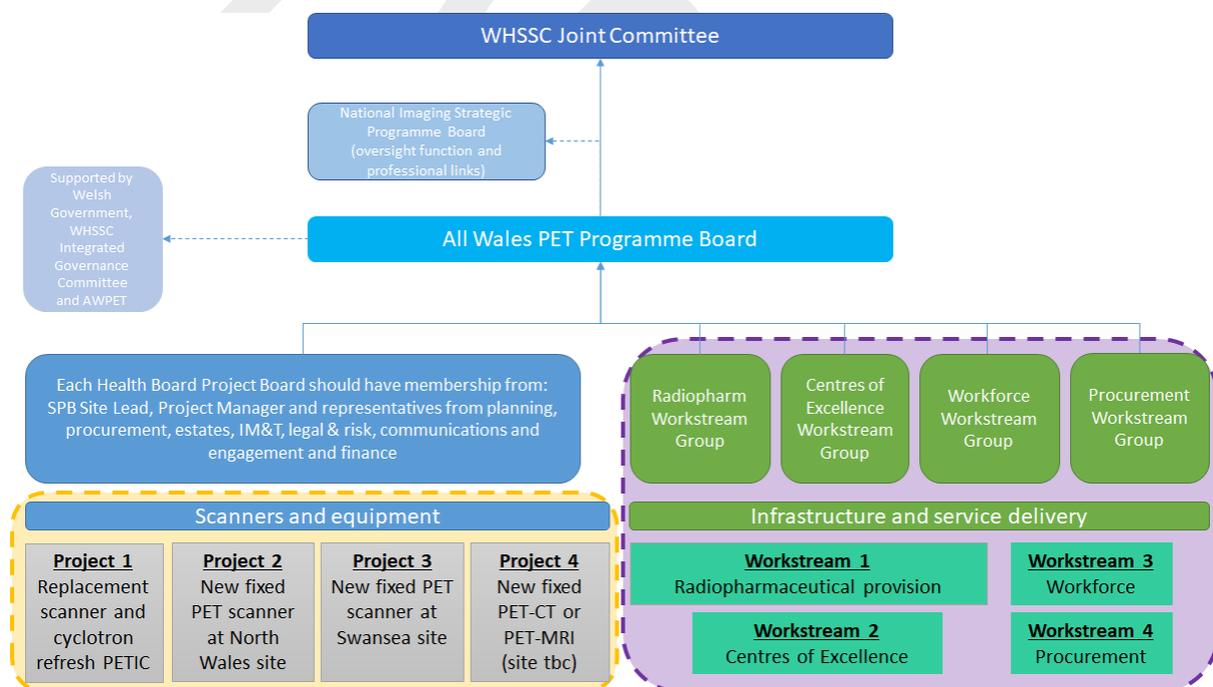
The PBC is primarily a capital funding request business case, requesting circa £25million. The preferred way forward for the programme involves four projects that will, over the course of five years, update the existing fixed facility at Cardiff, replace mobile scanners with fixed scanners at the Swansea and North Wales sites and at a fourth location (to be defined). Each Project will have a local Project Board and/or Project Team at the relevant HB/site and will report into the Programme Board at WHSSC, with appropriate local approval routes also defined in each case. Capital funds will be released by WG to the sites, pending approval of a Project-level outline and full business cases for each.

In addition to defining the capital equipment and build requirements for the future Welsh PET service, the PBC also focusses on the strategic needs surrounding supporting infrastructure for PET-CT service delivery over the next ten years. This approach should

ensure longevity, deliverability and sustainability is at the heart of the overall strategic approach. Consideration is given to Welsh population needs, equitable access, constraints surrounding workforce provision and radiopharmaceutical supply. A strong case can be made that success of the all-Wales PET Programme is not solely reliant on purchasing capital equipment and the associated build, but also on achieving the needs of the surrounding wider infrastructure that PET service delivery is dependent upon.

Therefore, the Programme has been designed so that the strategic and wider infrastructure aspects facing the PET service delivery can be addressed in the mid- to long-term. The PBC proposes four accompanying Workstreams running alongside the capital replacement Projects (Figure X). It is anticipated that the PET Programme team at WHSSC manages these Workstreams.

Figure 1: Governance structure of the All Wales PET Programme



The orange box denotes the capital replacement projects included in the programme. The purple box denotes the workstreams that are required to enable full realisation of the programme benefits and facilitate successful delivery of the capital replacement projects and wider PET service strategy.

Implementation of the Programme has been structured and phased to take infrastructure constraints, such as staff recruitment, into account.

The Programme is now moving into the implementation phase and the Programme team are now expected to fully implement the recommendations of a recent Programme Assurance Review.

### Programme Assurance Review (PAR) of the All Wales PET Programme

Gateway review assessments are mandatory for all major, novel or contentious Welsh Government funded NHS infrastructure investment programmes and projects. On advice

from Welsh Government’s Integrated Assurance and PPM Team, the All Wales PET Programme underwent a Programme Assurance Review (PAR) in June 2021. This review was organised by the Welsh Government Integrated Assurance Team. Four external Programme and Project management experts were invited to review the Programme set-up and forward management. They then published a report that included several important recommendations.

The PAR Report noted several key positive areas. These included the Programme team’s leadership, coordination and tenacity for bringing the PET community together and producing the high quality PBC. They note “The RT [Review Team] were extremely encouraged to hear from stakeholders that they understood the importance and criticality of enhancing digital PET-CT services for Wales. They expressed appreciation and enthusiasm for the Programme and the approach being taken, particularly their regular interaction with the Programme Manager.”

The PAR Report commended the SRO and WHSSC team on the engagement and collaboration that had taken place over the past few months, noting “there is widespread agreement that WHSSC is naturally placed to ‘hold the ring’ across Wales in respect of the programme”.

Despite a largely positive appraisal, the Review Team published the following conclusions and ranked the Programme as Amber/Red:

- The need to “reset” the Programme for the next phase, ensuring that appropriate top-down governance is in place to engage and manage projects and workstreams for delivery,
- Review and establish ownership for the Programme going forward, formalising the SRO appointment, and
- Identification and recruitment of additional suitably experienced and capable resources at the Programme level, including the appointment of a Programme Director and PMO team, and for the projects and workstreams delivering key enablers and business changes at Health Boards.

Based on their findings the Review Team made the recommendations, which were prioritised as either critical, essential or recommended. These are provided in Table 1.

*Table 1. Table detailing the recommendations made by the June 2021 Programme Assurance Review of the All Wales PET Programme*

PAR Recommendation	Urgency (critical, essential or recommended)	WHSSC responses and actions to the recommendations
<p><b>RECOMMENDATION 1:</b> Reset the Programme for the next phase of delivery.</p>	<p>Critical</p>	<p>WHSSC are to request for WG to formally appoint the SRO, who can then consider an appropriate governance structure and arrangements.</p>

<p><b>RECOMMENDATION 2:</b> Review and develop benefits identification and mapping for the Programme to clearly identify the linkage of enablers delivered to care pathways and measurable patient outcomes (benefits).</p>	<p>Essential</p>	<p>The benefits have undergone additional work and have been re-mapped following further input from AWPET, WG colleagues and the Review Team Leader of the PAR. Benefits profiles and detailed realisation plan is in the process of being written.</p>
<p><b>RECOMMENDATION 3:</b> Strengthen the Procurement Strategy and requirements, particularly to address scanner supplier selection, to ensure efficiency of service and support business continuity arrangements and assurance regarding Value for Money.</p>	<p>Essential</p>	<p>There have been two meetings with some of the key stakeholders of the Procurement Workstream. General points are agreed, and a draft ToR is undergoing review. Next steps are awaiting more detailed project delivery plans from SBUHB and BCUHB.</p>
<p><b>RECOMMENDATION 4:</b> Establish a PMO capability and appropriately adapt best practice methodologies for delivery, using artefacts/products and templates available from the Integrated Assurance Hub and or the NHS Collaborative.</p>	<p>Critical</p>	<p>This is covered in this PMO Business Justification Case. <i>(Linked to Rec 6)</i></p>
<p><b>RECOMMENDATION 5:</b> Review and establish ownership, the SRO appointment, for the next phase of the Programme.</p>	<p>Critical</p>	<p>WHSSC to request that a programme mandate is issued by WG as Sponsor of the programme, alongside a formal appointment of the SRO, if/when PBC is endorsed. <i>(Linked to Rec 1)</i></p>
<p><b>RECOMMENDATION 6:</b> Appoint a full-time Programme Director.</p>	<p>Critical</p>	<p>This is covered in this PMO Business Justification Case. <i>(Linked to Rec 4)</i></p>
<p><b>RECOMMENDATION 7:</b> Specify and ensure that at “go-live”, an appropriately qualified and experienced project manager supported by a dedicated team leads each Project Business Case and Project workstream within the Programme.</p>	<p>Essential</p>	<p>Project teams are in the process of being set-up for all projects. The Programme will ensure that this is a pre-requisite of all project teams and that it is accounted for in the reporting to Programme Board.</p>

#### Additional detail for PAR Recommendations 1 and 5

An SBAR paper has been prepared by WHSSC for WG outlining amendments to the existing top-level Programme governance (see Appendix A). This proposal was approved by the NHS Welsh Health Collaborative on 7th October 2021 and was endorsed by the WHSSC Joint Committee on the 9th November 2021. **\*\*TBC\*\***

The revised structure ensures that appropriate and effective top-down governance will be in place to oversee the Programme.

#### Additional detail for PAR Recommendations 4 and 6

The Review Team (RT) expressed the view that the Programme needs to be adopting a *twin-speed rolling-wave* approach, where “the implementation of the here and now is managed in parallel with the planning for next tranche of work”. The RT believes there would be benefit in appointing a full-time Programme Director to support the SRO and to do the ‘look ahead’ and manage the interface between policy, delivery and clinical advice at strategic levels with Cardiff University and the Health Boards. Working with a Programme Management Office (PMO) function, with a Programme Manager, the Programme Director would bring about the twin-speed rolling-wave approach.

The RT noted in their report that they are “firmly of the view that significant investment in a PMO would be a major step forward to aiding robust programme planning arrangements, fully support the projects and workstreams of delivery and increase the likelihood of the programme’s success in enabling significant benefits to patient services and treatment outcomes”.

It was also made clear that there is widespread agreement that WHSSC is naturally placed to host the Programme. As specialist commissioners, they have the necessary national leadership profile. Endorsement and formal appointment of the SRO would be helpful to then allow for a formal realignment and strengthening of leadership and governance going forward.

The need to embed more formally robust Programme Management controls going forward for the next phase (implementation) was highlighted by the Review Team. As the tempo and complexity of the Programme increases as it moves into delivery, the need to maintain co-ordinated delivery across the key organisations and provide leadership to ensure the programme remains aligned to a national approach will become increasingly challenging and important.

In conclusion, the expert Review Team noted that mandating WHSSC to “hold the ring”, appoint a Programme Director/Lead and set up a PMO would ensure accountability for delivery, whilst simultaneously maintaining sustained overall programme rigour recognising the autonomy and accountabilities that individual organisations have at an operational level once implementation is underway. Without this reset, they noted that there is the risk that divergent delivery of outputs across the programme could continue, leading to misalignment, further delay and increased risk to delivery.

## What is a Programme Management Office?

Having a strategy does not automatically ensure realisation of benefits or delivery of change. Only through effective implementation can a strategy be achieved. The level of success is dependent on the approach and methodology for delivery and execution.

A Programme Management Office (PMO) can be defined as “the function providing the information hub and standards custodian for a Programme and its delivery objectives” [REF MSP]. There are many reasons for project and programme success and failure. A PricewaterhouseCoopers (PwC) global survey of more than 1,500 participants, from more than 30 industries and almost 40 countries<sup>5</sup> [REF] found that operating an established PMO is one of the top three reasons that drives successful programme and project delivery and critically that, “established PMOs result in projects with higher quality and business benefits”.

The primary function for PMOs can be to offer simple reporting or monitoring services<sup>6</sup>, such as acting as the information hub; to provide a holistic view of the programme; coordinating activities centrally for greater efficiency and control, and driving efficiency across the portfolio by maximising resources and avoiding redundancy and waste. Roles and responsibilities of a PMO include:

- Benefits – to ensure there is a consistent approach to benefits management on projects;
- Commercial – to ensure the organisation acts as an ‘informed customer’ when it comes to procurement and commercial contracts;
- Communications and stakeholder engagement – to ensure effective management of stakeholders;
- Information management – be the custodian of all master copies of project information;
- Consultancy and performance management – provide internal consultancy and expertise in project management processes;
- Finance – establish professional financial control within projects;
- Risk – ensure that projects have effective risk management processes in place;
- Issues – ensure effective issues control processes are in place on projects;
- Change control - ensure effective change control processes are in place on projects;
- Planning and estimating – facilitate the development and maintenance of project plans and dependencies;
- Quality assurance – ensure the projects’ products are capable of realising the benefits expected;
- Resource management – ensure that current and future projects have the right human resources with the right skills at the right time and ensure those resources are used efficiently;
- Reporting – collect data and generate reports to different stakeholders;

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<sup>5</sup> *Insights and Trends: Current Portfolio, Programme, and Project Management Practices: The third global survey on the current state of project management* PriceWaterhouseCoopers. 2012.

<sup>6</sup> *When will you think differently about Programme Management?* PriceWaterhouseCoopers. 2014.

- Secretariat/administrator – provide project administrative support, and
- Tools expert – provide expertise in software tools which can support the change environment.

However, PMOs may take on additional functions beyond standards and methodology (as above) and either facilitate or actively participate in strategic project/programme management<sup>7</sup>. This could be termed a “Strategic PMO”. The Strategic PMO must have at minimum is the authority to:

- Align the programme to other external all-Wales initiatives – ensuring outcomes and benefits are the priority.
- Customise program and project management practices - taking into consideration the internal and external contexts of an organisation when defining methodology that will deliver optimum strategic value.
- Enhance governance and accountability - ensuring that all of the projects are carried out in an effective and efficient manner.
- Optimise the investment of the portfolio of programs and projects - continuous improvement in the practices of program and project management, optimising the utilisation of resources.
- Manage talent - Engaged, experienced staff lead to success [PWC 2014]
- Ensure stakeholder buy-in - evidence shows that the use of efficient and effective communication methodologies have a positive effect on the success of programs and projects (projects with efficient and effective communication methods were 17% more likely to finish within budget, according to PMI and PwC)
- Drive needed change - driving and managing organisational change so that strategy is effectively implemented and the expected benefits and changes are realised.
- Proactively navigate risk – the Strategic PMO creates a culture of proactive risk management by the identification and navigation of threats as well as opportunities.
- Disseminate and manage lessons learned from projects

For the success of a Strategic PMO there must be executive-level support to avoid use of the PMO as a simple administrative and functional support for methodology, reporting and as-needed resources.

## THE CASE FOR CHANGE

This section sets out the case for change in order to deliver the Programme and focuses on the existing programme management resourcing arrangements (what is currently happening;

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<sup>7</sup> Bull, L., Shaw, K., & Baca, C. (2012). Delivering strategy: organizational project management and the strategic PMO. Paper presented at PMI® Global Congress 2012—North America, Vancouver, British Columbia, Canada. Newtown Square, PA: Project Management Institute.

October 2021), and the Business needs (what resource is required to close the gap between existing arrangements and where the service needs to be in the future).

### Existing arrangements

#### Existing arrangements of the Programme Team

There is currently one fixed-term Programme Manager in post who has been leading the All Wales PET Programme since appointment in November 2020. This post is hosted at WHSSC and reports to the SRO (WHSSC TITLE) and Deputy SRO (WHSSC TITLE). Both the SRO and deputy SRO roles are carried out in addition to their substantive posts.

Funding for the Programme Manager comes to WHSSC from the £500k WG fund allocation to the Imaging Initiative via the NHS Wales Health Collaborative Imaging Group. Funding is due to continue until 31<sup>st</sup> March 2022. In a meeting with the Portfolio Lead for Imaging (Collab) on the 30<sup>th</sup> of September 2021 it was confirmed that there will not be further funding for the PET Programme Manager post from the 1<sup>st</sup> of April 2022.

The existing Programme Manager is currently undertaking all work associated with set-up of Programme governance and structure, so that Projects and workstreams can be appropriately managed and coordinated during implementation. This work is in addition to putting in place the necessary documentation that is required to run the Programme and carrying out actions associated with the PAR Report and WG scrutiny comments. In addition, the existing Programme Manager is:

- acting as the single point of contact for all elements of the Programme;
- setting up meetings;
- writing minutes;
- writing reports and business cases;
- managing interdependencies;
- managing risks and issues;
- developing monitoring and reporting mechanisms;
- ensuring that documentation and audit trails are maintained;
- developing plans;
- meeting with key stakeholders
- developing benefits profiles and the Benefits Realisation Plan;
- developing a robust Communications & Engagement Strategy, and
- providing effective engagement with key internal and external stakeholders.

#### Existing arrangements of the Project Teams within the Programme

Each capital implementation Project as described in the PBC is at a different stage of development and at the time of writing this PMO BJC, each capital replacement Project Board and Team is in the process of being set-up. The existing arrangements vary for Project:

- Project 1 (PETIC) – this Project Business Justification Case is being reviewed by the WG Infrastructure Investment Board on the 3<sup>rd</sup> November 2021. If approved, a Project Manager post will be created at Cardiff University (CU) that will have professional lines of accountability to both C&VUHB and the

Programme Manager at WHSSC. Funding for this Project Manager post will be through capitalisation of the post at CU. Terms of Reference for the Joint Project Board and Joint Project Team have been written and are undergoing review.

- Project 2 (BCUHB) – as noted in the PBC, there is significant interdependency of the Project with an existing initiative to consolidate the Nuclear Medicine services in North Wales . It is proposed that the north wales PET project will be encompassed within the existing Nuclear Medicine Consolidation Programme governance structure. This was approved by BCUHB on 20 October 2021. Any additional PM support at BCUHB will be included in their Project Outline and Full Business Cases.
- Project 3 (SBUHB) – initial discussions are underway as to the optimum set-up for the Project Team. Any additional PM support at BCUHB will be included in their Project Outline and Full Business Case.

### Business needs

There are a number of challenges within the existing arrangements, which will make it increasingly difficult to deliver a successful and high-quality PET Programme. Continuing with existing arrangements is not feasible because there are some significant business needs facing the all-Wales PET service, and failure to deliver the Programme will result in deterioration of the service, growing costs and impact on clinical outcomes and patient experience.

The PAR Report has highlighted several areas of concern. The main challenges are presented in Table 2.

*Table 2. Table detailing the needs of the Programme for successful delivery*

Programme need	Description
There is a need to address the lack of certainty surrounding funding for the existing Programme Manager post from 1st April 2022.	Without a Programme Manager in place, the Programme Board at WHSSC will be unable to apply even basic control and governance.
There is a clear need to appoint a Programme Director/Lead.	The PAR Report recommends the need to have a Programme Director in place “with a clear understanding of the PET-CT strategy, who can take on day-to-day management of the Programme and its constituent projects keeping the SRO fully apprised of progress, issues and risk mitigation. The Programme Director will also be the liaison link with projects and work streams in other organisations”.
There is a clear need to set-up a small PMO.	A need for a Programme Manager and one administrator post was included in the PBC. The PAR Report states that the existing set-up is “unlikely to be able to cope”. It notes that “...establishing a Programme Management Office (PMO) will ensure skilled and experienced programme and project

	<p>management staff, familiar with how the methodologies can be appropriately tailored to manage delivery, and adequately support the PM”.</p> <p>The PAR Report also noted that it recognised the enthusiasm of key stakeholders, but they cannot be expected to accept the burden of delivery management in addition to their challenging and demanding day jobs.</p>
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### The case for change

In summary, there is a clear need to put in place additional resource at a centralised PMO so that the benefits of the capital investment can be fully utilised and associated programme benefits realised. The level of resource allocated will determine the role and function of such a PMO.

There is a tangible opportunity for this Programme to reach its full potential whereby, in addition to having governance and control of the four implementation capital Projects, it could actively manage the supporting strategic infrastructure workstreams allowing for all-Wales facilitation, coordination, oversight, resilience, linkage and learning.

## OPTIONS ANALYSIS

Project management support for individual Projects are out of scope for this option analysis. This is because each Project has different requirements for support (see Section X above) and each Health Board will be able to capitalise a Project Manager post upon the asset in place at each locality. These individual circumstances will be reflected in their relevant Project business cases.

Therefore, the options considered focus solely on possible resourcing options for a PMO at WHSSC.

### Scope and main deliverables

The overall scope of this PMO BJC is to put forward an option for funding a centralised PMO resource that will enable successful delivery of the All Wales PET strategy and associated business cases for services up to 2031. PMO functions are described above.

The aims of the all-Wales PET PMO are to:

- Act as a centralised all-Wales function for facilitation, coordination, oversight, resilience, linkage and learning for the PET Programme.
- Provide effective management, monitoring, assurance and control of the Programme on behalf of the Programme Board and SRO.
- To effectively plan, design and build capacity to ensure successful implementation of the capital projects at each PET site in Wales.

- To effectively lead and manage the workstreams and other strategic initiatives associated with the Welsh PET services strategy that will include the multi-disciplinary workforce, procurement of equipment, radiopharmaceutical supply, RD&I, clinical, technological and industry advances.
- Assist and facilitate local sites in producing strategic business cases for future PET-CT services.
- Support the development of the capacity of the indication list and the AWPET group.

Areas that are excluded from this PMO are:

- Ongoing maintenance of the service – the PMO will work closely with WHSSC commissioning planning colleagues on all relevant areas of cross-over e.g. continuous improvement, data collection.
- Local project management support – these individual needs at each PET site are addressed separately to reflect local situations, however close working relationships will be built and maintained.

By considering the range of business functions and operations to be affected and the key services required to improve organisational capability, 'scope creep' can be avoided during the options appraisal stage of the project. Coverage and services are considered on the following continuum of need:

- **Core or “basic PMO function”:** Essential resource that must be included at WHSSC in order for a basic level of control over all Projects, to address immediate risks and ensure basic PET service continuity and to assist the Programme Board in a basic level of oversight.
- **Desirable “supportive and interactive PMO function”:** Additional elements that should be included at the PMO to enhance the programme and deliver greater value for money through delivery of projects, workstreams and achievement of programme benefits.
- **Optional “strategic PMO function”:** Possible elements that could be included in the PMO to maximise programme function and programme benefits, providing they can be justified on a marginal low cost and affordability basis.

Table 3: Potential scope – key PMO service functions

PMO role and responsibility description	Core	Desirable	Optional
Information management	✓		
Reporting	✓		
Secretariat and administrative support to Projects	✓		
Risk – ensure that projects have effective risk management processes in place	✓		
Issues – ensure effective issues control processes are in place on projects	✓		
Quality assurance	✓		
Finance – establish professional financial control within projects	✓		
Benefits – to ensure there is a consistent approach to benefits management on projects		✓	
Communications and stakeholder engagement – to ensure effective management of stakeholders		✓	
Change control - ensure effective change control processes are in place on projects		✓	
Planning and estimating – facilitate the development and maintenance of project plans and dependencies		✓	
Resource management		✓	
Commercial – to ensure the organisation acts as an ‘informed customer’ when it comes to procurement and commercial contracts			✓
Assist projects in Gateway Reviews			✓
Consultancy and performance management – provide internal			✓

PMO role and responsibility description	Core	Desirable	Optional
consultancy and expertise in project management processes			
Tools expert – provide expertise in software tools which can support the change environment			✓
Align the programme to other external all-Wales initiatives			✓
Customise program and project management practices			✓
Continuous improvement in the practices of program and project management, optimising the utilisation of resources			✓
Ensure stakeholder buy-in			✓
Forward planning of upcoming programme tranches			✓
Liaison link with projects and work streams in other organisations			✓
Running small pilot studies or research projects that are relevant and beneficial to the programme aims			✓

## Main options

Table 4: Table detailing the assessment of each option facing the potential solutions to the programme needs

Dimension	Option description	Advantages	Disadvantages	Conclusion
Do nothing	1 <b>Continue with existing arrangements:</b> Funding for the existing Programme Manager ceases on 31 <sup>st</sup> March 2022	None.	Without a Programme Manager in place, the Programme Board at WHSSC will be unable to apply even basic control and governance over the Projects within the Programme and no supporting Workstreams will start.	Lack of resourcing will result in Programme failure. <b>Discount</b>
Intermediate options	2 <b>Fund a Programme Manager post only:</b> as per the current job description	Basic control and governance over the Projects will be possible.	It is likely that the supportive and strategic workstreams will not start, or only make limited progress, due to the capacity of one individual occupied with the priority focus of Project delivery coordination and reporting.  Likely to result in disconnect and loss of a co-ordinated delivery across the key organisations.	Insufficient to manage a complex and national Programme.  This option will result in possible Programme failure and/or limited number of Programme benefits realised. <b>Do minimum</b>

Dimension	Option description	Advantages	Disadvantages	Conclusion		
			Very little resilience if the Programme Manager is on leave, sick or resigns.			
	3	<p><b>Fund a Programme Manager and administrative post:</b> as originally proposed in the PBC</p>	<p>The administrative post will relieve the administrative burden from the Programme Manager.</p> <p>The Programme Manager will be more effective and would spend more time on Programme delivery, rather than writing minutes and planning meetings.</p> <p>It is likely that the supportive and strategic workstreams will be set-up.</p>	<p>There will be limited resource to employ the “twin-speed rolling-wave approach”, where the implementation of the here and now is managed in parallel with the planning for next tranche of work.</p> <p>There is no option to take on the burden of work that will increase for the SRO.</p> <p>There is little resilience.</p>	<p>This minimal resourcing will result in basic control and order functionality over the Programme.</p> <p>This option will result in possible Programme success but with a limited number of Programme benefits realised.</p>	<b>Business as usual</b>
	4	<p><b>Set up a PMO which includes a Programme Lead:</b> as described and recommended in the PAR Report</p>	<p>Having a Programme Lead will ensure that key strategic links, opportunities and forward focus of the PET Programme are addressed.</p>	None.	<p>This level of resourcing will result in a PMO that surpasses a basic control functionality over the Programme.</p> <p>Instead of a passive, reporting-focused PMO,</p>	<b>Preferred option</b>

Dimension	Option description	Advantages	Disadvantages	Conclusion
		<p>There is resource to employ a “twin-speed rolling-wave approach”, where the implementation of the here and now is managed in parallel with the planning for next tranche of work.</p> <p>The Programme Lead can take increasing workload burden from the SRO and deputy SRO, who are already carrying out these roles in addition to their day jobs.</p> <p>This option will ensure PET infrastructure is considered on an all-Wales and strategic basis, with workstreams managed as effectively as the Project coordination.</p> <p>This option will provide the PET programme with a resilient function that can offer more in-depth</p>		<p>there will be capacity and appropriately skilled individuals to facilitate, coordinate and lead the Programme ensuring it reaches its full potential.</p> <p>This option will result with Programme success and all Programme benefits realised.</p>

Dimension	Option description	Advantages	Disadvantages	Conclusion	
		<p>support to the Project sites.</p> <p>There would be sufficient resource to carry out additional activities such as patient and public involvement, research activity and data processing.</p> <p>This option fulfils recommendations 4&amp;6 of the WG Assurance Hub Gateway review Report (PAR).</p>			
Do maximum	5 <b>Set up a larger sized PMO which includes an expanded team and takes over the local PM function for projects</b>	<p>Beyond Option 4, having additional posts within a PMO will offer marginal additional advantages, such as increased resilience and opportunities for staff progression.</p> <p>This option would allow capacity for the PMO to take on any additional WG-WHSSC strategic initiatives.</p>	<p>This option will not offer value for money.</p> <p>This option will not allow local sites to take sufficient control over local delivery and this lack of local focus offers risks to delivery of projects.</p>	<p>This option will likely result in possible Programme success (as described in Option 4).</p> <p>This option would remove the local intelligence and would potentially put projects at risk.</p> <p>A PMO that is too heavily resourced does not offer value for money.</p>	

## PREFERRED OPTION

Based on the information presented in Table X, the PMO BJC proposes Option 4 as the Preferred Option. This decision is based upon an assessment of the scope for each option against each of the main deliverables (Table X).

**Option 1** or “do nothing” has been discounted based upon the outcome of almost certain programme failure with no programme management support to the Programme Board.

**Option 2** would only allow for a basic level of control over the programme.

**Option 3** is an option that would allow for the core PMO functions to be addressed, but with limited functionality due to capacity of posts.

**Option 4** is deemed to provide sufficient resource for a PMO to not only apply basic control, but to support all aspects of the programme i.e. strategic workstreams and projects within the programme. This would ultimately lead to realisation of benefits.

**Option 5** has been discounted because while it covers all points noted in Option 4 and allows for additional strategic initiatives to be undertaken, the risk of limiting local control of the discrete capital projects will likely lead to disconnect and possible failure. It also does not provide value for money.

Table 5: Potential scope – options to answer business need

Dimension	Option description	Core	Desirable	Optional
Do nothing	1 Continue with existing arrangements			
Intermediate options	2 Fund a Programme Manager post only	✓ (Some)		
	3 Fund a Programme Manager and administrative post	✓	✓ (some)	
	4 Set up a small PMO (including a Programme Lead)	✓	✓	✓
Do maximum	5 Set up a medium sized PMO that takes on local function	✓	✓	✓

### Benefits the Preferred Option

The Preferred Option should address all the business needs and deliver a range of benefits, including

Table 6: Main benefits of the Preferred Option

Benefit	Description	Beneficiary	Type of benefit
Achieving all of the benefits listed within the All Wales Programme Business Case	<p>There are thirteen benefits identified in the All Wales PET PBC (see Appendix X).</p> <p>Having additional posts within a centralised PMO will permit the full depth and breadth of the Programme benefits and opportunities being met.</p> <p>The role and function of the PMO will be to lead in this area – acting as a centralised resource for the benefits owners and to facilitate, plan, coordinate, collate data, analyse and write reports in regard to the programme benefits.</p>	<p>Welsh Patients</p> <p>NHS Wales</p> <p>NHS Workforce</p> <p>Welsh PET sites</p> <p>Welsh economy</p>	Mixed (Financial, Quantitative, Qualitative)
Reduction in burden to site leads and health boards	<p>The increased resource at the PMO will mean that there will be active participation and facilitation in the projects and workstreams. This will ultimately lift the administrative, strategic writing and other burden from project and workstream leads e.g. all wales procurement workstream.</p>	<p>PET Programme</p> <p>NHS Workforce</p>	Qualitative
Appropriate level of governance and control of the programme	<p>The PMO will provide assurance to the Programme Board and the Sponsor that appropriate processes are in place and followed, in line with the governance structure.</p>	<p>PET Programme</p>	Qualitative
Increased resilience	<p>The additional resource will move away from the existing arrangements, in which there is a single point of failure. There will be sufficient resilience within the small team to support the programme in periods of annual leave and sickness.</p>	<p>PET Programme</p>	Qualitative
Appropriate national and local linkage with dependent programmes	<p>The PMO set-up proposed in the Preferred Option will mean that the Programme Lead will be able to have capacity and time to ensure that links with other All Wales and local initiatives that are dependencies to the PET programme are appropriately linked e.g. RISPP, TRAMS. This will avoid lost opportunities.</p>	<p>PET Programme</p> <p>NHS Patients</p>	Qualitative
Appropriate communication and engagement	<p>A full communication and engagement strategy will be utilised.</p>	<p>PET Programme</p> <p>NHS Patients</p>	Qualitative
Increased opportunities for continuous	<p>The PMO will act as a central coordination site to share learning</p>	<p>PET Programme</p>	Qualitative

Benefit	Description	Beneficiary	Type of benefit
improvement and collaboration	across Projects and full function of the supporting workstreams.		

### Risks of the Preferred Option

Risk is the possibility of a negative event occurring that adversely impacts on the success of the future programme and future service delivery model.

Identifying, mitigating and managing risk is crucial to successful programme delivery. The key risks are likely to be those that mean the programme will not deliver its intended outcomes and benefits within the anticipated timescales and spend. The main risks identified are listed below:

Table 7: Main risks

Risk category	Risk
Resilience	Risk of insufficient staffing capacity at the PMO to meet programme demand resulting delays in business case submissions, progress reporting and Board/governance oversight issues.
Demand	Risk that demand and capacity requirements have been under or over-stated.
Workforce	Risk of insufficient workforce available at the PMO to provide high quality support, control and leadership to the programme.
Implementation	Without a sufficiently resourced centralised PMO function, the Programme will likely become a monitoring or /control-only function. This would lead to a risk of strategic aims of the programme not being completed resulting in a disconnected PET service and benefits not fully realised.
Funding and finance	Risk of insufficient revenue funding available to a PMO to deliver programme.

### Timescales of the Preferred Option

The projects within the Programme are phased in line with realistic deadlines and take into account the constraints facing the NHS Wales radiology service in terms of workforce (Table X). These are high-level dates. Some of the timelines presented in Table X may change as the detailed plans are developed for each project.

It is anticipated that fixed digital PET scanners will be in place and operational at sites for Projects 1, 2 and 3 by January 2024. The programme has a yes/no decision point in place for April 2023 to assess whether a fourth scanner is required (by when and where).

If the decision for a fourth scanner is “no” then the PMO would be needed as a minimum until 31<sup>st</sup> March 2024. However, this may not leave enough time to complete what is currently Tranche 4 (Programme closure and lessons learned) and present a risk to the Programme if any projects overrun.

The clinical demand model used as the foundation of the PBC was strongly evidence-based. It is because of the clinical demand model that a strong case was made for the fourth scanner. If a fourth scanner is deemed as required by the Programme Board, an independent process will be followed to select the most appropriate location. At this stage of the programme, Projects 1, 2 and 3 will be reaching closure and completion.

Thus, in order for the all-Wales PET Programme to be sufficiently supported, the PMO BJC requests resource for the preferred option for at least 1<sup>st</sup> April 2022 to 31<sup>st</sup> September 2024 (to allow for potential closure of the Programme). This would involve the option to extend until 31<sup>st</sup> September 2026 if a positive decision is made for the fourth PET scanner.

*Table 8: Indicative timeline of the All Wales PET Programme tranches, Projects and business cases*

Business Case (BC)	Proposed date of Welsh Gov. BC approval	Proposed “go live” date	
<b>Tranche 1</b>			
<b>Project 1 - PETIC</b>			
BJC	November 2021	PET Scanner	August 2022
		Ion Source replacement	August 2022
		Hot Cell replacement	August 2023
<b>Tranche 2</b>			
<b>Project 2 - BCUHB</b>			
SOC1	December 2021	January 2024	
OBC/FBC	July 2022		
<b>Project 3 - SBUHB</b>			
OBC/FBC2	July 2022	December 2023	
<b>Tranche 3</b>			
<b>Project 4 – location TBC</b>			
Appraisal Process	April 2023	June 2026	
OBC3	January 2024		
FBC3	December 2024		
<b>Tranche 4: Programme Closure, PPE &amp; Lessons Learned</b>			
January 2027			

\*please note that timelines in this table have been updated since the PBC was endorsed to reflect existing local project timelines.

#### [Additional detail of the Preferred Option and a proposed PMO structure](#)

A schematic of the preferred option for the PMO structure is presented in Figure X. A more detailed description of the role and responsibilities of each role can be found in Table X.

The SRO will remain accountable to WG for the success of the programme. However, a Programme Delivery Lead / Head of the PMO will take a significant workload burden from the SRO and will be responsible for day-to-day leadership of the Programme. This post will be

critical and will take overall responsibility for delivery of the programme., The post holder will adopt a strategic focus and be responsible for workstream delivery in addition to oversight of individual projects.

The Programme Manager will report directly to the Programme Delivery Lead and will apply technical PPM expertise to the Programme. They will be responsible for control and monitoring of the capital replacement projects and various strategies that are employed as part of the PPM approach e.g. Benefits Management Strategy, Communication and Engagement strategy, Risk and Issues etc.

The Assistant Project Manager will work closely with the Programme Manager and be responsible for applying technical PPM expertise to enforce and maintain consistency and structure to all Programme elements.

A PMO Administrator Post will take on all meeting arrangements, documentation control and other administrative functions.

As this PMO will be hosted at WHSSC, there are areas of corporate support that will have to be accessed by the PMO such as, finance, expenses, HR and IM&T. These are functions that would be reasonably expected to be absorbed by the hosting organisation. However, beyond these standard provisions, there will be a clear need to have financial resource above what would normally be required. Expertise in reviewing the Financial Cases of Project Business Cases and scrutinising project progress reports to Programme Board will sit outside of the remit of the PMO. As such this PMO BJC puts forward some additional costings for this.

Figure 2. PET PMO organogram

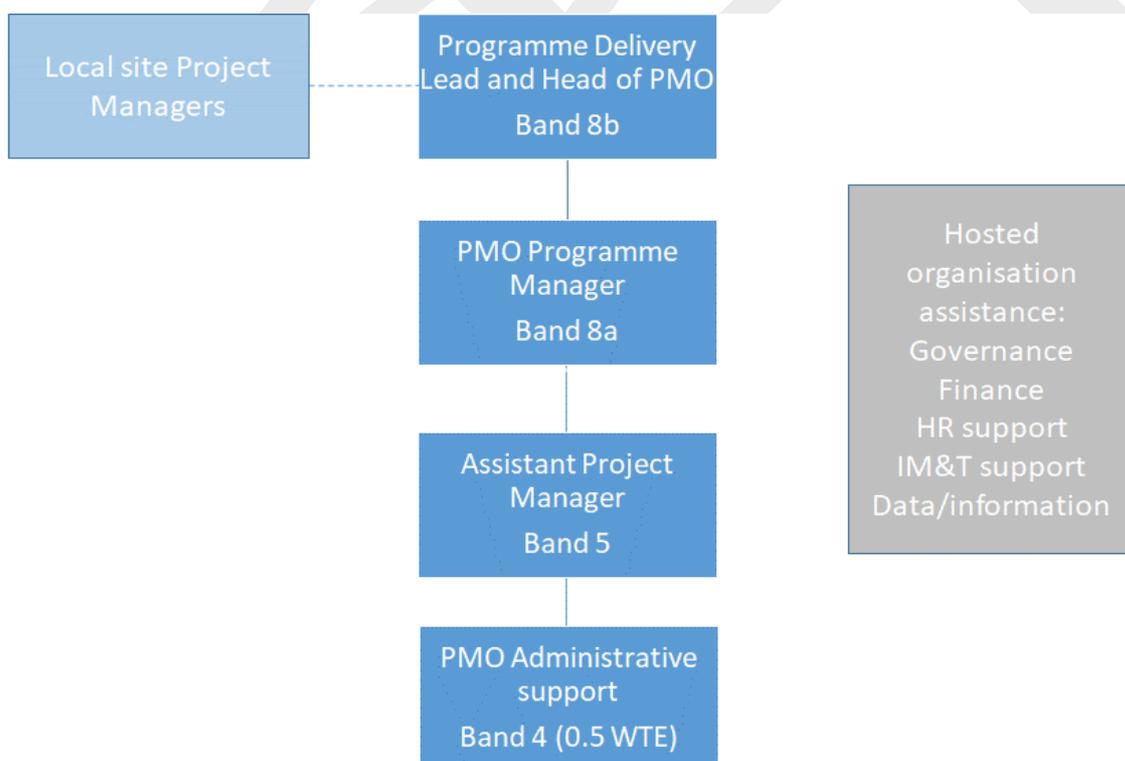


Table 9: Description of the proposed PMO roles for the Preferred Option

Programme Role	Description	Additional information
Senior Responsible Owner (SRO)	The Senior Responsible Owner (SRO) is accountable for the success of the Programme and is responsible for enabling the organisation to exploit the new environment resulting from the initiative, meeting the new business needs and delivering new levels of performance, benefit, service delivery and value.	It is proposed that this would remain as Sian Lewis (WHSSC, MD). As per the PAR Report, WG are the Programme Sponsor and have been asked to formally appoint Sian as SRO.
Programme Delivery Lead and Head of PMO	The Programme Delivery Lead provides the interface between programme ownership and delivery and acts as a focal point between the business and the Programme Manager. The Programme Delivery Lead will act as a link for all stakeholders at a strategic level and lead and drive forward the programme. The Programme Delivery Lead acts as a single point of contact with the Programme Manager for the day-to-day management of the initiative as a whole. This position is responsible for the ongoing progress of the Programme in its entirety on behalf of the SRO, to ensure the desired outcomes, benefits and objectives are delivered. The Programme Lead will take on specific responsibility of the strategic workstreams and have oversight of the project delivery. The Programme Delivery Lead will develop the various Programme Management strategies with the Programme Manager. This post will serve as a strategic link with external, relevant strategies and initiatives that may impact on the Programme and use influence to overcome issues that may arise.	This would be a newly created post (potential Band 8b).  An example JD:  3451423_ProgrammeDesignandDelivery
Programme Manager	The Programme Manager will support the Programme Delivery Lead and manage the PMO to deliver the initiative objectives and associated change. The role requires	This would be a revision of the existing post (potential Band 8a).

	<p>effective co-ordination of the projects, applying control and monitoring of progress. The Programme Manager will manage project interdependencies, having oversight and responsibility of risks and issues that arise. The Programme Manager will ensure that structures, processes and re-sources are in place to enable delivery of the initiative’s objectives. The role is crucial for creating and maintaining focus, enthusiasm and momentum within the PMO and with Project Leads to support projects delivery. The Programme Manager will have responsibility for implementing the various Programme Management strategies with the oversight and input from the Programme Delivery Lead. This role will require advance PPM expertise, in addition to influence and communication skills to on-board colleagues in external organisations. The Programme Manager will work closely with the Programme Delivery Lead to ensure that Benefits are a focus of delivery.</p>	<p>An example JD:</p>  <p>Band+8a++PMO+Programme+Manage</p>
<p>Assistant Project Manager</p>	<p>The Assistant Project Manager will utilise technical PPM expertise to enforce and maintain consistency and structure to all Programme elements. This crucial post will work with the Programme Manager to develop these mechanisms and then have responsibility for the maintaining the monitoring and reporting function of the PMO.</p> <p>This post will ensure that documentation and audit trails are maintained, be responsible for requesting and collating reports, maintain RAID logs, maintain and review actions against the Benefits Realisation Plan, maintain and review actions against a robust communications and engagement plan, sending out communications drafted by the Programme Delivery Lead or Programme Manager. This post would be responsible for minuting meetings and updating the website. The Assistant Project Manager will be responsible to collating data.</p>	<p>This would entail a newly created post (potential Band 5) to support the Programme Manager to deliver the PMO function.</p> <p>An example JD:</p>  <p>Assistant project manager PMO.doc</p>

<p>PMO Administrative Support (0.5 WTE)</p>	<p>Schedule all meetings for the programme, including regular Programme Board meetings, four Project Boards, four Project Teams, four Workstreams and any additional meetings that become applicable for PMO.</p> <p>Maintaining accurate contact information for group membership.</p> <p>Minuting meetings.</p> <p>Helping the Assistant Project Manager in document control, reporting and process control.</p> <p>Assisting the Programme Delivery Lead and Programme Manager in setting agendas and collating meeting papers.</p> <p>Filing and data inputting.</p>	<p>This would entail a newly created post (potential Band 4) to support the Programme Manager to deliver the PMO function.</p> <p>An example JD:</p>  <p>Planning Assistant.docx</p>
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### Sources and assumptions

The All Wales PET Programme underwent a Programme Assurance Review (PAR) in June 2021. This review was organised by the Welsh Government Integrated Assurance Team and involved four independent, external Programme and Project management experts concentrating a review of the Programme set-up and forward management. The Review Team then wrote a report that included several recommendations. This PMO BJC is based upon the recommendations of the independent and expert reviewers, appointed by Welsh Government to review the Programme.

In appraising the options, the existing Programme team at WHSSC have researched PMO structures and investigated with other PMOs, such as the PMO at Welsh Blood Service, Velindre NHS Trust and at NWSSP.

Based upon these comparisons and analysis of each proposed job role and function, this PMO BJC puts forward a proposal that is measured and appropriate to answer the recommendations of the PAR report.

## PROCUREMENT ROUTE

The existing WHSSC Programme team have explored potential funding options for the posts in Preferred Option. As no asset of the All Wales PET Programme sits within CTUHB, these posts cannot be capitalised. This was confirmed via a meeting with Rosie Cavill (Head of capital, Strategic and Operational Planning, CTUHB).

WHSSC are unable to provide funding for these posts. In addition, it was recently confirmed that the NHS Wales Health Collaborative do not intend to extend funding for the existing

Programme Manager and do not have funds to support any additional resource for the PET Programme.

## FUNDING AND AFFORDABILITY

As Sponsors of the PET Programme and funders of the initiative, we are requesting financial support from Welsh Government.

The request includes:

- Four PMO posts
- Four laptops and desks
- Provision for travel and expenses
- Provision for training
- Software (Microsoft Project and Visio)

The request is for an initial term of 2.5 years (1st April 2022 – 31st September 2024; Net Cost at £520,309), with the option to extend until 31st September 2026 (Net Cost £927,329) if a positive decision is made for the fourth PET scanner – decision made in April 2023.

