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

WHSSC Joint Committee Meeting held in public
Tuesday 17 January 2017 at 1.15pm

Conference Room 1 and 2 St Cadoc's Hospital, Lodge Road, Caerleon, Newport NP18 3XQ

Video Conferencing: 512123

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. WHSSC Integrated Commissioning Plan 2017-20 - To **approve** the Integrated Commissioning Plan 2017-20. **Contact:** - Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	TO FOLLOW
4. Clinician's Story: Neurosciences - To hear the impact on patient care from a clinician's perspective.	Director of Nursing and Quality Assurance	Oral
5. Accuracy of Minutes of the Meeting held 22 November 2016 - To **agree** and **ratify** the minutes.	Chair	Att.
6. Action Log and Matters Arising - To **review** the actions for members and consider any matters arising.	Chair	Att.
7. Report from the Chair of the WHSSC Joint Committee - To **receive** the report and consider any issues raised.	Chair	Att.

Item	Lead	Paper/ Oral
8. Report from the Acting Managing Director - To **receive** the report and consider any issues raised.	Acting Managing Director, WHSSC	Att.
Items for Decision and Consideration		
9. Neonatal Intensive Care Unit Medical Workforce Update To **receive assurance**, **support** maintaining task and finish group, **note** the proposal for a workforce model to be presented in March and **note** the draft escalation and continiutiy plan. **Contact:** - Acting Medical Director – sian.lewis100@wales.nhs.uk	Acting Medical Director, WHSSC	Att.
10. Neurosciences Commissioing Plan - To **receive** the report and consider any issues raised. **Contact:** - Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.
11. Risk Sharing Review Update - To **support** the recommendations, **receive assurance** of a robust process and **note** the information presented. **Contact:** - Director of Finance – Stuart.Davies5@wales.nhs.uk	Director of Finance, WHSSC	Att.

Routine Reports and Items for Information

12. 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.
13. 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.
14. 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.

Item	Lead	Paper/ Oral
15. Medical Leadership Proposals - To **note** the planned model of medical leadership within WHSSC **Contact:** Acting Medical Director – Sian.Lewis100@Wales.nhs.uk	Acting Medical Director, 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 Quality and Patient Safety Committee **16.2** All Wales Individual Patient Funding Request Panel **16.3** Welsh Renal Clinical Network **16.4** WHSSC Management Group **Advisory Groups** **16.5** Wales Neonatal Network Steering Group **16.6** All Wales Gender Dysphoria Partnership Board	Joint Sub Committee and advisory group Chairs	Att.
Concluding Business		
17. Date of next meeting - 28 March 2017, 9.30am,	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
Meeting of the Joint Committee
held on 22 November 2016, 9.30am

Bowel Screening Wales, Unit 6, Greenmeadow,
Llantrisant, Pontyclun CF72 8XT

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Members Present

Ann Lloyd	(AL)	Chair
Lyn Meadows	(LM)	Vice Chair (via videoconference)
Marcus Longley	(ML)	Independent Member
Chris Turner	(CT)	Independent Member/ Audit Lead
Gary Doherty	(GD)	Chief Executive for Betsi Cadwaladr UHB (via videoconference)
Sharon Hopkins	(SH)	Interim Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Paul Roberts	(PR)	Chief Executive, Abertawe Bro Morgannwg UHB
Allison Williams	(AW)	Lead Chief Executive for WHSSC and Chief Executive, Cwm Taf LHB
Stuart Davies	(SD)	Acting Managing Director of Specialised and Tertiary Services Commissioning, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Sian Lewis	(SL)	Acting Medical Director, WHSSC

Associate Members

Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee

Apologies:

Tracey Cooper	(TC)	Tracey Cooper, Chief Executive, Public Health Wales
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Steve Moore	(SM)	Chief Executive, Hywel Dda LHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
John Williams	(JW)	Chair of Welsh Renal Clinical Network

In Attendance

Glyn Jones	(GJ)	Interim Director of Finance, Aneurin Bevan UHB
Ian Langfield	(IL)	Acting Director of Planning, WHSSC
Jill Paterson	(JPa)	Interim Director of Commissioning, Primary Care and Therapies and Health Sciences, Hywel Dda LHB
Kevin Smith	(KS)	Committee Secretary and Head of Corporate Services, WHSSC

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC

The Meeting opened at **9.30am**

JC041 **Patient Story**

AL welcomed Ms Sarah Cooper to the Joint Committee and invited her to tell her story.

Members of the Joint Committee listened to Sarah's story of her experiences of Gender Identity Services for Welsh service users.

Sarah shared her personal experiences and struggles faced in daily life and in accessing healthcare services. Sarah voiced frustration and disappointment at the lack of understanding or knowledge amongst many healthcare professionals and support staff. It was noted that the current pathway was fractured and not easy for either healthcare professionals or service users to navigate; with even the most straightforward tasks made complicated.

Members were interested to understand in what way services could be improved for service users. It was noted that the main areas related to communication across services and education of healthcare professionals and support staff.

It was recognised that, although the level of care received by service users was poor, there were a number of supportive and dedicated healthcare professionals who engaged with service users.

Members thanked Sarah for sharing her personal story.

Members **resolved** to:

- Note the patient story

JC042 **Welcome, Introductions and Apologies**

AL opened the meeting and welcomed members and the public to the meeting.

The Chair informed members of LM's appointment as Vice Chair of the WHSSC.

Apologies were received as noted above.

Members noted that Jill Paterson was in attendance on behalf of Steve Moore and Glyn Jones was in attendance on behalf of Judith Paget.

JC043 **Declarations of Interest**

There were no declarations to note.

JC044 **Accuracy of Minutes of the meetings held 27 September 2016**
Members approved the minutes of the meeting held on 27 September 2016 as a true and accurate record.

JC045 **Action Log and Matters Arising**

Action Log
Members reviewed the action log and noted the updates provided

Matters Arising
There were no matters arising.

JC046 **Report from the Chair of WHSSC**
Members received the report which provided an update of the issues considered by the Chair since the last report to Joint Committee.

Members **resolved** to:

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

JC047 **Report from the Acting Managing Director of WHSSC**
Members received the report which provided an update on key issues that have arisen since the last meeting. The following areas were highlighted to note.

Neurosciences
A number of workshop sessions had taken place with members of the WHSSC Management Group to support the development of a case for three high risk neuroscience schemes. It was noted that the WHSSC Management Group were to consider these at their November 2016 meeting.

A brief discussion was held regarding the requirement to be clear on the investment priorities and requirement for robust business cases for investments. It was acknowledged that this work felt disjointed as there had been a number of queries relating to priorities within neurosciences. Members recognised the work that had already commenced in relation to a neurosciences strategy for Wales.

Left ventricular Assist Device (LVAD)
It was noted that Wales was an outlier against other UK nations as there was still a requirement for prior approval for the use of LVADs. Members were asked to consider the adoption of the English policy for LVADs as an interim measure whilst a review of the policy for Welsh patients was undertaken and formal consideration was to be given during the prioritisation process for the next year. It was noted that this would not 'override' the current policy but would ensure congruence with the position across the rest of the UK.

Members held a brief discussion about the nature of any interim arrangements. It was agreed that a paper would be tabled at the Management Group meeting to be held on 24 November 2016 detailing the impact of adopting the English policy as an interim measure. Following consideration by Management Group, WHSSC Chair's action would be considered for adoption of the English policy until a Welsh policy was developed.

Blood and Marrow Transplants
Expansion of service provision for South Wales had been approved by Management Group. Members discussed the increase in case mix for complex transplants. Assurances were sought regarding the delivery of activity and it was noted that payment would be made on a case by case basis. Members noted the longer-term plans for the development of the service.

Genetics
Members noted that an increased investment had been approved by the Management Group in October 2016. The investments enabled the service to offer the full range of genetic testing available under the UK Genetic Testing Network (UKGTN).

Members **resolved** to:

- **Note** the content of the report

JC048 **Non- Financial Outcome for Gender Identity Services Care Pathway in Wales Neonatal Workforce Group Update**

Members received a paper which provided 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).

Members received an overview of the work undertaken by the task and finish group in developing an initial 11 potential service models and the process to determine the final four models put forward for consultation.

A stakeholder event had taken place with over 120 delegates attending, 60% of which were from the trans community and the remaining 40% from health services. Members noted that there were lively debates and positive discussions during the course of the event. The key themes arising from the day were highlighted in section 3.3 of the report.

Members noted the scoring process and that options C and D had been identified as the preferred models. The comments made in relation to each had been noted in section 3.9 of the report. It was further noted that during the stakeholder event the possibility of combining options C and D had also been raised by numerous attendees and this may need to be considered further as a sub option in the next phase.

AL informed members that feedback received from the event highlighted the use of inappropriate language from some healthcare professionals and that enquiries had been received from the Cabinet Secretary in relation to this. AL stated that this was neither acceptable nor tolerated behaviour, echoing the comments presented during the patient story around the need for education and understanding amongst healthcare professionals. It was noted that AL would write to cluster chairs to present the feedback received from the stakeholder event.

Action:

- **WHSSC Chair to write to Cluster Chairs to present feedback received from the gender stakeholder event in relation to the use of inappropriate language.**

Members held a detailed discussion and reflected on the experiences and issues raised by Sarah as part of her presentation. The discussion continued regarding the next phase of this work. It was noted that the following should be given further consideration in the next phase; 1)LHB level primary care model, 2)development of a support network, 3)establishment of a network of specialist clinical pharmacists, and 4)organisational development requirements for the workforce.

Members noted the recently published Welsh Health Circular on hormone replacement therapy and recognised the requirement to ensure that this was fully enacted and embedded.

Discussions continued around the potential of a primary care and multidisciplinary team approaches. It was recognised that there was a need to consider the whole pathway, not just within specialised services but including the experiences of service users.

