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

WHSSC Joint Committee Meeting held in public

Tuesday 22 November 2016 at 09:30am

Bowel Screening Wales, Pontyclun
Video Conferencing: 51 2126

Agenda

Item	Lead	Paper/ Oral
Preliminary Matters		
1. Welcome, Introductions and Apologies - To open the meeting with any new introductions and record any apologies for the meeting	Chair	Oral
2. Declarations of Interest - Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for the meeting	Chair	Oral
3. Patient Story - To hear a patient story	Director of Nursing and Quality Assurance	Oral
4. Accuracy of Minutes of the meetings held 27 September 2016 - To **agree** and **ratify** the minutes	Chair	Att.
5. Action Log and Matters Arising - To **review** the actions for members and pick up on any matters arising.	Chair	Att.
6. Report from the Chair of the WHSSC Joint Committee - To **receive** the report and consider any issues raised	Chair	Att.
7. Report from the Acting Managing Director - To **receive** the report and consider any issues raised	Acting Managing Director, WHSSC	Att.

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Welsh Health Specialised Services Committee (WHSSC)

Item	Lead	Paper/ Oral
Items for Decision and Consideration		
8. Non- Financial Outcome for Gender Identity Services Care Pathway in Wales - To **note** the content of the report, **agree** two options to take forward for financial appraisal **consider** and make recommendations and **support** points identified within the report. **Contact:** - Chair of Gender Dysphoria Partnership Board – tracy.myhill@wales.nhs.uk	Director of Nursing and Quality, WHSSC	Att.
9. Neonatal Workforce Group Update - To **support** the recommendation, **approve** the establishment of a Collaborative or change in terms of reference and **support** the development of the proposal presented. **Contact:** - Acting Medical Director – sian.lewis100@wales.nhs.uk	Acting Medical Director, WHSSC	Att.
10. Collective Commissioning - To **note** the level of resource required, **support** WHSSC to continue within existing arrangements, **approve** utilisation of a project based methodology and **support** a review of capacity within WHSSC **Contact:** - Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
11. Protocol for Dealing with Concerns, under the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, which relate to specialised services for Wales - To **note** the content of the report and **approve** the revised concerns protocol. **Contact:** - Committee Secretary – kevin.smith3@wales.nhs.uk	Committee Secretary, WHSSC	Att.
12. Risk Sharing Review - Update - To **note** the progress made, **support** the recommendations and **support** the plan and timeline for completion and implementation. **Contact:** - Director of Finance – Stuart.Davies5@wales.nhs.uk	Director of Finance	Att.

Routine Reports and Items for Information

13. Delivery of the Integrated Commissioning Plan 2016/17 - To **note** the progress made, the funding release proforma schedule and risk management summary. **Contact:** Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.

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Item	Lead	Paper/ Oral
14. Performance Dashboard - To **note** current performance and the action being undertaken to address areas of non-compliance **Contact:** Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
15. Financial Performance Report - To **receive** the report and consider any specific corrective action to reduce any forecast overspending. **Contact:** Director of Finance – stuart.davies5@wales.nhs.uk	Director of Finance, WHSSC	Att.
16. Reports from the Joint Sub-committees and Advisory Group Chairs' - To **receive** the report and consider any issues raised **Sub Committees** **16.1** WHSSC Integrated Governance Committee **16.2** WHSSC Quality and Patient Safety Committee **16.3** All Wales Individual Patient Funding Request Panel **16.4** Welsh Renal Clinical Network **16.5** WHSSC Management Group **Advisory Groups** **16.6** All Wales Posture Mobility Service Partnership Board	Joint Sub Committee and advisory group Chairs	Att.
Concluding Business		
17. Date of next meeting - 17 January, 1:30pm, TBC	Chair	Oral

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)".

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

Minutes of the Welsh Health Specialised Services Committee
Extraordinary Meeting of the Joint Committee
held on 27 September 2016, 1.30pm

Welsh NHS Confederation, Ty Phoenix, 8 Cathedral Road, Cardiff, CF11 9LJ

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Members Present

Ann Lloyd	(AL)	Chair
Lyn Meadows	(LM)	Independent Member (via videoconference)
Maria Thomas	(MT)	Independent Member/ Audit Lead
Adam Cairns	(AC)	Chief Executive, Cardiff and Vale UHB
Gary Doherty	(GD)	Chief Executive for Betsi Cadwaladr UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Daniel Phillips	(DP)	Acting Managing Director of Specialised and Tertiary Services Commissioning, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Sian Lewis	(SL)	Acting Medical Director, WHSSC

Associate Members

John Williams	(JW)	Chair of Welsh Renal Clinical Network

Apologies:

Tracey Cooper	(TC)	Tracey Cooper, Chief Executive, Public Health Wales
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
Steve Moore	(SM)	Chief Executive, Hywel Dda LHB
Paul Roberts	(PR)	Chief Executive, Abertawe Bro Morgannwg UHB
Allison Williams	(AW)	Lead Chief Executive for WHSSC and Chief Executive, Cwm Taf LHB

In Attendance

Pushpinder Mangat	(PM)	Acting Deputy Medical Director, WHSSC
Hamish Laing	(HL)	Medical Director, Abertawe Bro Morgannwg UHB (on behalf of Paul Roberts)
Jill Paterson	(JPa)	Interim Director of Commissioning, Primary Care and Therapies and Health Sciences. Hywel Dda LHB (on behalf of Steve Moore)
Cathie Steele	(CES)	Acting Committee Secretary, WHSSC
Steve Webster	(SW)	Director of Finance, Cwm Taf UHB (on behalf of Allison Williams)

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC

The Meeting opened at 13.32am

JC022 **Welcome, Introductions and Apologies**

AL opened the meeting and welcomed

Apologies were received as noted above.

Hamish Laing was in attendance on behalf of Paul Roberts, Jill Paterson was in attendance on behalf of Steve Moore and Steve Webster was in attendance on behalf of Allison Williams.

Members noted that this was MT's last meeting and thanked her for the valuable contribution made during her time as an independent member of the committee.

Members also noted that AC had accepted a new position to head up a hospital in the middle east and it was anticipated he would be leaving NHS Wales in November 2016.

GD and LM joined the meeting via VC

JC023 **Declarations of Interest**

There were no declarations to note.

JC024 **Patient Story**

Members noted that the patient story had been postponed until November 2016.

JC025 **Accuracy of Minutes of the meetings held 28 June 2016 and23 August 2016**

Members approved the minutes of the meetings held 28 June 2016 and 23 August 2016 were agreed as a true and accurate record; subject to minor typographical amendments.

JC026 **Action Log and Matters Arising**

Action Log

JC001 - Specialised Services Strategy

Members noted that there continued to be difficulty progressing this work due to staffing constraints. It was further noted that efforts were being made to identify an additional resource to support this work.

JC003 & JC004 - Risk Sharing Review

Members noted that discussions were being held within the finance programme 27.9team to resolve issues relating to technical content. Members were informed that a full paper would be presented to the Joint Committee in November 2016 for decision.

Clarity was sought as to whether there was an agreed escalation process in place with Welsh Government. It was noted that this was not currently the case.

Action

- **Chair to speak with Welsh Government regarding an escalation process for Risk Sharing.**

JC012 - Commissioning of Organ Donation Services from NHS Blood and Transplant

Members noted that a draft Memorandum of Understanding had been developed with Welsh Government to clarify delegation to WHSSC through Health Boards. In parallel to this work was being undertaken with the NHSBT to revise the contract arrangements and to assure the governance arrangements.

It was anticipated that a full paper, including the Memorandum of Understanding, would be presented to the WHSSC Joint Committee in November 2016 for approval.

Matters Arising

Neurosciences

Members noted that the Joint Management Group had agreed to fund a number of medical posts for the Core Neurosurgery service. AC noted that this service was still a serious concern for Cardiff and Vale University Health Board (CVUHB) and that CVUHB had approved a number of additional posts designed to secure the service until completion of the neurosciences review. AC informed members of their intention to escalate the issue to Welsh Government.

It was agreed that further discussion around this would be taken during item 12, which provided an update on the progress of work in relation to neuroscience services.

JC027 **Chair's Report**

Members received the report which provided an update of the issues considered by the Chair since the last report to Joint Committee. The following were highlighted to note:

Neuro-endocrine Tumour

Members noted the historical difficulties around this service, the variation in patient groups and differing positions within north and south Wales.

Members noted that there had been positive feedback from patients around the way in which the process had been managed so far. The Chair extended her thanks to all those involved and congratulated them on their work.

WHSSC Executive Director Appointments
Interviews had been held for both the Medical Director and Committee Secretary. It was anticipated that confirmation of the successful candidates would be available within the next few weeks.

The Chair met with the Deanery to discuss the current risks within the system and understand issues highlighted within the risk registers which had implications for WHSSC. Members noted that SL was taking this work forward.

Comments were invited from Members of the Joint Committee.

HL echoed thanks to the team involved in the work around neuro-endocrine tumours. Assurance was sought in relation to the fundamental clinical knowledge within Wales as this was something which may not be provided through a business case. It was noted that there was an agreed process in place for concerns raised by individual patients to ensure investigations are undertaken in a correct and proper manner.

Members noted that the Medical Directors from the respective Health Boards/NHS Trusts had formally approached the Welsh Cancer Network to perform a Peer Review of services for Neuro-Endocrine Tumour (NET) services in South Wales. The Terms of Reference were in the process of being agreed and the review is due to be completed by early December 2016.

Members **resolved** to:

- **Note** the content of the report.

JC028 **Report from the Acting Managing Director**

Members received the report which provided an update on key issues that have arisen since the last meeting.

All Wales Lymphoma Panel
Members noted that SL had received a number of positive accounts of marked improvements following the investment into the All Wales Lymphoma Panel.

Thoracic Surgery
Following an invited review process, the initial response received by WHSSC identified two urgent issues, these being on-call arrangements and number of breaches against cancer targets. Members noted that WHSSC was currently seeking further clarification from the Royal College of Surgeons and that a meeting had been arranged with both Abertawe Bro Morgannwg and Cardiff and Vale to discuss the feedback received.

Members noted that a full report would be presented to the Joint Committee in November 2016, subject to receipt of the final report from the Royal College of Surgeons

Members **resolved** to:

- **Note** the content of the report

JC029 **Neonatal trainee allocation and future workforce planning**

SL introduced the paper which made a recommendation to the Joint Committee regarding the future allocation of trainees from the Wales Deanery to Neonatal Intensive Care Units (NICUs) in south Wales; provided an assessment of risk regarding future staffing models and recruitment and sought approval for the recommendations identified in the workforce plan developed by the Neonatal Workforce Task and Finish Group.

Members were reminded of the timescales for the process as detailed within the report and the steps taken in producing a recommendation to the WHSSC Joint Committee.

Members noted that it had been recognised by both the Panel and Workforce Group that further work was required in relation to the long term sustainability of the workforce plan. In recognition of this a further paper would be presented to the WHSSC Joint Committee in November 2016 to provide an proposal for a longer term workforce plan.

SL provided the detail of the process identifying the following as key areas to note:

The Panel to recommend the model of delivery had been chaired by the Chair of Powys Teaching Health Board who was also lay-member of the Panel. Two main concerns raised in relation to the process were that of the voice of the lay-member, which had been addressed through a 50/50 spilt and the weighting of the criterion. It was noted that the lay-members were responsible for setting the weighing according to the priorities agreed by the stakeholders and that of the panel. This provided two methods for weighting which did not affect the overall score, noted in section 3.7 of the report. The results showed that irrespective of methodology, the weighting and scoring process produced the clear decision that Singleton Hospital NICU in Swansea should retain postgraduate training, rather than Royal Gwent Hospital in Newport.

Members noted that, as the scoring was undertaken independently and anonymously, it was not possible to understand the key deciding factors for the decision. SL suggested that the population size and level of acuity may have been an important factor given the level of experience this

would offer trainees.

SL provided an overview of the workforce plan and noted the historical issues relating to vacancy rates and the current position as detailed in section 3.10 of the report. Members noted that the some of the risks had materialised resulting in a delay by one month in relation to Medical Training Initiative, therefore it was unlikely that delivery of the optimal position would be achieved by March 2017. Members noted that it was anticipated that, in the short term, optimal levels would be achieved by the end of April 2017 to early May 2017.

Members noted that trainee allocation to Singleton Hospital also presented the lease impact on risk but also, because of its less successful approach to recruitment, is the least resilient site and would be least tolerant of the relocation of medical trainees. The worst case scenario for Singleton Hospital i.e. no trainees and no successful future recruitment, would mean 9.4 vacancies and for Royal Gwent Hospital would mean 4 vacancies.

Members noted that the recommendations presented were about delivering sustainable staffing levels across all three sites. It was emphasised that the recommendation was about ensuring sustainability of all three sites and recognised the UK wide issues around recruitment within this service.

SL stated that the Workforce Group had been clear about ensuring an ongoing collaborative working approach across all three units and that a dedicated HR representative was in place at each site to support staff.

SL advised that to her knowledge the risk assessment presented no reasons why the recommendation should not be approved.

Comments were invited from Members.

The Chair acknowledged that this was a difficult decision which needed to be made for the sake of patient safety and service continuity and thanked all those involved for the considerable level of cooperation and achievement of the proposed resolution as presented.

It was recognised that it was imperative that cooperation continued between the units and assurance was provided that this would be rigorously monitored if approved. The Chair reminded the members of the requirement to remain open and honest about the level of care which might be delivered.

AC confirmed commitment from CVUHB to this work noting that he fully subscribed to the principles. It was suggested that reflection may be required to assist in providing clarity on what arrangements were required to ensure the collaborative approach was maintained.

MT extended her thanks for the way in which this process had been

managed particularly in relation to the Panel. MT echoed the requirement for collaboration and robust monitoring processes, suggesting regular reporting arrangements into the WHSSC Joint Committee.

CS thanked SL for the comprehensive report noting that a clear message around service quality and opportunities for develop a model service within Wales. It was further noted that there was a need to ensure that staff were made aware of the learning opportunities available across the sites.

HL commended the positive engagement from clinicians. It was suggested that the workforce group may wish to consider the terminology applied to posts and that the term 'Hybrid' training unit might be used. It was also suggested that note should be taken of the retrieval service out of hours and the impact that this has on staffing.

JP welcomed the commitment expressed by members to ensure a continued collaborative approach. Members acknowledged that the service remained vulnerable and that close working would be required up to March 2017. JP expressed the disappointment felt by the staff at Royal Gwent Hospital around the recommendation and that consideration needed to be made about how the staff can be supported and make clear the role they have to play in shaping the way forward and the opportunities that are available to them.

LM made clear her support for the workforce plan, noting that the paper had been well written and that it had been difficult to find points for challenge.

Members resolved to:

- **Support** the recommendation of the independent assessment panel concerning the allocation of Wales Deanery neonatal trainees to Singleton Hospital from March 2017, on the basis that all three units work together as part of a united team and that work is undertaken in the next two weeks to identify how this can be achieved. In addition thought was to be given to the most positive and appropriate way to support staff at the Royal Gwent Hospital to ensure morale does not reduce and that they are actively involved with future design and scope of the service in the future; and
- **Approve** the recommendations of the Task and Finish Workforce Group, as described within the report, on the basis that further work is undertaken about how to strengthen the arrangements beyond March 2017 and that a report on recommendations for the longer term plans are presented to the WHSSC Joint Committee in November 2016.

JC030 **Horizon scanning and prioritisation of new interventions by WHSSC for funding in 2017/18**

SL introduced the paper which had been presented to members to review a new horizon scanning and prioritisation process for WHSSC and to

request feedback on the draft document.

Members noted the proposed process for prioritisation and the key principles for the Prioritisation of new interventions outlined in section 2.2 of the report.

SL highlighted the requirements to ensure transparency when decisions are made not to routinely commission services when evidence is inadequate to support such a choice. Although there was an awareness of the interdependency with England, it was noted when commissioning polices were not aligned a clear process was required to ensure clear understanding of this.

Members noted section 2.3.1 of the report which proposed that all negative policy propositions from England i.e. no routine commissioning undergo consideration for implementation within Wales.

Members acknowledged the requirement for this work. It was noted that arrangements for evidence appraisal would be more resilient and better quality assured.

Assurance was sought regarding the available resource capacity within WHSSC to be able to carry out this work. It was noted that consideration of this had been undertaken and it was recognised that there may be a requirement for some work around the evidence process being outsourced in order to release internal capacity to manage the process. Members acknowledged the issues which might arise with the All Wales Medicines Strategy Group (AWMSG) processes.

Members resolved to:

- **Note** the contents of the report;
- **Support** the recommendation that the approach offers a clear and transparent process of prioritisation when comparing competing proposals for new investment; and
- **Support** the proposal that the policy consultation process should not delay the commissioning of evidence evaluation which will be required irrespective of the final process adopted.

JC031 **Development of the ICP 2017/20 including Commissioning Intentions**

IL provided an overview of the paper included a series of proposals for ensuring closer integration between NHS Wales provider and commissioner organisations in the development of the Integrated Commissioning Plan for Specialised Services 2017-20, and set out the draft commissioning intentions to guide the development of the plan.

Members noted that the current process involved a total of 11 stages which were highly resource intensive. A new process was proposed as set

out in section 3.1 of the report. It was noted that this process would improve accuracy in identifying service pressures, reduce delay and release capacity to support delivery. It also promoted better engagement across NHS Wales and better alignment of services across care.

The strategic commissioning intentions had been structured around three categories of safe, effective and sustainable. This had been done to ensure consistency of approach across all work areas.

It was suggested that as stage to consider the demand/capacity and population needs for each Health Board across all the services they deliver to ensure that the WHSSC Plan provided a more accurate view of the whole position in Wales. Members noted the opportunities to improve and develop the process.

Members recognised the challenges in understanding the way in which specialised services were defined and that consideration could be given as to how this might be further clarified.

A discussion followed around the work being carried out with Aneurin Bevan University Health Board which looked at the whole care pathway and an assessment of which elements of the service could be classified as "specialist".

It was noted that in parallel to the work developing the Plan, a system was being developed which enabled Health Boards to have data on access rates of all admitted care and rate per population. It was recognised that further work was required but that the Committee could support the development of the Plan for 2017/20.

Members endorsed the recommendation on the basis that it was recognised that clarity would be required around: service specification of care; the inclusion of an additional phase to clarify demand/capacity, access and appropriateness for population and that rigour was applied to improve outcomes for patients.

Action:

- **WHSSC to provide members with an update following the work being carried out with Aneurin Bevan University Health Board around identifying specialised elements within care pathways.**

Members **resolved** to:

- **Approve** the proposed process and draft timeline for the development of the integrated commissioning plan for specialised services for 2017-20; and,
- **Approve** the draft Strategic Commissioning Intentions for Specialised Services 2017/18.

JC032 **Thoracic Surgery Review**

IL introduced the report which had been presented to provide an update on the progress of the Thoracic Surgery Review, in particular the Royal College of Surgeons Invited Review and seek support for the project structure and terms of reference for the Project Board.

Members noted that the Invited Review team had been appointed in July 2016 and undertook its visit to Wales on 3 days from Monday 12 to Wednesday 14 September 2016. Alongside the Royal College of Surgeons Invited Review, arrangements had been made to establish the Project Board and to further develop the structure for delivering the project to develop the commissioning plan.

Members noted that an initial letter had been received which identified two areas for urgent attention.

Section 3.3 and 3.4 of the report highlighted the support required around the project board and members reviewed the draft terms of reference for the group.

SL provided further detail regarding the urgent concerns raised including a lack of clarity around the on-call arrangements in both sites. It was noted that a suggestion had been made that assurance would be gained of confirmation that cardio-thoracic surgeons could assist with thoracic surgery work when required. There was an expectation that there would be joined up on-call arrangements across both sites on weekends. Abertawe Bro Morgannwg University Health Board had provided assurance that cardio-thoracic surgeons would be available on a 7/7 basis and that assurances were expected to be received from Cardiff and Vale University Health Board within the next week. Members noted that a briefing would be circulated once a resolution had been achieved for both sites.

Action

- **WHSSC to provide a briefing for Joint Committee Members once confirmation of a resolution had been received from CVUHB and ABMUHB in relation to on-call arrangements for Thoracic Surgery.**

A suggestion was made regarding the terms of reference for the group and that consideration should be made to the inclusion of an independent member of the group.

Members noted that it was anticipated that a full report following the review and recommendation for a solution for the service to be presented to Joint Committee Members in January 2017.

Members **resolved** to:

- **Note** progress to date of the thoracic surgery review; and
- **Support** the project structure and project board terms of reference.

JC033 **Update on the Implementation of the Plan**

Members received a paper which provided an update on the status of the higher risk 'amber' schemes notifying members of the timeline for considering the economic benefit of amber schemes.

Members noted that in July 2016 the Joint Management Group partially approved the funding release for the Core Neurosurgery Service. However, funding was not approved for the nurse practitioner posts which had also been identified as a critical part of the service. Members further noted the updates provided in relation to the other neuroscience services.

Arrangements were being made for WHSSC to facilitate a workshop with Cardiff to understand their specific issues. It was noted that if these were not resolved the service could be unsustainable and that the service might have to be outsourced.

Members noted the information provided in relation to clinical immunology and that the infrastructure requirement was assigned to the higher risk category within the ICP; and as a consequence had not been funded.

Further discussions were ongoing with Abertawe Bro Morgannwg Health Board regarding the nature and priority of the Cleft Lip and Palate scheme, in order to inform further discussion at Joint Management Group meetings.

It was noted that discussions continued with Welsh Government regarding funding for Proton Beam Therapy as access continued to be through the individual patient funding request process.

A request was made for future reports to be clear in the language used in relation to the use of the term 'slippage' as this had caused some confusion for members when understanding the detail and consequences of decisions.

SD provided members with a detailed overview of tables 1 to 4. Confirmation was provide that a significant level of resource had been identified to meet the requirement overall. Members were assured that this had not been allocated specifically to the High Risk schemes but was available to be used if required.

A query was raised in relation to the funding of the Core Neurosurgery clinical fellow posts and non-funding of the nurse practitioner posts. Given that these had been identified as needed, assurance was sought about the consequences of the decision in respect of risk and equality. It was noted that a workshop had been arranged to further understand the issues and

actions required to address these.

The Committee was reminded of the actions to further stabilise the service outlined by AC at the start of the meeting and that these will be useful in framing discussions on further action.

A discussion took place regarding the importance of ensuring that there was a coherent, whole view approach to neurosciences. It was acknowledged that there was a need to recognise what was for commissioners to provide and expectations of providers in terms of investment. Members noted that there needed to be clarity around anticipated investment requirements for future years and be clear around the standards to be achieved.

Assurances were sought in relation to Susoctocog for Haemophilia and it was noted that this cost was unlikely to be realised as it was not a mandatory requirement for this to be prescribed and it was unlikely that it would be required for Welsh Patients.

Members resolved to:

- **Note** the current position of the Amber Higher Risk Schemes
- **Note** the prudent assessment of recurrent slippage on planned investments for 2017/18 onwards of £2.195m pa
- **Approve** delegation of the highest risk amber schemes (3 related neurosurgery schemes, clinical immunology and cleft lip and palate) totalling a maximum of £1.877m pa to the WHSSC Management Group for decision, on a case by case basis; and
- **Note** that an update on the remaining schemes will be made to the November Joint Committee meeting.

JC034 **Joint Committee Self Assessment**

The Chair presented the report proving a brief overview of the work to be completed. This included an induction programme for members, regular assessments for the Joint Committees effectiveness with clear criteria and also the requirement for the Joint Committee to assure itself of the robustness of data behind the reports it receives.

Members noted that work on these areas would be taken forward and a future paper would be presented around required action.

Members **resolved** to:

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

JC035 **Delivery of the Integrated Commissioning Plan 2016/17**

Members received the report which provided an update on the delivery of the Integrated Commissioning Plan for Specialised Services 2016/17 at the

end of July 2016.

Members **resolved** to:

- **Note** the progress made in the delivery of the 2016/17 ICP.

JC036 **Concerns Overview Report**

CB presented the report to members that provided an overview of complaints received by WHSSC and serious incidents reported to WHSSC by provider organisations.

Members noted that following a review of the issues further action/discussion was needed around timeliness of responses, partnership working with providers and communication with patients.

Members noted that CB had held a number of face to face meetings with patients and that this had caused a perceived delay in the process. It was noted that consideration was being given as to how this might be factored in to future reporting processes as the impact had been positive and reduced the number of appeals received.

Members **resolved** to:

- **Note** the report; and
- **Receive** assurance that there is ongoing review of concerns management processes to continually improve and strengthen processes.

JC037 **Performance Dashboard**

Members received the performance dashboard which provided a summary of the key issues arising from the June 2016 Performance Report and detailed the action being undertaken to address areas of non-compliance.

Members noted that work was ongoing to integrate quality and patient experience data into the report.

Members **resolved** to:

- **Note** the use of the new interim 2016/17 performance dashboard; and
- **Note** current performance and the action being undertaken to address areas of non-compliance.

JC038 **Finance Report**

Members received the finance report which set out the estimated financial position for WHSSC for the fifth month of 2016/17. There was no corrective action required at this point. The financial position was reported against the agreed 2016/17 baselines following approval of the 2016/17 IMTP by the Joint Committee in March 2016.

Members noted the current underspend of £1,522,000 and the forecast end-of-year position of an underspend of £1,569,000. It was noted that this was a prudent forecast position.

SL left the meeting

Members held a brief discussion regarding the positions in both North Wales and Cardiff and Vale University Health Board.

Members **resolved** to:

- **Note** the current financial position and forecast year-end position.

JC039 Reports from the Joint Sub-committees and Advisory Group Chairs'

Sub Committees
Integrated Governance Committee
Members **noted** the update from the meetings held 8 June 2016 and 20 July 2016.

Quality and Patient Safety Committee
Members **noted** the update from the meeting held 30 August 2016

All Wales Individual Patient Funding Request Panel
Members **noted** the update from the meeting held 31 August 2016 and received the Joint Sub-Committee's annual report from the Chair.

Welsh Renal Clinical Network
Members **noted** the update from the meeting held 12 July 2016, the Joint Sub-Committee's Annual Report, and **received** the Network's revised Terms of Reference.

Management Group
Members **noted** the update from the meetings held 30 June 2016, 28 July 2016 and 25 August 2016.

Advisory Groups
Wales Neonatal Network
Members **noted** the update from the meeting held 7 September 2016.

Gender Dysphoria Partnership Board
Members **noted** the update and received the Joint Sub-Committee's annual report from the Chair.

Mental Health and Learning Disability Collaborative
Members **noted** the update from the meeting held 8 July 2016.

Members were informed of two items to note:
Current concern regarding limited access within secure services, where alternative care settings were being provided rather than the preferred location. Members were assured that a meeting had been arranged to understand the risk and options to progress.

Governance arrangements:
It was identified that there was a requirement to review the roles, responsibilities and accountability of the Quality Assurance Improvement Team who carry out the contract monitoring. Members received assurance that the Mental Health and Learning Disability Collaborative was progressing this work.

All Wales Posture Mobility Service Partnership Board
Members **noted** the update and received the Joint Sub-Committee's annual report from the Chair.

Wales Children and Adolescent Mental Health Service and Eating Disorders Network Steering Group
Members **noted** the update and received the Joint Sub-Committee's annual report from the Chair.

Members received and approved the 18 Month Refresh of Collaborative National Framework for Child and Adolescent Mental Health Services (CAMHS) – Low Secure and Acute Non-NHS Wales Hospital Services as provided at Annex (ii) of the report.

JC039 It was confirmed that the next meeting of the WHSSC Joint Committee would be held on 22 November 2016, 09.30 am, Bowel Screening Wales, Llantrisant.

This **concluded** the Joint Committee Meeting held in Public at approximately 3.40pm

Chair's Signature: .....

Date: .....

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

2016/17 Action Log
Joint Committee Meeting

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
22.03.16	JC001	**WHSSC15/81 – Specialised Services Strategy** DP and AW to agree a plan for escalating the development of the strategy.	Acting Managing Director	~~April~~ Sept 2016	Workshops arranged Agenda Item 9. 28.06.2016 – Issues regarding internal resource, anticipated early September 2016 for work to commence around that from National Audit Office. Report to be presented to Integrated Governance Committee 20.07.2016 in preparation for Workshops. Ensure feeds into Team Wales discussions on 01.07.2016 to create visibility at WG level. **27.09.2016** – there continues to be difficulty progressing this work due to staffing constraints. Efforts are being made to identify an additional resource to support this work.	OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
22.03.16	JC003	**WHSSC15/82 – Risk Sharing Review** SD to lead a pricing review of Specialised Services.	Director of Finance	April 2016	Verbal update to be provided at the meeting to be held 28 June 2016. 28.06.2016 Work in progress, clear proposal re pricing put forward, need to agree risk share, work underway with C&V and ABM. 27.09.2016 – Paper to Be presented at November 2016 Joint Committee **22.11.2016 – Agenda Item 12** – Action Completed	CLOSED
22.03.16	JC004	**WHSSC15/82 – Risk Sharing Review** AL to write to Welsh Government, outlining the difficulties in agreeing the risk sharing on the basis of the current allocation methodology.	Chair	April 2016	Letter sent to Welsh Government setting out the agreement at the Joint Committee. 28.06.2016 Following Joint Committee a response was received from Welsh Government. 27.09.2016 – Paper to Be presented at November 2016 Joint Committee **22.11.2016 – Agenda Item 12** – Action Completed	CLOSED
28.06.16	JC012	**JC007 – Commissioning of Organ Donation Services from NHS Blood and Transplant** Chair to write to the Welsh Government to confirm support and include information regarding risk share and horizon scanning.	Chair	Nov 2016	**27.09.2016** - Draft memorandum of understanding has been developed with Welsh Government to clarify delegation to WHSSC through Health Boards. Paper with memorandum of understanding to be presented to November Joint Committee for approval.	OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
27.09.16	JC015	**JC026 - Action Log and Matters Arising** Risk Sharing Review: Chair to speak with Welsh Government regarding an escalation process for Risk Sharing.	Chair	Nov 2016	**22.11.2016 – Agenda Item 12** – Action Completed	CLOSED
27.09.16	JC016	**JC031 - Development of the ICP 2017/20 including Commissioning Intentions** WHSSC to provide members with an update following the work being carried out with Aneurin Bevan University Health Board around identifying specialised elements within care pathways.	Acting Director of Planning	Nov 2016	Management Group have reviewed and agreed a list of candidate schemes to be developed for the ICP using the open source / collaboration methodology, to ensure alignment across the various pathways into specialised services.	OPEN
27.09.16	JC017	**JC032 Thoracic Surgery Review** WHSSC to provide a briefing for Joint Committee Members once confirmation of a resolution had been received from CVUHB and ABMUHB in relation to on-call arrangements for Thoracic Surgery.	Acting Medical Director	Nov 2016	Verbal update to be provided at Meeting 22.11.2016.	OPEN

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

		Agenda Item	6
Meeting Title	**Joint Committee**	Meeting Date	22/11/2016
Report Title	Report from the Chair of the WHSSC Joint Committee		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Chair	Public / In Committee	Public

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

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked 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		✓	Health and Care Standards	✓	
Principles of Prudent Healthcare		✓	Institute for HealthCare Improvement Triple Aim		✓	Quality, Safety & Patient Experience		✓
Resources Implications	✓		Risk and Assurance	✓		Evidence Base		✓
Equality and Diversity		✓	Population Health		✓	Legal Implications		✓

1.0 Situation

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

2.0 Background

2.1 The Chair's report is a regular agenda item to Joint Committee.

3.0 Assessment

3.1 **Gender Variance Service Model**

A successful joint stakeholder engagement event was held on the 18th October 2016 to consider the service models (non financial) for the treatment of gender variant people across Wales. The event was attended by circa 120 stakeholders

It was a challenging day, with some heated debates in the morning. The nature of some of the comments made was unacceptable which demonstrated that there are still hurdles to overcome. Good progress however was made during the afternoon with the options for a service model, which gives a lifespan inclusive service for all adults, young people and children who identify as transgender, gender non-conforming, non-binary etc living in Wales, being considered and scored.

3.2 **WHSSC Executive Director Appointments**

The Host Health Board is continuing to progress the permanent appointment of the Managing Director.

Applications for the Medical Director have been received and an interview date is currently being arranged.

3.3 **Joint Committee Independent Members and Vice Chair**

Dr Chris Turner and Professor Marcus Longley have agreed to join the Joint Committee as Independent Members.

The role of Vice Chair is currently vacant and I will be considering appointment to this role.

3.5 **Chair's Action**

I have not taken Chair's action since the last meeting of the Joint Committee.

4.0 Recommendations

Members are asked to:

- **Note** the contents of the report

5.0 Appendices / Annex

There are no appendices or annexes to this report.

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	None
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Not applicable
Institute for HealthCare Improvement Triple Aim	Not applicable
Organisational Implications	
Quality, Safety & Patient Experience	No implications identified at this time.
Resources Implications	Recruitment of the substantive Managing Director, Medical Director and Committee Secretary will have a resource implication to the organisation e.g. advertising of posts.
Risk and Assurance	The Quality and Patient Safety Committee provides assurance to the Joint Committee. The vacancy of substantive Chair to this committee may impact on the ability of the committee to provide assurance. This risk has been mitigated by the Vice Chair covering the role in the interim.
Evidence Base	No implications identified at this time.
Equality and Diversity	No implications identified at this time.
Population Health	No implications identified at this time.
Legal Implications	No implications identified at this time.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Not applicable		

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

		Agenda Item	7
Meeting Title	**Joint Committee**	Meeting Date	27/09/2016
Report Title	Report from the Acting Managing Director		
Author (Job title)	Acting Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Acting Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

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

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☒	☐	☐	☐	☒

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the contents of this report.		

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		✓	Institute for HealthCare Improvement Triple Aim		✓	Quality, Safety & Patient Experience	✓	
Resources Implications		✓	Risk and Assurance	✓		Evidence Base		✓
Equality and Diversity		✓	Population Health	✓		Legal Implications		✓

1.0 Situation

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

2.0 Updates

2.1 **Thoracic Surgery Review**

The following has been achieved to date:

- RCS Invited Review visits and stakeholder interviews completed.
- RCS Invited Review report expected by end of November.
- 1st meeting of Project Board in September to consider terms of reference and project plan.
- 2nd meeting of Project Board in November to consider revised timeline, agree revised terms of reference, consider and discuss approaches to identifying and evaluating feasible options for delivering the service specification.

Project Timeline and Reporting Milestones

Further to the Project Board meetings in September and November, it is proposed to revise the timeline for the project in order to:

- Accommodate uncertainty over the date of receipt of the final report of the Royal College of Surgeons Invited Review;
- Increase the time allocated within the project plan to agree the implications of the recommendations of the RCS report for the service model and specification;
- Increase time in the project plan for consultation on the service model.

2.2 **Neurosciences**

Since the presentation of the three high risk Neurosciences schemes: Core Neurosurgery, Neuro-Radiology and Neurovascular to Joint Committee in September 2016 and the subsequent delegation to Management Group to approve, Management Group members have attended a workshop which provided them with further information on the demands on the Neurosciences Centre in Cardiff. This gave members the opportunity to raise any outstanding queries to Consultants staff and relevant managers before they are asked to approve the schemes for which recurrent funding has been identified, in their November meeting.

2.3 **Left ventricular Assist Device (LVAD)**

WHSSC does not have an approved routine commissioning policy on VADs. The 2016/17 prioritisation process considered VADS but did not prioritise further investment at that time. In order to manage risk in this area WHSSC's current practice is that short term VADs for bridge to recovery and transplant are permitted against provider contracts without the need for

prior approval owing to their degree of urgency. Long term VADs are currently considered through the IPFR route. Using this route for long term VADs is proving increasingly unpopular with clinicians and therefore difficult to manage on a timely basis.

Based on clinical dialogue on recent cases and commissioning dialogue with the four nations commissioning group it is clear that Wales is now out of line with all other UK countries which permit use for bridge to transplant without prior approval if the patient is deemed transplantable post VAD.

Urgent action is therefore being taken to bring practice into line prior to the Joint Committee pending an accelerated evidence review. This action is being taken to reduce clinical and reputational risk. Chair's action will be applied as required.

Work to complete an evidence review will be prioritised and will take into account the latest evidence on the use of VADs and emerging practice elsewhere.

2.4 **BMT**

The expansion of BMT service provision for South Wales has been approved following the October Management Group. The meeting received a comprehensive presentation from Dr. Keith Wilson, the lead clinician from the service in order to answer any residual questions regarding the development. The expansion will enable the service to meet increasing demand for both autologous and allogenic transplants with reduced waiting times. The plan provides for a substantial increase in capacity for autologous transplants at the Swansea centre together with additional beds and skillmix to provide for more complex matched unrelated donor activity at the Cardiff centre.

2.5 Genetics

Increased investment was also approved for the genetics service on an all Wales basis. The investments enabled the service to offer the full range of genetic testing available under the UKGTN (UK Genetic Testing Network). New tests that approved through this network have to meet a range of criteria which look at factors including the effectiveness, utility and cost effectiveness of the test.

The increase in capacity also provided for the increased use of array testing for a range of conditions and will enable improved and more timely access. Importantly investment was also made in stratified medicine providing new tests which will enable access to a range of new drugs recently approved by NICE related to cancer treatment. This is likely to become an increasingly important component of the genetic service which can provide for targeted drug therapy for patients whose disease has specific genetic characteristics.

2.6 Paediatric Surgery

The CVUHB paediatric surgery service has continued to make good progress in reducing waiting times following planned investment and consideration is now being given to accelerating the availability of additional capacity to further reducing waiting times sooner than originally anticipated.

3.0 Recommendations

3.1 Members are asked to:

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

4.0 Annexes and Appendices

4.1 There are no annexes or appendices to this report

Link to Healthcare Objectives	
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
Organisational Implications	
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 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:		
Presented at:	**Date**	**Brief Summary of Outcome**
Not applicable		

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

		Agenda Item	8
Meeting Title	**Joint Committee**	Meeting Date	22/11/2016
Report Title	Non- Financial Outcome for Gender Identity Services Care Pathway in Wales		
Author (Job title)	Director of Nursing and Quality		
Executive Lead (Job title)	Chair of the Gender Dysphoria Partnership Board	Public / In Committee	Public

Purpose	The purpose of this paper is to report the outcomes of the non financial option appraisal exercise and scoring of the short listed options for the future configuration of the All Wales Specialist Gender Identity Services (SGIS) in Wales.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☒	☐	☒

Sub Group /Committee	All Wales Gender Dysphoria Partnership Board	Meeting Date	07/11/2016

Recommendation(s)	Members are asked to:
	• **Note** the content of the report and progress made to date including the outcome of the non-financial option appraisal exercise;
	• **Agree** that the two preferred options identified are taken forward for a detailed costing and financial option appraisal.
	• **Consider** and make recommendations on the most appropriate mechanism and timescale for the detailed costing and financial option appraisal.
	• **Support** the following:
	  ○ The preferred primary care model is considered as a primary care locality or cluster level clinic model. All GPs must offer basic care/referral. The more specialised gender identity care will be provided by GPs at higher tier levels within the locality or cluster level clinic model, backed by local Multiple Disciplinary teams;
	  ○ The future model(s) is a lifespan inclusive service for all adults, young people and children who identify as transgender, gender non-conforming, non-binary etc living in Wales;
	  ○ A further paper to be developed detailing the interim arrangements and continuity of care for existing Welsh patients, in light of the new national procurement of adult gender identity services and the specialist surgical elements of the gender identity pathway by NHS England. commissioning intentions for specialised services for 2017-19;		

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	○ A task and finish group is set up to develop shared care protocols and guidelines to support practitioners including in the use of hormone prescribing; ○ A Task and Finish group to look at and report on the education and training needs for GPs, clinicians and other health service staff; ○ A set of guiding principles be developed for future work which should be informed by comments made by stakeholders at the non- financial options appraisal exercise; and ○ An engagement and communications plan is developed to support the work of the Partnership Board and the equality impact assessment of proposed models of care with all stakeholders. This engagement plan must include engagement with Welsh Government, and other interested parties' for example Stonewall, Assembly Members and Members of Parliament and BMA-GPC.

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

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1.0 Situation

1.1 The purpose of this paper is to report the outcomes of the non financial option appraisal exercise and scoring of the short listed options for the future configuration of the All Wales Specialist Gender Identity Services (SGIS) in Wales. The paper will provide detail of the rationale captured for each of the scores provided and present a detailed sensitivity analysis that has been undertaken following to the scoring exercise. This will then confirm a preferred option(s), and the ranking of all options appraised, from a non financial perspective. It is envisaged that the contents detailed within this paper will help develop the detail required for a preferred model and the subsequent development of the business case for the future provision of the SGIS.

2.0 Background

2.1 The first phase of work by the Task and Finish group identified 11 potential service models which were presented to the Gender Dysphoria Partnership Board Meeting held on 1 September 2016. From this meeting 4 options were selected for short listing.

2.2 Service Model Options Development

The development of the service model options was informed by the World Professional Association for Transgender Health (WPATH) *Standards of Care* (version 7) and the Royal College of Psychiatrists *Good practice guidelines for the assessment and treatment of adults with gender dysphoria (CR-18)*. The options were also informed by the NHS revised national Specialised Gender Identity Service Protocol currently awaiting approval from the NHS Commissioning Clinical Priorities Advisory Group.

In addition, the work was informed through extensive engagement with various stakeholders, the wider trans community and by the Welsh Government strategy *Prudent Health Care* based on the Welsh Primary Care Cluster model in the context of the extensive evidence of inadequate and discriminatory treatment of gender variant patients when accessing routine health care and the complete inadequacy of current pathways for addressing their gender identity issues.

2.3 Potential Service Models: 'long list'

An initial "long list" of potential service models for the future configuration of Gender Identity Services was generated from discussions at the Task & Finish Group on 18th May 2016 and finalised at the Gender Partnership Board on 8th June 2016. These are described as follows:

Full Options List

Option 1 Do nothing (CP-21) Continue current model	**Option 2** SGIS continues to be provided by WLMHT GIC with referral made directly by GP
Option 3 SGIS provided by one or more established English NHS Providers with direct referral by the GP	**Option 4** Peripatetic SGIS service provided by an established English NHS service to centres in Wales
Option 5 A central service based in one location providing assessment, treatment and follow up.	**Option 6** A regional service with 2 locations covering the whole of Wales
Option 7 A regional service with 3 locations covering the whole of Wales.	**Option 8** A local service with each Health Board developing its own SGIS
Option 9 A primary care led model (non –specialised)	**Option 10** A form of cluster model that integrates with one or more of the regional options (Hub and Spoke model)
Option 11 Train every GP to the same standard which you would expect from a GP with a specialist interest in SGIS	

The 'long list' was reviewed by the Task and Finish group held on the 1st July 2016. Each of the long-listed options were reviewed on the basis of feasibility, affordability and likely acceptability, agreed a consensus value for each option and considered that the future configuration of services will need to meet the needs of adults, young people and children. At the conclusion of the assessment of all 11 options, a shorter list of 4 options were

recommended to the Partnership Board and agreed on the 1st September 2016.

The 4 shortlisted options were agreed as follows:

- Option A – The Current SGIS System (WHSSC CP21)
- Option B - SGIS provided by one or more established NHS providers with direct referral by the patients GP
- Option C – A specialist service for Wales which is based in one or more locations providing assessment treatment and follow up
- Option D – A Primary Care led model (non-specialised)

2.4 Joint Stakeholder Engagement Event

A detailed non financial option appraisal was undertaken through a joint stakeholder engagement event (workshop) held on the 18th October 2016 where these 4 proposed service models for the treatment of gender variant people across Wales were presented and appraised.

The aim of the workshop was to consider the broad principles of each model. The event did not consider the development of the pathway or agree the detail of the pathways or locations of the chosen models.

The workshop considered the scoring of each of the 4 options against a previously agreed set of 5 benefit criteria.

As with many appraisals, it was accepted that there was inevitably an element of judgement and assessment in completing this exercise, and, therefore, it was important that this exercise was undertaken through a stakeholder approach. As much as possible, the scoring was objectively undertaken based on evidence and data, and as such a briefing paper was provided to all participants in advance of the day, with a range of introductory presentations and a scoring sheet for completion.

The overall process involved a sequential and systematic approach covering:

- Benefit criteria selection;
- Weighing of criteria to reflect their relative importance;
- Consideration of the options and scoring against the identified criteria, and
- (Subsequent to the workshop), consolidation and analysis of the results and a detailed and robust sensitivity analysis, to test and ensure the robustness of the conclusions.

The workshop was chaired and facilitated by the Welsh Health Specialised Services Committee. Participants were invited from all relevant stakeholder groups and included individuals and organisations from the transgender community, as well as a wide range of health professionals such as GP's, specialist clinicians, counsellors and those involved in specialist commissioning.

Before undertaking the detailed non-financial option appraisal scoring, the workshop participants received a range of presentations to set the context for the non financial appraisal:

- Set the context through a Stakeholder story;
- Describe the process to develop the service model, highlighting the Staff and infrastructure requirements and co-interdependencies;
- Emphasise that the new pathway must include provision for Adults, Young People and Children;
- Explain the benefit criteria and weighting;
- Explain the process that led to the short-listing of the options;
- Describe and explain the 4 proposed options for the configuration of the Specialist Gender Identity Service (SGIS);
- Explain the scoring process; and
- Describe how the results will then be collated and how the sensitivity analysis will be undertaken, as a post-workshop activity.

2.5 Benefits Criteria

The following 6 key benefits were identified by the Task & Finish Group and agreed by the Partnership Board to assess the options available for the future provision of an All Wales Gender Identify Service.

The below weighting, out of 100, was also agreed for each of the agreed benefit criteria categories:

Benefit Criteria	Definition / coverage	Weighting (%)
Safety & Quality	• Service will be delivered in an appropriate environment. • Service will meet agreed clinical, equality, human rights, quality and safety standards. • Service will be delivered in an appropriate timely way, in accordance with service standards and best practice. • Service will comply with legislation, regulation, and accreditation standards/performance. • Service will be provided by an appropriately trained and skilled workforce.	**35**
Sustainability / Future proofing	• An appropriately trained and skilled workforce will be available to provide the service. • Attracts and retains an excellent workforce across all staff groups. • Service delivers the critical mass required to ensure clinical competencies are maintained. • Provides development opportunities for the workforce, including supporting increased skill mix and opportunities for cross-discipline working. • Delivers business continuity.	**20**
Access	Access to services is optimised and local Specialist services will be complemented and supported by effective Local Services & Support Groups.	**15**
Equity & Human Rights	The service meets potential differential impact on people with protected characteristics and does not breech human rights.	**15**
Acceptability	Acceptable to all: ● Service users, families and carers ● Staff ● Partners ● Includes Adolescents and Children's service	**15**
	Total	**100**

3.0 Assessment

3.1 Non Financial Option Appraisal Scoring

The detailed non financial option appraisal scoring was undertaken at the joint stakeholder event. Over 120 people attended, and were divided into 11 facilitated groups where they considered each of the options against the agreed criteria, every participant was then asked to score 5 benefits for each of the 4 proposed SGIS models.