Table 10: Cost and Funding for the Recommended Option

COSTS	Total	YEAR 1	YEAR 2	Q1, Q2	Q3, Q4,	YEAR 4	YEAR 5
		2022/23	2023/24	YEAR 3	YEAR 3	2025/26	2026/27
<b>Capital Expenditure</b>							
Fixed assets	-						
Software	-						
Other Capital item	-						
<b>Total Capital costs (CAPEX)</b>	-	-	-		-	-	-
<b>Operating Expenditure</b>							
Personnel	857,299.50	190,511.00	190,511.00	95,255.50	95,255.50	190,511.00	95,255.50
Depreciation	-						
Maintenance	-						
Operating licences etc.	7,848.00	1,744.00	1,744.00	872.00	872.00	1,744.00	872.00
Training	6,394.00	5,095.00		1,299.00			
Hardware and set-up	5,140.00	5,140.00					
Finance provision from within WHSSC	42,075.00	9,350.00	9,350.00	4,675.00	4,675.00	9,350.00	4,675.00
Travel, conferences and expenses	8,573.00	1,905.11	1,905.11	952.56	952.56	1,905.11	952.56
<b>Total Operating costs (OPEX)</b>	<b>927,329.50</b>	<b>213,745.11</b>	<b>203,510.11</b>	<b>103,054.06</b>	<b>101,755.06</b>	<b>203,510.11</b>	<b>101,755.06</b>
<b>Total Project Costs (CAPEX+OPEX)</b>	<b>927,329.50</b>	<b>213,745.11</b>	<b>203,510.11</b>	<b>103,054.06</b>	<b>101,755.06</b>	<b>203,510.11</b>	<b>101,755.06</b>
<b>Revenue</b>							
Sales							
Other Revenue							
<b>Total Revenue</b>	-	-	-		-	-	-
<b>Net Cost</b>	<b>927,329.50</b>	<b>213,745.11</b>	<b>203,510.11</b>	<b>103,054.06</b>	<b>101,755.06</b>	<b>203,510.11</b>	<b>101,755.06</b>

Please note that the red line represents the decision point at which decision for the fourth scanner will be made

## DELIVERY ARRANGEMENTS

The delivery arrangements for the All Wales PET Programme are articulated in detail in the Management Case of the Programme Business Case. This includes:

- Governance arrangements,
- Programme and project plans,
- Programme assurance,
- Benefits delivery, and
- Risk and issue management.

Please see Appendix X for the full Management Case.

## APPENDICES

### Appendix A – Benefits Map and Register



Benefits Map - All  
Wales PET v0.8 SM.p



PET CT PBC Benefits  
Tracker\_MASTER v0.8

### Appendix B – Financial appraisal table



Worksheet PET  
PMO business-justif

### Appendix C – Full Programme Business Case Management Case

BRAND



**GIG**  
CYMRU  
**NHS**  
WALES

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

		Agenda Item	2.5
Meeting Title	<b>Joint Committee</b>	Meeting Date	09/11/2021
Report Title	<b>Neonatal Transport – Update on the development of a Neonatal Transport Operational Delivery Network</b>		
Author (Job title)	Specialised Planning Manager for Women and Children		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	This paper provides an update on progress to establish an operational delivery network (ODN) for neonatal transport. It also notes that due to operational workforce pressures across the system, the Senior Responsible Officer (SRO) for the programme requests that Joint Committee supports an extension of the current interim 24 hour model until the end of June 2022.			
RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the actions from the Neonatal Transport workshop,</li> <li>• <b>Note</b> that a letter has been issued to Neonatal Transport Colleagues from the SRO explaining the delay to the programme,</li> <li>• <b>Approve</b> the extension of the current interim 24 hour model until the end of June 2022,</li> <li>• <b>Support</b> the next steps required to establish the programme of works</li> </ul>		

**Considerations within the report** (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓				✓
Principles of Prudent Healthcare	YES	NO	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

**Commissioner Health Board affected**

Aneurin Bevan	✓	Betsi Cadwaladr		Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓
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**Provider Health Board affected** (please state below)

Cardiff & Vale University Health Board and Swansea Bay University Health Board

## 1.0 SITUATION

This paper provides an update on progress to establish an operational delivery network (ODN) for neonatal transport. It also notes that due to operational workforce pressures across the system, the Senior Responsible Officer for the programme request Joint Committee to support an extension of the current interim 24 hour model until the end of June 2022.

## 2.0 BACKGROUND

It was agreed at the extra-ordinary Joint Committee meeting held on 19<sup>th</sup> of April 2021 that Swansea Bay UHB (SBUHB) would lead the development of an Operational Delivery Network for Neonatal Transport to be implemented from the 1<sup>st</sup> of January 2022. At the same meeting, it was agreed that the interim transport model would remain in place until the end of December 2021.

A Neonatal Transport workshop took place in early July 2021 with the neonatal transport community, chaired by the CEO of the Swansea Bay University Health Board (SBUHB), who is also the SRO for the development. The workshop provided a helpful steer to inform the structure and timeframe of the programme of works needed to develop a Neonatal Transport Operational Delivery Network, with a collective agreement on the steps needed to move the programme of works forward and the principles of an Operational Delivery Network.

The key actions from the meeting are attached at **Appendix 1**.

## 3.0 ASSESSMENT

Whilst the workshop provided a positive collective platform to implement the ODN there have been significant operational workforce pressures across the entire system. This means that there have been delays in progressing this programme of works. A letter has been issued to Neonatal Colleagues informing them of the challenges in meeting the December deadline. The consensus view, supported by the SRO for the programme is that the implementation of the ODN should be delayed until June 2022. A new programme timeline and action plan has been developed and is outlined at Table 1 below.

**Table 1 – Revised action and target dates**

<b>Task</b>	<b>Deadline</b>	<b>Responsible organisation</b>
Meeting between SBUHB, the Maternity and Neonatal Network and the Clinical Lead of each unit.	End of December 2021	SBUHB / NHS Collaborative
Meetings between SBUHB and each of the referring and provider units.	End of December 2021	SBUHB
Semi-structured interviews between SBUHB and the Medical and Nursing Directors of each HB.	End of December 2021	SBUHB
Develop programme structure for the development of a Neonatal Transport ODN including programme timetable.	End of December 2021	SBUHB
Cot demand and capacity work	End of December 2021	WHSSC
Develop programme structure for the development of the operational model for the permanent 24 hour model and programme timetable.	End of December 2021	SBUHB

The SRO has directed further support from within SBUHB into this programme and both the NHS Wales Health Collaborative and WHSSC will support this. There is therefore a level of confidence that these revised timelines can be met.

#### **4.0 RECOMMENDATIONS**

Members are asked to:

- **Note** the actions from the Neonatal Transport workshop,
- **Note** that a letter has been issued to Neonatal Transport Colleagues from the SRO explaining the delay to the programme,
- **Approve** the extension of the current interim 24 hour model until the end of June 2022,
- **Support** the next steps required to establish the programme of works.

<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	Recognised as a high priority.	
Health and Care Standards	Safe Care Effective Care Timely Care	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item.	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	The workshop considered the quality, safety and patient experience implications to develop a Neonatal Transport Operational Delivery Network, with a collective agreement on the steps needed to move the programme of works forward and the principles of an Operational Delivery Network.	
Resources Implications	Resource implications are outlined in the report.	
Risk and Assurance	Concerns have been expressed and discussed previously around the governance issues with current transport service. Implementation of an ODN will address the concerns.	
Evidence Base	-	
Equality and Diversity	Ensuring equity of access to transport services is key.	
Population Health	N/A	
Legal Implications	There are no legal implications associated with this report.	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Choose an item.		.
Choose an item.		

Neonatal Transport Workshop  
1<sup>st</sup> of July 2021  
13:00 – 16:00

## Present

Mark Hackett (Chair), Alexander Crawford, Claire Harding, Helen Fardy, Amit Khandari, Angela Hayward, Becci Ingram, Celia Satherley, Claire Richards, Claire Payne, Elisa Smit, Buffy Gallagher, Kimberley Meringolo, Kylie Hart, Mark Dickinson, Matthew Edwards, Michelle Mason-Gawne, Michelle Phillips, Ross Whitehead, Sujoy Banerjee, Sunil Reddy, Susan Papworth, Phil Taylor

1.0	Welcome and introductions
	MH welcomed all members to the meeting. It was noted that invitations were shared with all provider organisations and referring organisations however there was no representation from Cwm Taf UHB and Hywel Dda UHB.
2.0	Aims and Objectives of Workshop
	MH noted the purpose of the workshop was an opportunity to understand the history to date and collectively agree on the steps needed to move the programme of works forward in particular the principles of an Operational Delivery Network.
3.0	Interim model – provider perspective
	Those in attendance were invited to reflect on their experiences of the interim model in particular positives and areas that needed to continue within the permanent model. The overwhelming feedback from the provider teams was that the interim model was working well as a Consultant delivered service and staff were fully committed to this. It was agreed that a positive development for the future model would be to develop a single point of contact and cot bureau.
4.0	Interim model – Referrer perspective
	Only one presentation was received from a provider organisation and it was noted that the 24 hour service was welcomed and played a key role in ensuring babies were transferred to the most appropriate unit in a timely manner.
5.0	Discussion
	MH noted that through this programme of works it would be key to address the concerns of the two reviews that had been carried out and those of the Commissioners.

	<p><u>Governance</u> It was noted that the Clinical group are assured by the scrutiny given by multi-professional Transport Sub-group. However it was agreed that the group would benefit from an external oversight group.</p> <p><u>Standardisation of equipment</u> CR confirmed that although services were not using standardised equipment this was no longer proving to be a clinical risk as there were suitable workarounds in place.</p> <p>SB noted that the reviews were positive about the quality and clinical service delivery of the model with evidenced good outcomes. It would be inappropriate to measure the service against national standards as the funding was not sufficient to operate to standards.</p>
6.0	Operational Delivery Network
	<p>BG presented a number of different ODN structures that are operational across NHS England, all are very different in their composition and population. It was therefore noted that there is not a one size fits all model and there was scope for Wales to develop an ODN that was appropriate to meet the needs of the population. It was agreed that BG would share the papers that had been developed outlining the different models.</p> <p>A wider discussion took place around the root cause of a number of Neonatal Transfers was babies not being born in the right place, HF confirmed work nationally was underway to address the number of babies under 32 weeks that are transferred ex-utero. AK noted that a perinatal cot bureau would be a key enabler in supporting this.</p> <p>The Group agreed that this was the ideal and an ODN with a broader remit would be beneficial longer term. BG noted a robust review of demand and capacity was needed to ensure that to support babies being born in the right places the cots were also available.</p>
7.0	Concerns, hopes and aspirations for the ODN
	<p>MH confirmed that at Joint Committee the decisions that had been taken were around Swansea Bay developing the service model by the end of December 2021 not the detail. MH noted that Swansea Bay UHB run a number of transport services successfully with staffing and governance models in place. The Major Trauma Network was another example of an ODN with good governance. MH confirmed that nobody within the current transport service would change employer or employment arrangements. MH confirmed he was open minded on the model however the solution needed to work for both providers and commissioners.</p> <p>Concerns were raised around the governance, financial flows and the service specification. The Group also noted the current expertise within</p>

	<p>the service and did not want the future model to impact negatively on this.</p> <p>HF noted that a commitment has been made by WHSSC Management Group that any future configuration would not financially destabilise the Neonatal Units. MH noted that Value for Money was a key consideration and would be worked through as part of the programme of works.</p> <p>BI noted that the funding for the interim model was supported by the Health Board for a period of 6 months however due to the further 6 month extension it was not sustainable nor for a future model. SBUHB and ABUHB confirmed that providing there was no reduction to the existing resource it was sustainable.</p> <p>MH confirmed there was a Service Specification however there were concerns expressed to him about it. SR noted that providing the financials were guaranteed there should not be an issue in meeting the requirements within the specification.</p> <p>SR queried whether the 3 provider model was the way forward. MH confirmed it was for the programme of work to determine however confirmed it was a South Wales service and would not be sustainable operationally by a single provide, SB would be taking the lead on the governance.</p> <p>BG queried when the clinical model would be discussed, MH confirmed this was a fundamental of the workplan however the paramount concern for all involved was the clinical safety of the mothers and babies. SB noted that a consultant delivered model was expensive but would not get away with anything different. Other areas have a non -consultant model in the main as Consultant numbers are too low, in Wales consultants are willing to deliver the service.</p> <p>BG raised concerns about the proposed new ODN and the implications for the existing network, MH confirmed that the first step would be to identify the function and the form would follow.</p>
8.0	Next steps
	<p>MH noted that an update on the discussion would be shared with Joint Committee and a formal programme structure with working groups would be established, in the main to consider:</p> <ul style="list-style-type: none"> <li>• Financial flows,</li> <li>• Compliance with the Service Specification</li> <li>• Governance</li> <li>• Management of the function</li> </ul> <p>MH thanked attendees for their time and commitment to the service.</p>



		Agenda Item	2.6
Meeting Title	<b>Joint Committee</b>		Meeting Date 09/11/2021
Report Title	Independent Patient Funding Request (IPFR) Panel Update		
Author (Job title)	Committee Secretary		
Executive Lead (Job title)	Director of Nursing/Medical Director	Public / In Committee	Public
Purpose	The purpose of this report is to provide the Joint Committee with an update on updating the terms of reference for the WHSSC All Wales Independent Patient Funding Request (IPFR) panel.		
	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>
			INFORM <input checked="" type="checkbox"/>
Sub Group /Committee	Integrated Governance Committee	Meeting Date	12/10/2021
	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are requested to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report,</li> <li>• <b>Discuss</b> the issues affecting the WHSSC All Wales IPFR panel and consider any action required to progress and resolve the issues.</li> </ul>		



**Considerations within the report** (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓			✓	

**Commissioner Health Board affected**

Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓
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**Provider Health Board affected** (please state below)

All

## UPDATE ON INDEPENDENT PATIENT FUNDING REQUEST (IPFR) PANEL

### 1. SITUATION

The purpose of this report is to provide the Joint Committee (JC) with an update on updating the terms of reference (ToR) for the WHSSC All Wales Independent Patient Funding Request (IPFR) panel.

### 2. BACKGROUND

The WHSSC All Wales Independent Patient Funding Request Panel (IPFR) are constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the Joint Committee), and hold delegated Joint Committee (JC) 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 HB has agreed to routinely provide. The terms of reference for the panel are outlined in Appendix 2 of the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)" was published – **see Appendix 1.**

A report was submitted to the JC on the 10 November 2020 informing members of the need to amend the governance process for IPFR decision making relating to both longstanding issues and issues related to the COVID-19 pandemic. The report outlined that the WHSSC - COVID-19 – Standard Operating Procedure 02, for Individual Patient funding (IPFR) decisions had been introduced and that there was a reliance on undertaking Chairs action<sup>1</sup> meetings to ensure effective decision making in accordance with the IPFR policy.

The report outlined that the COVID-19 pandemic had compounded existing issues regarding IPFR decision making and that consideration had been given to the future All Wales (WHSSC) IPFR Panel membership, and that lessons could be learned from the agile governance methods adopted during the pandemic.

The report made a recommendation to update the ToR for the WHSSC IPFR panel to support efficacy and quoracy, however this was not approved by the JC. The Clinical Director of AWTTC who chairs the IPFR QA group and the IPFR Managers Group took the view it was in their jurisdiction to amend the ToR and that WHSSC could not update its own ToR. The practical implication of not being able to update the ToR is that the WHSSC IPFR panel are consistently either non-quorate, or lack a chair due to clashes with diary commitments. Given that the panel is frequently subject to challenge (including Judicial Review) this represents a considerable legal and financial risk to the WHSSC.

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<sup>1</sup> For the Chairs action to be effective the Director of Specialised and Tertiary Services together with the WHSSC Medical Director or Director of Nursing and the Chair of the WHSSC Panel (or Vice Chair) were required to be in attendance.

### 3. IPFR TERMS OF REFERENCE

The governance and accountability for the IPFR QA group and the IPFR Managers Group relating to the WHSSC ToR is unclear, whereas the governance and accountability for the JC is clearly outlined in the WHSSC Standing Order's (SO's) which states that the WHSSC All Wales IPFR panel are constituted to act as a Sub Committee of the JC. The JC has responsibility for approving the ToR for all of its sub-committees.

In December 2020 enquiries were made to Welsh Government (WG) concerning the correct process to amend the current All Wales Panel WHSSC IPFR ToR to ensure that quoracy is achievable in order to support bi-monthly meetings. Due to competing work pressures WG were unable to provide a steer on how to progress.

Since then, further enquiries have been made to WG and an SBAR report was issued to them in August 2021 to outline the risks and seek advice on how to proceed. To date we have not received a clear direction from WG on how to resolve the issues and the JC are requested to consider any further required action to progress and resolve the issues.

### 4. GOVERNANCE, QUALITY AND RISK

The WHSSC IPFR panel terms of reference ToR are outlined in the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)". The All Wales policy stipulates that it should be reviewed on an annual basis, and this review is overdue and needs to be considered as a matter of urgency to ensure effective governance.

There are several risks that need to be considered when the policy is updated including:

- The policy itself has not been reviewed since 2017, and the terms of reference states that it should be reviewed annually. Recommendation 9 from the 2017 WG review stipulates that WHSSC and LHB's should review all their policies that refer to IPFRs and ensure that the policies taken together are up to date, consistent and coherent,
- Clarification has been requested from WG to confirm the authority of the Joint Committee in relation to the WHSSC IPFR panel being a sub-committee of the Joint Committee, and the fact that the TOR for WHSSC are featured as an appendix within the All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR), however no substantive advice has been received and discussions are ongoing,
- There is an urgent and long overdue need to review the TOR and confirm the approval process for updating the terms of reference to ensure effective governance and to enable WHSSC to update its TOR to meet the new demands on the panel as a consequence of the COVID-19 pandemic and the exacerbation of longstanding challenges in achieving quoracy,
- The Vice Chair stepped down from the role in 2021, and a replacement Chair has yet to be appointed and the panel is struggling to convene meetings due to the availability of the Chair,

- The TOR states that an Independent Chair will be “from existing members of the NHS organisations Boards” – this is not clear and open to interpretation – this could mean an IM from a HB, or it could mean someone who is independent from a HB, but still from an NHS body – this should be clarified if the TOR are reviewed,
- Selection process, the TOR are not clear on how the independent chair is appointed – so this is an issue as we would need to adhere to the TOR, demonstrate openness and transparency etc,
- The impact of the COVID-19 pandemic on the work of the panel cannot be underestimated, it affected both the way the panel was able to carry out its business and the number of requests submitted to the panel,
- It is worth noting that the IPFR QAG is chaired by the Clinical Director of the AWTTTC. However, the vast majority of IPFR requests received by WHSSC are for non-medicines, also the Clinical Director of AWTTTC is not required to have personal experience of either Chairing or being a member of an IPFR panel. WHSSC officers are concerned regarding the appropriateness of this governance arrangement,
- It is also important to recognise that the WHSSC IPFR panel considers significantly more requests per month than are considered by the average HB in a year. The small number of requests considered by HBs means that individual representatives often have limited experience prior to participating in the WHSSC panel which typically deals in complex non-medicine requests. The level of experience and expertise in WHSSC is considerably more than that found within the HBs.
- The current Chairs term of office ends in September 2022, when she will no longer be a HB Chair, therefore a recruitment process needs to commence in 2022,

In addition, the IPFR risk has been added as a new risk on the WHSSC Corporate Risk Assurance Framework (CRAF).

## 5. RECOMMENDATIONS

Members are requested to:

- **Note** the report,
- **Discuss** the issues affecting the WHSSC All Wales IPFR panel and consider any action required to progress and resolve the issues.

## 6. Appendices / Annexes

- Appendix 1 – All NHS Wales IPFR Policy



<b>Link to Healthcare Objectives</b>	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Supports delivery of the plan.
Health and Care Standards	Effective Care Safe Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Care for Those with the greatest health need first Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
<b>Organisational Implications</b>	
Quality, Safety & Patient Experience	A national IPFR quality function is in place to support the IPFR panel to ensure quality and consistency. The quality function provides quality assurance around the decision-making of panels and promotes consistency across Wales.
Resources Implications	Resource implications will be considered as part of any agreed discussions.
Risk and Assurance	The WHSSC IPFR panel terms of reference ToR are outlined in the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)". The All Wales policy stipulates that it should be reviewed on an annual basis, and this review is overdue and needs to be considered as a matter of urgency to ensure effective governance.
Evidence Base	-
Equality and Diversity	No adverse implications relating to 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.
Population Health	No adverse implications relating to population health have been identified.
Legal Implications	The legal and regulatory framework is prescribed by the NHS (Wales) Decisions made by Health Boards may be subject to legal challenge in the High Court. Consistency in policy and approach, together with clarity about clinical criteria for treatment and a consistent approach to dealing with IPFR requests should reduce the need for patients to have to go through a review or appeal process at any level. Greater levels of dissatisfaction may force some patients (who may be

supported by a Registered Charity or Pressure Group) to seek redress for their complaints by way of Judicial Review.

**Report History:**

<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Integrated Governance Committee	12 Oct 2021	Verbal update
Choose an item.		



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

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

**Classification of Document:** Clinical Policy

**Area for Circulation:** Health Boards and Primary Care providers across Wales  
Public Health Wales (PHW)  
Welsh Health Specialised Services Committee (WHSSC)  
Public Domain via Internet Sites

**Author:** Ann-Marie Matthews, Lead for Clinical Commissioning/IPFR, Aneurin Bevan University Health Board

**Development Group:** All Wales IPFR Network

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

**Approved:** Health Board IPFR Panel Chairs

**Date of Publication:** June 2017

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

**Classification** This document supersedes the previous IPFR policy document published in May 2016



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## **1 INTRODUCTION**

### **1.1 Background**

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

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

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

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

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

### **1.2 Purpose of this Policy**

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

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

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

### **1.3 Explaining Individual Patient Funding Requests (IPFR)**

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

- 1.3.3** If the clinical circumstances for the specific individual patient have changed, an IPFR application form describing / explaining / justifying;
- i. why the patient is likely to gain a significant clinical benefit from the proposed intervention; and
  - ii. demonstrating that the value for money of the intervention for that particular patient is likely to be reasonable,

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

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

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

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

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

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

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

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

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

## **2 THE LEGAL CONTEXT OF THIS POLICY**

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

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

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

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

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

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

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

### **3 UNDERSTANDING LEGAL CHALLENGE**

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

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

**3.3** In addition, the Health Board should take into account that, in the light of the Human Rights Act, the concept of “proportionality” may come into play. The concept of proportionality means even if a particular policy or action which interferes with a Convention right is aimed at pursuing a legitimate aim (for example the prevention of crime) this will not justify the interference if the means used to achieve the aim are excessive in the circumstances. This involves striking a balance between the demands of the wider community and the need to protect an individual’s fundamental rights. Any interference with a Convention right should be carefully designed to meet the objective in question and must not be arbitrary or unfair. Challenge may occur where the Health Board has balanced various interests and an individual alleges that the balancing was disproportionate to their rights. In this scenario, the Health Board would be called upon to explain why it considered the challenged action was necessary and suitable to reach the desired end and why the decision did not impose an excessive burden on the applicant. If an HB is not sure whether a particular approach would be proportionate, it should seek specialist legal advice before reaching a final decision.

**3.4** Individuals have the right to bring an action alleging interference with their rights where decisions made by Health Boards may be shown to have contravened the individual Articles of the Human Rights Convention. Particularly, when life and death decisions are involved, the courts will submit the decision making processes of the Health Board to rigorous scrutiny. The more substantial the potential interference with human rights, the more the court will require by way of justification before it is satisfied that the decision is reasonable.

**3.5** Judicial Review is a process within administrative law which enables any individual to challenge the decision made by a public body. Greater levels of dissatisfaction may force some patients (who may be supported by a Registered Charity or Pressure Group) to seek redress for their complaints by way of Judicial Review.

**3.6** The process of Judicial Review allows the Court to review decisions on the grounds that they are unlawful, irrational/unreasonable and/or procedurally unfair. The Courts will consider whether there has been an:

- error of law;
- excess exercise of powers/abuse of power;
- irrelevancy;
- irrationality;
- an unlawful limitation of discretion or fettering;
- improper delegation of decision making;
- procedural impropriety contrary to the rules of natural justice; and
- bias;
- Failure to follow its own policy.

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

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

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

**3.8** In recent years, we have witnessed an increasing tendency for the Courts to use their powers to scrutinise the lawfulness of the decision making process of public bodies, including Health Boards. Previous examples include the Child B Case, challenges by transgender for the performance of cosmetic operations and a series of challenges by patients for funding for treatment with high cost cancer drugs not approved by NICE.

**3.9** The Courts have shown an increased willingness to “second guess” decisions on expenditure/use of resources and substitute their own judgement for that of a public body, and even if the court does not go that far, it will scrutinise the way the decision has been reached to determine whether it is lawful. In a situation where the Courts consider that there has been a flaw in the decision making process, the Courts can declare the original decision was invalid and order a Health Board to make the decision again.

## **4 PRINCIPLES UNDERPINNING THIS POLICY**

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

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

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

**4.2 Prudent Healthcare Principles**

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

### **4.3 Evidence-Based Considerations**

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

### **4.4 Ethical Considerations**

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

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

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

## **4.5 Economic Considerations**

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

## **5 MAKING DECISIONS ON IPFR**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 6 DECISION MAKING GUIDE

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

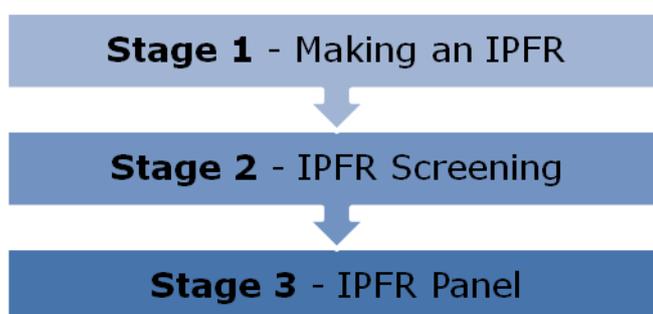
## **7 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY**

### **7.1 Information on how to make an IPFR**

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

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

### **7.2 Summary of the IPFR Process**



### **7.3 Stage 1 Making an IPFR**

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

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

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

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

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

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

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

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

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

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

#### **7.4 Stage 2 Screening of the IPFR**

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

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

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

#### **7.5 Stage 3 Considerations by the IPFR Panel**

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

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

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

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

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

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

## **7.6 Who will sit on the IPFR Panel?**

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

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

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

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

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

## **7.7 What about clinically urgent cases?**

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

## **7.8 Can patients and clinicians attend the IPFR Panel?**

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

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

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

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

## **7.9 Holding IPFR Information**

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

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

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

## **8 HOW TO REQUEST A REVIEW OF THE PROCESS**

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

### **8.1 The 'review period'**

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

## 8.2 Who can request a review?

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

## 8.3 What is the scope of a review?

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

The 3 grounds are:

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

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

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

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

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

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

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

#### **8.4 How is a review request lodged?**

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

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

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

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

#### **8.5 Initial scrutiny by the IPFR Senior Officer**

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

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

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

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

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

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

#### **8.7 Who will sit on the Review Panel?**

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

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

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

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

### **8.8 Can new data be submitted to the review panel?**

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

### **8.9 Can patients attend review panel hearings?**

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

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

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

### **8.10 The decision of the review panel hearing**

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

The review panel can either;

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

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

### **8.11 After the review hearing**

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

### **8.12 How will WHSSC undertake a review?**

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

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

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

## **9 REVIEW OF THIS POLICY**

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

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

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

## **10 MAKING A COMPLAINT**

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

## 11 APPENDIX ONE

### TERMS OF REFERENCE – IPFR PANEL (Health Board)

#### PURPOSE

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

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

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

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

#### PROCEDURAL ARRANGEMENTS

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

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

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

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

## 12 APPENDIX TWO

### TERMS OF REFERENCE – IPFR PANEL (WHSSC)

#### PURPOSE

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

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

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

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

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

## **PROCEDURAL ARRANGEMENTS**

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

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

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

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

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

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

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

## 13 APPENDIX THREE

### TERMS OF REFERENCE – REVIEW PANEL

#### PURPOSE

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

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

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

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

#### PROCEDURAL ARRANGEMENTS

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

**Meetings:** As required.

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

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

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

## 14 APPENDIX FOUR

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

#### **Recommendation 1**

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

#### **Recommendation 2**

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

#### **Recommendation 3**

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

#### **Recommendation 4**

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

#### **Recommendation 5**

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

#### **Recommendation 6**

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

#### **Recommendation 7**

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

#### **Recommendation 8**

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

#### **Recommendation 9**

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

#### **Recommendation 10**

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

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

#### **Recommendation 11**

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

#### **Recommendation 12**

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

#### **Recommendation 13**

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

#### **Recommendation 14**

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

#### **Recommendation 15**

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

#### **Recommendation 16**

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

#### **Recommendation 17**

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

#### **Recommendation 18**

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

#### **Recommendation 19**

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

#### **Recommendation 20**

The current configuration of panels should continue.

#### **Recommendation 21**

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

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

### **Recommendation 22**

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

### **Recommendation 23**

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

### **Recommendation 24**

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

### **Recommendation 25**

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

### **Recommendation 26**

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

### **Recommendation 27**

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



		Agenda Item	2.7
Meeting Title	<b>Joint Committee</b>	Meeting Date	09/11/2021
Report Title	Corporate Risk Assurance Framework (CRAF)		
Author (Job title)	Risk and Assurance Officer/ Corporate Governance Manager		
Executive Lead (Job title)	Director of Planning WHSSC Head of Corporate Services/Committee Secretary	Public / In Committee	Public
Purpose	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.		
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>
			INFORM <input checked="" type="checkbox"/>
Sub Group /Committee	Corporate Directors Group Board	Meeting Date	30/09/2021
	Integrated Governance Committee	Meeting Date	12/10/2021
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the updated Corporate Risk Assurance Framework (CRAF),</li> <li>• <b>Note</b> the amendments made to the CRAF following the risk management workshop held on the 16 September 2021 to review the existing risks and identify additional corporate and organisational risks,</li> <li>• <b>Approve</b> the updated Corporate Risk Assurance Framework (CRAF), and</li> <li>• <b>Note</b> that a follow up risk management workshop will be held in January 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.</li> </ul>		



**Considerations within the report** (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓							
Principles of Prudent Healthcare	YES	NO	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
							✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
				✓				
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO

**Commissioner Health Board affected**

Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓
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**Provider Health Board affected** (please state below)

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## **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 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 process for risk management is enabled through the 5 commissioning teams as follows:

- Women and Children
- Mental Health & Vulnerable Groups
- Cardiac
- Cancer & Blood
- Neurosciences

### **3.0 ASSESSMENT**

#### **3.1 Action to Update to update the CRAF**

##### 3.1.1 Risk Management Workshop 16 September 2021

Following the development of the CRAF and new risk management strategy, a risk management workshop was held with the Corporate Directors Group (CDGB) on the 16 September 2021, to:

- review the existing risks and continue to validate the scoring,
- identify potential additional corporate and operational risks,
- review the risks in the context of the COVID-19 pandemic,
- horizon scan for potential future risks,
- consider the feedback received from the Audit & Risk Committee and our Integrated Governance Committee on progress being made in managing risks

The workshop provided an opportunity for the WHSSC Directors and their Deputies to review existing risks, identify any additional corporate or operational risks that

may need escalation to the WHSSC Corporate Risk Assurance Framework (CRAF) and to consider any cross cutting themes.

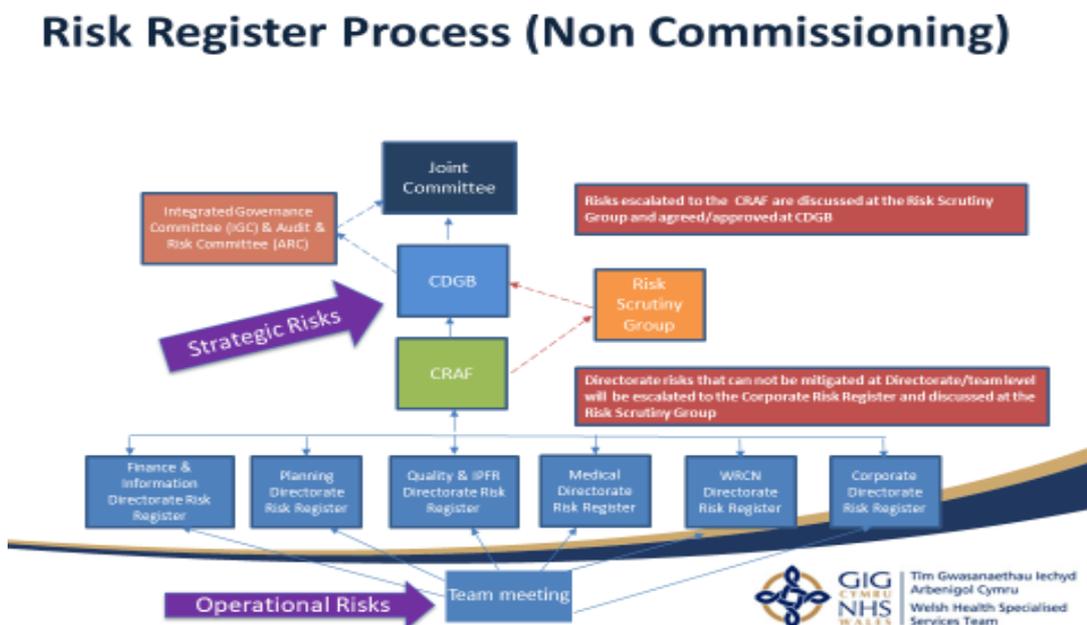
Following the workshop, the directorates were each asked to develop their own individual directorate risk registers to identify and capture their own operational risks.

### 3.1.2 Risk Scrutiny Group

Each directorate risk register will be 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 will be validated by the RSG and will be subject to continuous review by the Executive Director lead for each risk.

Any risks identified as scoring 15 and above will be captured on the CRAF and will be 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) will receive the CRAF at each meeting and the Joint Committee will also receive the CRAF on a quarterly basis for assurance. The infographic outlined in Figure 1 below outlines the governance framework for risk management.

Figure 1 – WHSSC Risk Management Framework



The first RSG meeting was held on the 30 September 2021 and the Group reviewed the Directorate Risk Registers received from the Corporate Services, Planning and the Medical Directorates. The group confirmed that the risks outlined in section 3.2 below required escalation to the CRAF.

### 3.1.3 Updated CRAF

The CRAF has been updated and now includes updated risks, risk schedules and a risk dashboard to provide an overview of the overall risk profile. See **Appendix 1**. The process for reporting risk is evolving and feedback was sought from the IGC on 12 October 2021 on how to strengthen and develop risk reporting further going forward. Members of the IGC welcomed the progress made to develop the CRAF and requested that some analysis work be undertaken to compare and contrast WHSSC risks with HB risks, to assess any variances in risks scoring, identify trends and to identify synergies with risks captured on the CRAF.

A further risk management workshop will be held in January 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).

## **3.2 Risk Summary - September 2021**

The RSG and the CDGB considered the findings of the risk workshop and the risks outlined within the individual directorate risk registers on the 30 September 2021.

### 3.2.1 Commissioning Risks

There are currently **27** commissioning risks open with a risk score of 15 and above, which are included on the CRAF.

A review of all risks has been undertaken through the most recent CDGB and commissioning team meetings. The changes are outlined below:

- **Escalated Commissioning Risks**

No commissioning risks were escalated during September 2021.

- **New Commissioning Risks**

During September 2021, **1** new commissioning risk was added to the CRAF, from the Women & Children's Commissioning Team:

*P/21/15 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.*

- **De-escalated Commissioning Risk**

No risks were deescalated during September 2021.

### 3.2.2 New Organisational Directorate Risks

As a consequence of reviewing directorate risk registers, the CDGB agreed to add 2 new organisational risks during September and October 2021:

- risk 28 concerning 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 concerning quoracy for the WHSSC Independent Patient Funding Request (IPFR) panel - there is a risk that IPFR Panel decisions could be delayed due to the All Wales IPFR Panel not being quorate

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

Table 1 – Summary of Strategic/Organisational risks (15 and above) September 2021

Directorate	No of Risks 15 and above	New Risks	Escalated/ De-escalated
<b>Corporate Services</b>	<b>1</b>	New cross cutting risk 28 relating to workforce demand and capacity. This was rated as 20, but is now a corporate risk and had been reduced to 16.	New risk escalated to the CRAF 30 Sept 2021
<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 but workforce demand and capacity also relevant to this department.	n/a
<b>Planning/Commissioning</b>	<b>27</b>	<b>1</b> new risk from the Women and Children’s Commissioning Team:	No risks have were escalated/de-escalated

		<p>27 - P/21/15 There is a risk that the Neonatal service in Cardiff &amp; 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.</p> <p>New risk relating to workforce demand and capacity but captured in the Corporate Services risk.</p>	
<b>Quality and IPFR</b>	<b>1</b>	New risk in relation to the IPFR quoracy issues - 29.	New risk escalated to the CRAF
<b>Welsh Renal Clinical Network (WRCN)</b>	Currently being reviewed	n/a	n/a
<b>Total</b>	<b>29</b>	n/a	n/a

The full summary of the risk and risk schedules is presented at **Appendix 1** for information.

Table 2 - Summary of Risk Assessment Scores

Risk Analysis	No of Risks Aug 2021	No of Risks Sept 2021 (after the workshop)
<b>Red 15-25</b> Extreme Risk <i>*Any risk rated as 15 and above is included on the CRAF</i>	26	29
<b>Amber 8-12</b> High Risk	20	20
<b>Yellow 4-6</b> Moderate Risk	2	2
<b>Green 1-3</b> Low Risk	0	0

The majority of the risks are being managed within the directorate/teams.

#### 4.0 GOVERNANCE & RISK

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.

The RSG meets monthly and reviews all risks, identifies common themes, provides critical challenge on scoring, undertakes a review of the narrative and reports to CDGB on a monthly basis.

A further risk management workshop will be held in January 2022 to review how the RSG process is working, to consider risk appetite and tolerance levels across the organisation.

An update on progress to develop the CRAF was provided to the CTMUHB Audit and Risk Committee (ARC) on the 4 October 2021, and the updated document will be submitted ARC meeting 7 December 2021.

#### 5.0 RECOMMENDATION

Members are asked to:

- **Note** the updated Corporate Risk Assurance Framework (CRAF),
- **Note** amendments made to the CRAF following the risk management workshop held on the 16 September 21 to review existing risks and identify additional corporate and organisational risks,
- **Approve** the updated Corporate Risk Assurance Framework (CRAF), and
- **Note** that a follow up risk management workshop will be held in January 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.



<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	Implementation of the agreed ICP	
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in WHSSC.	
Resources Implications	The risks outlined within this report have resource implications which are being addressed by each respective Executive Director lead and taken into consideration as part of the WHSSC Integrated Commissioning Plan (ICP) processes.	
Risk and Assurance	This report and the CRAF constitute integral elements of WHSSC's risk and assurance arrangements. This work continues to develop.	
Evidence Base	The CRAF is based on the extreme risks recorded within the Directorate and Programme risk registers.	
Equality and Diversity	There are no adverse equality and diversity implications.	
Population Health	There are no immediate adverse population health implications.	
Legal Implications	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>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Corporate Directors Group Board	30/10/2021	Supported



Integrated Governance Committee	<b>12/10/2021</b>	<b>Discussed and supported.</b>
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# **Corporate Risk Assurance Framework (CRAF)**

## **October 2021**

1. Dashboard of Risk

Impact	5			<p>3 – Plastic Surgery Delays                  17 – Waiting Times Weight Loss surgery                  19 - Obesity Surgery Standards                  24 - Access to Care for Children with LD                  25 - Delayed Treatment Welsh Gender Service</p>	<p>16- Access to Specialist Rehabilitation                  18 - Waiting Times Cardiac Surgery                  23 - Access to Care Adults with a LD                  27 – New Risk - Neonatal service cots</p>	<p>5 - Paediatric Inherited metabolic Disease Expertise</p>
	4				<p>2 - Paediatric Gastroenterology Services Delay                  4 - Neonatal Reporting Models                  6 - RTT Paediatric Patients                  7 - Cleft Lip Palate (CLP) Treatment                  8- Neurosurgery Workforce Capacity                  9 - Neurosurgery – RTT                  12 - Access to Cochlear and Baha Services                  13 - Waiting Times Neurosurgery                  14 - Imaging Thrombectomy Service                  15- Waiting Times Prosthetics Service Veterans                  20 - Cardiac Surgery – WHSSC Escalation process                  21 - Children &amp; Adolescent Mental Health Services (CAMHS)                  22 - Forensic Adolescent and Consultation Treatment Service (FACTS)                  28 New Risk - WHSSC Workforce Demand                  29 New Risk - WHSSC IPFR Quoracy</p>	<p>10 - Bed Capacity – Neurosurgery                  26 - Waiting Times Neuropsychiatry Patients</p>
	3					<p>1 - Waiting Times - Thoracic Surgery                  11 - Sub specialisation for Neuro Oncology Service</p>
	2					
	1					
		1	2	3	4	5
CXL			Likelihood			

## 2. Summary of Risks

Risk Domain	Risk Ref	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	1 (CB02) (formerly CH020) Cancer & Blood	<b>Waiting Times - Thoracic Surgery</b> There is a risk that patients referred to thoracic surgery may breach 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.	15	15	4	Risk score remains the same ↔	30/09/21	08/10/21	Joint Committee	Managing Director
	2 (P/21/03)	<b>Paediatric Gastroenterology Services Delay</b> <i>There is a risk</i> for patients requiring access to paediatric Gastroenterology services in south Wales that <i>due</i> to limited specialist nurse and dietetic support through the current commissioning arrangements there <i>is a consequence</i> that care will be delayed and will be without full MDT input.	16	16	4	Risk score remains the same ↔	30/09/21	08/10/21	Joint Committee	Director of Planning
	3 (CB03) (formerly CH018)	<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 ↔	22/09/21	08/10/21	Joint Committee	Director of Planning
	4 (P/21/07)	<b>Neonatal Reporting Models</b> <i>There is a risk</i> that the current governance processes for the neonatal service in south Wales are not sufficiently escalating areas of concerns to all relevant health boards <i>due</i> to the current split model (1 in 3). <i>The consequence</i> is that through existing arrangements not all three providers are aware of risks and incidents in the system.	16	16	4	Risk score remains the same ↔	22/09/21	20/10/21	Joint Committee	Director of Planning
	5 (P/21/08)	<b>Paediatric Inherited metabolic Disease Expertise</b> <i>There is a risk</i> that the current paediatric Inherited Metabolic Disease service for south Wales is no longer sustainable <i>due</i> to the impending retirement of the single handed consultant. <i>The consequence is</i> a service collapse for the south Wales population.	25	25	4	Risk score remains the same ↔	22/09/21	20/10/21	Joint Committee	Director of Planning

Risk Domain	Risk Ref	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
	6 (P/21/10)	<b>RTT Paediatric Patients</b> <i>There is a risk</i> that paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks <b>due</b> to COVID-19. <b>The consequence is</b> 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 ↔	22/09/21	20/10/21	Joint Committee	Director of Planning
	7 (P/21/12)	<b>Cleft Lip Palate (CLP) Treatment</b> <i>There is a risk that patients requiring surgery</i> for Cleft Lip and Palate in south Wales are unable to have treatment within the recommended timeframes <b>due</b> 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.	20	16	4	Risk score lowered June 2021 ↓	22/09/21	20/10/21	Joint Committee	Director of Planning
	<b>New Risk</b> 27 (P/21/15)	<b>Neonatal service cots</b> <i>There is a risk</i> 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	20	20	4	Risk score remains the same ↔	22/09/21	20/10/21	Joint Committee	Director of Planning
	8 <b>Neurosciences</b> (NCC048)	<b>Neurosurgery Workforce Capacity</b> <i>There is a risk</i> that with the reduction of core surgical trainee posts that the Neurosurgery service in south Wales could potentially collapse <b>due to</b> insufficient trainee middle grades to support the service, which <b>as a consequence</b> may result in inadequate services for patients	20	16	4	Risk score lowered June 21 ↓	14/10/21	14/10/21	Joint Committee	Director of Planning
	9 (NCC049)	<b>Neurosurgery - RTT</b> <i>There is a risk</i> that neurosurgery patients are waiting for treatment in excess of RTT targets, <b>due to</b> a lack of additional capital investment to increase theatre capacity to support the level of referrals into the service <b>as a consequence</b> 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..	16	16	4	Risk score remains the same ↔	14/10/21	14/10/21	Joint Committee	Director of Planning
	10 (NCC050)	<b>Bed Capacity - Neurosurgery</b> <i>There is a risk</i> that patients will not be able to be admitted <b>due to</b> a lack of additional capital investment to increase bed capacity to align with the increase in theatre capacity,	20	20	4	Risk score remains the same ↔	14/10/21	14/10/21	Joint Committee	Director of Planning