Members acknowledged that there was a requirement to ensure that the support of individual health boards was crucial to ensure an effective and consistent message was presented and that the work maintained momentum.

The need to identify resource and a project lead for this work relating to the development and training of staff was acknowledged to bring all of the threads together in parallel.

Members welcomed the work undertaken, noted the previous difficulties in achieving progress and the commitment of all LHBs to taking this work forward.

Members **resolved** 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; and
- **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.

JC049 **Neonatal Workforce**

Members received a progress update regarding the recommendations agreed at the meeting of 27 September 2016, and seeking support on the proposed next steps.

Members noted that work was being undertaken with the Deanery around quality of training and development of reputation. It was noted that a concern had been raised during an All Wales NHS CEO meeting that Medical Training Initiative (MTI) posts would not be in place in time for April 2017

and assurances were sought regarding timescales. It was noted that recruitment for MTI post had been undertaken in November 2016 for an additional 10 MTI posts; however, it was unlikely those who do will be in post before May 2017.

A discussion followed around the complexities of the recruitment process, the proposed contingency plans and the need to ensure that these plans were in place before January 2017. It was agreed that the details on workforce analysis should be circulated outside of the meeting.

Action:

- **Details of the Neonatal Workforce analysis to be circulated to members.**

Members were provided with an overview of the evaluation process for the two models and noted that the alliance model was presented as the preferred option.

A query was raised regarding the alliance model and how this differed from a collaborative system of working. It was noted that the objective of the alliance model was to ensure joint ownership but it was felt that this was unclear within the paper. Members recommended that further work should be undertaken on the single employer model versus the alliance model to ensure that a robust system was in place going forward in order to hold providers to account. They supported that consideration be given to amend the terms of reference of the Network to take this work forward.

Members supported continuing the work considering standardised pay rates and a single nurse bank. Members recommended in addition to linking with Director of Human Resources that a link be made with the All Wales Nurse Bank group led by Rory Farrelly on behalf of the all Wales Directors of Nursing.

It was agreed that a further update paper will be brought to the Joint Committee in January 2017.

Members resolved 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.

JC050 **Collective Commissioning**

Members received a report providing an update on the collective commissioning work programme for 2016/17 and making recommendations relating to the schemes where work is yet to commence.

Members noted the schemes which were to be taken forward from previous years and further schemes as identified in section 3.2 of the report.

A discussion was held regarding current resource utilisation within the Planning Team and the impact on WHSSC's ability to deliver on collective commissioning. Members supported empowering the WHSSC Officers to take action within the approved budget, including recruitment of additional staff to achieve delivery of the collective commissioning work programme.

The Chair informed members that a full review of the staffing needs of the organisation would be undertaken and that clarity and balance was required around what work the WHSSC team were able to commit resources to. It was further noted that the function of the Management Group be reviewed and this was supported by all Members.

Members **resolved** 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 Team during 2017/18 to ascertain whether it is possible to recommence collective commissioning.

JC051 **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**

Members received the revised Concerns Protocol and were given an overview of the proposed revisions

Members **resolved** to:

- **Approve** the revised Concerns Protocol

JC052 **Risk Sharing Review - Update**

Members received a report providing an update on the Risk Sharing Review

and the actions required to conclude the exercise.

Members were provided with and overview of the work completed to date. It was noted that both the health board directors of finance and the Welsh Government had been consulted as part of the process.

A brief discussion was held in relation to the work of the finance working group and the issues around neutralisation, historical positions and potential impacts for health boards. Members acknowledged that a sound methodology had been followed and sought assurance that the actual numbers had been tested by the workforce group. It was reported that the final numbers would be tested, and the final position would be referred back to the WHSSC Joint Committee in early 2017.

Members **resolved** 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; and
- **Support** the plan and timeline for completion and implementation.

JC053 **Delivery of the Integrated Commissioning Plan 2016/17**

Members received an overview of the report which provided an update on the delivery of the WHSSC Integrated Commissioning Plan for 2016/17 at the end of September 2016.

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.

JC054 **Performance Dashboard**

Members receive an overview noting the following key points.

Paediatric Surgery

A positive picture with improvements being made. The WHSSC team was in the process of exploring opportunities to accelerate waiting list performance.

Bariatric Services

Performance was still poor for high risk patients. Members noted that this

had been escalated with the provider.

Members held a brief discussion around referral to treatment (RTT) targets and whether these would be achieved by March 2017. Members requested that, if there was a likelihood that they would not, the WHSSC team ensure that this information is reported to individual health boards to ensure that there was clarification around any required action to address.

Members **resolved** to:

- **Note** current performance and the action being undertaken to address areas of non-compliance.

JC055 **Financial Performance Report**

Members received an overview of the Financial Performance Report.

Clarification was sought regarding the content of the 'other sundry income' column on page 14 of the report and it was agreed that this section would be expanded to provide greater detail.

A discussion was held regarding individual patient funding requests and the recurrent and non-recurrent position. It was noted that the detailed position was shared regularly with the Directors of Finance. Members requested sight of the detail in the next finance report to Joint Committee.

Action:

- **Next iteration of the finance performance report to provide additional detail regarding 'other sundry income' and the recurrent and non-recurrent position.**

Members **resolved** to:

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

JC056 **Reports from the Joint Sub-committees and Advisory Group Chairs'**

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

Sub Committees

Integrated Governance Committee
Members noted the update from the meeting held 31 October 2016

Quality and Patient Safety Committee
Members noted the update from the meeting held 3 November 2016

All Wales Individual Patient Funding Request Panel
Members noted the update from the meeting held 26 October 2016

Welsh Renal Clinical Network

Members noted the update from the meeting held 4 October 2016. The Acting Managing Director of WHSSC drew members' attention to the Welsh Health Circular Renal Services in Wales Delivery Plan 2016 to 2020 and members noted that the Network were progressing this work.

Management Group
Members noted the update from the meetings held 22 September and 27 October 2016.

It was noted that consideration of the Management Group terms of reference was an outstanding action. It was agreed that this would be form part of the further work to be undertaken in reviewing the Group.

Advisory Groups
All Wales Posture Mobility Service Partnership Board
Members noted the update from the meeting held 19 October 2016

JC057 **Any other Business**
The Chair noted the difficulties with the timescale for approval of the Integrated Commissioning Plan 2017/20 and that a number of Chief Executives had indicated that they may be unable to attend the Joint Committee meeting scheduled for 17 January 2017. The approval of the plan required agreement by all seven Health Board Chief Executives and the vote of the Chief Executives could not be delegated. The possibility of a short meeting by teleconference on 24 January 2017, or participation for part of the 17 January 2017 meeting by teleconference was suggested. It was agreed that these and other possible solutions would be investigated and members would be advised of the most practical solution.

It was noted that the Joint Committee's Plan should be approved one month ahead of the Health Boards' Plans and that this was unworkable given the deadline for submission of 27 January 2017. The Chair undertook to advise the Director General of this.

JC058 **Date and Time of Next Meeting**
It was confirmed that the next meeting of the WHSSC Joint Committee would be held on 17 January 2016.

This **concluded** the Joint Committee Meeting held in Public at approximately **11.50pm**

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
22.11.2016	JC018	**JC048 Non- Financial Outcome for Gender Identity Services Care Pathway in Wales Neonatal Workforce Group Update** WHSSC Chair to write to Cluster Chairs to present feedback received from the gender stakeholder event in relation to the use of inappropriate language.	Chair	Dec 2016		OPEN
22.11.2016	JC019	**JC049 - Neonatal Workforce** Details of the Neonatal Workforce analysis to be circulated to members.	Acting Medical Director	Dec 2016	Information circulated to members 19 December 2016 – Action Complete	CLOSED
22.11.2016	JC020	**JC055 - Financial Performance Report** Next iteration of the finance performance report to provide additional detail regarding 'other sundry income' and the recurrent and non-recurrent position.	Director of Finance	Jan 2017	Information included in report. Agenda Item 14 – Action Complete	CLOSED

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

		Agenda Item	7
Meeting Title	**Joint Committee**	Meeting Date	17/01/2017
Report Title	Report from the Chair of the WHSSC Joint Committee		
Author (Job title)	Committee Secretary		
Executive Lead (Job title)	Chair	Public / In Committee	Public

Purpose	The purpose of this paper is to provide Members with an update of the key issues considered by the Chair since the last report to Joint Committee.			
RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☐	INFORM ☒

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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)

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

1.0 Situation

1.1 The purpose of this paper is to provide Members with an update of the key 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 **Executive Directors**
Following an extensive recruitment process, the appointment of Dr Sian Lewis as Managing Director of WHSSC was announced in December 2016. I am genuinely pleased and excited that Sian was able to take up this opportunity to lead the organisation, as we face up to the challenges that lie ahead of us. Whilst an official start date has not yet been agreed, Sian has already begun working on the handover process.

The process to recruit to the substantive Medical Director and Director of Planning roles has begun.

3.2 **Integrated Commissioning Plan & IMTPs – timeline for approval**
As discussed at the last meeting, I have written to the Director General to advise him that the timeline for approval and submission set out in the IMTP 2017-20 Guidance is unworkable given the truncation of the timeline compared to previous years and the relative dates of the WHSSC ICP approval, at the 17 January meeting, and the requirement for LHBs' IMTPs to be approved several weeks later, after the 27 January submission deadline. I have not received a response to date.

In considering the development of the ICP and the difficulties of the LHBs in achieving their IMTP obligations, we propose adding additional Joint Committee meeting dates in May and July 2017 to enable us to deal with further consideration and approval of elements of the ICP in an expeditious manner.

3.3 **All Wales Chairs Meeting**
I attended the All Wales Chairs Meeting on 12 December 2016.

3.4 **Meeting with Cabinet Secretary**
I am due to meet with the Cabinet Secretary on 19 January for my usual update session, so have prepared myself accordingly.