3.2 Agreed Scoring Mechanism

Each of the individual benefit criteria for the options A-D being appraised was allocated a score relating to how well (or not) it was considered to fulfil or deliver against each of the 5 agreed benefit criteria. To achieve this each of the benefit criteria was considered in detail by the 11 facilitated groups for the 4 SGIS models. Then each benefit criteria for each model option appraised was allocated a score between 1 and 10 in line with the following:

- 1 indicated that this option benefit does not deliver the relevant benefit criteria at all
- 5 indicated that this option benefit partially delivers the relevant benefit criteria
- 10 indicated that this option benefit fully delivers the relevant benefit criteria

Scoring was informed by both the data provided before the workshop and during the day, although it was inevitable that some scoring would also include subjective judgements by participants.

All attendees were allocated to a table (1-11) in order to have discussions across a diverse and wide range of stakeholders and health professionals. Each table had a facilitator who explained the scoring process and answered any questions, they were also supported by members of the Task & Finish Group who moved between tables and answered any specific issues.

Each attendee was given a pre-formatted scoring sheet and was asked to complete their own scores for each of the 5 benefit criteria for all 4 options. There were 89 valid scoring sheets completed with 6 disregarded due to having scores outside the permitted range.

The scores from the 89 were then averaged for each benefit criteria and option including any permitted score even if all fields had not been completed. The range of fully completed scores varied between 82-89 of the validated returns.

Each benefit criteria was scored out of 10 giving a maximum unweighted total score of 50 for each model option. The average score for each benefit criteria also had the agreed weightings applied (by multiplying the average scores for each benefit by the weighting) to enable both a weighted and unweighted outcome to be determined.

This process provides a comparable score that can be used to establish the ranking of each option. The initial preferred option from the non-financial appraisal can then be tested further by using a range of sensitivity analysis indicators to ascertain if any changes to benefit criteria weightings affect the overall ranking of the options.

Detailed notes of the table discussions were also captured and recorded by the facilitators and provide further information on the thinking behind the scoring exercise.

3.3 **Summary of themes gathered from the discussions and comments**

The following themes were gathered:

- There was frustration expressed that there had been a delay in making progress to secure services and therefore there was a plea to maintain the momentum gathered over the past few months. Timescales, outcomes and deliverables need to be defined;
- Terminology used was key and there was a need to move away from a Gender Identity Clinic to a Gender Identity Service as it considered the entire pathway to meet all needs;
- Both GP's and stakeholders commented on a lack of confidence and knowledge in hormonal prescribing. This factor is an essential part of each of the pathways and eventual chosen option and therefore will need further consideration. It is GPs with specialist interest/knowledge not specialist GPs;
- The value and the role of the gatekeeper was raised in terms of adding potential delays and access to referral pathways. It was clear that there was a need to identify a means of signposting to the appropriate services and possible direct referral pathways as an alternative if this role was removed from the process. This would accord with good practice in the NHS England and Scottish service where a gatekeeper is not necessary;
- Whilst some engagement has been undertaken with younger people consideration needed to be given as to how this could be enhanced;
- There was an expectation that the detail of the models and timelines would have been presented together with a timeline. This will need to be considered when undertaking the next phase of work; and
- Whilst this work was being finalised there was a need to consider a short term and long term solution.

3.4 **Non-Financial Appraisal Results**

The resulting raw and weighted scores and consequent rankings for each of the options are summarised in table 1 and table 2 below.

Table 1 – Raw Option Scores (unweighted)

	Average Score - Unweighted						
Option	Safety & Quality	Sustainability/ Future Proofing	Access	Equity & Human Rights	Acceptability	Total Score (out of 50)	Ranking
1. Option A - Current CP21	3.16	1.81	1.46	2.12	1.84	10.41	4
2. Option B - English GICs	3.75	2.58	2.81	2.91	2.76	14.81	3
3. Option C - Welsh GIC	6.36	5.47	6.20	6.02	6.07	30.12	2
4. Option D - Primary Care	6.44	6.52	7.35	6.84	6.98	34.13	1

Table 2 – Weighted Option Scores

	Average Score - Weighted						
Option	Safety & Quality	Sustainability/ Future Proofing	Access	Equity & Human Rights	Acceptability	Total Score (out of 1,000)	Ranking
1. Option A - Current CP21	110.76	36.28	21.96	31.81	27.65	228.47	4
2. Option B - English GICs	131.15	51.65	42.18	43.66	41.39	310.03	3
3. Option C - Welsh GIC	222.58	109.33	92.98	90.34	91.10	606.33	2
4. Option D - Primary Care	225.42	130.36	110.30	102.65	104.64	673.37	1

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The results demonstrate that both options C & D score well and the scoring between these being close. A preferred option between these two will therefore likely emerge from the resulting financial option appraisal and will also be tested as part of the sensitivity analysis below. What is clear is that both the current service Option A and expansion of current service in English GICs score poorly and these options cannot be supported from a non-financial appraisal point of view.

At this stage option D (a primary care led model) is the marginally preferred option from a non-financial perspective subject to the following sensitivity analysis.

3.5 Sensitivity Analysis

A detailed sensitivity analysis has also been undertaken to look to both test the preferred option(s) emerging from above scoring and the overall robustness of the process. The tests highlighted in the scoring are included:

- Reversing the weightings, by which the three equally lowest weighted criteria within the base appraisal (Access, Equity & Human Rights and Achievability) are equally weighted with the highest weighting; this will test how sensitive the weighting outcome is to the original weightings applied to the benefits criteria;
- Equalling the weightings; similar to the above in terms of testing the weightings but applying equal weighting to each of the benefit criteria; and

- Reviewing the 2nd ranked option and adding a 5% increase (up to the maximum score possible for each main benefit category) to each of the scores, to further test the sensitivity of the preferred option. If no change then test the required increase in such scoring that would be required to affect this.

3.6 Reverse Weightings

Whilst there are obviously some changes to the total scores none of the rankings of the options change and there continues to be significant split between the preferred top 2 options and the others.

This sensitivity analysis indicates the robustness of the non-financial option appraisal and scoring that has been undertaken.

The scores from the reverse weightings are summarised in the table 3 below.

Table 3 – Reverse Weighting Option Scores

	Average Score - Reverse Weighted						
Option	Safety & Quality	Sustainability/ Future Proofing	Access	Equity & Human Rights	Acceptability	Total Score (out of 1,000)	Ranking
1. Option A - Current CP21	47.47	27.21	34.17	49.48	43.01	201.33	4
2. Option B - English GICs	56.21	38.74	65.61	67.92	64.39	292.85	3
3. Option C - Welsh GIC	95.39	81.99	144.64	140.53	141.70	604.26	2
4. Option D - Primary Care	96.61	97.77	171.58	159.68	162.77	688.41	1

3.7 Equal Weightings

Due to the original even spread between the weightings this sensitivity analysis reiterates the findings from both the weighted and reverse weighted analysis. This again therefore indicates the robustness of the non-financial option appraisal and scoring that has been undertaken.

The results from the equal weightings are again summarised in the table 4 below.

Table 4 – Equal Weighting Option Scores

	Average Score - Equal Weighted						
Option	Safety & Quality	Sustainability/ Future Proofing	Access	Equity & Human Rights	Acceptability	Total Score (out of 1,000)	Ranking
1. Option A - Current CP21	121.46	36.28	29.29	42.41	36.87	266.30	4
2. Option B - English GICs	74.94	51.65	56.24	58.21	55.19	296.23	3
3. Option C - Welsh GIC	127.19	109.33	123.98	120.45	121.46	602.41	2
4. Option D - Primary Care	128.81	130.36	147.07	136.87	139.52	682.63	1

3.8 **Review of 2nd ranked option**

Whilst the scores from the 1st and 2nd ranked options (D & C) are relatively close they are not affected by increasing any of the individual benefit criteria by any percentage. This is due to the results of both the raw and weighted scores being higher for option D than option C for all benefit criteria.

The overall increase in scores needed to affect the rankings would require an 11% increase in the score for option C in order for in it to score a higher total score than option D.

3.9 **Conclusion – Non-Financial Option Appraisal**

Given the results of the non-financial option appraisal presented above it is clear that 2 options have been identified by the non-financial appraisal as preferred. The sensitivity analysis carried out supports this conclusion.

Option D (primary care led service) emerges as the preferred option from the non-financial option appraisal although Option C (Welsh GIC) is relatively close in terms of scoring.

Within the discussions around option D several comments were made in relation to this only being achievable via a locality or cluster level GP clinic model arrangement (long list option 10) and significant concerns were raised about the individual GP solution.

The main issue relating to option C focussed on the achievability of establishing a new Gender Clinic in Wales especially given the specialist workforce requirements.

The possibility of combining options C & D was also raised by numerous attendees and this may need to be considered further as a sub option in the next phase.

The final preferred option will therefore be dependent on the detailed costing and financial option appraisal in conjunction with the results of this non-financial option appraisal. This final review needs to consider the development of a sub option combining option C & D and include an assessment of the cost weighted benefit alongside achievability.

4.0 Recommendations

4.1 Members are asked to:

- **Note** the content of the report and progress made to date including the outcome of the non-financial option appraisal exercise;
- **Agree** that the two preferred options identified are taken forward for a detailed costing and financial option appraisal.
- **Consider** and make recommendations on the most appropriate mechanism and timescale for the detailed costing and financial option appraisal.

- **Support** the following:
  - The preferred primary care model is considered as a primary care locality or cluster level clinic model. All GPs must offer basic care/referral. The more specialised gender identity care will be provided by GPs at higher tier levels within the locality or cluster level clinic model, backed by local Multiple Disciplinary teams;
  - The future model(s) is a lifespan inclusive service for all adults, young people and children who identify as transgender, gender non-conforming, non-binary etc living in Wales;
  - A further paper be developed detailing the interim arrangements and continuity of care for existing Welsh patients, in light of the new national procurement of adult gender identity services and the specialist surgical elements of the gender identity pathway by NHS England. commissioning intentions for specialised services for 2017-19;
  - A task and finish group is set up to develop shared care protocols and guidelines to support practitioners including in the use of hormone prescribing;
  - A Task and Finish group to look at and report on the education and training needs for GPs, clinicians and other health service staff;
  - A set of guiding principles be developed for future work which should be informed by comments made by stakeholders at the non- financial options appraisal exercise; and
  - An engagement and communications plan is developed to support the work of the Partnership Board and the equality impact assessment of proposed models of care with all stakeholders. This engagement plan must include engagement with Welsh Government, and other interested parties' for example Stonewall, Assembly Members and Members of Parliament and BMA-GPC.

5.0 Appendices / Annexes

5.1 There are no appendices or annexes to this report

Link to Healthcare Objectives	
Strategic Objective(s)	Development of the Plan Governance and Assurance
Link to Integrated Commissioning Plan	Not applicable
Health and Care Standards	Timely Care Individual Care Dignified Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations
Organisational Implications	
Quality, Safety & Patient Experience	The current service model has numerous flaws. The quality and experience of many patients is poor, for example some patients experience difficulty obtained hormone replacement therapy and some patients experience long waiting times for assessment at the Gender Identity Clinic. Developing a service model for Specialist Gender Identity Services (SGIS) for Welsh citizens will improve the quality of services and improve patient experience.
Resources Implications	This paper has presented the non financial option appraisal exercise and scoring of the short listed options for the future configuration of the All Wales Specialist Gender Identity Services (SGIS). Further work is now required to understand the resource implications of the proposed service models.
Risk and Assurance	There are many risks with the current service model including service delivery and sustainability, the impact on the mental health of patients and the risks of patients self prescribing hormone replacement therapy
Evidence Base	WPATH *Standards of Care* http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655 House of Commons *Transgender Enquiry* https://www.parliament.uk/business/committees/committ

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	ees-a-z/commons-select/women-and-equalities-committee/inquiries/parliament-2015/transgender-equality/ Public Health Wales *It's Just Good Care* http://www.equalityhumanrights.wales.nhs.uk/sitesplus/documents/1120/GiresGuide_English_ebook3.pdf Royal College of Psychiatrists "Good practice guidelines for the assessment and treatment of adults with gender dysphoria" http://www.gires.org.uk/assets/Medpro-Assets/CR181_Nov15.pdf Trans Mental Health and Emotional Wellbeing Study 2012 http://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf
Equality and Diversity	NHS CEHR engagement and advice has been sought and obtained throughout this work. The Interim Director of the NHS CEHR is a member of the Gender Dysphoria Partnership Board.
Population Health	The current service model has impacted on some patients health. A sustainable service model will have a positive impact on population health.
Legal Implications	There is a current risk of legal challenge including discrimination

Report History:

Presented at:	**Date**	**Brief Summary of Outcome**
Gender Dysphoria Partnership Board	07/11/2016	Supported for presentation to Joint Committee

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

		Agenda Item	9
Meeting Title	**Joint Committee**	Meeting Date	22/11/2016
Report Title	Neonatal Workforce Group Update		
Author (Job title)	Neonatal Network Manager and Acting Medical Director		
Executive Lead (Job title)	Acting Medical Director	Public / In Committee	Public

Purpose	To update the Joint Committee on progress regarding the recommendations agreed at the meeting of the 27th of September 2016 and seek support on the proposed next steps.			
RATIFY ☐	APPROVE ☒	SUPPORT ☒	ASSURE ☐	INFORM ☐

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: • **Support** the recommendations from the Workforce Task and Finish Group; • **Approve** either the establishment of a Collaborative or a change in the terms of reference and membership of the Neonatal Network. The detailed proposal would be brought back to a subsequent meeting of the Joint Committee; and • **Support** the Workforce Task and Finish Group to develop a proposal for standardised pay rates and a unified neonatal nurse bank, and advise on the process for final approval.		

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	✓		Institute for HealthCare Improvement Triple Aim	✓		Quality, Safety & Patient Experience	✓	
Resources Implications	✓		Risk and Assurance	✓		Evidence Base	✓	
Equality and Diversity		✓	Population Health		✓	Legal Implications		✓

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1.0 Situation

1.1 In September 2016 the Committee supported the recommendation of the independent assessment panel that Wales Deanery neonatal trainees be allocated to Singleton Hospital from March 2017. This was with the expectation that the three units worked together as a unified team to deliver a sustainable workforce model and that work is undertaken to identify how this is best achieved.

1.2 The Committee also approved the recommendations of the Workforce Task and Finish Group that further work is undertaken to strengthen the collaborative arrangements beyond March 2017, including robust contingency plans.

1.3 In addition it was agreed that the Joint Committee would be provided with further information in November 2016, outlining a sustainable workforce model and contingency plans for approval.

2.0 Background

2.1 Through the workforce planning process a number of key enablers were identified to deliver a short term staffing model and a longer term strategic workforce plan. They were as follows:

- A commitment from the Health Boards to collaborative working
- The continuation of the Workforce Planning Task and Finish Group until September 2017 to oversee the ongoing workforce plans
- The joint and coordinated recruitment plans are underpinned by dedicated HR support from the three Health Boards
- That over recruitment should be tolerated within limits
- A more integrated employment model be explored to identify the potential to increase resilience
- The opportunity for the rotation of Deanery trainees to all three sites should be explored
- The workforce challenges, specific to March / April 2017 in relation to any recruitment delays
- That the March / April period will remain a challenge to the service and a specific focus would be required to support sustainable services
- Financial modelling is taken forward by WHSSC following the agreement of a workforce plan

3.0 Assessment

3.1 The Workforce Task and Finish Group met on November 7th to progress the workforce and contingency planning based on the key enablers and the requirements set out by the Joint Committee

3.2 Each Health Board was represented in the meeting, chaired by Geraint Evans the Director of Workforce and OD for Aneurin Bevan UHB

3.3 A review of the key enablers was undertaken to ensure they were remained the relevant success factors.

3.4 Agreement was reached on three key areas to be addressed:

- Review of the medical staffing baseline for March 2017, including an update on any current or planned recruitment
- Contingency / escalation planning for March 2017 onwards
- Options on a collaborative employment model to ensure a sustainable three NICU model continued

3.5 **Review of the Medical Staffing Baseline / Recruitment plans**

Prior to the meeting the Wales Deanery had provided information on the fill rates for trainees doctors for March 2017. The following table identifies significant gaps in trainee appointments most marked at Tier 2.

	Tier 1 (expected fill rate)	**Tier 2 (expected fill rate)**
C&V	7.2 of 7	4.4 of 7
ABMU	4 of 5 1 of the 4 is currently on maternity leave and will start late possibly reduced hours	2.6 of 4

Each health Board provided an update on the medical staffing position for March 2017, identifying the gaps on each tier of rota along with information on active recruitment plans.

	Tier 1			**Tier 2**		
	In post (WTE)	**Gap (of 8 posts)**	**Recruit-ment**	**In post**	**Gap**	**Recruit-ment**
AB	3	5	4 MTIs 2 ANNPs	7	1	2 ANNPs (8b)
	Overall gap = 6					
C&V	7.2	0.8		4.4	3.6	
	Augmented rota 5	3	2 MTIs 1 Clin. Fellow	See tier 1	See tier 1	See tier 1
	Overall gap = 7.4					

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ABM	6.2	1.8	3 MTIs	6	2	2 Hybrid cons (1.2) 1 SCF
	Overall gap = 3.8					

Aneurin Bevan UHB:

- **Tier 1 recruitment**: One MTI already recruited and expected to start in March 2017*. Further five MTIs recruited in recent BAPIO facilitated recruitment round. These doctors however are unlikely to take up post before May 2017. Advert for Band 8a and 8b ANNPs to work on both Tier 1 and Tier 2 rotas out with notification to the UK ANNP forum.
- **Tier 2 recruitment:** Aneurin Bevan UHB has proactively agreed additional contracted consultant sessions to support the Tier 2 rota. They are also waiting on confirmation of the appointment of an MTI post (from a previous recruitment process)
  * Confirmation is being chased.

Cardiff and Vale UHB:

- **Tier 1 & Tier 2 recruitment:** Two MTIs recruited in recent BAPIO facilitated recruitment round**.** In addition the presence of a third "augmented rota" which supplements both Tier 1 and Tier 2 and the ability to transfer people from paediatrics means there is a much higher level of resilience in the system compared with the past.

Abertawe Bro Morganwg UHB:

- **Tier 1**: Three MTIs recruited in recent BAPIO facilitated recruitment round. They have also recruited midwives to undertake routine baby checks on post-natal wards, to allow junior doctors to focus on the neonatal unit activity. This was recognised as innovative practice to be shared across services.
- **Tier 2:** Two "Hybrid" consultant post currently advertised and 1 Senior Clinical Fellow post.

NB. Whilst over recruitment was agreed as a principle by the Joint Committee current projections suggests that we have not yet been able to recruit to establishment. In addition the 10 MTI posts to which there has been successful recent recruitment may not all satisfactorily complete the employment hurdles and it is unlikely those who do will be in post before May 2017.

Evaluation of training outcomes: To promote future successful recruitment it will be necessary to ensure evaluation of training in ABUHB. Discussions have started at the Wales Deanery regarding this.

Rotation of trainees to ABMUHB: the Wales Deanery have confirmed that they would be pleased to look at a joint ABMUHB and C&VUHB training proposal allowing rotation of trainees.

3.6 Contingency / Escalation Planning

Staffing: Following the review of medical staffing, it was clear, in the short term, that no unit is in a position to support another unit with staff movement. This position may change if further recruitment is successful and needs to be monitored closely. In the short term each unit will therefore use existing contingency methods to support rotas i.e. locum employment, additional hours and staff acting down.

Service models: If staffing contingencies are exhausted then short term changes will include restricting the gestational age that a unit is able to accept in order to maintain safe services, for example, babies below 27 weeks gestation. There are currently processes in place for local escalation within units, network wide escalation and escalation with English Networks. There is however, no formal documentation to support this.

In light of this the Workforce Task and Finish Group agreed to take forward this process and help develop a collaborative escalation plan, coordinated by the Neonatal Network. The group was of the strong view, following examination of the contingency options, that the maintenance of 3 NICU units was essential given the existing capacity constraints within the South Wales service.

3.7 Employment Models

The Workforce Task and Finish Group in recognition of the need to maintain the current model of three NICUs, supported by a sustainable, resilient workforce that delivers British Association of Perinatal Medicine (BAPM) standards and outcomes examined three potential collaborative employment models; each was tested against its ability to deliver that sustainable model.

The Kings Fund: Future Organisational Models for the NHS –July 2014 identify the key features of high performing health systems as follows:

- Shared system wide commitment / focus on achieving quality and safety goals
- A system board that sets strategic safety goals for quality and safety
- Extensive opportunities and vehicles for hospitals to collaborate and share best practice
- Transparency around reporting
- Emphasis on teamwork / shared accountability
- A mindset of perfect care

With these principles in mind the following three options of workforce model were considered:

- Status Quo – maintaining the current system of Health Boards working is isolation to recruit, train and retain staff. As there are already moves to more collaboration across Health Boards, this model was discounted
- Structural Change (lead employer model) – this was recognised as providing more structure, be more stable but have less flexibility as a workforce model. It would need to take into account the different staffing groups, individual terms and conditions, corporate and clinical governance, lines of accountability and leadership.
- Alliance Employment Model (working through formal networks / management contracts) – employment status will remain with existing health boards. This model is relatively quick to establish, has agility and is adaptable to future service changes. It does however need careful management as it can easily fall apart

To determine the recommendation to the Joint Committee the Workforce Task and Finish Group tested the structural change and alliance models against their ability to deliver against a number of agreed objectives. The following table identifies the assessment of the Group.

Objectives	**Lead Employer Model**	**Alliance Employer Model**
Flexible staffing • Different roles • Mobility • Independent and interdependent services		√
Attractive employment proposition		√
Improve cost effectiveness		√
Stakeholder support		√
Improve retention		√
Preserve & promote our training reputation – local & international	√	√
More dynamic workforce		√
Facilitates better workforce planning	√	√
Equitable approach to managing risk		√
Helicopter view of need Whole system/network oversight		√
Improve access to training opportunities All professions		√
Innovative ways of working		√
Max benefits of technology		√

Facilitates sharing of best practice		√
EQI assessment	√	√

The scope of the workforce models, and what staff would need to be inclusive or exclusive of a particular employment model was also examined, testing the two options and determining the best fit. The assessment was as follows.

Criteria	**Lead Employer Model**	**Alliance Employer Model**
3 x tertiary units	√	√
5 x local units	X	√
Medical		
• Neonatal consultants	√	√
• Paediatric consultants	X	√
• Obstetric consultants	X	X
• Career grades	√	√
Nursing	√	√
Therapies	X	√
Ancillary	X	X
Management	√	√
Midwives	X	√
ANNPs	√	√
Network	√	√
Budget Pay/non pay/equipment		
Administration Direct Indirect	√ X	√ X

Conclusion: The Lead Employer model would be the most complex to deliver, with little evidence identified that it would be more effective than an Alliance workforce model. Clinical members of the group identified increased risk in retention of staff in adopting the Lead Employer model.

The Group therefore favoured the Alliance Employment Model but to progress to a final recommendation felt it was essential to identify in more detail the nature of the model i.e. where it would report, how would it interface with Health Boards and the Neonatal Network and most importantly what were the accountability / governance processes.

The group identified that the volume and complexity of the work involved to sustain three NICUs through an Alliance would require specifically appointed staff rather than a 'grace and favour' option. Both management and clinical staff would need to have allocated time within the Alliance to determine both the strategic direction and undertake a facilitative role to ensure plans are operationalised.

The strategic planning of the workforce is intrinsically linked to training and education and ultimately performance. The Alliance model could assume responsibility for this function. The skills required to manage an Alliance model would be different to those running a service inside a single organisation and consideration needs to be given to the role of the Neonatal Network.

Based on the information received and expert advice provided in the workshop, and the discussion that followed, the Workforce Task and Finish Group make the recommendation that an Alliance Employment model is the preferred option.

3.8 **Short Term Deliverables**

Any implementation of a new employment model will take time to establish. In the interim period the Workforce Task and Finish Group will continue to progress a collaborative approach to maintaining services. Two key issues were identified as short term objectives to improve workforce compliance at unit level; standardised pay rates and a unified neonatal nurse bank.

3.8 **Workforce Task and Finish Group Recommendations**

Referring back to the key enabler identified at the start of the paper the Workforce Task and Finish Group make a number of recommendations. These are listed below:

- There is continued commitment to collaborative working and this is strengthened
- The principle of over recruitment is maintained to allow for gaps in the Deanery allocation of trainees
- Contingency and escalation planning, whilst in existence needs to be standardised and documented coordinated by the Neonatal Network
- An Alliance Employer Model is preferred to a Single Employer Model and that the term Alliance is replaced by Collaborative to avoid confusion with other alliance work in Wales
- That the Collaborative is established either as a new body or alternatively as a development of the Neonatal Network. If the latter is the preferred model then this requires a change in the Terms of Reference and membership.
- That the Workforce Task and Finish group develops immediately proposals on standardised pay rates and a unified neonatal nurse bank

4.0 Recommendations

4.1 That the Joint Committee supports the recommendations of the Workforce Task and Finish Group:

- That there is continued commitment to collaborative working and this is strengthened
- That the principle of over recruitment is maintained to allow for gaps in the Deanery allocation of trainees
- That contingency and escalation planning needs to be standardised and coordinated by the Neonatal Network
- An Alliance Employer Model should be developed and that the term Alliance is replaced by Collaborative to avoid confusion with other alliance work in Wales

4.2 That the Joint Committee approves either the development of a Neonatal Alliance or a change in the terms of reference and membership of the Neonatal Network to deliver the work outlined. Proposals regarding these changes would be taken forward by the Neonatal Workforce Task and Finish Group.

4.3 That the Workforce Task and Finish group takes forward immediately proposals on standardised pay rates and a unified neonatal nurse bank

4.4 Members are asked to:

- Support the recommendations from the Workforce Task and Finish Group
- Approve either the establishment of a Collaborative or a change in the terms of reference and membership of the Neonatal Network. The detailed proposal would be brought back to a subsequent meeting of the Joint Committee
- Supports the Workforce Task and Finish Group to develop a proposal for standardised pay rates and a unified neonatal nurse bank, and advise on the process for final approval.

5 Appendices / Annexes

5.1 There are no appendices or annexes to this report.

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Organisation Development
Link to Integrated Commissioning Plan	
Health and Care Standards	Safe Care Safe Care Staff and Resourcing
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Care for Those with the greatest health need first
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	There is no planned service change
Resources Implications	There are potential resource implications and this will be taken forward the a WHSSC finance working group
Risk and Assurance	A workforce risk assessment has been undertaken
Evidence Base	BAPM standards 2014 All Wales Neonatal Standards 2012
Equality and Diversity	There is no planned service change
Population Health	n/a
Legal Implications	n/a

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**

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

		Agenda Item	10
Meeting Title	**Joint Committee**	Meeting Date	22/11/2016
Report Title	Collective Commissioning		
Author (Job title)	Acting Assistant Director of Planning		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	To provide members with an update on the collective commissioning work programme for 2016/17 and to make recommendations relating to the schemes where work is yet to commence.			
RATIFY ☐	APPROVE ☐	SUPPORT ☒	ASSURE ☐	INFORM ☒

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	31/10/2016
Recommendation(s)	**Members are asked to:** • **Note** the level of resource required to support the requirements of the WHSSC management group. • **Support** WHSSC to continue with existing collective commissioning arrangements where work has already commenced. • **Approve** Utilisation of a project based methodology to undertake collective commissioning, including the recruitment of a Project Manager to support the programme teams with scoping and delivery of the 16/17 collective commissioning work programme. • **Support** A review of capacity within the WHSSC Planning during 2017/18 to ascertain whether it is possible to recommence collective commissioning.		

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	✓		Institute for HealthCare Improvement Triple Aim	✓		Quality,Safety & Patient Experience	✓	
Resources Implications	✓		Risk and Assurance	✓		Evidence Base		✓
Equality and Diversity		✓	Population Health	✓		Legal Implications		✓

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1.0 Situation

1.1 In 2015/16 Joint Committee agreed a Collective Commissioning Framework which detailed the range of commissioning support that WHSSC is able to provide to Health Boards for services not currently under WHSSC's commissioning remit.

1.2 In 2016/17 Joint Committee approved collective commissioning arrangements for the following services:
- ***Cardiac MRI***: Advice and support;
- ***Gender dysphoria (non specialised)***: Advice and support;
- ***Interstitial lung disease***: Full commissioning;
- ***Augmentative and Alternative Communication (AAC)***: Full commissioning;
- ***Neonatal Intensive Care***: Financial flows.

In addition Joint Committee supported further scoping work to be undertaken during 2016/17 on a number of service leading to recommendations for collective commissioning:
- ***Paediatric radiology***
- ***Major Trauma***
- ***Radio Frequency Ablation (RFA) and Oesophageal Endotherapy***
- ***Rare Neurological Diseases including Motor Neurone Disease (MND)***
- ***Specialist Respiratory Disease***

1.3 Due to capacity constraints WHSSC officers have not been able to complete the Collective Commissioning work programme as planned.

1.4 This paper provides an update on progress achieved in 2016/17, and makes recommendations for taking forward this approach in 2017/18.

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2.0 Background

2.1 The Joint Committee has recognised that WHSSC provides specialist expertise to plan, commission and procure services and that in some cases it is useful to apply these principles on an all-Wales basis to services that are not formally delegated to the organisation to commission. This is known as collective commissioning.

2.2 It was initially thought that staff expertise would allow similar work to be undertaken without additional resource. However, this has not proven to be the case, and, in order to prioritise staffing resources and to ensure that the benefits of the collective commissioning approach to each service are clearly understood, it was agreed in the 2015-18 Plan that WHSSC would develop a Collective Commissioning Framework. This work is complete and the Framework was approved by the WHSSC Management Group in February 2016.

2.3 This collective framework clarifies the types of collective commissioning, including:

- Financial flows only – no service planning;
- Advice and support on the most appropriate commissioning model for a particular service;
- Development of a service commissioning framework – commissioning intentions, service specifications and contracting model; or,
- Full commissioning and funding of service which would benefit from a national approach on a time-limited basis.

2.4 However, over the course of 2016/17 it has become clear that the capacity of the programme teams is now predominantly focused on responding to the requirements of the WHSSC management group, in providing information and analysis to support the release of funding that has already been agreed as part of the ICP by the Joint Committee. It is estimated that this activity is currently consuming over 60 % of the programme team's available capacity .This is significantly diluting the proactive commissioning work including post implementation reviews, service reviews, assessing the needs of the population and policy specification development.

2.5 The remaining capacity is focused on other core WHSSC work including ICP development, implementation and evaluation, service reviews, development of commissioning policies and service specifications, and audit and outcome days.

2.6 The net result has meant that there has been limited capacity available to undertake the collective commissioning planned for 2016/17.

3.0 Assessment

3.1 Update on 2016/17 collective commissioning schemes

Scheme	Progress
Cardiac MRI	Policy and specification produced. Formal consultation exercise to be completed Progress reports to the All Wales Heart Diseases Implementation Group. Exercise underway to review activity since 2015/16 to date. Quarterly meetings of the All Wales CMRI commissioning Group.
Gender dysphoria (non specialised elements of service)	Stakeholder engagement event held 18th October. Further work required to develop Health Board level services.

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Scheme	Progress
Interstitial lung disease	WHSSC is currently passing funding from the Respiratory Diseases Implementation Group (RDIG) to CVUHB. Funding ceases in 2017/18. No further commissioning work possible.
AAC	Policy and service specification completed, preliminary evaluation concluded and monitoring arrangements put in place.
Neonatal intensive care – financial flows	Baseline assessment has shown insufficient funds to support new model. Further work is ongoing.

3.2 Update on schemes for collective commissioning in 2017/18

Scheme	Progress
Paediatric radiology	Scoping paper completed, see annex 1.
Major Trauma	Work not commenced awaiting advice from Collaborative Commissioning Group.
Radio Frequency Ablation (RFA) and Oesophageal Endotherapy	Work not commenced.
Rare Neurological Diseases including Motor Neurone Disease (MND)	Work not commenced.
Specialist Respiratory Disease	Work not commenced

3.3 Capacity to undertake collective commissioning

Collective commissioning has clear benefits as it makes use of existing specialist expertise to plan, commission and procure services and provides an all-Wales basis to support the commissioning services that are not formally delegated to WHSSC to commission.

However, the process is complex and resource intensive, and includes the following challenges:

- ***Majority of services are not currently commissioned by WHSSC***: Recommendations may be accorded different priorities by different Health Boards resulting in difficulties in securing a consistent approach. In addition WHSSC is also reliant on Health Boards for the provision of much of the information required to support collective commissioning, this information is not always forthcoming or provided in a timely manner.

- ***Inter-relationships and dependencies with secondary care services***: The services identified for collective commissioning are rarely discrete and are subject to a range of complex inter-relationships and interdependencies with secondary services. The nature of these inter-relationships and interdependencies can vary at a regional or Health Board level.

- ***Availability of information***: Where full commissioning is recommended information relating to funding and activity is often not sufficiently detailed to enable a transfer of services to take place.

  The paediatric radiology scoping paper attached as Annex 1 provides an indication of the level of work required to undertake collective commissioning.

3.4 The WHSSC programme teams are used to taking forward and delivering such complex work, however a recent review of the work plans have identified that there are a significant number of core WHSSC schemes which it has not been possible to take forward in 2016/17. This is principally due to the capacity lost in meeting the increased requirements of the WHSSC Management Group in securing the release of funding for approved ICP schemes. The conclusion of the review was that there is current insufficient capacity to take forward the planned collective commissioning work within the original timecales in view of the current workload demands placed on programme teams.

3.5 In order to address this issue and to take forward collective commissioning the following actions will be taken:

- Utilisation of a project based methodology to undertake collective commissioning, Additional resources recruited to support the project on a fixed term basis (within current resource constraints)

3.6 It is recommended that a project manager is recruited for a fixed term of one year to support the programme teams with scoping and delivery of the 16/17 collective commissioning work programme. As part of the project an assessment would be made on a scheme by scheme basis, to inform the level of additional staffing required for each of the four levels of collective commissioning:

- Financial flows only – no service planning;
- Advice and support on the most appropriate commissioning model for a particular service;
- Development of a service commissioning framework – commissioning intentions, service specifications and contracting model; or,
- Full commissioning and funding of service which would benefit from a national approach on a time-limited basis.

4.0 Recommendations

4.1 Members are asked to:

- **Note** the level of resource required to support the requirements of the WHSSC management group.
- **Support** WHSSC to continue with existing collective commissioning arrangements where work has already commenced.
- **Approve** Utilisation of a project based methodology to undertake collective commissioning, including the recruitment of a Project Manager to support the programme teams with scoping and delivery of the 16/17 collective commissioning work programme.
- **Support** A review of capacity within the WHSSC Planning during 2017/18 to ascertain whether it is possible to recommence collective commissioning.

5.0 Appendices / Annex

Annex 1 – WHSSC Scoping document paediatric radiology

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan Governance and Assurance Development of the Plan
Link to Integrated Commissioning Plan	Collective commissioning is included in the 16_19 ICP covering schemes for collective commissioning in year as well as schemes which require further work with recommendations on collective commissioning for the 17_20 ICP.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations
Organisational Implications	
Quality, Safety & Patient Experience	Collective commissioning aims to ensure delivery of high quality, safe and sustainable services for the population of Wales
Resources Implications	Collective commissioning relate to services that are not currently under WHSSC's commissioning remit. Undertaking collective commissioning reduces the capacity of WHSSC officers to undertake core WHSSC business.
Risk and Assurance	Risks identified through collective commissioning are highlighted to Health Boards to be managed under Health Board internal governance processes.
Evidence Base	N/A
Equality and Diversity	N/A
Population Health	Collective commissioning seeks to ensure a consistent approach to the delivery of services leading to improvements to population health.
Legal Implications	N/A

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**

Annex 1

WHSSC Scoping document
Paediatric Radiology

1. Background

Various briefing papers have been written in recent years identifying the gaps in service provision for Paediatric Radiology across South Wales and the associated risks to patients.

The enclosed 'Paediatric Briefing Document' from 2011, written on behalf of the Medical Imaging Sub Committee (appendix 1) and 'Service Planning – Paediatric Radiology (South Wales) from 2015, written by the South Wales Imaging Collaborative (appendix 2) clearly articulate this. These papers make recommendations as to how services could be strengthened to deliver more robust services however in the absence of a coordinated approach to commissioning these services, this has not progressed.

	Work Undertaken	No. Consultants	Sessions per week Paediatric Imaging	Radio-graphers	Nurses
C&V UHB	All imaging modalities and techniques including general non vascular intervention and intussusception reduction GA MR OOH informal cover	4 (3.4 WTE) Due to fall in June 2015 to 3WTE	15.5 approx	Paediatric Supt Core group of approx 6 radiographers but no specific training	0
ABHB	All imaging modalities and techniques. No intervention Limited GA MR service No OOH service	2 (1.7WTE)	5 - 6	0	0
Cwm Taf HB	All imaging modalities and techniques No GA MR or intervention	1 (0.7WTE)	1.5	0	0

Hywel Dda	All imaging modalities but no routine lists No GA MR provision	0	0	0	0
ABM	All imaging modalities and techniques GA MR over 18 months only No intervention	3 2 in POW 1 in Swansea	POW 3 – 3.5 Swansea 3	0	0

Currently Paediatric Radiology services are funded and delivered by the Local Health Boards in Wales. It has been proposed that commissioning should transfer to WHSSC in order to enable a coordinated approach to commissioning and service planning. It has been agreed that during 2016/17 a scoping exercise will be undertaken to determine the level of resource that would be required in order to action this in 2017/18.

2. Assessment of work required to transfer to WHSSC

2.1 Existing services

Paediatric Radiology services are currently provided locally by all Health Boards across South Wales in varying degrees. The following information is taken from the February 2015 report from the SWIC but is assumed to provide a reasonable summary of the range of services that would need to be transferred in to WHSSC.

As this demonstrates, there are a complex range of services delivered from each of the 5 Health Boards and therefore the work required to determine the resources to be transferred to WHSSC from each would be significant. There would likely be significant complexities in identifying the specific resources relating to Paediatric Radiology, since many of the staff working within the service would likely also work within adult services. It would therefore be very resource intensive for both WHSSC and the HBs to undertake this work.

2.2 Known operational issues

The following bullet points taken from the 2015 report from SWIC articulate the known service issues-

- There is no formal provision of any out of hours service for Paediatric Radiology across the whole of Wales. In Cardiff and Vale UHB, the 4 consultants who specialise in Paediatric Radiology provide cover for emergency imaging on a goodwill basis if they are available to do so. This can cause confusion as to availability and if no one is available the patient has to be transferred elsewhere to receive appropriate imaging or intervention; this creates a delay in the management of the patient and is a significant risk for certain conditions e.g. malrotaion where the bowel is at risk from ischemia (lack of blood supply).

- The current workforce are unable to provide a comprehensive Paediatric Radiology (PR) service, in normal hours, to the population of South Wales as a few Health Boards have only one radiologist with an interest in paediatric imaging covering more than one hospital e.g. Cwm Taf only 1 based in Royal Glamorgan, no-one in Prince Charles, Merthyr.
- There are concerns regarding the age demographics of the Paediatric Radiology consultant body. Of the 10 consultants currently providing Paediatric Radiology services across South Wales, 50% are aged 50 years and above; at least 2 are intending to retire in the next 3 years and 1 is returning from maternity leave and dropping from 10 to 6 sessions. This situation poses a major threat to the sustainability of the service without recruitment and investment.
- At least 6 new paediatric posts have been agreed, along with 2 paediatric anaesthetists and an increase by 22, in the number of beds on SCBU (special care baby unit). At UHW on the back of the South Wales Plan changes. Nothing has yet been agreed for increase in provision of Paediatric Radiology.
- With significant expansion in England into centralised units and a lack of trainees coming through both the Welsh and English training schemes, it is highly likely that replacement posts will not be filled. It is, therefore, vital that Wales moves forward with sustainable solutions for PR provision along a centralised model covering services 24/7.

Clearly these are significant operational challenges and would require a significant resource from WHSSC to manage and address, should commissioning transfer as proposed.

2.3 English Commissioning position

In England paediatric radiology services are not commissioned as specialised services therefore there is no existing framework to work from in progressing this work.

2.4 Associated waiting lists / tier 1 targets

Radiology waiting times are reported against the 8 week diagnostic target in Wales, broken down by the type of scan, not by age. Therefore paediatric waiting times would be contained within the total submissions for e.g. MRI, CT etc and it is therefore not presently clear whether there are waiting time pressures within South Wales for Paediatric Radiology.

3. Summary

Complexity summary-

	Complexity			Assessment of proposed scheme
	Low (score 1)	**Medium (score 2)**	**High (score 3)**	
Number of provider organisations	1 provider organisation	2 provider organisations	>2 provider organisations	3

Range of services affected	1 service	2 services	>2 services	1
Distinction between secondary and tertiary care elements of service	Tertiary element easily identified	Some cross over between secondary and tertiary elements	Very difficult to separate secondary and tertiary elements	3
Known service issues	None or limited issues e.g. capacity constraints	Multiple relatively defined/ straight forward issues	Numerous highly complex issues	3
Existing policies/ standards	Policy/ service specification in place e.g. in England	No policy/ service specification but clear national guidelines to work from	No existing standards relating to service	2
Total score				**12**

Scoring matrix-

1-6 Low complexity scheme
7-11 Medium complexity scheme
12-15 High complexity scheme

From the information available it is clear that moving the commissioning of Paediatric Radiology in South Wales under WHSSC would require significant resources to manage. There would be significant work in initially identifying the appropriate resource from each Health Board to transfer and this would require input from WHSSC and from the HBs.

Once this work was complete, there would be significant resource requirements within WHSSC to monitor the delivery of these services and to develop plans to address the long standing issues around the provision of services. Further work would be required to understand the current waiting times position and whether there are further issues regarding capacity and demand that would also need to be addressed.

Key strands of work and resource requirements-

Scoping-

1) WHSSC to work with all HBs in South Wales to determine the appropriate level of resources to transfer for existing Paediatric Radiology services.

2) WHSSC to work with HBs and NWIS to identify waiting times for Paediatric Radiology patients across South Wales.
3) WHSSC to develop service specification and commissioning policy

The above would require significant time from both a Planning and Finance perspective within WHSSC. This is estimated at 1 day per week from both departments for a period of 6 months (October 2016 to March 2017).

Implementation-

1) HBs to transfer identified resources to WHSSC
2) WHSSC to implement performance monitoring against service specification and commissioning policy
3) WHSSC to work with HBs across South Wales to define proposed plans to address the known service gaps as described above.
4) WHSSC to develop papers for additional resources as identified through the processes above via the ICP to take through Joint Committee
5) WHSSC to oversee the implementation of plans, if approved, and monitor performance.

The above would require significant time from a Planning perspective, particularly given the known challenges within the service. This is estimated at 1 day per week during 2016/17 and this would need to be reviewed thereafter.

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

		Agenda Item	11
Meeting Title	**Joint Committee**	Meeting Date	22/11/2016
Report Title	*Protocol for Dealing with Concerns, under the National Health Service (Concerns, Complaints and Redress arrangements) (Wales) Regulations 2011, which relate to Specialised Services commissioned by Welsh Health Specialised Services Committee (WHSSC)*		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary	Public / In Committee	Public

Purpose	The purpose of this report is to present to Members the revised *Protocol for Dealing with Concerns, under the National Health Service (Concerns, Complaints and Redress arrangements) (Wales) Regulations 2011, which relate to Specialised Services commissioned by Welsh Health Specialised Services Committee (WHSSC)*

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☐

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	01/08/2016
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the contents of the report; and • **Approve** the revised Concerns protocol.		

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
		✓		✓				✓

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1.0 Situation

1.1 The purpose of this report is to present to Members the revised *Protocol for Dealing with Concerns, under the National Health Service (Concerns, Complaints and Redress arrangements) (Wales) Regulations 2011, which relate to Specialised Services commissioned by Welsh Health Specialised Services Committee (WHSSC)*. Throughout this paper to the current approved version of the protocol will be referred to as the "Concerns Protocol" and the revised version, proposed for approval, as the "Revised Concerns Protocol".

2.0 Background

2.1 The Concerns Protocol was ratified by Joint Committee in September 2012.

2.2 The Concerns Protocol was developed as a means of providing a framework for dealing with concerns involving the Welsh Health Specialised Services Committee (WHSSC) and Local Health Boards in Wales to ensure that concerns notified receive a seamless, effective service regardless of the organisations involved within the local economy.

2.3 The Concerns Protocol seeks to clarify responsibilities across the organisations and to set out a framework for inter-organisation collaboration in the handling of concerns to ensure:

- A single consistent and agreed contact point for individuals notifying of a concern
- Regular and effective liaison and communication between concerns managers; and
- That learning points arising from concerns, covering more than one body, are identified and addressed by each organisation.

2.4 The aim of the Concerns Protocol is to provide a framework for dealing with concerns involving the Welsh Health Specialised Services Committee (WHSSC) and Local Health Boards in Wales to ensure that concerns notified receive a seamless, effective service regardless of the organisations involved within the local economy.

3.0 Assessment

3.1 The Concerns Protocol has been reviewed and the following updates made:

- Section 5.2 Responsible Officer Member – the responsible officer member has been changed from the Committee Secretary to the Director of Nursing and Quality;
- Section 5.4 Signatory Organisation's Concerns Managers – the reference to list of designated concerns manager that was included in Appendix B has been removed;

- Appendix A – the names of the Health Boards have been amended to reflect current names;
- Appendix B has been updated with the generic email addresses used within the LHBs and WHSSC;

3.2 The Revised Concerns Protocol is attached as annex (i).

4.0 Recommendations

4.1 Members are asked to:

- **Note** the contents of this report
- **Approve** the Revised Concerns Protocol.