Risk Domain	Risk Ref	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
		to support the level of referrals into the service and meet national standards for the population of south Wales. An additional 20 Neurosurgical beds are required and 4 level 3 neurosurgical intensive care beds - equivalent to 10 staffed ICU Beds) <b>as a consequence</b> 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.								
	11 (NCC051)	<b>Sub specialisation for Neuro Oncology Service</b> <b>There is a risk</b> 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 <b>with a consequence</b> of not being able to meet cancer services strategic priorities and sustainability of the south Wales service.	20	15	4	Risk score lowered June 21 ↓	14/10/21	14/10/21	Joint Committee	Director of Planning
	12 (NCC052 (previous WC045)	<b>Access to Cochlear and Baha Services</b> <b>There is a risk</b> that patients are accessing a poor Cochlear and BAHA service at CTMUHB's Bridgend Hospital <b>due to</b> the long waiting times and the loss of audiology support from the service, <b>with a consequence</b> of patients' waiting too long for treatment and their condition deteriorating and inadequate service provision impacting on the quality of treatment provided to patients.	25	16	5	Risk score lowered June 21 ↓	14/10/21	14/10/21	Joint Committee	Director of Planning
	13 (NCC012)	<b>Waiting Times Neurosurgery</b> <b>There is a risk</b> that the providers for south Wales neurosurgery cannot meet the waiting times target <b>due to</b> environmental and workforce issues, <b>with a consequence that</b> 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 ↔	14/10/21	14/10/21	Joint Committee	Director of Planning
	14 (NCC053)	<b>Imaging Thrombectomy Service</b> <b>There is a risk</b> that patients are not able to receive rapid access imaging (Non contrast CT scan and CT Angiogram as a minimum) for Thrombectomy service, <b>due to</b> the delay in images being transferred in a time critical manner from the North Wales Health Boards to Walton Centre with <b>a consequence</b> that	16	16	3	Risk score remains the same ↔	30/9/21			

Risk Domain	Risk Ref	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
		patients are not able to access life changing Thrombectomy treatment.								
	15 (NCC055)	<b>Waiting Times Prosthetics Service Veterans</b> <b>There is a risk</b> that civilian patients have longer waiting times <b>due to</b> 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. <b>The consequence</b> is that civilian patients are not receiving equitable access to the Prosthetics service.	20	16	2	Risk score lowered August 21 ↓	14/10/21	14/10/21	Joint Committee	Director of Planning
	16 (NCC056)	<b>Access to Specialist Rehabilitation</b> <b>There is a risk</b> that patients from the Major Trauma unit or Neurosurgery wards at UHW are unable to access specialist rehabilitation <b>due to</b> an outbreak of Klebsiella and <b>as a consequence</b> , 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.	25	20	2	Risk score lowered August 21 ↓	14/10/21	14/10/21	Joint Committee	Director of Planning
	17 (CT045)  Cardiac	<b>Weight Loss Surgery Waiting Times</b> <b>There is a risk</b> 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 <b>with a consequence of</b> disease progression of existing morbidities.	15	15	5	Risk score remains the same ↔	29/09/21	29/10/21	Joint Committee	Director of Planning
	18 (CT046)	<b>Waiting Times Cardiac Surgery</b> <b>There is a risk</b> that people waiting for Cardiac Surgery will have their treatment delayed <b>due to</b> long waiting times <b>with a consequence of</b> deteriorating condition and disease progression.	20	20	5	Risk score remains the same ↔	29/09/21	29/10/21	Joint Committee	Director of Planning
	19 (CT047)	<b>Obesity Surgery Standards</b> <b>There is a risk</b> to the appropriate commissioning of Tier 4 Obesity Surgery for Wales <b>due to</b> : 1. The current commissioning policy does not meet National Institute for Health and Care Excellence (NICE) guidance. 2. There are inadequate primary and secondary care pathways in place to support referral for surgery. 3. The current South Wales Provider has historically been unable to meet the current commissioned activity <b>with a consequence that</b> patients who would fit the criteria for surgery will not be able to access the service.	15	15	5	Risk score remains the same ↔	29/09/21	29/10/21	Joint Committee	Director of Planning

Risk Domain	Risk Ref	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
	20 (CT048)	<b>Cardiac Surgery – WHSSC Escalation process</b> <b>There is a risk</b> patients undergoing cardiac surgery in South Wales are at a greater risk of complications linked to the recent evidence from the Getting It Right First Time review of cardiac services in South Wales. <b>As a consequence</b> patients are at risk of harm from practices during surgery and in the post-operative period.	16	16	5	Risk score remains the same ↔	29/09/21	29/10/21	Joint Committee	Director of Planning
	21 MH/21/02  <b>Mental Health &amp; Vulnerable groups</b>	<b>Children &amp; Adolescent Mental Health Services (CAMHS)</b> <b>There is a risk</b> 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 Lliard)	16	16	8	Risk score remains the same ↔	20/09/21	20/10/21	Joint Committee	Director of Finance
	22 (MH/21/05)	<b>Forensic Adolescent and Consultation Treatment Service (FACTS)</b> <b>There is a risk</b> to the appropriate commissioning of a FACTS service in Wales <b>Due to</b> fragility to the staffing model, which, <b>as a consequence</b> may result in inadequate services for children.	16	16	6	Risk score remains the same ↔	20/09/21	20/10/21	Joint Committee	Director of Finance
	23 (MH/21/08)	<b>Access to Care Adults with a LD</b> <b>There is a risk</b> that <u>adults</u> 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 escalated August 2021 ↑	20/09/21	20/10/21	Joint Committee	Director of Planning
	24 (MH/21/09)	<b>Access to Care for Children with LD</b> <b>There is a risk</b> that <u>children</u> 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	8	Risk score remains the same ↔	20/09/21	20/10/21	Joint Committee	Director of Planning
	25 (MH/21/12)	<b>Delayed Treatment Welsh Gender Service</b> <b>There is a risk</b> 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 times with a <b>consequence</b> of deteriorating mental health.	6	15	4	Risk score escalated August 2021 ↑	20/09/21	20/10/21	Joint Committee	Director of Planning

Risk Domain	Risk Ref	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
	26 (NCC046)  To be monitored from Aug 21 by the Mental Health Commissioning Team	<b>Waiting Times Neuropsychiatry Patients</b> <i>There is a risk</i> 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.	20	20	4	Risk score remains the same ↔	20/09/21	20/10/21	Joint Committee	Director of Planning
	<b>New Risk 28</b> (CS/03 PT/02) <b>Corporate Services</b>	<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 lowered ↓	30/09/21	29/10/21	CDGB	Committee Secretary/ Head of Corporate Services
	<b>New Risk 29</b> <b>Quality and IPFR</b>	<b>WHSSC IPFR Quoracy and Terms of Reference</b> There is a Risk that IPFR Panel decisions are delayed and/or are challenged <i>due to</i> the All Wales IPFR Panel not being quorate, <i>as a consequence</i> this could result in delays to patients accessing treatments.	16	16	4	Risk score escalated October 2021 ↑	20/10/21	29/10/21	CDGB	Director of Nursing

3. Risk Schedules – Risk on a Page

<b>Risk Ref: 1 CB02 (formerly CH020) Waiting Times - Thoracic Surgery</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>																																		
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>A fortnightly joint thoracic surgery prioritisation meeting is in place between CVUHB, SBUHB and WHSSC to assess capacity and refer patients accordingly to equalise waiting times across the two sites.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>WHSSC AMD and/or Managing Director to continue to attend the fortnightly joint thoracic surgery meetings to support the process in quarter 1. To review need for continued attendance at end of Q1.</td> <td>KLS - Associate Medical Director /SL Managing Director WHSCC</td> <td>fortnightly</td> </tr> <tr> <td>To review data from the joint tracker to confirm current surgical pathway waiting times for lung cancer patients in south Wales on a monthly basis to report to the commissioning team.</td> <td>LA-Senior Planner</td> <td>monthly</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Action	Lead	Date	WHSSC AMD and/or Managing Director to continue to attend the fortnightly joint thoracic surgery meetings to support the process in quarter 1. To review need for continued attendance at end of Q1.	KLS - Associate Medical Director /SL Managing Director WHSCC	fortnightly	To review data from the joint tracker to confirm current surgical pathway waiting times for lung cancer patients in south Wales on a monthly basis to report to the commissioning team.	LA-Senior Planner	monthly																								
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<b>Risk Ref: 2 (P/21/03) Paediatric Gastroenterology services Delay</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>																																		
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<b>Risk Ref: 3 (CB03 formerly CH018) Plastic Surgery Delays</b> <b>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</b> <b>Population Health</b> <b>Risk Ref: CB03 (formerly CH018)</b>		<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 Quality &amp; Patient Safety Committee:</b> 08/06/21 <b>Next review:</b> 10/10/21																											
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<b>Risk Ref:</b> 4 ( P/21/07) Neonatal Services Model <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																		
<b>Risk:</b> There is a risk that the current governance processes for the neonatal 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). <b>The consequence</b> is that through existing arrangements not all three providers are aware of risks and incidents in the system.		<b>Date Added to Register:</b> 24/02/21	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b> 10/08/21																																	
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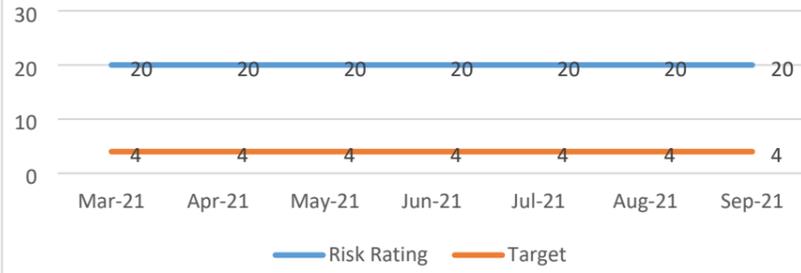
<b>Risk Ref: 5 (P/21/08) - Paediatric Inherited Metabolic Disease service Expertise</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																																		
<b>Risk:</b> There is a risk that 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.		<b>Date Added to Register: 24/02/21</b>	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee: 10/08/21</b>																																	
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Permanent solution being progressed with Bristol with an anticipated start date of September 2021</li> <li>Funding released to increase nurse and dietetic provision in C&amp;V</li> <li>Confirmed extension with existing Consultant until September.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Explore commissioning service from other providers across NHS England</td> <td>W&amp;C Planner</td> <td>30/09/2021</td> </tr> <tr> <td>Seek update on the appointment of permanent posts in C&amp;V for nurse and dieticians.</td> <td>W&amp;C Planner</td> <td>30/09/2021</td> </tr> <tr> <td>Facilitate meeting between C&amp;V and Bristol to ensure transition of patients from older service model to new service model.</td> <td>W&amp;C Planner</td> <td>31/12/2021</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Action	Lead	Date	Explore commissioning service from other providers across NHS England	W&C Planner	30/09/2021	Seek update on the appointment of permanent posts in C&V for nurse and dieticians.	W&C Planner	30/09/2021	Facilitate meeting between C&V and Bristol to ensure transition of patients from older service model to new service model.	W&C Planner	31/12/2021																					
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<b>Risk Ref: 6 (P/21/10) RTT Paediatric Patients</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:24/02/21</b>	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee: 10/08/21</b>																																	
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<b>Risk Ref: 7 ( P/21/12) Cleft Lip and Palate Treatment</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: <i>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</i></b>		<b>Date Added to Register: 24/02/21</b>	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee: 10/08/21</b>																																	
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<b>Additional comments:</b> <p>Following discussion with the Women and Children’s Commissioning Team it was agreed to lower the risk score from 20 to 16 as the backlog of patients has been managed through outsourcing. Work is continuing with the service on contingency planning and regular monitoring of waiting lists continue as theatre capacity locally remains a challenge.</p>																																				

<b>Risk Ref: 8 (NCC048) Neurosurgery Workforce 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:</b> Joint Committee Reviewed Assurance																																		
<b>Risk: There is a risk to</b> the ongoing sustainability of the Neurosurgical service provided by Cardiff and Vale <b>due to</b> a reduction by HEIW in the number of Neurosurgical trainee posts and difficulties in appointing to non- training posts <b>with a consequence of</b> the service not being able to provide adequate out of hours medical cover resulting in the potential loss of a South Wales Service..		<b>Date Added to Register:</b> 28/09/20	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b> 10/08/21																																	
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<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>Received an SBAR from the Cardiff &amp; Vale UHB explaining the risks in reduction of medical junior training posts</li> <li>NLCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings.</li> <li>Gateway service review as part of the five year neurosciences strategy</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Draft Adult Neurosurgery Service Specification</td> <td>Planning Manager</td> <td>30/11/21</td> </tr> <tr> <td>Submit Specification to policy group</td> <td>Planning Manager</td> <td>30/11/21</td> </tr> <tr> <td>WHSSC NLCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings.</td> <td>Planning Manager</td> <td>Bi-monthly</td> </tr> <tr> <td>C&amp;VUHB to provide an SBAR to WHSSC on the position with Neurosurgery trainees, the lack of theatre capacity to undertake specialist training and outpatient face-to-face clinics.</td> <td>Medical Lead Neurosurgery, C&amp;VUHB</td> <td>30/06/21</td> </tr> </tbody> </table>		Action	Lead	Date	Draft Adult Neurosurgery Service Specification	Planning Manager	30/11/21	Submit Specification to policy group	Planning Manager	30/11/21	WHSSC NLCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings.	Planning Manager	Bi-monthly	C&VUHB to provide an SBAR to WHSSC on the position with Neurosurgery trainees, the lack of theatre capacity to undertake specialist training and outpatient face-to-face clinics.	Medical Lead Neurosurgery, C&VUHB	30/06/21																		
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<b>Risk Ref: 9 (NCC049) - Neurosurgery Patients Treatment Time</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																																		
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<p><b>Risk Ref:</b> 10 – (NCC050) <b>Bed Capacity - Neurosurgery</b>  <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm)                  Population Health</p>	<p><b>Director Lead:</b> Director of Planning  <b>Assuring Committee:</b> Joint Committee Reviewed Assurance</p>																																			
<p><b>Risk:</b> <i>There is a risk</i> that patients will not be able to be admitted <i>due to</i> 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 <i>as a consequence</i> 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> <p>(Current admitting capacity 47 beds (65 pre covid) with the loss of 18 neurology beds and access to the telemetry suite for epilepsy surgery.)</p>	<p><b>Date Added to Register:</b> 27/01/2021</p>	<p><b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b>                  10/08/21</p>																																		
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<b>Risk Ref: 11 - (NCCO51) Sub specialisation for Neuro Oncology Service</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: There is a risk</b> 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 <b>with a consequence</b> of not being able to meet cancer services strategic priorities and sustainability of the south Wales service.		<b>Date Added to Register:</b> 25/02/21	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b> <b>10/08/21</b>																		
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<b>Risk Ref:</b> 12 - NCCO52 (previous WC045) <b>Access to Cochlear and BAHA service</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance																																		
<b>Risk:</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 impacting on the quality of treatment provided to patients.		<b>Date Added to Register:</b> 23/08/19	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b> 10/08/21																																	
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>The service has been escalated to Level 4 of the WHSSC escalation policy</li> <li>The service is temporarily being delivered by C&amp;VUHB.</li> <li>Following the transfer of patients to the Cardiff service serious concerns have been raised by the Cochlear Implant Team about the quality and safety of the Bridgend Service.</li> <li>A paper is being submitted to August management group meeting on the current position with progressing and resolving the interim temporary arrangements for the cochlear implant service. It will propose that in order to progress with the necessary engagement and consultation there is further work to be done in the following areas. A) Service scope B) service model C) option for the delivery of the service model. Therefore, includes a revised timescale against which the work will progress.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>WHSSC and NCCCT team will continue to monitor the position with C&amp;VUHB to ensure that all patients are being seen and treated.</td> <td>Planning Manager</td> <td>Monthly</td> </tr> <tr> <td>WHSSC in regular discussion with the Cardiff and vale service</td> <td>TBC</td> <td>TBC</td> </tr> <tr> <td>WHSSC propose that the outstanding work is progressed through a number of workshops and will be held during September.</td> <td>Planning Manager and ADOP</td> <td>September 21</td> </tr> <tr> <td>An aspiration is that the documentation can be prepared and approved by December 2021.</td> <td>Planning Manager and ADOP</td> <td>January 22</td> </tr> <tr> <td>It is proposed that the consultation will start early 2022</td> <td>Planning Manager and ADOP</td> <td>February 22</td> </tr> </tbody> </table>		Action	Lead	Date	WHSSC and NCCCT team will continue to monitor the position with C&VUHB to ensure that all patients are being seen and treated.	Planning Manager	Monthly	WHSSC in regular discussion with the Cardiff and vale service	TBC	TBC	WHSSC propose that the outstanding work is progressed through a number of workshops and will be held during September.	Planning Manager and ADOP	September 21	An aspiration is that the documentation can be prepared and approved by December 2021.	Planning Manager and ADOP	January 22	It is proposed that the consultation will start early 2022	Planning Manager and ADOP	February 22															
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<b>Risk Ref: 13 (NCC012) – Neurosurgery Waiting Times</b> <b>Risk Domain: Finance including claims</b>		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																																		
<b>Risk: <i>There is a risk</i></b> that the providers for south Wales neurosurgery cannot meet the waiting times target <b>due to</b> environmental and workforce issues, <b>with a consequence that</b> 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.		<b>Date Added to Register: 25/04/2017</b>	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee: 10/08/21</b>																																	
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>Clinical reviews to be undertaken by the Clinical Director for Neurosciences of all patients who are waiting over 52 weeks for surgery.</li> <li>Develop an Adult neurosurgery Service Specification to ensure the can be monitored against national standards.</li> <li>Service to remain in escalation until there is an improvement.</li> <li>Gateway service review as part of the five year neurosciences strategy</li> <li>NLCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <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>30/11/21</td> </tr> <tr> <td>WHSSC NLCCT to monitor established risk controls through the bi-monthly Risk, Assurance and Recovery meetings.</td> <td>Planning Manager</td> <td>Bi-monthly</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </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	30/11/21	WHSSC NLCCT to monitor established risk controls through the bi-monthly Risk, Assurance and Recovery meetings.	Planning Manager	Bi-monthly																								
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<b>Risk Ref: 14 (NCC053) Imaging Thrombectomy Service</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: There is a risk</b> that patients are not able to receive rapid access imaging (Non contrast CT scan and CT Angiogram as a minimum) for Thrombectomy service, <b>due</b> to the delay in images being transferred in a time critical manner from the North Wales Health Boards to Walton Centre with <b>a consequence</b> that patients are not able to access life changing Thrombectomy treatment.		<b>Date Added to Register: 05/07/2021</b>	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee: 10/08/21</b>															
Risk Rating (impact x likelihood)	<table border="1"> <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>3x1</td> <td>3</td> </tr> </table>	Initial	4x4	16	Current	4x4	16	Target	3x1	3	<p>The chart shows a constant Risk Rating of 16 (blue line) and a constant Target of 3 (orange line) from March 2021 to September 2021. The Y-axis ranges from 0 to 20.</p>	<b>Groups discussed risk during period</b> Commissioning Team meeting 16/06/21 Commissioning Team meeting 14/07/21 Commissioning Team meeting 12/08/21						
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>WHSSC Thrombectomy Policy published</li> <li>Monitoring of image transfer will be reported via Thrombectomy Task and Finish Network group.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Thrombectomy Task and Finish Network Group to provide monitoring information for image transfers to WHSSC NLCCT.</td> <td>Thrombectomy Task and Finish Network Group</td> <td>Bi-monthly</td> </tr> <tr> <td>Escalated the issue of lack of progress regarding the implementation of the Phillips care stream IT platform on 02/07/21</td> <td>Planning Manager &amp; Senior Planning Manager NW</td> <td>September 2021</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Action	Lead	Date	Thrombectomy Task and Finish Network Group to provide monitoring information for image transfers to WHSSC NLCCT.	Thrombectomy Task and Finish Network Group	Bi-monthly	Escalated the issue of lack of progress regarding the implementation of the Phillips care stream IT platform on 02/07/21	Planning Manager & Senior Planning Manager NW	September 2021						
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<b>Additional comments:</b> Risk agreed for escalation to the CRAF at July 21 commissioning team meeting as there is a delay on progress regarding the implementation of the Phillips care stream IT platform																		

<b>Risk Ref: 15 (NCC055) - Waiting Times Prosthetics Service</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> <i>There is a risk</i> that civilian patients have longer waiting times <i>due to</i> 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. <i>The consequence</i> is that civilian patients are not receiving equitable access to the Prosthetics		<b>Date Added to Register:</b> 09/08/21	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b>															
Risk Rating (impact x likelihood)		Risk Rating																
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		<b>Groups discussed risk during period</b> Commissioning Team meeting 12/08/21																
<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>The service has appointed locum prosthetist to support the service to meet the demand and ensure sustainability of performance</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>CIAG scheme has been received for the August ICP 22/25 prioritisation process</td> <td>Planning Manager</td> <td>03/08/21</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Action	Lead	Date	CIAG scheme has been received for the August ICP 22/25 prioritisation process	Planning Manager	03/08/21									
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<b>Risk Ref: 16 (NCC056) Access to Specialist Rehabilitation- Neurorehabilitation Llandough</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: There is a risk</b> patients requiring specialist rehabilitation from Major Trauma or Neurosurgery wards at UHW are unable to access specialist rehabilitation <b>due to</b> an outbreak of Klebsiella and as a consequence the wards have been closed to new admissions and patients accessing specialist rehabilitation may have to be outsourced to providers in England.		<b>Date Added to Register: 02/08/21</b>	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b>															
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<b>What controls have we put in place for the risk:</b> <ul style="list-style-type: none"> <li>CVUHB specialist rehabilitation team are holding weekly infection prevention and control Klebsiella outbreak meetings</li> <li>WHSSC attend the weekly meetings: the action plan and notes have been shared with WHSSC</li> <li>Information re: delayed discharges has been shared with WHSSC</li> <li>Weekly update on the plan for these patients going forward alongside an update on the action plan</li> <li>A plan to segregate the ward into different areas re: infection control, which would possible mean unit, could reopen to admission over the next couple of weeks.</li> </ul>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Internal WHSSC meeting required to review the re delayed discharges. Review the unit's compliance with the specialised rehabilitation policy with regard to the delayed discharge.</td> <td>Planning Manager/Quality Manager</td> <td>August 21</td> </tr> <tr> <td>WHSSC to further request the bed state and UK ROC data from the service for Neuro rehab and spinal injuries unit (several requests have been made since Feb 21)</td> <td>Planning Manager</td> <td>September 21</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Action	Lead	Date	Internal WHSSC meeting required to review the re delayed discharges. Review the unit's compliance with the specialised rehabilitation policy with regard to the delayed discharge.	Planning Manager/Quality Manager	August 21	WHSSC to further request the bed state and UK ROC data from the service for Neuro rehab and spinal injuries unit (several requests have been made since Feb 21)	Planning Manager	September 21						
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<b>Risk Ref: 17 (CT045) Waiting Times Weight Loss Surgery</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: There is a risk</b> 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 Joint Committee:</b> 11/05/21																																	
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<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 border="1"> <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 (target date for this to be completed to be discussed in the Risk, Assurance and Recovery meeting scheduled for June.</td> <td>SBUHB Associate Service Director</td> <td>31/08/21</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> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Action	Lead	Date	Service to develop a Recovery Plan for discussion with WHSSC (target date for this to be completed to be discussed in the Risk, Assurance and Recovery meeting scheduled for June.	SBUHB Associate Service Director	31/08/21	WHSSC have established bi-monthly Risk, Assurance and Recovery meetings with the service to monitor the delivery of the recovery plan.	Planning Manager	Complete																								
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<b>Risk Ref:</b> 18 (CT046) (Previously CT037 and 38) <b>Waiting Times Cardiac Surgery Treatment</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	
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<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 Joint Committee:</b> 11/05/21
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Risk Rating  
(impact x likelihood)

Initial	5x4	20
<b>Current</b>	5x4	<b>20</b>
Target	5x1	5



**Groups discussed risk during period**

Commissioning Team 30/06/21  
Commissioning Team 27/07/21

**What controls have we put in place for the risk:**

- Weekend working.
- Extended daytime lists.
- Potential to outsource South Wales patients to Stoke post pandemic.
- Temporary change to TAVI policy to enable patients at intermediate risk to access TAVI instead of SAVR.

**What actions should we take:**

Action	Lead	Date
Service to develop a Recovery Plan for discussion and agreement with WHSSC (target date for this to be completed to be discussed in the Risk, Assurance and Recovery meeting scheduled on the 11 <sup>th</sup> June).	General Manager, C&VUHB	31/08/21
WHSSC established risk controls through the bi-monthly Risk, Assurance and Recovery meetings.	Planning Manager	complete

**Additional comments:**

<b>Risk Ref: 19 (CT047) Obesity Surgery Standards</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 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 <b>consequence</b> that patients who would fit the criteria for surgery will not be able to access the service.</li> </ul>		<b>Date Added to Register:</b> 24/02/20	<b>Date Last Reviewed by Joint Committee:</b> 11/05/21																																	
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<b>What controls have we put in place for the risk:</b> <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 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>		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Revised WHSSC Commissioning Policy and Service Specification completed to be sent for consultation via the WHSSC Policy approval process.</td> <td>Consultant Bariatric Surgeon, SBUHB</td> <td>30/08/21</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>31/08/21</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Action	Lead	Date	Revised WHSSC Commissioning Policy and Service Specification completed to be sent for consultation via the WHSSC Policy approval process.	Consultant Bariatric Surgeon, SBUHB	30/08/21	WHSSC to undertake further work with current Providers and consider if additional or alternative Provider is required to meet the population needs.	Planning Manager	31/08/21																								
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<b>Risk Ref: 20 – (CT048) Cardiac Surgery WHSSC Escalation Process</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 South Wales are at a greater risk of complications linked to the recent evidence from the Getting It Right First Time review of cardiac services in South Wales. As a consequence patients are at risk of harm from practices during surgery and in the post-operative period.		<b>Date Added to Register:</b> 14/07/21	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b> <b>08/06/21</b> <b>Next review: 10/08/21</b>																					
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<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 2 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 border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Service escalated to Stage 4 of the WHSSC Escalation Process.</td> <td>Director of Planning</td> <td>completed</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 21</td> <td>Senior Planning Manager</td> <td>July 2021</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>July 2021</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>July 2021</td> </tr> </tbody> </table>		Action	Lead	Date	Service escalated to Stage 4 of the WHSSC Escalation Process.	Director of Planning	completed	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 21	Senior Planning Manager	July 2021	To establish 6 weekly escalation meetings with SBUHB to review progress against the improvement plan	Senior Planning Manager	July 2021	Arrange meeting with SBUHB and C&VUHB to discuss interim arrangements for Aorto-vascular service	Senior Planning Manager	July 2021						
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<b>Additional comments:</b>  New risk - actions to be discussed further at July 21 commissioning team meeting.																								

<b>Risk Ref: 21 ( MH/21/02) Children &amp; Adolescent Mental Health Services (CAMHS)</b> <b>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health</b>		<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 Quality &amp; Patient Safety Committee:</b> 10/08/21																																	
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<b>Risk Ref: 22 (MH/21/05) – Forensic Adolescent and Consultation Treatment Service (FACTS)</b> <b>Risk Domain: Impact on the safety of patients, staff or public physical/psychological harm) Population Health</b>		<b>Director Lead: Director of Finance</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																																		
<b>Risk:</b> 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		<b>Date Added to Register:24/02/21</b>	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee: 10/08/21</b>																																	
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<b>Risk Ref: 23 (MH/21/08) – Access to Care Adults with LD</b> <b>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</b>		<b>Director Lead: Director of Planning</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																																		
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<b>Risk Ref: 24 (MH/21/09) Access to Care Children with LD</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	
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**What controls have we put in place for the risk:**

- Case managers in place
- Consistent dialogue with NHS England about bed capacity
- QAIS support

**What actions should we take:**

Action	Lead	Date
Assistant Director of Nursing regularly meeting with England	Shane Mills	September 2021
Support from case managers in place via Assistant Director of Nursing	Shane Mills	September 2021

**Additional comments:**

Commissioning team July 21 lowered target score from 12 to 8

<b>Risk Ref: 25 (MH/21/12) - Delayed Treatment Welsh Gender Service</b> <b>Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)</b>		<b>Director Lead: Director of Nursing</b> <b>Assuring Committee: Joint Committee Reviewed Assurance</b>																									
<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: 24/02/21</b>	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee: 10/08/21</b>																								
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<b>What controls have we put in place for the risk:</b>  <b>Gender Identity Service for Adults (non -surgical) - Welsh Gender Service</b> <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> WHSSC commissions the surgical pathway from NHS England and attends the NHS England Programme Board and Gender Commissioners Group.		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <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</td> <td>Planning Manager for Vulnerable Groups</td> <td>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> </tbody> </table>		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	Planning Manager for Vulnerable Groups	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									
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<b>Additional comments:</b> 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>Risk Ref: 26 (NCC046) Waiting Times for Neuropsychiatry Patients</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: There is a risk</b> 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.		<b>Date Added to Register:</b> 12/02/2020	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b> 08/06/21 <b>Next review:</b> 10/08/21																																	
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<b>What controls have we put in place for the risk:</b> <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>		<b>What actions should we take:</b> <table border="1"> <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 3rd 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>July 2021</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>July 2021</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 3rd 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	July 2021	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	July 2021																		
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Funding release paper submitted to July Management group.	Planning Manager	July 2021																																		
<b>Additional comments:</b> From August 2021 the risk will be removed from Neuroscience team and monitored going forward by the Mental Health & Vulnerable Group commissioning team as the funding release was approved July 21																																				

<b>Risk Ref:</b> 27 (P/21/15) New Risk – Neonatal Cots <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee Reviewed Assurance
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<b>Risk:</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.	<b>Date Added to Register:</b> 09/08/21	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b>
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Risk Rating (impact x likelihood)	<p>The chart displays two horizontal bars for August 2021. The top bar, representing the Risk Rating, is blue and extends to the value 20 on a scale from 0 to 30. The bottom bar, representing the Target, is orange and extends to the value 4 on the same scale.</p>	<b>Groups discussed risk during period</b>									
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Initial</td> <td>5x4</td> <td style="background-color: red; color: white;">20</td> </tr> <tr> <td><b>Current</b></td> <td><b>5x4</b></td> <td style="background-color: red; color: white;"><b>20</b></td> </tr> <tr> <td>Target</td> <td>2x2</td> <td style="background-color: yellow;">4</td> </tr> </table>	Initial	5x4	20	<b>Current</b>	<b>5x4</b>	<b>20</b>	Target	2x2	4		Commissioning Group – 22/09/21
Initial	5x4	20									
<b>Current</b>	<b>5x4</b>	<b>20</b>									
Target	2x2	4									

**What controls have we put in place for the risk:**

WHSSC Executive Team escalated to all Executive Teams across NHS Wales

**What actions should we take:**

Action	Lead	Date
Develop surge/capacity plans with all neonatal units across Wales.	WC Planner	31/08/21
Exploring the inclusion of cot capacity within the sitrep reporting process	Director of Planning	31/08/21

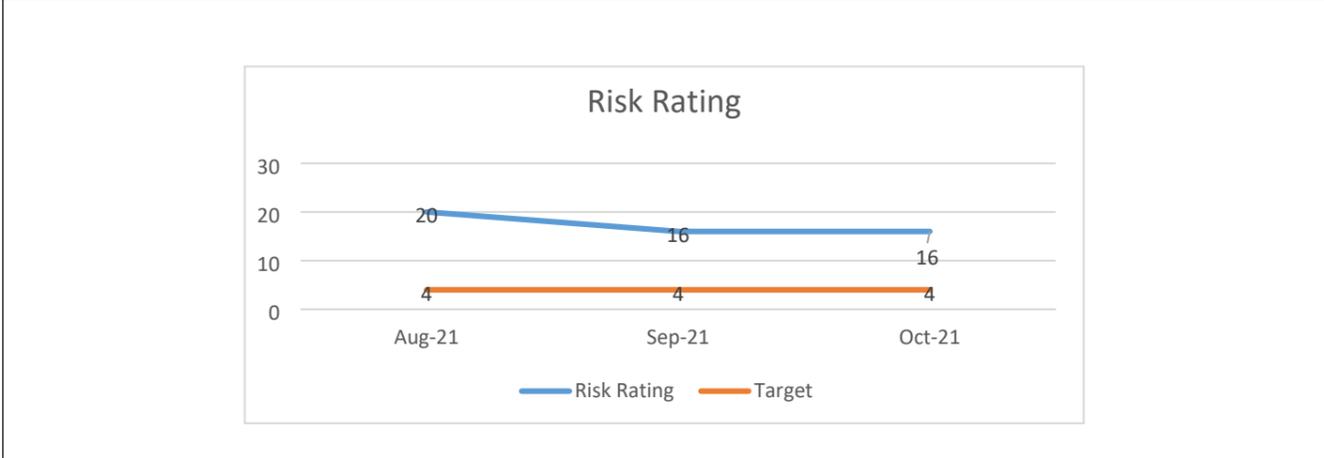
**Additional comments:**

<b>Risk Ref:</b> <b>New Risk 28 (CS/03 PT/02) 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:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee
---	--

<b>Risk:</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.	<b>Date Added to Register:</b> 30/9/21	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b>
---	--	--

Risk Rating  
(impact x likelihood)

Initial	5x4	20
<b>Current</b>	<b>4x4</b>	<b>16</b>
Target	2x2	4



**Groups discussed risk during period**

Risk Scrutiny Group & CDGB 30 September 2021 – identified as a cross cutting risk, reduced from 20 to 16

**What controls have we put in place for the risk:**

Monthly workforce capacity discussion at CDGB

**What actions should we take:**

Action	Lead	Date
Workforce capacity report presented to Joint Committee requesting approval to increase the WHSSC Direct Running Costs (DRC) budget to accommodate an increase in workforce capacity to meet the surge in demand for WHSSC to take on responsibility for new services.	Managing Director	7/9/21
Monthly workforce capacity discussion at CDGB	Head of Corporate Services/Committee Secretary	Monthly

**Additional comments:**  
 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:</b> <b>New Risk 29 – WHSSC IPFR Quoracy</b> <b>Risk Domain:</b> Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		<b>Director Lead:</b> Director of Planning <b>Assuring Committee:</b> Joint Committee																
<b>Risk:</b> <i>There is a risk</i> that IPFR Panel decisions are delayed and/or are challenged due to the All Wales IPFR Panel not being quorate, as a consequence this will cause reputational damage to WHSSC governance processes.		<b>Date Added to Register:</b> 20/10/21	<b>Date Last Reviewed by Quality &amp; Patient Safety Committee:</b>															
Risk Rating (impact x likelihood)		<b>Groups discussed risk during period</b>																
<table border="1"> <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	<p>The chart shows a horizontal bar for 'Risk Rating' at 16 and another for 'Target' at 4, both for 'Sep-21'. The y-axis ranges from 0 to 20.</p>							
Initial	4x4	16																
<b>Current</b>	<b>4x4</b>	<b>16</b>																
Target	2x2	4																
<b>What controls have we put in place for the risk:</b> The ToR for the WHSSC IPFR panel are contained within the “All Wales NHS Policy Making Decisions on Individual Patient Funding Requests (IPFR). A report was submitted to JC on 10 November requesting approval to update the TOR, however the proposal was not approved and the Clinical Director of All Wales Therapeutics & 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. Since then, further enquiries have been made with WG who have confirmed that it is a matter for the Joint Committee to make decisions on the WHSSC IPFR Panel Terms of Reference (ToR). However, as the ToR sit as an appendix within the “All NHS Wales Policy discussions are ongoing with Welsh Government on how to resolve this.  Clarity on the governance process for approving the all Wales IPFR policy from Welsh Government has been requested. Until this is received WHSSC, is unable to resolve this quoracy issue and the risk will remain		<b>What actions should we take:</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>A meeting has been scheduled with Welsh Government.</td> <td>Committee Secretary</td> <td>20/10/21</td> </tr> <tr> <td>Monthly discussions at CDGB and Risk Scrutiny Group to ensure that progress is being made</td> <td>Head of Corporate Services/Committee Secretary</td> <td>Monthly</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Action	Lead	Date	A meeting has been scheduled with Welsh Government.	Committee Secretary	20/10/21	Monthly discussions at CDGB and Risk Scrutiny Group to ensure that progress is being made	Head of Corporate Services/Committee Secretary	Monthly						
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<b>Additional comments:</b>																		

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

Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 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



		Agenda Item	3.1
Meeting Title	<b>Joint Committee</b>	Meeting Date	09/11/2021
Report Title	Activity Report for Month 5 2021/22 COVID-19 Period		
Author (Job title)	Head of Information		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	The purpose of this report is to highlight the scale of the decrease in activity levels during the peak COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Management Group	Meeting Date	21/10/2021
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the information presented within the report.</li> </ul>		

<b>Considerations within the report</b> (tick as appropriate)								
Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
		✓						
Principles of Prudent Healthcare	YES	NO	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO

<b>Commissioner Health Board affected</b>													
Swansea Bay	✓	Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf	✓	Hywel Dda	✓	Powys	✓

<b>Provider Health Board affected</b> (please state below)
Cardiff and Vale UHB; Swansea Bay UHB;

## 1.0 SITUATION

This report sets out the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The context for this report is to illustrate the decrease during the peak COVID-19 periods, and to inform the level of potential harms to specialised services patients. It also illustrates the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability, but this is covered in greater detail in the separate monthly Finance report. Recovery rates, access comparisons across Health Boards and waiting lists are also considered.

## 2.0 BACKGROUND

The impact of COVID-19 on the level of provision of healthcare has been felt across all levels of service, including specialised services which have traditionally been assumed to be essential services. WHSSC has used the national data sources from DHCW (previously known as NWIS) together with monthly contract monitoring information to inform this report. Members are asked to note that the DHCW data for Admitted Patient Care and Patients Waiting includes all Welsh activity at providers with a WHSSC contract, and also includes some non-specialist activity that may be included in local Health Board contracts.

## 3.0 ASSESSMENT

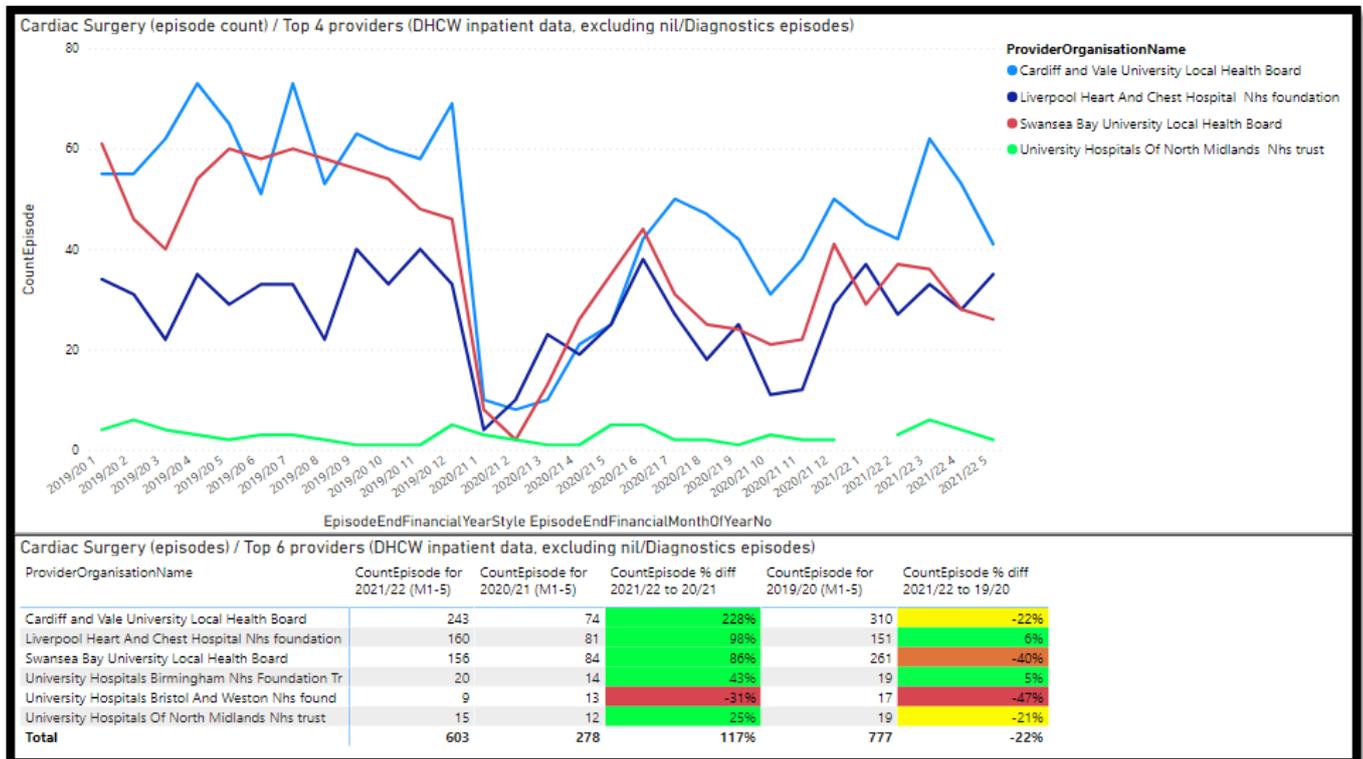
This report has been rearranged from the version used in 2020/21 to deal with Specialties/areas on an all-Wales basis. Specialties/areas covered in this report include:

- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Cardiac Surgery
- Paediatric Surgery
  
- English provider activity (all specialist and non-specialist)
  
- Annex A – summary of Cardiff & Vale and Swansea Bay contracts
- Appendix A – charts of DHCW data showing inpatient activity at NHS England Trusts with a WHSSC contract (specialist and non-specialist)
- Appendix B – summary flash cards



### 3.1 Cardiac Surgery

#### 3.1.1 Cardiac Surgery – Activity/recovery rates



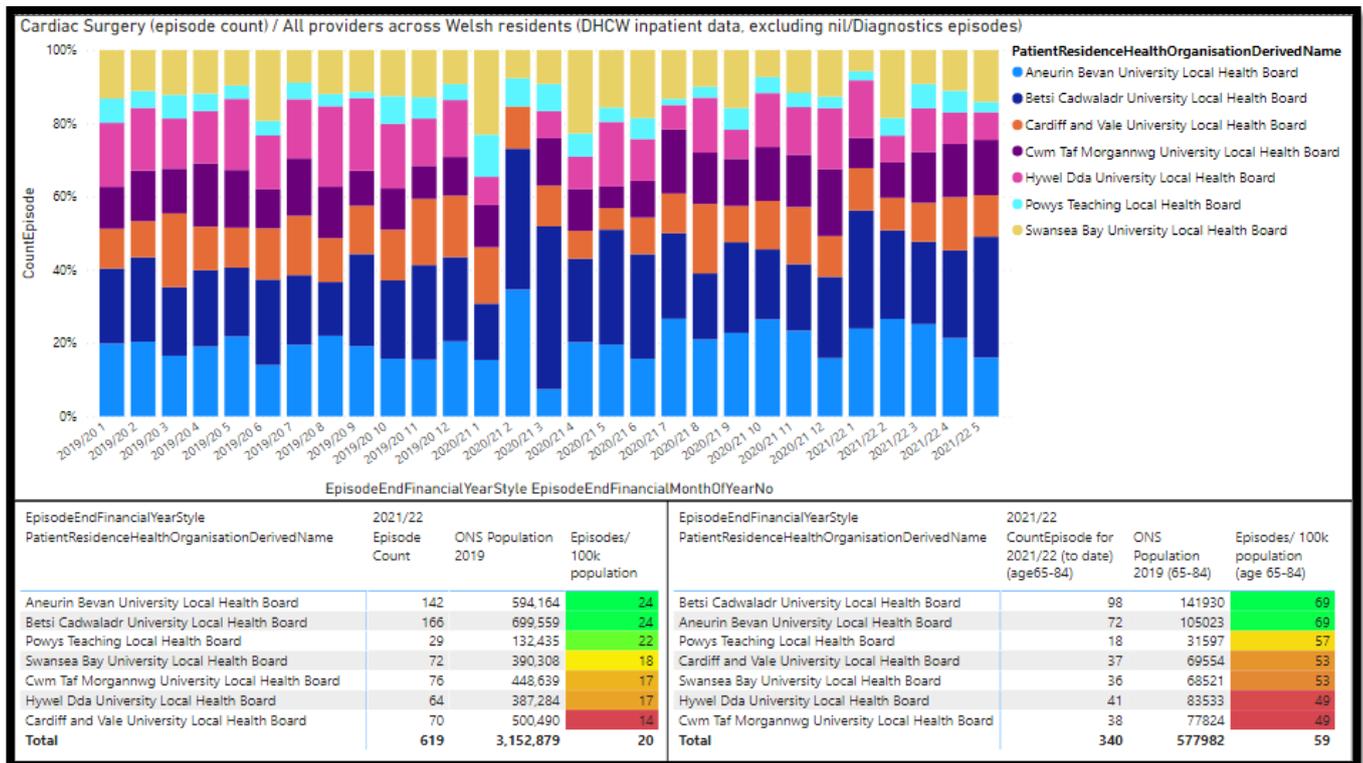
Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes

The above table highlights the variance in Cardiac Surgery inpatient recovery across the main specialist providers, with Liverpool Heart & Chest showing the highest and quickest recovery. The main 3 providers show the expected inverse relationship to the Covid-19 waves across the UK, with activity increasing again.

There was a concerning drop in the volume of Cardiac inpatient activity reported during the Covid-19 period, which is recovering but stood at 48% less activity overall in 2020/21 compared to 2019/20. Using activity to date this year 2021/22 (Month 5), activity is already 117% more than last year, but is 22% lower than to the same month in 2019/20. Historically, Cardiac surgery is seen as an urgent elective specialty with high levels of emergency and inter hospital referrals and lower levels of elective referrals. The decrease is therefore of concern and indicative of a significant risk of harm during the highest Covid-19 periods. The risk of COVID infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor. However, given the seriousness of the impact of non-intervention it is essential that activity levels and the associated referral pathways are reinstated as soon as possible. There has been some proactive switching into TAVI for selected sub groups of patients but numbers are not material.