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	Approval process and unworkable timeline
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 Medical Director and Director of Planning roles will have a resource implication to the organisation e.g. advertising of posts.
Risk and Assurance	No implications identified at this time.
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	8
Meeting Title	**Joint Committee**	Meeting Date	17/01/2017
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
☒	☐	☐	☐	☒

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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 **WHSSC Strategy**
In her capacity as Managing Director designate, Sian Lewis and I have begun the process of reviewing and updating the WHSSC Strategy that was last approved at Joint Committee in 2012. We will be utilising some external resource in this process.

2.2 **Integrated Commissioning Plan 2017-20 (ICP)**
A huge amount of work has been done to progress the ICP during December and January, including a series of Management Group workshops, the two most recent being held at the beginning of the month.

2.3 **Medical Directorate Structure**
A paper is included for noting regarding a revised structure for the Medical Directorate. This reflects a variation to the proposal previously brought to the Integrated Governance Committee that sought an increase of 0.4 wte staff with incremental cost implications. Joint Committee approval has not been sought for this latest iteration as it will be met from existing resource as it is based on a nil increase to the number of wte staff.

2.4 **Neuroendocrine Tumours (NET) Service for South Wales**
The funding release proforma has been issued to CVUHB to implement the initial development of a NET Service for South Wales. A second stakeholder event was held at the end of December led by CVUHB with good stakeholder engagement and representation. This was followed by a positive newsletter issued by the South Wales NET Patient Foundation Strategic Support Group outlining the progress made. The first implementation group meeting is planned for the end of this month; this group will be responsible for the monitoring of the implementation plan and also the development of a business case to support the second phase of the service to work towards an accredited centre. CVHUB have confirmed that Dr Mo Khan Consultant Gastroenterologist will take the lead for the new service.

The external peer review of the NET Service is being undertaken on 25 January. The terms of reference and a panel of external experts have been assigned to support this work. The investigations following a series of complaints are being investigated in the respective Health Boards the findings of which remain outstanding.

2.5 **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 approved the three schemes by a majority vote at its November meeting.

2.6 **Thoracic Surgery**
Following the discussion 'In Committee' at the last meeting regarding difficulties with cancer waiting times, a Thoracic Surgery Interim Capacity Project has been established to identify feasibility of and options for securing additional interim capacity.

2.7 **Left Ventricular Assist Devices (LVADs)**
As discussed at the previous meeting and as delegated to the Management Group, the Management Group approved the English Commissioning Policy and Service Specification for LVADs as the interim commissioning position of WHSSC; and noted the review protocol which had been commissioned to inform the prioritisation process and the development of a permanent policy position.

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		

8

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

		Agenda Item	9
Meeting Title	**Joint Committee**	Meeting Date	17/01/2017
Report Title	Neonatal Intensive Care Unit Medical Workforce Update		
Author (Job title)	Acting Medical Director, Neonatal Network Manager		
Executive Lead (Job title)	Acting Medical Director WHSSC	Public / In Committee	Public

Purpose	The purpose of this paper is to provide the Joint Committee with an update on the following issues relating to Neonatal Intensive Care Unit workforce planning across South Wales: • The vacancy position to include the progress of the BAPIO supported recruitment process • A current risk log • A description on the employment models considered by the Workforce Task and Finish Group • Contingency and escalation plans for use across South Wales.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☒	☒

Sub Group /Committee	Not applicable	Meeting Date	
Recommendation(s)	Members are asked to: • **Receive assurance** that the predicted workforce for March 2017 will deliver a sustainable model across the three Neonatal Intensive Care units in South Wales • **Support** maintaining the neonatal network leadership of the Task and Finish Group through a temporary governance arrangement between Welsh Health Specialised Services Committee and the NHS Wales Collaborative • **Inform** the Joint Committee that a comprehensive workforce model with supporting governance arrangements will be presented to the March Joint Committee • **Note** the draft escalation and continuity plan for completion by the March Joint Committee		

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		

9

1.0 Situation

1.1 The purpose of this paper is to provide the Joint Committee with an updated position of the following issues relating to the Neonatal Intensive Care Unit workforce planning across South Wales.

1.2 The paper will include the following:

- An update on the vacancy position (previous paper circulated 19th December 2016) to include the progress of the BAPIO recruitment process
- A current risk log
- A description on the employment models considered by the Workforce Task and Finish Group
- Contingency and escalation plans for use across South Wales.

2.0 Background

2.1 In September 2016 the Joint Committee supported the recommendation that Wales Deanery trainees be located in the Singleton and University Hospital of Wales Neonatal Intensive Care Units (NICUs) from March 2017, leaving the Royal Gwent NICU without post graduate trainees.

2.2 This was with the expectation that the three units worked together as a unified team to deliver a sustainable workforce model and that work continued to identify how this is best achieved.

2.3 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 joint and coordinated recruitment plans are underpinned by dedicated HR support from the three Health Boards and that over recruitment should be tolerated within limits
- A more integrated employment model be explored to identify the potential to increase resilience.

2.4 The Workforce Task and Finish Group met on November 7th to discuss an integrated employment model, identify the options, and undertake an appraisal of each model, to inform a recommendation to the Joint Committee.

2.5 The aim of the Group in developing the future employment model is to ensure a high quality service model that has an equitable approach to managing risk across South Wales.

2.6 In November 2016 the Joint Committee received a paper identifying the identified options as:

- Status Quo – maintaining the current system of Health Boards working is isolation to recruit, train and retain staff
- Structural Change (lead employer model) – this was recognised as providing more structure, be more stable but have less flexibility as a workforce model

- Alliance Employment Model (working through formal networks / management contracts) – employment status will remain with existing health boards.

2.7 The Workforce Task and Finish Group made the recommendation to implement an Alliance Employment Model.

2.8 Whilst the Joint Committee supported this recommendation, they requested that the following information be presented in the meeting on January 17th 2017 to demonstrate a robust process of appraisal had been undertaken, using the most current information:

- Updated vacancy position, including Wales Deanery Trainee allocation
- Updated risk log
- Update on the employment models considered by the Workforce Task and Finish Group, including a descriptor of each model, governance arrangements and risk
- Contingency and escalation plans for use across South Wales

3.0 Assessment

3.1 **Updated Vacancy Position –** This paper provides an update to the position circulated to the Joint Committee on December 19th 2016. The overall trend is of an improving situation:

- Wales Deanery allocation of trainees – the Deanery has provided a further update on the allocation of trainees from March 2017. The current position is predicting an improved position from that previously reported, with 2 gaps at Tier 1 of 12.2 positions, and 2.4 gaps at Tier 3 of 11 posts. Looking forward the Tier 1 position will improve in April by 0.5 and due to the successful appointment of 2 Grid trainees the September position at Tier 2 will also improve. This has, as always potential to change
- BAPIO recruitment process – The BAPIO recruitment process resulted in 18 appointments being offered. Of these 16 have been allocated to Health Boards across paediatric and neonatal services. Of these, two are for C&V UHB, 4 for AB UHB and 2/3 for ABMU UHB Neonatal services. This allocation was based on both Health Boards and individual applicant preference and was facilitated by a consultant neonatologist. Each Health Board holds the responsibility for following the recruitment process through to completion, with expected timescales of approximately 5 months
- January 2017 update on vacancy position – the Workforce Task and Finish Group have maintained a focus on establishing a sustainable workforce for March 2017 in order to maintain a the three NICUs. In the meeting held on January 4th 2017 the Health Boards reported an updated position that shows further improvement in rota compliance as shown.

UHB	Tier 1 workforce gap	Tier 2 workforce gap	Total gaps
C&V	1	0	1 (local contingency in place)
ABMU	3	0.4	3.4 improving to 2.4 in April.
AB	Excess 1.5	1*	0.5 (plan to move a Tier 1 appointment to Tier 2 within 3 months

*The AB UHB position does reflect a number of consultants working additional contracted clinical sessions to support the Tier 2 rota.

Comparative position- the table bellows shows a comparison of the most recently predicted workforce position for March 2017 (see table above) compared with historical rates and includes the predicted positions presented in the Joint Committee paper of September 2016*

	Actual July 2016 Workforce gap	Actual September 2016 workforce gap	Dec forecast March 2017 workforce gap	Jan forecast March 2017 Workforce gap
Total Gaps	**12.6**	**5.36 (predicted gaps 7.8*)**	**10.4 (Predicted gaps 7.9*)**	**3.9 (predicted gaps 7.9*)**

3.2 **Updated risk log –** In September 2016 the Joint Committee received a workforce risk log. The updated risk log (appendix1) shows a number of changes, with reduced risk in many of the areas identified previously as high risk, but with the addition of three additional risks not previously identified Particular points to note are the reduction of risk in relation to recruitment of clinical fellows, Advanced Neonatal Nurse Practitioners (ANNPs) and the collaborative relationships between provider organisations.

3.3 The change in management structure for the Neonatal Network, from WHSSC to the NHS Collaborative is identified as an additional risk. The network manager is no longer a WHSSC accountable within WHSSC. Should the programme management arrangement need to continue, this will need to be addressed through a temporary governance agreement between the two organisations.

3.4 **Employment model-** Three potential employment options were considered and appraised by the Task and Finish Group in a workshop on November 7th. To satisfy the requirements of the Joint Committee the group reconvened on December 21st. A further meeting took place on January 4th that discussed the three options previously appraised and discussed at length the governance framework to support each of the models.

3.5 Whilst the Task and Finish Group have confidence that the recommendation of an Alliance Employment Model was correct, a decision was made that more time evaluating the risk, impact, governance and implementation plan for each option was required. The timescales available have not allowed time to demonstrate the required detail and the decision of the Task and Finish Group was to delay submission until further engagement and a comprehensive presentation can be made. A paper will be presented to the Joint Committee in March that outlines the whole process and provides in depth analysis of each model.

3.6 The Task and Finish Group recognised that improved collaborative working delivered success, evidenced by improved rota compliance for March 2017.