5.0 Appendices / Annexes

Annex (i) Revised Concerns Protocol

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	
Health and Care Standards	Governance, Leadership and Accountability Safe Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	This protocol outlines the principles of Concerns management and the process to be followed. Monitoring of concerns will ensure that lessons are learnt and actions taken to improve quality, safety and patient experience.
Resources Implications	Clearly defined processes need to be available to ensure that the workforce is aware of its responsibilities with regards to Concerns management. Concerns management training is available electronically.
Risk and Assurance	There are no financial risks associated with the approval of this protocol. The protocol is intended to reduce any reputational risk. On receipt of a concern, where harm and qualifying liability is established, redress payment will be managed by the responsible LHB.
Evidence Base	Concerns overview reports and confidential concerns reports are presented to the Quality and Safety Committee. The Concerns Overview Report is also presented to the Joint Committee. Monitoring of compliance with mandatory timescales is undertaken by WHSSC through the Performance Report. The following references are included within the Concerns Protocol Welsh Government (2011) *2011 No. 704 (W.108) National Health Services Wales: The National*

	Health Services (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011; accessed 1st May 2012 from http://howis.wales.nhs.uk/sites3/Documents/932/The%20NHS%20Concerns%2C%20Complaints%20and%20Redress%20Arrangements%20Wales%20Regulations%202011%20Inc%20SI%20Number.pdf Welsh Government (2012) *Putting Things Right – Guidance on dealing with concerns about the NHS from 1 April 2011*; accessed 1st May 2012 from http://howis.wales.nhs.uk/sites3/Documents/932/Guidance%20for%20dealing%20with%20concerns%20about%20the%20NHS%20-%20Version%202%20April%202012%20MASTER.pdf Welsh Government (2011) *Guidance on the Reporting and Handling of Serious Incidents and other Patient Related Concerns / No Surprises*; accessed 1st May 2012 from http://www.nhswalesgovernance.com/Uploads/Resources/TCGvNYSHz.pdf Welsh Government (2010) *Doing Well, Doing Better: Standards for Health Services in Wales* http://www.nhswalesgovernance.com/Uploads/Resources/pWIHKe4fu.pdf
Equality and Diversity	An Equality Impact Assessment has been undertaken specifically for this protocol and it was found to have no impact.
Population Health	No adverse impact on population health identified.
Legal Implications	This protocol supports compliance with legislation.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	01/08/2016	Supported for taking to Joint Committee for approval

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

PROTOCOL FOR DEALING WITH CONCERNS, UNDER THE NATIONAL HEALTH SERVICE (CONCERNS, COMPLAINTS AND REDRESS ARRANGEMENTS) (WALES) REGULATIONS 2011, WHICH RELATE TO SPECIALISED SERVICES WITHIN WALES

Approved by:	
Issue Date:	
Review Date:	
Document No:	060

Document History

Revision History			
Version No.	Revision date	Summary of Changes	Updated to version no.:
1.0	21/07/16	Reviewed and updated to reflect revised WHSSC Executive responsibilities	1.1
Date of next revision		October 2019	

Consultation		
	Date of Issue	Version Number
Committee Secretary, WHSSC	11/01/2012	0.1
Committee Secretary, WHSSC	13/04/2012	0.2
Wales PTR Implementation Group	01/05/2012	0.3
Management Team	14/05/2012	0.3
Quality and Patient Safety Committee	05/07/2012	0.4
Joint Committee	25/09/2012	0.5
Corporate Directors Group	01/08/2016	1.1
Joint Committee	22/11/2016	1.2

Approvals		
Name	Date of Issue	Version No.
Joint Committee	25/09/2012	1.0

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Contents

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1. INTRODUCTION

1.1 Each Local Health Board (LHB) is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of primary, community, in-hospital care services and specialised services for their population. For a number of national services, this can only be achieved by working collaboratively with all LHBs. The Joint Committee is established on this basis of a shared, national approach to the joint planning of specialised and tertiary services on behalf of each LHB to which the Joint Committee is ultimately accountable. For a list of specialised services delegated to Welsh Health Specialised Services please see the WHSSC website www.whssc.wales.nhs.uk or http://www.whssc.wales.nhs.uk/services

1.2 NHS organisations in Wales are committed to high standards in the management of concerns which are fundamental to ensuring that service users and patients who notify either to the Local Health Board or Welsh Health Specialised Services are provided with a prompt, systematic and consistent response.

1.3 Concerns notified about care and treatment will be dealt with by the organisation providing the treatment. Concerns will be considered under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Provider organisations must, as part of the contractual agreement, advise the LHB in which the patient lives that a complaint has been made and the LHB will ensure that this is reviewed in conjunction with the Welsh Health Specialised Services Quality and Safety Joint Sub Committee.

1.4 Concerns notified about individual patient funding decisions will be handled by the LHB in which the patient lives, in accordance with the Individual Patient Funding Policy agreed the Welsh Government.

1.5 Concerns notified about the function of the Joint Committee, its staff or its performance will be dealt with by the Host LHB on behalf of all LHBs in Wales, and in conjunction with the Patient Quality and Safety Joint Sub Committee where appropriate.

1.6 In recognition for the potential for confusion arising from the range of health organisations with which people might be in contact this protocol aims to provide an effective means of bringing together the organisations in the interest of providing a responsive and effective service for concerns.

2. PURPOSE

2.1 In a complicated healthcare service environment, the more general benefits of a joint-organisation protocol will be measured in term of:

- Reduction of confusion for service users and patients about how concerns will be dealt with, and by whom.
- Clarify about the respective roles and responsibilities of organisations; and
- Enhancement of inter-organisation co-operation.

2.2 This protocol seeks to clarify responsibilities across the organisations and to set out a framework for inter-organisation collaboration in the handling of concerns to ensure:

- A single consistent and agreed contact point for individuals notifying of a concern
- Regular and effective liaison and communication between concerns managers; and
- That learning points arising from concerns, covering more than one body, are identified and addressed by each organisation.

3. AIM

3.1 To provide a framework for dealing with concerns involving the Welsh Health Specialised Services Committee (WHSSC) and Local Health Boards in Wales to ensure that concerns notified receive a seamless, effective service regardless of the organisations involved within the local economy.

4. DEFINITIONS

4.1 A "concern" ("*pryder*") means any complaint; notification of an incident concerning patient safety or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation.

4.2 Signatory Organisations – all organisations listed in Appendix A

4.3 "Responsible Body" is defined as a Welsh NHS body, a primary care provider or an independent provider

5. ROLES AND RESPONSIBILITIES

5.1 Designated Independent Member

The designated Independent Member is responsible for the strategic overview of WHSSC arrangements for dealing with concerns, compliance with the arrangements and to ensure that there is learning from concerns.

The designated Independent Member within WHSSC is the Chair of the Quality and Patient Safety Committee.

5.2 Responsible Officer Member

The designated senior lead officer is responsible for the effective day to day operation of the arrangements for dealing with concerns in an integrated manner.

The designated senior lead officer within WHSSC is the Director of Nursing and Quality.

5.3 Senior Investigations Manager

The Senior Investigations Manager is responsible for the handling and consideration of concerns notified in accordance with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 - Putting Things Right

The Senior Investigation Manager within WHSSC is the Corporate Governance Manager.

5.4 Signatory Organisation's Concerns Managers

5.4.1 For each signatory organisation, the designated concerns manager is responsible for co-ordinating whatever actions are required or implied by this protocol.

5.4.2 The designated concerns manager is responsible for ensuring that there is appropriate communication and co-operation with other concerns managers. The concerns manager is responsible for ensuring that an agreement is reached with regards to who will take the lead role for individual concerns notified relating to specialised services.

5.4.3 The lead concerns manager is responsible for actions to be taken under the Regulations and this protocol when a concern is notified.

5.4.4 The designated concerns manager is responsible for ensuring arrangements are in place for cover should a concern arise when he/she is on leave. The details of the suggested second contact are given in appendix B.

5.4.5 In the unlikely event that concerns managers are unable to reach agreement about any matter covered by this

protocol, they should each refer the matter promptly to the relevant directors/Senior Managers in their respective organisations for resolution.

5.5 Lead Organisation's Concerns Administration Teams

5.5.1 The Concerns Administration Teams are responsible for maintaining a record of the following matters:

5.5.1.1 Each concern notified to the Health Board

5.5.1.2 The outcome of each concern

5.5.1.3 Where the responsible body informed the person who notified the concern of:

(i) the likely period within which a response would be issued: or

(ii) any extension to that period, whether a response detailing the outcome of the investigation of the concern was sent to the person who notified the concern within that period, or any extended period.

5.5.2 The Concerns Administration Team of the lead organisation is responsible for ensuring that the following information is filed within the investigation folder:

- Any communication (verbal or written) with the individual who notified the concern
- Any communication relating to the concern notified
- Copies of expert opinions (if received/requested)
- Copy of the relevant medical records (this maybe an electronic copy e.g. CD)
- Statements received as part of the investigation
- The final investigation report

6. FACTORS TO DETERMINE THE LEAD ORGANISATION

6.1 The following factors should be taken into account when determining which organisation will take the lead role with any concerns relating to specialised services:

6.1.1 Concerns about care and treatment will be dealt with by the organisation providing the treatment;

6.1.2 Concerns about individual patient funding decisions i.e. formal requests for review, will be handled by the LHB in which the patient lives;

6.1.3 Concerns about the function of the Joint Committee, its staff or its performance will be dealt with by the Host LHB on behalf of all LHBs in Wales;

6.1.4 If a disproportionate number of the issues in the concern relate to one organisation compared to the other organisation(s);

6.1.5 The organisation that originally receives the concern (should the seriousness and number of concerns prove roughly equivalent);

6.1.6 If the individual notifying the concern has a clear preference for which organisation takes the lead;

6.1.7 If it clear from the outset that there is proven qualifying liability in tort that may attract financial compensation then the investigation must be led by the Local Health Board;

6.1.8 The organisations can agree separately from the above should other factors be pertinent. For example, if the impact on the individual organisation's governance arrangements.

7. PROCESS

7.1 A flowchart which outlines the WHSSC internal process to be used when dealing with concerns relating to specialised services can be found in Annex (i).

7.2 It is desirable, where possible, for all responses to be provided to the individual notifying the concern as a composite, or at least to be delivered within a single cover. The Concerns Managers will need to co-operate closely for this purpose, in agreement with the individual.

8. CONCERNS ABOUT ONE ORGANISATION WHICH ARE NOTIFIED TO ANOTHER ORGANISATION

8.1 NHS Wales Arrangements

8.1.1 On occasions an individual may notify a LHB of a concern which in its entirety relates with WHSSC or visa versa. This may be due to lack of understanding of which body is responsible for which service or because the individual notifying the concern chooses to entrust the information to a professional person with whom s/he has a good relationship.

8.1.2 When a concern regarding a LHB is notified to WHSSC the Concerns Manager of WHSSC should contact the individual notifying the concern within two working days. They should seek consent to share and forward the concern to the LHB as they are responsible for responding to the concern.

8.1.3 When a concern regarding a specialised service, for which WHSSC is responsible, is notified to a LHB the Concerns Manager of the LHB should contact the individual notifying the concern within two working days. They should seek consent to share and forward the concern to WHSSC to enable a joint investigation to be undertaken.

8.1.4 When a concern (including a serious incident) involving a specialised service delegated to WHSSC is reported to the Improving Patient Safety Team at the Welsh Government, a copy of the report must be shared with WHSSC. This will enable WHSST to provide assurance to the responsible committee.

8.1.5 In the event of several organisations receiving the concern as an apparent original, contact will be made, on receipt of the individuals consent, with the other organisations. A decision will be made as to which will be the 'lead organisation'. The lead organisation will acknowledge within two working days on behalf of all organisations involved and will clarify the concern and explain the role of the other organisations.

8.2 Cross Border Arrangements

8.2.1 On occasions an individual may notify a healthcare provider outside of Wales of a concern which in its entirety relates with WHSSC or visa versa. This may be due to lack of understanding of which body is responsible for which service or because the individual notifying the concern chooses to entrust the information to a professional person with whom s/he has a good relationship.

8.2.2 When a concern regarding a healthcare provider outside of Wales is notified to WHSSC the Concerns Manager of WHSSC should contact the individual notifying the concern within two working days. They should seek consent to share and forward the concern to the healthcare provider for investigation and provision of a response to the person raising the concern.

8.2.3 When a concern (including a serious incident) involving a specialised service, provided outside of NHS Wales which is commissioned by WHSSC, is reported to the Strategic Health Authority, other external regulatory body or NHSLA, a copy of the report must be shared with WHSSC. This will

enable WHSST to provide assurance to the responsible committee.

8.2.4 The concern should be dealt with in accordance with the relevant concerns procedure which applies to that organisation. However this does not prevent the person notifying the concern seeking advocacy assistance from their local CHC.

9. CONSENT FROM THE INDIVIDUAL NOTIFYING THE CONCERN TO THE SHARING OF INFORMATION BETWEEN AGENCIES

9.1 Nothing in this protocol removes the obligation to ensure that information relating to individual service users and patients is protected inline with the requirements of the Data Protection Act, Caldicott Principles and the confidentiality policies of each signatory organisation. It is for this reason that the consent of individual notifying the concern must always be sought before information relating to the concern is passed between organisations. Moreover, the individual notifying the concern is entitled to a full explanation as to why his/her consent is being sought.

9.2 Consent to the passing on or sharing of information under this protocol should be obtained, in writing.

9.3 If the individual notifying the concern withholds consent to the concern being passed to the other organisation, the Concerns Manager of the organisation receiving the concern will seek to engage with him/her to resolve any issues or concerns about remit and responsibility and offer any liaison which could contribute to the resolution of the matter of concern. The individual notifying the concern should be reminded of his/her entitlement to contact the other organisation direct.

9.4 The only circumstances where consent is not required to share a concern is where the concerns contains information which needs to be passed on in accordance with Safeguarding Children or Protection of Vulnerable Adults procedures or other service user safety issues. In such cases, the individual notifying the concern would be entitled to a full written explanation as to the agency's Duty of Care and its obligation to pass on the information.

9.5 A template is available from the WHSSC Corporate Governance Manager, which records the consent of individual notifying the concern for their case records to be disclosed for the purpose of concerns investigations.

9.6 Close co-operation between concerns managers will be crucial in ensuring that confidential case file information is shared appropriately, and that the necessary safeguards are put in place. Information exchanged under this protocol must be used solely for the purpose for which it was obtained.

10. CONCERNS GRADING

10.1 It will be the responsibility of the lead organisation to ensure that an assessment is undertaken in order to determine the seriousness/urgency of the concern. This assessment will require communication with personnel in all affected organisations. Contact is to be made by the relevant concerns manager.

10.2 The assessment will be undertaken within Wales using the concerns grading agreed by NHS Wales.

10.3 The individual professional remains accountable within his/her relevant organisation for the information pertaining to the initial assessment.

10.4 When direct contact is made with the individual notifying the concern then it is the responsibility of the individual undertaking the investigation to be satisfied with the information pertaining to the initial assessment and make any necessary arrangements in response to any factors identified.

10.5 Where a concern might be shared, the lead organisation will confirm to the individual notifying the concern a named person, address and telephone number and identify each part of the concern is being investigated. This letter will also confirm registration of the concern and will be copied to other organisations involved in the concern.

11. ARRANGEMENTS FOR FINANCIAL COMPENSATION UNDER NHS REDRESS

11.1 If it clear from the outset or if it is established during the investigation that there is proven qualifying liability in tort that may attract financial compensation Local Health Board of residence will make the required arrangements under NHS Redress.

12. LEARNING FROM CONCERNS

12.1 All concerns services are fully committed to facilitating organisational learning and development through resolution of the concerns raised. Resolving the individual concern is only part of the process.

12.2 Taking positive steps to identify communication, procedural, operational or strategic issues within and across each agency is a vital role in ensuring a relevant and positive concerns service.

12.3 All concerns services will use the process of at least quarterly and annual reporting to support effective communication between organisations and share learning. These will include any findings and recommendations that have an inter-organisational impact.

12.4 When an investigation report, action plan or closure form is shared with the Improving Patient Safety Team at the Welsh Government or the Strategic Health Authority (SHA) in England and where it relates to a concern involving a specialised service for which responsibility has been delegated to WHSSC, a copy of the shared document must be provided to WHSSC. This will enable WHSSC to provide assurance to the responsible committee.

12.5 Concerns activity will be reported separately by the Corporate Governance Manager to the WHSSC Quality and Safety Committee quarterly.

13. IMPLEMENTATION

13.1 The principles outlined within this protocol are in place and therefore it is not envisaged that there will be any difficulty implementing this protocol.

14. REVIEW

14.1 The operation of the protocol will be reviewed at least every three years or when statutory changes dictate.

15. RESOURCES

15.1 NHS Redress and the principles of NHS Redress has to be embedded within WHSSC and become an integral part of all roles. However, it is equally important to understand that effective concerns management requires resources, people, time and funding.

Management of concerns must achieve sustained high performance against mandatory standards which will translate into improved quality of care.

16. TRAINING

16.1 Line Managers must ensure that new starters are aware of this protocol, induction arrangements and of their individual departmental processes.

16.2 It is the responsibility of individual Line Managers to inform the Corporate Governance Manager of the requirement where specific staff training needs are identified, particularly in relation to the implementation of new or updated documents.

17. EQUALITY

17.1 The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable WHSSC to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

17.2 This protocol has been subjected to an EQIA. The Assessment has shown that there will be no adverse effect or discrimination made on any individual or particular group.

18. REFERENCES / FURTHER INFORMATION

Welsh Government (2011) *2011 No. 704 (W.108) National Health Services Wales: The National Health Services (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011*; accessed 1st May 2012 from http://howis.wales.nhs.uk/sites3/Documents/932/The%20NHS%20Concerns%2C%20Complaints%20and%20Redress%20Arrangements%20Wales%20Regulations%202011%20Inc%20SI%20Number.pdf

Welsh Government (2012) *Putting Things Right – Guidance on dealing with concerns about the NHS from 1 April 2011*; accessed 1st May 2012 from http://howis.wales.nhs.uk/sites3/Documents/932/Guidance%20for%20dealing%20with%20concerns%20about%20the%20NHS%20-%20Version%202%20April%202012%20MASTER.pdf

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Welsh Government (2011) *Guidance on the Reporting and Handling of Serious Incidents and other Patient Related Concerns / No Surprises*; accessed 1st May 2012 from http://www.nhswalesgovernance.com/Uploads/Resources/TCGvNYSHz.pdf

Appendix A

Signatory Organisations

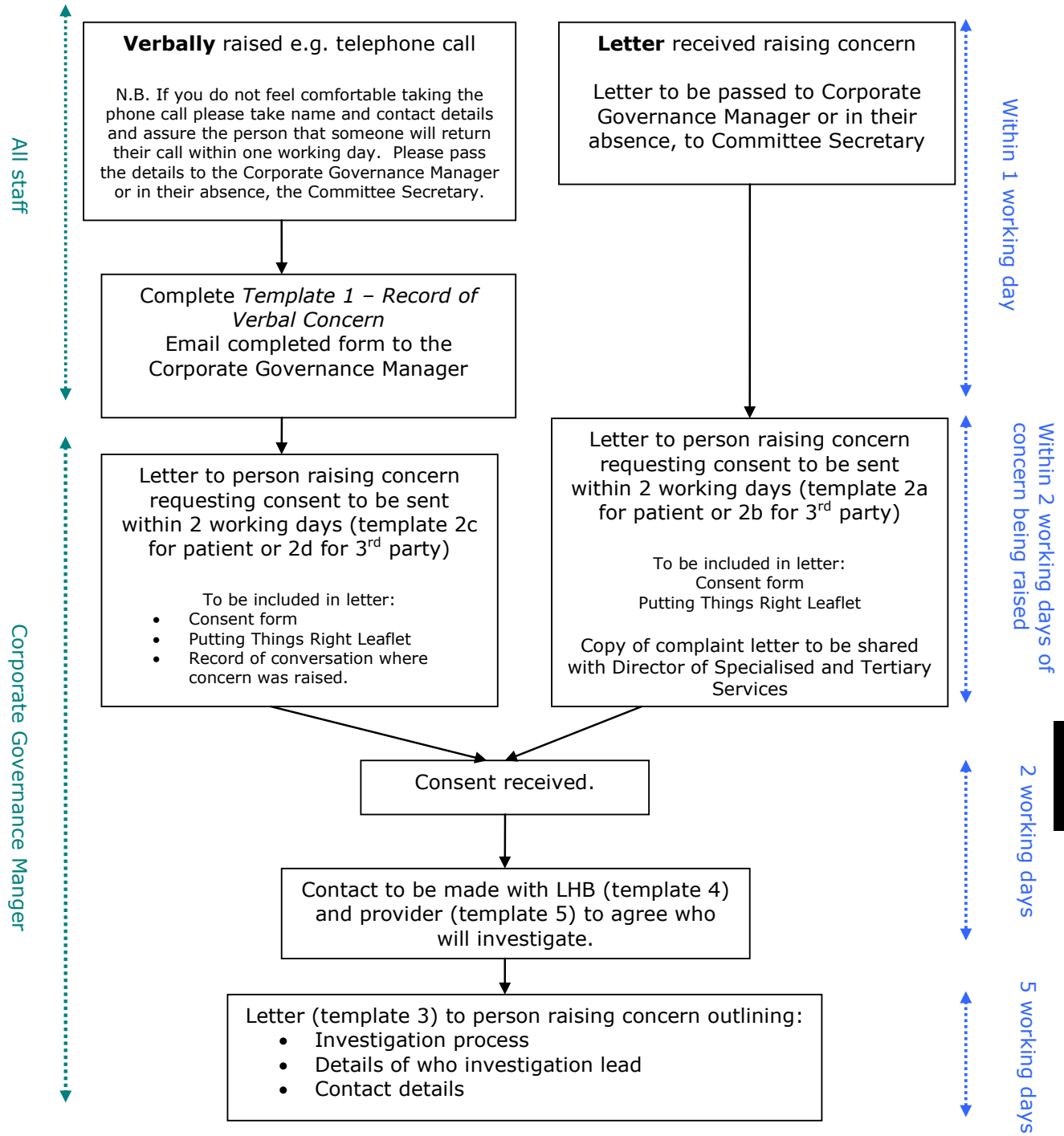
Abertawe Bro Morgannwg University Local Health Board
Aneurin Bevan University Local Health Board
Betsi Cadwaladr University Local Health Board
Cardiff and Vale University Local Health Board
Cwm Taf University Local Health Board
Hywel Dda University Local Health Board
Powys Teaching Local Health Board
Welsh Health Specialised Services Committee.

Appendix B

Organisation	Contact details
Abertawe Bro Morgannwg UHB	Complaints Dept. (East).....01639 683363/01639 683316 Complaints Dept (West)..... 01639 683319 ABM.Complaints@wales.nhs.uk
Aneurin Bevan HB	Puttingthingsright.ABHB@wales.nhs.uk
Betsi Cadwaladr UHB	ConcernsTeam.bcu@wales.nhs.uk
Cardiff and Vale UHB	concerns@wales.nhs.uk
Cwm Taf HB	cwmtaf.concerns@wales.nhs.uk
Hywel Dda HB	Hdhb.patientsupportservices@wales.nhs.uk
Powys Teaching HB	concerns.qualityandsafety.POW@wales.nhs.uk
Welsh Health Specialised Services Committee	WHSSC.generalenquiries@wales.nhs.uk

Annex (i)

WHSSC
Flow Chart for the Internal Management of Concerns



Templates are available on request from the Corporate Governance Manager or Corporate Administration Officer.

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

		Agenda Item	12
Meeting Title	**Joint Committee**	Meeting Date	22/11/2016
Report Title	Risk Sharing Review - Update		
Author (Job title)	Assistant Director of Finance		
Executive Lead (Job title)	Director of Finance and Information	Public / In Committee	Public

Purpose	This report provides an update on the Risk Sharing Review to date and the actions required to conclude this task.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☐

Sub Group /Committee	Management Group	Meeting Date	27/10/2016
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the progress made by the finance working group and in the provisional impact assessment. • **Support** the recommendations of the finance working group regarding the allocation of services to utilisation or pooled risks. • **Support** the recommendation regarding neutralising the impact of change from the end of 2011/12 financial year. • **Support** the recommendation that implementation is phased in over a two to three year time period. • **Support** the plan and timeline for completion and implementation set out in section 11.1.		

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	✓		Institute for HealthCare Improvement Triple Aim	✓		Quality, Safety & Patient Experience		✓
Resources Implications		✓	Risk and Assurance	✓		Evidence Base		✓
Equality and Diversity		✓	Population Health		✓	Legal Implications		✓

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1.0 Situation

1.1 The purpose of this report is to provide an update on the progress of the Risk Sharing Review and validation as requested by the WHSSC Joint Committee.

1.2 A Finance Working Group has been tasked with undertaking this exercise and has continued to review the Risk Sharing Review as requested. The Finance Working Group is chaired by the Director of Finance of WHSSC and is attended by all seven Health Boards.

1.3 Work has continued on the evaluation and what partial neutralisation would look like as well as the technical financial consequences of changing practise and using different risk "pools" to attribute variances.

1.4 This paper aims to give an update to members and provide a timeline of key actions to be completed for conclusion.

2.0 Background

2.1 During October 2015, the Chief Executive Officers' were asked to conclude an outcome of the WHSSC Risk Sharing Mechanism instigated by Hywel Dda Health Board in 2014.

2.2 The Chief Executive Officers requested the Directors of Finance to discuss further and agree an outcome.

2.3 As a consequence a paper was submitted to the Joint Committee in March 2016 but a unanimous decision could not be reached at that point in time.

2.4 The Joint Committee therefore concluded that the "status quo" should be maintained whilst further work was being undertaken, particularly as some Health Boards had concern with regards the wider resource complications pertaining to the current allocation process.

2.5 The Chair agreed to write to Welsh Government outlining the difficulties experienced in agreeing a solution on the basis of the current allocation method, together with a request for Welsh Government to arbitrate on this issue.

2.6 Welsh Government's response included a request for WHSSC to continue with the validation with the aim of reaching a future agreement. The aim being for the net impact of any agreement to be included in Health Board plans.

2.7 Therefore the Finance Working Group has been tasked with working through the technical consequences of enacting differential approaches to the system.

2.8 The group was asked to update Joint Committee in November 2016 in order that final recommendations can be agreed.

3.0 Assessment

3.1 Five meetings have been held between WHSST and Health Boards since the Joint Committee meeting in March 2016.

3.2 The group has discussed in detail, the different risk pools attributable to individual contract lines following the principles set out in the original report. Details of this work can be found in Annex 1 for reference.

3.3 WHSSC have provided several iterations of the risk sharing calculation and the potential movements this may cause for each Health Board.

3.4 The group feel the disputes with regards the principles of the process and the understanding are now resolved.

3.5 As a result the group agreed an amended set of principles and these are documented in Annex 2.

3.6 The group have now confirmed and agreed a calculation process to enable the validation on completion of the pooling assignment. The details of which are discussed later in this paper.

3.7 To bring in line with the IMTP for 17/20, it is suggested that this piece of work concludes by March 2017 so any recommendations can form part of agreed financial plans.

4.0 Neutralisation

4.1 To assess what the level of neutralisation should be, the working group had to agree a "base year" for neutralisation. This has been agreed as being 2011/12 out turn activity.

4.2 In reaching this conclusion, the working group considered that it would not be appropriate to go back before 2011/12 as at that point the financial arrangements for WHSSC had been reviewed independently and there was then no proposal to change risk sharing. This review had been confirmed by the Joint Committee at that time.

4.3 Table 1 explains the impact of partial neutralisation applying 11/12 outturn to 11/12 utilisation (12/13 risk shares). For fairness, the utilisation percentages used were those calculated at the time.

4.4 It is suggested that the net financial impact of change is phased in shared over a two or three year period. The group aims to finalise the details of the phasing on agreement of all other principles. A three year phasing would have the alignment with the planning cycle and the materiality of the change.

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Utilisation Summary

High Level Summary

		Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
		£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Outturn £'000	11/12 outturn against 11/12 utilisation rates ie 12/13 risk share						
Welsh Local Health Boards								
Cardiff & Vale University Health Board	165,236	58,410	16,705	26,220	47,547	10,751	3,288	2,315
Abertawe Bro Morgannwg University Health Board	90,975	5,389	47,259	5,393	7,127	22,112	3,089	606
Cwm Taf University Health Board	7,396	1,007	542	1,754	2,238	1,718	8	129
Aneurin Bevan Health Board	2,542	-	-	-	2,482	-	60	-
Hywel Dda Health Board	367	-	12	-	-	349	6	-
Betsi Cadwaladr University Health Board Provider	31,457	-	-	-	-	-	-	31,457
Velindre NHS Trust	29,390	6,488	5,344	4,197	8,426	3,550	1,387	-
Welsh Ambulance Service NHS Trust	113,146	13,721	16,065	10,406	19,136	15,727	8,547	29,544
	-							
Non Welsh SLAs	99,684	8,834	7,267	3,230	7,495	7,241	7,507	58,111
IPM & NCA	38,737	6,282	5,953	3,474	6,356	3,760	2,946	9,967
Renal	1,089	163	181	105	205	138	48	249
Unallocated Development and Savings targets	185	23	55	12	22	49	6	19
Direct Running Costs	3,400	509	566	329	639	430	151	776
Total Contribution base on 11/12 utilisation	**583,604**	**100,826**	**99,948**	**55,119**	**101,671**	**65,824**	**27,044**	**133,173**
	583,604	**100,826**	**99,948**	**55,119**	**101,671**	**65,824**	**27,044**	**133,173**
Utilisation %	583,605	17.28%	17.13%	9.44%	17.42%	11.28%	4.63%	22.82%
Total income in 11/12		101,998	102,379	52,927	103,485	68,186	26,990	127,640
Utilisation %		17.48%	17.54%	9.07%	17.73%	11.68%	4.62%	21.87%
Difference		(1,172)	(2,431)	2,192	(1,814)	(2,362)	54	5,533
Difference %		-0.20%	-0.42%	0.38%	-0.31%	-0.40%	0.01%	0.95%

5.0 Moving forward and New Pooling Arrangements

5.1 The detail of the technical calculation for this element has been discussed and for parity, the risk shares have been restated in both years to the agreed "pooled" position for both 11/12 and 15/16 outturn and compared against 16/17 plan.

5.2 The main providers have therefore restated the 11/12 utilisation calculations for comparison.

5.3 In addition, the WHSSC finance team has restated the risk shares relating to English providers, IPC and Mental Health.

5.4 It should be noted that utilisation methodologies vary between pure activity, weighted population based activity and expenditure based.

5.5 For the purposes of the remit of this exercise, the working group has agreed that the renal network risk shares have not yet been considered and therefore the derived utilisation shares would be outside the scope.

5.6 However, the working group have agreed that for consistency all aspects of contracted activity within contracts and within the network should attribute the same risk share, therefore, this has been included in the calculation.

5.7 It has been suggested that a further piece of work could be undertaken with the renal network in order to progress any changes to the mechanism for calculating the risk shares for the future.

5.8 Further areas outside the scope of the project include EASC/WAST and calculations relating to this service have been deemed to remain constant and therefore do not give rise to any movement in liability at this point.

5.9 A separate joint commissioning group has been established to review the commissioning approach to Velindre. The Finance Working Group has suggested that future risk sharing for Velindre services are considered by that group.

5.10 In summary, it has become apparent that the consensus of the group is to default to prior year utilisation unless an exceptional explanation can be given to move to club pooling. The follow sections of this paper will explain where the group feels exceptionality has been met and population has been used.

5.11 When population has been used, it is currently calculated using the All Wales risk share. Future discussions will revisit this principle to ensure the relationship of the BCUHB population to specialist services provision is fully accounted for.

6.0 Welsh Providers

6.1 In this area, the working group has had the opportunity to discuss individual contract lines with providers to enable a coherent decision on how lines should be pooled.

6.2 In summary, prior year utilisation has been attributed as the default position with the following exceptions:

- Where services are likely to attract highly expensive patients with little local control e.g. Haemophilia,

- Where services are provided for the whole of Wales e.g. Burns Care, Genetics
- Where data is limited or not available and therefore a reasonable assessment of utilisation is not achievable. This includes block contracting arrangements.

6.3 The providers have also identified a risk with regards to the NICU comparison, mainly due to the data collection process in 11/12 compared to 15/16. Further validation work is suggested here.

6.4 The table below describes the utilisation change by commissioner across all the Welsh providers. The figures are derived from applying the percentage change to the 16/17 M1 budgets i.e. plan.

C&V	ABM	CT	AB	HD	Po	BC
2145	1949	-1132	-2895	-524	669	-212

7.0 English Providers

7.1 Information has been provided to the group and each individual English contract has been discussed.

7.2 It should be noted that the group made limited changes in terms of moving to the club pool.

7.3 In this instance the only agreed exceptions to the prior year utilisation pool are those area attracting high costs relating to VADs, ECMO, ERT, Haemophilia and Burns care.

7.4 It has also been agreed to attribute High Security Mental Health Providers to the Club Pool shared on a population basis. This will have resulted in a swing as the contracts are relatively expensive and some high levels of savings had been shared on the invert of utilisation.

7.5 As the high cost highly specialist cases have been taken out, it can be said that the volatility with regards utilisation has been levelled out.

7.6 The table below describes the utilisation change by commissioner across the English providers when using the new pools. The figures are derived from applying the percentage change to the 16/17 M1 budgets i.e. plan.

C&V	ABM	CT	AB	HD	Po	BC
409	646	295	-1841	83	-394	803

8.0 Non Contracted Activity

8.1 The nature of this budget and inclusions has been discussed with the group and refinements have been suggested in terms of describing each area. This mainly relates the disaggregation of IPFR items and Non Contracted Activity.

8.2 For consistency it has been agreed that areas to move into the Club Pool in other budget areas should also be pooled when included as part of the Non Contracted budget area. It has also been concluded that out of area FACTS should be included in this pool.

8.3 Medium Security Mental Health Services have created a higher level of movement in this area, including Eating Disorders and CAMHS.

8.4 It has been suggested that for finalisation, the Finance Working Group will undertake to go through these areas in further detail.

8.5 The table below describes the utilisation change by commissioner across the Non-contracted activity when using the new pools. The figures are derived from applying the percentage change to the 16/17 M1 budgets i.e. plan.

C&V	ABM	CT	AB	HD	Po	BC
-35	421	-154	248	-599	-610	728

9.0 Developments

9.1 It has been recognised that areas of new developments where pathways are being established has little information that would reflect the utilisation of a service.

9.2 Further to this, Health Boards should be incentivised by the risk share when looking at areas of repatriation or local expansion.

9.3 Therefore, where robust historic utilisation information is not available, a live risk share basis will be used known as the "Pay as you Go" pool.

9.4 The percentage of risk will be based on the actual in year patient level data.

9.5 This exercise is reconciling to the M1 budget position for WHSSC i.e. the financial plan agreed. Therefore, movements in developments have not been included as part of this calculation but will be worked through as part of the implementation process.

10.0 Overall Position

10.1 A table is presented below highlighting indicatively, the key movements in the financial position should the pools be changed to reflect the changes as discussed as part of the Finance Working Group.

Utilisation Summary High Level Summary		Cardiff and Vale £'000	ABM £'000	Cwm Taf £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
	Total check £'000	Risk share differences % applied to 16/17 M1 Budget						
Welsh Local Health Boards								
Cardiff & Vale University Health Board	0	1,386	2,793	(1,920)	(1,907)	(579)	271	(44)
Abertawe Bro Morgannwg University Health	0	369	(541)	(95)	(453)	730	160	(171)
Cwm Taf University Health Board	0	367	(313)	871	(485)	(665)	225	-
Aneurin Bevan Health Board	0	21	8	9	(53)	4	11	-
Hywel Dda Health Board	-	2	3	1	3	(13)	1	3
Betsi Cadwaladr University Health Board P	-	-	-	-	-	-	-	-
Velindre NHS Trust	-	-	-	-	-	-	-	-
Welsh Ambulance Service NHS Trust	0	0	0	0	(0)	0	(0)	(0)
	-							
Non Welsh SLAs	0	408	646	295	(1,841)	83	(394)	803
IPM & NCA	0	(35)	421	(154)	248	(599)	(610)	728
Renal	-	-	-	-	-	-	-	-
Unallocated Development and Savings targ	-	-	-	-	-	-	-	-
Direct Running Costs	-	-	-	-	-	-	-	-
Total Contribution	**0**	**2,518**	**3,016**	**(991)**	**(4,487)**	**(1,040)**	**(336)**	**1,319**
	0	**2,518**	**3,016**	**(991)**	**(4,487)**	**(1,040)**	**(336)**	**1,319**

The net impact of neutralisation and implementation of the new pools is shown in the table below. Detailed calculations are shared in the attached technical papers.

	Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Pooling	2,518	3,016	(991)	(4,487)	(1,040)	(336)	1,319
Neutralisation @ 11/12	(1,172)	(2,431)	2,192	(1,814)	(2,362)	54	5,533
TOTAL	**1,346**	**585**	**1,201**	**(6,301)**	**(3,402)**	**(282)**	**6,852**

11.0 Recommendations

11.1 In recognition that Health Board members of the Finance Working Group have been working on the detailed figures right up to report deadlines the following steps are required to complete the process together with proposed timelines:

- November 2016 – Complete a detailed calculation from WHSSC and its provider organisations that compared the neutralisation year of 2011/12 outturn activity to the 2016/19 IMTP.
- November 2016-January 2017 Commissioning Health Boards and WHSSC to validate the calculation and share further detail to points of any contention. Health Boards to include provisional figures including the phased impact of change in their January IMTPs.
- February 2017 – WHSSC to provide a report to Management Group of the recommendations.
- March 2017 – Joint Committee for final approval.

11.2 Members are asked to:

- **Note** the progress made by the finance working group and in the provisional impact assessment.
- **Support** the recommendations of the finance working group regarding the allocation of services to utilisation or pooled risks.
- **Support** the recommendation regarding neutralising the impact of change from the end of 2011/12 financial year.
- **Support** the recommendation that implementation is phased in over a two to three year time period.
- **Support** the plan and timeline for completion and implementation set out in section 11.1.

12.0 Appendices / Annexes

12.1 Annex 1 – Implementation Principles of Allocation of Risk Pools.
12.2 Annex 2 – Risk Pooling Principles
12.3 Annex 3 – Technical Calculation – neutralisation
12.4 Annex 4 – Technical Calculation – new Pooling

Link to Healthcare Objectives	
Strategic Objective(s)	Development of the Plan Implementation of the Plan Governance and Assurance
Link to Integrated Commissioning Plan	Not applicable
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care
Organisational Implications	
Quality, Safety & Patient Experience	Not applicable
Resources Implications	Not applicable
Risk and Assurance	Not applicable
Evidence Base	Not applicable
Equality and Diversity	Not applicable
Population Health	Not applicable
Legal Implications	Not applicable

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Management Group	27/10/2016	

12

Cardiff and Vale Risk Share Bases

Service	Suggestion
CARDIOTHORACIC	
Cardiology - Specialist	Utilisation based
Cardiology - Non-specialist	Utilisation based
Cardiology - Aneurin Bevan	Utilisation based
Cardiology - Cwm Taf	Utilisation based
Cardiology - West Wales	Utilisation based
Transcatheter Aortic Valve Implantation (TAVI)	Utilisation based
Adult Congenital Heart Disease (ACHD)	Pooling
Cardiac Surgery	Utilisation based
Thoracic Surgery	Utilisation based
NEUROSCIENCES / ALAS	
Neurology	Utilisation based
Neurosurgery	Utilisation based
Spinal Implants	Utilisation based
ISAT	Utilisation based
Epilepsy Surgery	Utilisation based
Spinal Injuries	Utilisation based
Neuro Rehab	Utilisation based
ALAS	Pooling
Communication Equipment (AAC)	Pooling - allocation based
RENAL	
Renal Surgery	Utilisation based / Pooling - Renal
Nephrology	Utilisation based / Pooling - Renal
Home Renal Dialysis	Utilisation based / Pooling - Renal
Renal CAPD (Dialysis)	Utilisation based / Pooling - Renal
Hospital Renal Dialysis	Utilisation based / Pooling - Renal
Renal Transplants	Utilisation based / Pooling - Renal
HAEMATOLOGY	
Haemophilia	Pooling - high cost service
Haemophilia Reference Centre	Pooling
Blood and Marrow Transplantation (BMT)	Utilisation based
All Wales Lymphoma Panel	Pooling
Clinical Immunology	Pooling
PAEDIATRICS / NEONATAL	
Paediatric Surgery	Utilisation based
Paediatric Renal	Utilisation based
Paediatric Oncology	Utilisation based
Paediatric Neurology	Utilisation based
Paediatric Gastroenterology	Utilisation based
Paediatric ENT	Utilisation based
Paediatric Cardiology	Utilisation based
Paediatric Cystic Fibrosis	Pooling
Children's Hospital for Wales	Pooling
PICU BH	Utilisation based
NICU BH	Utilisation based
Perinatal Pathology	Pooling
ADULT CRITICAL CARE	
Adult ICU	Utilisation based
Adult HDU	Utilisation based
Long-Term Ventilation	Pooling
GENETICS / LTC	
Medical Genetics	Pooling
Enzyme Replacement Therapy	Pooling
Cystic Fibrosis	Utilisation based
Home TPN	Utilisation based
BAHAs & Cochlears	Utilisation based
OTHER	
Liver Surgery	Utilisation based
Hepatology	Utilisation based
Neuropsychiatry	Utilisation based
Regional Pharmaceutical Service	Pooling
NICE / High Cost Drugs	Utilisation based
Rebasing Difference / Roundings	Fixed Neutralised Split

Utilisation based methodologies vary between pure activity based, weighted activity based and expenditure based depending on available information and service PODs

ABMUHB Risk Share Bases

Renal	Utilisation based
Renal - West Wales ISP Units	Utilisation based
Cardiac Surgery	Utilisation based

Cardiff and Vale Risk Share Bases

Service	Suggestion
Cardiology	Utilisation based
Thoracic	Utilisation based
Plastics	Utilisation based
CLP	Utilisation based
Burns	Pooling
Rehab	Utilisation based
NICU	Utilisation based
ALAC	Pooling
NICE	Utilisation based
Clinical Genetics	Pooling
Cochlears	Utilisation based
Medium Secure Mental Health - East Forensics	Utilisation based
Mental Health Academic Fee	Pooling
SMTL	Pooling
Residual Capital Charge	Pooling
Bariatrics	Utilisation based
Sarcoma	Utilisation based
EMRTS	Pooling - allocation based - Trans to EASC

Betsi Cadwaladr University Health Board Provider

ALAS	Pooling
BAHA	Utilisation based
Cervical screening capital charge adjustment	Pooling
Renal	Utilisation based
BMT	Utilisation based
Angioplasty	Utilisation based
ACHD	Pooling
ICD	Utilisation based
Medical Genetics	Pooling
NICU	Utilisation based
CAMHS - Inpatient unit	Utilisation based
Cochlear Implants	Utilisation based
Haemophilia	Pooling
Sarcoma	Utilisation based
Medium Secure Mental Health	Utilisation based
PET Scan	Utilisation based

Cwm Taf University Health Board Provider	
NICU	Utilisation based
Neonatal HDU	Utilisation based
CAMHS T4	Utilisation based
FACTS	Pooling
SCEP	Pooling
ICD	Utilisation based

Aneurin Bevan Health Board Provider

Angiography	Utilisation based
Cardiology	Utilisation based
NICU	Utilisation based
RF ablation	Utilisation based

Hywel Dda Health Board Provider

NICU	Utilisation based
Cervical Screening Capital Charges	Pooling

Velindre NHS Trust Provider

Welsh Blood Service	Current bases
Cancer Services (Main LTA)	Current bases
SRS/SBRT/Cerebral Mets & IGBT	Current bases
Melanoma Pathway Drugs	Current bases
Other NICE cancer drugs	Current bases
Brachytherapy- Saving Scheme	Current bases

Non Welsh SLAs

English NHS Providers
Alder Hey Children's NHS Foundation Trust
Alder Hey Children's- Blood Factor Products
Birmingham Children's Hospital NHS Foundation Trust
Birmingham Women's NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's)
Central Manchester University Hospitals NHS Foundation Trust
Christie NHS Foundation Trust
DDRC
Great Ormond Street Hospital for Children NHS Foundation Trust
Guy's and St Thomas' NHS Foundation Trust
Heart of England NHS Foundation Trust
Imperial College Healthcare NHS Trust
King's College Hospital NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Liverpool Heart and Chest Hospital NHS Foundation Trust
Newcastle Upon Tyne Hospitals NHS Foundation Trust
Papworth Hospital NHS Foundation Trust
Robert Jones and Agnus Hunt Orthopaedic Hospital NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal Free London NHS Foundation Trust (Hampstead)
Royal Liverpool and Broadgreen University Hospitals NHS Trust
Royal Marsden NHS Foundation Trust
Royal Orthopaedic Hospital NHS Foundation Trust
Salford Royal NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
St Helen and Knowsley Teaching Hospitals NHS Trust
University College London Hospitals NHS Foundation Trust
University Hospital of South Manchester NHS Foundation Trust
University Hospitals Birmingham NHS Foundation Trust
University Hospitals Birmingham NHS Foundation Trust - Transplant
University Hospitals Bristol NHS Foundation Trust
University Hospitals of North Staffordshire NHS Trust
Walton Centre NHS Foundation Trust
Wye Valley NHS Trust (Hereford)
PETIC
MH High Secure - Rampton
MH High Secure - Ashworth
MH High Secure - Other
MH High Secure - Contract savings 13/14 and 14/15 (Ashworth only)
MH High Secure - Contract savings 15/16 (Ashworth only)

IPC Risk Share Bases

Service	Current Risk Share	Suggestion
NCA / IPFR / Prior Approvals		Utilisation based
Proton Beam Therapy		Population
Eculizumab		Pooling - allocation
Eculizumab (AHUS)		Pooling - allocation
ALAS (War veterans)		Utilisation based
ERT - inc contracted actvity		Population Served
ERT - Planned Switching & Dosage Review Savings Scheme		Population Served
HPN		Utilisation based
PHT		Utilisation based
MS		Utilisation based
ECMO		Pooling
VADS		Pooling

IPC - Mental Health Risk Share Bases

Forensic Mental Health		Utilisation based
Case Management Investment b		Utilisation based
Medium secure DTOC recharges		Utilisation based
Gender		Utilisation based
Perinatal OOA		Utilisation based
Deaf MH		Utilisation based
Other MH		Population
Eating Disorders		Utilisation based
CAMHS OOA - BCU patients		Utilisation based
CAMHS OOA - South Wales patients		Utilisation based
FACTS OOA - All-Wales		Utilisation based
IVF (IPC)		Utilisation based
IVF (non-Wales)		Utilisation based
IVF (Welsh contracts)		Utilisation based

Direct Running Costs - Risk Share Bases

WHSSC - Core Staffing		Current bases
WHSSC - Core non-pay		Current bases
AAC Project (Non-recurring)		Current bases
Gender Project (Non-recurring)		Current bases
Renal Network		Current bases
Neonatal Network		Current bases
CAMHS/ED Network		Current bases
Mental Health - All-Wales Quality Assurance Team		Current bases
Non-recurring Framework income / expenses		Current bases
EASC - staffing and other non-pay		Current bases

Developents and Savings - Risk Share Bases

Dependent on nature of development - to be agreed through planned developments via the IMTP

Not commissioned NICE drugs - Pooling

Renal - current risk share

	Allocation of Variance							
Renal Unallocated	**C&V %**	**ABM %**	**CT %**	**AB %**	**HD %**	**Po %**	**BC %**	**Total %**
	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
ABMU FYE staff posts	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Health Vision Swansea - Dialysis Unit Refurbishment	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Swansea Area Medical Service Transport Contract	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
ABMU Dialysis ISP Inflation	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
ESA Budget Handback from C&V	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
ABHB Gwent Nephrology Sessions	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
BCU Alltwen & Bangor Unit Refurbishment	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
BCU Dialysis Staffing	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
BCU Home Dialysis Contract HDF Hire	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
BCU Home Dialysis Utilities Re-alignment	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
C&V FYE staff posts	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
C&V Dialysis ISP Inflation	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
ESA Budget Handback to ABMU	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Dialysis Transport from ABHB to Southmead NBT	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
West Wales Dialysis Transport (patient re-imbursement)	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Shrewsbury and Telford Dialysis unit	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Llandrindod Wells (Birmingham satellite unit)	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Llandrindod Wells (Birmingham satellite unit) - Dietetics Recharge	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Llandrindod Wells (Birmingham satellite unit) - Prior Year Under Performance	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Wirral University Hospitals Dialysis LTA	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Wirral University Hospitals Dialysis LTA - Prior Year Over Performance	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
WRCN FYE Staff Posts	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
NWSSP Procurement Support Costs	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%

Transplantation	**C&V %**	**ABM %**	**CT %**	**AB %**	**HD %**	**Po %**	**BC %**	**Total %**
Cardiff and Vale Transplant Centre - Nursing	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Cardiff and Vale Transplant Centre - National Organ Retrieval Service	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Royal Liverpool and Broadgreeen Transplant Centre	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Royal Liverpool and Broadgreeen Transplant Centre - Prior Year Under Performance	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
University Hospitals Birmingham Transplant Centre	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
WBS WTAIL Transplant Laboratory - Tissue Typing	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
WBS WTAIL Transplant Laboratory - scientific staff	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Grand Total								

Immunosuppression	**C&V %**	**ABM %**	**CT %**	**AB %**	**HD %**	**Po %**	**BC %**	**Total %**
LHB contribution into secondary care centre in UHW	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
LHB contribution into secondary care centre in Swansea - Transferred to ABMU LTA	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
LHB contribution into secondary care centre in Wrexham	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
ABMU Pharmacy Infrastructure	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
BCU Pharmacy Infrastructure	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
C&V Pharmacy Infrastructure	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%
Grand Total								

Fresenius	**C&V %**	**ABM %**	**CT %**	**AB %**	**HD %**	**Po %**	**BC %**	**Total %**
Hywel Dda LHB Support Costs	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%
Grand Total								

ANNEX 2

Implementation Principles of Allocation of Risk Pools

Utilisation pool:

Principles:

This is deemed to be the default position. Contracts included in this category can be deemed to be more regional providers for specialist services. However there are small cohorts of providers that are not only used for generally specialist pathways but have an element of super specialist services. Moving forward, it is suggested that these are pooled on separate lines and shared on prior year utilisation.