### 3.1.2 Cardiac Surgery – Access rates

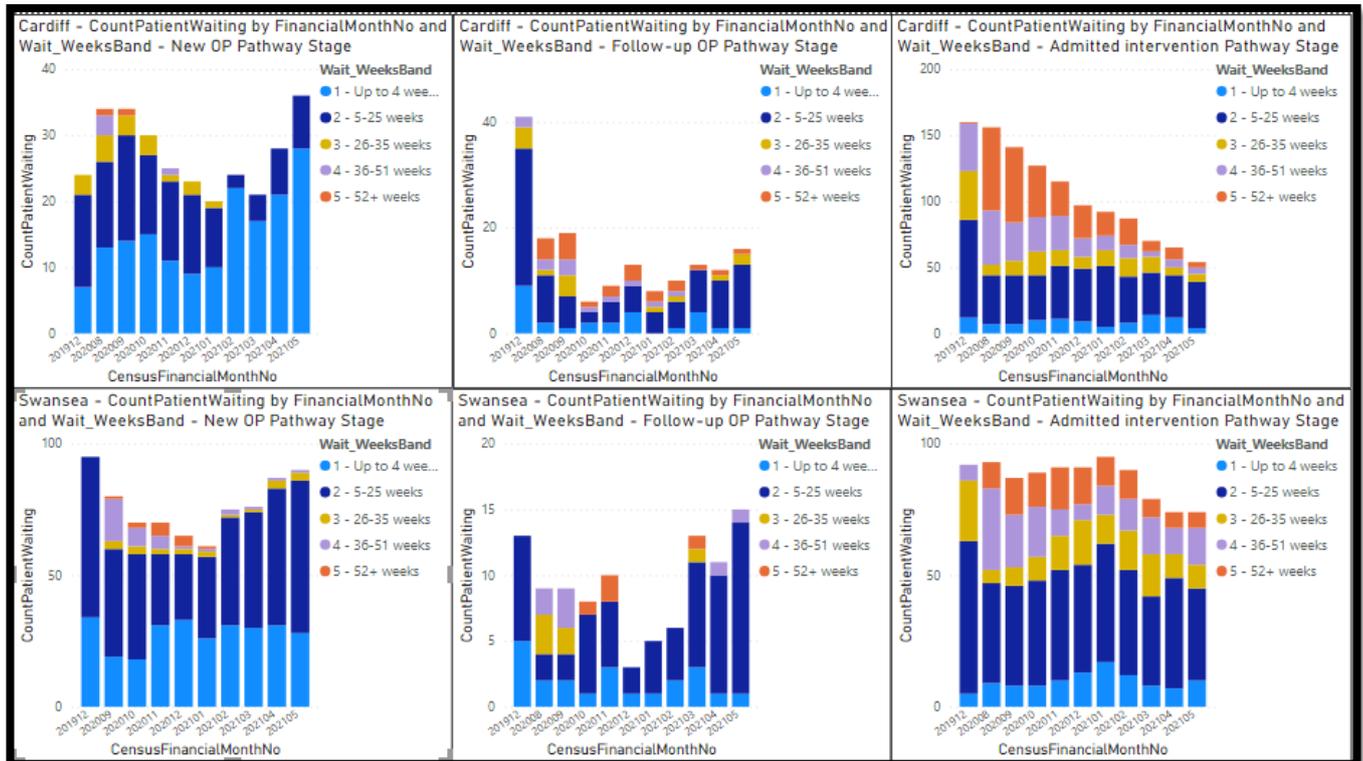


Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes

Access rates across the Health Boards varied the most during the initial Covid-19 wave, but have stabilised in recent months to almost the same split of the available activity as last year. However, North Wales are reflecting an increased share of the activity, due to Liverpool Heart & Chest recovering quicker than Welsh providers.

Interestingly, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 14 to 24 so far in 2021/22 as per the small table above. Analysing the biggest age group user (age 65-84), which represents over half the overall activity, still shows a broad range of 49 to 69 across Health Boards.

### 3.1.3 Cardiac Surgery – going forward

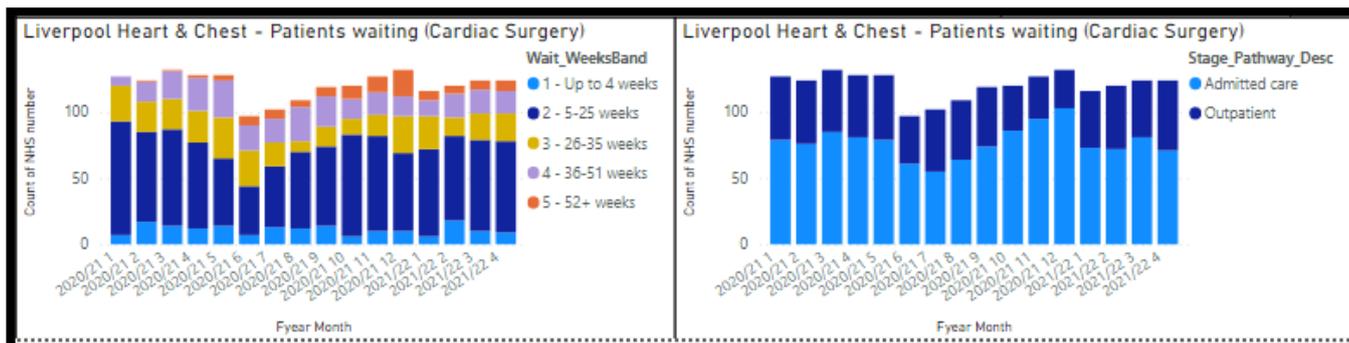


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting within Cardiac Surgery at the main Welsh centres. Both centres have kept waits for new outpatients steady, with most patients being seen within 26 weeks. It is noteworthy that whilst new referrals (the paler blue legend showing patients waiting up to 4 weeks in the chart above) have remained roughly equal at Swansea, new referrals have been increasing at Cardiff. Follow-up outpatients have also been seen relatively quickly, with low total numbers.

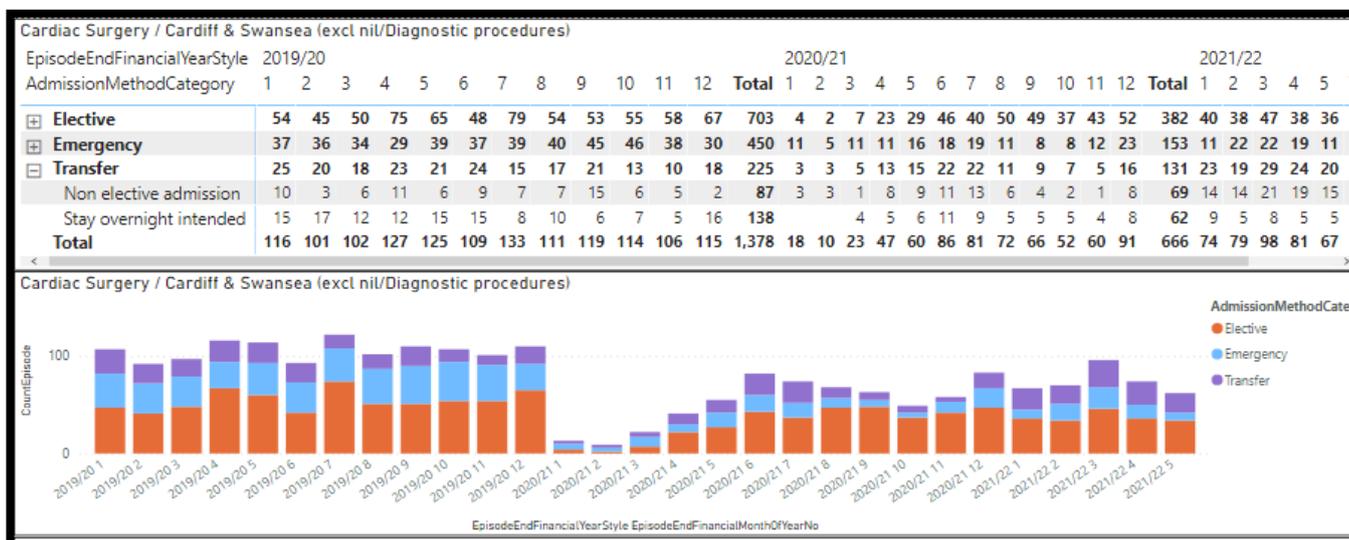
Historically both Welsh centres have not delivered contracted activity levels, leading to higher elective waiting lists than should result from commissioned activity. However, the number of patients waiting for admitted care at Cardiff has been progressively reducing to about a third of pre-Covid levels, whereas Swansea's total has reduced much less.

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 (53%Cardiff and 74%Swansea v 87%LHCH - full year 2019/20 data. The two Welsh providers totalled 61% elective/expected episodes and 39% emergency/non-elective episodes). Welsh centres have reported that the pressure from transfers squeezes capacity available for elective cases with resulting adverse impact on the waiting list.



Data source: File received directly from LHCH monthly; all patients waiting with an open pathway

The above table shows the progression of patients waiting for Cardiac Surgery at Liverpool Heart and Chest since March 2020. Although totals are not too dissimilar to March 2020, more patients are waiting for longer than before.



Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes

Whilst percentages of delivery between Elective and Emergency activity appears similar in percentage terms, in quantum terms emergency activity has been significantly down compared to 2019/20 at the Welsh centres. This indicates that there may be a problem in the referral pathway with new emergencies not being identified at the same rate as before, with only 49% of 2019/20 levels to M5 in 2021/22 (175 to M5 in 2019/20, versus 85 to date in 2021/22), although Transfers are at 107% compared to last year. As emergency and transfer referrals start to return to normal there will be significant pressure on waiting lists unless total capacity returns to previous levels.

Specialised Planner comments:

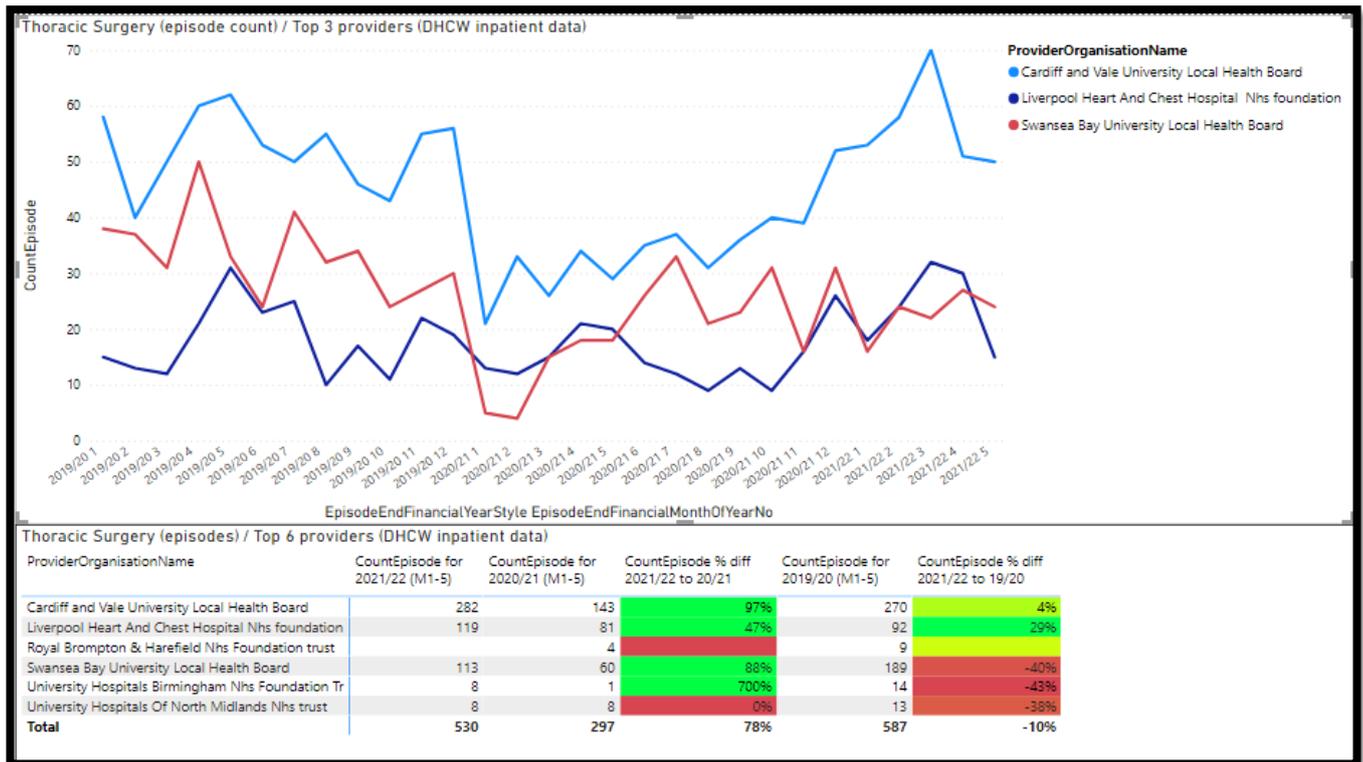
In June 2021, the NHS England GIRFT (Getting it Right First Time) team undertook a review of both South Wales cardiac surgery centres and benchmarked against 29 NHS England Cardiac Surgery Centres. Both centres were identified as low volume centres. A number of pathway delays were highlighted at both centres which if resolved would significantly improve patient experience and activity levels. Discussions have taken place with both centres and



action plans have been developed to address the pathway issues. Monitoring of improvements will take place through the escalation process.

### 3.2 Thoracic Surgery

#### 3.2.1 Thoracic Surgery – Activity/recovery rates

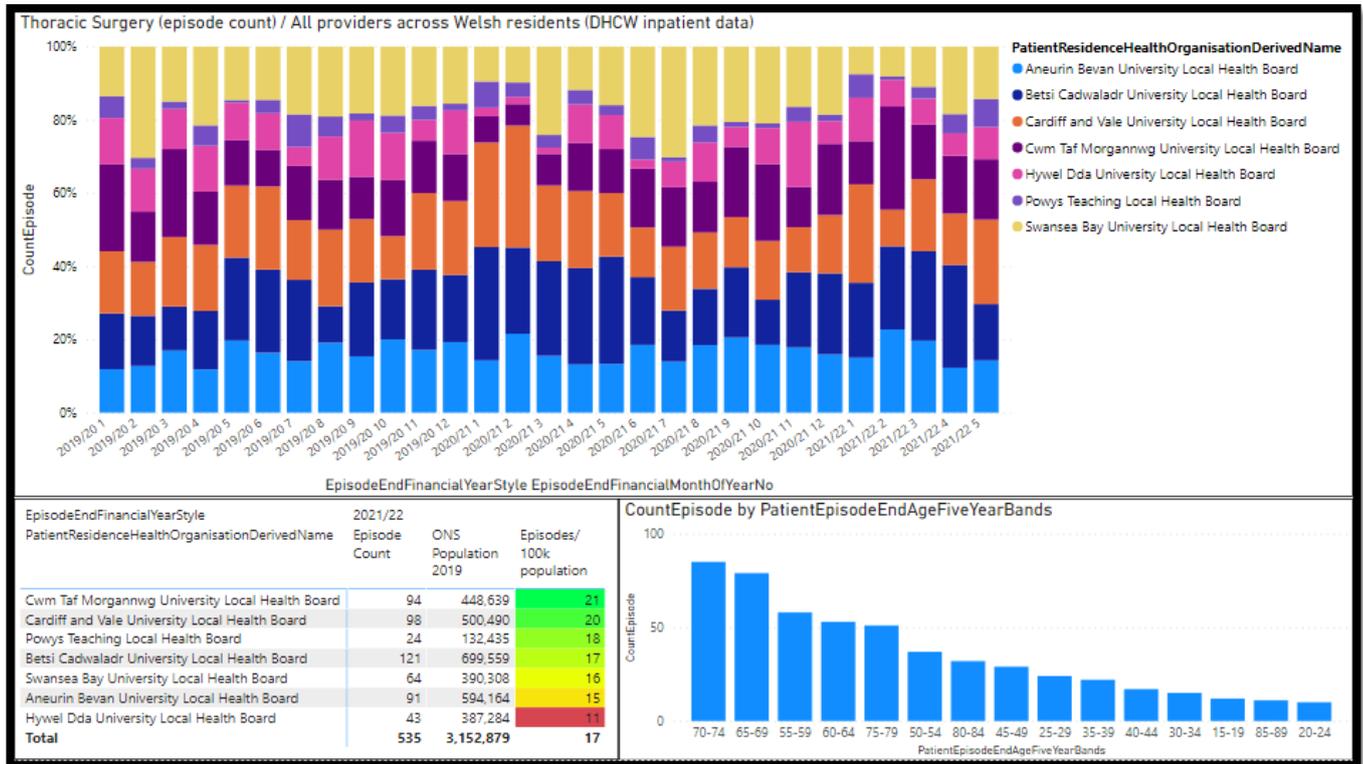


Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Thoracic Surgery inpatient recovery across the main specialist providers, with Liverpool Heart & Chest showing the highest and quickest recovery to activity actually 78% higher to date than 2019/20. Cardiff & Vale is also showing 4% higher activity than 2019/20 to the same month. However, Swansea Bay is showing a 40% drop in activity to date compared to 2019/20, although this is still 88% more than they had performed to this point in 2020/21.

The drop in the volume of Thoracic inpatient activity reported over the Covid-19 period stood at 35% less activity overall in 2020/21 compared to 2019/20. Using activity to date this year 2021/22 (Month 5), activity is 10% less than 2019/20, and is 78% higher in total than to the same month last year.

### 3.2.2 Thoracic Surgery – Access rates



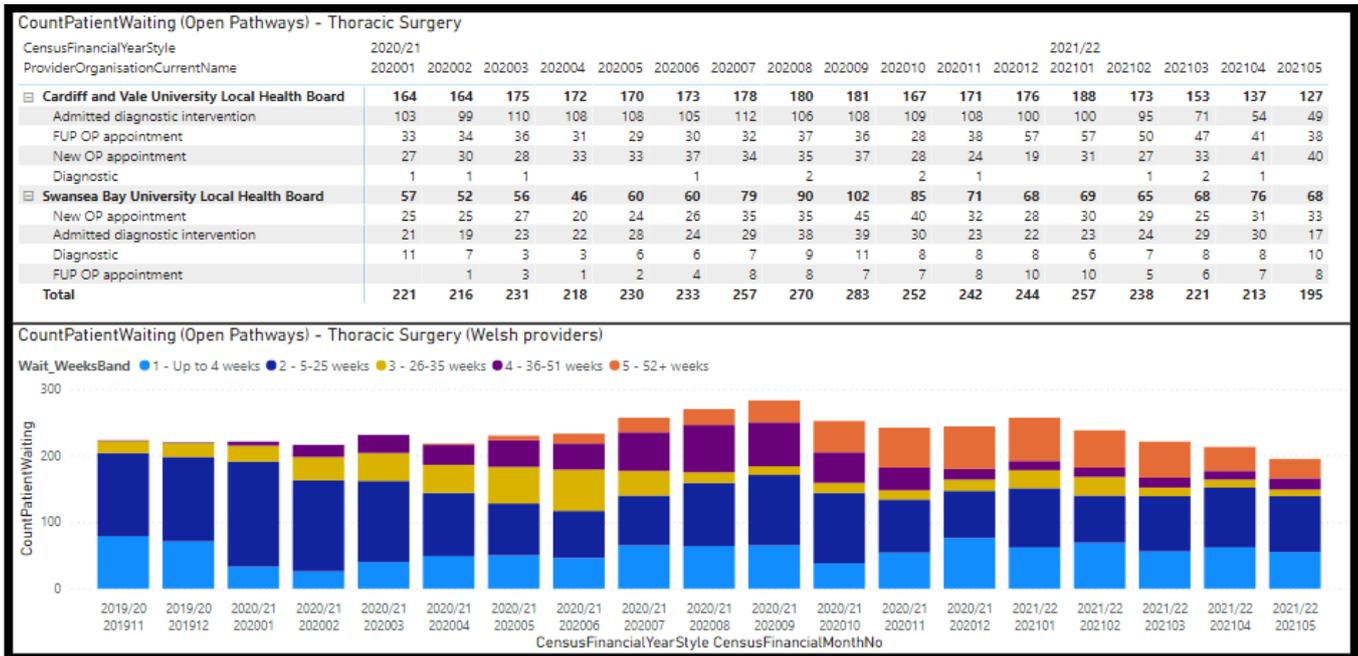
Data source: DHCW central data warehouse; all inpatient activity

Access rates across the Health Boards varied across the past two years, which is to be expected given the lower activity numbers (about 73/month), but should still be monitored. The chart above shows a slighter higher access across 2020/21 for North Wales, which is in line with the quicker recovery at Liverpool Heart & Chest.

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 11 to 21 as per the small table above for 2021/22. Given Swansea’s slower recovery, it is unsurprising to see lower access rates for Hywel Dda and Swansea 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.



### 3.2.3 Thoracic Surgery – going forward



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting within Cardiac Surgery at both Cardiff and Swansea. Whilst both centres have kept most pathway points steady or they have increased a little, it is noteworthy that Cardiff has halved the patients waiting for an admission. Overall, whilst the total patients waiting has decreased a little since March 2020, there are more patients waiting for longer than before, with about 20% for over a year. Liverpool Heart & Chest waiting numbers are not material (about 20 in total), so are not shown.

The elective/emergency split percentages for Thoracic surgery have not differed much to last year, and stand at 39% for emergencies/non elective transfers and 61% elective inpatients.

#### Specialised Planner comments:

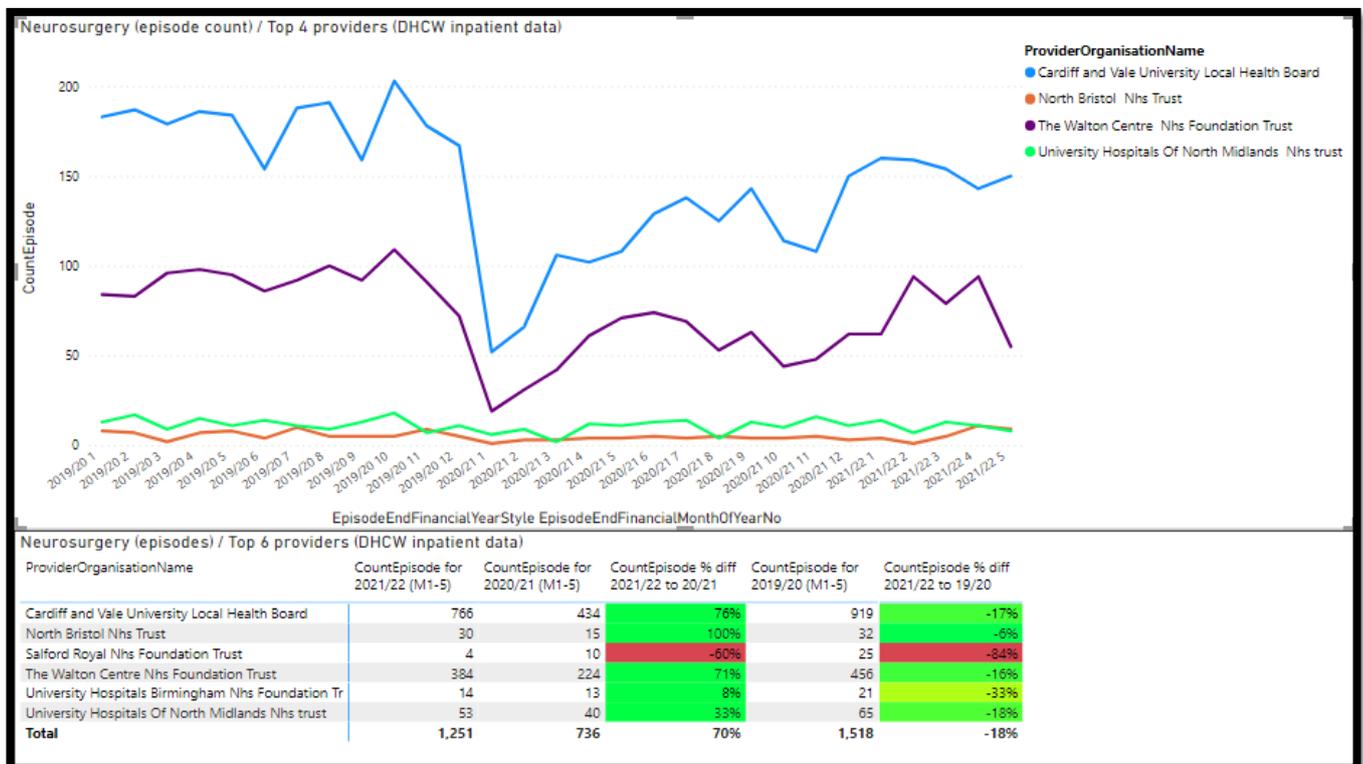
In interpreting the data above, it is important to note that over the last 12 months, collaborative arrangements have been in place between the two South Wales thoracic surgery services to use the joint capacity across the 2 services to ensure equitable access. This ensures that if their usual centre is capacity constrained due to the impact of the pandemic (or potentially other factors) and there is available capacity at the other south Wales service, patients can be cross referred and access treatment on the basis of clinical need. This means that activity at a particular centre does not directly translate into access for residents of health boards for which it is the usual provider.

It is important also to be aware that the lung cancer MDT in Hywel Dda UHB has reported that many patients referred to the MDT over the last few months have presented late in their disease which has led directly to lower referrals to surgery

since patients with advanced disease are less likely to be suitable for surgical treatment. This is the likely explanation for the particularly low rate of utilisation for Hywel Dda residents observed to month 5. This also at least partly explains the lower level of activity at Swansea in comparison to 2019/20. Discussions at the bi-weekly joint thoracic surgical meeting between Cardiff and Swansea 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/recovery rates



Data source: DHCW central data warehouse; all inpatient activity

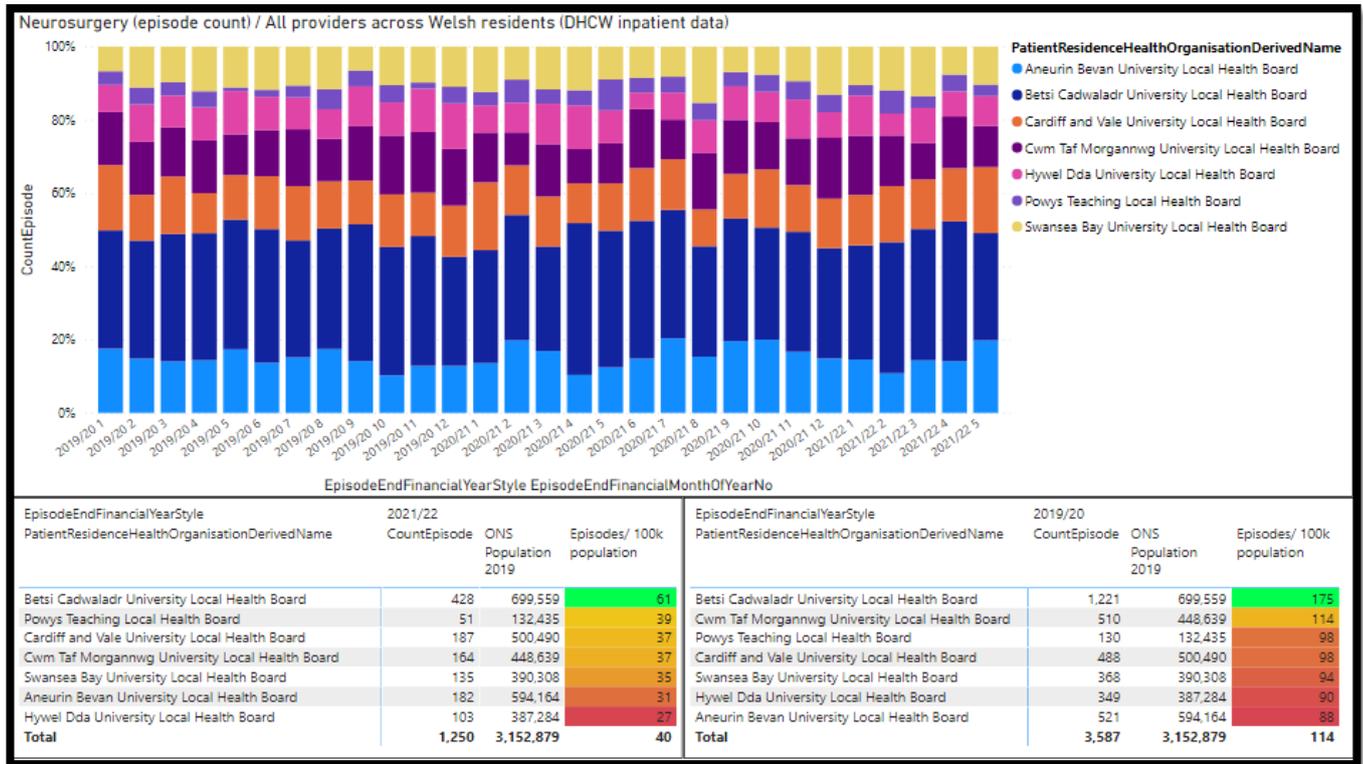
The above table highlights the variance in Neurosurgery inpatient recovery across the main specialist providers, with Cardiff and the Walton showing similar recoveries with reductions of 17% and 16% this year compared to the same point in 2019/20. Overall activity was 39% less in 2020/21 than in 2019/20, with the equivalent figure being 18% less so far in 2021/22.

The main 2 providers show the expected inverse relationship to the Covid-19 waves across the UK, with activity increasing again.

Please note the UH North Midlands activity above primarily relates to North Wales residents, which is paid for through a local contract and not WHSSC.



### 3.3.2 Neurosurgery – Access rates



Data source: DHCW central data warehouse; all inpatient activity

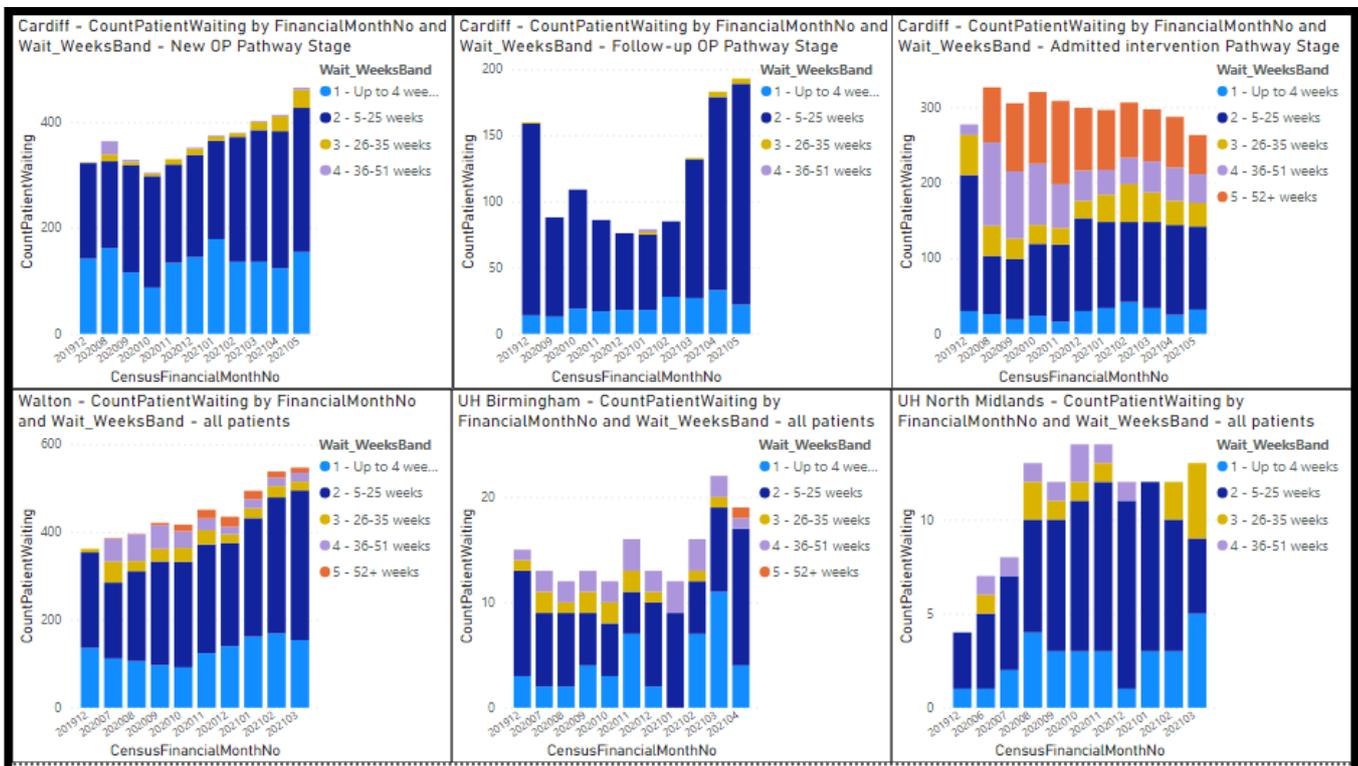
Access rates across the Health Boards varied across the past two years, as shown in the charts above. Inpatient episodes per 100k population in 2021/22 so far vary from 27 to 61 across Health Boards in the bottom left chart, but it is noteworthy that the order of access rates has moved from the 2019/20 list on the bottom right chart, although North Wales resident access remains the highest both years.

This may be related to the way activity is reported between the two main centres as being in different NHS countries. There is certainly a variance between elective/emergency activity, as shown in the next section.



### 3.3.3 Neurosurgery – going forward

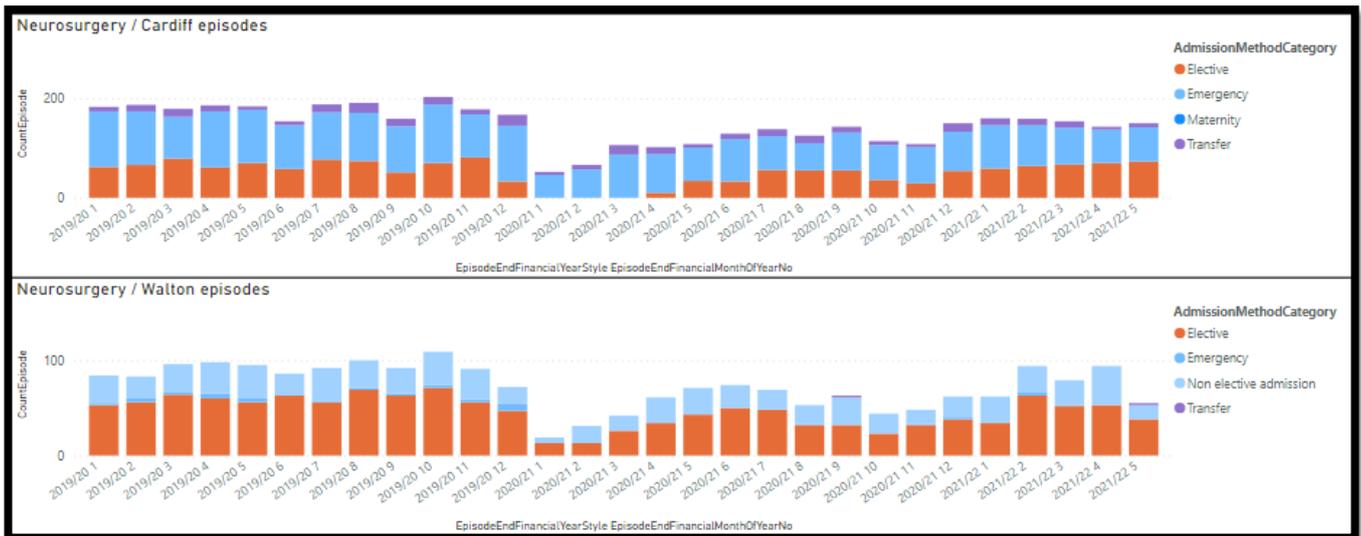
CountPatientWaiting (Open Pathways) - Neurosurgery		2019/20										2020/21										2021/22																																				
CensusFinancialYearStyle	ProviderOrganisationCurrentName	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	11	12	1	2	3	4	5	11	12	1	2	3	4	5																								
Cardiff and Vale University Local Health Board		730	761	806	842	901	876	907	908	777	777	722	734	724	727	750	771	832	884	921	326	324	347	334	360	350	387	367	325	364	329	305	330	352	375	380	402	414	465	248	277	297	328	338	338	321	334	348	326	305	320	308	299	296	306	297	287	263
	New OP appointment	155	160	162	180	203	188	199	207	104	87	88	109	86	76	79	85	133	183	193																																						
	Admitted diagnostic intervention																																																									
	FUP OP appointment																																																									
	Diagnostic																																																									
The Walton Centre Nhs Foundation Trust		330	362	399	400	351	334	359	372	386	396	421	417	451	435	494	538	547	330	362	399	400	351	334	359	372	386	396	421	417	451	435	494	538	547																							
	Unknown																																																									
University Hospitals Birmingham Nhs Foundation Tr		21	15	13	15	16	16	16	15	13	12	13	12	16	13	12	16	22	19	21	15	13	15	16	16	16	15	13	12	13	12	16	13	12	16	22	19																					
	Unknown																																																									
University Hospitals Of North Midlands Nhs trust		3	4	3	5	4	5	8	7	8	13	12	14	14	12	12	12	13	3	4	3	5	4	5	8	7	8	13	12	14	14	12	12	12	13																							
	Unknown																																																									
<b>Total</b>		<b>1,084</b>	<b>1,142</b>	<b>1,221</b>	<b>1,262</b>	<b>1,272</b>	<b>1,231</b>	<b>1,290</b>	<b>1,302</b>	<b>1,184</b>	<b>1,198</b>	<b>1,168</b>	<b>1,177</b>	<b>1,205</b>	<b>1,187</b>	<b>1,268</b>	<b>1,337</b>	<b>1,414</b>	<b>903</b>	<b>921</b>																																						



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting within Neurosurgery at Cardiff and the 3 highest English providers. Cardiff's data shows they are struggling to keep up with the current new and follow-up outpatients, although very few patients are waiting for a follow-up over 26 weeks, which is to be commended. However, although the total number of patients waiting for an admitted treatment has not moved much since the start of the pandemic, more patients are now waiting longer.

Numbers at Birmingham and North Midlands are not material, but there are now significantly more patients waiting at the Walton. Please note the breakdown across the pathway areas is not available from English providers through DHCW data.

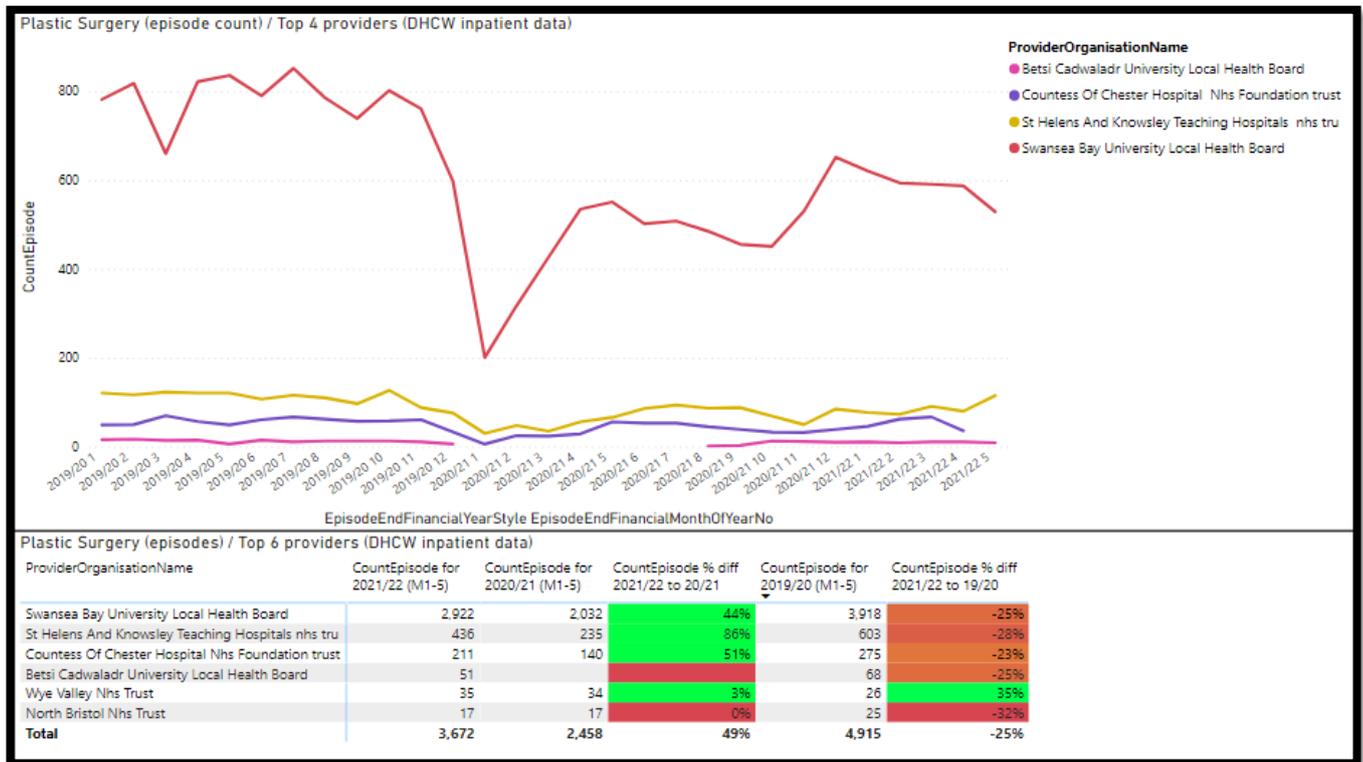


Data source: DHCW central data warehouse; all inpatient activity

Interestingly, data on the inpatient episodes shows an inverse of the elective/non-elective split for Cardiff and Walton, with Cardiff having a higher proportion of emergency activity (64% in 2019/20 and 73% in 2020/21), and the Walton having a higher proportion of elective activity (65% in 2019/20 and 60% in 2020/21).

### 3.4 Plastic Surgery

#### 3.4.1 Plastic Surgery – Activity/recovery rates



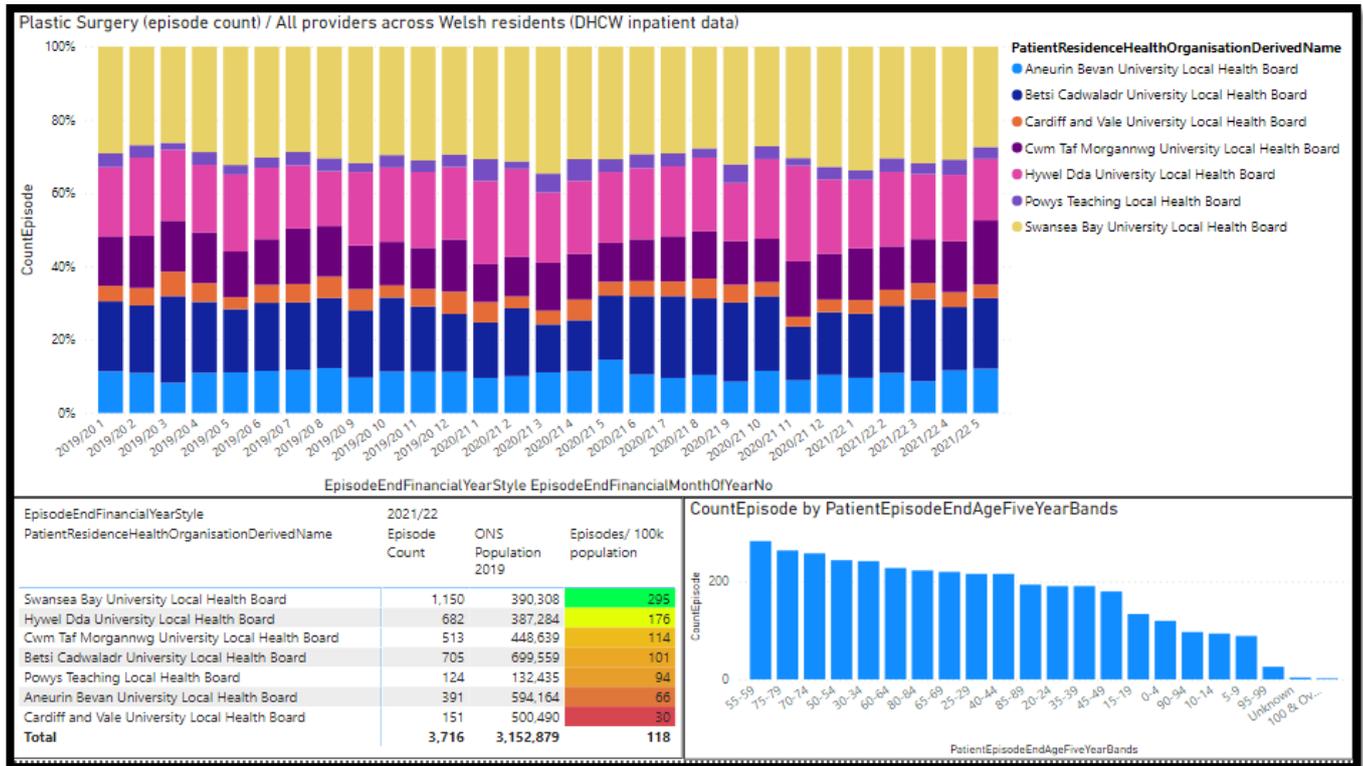
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Plastic Surgery inpatient recovery across the main specialist providers, with an overall reduction of 25% so far this year compared to 2019/20. The total reduction was 39% across the full year of 2020/21. They all show the expected inverse relationship to the Covid-19 waves across the UK, with activity increasing again by the end of March 2021.