3.7 In the interim the Task and Finish Group will continue to promote collaborative working and ask the Joint committee for approval

3.8 To support the continuation of following interim arrangements:

- Sharing of information on potential candidates for neonatal posts
- Developing ANNPs in SCBUs – they could potentially improve the standard of care in SCBUs and rotate to NICUs to maintain their skills thus boosting numbers of trained ANNPs across Wales who could fill rota gaps
- Leading on from this, developing a Welsh ANNP bank
- Further collaboration on overseas recruitment
- Develop a system for offering MTIs a higher qualification, so that Wales can stand out from the rest of the UK as an attractive place to work. The MSc for overseas MTIs is costly at £18k. There is potential to mitigate this by working together or offer other qualifications and training for example, a Diploma or membership of RCPCH. As an alternative it is possible to develop a Wales Neonatal Curriculum for MTIs, with a certificate to recognise completion if satisfactory.
- Maintaining the current commitment to the leadership of the Workforce Task and Finish Group

4.0 Contingency and escalation – A draft escalation and contingency plan (appendix 2) has been developed to coordinate service continuity across South Wales. This draft plan is currently circulated to Health Board colleagues for comment. A final draft will be presented to the Joint Committee in March 2017 for approval.

5.0 Recommendations

5.1 Members are asked to:

- **Receive assurance** that the predicted workforce for March 2017 will deliver a sustainable model across the three Neonatal Intensive Care units in South Wales
- **Support** maintaining the neonatal network leadership of the Task and Finish Group through a temporary governance arrangement between Welsh Health Specialised Services Committee and the NHS Wales Collaborative
- **Inform** the Joint Committee that a comprehensive workforce model with supporting governance arrangements will be presented to the March Joint Committee
- **Note** the draft escalation and continuity plan for completion by the March Joint Committee

6.0 Appendices / Annexes

6.1 Appendix 1 – Updated Risk log
6.2 Appendix 2 – Draft Escalation and Contingency plan

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Organisation Development
Link to Integrated Commissioning Plan	Not applicable
Health and Care Standards	Safe Care Effective Care Staff and Resourcing
Principles of Prudent Healthcare	Only do what is needed 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	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**
Not applicable		

Risk Assessment for March 2017
Updated January 2017

Risk	Impact	Original Risk Score	Current Risk Score	Actions required to reduce risk	Controls required to monitor risk
Failure of staff recruited to commence employment before March 2017	• Inability to fill rotas at sites Mar-May	High	Medium	• Have pre prepared JD's and Adverts • Ensure advertisements are advertised within timescales within recruitment plan. • Ensure tracking and administration time for recruitment processes to mitigate delays in processing time. • Ensure ongoing close working with BAPIO through health board leads	• Monthly monitoring through Task and Finish Group the resource requirements Locally and through Task and Finish Group for March 2017 • Escalated through Health boards risk management and escalation procedures • Escalated through Shared Services
Failure to recruit Clinical Fellows	• Inability to fill tier 2 rota at ABM	High	Low	• Health boards collaboratively recruit for ANNPs band 8b in parallel with MTI recruitment • Use of Medical and Agency Locum • Review local arrangements to review existing consultants job plans to sustain services	• Monthly monitoring through Task and Finish Group Monthly monitoring of recruitment against resource requirements for March 2017 • Escalated through health boards risk management and escalation procedures
Failure to Recruit "hybrid" Consultant workforce	• Inability to fill tier 2 rotas through local recruitment to ABMU 2 rota	High	Medium	• Health boards collaborative approach to recruit for ANNPs band 8b in parallel with MTI recruitment • Use of Medical and Agency Locums • Review local arrangements to review existing consultants job plans to sustain services	• Monthly monitoring through Task and Finish Group. • Monthly monitoring of recruitment against resource requirements for March 2017 • Escalated through health boards risk management and escalation procedures

Risk	Impact	Original Risk Score	Current Risk Score	Actions required to reduce risk	Controls required to monitor risk
Failure to recruit ANNP band 8a following failure to recruit MTI	• Inability to fill tier 1 rota at AB/ABMU	High	Low	• Long term Workforce plans to be developed to ensure sustainable supply of new ANNP mapped against medical supply	• Monthly monitoring through Task and Finish Group Monthly monitoring of recruitment against resource requirements for March 2017 • Escalated through Health Boards risk management and escalation procedures
Failure to recruit ANNP band 8b following failure to recruit Consultant hybrid or MTI/CF	• Inability to fill tier 2 rota in the absence of either hybrid consultants or MTI/CF	High	Low	• Long term Workforce plans to be developed to ensure sustainable supply of new ANNP mapped against medical supply.	• Monthly monitoring through Task and Finish Group. • Monthly monitoring of recruitment against resource requirements for March 2017 • Escalated through health boards risk management and escalation procedures
Failure to develop a collaborative relationship between provider organisations	• Inability to develop sustainable models and short term contingencies	High	Low	• Ensure high level commitment to collaborative working via the joint committee • Joint working through the Task and Finish Group • Options for enhanced collaborative working arrangements under development including option appraisal of employment model.	• Ongoing monitoring via the Task and Finish Group

Risk	Impact	Original Risk Score	Current Risk Score	Actions required to reduce risk	Controls required to monitor risk
Potential to Over recruit ANNP	• Financial implications for health boards	Low	Low	• Ensure staff are offered posts to meet service sustainability with collaborative plan to meet future sustainability. • Ageing workforce of existing ANNP will reduce the risk in the long term • Long term Workforce plans to be developed to ensure sustainable supply of new ANNP mapped against medical supply.	• Monthly monitoring through Task and Finish Group the requirements for March 2017 and beyond March 2017
Potential to over recruit MTI/CF	• Financial implications for health boards • Increased capacity for training which may put additional pressure on service	Low	Medium	• Ensure staff are offered posts aligned to local and collaborative workforce plans • Develop a collaborative approach to local recruitment ie joint recruitment panels, joint appointments • Contingency Plan for the scenario that not all staff will commence employment on 1st march 2017 • Long term Workforce plans to be developed to ensure sustainable supply of new ANNP mapped against medical supply so UHBs less reliant on Medical Model.	• Monthly monitoring through Task and Finish Group the resource requirements for March 2017 and beyond March 2017

Risk	Impact	Original Risk Score	Current Risk Score	Actions required to reduce risk	Controls required to monitor risk
Failure to recruit substantive consultants after March 2017 to work in non deanery training site	• Consultant doctors may not find non deanery training site attractive employment • Inability to sustain rotas • Impact on service delivery	Medium	Medium	• Promote the fact that all NICUs will provide training and education to non Deanery clinical, Nursing and ANNP staff • Ensure that the NICU training identity for non deanery trainees is recognised • Identify USP opportunities for non deanery training NICU. ie research and development centre,	• Turnover rates • Number Recruited against target • Staff engagement surveys • Monthly monitoring through Task and Finish Group
High turnover of hybrid consultants	• Consultants may chose to take up substantive consultant positions as they arise	Medium	Medium	• Hybrid consultants is a potential short term solution until alternative workforce models can be implemented • Continue to train ANNP to work at tier 2 level • Recruitment of Clinical Fellows for tier 2 • Recruitment of tier MTI with potential to train to tier 2 after 6 months, pending skills.	• Monthly monitoring through Task and Finish Group recruitment against resource requirements for March 2017 • Escalated through health boards risk management and escalation procedures • ANNP training programmes
Turnover of Staff, retirements sickness and Maternity leave	• Inability to sustain rotas • Impact on service delivery	Medium	Medium	• Unpredictability of short term and long term absence will potentially need to be managed through locum and agencies • Potential to explore improved sharing of resources through offering overtime and additional sessions at other health boards.	• Monthly monitoring of recruitment against resource requirements for March 2017. • Monitoring of turnover, age profile • Consider additional training of ANNP following development of long term workforce plans • Escalated through health boards risk management and escalation procedures

Risk	Impact	Original Risk Score	Current Risk Score	Actions required to reduce risk	Controls required to monitor risk
Increase need Medical training capacity	• The ad hoc appointment of staff requires additional and duplication of induction training than through normal deanery rotations	New Risk no previous score	Medium	• Reduce consultant sessions on tier 2 rota to be able to undertake training • Collaborative sharing of expertise re the development of education training programme and development packages for MTIs	• Monthly monitoring through Task and Finish Group • Escalated through health boards risk management and escalation procedures
Change of management structure for the Neonatal Network Manager with potential change of project leader	• Project lead and clerical support provided by the Network have provided continuity and coordination of the entire programme. • No resource / expertise within WHSSC to complete programme	New risk No previous score	High	• Temporary governance arrangement between WHSSC and the NHS Collaborative until a formal governance structure is agreed • Identify a replacement programme support	• Monitor via the monthly Task and Finish Group • Identify on the WHSSC risk register

Risk	Impact	Original Risk Score	Current Risk Score	Actions required to reduce risk	Controls required to monitor risk
Tier 2 rotas at ABUHB reliant on existing substantive consultants undertaken additional sessions	• Reduces capacity to train • Not contractual can withdraw • Tier 2 rota's very fragile without substantive staffing resource	New Risk no previous score	High	• Newly recruited MTI's/Clinical Fellows with competencies to work at tier 2 will need to fill consultant slots on rota's when they become available and competent. This will require initial over recruitment and additional double running costs to allow for induction periods and localization within the unit.	• Monthly monitoring through Task and Finish Group • Escalated through health boards risk management and escalation procedures

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

Draft Escalation and Business Continuity Plan

1.0 Purpose

The Purpose of this plan is to provide a clear process for the management of patient pathways in the event of full or partial closure of a Neonatal Unit in South Wales. The plan outlines escalation processes and the associated action that lead to de-escalation and resumption of normal services.

Each provider Health Board has the responsibility to deliver intensive care, high dependency, special care and surgical services in line with their local service specifications, and to manage the flow of patients through that service safely.