Club pool:

Principles:

This pool should be limited to those services where there is an All Wales services or where data collection is generally not sufficient to determine an appropriate utilisation share or super specialist centres - highly specialist in nature and therefore, Health Boards will have little control as to managing referrals.

These types of services are typically clinically complex and would not normally, currently be exposed to major service change in Wales. Therefore, it can be said that financial incentives here to encourage service change is may not be appropriate. The appropriate method for this pool is therefore population.

Pay as you go:

Principles:

New developments where pathways are being established therefore, historic utilisation information is not available.

Known items where service change is planned e.g. repatriation.

Method:

Live – based on patient level data.

Schedule of WG income adjustments via HBs

Details	BC	ABMU	AB	C&V	CT	HD	PO	Total	Screening	HCW Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Resource Mapping	118.995	101.572	97.348	98.061	49.304	64.544	24.351	554.175	30.841	585.016
0.75% Uplift	0.892	0.762	0.730	0.735	0.370	0.484	0.183	4.156		
Baseline Funding 2010/11	**119.887**	**102.334**	**98.078**	**98.796**	**49.674**	**65.028**	**24.534**	**558.331**	**30.841**	**585.016**
%	**21.47%**	**18.33%**	**17.57%**	**17.69%**	**8.90%**	**11.65%**	**4.39%**			
Adjustments to Funding 2010/2011										
IVF (second cycle)	0.186	0.135	0.151	0.111	0.083	0.100	0.035	0.801		
Neonatal	0.464	0.337	0.377	0.278	0.207	0.250	0.087	2.000		
Familial hypercholesterol screening	0.105	0.076	0.085	0.063	0.047	0.056	0.020	0.452		
Breast Cancer MRI screening project costs	0.012	0.008	0.009	0.007	0.005	0.006	0.002	0.049		
South Wales Cochlear Backlog	0.000	0.141	0.054	0.100	0.026	0.052	0.002	0.375		
ALAS Wheelchairs (waiting times)	0.366	-	-	-	-	0.007	0.002	0.375		
WAST ARRP	0.704	0.383	0.456	0.327	0.248	0.375	0.204	2.697		
AAA Screening	0.139	0.101	0.113	0.083	0.062	0.075	0.026	0.599		
Renal Dialysis	0.591	0.430	0.481	0.354	0.265	0.319	0.111	2.551		
PbR Funding	3.151	0.340	0.316	0.144	0.155	0.260	0.202	4.568		
ARRP Contingency	0.161	0.087	0.104	0.075	0.057	0.085	0.046	0.615		
ESA Tranfer	0.652	0.709	0.726	0.652	0.497	0.346	0.121	3.703		
Capital Charge transfers	0.691	-0.084	-0.844	-1.237	-0.522	0.312	0.130	-1.554		
Direct Running Costs	0.549	0.399	0.446	0.329	0.246	0.296	0.103	2.368		
Renal Network funding	0.066	0.048	0.053	0.039	0.029	0.035	0.012	0.282		
Recurrent HCW Deficit	2.999	2.763	2.537	1.722	1.212	2.091	0.576	13.900		
PET Funding	0.000	0.176	0.196	0.145	0.108	0.130	0.045	0.800		
EMS Funding	0.484	0.263	0.313	0.225	0.170	0.257	0.140	1.852		
Total WG Allocation adjustment	**11.320**	**6.312**	**5.573**	**3.417**	**2.895**	**5.052**	**1.864**	**36.433**		
%	**31.07%**	**17.32%**	**15.30%**	**9.38%**	**7.95%**	**13.87%**	**5.12%**			
Adjustments to Funding 2011/2012										
Removal of 2010/11 EMS	-0.484	-0.263	-0.313	-0.225	-0.170	-0.257	-0.140	-1.852		
2011/12 EMS	0.220	0.120	0.142	0.102	0.077	0.117	0.064	0.842		
Removal Phase 1 ARRP	-0.704	-0.383	-0.456	-0.327	-0.248	-0.375	-0.204	-2.697		
Removal Phase 2 ARRP	-0.161	-0.087	-0.104	-0.075	-0.057	-0.085	-0.046	-0.615		
2011/12 ARRP	0.755	0.411	0.489	0.351	0.266	0.402	0.219	2.893		
Additional Wheelchairs (North Wales)	0.684	0.000	0.000	0.000	0.000	0.013	0.003	0.700		
Additional Wheelchairs (South Wales)	0.024	0.227	0.299	0.360	0.140	0.137	0.033	1.220		
ARRP further allocation from WAG	0.161	0.088	0.105	0.075	0.057	0.086	0.047	0.619		
FH Screening 2011/2012 Non Recurring	0.010	0.007	0.008	0.006	0.005	0.006	0.002	0.044		
Inherited Bleeding Disorders 2011/2012	0.000	0.000	0.000	0.000	0.096	0.000	0.000	0.096		
Total WG Allocation adjustment	**0.505**	**0.120**	**0.170**	**0.267**	**0.166**	**0.044**	**-0.022**	**1.250**		
%	**40.40%**	**9.60%**	**13.60%**	**21.36%**	**13.28%**	**3.52%**	**-1.76%**			
Less: EMS Funding 2011/2012	-0.220	-0.120	-0.142	-0.102	-0.077	-0.117	-0.064	-0.842		
Add: EMS Funding 2012/2013	0.230	0.125	0.149	0.107	0.081	0.122	0.067	0.880		
WAST Air Ambulance	0.156	0.085	0.101	0.072	0.055	0.083	0.045	0.597		
Less: FH Screening 2011/2012 Non Recurring	-0.010	-0.007	-0.008	-0.006	-0.005	-0.006	-0.002	-0.044		
Add: FH Screening 2012/2013 Non Recurring	0.040	0.033	0.037	0.038	0.020	0.023	0.005	0.194		
Inherited Bleeding Disorders 2011/2012	0.000	0.000	0.000	0.000	-0.096	0.000	0.000	-0.096		
Inherited Bleeding Disorders 2012/2013	0.000	0.000	0.000	0.000	0.096	0.000	0.000	0.096		
Total WG Allocation adjustment	**0.196**	**0.116**	**0.136**	**0.108**	**0.073**	**0.105**	**0.051**	**0.785**		
%	**24.96%**	**14.76%**	**17.31%**	**13.77%**	**9.36%**	**13.35%**	**6.48%**			
Adjustments to Funding 2012/2013										
Remove 2011/12 ARRP	-0.755	-0.411	-0.489	-0.351	-0.266	-0.402	-0.219	-2.893		
Remove ARRP further allocation from WAG	-0.161	-0.088	-0.105	-0.075	-0.057	-0.086	-0.047	-0.619		
2012/2013 ARRP	0.880	0.479	0.570	0.409	0.310	0.469	0.255	3.372		
Unscheduled Care Joint Initiatives 2012/2013	0.225	0.169	0.188	0.154	0.096	0.125	0.043	1.000		
Inherited Bleeding Disorders 2012/2013	0.000	0.000	0.000	0.000	-0.096	0.000	0.000	-0.096		
Total WG Allocation adjustment	**0.189**	**0.149**	**0.164**	**0.137**	**-0.013**	**0.105**	**0.033**	**0.764**		
%	**24.68%**	**19.52%**	**21.49%**	**17.97%**	**-1.73%**	**13.78%**	**4.28%**			
Adjustments to Funding 2013/2014										
Unscheduled Care Joint Initiatives 2012/2013 Non Recurrent	-0.225	-0.169	-0.188	-0.154	-0.096	-0.125	-0.043	-1.000		
Revision to Depreciation Funding 13/14 per cash allocation letter	0.026	0.024	0.078	0.056	0.036	0.015	0.011	0.246		
Agreed Additional Funding for CAMHS N Wales	0.462	0.000	0.000	0.000	0.000	0.000	0.000	0.462		
Remove 2012/2013 ARRP	-0.880	-0.479	-0.570	-0.409	-0.310	-0.469	-0.255	-3.372		
2013/2014 ARRP	0.723	0.394	0.468	0.336	0.255	0.385	0.210	2.771		
Closure of C&V Mother and Baby Psychiatric Unit M7-M12 PYE	0.000	0.000	-0.019	-0.102	-0.022	0.000	-0.011	-0.153		
WAG allocation for CAMHS Network funding	0.000	0.019	0.021	0.014	0.011	0.013	0.005	0.084		
Transfer of Renal Immunosuppression Funding (allocation adjustment in Cash letter 14/15)	0.751	0.594	0.401	0.397	0.376	0.380	0.088	2.986		
WAG allocation for Ivacaftor	0.000	0.000	0.000	0.000	1.591	0.000	0.000	1.591		
WAG allocation for CAMHS / ED funding 13/14 only	0.000	0.000	0.000	0.000	0.070	0.000	0.000	0.070		
Total WG Allocation adjustment	**0.857**	**0.382**	**0.192**	**0.138**	**1.912**	**0.200**	**0.004**	**3.684**		
%	**23.26%**	**10.35%**	**5.21%**	**3.75%**	**51.90%**	**5.42%**	**0.10%**			
Adjustments to Funding 2014/15										
WAG allocation for CAMHS / ED funding 13/14 only Non Recurrent	0.000	0.000	0.000	0.000	-0.070	0.000	0.000	-0.070		
WAG allocation for Ivacaftor - awaiting risk share confirmation	0.000	0.000	0.000	0.000	-1.591	0.000	0.000	-1.591		
WAST VERS adjustment with ABMU as agreed with WAG	0.000	0.800	0.000	0.000	0.000	0.000	0.000	0.800		
14/15 Depreciation allocation letter - WAST	0.121	0.066	0.079	0.056	0.043	0.065	0.035	0.464		
14/15 allocation letter adjustment to renal ring fencing Primary Care ESA					-0.035		-0.054	-0.089		
14/15 allocation letter adjustment for Ivacaftor (Kalydeco)	0.611	0.608	0.152	0.608	0.152			2.132		
Remove 2013/2014 ARRP	-0.723	-0.394	-0.468	-0.336	-0.255	-0.385	-0.210	-2.771		
2014/2015 ARRP	0.636	0.346	0.412	0.296	0.224	0.338	0.184	2.436		

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Details	BC	ABMU	AB	C&V	CT	HD	PO	Total	Screening	HCW Total
WAG allocation for CAMHS / ED Recurring	0.000	0.057	0.061	0.045	0.033	0.040	0.014	0.250		
Selective Dorsal Rhizotomy for Cerebral Palsy (NR Funding from WG)	0.046	0.035	0.037	0.027	0.021	0.025	0.009	0.200		
Selective Internal Radiation Therapy for colorectal liver metastases and intrahepatic cholangiocarcinoma. (NR Funding From WG)	0.018	0.014	0.015	0.012	0.008	0.010	0.003	0.080		
Additional 14/15 allocation adjustment for Ivacaftor (Kalydeco)	0.127							0.127		
Total WG Allocation adjustment	**0.835**	**1.532**	**0.287**	**0.709**	**-1.470**	**0.093**	**-0.019**	**1.968**		
%	**42.44%**	**77.87%**	**14.60%**	**36.03%**	**-74.73%**	**4.74%**	**-0.94%**			

Adjustments to Funding 2015/16										
Additional 15/16 allocation adjustment for Ivacaftor (Kalydeco)	0.153							0.153		
Emergency Medical Response and Transport Service	0.644	0.484	0.539	0.446	0.274	0.357	0.124	2.868		
Remove 2014/2015 ARRP	-0.636	-0.346	-0.412	-0.296	-0.224	-0.338	-0.184	-2.436		
2015/2016 ARRP	0.613	0.334	0.397	0.285	0.216	0.327	0.178	2.350		
Selective Dorsal Rhizotomy for Cerebral Palsy (NR Funding from WG)	-0.046	-0.035	-0.037	-0.027	-0.021	-0.025	-0.009	-0.200		
Selective Internal Radiation Therapy for colorectal liver metastases and intrahepatic cholangiocarcinoma. (NR Funding From WG)	-0.018	-0.014	-0.015	-0.012	-0.008	-0.010	-0.003	-0.080		
Selective Dorsal Rhizotomy for Cerebral Palsy 15/16 (NR Funding from WG)	0.046	0.035	0.037	0.027	0.021	0.025	0.009	0.200		
Selective Internal Radiation Therapy for colorectal liver metastases and intrahepatic cholangiocarcinoma. 15/16 (NR Funding From WG)	0.018	0.014	0.015	0.012	0.008	0.010	0.003	0.080		
WAG allocations for communication aids for ALAS, recurring PYE 2016-17	0.169	0.123	0.139	0.111	0.072	0.094	0.033	0.741		
Total WG Allocation adjustment	**0.943**	**0.595**	**0.663**	**0.547**	**0.338**	**0.439**	**0.150**	**3.676**		
%	**25.66%**	**16.18%**	**18.05%**	**14.87%**	**9.20%**	**11.94%**	**4.09%**			

TOTAL	**14.845**	**9.206**	**7.186**	**5.323**	**3.901**	**6.038**	**2.061**	**48.560**		
	30.57%	**18.96%**	**14.80%**	**10.96%**	**8.03%**	**12.43%**	**4.24%**			

Grand total of allocations as per WHSSC inco	134.732	111.540	105.264	104.119	53.575	71.066	26.595	606.891
% of allocation above	**22.20%**	**18.38%**	**17.34%**	**17.16%**	**8.83%**	**11.71%**	**4.38%**	
15/16 Budget Income per plan	137.790	106.424	113.919	110.288	57.018	70.892	29.232	625.563
14/15 Non recurrent write back per plan	1.646	0.166	0.275	0.373	0.169	0.120	0.685	3.434
TOTAL	139.436	106.590	114.194	110.661	57.187	71.012	29.917	628.997
% of Budget Income above	**22.17%**	**16.95%**	**18.15%**	**17.59%**	**9.09%**	**11.29%**	**4.76%**	
15/16 utilisation	22.83%	16.55%	17.89%	17.73%	9.62%	10.78%	4.60%	

Transfer of Services

Details	BC	ABMU	AB	C&V	CT	HD	PO	Total
Transfer of Services Phase I	-3.971	-8.880	-2.134	-1.197	-0.416	-3.715	-0.177	-20.490
Transfer of Services remainder of phase I	0.000	-0.010	-0.028	-0.077	-0.028	0.026	0.000	-0.117
Transfer of Services Phase II	0.000	0.050	0.193	0.068	-1.286	-0.312	-0.003	-1.289
Transfer of Services Cardiology Phase IIIa	0.000	-5.420	-0.021	-0.206	-0.072	-2.364	-0.216	-8.297
CAMHS Tier 3 Transfer of Services	0.000	0.000	0.000	-1.497	0.000	0.000	0.000	-1.497
Transfer of Services CLAP Cwm Taf	0.000	0.000	0.000	0.000	-0.030	0.000	0.000	-0.030
Transfer of Services WAST PCS BCU	-0.317	0.000	0.000	0.000	0.000	0.000	0.000	-0.317
Royal Liverpool Immunology Transfer	0.066							0.066
ToS Phase 3c Shrewsbury and Telford Immunology Transfer							-0.333	-0.333
ToS Phase North Staffordshire Transfer	-0.157							-0.157
TOTAL	**-4.379**	**-14.259**	**-1.990**	**-2.908**	**-1.831**	**-6.365**	**-0.729**	**-32.461**
	13.49%	**43.93%**	**6.13%**	**8.96%**	**5.64%**	**19.61%**	**2.25%**	

Health Board funded adjustments to risk sharing

Details	BC	ABMU	AB	C&V	CT	HD	PO	Total
Removal of AAA funding	-0.139	-0.101	-0.113	-0.083	-0.062	-0.075	-0.026	-0.599
Annual Plan Investment (as per JC)	0.936	4.146	3.853	2.576	1.736	3.129	1.065	17.440
Risk Sharing Adjustments Month 4	-0.035	0.005	0.009	0.004	0.011	0.012	-0.008	0.000
Risk Sharing Adjustments Month 6	0.045	-0.011	0.046	-0.064	-0.012	0.000	-0.004	0.000
WAST Agreement with LHB CEO's	0.366	0.199	0.237	0.170	0.129	0.195	0.106	1.400
WAST Agreement with LHB CEO's 2012/2013 Non Recurrent	-0.366	-0.199	-0.237	-0.170	-0.129	-0.195	-0.106	-1.400
Joint Committee approval for C&V TPN	0.000	0.005	0.012	0.033	0.032	0.004	0.000	0.087
WAST VERS adjustment with ABMU as agreed with WAG	0.000	-0.800	0.000	0.000	0.000	0.000	0.000	-0.800
Unscheduled Care Support for WAST	2.275	1.225	1.488	1.050	0.788	1.225	0.700	8.750
Closure of C&V Mother and Baby Psychiatric Unit M1-M6 FYE	0.000	0.000	-0.019	-0.102	-0.022	0.000	-0.011	-0.153
Inscheduled Care Support for WAST Risk Share Adjustment	0.010	0.017	-0.008	0.011	0.017	-0.009	-0.039	0.000
Draft Annual Plan to be confirmed	3.925	1.260	3.184	3.268	1.730	-0.105	0.599	13.861
WAST ministerial support Non Recurring					8.000			8.000
WAST ministerial support Non Recurring					-8.000			-8.000
Re-provide support for WAST	2.089	1.136	1.353	0.970	0.736	1.112	0.604	8.000
Annual Plan Investment (as per JC)	0.627	3.458	2.260	2.441	1.087	2.044	1.091	13.007
EASC	0.091	0.050	0.059	0.042	0.032	0.049	0.026	0.350
CAMHS Network and 50% Network Manager TUPE from BCU	0.037						0.074	0.111
WAST VERS adjustment with Cwm Taf as agreed with WAG					-0.471			-0.471
TOTAL	**9.861**	**10.390**	**12.124**	**10.147**	**5.603**	**7.387**	**4.071**	**59.583**
	16.55%	**17.44%**	**20.35%**	**17.03%**	**9.40%**	**12.40%**	**6.83%**	

Total WHSSC Funding 2015/2016 M8	*140.215*	*107.671*	*115.397*	*111.358*	*57.347*	*72.087*	*29.936*	*634.011*
Health board funded adj (see below)	*-2.844*	*-4.644*	*-3.672*	*-3.453*	*6.616*	*-3.204*	*-1.795*	*-12.997*
Reconcilaiton								
Income at inception	119.887	102.334	98.078	98.796	49.674	65.028	24.534	558.331
WG Allocated funding	14.845	9.206	7.186	5.323	3.901	6.038	2.061	48.560
Transfer of Services	-4.379	-14.259	-1.990	-2.908	-1.831	-6.365	-0.729	-32.461
Health board funded adj to risk sharing	9.861	10.390	12.124	10.147	5.603	7.387	4.071	59.583
TOTAL	*140.214*	*107.671*	*115.397*	*111.358*	*57.347*	*72.088*	*29.937*	*634.012*
	22.12%	16.98%	18.20%	17.56%	9.05%	11.37%	4.72%	100.00%

Welsh Provider

Cardiff & Vale Provider

		Risk-sharing from 2012/13 reports															
Service	**2011/12 Outurn**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**
		%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Haemophilia	6,304	26.95%	10.57%	17.61%	28.13%	5.89%	10.85%	0.00%	100.00%	1,699	667	1,110	1,773	371	684	-	6,304
BMT - Cardiff (Consolidated Outurn for 13/14, 1	3,179	16.97%	17.00%	13.91%	35.53%	15.04%	1.55%	0.00%	100.00%	539	540	442	1,129	478	49	-	3,179
BMT -ABM	489	16.97%	17.00%	13.91%	35.53%	15.04%	1.55%	0.00%	100.00%	83	83	68	174	74	8	-	489
Cardiology	21,441	58.87%	0.85%	19.63%	18.45%	0.64%	1.45%	0.10%	100.00%	12,623	181	4,209	3,956	138	311	22	21,441
Cardiology- Specialist Services		58.87%	0.85%	19.63%	18.45%	0.64%	1.45%	0.10%	100.00%	-	-	-	-	-	-	-	-
Cardiology - Developments		58.87%	0.85%	19.63%	18.45%	0.64%	1.45%	0.10%	100.00%	-	-	-	-	-	-	-	-
Cardiac Surgery	15,670	29.32%	0.74%	22.44%	44.46%	0.57%	2.47%	0.00%	100.00%	4,594	117	3,516	6,966	90	387	-	15,670
Cardiac Surgery-TAVI	-	29.32%	0.74%	22.44%	44.46%	0.57%	2.47%	0.00%	100.00%	-	-	-	-	-	-	-	-
Cardiac Surgery - Development S W Wales		29.32%	0.74%	22.44%	44.46%	0.57%	2.47%	0.00%	100.00%	-	-	-	-	-	-	-	-
Cardiac Surgery - Development S E Wales		29.32%	0.74%	22.44%	44.46%	0.57%	2.47%	0.00%	100.00%	-	-	-	-	-	-	-	-
Cardiology for AB	1,133	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	1,133	-	-	-	1,133
ABM Cardiology	152	0.00%	50.63%	0.00%	0.00%	49.37%	0.00%	0.00%	100.00%	-	77	-	-	75	-	-	152
Cwm Taf Cardiology- Emergency Pacing	62	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	-	62	-	-	-	-	62
Cwm Taf Cardiology PPCI	28	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	-	28	-	-	-	-	28
Cardiology-Non Specialist		58.87%	0.85%	19.63%	18.45%	0.64%	1.45%	0.10%	100.00%	-	-	-	-	-	-	-	-
Cwm Taf Cardiology ICD's		58.87%	0.85%	19.63%	18.45%	0.64%	1.45%	0.10%	100.00%	-	-	-	-	-	-	-	-
Renal Surgery	1,763	31.96%	16.45%	15.02%	30.70%	5.48%	0.40%	0.00%	100.00%	563	290	265	541	97	7	-	1,763
Nephrology	8,013	40.59%	5.65%	18.16%	32.11%	1.68%	1.79%	0.01%	100.00%	3,253	453	1,455	2,573	135	143	1	8,013
Home Renal Dialysis	693	21.31%	11.38%	28.20%	39.11%	0.00%	0.00%	0.00%	100.00%	148	79	195	271	-	-	-	693
Renal CAPD (Dialysis)	1,939	21.01%	7.15%	31.16%	34.68%	0.00%	6.00%	0.00%	100.00%	407	139	604	672	-	116	-	1,939
Hospital Renal Dialysis	11,377	29.32%	6.98%	21.27%	41.40%	0.09%	0.95%	0.00%	100.00%	3,335	794	2,419	4,710	10	108	-	11,377
Perinatal	254	15.36%	16.77%	9.67%	18.68%	12.49%	4.39%	22.63%	100.00%	39	43	25	47	32	11	57	254
Neuropsychiatry	1,517	49.66%	0.39%	10.78%	29.71%	9.43%	0.04%	0.00%	100.00%	753	6	163	451	143	1	-	1,517
Mental Illness - Neuropsychiatry daycase	616	34.99%	7.20%	14.89%	41.42%	0.06%	1.44%	0.00%	100.00%	216	44	92	255	0	9	-	616
Neurosurgery	13,403	23.65%	17.50%	16.26%	25.20%	14.92%	2.24%	0.24%	100.00%	3,170	2,345	2,179	3,378	1,999	300	32	13,403
Neurology	5,075	44.85%	2.04%	27.84%	23.10%	1.55%	0.63%	0.00%	100.00%	2,276	103	1,413	1,172	79	32	-	5,075
Neurology Blood - Transfer of Services	(215)	25.81%	0.00%	35.48%	38.71%	0.00%	0.00%	0.00%	100.00%	(55)	-	(76)	(83)	-	-	-	(215)
Neurology Blood - Transfer of Services 2	(230)	25.81%	0.00%	35.48%	38.71%	0.00%	0.00%	0.00%	100.00%	(59)	-	(82)	(89)	-	-	-	(230)
NICU BH	6,483	60.20%	11.74%	12.19%	11.41%	3.38%	1.00%	0.08%	100.00%	3,903	761	790	740	219	65	5	6,483
PICU BH	4,243	23.13%	23.31%	7.63%	25.22%	19.87%	0.84%	0.00%	100.00%	982	989	324	1,070	843	36	-	4,243
Thoracic Surgery	3,145	40.41%	0.98%	24.34%	31.06%	1.21%	1.86%	0.15%	100.00%	1,271	31	765	977	38	58	5	3,145
Fertility Treatment	712	42.09%	4.43%	16.14%	29.11%	6.96%	0.95%	0.32%	100.00%	300	32	115	207	50	7	2	712
ALAS	13,949	29.55%	17.06%	11.94%	25.50%	11.35%	2.49%	2.11%	100.00%	4,122	2,380	1,666	3,557	1,583	347	294	13,949
BAHAS & Cochlears	1,909	29.55%	0.60%	18.22%	42.41%	4.46%	4.76%	0.00%	100.00%	564	11	348	810	85	91	-	1,909
Clinical Immunology	464	21.05%	22.98%	13.25%	25.60%	17.11%	0.00%	0.00%	100.00%	98	107	61	119	79	-	-	464
Clinical Immunology New Year Development	250	14.96%	16.65%	9.68%	18.80%	12.64%	4.44%	22.82%	100.00%	37	42	24	47	32	11	57	250
Enzyme Replacement Therapy	198	11.25%	16.67%	26.17%	22.93%	19.05%	3.93%	0.00%	100.00%	22	33	52	45	38	8	-	198
Medical Genetics	6,184	17.78%	15.69%	9.32%	21.31%	10.80%	1.59%	23.51%	100.00%	1,099	970	576	1,318	668	98	1,454	6,184
Regional Pharmaceutical Service	948	15.36%	16.77%	9.67%	18.68%	12.49%	4.39%	22.63%	100.00%	146	159	92	177	118	42	215	948
Cystic Fibrosis	3,459	24.00%	22.16%	14.14%	27.98%	9.68%	1.81%	0.23%	100.00%	830	766	489	968	335	63	8	3,459
NICE / High Cost Drugs	484	32.04%	3.27%	6.16%	55.84%	2.63%	0.06%	0.00%	100.00%	155	16	30	270	13	0	-	484
Renal Transplants	6,100	20.13%	25.50%	11.41%	29.53%	12.75%	0.67%	0.00%	100.00%	1,228	1,556	696	1,801	778	41	-	6,100
DMTs (Drug Alloc Only)	1,134	42.21%	0.60%	21.17%	35.46%	0.00%	0.56%	0.00%	100.00%	479	7	240	402	-	6	-	1,134
MS Risk Sharing - Infrastructure	710	42.21%	0.60%	21.17%	35.46%	0.00%	0.56%	0.00%	100.00%	300	4	150	252	-	4	-	710
MS - Transfer of Service	(1,844)	42.21%	0.60%	21.17%	35.46%	0.00%	0.56%	0.00%	100.00%	(778)	(11)	(390)	(654)	-	(10)	-	(1,844)
Spinal Injuries	2,455	27.87%	6.96%	12.99%	35.40%	14.23%	2.55%	0.00%	100.00%	684	171	319	869	349	63	-	2,455
Spinal Implants	570	20.82%	15.09%	23.10%	28.25%	10.15%	2.59%	0.00%	100.00%	119	86	132	161	58	15	-	570
Paediatric Surgery	5,358	52.05%	9.81%	6.59%	21.32%	9.20%	0.87%	0.17%	100.00%	2,789	525	353	1,142	493	47	9	5,358
Paediatric Renal	1,383	41.66%	12.78%	12.94%	22.93%	9.02%	0.65%	0.02%	100.00%	576	177	179	317	125	9	0	1,383
Paediatric Oncology	5,920	27.68%	22.02%	9.18%	30.19%	10.04%	0.89%	0.01%	100.00%	1,639	1,303	543	1,787	594	52	1	5,920
Paediatric Neurology	1,619	53.77%	4.42%	11.42%	25.02%	4.33%	1.04%	0.00%	100.00%	870	72	185	405	70	17	-	1,619
Paediatric Gastroenterology	175	46.36%	6.74%	22.55%	18.76%	0.08%	5.50%	0.00%	100.00%	81	12	39	33	0	10	-	175
Paediatric ENT	1,276	76.46%	3.03%	4.41%	13.43%	1.47%	1.03%	0.18%	100.00%	976	39	56	171	19	13	2	1,276
Paediatric ENT Saving	(46)	72.80%	3.65%	4.28%	14.64%	1.89%	2.74%	0.00%	100.00%	(33)	(2)	(2)	(7)	(1)	(1)	-	(46)
Paediatric Cardiology	1,868	44.69%	11.39%	14.05%	23.64%	5.23%	0.98%	0.01%	100.00%	835	213	263	442	98	18	0	1,868
Cystic Fibrosis- Childrens Development	268	41.42%	20.00%	12.86%	12.86%	11.43%	1.43%	0.00%	100.00%	111	54	34	34	31	4	-	268
Paediatric saving		44.43%	13.26%	9.27%	24.02%	7.99%	0.96%	0.07%	100.00%	-	-	-	-	-	-	-	-
ISAT - Coils	901	19.88%	29.11%	8.93%	24.75%	13.50%	3.58%	0.26%	100.00%	179	262	80	223	122	32	2	901
Neuro Rehab	3,596	50.92%	1.60%	8.59%	38.79%	0.07%	0.03%	0.00%	100.00%	1,831	57	309	1,395	2	1	-	3,596
Mother & Baby	307	84.27%	8.41%	2.71%	3.23%	1.37%	0.00%	0.00%	100.00%	259	26	8	10	4	-	-	307
Haemophilia Ref Centre	67	26.95%	10.57%	17.61%	28.13%	5.89%	10.85%	0.00%	100.00%	18	7	12	19	4	7	-	67
Home TPN	564	39.16%	6.82%	12.29%	19.24%	22.48%	0.00%	0.00%	100.00%	221	38	69	109	127	-	-	564
Long-Term Ventilation	182	15.36%	16.77%	9.67%	18.68%	12.49%	4.39%	22.63%	100.00%	28	31	18	34	23	8	41	182
Lymphoma Panel	529	15.36%	16.77%	9.67%	18.68%	12.49%	4.39%	22.63%	100.00%	81	89	51	99	66	23	120	529
Capital Charges	(3,739)	35.00%	10.43%	16.06%	29.15%	6.02%	2.01%	1.34%	100.00%	(1,309)	(390)	(600)	(1,090)	(225)	(75)	(50)	(3,739)
Teenage Cancer Unit	305	26.73%	5.65%	8.62%	45.62%	12.93%	0.45%	0.00%	100.00%	82	17	26	139	39	1	-	305
Paeds Haematologist	157	15.36%	16.77%	9.67%	18.68%	12.49%	4.39%	22.63%	100.00%	24	26	15	29	20	7	36	157
Specialist Physio	48	15.36%	16.77%	9.67%	18.68%	12.49%	4.39%	22.63%	100.00%	7	8	5	9	6	2	11	48
AICU	420	32.03%	10.91%	13.64%	25.87%	16.93%	0.61%	0.00%	100.00%	135	46	57	109	71	3	-	420
Inflation/SCEP to be allocated to services	(932)	34.85%	10.21%	15.79%	29.41%	6.33%	2.01%	1.40%	100.00%	(325)	(95)	(147)	(274)	(59)	(19)	(13)	(932)
Children's Hospital for Wales		45.76%	13.56%	11.86%	20.34%	6.78%	1.69%	0.00%	100.00%	-	-	-	-	-	-	-	-
To charge only actual device cost DES, ICD, ISAT etc (provisional)		19.38%	21.57%	12.54%	24.36%	16.38%	5.77%	0.00%	100.00%	-	-	-	-	-	-	-	-
Liver Cancer Development	451	20.91%	20.00%	10.91%	28.18%	17.27%	1.82%	0.91%	100.00%	94	90	49	127	78	8	4	451
Liver Cancer - Transfer of Services	343	28.57%	8.57%	14.29%	34.29%	11.43%	2.86%	0.00%	100.00%	98	29	49	118	39	10	-	343
	165,236									58,410	16,705	26,220	47,547	10,751	3,288	2,315	165,236
																	165,236
Average for utilisation										35.35%	10.11%	15.87%	28.78%	6.51%	1.99%	1.40%	100.00%

Abertawe Bro Morgannwg Provider

Service		**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**
		%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Renal	14,171	0.09%	78.06%	0.29%	0.21%	18.31%	2.69%	0.33%	100.00%	13	11,062	41	30	2,595	382	47	14,171
Renal - West Wales ISP Units		0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-
Cardiac Surgery	12,181	2.09%	52.18%	0.91%	0.22%	41.07%	2.51%	1.02%	100.00%	254	6,356	111	27	5,003	306	124	12,181
Cardiac Surgery - Backlog	-	2.09%	52.18%	0.91%	0.22%	41.07%	2.51%	1.02%	100.00%	-	-	-	-	-	-	-	-
Cardiac Surgery-TAVI	205		100.00%						100.00%	-	205	-	-	-	-	-	205
Cardiac Surgery - Premium Cost	369	2.79%	54.44%	0.98%	0.22%	38.07%	2.52%	0.97%	100.00%	10	201	4	1	140	9	4	369
Cardiology	16,899	2.27%	54.65%	0.73%	0.23%	37.45%	3.57%	1.09%	100.00%	384	9,236	123	39	6,329	604	185	16,899
Cardiology PPCI		0.00%	57.00%	0.00%	0.00%	43.00%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-
Cardiology PPCI Jumbulance		0.00%	50.00%	0.00%	0.00%	50.00%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-
Thoracic	1,607	2.28%	56.35%	1.30%	0.00%	37.13%	2.61%	0.33%	100.00%	37	906	21	-	597	42	5	1,607
Plastics	15,801	6.38%	43.27%	9.47%	16.98%	21.14%	2.53%	0.23%	100.00%	1,008	6,837	1,496	2,683	3,341	400	36	15,801
Plastics - backlog		17.08%	21.74%	16.46%	7.45%	32.61%	4.66%	0.00%	100.00%	-	-	-	-	-	-	-	-
Plastics - backlog daycases		6.80%	0.00%	17.48%	12.62%	57.27%	5.83%	0.00%	100.00%	-	-	-	-	-	-	-	-
Plastics - backlog daycases ABM		0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-
Plastics - PIP Implants Expenditure		6.38%	43.27%	9.47%	16.98%	21.14%	2.53%	0.23%	100.00%	-	-	-	-	-	-	-	-
Plastics - PIP Implants Income		6.38%	43.27%	9.47%	16.98%	21.14%	2.53%	0.23%	100.00%	-	-	-	-	-	-	-	-
CLP	905	16.84%	25.26%	16.84%	28.42%	10.53%	1.05%	1.05%	100.00%	152	229	152	257	95	10	10	905
Burns	4,904	20.78%	22.96%	13.09%	25.36%	16.72%	1.09%	0.00%	100.00%	1,019	1,126	642	1,244	820	54	-	4,904
NS	7,191	1.43%	62.27%	0.66%	0.23%	33.32%	1.54%	0.55%	100.00%	103	4,478	47	16	2,396	111	39	7,191
NS - Transfe4r of Services	(7,190)	1.43%	62.27%	0.66%	0.23%	33.32%	1.54%	0.55%	100.00%	(103)	(4,477)	(47)	(16)	(2,396)	(111)	(39)	(7,190)
Neuro	5,374	1.14%	64.74%	0.28%	0.07%	31.97%	1.65%	0.15%	100.00%	61	3,479	15	4	1,718	89	8	5,374
Neuro - Transfer of Services	(5,369)	1.14%	64.74%	0.28%	0.07%	31.97%	1.65%	0.15%	100.00%	(61)	(3,476)	(15)	(4)	(1,717)	(89)	(8)	(5,369)
Rehab	1,986	0.08%	70.16%	0.08%	0.00%	25.27%	1.78%	2.64%	100.00%	2	1,393	2	-	502	35	52	1,986
Rehab Slippage	(63)	0.08%	70.16%	0.08%	0.00%	25.27%	1.78%	2.64%	100.00%	(0)	(44)	(0)	-	(16)	(1)	(2)	(63)
Rehab - Transfer of Services	(119)	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	(119)	-	-	-	-	-	(119)
NICU	3,817	0.07%	64.48%	7.65%	0.34%	25.60%	1.56%	0.30%	100.00%	3	2,461	292	13	977	60	11	3,817
ALAC	1,737	0.00%	55.17%	0.00%	0.00%	40.07%	4.76%	0.00%	100.00%	-	958	-	-	696	83	-	1,737
NICE	162	0.53%	74.92%	3.90%	0.17%	18.38%	1.94%	0.15%	100.00%	1	121	6	0	30	3	0	162
NICE - Transfer of Services	(90)	0.53%	74.92%	3.90%	0.17%	18.38%	1.94%	0.15%	100.00%	(0)	(67)	(4)	(0)	(17)	(2)	(0)	(90)
NICE Cerezyme	37	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	37	-	-	-	-	-	37
Clinical Genetics	58	0.00%	62.69%	0.00%	0.00%	33.94%	3.37%	0.00%	100.00%	-	36	-	-	20	2	-	58
Oncology Contribution	54																
Oncology Contribution - Transfer of Services	(54)																
Cochlears	281	0.00%	50.00%	0.00%	0.00%	50.00%	0.00%	0.00%	100.00%	-	141	-	-	141	-	-	281
BAHA - Transfer of Services	57	0.00%	75.93%	1.85%	0.00%	20.37%	1.85%	0.00%	100.00%	-	43	1	-	12	1	-	57
East Cardiology	952	11.42%	86.61%	1.44%	0.13%	0.00%	0.39%	0.00%	100.00%	109	825	14	1	-	4	-	952
Medium Secure Mental Health - East Forensics	13,150	15.83%	36.03%	17.56%	18.24%	4.55%	7.79%	0.00%	100.00%	2,082	4,738	2,309	2,398	598	1,025	-	13,150
Mental Health Academic Fee		15.36%	16.77%	9.67%	18.68%	12.49%	4.39%	22.63%	100.00%	-	-	-	-	-	-	-	-
NICU East	50	5.42%	86.08%	0.97%	1.78%	5.74%	0.00%	0.00%	100.00%	3	43	0	1	3	-	-	50
Screening	45																
Screening - Transfer of Services	(45)																
SMTL	596	15.39%	17.01%	9.70%	18.78%	12.35%	4.40%	22.37%	100.00%	92	101	58	112	74	26	133	596
Residual Capital Charge	44	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	44	-	-	-	-	-	44
Medium Transfer to Low Secure	179																
Medium Transfer to Low Secure - Transfer of Se	(179)																
To charge only actual device cost DES, ICD, ISAT etc (provisional)		19.38%	21.57%	12.54%	24.36%	16.38%	5.77%	0.00%	100.00%	-	-	-	-	-	-	-	-
Bariatrics	505	13.79%	43.10%	5.17%	25.86%	8.62%	3.45%	0.00%	100.00%	70	218	26	131	44	17	-	505
Sarcoma	767	19.75%	22.00%	12.79%	24.84%	16.70%	3.92%	0.00%	100.00%	151	169	98	191	128	30	-	767
EMRTS	-	12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	-	-	-	-	-	-	-	-
Haemophilia	-	0.00%	56.86%	0.00%	0.00%	43.14%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-
	90,975									5,389	47,259	5,393	7,127	22,112	3,089	606	90,975
																	90,975
Average for utilisation pool										5.92%	51.95%	5.93%	7.83%	24.31%	3.39%	0.67%	100.00%

Betsi Cadwaladr Provider

Service		**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**
		%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
ALAS	4,922	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	4,922	4,922
ALAS Development	700	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	700	700
BAHA	217	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	217	217
Cervical screening capital charge adjustment	(30)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	(30)	(30)
Renal	13,153	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	13,153	13,153

Risk-sharing from 2012/13 reports

Service	2011/12 Outturn	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
		%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Pacing	367	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	367	367
Pacing - Transfer of Services	(367)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	(367)	(367)
NIV	203	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	203	203
NIV - Transfer of Services	(203)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	(203)	(203)
BMT	86	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	86	86
Angiography	1,182	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,182	1,182
Angiography - Transfer of Services	(1,183)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	(1,183)	(1,183)
Angioplasty	1,279	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,279	1,279
ACHD		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	-	-
ICD	401	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	401	401
Medical Genetics	167	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	167	167
NICU	1,048	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,048	1,048
CAMHs (outturn includes CITT)	2,685	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	2,685	2,685
CAMHs- CITT								100.00%	100.00%	-	-	-	-	-	-	-	-
CAMHs - WHSSC Reclaim of CAMHS CIP		8.41%	3.88%	17.58%	15.68%	8.03%	5.02%	41.41%	100.00%	-	-	-	-	-	-	-	-
Cochlear Implants	601	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	601	601
TPN	46	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	46	46
Haemophilia	1,231	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,231	1,231
Sarcoma	69	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	69	69
PET Scanning								100.00%		-	-	-	-	-	-	-	-
Medium Secure Mental Health	4,883	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	4,883	4,883
	31,457									-	-	-	-	-	-	31,457	31,457
Average for utilisation pool																100.00%	100.00%

Cwm Taf Provider

Service		C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
		%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
NICU	397	24.71%	1.57%	72.16%	1.57%	0.00%	0.00%	0.00%	100.00%	98	6	286	6	-	-	-	397
Neonatal HDU		12.83%	17.88%	12.89%	23.92%	12.75%	1.76%	17.97%	100.00%	-	-	-	-	-	-	-	-
Cleft Lip & Palate	30	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	-	30	-	-	-	-	30
CAMHS T4 (includes all CAMHs for 10/11,11/12	5,166	15.14%	8.00%	2.84%	42.00%	32.03%	0.00%	0.00%	100.00%	782	413	147	2,170	1,655	-	-	5,166
CAMHS T3		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-
CITT		100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-
FACTS	446	26.92%	26.92%	7.69%	3.85%	3.85%	1.92%	28.85%	100.00%	120	120	34	17	17	9	129	446
Angiography	810	2.40%	0.80%	90.52%	6.14%	0.00%	0.13%	0.00%	100.00%	19	6	733	50	-	1	-	810
Pacing	591	1.04%	0.00%	90.63%	0.00%	8.33%	0.00%	0.00%	100.00%	6	-	536	-	49	-	-	591
ICD				100.00%					100.00%	-	-	-	-	-	-	-	-
SCEP	(44)	41.64%	9.49%	27.97%	11.04%	7.28%	2.58%	0.00%	100.00%	(18)	(4)	(12)	(5)	(3)	(1)	-	(44)
	7,396									1,007	542	1,754	2,238	1,718	8	129	7,396
Average for utilisation pool										13.62%	7.33%	23.71%	30.26%	23.22%	0.11%	1.74%	100.00%

Aneurin Bevan Provider

Service		C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
		%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Angiography	1,013	0.00%	0.00%	0.00%	95.00%	0.00%	5.00%	0.00%	100.00%	-	-	-	962	-	51	-	1,013
Cardiology	935	0.00%	0.00%	0.00%	99.00%	0.00%	1.00%	0.00%	100.00%	-	-	-	926	-	9	-	935
Non-Angiography Services	2,294	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	2,294	-	-	-	2,294
Non-Angiography Services-Transfer of Services	(1,700)	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	(1,700)	-	-	-	(1,700)
NICU		0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-
CITT		24.50%	0.00%	25.07%	29.62%	15.05%	5.75%	0.00%	100.00%	-	-	-	-	-	-	-	-
RF ablation		0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-
	2,542									-	-	-	2,482	-	60	-	2,542
Average for utilisation pool										0.00%	0.00%	0.00%	97.64%	0.00%	2.36%	0.00%	100.00%