Please note the Countess of Chester activity above primarily relates to North Wales residents, which is paid for through a local contract and not WHSSC. Wye Valley patients are primarily Powys residents through the WHSSC contract.



### 3.4.2 Plastic Surgery – Access rates



Data source: DHCW central data warehouse; all inpatient activity

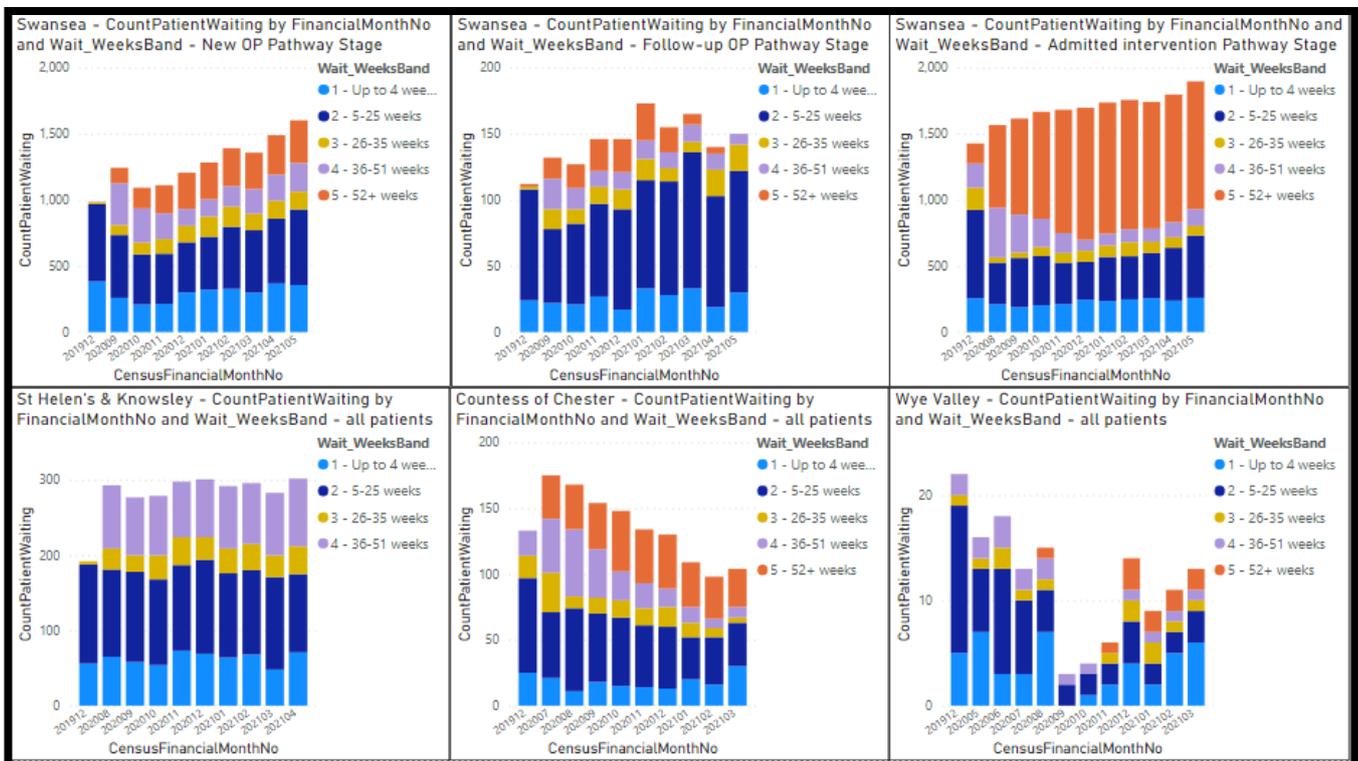
Access rates across the Health Boards do not appear to have varied much across the past 2 years, as shown in the charts above.

However, there is a big variation across episodes/100k population, with inpatient episodes per 100k population in 2020/21 varying from 58 to 552 across Health Boards, and between 30 and 295 in 2021/22 in the bottom left chart. This is related to the current contract that Swansea Bay hold as the lead South Wales centre, which includes significant non-specialist activity for both Swansea Bay and Hywel Dda residents, and is being discussed internally. Non-specialist activity for other Health Boards is reported under non-WHSSC areas/specialties, and reporting is also linked to the specialty/grade of the treating medic (eg. Dermatology/Plastic Surgery).



### 3.4.3 Plastic Surgery – going forward

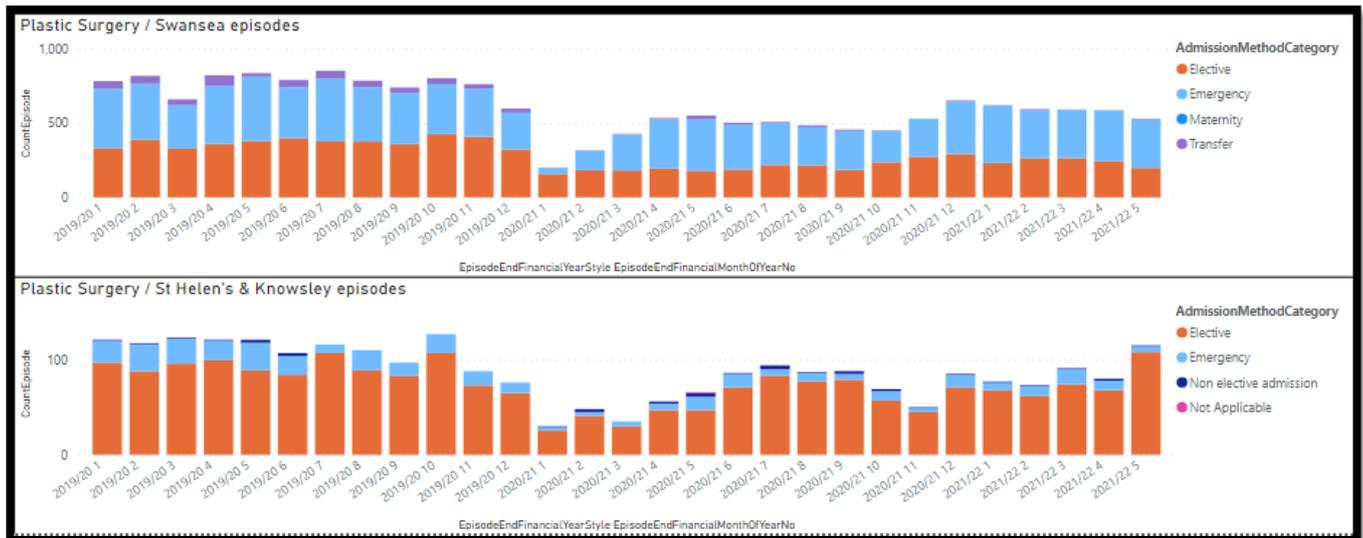
CensusFinancialYearStyle ProviderOrganisationCurrentName	2020/21										2021/22						
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	202101	202102	202103	202104	202105
<b>Swansea Bay University Local Health Board</b>	2,424	2,408	2,421	2,499	2,544	2,674	2,796	2,897	3,066	2,965	3,008	3,120	3,273	3,402	3,374	3,570	3,790
Admitted diagnostic intervention	1,413	1,414	1,415	1,417	1,440	1,495	1,537	1,567	1,616	1,667	1,682	1,697	1,737	1,757	1,742	1,797	1,897
New OP appointment	865	817	845	906	940	1,018	1,107	1,159	1,243	1,092	1,111	1,206	1,283	1,391	1,357	1,490	1,602
FUP OP appointment	67	91	104	114	109	108	98	96	132	127	146	146	173	155	165	140	150
Diagnostic	79	86	57	62	55	53	54	75	75	79	69	71	80	99	110	143	141
<b>St Helens And Knowsley Teaching Hospitals nhs tru</b>	250	246	271	277	298	294	301	293	277	279	298	301	292	296	283	302	
Unknown	250	246	271	277	298	294	301	293	277	279	298	301	292	296	283	302	
<b>Countess Of Chester Hospital Nhs Foundation trust</b>	192	151	157	156	156	168	175	168	154	148	134	130	109	98	104		
Unknown	192	151	157	156	156	168	175	168	154	148	134	130	109	98	104		
<b>Alder Hey Children's Nhs Foundation Trust</b>	18	31						23	27	24	27	1	37	33	33		
Unknown	18	31						23	27	24	27	1	37	33	33		
<b>Total</b>	2,884	2,836	2,849	2,932	2,998	3,136	3,272	3,381	3,524	3,416	3,467	3,552	3,711	3,829	3,794	3,872	3,790



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting within Plastic Surgery at Swansea and the 3 highest English providers. Swansea data shows an increase in all areas of the pathway, with more patients waiting longer. More than half the patients waiting for an admitted intervention have now been waiting for more than a year, which is very concerning.

Whilst English providers also reflect the trend of patients in general waiting longer than before the pandemic, the percentage of patients waiting over a year is much lower. Total waiting patients have increased at St Helen's, although no one has been waiting over a year. The total initially increased but since decreased to pre-Covid levels at Countess of Chester (primarily BCU patients), and has reduced at Wye Valley (primarily Powys patients).



Data source: DHCW central data warehouse; all inpatient activity

Interestingly, data on the inpatient episodes shows an inverse of the elective/non-elective split for Swansea and the English providers, with Swansea having a higher proportion of emergency activity (51% in 2019/20 and 55% in 2020/21), and St Helen's having a higher proportion of elective activity (81% in 2019/20 and 85% in 2020/21). Countess of Chester shows the same predominance of elective activity as St Helen's, but lower at 62% in 2019/20 and 69% in 2020/21 (not illustrated above).

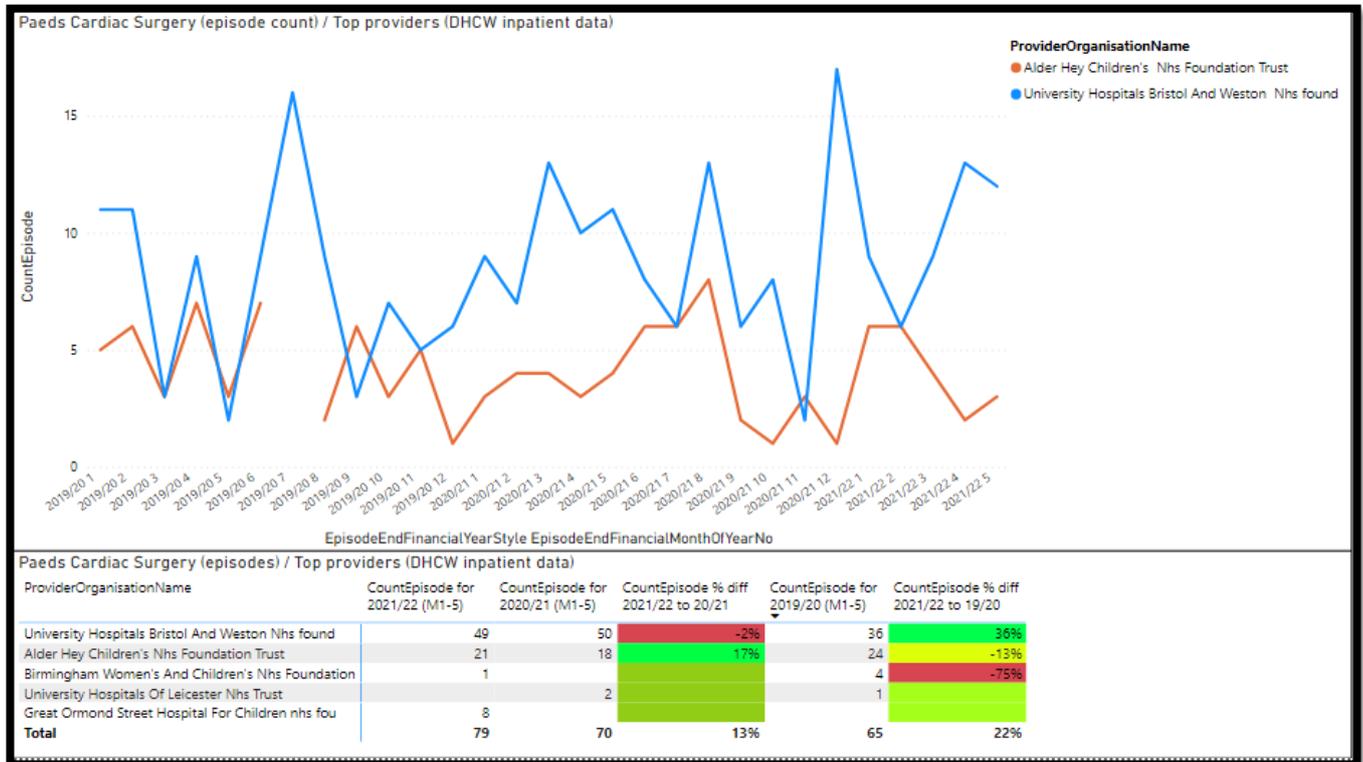
Given the expected prioritisation weighted towards cancer work, it is likely that there will be a legacy of non-cancer elective waiting list cases, although the available data does not give the cancer breakdown.

Specialised Planner comments:

As noted in the comments above, variation across health boards in utilisation of plastic surgery does not necessarily reflect variation in access to appropriate treatment since many procedures (the majority of activity) provided by plastic surgery are also provided by other specialties. Whether a particular patient is treated by a plastic surgeon or a surgeon from another specialty largely depends on the local services available in the patient's health board (unless it is a specialised procedure only offered by plastics). WHSSC will be working with SBUHB to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment.

### 3.5 Paediatric Cardiac Surgery (English providers using this specialty code)

#### 3.5.1 Paediatric Cardiac Surgery – Activity/recovery rates



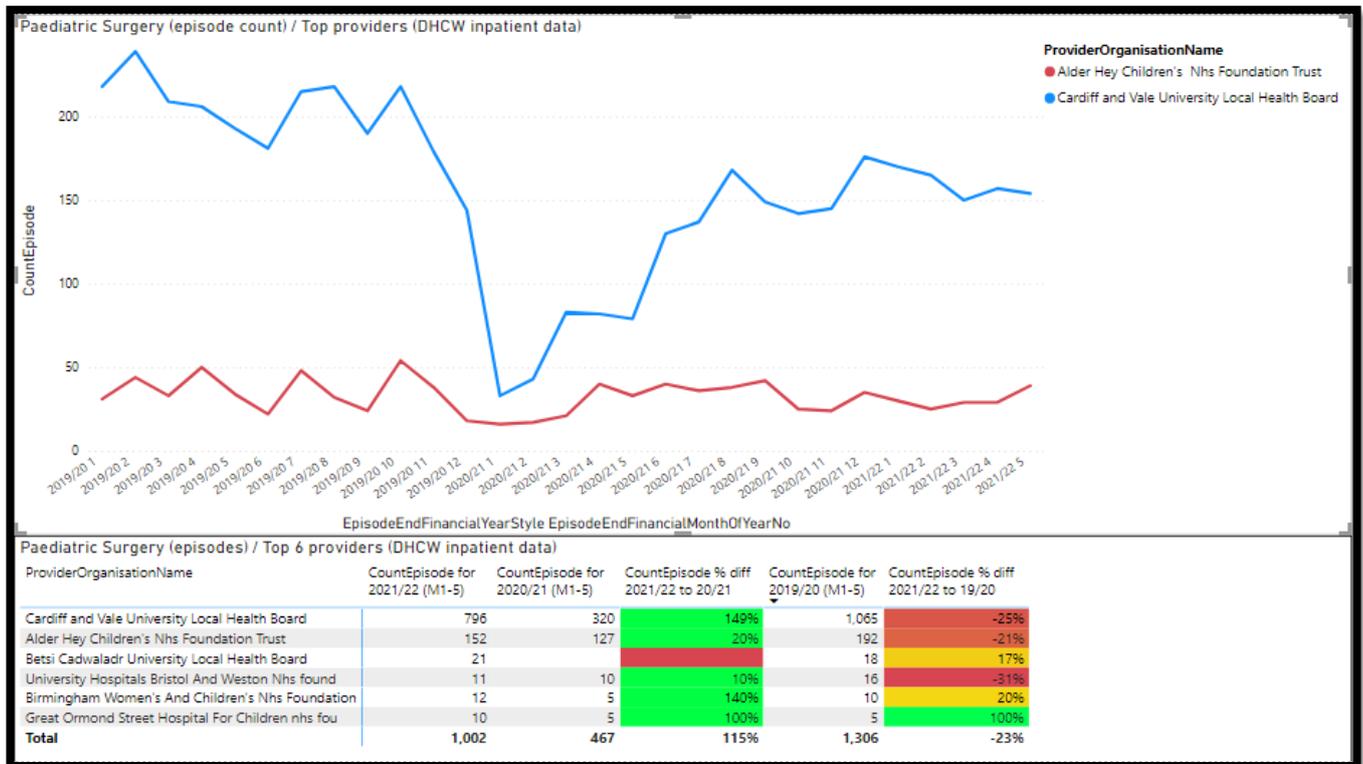
Data source: DHCW central data warehouse; all inpatient activity

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 13% improvement compared to 2019/20, and 22% more than 2020/21.

### 3.6 Paediatric Surgery

#### 3.6.1 Paediatric Surgery – Activity/recovery rates



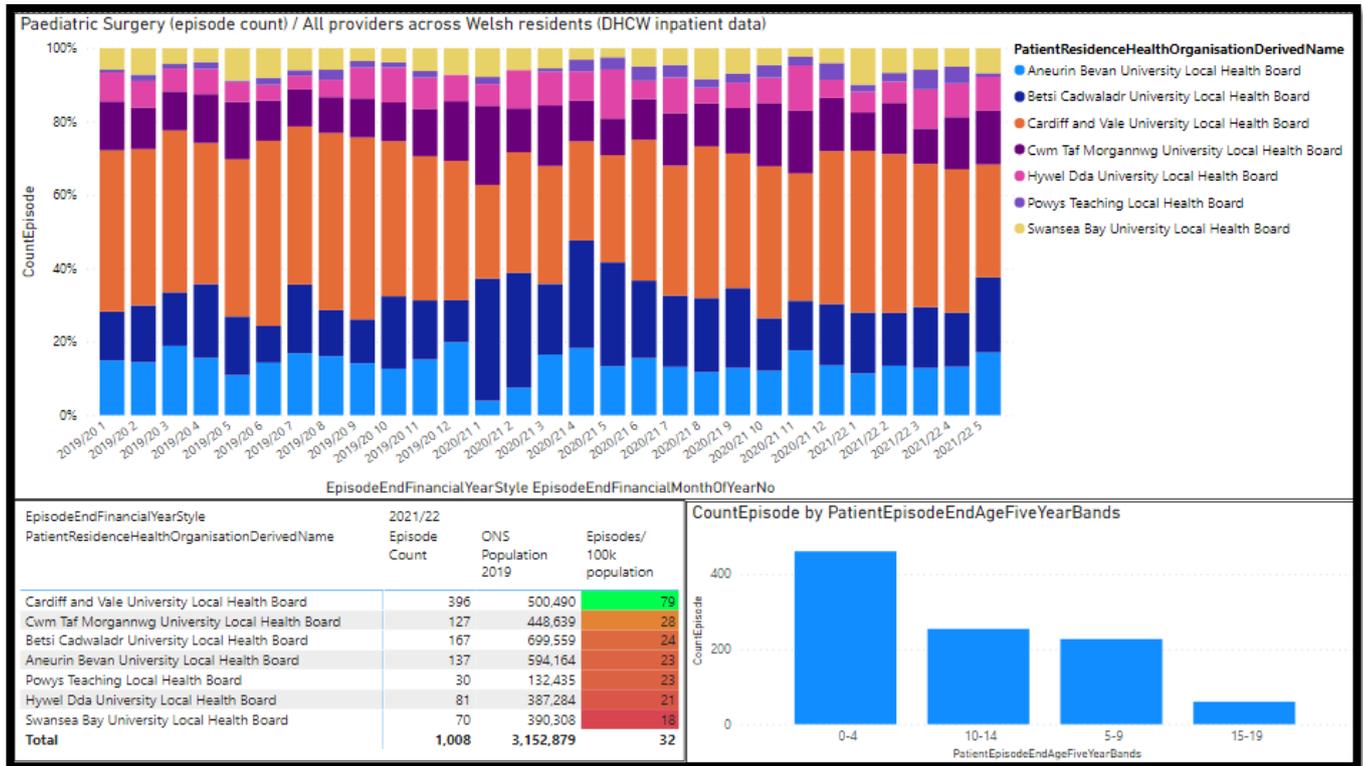
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric Surgery inpatient recovery across the main specialist providers, with Alderhey initially showing the highest and quicker recovery. The main 2 providers show the expected inverse relationship to the Covid-19 waves across the UK, with activity increasing again.

There was a drop in the volume of Paediatric Surgery inpatient activity reported during the period, which is recovering but was 38% less activity overall in 2020/21 compared to 2019/20.

Activity so far in 2021/22 shows a 115% increase compared to last year at this point, and 23% less than 2019/20, with the 2 main providers being roughly the same.

### 3.6.2 Paediatric Surgery – Access rates



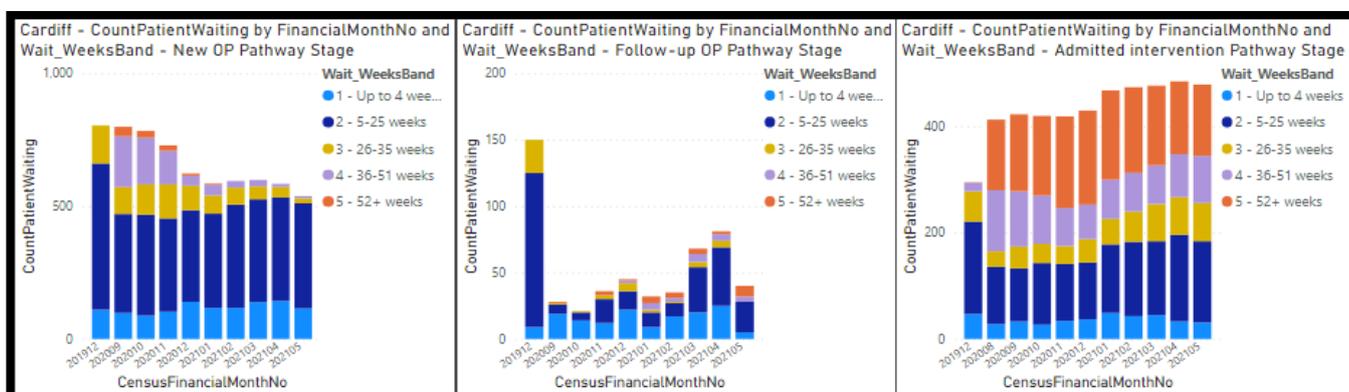
Data source: DHCW central data warehouse; all inpatient activity

Access rates across the Health Boards varied as the pandemic initially hit, but have now stabilised to roughly the same split as last year. The highest age group having inpatient episodes are by far the 0-4 age group.

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 18 to 79 as per the small table above, with Cardiff being by far the highest. This may be linked to Cardiff being the contracted provider of this service, with all activity passing through the WHSSC contract, and is being considered internally.

### 3.6.3 Paediatric Surgery – going forward

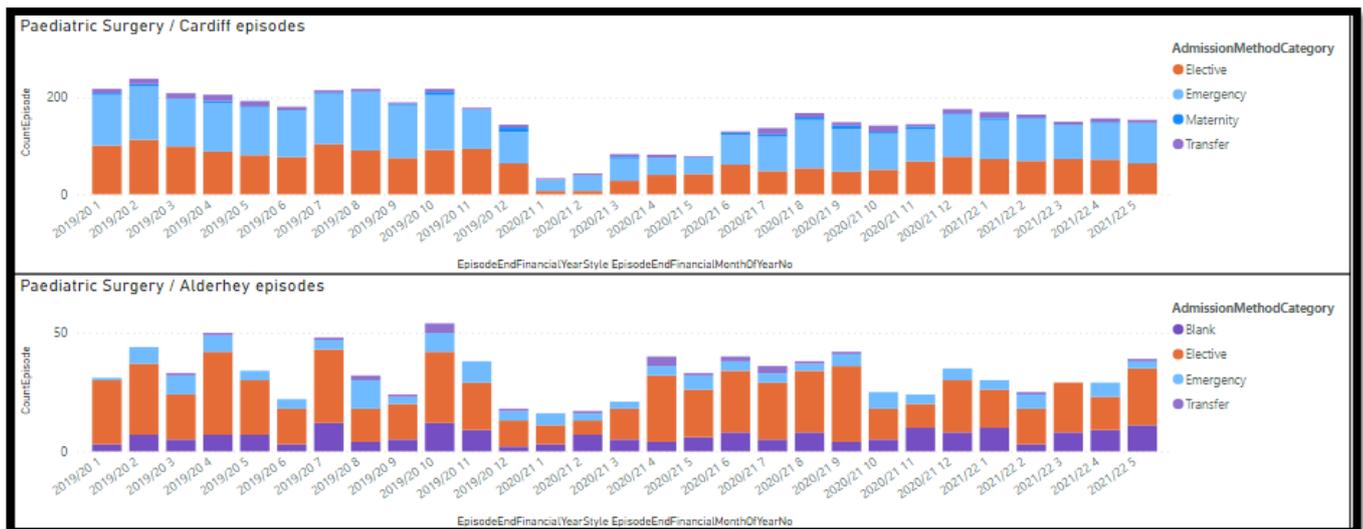
CensusFinancialYearStyle ProviderOrganisationCurrentName	2019/20										2020/21					2021/22				
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	
<b>Cardiff and Vale University Local Health Board</b>	<b>1,245</b>	<b>1,249</b>	<b>1,320</b>	<b>1,285</b>	<b>1,318</b>	<b>1,336</b>	<b>1,382</b>	<b>1,307</b>	<b>1,247</b>	<b>1,183</b>	<b>1,250</b>	<b>1,225</b>	<b>1,184</b>	<b>1,098</b>	<b>1,085</b>	<b>1,104</b>	<b>1,144</b>	<b>1,150</b>	<b>1,057</b>	
New OP appointment	803	804	844	831	800	840	857	833	804	751	799	784	729	623	585	595	599	584	538	
Admitted diagnostic intervention	295	295	323	333	380	388	382	413	416	413	423	420	419	430	468	474	477	485	479	
FUP OP appointment	147	150	153	121	138	108	143	61	27	19	28	21	36	45	32	35	68	81	40	
<b>Betsi Cadwaladr University Local Health Board</b>	<b>44</b>	<b>41</b>	<b>40</b>	<b>41</b>	<b>49</b>	<b>49</b>	<b>45</b>	<b>56</b>	<b>53</b>	<b>58</b>	<b>58</b>	<b>53</b>	<b>48</b>	<b>53</b>	<b>38</b>	<b>35</b>	<b>44</b>	<b>44</b>	<b>36</b>	
New OP appointment	43	40	40	41	49	49	45	56	53	58	57	53	42	44	33	29	36	37	30	
Admitted diagnostic intervention														4	4	6	8	7	6	
FUP OP appointment	1	1										1		6	5	1				
<b>Alder Hey Children's Nhs Foundation Trust</b>	<b>49</b>	<b>54</b>	<b>45</b>	<b>49</b>	<b>40</b>						<b>65</b>	<b>63</b>	<b>58</b>	<b>44</b>	<b>67</b>	<b>64</b>	<b>61</b>	<b>47</b>		
Unknown	49	54	45	49	40						65	63	58	44	67	64	61	47		
<b>University Hospitals Bristol And Weston Nhs found</b>	<b>8</b>	<b>1</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>10</b>	<b>6</b>	<b>14</b>	<b>9</b>	<b>7</b>	<b>8</b>	<b>11</b>	<b>10</b>	<b>8</b>	<b>13</b>	<b>8</b>		
Unknown	8	1	6	6	7	7	6	10	6	14	9	7	8	11	10	8	13	8		
<b>Total</b>	<b>1,346</b>	<b>1,345</b>	<b>1,411</b>	<b>1,381</b>	<b>1,414</b>	<b>1,392</b>	<b>1,433</b>	<b>1,373</b>	<b>1,306</b>	<b>1,320</b>	<b>1,380</b>	<b>1,343</b>	<b>1,284</b>	<b>1,229</b>	<b>1,197</b>	<b>1,208</b>	<b>1,248</b>	<b>1,202</b>	<b>1,093</b>	



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 the main providers. As the main provider, Cardiff shows mixed results – while patients waiting for outpatient appointments have reduced, particularly for follow-ups, patients waiting for admitted interventions have increased, with almost 30% now having waited for over a year. Given that the highest age band of this specialty is in the 0-4 age band, this is particularly significant.

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.



Data source: DHCW central data warehouse; all inpatient activity

Like some other specialties already covered in this report, data on the inpatient episodes also shows an inverse of the elective/non-elective split for Cardiff and Alderhey, with Cardiff having a higher proportion of emergency activity (54% in 2019/20 and 58% in 2020/21), and Alderhey having a higher proportion of elective activity (63% in 2019/20 and 63% in 2020/21).

Specialised Planner comments:

Alder Hey have reported to WHSSC through their recovery plans that activity is currently higher than pre-covid 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.

Cardiff and Vale are reporting a significant number of patients waiting over 52 weeks. In dialogue with the provider, there are a number of contributing factors to the waiting list including nurse capacity, bed capacity and theatre availability. The Health Board are refining the recovery plan for paediatrics to detail the trajectory for managing the patient cohort. WHSSC have sought assurance on the clinical review and communication with patients on the waiting list. There are 50 newly qualified nurses due to start within the Children’s hospital over the coming months, which will work towards alleviating the nursing and bed pressures.

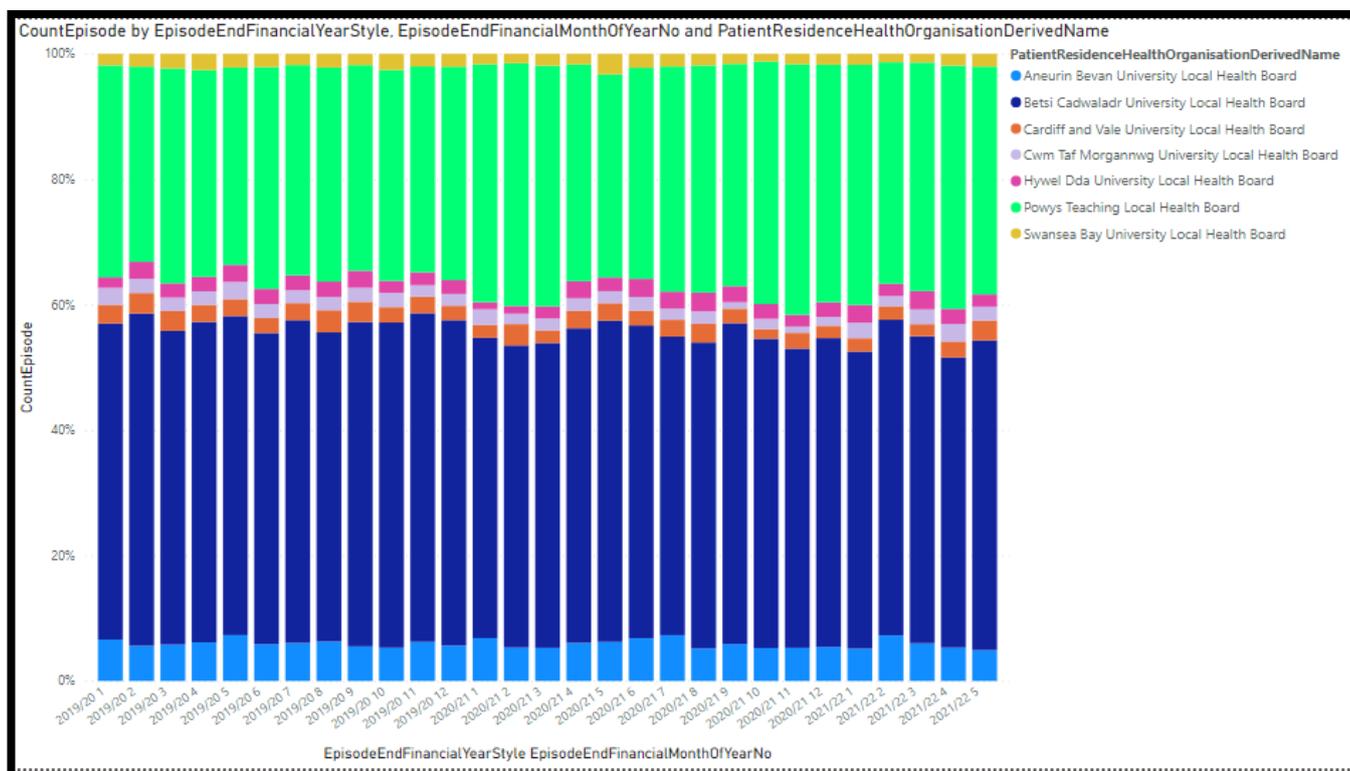
### 3.7 NHS England Providers – organisations with WHSSC contracts

The key summaries and analysis relating to English providers are set out in Appendix A.

#### 3.7.1 Analysis summary

Tables 1 to 3 of Appendix A detail the trend in admitted patient care activity levels since the 2019/20 financial year. Table 2 analyses the activity by resident Health Board, and Table 3 analyses the activity by Specialty. In summary, 2020/21 English provider activity (using providers with WHSSC contracts) dropped by 34% in comparison to 2019/20, and in the inverse pattern to the COVID-19 waves, as expected. August 2021 activity shows a continued increase in performance and is expected to continue into 2021/22, and indeed activity this year to date has improved to just 14% less than to this point in 2019/20.

It is worth noting that the overall split across resident Health Boards is relatively unchanged, with inpatient access rates close to the same percentages as before COVID-19, with the exception of Powys, whose share has increased slightly. The following chart shows the shares since April 2019. The actual episode counts can be found in Appendix A, Table 2, and there are pages per Health Board as Table 4.x



Data source: NWIS central data warehouse; all inpatient activity at English Trusts with WHSSC contracts

## 4.0 RECOMMENDATIONS

Members are asked to:

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

## 5.0 APPENDICES / ANNEXES

**Annex A** – contract monitoring return activity CVUHB

**Annex B** – contract monitoring return activity SBUHB

### Appendix 1

- Table 1 – activity by provider
- Table 2 – activity by specialty
- Table 3 – activity by specialty graphs for all Wales
- Table 4 – activity by specialty graphs for each resident health board

### Appendix 2

- Summary slides by Specialty



<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Governance and Assurance Development of the Plan Choose an item.	
Link to Integrated Commissioning Plan	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.	
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care Choose an item. Choose an item.	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience		
Resources Implications	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Risk and Assurance	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Corporate Directors Group Board	10/07/2021	Supported
Joint Committee	21/10/2021	Discussed



GIG  
CYMRU  
NHS  
WALES

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



**ANNEX A**  
**CVUHB – CONTRACT MONITORING RETURN - page 1 of 3**

	Financial (£)								Activity							
	February	March	20/21 Avg	April	May	June	July	August	February	March	20/21 Avg	April	May	June	July	August
<b>CARDIOTHORACIC</b>																
Cardiology - Specialist	1,075,650	1,151,524	890,234	1,103,826	1,033,887	1,143,182	1,091,599	994,350	194	146	149	159	192	185	190	149
Cardiology - Aneurin Bevan	121,728	154,633	161,312	150,558	86,483	124,892	124,892	110,026	37	47	44	37	39	41	41	34
Cardiology - Cwm Taf	111,392	77,524	29,836	29,629	39,275	19,982	19,982	19,982	7	8	2	3	2	1	1	1
Cardiology - Swansea Bay	61,240	11,253	3,307	2,765	13,996	8,257	13,996	3,670	3	2	0	1	0	1	1	1
Transcatheter Aortic Valve Implantation (TAVI)	198,385	378,735	263,010	372,548	281,280	332,552	278,788	289,410	12	20	15	16	17	15	16	15
Adult Congenital Heart Disease (ACHD)	36,353	36,353	64,857	105,022	105,022	105,022	105,022	105,022	61	63	56	65	55	50	43	49
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	62	82	37	49	56	71	61	48
OP									106	119	66	88	78	80	108	86
Thoracic Surgery	327,363	370,447	230,345	302,516	428,711	395,390	297,804	355,381	53	61	35	52	63	67	50	52
OP									111	102	94	123	122	103	147	126
<b>TOTAL</b>	<b>3,101,665</b>	<b>3,485,886</b>	<b>2,746,563</b>	<b>3,217,377</b>	<b>3,178,095</b>	<b>3,399,705</b>	<b>3,146,921</b>	<b>3,034,054</b>	<b>646</b>	<b>650</b>	<b>496</b>	<b>593</b>	<b>624</b>	<b>614</b>	<b>658</b>	<b>561</b>
<b>NEUROSCIENCES / ALAS</b>																
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	190	192	120	174	183	149	164	162
OP									516	396	381	422	279	573	370	396
Spinal Implants	135,361	139,471	40,960	150,358	62,487	218,081	143,642	174,134	4	12	3	9	6	13	13	14
OP									63	38	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	18	13	14	20	16	16	16	8
ISAT	186,841	97,465	138,768	180,870	227,291	164,072	190,744	84,209	4	0	0	0	0	0	0	0
Excess costs of INR outsourcing	106,661	46,683	10,118	(6,338)	11,897	5,575	4,239	3,796	1	1	0	0	0	0	0	0
Epilepsy Surgery	30,774	30,774	5,231	(1)	(1)	(1)	(1)	(1)								
PDOC							95,333	23,833								
Spinal Injuries	286,626	277,665	278,062	284,938	291,788	281,689	288,302	278,356	615	556	512	522	574	495	541	466
OP									63	38	52	53	48	60	66	71
Neuro Rehab	285,593	316,256	282,238	268,067	264,948	252,038	276,547	259,442	537	782	479	341	312	223	396	285
OP									16	9	9	20	33	33	26	14
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								
ALAS - Exceptional Circumstances (Treforest Ind. Estate)		(998,000)														
<b>TOTAL</b>	<b>3,888,378</b>	<b>3,509,927</b>	<b>3,506,717</b>	<b>3,898,024</b>	<b>3,762,764</b>	<b>3,877,435</b>	<b>3,932,422</b>	<b>3,787,405</b>	<b>2,027</b>	<b>2,037</b>	<b>1,570</b>	<b>1,561</b>	<b>1,451</b>	<b>1,562</b>	<b>1,592</b>	<b>1,416</b>
<b>RENAL</b>																
Renal Surgery	303,929	288,717	277,873	304,402	300,967	299,513	304,759	297,305	75	69	51	63	60	60	72	63
OP									394	347	259	327	329	356	359	329
Nephrology	537,530	520,979	519,762	534,765	532,325	565,690	532,327	531,046	154	118	100	90	72	112	99	102
OP									736	557	536	489	659	945	636	747
Home Renal Dialysis	115,577	121,610	125,181	130,510	122,923	124,516	123,806	131,340	583	650	662	656	575	592	621	610
Renal CAPD (Dialysis)	122,934	126,686	128,186	129,202	128,338	127,195	125,874	133,128	1,723	1,872	1,883	1,799	1,930	1,716	1,675	1,926
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	6,900	6,900	6,831	6,792	6,957	6,638	7,153	7,347
Renal Transplants	468,270	509,790	449,974	472,029	462,450	512,204	540,319	454,991	9	2	5	5	7	10	15	5
<b>TOTAL</b>	<b>2,645,067</b>	<b>2,670,799</b>	<b>2,606,867</b>	<b>2,674,880</b>	<b>2,690,101</b>	<b>2,729,692</b>	<b>2,787,491</b>	<b>2,735,433</b>	<b>10,574</b>	<b>10,515</b>	<b>10,326</b>	<b>10,221</b>	<b>10,589</b>	<b>10,429</b>	<b>10,630</b>	<b>11,129</b>



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	Financial (£)								Activity							
	February	March	20/21 Avg	April	May	June	July	August	February	March	20/21 Avg	April	May	June	July	August
<b>HAEMATOLOGY</b>			-								0					
Haemophilia	453,297	628,980	336,642	325,387	407,033	535,670	401,774	451,856	1,600,796	2,223,126	1,419,378	1,348,670	1,554,260	2,169,065	2,169,073	1,627,891
IBD Transfer	148,754	148,754	122,914	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			0					
Blood and Marrow Transplantation (BMT)	670,804	593,983	644,365	883,350	808,388	744,041	883,739	819,534	8	7	7	13	14	10	15	11
ATMP - CAR-T	105,982	357,543	231,419	336,914	336,914	338,574	84,254	336,914	0	1	1	1	1	1	0	1
All Wales Lymphoma Panel	86,058	83,495	78,672	109,775	109,775	109,603	115,433	106,060	114	103	74	188	188	187	213	171
Clinical Immunology	675,522	752,926	786,206	742,995	635,524	855,806	679,713	593,405	234	254	248	93	141	210	228	229
Hereditary Anaemia			7,917	30,770	30,770	30,770	30,770	30,770			0					
<b>TOTAL</b>	<b>2,146,420</b>	<b>2,571,683</b>	<b>2,214,257</b>	<b>2,590,199</b>	<b>2,489,413</b>	<b>2,775,473</b>	<b>2,356,692</b>	<b>2,499,548</b>	<b>1,601,152</b>	<b>2,223,491</b>	<b>1,419,707</b>	<b>1,348,965</b>	<b>1,554,604</b>	<b>2,169,473</b>	<b>2,169,529</b>	<b>1,628,303</b>
<b>PAEDIATRICS / NEONATAL</b>			-								0					
Paediatric Surgery	537,628	510,886	498,489	546,195	541,778	536,865	538,672	534,930	178	139	113	170	163	150	153	149
OP			-						280	276	210	286	232	320	277	254
Paediatric Renal	135,801	122,769	121,909	129,984	134,040	129,575	124,636	131,583	62	62	48	75	64	61	34	54
OP			-						131	134	133	148	142	150	164	153
Paediatric Oncology	920,072	728,621	758,417	814,840	816,644	901,684	858,396	853,796	278	232	232	201	192	223	215	230
OP			-						493	464	366	248	238	735	451	404
Paediatric Neurology	196,659	197,099	192,661	193,056	197,087	198,049	294,753	217,145	22	25	17	15	18	19	22	16
OP			-						120	121	108	96	122	90	118	105
Paediatric Ketogenic Diet			3,958	8,313	8,313	8,313	8,313	8,313			0					
Paediatric Rheumatology Service	21,764	21,764	22,199	22,643	22,643	22,643	91,677	49,652			0					
Paeds Neuro Rehab	21,401	21,401	21,829	22,266	22,266	22,266	22,266	22,266			0					
Paediatric Gastroenterology	76,488	81,544	88,449	85,232	89,672	88,554	94,458	95,454	40	45	48	51	53	55	64	68
OP			-						30	60	82	97	98	113	94	80
Paediatric ENT	119,853	108,012	105,832	110,597	109,844	114,768	112,588	111,373	55	23	19	25	22	31	28	29
OP			-						257	187	64	100	103	132	97	83
Paediatric Cardiology	194,093	190,093	214,877	241,567	242,824	243,616	232,986	216,845	14	9	14	16	20	24	17	8
OP			-						261	220	256	281	249	172	162	945
Fetal Cardiology	20,344	19,831	20,873	21,510	21,855	22,545	22,775	22,085	24	17	25	27	41	46	44	28
Paediatric Cystic Fibrosis	57,246	27,728	38,645	36,464	39,461	37,467	46,046	36,245			0					
Paeds Respiratory Equipment / CNS	18,368	35,424	22,676	30,383	18,014	19,215	34,438	16,966			0					
Paediatric Endocrinology	57,917	57,917	59,075	60,257	60,257	60,257	60,257	60,257			0					
Foetal Medicine	10,250	10,250	25,925	26,444	26,444	26,444	26,444	26,444			0					
Children's Hospital for Wales	102,716	102,716	104,770	106,866	106,866	106,866	106,866	106,866			0					
PICU BH	392,403	426,562	356,408	327,405	339,843	386,044	440,242	378,937	113	153	63	22	36	88	149	80
NICU BH	794,525	799,534	796,630	744,152	784,065	860,192	807,309	790,079	898	864	814	681	717	892	760	717
Perinatal Pathology	23,048	23,048	23,509	23,979	23,979	23,979	23,979	23,979			0					
Paediatric MRI Investment			14,152	28,863	46,888	37,876	37,876	37,876			0					
<b>TOTAL</b>	<b>3,700,575</b>	<b>3,485,201</b>	<b>3,491,285</b>	<b>3,581,013</b>	<b>3,652,782</b>	<b>3,847,218</b>	<b>3,984,973</b>	<b>3,741,087</b>	<b>3,256</b>	<b>3,031</b>	<b>2,610</b>	<b>2,539</b>	<b>2,510</b>	<b>3,301</b>	<b>2,849</b>	<b>3,403</b>