The overarching aim across the South Wales network of neonatal services is to:

- Prevent avoidable mortality and morbidity due to neonates not accessing the appropriate level of care
- maintain safe, effective neonatal services within South Wales
- Maximise capacity across the network through coordinated escalation and de-escalation
- Identify the impact on both short and long term service sustainability, supporting early proactive management
- Prevent further escalation and promote resumption of normal services as soon as possible
- Provide a framework for effective communication, across Health Boards, with the Network and commissioners

2.0 Scope

The scope of this plan is escalation and business continuity for neonatal services across South Wales. There is generally more tolerance in the system for loss of capacity within the Local Neonatal Units and Special Care Units than within the Neonatal Intensive Care Units. However all units must participate in escalation planning.

In order to manage patient flows, and deliver on the identified aims, all Neonatal Units must be involved in the execution of this plan. Whilst this escalation plan is specific to neonatal services in South Wales, it must be recognised that any disruption in business continuity will impact on the aligned maternity services.

Each unit in South Wales must have its own escalation plan that will assess on a daily basis the ability to maintain services, identify risk and document mitigating

actions. These plans will feed into this overarching escalation management plan to identify and coordinate any disruption to normal service across South Wales.

There is a commitment from the Health Boards across the South Wales region to maintain neonatal services according to the current services specification. There are recognised and well documented staffing issue in all units, but specific concern in relation to the Neonatal Intensive Care Units at University Hospital of Wales, Royal Gwent and Singleton Hospitals.

Managing the capacity constraints in this Intensive Care element of neonatal services are an ongoing issue, however the more recent issues of recruitment and retention of medical and nursing staff have added to this complexity. NICUs clinical and management teams are well versed in managing daily pressures at a local level and seeking support across the region and into English providers when required. This document formalises these escalation practices.

However, if a longer term service sustainability issue (over 72 hours) is declared by a Health Board the Business Continuity Plan element of this plan is invoked to ensure all necessary actions are taken collaboratively to sustain the three NICUs.

The Chief Executives in Wales have given commitment to working collaboratively through a formal alliance to ensure the three NICUs are maintained.

The principles of managing the service as a whole must be considered when managing escalation across the region. This is further complicated by the fact that surgical services are only provided in University Hospital of Wales. Any additional capacity for babies requiring surgical care must be sought outside of the Welsh Network.

It is the responsibility of the Health Boards to ensure their staff are familiar with the contents of this plan.

Neonatal units in South Wales are identified by Health Board as follows:

Cardiff &Vale UHB	University Hospital of Wales	NICU Tertiary surgical services	02920
Aneurin Bevan UHB	Royal Gwent Hospital Neville Hall Hospital	NICU SCU	01633
Abertawe Bro Morgannwg UHB	Singleton Hospital Princess of Wales Hospital	NICU SCU	
Cwm Taf UHB	Royal Glamorgan Hospital Prince Charles Hospital	LNU SCU	01443 443443
Hywel Dda UHB	Glangwili Hospital	SCU	

3.0 Definitions

3.1 Triggers for Escalation:

There are many reasons for local service disruption, whether for a short or long period of time.

- Unit closure on instruction of Local Infection Prevention Control Team
- Partial of full closure following damage as a result of extraordinary circumstances e.g. fire or flood
- Partial of full closure due to planned refurbishment
- Closure or restrictions due to capacity reasons
- Capacity for surgical specialty cots (UHW)
- Full or partial closure due to insufficient staffing (all staff groups) this may be as a result of sickness or longer term vacancies that impact on the ability to manage the commissioned service.

3.2 Triggers for Business Continuity / Contingency Planning

Neonatal Intensive Care Services are a critical service, where loss or disruption of a service for a prolonged period could result in serious interruption of care delivery, risks to health and safety of patients, cause reputational damage and hold considerable financial implications.

- A Health Board will need to formally declare its inability to continue to provide neonatal care according to their service specification. A risk score of 25 will identify a service sustainability issue that cannot be resolved internally and is expected to last longer than 72 hours.

3.3 Declaring and Infection outbreak

An Infection outbreak is defined as the occurrence of more cases of disease than normally expected within a specific place or group of people over a defined period of time. Local Infection Prevention Control teams will work with staff in the units to manage infection and close or restrict activity within the unit.

An infection outbreak could result in declaring a Business Continuity Incident should it impact on the ability to sustain neonatal intensive care services across South Wales.

5.0 Process for Managing Escalation

Escalation management is based on the following escalation matrix

Level of impact	Consequence				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
(1) closure / partial closure at SCU / LNU No capacity issues across rest of region.	1	2	3	4	5
(2) Unlikely to cause service disruption short term resolution planned	2	4	6	8	10
(3) Possible service disruption. Transfers of Mother / baby likely NICU capacity across region	3	6	9	12	15
(4) Likely service disruption Transfers of Mother / baby happening within region NICU capacity available but limited	4	8	12	16	20
(5) Certain service disruption No NICU capacity Transfers of Mother / baby out of region required	5	10	15	20	25 BCI

- On a daily basis managing local escalation is the responsibility of each provider Health Board. Each neonatal unit will assess against their local matrix and determine a score.
- The escalation score will in turn this score will be provided ***to ???? the transport team via the cot locator*** by 10am in order to determine the escalation status across South Wales.
- This South Wales score will then inform the 11am emergency pressures executive conference call to ensure a common understanding of the situation in neonatal services is well understood. ***How do we bridge the gap between transport team and exec conf call?***
- Action cards (Appendix 1) will be used to determined organisational and individual responsibilities within this plan
- De-escalation at unit level is equally as important as escalation
- In the event of a BCI being declared the service commissioners will need to be informed.
- Out of network providers will need to be informed of any BCI declared
- Robust communication across ALL South Wales Units must follow agreed action plans

5.3 Business Continuity / Contingency Planning

Declaring a Business Continuity Incident at unit level is the responsibility of the on-call executive for each individual Health Board.

When no capacity is available in NICUs in South Wales and no imminent resolution can be found to create capacity a BCI should be declared (***need to agree timescales),*** and the

The central coordinating function for managing the required BCI actions is ***held by??*** Who will in turn inform

This section will need more information when more decisions have been made on the governance framework

Appendix 1

Escalation Standard Operating Procedures

Action Cards

ACTION CARD 1 **Standard Operating Procedure for full or partial closure of SCU / LNU**	
The clinical and management staff within the unit must:	
1.	Manage their local service in line with their site specific escalation plans and business continuity plans at all times
2.	Ensure that any predicted staffing shortfalls are proactively managed to prevent restrictions to service. Provide early warning of potential issues regionally
3.	Declare their units escalation level on the daily cot locator?
4.	Inform the following personnel clearly identifying the nature of the service disruption, reason for, and anticipated timescales. • Health Community NICU • Neonatal transport team CHANTS (in working hours) • Neonatal Network team (email) • Designated regional coordinator TBC Who
5.	Provide daily email updates as above, including action taken
6.	Datix report any service disruption
7.	Liaise appropriately with the local maternity service to determine any required action
8.	Specifically for infection outbreak, initiate local outbreak management plan in line with Infection Prevention Control Policy. Transport services – both CHANTS and NEST must be informed of any infection outbreak
9.	Contribute to the forward planning of successful neonatal service delivery across the region by acting on specialist advice from their associate NICU
10.	Participate in any necessary conference calls for the duration of the disruption

ACTION CARD 2 **Standard Operating Procedure for full or partial closure of a NICU**	
The clinical and management staff within the unit must:	
1.	Manage their local service in line with their site specific escalation plans and business continuity plans at all times
2.	Ensure that any predicted staffing shortfalls are proactively managed to prevent restrictions to service. Provide early warning of potential issues regionally, requesting support from other NICUs.

	The clinical lead for the department will determine clear actions and initiate steps to re-establish safe staffing levels
3.	Inform the following personnel clearly identifying the nature of the service disruption, reason for, and anticipated timescales. • NICUs across South Wales • Neonatal transport team CHANTS (in working hours) • Neonatal Network team (email) • Designated regional coordinator TBC Who *For C&V UHB surgical services – identify out of region provider to transfer services and inform other units in the region
4.	Provide daily email updates as above, including action taken De-escalate as appropriate
5.	Datix report any service disruption
6.	Liaise appropriately with the local maternity service to determine any required action
7.	Specifically for infection outbreak, initiate local outbreak management plan in line with Infection Prevention Control Policy Transport services – both CHANTS and NEST must be informed of any infection outbreak
8.	Contribute to the forward planning of successful neonatal service delivery across the region by acting on specialist advice from their associate NICU
9.	Participate in any necessary conference calls for the duration of the disruption.
10.	Liaise with Commissioner if closure expected to last more than 72 hours and impact on contracted activity

ACTION CARD 3 **Standard Operating Procedure for Neonatal Network Team**	
The Neonatal Network Team must:	
1.	Coordinate timely communication across the region following any service disruption, ensuring consistency of messaging to neonatal and obstetric services
2.	Initiate conference calls at escalation score of TBC and over to: • determine regional actions / provider solution • identify emergency strategy for managing patient flow • determine key communication messages • set timescale for review
3.	The network clinical lead will advise on best practice for the management of service disruption for clinical capacity / staffing or acuity reasons
4.	Inform commissioners of any disruption to service for anything more than 72 hours
5.	**Will be determined by future role of network**

ACTION CARD 4 **Standard Operating Procedure for National Executive Conference Call**	
The executive conference call must:	
1.	Be informed of any service disruption and discuss as part of the emergency pressures conference call
2.	Clearly communicate all required actions to other Health Boards, identifying any changes to patient flow
3.	Request any additional support to enable reopening of any closed capacity
4.	Disseminate required actions across the region
5.	

ACTION CARD 5 **Standard Operating Procedure for the Commissioner**	
The commissioner has the responsibility to: **To be determined**	
1.	
2.	
3.	
4.	
5.	