Hywel Dda Provider

Service		C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
		%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Angiography	192	**0.00%**	**3.50%**	**0.00%**	**0.00%**	**94.75%**	**1.75%**	**0.00%**	**100.00%**	-	7	-	-	182	3	-	192
Pacing	145	**0.00%**	**3.50%**	**0.00%**	**0.00%**	**94.75%**	**1.75%**	**0.00%**	**100.00%**	-	5	-	-	137	3	-	145
NICU	15	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	-	-	-	-	15	-	-	15
CITT		24.50%	0.00%	25.07%	29.62%	15.05%	5.75%	0.00%	100.00%	-	-	-	-	-	-	-	-
Cervical Screening Capital Charges	15	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	-	-	-	-	15	-	-	15
	367									-	12	-	-	349	6	-	367
Average for utilisation pool										0.00%	3.21%	0.00%	0.00%	95.18%	1.61%	0.00%	100.00%

Velindre Provider

Service		C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
		%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Welsh Blood Service	20,923	19.38%	21.57%	12.54%	24.36%	16.38%	5.77%	0.00%	100.00%	4,055	4,513	2,624	5,097	3,427	1,207	-	20,923
Cancer Services	8,504	28.69%	9.86%	18.55%	39.25%	1.51%	2.14%	0.00%	100.00%	2,440	838	1,577	3,338	128	182	-	8,504
Brachytherapy- Saving Scheme	(37)	19.38%	21.57%	12.54%	24.36%	16.38%	5.77%	0.00%	100.00%	(7)	(8)	(5)	(9)	(6)	(2)	-	(37)
	29,390									6,488	5,344	4,197	8,426	3,550	1,387	-	29,390
Average for utilisation pool										22.07%	18.18%	14.28%	28.67%	12.08%	4.72%	0.00%	100.00%

Welsh Ambulance Provider

Service		C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
		%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Emergency Services - Revenue	86,085	12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	10,439	12,223	7,917	14,559	11,966	6,503	22,478	86,085
Emergency Services - Capital Charges	12,164	12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	1,475	1,727	1,119	2,057	1,691	919	3,176	12,164
Unscheduled Care Initiatives 2012/13 NR		12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	-	-	-	-	-	-	-	-
Additional WAST funding 2012/13 NR		12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	-	-	-	-	-	-	-	-
Neonatal Transport		19.38%	21.57%	12.54%	24.36%	16.38%	5.77%	0.00%	100.00%	-	-	-	-	-	-	-	-
Air Ambulance		12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	-	-	-	-	-	-	-	-
PCS	317	12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	38	45	29	54	44	24	83	317
ARRP	3,511	12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	426	499	323	594	488	265	917	3,511
NHS Direct	10,302	12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	1,249	1,463	947	1,742	1,432	778	2,690	10,302
NHS Direct- Saving Scheme	(250)	12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	(30)	(35)	(23)	(42)	(35)	(19)	(65)	(250)
Allocation letter depreciation WAST Approved Scheme		12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	-	-	-	-	-	-	-	-
Ministerial Assistance non recurring		12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	-	-	-	-	-	-	-	-
Renal	1,017	12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	123	144	94	172	141	77	266	1,017
	113,146									13,721	16,065	10,406	19,136	15,727	8,547	29,544	113,146
Average for utilisation pool										12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%
	440,509									85,016	85,926	47,969	86,956	54,207	16,385	64,051	440,509

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Non Welsh Contracts		2012-13 risk share															
English NHS Providers		**C&V %**	**ABM %**	**CT %**	**AB %**	**HD %**	**Po %**	**BC %**	**Total %**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**
	2011/12 Outurn																
Alder Hey Children's NHS Foundation Trust	10,479	0.07%	0.00%	0.05%	0.00%	0.29%	1.98%	97.62%	100.00%	7	0	5	-	30	208	10,229	10,479
Alder Hey Blood Products	926	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	926	926
Birmingham Children's Hospital NHS Trust	1,262	5.46%	10.61%	2.51%	25.43%	3.99%	47.67%	4.33%	100.00%	69	134	32	321	50	602	55	1,262
Birmingham Women's Hospital NHS Trust	185	8.66%	2.85%	0.55%	8.38%	1.18%	73.34%	5.04%	100.00%	16	5	1	16	2	136	9	185
Cambridge University Hospital NHS Foundation Trust (Addenbrooke's)	622	33.81%	7.74%	0.02%	6.54%	11.89%	11.06%	28.94%	100.00%	210	48	0	41	74	69	180	622
Central Manchester / Manchester Children's University Hospital NHS Trust	1,727	0.47%	1.13%	1.02%	0.12%	1.00%	1.28%	94.98%	100.00%	8	19	18	2	17	22	1,640	1,727
Christie Hospitals NHS Trust	1,487	0.79%	0.05%	1.00%	0.29%	1.03%	1.67%	95.16%	100.00%	12	1	15	4	15	25	1,415	1,487
DDRC	200	19.37%	21.58%	12.55%	24.37%	16.37%	5.76%	0.00%	100.00%	39	43	25	49	33	12	-	200
Great Ormond Street Hospital NHS Trust	1,288	22.09%	11.89%	6.13%	26.34%	9.89%	2.43%	21.24%	100.00%	285	153	79	339	127	31	274	1,288
Guy's and St Thomas' Hospital Trust	797	18.34%	14.16%	7.49%	14.91%	18.33%	6.68%	20.08%	100.00%	146	113	60	119	146	53	160	797
Heart of England NHS Foundation Trust	167	0.00%	0.54%	0.13%	40.68%	0.10%	51.68%	6.87%	100.00%	-	1	0	68	0	86	11	167
Hereford Hospitals	115	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%	-	-	-	-	-	115	-	115
Imperial College Healthcare (Hammersmith)	1,588	23.73%	27.97%	7.68%	18.46%	16.12%	2.76%	3.29%	100.00%	377	444	122	293	256	44	52	1,588
Kings Healthcare NHS Trust (King's College Hospital NHS Foundation Trust)	464	19.58%	20.33%	6.81%	18.73%	14.50%	7.09%	12.96%	100.00%	91	94	32	87	67	33	60	464
Leeds Teaching Hospitals NHS Trust	197	15.61%	8.38%	1.21%	3.84%	3.32%	2.30%	65.35%	100.00%	31	17	2	8	7	5	129	197
Liverpool Heart & Chest Hospital NHS Foundation Trust	15,178	0.00%	0.00%	0.00%	0.00%	0.05%	0.54%	99.41%	100.00%	-	-	-	-	7	81	15,089	15,177
Newcastle Upon Tyne Hospitals NHS Trust	45	25.00%	33.33%	4.17%	12.50%	12.50%	0.00%	12.50%	100.00%	11	15	2	6	6	-	6	45
Papworth Hospital NHS Trust	722	20.12%	8.11%	2.29%	22.61%	8.27%	6.24%	32.35%	100.00%	145	59	17	163	60	45	234	722
Robert Jones & Agnus Hunt	1,490	0.00%	0.00%	0.00%	0.00%	11.14%	6.76%	82.10%	100.00%	-	-	-	-	166	101	1,223	1,490
Royal Brompton and Harefield NHS Trust	2,765	19.01%	27.78%	9.95%	29.84%	7.09%	2.52%	3.80%	100.00%	526	768	275	825	196	70	105	2,765
Royal Free Hampstead NHS Trust	1,410	36.43%	24.14%	3.43%	9.16%	4.84%	3.56%	18.44%	100.00%	514	340	48	129	68	50	260	1,410
Royal Liverpool and Broadgreen University Hospitals NHS Trust	1,286	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,286	1,286
Royal Liverpool and Broadgreen University Hospitals NHS Trust - Transfer of Service	1,639	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,639	1,639
Royal Marsden NHS Trust	296	8.61%	14.01%	8.09%	17.18%	13.54%	27.18%	11.39%	100.00%	25	41	24	51	40	80	34	296
Royal Orthopaedic Hospital NHS Trust	966	7.86%	10.83%	15.01%	19.41%	16.75%	15.21%	14.93%	100.00%	76	105	145	187	162	147	144	966
Salford Royal Hospitals NHS Trust	1,322	0.83%	5.18%	0.28%	19.57%	0.47%	13.38%	60.28%	100.00%	11	69	4	259	6	177	797	1,322
Sheffield Teaching Hospitals NHS Trust	714	14.53%	19.56%	4.77%	13.32%	15.90%	7.57%	24.35%	100.00%	104	140	34	95	114	54	174	714
Shrewsbury & Telford Hospital NHS Trust	816	0.00%	0.00%	0.00%	0.00%	1.01%	98.77%	0.22%	100.00%	-	-	-	-	8	806	2	816
St Helen & Knowsley NHS Trust	2,199	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	2,199	2,199
Uni Hosp North Staffordshire NHS Trust	1,594	0.06%	0.12%	0.30%	0.36%	0.33%	89.01%	9.82%	100.00%	1	2	5	6	5	1,419	157	1,594
Uni Hosp Birm - contract agreement							100.00%		100.00%	-	-	-	-	-	-	-	-
University Hospital of South Manchester NHS Foundation Trust	386	2.55%	2.30%	0.00%	0.59%	3.60%	1.72%	89.24%	100.00%	10	9	-	2	14	7	344	386
University Hospital of South Manchester NHS Foundation Trust - Transfer of Services	463	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	463	463
University College London Hospitals NHS Trust	1,421	8.82%	22.32%	4.89%	15.25%	31.68%	4.53%	12.51%	100.00%	125	317	69	217	450	64	178	1,421
University Hospital Birmingham NHS Trust	4,256	8.95%	6.06%	5.73%	13.67%	5.01%	48.39%	12.20%	100.00%	381	258	244	582	213	2,060	519	4,256
University Hospital Birmingham NHS Trust - transplants	319	12.13%	14.20%	9.20%	16.91%	13.90%	7.55%	26.11%	100.00%	39	45	29	54	44	24	83	319
University Hospital Bristol NHS Trust	6,893	20.69%	20.28%	13.11%	31.12%	13.71%	1.03%	0.06%	100.00%	1,426	1,398	904	2,145	945	71	4	6,893
University Hospital Bristol NHS Trust- Saving Scheme		20.69%	20.28%	13.11%	31.12%	13.71%	1.03%	0.06%	100.00%	-	-	-	-	-	-	-	-
Walton Centre NHS Foundation Trust	12,340	0.06%	0.54%	0.00%	0.04%	0.07%	0.31%	98.97%	100.00%	8	67	-	5	9	38	12,213	12,340
Cheltenham PET Scanning Service										-	-	-	-	-	-	-	-
Clatterbridge Centre for Oncology NHS Trust										-	-	-	-	-	-	-	-
Countess of Chester NHS Foundation Trust										-	-	-	-	-	-	-	-
Wirral Hospitals NHS Trust	301	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	301	301
Rampton	1,607	24.86%	14.94%	5.87%	7.74%	6.93%	4.62%	35.04%	100.00%	400	240	94	124	111	74	563	1,607
Ashworth	14,064	24.86%	14.94%	5.87%	7.74%	6.93%	4.62%	35.04%	100.00%	3,496	2,101	826	1,089	975	650	4,928	14,064
Broadmoor	-									-	-	-	-	-	-	-	-
North West Specialised Services CT	439	24.86%	14.94%	5.87%	7.74%	6.93%	4.62%	35.04%	100.00%	109	66	26	34	30	20	154	439
Fresenius	2,672	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	-	-	-	-	2,672	-	-	2,672
MH Other		25.49%	21.57%	3.92%	13.73%	7.84%	7.84%	19.61%	100.00%	-	-	-	-	-	-	-	-
MH High Secure contract savings		25.49%	21.57%	3.92%	13.73%	7.84%	7.84%	19.61%	100.00%	-	-	-	-	-	-	-	-
PETIC	800	19.38%	21.58%	12.55%	24.36%	16.37%	5.76%	0.00%	100.00%	155	173	100	195	131	46	-	800
Balance Sheet Write Back 2010/11	- 222	8.17%	8.03%	2.57%	8.38%	7.90%	7.42%	57.52%	100.00%	- 18	- 18	- 6	- 19	- 18	- 16	- 128	- 222
HCS		11.15%	10.06%	4.09%	11.63%	7.35%	15.97%	39.76%	100.00%	-	-	-	-	-	-	-	-
	99,685									8,834	7,267	3,230	7,495	7,241	7,507	58,111	99,684
																	99,684

Appendix 3 Historic Risk Share % - Individual Patient Agreements and High Cost Exclusions

		Allocation of Variance 12/13								End Of Year Forecasts £ Allocation of Actual 12/13							
Non Contracted Activity	**2011/12 Outurn £'000**	**C&V %**	**ABM %**	**CT %**	**AB %**	**HD %**	**Po %**	**BC %**	**Total %**	**C&V £'000**	**ABM £'000**	**CT £'000**	**AB £'000**	**HD £'000**	**Po £'000**	**BC £'000**	**Total £'000**
IPFR (general)		14.96%	17.77%	9.46%	17.10%	12.93%	6.07%	21.70%	100.00%	-	-	-	-	-	-	-	-
IPC (General)	15,214	14.96%	17.77%	9.46%	17.10%	12.93%	6.07%	21.70%	100.00%	2,277	2,704	1,439	2,602	1,967	923	3,301	15,214
IPFR (St Helen's - high-cost burns patient)		14.96%	17.77%	9.46%	17.10%	12.93%	6.07%	21.70%	100.00%	-	-	-	-	-	-	-	-
Eculizamab		14.96%	17.77%	9.46%	17.10%	12.93%	6.07%	21.70%	100.00%	-	-	-	-	-	-	-	-
ERT		14.96%	17.77%	9.46%	17.10%	12.93%	6.07%	21.70%	100.00%	-	-	-	-	-	-	-	-
HPN		14.96%	17.77%	9.46%	17.10%	12.93%	6.07%	21.70%	100.00%	-	-	-	-	-	-	-	-
ALAS (War veterans)		14.96%	17.77%	9.46%	17.10%	12.93%	6.07%	21.70%	100.00%	-	-	-	-	-	-	-	-
PHT	995	9.61%	3.11%	5.99%	17.53%	0.00%	4.35%	59.41%	100.00%	96	31	60	174	-	43	591	995
MS	417	0.00%	0.00%	0.00%	4.04%	2.95%	11.35%	81.66%	100.00%	-	-	-	17	12	47	341	417
Forensic Mental Health	12,942	20.91%	17.56%	6.56%	19.91%	5.96%	10.96%	18.14%	100.00%	2,706	2,273	849	2,577	771	1,418	2,348	12,942
Medium secure DTOC recharges		20.91%	17.56%	6.56%	19.91%	5.96%	10.96%	18.14%	100.00%	-	-	-	-	-	-	-	-
Forensic Mental Health - All-Wales Case Mgrs		20.91%	17.56%	6.56%	19.91%	5.96%	10.96%	18.14%	100.00%	-	-	-	-	-	-	-	-
I2S Repayment for MH Procurement Project 12/13		15.36%	16.77%	9.67%	18.68%	12.49%	4.39%	22.63%	100.00%	-	-	-	-	-	-	-	-
Mental Health - All-Wales Quality Assurance Team										-	-	-	-	-	-	-	-
Eating Disorders	1,393	43.90%	2.94%	8.34%	5.44%	17.39%	5.84%	16.15%	100.00%	612	41	116	76	242	81	225	1,393
Gender	152	9.24%	44.01%	12.67%	5.31%	9.85%	4.87%	14.05%	100.00%	14	67	19	8	15	7	21	152
Perinatal OOA		0.46%	69.72%	1.10%	0.30%	0.58%	0.00%	27.84%	100.00%	-	-	-	-	-	-	-	-
Mental Health - Other	256	0.46%	69.72%	1.10%	0.30%	0.58%	0.00%	27.84%	100.00%	1	178	3	1	1	-	71	256
Deaf MH		0.46%	69.72%	1.10%	0.30%	0.58%	0.00%	27.84%	100.00%	-	-	-	-	-	-	-	-
CAMHS - BCU CAMHS patients		8.41%	3.88%	17.58%	15.68%	8.03%	5.02%	41.41%	100.00%	-	-	-	-	-	-	-	-
CAMHS - all other	5,524	8.41%	3.88%	17.58%	15.68%	8.03%	5.02%	41.41%	100.00%	465	214	971	866	444	277	2,287	5,524
Powys CITT - To be Transferred		8.41%	3.88%	17.58%	15.68%	8.03%	5.02%	41.41%	100.00%	-	-	-	-	-	-	-	-
FACTS OOA - All Wales		8.41%	3.88%	17.58%	15.68%	8.03%	5.02%	41.41%	100.00%	-	-	-	-	-	-	-	-
IVF (IPC)	1,844	6.10%	24.09%	0.88%	1.91%	16.63%	7.99%	42.40%	100.00%	112	444	16	35	307	147	782	1,844
IVF (English contracts)		6.10%	24.09%	0.88%	1.91%	16.63%	7.99%	42.40%	100.00%	-	-	-	-	-	-	-	-
IVF (Welsh contracts)		42.09%	4.43%	16.14%	29.11%	6.96%	0.95%	0.32%	100.00%	-	-	-	-	-	-	-	-
Grand Total	**38,737**									**6,282**	**5,953**	**3,474**	**6,356**	**3,760**	**2,946**	**9,967**	**38,737**

Utilisation Summary

High Level Summary

		Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
		£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Outturn £'000	11/12 outturn against 11/12 utilisation rates ie 12/13 risk share						
Welsh Local Health Boards								
Cardiff & Vale University Health Board	165,236	58,410	16,705	26,220	47,547	10,751	3,288	2,315
Abertawe Bro Morgannwg University Health Board	90,975	5,389	47,259	5,393	7,127	22,112	3,089	606
Cwm Taf University Health Board	7,396	1,007	542	1,754	2,238	1,718	8	129
Aneurin Bevan Health Board	2,542	-	-	-	2,482	-	60	-
Hywel Dda Health Board	367	-	12	-	-	349	6	-
Betsi Cadwaladr University Health Board Provider	31,457	-	-	-	-	-	-	31,457
Velindre NHS Trust	29,390	6,488	5,344	4,197	8,426	3,550	1,387	-
Welsh Ambulance Service NHS Trust	113,146	13,721	16,065	10,406	19,136	15,727	8,547	29,544
	-							
Non Welsh SLAs	99,684	8,834	7,267	3,230	7,495	7,241	7,507	58,111
IPM & NCA	38,737	6,282	5,953	3,474	6,356	3,760	2,946	9,967
Renal	1,089	163	181	105	205	138	48	249
Unallocated Development and Savings targets	185	23	55	12	22	49	6	19
Direct Running Costs	3,400	509	566	329	639	430	151	776
Total Contribution base on 11/12 utilisation	**583,604**	**100,826**	**99,948**	**55,119**	**101,671**	**65,824**	**27,044**	**133,173**
	583,604	**100,826**	**99,948**	**55,119**	**101,671**	**65,824**	**27,044**	**133,173**
Utilisation %	583,605	17.28%	17.13%	9.44%	17.42%	11.28%	4.63%	22.82%
Total income in 11/12		101,998	102,379	52,927	103,485	68,186	26,990	127,640
Utilisation %		17.48%	17.54%	9.07%	17.73%	11.68%	4.62%	21.87%
Difference		(1,172)	(2,431)	2,192	(1,814)	(2,362)	54	5,533
Difference %		-0.20%	-0.42%	0.38%	-0.31%	-0.40%	0.01%	0.95%

INCOME

Details	BC	ABMU	AB	C&V	CT	HD	PO	Total	Screening	HCW Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Resource Mapping	118.995	101.572	97.348	98.061	49.304	64.544	24.351	554.175	30.841	585.016
0.75% Uplift	0.892	0.762	0.730	0.735	0.370	0.484	0.183	4.156		
Baseline Funding 2010/11	**119.887**	**102.334**	**98.078**	**98.796**	**49.674**	**65.028**	**24.534**	**558.331**	**30.841**	**585.016**
%	**21.47%**	**18.33%**	**17.57%**	**17.69%**	**8.90%**	**11.65%**	**4.39%**			
% difference from inception to 2011/12	-1.35%	1.20%	0.14%	0.42%	-0.55%	0.37%	-0.24%			

Utilisation Summary High Level Summary		Cardiff and Vale £'000	ABM £'000	Cwm Taf £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
	Budget £'000	New pools 16/17 M1 budgets against 15/16 outturn activity						
Welsh Local Health Boards								
Cardiff & Vale University Health Board	185,660	56,364	26,499	22,999	43,498	16,381	4,918	15,000
Abertawe Bro Morgannwg University Health Board	91,381	8,655	33,907	7,401	10,804	20,158	3,809	6,648
Cwm Taf University Health Board	5,500	1,154	118	1,874	1,301	671	247	134
Aneurin Bevan Health Board	2,967	21	8	9	2,844	4	81	-
Hywel Dda Health Board	34	2	3	1	3	20	1	3
Betsi Cadwaladr University Health Board Provider	36,185	3,139	3,463	1,994	3,885	2,594	908	20,202
Velindre NHS Trust	32,453	7,173	5,494	4,640	9,327	3,846	1,511	463
Welsh Ambulance Service NHS Trust	132,054	16,028	18,764	12,152	22,348	18,360	9,972	34,429
	-							
Non Welsh SLAs	103,068	7,823	8,784	4,663	8,962	5,917	8,261	58,658
IPM & NCA	50,496	9,400	7,965	4,888	8,395	4,249	2,495	13,105
Renal	5,431	753	915	563	1,026	679	235	1,259
Unallocated Development and Savings targets	13,187	3,162	2,119	1,548	2,674	1,095	309	2,280
Direct Running Costs	4,854	674	818	503	916	607	210	1,126
Total Contribution	**663,269**	**114,349**	**108,857**	**63,236**	**115,983**	**74,580**	**32,957**	**153,307**
Difference	**663,268**	**114,349**	**108,857**	**63,236**	**115,983**	**74,580**	**32,957**	**153,307**
Utilisation %		17.24%	16.41%	9.53%	17.49%	11.24%	4.97%	23.11%
Total income in 16/17		115,302	111,109	60,441	120,445	74,560	31,595	149,816
Utilisation %		17.38%	16.75%	9.11%	18.16%	11.24%	4.76%	22.59%
Difference		(953)	(2,252)	2,795	(4,462)	20	1,362	3,491
Difference %		-0.14%	-0.34%	0.42%	-0.67%	0.00%	0.21%	0.53%

Utilisation Summary High Level Summary		Cardiff and Vale £'000	ABM £'000	Cwm Taf £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
	Outturn £'000	New pools 11/12 outturn against 11/12 outturn activity (12/13 risk shares)						
Welsh Local Health Boards								
Cardiff & Vale University Health Board	165,236	53,264	18,914	20,355	41,471	13,971	4,081	13,180
Abertawe Bro Morgannwg University Health Board	90,969	7,475	36,515	6,801	9,864	21,402	3,503	5,410
Cwm Taf University Health Board	7,396	969	494	1,770	2,301	1,753	18	90
Aneurin Bevan Health Board	2,542	-	-	-	2,367	-	175	-
Hywel Dda Health Board	367	-	-	-	326	30	11	-
Betsi Cadwaladr University Health Board Provider	31,458	3,189	3,514	2,021	3,939	2,628	919	15,248
Velindre NHS Trust	29,390	6,488	5,344	4,197	8,426	3,550	1,387	-
Welsh Ambulance Service NHS Trust	113,146	13,721	16,065	10,406	19,136	15,727	8,547	29,544
	-							
Non Welsh SLAs	97,761	7,077	7,750	4,143	9,817	8,357	7,512	53,107
IPM & NCA	40,660	6,606	6,250	3,662	6,774	3,978	2,967	10,423
Renal	1,089	163	181	105	205	138	48	249
Unallocated Development and Savings targets	185	23	55	12	22	49	6	19
Direct Running Costs	3,406	515	566	329	639	430	151	776
Total Contribution	**583,605**	**99,489**	**95,648**	**53,801**	**105,286**	**72,011**	**29,326**	**128,045**
	583,605	**99,489**	**95,648**	**53,801**	**105,286**	**72,011**	**29,326**	**128,045**
Utilisation %		17.05%	16.39%	9.22%	18.04%	12.34%	5.03%	21.94%
Total income in 11/12		**101,998**	**102,379**	**52,927**	**103,485**	**68,186**	**26,990**	**127,640**
Utilisation %		17.48%	17.54%	9.07%	17.73%	11.68%	4.62%	21.87%
Difference		(2,509)	(6,731)	874	1,800	3,825	2,336	405
Difference %		-0.43%	-1.15%	0.15%	0.31%	0.66%	0.40%	0.07%
Pooling neutralisation - for comparison		1,556	4,480	1,921	(6,262)	(3,806)	(974)	3,086

Utilisation Summary High Level Summary		Cardiff and Vale £'000	ABM £'000	Cwm Taf £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
	Total check £'000	Risk share differences % applied to 16/17 M1 Budget						
Welsh Local Health Boards								
Cardiff & Vale University Health Board	0	1,386	2,793	(1,920)	(1,907)	(579)	271	(44)
Abertawe Bro Morgannwg University Health Bo	0	369	(541)	(95)	(453)	730	160	(171)
Cwm Taf University Health Board	0	367	(313)	871	(485)	(665)	225	-
Aneurin Bevan Health Board	0	21	8	9	(53)	4	11	-
Hywel Dda Health Board	-	2	3	1	3	(13)	1	3
Betsi Cadwaladr University Health Board Prov	-	-	-	-	-	-	-	-
Velindre NHS Trust	-	-	-	-	-	-	-	-
Welsh Ambulance Service NHS Trust	0	0	0	0	(0)	0	(0)	(0)
	-							
Non Welsh SLAs	0	408	646	295	(1,841)	83	(394)	803
IPM & NCA	0	(35)	421	(154)	248	(599)	(610)	728
Renal	-	-	-	-	-	-	-	-
Unallocated Development and Savings targets	-	-	-	-	-	-	-	-
Direct Running Costs	-	-	-	-	-	-	-	-
Total Contribution	**0**	**2,518**	**3,016**	**(991)**	**(4,487)**	**(1,040)**	**(336)**	**1,319**
	0	**2,518**	**3,016**	**(991)**	**(4,487)**	**(1,040)**	**(336)**	**1,319**

	Cardiff and Vale £'000	ABM £'000	Cwm Taf £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Pooling	2,518	3,016	(991)	(4,487)	(1,040)	(336)	1,319
Neutralisation @ 11/12	(1,172)	(2,431)	2,192	(1,814)	(2,362)	54	5,533
TOTAL	**1,346**	**585**	**1,201**	**(6,301)**	**(3,402)**	**(282)**	**6,852**

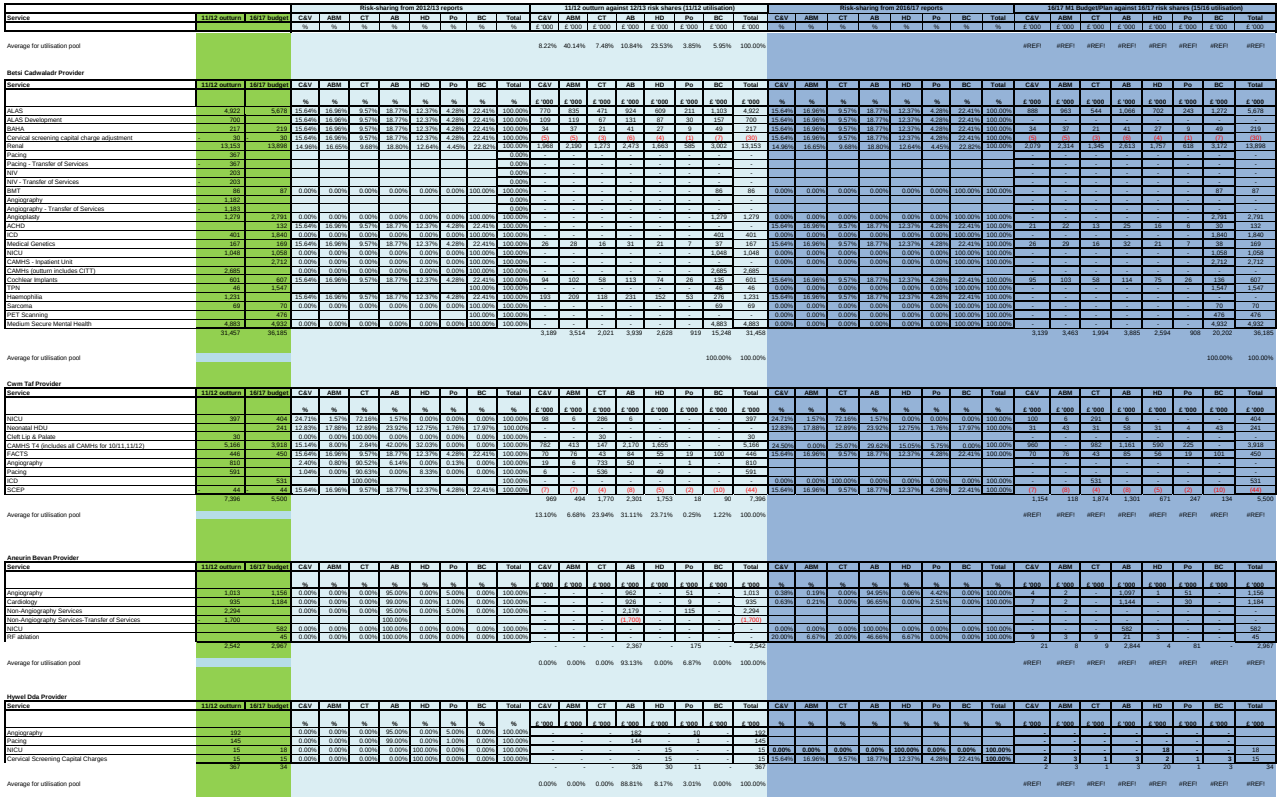
Welsh Providers

Cardiff & Vale Provider

Service	11/12 outturn	16/17 budget	C&V %	ABM %
Haemophilia	6,304	5,383	15.64%	16.96%
BMT - Cardiff (Consolidated Outturn for 13/14, 14/15 ABM & C&V)	3,668	5,620	16.97%	17.00%
Cardiology	21,441		67.77%	0.73%
Cardiology- Specialist Services		7,833	49.49%	0.72%
Cardiac Surgery	15,670	13,665	29.32%	0.74%
Cardiac Surgery-TAVI	-	678	29.32%	0.74%
Cardiac Surgery - Development S W Wales		1,374	0.00%	100.00%
Cardiac Surgery - Development S E Wales		343	29.32%	0.74%
Cardiology for AB	1,133	1,476	0.00%	0.00%
ABM Cardiology	152	169	0.00%	51.67%
ACHD		407	15.64%	16.96%
Cwm Taf Cardiology- Emergency Pacing	62		0.00%	0.00%
Cwm Taf Cardiology PPCI	28	130	0.00%	0.00%
Cardiology-Non Specialist		10,722	67.77%	0.73%
Cwm Taf Cardiology ICD's		358	0.00%	0.00%
Renal Surgery	1,763	3,283	14.96%	16.65%
Nephrology	8,013	6,208	14.96%	16.65%
Home Renal Dialysis	693	1,257	14.96%	16.65%
Renal CAPD (Dialysis)	1,939	1,548	14.96%	16.65%
Hospital Renal Dialysis	11,377	10,276	14.96%	16.65%
Perinatal	254	261	15.64%	16.96%
Neuropsychiatry	1,517	1,876	45.37%	2.38%
Mental Illness - Neuropsychiatry daycase	616	837	34.99%	7.20%
Neurosurgery	13,403	15,278	23.65%	17.50%
Neurology	5,075	4,819	44.85%	2.04%
Neurology Blood - Transfer of Services	- 215		44.85%	2.04%
Neurology Blood - Transfer of Services 2	- 230		44.85%	2.04%
NICU BH	6,483	6,886	60.20%	11.74%
PICU BH	4,243	3,627	23.13%	23.31%
Thoracic Surgery	3,145	2,842	40.41%	0.98%
Thoracic Surgery - Cardiff		25	40.41%	0.98%
Fertility Treatment	712		42.09%	4.43%
ALAS	13,949	13,359	15.64%	16.96%
BAHAS & Cochlears	1,909	2,215	15.64%	16.96%
Clinical Immunology	464	3,623	15.64%	16.96%
Clinical Immunology New Year Development	250		15.64%	16.96%
Enzyme Replacement Therapy	198	373	15.64%	16.96%
Medical Genetics	6,184	6,908	15.64%	16.96%
UK GTN Send out tests		255	15.64%	16.96%
Regional Pharmaceutical Service	948	686	15.64%	16.96%
Cystic Fibrosis	3,459	3,750	24.00%	22.16%
NICE / High Cost Drugs	484	- 107	32.04%	3.27%
Renal Transplants	6,100	6,191	14.96%	16.65%
DMTs (Drug Alloc Only)	1,134			
MS Risk Sharing - Infrastructure	710			
MS - Transfer of Service	- 1,844			
Spinal Injuries	2,455	2,918	27.87%	6.96%
Spinal Implants	570	922	20.82%	15.09%
Paediatric Surgery	5,358	5,199	52.05%	9.81%
Paediatric Renal	1,383	1,289	41.66%	12.78%
Paediatric Oncology	5,920	7,098	27.68%	22.02%
Paediatric Neurology	1,619	2,370	53.77%	4.42%
Paediatric Gastroenterology	175	798	46.36%	6.74%
Paediatric ENT	1,276	1,439	76.46%	3.03%
Paediatric ENT Saving	- 46		76.46%	3.03%
Paediatric Cardiology	1,868	2,242	44.69%	11.39%
Paeds Cystic Fibrosis		457	15.64%	16.96%
Cystic Fibrosis- Childrens Development	268		15.64%	16.96%
ISAT - Coils	901	1,277	19.88%	29.11%
Neuro Rehab	3,596	3,199	50.92%	1.60%
Mother & Baby	307		84.27%	8.41%
Haemophilia Ref Centre	67	68	15.64%	16.96%
Home TPN	564	1,393	39.16%	6.82%
Long-Term Ventilation	182	184	15.64%	16.96%
Lymphoma Panel	529	883	15.64%	16.96%
Capital Charges	- 3,739		15.64%	16.96%
Teenage Cancer Unit	305		26.73%	5.65%
Paeds Haematologist	157		15.36%	16.77%
Specialist Physio	48		15.36%	16.77%
AICU	420	5,212	32.03%	10.91%
HDU		661	39.97%	14.10%
Inflation/SCEP to be allocated to services	- 932		34.85%	10.21%
Children's Hospital for Wales		1,162	15.64%	16.96%
Communication Equipment (AAC)		1,219	15.64%	16.96%
Paeds Neuro Rehab		242	20.46%	22.43%
ILD RHIG Funded		141	20.46%	22.43%
Re-basing balance		- 738	30.99%	13.96%
Liver Cancer Development	451	834	20.91%	20.00%
Hepatology		240	15.64%	16.96%
Epilepsy Surgery		522	20.46%	22.43%
Liver Cancer - Transfer of Services	343		20.91%	20.00%
TOTAL	165,236	185,660		
Average for utilisation				

Abertawe Bro Morgannwg Provider

Service	11/12 outturn	16/17 budget	C&V %	ABM %
Renal	14,171	14,944	14.96%	16.65%
Renal - West Wales ISP Units		2,328	14.96%	16.65%
Cardiac Surgery	12,181	12,848	2.09%	52.18%
Cardiac Surgery-TAVI	205		2.09%	52.18%
Cardiac Surgery - Premium Cost	369		2.09%	52.18%
Cardiology	16,899	10,029	2.41%	51.64%
Cardiology PPCI		32	2.41%	51.64%
Cardiology PPCI Jumbulance		- 32	2.41%	51.64%
Thoracic	1,607	1,732	2.28%	56.35%
Thoracic Surgery - ABM		36	2.28%	56.35%
Plastics	15,801	16,751	6.38%	43.27%
CLP	905	898	16.84%	25.26%
Burns	4,904	4,952	15.64%	16.96%
NS	7,191			
NS - Transfe4r of Services	- 7,190			
Neuro	5,374			
Neuro - Transfer of Services	- 5,369			
Rehab	1,986	1,944	0.08%	70.16%
Rehab Slippage	- 63	- 35	0.08%	70.16%
Rehab - Transfer of Services	- 119		0.08%	70.16%
NICU	3,817	4,136	0.07%	64.48%
ALAC	1,737	1,755	15.64%	16.96%
NICE	162	170	0.53%	74.92%
NICE - Transfer of Services	- 90		0.53%	74.92%
NICE Cerezyme	37		0.53%	74.92%
Clinical Genetics	58	59	15.64%	16.96%
Oncology Contribution	54			
Oncology Contribution - Transfer of Services	- 54			
Cochlears	281	342	15.64%	16.96%
BAHA - Transfer of Services	57		15.64%	16.96%
East Cardiology	952		2.41%	51.64%
Medium Secure Mental Health - East Forensics	13,150	13,281	15.83%	36.03%
Mental Health Academic Fee		120	15.64%	16.96%
NICU East	50	51	0.07%	64.48%
Screening	45			
Screening - Transfer of Services	- 45			
SMTL	596	601	15.64%	16.96%
Residual Capital Charge	44	45	15.64%	16.96%
Medium Transfer to Low Secure	179		15.64%	16.96%
Medium Transfer to Low Secure - Transfer of Services	- 179		15.64%	16.96%
To charge only actual device cost DES, ICD, ISAT etc (provisional)		- 379	2.41%	51.64%
Bariatrics	505	505	13.79%	43.10%
Bariatrics Stage 1		186	13.79%	43.10%
Sarcoma	767	929	13.62%	27.54%
EMRTS		2,868	12.13%	14.20%
Sentinel Node Biopsy		156	20.46%	22.43%
Paediatric Oncology		131	0.00%	100.00%
	90,975	91,381		



Betsi Cadwaladr Provider

Service	11/12 outturn	16/17 budget	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
			%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
ALAS	4,922	5,678	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	770	835	471	924	609	211	1,103	4,922	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	888	963	544	1,069	702	243	1,272	5,678	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
ALAS Development	700		15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	109	119	67	131	87	30	157	700	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
BAHA	217	219	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	34	37	21	41	27	9	49	217	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	34	37	21	41	27	9	49	219	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Cervical screening capital charge adjustment	30	30	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	(5)	(5)	(3)	(6)	(4)	(1)	(7)	(30)	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	(5)	(5)	(3)	(6)	(4)	(1)	(7)	(30)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Renal	13,153	13,898	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	1,968	2,190	1,273	2,473	1,663	585	3,002	13,153	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	2,079	2,314	1,345	2,613	1,757	618	3,172	13,898	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Pacing	367									0.00%	-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Pacing - Transfer of Services	367									0.00%	-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
NIV	203									0.00%	-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
NIV - Transfer of Services	203									0.00%	-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
BMT	86	87	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	86	86	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	87	87	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Angiography	1,182									0.00%	-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Angiography - Transfer of Services	1,183									0.00%	-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Angioplasty	1,279	2,791	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,279	1,279	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	2,791	2,791	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
ACHD	132	132	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	21	22	13	25	16	6	30	132	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
ICD	401	1,840	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	401	401	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,840	1,840	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Medical Genetics	167	169	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	26	28	16	31	21	7	37	167	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	26	29	16	32	21	7	38	169	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
NICU	1,048	1,058	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,048	1,048	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,058	1,058	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
CAMHS - Inpatient Unit		2,712	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	2,712	2,712	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
CAMHs (outturn includes CITT)	2,685		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	2,685	2,685									-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
Cochlear Implants	601	607	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	94	102	58	113	74	26	135	601	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	95	103	58	114	75	26	136	607	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
TPN	46	1,547								100.00%	-	-	-	-	-	-	46	46	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,547	1,547	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Haemophilia	1,231		15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	193	209	118	231	152	53	276	1,231	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Sarcoma	69	70	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	69	69	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	70	70	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
PET Scanning		476								100.00%	-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	476	476	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Medium Secure Mental Health	4,883	4,932	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	4,883	4,883	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	4,932	4,932	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
	31,457	36,185									3,189	3,514	2,021	3,939	2,628	919	15,248	31,458									3,139	3,463	1,994	3,885	2,594	908	20,202	36,185									-	-	-	-	-	-	-	-
Average for utilisation pool																	100.00%	100.00%															100.00%	100.00%																

Cwm Taf Provider

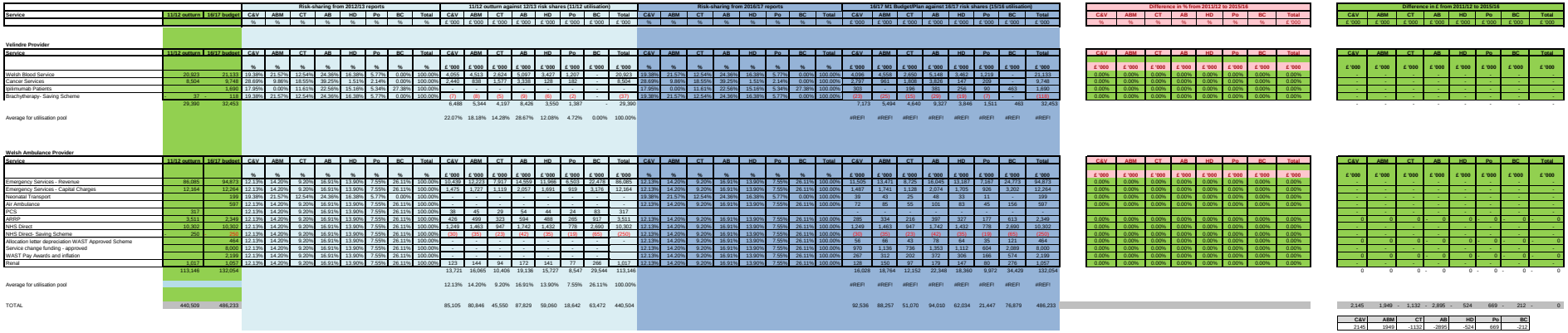
Service	11/12 outturn	16/17 budget	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
			%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
NICU	397	404	24.71%	1.57%	72.18%	1.57%	0.00%	0.00%	0.00%	100.00%	98	6	286	6	-	-	-	397	24.71%	1.57%	72.18%	1.57%	0.00%	0.00%	0.00%	100.00%	100	6	293	6	-	-	-	404	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Neonatal HDU		241	12.83%	17.88%	12.89%	23.92%	12.75%	1.76%	17.97%	100.00%									12.83%	17.88%	12.89%	23.92%	12.75%	1.76%	17.97%	100.00%	31	43	31	58	31	4	43	241	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Cleft Lip & Palate	30		0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	-	30	-	-	-	-	30									-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
CAMHS T4 (includes all CAMHs for 10/11,11/12)	5,166	3,918	25.14%	8.00%	2.84%	42.00%	32.03%	0.00%	0.00%	100.00%	782	413	147	2,170	1,655	-	-	5,166	24.50%	0.00%	25.07%	20.62%	15.05%	5.75%	0.00%	100.00%	960	-	982	1,161	590	225	-	3,918	9.37%	-8.00%	22.23%	-32.38%	-16.97%	5.75%	0.00%	0.00%	367	313	871	485	665	225	-	0
FACTS	446	450	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	70	76	43	84	55	19	100	446	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	70	76	43	85	56	19	101	450	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Angiography	810		2.40%	0.80%	90.52%	6.14%	0.00%	0.13%	0.00%	100.00%	19	6	733	50	-	1	-	810									-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
Pacing	581		1.04%	0.00%	90.63%	0.00%	8.33%	0.00%	0.00%	100.00%	6	-	526	-	49	-	-	581									-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
ICD		531				100.00%				100.00%									0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	-	-	531	-	-	-	-	531	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
SCEP	44	44	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	(7)	(7)	(4)	(8)	(5)	(2)	(10)	(44)	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	(7)	(8)	(4)	(8)	(5)	(2)	(10)	(44)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
	7,396	5,500									969	494	1,770	2,305	1,753	18	90	7,396									1,154	118	1,874	1,301	671	247	134	5,500									367	313	871	485	665	225	-	0
Average for utilisation pool																																																	

Aneurin Bevan Provider

Service	11/12 outturn	16/17 budget	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
			%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Angiography	1,013	1,156	0.00%	0.00%	0.00%	95.00%	0.00%	5.00%	0.00%	100.00%	-	-	-	962	-	51	-	1,013	0.38%	0.19%	0.00%	94.95%	0.06%	4.42%	0.00%	100.00%	4	2	-	1,097	1	51	-	1,156	0.38%	0.19%	0.00%	-0.05%	0.06%	-0.58%	0.00%	0.00%	4	2	-	1	1	7	-	0
Cardiology	935	1,184	0.00%	0.00%	0.00%	99.00%	0.00%	1.00%	0.00%	100.00%	-	-	7	926	-	9	-	935	0.63%	0.21%	0.00%	96.65%	0.00%	2.51%	0.00%	100.00%	7	2	-	1,144	-	30	-	1,184	0.63%	0.21%	0.00%	-2.35%	0.00%	1.51%	0.00%	0.00%	7	2	-	28	-	18	-	0
Non-Angiography Services	2,294		0.00%	0.00%	0.00%	95.00%	0.00%	5.00%	0.00%	100.00%	-	-	-	2,179	-	115	-	2,294									-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
Non-Angiography Services-Transfer of Services	1,700					100.00%					-	-	-	(1,700)	-	-	-	(1,700)									-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
NICU		582	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	582	-	-	-	582	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
RF ablation		45	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-	20.00%	6.67%	20.00%	46.66%	6.67%	0.00%	0.00%	100.00%	9	3	9	21	3	-	-	45	-20.00%	6.67%	20.00%	-53.34%	6.67%	0.00%	0.00%	0.00%	9	3	9	24	3	-	-	0
	2,542	2,967									-	-	-	2,367	-	175	-	2,542									21	8	9	2,844	4	81	-	2,967									21	8	9	53	4	11	-	0
Average for utilisation pool																																																	

Hywel Dda Provider

Service	11/12 outturn	16/17 budget	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
			%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Angiography	192		0.00%	0.00%	0.00%	95.00%	0.00%	5.00%	0.00%	100.00%	-	-	-	182	-	10	-	192									-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
Pacing	145		0.00%	0.00%	0.00%	99.00%	0.00%	1.00%	0.00%	100.00%	-	-	-	144	-	1	-	145									-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
NICU	15	18	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	-	-	-	-	15	-	-	15	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	-	-	-	-	18	-	-	18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Cervical Screening Capital Charges	15	15	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	-	-	-	-	15	-	-	15	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	2	3	1	3	2	1	3	15	-15.64%	-16.96%	-9.57%	-18.77%	-87.63%	4.28%	22.41%	0.00%	2	2	1	3	13	1	3	-
	367	34									-	-	-	326	30	11	-	367									2	3	1	3	29	1	3	34									2	3	1	3	13	1	3	-
Average for utilisation pool																																																	