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	Financial (£)								Activity							
	February	March	20/21 Avg	April	May	June	July	August	February	March	20/21 Avg	April	May	June	July	August
<b>ADULT CRITICAL CARE</b>			-								0					
Adult ICU	555,445	593,323	484,917	566,122	606,802	514,001	559,766	732,654	309	340	230	286	318	245	181	517
Adult HDU	59,893	37,959	42,758	64,595	66,116	76,766	44,057	44,817	42	12	17	45	47	61	18	19
LTV Consultant Sessions	3,121	3,121	3,184	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			0					
<b>TOTAL</b>	<b>687,626</b>	<b>703,570</b>	<b>600,025</b>	<b>705,925</b>	<b>748,126</b>	<b>665,976</b>	<b>679,031</b>	<b>852,680</b>	<b>351</b>	<b>352</b>	<b>247</b>	<b>331</b>	<b>365</b>	<b>306</b>	<b>199</b>	<b>536</b>
<b>GENETICS / LTC</b>			-								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	186	162	67	83	99	92	32	63
Lynch Syndrome - (Genetics)	24,350	24,350	24,837	25,334	25,334	25,334	25,334	25,334			0					
Genetic Counsellor 8a - £24,420 HD & £36,630 ABMU	5,189	5,189	5,293	5,399	5,399	5,399	5,399	5,399			0					
Enzyme Replacement Therapy	38,117	38,117	38,879	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			0					
Home TPN	105,433	77,956	104,063	110,979	122,750	115,183	135,783	284,428	172	104	170	181	209	191	240	243
TPN Exceptional Costs	31,132	68,130	32,188	29,468	31,574	30,014	30,440	30,602	106	117	115	111	124	111	117	118
BAHAs & Cochlears	370,106	470,738	386,167	410,559	410,559	410,559	410,559	410,559			0					
<b>TOTAL</b>	<b>2,087,882</b>	<b>2,174,913</b>	<b>2,190,044</b>	<b>2,449,835</b>	<b>2,452,346</b>	<b>2,484,645</b>	<b>2,431,864</b>	<b>2,637,229</b>	<b>464</b>	<b>383</b>	<b>351</b>	<b>375</b>	<b>432</b>	<b>394</b>	<b>389</b>	<b>424</b>
<b>OTHER</b>			-								0					
Liver Surgery	85,842	93,391	87,559	65,750	81,457	97,164	89,310	65,750	10	11	10	7	9	11	10	7
Major Trauma Centre	359,250	359,250	881,583	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			0					
Radiofrequency Ablation (RFA)	-	-	12,862	26,722	27,022	11,680	7,542	50,234			0					
Hepatology	21,436	21,436	21,865	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	425	351	301	319	315	371	382	330
Regional Pharmaceutical Service	60,638	60,638	61,851	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			0					
NICE / High Cost Drugs	51,126	24,097	78,317	71,309	58,218	47,825	25,960	49,598			0					
Interstitial Lung Disease	12,469	12,469	12,719	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			0					
Rebasing Difference / Roundings	(19,339)	(19,339)	-	-	-	-	-	-			0					
<b>TOTAL</b>	<b>1,041,624</b>	<b>1,145,616</b>	<b>1,919,502</b>	<b>1,987,875</b>	<b>1,987,179</b>	<b>2,067,513</b>	<b>2,101,241</b>	<b>2,085,725</b>	<b>435</b>	<b>362</b>	<b>311</b>	<b>326</b>	<b>324</b>	<b>382</b>	<b>392</b>	<b>337</b>
<b>Total</b>	<b>19,299,238</b>	<b>19,747,594</b>	<b>19,275,259</b>	<b>21,105,128</b>	<b>20,960,806</b>	<b>21,847,657</b>	<b>21,420,634</b>	<b>21,373,161</b>	<b>1,618,905</b>	<b>2,240,821</b>	<b>1,435,619</b>	<b>1,364,911</b>	<b>1,570,899</b>	<b>2,186,461</b>	<b>2,186,238</b>	<b>1,646,109</b>



ANNEX B - SBUHB – CONTRACT MONITORING RETURN – Page 1 of 1

	Financial (£)								Activity							
	February	March	20/21 Avg	April	May	June	July	August	February	March	20/21 Avg	April	May	June	July	August
<b>RENAL</b>																
Renal - Other	743,237	708,435	678,963	743,028	705,840	706,518	708,304	712,773	1,149	802	892	931	1,177	1,128	1,042	1,034
Hospital Dialysis	493,173	494,608	495,504	511,853	517,576	522,678	539,475	522,056	2,968	2,960	2,906	2,958	3,004	3,045	3,180	3,040
Home Dialysis	91,962	90,006	93,303	95,678	63,107	85,499	89,571	83,463	47	46	47	47	31	42	44	41
Renal Wales Contract	258,816	261,966	256,298	281,920	229,118	196,577	187,628	171,660	2,035	2,060	2,180	2,194	2,187	2,197	2,255	2,180
<b>Total</b>	<b>1,587,189</b>	<b>1,555,014</b>	<b>1,524,067</b>	<b>1,632,479</b>	<b>1,515,641</b>	<b>1,511,272</b>	<b>1,524,977</b>	<b>1,489,953</b>	<b>6,199</b>	<b>5,888</b>	<b>6,025</b>	<b>6,190</b>	<b>6,399</b>	<b>6,412</b>	<b>6,521</b>	<b>6,295</b>
<b>CARDIOTHORACIC</b>			0								0					
Cardiac Surgery	1,000,074	986,839	1,112,468	1,147,404	1,185,217	1,209,806	1,170,237	1,197,343	43	40	21	20	31	36	29	32
OP			0						33	23	22	34	25	33	27	28
TAVI	351,679	184,578	317,055	304,092	401,148	347,435	358,915	208,255	14	11	13	11	15	11	14	6
Cardiology	1,169,098	1,197,472	835,629	915,290	1,014,919	961,440	900,192	856,438	168	111	149	160	178	181	163	147
Bariatrics	49,596	25,872	16,637	13,659	13,659	20,881	13,659	38,342	8	2	1	0	0	2	0	6
<b>Total</b>	<b>2,570,447</b>	<b>2,394,760</b>	<b>2,281,788</b>	<b>2,380,445</b>	<b>2,614,943</b>	<b>2,539,562</b>	<b>2,443,003</b>	<b>2,300,378</b>	<b>266</b>	<b>187</b>	<b>206</b>	<b>225</b>	<b>249</b>	<b>263</b>	<b>233</b>	<b>219</b>
<b>PAEDS / NEONATAL</b>			0								0					
CLP	114,206	85,937	112,170	117,294	119,478	124,939	136,907	125,747	19	2	5	7	9	14	10	11
NICU	444,699	434,980	448,083	477,944	449,484	454,650	488,118	514,750	592	534	540	587	486	502	658	645
BAHA	5,091	5,091	5,193	5,270	5,270	5,270	5,270	5,270			0					
Paeds Onc	11,611	11,611	11,844	12,080	12,080	12,080	12,080	12,080			0					
<b>Total</b>	<b>575,607</b>	<b>537,620</b>	<b>577,290</b>	<b>612,588</b>	<b>586,313</b>	<b>536,939</b>	<b>642,376</b>	<b>657,847</b>	<b>611</b>	<b>536</b>	<b>544</b>	<b>594</b>	<b>495</b>	<b>516</b>	<b>668</b>	<b>656</b>
<b>CANCER &amp; BLOOD</b>			0								0					
Plastics	1,485,513	1,326,215	1,055,137	1,372,010	1,152,205	1,238,484	1,194,422	1,115,507	695	620	434	569	502	575	551	493
OP			0						582	534	264	299	318	342	318	298
Burns	427,931	410,743	420,748	471,148	458,630	444,325	464,442	413,926	166	126	130	224	196	164	209	96
Thoracic	213,522	217,228	149,015	132,436	212,117	170,233	207,320	211,202	27	30	19	13	26	25	25	27
OP			0						68	34	42	90	94	89	90	86
SNB	9,221	9,221	9,405	9,593	9,593	9,593	9,593	9,593			0					
Haemophilia	97,824	63,931	64,730	73,838	54,484	75,617	96,285	57,807			0					
Sarcoma	82,359	103,167	75,287	104,034	76,973	80,220	52,077	74,808	15	27	13	29	32	15	13	18
Clinical Genetics	5,177	5,177	5,177	5,386	5,386	5,386	5,386	5,386			0					
<b>Total</b>	<b>2,321,546</b>	<b>2,135,681</b>	<b>1,779,499</b>	<b>2,168,446</b>	<b>1,969,389</b>	<b>2,023,858</b>	<b>2,029,526</b>	<b>1,888,229</b>	<b>1,553</b>	<b>1,371</b>	<b>902</b>	<b>1,224</b>	<b>1,168</b>	<b>1,210</b>	<b>1,206</b>	<b>1,018</b>
<b>NEUROSCIENCES</b>			0								0					
ALAC	155,174	155,174	158,277	161,443	161,443	161,443	161,443	161,443			0					
Rehab	158,237	158,763	150,653	147,004	154,699	160,811	164,225	176,612	295	314	263	245	315	374	402	367
OP			0						28	25	13	3	5	6	7	38
<b>Total</b>	<b>313,410</b>	<b>313,937</b>	<b>308,930</b>	<b>308,447</b>	<b>316,142</b>	<b>322,253</b>	<b>325,667</b>	<b>338,055</b>	<b>323</b>	<b>339</b>	<b>276</b>	<b>248</b>	<b>320</b>	<b>380</b>	<b>409</b>	<b>405</b>
<b>OTHER</b>			0								0					
NICE	28,953	42,825	49,204	41,979	50,953	22,442	55,957	65,791			0					
East Forensics	1,174,502	1,174,502	1,197,992	1,221,952	1,221,952	1,221,952	1,221,952	1,221,952			0					
Devices	-32,838	-32,838	0								0					
Academic Fee	10,629	10,629	10,841	11,058	11,058	11,058	11,058	11,058			0					
IVF	163,597	238,959	123,533	186,217	159,639	220,911	224,219	185,837	179	153	129	165	149	175	179	152
EMRTS	260,563	260,563	312,690	318,944	318,944	318,944	318,944	318,944			0					
Air Am	63,833	63,833	65,110	66,412	66,412	66,412	66,412	66,412			0					
Pay award 20/21	132,167	132,167	193,060	196,921	196,921	196,921	196,921	196,921			0					
<b>Total</b>	<b>1,801,405</b>	<b>1,890,639</b>	<b>1,952,431</b>	<b>2,043,484</b>	<b>2,025,879</b>	<b>2,058,640</b>	<b>2,095,463</b>	<b>2,066,916</b>	<b>179</b>	<b>153</b>	<b>129</b>	<b>165</b>	<b>149</b>	<b>175</b>	<b>179</b>	<b>152</b>
<b>Total</b>	<b>9,169,604</b>	<b>8,827,651</b>	<b>8,424,006</b>	<b>9,145,889</b>	<b>9,028,307</b>	<b>9,052,525</b>	<b>9,061,012</b>	<b>8,741,377</b>	<b>9,131</b>	<b>8,474</b>	<b>8,082</b>	<b>8,586</b>	<b>8,780</b>	<b>8,956</b>	<b>9,216</b>	<b>8,745</b>

**APPENDIX 1**

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpc)

Table 1 – Analysis by NHS England Provider by Month

ProviderOrganisationName	2019/20	2020/21	2021/22	Total	CountEpisode for 2021/22 (M1-5)	CountEpisode for 2020/21 (M1-5)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-5)	CountEpisode % diff 2021/22 to 19/20
Alder Hey Children's Nhs Foundation Trust	3,669	2,812	1,299	7,780	1,299	1,014	28%	1,594	-19%
Birmingham Women's And Children's Nhs Foundation	413	311	168	892	168	108	56%	169	-1%
Cambridge University Hospitals Nhs Foundation Tru	80	27	19	126	19	11	73%	35	-46%
Great Ormond Street Hospital For Children nhs fou	326	188	142	656	142	70	103%	149	-5%
Guy's And St Thomas' Nhs Foundation trust	240	123	117	480	117	47	149%	97	21%
Imperial College Healthcare Nhs Trust	302	131	88	521	88	33	167%	151	-42%
King's College Hospital Nhs Foundation Trust	130	61	27	218	27	27	0%	56	-52%
Leeds Teaching Hospitals Nhs Trust	80	24	26	130	26	17	53%	43	-40%
Liverpool Heart And Chest Hospital Nhs foundation	1,400	1,129	658	3,187	658	372	77%	540	22%
Liverpool University Hospitals Nhs Foundation Tru	2,572	1,454	849	4,875	849	464	83%	1,097	-23%
Manchester University Nhs Foundation Trust	1,106	571	381	2,058	381	164	132%	430	-11%
Royal Brompton & Harefield Nhs Foundation trust	206	59		265		25		107	
Royal Free London Nhs Foundation Trust	193	121	78	392	78	47	66%	84	-7%
Royal Papworth Hospital Nhs Foundation Trust	105	32	20	157	20	7	186%	45	-56%
Salford Royal Nhs Foundation Trust	301	109	60	470	60	63	-5%	120	-50%
Sheffield Teaching Hospitals Nhs Foundation Trust	221	155	80	456	80	46	74%	91	-12%
St Helens And Knowsley Teaching Hospitals nhs tru	1,655	1,010	543	3,208	543	288	89%	697	-22%
The Christie Nhs Foundation Trust	620	542	189	1,351	189	199	-5%	256	-26%
The Clatterbridge Cancer Centre Nhs Foundation tr	351	212	117	680	117	81	44%	199	-41%
The Newcastle Upon Tyne Hospitals Nhs foundation	132	103	29	264	29	37	-22%	72	-60%
The Robert Jones And Agnes Hunt Orthopaedic hospit	5,188	2,193	1,638	9,019	1,638	477	243%	2,022	-19%
The Royal Marsden Nhs Foundation Trust	52	54	27	133	27	23	17%	20	35%
The Royal Orthopaedic Hospital Nhs Foundation tru	159	98	60	317	60	29	107%	63	-5%
The Walton Centre Nhs Foundation Trust	1,895	1,170	712	3,777	712	379	88%	761	-6%
University College London Hospitals Nhs Foundatio	357	216	138	711	138	60	130%	164	-16%
University Hospitals Birmingham Nhs Foundation Tr	1,154	699	322	2,175	322	268	20%	436	-26%
University Hospitals Bristol And Weston Nhs found	1,851	1,287	618	3,756	618	459	35%	805	-23%
University Hospitals Of North Midlands Nhs trust	903	738	355	1,996	355	278	28%	387	-8%
Wirral University Teaching Hospital Nhs Foundatio	1,020	615	222	1,857	222	223	-0%	469	-53%
Wye Valley Nhs Trust	9,991	7,645	4,165	21,801	4,165	2,512	66%	4,177	-0%
<b>Total</b>	<b>36,672</b>	<b>23,889</b>	<b>13,147</b>	<b>73,708</b>	<b>13,147</b>	<b>7,828</b>	<b>68%</b>	<b>15,336</b>	<b>-14%</b>

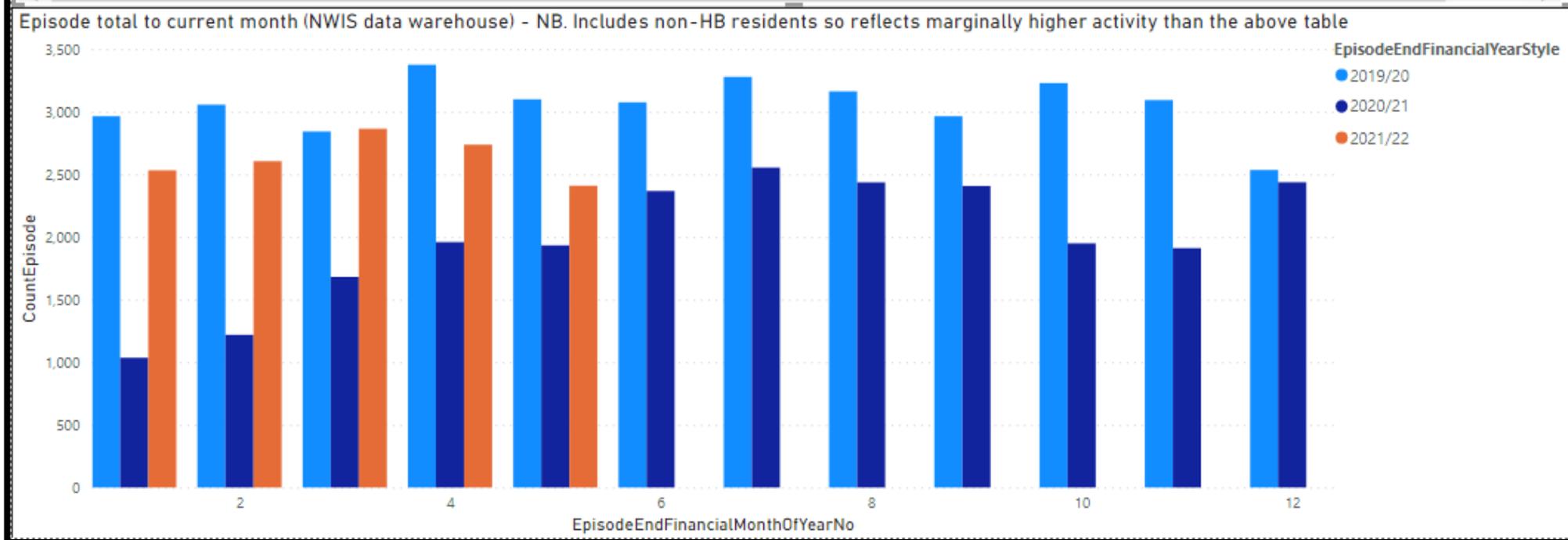
Major regional provider – BCUHB

Major regional provider – Powys THB

Major Regional Provider – South Wales HBs

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpC)  
 Table 2 – High level summary by LHB of residence (Note. Variance to the previous table relates to border/unknown residents)

Episode total to current month (DHCW data warehouse)																			
EpisodeEndFinancialYearStyle	2020/21												2021/22						
PatientResidenceHealthOrganisationDerive dName	1	2	3	4	5	6	7	8	9	10	11	12	Total	1	2	3	4	5	Total
Aneurin Bevan University Local Health Board	66	61	84	112	114	153	177	121	136	98	96	126	1,344	124	179	165	139	113	720
Betsi Cadwaladr University Local Health Board	462	551	773	927	938	1,119	1,154	1,138	1,178	921	867	1,141	11,169	1,138	1,241	1,346	1,207	1,137	6,069
Cardiff and Vale University Local Health Board	20	39	32	52	51	53	65	70	53	29	46	46	556	51	53	53	67	73	297
Cwm Taf Morgannwg University Local Health Board	24	19	30	37	35	49	43	46	24	30	18	33	388	60	40	65	73	51	289
Hywel Dda University Local Health Board	11	14	31	50	40	65	66	70	59	44	34	54	538	68	48	80	63	45	304
Powys Teaching Local Health Board	366	443	610	639	593	755	870	845	816	722	726	878	8,263	920	871	1,002	1,012	836	4,641
Swansea Bay University Local Health Board	16	17	30	31	60	50	49	43	37	23	30	40	426	42	33	38	49	47	209
<b>Total</b>	<b>965</b>	<b>1,144</b>	<b>1,590</b>	<b>1,848</b>	<b>1,831</b>	<b>2,244</b>	<b>2,424</b>	<b>2,333</b>	<b>2,303</b>	<b>1,867</b>	<b>1,817</b>	<b>2,318</b>	<b>22,684</b>	<b>2,403</b>	<b>2,465</b>	<b>2,749</b>	<b>2,610</b>	<b>2,302</b>	<b>12,529</b>



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	CountEpisod de for 2021/22 (M1-5)	CountEpisod e for 2020/21 (M1-5)	CountEpisod e % diff 2021/22 to 20/21	CountEpisod e for 2019/20 (M1-5)	CountEpis ode % diff 2021/22 to 19/20
TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total						
Accident & Emergency	384	194	149	727	Accident & Emergency	149	82	82%	173	-14%
Adult Cystic Fibrosis Service	69	34	4	107	Adult Cystic Fibrosis Service	4	15	-73%	28	-86%
Adult Mental Illness	2			2	Adult Mental Illness				1	
Allergy Service	91	54	50	195	Allergy Service	50	5	900%	26	92%
Anaesthetics	20	15	68	103	Anaesthetics	68	3	2167%	16	325%
Blood And Marrow Transplantation	137	83	59	279	Blood And Marrow Transplantation	59	34	74%	47	26%
Breast Surgery	89	61	32	182	Breast Surgery	32	16	100%	38	-16%
Burns Care	95	77	30	202	Burns Care	30	19	58%	29	3%
Cardiac Surgery	602	376	247	1,225	Cardiac Surgery	247	143	73%	226	9%
Cardiology	1,665	1,330	721	3,716	Cardiology	721	414	74%	671	7%
Cardiothoracic Surgery	72	52	27	151	Cardiothoracic Surgery	27	24	13%	37	-27%
Cardiothoracic Transplantation	71	29	19	119	Cardiothoracic Transplantation	19	15	27%	45	-58%
Chemical Pathology	3	2		5	Chemical Pathology		1		2	
Child & Adolescent Psychiatry					Child & Adolescent Psychiatry					
Clinical Genetics	1		1	2	Clinical Genetics	1			1	0%
Clinical Haematology	1,055	926	441	2,422	Clinical Haematology	441	319	38%	442	-0%
Clinical Immunology	22	6		28	Clinical Immunology		1		6	
Clinical Immunology And	17	15	21	53	Clinical Immunology And	21	1	2000%	4	425%
Clinical Microbiology		2		2	Clinical Microbiology		2			
Clinical Neurophysiology	4		2	6	Clinical Neurophysiology	2			2	0%
Clinical Oncology (previously Radiotherapy)	491	406	149	1,046	Clinical Oncology (previously Radiotherapy)	149	147	1%	259	-42%
Clinical Pharmacology	7	23	10	40	Clinical Pharmacology	10	5	100%	3	233%
Colorectal Surgery	270	204	114	588	Colorectal Surgery	114	40	185%	105	9%
Community Paediatrics					Community Paediatrics					
Congenital Heart Disease	29	28	14	71	Congenital Heart Disease	14	9	56%	6	133%
Critical Care Medicine	201	116	64	381	Critical Care Medicine	64	34	88%	80	-20%
Dental Medicine Specialties		1	2	3	Dental Medicine Specialties	2				
Dermatology	503	404	165	1,072	Dermatology	165	129	28%	177	-7%
Diabetic Medicine	29	20	5	54	Diabetic Medicine	5	5	0%	17	-71%
Diagnostic Imaging	199	186	92	477	Diagnostic Imaging	92	64	44%	93	-1%
Endocrinology	81	72	30	183	Endocrinology	30				
<b>Total</b>	<b>36,672</b>	<b>23,889</b>	<b>13,147</b>	<b>73,708</b>	<b>Total</b>	<b>13,147</b>	<b>7,828</b>	<b>68%</b>	<b>15,336</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	92	477
Endocrinology	91	72	30	193
ENT	322	127	90	539
Gastroenterology	1,695	1,343	711	3,749
General Medicine	3,018	2,431	1,158	6,607
General Surgery	1,799	1,101	566	3,466
Geriatric Medicine	376	367	177	920
Gynaecological Oncology	9	17	4	30
Gynaecology	448	238	167	853
Haemophilia Service		3	1	4
Hepatobiliary & Pancreatic Surgery	297	188	92	577
Hepatology	216	194	91	501
Infectious Diseases	38	17	20	75
Intermediate Care			2	2
Interventional Radiology	138	103	65	306
Maxillo-Facial Surgery	110	29	12	151
Medical Oncology	474	266	144	884
Midwifery Service	15	10	2	27
Neonatology	77	74	36	187
Nephrology	425	303	133	861
Neurology	962	651	379	1,992
Neurosurgery	1,376	830	471	2,677
Nuclear Medicine	9	6	3	18
Obstetrics Hospital Bed	343	366	158	867
Ophthalmology	1,530	689	472	2,691
Oral Surgery	198	101	45	344
Orthoptics	1			1
Paediatric Audiological		1		1
Paediatric Burns Care	58	53	20	131
Paediatric Cardiac Surgery	153	159	79	391
Paediatric Cardiology	355	267	112	734
<b>Total</b>	<b>36,672</b>	<b>23,889</b>	<b>13,147</b>	<b>73,708</b>

TreatmentSpecialtyDescription	CountEpisod e for 2021/22 (M1-5)	CountEpisod e for 2020/21 (M1-5)	CountEpis ode % diff 2021/22 to 20/21	CountEpisod e for 2019/20 (M1-5)	CountEpisod e % diff 2021/22 to 19/20
Diagnostic Imaging	92	64	44%	93	-1%
Endocrinology	30	26	15%	39	-23%
ENT	90	51	76%	141	-36%
Gastroenterology	711	342	108%	720	-1%
General Medicine	1,158	877	32%	1,304	-11%
General Surgery	566	355	59%	801	-29%
Geriatric Medicine	177	156	13%	155	14%
Gynaecological Oncology	4	5	-20%	4	0%
Gynaecology	167	68	146%	178	-6%
Haemophilia Service	1	1	0%		
Hepatobiliary & Pancreatic Surgery	92	72	28%	111	-17%
Hepatology	91	57	60%	98	-7%
Infectious Diseases	20	6	233%	10	100%
Intermediate Care	2				
Interventional Radiology	65	28	132%	53	23%
Maxillo-Facial Surgery	12	9	33%	39	-69%
Medical Oncology	144	110	31%	215	-33%
Midwifery Service	2	3	-33%	3	-33%
Neonatology	36	24	50%	29	24%
Nephrology	133	144	-8%	207	-36%
Neurology	379	218	74%	371	2%
Neurosurgery	471	298	58%	586	-20%
Nuclear Medicine	3	2	50%	6	-50%
Obstetrics Hospital Bed	158	123	28%	149	6%
Ophthalmology	472	227	108%	588	-20%
Oral Surgery	45	19	137%	85	-47%
Orthoptics					
Paediatric Audiological					
Paediatric Burns Care	20	28	-29%	25	-20%
Paediatric Cardiac Surgery	79	68	16%	64	23%
Paediatric Cardiology	112	102	10%	173	-35%
<b>Total</b>	<b>13,147</b>	<b>7,828</b>	<b>68%</b>	<b>15,336</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 Cardiology	355	267	112	734
Paediatric Clinical Haematology	354	162	106	622
Paediatric Clinical Immunology And Allergy Service	47	18	5	70
Paediatric Dentistry	52	28	17	97
Paediatric Dermatology	31	18	16	65
Paediatric Diabetic Medicine		3		3
Paediatric Ear Nose and Throat	205	107	58	370
Paediatric Endocrinology	122	78	44	244
Paediatric Epilepsy	24	11	8	43
Paediatric Gastroenterology	221	217	123	561
Paediatric Infectious Diseases	1			1
Paediatric Intensive Care	158	127	70	355
Paediatric Interventional Radiology	26	12	9	47
Paediatric Maxillo-Facial Surgery	2	1	4	7
Paediatric Medical Oncology	679	553	159	1,391
Paediatric Metabolic Disease	17	17	12	46
Paediatric Nephrology	367	267	143	777
Paediatric Neuro-Disability		2	1	3
Paediatric Neurology	151	99	44	294
Paediatric Neurosurgery	193	141	64	398
Paediatric Ophthalmology	95	94	54	243
Paediatric Pain Management			1	1
Paediatric Plastic Surgery	187	139	74	400
Paediatric Respiratory Medicine	158	100	44	302
Paediatric Rheumatology	103	93	34	230
Paediatric Surgery	513	440	189	1,142
Paediatric Thoracic Surgery	6	2	3	11
Paediatric Transplantation Surgery	10	2	3	15
Paediatric Trauma and Orthopaedics	143	95	62	300
<b>Total</b>	<b>36,672</b>	<b>23,889</b>	<b>13,147</b>	<b>73,708</b>

TreatmentSpecialtyDescription	CountEpisod e for 2021/22 (M1-5)	CountEpisod e for 2020/21 (M1-5)	CountEpi de % diff 2021/22 to 20/21	de for 2019/20 (M1-5)	ode % diff 2021/22 to 19/20
Paediatric Cardiology	112	102	10%	173	-35%
Paediatric Clinical Haematology	106	55	93%	148	-28%
Paediatric Clinical Immunology And Allergy Service	5	2	150%	17	-71%
Paediatric Dentistry	17	15	13%	29	-41%
Paediatric Dermatology	16	8	100%	18	-11%
Paediatric Diabetic Medicine					
Paediatric Ear Nose and Throat	58	32	81%	93	-38%
Paediatric Endocrinology	44	24	83%	58	-24%
Paediatric Epilepsy	8	5	60%	12	-33%
Paediatric Gastroenterology	123	71	73%	106	16%
Paediatric Infectious Diseases					
Paediatric Intensive Care	70	56	25%	71	-1%
Paediatric Interventional Radiology	9	5	80%	16	-44%
Paediatric Maxillo-Facial Surgery	4			2	100%
Paediatric Medical Oncology	159	246	-35%	230	-31%
Paediatric Metabolic Disease	12	5	140%	5	140%
Paediatric Nephrology	143	101	42%	182	-21%
Paediatric Neuro-Disability	1	1	0%		
Paediatric Neurology	44	41	7%	72	-39%
Paediatric Neurosurgery	64	50	28%	84	-24%
Paediatric Ophthalmology	54	31	74%	36	50%
Paediatric Pain Management	1				
Paediatric Plastic Surgery	74	52	42%	84	-12%
Paediatric Respiratory Medicine	44	22	100%	56	-21%
Paediatric Rheumatology	34	32	6%	44	-23%
Paediatric Surgery	189	154	23%	225	-16%
Paediatric Thoracic Surgery	3			1	200%
Paediatric Transplantation Surgery	3			5	-40%
Paediatric Trauma and Orthopaedics	62	20	210%	70	-11%
<b>Total</b>	<b>13,147</b>	<b>7,828</b>	<b>68%</b>	<b>15,336</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 Plastic Surgery	187	159	74	400
Paediatric Respiratory Medicine	158	100	44	302
Paediatric Rheumatology	103	93	34	230
Paediatric Surgery	513	440	189	1,142
Paediatric Thoracic Surgery	6	2	3	11
Paediatric Transplantation Surgery	10	2	3	15
Paediatric Trauma and Orthopaedics	143	95	62	300
Paediatric Urology	331	235	161	727
Paediatrics	708	361	172	1,241
Pain Management	126	75	17	218
Palliative Medicine	1	5	2	8
Physiotherapy				
Plastic Surgery	1,490	939	500	2,929
Podiatric Surgery	109	22	35	166
Rehabilitation Service	46	37	8	91
Respiratory Medicine	875	508	282	1,665
Respiratory Physiology	4	3	1	8
Restorative Dentistry	2	3	1	6
Rheumatology	728	550	391	1,669
Spinal Injuries	235	84	53	372
Spinal Surgery Service	27	39	16	82
Stroke Medicine	157	171	79	407
Thoracic Surgery	309	210	136	655
Transient Ischaemic Attack				
Transplantation Surgery	242	158	67	467
Trauma & Orthopaedics	5,429	2,171	1,648	9,248
Tropical Medicine	2			2
Upper Gastrointestinal Surgery	87	46	24	157
Urology	1,103	718	439	2,260
Vascular Surgery	113	64	29	206
Well Babies	22	14	13	49
<b>Total</b>	<b>36,672</b>	<b>23,889</b>	<b>13,147</b>	<b>73,708</b>

TreatmentSpecialtyDescription	CountEpis ode for 2021/22 (M1-5)	CountEpisod e for 2020/21 (M1-5)	CountEpi sode % diff 2021/22 to 20/21	CountEpi sode for 2019/20 (M1-5)	CountEpi sode % diff 2021/22 to 19/20
Paediatric Plastic Surgery	74	32	125%	84	-12%
Paediatric Respiratory Medicine	44	22	100%	56	-21%
Paediatric Rheumatology	34	32	6%	44	-23%
Paediatric Surgery	189	154	23%	225	-16%
Paediatric Thoracic Surgery	3			1	200%
Paediatric Transplantation Surgery	3			5	-40%
Paediatric Trauma and Orthopaedics	62	20	210%	70	-11%
Paediatric Urology	161	68	137%	127	27%
Paediatrics	172	123	40%	245	-30%
Pain Management	17	7	143%	58	-71%
Palliative Medicine	2	1	100%	1	100%
Physiotherapy					
Plastic Surgery	500	296	69%	666	-25%
Podiatric Surgery	35			52	-33%
Rehabilitation Service	8	12	-33%	14	-43%
Respiratory Medicine	282	180	57%	384	-27%
Respiratory Physiology	1	1	0%	1	0%
Restorative Dentistry	1	1	0%	1	0%
Rheumatology	391	128	205%	281	39%
Spinal Injuries	53	14	279%	113	-53%
Spinal Surgery Service	16	14	14%	9	78%
Stroke Medicine	79	65	22%	72	10%
Thoracic Surgery	136	90	51%	130	5%
Transient Ischaemic Attack					
Transplantation Surgery	67	53	26%	93	-28%
Trauma & Orthopaedics	1,648	556	196%	2,133	-23%
Tropical Medicine				2	
Upper Gastrointestinal Surgery	24	19	26%	40	-40%
Urology	439	210	109%	513	-14%
Vascular Surgery	29	13	123%	43	-33%
Well Babies	13	3	333%	6	117%
<b>Total</b>	<b>13,147</b>	<b>7,828</b>	<b>68%</b>	<b>15,336</b>	<b>-14%</b>

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSp)  
 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:

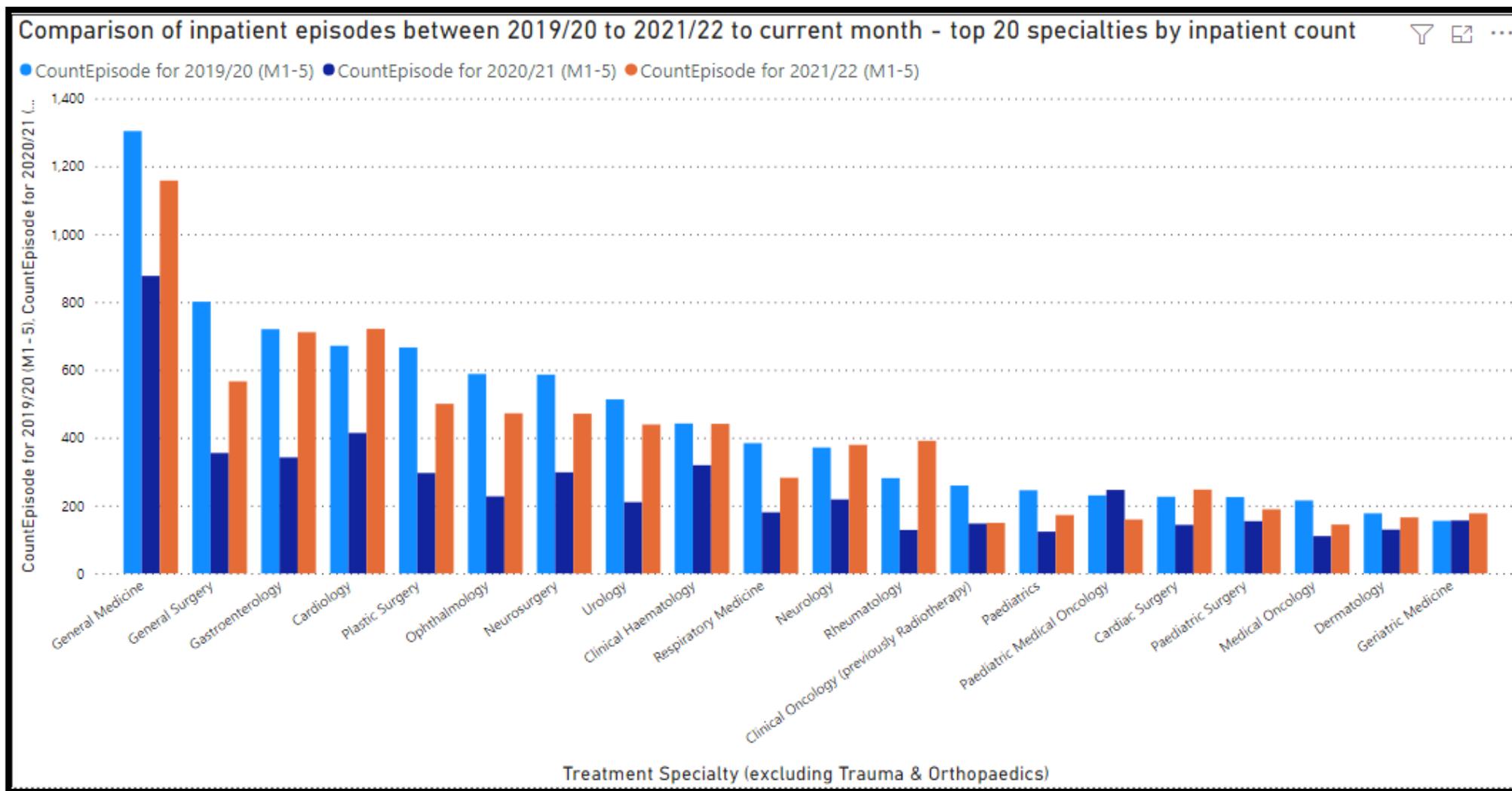


Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

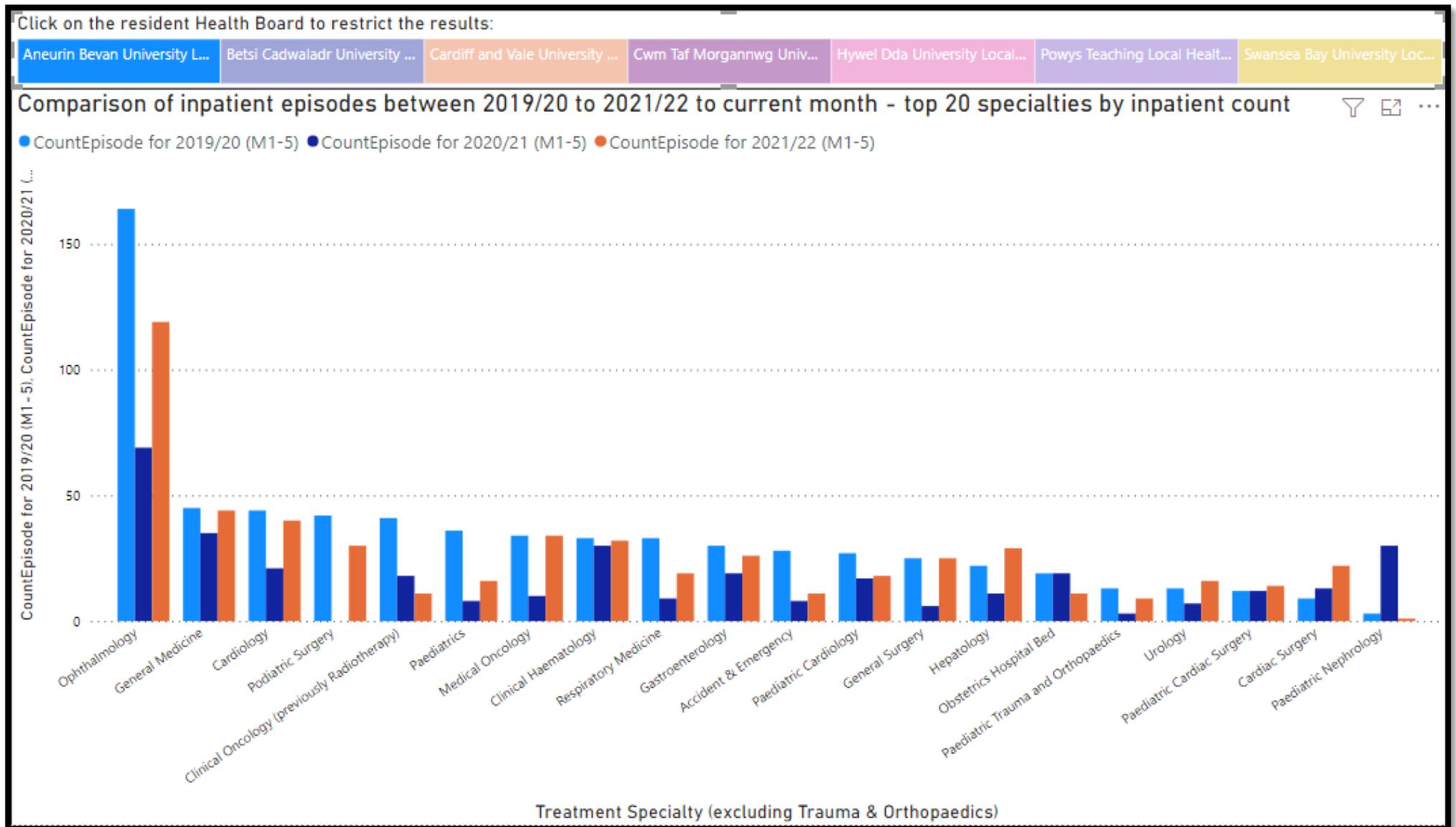


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

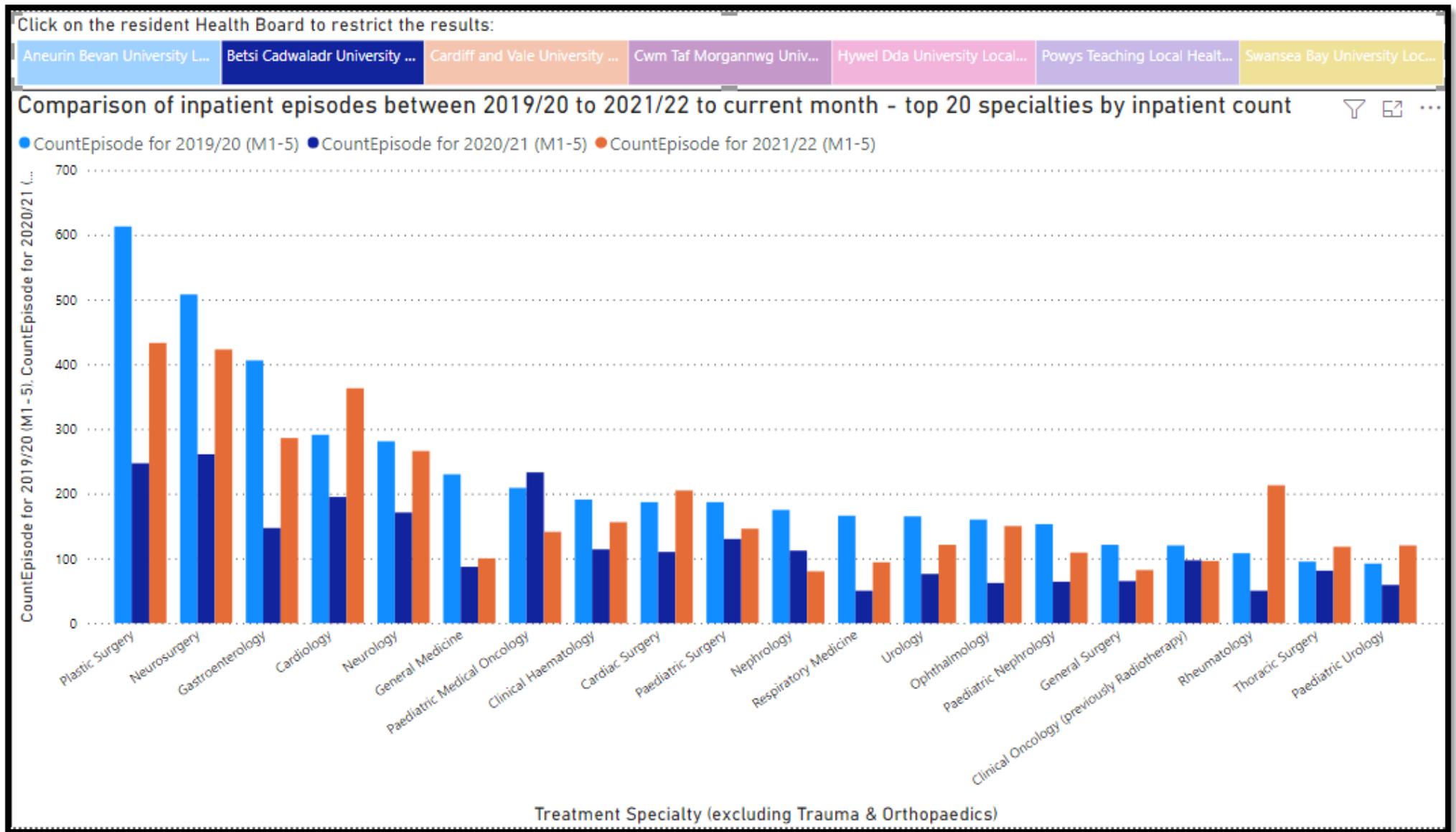


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

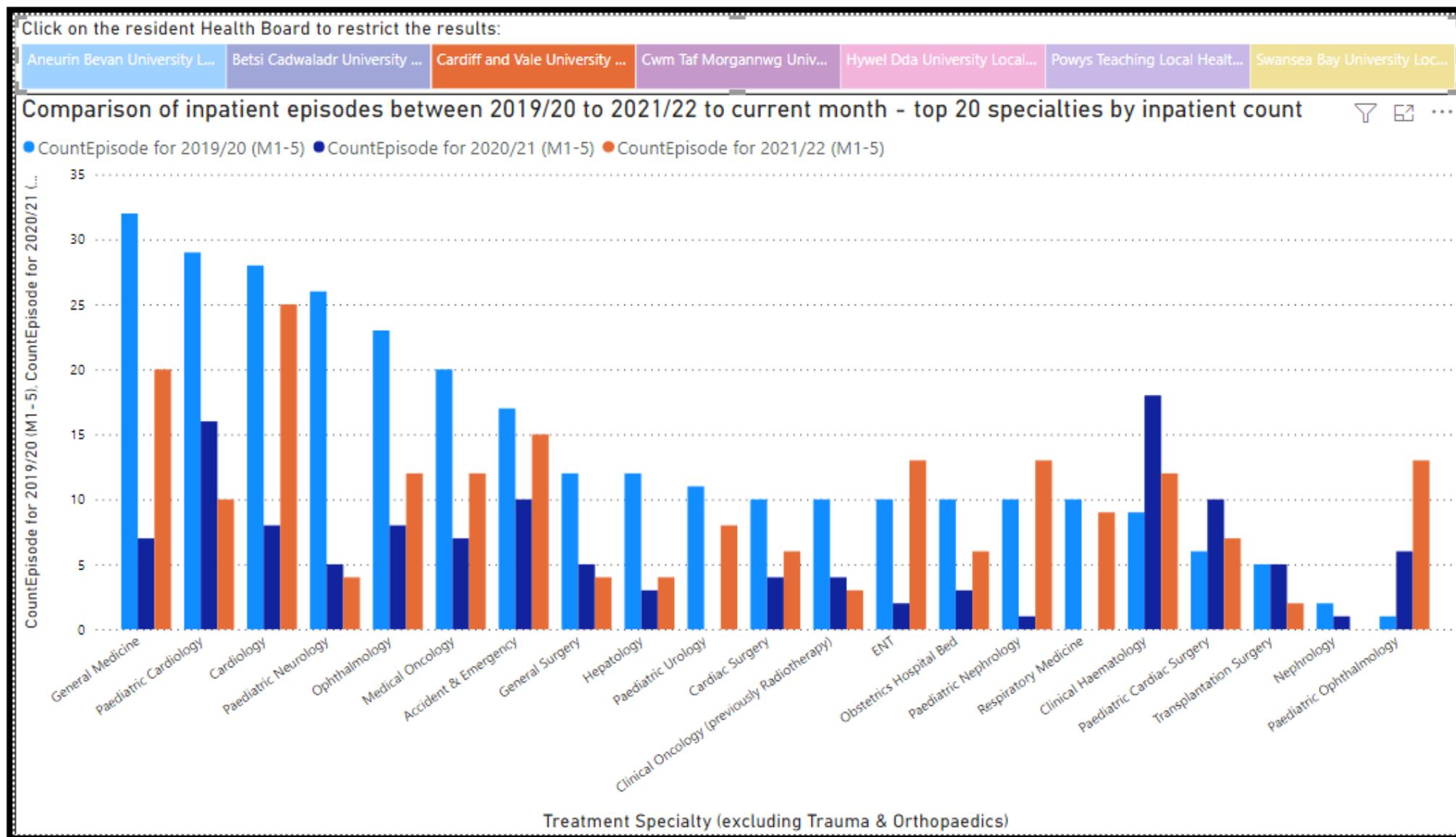


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

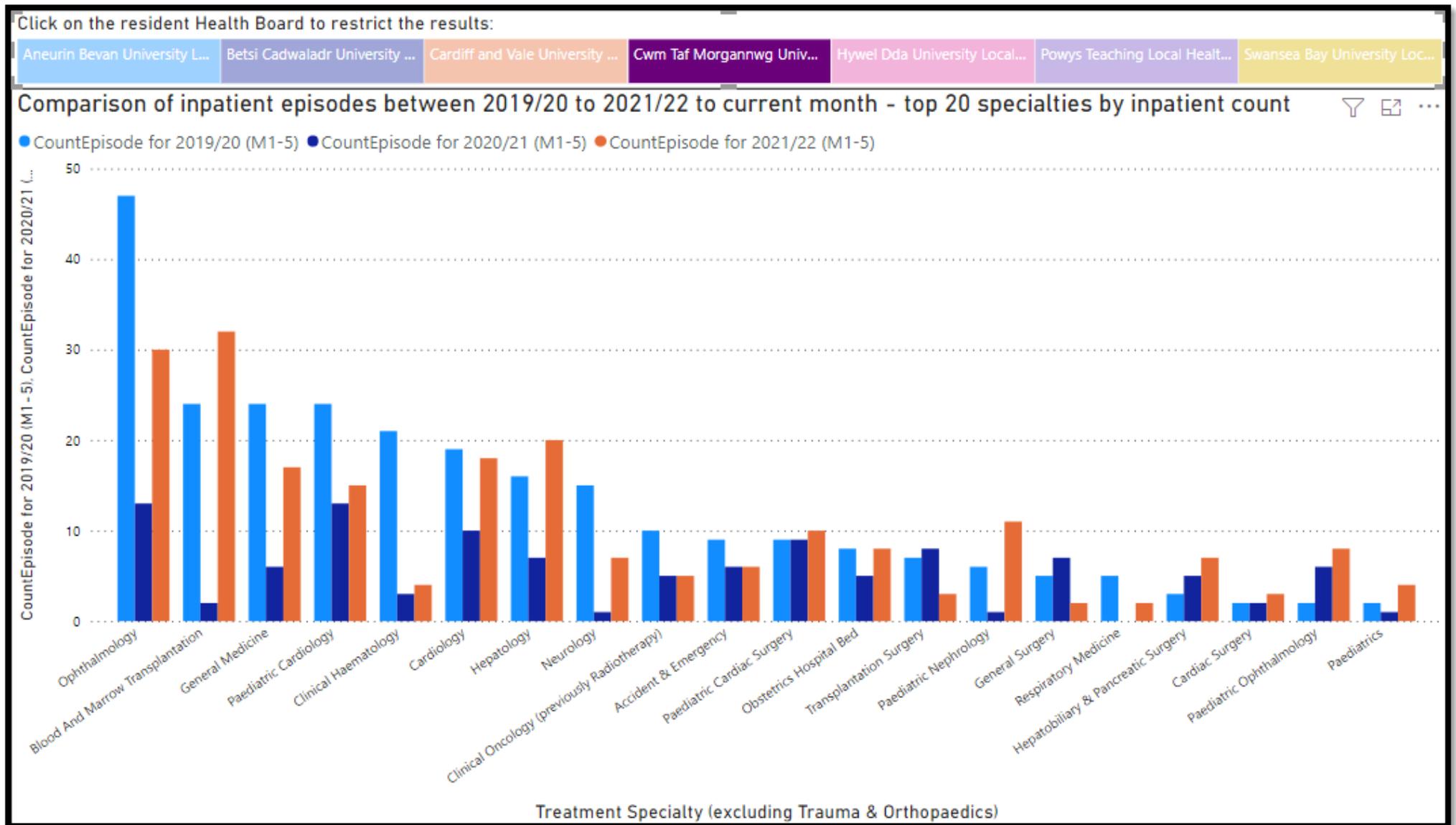


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

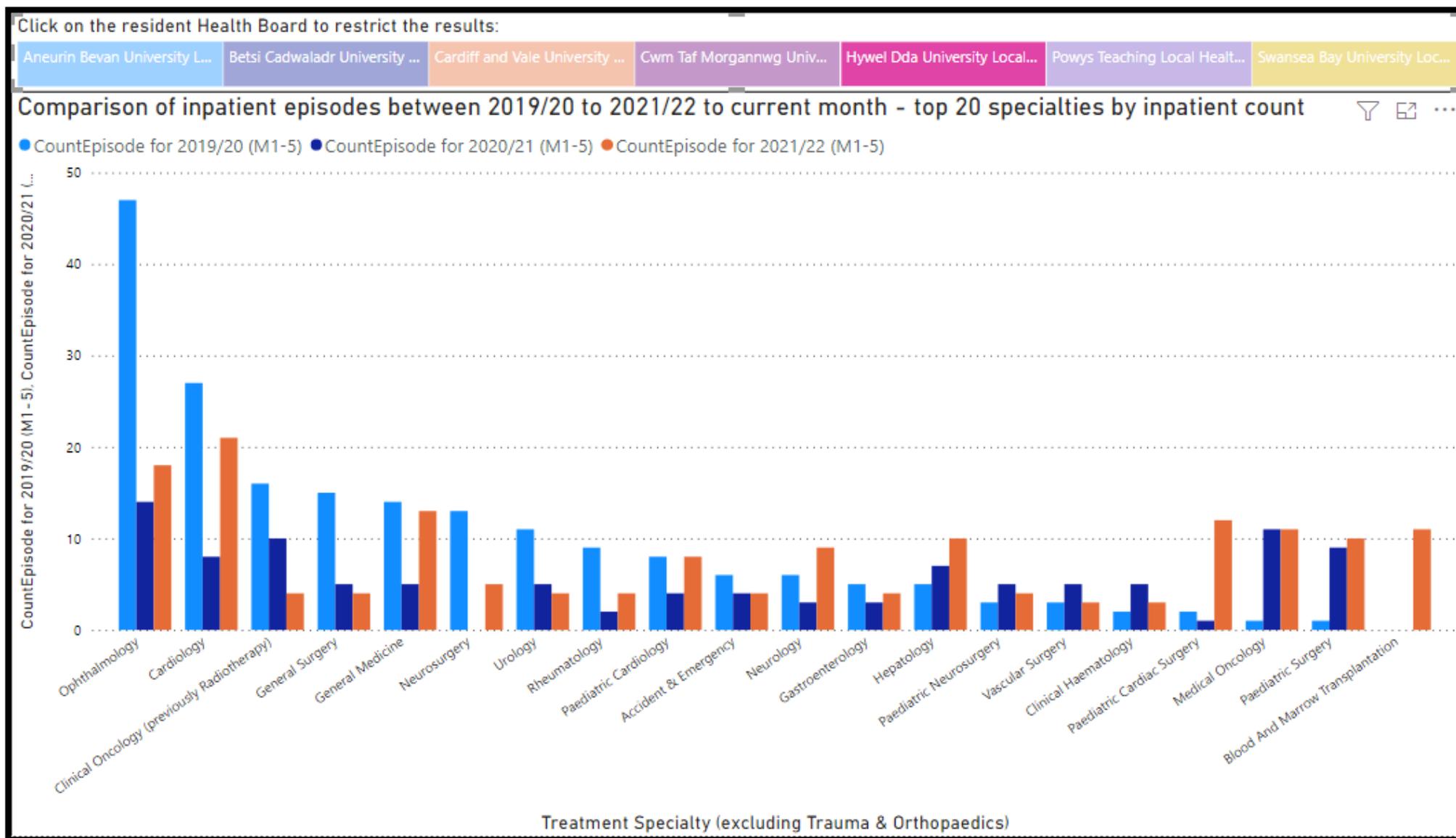


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

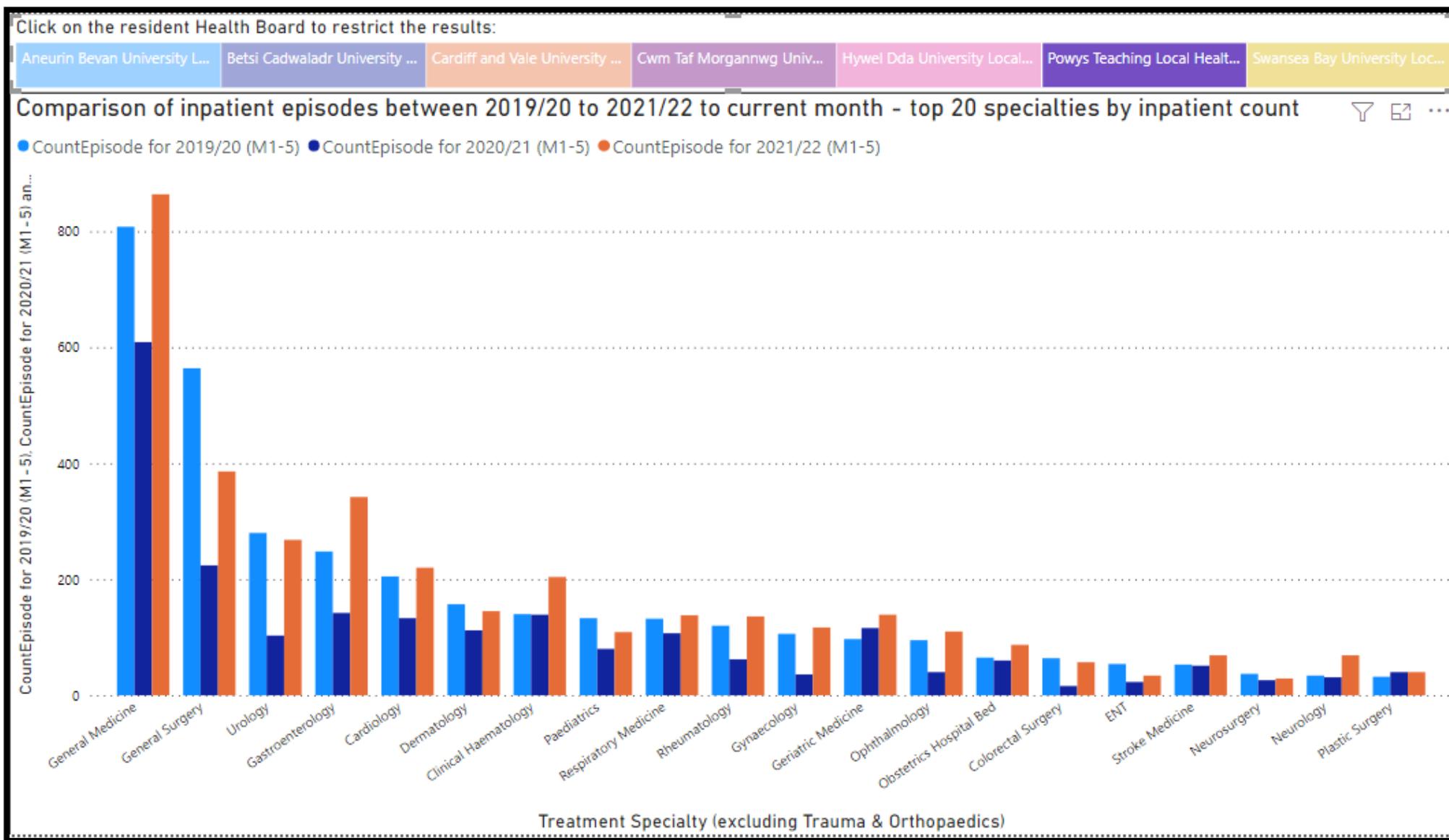
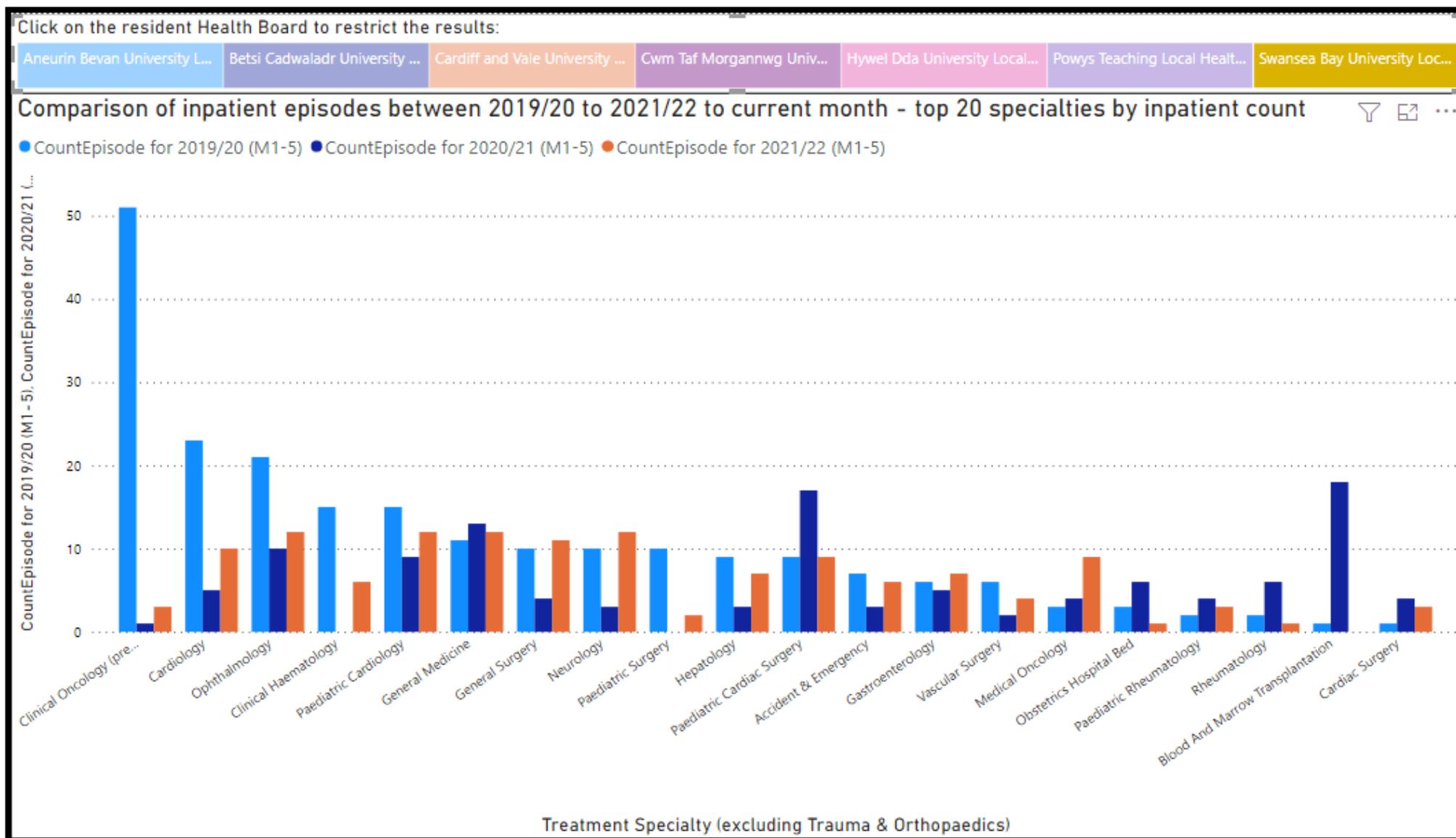
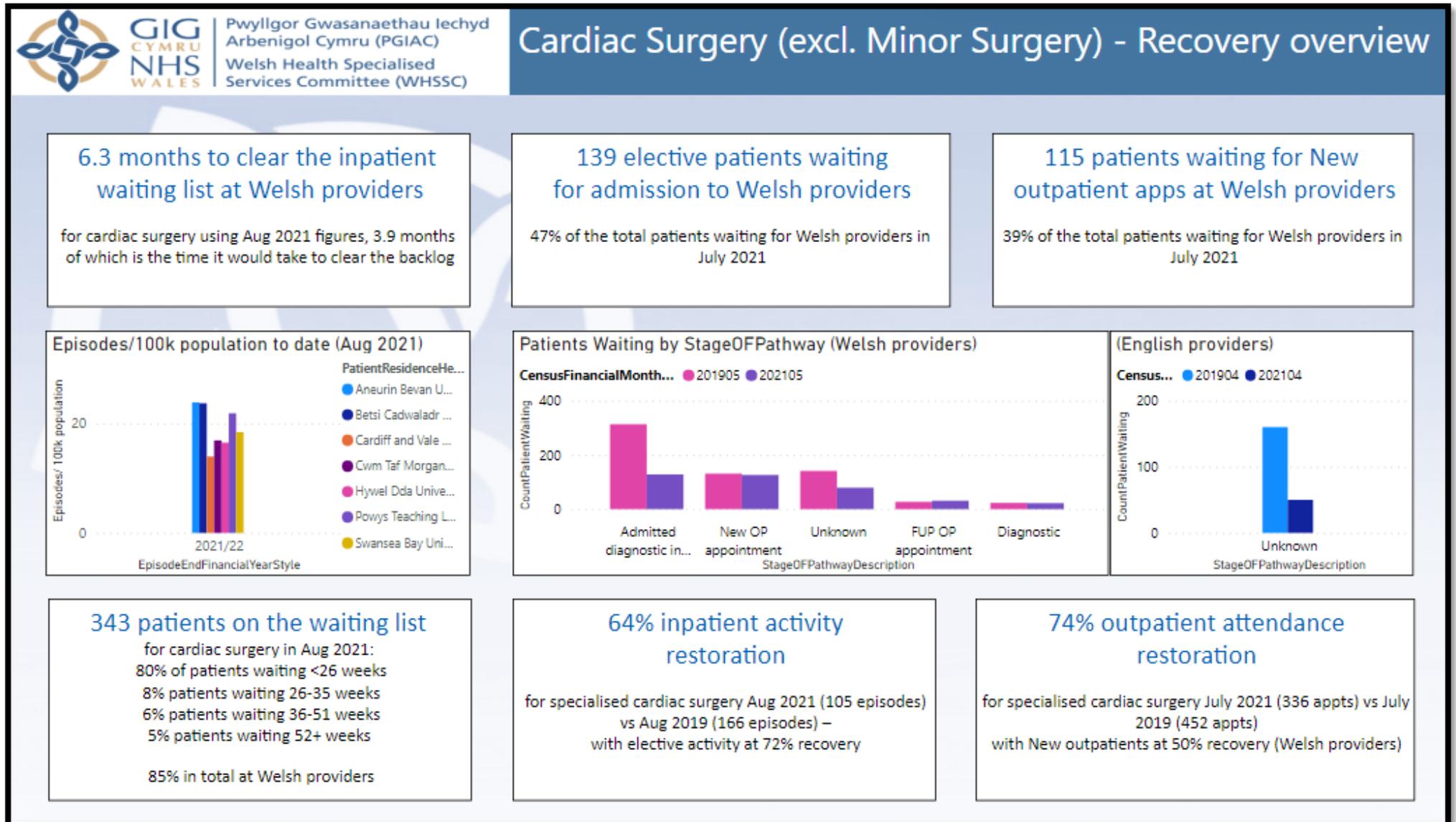


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22



## APPENDIX 2

Summary cards by Specialty (Data from DHCW central data warehouse)



# Thoracic Surgery - Recovery overview

**2.3 months to clear the inpatient waiting list at Welsh providers**

for Thoracic surgery using Aug 2021 figures, 1.4 months of which is the time it would take to clear the backlog

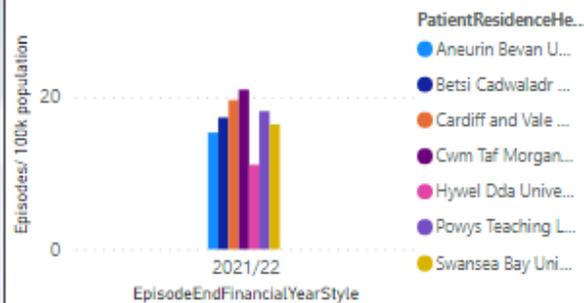
**84 elective patients waiting for admission to Welsh providers**

39% of the total patients waiting for Welsh providers in July 2021

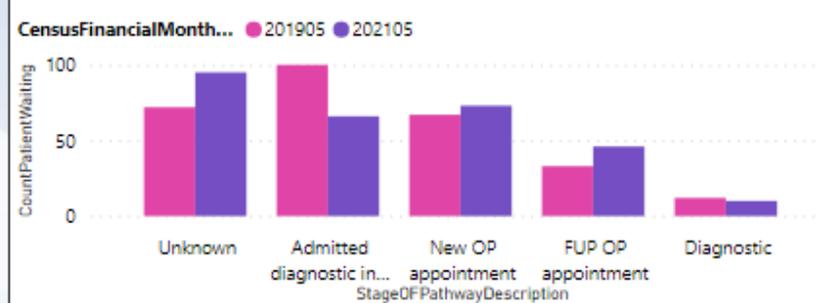
**72 patients waiting for New outpatient apps at Welsh providers**

34% of the total patients waiting for Welsh providers in July 2021

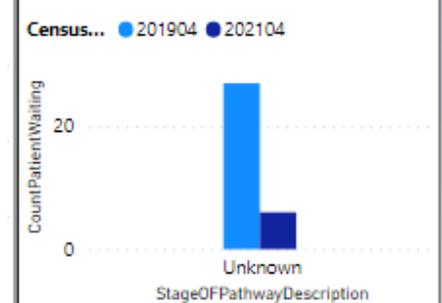
Episodes/100k population to date (Aug 2021)



Patients Waiting by StageOfPathway (Welsh providers)



(English providers)



**219 patients on the waiting list**

for Thoracic surgery in July 2021:  
72% of patients waiting <26 weeks  
5% patients waiting 26-35 weeks  
6% patients waiting 36-51 weeks  
17% patients waiting 52+ weeks

97% in total at Welsh providers

**67% inpatient activity restoration**

for specialised Thoracic surgery Aug 2021 (92 episodes) vs Aug 2019 (138 episodes) with elective activity at 79% recovery

**95% outpatient attendance restoration**

for specialised Thoracic surgery July 2021 (310 appts) vs July 2019 (327 appts) with New outpatients at 63% recovery (Welsh providers)



**GIG  
CYMRU  
NHS  
WALES**

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

## Neurosurgery - Recovery overview

**6 months to clear the inpatient waiting list at Welsh providers**

for Neurosurgery using Aug 2021 figures, 3.9 months of which is the time it would take to clear the backlog

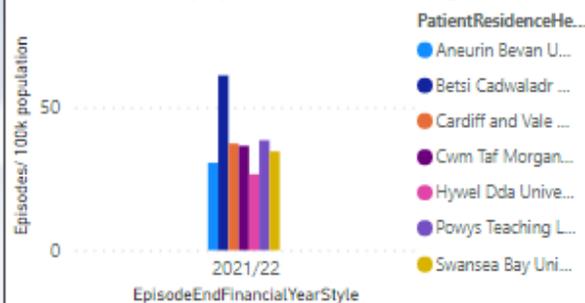
**287 elective patients waiting for admission to Welsh providers**

32% of the total patients waiting for Welsh providers in July 2021

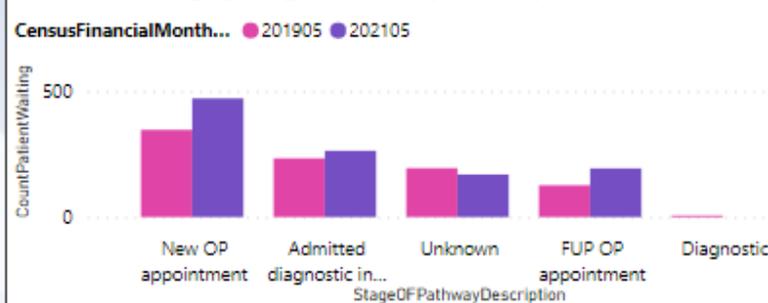
**414 patients waiting for New outpatient apps at Welsh providers**

47% of the total patients waiting for Welsh providers in July 2021

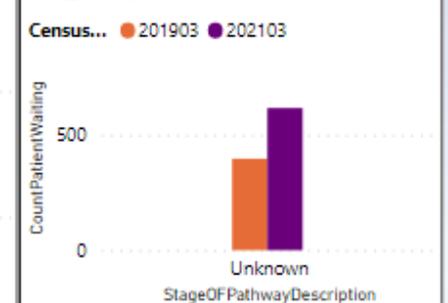
Episodes/100k population to date (Aug 2021)



Patients Waiting by StageOfPathway (Welsh providers)



(English providers)



**1,452 patients on the waiting list**

for Neurosurgery in June 2021:  
84% of patients waiting <26 weeks  
6% patients waiting 26-35 weeks  
4% patients waiting 36-51 weeks  
6% patients waiting 52+ weeks

61% in total at Welsh providers

**73% inpatient activity restoration**

for specialised Neurosurgery Aug 2021 (228 episodes) vs July 2019 (314 episodes) – with elective activity at 85% recovery

**83% outpatient attendance restoration**

for specialised Neurosurgery July 2021 (921 appts) vs July 2019 (1,107 appts) with New outpatients at 59% recovery (Welsh providers)

# Plastic Surgery (incl. Burns) - Recovery overview

Several years to clear the inpatient waiting list at Welsh providers

for Neurosurgery using Aug 2021 figures, 9 months of which is the time it would take to clear the backlog

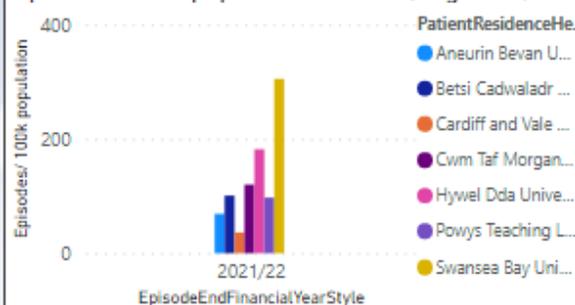
1,798 elective patients waiting for admission to Welsh providers

50% of the total patients waiting for Welsh providers in Aug 2021

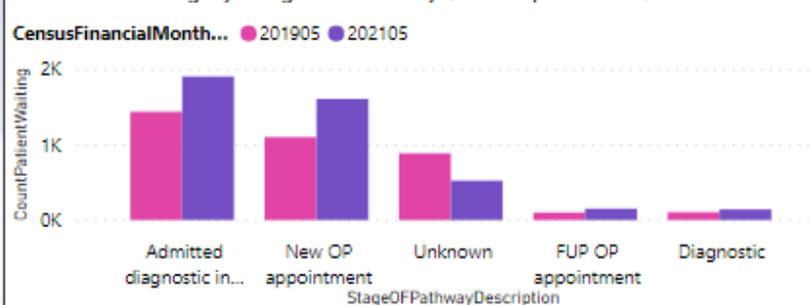
1,491 patients waiting for New outpatient apps at Welsh providers

42% of the total patients waiting for Welsh providers in Aug 2021

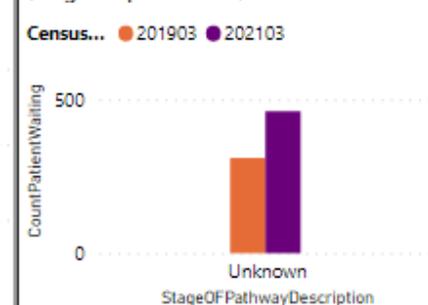
Episodes/100k population to date (Aug 2021)



Patients Waiting by StageOfPathway (Welsh providers)



(English providers)



3,896 patients on the waiting list

for Neurosurgery in June 2021:  
49% of patients waiting <26 weeks  
7% patients waiting 26-35 weeks  
11% patients waiting 36-51 weeks  
33% patients waiting 52+ weeks

92% in total at Welsh providers

66% inpatient activity restoration

for specialised Neurosurgery Aug 2021 (701 episodes) vs Aug 2019 (1,059 episodes) – with elective activity at 65% recovery

83% outpatient attendance restoration

for specialised Neurosurgery July 2021 (2,868 appts) vs July 2019 (3,461 appts) with New outpatients at 75% recovery (Welsh providers)



**GIG  
CYMRU  
NHS  
WALES**

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

## Paediatric Surgery - Recovery overview

**13.3 months to clear the inpatient waiting list at Welsh providers**

for Paediatric surgery using Aug 2021 figures, 7.2 months of which is the time it would take to clear the backlog

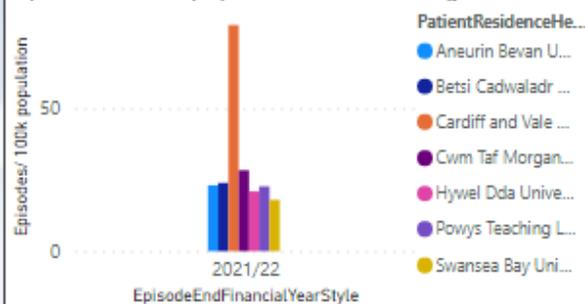
**492 elective patients waiting for admission to Welsh providers**

41% of the total patients waiting for Welsh providers in July 2021

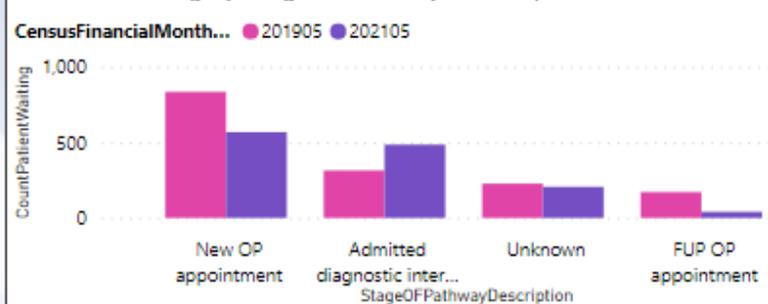
**621 patients waiting for New outpatient apps at Welsh providers**

52% of the total patients waiting for Welsh providers in July 2021

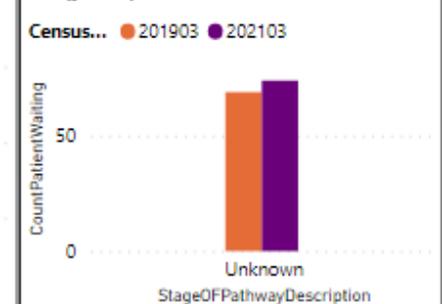
Episodes/100k population to date (Aug 2021)



Patients Waiting by StageOfPathway (Welsh providers)



(English providers)



**1,218 patients on the waiting list**

for Paediatric surgery in July 2021:  
70% of patients waiting <26 weeks  
10% patients waiting 26-35 weeks  
8% patients waiting 36-51 weeks  
12% patients waiting 52+ weeks

98% in total at Welsh providers

**87% inpatient activity restoration**

for specialised Paediatric surgery Aug 2021 (207 episodes) vs Aug 2019 (239 episodes) – with elective activity at 87% recovery

**116% outpatient attendance restoration**

for specialised Paediatric surgery July 2021 (370 appts) vs July 2019 (320 appts) with New outpatients at 108% recovery (Welsh providers)



		Agenda Item	3.2
Meeting Title	<b>Joint Committee</b>	Meeting Date	09/11/2021
Report Title	Financial Performance Report – Month 6 2021/22		
Author (Job title)	Finance Manager - Contracting		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	<p>The purpose of this report is to set out the financial position for WHSSC for the 6th month of 2021/22.</p> <p>The financial position is reported against the 2021/22 baselines following approval of the 2021/22 WHSSC Integrated Commissioning Plan by the Joint Committee in January 2021.</p>				
	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	07/10/2021
	Management Group	Meeting Date	21/10/2021
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the current financial position and forecast year-end position.</li> </ul>		

**Considerations within the report** (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
		✓					✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓			✓			
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓				✓			
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			

## 1. Situation

The purpose of this report is to provide the current financial position of WHSSC together with outturn forecasts for the 2021/22 financial year.

This report will be shared with WHSSC Management Group on October 21<sup>st</sup> and Joint Committee on November 9<sup>th</sup>.

## 2. Background

The financial position is reported against the 2021/22 baselines following approval of the 2021/22 WHSSC Integrated Commissioning Plan the Joint Committee in January 2021.

## 3. Assessment

The financial position reported at Month 6 for WHSSC is a year-end outturn forecast under spend of £9,308k.

The under spend predominantly relates to the slippage of planned developments, declared slippage of prior year developments by Cardiff & Vale, handback of 50% of the COVID recovery funding and releasable reserves from 2020/21 provisions. There is a partial cost pressure offset with the over spend in IPFR, inclusion of inflation in English provider positions for the second half of the year and Mental Health due to high CAMHS out of area activity and complex LD patient placements.

## 4. Recommendations

Members of the appropriate Group/Committee are requested to:

- **NOTE** the current financial position and forecast year-end position.



<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Governance and Assurance Development of the Plan Choose an item.	
Link to Integrated Commissioning Plan	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.	
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care Choose an item. Choose an item.	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience		
Resources Implications	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Risk and Assurance	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Corporate Directors Group Board	07/10/21	Supported
Management Group	21/10/21	Discussed

## Finance Performance Report – Month 6

### 1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 6th month of 2021/22 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	714,876	357,438	350,821	(6,617)	(3,261)	(9,308)	(2,162)
EASC (WAST, EMRTS, NCCU)	194,349	97,175	97,175	0	0	0	0
Total as per Risk-share tables	909,225	454,613	447,996	(6,617)	(3,260)	(9,308)	(2,162)

**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. Background / Introduction

The financial position is reported against the 2021/22 baselines following approval of the 2021/22 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 6 is a year to date underspend of £6,617k and a forecast outturn underspend of £9,308k.

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. Governance & Contracting**

All budgets have been updated to reflect the 2021/22 ICP, including the full year effects of 2020/21 Developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2020/21 contract values which have been transposed into the 2021/22 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. 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	124,120	123,594	(526)	392	(1,016)	941
Swansea Bay University Health Board	109,075	54,538	54,724	186	149	372	301
Cwm Taf Morgannwg University Health Board	10,146	5,073	5,073	0	0	0	0
Aneurin Bevan Health Board	8,934	4,467	4,467	0	0	0	0
Hywel Dda Health Board	1,662	831	831	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	43,950	21,975	21,734	(242)	(142)	(242)	(142)
Velindre NHS Trust	49,566	24,783	24,783	0	0	0	0
<b>Sub-total NHS Wales</b>	<b>471,573</b>	<b>235,787</b>	<b>235,205</b>	<b>(582)</b>	<b>398</b>	<b>(886)</b>	<b>1,100</b>
Non Welsh SLAs	119,250	59,625	59,747	122	(56)	762	(4)
IPFR	37,388	18,694	22,463	3,769	2,294	5,058	2,750
IVF	4,906	2,453	2,305	(148)	(130)	44	11
Mental Health	35,013	17,506	17,772	265	548	360	724
Renal	4,834	2,417	2,153	(264)	(236)	(247)	(280)
Prior Year developments	1,928	964	1,519	555	126	900	302
2020/21 Plan Developments	35,711	16,903	11,497	(5,406)	(3,024)	(5,567)	(4,183)
Direct Running Costs	4,272	2,136	2,054	(82)	(101)	(37)	58
Reserves Releases 2019/20	0	0	(4,848)	(4,848)	(3,176)	(9,696)	(7,623)
Phasing adjustment for Developments not yet implemented ** see below	0	953	953	0	0	0	0
<b>Total Expenditure</b>	<b>714,876</b>	<b>357,438</b>	<b>350,821</b>	<b>(6,617)</b>	<b>(3,357)</b>	<b>(9,308)</b>	<b>(7,146)</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 1-6 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. Financial Position Detail - Providers

Provider positions can be summarised as follows for month 6:

### - NHS Wales Providers

YTD M6 position (£582k), Forecast YE position (£886k).

Month 6 reporting is based on the COVID-19 block funding flow agreements for 21/22, with pass through elements paid on pass through.

The decreases in both YTD and forecast positions relates to significant non recurrent slippage of prior year developments in the Cardiff & Vale provider position due to recruitment lag. These developments include Cystic Fibrosis, Inherited Bleeding Disorders, Adult Congenital Heart Disease and the Hereditary Anaemia service. There is also non-recurrent slippage on full year allocations for WG funded developments such as the MTC and critical care LTV.

### - NHS England Providers

YTD M6 position £122k, Forecast YE position £762k.

The movement this month is a result of the block agreement with NHSE now being reflected for the full year and thus the inclusion of the additional inflation for the second half of this financial year.

Additional activity payments to NHSE providers under the 'elective recovery fund' terms are estimated to be £3,500k for H1, this is reported in the COVID recovery section of the tables as directly funded through Welsh Government.

### - Individual Patient Commissioning & Non Contract Activity

YTD M6 position £3,769k, Forecast YE position £5,058k.

The year end forecast has increased at month 6 by £2,308k. This reflects an increase in high cost drug approvals and assumes the two high cost critical care patients will be at GOSH until end of year awaiting heart transplants.

### - Specialised Mental Health

YTD M6 position £265k, Forecast YE position £360k.

The forecast year end overspend has reduced by £364k due to an improvement in Gender based on position to date projected forward. There continues to be continued pressure on the CAMHS OOA position due to capacity constraints in Welsh contracted provider units. The medium secure position includes a provision to block buy a number of female beds to accommodate placements currently being held in a low secure setting.

- **Renal**

YTD M6 position (£264k), Forecast YE position (£247k).

Renal forecast is under budget mainly due to lower than planned activity in Royal Liverpool & Broadgreen.

- **WHSSC Developments and Strategic Priorities**

YTD M6 position (£4,851k), Forecast YE position (£4,667k)

The position reflects a slippage assessment of new in year funding releases approved to date. £900k of the Mental Health Strategy funding collected through the ICP has been released back to HBs on confirmation that the in-year CAMHS element of the strategy will be backed through allocation.

£2m of the £4m activity recovery provision is retained at this point for pressures identified that are not covered through directed recovery funding or addressed by provider recovery plans. It is anticipated this will be released back to HBs in the next few months if no specific additional recovery schemes are implemented.

- **WHSSC Running Costs**

YTD M6 position (£82k), Forecast YE position (£37k).

The underspend to date reflects vacancies for first 6 months of the year and this is profiled for the remainder of the year to arrive at the forecast year end underspend position.

- **Reserves**

YTD M6 position (£4,848k), Forecast YE position (£9,696k)

Secured releasable 20/21 reserves of £9,696k have been identified and are included in the month 6 position.



## 6. 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 M6	(6,617)	(1,260)	(554)	(993)	(1,241)	(853)	(445)	(1,272)
Variance M5	(3,357)	(607)	(197)	(468)	(569)	(444)	(177)	(895)
Movement	(3,261)	(653)	(357)	(525)	(672)	(409)	(267)	(377)

**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 M6	(9,308)	(1,714)	(672)	(1,246)	(1,743)	(1,176)	(688)	(2,069)
EOY forecast M5	(7,146)	(1,124)	(340)	(817)	(1,105)	(865)	(670)	(2,225)
EOY movement	(2,162)	(590)	(332)	(428)	(638)	(311)	(18)	155

## 7. 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	110,373	55,187	55,171	0	16	55,187	(672)
Aneurin Bevan	173,042	86,521	86,496	0	25	86,521	(1,743)
Betsi Cadwaladr	197,185	98,593	98,554	0	39	98,593	(2,069)
Cardiff and Vale	146,516	73,258	73,177	63	18	73,258	(1,714)
Cwm Taf Morgannwg	131,085	65,543	64,997	0	546	65,543	(1,246)
Hywel Dda	107,329	53,664	53,644	0	21	53,664	(1,176)
Powys	43,695	21,847	21,836	0	11	21,847	(688)
Public Health Wales						0	
Velindre						0	
WAST						0	
<b>Total</b>	<b>909,225</b>	<b>454,613</b>	<b>453,874</b>	<b>63</b>	<b>676</b>	<b>454,613</b>	<b>(9,308)</b>

Invoices over 11 weeks in age detailed to aid LHB's in clearing them before Arbitration dates:

None

## 8. Overview of Key Risks / Opportunities

- NHS England – 21/22 H1 recovery over performance payments to English providers are estimated at £3.5m at month 6 based on months 1-5 contract monitoring. Whilst the thresholds for over performance are anticipated to remain at 95% in Q2 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. An early forecast is this is likely to be between £3m - £4m for H2.
- WHSSC Activity Recovery Fund – The 2021/22 Integrated Commissioning Plan included a £4m provision for activity recovery. It is anticipated this will be passed back to commissioners as central funding is available for in year recovery, at M6 £2m is handed back to commissioners with £2m currently retained as assessment of H2 provider recovery plans and directed recovery funding is undertaken, however if no additional recovery schemes are identified this funding will be passed back to commissioners in M7.

## 9. Public Sector Payment Compliance

As at month 3 WHSSC has achieved 99.1% compliance for NHS invoices paid within 30 days by value and 97.2% by number.

For non NHS invoices WHSSC has achieved 100% in value for invoices paid within 30 days and 100% 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

Action Point 5.1 – An analysis showing the 'actual' Recovery Costs incurred to date by English Provider is provided as an additional attachment.

## 11. SLA 21/22 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**



		Agenda Item	3.3
Meeting Title	<b>Joint Committee</b>	Meeting Date	09/11/2021
Report Title	Corporate Governance Update		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services	Public/In Committee	Public

Purpose	To report on corporate governance matters arising since the previous meeting.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Integrated Governance Committee	Meeting Date	12/10/2021
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>		

**Considerations within the report** (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
		✓						
Principles of Prudent Healthcare	YES	NO	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO

**Commissioner Health Board affected**

Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓
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**Provider Health Board affected** (please state below)

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## **CORPORATE GOVERNANCE UPDATE**

### **1.0 SITUATION**

To report on corporate governance matters arising since the previous meeting.