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

		Agenda Item	10
Meeting Title	**Joint Committee**	Meeting Date	17/01/2017
Report Title	Neurosciences Strategy update		
Author (Job title)	Specialised Planner, Neurosciences and Complex Conditions		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	In Committee

Purpose	This paper outlines the proposed process for developing the Neuro-radiology element of the Neurosciences Commissioning Plan and provides an update on the development of the five year Commissioning Plan for Neurosciences with: • Feedback from the three working groups on the progress against recommendations from previous reviews • The priorities from the working groups for 2017/18

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☐	☒

Sub Group /Committee		Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: • **Support** the proposal to commission expert external advice and support to the Neuro-radiology element of the Plan via the Royal College of Radiology's service review process; • **Note** the progress made to date in developing a five year commissioning plan for specialised Neurosciences in NHS Wales.		

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		✓

10

FIVE YEAR COMMISSIONING PLAN FOR SPECIALISED NEUROSCIENCES

1. SITUATION / PURPOSE OF REPORT

This report summarises the:

- the progress of the scoping work undertaken by Public Health Wales
- the establishment of the three working groups that have been established to support the development of the Plan – Neurosurgery, Neuro-diagnostics and Neuro-rehabilitation and focuses on their:

  - Assessment of the progress of the recommendations that came out of the Steer Review through the Axford report;
  - Priorities for the first year of the plan that require inclusion in the 2017/18 Integrated Commissioning Plan.

The report also summarises:

- the work-plan of the WHSSC Neurosciences Commissioning Plan Project team between now and the final report which is due to be presented at the March 2017 Joint Committee.
- the work-plan to date of work scheduled for completion over the next five years.

2. BACKGROUND / INTRODUCTION

The proposal to develop a commissioning plan for specialised Neurosciences to set its direction for the next five years was approved in the June meeting of the Joint Committee.

This followed a number of issues emerging outside of the Integrated Commissioning Plan process, including temporary closures of the Neuro-interventional Radiology service and the functional Neurosurgery programme in Cardiff. Both of these issues highlighted the need to develop a clear strategy for Neurosciences services in Wales.

The emergence of such issues also highlighted that not all of the recommendations from the previous Strategic Reviews of Neurosciences had been fully implemented. This included areas that had been highlighted as achievements in an update report in September 2011, such as the implementation of a formal 24/7 provision of acute spinal surgery and the development of proposal for an adult rehabilitation network. At the time of writing this paper, neither of these have been achieved.

3. ASSESSMENT / GOVERNANCE AND RISK ISSUES

3.1 Health Needs Assessment

The evidence division of Public Health Wales was tasked with identifying optimal Neurosciences service models both nationally and internationally for delivery of safe and effective specialised services. Its scoping work concluded that there is little available evidence on Neurosciences. NHS England has a range of Commissioning guidelines that covers both paediatric and adult services. In terms of needs assessments, the limited number available acknowledge the limitations associated with the available data.

It was also requested that Public Health Wales undertake a needs assessment for Neurosciences across Wales, noting any significant changes since it last undertook such assessments for Mid and South Wales and North Wales respectively, as part of the Neurosciences Implementation Programmes in 2011. This work provided an overview of the burden of neurological disease in Mid and South Wales which alongside figures of incidence, included a description of the service provision and utilisation.

Public Health Wales confirmed that due to current staffing levels it was unable to undertake needs assessment, so we are exploring whether any other agencies are able to undertake this critical piece of work.

3.2 Neurosciences Activity

3.2.1 Activity provided by the Public Health Wales Observatory

Public Health Wales provided information on Neurosurgical admissions both paediatric and adult for the last five years (financial years 2011/12 to 2015/16) by pulling data from the Patient Episode Database for Wales (PEDW). This data includes Wales residents treated in hospitals within Wales and Non-Wales residents treated in hospitals within Wales but does not extend to English activity.

In order to capture the activity undertaken in England, we have used Datamart and contractual information held within WHSSC and are cross referencing where possible with other data sources, for example the number of neuro-oncology patients reported treated with those reported in the CaNISC (Cancer Network Information System Cymru) as a form of data validation.

3.3 Establishment of working groups

Three working groups have been established to look at Neurosurgery, Neuro-diagnostics and Neuro-rehabilitation. Representatives were sought from all seven Health Boards although it has since been agreed that separate meetings will take place with both Powys and North Wales given that the model for commissioning Neurosciences from NHS England is very different. WHSSC attended the last

meeting of the North Wales Neurosciences Network in order to discuss the five year Commissioning Plan process. The Director of Neurosciences for North Wales had indicated that her preference for meeting the relevant staff in this way rather than organising individual meetings.

Two meetings have been held for the Neurosurgery, Neuro-diagnostic and Neuro-rehabilitation groups.

3.3.1 Working groups' assessment of the achievement of the recommendations from previous reviews

The three working groups began the development of a Commissioning Plan process by assessing which of the recommendations from the Steers and Axford reports had been implemented. It was agreed that an early analysis that had been undertaken by the WHSSC programme team was optimistic.

The main recommendation that had been deemed as successfully implemented in update reports since the Axford Review, that of "urgently establishing a single neuro-surgical service, with all emergency and intra-cranial activity being undertaken at the University Hospital…" was agreed as not being fully implemented for whilst a transfer of services took place, some limited Neurosurgery activity is still undertaken at Morriston hospital although it is not clear to clinicians in both Abertawe Bro Morgannwg University Health Board and other Health Boards as to whether this is elective or emergency and when it can be accessed.

The three working groups' full assessment of the implementation of the recommendations is outlined in Appendix 1.

3.4 Priorities for 2017/18

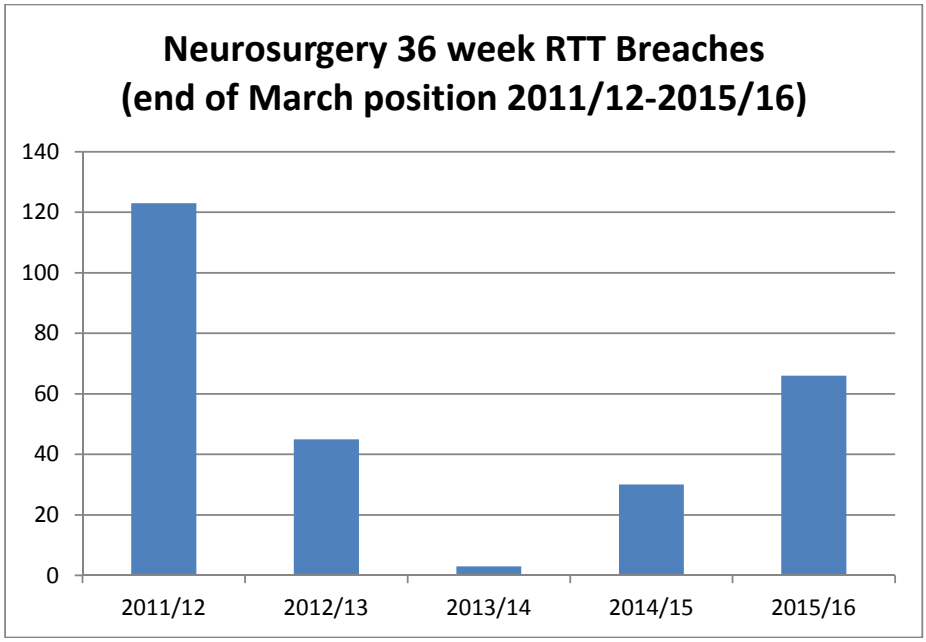
3.4.1 Neurosurgery RTT

As a Welsh Government priority 1 target that has not been achieved in the Cardiff Neurosurgery Service for at least the last five years, it is imperative that a scheme to address the deteriorating performance against the maximum 36 week Referral to Treatment (RTT) target is included in the priorities for 2017/18.

Patients from North and Mid Wales who undergo their neurosurgical treatment in NHS England are receiving treatment well within the 26 week RTT target as NHS England works to an 18 week target.

With a significant number of patients waiting over 52 weeks for surgery, solutions needs to be identified that will reduce the waiting list backlog and sustain at least a 36 week maximum wait for Neurosurgery patients, working towards the maximum wait of 26 weeks RTT in line with the Welsh Government guidance and the maximum waits experienced by North and Mid Wales patients in NHS England.

The graph below shows the Neurosurgery performance against the 36 week RTT target over the last five years The forecast position for the end of 2016/17 is in the region of over 90 patients, over half of which will have waited over 52 weeks.



Monthly performance meetings with the Specialised Services Clinical Board have shown that the long waits can be attributed to delays in receiving Surgery and Radiology (predominantly in the form of cerebral angiograms) interventions and additional capacity in both these areas needs to be sought. An increase in Neurosurgery emergencies and delayed transfers of care have led to cancellations of elective surgery due to bed unavailability, however, these difficulties have only worsened an existing capacity shortfall.

3.4.2 Neuro-Oncology

The first Peer Review of Brain Cancer services provided for Welsh patients was undertaken by the All Wales Cancer Network in November 2016 and saw the Walton Centre and Betsi Cadwaladr University Health Board peer review the South Wales Neurological Cancer service and vice versa. Representatives were present from the two services, along with secondary care representatives, General Practitioners, the All Wales Cancer Network and WHSSC.

Although the WHSSC contracts show that a number of Powys patients received neuro-oncology treatment in Queen Elizabeth Hospital Birmingham, the numbers were small and were not included within the peer review. They will however be looked at in the wider context of the five year plan in terms of access rates for treatment.

The peer review identified that whilst the South Wales service, which provides to approximately 75% of the Wales population, provided a very good service with

comparable results to other centres; it was doing so with very limited resources and there were significant risks within the current service model.