English NHS Providers			2012-13 risk share								2016/17 risk sharing																			
English NHS Providers			C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total	C&V	ABM	CT	AB	HD	Po	BC	Total
	11/12 outturn	16/17 Budget	%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	%	%	%	%	%	%	%	%	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000	£ '000
Alder Hey Children's NHS Foundation Trust	10,479	11,670	0.07%	0.00%	0.05%	0.00%	0.29%	1.98%	97.62%	100.00%	7	0	5	-	30	208	10,229	10,479	0.18%	0.00%	0.00%	0.01%	0.17%	2.20%	97.43%	100.00%	21	1	-	1	20	257	11,371	11,670
Alder Hey Blood Products	926	394	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	145	157	89	174	115	40	208	926	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	62	67	38	74	49	17	88	394
Birmingham Children's Hospital NHS Trust	1,262	1,900	5.46%	10.61%	2.51%	25.43%	3.99%	47.67%	4.33%	100.00%	69	134	32	321	50	602	55	1,262	18.76%	4.16%	1.61%	21.94%	2.44%	43.63%	7.46%	100.00%	356	79	31	417	46	829	142	1,900
Birmingham Women's Hospital NHS Trust	185	203	8.66%	2.85%	0.55%	8.38%	1.18%	73.34%	5.04%	100.00%	16	5	1	16	2	136	9	185	6.35%	0.88%	1.98%	7.43%	2.69%	65.70%	14.99%	100.00%	13	2	4	15	5	134	30	203
Cambridge University Hospital NHS Foundation Trust (Addenbrooke's)	99	217	1.54%	5.79%	0.11%	41.05%	31.87%	9.13%	10.51%	100.00%	2	6	0	41	32	9	10	99	34.23%	14.06%	0.00%	0.00%	7.21%	10.27%	34.23%	100.00%	74	31	-	-	16	22	74	217
Central Manchester / Manchester Children's University Hospital NHS Trust	1,727	2,673	0.47%	1.13%	1.02%	0.12%	1.00%	1.28%	94.98%	100.00%	8	19	18	2	17	22	1,640	1,727	0.92%	5.11%	0.11%	1.62%	2.44%	2.31%	87.50%	100.00%	25	137	3	43	65	62	2,339	2,673
Christie Hospitals NHS Trust	1,487	2,801	0.79%	0.05%	1.00%	0.29%	1.03%	1.67%	95.16%	100.00%	12	1	15	4	19	25	1,415	1,487	0.04%	0.27%	0.13%	0.04%	1.11%	2.33%	96.09%	100.00%	1	8	4	1	31	65	2,692	2,801
DDRC	200	260	30.06%	11.77%	29.18%	28.98%	0.00%	0.00%	0.00%	100.00%	60	24	58	58	-	-	-	200	30.06%	11.77%	29.18%	28.98%	0.00%	0.00%	0.00%	100.00%	78	31	76	75	-	-	-	260
Great Ormond Street Hospital NHS Trust	1,045	1,148	26.82%	14.44%	7.44%	31.96%	12.00%	2.95%	4.39%	100.00%	280	151	78	334	125	31	46	1,045	24.59%	30.13%	7.63%	16.32%	13.38%	2.41%	5.54%	100.00%	282	346	88	187	154	28	64	1,148
Guy's and St Thomas' Hospital Trust	797	688	18.34%	14.16%	7.49%	14.91%	18.33%	6.68%	20.08%	100.00%	146	113	60	119	146	53	160	797	16.60%	15.51%	11.82%	11.29%	15.19%	6.19%	23.40%	100.00%	114	107	81	78	105	43	161	688
Heart of England NHS Foundation Trust	167	449	0.00%	0.54%	0.13%	40.68%	0.10%	51.68%	6.87%	100.00%	-	1	0	68	0	86	11	167	4.60%	6.38%	0.73%	3.30%	7.90%	63.39%	13.70%	100.00%	21	29	3	15	36	285	62	449
Hereford Hospitals	115	139	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%	-	-	-	-	-	115	-	115	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%	-	-	-	-	-	139	-	139
Imperial College Healthcare (Hammersmith)	1,588	2,858	23.73%	27.97%	7.68%	18.46%	16.12%	2.76%	3.29%	100.00%	377	444	122	293	256	44	52	1,588	27.50%	26.14%	11.32%	8.94%	16.85%	4.57%	4.68%	100.00%	786	747	323	255	482	131	134	2,858
Kings Healthcare NHS Trust (King's College Hospital NHS Foundation Trust)	464	351	19.58%	20.33%	6.81%	18.73%	14.50%	7.09%	12.96%	100.00%	91	94	32	87	67	33	60	464	21.98%	19.33%	7.36%	5.91%	19.88%	8.60%	16.93%	100.00%	77	68	26	21	70	30	59	351
Leeds Teaching Hospitals NHS Trust	197	365	15.61%	8.38%	1.21%	3.84%	3.32%	2.30%	65.35%	100.00%	31	17	2	8	7	5	129	197	7.51%	10.40%	2.02%	5.32%	6.70%	3.20%	64.84%	100.00%	27	38	7	19	24	12	236	365
Liverpool Heart & Chest Hospital NHS Foundation Trust	15,178	15,033	0.00%	0.00%	0.00%	0.00%	0.05%	0.54%	99.41%	100.00%	-	-	-	-	1	81	15,089	15,177	0.00%	0.03%	0.00%	0.00%	0.12%	0.30%	99.55%	100.00%	-	5	-	-	19	44	14,965	15,033
Newcastle Upon Tyne Hospitals NHS Trust	45	37	25.00%	33.33%	4.17%	12.50%	12.50%	0.00%	12.50%	100.00%	11	15	2	6	6	-	6	45	27.03%	24.32%	8.11%	2.70%	5.41%	5.41%	27.03%	100.00%	10	9	3	1	2	2	10	37
Papworth Hospital NHS Trust	722	760	20.12%	8.11%	2.29%	22.61%	8.27%	6.24%	32.35%	100.00%	145	59	17	163	60	45	234	722	16.14%	15.95%	5.13%	21.74%	17.94%	0.42%	22.67%	100.00%	123	121	39	165	136	3	172	760
Robert Jones & Agnus Hunt	1,490	1,281	0.00%	0.00%	0.00%	0.00%	11.14%	6.76%	82.10%	100.00%	-	-	-	-	166	101	1,223	1,490	0.00%	0.22%	0.00%	0.00%	0.05%	7.08%	83.97%	100.00%	-	3	-	1	91	111	1,076	1,281
Royal Brompton and Harefield NHS Trust	2,765	3,072	19.01%	27.78%	9.95%	29.84%	7.09%	2.52%	3.80%	100.00%	526	768	275	825	196	70	105	2,765	23.77%	23.65%	13.45%	19.71%	15.63%	1.52%	2.27%	100.00%	730	727	413	605	480	47	70	3,072
Royal Free Hampstead NHS Trust	544	842	21.56%	15.39%	7.28%	19.45%	10.28%	7.55%	18.49%	100.00%	117	84	40	106	56	41	101	544	4.64%	25.91%	14.79%	10.16%	5.16%	2.17%	37.17%	100.00%	39	218	125	86	43	18	313	842
Royal Liverpool and Broadgreen University Hospitals NHS Trust	1,035	206	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	1,035	1,035	0.00%	0.10%	0.02%	0.00%	0.00%	1.37%	98.52%	100.00%	-	0	0	-	-	3	203	206
Royal Liverpool and Broadgreen University Hospitals NHS Trust - Transfer of Service			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	-	-	-	-	-	-
Royal Liverpool and Broadgreen University Hospital NHS Trust - Occular Oncology and Haemophilia	1,890	1,779	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	296	320	181	355	234	81	424	1,890	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	278	302	170	334	220	76	399	1,779
Royal Marsden NHS Trust	296	123	8.61%	14.01%	8.09%	17.18%	13.54%	27.18%	11.39%	100.00%	25	41	24	51	40	80	34	296	11.97%	37.29%	0.97%	18.18%	6.10%	1.25%	24.24%	100.00%	15	46	1	22	8	2	30	123
Royal Orthopaedic Hospital NHS Trust	966	1,102	7.86%	10.83%	15.01%	19.41%	16.75%	15.21%	14.93%	100.00%	76	105	145	187	162	147	144	966	11.18%	14.65%	19.10%	16.75%	26.68%	7.10%	4.54%	100.00%	123	161	210	185	294	78	50	1,102
Salford Royal Hospitals NHS Trust	1,232	1,509	0.83%	5.18%	0.28%	19.57%	0.47%	13.38%	60.28%	100.00%	10	64	3	241	8	165	743	1,232	0.07%	0.45%	0.00%	0.34%	2.65%	4.74%	91.75%	100.00%	1	7	-	5	40	72	1,385	1,505
Sheffield Teaching Hospitals NHS Trust	714	346	14.53%	19.56%	4.77%	13.32%	15.90%	7.57%	24.35%	100.00%	104	140	34	95	114	54	174	714	5.86%	10.93%	0.62%	12.79%	1.22%	5.86%	62.72%	100.00%	20	38	2	44	4	20	217	346
Shrewsbury & Telford Hospital NHS Trust	816	-	0.00%	0.00%	0.00%	0.00%	1.01%	98.77%	0.22%	100.00%	-	-	-	-	8	806	2	816								0.00%	-	-	-	-	-	-	-	-
St Helen & Knowsley NHS Trust	2,013	2,613	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	2,013	2,013	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	2,613	2,613	
St Helen & Knowsley NHS Trust - burns	186	121	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	29	32	18	35	23	8	42	186	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	19	21	12	23	15	5	27	121
Uni Hosp North Staffordshire NHS Trust	1,594	2,306	0.06%	0.12%	0.30%	0.36%	0.33%	89.01%	9.82%	100.00%	1	2	5	6	5	1,419	157	1,594	0.48%	3.15%	0.17%	1.60%	1.55%	93.05%	0.00%	100.00%	11	73	4	37	36	2,146	-	2,306
Uni Hosp North Staffordshire NHS Trust - BCU Split			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
Uni Hosp Birm - contract agreement								100.00%		100.00%	-	-	-	-	-	-	-	-								0.00%	-	-	-	-	-	-	-	-
University Hospital of South Manchester NHS Foundation Trust	386	913	2.55%	2.30%	0.00%	0.59%	3.60%	1.72%	89.24%	100.00%	10	9	-	2	14	7	344	386	3.66%	2.05%	0.00%	6.23%	3.17%	1.23%	83.66%	100.00%	33	19	-	57	29	11	763	913
University Hospital of South Manchester NHS Foundation Trust - Transfer of Services	463	-	-	-	-	-	-	-	100.00%	100.00%	-	-	-	-	-	-	463	463								0.00%	-	-	-	-	-	-	-	-
University College London Hospitals NHS Trust	1,421	1,224	8.82%	22.32%	4.89%	15.29%	31.68%	4.53%	12.51%	100.00%	125	317	69	217	450	64	178	1,421	10.62%	20.43%	5.90%	14.74%	13.80%	6.38%	28.13%	100.00%	130	250	72	180	169	78	344	1,224
University Hospital Birmingham NHS Trust	4,055	5,627	4.77%	6.34%	5.99%	14.29%	5.23%	50.61%	12.76%	100.00%	193	257	243	579	212	2,052	517	4,055	8.35%	5.23%	6.79%	13.21%	10.40%	45.16%	10.85%	100.00%	470	295	382	743	585	2,541	611	5,627
University Hospital Birmingham NHS Trust - transplants	319	493	10.27%	9.31%	16.37%	38.39%	8.69%	16.97%	0.00%	100.00%	33	30	52	122	28	54	-	319	26.54%	12.42%	9.40%	39.22%	6.89%	5.54%	0.00%	100.00%	131	61	46	194	34	27	-	493
University Hospital Bristol NHS Trust	6,893	8,857	20.69%	20.28%	13.11%	31.12%	13.71%	1.03%	0.06%	100.00%	1,426	1,398	904	2,145	945	71	4	6,893	17.98%	26.26%	12.39%	27.70%	9.77%	2.29%	3.63%	100.00%	1,592	2,325	1,097	2,453	865	203	322	8,857
University Hospital Bristol NHS Trust- Saving Scheme			20.69%	20.28%	13.11%	31.12%	13.71%	1.03%	0.06%	100.00%	-	-	-	-	-	-	-	-								0.00%	-	-	-	-	-	-	-	-
Walton Centre NHS Foundation Trust	12,340	15,097	0.06%	0.54%	0.00%	0.04%	0.07%	0.31%	98.97%	100.00%	8	67	-	5	9	38	12,213	12,340	0.02%	0.01%	0.01%	0.10%	0.02%	0.67%	99.17%	100.00%	3	2	1	15	3	101	14,972	15,097
Cheltenham PET Scanning Service											-	-	-	-	-	-	-	-								0.00%	-	-	-	-	-	-	-	-
Clatterbridge Centre for Oncology NHS Trust											-	-	-	-	-	-	-	-								0.00%	-	-	-	-	-	-	-	-
Countess of Chester NHS Foundation Trust											-	-	-	-	-	-	-	-								0.00%	-	-	-	-	-	-	-	-
Wirral Hospitals NHS Trust	301	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	301	301								0.00%	-	-	-	-	-	-	-	-
Rampton	1,607	1,369	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	251	272	154	302	198	69	360	1,607	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	214	232	131	257	169	59	307	1,369
Ashworth	14,064	13,419	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	2,200	2,385	1,347	2,640	1,739	602	3,152	14,064	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	2,099	2,275	1,285	2,519	1,659	574	3,007	13,419
Broadmoor	-	-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-
North West Specialised Services CT	439		24.86%	14.94%	5.87%	7.74%	6.93%	4.62%	35.04%	100.00%	109	66	26	34	30	20	154	439								0.00%	-	-	-	-	-	-	-	-
Fresenius	2,672						100.00%				-	-	-	-	2,672	-	-	2,672								100.00%	-	-	-	-	-	-	-	-
MH High Secure - Contract savings 13/14 and 14/15 (Ashworth only)		(1,811)	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	(283)	(307)	(173)	(340)	(224)	(78)	(406)	1,811
MH High Secure - Contract savings 15/16 (Ashworth only)		(1,009)	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	(158)	(171)	(97)	(189)	(125)	(43)	(226)	1,009
MH Other		-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-
MH High Secure contract savings		(373)	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	(58)	(63)	(36)	(70)	(46)	(16)	(84)	373
PETIC	800	1,854	19.38%	21.58%	12.55%	24.36%	16.37%	5.76%	0.00%	100.00%	155	173	100	195	131	46	-	800	17.56%	23.31%	15.38%	22.37%	15.95%	5.29%	0.14%	100.00%	325	432	285	415	296	98	3	1,854
Contract6 Agreements			0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%	-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
Reserves Write-backs											-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-
National Organ Donation											-	-	-	-	-	-	-	-	15.64%	16.96%	9.58%	18.77%	12.37%	4.28%	22.41%	100.00%	-	-	-	-	-	-	-	-
Balance Sheet Write Back 2010/11		(222)	8.17%	8.03%	2.57%	8.38%	7.90%	7.42%	57.52%	100.00%	18	18	6	19	18	16	128	222								0.00%	-	-	-	-	-	-	-	-
HCS		160	11.15%	10.06%	4.09%	11.63%	7.35%	15.97%	39.76%	100.00%	-	-	-	-	-	-	-	-	11.15%	10.06%	4.09%	11.63%	7.35%	15.97%	39.76%	100.00%	18	16	7	19	12	26	64	160
MH High Secure - Case Management Investment											-	-	-	-	-	-	-	-	21.38%	20.26%	11.61%	8.71%	11.61%	3.53%	22.91%	100.00%	-	-	-	-	-	-	-	-
TOTAL	97,762	103,067									7,077	7,750	4,143	9,817	8,357	7,512	53,107	97,761									7,823	8,784	4,663	8,962	5,917	8,261	58,658	103,068

England	C&V	ABM	CT	AB	HD	Po	BC	Total
11/12	7,077	7,750	4,143	9,817	8,357	7,512	53,107	97,761
	7.24%	7.93%	4.24%	10.04%	8.55%	7.68%	54.32%	
15/16	7,823	8,784	4,663	8,962	5,917	8,261	58,658	103,068
	7.59%	8.52%	4.52%	8.70%	5.74%	8.01%	56.91%	

English NHS Providers	Difference in % from 2011/12 to 2015/16							
English NHS Providers	C&V	ABM	CT	AB	HD	Po	BC	Total
Alder Hey Children's NHS Foundation Trust	0.11%	0.00%	-0.05%	0.01%	-0.12%	0.22%	-0.18%	0.00%
Alder Hey Blood Products	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Birmingham Children's Hospital NHS Trust	13.30%	6.45%	-0.90%	-3.48%	-1.55%	-4.04%	3.13%	0.00%
Birmingham Women's Hospital NHS Trust	-2.32%	-1.97%	1.43%	-0.95%	1.50%	-7.64%	9.95%	0.00%
Cambridge University Hospital NHS Foundation Trust (Addenbrooke's)	32.69%	8.27%	-0.11%	-41.05%	-24.66%	1.14%	23.72%	0.00%
Central Manchester / Manchester Children's University Hospital NHS Trust	0.45%	3.99%	-0.92%	1.50%	1.43%	1.02%	-7.48%	0.00%
Christie Hospitals NHS Trust	-0.76%	0.22%	-0.87%	-0.25%	0.08%	0.66%	0.93%	0.00%
DDRC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Great Ormond Street Hospital NHS Trust	-2.23%	15.69%	0.19%	-15.64%	1.38%	-0.54%	1.15%	0.00%
Guy's and St Thomas' Hospital Trust	-1.74%	1.35%	4.33%	-3.62%	-3.14%	-0.49%	3.32%	0.00%
Heart of England NHS Foundation Trust	4.60%	5.85%	0.60%	-37.38%	7.80%	11.71%	6.83%	0.00%
Hereford Hospitals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Imperial College Healthcare (Hammersmith)	3.77%	-1.83%	3.64%	-9.52%	0.73%	1.81%	1.39%	0.00%
Kings Healthcare NHS Trust (King's College Hospital NHS Foundation Trust)	2.41%	-0.99%	0.55%	-12.82%	5.38%	1.51%	3.97%	0.00%
Leeds Teaching Hospitals NHS Trust	-8.10%	2.03%	0.81%	1.49%	3.38%	0.91%	-0.51%	0.00%
Liverpool Heart & Chest Hospital NHS Foundation Trust	0.00%	0.03%	0.00%	0.00%	0.08%	-0.24%	0.14%	0.00%
Newcastle Upon Tyne Hospitals NHS Trust	2.03%	-9.01%	3.94%	-9.80%	-7.10%	5.41%	14.53%	0.00%
Papworth Hospital NHS Trust	-3.99%	7.84%	2.84%	-0.87%	9.67%	-5.82%	-9.68%	-0.01%
Robert Jones & Agnus Hunt	0.00%	0.22%	0.00%	0.05%	-4.06%	1.92%	1.87%	0.00%
Royal Brompton and Harefield NHS Trust	4.78%	-4.13%	3.50%	-10.13%	8.54%	-1.00%	-1.53%	0.00%
Royal Free Hampstead NHS Trust	-16.92%	10.52%	7.51%	-9.29%	-5.12%	-5.38%	18.68%	0.00%
Royal Liverpool and Broadgreen University Hospitals NHS Trust	0.00%	0.10%	0.02%	0.00%	0.00%	1.37%	-1.48%	0.00%
Royal Liverpool and Broadgreen University Hospitals NHS Trust - Transfer of Service								
Royal Liverpool and Broadgreen University Hospital NHS Trust - Occular Oncology and Haemophilia	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Royal Marsden NHS Trust	3.36%	23.28%	-7.12%	1.00%	-7.44%	-25.93%	12.85%	0.00%
Royal Orthopaedic Hospital NHS Trust	3.32%	3.82%	4.09%	-2.66%	9.93%	-8.11%	-10.39%	0.00%
Salford Royal Hospitals NHS Trust	-0.76%	-4.73%	-0.28%	-19.23%	2.18%	-8.64%	31.47%	0.00%
Sheffield Teaching Hospitals NHS Trust	-8.67%	8.63%	-4.15%	-0.53%	-14.68%	-1.71%	38.37%	0.00%
Shrewsbury & Telford Hospital NHS Trust								
St Helen & Knowsley NHS Trust	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
St Helen & Knowsley NHS Trust - burns	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Uni Hosp North Staffordshire NHS Trust	0.42%	3.03%	-0.13%	1.24%	1.22%	4.04%	-9.82%	0.00%
Uni Hosp North Staffordshire NHS Trust - BCU Split								
Uni Hosp Birm - contract agreement								
University Hospital of South Manchester NHS Foundation Trust	1.11%	-0.25%	0.00%	5.64%	-0.43%	-0.49%	-5.58%	0.00%
University Hospital of South Manchester NHS Foundation Trust - Transfer of Services								
University College London Hospitals NHS Trust	1.80%	-1.89%	1.01%	-0.51%	-17.88%	1.85%	15.62%	0.00%
University Hospital Birmingham NHS Trust	3.58%	-1.11%	0.80%	-1.08%	5.17%	-5.45%	-1.91%	0.00%
University Hospital Birmingham NHS Trust - transplants	16.27%	3.11%	-6.97%	0.83%	1.80%	-11.43%	0.00%	0.00%
University Hospital Bristol NHS Trust	-2.71%	5.98%	-0.73%	-3.42%	-3.94%	1.26%	3.57%	0.00%
University Hospital Bristol NHS Trust- Saving Scheme								
Walton Centre NHS Foundation Trust	-0.04%	-0.53%	0.01%	0.05%	-0.05%	0.36%	0.20%	0.00%
Cheltenham PET Scanning Service	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Clatterbridge Centre for Oncology NHS Trust	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Countess of Chester NHS Foundation Trust	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Wirral Hospitals NHS Trust								
Rampton	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ashworth	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Broadmoor	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
North West Specialised Services CT								
Fresenius								
MH High Secure - Contract savings 13/14 and 14/15 (Ashworth only)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MH High Secure - Contract savings 15/16 (Ashworth only)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MH Other	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MH High Secure contract savings	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PETIC	-1.83%	1.73%	2.84%	-1.99%	-0.42%	-0.47%	0.14%	0.00%
Contract6 Agreements								
Reserves Write-backs	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
National Organ Donation								
Balance Sheet Write Back 2010/11								
HCS	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MH High Secure - Case Management Investment								
TOTAL								

Difference in £ from 2011/12 to 2015/16							
C&V	ABM	CT	AB	HD	Po	BC	Total
13	0	-5	1	14	26	-21	0
-	-	-	-	-	-	-	-
251	122	-17	-66	29	-77	-59	-
5	4	3	-2	3	16	-20	0
71	18	-0	-89	54	2	-52	-
12	107	-24	40	38	27	-200	0
21	6	-24	-7	2	18	-26	0
-	-	-	-	-	-	-	-
26	180	2	-180	16	6	-13	0
12	9	30	-25	22	3	-23	-
21	26	3	-168	35	53	-31	-0
-	-	-	-	-	-	-	-
108	52	104	-272	21	52	-40	0
8	3	2	-45	19	5	-14	-0
30	7	3	-5	12	3	-2	-0
-	-	5	-	-	11	-16	-1
1	3	1	-4	3	2	-5	0
30	60	22	-7	74	44	-74	-0
-	3	-	-1	52	25	-24	-
146	127	108	-311	262	31	-47	0
142	89	63	-78	43	45	-157	-
-	0	0	-	-	3	-3	-0
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
4	29	-9	-1	9	32	-16	0
37	42	45	-29	109	89	-114	0
11	71	-4	-290	33	130	-475	-
30	30	-14	-2	51	6	-133	-0
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
10	70	-3	-29	28	93	-226	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
10	2	-0	-51	4	5	-51	0
-	-	-	-	-	-	-	-
22	23	12	-8	219	23	-191	-
201	62	45	-61	291	307	-107	0
80	15	34	-4	9	56	-10	0
240	529	-64	-303	349	111	-317	0
-	-	-	-	-	-	-	-
7	80	1	-8	8	55	-30	0
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
34	32	53	-37	8	9	-3	0
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
0	0	-0	-0	0	0	-0	-0
-	-	-	-	-	-	-	-
409	646	295	-1,841	83	-394	803	1

C&V	ABM	CT	AB	HD	Po	BC
409	646	295	-1841	83	-394	803

Individual Patient Agreements and High Cost Exclusions

			Allocation of Variance 12/13									End Of Year Forecasts								Share of Variance									
												£ Allocation of Actual 12/13								Allocation of Actual 16/17									
Individual Patient Agreements and High Cost Exclusions	**Outturn 2011/12**	**Budget 2016/17**	**C&V %**	**ABM %**	**CT %**	**AB %**	**HD %**	**Po %**	**BC %**	**Total %**		**C&V £'000**	**ABM £'000**	**CT £'000**	**AB £'000**	**HD £'000**	**Po £'000**	**BC £'000**	**Total £'000**	**C&V %**	**ABM %**	**CT %**	**AB %**	**HD %**	**Po %**	**BC %**	**Total %**	**C&V £'000**	**ABM £'000**
IPFR (general)	11,773	9,322	14.96%	17.77%	9.46%	17.10%	12.93%	6.07%	21.70%	100.00%		1,762	2,093	1,114	2,013	1,522	714	2,555	11,773	19.78%	13.78%	5.20%	22.92%	8.55%	8.85%	20.94%	100.00%	1,843	1,284
Eculizumab		3,904	7.08%	17.56%	16.98%	5.66%	12.80%	5.96%	33.97%	100.00%		-	-	-	-	-	-	-	-	7.08%	17.56%	16.98%	5.66%	12.80%	5.96%	33.97%	100.00%	276	686
Eculizumab (AHUS)		737	63.93%	0.00%	0.00%	0.00%	0.00%	0.00%	36.07%	100.00%		-	-	-	-	-	-	-	-	63.93%	0.00%	0.00%	0.00%	0.00%	0.00%	36.07%	100.00%	471	-
ERT IPC	3,441	5,788	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%		538	583	329	646	426	147	771	3,441	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	905	981
ERT - Planned Switching & Dosage Review Savings Scheme		(1,301)	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%		-	-	-	-	-	-	-	-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	(203)	(221)
NEW ERT FROM ENGLAND	1,479	1,497	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%		231	251	142	278	183	63	331	1,479	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	234	254
NEW ECMO FROM CONTRACTS	243	1,029	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%		38	41	23	46	30	10	54	243	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	161	174
HPN		3,268	35.25%	7.51%	15.53%	22.69%	7.20%	1.73%	10.10%	100.00%		-	-	-	-	-	-	-	-	35.25%	7.51%	15.53%	22.69%	7.20%	1.73%	10.10%	100.00%	1,152	245
NEW VADs FROM CONTRACTS	201	626	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%		31	34	19	38	25	9	45	201	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	98	106
ALAS (War veterans)		383	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%		-	-	-	-	-	-	-	-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	60	65
PHT	995	1,961	9.61%	3.11%	5.99%	17.53%	0.00%	4.35%	59.41%	100.00%		96	31	60	174	-	43	591	995	3.39%	1.64%	12.87%	20.99%	0.00%	6.72%	54.38%	100.00%	66	32
MS	417	285	0.00%	0.00%	0.00%	4.04%	2.95%	11.35%	81.66%	100.00%		-	-	-	17	12	47	341	417	0.00%	0.00%	0.00%	0.00%	0.00%	17.13%	82.87%	100.00%	-	-
Forensic Mental Health	12,942	11,434	20.91%	17.56%	6.56%	19.91%	5.96%	10.96%	18.14%	100.00%		2,706	2,273	849	2,577	771	1,418	2,348	12,942	18.42%	24.58%	10.92%	17.87%	2.50%	4.86%	20.84%	100.00%	2,106	2,811
Eating Disorders	1,393	2,023	43.90%	2.94%	8.34%	5.44%	17.39%	5.84%	16.15%	100.00%		612	41	116	76	242	81	225	1,393	24.91%	21.20%	2.55%	8.03%	12.61%	1.33%	29.37%	100.00%	504	429
Gender	152	676	9.24%	44.01%	12.67%	5.31%	9.85%	4.87%	14.05%	100.00%		14	67	19	8	15	7	21	152	23.26%	15.07%	5.71%	8.78%	13.81%	1.13%	32.23%	100.00%	157	102
Perinatal OOA		379	0.46%	69.72%	1.10%	0.30%	0.58%	0.00%	27.84%	100.00%		-	-	-	-	-	-	-	-	24.42%	0.00%	7.60%	4.54%	41.77%	8.50%	13.17%	100.00%	93	-
Mental Health - Other	256		0.46%	69.72%	1.10%	0.30%	0.58%	0.00%	27.84%	100.00%		1	178	3	1	1	-	71	256	0.00%	0.00%	94.95%	0.00%	5.05%	0.00%	0.00%	100.00%	-	-
Deaf MH		265	0.46%	69.72%	1.10%	0.30%	0.58%	0.00%	27.84%	100.00%		-	-	-	-	-	-	-	-	0.00%	49.92%	10.34%	1.50%	37.45%	0.80%	0.00%	100.00%	1	132
CAMHS - BCU CAMHS patients		1,456	8.41%	3.88%	17.58%	15.68%	8.03%	5.02%	41.41%	100.00%		-	-	-	-	-	-	-	-							100.00%	100.00%	-	-
CAMHS - all other	5,524	1,435	8.41%	3.88%	17.58%	15.68%	8.03%	5.02%	41.41%	100.00%		465	214	971	866	444	277	2,287	5,524	24.50%	0.00%	25.07%	29.62%	15.05%	5.75%	0.00%	100.00%	352	-
FACTS OOA - All Wales		1,301	8.41%	3.88%	17.58%	15.68%	8.03%	5.02%	41.41%	100.00%		-	-	-	-	-	-	-	-	15.64%	16.96%	9.57%	18.77%	12.37%	4.28%	22.41%	100.00%	203	221
IVF	1,844	1,129	6.10%	24.09%	0.88%	1.91%	16.63%	7.99%	42.40%	100.00%		112	444	16	35	307	147	782	1,844	26.14%	4.83%	11.40%	2.24%	6.46%	0.00%	48.93%	100.00%	295	55
IVF (IPC)		306	6.10%	24.09%	0.88%	1.91%	16.63%	7.99%	42.40%	100.00%		-	-	-	-	-	-	-	-	26.14%	4.83%	11.40%	2.24%	6.46%	0.00%	48.93%	100.00%	80	15
IVF (English contracts)		496	6.10%	24.09%	0.88%	1.91%	16.63%	7.99%	42.40%	100.00%		-	-	-	-	-	-	-	-	0.34%	0.00%	0.34%	0.00%	0.34%	11.56%	87.41%	100.00%	2	-
IVF (non-Wales) - afitvity mobving back to Welsh Conract for 14/15 as until now open												-	-	-	-	-	-	-	-									-	-
IVF (Welsh contracts)		2,096	42.09%	4.43%	16.14%	29.11%	6.96%	0.95%	0.32%	100.00%		-	-	-	-	-	-	-	-	25.93%	28.32%	7.98%	18.62%	17.29%	1.73%	0.13%	100.00%	544	594
Grand Total	**40,660**	**50,495**										**6,606**	**6,250**	**3,662**	**6,774**	**3,978**	**2,967**	**10,423**	**40,660**									**9,400**	**7,965**

Non contracted ac	C&V	ABM	CT	AB	HD	Po	BC	Total
11/12	6,606	6,250	3,662	6,774	3,978	2,967	10,423	40,660
	16.25%	15.37%	9.01%	16.66%	9.78%	7.30%	25.63%	
15/16	9,400	7,965	4,888	8,395	4,249	2,495	13,105	50,496
	18.62%	15.77%	9.68%	16.62%	8.41%	4.94%	25.95%	

Individual Patient Agreements
and High Cost Exclusions

Individual Patient Agreements and High Cost Exclusions	Outturn 2011/12	End Of Year Forecasts £ Allocation of Actual 16/17 CT £'000	AB £'000	HD £'000	Po £'000	BC £'000	Total £'000
IPFR (general)	11,773	485	2,136	797	825	1,952	9,321
Eculizumab		663	221	500	233	1,326	3,904
Eculizumab (AHUS)		-	-	-	-	266	737
ERT IPC	3,441	554	1,087	716	248	1,297	5,788
ERT - Planned Switching & Dosage Review Savings Scheme		(125)	(244)	(161)	(56)	(292)	(1,301)
NEW ERT FROM ENGLAND	1,479	143	281	185	64	336	1,497
NEW ECMO FROM CONTRACTS	243	99	193	127	44	231	1,029
HPN		508	742	235	57	330	3,268
NEW VADs FROM CONTRACTS	201	60	118	77	27	140	626
ALAS (War veterans)		37	72	47	16	86	383
PHT	995	252	412	-	132	1,067	1,961
MS	417	-	-	-	49	236	285
Forensic Mental Health	12,942	1,249	2,044	286	556	2,383	11,434
Eating Disorders	1,393	52	162	255	27	594	2,023
Gender	152	39	59	93	8	218	676
Perinatal OOA		29	17	158	32	50	379
Mental Health - Other	256	-	-	-	-	-	-
Deaf MH		27	4	99	2	-	266
CAMHS - BCU CAMHS patients		-	-	-	-	1,456	1,456
CAMHS - all other	5,524	360	425	216	83	-	1,435
FACTS OOA - All Wales		125	244	161	56	292	1,301
IVF	1,844	129	25	73	-	552	1,129
IVF (IPC)		35	7	20	-	150	306
IVF (English contracts)		2	-	2	57	434	496
IVF (non-Wales) - aftivity mobving back to Welsh Conract for 14/15 as until now open		-	-	-	-	-	-
IVF (Welsh contracts)		167	390	362	36	3	2,096
Grand Total	**40,660**	**4,888**	**8,395**	**4,249**	**2,495**	**13,105**	**50,496**

Individual Patient Agreements and High Cost Exclusions	Difference in % from 2011/12 to 2015/16 C&V	ABM	CT	AB	HD	Po	BC	Total
IPFR (general)	4.81%	-4.00%	-4.26%	5.82%	-4.38%	2.78%	-0.76%	0.00%
Eculizumab	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Eculizumab (AHUS)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
ERT IPC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
ERT - Planned Switching & Dosage Review Savings Scheme	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
NEW ERT FROM ENGLAND	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
NEW ECMO FROM CONTRACTS	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
HPN	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
NEW VADs FROM CONTRACTS	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
ALAS (War veterans)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PHT	-6.22%	-1.47%	6.88%	3.46%	0.00%	2.37%	-5.03%	0.00%
MS	0.00%	0.00%	0.00%	-4.04%	-2.95%	5.78%	1.22%	0.00%
Forensic Mental Health	-2.49%	7.02%	4.36%	-2.04%	-3.46%	-6.10%	2.70%	0.00%
Eating Disorders	-18.99%	18.26%	-5.79%	2.59%	-4.78%	-4.51%	13.22%	0.00%
Gender	14.02%	-28.94%	-6.96%	3.47%	3.96%	-3.74%	18.18%	0.00%
Perinatal OOA	23.96%	-69.72%	6.50%	4.24%	41.19%	8.50%	-14.67%	0.00%
Mental Health - Other	-0.46%	-69.72%	93.85%	-0.30%	4.47%	0.00%	-27.84%	0.00%
Deaf MH	-0.46%	-19.80%	9.24%	1.20%	36.87%	0.80%	-27.84%	0.00%
CAMHS - BCU CAMHS patients	-8.41%	-3.88%	-17.58%	-15.68%	-8.03%	-5.02%	58.59%	0.00%
CAMHS - all other	16.10%	-3.88%	7.49%	13.95%	7.02%	0.73%	-41.41%	0.00%
FACTS OOA - All Wales	7.23%	13.08%	-8.00%	3.10%	4.34%	-0.74%	-19.00%	0.00%
IVF	20.04%	-19.26%	10.51%	0.33%	-10.16%	-7.99%	6.53%	0.00%
IVF (IPC)	20.04%	-19.26%	10.51%	0.33%	-10.16%	-7.99%	6.53%	0.00%
IVF (English contracts)	-5.76%	-24.09%	-0.54%	-1.91%	-16.29%	3.57%	45.02%	0.00%
IVF (non-Wales) - aftivity mobving back to Welsh Conract for 14/15 as until now open	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
IVF (Welsh contracts)	-16.16%	23.89%	-8.16%	-10.49%	10.33%	0.78%	-0.19%	0.00%

Individual Patient Agreements and High Cost Exclusions	Difference in £ from 2011/12 to 2015/16 C&V	ABM	CT	AB	HD	Po	BC	Total
IPFR (general)	449	- 373	- 397	542	- 409	259	- 71	- 0
Eculizumab	-	-	-	-	-	-	-	-
Eculizumab (AHUS)	-	-	-	-	-	-	-	-
ERT IPC	-	-	-	-	-	-	-	-
ERT - Planned Switching & Dosage Review Savings Scheme	-	-	-	-	-	-	-	-
NEW ERT FROM ENGLAND	-	-	-	-	-	-	-	-
NEW ECMO FROM CONTRACTS	-	-	-	-	-	-	-	-
HPN	-	-	-	-	-	-	-	-
NEW VADs FROM CONTRACTS	-	-	-	-	-	-	-	-
ALAS (War veterans)	-	-	-	-	-	-	-	-
PHT	- 122	- 29	135	68	-	47	- 99	- 0
MS	-	-	-	- 12	- 8	16	3	- 0
Forensic Mental Health	- 285	803	499	- 233	- 396	- 697	308	0
Eating Disorders	- 384	369	- 117	52	- 97	- 91	267	-
Gender	95	- 196	- 47	23	27	- 25	123	-
Perinatal OOA	91	- 264	25	16	156	32	- 56	-
Mental Health - Other	-	-	-	-	-	-	-	-
Deaf MH	- 1	- 52	24	3	98	2	- 74	-
CAMHS - BCU CAMHS patients	- 122	- 56	- 256	- 228	- 117	- 73	853	-
CAMHS - all other	231	- 56	107	200	101	11	- 594	-
FACTS OOA - All Wales	94	170	- 104	40	56	- 10	- 247	-
IVF	226	- 217	119	4	- 115	- 90	74	0
IVF (IPC)	61	- 59	32	1	- 31	- 24	20	0
IVF (English contracts)	- 29	- 120	- 3	- 9	- 81	18	223	-
IVF (non-Wales) - aftivity mobving back to Welsh Conract for 14/15 as until now open	-	-	-	-	-	-	-	-
IVF (Welsh contracts)	- 339	501	- 171	- 220	216	16	- 4	- 0
Grand Total	**- 35**	**421**	**- 154**	**248**	**- 599**	**- 610**	**728**	

C&V	ABM	CT	AB	HD	Po	BC
-35	421	-154	248	-599	-610	728

Developments & Externally Funded Schemes

			Allocation of Variance								Share of Variance							
Prior Year Developments	**Financial Code**	**Annual Budge**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**
		£'000	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
PIC Retrieval in North Wales	H900-38350-0000-100045	200	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100%	-	-	-	-	-	-	200	200
Ivacaftor - N Wales drugs	H900-38350-0000-000000	890	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100%	-	-	-	-	-	-	890	890
Ivacaftor - C&V drugs	H900-38351-0000-000000	1,522	39.99%	39.99%	10.01%	10.01%	0.00%	0.00%	0.00%	100%	608	608	152	152	-	-	-	1,522
Total		**2,612**									**608**	**608**	**152**	**152**	**-**	**-**	**1,090**	**2,612**

2015/16 Plan Developments		**Annual Budge**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**
		£'000	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Planned Commissioned Growth in Bariatric Surgery (Salford) - JC agreed	H900-37910-0000-000000	100	0.13%	0.01%	1.47%	1.39%	0.79%	0.78%	95.43%	100%	0	0	1	1	1	1	95	100
SDR	H900-37910-0000-000001	200	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100%	30	33	19	38	25	9	46	200
SIRT	H900-37910-0000-000002	80	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100%	12	13	8	15	10	4	18	80
68-Gallium DOTA scanning (UCL)	H900-37910-0000-000003	121	18.84%	18.90%	14.21%	28.03%	15.97%	3.52%	0.52%	100%	23	23	17	34	19	4	1	121
Paeds Surgery	H900-37910-0000-000000	122	51.50%	11.51%	8.53%	18.75%	8.54%	1.02%	0.15%	100%	63	14	10	23	10	1	0	122
Hepatology	H900-37910-0000-000000	230	17.78%	24.44%	14.44%	21.11%	21.11%	1.11%	0.00%	100.00%	41	56	33	49	49	3	-	230
Radio Labelled Therapies	H900-37910-0000-000000	450	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100%	67	75	44	85	57	20	103	450
NWIS data validation	H900-37910-0000-000000	192	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100%	29	32	19	36	24	9	44	192
Flow Diversion - PEDS (England - Walton)	H900-37910-0000-000000	22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100%	-	-	-	-	-	-	22	22
Total		**1,517**									**264**	**247**	**152**	**280**	**196**	**50**	**329**	**1,517**

2016/17 Plan Developments		**Annual Budge**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**	**C&V**	**ABM**	**CT**	**AB**	**HD**	**Po**	**BC**	**Total**
		£'000	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Bariatrics Stage 2 - (agreed as 2015/16 development)	H901-37910-0000-000000	84	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	13	14	8	16	11	4	19	84
Prosthetics service sustainability for war veterans	H901-37910-0000-000000	300	29.43%	12.99%	23.11%	18.34%	12.37%	1.91%	1.86%	100.00%	88	39	69	55	37	6	6	300
Cystic fibrosis - Ivacaftor NONG551D (AWMSG)	H901-37910-0000-000000	459	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	69	76	44	86	58	20	105	459
Melignant Melanoma (NICE Mandated)	H901-37910-0000-000000	1,500	28.69%	9.86%	18.55%	39.25%	1.51%	2.14%	0.00%	100.00%	430	148	278	589	23	32	-	1,500
Susoctocog - Haemophilia (NICE Mandated)	H901-37910-0000-000000	380	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	57	63	37	71	48	17	87	380
Elosulfase Alfa - VIMZIM ERT (NICE Mandated)	H901-37910-0000-000000	660	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	99	110	64	124	83	29	151	660
Ataluren NS Duchene Muscular Dystrophy (NICE Mandated)	H901-37910-0000-000000	400	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	60	67	39	75	51	18	91	400
Asfotase Alfa - HPP ERT (NICE Mandated)	H901-37910-0000-000000	450	14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	67	75	44	85	57	20	103	450
Thoracic surgery infrastructure	H901-37910-0000-000000	600	20.46%	22.43%	12.70%	24.98%	16.55%	2.88%	0.00%	100.00%	123	135	76	150	99	17	-	600
Growth in marginal activity associated with Thoracic surgery investment	H901-37910-0000-000000	200	20.46%	22.43%	12.70%	24.98%	16.55%	2.88%	0.00%	100.00%	41	45	25	50	33	6	-	200
Neuroendocrine Tumours (NETs)	H901-37910-0000-000000	187	20.46%	22.43%	12.70%	24.98%	16.55%	2.88%	0.00%	100.00%	38	42	24	47	31	5	-	187
Fetal cardiology	H901-37910-0000-000000	95	59.43%	3.87%	11.84%	21.69%	2.25%	0.89%	0.02%	100.00%	56	4	11	21	2	1	0	95
Paediatric surgery	H901-37910-0000-000000	500	51.50%	11.51%	8.53%	18.75%	8.54%	1.02%	0.15%	100.00%	258	58	43	94	43	5	1	500
BAHA & Cochlears growth North Wales	H901-37910-0000-000000	290	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	290	290
BAHA & Cochlears growth South Wales	H901-37910-0000-000000	500	41.97%	1.41%	11.55%	30.99%	9.01%	5.07%	0.00%	100.00%	210	7	58	155	45	25	-	500
Posture and Mobility - ALAS (Wheelchairs)	H901-37910-0000-000000	500	29.43%	12.99%	23.11%	18.34%	12.37%	1.91%	1.86%	100.00%	147	65	116	92	62	10	9	500
BMT Phase 3	H901-37910-0000-000000	850	27.02%	15.84%	17.46%	28.92%	9.84%	0.91%	0.00%	100.00%	230	135	148	246	84	8	-	850
Growth in marginal activity associated with BMT investment	H901-37910-0000-000000	300	27.02%	15.84%	17.46%	28.92%	9.84%	0.91%	0.00%	100.00%	81	48	52	87	30	3	-	300
Clinical Immunology non pay growth	H901-37910-0000-000000	400	20.29%	21.79%	12.21%	24.12%	16.03%	5.55%	0.00%	100.00%	81	87	49	96	64	22	-	400

2016/17 Plan Developments		Annual Budge £'000	C&V %	ABM %	CT %	AB %	HD %	Po %	BC %	Total %	C&V £'000	ABM £'000	CT £'000	AB £'000	HD £'000	Po £'000	BC £'000	Total £'000
PET CT new indications	H901-37910-0000-000000	62	16.37%	22.33%	15.12%	23.04%	17.99%	4.82%	0.33%	100.00%	10	14	9	14	11	3	0	62
Paediatric Cardiology RTT	H901-37910-0000-000000	187	59.43%	3.87%	11.84%	21.69%	2.25%	0.89%	0.02%	100.00%	111	7	22	41	4	2	0	187
Liver ablation	H901-37910-0000-000000	105	10.00%	15.00%	20.00%	35.00%	15.00%	5.00%	0.00%	100.00%	11	16	21	37	16	5	-	105
Total Agreed Developments		**9,009**									-	-	-	-	-	-	-	-
Cardiac ablation (AF and VT) - Expansion of EP services			1.20%	51.79%	0.85%	0.36%	42.50%	2.82%	0.48%	100.00%	-	-	-	-	-	-	-	-
Cardiac ablation (AF)			38.73%	0.45%	2.44%	54.69%	0.09%	3.50%	0.09%	100.00%	-	-	-	-	-	-	-	-
Genetics - UKGTN			20.84%	14.55%	9.74%	18.77%	2.91%	10.80%	22.39%	100.00%	-	-	-	-	-	-	-	-
Genetics - Stratified Medicine			20.84%	14.55%	9.74%	18.77%	2.91%	10.80%	22.39%	100.00%	-	-	-	-	-	-	-	-
LVA evaluation			7.27%	44.50%	9.20%	14.57%	21.40%	2.74%	0.31%	100.00%	-	-	-	-	-	-	-	-
Endobronchial Valve Replacement (EBVR) NICE IPG465			14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	-	-	-	-	-	-	-	-
Total offsetting savings realised within Health Boards											-	-	-	-	-	-	-	-
Neurovascular			22.16%	22.50%	15.84%	23.35%	14.18%	1.66%	0.32%	100.00%	-	-	-	-	-	-	-	-
Neuropathology			20.46%	22.43%	12.70%	24.98%	16.55%	2.88%	0.00%	100.00%	-	-	-	-	-	-	-	-
Neurosurgery			22.16%	22.50%	15.84%	23.35%	14.18%	1.66%	0.32%	100.00%	-	-	-	-	-	-	-	-
Interventional neuroradiology			22.16%	22.50%	15.84%	23.35%	14.18%	1.66%	0.32%	100.00%	-	-	-	-	-	-	-	-
NICU			61.46%	8.97%	8.86%	10.96%	9.75%	0.00%	0.00%	100.00%	-	-	-	-	-	-	-	-
Fetal Medicine			14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	-	-	-	-	-	-	-	-
Proton Beam Therapy - Child			14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	-	-	-	-	-	-	-	-
Proton Beam Therapy - TYP			14.96%	16.65%	9.68%	18.80%	12.64%	4.45%	22.82%	100.00%	-	-	-	-	-	-	-	-
Paedriatric Cardiology Standards			59.43%	3.87%	11.84%	21.69%	2.25%	0.89%	0.02%	100.00%	-	-	-	-	-	-	-	-
Clinical Immunology (infrastructure)			20.29%	21.79%	12.21%	24.12%	16.03%	5.55%	0.00%	100.00%	-	-	-	-	-	-	-	-
CLP service			29.9%	11.7%	11.7%	29.9%	11.7%	3.9%	1.3%	100.00%	-	-	-	-	-	-	-	-
Additional Funding required for High risk schemes											-	-	-	-	-	-	-	-
Liver Outreach clinics - Delivery Plan Funded		32	20.46%	22.43%	12.70%	24.98%	16.55%	2.88%	0.00%	100.00%	7	7	4	8	5	1	-	32
Ketogenic Diet - Invest to Save		18	20.46%	22.43%	12.70%	24.98%	16.55%	2.88%	0.00%	100.00%	4	4	2	4	3	1	-	18
Total 16/17 Plan Developments		**9,059**									2,289	1,264	1,244	2,242	899	259	861	9,059
											3,162	2,119	1,548	2,674	1,095	309	2,280	13,187

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

		Agenda Item	13
Meeting Title	**Joint Committee**	Meeting Date	22/11/2016
Report Title	Delivery of the Integrated Commissioning Plan 2016/17 Progress at the end of September 2016		
Author (Job title)	Project Support Manager/Assistant Planner ADoP team		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	This paper provides an update on the delivery of the Integrated Commissioning Plan for Specialised Services 2016/17 at the end of September 2016, including the: • Funding Release Schedule; • Progress against the Work Plan; and • Risk Management Summary.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Management Group	Meeting Date	27/10/2016
	Corporate Directors Group	Meeting Date	17/10/2016
Recommendation(s)	Members are asked to: • **Note** the progress made in the delivery of the 2016/17 ICP; • **Note** the funding release proforma schedule; • **Note** the risk management summary.		