### **2.0 BACKGROUND**

There are a number of corporate governance matters which 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 GOVERNANCE AND RISK ISSUES**

#### **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 JC.

The following items were discussed during the in-committee meeting held on the 7 September 2021:

- Report from the Managing Director
- Thoracic Surgery Strategic Outline Business Case

#### **3.2 Corporate Risk & Assurance Framework (CRAF)**

WHSSC held a risk management workshop with the Corporate Directors Group on the 16 September 2021, which:

- reviewed the existing risks and reviewed the scoring,
- identified potential additional corporate and operational risks, through discussion with each individual directorate,
- Identified common themes,

The CRAF was presented to the Integrated Governance Committee (IGC) and Quality and Patient Safety Committee on the 12 October. Following discussion at the JC on the 9 November 2021 it will be presented to the Audit & Risk Committee for assurance on the 7 December 2021.

Thereafter, WHSSC will work with CTMUHB to further update the WHSSC Risk Management Strategy. The current strategy was approved by the JC on the 13 July 2021, and outlines that WHSSC aspires to establish a Joint Assurance Framework (JAF) (often referred to in Health Boards as a Board Assurance Framework or BAF), whilst not yet established the planned approach for developing the JAF will commence once the updated corporate risk register has been agreed in 2022.

The JAF will detail the principal risks faced by the organisation in meeting its strategic objectives and provides the JC with a comprehensive method of describing its objectives, identifying key risks to their achievement and the gaps in assurances on which WHSSC relies.

### 3.3 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) 010 - Amendments to Model Standing Orders, Reservation and Delegation of Powers and Model Standing Financial Instructions – NHS Wales
- WHC (2021) 021 - Introduction of Shingrix® for Immunocompromised Individuals (from September 2021)
- WHC 2021/022 – Publication of Quality & Safety Framework
- WHC/2021/023 – Care Decisions for the Last Days of Life
- WHC/2021/024 - NHS Wales' contribution towards a net-zero Public Sector by 2030: NHS Wales Decarbonisation Strategic Delivery Plan
- WHC/2021/025 Carpal Tunnel Syndrome Pathway
- WHC (2021) 027 – NHS Wales Blood Health Plan
- WHC (2021) 028 AMR & HCAI Improvement Goals for 2021-22

### 3.4 Committee Report Template

To ensure effective governance the report template for Committee reports has been reviewed and updated to reflect:

- feedback received in the Audit Wales report "Committee Governance Arrangements at WHSSC" to increase the focus on quality at the Joint Committee,
- An increased focus on quality following the publication of the WG's NHS Quality & Safety Framework <sup>1</sup>on the 17 September 2021, including the provisions of the Health and Social Care (Quality and Engagement) (Wales) Act, in relation to the new duty of quality and duty of candour,
- To consider the impact of decisions in light of the Well-being of Future Generations Act 2015, the new Socio-economic Inequalities (Wales) Regulations 2021 and the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2023<sup>2</sup>, and
- A focus on the quality, governance and risk implications of the report.

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<sup>1</sup> [NHS Quality and Safety Framework | GOV.WALES](#)

<sup>2</sup> [NHS Wales Decarbonisation Strategic Delivery Plan \(gov.wales\)](#)

### 3.5 Forward Work Plan

In accordance with the SO's the Annual plan of Committee business was agreed at the Joint Committee on the 9 March 2021<sup>3</sup>. Going forward, each Joint meeting will receive a copy of its business cycle which outlines the business planned for each meeting for assurance. Attached at **Appendix 1** is the IGC Forward work plan. Following feedback from the last IGC meeting, the Escalation Table has been included as a standard Item on the IGC Agenda. The Renal update has been moved to January 2022.

### 3.7 Committee Arrangements During COVID-19

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

## 4.0 RECOMMENDATION

Members are asked to:

- **Note** the report.

## 5.0 APPENDICES / ANNEXES

**Appendix 1** - Joint Committee Forward Work Plan

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<sup>3</sup><https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2020-2021-meeting-papers/2021-03-09-final-updated-jc-bundle2-pdf/>

<b>Link to Healthcare Objectives</b>	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Implementation of the agreed ICP
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
<b>Organisational Implications</b>	
Quality, Safety & Patient Experience	Welsh health circulars provide advice, guidance and information relating to changes in process or services which work to enhance services
Resources Implications	There are no financial implications associated with this report.
Risk and Assurance	To ensure effective governance the WHSSC Governance and Accountability Framework is reviewed annually, and the CRAF is reviewed monthly.
Evidence Base	-
Equality and Diversity	There are no equality and diversity implications.
Population Health	There are no immediate population health implications.
Legal Implications	The Model Standing Orders, Reservations and Delegation of Powers (SO's) 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). They were reviewed by officials in association with representatives of the NHS Wales Board Secretaries and the NHS Wales Directors of Finance group. The revised model documents are issued in accordance the Ministerial direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special

	Health Authorities) of the National Health Service (Wales) Act 2006.	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Integrated Governance Committee	12 October 2021	Noted

**WHSSC JOINT COMMITTEE  
 FORWARD WORK PROGRAMME – SEPTEMBER 2021**

<b>MEETING</b>	<b>STANDING ITEMS</b>	<b>FOR APPROVAL / ACTION</b>	<b>ROUTINE REPORTS</b>	<b>INFORMATION</b>
<b>09 November 2021</b>	Declarations of Interest  Minutes  Action Log	Integrated Commissioning Plan (ICP) 2022-25  Corporate Risk Assurance Framework (CRAF)	Report from the Chair  Report from the Managing Director  COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters	Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Audit and Risk Committee Highlight Report</li> <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>- Welsh Renal Clinical Network</li> </ul>

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>18 January 2022</b>	Declarations of Interest  Minutes  Action Log	Action Plan from the WHSSC Audit Wales Governance Review  WHSSC Specialised Services Strategy 2022-2025	Report from the Chair  Report from the Managing Director  COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters	Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Audit and Risk Committee Highlight Report</li> <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>- Welsh Renal Clinical Network</li> </ul>

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>15 March 2022</b>	Declarations of Interest  Minutes  Action Log  JC Annual Cycle of Business 2022-23	Corporate Risk Assurance Framework (CRAF)	Report from the Chair  Report from the Managing Director  COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters	Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Audit and Risk Committee Highlight Report</li> <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>- Welsh Renal Clinical Network</li> </ul>

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>10 May 2022</b>	Declarations of Interest  Minutes  Action Log	Annual self-assessment – Health and Care Standards  Annual Review of Committee Effectiveness 2021- 2022  Joint Committee Assurance Framework (JAF)  Corporate Risk Assurance Framework (CRAF)	Report from the Chair  Report from the Managing Director  COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters	Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Audit and Risk Committee Highlight Report</li> <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>- Welsh Renal Clinical Network</li> </ul> Annual Report 2021-2022  Sub – Committee Annual Reports 2021-2022



**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>Patsy Roseblade, Chair of CTMUHB Audit and Risk Committee</b>
<b>In attendance for WHSSC</b>	<b>Ian Wells, WHSSC IM – Audit Lead</b> <b>Stuart Davies, Director of Finance &amp; Information</b> <b>Jacqui Evans, Committee Secretary</b>
<b>Date of Meeting</b>	<b>4 October 2021</b>
<b>Report Author</b>	<b>Committee Secretary</b>

**Summary of key matters considered by the Committee and any related decisions made**

The CTMUHB Audit & Risk Committee (ARC) provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations. The Memorandum of Agreement states that the Audit Lead will provide reports to the Joint Committee following the Host Audit & Risk Committee meetings. This assurance report sets out the key areas of discussion and decision.

**1.EASC Standing Orders and Standing Financial Instructions**

Stephen Harray, Board Director/Chief Ambulance Service Commissioner, Emergency Ambulance Services Committee (EASC) presented the updated Standing Orders (SO's) and Standing Financial Instructions (SFI's) for EASC.

The Committee **noted** the report.

**2.WHSSC Corporate Risk Assurance Framework (CRAF)**

Jacqui Evans (JE), WHSSC Committee Secretary gave a verbal update on the Corporate Risk and Assurance Framework (CRAF) and members noted that a risk management workshop was held with the Corporate Directors Group on the 16 September 2021, which reviewed the existing risks, reviewed the scoring and identified potential additional corporate and operational risks through discussion with each individual directorate.

The updated CRAF would be presented to the Joint Committee for review and approval on the 7 November and to the CTMUHB Audit and Risk Committee on the 7 December 2021.

The Committee **noted** the verbal update.

## **2.WHSSC Internal Audit Recommendations Tracker**

Stuart Davies (SD), Director of Finance & Information gave a progress report on the implementation of internal audit recommendations and members noted that since 2018 8 reports have been issued, 21 recommendations have been made, 19 recommendations have been achieved and 2 recommendations are outstanding, which have not yet reached their due date.

To ensure effective governance and reporting the tracker document had been updated to capture the 7 recommendations made in the Audit Wales report "Committee Governance Arrangements at WHSSC".

The Committee **noted** the report.

## **3.WHSSC Standing Financial Instructions Authorisation Limits**

SD gave an update regarding the need to amend the reference to healthcare contracts within the WHSSC Standing Financial Instructions (SFI's), as it had been discovered that a section within the standard LHB SFI's which lists the specific exemptions to the £1m Ministerial authorisation rule, had been omitted from the WHSSC model SFI's that had been approved by the Minister.

The Committee were assured that:

- The Welsh Government letter dated December 2020 reiterated that not all NHS contracts were covered in the requirement for Ministerial consent,
- WG have been made aware of the issue and following discussion the issue has been resolved,
- The model WHSSC SFI's will be updated to reflect the required amendment when they are next reviewed in their entirety in 2022.

The Committee:

- **Received assurance** that the concern regarding approval of healthcare contracts has been investigated with Welsh Government and resolved,
- **Noted** that WHSSC will consider the options for regularising this matter which will be presented to a future Audit and Risk committee, and
- **Noted** that the WHSSC SFI's will be updated to reflect the amendment when they are next updated in 2022.

## **4.EASC Risk Register**

SH gave an update on the EASC risk register and advised that it had been extensively reviewed and updated by the EASC Team in August 2021 and approved by the EAS Joint Committee on the 7 September 2021. There were two red risks which scored 15 and above.

The Committee **noted** the report.

**5.National Imaging Academy of Wales Verbal Update**

Phillip Wardle, Director, National Imaging Wales gave a verbal update on the work of the academy.

The Committee **noted** the verbal update.

**Matters referred to other Committees**

None

<b>Date of next scheduled meeting</b>	7 December 2021
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## CORE BRIEF TO MANAGEMENT GROUP MEMBERS

### MEETING HELD ON 23 SEPTEMBER 2021

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

#### 1. Welcome and Introductions

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams. It was noted that a quorum had been achieved.

Written questions from members and answers had been published in advance of the meeting and had been embedded within the meeting papers.

#### 2. Action Log

Members received an update on progress against the action log and **noted** the updates.

#### 3. Managing Director's Report

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

- Inherited White Matters Disorder (IWMD),
- Syndrome Without a Name (SWAN),
- Commissioning Future New Services for Mid, South and West Wales, specifically relating to requests from the NHS Wales Collaborative (Collaborative) for WHSSC to:
  - Commission Hepato-Pancreato-Biliary Services;
  - Commission the Hepato-Cellular Carcinoma (HCC) MDT
  - develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service,
- A request was also received from the CEOs of Swansea Bay and Cardiff and Vale University Health Boards (HBs) on behalf of the Collaborative to commission a spinal services operational delivery network (ODN) on behalf of the six HBs in Mid, South and West Wales,
- The Workforce capacity report considered by the Joint Committee on the 7 September 2021,
- a workshop will be held to evaluate the national and local commissioning of services to coincide with a MG meeting in November /December,

- High cost bespoke packages of care for Complex Mental Health Patients.

#### **4. Funding Release for Implementation of 2021/22 Paediatric Cystic Fibrosis Integrated Commissioning Plan (ICP) Scheme**

Members received a report requesting approval for the release of funding to enable implementation of the 2021/22 ICP scheme for pharmacy support to the paediatric cystic fibrosis service in south Wales.

Members **(1) Noted** that the requested funding was within the provision made for paediatric cystic fibrosis as an in-year risk within the ICP 2021-24; **(2) Supported** the release of funding for the ICP scheme for paediatric cystic fibrosis service in south Wales.

#### **5. Syndrome Without a Name (SWAN) Service: Project Initiation Document**

Members received a report requesting consideration of the Terms of Reference (ToR) for the SWAN pilot evaluation Task and Finish Group (T&F Group).

Members **(1) Agreed** the preferred membership for the evaluation of the SWAN Pilot.

#### **6. Bariatric Surgery – Current and Future Provision**

Members received a report outlining the current situation regarding the delivery of the Level 4 Bariatric Surgery services for Welsh residents, the potential increase in demand and which sought support to scope out the potential for a further designated provider.

Members **(1) Supported** the recommendation to scope the potential for an additional designated provider for Level 4 Bariatric Surgery; and **(2) Noted** the information presented within the report

#### **7. Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022**

Members received a report providing an update following the Joint Committee meeting 7 September 2021 regarding the use of the non-recurrent underspend in the major trauma allocation; and which sought support from the MG on the priorities for the use of the underspend.

Members discussed utilising the non-recurrent underspend across the network for priorities rather than solely in the major trauma centre.

Members **(1) Noted** the Joint Committee's discussion on Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022 at its meeting on the 7 September 2021; **(2) Noted** that the Management Group has been given delegated authority on making a recommendation to the Joint Committee on the use of the underspend; **(3) Discussed** the priorities for the use of the underspend; **(4) Noted** the preferred option recommended by the WHSS Team and;

(5) **Supported** the use of the underspends for the priorities identified across the Network on a non-recurrent basis; and (6) **Noted** that the Management Group have been asked to undertake further work regarding any other areas they wished to see included in the ICP, and the relative priority of those areas compared to other proposals in the plan

## **8. Commissioning Assurance Framework**

Members received a report which presented the Commissioning Assurance Framework (CAF) and the supporting suite of documents for information.

Members noted that the Integrated Commissioning Plan (ICP) 2021-2022 was presented to the Joint Committee on 09 March 2021, a final draft of the ICP was considered and approved by Joint Committee at the Extraordinary Meeting on 16 February 2021, Section 13 of the ICP outlined that a new Commissioning Assurance Framework (CAF) would be introduced in 2021-2022 which would be supported by a Performance Assurance Framework, Risk Management Strategy, Escalation Process and a Patient Engagement & Experience Framework.

Members noted that the WHSSC Quality and Patient Safety Committee had endorsed the CAF and supporting document on the 10 August and that the Joint Committee had approved them on the 7 September 2021.

Members (1) **noted** the report.

## **9. Recovery Planning Presentation– Quality and Outcome Improvement for Patients**

Members received an informative presentation providing an update on WHSSC's approach to recovery planning with a particular emphasis on quality and outcome improvement for patients.

Members (1) **noted** the presentation.

## **10. WHSSC Prioritisation Panel Results 2021-2022**

Members received a report presenting the final, validated results from the Prioritisation Panel to inform development of the WHSSC Integrated Commissioning Plan (ICP) for 2022-2025.

Members (1) **Noted** the information presented within the report; (2) **Endorsed** the process for determining the priority of new treatment interventions; and (3) **Supported** the recommendations of the WHSSC Prioritisation Panel.

## **11. Integrated Commissioning Plan 2022-2025 Financial Summary**

Members received a presentation outlining the financial planning assumptions for the Integrated Commissioning Plan 2022-2025.

Members (1) **noted** the presentation.

## 12. COVID-19 Activity Report for Month 4 2021-2022

Members received a report highlighting the scale of the decrease in activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

Members noted the decrease in activity during the peak COVID-19 periods, which informed the level of potential harms to specialised services patients, the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability, recovery rates, and access comparisons across HBs.

Members (1) **noted** the report.

## 13. Financial Performance Report - Month 5 2021-22

Members received the Financial Performance Report for Month 5 which provided the current financial position of WHSSC together with the outturn forecast for the financial year. The financial position reported at Month 5 for WHSSC is a year-end outturn forecast under spend of £7,146k.

Members **noted** that the under spend predominantly related to the slippage of planned developments, handback of 50% of the COVID-19 recovery funding and releasable reserves from 2020-2021 provisions. There is a partial cost pressure offset with the over spend in Independent Patient Funding Requests (IPFR) and Mental Health due to high Children and Adolescent Mental Health Services (CAMHS) out of area activity and complex Learning Disability (LD) patient placements.

Members (1) **noted** the current financial position and forecast year-end position.





## **CORE BRIEF TO MANAGEMENT GROUP MEMBERS**

### **MEETING HELD ON 21 OCTOBER 2021**

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

#### **1. Welcome and Introductions**

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams. It was noted that a quorum had been achieved.

Written questions from members and answers had been published in advance of the meeting and had been embedded within the meeting papers.

#### **2. Action Log**

Members received an update on progress against the action log and **noted** the updates.

#### **3. Managing Director's Report**

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

- The De-Escalation of SBUHB Cardiac Surgery,
- The De-escalation of SBUHB Trans-catheter Aortic Valve Intervention (TAVI) Service,
- The Commissioning of Future New Services for Mid, South and West Wales, specifically relating to Health Board (HB) Board approval for requests from the NHS Wales Collaborative (Collaborative) for WHSSC to:
  - Commission Hepato-Pancreato-Biliary Services,
  - Commission the Hepato-Cellular Carcinoma (HCC) MDT,
  - develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service,
- The All Wales Positron Emission Tomography (PET) Programme Update,
- An Organisational Development Session with Improvement Cymru, and
- Cochlear Services.

#### **4. Complex Cardiac Devices – Consideration of Wye Valley Trust as a Designated Commissioned Provider**

Members received a report seeking support to designate Wye Valley Trust (Herford County Hospital) as a commissioned provider of Complex Cardiac

Devices for Powys residents and a small number of Welsh Border residents.

Members (1) **noted** the information presented within the report, and (2) **supported** designating Wye Valley Trust (Hereford County Hospital) as an additional commissioned provider for Complex Cardiac Devices for Powys Residents and patients who reside along the border who are referred to or under the care of the cardiology service in Hereford.

### **5. Adult Inherited Metabolic Disease (AIMD)**

Members received a report requesting support for the release of funding to enable the implementation of the 2020/21 Integrated Commissioning Plan (ICP) scheme for the development of the Adult Inherited Metabolic Disease Service.

Members (1) **supported** the release of funding to enable the implementation of the 2020/21 ICP scheme for the development of the Adult Inherited Metabolic Disease Service, and (2) **noted** that the requested funding is within the provision made for Adult IMD within the ICP 2020-21.

### **6. Tertiary Hepatology – Collective Commissioning**

Members received a report outlining the background to the inclusion of £300k within the WHSSC ICP 2021-24 for collective commissioning of tertiary hepatology; which summarised the tertiary hepatology proposal submitted by CVUHB and the advice to WHSSC received from hepatology leads; and which in view of the advice received on the proposal, and Joint Committee's agreement to include the HCC MDT within WHSSC's commissioning remit, to propose an alternative approach to utilising the £300k provision for the benefit of patients with liver disease.

Members noted that the proposal that the scheme was re-focused to address the risks to sustainability and quality of the HCC MDT only. This follows advice received through engagement with Health Boards (HBs) on the tertiary hepatology business case, further clinical conversations held between the WHSSC cancer & blood commissioning team and the HCC MDT, and the recent decision of Joint Committee (currently being ratified by HBs) to approve delegation of the HCC MDT to WHSSC's commissioning remit.

Members (1) **noted** the information within this report, including the advice WHSSC has received on the tertiary hepatology business case, the risks affecting the HCC MDT, and the change to WHSSC's commissioning remit to include the HCC MDT, (2) **noted** that the current tertiary hepatology business case is unlikely to be supported by HBs as a collective commissioning scheme, and that it only partially addresses the risks to the sustainability and capacity of the HCC MDT, (3) **agreed** that the proposal for the provision of £300k for hepatology in the WHSSC ICP 2021/24 be re-purposed to address the immediate risks to the sustainability and capacity of the HCC MDT as a WHSSC commissioned service (4) **supported** that WHSSC requests a specific HCC MDT proposal

from CVUHB to address the immediate risks in the service (developed with input from Velindre Cancer Centre and hepatology leads). In addition, that WHSSC continues their work regarding the collective commissioning of tertiary hepatology services.

## 7. Major Trauma Recurrent Funding

Members **noted** that the item had been deferred until a future date.

## 8. Integrated Commissioning Plan 2022-2025

Members received an early draft of the Integrated Commissioning Plan (ICP) 2022-2023.

Members **noted** report.

## 9. COVID-19 Activity Report for Month 5 2021-2022

Members received a report highlighting the scale of the decrease in activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

Members noted the decrease in activity during the peak COVID-19 periods, which informed the level of potential harms to specialised services patients, the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability. The report also gave an update on recovery rates, access comparisons across HBs and waiting lists.

Members **noted** the report.

## 10. Financial Performance Report - Month 6 2021-22

Members received the Financial Performance Report for Month 5 which provided the current financial position of WHSSC together with the outturn forecast for the financial year. The financial position reported at Month 6 for WHSSC is a year-end outturn forecast under spend of £9,308k.

Members **noted** that the under spend predominantly related to the slippage of planned developments, declared slippage of prior year developments by Cardiff & Vale, handback of 50% of the COVID recovery funding and releasable reserves from 2020/21 provisions. There is a partial cost pressure offset with the over spend in Independent Patient Funding Requests (IPFR), inclusion of inflation in English provider positions for the second half of the year and Mental Health due to high Children and Adolescent Mental Health Services (CAMHS) out of area activity and complex Learning Disability (LD) patient placements. Members **noted** the current financial position and forecast year-end position.

## 11. 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>12 October 2021</b>

**Summary of key matters considered by the Committee and any related decisions made**

- **Patient Experience**

Members received an update on the Patient Engagement Framework. It was agreed that a plan from each of the commissioning teams outlining the patient experience priorities would feed into the work plan for the Committee for next year.

- **Commissioning Team and Network updates**

Reports from each of the Commissioning teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below:

**1. Welsh Renal Clinical Network**

It was pleasing to hear that transplant work has returned to pre Covid rates. An award has been issued by the Royal Pharmaceutical Society to a member of the Renal Pharmacy team in SBUHB in recognition of implementing the Electronic Prescribing and Medicines Administration (EPMA) programme in every dialysis facility in Wales. The Network Lead provided an overview of the peer review process and how the lessons learnt are shared across the network and Health Boards.

**2. Blood & Cancer**

The South Wales Neuroendocrine Tumour Service has reached the final of the BMJ Awards Cancer Team of the Year 2021. Work is ongoing to address the growing waiting list in plastics with the option of using the independent sector to expand capacity.

**3. Cardiac**

Members received a copy of the SBUHB highlight report re The Getting it Right First Time (GIRFT) report and action for Cardiac services, which has been considered by their Board. It was noted that safety actions have already been implemented and the positive engagement that SBUHB had displayed in an effort to improve the service. As a result, the service was due to be de-escalated to

level 3 in the escalation process. The Independent Member from SBUHB was able to confirm that this service and action plan is being closely monitored by the Health Board's Quality and Safety Committee. Members requested that they continue to receive updates at the next meeting to monitor progress.

#### **4. Mental Health & Vulnerable Groups**

In addition to an update on the services in escalation, members were informed of a number of providers within NHS England that were currently being monitored through Assurance Boards. They received assurance that WHSSC were cited and engaged in improvement works being undertaken and that site visits had taken place to review current placements and the care plans in place for individuals. As this was a complex area of commissioning members requested an update at the next meeting on the mental health strategy to fully understand the growing demands and pressure across the mental health pathways.

The Committee noted that a contract had been awarded by NHS England to New Victoria Hospital Ltd to undertake female to male gender reassignment surgery. The procurement process was ongoing with the aim to appoint further providers to expand the numbers in the longer term. The Gender Dysphoria National Referral Service (GDNRS) has notified all patients on the waiting list for the previous provider (St Peter's Andrology Centre) about this change.

#### **The Gender Identity Development Service for Children and Young People (GIDS)**

On the 17th September 2021, the Court of Appeal recognised the difficulties and complexities associated with the question of whether under 18s were competent to consent to the prescription of puberty blockers, but it was for clinicians to exercise their judgment knowing how important it was for the patient's consent to be properly obtained according to the particular individual circumstances. The NHS England Independent review of GIDS by Dr Hilary Cass is still ongoing, with regular updates posted on a dedicated website: <https://cass.independent-review.uk/latest/>. Once the Cass Review has delivered their recommendations, the NHS England National Specialised Commissioning Team will lead a review of the GIDS service specification following their established governance processes.

#### **5. Neurosciences**

As planned, 2 workshops regarding the cochlear implant service took place during September (9th and 30<sup>th</sup> respectively) to agree the preferred clinical model. There was good engagement across all affected Health Boards and next steps will be to make a proposal to Health Boards on the outcome of the workshops and, if supported, embark on a period of engagement and consultation on the service.

A Klebsiella Pneumoniae multi-drug resistant organism outbreak was identified at Spinal Rehabilitation and Neuro Rehabilitation wards in Llandough Hospital which forced its closure. This has been managed by the Directorate and infection prevention and control (IP&C), and routine patient screening has been

implemented. The unit was reopened on September 8<sup>th</sup>, 2 weekly meetings IP&C remain in place and there have been no new cases for 9 weeks. No harm was reported as a result of the closure

## **6. Women & Children**

Significant pressure was reported on the neonatal cot capacity due to significant shortfalls in staffing resulting in cot closures across the Network. The risk has been added to the directorate risk register and, as it scored >15, onto the Corporate Risk Register. The concerns have been escalated to Chief Operating Officers and Welsh Government and the WHSSC commissioned elements are being closely monitored. The position is expected to improve in November when additional staff will come into post at Cardiff and the Vale UHB.

Members were updated that work regarding paediatric surgery. WHSSC is working closely with the W & C Clinical Board to secure a recovery plan and seek assurance on the clinical management of patients on the waiting list, which will continue to be monitored through this Committee.

A briefing paper updating the Committee on the Cleft Lip and Palate Service was received. Whilst it was acknowledged that progress had been taken to improve the Children's service it was disappointing to note that little progress had been made with the adult service and only one patient had received surgery. It also highlighted that a patient questionnaire which had been sent to all adults on the waiting list had demonstrated a negative impact on both physical and emotional health on their daily life of patients on the waiting list. The Committee also heard that patient stories had been presented to the SBUHB QPS Committee which, reinforced the impact on patients. The committee wished that their concern re lack of progress was escalated to Joint Committee.

- **Development Day**

A QPS Development Day has been organised for the 24<sup>th</sup> November. This will give members the opportunity to strengthen the role of the Committee and ensure that the Health Boards are cited and assured by the processes within WHSSC.

- **Other Reports received**

Members received reports on the following:

- **Services in Escalation Summary**
- **CRAF Risk Assurance Framework**

The Committee noted the significant work that had been undertaken on the risk management framework and that the next workshop is due to take place in January 2022.

- **WHSSC Policy Group**

The Committee received the report and were reassured by the work that had been undertaken by the policy group. They felt that it would be beneficial to hold a development session with members to fully understand the position and be able to support any future work to align with the Committee's work plan

- **CQC/HIW Summary Update**

- **Incidents and Complaints Report**

The Committee noted that two cases had been referred to the Ombudsman in this period of reporting, which have been dealt with within the given timescales. One of the cases related to neurology services, which is a Health Board responsibility. WHSSC has been working with both the Health Board and provider to ensure clarity for the Ombudsman in terms of the contracting arrangements in place.

- **Items for information**

Members received a number of documents for information only which members needed to be aware of:

- Chair’s Report and Escalation Summary to Joint Committee 13 July 2021;
- National Patient Safety Incident Reporting Policy;
- Health Board QPS Leads Contacts

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

GIRFT Report re Cardiac Services SBUHB – There is a detailed action plan which would be monitored through the Committee as a standing agenda item

Adult Cleft Services waiting lists and the adverse impact on patients – All patients listed in any category are regularly clinically reviewed to ensure their condition is not changing and in need of re-prioritising. All patients have been informed of the current position.

**Summary of services in Escalation (Appendix 1 attached)**

**Matters requiring Committee level consideration and/or approval**

The Committee were asked to note the lack of progress with the Adult Cleft Service and the adverse impact this was having on patients.

**Matters referred to other Committees**

None

Confirmed minutes for the meeting are available upon request

<b>Date of next scheduled meeting:</b>	18 January 2022
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## Services in Escalation

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 05/10/2021	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.</li> <li>Participation in weekly bed management panel meeting.</li> <li>Environmental works complete. Unit currently able to accommodate full 12 bed establishment.</li> </ul>	
March 2018  Sept 2020  Aug 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> </ul>	<ul style="list-style-type: none"> <li>Escalation meeting held on 10 August 2021.</li> <li>CTM UHB to revisit the work that they had undertaken internally previously in relation to the gap analysis to feed into future work. Follow-up meeting booked for</li> </ul>	

				<ul style="list-style-type: none"> <li>SUI 11th September</li> </ul>	<p>29/9/21 with only 1 CTM rep in attendance. Needs confirmation of funding from WG to progress. Physician associate post will be advertise at risk to CTM and vacancies are being recruited to. CTM to conduct gap analysis against the service spec. WHSSC to confirm WG funding.</p> <ul style="list-style-type: none"> <li>CTM UHB to finalise the SOP for Medical Emergency Response by 6<sup>th</sup> August – ongoing discussions regarding CTM preferred use of 999 to 2222. Meeting to be scheduled by CTM with WHSSC and WAST</li> <li>Follow-up meeting to be arranged to discuss CTM OD report to agree any additional elements and the time frame for delivery – OD plan revised and shared by CTM 29/9/21</li> <li>CTM UHB to share maturity matrix and agree a timeframe for the action plan – maturity matrix for maternity services shared. CTM to map against Ty Lliard and report progress accordingly.</li> </ul>	
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September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> <li>Workforce issue</li> </ul>	<ul style="list-style-type: none"> <li>6 CQV meetings have now been held and the service will remain at level 3 until all key actions are met. Outstanding actions are in relation to medical workforce, assurance that service support/admin is in place and timely submission of activity and financial reporting. The FACTS service specification is still in development. Next CQV meeting is planned for 25<sup>th</sup> October.</li> </ul>	
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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 appraisal on the models. The next steps are to undertake a financial option appraisal and consultation and engagement.</li> </ul>	

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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
February 2020	TAVI	SBUHB	0	<ul style="list-style-type: none"> <li>Quality and Patient Safety concerns due to the lack of assurance provided to the WHSS team regarding the actions taken by the HB to address Serious Incidents relating to vascular complications.</li> </ul>	<ul style="list-style-type: none"> <li>Action Plan completed</li> <li>Service sustainability being monitored through the bi-monthly Risk, Assurance and Recovery meetings</li> <li>WHSSC Quality Team to monitor PROMS and PREMS on a quarterly basis</li> <li><b>Service de-escalated following sustained improvement.</b></li> </ul>	
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>QPS agreed the monitoring arrangements in place, with 6 weekly meetings</li> <li>Further discussions to be held with both South Wales centers regarding the future pathways for aorto-vascular cases</li> <li>Receipt of an improvement plan setting out the actions required to meet the</li> </ul>	

					<p>recommendations in the GIRFT report.</p> <ul style="list-style-type: none"> <li>• Plan to de-escalate to Level 3 following executive meeting regarding aorto-vascular cases</li> </ul>	
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 in process of agreeing a Programme of improvement work to address the recommendations set out in the GIRFT report</li> <li>• Outline programmed to be shared with WHSSC</li> <li>• Bi- monthly meetings agreed for monitoring purposes.</li> </ul>	



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</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>12 October 2021</b>

**Summary of key matters considered by the Committee and any related decisions made.**

**12 October 2021**

Due to the COVID-19 pandemic, the meeting was held via MS Teams.

The main focus of the meeting included a comprehensive update on Risk Management and Governance matters.

**Corporate Risk and Assurance Framework (CRAF)**

The Corporate Risk and Assurance Framework (CRAF) was received and JE advised that a risk management workshop was held with the Corporate Directors Group (CDG) and their Deputies on the 16 September 2021.

Members noted that:

- the workshop session was well received and that each Director/Deputy had the opportunity to share their assessment of the top risks for each WHSSC directorate,
- Following the workshop the directorates were each asked to develop their own directorate specific risk registers,
- WHSSC has established a Risk Scrutiny Group (RSG) to support the CDGB in monitoring risks,
- the terms of reference for the RSG were approved by CDGB on 30 September 2021.

JE advised that the RSG had met on the 30 September 2021 and the group had reviewed the directorate registers, and identified workforce capacity as a cross cutting issue across all directorates. Members noted that the risk had initially scored 20 but had since been reduced to 16 following a number of immediate actions being taken to mitigate the risk, including the Joint Committee (JC) approving a workforce capacity report at its meeting on the 7 September which included an increase to WHSSCS Direct Running Costs (DRC) budget.

JE advised that whilst the risk has been mitigated and the score had been reduced, it remained a "live" risk as the recruitment of the identified staff resource may take several months, and that WHSSC staff will remain under

considerable pressure due to increased workloads, until the new staff were appointed and were in post.

JE presented the full updated CRAF and members noted:

- A new dashboard of risk had been included to provide a heatmap view of risks across WHSSC,
- That two new risks has been added – risk 26 concerning neonatal cot capacity, and risk 27 concerning workforce demand and capacity,
- Each risk schedule template has been updated to include a new sequential reference number and risk title
- that the CRAF would be presented to the Joint Committee on the 9 November 2021 and CTMUHB ARC on the 7 December 2021,
- A further risk workshop is planned for January 2022 and this will 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).

CP suggested that some analysis work be undertaken before the next risk workshop in January 2022 to compare and contrast WHSSC risks with HB risks, to assess any variances in risks scoring, identify trends and to identify synergies with risks captured on the CRAF.

### **Summary of Services in Escalation**

Members received a report providing an update on the Services that were in escalation under the WHSSC Escalation. HT advised that at the last IGC meeting members had requested that a summary of services that were subject to the WHSSC escalation process be included on the IGC agenda for assurance going forward.

HT advised that the report gave a summary of the services in escalation and that it was also received by the WHSSC QPS Committee and enabled members to triangulate the risk registers and escalation table for any themes.

JE advised that the remit of the IGC was to have oversight of the work of the QPS Committee and the ARC and that having sight of the report was useful for them to receive assurance on monitoring processes.

Members noted that the QPS Committee 12 October 2021 would receive a formal update on the escalation of Cardiac surgery at SBUHB, and that SBUHB had presented a report on progress to its public Board on the 7 October 2021.

### **Progress on Delivering the 2020-2021 Integrated Commissioning Plan (ICP)**

The Progress report on Delivering the 2020-21 Integrated Commissioning Plan (ICP) was received.

KP advised that the report had been considered at the last IGC

meeting and had since been updated to include additional information to strengthen the summary position on progress against the plan.

Members noted that a RAG rating had been added to provide an assurance on completion of projects/tasks which provided a visual assessment of the progress made, and this information was also included in the WHSSC Annual Report. information is also

IW commented that the report was now much clearer, and requested an update on the appointment of the Assistant Medical Director (AMD) post for vulnerable groups as the action had been deferred. KP explained that Bob Colgate the AMD for Mental Health was currently covering this portfolio whilst further consideration was being given as to what was required of the role. KP explained that John Bisson from the Traumatic Stress Wales (TSW) service was providing some clinical oversight in the interim.

CP commented on the positive progress made and the improvements in the report, and requested an update on the appointment of an AMD to strengthen Public Health expertise.

KP explained that there had been significant progress and they were in the process of finalising a job description which combined public health expertise with outcomes management. A recruitment process would be underway shortly. In the interim some work was being progressed on making use of the SAIL (Secure Anonymised Information Linkage) database to help inform contracting decisions.

The Chair of WHSSC thanked KP for taking the Committee's feedback on board and updating the report, advised that the visual progress was clear, and that the inclusion of the list of key achievements was a powerful demonstration of positive progress.

### **Update on Progress Against the Audit Wales Governance Review**

Members received the update on progress against the Audit Wales Governance review and considered the progress made against the recommendations following the Audit Wales report on "Committee Governance arrangements at WHSSC."

JE gave an update on progress and members noted:

- the findings of the Audit Wales report on "Committee Governance arrangements at WHSSC" were presented to the JC in July and it was agreed that the IGC would monitor progress against the recommendations and a report would be presented back to JC in January 2022,
- the report outlined 4 recommendations for WHSSC and the CDGB have reviewed the progress made against each management response and the tracker document had been updated,

- the tracker document had been updated to include reference to individual Executive Directors as requested by the IGC at its meeting on 10 August 2021, and the RAG status had been updated to provide clarity on progress made.
- the 3 recommendations assigned to WG were being monitored through discussions between the Chair of WHSSC, the WHSSC Managing Director and Dr Andrew Goodall.

IW advised that the report provided a comprehensive update and the narrative within had provided answers to all of his questions.

JE advised that following the publication of the AW report the management recommendations had been shared with HB Audit Committees, and Dave Thomas from Audit Wales (AW) had written to each Board Secretary offering for an AW representative to attend to present the report. Most Health Board Audit Committees had received the tracker document for assurance.

Members noted that an update on progress against the recommendations will be presented to the CTMUHB Audit & Risk Committee on the 7 December 2021, as part of the routine audit tracker update, and that a full progress report will be presented to the Joint Committee on the 18 January 2022, and will be shared with the NHS Wales Board Secretaries thereafter.

The Chair of WHSSC provided an update on recommendation 5 for WG concerning IM remuneration and advised a small working group comprising of WHSSC and WG representatives had presented the potential options for remuneration to the NHS Wales Chairs group on the 4 October 2021 and that discussions were ongoing to agree the way forward.

### **Corporate Governance Update**

The Corporate Governance update report was received and JE explained that the report was presented to JC on the 7 September 2021 and was well received as it provided a useful summary of governance updates and developments.

JE provided a summary of the key issues including:

- the terms of reference for the Independent Patient Funding Request (IPFR) panel and the Management Group (MG),
- Plans to recruit a new Chair for the Wales Renal Clinical Network (WRCN),
- Progress in updating the Corporate Risk Assurance Framework (CRAF).

**Declarations of Interest (DOI)** - HT provided an update on the remaining outstanding DOI form and advised that she had checked the PHW website and the CEO had provided a Nil DOI return and that WHSSC would reflect this in its records.

**Member Development Programme** - JE explained that a CIAG presentation had been arranged for IM's on IGC and QPS to support members in fulfilling their

roles effectively. JE advised that it was important that IM's were supported in their roles and that she was going to discuss developing a Member development programme for WHSSC IM's with the Chair of WHSSC and would welcome any thoughts from Members on any topics and areas that they would like the programme to include. JE explained that due to the sequence of meetings the next scheduled meeting will be re-arranged to enable the Tracker to be presented to IGC before Joint Committee. In addition, the current time clashes with a Powys Health Board meeting and Ian Phillips has not been able to attend recent meetings. HT will contact members to look at re-scheduling IGC meetings.

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

As recorded above

**Matters requiring Joint Committee level consideration and/or approval**

None

**Matters referred to other Committees**

None

Confirmed Minutes for IGC meetings are available on request

**Date of next meeting**

TBC as date needs to be changed.

<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>Twice Monthly Virtual – 21/10/21</b>

**Summary of key matters considered by the Committee and any related decisions made.**

The IPFR Panel has met 6 times from 1<sup>st</sup> September 2021 to 31 October 2021.

The following table demonstrates the number of requests discussed by the AW IPFR Panel and approved during this period.

There have been IT issues affecting the Chair's ability to access meetings and meeting papers, however there have been no absences related to this. Unfortunately the Vice-Chair that was due to join the panel has since declined the position and it therefore remains vacant and a risk in term of the functioning of the panel.

	Number of Requests discussed by IPFR Panel	Number of Requests taken as Chairs Action	Number of Requests APPROVED
Sept 21	12	0	5
Oct 21	13	0	9

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

**All Wales IPFR Panel Quoracy**

In line with the advice of the IPFR Quality Assurance Group, WHSSC re-instated twice-monthly IPFR meetings via TEAMS in March 2021.

Quoracy consists of the Chair or Vice Chair and the representation of 5 of the 7 Health Boards where at least 3 members must be clinical. The only Health Board that does not have a nominated representative is Cwm Taf Morgannwg University Health Board (CMTUHB), although the nominated pharmacy representative on the IPFR committee is from that Health Board.

In order to ensure Health Board representation on occasions different Health Board members attend which again is a risk as this factor can impact on the consistency of discussion and decision making. To address some of these issues WHSSC have

written to directly to WG regarding the governance arrangements of the panel and separate paper has been submitted to Joint Committee for discussion.

### **Request for Independent Review of IPFR case**

A request has been received for an independent review of one of the IPFR cases. As WHSSC is a collaborative committee to support all Health Boards in Wales, it is not be able to constitute a review panel. WHSSC therefore refers any requests it receives for an individual patient funding request (IPFR) review to the Health Board in which the patient resides. This request was forwarded to the health board where the patient resides and it was for them to consider the request for a review of the process followed by the All Wales IPFR Panel.

On examining the information provided by the clinician and WHSSC, the health board determined that an independent review could not proceed for the following reasons:

- The grounds for review have not been clearly stated in line with the policy;
- The requester of the review has asked the review panel to consider information which was not provided to the original panel for discussion;
- The requester states that the original panel excluded relevant factors when determining a decision. However, the minutes of the panel clearly demonstrate that the panel did consider all of the information submitted.
- The date in which your request was received falls outside of the timescales in which to consider a request for review. However, because the original referring consultant is currently unavailable the review request was considered.

A judicial review of the case has subsequently been received and a response submitted for consideration.

### **2020/2021 – IPFR Annual Report**

The All Wales Therapeutics and Toxicology Centre (AWTTC) have published the 2020/2021 IPFR Annual report which is available to view or download from the AWTTC website <https://www.awttc.org/ipfr>. It is worth noting that the number of IPFR requests received by WHSSC is more than the Health Boards combined.

### **AWTTC 2021 IPFR Workshop**

A virtual IPFR workshop will be held on Monday, 29th November 2021 between 9:15-12:15. Attendance will be virtually via Zoom and Chaired by Dr James Coulson, Interim Clinical Director, AWTTC.

Delegates will have the opportunity to access sessions including application completion, ethics, law and the role of Panel members.

<b>Matters requiring Committee level consideration and/or approval</b>	
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| <ul style="list-style-type: none"><li>• None</li></ul> |  |
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<b>Matters referred to other Committees</b>	
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| <ul style="list-style-type: none"><li>• None</li></ul> |  |
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Confirmed Minutes for each of the meetings are available on request.	
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<b>Date of next meeting</b>	<b>04 November 2021</b>
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<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>4<sup>th</sup> October 2021</b>

**Summary of key matters considered by the Committee and any related decisions made.**

- **Interim Chair arrangements and Recruitment of Permanent Chair**  
From July 2021, Mr Ian Phillips, Vice Chair, WHSSC is acting as interim Chair for the Network for a period of 6 months. The application pack to support the recruitment of a substantive Chair has been approved by WRCN Board.
- **Prioritisation of requests to fund service developments**  
Following the return of all renal related service development requests from the WHSSC CIAG, the WRCN have developed a prioritisation process aligned to the CIAG process both in terms of purpose and methodology. The clinical prioritisation day is planned for October 15<sup>th</sup> 2021.
- **Peer Review – Home Dialysis**  
The peer review of current home dialysis services in Wales was completed in July 2021. Reports highlighting best practice and recommendations for service improvement issued to Health Board Chief Executives on 13<sup>th</sup> August 2021.
- **Peer Review – Three year rolling programme**  
The process of peer review has been extended to include the three main commissioning responsibilities of the WRCN – Unit Dialysis, Home Dialysis and Vascular Access. A programme has now been approved to ensure each of these areas are peer reviewed every three years.
- **National Collaborative Kidney Care Transformation Fund Programme**  
The roll-out of EPMA (Electronic Prescribing and Medicines Administration) across all dialysis units in Wales is now complete.
- **National Audit and Learning Event (Virtual).**  
This was held 24<sup>th</sup> September 2021 involving over 100 Medics, Nurses and Allied Health Professionals across the renal community in Wales. All of the presentations have been captured and are available for [access](#) via this link.
- **Renal Nursing Workforce Audit**  
The audit tool to gain assurance that the nurse to patient ratio's (minimum ration of 1 nurse to 3 patients) specified by the WRCN for all dialysis units is now live.
- **Renal Transplantation**  
Welsh Government have formally adopted the UK wide Organ Donation and Transplantation 2030: Meeting the Need Strategy which sets out a vision for how the NHS will work together to raise donation rates, tackle inequality and increase organ utilisation across all organ groups. A working group to develop the Welsh implementation plan has been established.

**• Procurement Programme, SBUHB**

The procurement programme approved by Welsh Government in October 2020 to re-tender existing dialysis units, re-provide in-hospital dialysis machines and provide for two new expansion units is now back on track. It is anticipated that the award of contract will be completed by March 2022.

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

**• Vascular Access**

Issues relating to capacity to enable timely formation of vascular access for haemodialysis (HD) patients remains on the WRCN risk register. All areas saw a fall in definitive access for patients prior to commencement of HD during 2020 and corresponding falls in prevalent patients. An audit of vascular access services was presented at the WRCN audit day on 24<sup>th</sup> September and it has been agreed that the services be peer reviewed in 2022.

**Matters requiring Committee level consideration and/or approval**

- N/A

**Matters referred to other Committees**

N/A

Annexes:

**Date of next meeting**

**10 November 2021**