The review highlighted the following issues as 'serious concerns':

- Oncology provision at the South West Wales Cancer Centre (SWWCC) with a single handed oncologist and no cover for absence
- Fragility of Neuro-Radiology input which is largely unfunded and the service in the South West cannot be adequately assured. The review highlighted the importance of radiological confirmation of diagnosis and staging to the treatment planning and absence of this increases the wait for treatment, often leading to sub optimum treatment
- Cancer Nurse Specialist provision at the SWWCC with a single handed part time post holder who due to study leave is not able to attend the weekly regional MDT meeting
- Lack of post-operative MRIs which is standard practice to establish the effectiveness of surgery and identify a need for further treatment
- Lack of Allied Health professional support within the MDT
- A single handed pathologist for the South Wales service

The disjointed funding arrangements of the service which see Health Boards, Velindre NHS Trust and WHSSC contributing, were noted during the peer review and do present some difficulty when determining which of the elements that require resolution, are proposed to be included in the ICP. On the basis that the WHSSC and Health Board funding are interlinked, the proposal includes solutions to all the serious concerns bar the Oncology provision which is currently funded by Velindre and the Neuro-pathology issue which was included in the 2016-17 ICP and is looking to be resolved through a network arrangements with Bristol.

The review highlighted a number of other concerns that were not described as 'serious'. These are being considered within the wider five year plan.

3.4.3 Spinal Rehabilitation

The need for a second Spinal Rehabilitation Consultant within the only Spinal Injuries Unit in Wales was a recommendation in the Steers Report but has yet to be implemented. Although the fragility of a lone Consultant supporting the service has been a permanent item on the WHSSC risk register and has been proposed for inclusion in previous IMTPs, it has failed to be one of the highest priorities within Neurosciences. As the service has fortunately not reached crisis point either, it has not attracted attention or funding.

The Rehabilitation working group rated the need to strengthen the Spinal Rehabilitation service with an additional Consultant and Multi-disciplinary team (MDT) as its top priority. The Group recognised the limitations of appointing only an additional Consultant stating that additional MDT members were also required in order to effect change. If the proposal was to recruit to the staff levels recommended by the British Society for Rehabilitative Medicine (BSRM), the

funding required would be in excess of £1.2million recurrently, so a staged approach to reduce the current risk, improve the sustainability of the service and extent the reach of the service is being proposed.

Proposals from the Midland Centre for Spinal Injuries (MCSI) at Robert Jones and Agnes Hunt Orthopaedic Hospital which treats patients from predominantly Betsi Cadwaladr University Health Board, were outlined but not included in the 2017/18 IMTP as further information is required. The schemes outlined which include rolling out a pilot of surveillance nurses supporting the management of spinal injury patients through home visits and step down beds for patients who no longer require acute support but are not yet suitable for community rehabilitation are still being discussed with NHS England who account for two thirds of the activity against the NHS Wales one third activity.

3.4.4 Neuro-Rehabilitation

Similarly to the Spinal Rehabilitation service, the Neuro-rehabilitation service based in Rookwood which serves the South and mid Wales population has significant risks related to delivering a sustainable service in line with the BSRM standards including staffing levels for specialised rehabilitation.

Whilst the bigger piece of work of implementing the recommendation from the Axford review of "establishing a rehabilitation network which supports neuro-rehabilitation patients at acute sites and in the community" has not been progressed, the risks in having reduced numbers of medical, therapy and administrative staff in the specialist units need to be addressed. A staged approach to addressing these risks, which manifest themselves in delays in decision making and assessment that affects the access to this service, would improve the flow of patients across the whole Neurosciences system and improve patient outcomes.

3.4.5 Neuro-Modulation service

This scheme was carried forward from the 2016-17 ICP as three other Neurosciences schemes were given a higher priority in terms of risk within in and these took over six months from initial presentation to final approval.

The scheme was proposed for inclusion in the 2016-17 ICP by the Neurosciences Programme Team due to the year on year increase in non pay spend on stimulators - in 2015/16 there was non pay over-performance of approximately £400,000.

We are aware that there have been developments within the service since the funding proforma was completed in 2015/16, not least as the Locum Consultant post has been in place for over twelve months. The service is still failing to be fully compliant with the relevant NICE guidance and there are further opportunities for cost avoidance of stimulators if trials could be undertaken, but we are looking at whether the same level of funding previously requested is required.

3.5 Diagnostics work-plan

Whilst it has been possible to develop a detailed assessment of the current status for the Neurosurgery and Neuro-rehabilitation specialties and priorities for the first year of the five year Neurosciences Commissioning Plan, this has been less easy to facilitate within Neuro-diagnostics. This could correlate with the fact that WHSSC funding and therefore engagement with the neuro-diagnostic services is far more limited than in the other services, it is certainly not because Neuro-diagnostics is without challenges. Contrarily, neuro-diagnostic services which include Neuro-interventional Radiology and Neuropathology are extremely fragile with limited numbers of staff, the loss of which would have a huge impact on the ability to undertake Neurosurgical work within Wales. This was evident when the reduction in the number of Neuro-Interventional Radiologists led to the temporary loss of the service in Cardiff and it being commissioned from North Bristol back in 2015. This issue contributed to the proposal for this five year Neurosciences Plan to be developed.

There have been a number of attempts since the Axford report recommended that a Neuro-Radiology network be established across South Wales to bring the Neuro-radiology services in Abertawe Bro Morgannwg and Cardiff and Vale UHBs together. Axford also recommended that appropriate 24/7 scanning is available at major acute hospitals and whilst the National Imaging Programme Board report shows that there has been significant Welsh Government investment in high cost capital items such as MR scanners, this has not necessarily been where they are most frequently utilised (Cardiff and Vale UHB as the main tertiary centre for many specialties has the oldest MR scanners in Wales).

We have also been approached by the Clinical Lead for the Stroke Implementation Group to help formalise commissioning arrangements for clot retrieval treatments that are undertaken by Neuro-interventional radiologists. A proposal for the scheme to be included in the WHSSC 2017/18 IMTP was subsequently put together by the Interventional Neuro-radiologists in Cardiff who currently undertake up to 20 clot retrievals a year funded on through existing LTAs with Health Boards on an individual patient basis. NICE approval of the treatment in February 2016 with the publishing of "Mechanical Clot Retrieval for treating acute ischaemic stroke" guidance and increased evidence of this intervention as the most effective treatment for ischaemic strokes, has increased the need for a properly resourced service for patients across Wales. Further work needs to be undertaken to understand how patients from North and Mid Wales access this treatment which contributed to the scheme not being included in the 17/18 plan.

3.5.1 Royal College of Radiology Invited Review process

Given the difficulties in changing the service models of Neuro-diagnostic services within South Wales and the introduction of the clot retrieval treatment which due to both volume of patients and its effectiveness, revolutionises the way in which stroke services and consequently neuro-interventional radiology services need to

be organised and funded, it is proposed that external advice, expertise and support for the development of the Neuro-radiology element of the Neurosciences commissioning plan, is commissioned through the Royal College of Radiology's service review process. The independent appointment of external advisors would provide assurance of independence and robustness of the resulting recommendations. We would look to the external advisory team to inform how Neuro-radiology should be effectively commissioned, resourced and clinically managed through development of:

- A service specification
- Best practice guidelines and service standards
- Clinical and patient outcomes
- Key interdependencies and co-dependencies
- Service sustainability including recruitment and retention
- Future developments in Neuro-Interventional Radiology

The proposal of a invited review was considered at a Neuro-diagnostics working group meeting and was welcomed by the Cardiff Radiology Directorate and Clinical Board representatives, who advised that they been requesting such an intervention for a number of years. It was also supported by other Health Boards who were aware of the acute demands on the limited number of Neuro-radiologists which limited their access to this specialist resource.

3.5 Ongoing work-plan

3.5.1 Service specifications

The commissioning policy for Specialised Rehabilitation was due for review at the end of 2016, in line with WHSSC's policy to review its commissioning policies at least every three years. This is timely with the development of the Neurosciences Commissioning Plan as it gives the opportunity for WHSSC to state its commissioning position on specialised rehabilitation and can reflect service developments and professional standards that need to be incorporated since its last update. Following discussions at the annual Specialised Rehabilitation Audit and Outcomes Day in November 2016 it has been proposed that the current Integrated Rehabilitation Policy is split into three commissioning policies:

1. Specialised Neurological rehabilitation CP140
2. Specialised Neuropsychiatric rehabilitation CP128
3. Specialised Spinal cord injury rehabilitation CP141

Service specifications for Neurosurgery and Paediatric Epilepsy are also being developed, taking account of NHS England guidance as these are both areas where we do not have existing documents to provide clarity on the commissioning arrangements for these services and have encountered conflicting clinical opinions across Health Boards within the last six months.

4. RECOMMENDATION

Members are asked to:

- **Support** the proposal to commission expert external advice and support to the Neuro-radiology element of the Plan via the Royal College of Radiology's service review process;
- **Note** the update on the five year Commissioning Plan for Specialised Neurosciences.