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	✓		Institute for HealthCare Improvement Triple Aim	✓		Quality, Safety & Patient Experience	✓	
Resources Implications	✓		Risk and Assurance	✓		Evidence Base		✓
Equality and Diversity	✓		Population Health	✓		Legal Implications		✓

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

DELIVERY OF THE INTEGRATED COMMISSIONING PLAN 2016/17
Progress at the end of September 2016

1.0 Situation

1.1 The Joint Committee has delegated authority to the Management Group to approve the implementation of the following 'Amber' schemes with the Integrated Commissioning Plan (ICP) for Specialised Services:

- Unavoidable Activity growth / RTT Amber Graded Schemes
- Economic Benefits to Health Boards Amber Graded Schemes

1.2 In addition, whilst the Joint Committee has retained authority to consider and approve risk rated 'Amber' schemes, they have delegated authority to the Management Group to approve the implementation of the Neurosurgery scheme against available recurrent slippage, as this is considered to be a high risk scheme.

1.3 The paper provides an update for the delivery and implementation of the work plan 2016/17 (as at the end of September 2016) to enable the Group to undertake this role. This includes the following items:

- The progress against the work plan 2016/17
- The development of the risk management monitoring; and
- The funding release schedule (Annex i)

2.0 Background

2.1 In August 2015 Management Group approved the process to monitor the delivery of the ICP and supported the use of funding release proformas. The table below details which Group has the designated authority to approve the funding release for the different schemes of work listed in the ICP.

Group	Approval Authority
Corporate Directors Group	Black and Red Schemes
Management Group	Amber Schemes • Unavoidable Activity growth / RTT Amber Graded Schemes • Economic Benefits to Health Boards Amber Graded Schemes
Joint Committee	Amber Schemes • Risk Rated

Details of funding release approvals authorised by the Corporate Directors Group (CDG) will be made available at the following Management Group Meeting. The approvals to date are listed in Annex (i).

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2.2 In addition, the Management Group approved the risk management plan and the submission of exception reports when required. Both the work plan and risk management plan are reviewed by the Corporate Directors Group on a monthly basis, in order to monitor delivery and performance of the ICP.

Any delivery issues identified through this process will be raised with the relevant Health Boards and the issue, with details of the mitigating action taken, will be reported to the Management Group.

3.0 Assessment

3.1 Audit and Outcome Days

A programme of clinical audit and outcome days is undertaken by WHSSC to ensure the quality and patient experience of specialised services commissioned on behalf of Wales. As at the end of September the progress on the delivery of these events is reported below:

Specialised Service	Date	Status
Bariatric Surgery	May 16	Completed
Haemophilia / IBD	Jun 16	Completed
Posture & Mobility and Prosthetics	Jun 16	Completed
IVF	Sep 16	Completed
Renal National Audit Day	Sep 16	Completed
Neonatal	Oct 16	Planned
Thoracic Surgery	Oct 16	Planned
Inherited Metabolic Diseases (ERT)	Apr 16	Rescheduled to Oct 16
Blood and Marrow Transplant	Nov 16	Planned
Cardiac	Nov 16	Planned
Plastic Surgery	Nov 16	Planned
Specialised Rehabilitation	Nov 16	Planned
Cystic Fibrosis	May 16	Rescheduled to Nov 16
Paediatric Cardiology	Dec 16	Planned
Congenital Heart Disease (Paeds & Adult)	Jan 17	Planned
PET-CT	Jan 17	Planned
Clinical Immunology	Feb 17	Planned
Deep Brain Stimulation	TBC	TBC

3.2 Progress Against the Work Plan 2016/17

The work plan has been reviewed by the Programme Teams as at the end of September and progress is reported below.

3.2.1 Completed Schemes of Work

The following schemes of work have been completed:

ICP Reference Number	Programme Team	Service	Commissioning Intention	WHSSC Product	Comments
ICP16-021	Cancer & Blood	Plastic Surgery	LVA service funded by WG. WG priority	Funding Release Proforma	
ICP16-048	Neurological & Complex Conditions	Prosthesis service - prosthetics for war veterans	Requirement to sustain performance and the achievement of delivery. *** WHSSC asked to undertake a review of the all Wales position as a matter of urgency.	Funding Release Proforma	Funding release letter has been sent to Cardiff.
ICP16-042	Neurological & Complex Conditions	Communication Aids	Augmentative and Alternative Communication (AAC) project. WG funding to develop service hub at Rookwood Hospital with staff also located at BCU. AAC project to include recommendations on future funding arrangements to be considered in ICP 2017/18.	Funding Release Proforma	An extension to the evaluation period was supported by Joint Committee in September 2016.
ICP16-110	Women & Children	Cystic fibrosis	Use of Ivacaftor for indication	Funding Release Proforma	3 patients identified in South Wales paediatric and adult population
ICP16-120	Cancer & Blood	Malignant Melanoma	NICE Mandated	Contractual Allocation	
ICP16-125	Women & Children	Elosulfase Alfa	NICE Mandated	Funding Release Proforma	Fully implemented
ICP16-126	Neurological & Complex Conditions	Ataluren NS DMD	NICE Mandated	Funding Release Proforma	The policy has been approved by Management Group and is published on the WHSSC website
ICP16-001	Cancer & Blood	Thoracic surgery	To commission sufficient surgery, at full cost, to achieve the 2012 LUCADA upper quartile resection rate for Wales.	Funding Release Proforma	The WHSSC ICP 2016-19 includes the commitment to undertake a review of thoracic surgery in 2016/17.
ICP16-050	Women & Children	Fetal cardiology	Service poses a quality and sustainability concern. Currently failing to meet the NHS England CHD standards.	Funding Release Proforma	Funding release letter sent out July 2016, awaiting implementation plan from C&V UHB
ICP16-053	Women & Children	Paediatric surgery	Sustainability concerns as there are workforce issues with the middle grades within Paediatric Surgery - Deanery. Increased capacity at the UHB is required to meet backlog, recurrent demand and capacity gap impacting recurrent financial requirements.	Funding Release Proforma	Health Board appointing at risk and backfilling lists from April 16. Funding release approved by MGM in July 2016, implementation to be monitored and waiting list profile to be agreed/ monitored.

ICP Reference Number	Programme Team	Service	Commissioning Intention	WHSSC Product	Comments
ICP16-081	Women & Children	BAHAs and Cochlears	Performance management of growth in the service in North Wales ***Awaiting proforma / risk register / demand and capacity information for further consideration	Funding Release Proforma	Funding release approved at August MG
ICP16-009	Cancer & Blood	PET-CT	To revise the PET Policy on an annual basis to ensure equitable services with England and to contribute towards improving cancer outcomes in Wales	Funding Release Proforma	The PET-CT policy was first published in 2013 and was revised in 2015 to ensure it contained the most up to date evidence-based guidance. The revisions to the policy help to ensure that there is an equitable commissioning position within NHS Wales compared to the rest of the UK, facilitated by the increased number of indications routinely funded.
ICP16-052	Women & Children	Paediatric Cardiology RTT	Increased capacity at the UHB is required to meet backlog, recurrent demand and capacity gap impacting recurrent financial requirements.	Funding Release Proforma	Funding release letter sent out July 2016, awaiting implementation plan from C&V UHB
ICP16-058	Women & Children	NICU	To increase NICU capacity ***Implement the neonatal service model agreed for South and Mid Wales as part of the South Wales Plan (2015/16 Green schemes)	Funding Release Proforma	To be managed through Risk Management Strategy pending decision of Joint Committee. Confirmed with C&V that this scheme is no longer required.
ICP16-069	Mental Health	High Secure	Expand gatekeeping role to include clinical case monitoring all patients in independent sector placements.	Funding Release Proforma	In the Spend to Save/Repatriation category
ICP16-070	Mental Health	Medium Secure - patients with learning disabilities	Expand gatekeeping role to include clinical case monitoring all patients in independent sector placements.	Funding Release Proforma	In the Spend to Save/Repatriation category

A detailed work plan schedule can be found on Sharepoint.

3.3 Financial Summary

As reported in the month 6 financial monitoring of 2016/17 plan developments, schemes where the funding release has been approved or where there is a known element of slippage are set out in the following table:

				2016/17			2017/18		
Planning Ref	Category	Scheme	Funding Release Paper to MGMT Group:	2016/17 ICP Requirement £m	2016/17 Forecast Expenditure £m	2016/17 Forecast Slippage £m	2017/18 ICP Requirement £m	2017/18 Forecast Expenditure £m	2017/18 Forecast Slippage £m
ICP16-048	Black - Pre approved	Prosthetics service sustainability for war veterans	July	0.300	0.121	(0.179)	0.300	0.210	(0.090)
ICP16-110	Red - Mandated	Cystic fibrosis - Ivacaftor NONG551D (AWMSG)	June	0.459	0.459	-	0.612	0.612	-
ICP16-124	Red - Mandated	Susoctocog - Haemophilia	N/A	0.380		(0.380)	0.950		(0.950)
ICP16-126	Red - Mandated	Ataluren NS Duchene Muscular Dystrophy	August	0.400	0.175	(0.225)	0.750	0.200	(0.550)
ICP16-128	Red - Mandated	Asfotase Alfa - HPP ERT	N/A	0.450	0.225	(0.225)	0.900	0.900	-
ICP16-001	Amber - Unavoidable	Thoracic surgery infrastructure & activity	June	0.800	0.797	(0.003)	2.500	1.907	(0.593)
ICP16-050	Amber - Unavoidable	Fetal cardiology	May	0.095	0.095	-	0.189	0.138	(0.051)
ICP16-053	Amber - Unavoidable	Paediatric surgery	June	0.500	0.500	-	0.862	0.733	(0.129)
ICP16-081	Amber - Unavoidable	BAHA & Cochlears growth North Wales	August	0.290	0.240	(0.050)	0.500	0.500	-
ICP16-105	Amber - Unavoidable	Clinical Immunology non pay growth	September	0.400	0.400	-	0.800	0.800	-
ICP16-009	Amber - Unavoidable	PET CT new indications	May	0.062	0.062	-	0.170	0.062	(0.108)
ICP16-052	Amber - Unavoidable	Paediatric Cardiology RTT	May	0.187	0.087	(0.100)	0.187	0.173	(0.014)
		Total Funded ICP schemes		**4.323**	**3.161**	**(1.162)**	**8.720**	**6.235**	**(2.485)**

There is in year slippage forecast of £1.162m, of which £0.830m is against red rated mandated drug schemes as patient incidence, approval status and drug costs have become clearer.

Further assessments are being made on the implementation of approved schemes to identify if any further slippage will occur due to recruitment delays. An assessment is also being made of the £1.5m Malignant Melanoma provision to identify which combinations of treatments have been approved and to what degree they replace existing treatments.

The revised full year effect of 2016/17 developments is £2.485m lower than the ICP provision. There are ongoing discussions on the most effective allocation of this funding against high risk sustainability issues.

3.4 Risk Management Summary

Management Group approved the use of exception reports for the management of risk for schemes not included within the ICP in August 2015 ('Green' and 'Purple'). It was agreed that exception reports will be submitted when risks meet the following thresholds:

- Where a scheme has a 'red' rating in one or more of the three domains (Quality and Safety, Patient and Public Sensitivity, and Service Sustainability); and,
- Where a scheme moves from 'green' to 'amber' ratings in one or more of the three domains.

Further work has recently been undertaken to refine the risk management plan and is available on SharePoint as a live document.

As part of the risk management strategy, each of the Amber risk rated schemes have been screened against each of the protected characteristics and peer reviewed. Full Equality Impact Assessments (EIAs) have been carried out for the following ICP Schemes:

- ICP16-051 Fetal Medicine
- ICP16-084 Paediatric Cardiology Standards

- ICP16-117 Proton Beam Therapy (Children)
- ICP16-118 Proton Beam Therapy (Teenagers and Young Adults)
- ICP16-119 Proton Beam Therapy (Adults)

The outcome of the above EIAs were reported to Joint Committee in September 2016.

4.0 Recommendations

Members are asked to:

- **Note** the progress made in the delivery of the 2016/17 ICP.

5.0 Annexes

- Annex i – Funding Release Schedule

Annex i

Funding Release Schedule

Planning Ref	Category	Scheme	Proposed Date of submission to CDG/MGM	Actual/ Revised Date of submission to CDG/MG:	Outcome
ICP16-021	Black - Pre approved	Plastics - LVA (For evaluation after 6 months)	TBC		
ICP16-030	Black - Pre approved	Bariatric Surgery Phase 2	TBC		
ICP16-042	Black - Pre approved	Communication Equipment (WG Allocation in 2016/17)	N/A	N/A	
ICP16-048	Black - Pre approved	Prosthetics service sustainability for war veterans	TBC	July	Approved
ICP16-110	Red - Mandated	Cystic fibrosis - Ivacaftor NONG551D (AWMSG)	TBC	June	Approved
ICP16-114	Red - Mandated	Saproterin - phenylketonuria	TBC	N/A	Removed as not approved by AWMSG
ICP16-120	Red - Mandated	Malignant Melanoma	TBC		
ICP16-124	Red - Mandated	Susoctocog – Haemophilia	TBC	N/A	No suitable patient cohort
ICP16-125	Red - Mandated	Elosulfase Alfa - VIMZIM ERT	TBC		
ICP16-126	Red - Mandated	Ataluren NS Duchenne Muscular Dystrophy	TBC	August	Approved
ICP16-127	Red - Mandated	Sebelipase Alfa - LAL ERT	TBC		
ICP16-128	Red - Mandated	Asfotase Alfa - HPP ERT	TBC		
ICP16-131	Red - Cost Neutral	BAHAs and Cochlears – Centralisation	TBC		
ICP16-008	Red - Repatriation	Haemophilia (long lasting blood products)	January		
ICP16-034	Red - Repatriation	ACHD Repatriation	TBC		
ICP16-001	Amber - Unavoidable	Thoracic surgery infrastructure & activity	June	May	Approved (June)
ICP16-003	Amber - Unavoidable	Neuroendocrine Tumours (NETs)	October		
ICP16-050	Amber - Unavoidable	Fetal cardiology	May	May	Approved
ICP16-053	Amber - Unavoidable	Paediatric surgery	May	June	Approved
ICP16-081	Amber - Unavoidable	BAHA & Cochlears growth North Wales	June	August	Approved
ICP16-064	Amber - Unavoidable	BAHA & Cochlears growth South Wales	October		
ICP16-047	Amber - Unavoidable	Posture and Mobility - ALAS (Wheelchairs)	October		
ICP16-004	Amber - Unavoidable	BMT Phase 3 infrastructure & activity	October	September	To be resubmitted in October
ICP16-105	Amber - Unavoidable	Clinical Immunology non pay growth	July	September	
ICP16-043	Amber – Risk Rated	Clinical Immunology (infrastructure)	September	September	
ICP16-009	Amber - Unavoidable	PET CT new indications	May	May	Approved
ICP16-029	Amber - Unavoidable	Bariatric Surgery Phase 3 (all Wales)	N/A	N/A	Implementation in 2017/18
ICP16-052	Amber - Unavoidable	Paediatric Cardiology RTT	May	May	Approved
ICP16-028	Amber - Unavoidable	Liver ablation	October		

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan Implementation of the Plan
Link to Integrated Commissioning Plan	This paper provides an update on the delivery of the ICP and the ICP risk management plan for schemes as at the end of September 2016.
Health and Care Standards	Governance, Leadership and Accountability Safe Care Effective Care
Principles of Prudent Healthcare	Reduce inappropriate variation Only do what is needed Public & professionals are equal partners through co-production
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction) Reducing the per capita cost of health care
Organisational Implications	
Quality, Safety & Patient Experience	The ICP Delivery Report highlights the risks to quality, safety and patient experience resulting in delays/changes to the implementation of schemes and the action being taken to address.
Resources Implications	Any in year change for individual schemes likely to result in a change in resource requirement will be highlighted in the ICP Delivery Report.
Risk and Assurance	The ICP Delivery Report will summarise risk assessment and mitigating action for off track ICP schemes.
Evidence Base	• Funding Release Schedule (Annex (i)); • Risk Management Plan (available on Sharepoint) • Work Plan Monitoring Schedule (available on Sharepoint)
Equality and Diversity	There are no equality and diversity implications associated with this report.
Population Health	There are no additional implications associated for population health in this report.
Legal Implications	There are no legal implications associated with this report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Management Group	27/10/2016	Noted the report
Corporate Directors Group	17/10/2016	Supported to Management Group

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

		Agenda Item	14
Meeting Title	**Joint Committee**	Meeting Date	22/11/2016
Report Title	August 16 Performance Report		
Author (Job title)	Performance Analyst		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The attached report provides members with a summary of the key issues arising from the August 2016 Performance Report and details the action being undertaken to address areas of non-compliance.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Management Group	Meeting Date	27/10/2016
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** current performance and the action being undertaken to address areas of non-compliance		

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		✓	Institute for HealthCare Improvement Triple Aim		✓	Quality, Safety & Patient Experience	✓	
Resources Implications		✓	Risk and Assurance		✓	Evidence Base		✓
Equality and Diversity	✓		Population Health	✓		Legal Implications		✓

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

AUGUST 2016 PERFORMANCE REPORT

1.0 Situation

The attached report provides members with a summary of the key issues arising from the August 2016 Performance Report and details the action being undertaken to address areas of non-compliance.

A copy of the revised performance dashboard is included.

2.0 Background

Development of the Performance Dashboard

The report has been redesigned to provide a clearer and more concise assessment of performance across each of the domains and measures.

The report includes an integrated provider and commissioner dashboard which provides an assessment of the overall progress trend across each of the four domains, and the areas in which there has been either an improvement in performance, sustained performance or a decline in performance.

Further detail (including a three month trend) is included in the subsequent sections on the provider and commissioner dashboards, with key messages relating to provider and commissioner performance over the last month. The dashboard has the following domains:

- Indicator Reference
- Provider – In section 2 aggregate data is used from all providers, in sections 4 onwards, is the exception report providing further detail on services that are not meeting target.
- Measure – the performance measure that the organisation is being assessed against
- Target – the performance target that the organisation must achieve
- Tolerance levels – These range from Red to Green, depending on whether the performance is being achieved, and if not the level of variance between the actual and target performance
- Month Trend Data – this includes an indicator light (in line with the tolerance levels) and the numeric level
- Latest Movement – this shows movement from the previous month

The key difference with the previous format is that performance reports are only provided on an exceptional basis, i.e. when the target has not been delivered.

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3.0 Assessment

The report provides a clear assessment of the performance of the following areas:

- Cardiac Surgery
- Plastic Surgery
- Paediatric Surgery
- Neurosurgery
- Bariatric Surgery
- Thoracic Surgery
- Lung Resection
- PET
- CAHMS
- Medium Secure

4.0 Recommendations

Members are asked to:

- **Note** the use of the new interim 2016/17 performance dashboard;
- **Support** the progress in developing the commissioning teams and quality framework to further input into the dashboard; and
- **Note** current performance and the action being undertaken to address areas of non-compliance.

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Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Implementation of the Plan
Link to Integrated Commissioning Plan	This report monitors the delivery of the key priorities outlined within WHSSCs Integrated Commissioning Plan.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Not applicable
Institute for HealthCare Improvement Triple Aim	Not applicable
Organisational Implications	
Quality, Safety & Patient Experience	The report will monitor quality, safety and patient experience.
Resources Implications	There are no resource implications at this point
Risk and Assurance	There are no known risks associated with the proposed framework There are reputational risks to non-delivery of the RTT standards.
Evidence Base	N/A
Equality and Diversity	The proposal will ensure that data is available in order to identify any equality and diversity issues.
Population Health	The core objective of the report is to improve population heath through the availability of data to monitor the performance of specialised services.
Legal Implications	There are no legal implications relating to this report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Management Group	27/10/2016	Noted the report

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

Overview Performance Report

August 2016

WHSSC

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

Contents

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

1. Integrated Provider / Commissioner Dashboard

Domain	Improved Performance	Sustained Performance	Decline in Performance	Trend
Safety	0	1	0	→
Effectiveness	8	3	1	↑
Staff & Resourc	1	0	3	↓
Leadership	0	3	1	→
Total	**9**	**7**	**5**	↑

2. Provider Dashboard

Indicator Ref.	Provider	Measure		Target	Tolerance Levels Red	Amber	Green	Jun-16	Jul-16	Aug-16	Previous Movement	Latest Movements	Comments
S01		Quarterly	Number of new Serious Incidents reported to WHSSC by provider within 48hours	100%	<50%	50-99%	100%	60%			↑	→	Reported Quarterly
E01	*All*	Monthly	No cardiac surgery patients to be waiting > 36 weeks	100% within 36 weeks	<100%	N/A	100%	99%	98%	99%	↓	↑	
E02	*All*	Monthly	No plastic surgery patients to be waiting > 36 weeks	100% within 36 weeks	Positive variance	N/A	Zero or negative variance	140	128	124	↑	↑	
E03	*All*	Monthly	No paediatric surgery patients to be waiting > 36 weeks	100% within 36 weeks	Positive variance	N/A	Zero or negative variance	117	135	110	↓	↑	
E04	*All*	Monthly	No neurosurgery patients to be waiting > 36 weeks	100% within 36 weeks	Positive variance	N/A	Zero or negative variance	95	117	114	↓	↑	
E05	*All*	Monthly	No bariatric surgery patients to be waiting > 36 weeks	100% within 36 weeks	Positive variance	N/A	Zero or negative variance	33	30	30	↑	→	
E06	*All*	Monthly	No thoracic surgery patients to be waiting > 36 weeks	100% within 36 weeks	<100%	N/A	100%	99%	98%	98%	↓	↑	
E06D	*All*	Monthly	Urgent Lung resection within 62 days - All Wales	95% within 62 days	<90% Within 62 days	90-95% within 62 days	=,>95% within 62 days	9%	45%	50%	↑	↑	
E06E	*All*	Monthly	Non-Urgent Lung resection within 31 days - All Wales	95% within 31 days	<90% Within 31 days	90-95% within 31 days	=,>95% within 31 days	50%	64%	88%	↑	↑	
E07	*All*	Monthly	Cancer patients to receive a PET scan within 10 days from referral to electronic receipt of image and report by the referring clinician - National	95% within 10 days	<90% Within 10 days	90-95% within 10 days	=,>95% within 10 days	96%	94%	90%	↓	↓	
E08	*All*	Monthly	Delivery of 26 week RTT target for adult posture & mobility service - National	90% within 26 weeks	<85% Within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	90%	92%	92%	↑	→	
E09	*All*	Monthly	Delivery of 26 week RTT target for paediatric posture & mobility service - National	90% within 26 weeks	<85% Within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	96%	96%	96%	→	→	
E10	*All*	Monthly	CAMHS OOA placements	14	>16	>14, <16	=,<14	11	9	7	↑	↑	

3. Commissioner Dashboard

Indicator Ref.	Provider	Measure		Target	Tolerance Levels Red	Amber	Green	Jun-16	Jul-16	Aug-16	Previous Movement	Latest Movements	Comments
SR01		Monthly	Sustain financial balance	Within 0.5% of agreed baseline	> +/- 0.5	+/- 0.5%	+/- 0.25%	-0.30%	-0.80%	-0.30%	↑	↓	
SR2		Monthly	% WHSSC staff absence due to sickness	<4%	> 5.72%	4.51-5.71%	<4.5%	0.97%	2.74%	3.26%	↓	↓	
SR03		Monthly	% of WHSSC staff with an up to date PDR in place	85% by Dec 16, 100% by Mar 17	<75%	75-85%	>85%	47.7%	50.0%	48.5%	↑	↓	
SR04		Monthly	% of WHSSC staff CSTF compliance	85% by Dec 16, 100% by Mar 17	<75%	75-85%	>85%	-	25.6%	32.8%		↑	
L01		Monthly	Ensure all commissioning policies have been reviewed by the agreed review date (inc coding)	50% by 30th Sept 16, 100% by Dec 16	<95%	95-100%	100%	52%	46%	44%	↓	↓	50% by 30th Sept 16, 100% by Dec 16
L02		Quarterly	Implementation of internal audit recommendations	100%	<95%	95-99%	100%	99%			↑	→	Reported Quarterly
L03		Monthly	SLA 16/17 Sign off	75% by 30th Sept 16, 100% 31st Mar 17	<60%	60-74%	>75%	-	-	6%			
L04		Quarterly	Number of complaints received acknowledged within 2 working days	100%	<50%	50-99%	100%	100%			↑	→	Reported Quarterly
L05		Quarterly	Number of responses to complaint sent within agreed timescales	100%	<50%	50-99%	100%	81%			↓	→	Reported Quarterly

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4. Key Messages

4.1 Provider

4.1.1 Safety

Data for the safety measure (number of new serious incidents) is reported on a quarterly basis.

4.1.2 Performance

Cardiac Surgery - At a national level there has been a slight improvement in the number of cardiac surgery patients waiting longer than 36 weeks.

At the end of August there were no 36 week breaches at CVUHB or ABMHB. Activity at CVUHB remains significantly lower than the agreed baseline, and there is ongoing dialogue between WHSSC and the Health Board on this issue as part of the performance management arrangements. Despite advice from LHCH that investment in cardiac surgery capacity planned for quarter 1 would result in improvements in RTT there were 5 patients waiting over 36 weeks at the end of August.

Plastic Surgery – At a regional level there continue to be 36 week breaches at ABMU, with the breast surgery and hand surgery as the sub specialty areas with the longest waiters. Discussions have commenced with ABMUHB to establish two clinical summit meetings to review the current waiting list position, and consider all options to improve RTT performance.

Paediatric Surgery – The total patients waiting >36 weeks has reduced consistently since the high of 196 breach patients in August 2015, to 105 in August 2016. Similarly the number of patients waiting >52 weeks has reduced from a peak of 88 in December 2015 to 45 in August 2016. This breach position is slightly ahead of the C&V modelling that demonstrates delivery of zero 36 week breach patients by February 2017.

Implementation of the expanded service, following approval of the business case for additional funding at Management Group in June 2016, is underway, with 1.5 additional operating lists implemented from October 2016 and additional ward staff appointed.

Neurosurgery Surgery – The waiting list position improved slightly at C&VUHB with 113 patients waiting in excess of 36 weeks at the end of August. It is anticipated that this position will improve over the next few months, following the appointment of two locum consultants.

Bariatric Surgery – At a regional level in South Wales, there has been a slight improvement from 33 to 30 patients waiting in excess of 36 weeks at the end of August. ABMUHB has developed a new service model for bariatric surgery that will provide protected capacity for the service through transferring the majority of activity (for low risk patients) to Singleton Hospital, with higher risk patients continuing to be treated at Morriston Hospital with access to on site critical care.

In August 2016, WHSSC was awaiting receipt of further information from ABMUHB regarding the model, particularly in relation to governance arrangements for patients that may require post surgical critical care and the activity and waiting times profile. This information has now been received. WHSSC officers have concerns regarding the ability of the proposed service model to provide timely treatment for the high risk patient cohort who require treatment at Morriston. This has been escalated with ABMUHB and an urgent executive level meeting is being arranged to resolve the issue.

The service for North Wales patients continues to deliver in line with the NHS England 26 week RTT.

Thoracic Surgery –The August position at C&VUHB has remained similar to July with 6 patients waiting in excess of 36 weeks in South East Wales. There were no breaches of the target in North or South West Wales.

PET Scans – The target that 90% of scans are received within 10 days from referral to receipt of image was not achieved in August in South Wales.

This was due an increase in demand over June and July. However a new consultant started in mid August and as a result the monthly scanning capacity has been increased by 28 scans per month. Consequently the performance is expected to improve and the target will be achieved from September onwards.

Posture and Mobility – At a national level, all centres are achieving the 90% waiting times target against 26 weeks for children and adults.

Lung Cancer – 8 patients on the Urgent Suspected Cancer pathway breached the 62 day target in August, of which 6 were attributed to delays in the pathway due to referral for tertiary surgery.

CAMHS – The overall number of CAMHS inpatients in the 2 NHS Wales units increased to 29 in August, compared to 25 in July. The number of

patients in out of area placements continues to fall with 7 placements in August.

Medium Secure – The number of patients in Caswell Clinic (ABMU) remains in line with the 95% target (58 beds). There are currently 16 patients on the 20 bedded ward at Ty Llewellyn as at the end of August, the closure of the 5 bed ward for refurbishment has resulted in a temporary increase in out of area admissions.

4.2 Commissioner

4.2.1 Staff and Resources

The financial balance has been sustained in line with the agreed tolerances over the last three months. Sickness rates have been maintained below 4% since the beginning of the year, although there has been a slight deterioration in the last month. Further work is ongoing to improve PDR compliance, and it is expected that this will be reflected in the August and September reports.

4.2.2 Leadership

Work is ongoing on the review of commissioning policies. Sign off of 16/17 SLAs, overall across England and Wales we have signed contracts for 6% of Providers. Within England we have the finance agreed for 77% of our contracts with an overall figure of 64% for England and Wales. SLAs for 2016/17 have not been issued at the time of preparing this report.

4.2.3 Policies

A policies review project was established in April 2016 and a report was presented to Corporate Directors Board in June outlining the out of date policies requiring review and proposed action. The policies review was split into 4 phases:

- Phase 1 includes policies which were identified as being both out of date and as having no material change to guidelines;
- Phase 2 includes the out of date procedures not already included in Phase 1 which were identified as high or medium priority by the Patient Care Team;
- Phase 3 includes expired policies not already covered in Phases 1 and 2 which were identified as medium or low priority by the Patient Care Team;
- Phase 4 includes the remaining expired policies.

Consultations have been completed for the policies in phase 1 of the project.

WHSSC Policy Workshop was held on the 23rd September 2016, and it was agreed that a Task & Finish Group would be established with the main aim of providing oversight and direction for specialised services policies requiring review and/or amendment prior to progressing through WHSSC's policy approval process.

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

		Agenda Item	15
Meeting Title	**Joint Committee**	Meeting Date	22/11/2016
Report Title	Financial Performance Report – Month 7 2016/17		
Author (Job title)	Finance Manager – MH, DRC, IPFR & MMR		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	The purpose of this report is to set out the estimated financial position for WHSSC for the 7th month of 2016/17. There is no corrective action required at this point. The financial position is reported against the agreed 2016/17 baselines following approval of the 2016/17 IMTP by the Joint Committee in March 2016.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the current financial position and forecast year-end position.		

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		✓	Institute for HealthCare Improvement Triple Aim		✓	Quality, Safety & Patient Experience		✓
Resources Implications	✓		Risk and Assurance	✓		Evidence Base		✓
Equality and Diversity		✓	Population Health		✓	Legal Implications		✓

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

1.0 Situation

1.1 The purpose of this report is to provide the current financial position of WHSSC together with outturn forecasts for the financial year.

2.0 Background

2.1 The financial position for WHSSC is reported against the agreed 2016/17 baselines following approval of the 2016/17 IMTP by the Joint Committee in March 2016.

3.0 Assessment

3.1 The financial position reported at Month 7 for WHSSC is an underspend to date of £4,248k, with a forecast year-end underspend of £3,744k.

The movement from the previous month is an improvement of £602k to date and a deterioration of £1,791k End of Year forecast. The movement is primarily due to increased provisions for Cardiology and BMT's through the Cardiff & Vale contract, additional TAVI's through ABM, and a prudent approach to the current activity being reported from NHS England.

3.2 Appendix A contains a full report of the Income and Expenditure values which make up this total, with further detail and explanations.

4.0 Recommendations

4.1 Members of the appropriate Group/Committee are requested to:

- **Note** the current financial position and forecast year-end position.

5.0 Appendices / Annex

- Appendix A – full report of the details behind the reported financial position. This includes:
  - Annex A – WHSSC Expected Expenditure breakdown across LHB's/budget headings

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Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan
Link to Integrated Commissioning Plan	This document reports on the ongoing financial performance against the agreed IMTP
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care
Organisational Implications	
Quality, Safety & Patient Experience	Not applicable
Resources Implications	This document reports on the ongoing financial performance against the agreed IMTP
Risk and Assurance	This document reports on the ongoing financial performance against the agreed IMTP
Evidence Base	Not applicable
Equality and Diversity	Not applicable
Population Health	Not applicable
Legal Implications	Not applicable

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**

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

Finance Performance Report – Month 7

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 7th month of 2016/17 together with any corrective action required.

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.

	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	536,644	313,042	308,794	(4,248)	(602)	(3,744)	1,791
Sub-total WHSSC	**536,644**	**313,042**	**308,794**	**(4,248)**	**(602)**	**(3,744)**	**1,791**
WAST	136,482	79,615	79,615	0	0	0	0
EASC team costs	350	204	218	14	(5)	47	(11)
QAT team costs	672	392	334	(58)	(11)	(52)	6
Sub-total WAST / EASC / QAT	137,504	80,211	80,167	(44)	(16)	(5)	(5)
Total as per Risk-share tables	674,148	393,253	388,960	(4,293)	(618)	(3,749)	1,786

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 agreed 2016/17 baselines following approval of the 2016/17 – 2018/19 IMTP by the Joint Committee in March 2016. 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 overall financial position at Month 6 is an underspend of £4,248k, with a forecast year-end underspend of £3,744k.

The majority of NHS England is reported in line with the previous month's activity returns. WHSSC continues to commission in line with the contract intentions agreed as part of the IMTP and standard Pbr rules, and declines payment for activity that is not compliant with the business rules related to out of time activity. WHSSC does not pay CQUIN payments for the majority of the English activity.

The inherent increased demand led-financial risk exposure from contracting with the English system remains but it is planned that this will have been mitigated to a greater extent in 2016/17 as financial baselines have been uplifted to more realistic levels based on historic activity. Reported variances are currently in line with this intention.

3. Governance & Contracting

All budgets have been updated to reflect the 2016/17 agreed IMTP, including the full year effects of 2015/16 Developments. CITT team funding and income have been returned to LHB's, and Clinical Immunology has been transferred into WHSSC. Inflation has been allocated to the position, but work on this will be ongoing in future months. The IMTP sets the baseline for all the 2016/17 contract values. This has been translated into the new 2016/17 contract documents sent to providers for agreement.

Distribution of the reported position has been shown pre-dominantly using the 2016/17risk shares based on 2015/16 outturn utilisation. There remains a number of utilisation shares that are yet to be updated and these will be progressed as soon as possible over the coming months. The impact of any outstanding changes is not expected to be material. The Finance Working Group is working on validating prospective changes to the risk-sharing process, and any update will be shared with Management Group for agreement. Until there is formal agreement from Joint Committee on a change to the risk sharing process the current system will remain in operation but with updated activity shares based in 2015/16 outturn where appropriate.

4. Actual Year To Date and Forecast Over/Underspend (summary)

Financial Summary (see Risk-sharing tables for further details)	Annual Budget £'000	Budgeted to Date £'000	Actual to Date £'000	Variance to Date £'000	Previous month Var to date £'000	Current EOYF Variance £'000	Previous month EOYF Var £'000
NHS Wales							
Cardiff & Vale University Health Board	188,101	109,725	110,366	641	327	1,428	430
Abertawe Bro Morgannwg University Health Board	91,962	53,644	53,473	(171)	(494)	52	(488)
Cwm Taf University Health Board	5,500	3,209	2,705	(504)	(340)	(805)	(680)
Aneurin Bevan Health Board	2,967	1,730	1,751	21	(108)	36	30
Hywel Dda Health Board	34	20	20	0	0	0	0
Betsi Cadwaladr University Health Board Provider	36,445	21,260	21,143	(117)	(173)	(29)	(29)
Velindre NHS Trust	35,488	20,701	20,858	156	134	268	268
Sub-total NHS Wales	**360,496**	**210,289**	**210,315**	**25**	**(655)**	**950**	**(469)**
Non Welsh SLAs	109,715	64,000	63,734	(266)	(486)	497	20
IPFR	24,346	14,202	14,781	579	698	992	1,184
Mental Health & IVF	22,996	13,415	13,295	(119)	(60)	(364)	(333)
Renal	4,698	2,740	2,771	31	67	94	151
Prior Year developments	3,848	2,245	1,783	(462)	(264)	(462)	(359)
2016/17 Plan Developments	6,757	1,788	364	(1,424)	(706)	(1,219)	(1,535)

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
Direct Running Costs	3,787	2,209	2,027	(183)	(158)	(66)	(30)
2015/16 Reserves	0	0	(2,430)	(2,430)	(2,083)	(4,165)	(4,165)
Phasing adjustment for Developments not yet implemented ** see below	0	2,154	2,154	0	0	0	0
Total Expenditure	**536,644**	**313,042**	**308,794**	**(4,248)**	**(3,647)**	**(3,744)**	**(5,535)**

The reported position is based on the following:

- NHS Wales activity – extrapolation of Month 6 data in most areas; some exceptions if deemed necessary.
- NHS England activity – Month 6 data where received. This excludes the Mental Health High Secure contracts which are already set as block contracts and are now fixed for 2016/17.
- IPFR/IVF – reported based on approved Funding Requests; reporting dates based on usual lead times for the various treatments, with unclaimed funding being released after 36 weeks.
- Mental Health – live patient data as at the end of the month, plus current funding approvals.
- Developments – variety of bases, including agreed phasing of funding. Financial impacts of approved funding releases are currently accounted for in the forecast and will be factored into the in-month position for next month. ** Please note that Income is collected from LHB's in equal 12ths, therefore there is currently an excess budget in the current position which relates to 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

5.1 NHS Wales – Cardiff & Vale contract:

Various over and underspends from the Month 6 data have been extrapolated to a total Month 7 position of £641k overspent. WHSSC has worked with the provider to agree baselines this year and the contract is in the process of being signed off. Not all the underlying positions have been extrapolated; with a resulting total year-end forecast overspend of £1,428k. This is a year-end movement of £998k, primarily due to Cardiology but also including the following areas:

- BMT (Cardiff & ABM) – The contract performance would have shown an overspend to date of £437k for M7; as there is funding in Developments, £300k of this spend has alternatively been shown in that position to avoid an over-inflation of the Cardiff contract. Please note that the funding release is pending, so is an expected adjustment and is highlighted in the Developments tab.

- Cardiology – Activity has remained high for Month 6, leading to a reported overspend of £806k to date. This has been kept in line for the year-end forecast of £1,382k, which has incurred a year-end movement of £879k; initial expectations were that activity would slow down as in previous years and had not been extrapolated in previous months.

- Cardiac Surgery – the Cardiac Surgery contract lines are underperforming by £775k to date, mainly relating to casemix and lower activity than that planned. The current indications suggest this will continue, hence the year-end forecast of £1,347k underspent. WHSSC is working with the provider to agree a delivery plan and recurrent demand levels.

- Clinical Immunology – the reported underspends of £313k to date and £236k year-end now includes Development funding.

- Cystic Fibrosis – drug spend has caught up as expected in previous months to a current overspend of £191k and year-end forecast of £327k; please note that there are now underspends against Ivacaftor on the Development budgets of £69k and £83k respectively.

- Renal budgets – The reported underspend of £596k on Transplant spend has been projected as £1,022k by the end of the year, in line with trend. However, Hospital Dialysis is in an opposite position and is currently £331k overspent, with a year-end forecast of £567k overspent.

- Paediatric Oncology – the reported overspend of £318k to date has been extrapolated to an year-end overspend of £545k as activity is expected to remain at this level.

5.2 NHS Wales – ABM contract:

WHSSC is currently working with the provider to agree baselines, which should be completed shortly. Various over and underspends from the Month 6 data have been extrapolated to a total Month 7 position of £171k underspent. Not all the underlying underspends have been extrapolated equally, with a resulting total year-end forecast overspend of £52k. The issues include:

- Cardiac Surgery £366k underspent to date; however, the year-end end forecast is £329k overspent as the forecast is against the projected 681 surgical cases, with 70 TAVI's (an increase of 30 TAVI's above previous forecast). WHSSC is currently in discussion with ABMU regarding this increase.

- Cardiology – overspend to date of £367k. Activity is on an upward trend, so the year end forecast is £450k overspent.

- Plastic Surgery £75k overspent – this has been extrapolated to a year end forecast underspend of £569k as activity is reducing. A plan from the

provider is awaited, hence there remains residual uncertainty regarding the level of forecast underspend.

- Sarcoma £194k overspent – the year-end forecast is £333k underspent as activity is expected to continue to be high.

5.3 NHS Wales – BCU contract:
Variances on only Angioplasty, ICD's and Haemophilia have been reported to date. Haemophilia activities are expected to catch up by year-end, leaving a net underspend forecast for year-end of £29k.

5.4 NHS Wales – Cwm Taf contract:
The CAMHS contract element has a reported underspend to date of £483k, with a year-end forecast underspend of £828k. This includes £82k relating to non-South Wales patients; these costs have been reported within the CAMHS Out Of Area budgets to reflect the investment and usage of this contract.

Discussions are ongoing with the LHB about whether the lower activity levels being experienced in this contract are likely to be sustained, in the context of the development of new LHB CITT teams elsewhere in the pathway. It is noted that OOA placements within CAMHS are also underspent.

There has been an improvement in the yea-end forecast ICD position of £79k.

5.5 NHS Wales – Velindre contract:
The main Velindre contract has been reported as an overspend of £156k to date, and extrapolated to £268k for year-end. The reported position includes provision for a net 1% inflation offer from commissioners consistent with the position of the commissioning collaborative led by CVUHB.

Please note that this position constitutes a risk as no activity returns have been received, so forecasts are in query. The lack of returns has been escalated.

5.6 NHS Wales – other contracts:
No material variances to report.

5.7 NHS England contracts:
Total £266k underspend to date, with £497k overspend forecast for year-end. The English position has been reported prudently, with underspends not being fully projected in some cases where activity is expected to catch up by year end. The larger variances include:

- Central Manchester University Hospitals – overspend to date of £121k. This includes low volume/high cost activity costing £199k, which has now ceased; hence the year-end forecast has been maintained.

- Chisties – overspend to date of £255k; this includes BMT costs in Months 5 and 6 reporting of £317k; further months assumed to go back to plan.

- Imperial College – underspend to date of £245k.
  This reflects the Month 6 monitoring, with future months assumed to be on plan, as 2015/16 outturn was higher at this point last year.

- Royal Brompton – underspend to date of £324k.
  This reflects the Month 6 monitoring, with future months assumed to be on plan; the underspend has been maintained as the activity to date is lower than in 15/16 for Critical Care and Transplant Surgery.

- Royal Liverpool & Broadgreen – underspend to date of £401k related to low Blood Product activity and no BMT's reported to date. The year-end forecast has been adjusted to £174k as further months are assumed to catch up, with a potential risk of high cost Haemophilia patients starting their treatments later in the year based on 2015/16 data.

- Salford – underspend to date of £257k; this relates to underperformance on Bariatric Surgery and Intestinal failure to date.

- University Hospitals Birmingham – overspend to date of £244k.
  The overspend relates primarily to low volume/high cost activity (Transplants, VADs) of £266k.

- High Secure block contracts at Ashworth & Rampton – Savings of £500k were entered in the IMPT against High Secure based on an estimated figure for 2016/17, of which £204k has been confirmed as achieved. The remaining £296k savings target is therefore undelivered. The Rampton contract has been finalised for 2016/17, but Rampton have given notice that 2017/18 onwards will be charged as in-year actuals. This will give an element of risk, but there are currently less than five patients with that provider.

Detailed explanations and trends on all the English providers are noted on the appropriate tab of the financial Risk-sharing tables sent to all LHB's on the 3rd working day; please see them for any further details. This supplementary information sent with the Month 7 risk-share tables provides alternative forecasts based on extrapolating on a straight lines basis and based on the last 12 months of activity. Triangulation of these alternatives informs the degree of risk at any time and are reviewed each month. The current reported forecast outturn position is prudent compared with straight line forcasting.

5.8 IPFR:
Various budgets totalling an overspend to date of £579k, with a projected year-end of £992k overspend. These include:

- ERT Savings schemes – The Savings target of £1,301k is made up of two schemes. The smaller one of £92k is being achieved, which has been reported and reflected in the year-end forecast. However, the other of £1,209k is not yet being achieved according to the patient detail passed over from Cardiff & Vale. The savings are dependant on drug changes for various patients, and the LHB have been asked to clarify their projections. A full year's non-achievement has been reported for prudency pending further information, and this will be updated in future months.

- A new line was split out in Month 5 to identify Proton Beam Therapy costs, as this is a growing area and contains material costs per patient; this combines Adult and Paeds approvals. Month 7 approvals have continued in line with previous averages of one new approval per month, and the year-end forecast overspend is currently £615k above budget.

- General IPFR, ALAS, HPN, and MS have small underspends to date, and although there have been the usual high-cost patients, the costs have been alleviated by other underspends. Discussions are ongoing internally regarding splitting the General IPFR line into smaller budgets to help inform of trends and keep extreme high cost patients separate for risk-sharing purposes.

5.9 Mental Health & IVF:
Various budgets totalling an underspend to date of £119k, with a projected year-end of 364k underspend. These budgets include:

- Adult Mental Health has a projected Medium Secure overspend of £910k based on the patients in OOA placements at this point. This equates roughly to 4 annual patients, and may well be adjusted as activity progresses through the year. Please note that the funding for the Case Management teams has now been agreed, and it is expected that the increased clinical support in this area will reduce patient numbers going forward as staff are recruited.

- South Wales CAMHS and FACTS inpatient budgets have continued lower activity than estimated for the Planand currently have a combined forecast underspend of £833k. This includes £82k costs for two patients in the Cwm Taf NHS unit, which has been reported in this section due to LHB investment and usage.

- BCU CAMHS inpatient budgets have continued underspent due to the lower activity this year, and currently has a forecast underspend of £337k.

- IVF has a small forecast underspend of £33k; this includes a reduction in forecast English NHS activity and an increase in NHS Wales activity.

5.10 Renal:
No material issues to report regarding Renal budgets at this point, except for the costs regarding the ABM transportation contract. Costs for a private sector transport provider may cost more than anticipated due to the short term nature of this contract and an increased cost of £100k is being reported at this point, with a potential year-end cost of £239k; this amount has been fully provided in the Month 7 position.

5.10 Developments and Savings Reserves:
Phasing for planned Developments as per the IMTP agreement has been reported to exclude £2,156k for future funding as of Month 7. This is shown as a separate line on the risk-sharing, with an equivalent "spend" simply for the purpose of allocating the spend to the Income, which is collected in equal 12ths.

Reserves released from 2015/16 provisions are shown on a separate tab in the risk-sharing tables at this point so that LHB's can identify this specific issue. The forecast £4,165k release of funds has been phased in equal 12ths, leading to the £2,430k funds to Month 7. Please note the vast majority of accruals have been paid and finalised, with only a few organisations remaining on the Balance Sheet, and there may be some further funds to release depending on final payments.

5.11 Direct Running Costs (Staffing and non-pay):
The running cost budget is currently £183k underspent, with a forecast underspend of £66k. This is due to the significant staffing vacancies the organisation is currently running with; most should be appointed to shortly and there is some minimal Agency spend in the meantime. Non-pay overspends include the Cwm Taf hosting fee, Director recruitment costs and equipment (including the Paperless Board equipment).

Please note that the CAMHS/ED and Neonatal networks transferred to Public Health Wales in Month 7, but do not have a material bearing on the reported position. Pay award funding allocated to Cwm Taf for 2016/17 included the element for WHSSC staff; £25k was transferred in Month 7, including £4k for the EASC/QAT team and £1k relating to the Neonatal Network, which has been included in the network transfer calculations.

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	Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Variance M7	(4,249)	(241)	(831)	(109)	(91)	(606)	(469)	(1,902)
Variance M6	(3,646)	(273)	(653)	0	(151)	(567)	(412)	(1,590)
Movement	(603)	32	(178)	(109)	60	(39)	(57)	(312)

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total	Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
EOY forecast M7	(3,744)	144	(809)	(5)	162	(441)	(475)	(2,319)
EOY forecast M6	(5,533)	(485)	(1,257)	(67)	(195)	(737)	(466)	(2,326)
EOY movement	1,789	629	448	62	357	296	(9)	7

Material reporting positions or movements include:

6.1 Cardiff & Vale LHB:

Cardiff & Vale contract - Cardiology increasing activity and amendment to straight line extrapolation for year-end - £465k effect
Cardiff & Vale contract – Cystic Fibrosis analysis and drug spend - £86k effect

6.2 ABM LHB:

Cardiff & Vale contract – Cystic Fibrosis analysis and drug spend - £93k effect
ABM contract – Cardiac Surgery increase in TAVI forecasts - £241k effect

6.3 Cwm Taf LHB:

Cardiff & Vale contract - Cardiology increasing activity and amendment to straight line extrapolation for year-end - £141k effect
Cwm Taf contract – ICD forecast reduction (100% risk-shared to CT) – (£79k) effect

6.4 Aneurin Bevan LHB:

Cardiff & Vale contract - Cardiology increasing activity and amendment to straight line extrapolation for year-end - £234k effect
Cardiff & Vale contract – Cystic Fibrosis analysis and drug spend - £67k effect

6.5 Hywel Dda LHB:

ABM contract – Cardiac Surgery increase in TAVI forecasts - £198k effect

6.6 Powys LHB:
No significant movements

6.7 BCU LHB:
England contracts – overall deterioration of £219k to date and £404k year end forecast
IPFR – forecast underspend of PHT drug costs – (£113k) underspend
CAMHS OOA – reducing BCU patients leading to (£132k) reduced year-end end forecast

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.

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 all the details if necessary.

Secondment recharges are currently netted into the Running Cost expenditure.

Invoices over 13 weeks in age detailed to aid LHB's in clearing them before WG Arbitration date deadlines:

None at present

Table 5 – 2016/17 Income Expected and Received to Date

	2016/17 Planned Income £'000	Income Expected to Date £'000	Actual Income Received to Date £'000	Accrued Income - WHSSC £'000	Accrued Income - EASC £'000	Total Income Accounted to Date £'000	EOY Commissioner Position £'000	Other sundry Income: EASC Medserve £'000	EOY total expected income £'000
ABM	112,283	65,499	65,086	53	359	65,498	(818)	0	111,466
Aneurin Bevan	121,813	71,057	70,260	361	437	71,058	162	0	121,975
Betsi Cadwaladr	154,782	90,289	90,312	(22)	0	90,290	(2,312)	0	152,470
Cardiff and Vale	116,392	67,895	67,589	(14)	320	67,895	138	131	116,661
Cwm Taf	61,284	35,749	35,530	(26)	245	35,749	(6)	117	61,394
Hywel Dda	75,566	44,080	43,696	17	366	44,080	(437)	0	75,129
Powys	32,030	18,684	18,524	(35)	195	18,684	(476)	0	31,553
Total	**674,148**	**393,253**	**390,997**	**334**	**1,922**	**393,253**	**(3,749)**	**248**	**670,647**

This table includes additional columns to previous years in order to show the total anticipated Income as per the I&E expectations submitted to WG as part of the monthly Monitoring Returns. This should help reconciliation between WHSSC and other organisations' I&E tables, and expedite clarifying any differences, as per WG requests.

Please note the high accrual for EASC Income; this relates primarily to the additional £4.5m Income reported in the M4 reports relating to EASC's advised agreements with LHB's regarding WAST funding. Please see the EASC narrative report for further detail; this £4.5m may well show up as differences within the Month 7 Income assumption reconciliations. **It is imperative that these balances are cleared by December in line with expectations from Welsh Government.**

7.2 Expenditure with LHB's

A full breakdown of the expected expenditure across LHB's and budget headings is included as Annex A. This is an additional table to previous years.

These figures are also reported in the I&E expectations submitted to WG as part of the monthly Monitoring Returns. This Annex should help reconciliation between WHSSC and other organisations' I&E tables, and expedite clarifying any differences, as per WG requests.

The previous month's I&E assumptions have been considered, and reasons for variances beyond the EASC Income issue noted above include:

Cardiff & Vale – variations on reporting some budget areas that have funding within Developments. WHSSC will move Development monies over once fully approved.

Velindre – The assumption variations were reduced in Month 4 by the additional funding of £3m into the Welsh Blood Service commissioned for North Wales. The remaining difference of £2m relates to an uplift included by Velindre related to their contract; discussions are ongoing regarding this.

LTA contracts have been agreed in principle and signing s being followed up. (WG MMR Action Point 3.1)

8. Overview of Key Risks / Opportunities

The key risks remain consistent with those identified in the annual plan process to date.

The additional risk and opportunities highlighted in this report are:

- Phasing of Development funding as projects start; possible slippage in start dates may lead to non-recurrent in-year savings.
- Growth in all activity above that projected in the IMTP.
- Dealing with in year service risks associated with amber rated schemes which are yet to be funded. Please note the forecast outturn now includes provisions of £188k for amber schemes.
- The risk of inflation funding expectation gaps with Velindre Trust.
- The risk of Velindre Trust performance variation, which is unknown owing to the lack of financial returns from the Trust.

9. Public Sector Payment Compliance

The WHSSC payment compliance target is consolidated and reported through the Cwm Taf monitoring process.

10. Responses to Action Notes from WG MMR responses

LTA contracts have been agreed in principle and signing s being followed up. (WG MMR Action Point 3.1)

Please see the separate EASC narrative report for an update on Action Point 6.2

11. Confirmation of position report by the MD and DOF:

Stuart Davies,
Acting Managing Director, WHSSC

Stacey Taylor,
Deputy Director of Finance, WHSSC

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Annex A – 2016/17 Expected Expenditure

	2016/17 Baseline contract	2016/17 Contract EOYF variance	IPFR	MH & IVF	Renal	Develo-pments	WHSSC/ EASC/QAT Running Costs	2016/17 Sub-Total Other Spend	2016/17 Total expected spend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	91,962	52	68	2,854	367		36	3,377	95,339
Aneurin Bevan	2,967	36	0		139		(103)	71	3,038
Betsi Cadwaladr	36,445	(29)	1,245	125	844		59	2,244	38,689
Cardiff and Vale	188,101	1,428	7,242		727	1,439	155	10,991	199,091
Cwm Taf	5,500	(805)	212	26	0		588	21	5,521
Hywel Dda	34	0	77		481		38	597	630
Powys			0		0		0	0	0
Public Health			48		0		0	48	48
Velindre	35,488	268	0		106		(28)	346	35,834
WAST (managed by EASC)	136,482	0	0		104		22	126	136,608
Total	**496,978**	**950**	**8,891**	**3,005**	**2,767**	**1,439**	**768**	**17,821**	**514,799**

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

Agenda Item 16.1
WHSSC Joint Committee Meeting
22 November 2016

Reporting Committee	Integrated Governance Committee
Chaired by	Ann Lloyd
Lead Executive Director	Acting Committee Secretary
Date of last meeting	31 October 2016

Summary of key matters considered by the Committee and any related decisions

1. Minutes of the Previous Meeting and Matters Arising

The Integrated Governance Committee (the Members) **agreed** the minute of the meeting held on 20 July 2016 to be a true and accurate record.

Members **received** an update on the appointment of a Chair for the Gender Dysphoria Partnership Board and the actions taken to seek CHC representation at the Quality and Patient Safety Committee.

2. Regulation 28

Members **received** an oral report on the response to the Regulation 28 letter received from HM Coroner, South Wales Central. Members **noted** the significant potential reputational risk to LHBs and NHS Wales. Members also **supported** a joint response letter.

3. NETs Action Plan

Members **received** a paper outlining the actions arising out of an independent review of NET Service Planning. Members **agreed** to the actions being included and monitored through the Governance Action Plan

Members noted that the NETs business case has been received and funding release for phase 1 has been considered and supported by Management Group.

Members discussed issues arising at Management Group meetings and impact this is having on commissioning decisions. Members also discussed the need for an organisational development plan around the whole of WHSSC being required to move the organisation forward. Members **agreed** that this should be an action for when the Managing Director and Medical Directors have been appointed.

Members **resolved** to:

- **Note** the recommendations of the independent review;
- **Support** the actions being incorporated into the Governance Action Plan.

4. Medical Directorate Structure

Members **received** a paper proposing a model of medical leadership in WHSSC which addresses the recommendations of the Good Governance Institute and Healthcare Inspectorate Wales Reviews.

Members **resolved** to:

- **Approve** submission of this proposal to the Joint Committee for consideration of the development of this organisational model and the associated investment

5. Structure to support implementation of the Quality Assurance Framework

Members **received** a paper proposing a structure for the nursing directorate, which addresses the recommendations of the Good Governance Institute and Healthcare Inspectorate Wales Reviews, to support the implementation of the quality assurance framework. Members **noted** that funding had been identified within the Integrated Commissioning Plan.

Members **resolved** to:

- **Support** the proposed structure for the Nursing Directorate; and
- **Approve** submission of this proposal to the Joint Committee to address the recommendations of the Good Governance Institute and Healthcare Inspectorate Wales Reviews for funding release.

6. Corporate Risk and Assurance Framework

Members received a copy of the Corporate Risk and Assurance Framework noting that an updated version.

Members discussed the risks within framework including thoracic, genetic, bariatric surgery

7. Quality Assurance Improvement Team

Members **received** an oral report highlighting issues regarding the reporting process and future arrangements for the Quality and Assurance Improvement Team to WHSSC.

8. Deanery Training Concerns

Members **received** and **noted** the paper sharing with Members the deanery training concerns relating to specialised services.

9. Individual Patient Funding Request

Members **noted** that a review of IPFR is currently underway.

10. WHSSC Governance Action Plan

Members **noted** the contents of the report and the action plan and **receive assurance** that work is progressing to complete actions. Members **noted** that staffing resource is impacting on complete of some action.

11. National Audit Office Report: The commissioning of specialised services in the NHS

Members **received** and **noted** a tabled paper which supported the paper provided ahead of the meeting.

12. Methodology used for the Neonatal Service Reconfiguration Members **received** an oral report. It was **agreed** that further information would be provided outside of the meeting.	
Confirmed minutes for the meeting held 20 July 2016 are available on request.	
Date of next meeting	Wednesday 18 January 2017

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

Agenda Item16.2
WHSSC Joint Committee Meeting
22 November 2016

Reporting Committee	**Quality Patient Safety Committee**
Chaired by	**Chris Koehli**
Lead Executive Director	**Director of Nursing & Quality**
Development Session	**3 November 2016**

The purpose of this paper is to provide the Joint Committee with a summary of the discussions, recommendations and actions arising from the Quality and Patient Safety Committee Development Session.

The development session was split into two parts; Members and attendees of the WHSSC Quality and Safety Committee were invited to the first part with Chair's of LHB Quality and Safety Committee invited to join the second part of the session.

Summary of key discussions and recommendations

The development session considered:

- Actions required to address the findings of:
  - Annual Committee Self Assessment;
  - HIW and GGI Governance Action Plan; and
  - Learning on quality within the NAO report on specialised services in England.
- Induction for new members
- Roles and Responsibilities
  - Membership and terms of reference
  - Relationship with health board Q&PS committees
- Accountability
  - Internal, including with Integrated Governance Committee
  - Health boards
  - Relationships with providers

Key actions agreed

- Review of the terms of reference including updating of the section related to delegated powers and authorities; relationship and reporting to Joint Committee and LHB Quality and Safety Committees, and membership of the committee;
- Creation of a template for reporting into the committee from the programmes to ensure a focus on quality;
- Develop and agree the committee priorities and agenda plan for forthcoming year;
- Sharing of the Chair to the WHSSC Quality and Patient Safety Committee with Chair's of LHB Quality and Safety Committee via the Board Secretaries;
- Chairs of Quality and Safety Committee meetings to be held when specific issues arise;

• All Chair's of LHB Quality and Safety Committee to be invited to attend WHSSC Quality and Safety Committee when draft Annual Quality Statement is presented to the Committee;	
Matters requiring Committee level consideration and/or approval	
• The revised terms of reference will be presented to a future Joint Committee.	
Matters referred to other Committees	
• None	
Date of next meeting	28 November 2016

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

Agenda Item 16.3
WHSSC Joint Committee Meeting
22 November 2016

Reporting Committee	**All Wales Individual Patient Funding Request (IPFR) Panel**
Chaired by	**Brian Hawkins, Vice Chair**
Lead Executive Director	**Director of Nursing & Quality Assurance**
Date of last meeting	**26 October 2016**

Summary of key matters considered by the Committee and any related decisions made on 31 August 2016.

The Panel meeting was quorate and included 2 Lay members.

The Panel considered 18 Requests in October 2016. This consisted of:

- 15 requests were considered at the meeting
- 2 Chair actions required for urgent requests
- 1 virtual (email) Panel

The action log of the All Wales IPFR Panel was reviewed and updates provided.

Updates were provided where clinical reports had been received on patients previously agreed funding by the Panel.

Panel were updated on the urgent Panel decisions made as a Chair action and via the virtual Panel.

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

Out of Panel decision making process and possibility of holding additional All Wales Panels

On the basis of the number of urgent decisions required in September and October and the issues related to trying to get decisions via email, it is proposed that in the future an extra-ordinary meeting will be held with members in person or via video conference.

Individual Patient Funding Request Review 2016

The review group will examine :

- evidence of current good IPFR practice;
- advantages and disadvantages of retaining eight IPFR panels;
- the possibility of a national IPFR panel;
- criteria applied when making decisions, including clinical exceptionality;
- options for improving communication to patients.

Workshops for NHS organisations and separate workshops for patients/

members of the public have been held in early November 2016. WHSSC has submitted their response to the IPFR Review Group. The Review Group findings will be collated into a report which is expected early in January 2017.
Matters requiring Committee level consideration and/or approval
• None
Matters referred to other Committees
• Internal Performance Group – Commissioning, Service and Policy development gaps are reported monthly.

Date of next meeting	**30 November 2016**

GIG CYMRU NHS WALES | Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC)

Agenda Item 16.4
WHSSC Joint Committee Meeting
22 November 2016

Reporting Committee	**Welsh Renal Clinical Network**
Chaired by	**Chair, Welsh Renal Clinical Network**
Lead Executive Director	**Director of Finance**
Date of last meeting	**4 October 2016**

Summary of key matters considered by the Committee and any related decisions made.

- With the departure of David Heyburn, a new WRCN Manager has been appointed from 1st November 2016
- An All Wales Lead Pharmacist has been appointed for a period of 12 months. They will take up post in the new year and work to identify opportunities for savings within the renal medicines work plan
- A Clinical lead for Information has been appointed with immediate effect and will start work towards improving the availability of renal data across Wales and how this is used
- Replacement Deputy Network Manager and Lead Nurse posts will be advertised shortly and appointed in the new year
- The implementation of the SE Wales dialysis contract is proceeding. The new South Cardiff unit was officially opened on 31st October by Vaughan Gething and the new Gwent units will be opening in the new year

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

- The Financial position remains positive for 2016/17 but forward look indicates a shortfall in 2017/18 onwards. The WRCN will be seeking to submit priorities to the WHSSC ICP process
-

Matters requiring Committee level consideration and/or approval

- None

Matters referred to other Committees

- None

Annexes:

- Annex (i) WHC 2016 (42)

Date of next meeting	**5 October 2016**

WHC (2016) 042

WELSH HEALTH CIRCULAR

Issue Date: 31 October 2016

Llywodraeth Cymru
Welsh Government

STATUS: INFORMATION

CATEGORY: POLICY

Title: Welsh Renal Clinical Network: Renal Services in Wales Delivery Plan 2016 to 2020

Date of Expiry / Review: 31 March 2020

This WHC replaces WHC (2007)022 on the Policy Statement and National Service Framework on Designed to Tackle Renal Disease in Wales.

For Action by:
Health Boards and Trusts
Welsh Renal Clinical Network

Action required by: *1 October 2016*

See paragraph 3

Sender:

Dr Frank Atherton, Chief Medical Officer/Medical Director

DHSS Welsh Government Contact(s) :

Caroline Lewis, Major Health Conditions Policy, Health and Social Services, Welsh Government, Cathays Park, Cardiff, CF10 3NQ

Tel: 02920 823953 Email: majorhealthconditionspolicyteam@wales.gsi.gov.uk

Enclosure(s): see hyperlinks

Summary

1. The purpose of this Welsh Health Circular is to highlight the publication by the Welsh Renal Clinical Network (WRCN) of the Renal Services in Wales Delivery Plan, 2016 to 2020.

2. It replaces WHC (2007)022 on the Policy Statement and National Service Framework on Designed to Tackle Renal Disease in Wales.

Action

3. Health Boards and NHS Trusts, where appropriate, are expected to work with the WRCN, towards implementing the Renal Services in Wales Delivery Plan from 1 November 2016.

4. Health boards should take account of the priorities for renal disease when developing their Integrated Medium Term Plans (IMTPs).

Background

5. *Designed to Tackle Renal Disease in Wales* was published in 2007 and set out the Welsh Government policy and standards for renal services.

6. Using the Renal National Service Framework to guide the agenda the WRCN has led the commissioning of adult renal services since 2010 and during this time a number of improvements have been realised:
   - Additional unit haemodialysis capacity.
   - Improved local access to renal services.
   - Increased access to home dialysis therapies including nocturnal dialysis.
   - Increased rates of transplantation for renal patients.
   - Increased workforce for home therapies, vascular services and medical staff.
   - National prescribing contracts for key renal medicines, improving clinical management and releasing savings for reinvestment.
   - Development of a national audit process to provide quality assurance, share learning and identify areas for improvement.

7. Despite these improvements, many challenges remain such as:
   - Number of patients receiving peritoneal dialysis, home dialysis, unit haemodialysis, managing their chronic kidney disease through conservative management or with a functioning transplant is rising
   - Risk factors for developing progressive chronic kidney disease and subsequently needing renal replacement therapy, are numerous
   - Specific and cumulative effect of obesity, diabetes, aging, ethnicity and cardiovascular disease are not fully understood
   - Incidence and prevalence of dialysis is higher in Wales than in other parts of the UK

Renal Services in Wales Delivery Plan 2016-2020

8. The updated policy is set out in the WRCN's *Renal Services in Wales Delivery Plan, 2016 to 2020.* This document, which will replace the current Welsh Government Designed to Tackle Renal Disease Policy Statement and National Service Framework, is available on WRCN website.

   http://www.wales.nhs.uk/sites3/page.cfm?orgid=773&pid=88404

9. The Renal Services Delivery Plan provides a framework for action by health boards and trusts. It sets out the expectations of the NHS in Wales to commission and deliver high quality patient centred care for anyone affected by Chronic Kidney Disease (CKD). It focuses on meeting population needs, improving access to services and reducing inequalities in outcomes across seven themes:
   - Delivery Theme 1: Preventing the development of CKD
   - Delivery Theme 2: Early identification and management of CKD
   - Delivery Theme 3: Delivering fast, effective care
   - Delivery Theme 4: Meeting People's Needs
   - Delivery Theme 5: Caring at the end of life
   - Delivery Theme 6: Improving Information
   - Delivery Theme 7: Targeting research

10. The WRCN has consulted widely and developed Service Specification documents. Health boards should use these to help in planning and auditing services. WRCN are issuing these documents to the service and will collaborate with health boards on their use, especially in relation to WRCN's continued commissioning role.

11. The Delivery Plan sets out:
    - Delivery expectations for the management of renal conditions.
    - Specific priorities for 2016 and subsequent years.
    - Responsibility to develop and deliver actions to achieve the specific priorities.
    - Population outcome indicators and NHS assurance measures.

12. The Renal Services Delivery Plan will be reviewed and updated regularly by the WRCN. In the short term it is expected to expand to include both adult and children renal services explicitly.

13. Similarly, the management of Acute Kidney Injury (AKI) is not – other than when renal replacement therapy is required - a WRCN responsibility. A set of guidance on AKI is being prepared on an all Wales basis, by a steering group hosted by WRCN.

14. The service specifications expand on the delivery themes giving detail of the outcomes and actions required and echo aspects of the drive to secure prudent healthcare by:
    - Questioning all routine practice carrying a risk.

- Changing our relationship with testing.
- Giving patients the time and opportunity to think about treatment options.
- Using standard pathways for frequently used services.
- Thinking more widely about how to support patients in meeting lifestyle needs.

15. These can be accessed via the WRCN Website: **www.wales.nhs.uk/welshrenalnetworks**.

16. Unlike other Delivery Plans, an Implementation Group will not be established. Instead oversight on delivery will be through the WRCN Board. Health Boards will be represented on the Network Board and must liaise with the WRCN as appropriate

Distribution to:

Board Secretaries, Chief Executives and Chairs of:
Abertawe Bro-Morgannwg University Health Board
Aneurin Bevan University Health Board
Betsi Cadwaladr University Health Board
Cardiff & Vale University Health Board
Cwm Taf University Health Board
Hywel Dda University Health Board
Powys Teaching Health Board
Public Health Wales NHS Trust
Velindre NHS Trust
Welsh Ambulance Service NHS Trust

Secretary to Board Secretary Group
Director, Finance Director and Director of Planning of Welsh Health Specialised Services Committee (WHSSC)
Welsh Renal Clinical Network

Medical Directors, Directors of Nursing, Directors of Therapies and Healthcare Science, Directors of Planning and Renal Teams of:
Abertawe Bro-Morgannwg University Health Board
Aneurin Bevan University Health Board
Betsi Cadwaladr University Health Board
Cardiff & Vale University Health Board
Cwm Taf University Health Board
Hywel Dda University Health Board
Powys Teaching Health Board

Welsh Government
DG/Chief Exec NHS Wales
Deputy Chief Exec NHS Wales
DHSS Operations Team
DHSS Comms Team
Chief Medical Officer
Chief Nursing Officer
Chief Scientific Officer
Chief Pharmacist
Deputy Director for Major Health Conditions
Deputy Director for Primary Care

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

Agenda Item 16.5
WHSSC Joint Committee Meeting
22 November 2016

Reporting Committee	**Management Group**
Chaired by	**Acting Managing Director of Specialised and Tertiary Services Commissioning**
Lead Executive Director	**Acting Managing Director of Specialised and Tertiary Services Commissioning**
Date of last meeting	**22 September 2016 and 27 October 2016**

Summary of key matters considered by the Committee and any related decisions made on 27 October 2016

1. Minutes of the Previous Meeting, Action Log and Matters Arising

The Management Group (the Members) **agreed** the minute of the meeting held on 22 September 2016 subject to points of clarification.

Members **received** an update, as part of the action log, on the completed action for MG053 Financial Performance Report: Month 5 2016-17.

2. Report from the Acting Managing Director

Members **received** the regular report from the Acting Managing Director. The report included updates on Ultrasound Guided Microwave Ablation: funding release for scheme ICP16-028, Organ Donation Commission Memorandum of Understanding, Risk Sharing and Contracting Framework, Bone Anchored Hearing Aids (BAHA) and Cochlear Implants, Fertility Services Commissioning Policy (CP38), and Neurosciences five year Commissioning Plan update.

Oral updates were also provided by the Chair on Organ Donation Commission Memorandum of Understanding, Risk Sharing and Contracting Framework and Fertility Services Commissioning Policy (CP38).

Members **resolved** to:

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

3. Thoracic Surgery Review

Members **received** a paper providing an update on the progress of the Thoracic Surgery Review and a proposal to revised timeline for undertaking the Thoracic Surgery Review is agreed by the Thoracic Surgery Review Project Board and reported directly to Joint Committee in November.

Following discussion it was **agreed** that an update would be provided, as soon as is reasonably practicable, on the recruitment processes.

The Chair **noted** that NHS England have recently approved a service specification for thoracic surgery. Within the specification there is a requirement for a minimum number of lung cancer resections a year of 150 cases from 2018. It was **noted** that whilst this was an NHS England service specification this is based on good clinical evidence and is therefore likely to have implications for Wales.

Members **resolved** to:

- **Note** Update Management Group on the progress of the Thoracic Surgery Review; and
- **Support** a revised timeline for undertaking the Thoracic Surgery Review is agreed by the Thoracic Surgery Review Project Board on 9th November and reported directly to Joint Committee on 22nd November.

4. Lymphovenous Anastamosis (LVA) for the treatment of primary and secondary lymphoedema – preliminary evaluation

Members **received** a paper providing a preliminary evaluation of the LVA development and to make recommendations regarding the future commissioning of the service.

Members discussed the proposed changes to the eligibility criteria and concluded that the project should continue with the criteria as previously agreed. If necessary the timescales of the project should extend to ensure sufficient patient numbers for evaluation.

Members **did not support** revision of the commissioning policy in relation to the eligibility criteria relating to episodes of cellulitis.

Members **resolved** to:

- **Note** the preliminary evaluation of the LVA development; and
- **Support** continuation of the service criteria at the current baseline of 42 surgical cases per annum subject to full evaluation, to be undertaken in October/November 2017; and
- **Support** future consideration of recommendations on the future funding arrangements to inform the 2018-21 WHSSC ICP.

5. South Wales BMT – Phase 3 – Funding Release

Members **received** a paper requesting funding release approval for the ICP scheme BMT South Wales phase 3 (ICP16-004).

Dr Keith Wilson attended the meeting to provide Members with further information relating to service provision, clinical governance issues and patient numbers and outcomes. Members were provided with the opportunity of asking Dr Wilson questions on the proposals set out within the Funding Release document.

The discussions included length of waits and impact on patients and LHBs, benchmarking data on outcomes, comparison of service provided by Cardiff and Vale UHB with other providers, demand forecast, availability of medical and nursing staff, future ambulatory care provision.

It was **noted** that all Members had been invited to attend the BMT Audit and Outcomes Day scheduled for 15th November 2016. It was **agreed** that the slides of the day would be collated and shared with Members should they not be able to

attend. Dr Wilson left the meeting.

The Chair asked Members to confirm if the individual LHBs supported the funding release. Five of the LHBs present were supportive of the funding release. Cardiff and Vale UHB were conflicted, as the service provider, but were supportive. Cwm Taf UHB did not support the funding release.

Following the discussion it was **agreed** that a report providing the full impact of investments in the service would be brought to a future meeting (6 months time) to ensure agreed investments were directed to the service.

Members **resolved** to:

- **Approve** the funding release for South Wales BMT – Phase 3 (ICP16-004).

6. Neuroendocrine Tumours – Phase 1 – Funding Release

Members **received** a paper requesting funding release approval for the ICP scheme Neuroendocrine Tumours – Phase 1 (ICP16-003)

Members discussed the paper including clarification of patient numbers, service provision, patient pathway, and MDT provision. Members **approved** the funding release.

It was **noted** that a service specification will be developed which will include clarity of the pathway, ensuring equal access, delivery and monitoring, and audit requirements. It was **agreed** that the service specification will be brought to a future meeting for approval.

Members **resolved** to:

- **Approve** the funding release to implement the scheme for Neuroendocrine Tumours – Phase 1 (ICP16-003)

7. Funding Release for the implementation UK Genetic Testing Network Tests recommended during 2015/16 for commissioning in 2016/17 ICP 16-055

Members **received** a paper requesting funding release approval for the implementation UK Genetic Testing Network Tests recommended during 2015/16 for commissioning in 2016/17 ICP 16-055.

Following discussion it was **agreed** that further information regarding the anticipated test numbers would be provided for clarity. It was also **noted** that as this funding had not been identified for this scheme within in the Integrated Commissioning Plan, approval would be required by Joint Committee. It was also noted that the economic evaluation showed the investment to be a net saving whilst recognising the difficulties LHBs would have in releasing cash savings. Members supported the approval.

Members **resolved** to:

- **Approve** the funding release for the implementation of UKGTN recommended tests. The provision of UKGTN tests is rated as amber–economic benefit to the Health Board IPC 16-055.

8.1 Stratified Medicine for ALK-EML4 gene fusion testing to support implementation of NICE TA406 guidance for Crizotinib

Members **received** a paper requesting support for in year funding for ALK- EML4 Gene fusion testing for the stratification of treatment for non-small cell lung cancer

Following discussion it was **noted** that as this funding release was not identified in the Integrated Commissioning Plan approval would be required by Joint Committee. Members supported the approval.

Members **resolved** to:

- **Support** in year funding for the implementation of ALK- EML4 gene fusion testing to support the implementation of NICE TAG for Crizotinib (TA406), issued in September 2016.

8.2 Funding Release for the implementation of stratified treatment

Members **received** a paper requesting funding release approval to implement the genetic tests recommended by the UKGTN Economic Benefits to Health Boards Amber Graded Schemes.

It was also **noted** that as this funding had not been identified for this scheme within the Integrated Commissioning Plan, approval would be required by Joint Committee. Members supported the approval.

Members **resolved** to:

- **Approve** the funding release for the implementation of stratified medicine and clinical exome sequencing for rare disease. The provision is rated as Amber–economic benefit to the Health Board IPC16 -056.

8. Clinical Immunology infrastructure funding release

Members **received** a paper requesting funding release approval to implement the Amber rated ICP scheme for Clinical Immunology non pay ICP105 and amber rated high risk scheme for Clinical Immunology ICP043.

Members **noted** that a previous funding release paper for the drug costs had been received at Management Group. Members **noted** that the paper was a good paper; however further information. Therefore it was proposed that the service clinician attend the next meeting to answer some of the clinical questions posed by Members.

Members **resolved** to:

- **Note** the further information provided as requested in the September Management Group meeting.

- **Not approve** the funding release for the Clinical Immunology infrastructure scheme ICP034.

9. Update regarding ERT cost savings

Members **received** a paper providing an update regarding the savings schemes that were included in the WHSSC 2016/17 financial plan related to ERT treatment.

It was **agreed** that on completion of the work outlined in section 3.3 of the report that a further paper would be brought to a future Management Group.

Members **resolved** to:

- **Note** the information presented within this report;
- **Support** the following recommendations:
    - That the WHSSC financial plan for 2016/17 be amended to recognise that a total of £92k will be achieved in 2017/18 increasing to £170k in 2017/18;
    - That further work is undertaken to review the potential for cost savings associated with Gaucher patients receiving their treatment in England;
    - That the proposed approach of a UK wide trial with regards treatment for Fabry disease is supported. Only once this is achieved and potential savings can be identified should this be included again as a saving within the financial plan; and
    - That WHSSC work with the service to review the investment made in 2015/16 and the requirements going forward.
- **Receive assurance** that the service is working to maximise savings against the targets.

10. Specialised Services Service Specification: All Wales Posture and Mobility Services

Members **received** a paper providing an update of the service specification of the Posture and Mobility Service which identifies what services are required and which organisations are able to provide these services to the Welsh population.

Members **resolved** to:

- **Approve** the amendments to the service specification for the Posture and Mobility Services.

11. Delivery of the Integrated Commissioning Plan 2016/17 Progress at the end of September 2016

Members **received** a paper which provided an update on the delivery of the Integrated Commissioning Plan for specialised services 2016/17.

Members **resolved** to:

- **Note** the progress made in the delivery of the 2016/17 IC;
- **Note** the funding release proforma schedule; and
- **Note** the risk management summary

12. Financial Performance Report: Month 6 2016/17

Members **received** a paper setting out the estimated financial position for WHSSC for the sixth month of 2016/17. It was noted that there was no corrective action required at this time. The financial position was reported against the agreed 2016/17 baselines following approval of the 2016/17 IMTP by the Joint Committee in March 2016.

Members **resolved** to:

- **Note** the current financial position and forecast year-end position.

13. Performance Report: August 2016

Members **received** a paper providing a summary of the key issues arising from the August Performance Report.

Members **resolved** to:

- **Note** the current performance and the action being taken undertaken to address areas of non-compliance.

14. Any other business: Left Ventricular Assist Devices

Members received an oral report from the Chair on the left ventricular assist devices. The Chair highlighted to Members that, whilst WHSSC does not have an approved routine commissioning policy on VADs, an increasing number of cases are being referred to and approved through the IPFR route. Wales was now out of line with all other UK countries which permit use for bridge to transplant without prior approval if the patient is deemed transplantable post VAD. Action would need to be taken by Chairs action to bring Wales into line prior to the Joint Committee pending a further evidence review. This action would be taken to reduce clinical and reputational risk.

Summary of key matters considered by the Committee and any related decisions made on 22 September

1. Minutes of the Previous Meeting, Action Log and Matters Arising

The Management Group (the Members) **agreed** the minute of the meeting held on 25 August 2016 subject to one minor amendment.

Members **received** the action log.

2. Report from the Acting Managing Director

Members **received** the regular report from the Acting Managing Director. The report included updates on bariatric surgery, thoracic surgery and fertility services commissioning policy. Oral updates were also provided on these items.

Members **agreed** to receive a report on bariatric surgery at the next meeting if appropriate assurances from the provider have been received by WHSSC Officers. Members **agreed** to receive a note outside of the meeting clarifying representatives required for the Thoracic Surgery Commissioning Plan Project. Members also **agreed** to receive a report on the fertility services commissioning policy and the

recommendations made by the fertility services advisory group at the next meeting.

Members **resolved** to:

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

3. Update on centralisation of South Wales BAHA and Cochlear Services

Members **received** a paper providing an update on the ongoing work around the potential centralisation of BAHA and Cochlear services in South Wales.

Members **agreed** to receive a short briefing providing further background. It was **agreed** that the ABMU commissioner members of Management Group would explore whether there are any issues for consideration. It was **agreed** that a discussion would be held between WHSSC Officers and the two providers and that an update would be provided through the Acting Managing Directors report to the next meeting.

It was also **agreed** that the papers from the last audit and outcome day would be shared with Members and that Members would receive notification of further audit and outcome days that have been arranged.

Members **resolved** to:

- **Support** the recommendations to take forward a more formal approach to this project;
- **Receive assurance** that work is ongoing to review the potential opportunities to centralise BAHA and Cochlear services in South Wales; and
- **Note** the information presented within the report and the timeframe for completion.

4. Paediatric Surgery Waiting Times (South Wales)

Members **received** a paper providing an update on the implementation of the paediatric surgery business case and the projected impact on waiting times.

Members **resolved** to:

- **Receive assurance** that there are robust processes in place to monitor the implementation of the business case for Paediatric Surgery and delivery of the referral to treatment waiting time targets; and
- **Note** the contents of the report.

Members discussed the recent letter from Welsh Government regarding addressing referral to treatment times. The Chair **agreed** to discuss further with Welsh Government. Members **agreed** to share with WHSSC Officers any future correspondence from Welsh Government received where there is an implication for specialised and tertiary services.

5. Implementation of the Plan update: amber high risk schemes

Members **received** a paper providing an update to members on the status of the higher risk 'amber' schemes, and which notified members of the timeline for

considering economic benefit amber schemes.

Members discussed the paper in some detail and provided advice on information to provide to Joint Committee.

It was **agreed** that further information on eculizimab would be provided in the report to the next meeting.

Members **resolved** to:

- **Note** the current position of the amber high risk schemes.

6. Clinical Immunology funding release

Members **received** a paper requesting funding release approval to implement the amber rated ICP scheme for clinical immunology non pay (ICP105) and amber high rated ICP scheme for clinical immunology for infrastructure (ICP043).

Members discussed this item in some detail. It was **agreed** that further detail relating to the flow for Powys THB would be provided outside of the meeting and that demand/capacity analysis would be discussed further with Aneurin Bevan UHB.

Members recommended that when the paper is presented to Joint Committee for approval that the individual LHB positions be available. Members **agreed** that if Joint Committee approve the funding release scheme (ICP043) then monitoring information would be provided to a future Management Group meeting.

Members **resolved** to:

- **Approve** the funding release for clinical immunology (ICP105); and
- **Support** the recommendation to Joint Committee to use reduction in planned investment in the agreed ICP to fund the clinical immunology scheme (ICP034) for infrastructure.

7. Neurosciences Commissioning Plan Update

Members **received** a paper providing an update on the development of a commissioning plan for specialised neurosciences. The paper outlined the progress against the recommendations of previous reviews; the priorities from the scoping work undertaken to date; and advice on the establishment of the working groups.

Members **resolved** to:

- **Note** the progress made to date in developing a five year commissioning plan for specialised neurosciences in NHS Wales.

8. BMT Commissioning Plan Phase 3

Members **received** a paper requesting the funding for the element of the BMT phase 3 business case to invest in additional capacity at ABMUHB. The paper also advised on the intention to provide a further paper at a future meeting with regards to the release of funding for the Cardiff and Vale UHB and Welsh Blood Service elements of phase 3 of the BMT commissioning plan. The paper provided an outline of the

proposed work to identify and map resources and pathways for wider haemato-oncology to inform consideration of potential transfer of services.

Following a detailed discussion Members **did not approve** the release of funding to increase capacity and sustainability of the BMT service at ABMUHB and **did not support** the outline of the proposed work to identify and map resources and pathways for wider haemato-oncology to inform consideration of potential transfer of services.

Whilst Members noted that the case demonstrated value for money, members wanted to see the impact of the proposal on Cardiff and Vale UHB of the phase 3 case.

Members **agreed** to receive a further paper at the next Management Group meeting. It was **noted** that in the meantime there was reliance on the goodwill of ABMUHB to maintain the current level of service.

Members **resolved** to

- **Note** the background and purpose to the phase commissioning plan for BMT in South Wales;
- **Note** the excellent patient outcomes achieved by the service;
- **Note** the purpose of the phase 3 investment to address service risks relating to capacity, waiting times and achievement of quality standards within the service specification (and required for JACIE accreditation); and
- **Receive** the case at a future meeting with a separate case for the development of other element of phase 3 investment.

9. Neuroendocrine Tumours

Members **received** an oral update on neuroendocrine tumours. It was confirmed that a stakeholder group had been held and that a response had been received from the stakeholders in relation to the business case received. It was noted that the WHSSC finance team are currently working with the provider who submitted the business case.

Members **agreed** to receive a report at a future meeting which details the business case, provides an assessment against each of the recommendations and mapping against the UK NET specifications. Members **recommended** that information regarding expected demand be sought from Public Health Wales and included in the paper as well ensuring that any current resource allocation for the services is identified rather than just any additional costs required for the delivery of the new service.

Members **resolved** to:

- **Note** the verbal update given.

10. Delivery of the Integrated Commissioning Plan 2016/17 Progress at the end of August 2016

Members **received** a paper which provided an update on the delivery of the Integrated Commissioning Plan for specialised services 2016/17.

Members **resolved** to:

- **Note** the progress made in the delivery of the 2016/17 ICP;
- **Note** the funding release proforma schedule; and
- **Note** the risk management summary.

11. Financial Performance Report: Month 5 2016/17

Members **received** a paper setting out the estimated financial position for WHSSC for the fifth month of 2016/17. It was noted that there was no corrective action required at this time.

Following discussion it was **agreed** that further information on enzyme replacement therapy savings would be provided to a future meeting and on plans to desegregated the current IPFR budget. It was also **agreed** that further information would be provided to Powys THB outside the meeting on renal decentralisation and home treatments specific to their patients.

Members **resolved** to:

- **Note** the current financial position and forecast year-end position.

12. Performance Report: July 2016

Members **received** a paper providing a summary of the key issues arising from the July Performance Report.

It was **noted** that work had commenced reviewing further indications for PET and that further discussion was being undertaken with regards to the next phase.

Members **resolved** to:

- **Note** the current performance and the action being taken undertaken to address areas of non-compliance.

13. Summary of Neurosciences Business Cases

Members **received** a paper which provided an update on the neurosciences schemes included within the high risk section of the 2016/19 Integrated Commissioning Plan.

It was **agreed** that there would be a further discussion in a Management Group Workshop and that any issues where further consideration was required would be shared with WHSSC Officers before the workshop. Following the workshop a paper will be taken to Joint Committee.

Members **resolved** to:

- **Note** the current position for all three sub-specialty neurosurgery services and the ongoing work to bring it to conclusion;
- **Note** the case to resource 4.0WTE nurse practitioners for the core neurosurgery service;

• **Note** the additional support resource within the neuro-radiology service that is required to carry out a sustainable 5 day a week service; and • **Note** the resource required to appoint a neurovascular consultant and the formalisation of the MDT to comply with the NCEPOD recommendations.	
Confirmed Minutes for the meetings are available to members on request.	
Date of next meeting	Thursday 24 November 2016

GIG CYMRU NHS WALES | Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC)

Agenda Item 16.6
WHSSC Joint Committee Meeting
22 November 2016

Reporting Committee	**All Wales Posture and Mobility Partnership Board**
Chaired by	**Ian Langfield, Acting Director of Planning**
Lead Executive Director	**Ian Langfield, Acting Director of Planning**
Date of last meeting	**19 October 2016**

Summary of key matters considered by the Committee and any related decisions made.

Service User Feedback

- No service users were present to feedback any issues.

Group Membership

Partnership Board

- One of the three new representatives had stepped down due to personal reasons. The Stakeholder Group were seeking a new representative through a formal process.

Stakeholder Reference Group

- The Board were notified of the appointment of six new Stakeholder Group representatives.
- A new permanent Chair had been appointed through a nomination and voting process. The terms of reference were updated to reflect the appointment process.

Technical Working Group

- It was agreed that two representatives from the Stakeholder Reference Group would attend the Technical Working Group. As the remit of the Group was to discuss operational issues, the Board agreed to review the arrangement in twelve months time.

Stakeholder Reference Working Group

- The Chair of the Stakeholder Reference Group raised three issues on behalf of members.
- The attendance of stakeholder representatives at both Partnership Board and the Working Group was needed for meaningful feedback, it was therefore agreed that suitable adjustments may be necessary for members to attend and needed to be explored.
- Members requested further information on the EQIA process when reviewing policies. An update would be provided at the next Working Group.
- The Group requested analysis of those service users waiting over 52 weeks for equipment and the reasons. All services had been approached and it

was agreed to share this analysis at the next Working Group.

Posture and Mobility Service Performance

- The Board discussed the Key Performance Indicators in place, Quality Indicators and performance against these. The two sites reported continued staffing issues as an area of concern.

Policy review

- The Board were informed that the War Veterans, Enhanced Prosthetic Provision Policy was due for review in October 2016, and the consultation process would formally begin following the meeting.

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

- None

Matters requiring Committee level consideration and/or approval

- None

Matters referred to other Committees

- None

The minutes of the meeting held on 7 March 2016 require amendments and the minutes of the meeting held on 19 October are yet to be confirmed. All minutes will be available on request once formally accepted by the Board.

Date of next meeting	**6 March 2017**