Link to Healthcare Objectives	
Strategic Objective(s)	Development of the Plan
Link to Integrated Commissioning Plan	The Neurosciences Commissioning Plan is to inform future integrated Commissioning Plans.
Health and Care Standards	Staff and Resourcing Effective Care Timely Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	The Commissioning Plan is being written with Quality, Safety and Patient Experience at the forefront.
Resources Implications	There will be resource implications as it is evident that Neurosciences in South Wales is under-resourced compared to the service in the Walton Centre that serves the North Wales population and a number of developments are in the system awaiting the outcome of this commissioning plan.
Risk and Assurance	There is a risk to patient safety as a number of services within Neurosciences for patients across Wales are not sustainable.
Evidence Base	A gap analysis was undertaken on the South Wales service compared to the English service specification which highlighted deficits in the provision of Neurosurgery compared to English counterparts such as the Walton Centre.
Equality and Diversity	Investment in Specialised Neurosciences would reduce the inequities with the services received by patients in NHS England and those received by patients in North Wales who access NHS England centres. There are also inequities for patients in East and West Wales in the access to services such as acute Neuro-rehabilitation.
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**

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Appendix 1: Progress against recommendations from Axford Review for South and Mid Wales as agreed by the three working groups

	Health Board/ WHSSC/ WG	Achieved / Not achieved	Comments	Update following working group meeting
1. Appoint 2 additional neurologists, 1 in Cwm Taf and 1 in Hywel Dda LHBs, to enable the establishment of effective local services working as part of an integrated clinical network.	HB	Achieved	In response to the Axford Review two additional Consultant Neurologists were appointed for South Wales and in 2014 a post became funded between Cardiff and the Vale and Cwm Taf. This post provided an additional 4 sessions in Cwm Taf and 3 SPAs apportioned on the same basis. This arrangement is outside of WHSCC neurology contract. The Neurologist is based in the Royal Glamorgan Hospital and specialises in epilepsy. A local review of neurology services is being undertaken and will inform future development of neurology support in Cwm Taf.	In 2010 Neurology and Neurophysiology services were transferred back to HBs and were no longer WHSSC commissioned services. As part of the scoping work of this review it has become apparent that both services are experiencing difficulties and there is appetite for them to return to WHSSC as a commissioned service. In light of the tight deadline for the commissioning plan it is proposed that these areas are considered outside of the current project.
2. Support the integration of the current neurophysiology services to work to common protocols and guidelines.	HB	Not achieved	Work plan is being undertaken by Assistant Director of Therapies in C&VUHB. WHSSC are liaising with HB to discuss work required.	Dr Clive Morgan, Assistant Director of Therapies in C&VUHB who has been leading on this work on behalf of the Director of Therapies, to work with the Neuro-diagnostic specialty working group and to present his findings on the current service and potential actions that could be taken forward to stabilise the service.

	Health Board/ WHSSC/ WG	Achieved / Not achieved	Comments	Update following working group meeting
3. Support the stroke improvement work being undertaken by LHBs and the Stroke Services Improvement Programme needs to continue to ensure clear links through all aspects of neurosciences.	HB	Ongoing	Stroke was highlighted as a key area for improvement by Welsh Government when they published their 'Together for Health Stroke Delivery Plan' in December 2012. The plan set out Welsh Government's expectations of the NHS in Wales to tackle stroke in people of all ages, wherever they live in Wales. The Stroke Implementation Group that was established by Welsh Government is taking this work forward.	The Stroke Implementation Group is taking forward the Stroke Improvement Programme, Dr Phil Jones is the Chair of this Group. There are regular joint meetings between the Neurological Conditions Implementation Group and the Stroke Implementation Group. Clot Retrieval is in the WHSSC plan for 2017/18.
4. Establish a rehabilitation network which integrates spinal and neuro-rehabilitation that supports patients at acute sites and in the community, reaching out from the two current specialist centres in Cardiff and Swansea, to ensure that patients are rehabilitated closer to home.	WHSSC & HBs	Not achieved	A network has not yet been established for rehabilitation across South Wales and will be considered by the Neuro-Rehabilitation working group.	Following the Axford review Dr. Gareth Llewelyn, Consultant Neurologist AB, was looking to establish an All Wales Rehabilitation Network however there was limited appetite from North Wales for the network, as a consequence it did not develop further. There is not any one collaborative under the broad term rehabilitation, however condition specific and specialty specific, generally had professional networks. These are not necessarily formal but were invaluable.

	Health Board/ WHSSC/ WG	Achieved / Not achieved	Comments	Update following working group meeting
5. Strengthen supportive and palliative care for people with neurological conditions to be delivered by multi-disciplinary teams with a specialist interest in neurological conditions.	HBs	Ongoing	This work will be considered by the three specialty working groups due to the cross specialty work required.	Awaiting a response from the Palliative Care Team around any issues that are still outstanding.
6. Urgently establish a single neurosurgical service, with all emergency and intra-cranial activity being undertaken at the University Hospital of Wales, with non-complex spinal surgery and outpatient, diagnostic services and day case neurosurgery activity continuing at both Morriston Hospital	WHSSC & HBs	Achieved	2010.	The transfer of services did take place however issues are still being discussed around what surgical work is being carried out at Morriston hospital, as currently WHSSC do not commission any neurosurgery there. There are two Neurosurgeons based at Morriston Hospital as part of the overall spinal surgical team. The three Paediatric Neurosurgeons based in Cardiff are undertaking monthly clinics in ABM including a joint clinic with the Paediatric Neurologist. A draft report has been written by the Spinal Network that was

	Health Board/ WHSSC/ WG	Achieved / Not achieved	Comments	Update following working group meeting
and the University Hospital of Wales. Neurosciences Implementation Programme 2/15 Position Statement & Recommendations – September 2009.				looking at what work should and could be carried out at Morriston Hospital, with a clearly defined patient pathway.
7. Strengthen and expand spinal surgical capacity at Morriston Hospital to provide improved local access for patients in Mid and West Wales.	HB	Achieved	http://www.wales.nhs.uk/sitesplus/863/news/16949	Elective procedures at Morriston Hospital have expanded however emergencies are not taking place. Currently the service is reporting that they are within the 36 week RTT target however one consultant is due for retirement and therefore this is likely to change. This recommendation also features in the draft Spinal Network report noted under recommendation 6.
8. Co-locate complex spinal surgery and intra cranial neurosurgery within an expanded unit on the University Hospital of Wales site.	WHSSC & HBs	Achieved	In 2010.	The co-location of services did take place however the expanded unit was not actually an expansion. A reconfiguration of space took place at UHW however the department has only seen an increase of 8 beds overall, there are no additional theatres or staffing. The

	Health Board/ WHSSC/ WG	Achieved / Not achieved	Comments	Update following working group meeting
				Morriston and Cardiff services were not combined from a capacity perspective.
9. Establish a Mid and South Wales 24/7 acute spinal service.	HBs	Not achieved	This action will be considered by the Neurosurgery Specialty Working Group.	This recommendation interlinks with the update for recommendations 6 through to 8.
10. Establish 24/7 neuroradiology on call advice systems enabled by high definition teleradiology. This will require appropriate 24/7 scanning service at major acute hospitals.	HBs	Ongoing	Technology is in place. 24/7 scanning not yet available everywhere.	Currently all hospitals in Wales have the capacity and equipment to carry out CT scans out of hours, however not all hospitals can carry out an MRI scan out of hours. Consideration needs to be a consultant to report on the scan as well as the equipment and radiographer. A number of patients are bypassing a number of hospitals to reach the UHW site for an MRI scan out of hours. This is putting increased pressure on the already aged equipment and current staffing capacity. This is not a sustainable approach and needs urgent consideration.

	Health Board/ WHSSC/ WG	Achieved / Not achieved	Comments	Update following working group meeting
11. LHBs must work together to ensure that there is a well-developed trauma system between hospitals and that the major trauma centres effectively support emergency departments in district general hospitals.	HBs	In progress	The South Wales Collaborative is leading on discussions to set up a major trauma network in South Wales.	The Major Trauma review is currently underway. When information is available on the outcome and impact on Neurosciences services it will need to be considered as there are a number of cross cutting issues and interfaces.
12. LHBs should work with critical care networks to align future needs for critical care services.	HBs	In progress with Health Boards	Critical care network to respond re annual planning process.	The Critical Care team have been invited to attend each of the three specialty working groups.
13. LHBs must work with the Welsh Ambulance Service to ensure appropriate and efficient transport services for patients.	HBs	In progress with EASC	This is not a WHSSC Commissioned service and will is being progressed by EASC.	No further updates.
14. LHBs must work with the post-graduate Dean to ensure training for junior medical staff is	HBs	Ongoing		Recent changes by made by the Deanery are having a dramatic impact on the service as a whole. The changes implemented mean that 7 out of 10 sessions need to

	Health Board/ WHSSC/ WG	Achieved / Not achieved	Comments	Update following working group meeting
of the highest quality.				be carried out off ward and only a 1 in 11 on-call rota can be used. The Deanary are very proactive in checking compliance with trainees. As a consequence Cardiff and Vale UHB submitted a business case as part of the 2016/17 IMTP process to increase the number of Junior Doctors and Nurse Practitioners to neutralise the impact.
15. LHBs should work with the two universities in Swansea and Cardiff to capitalise on academic and research opportunities.	HBs	In progress with Health Boards		Discussions have already taken place around the potential for clinical capacity new CUBRIC site at Cardiff University.
16. LHBs should establish a project team across Mid and South Wales to ensure that these service models are fully implemented.	LHBs	Not achieved		A project team chaired by Mark Dickinson was established however the remit of the group was to look at the outcomes and not the implementation of the recommendations.

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

		Agenda Item	11
Meeting Title	**Joint Committee**	Meeting Date	17/01/2017
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
	Joint Committee	Meeting Date	22/11/2016
Recommendation(s)	Members are asked to: • **Support** the following recommendations for approval by the Joint Committee; • **Receive assurance** that there are robust processes in place to ensure delivery of the Risk Sharing Review; and • **Note** the information presented within 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		✓

11

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 WHSSC Joint Committee.

1.2 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 Joint Committee discussed a paper at the November 2017 meeting and supported the progression of the risk sharing mechanism and validation by the Finance Working Group.

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

2.3 This has resulted in some technical challenges some of which are a matters of principle that whilst are credible are beyond the scope of what this calculation can consider. The others are technical working calculations which can be worked through and reconsidered as part of the exercise.

2.4 This paper aims to provide a summary of these and steps to amend. There are however, limitations to this as many are dependent upon availability of historical, comparable data.

2.5 The group was asked to update Joint Committee in November 2016, to report final recommendations to the WHSSC Management group early 2017.

3.0 Validation and Assessment – Matters of Principle

3.1 The aim of the assessment is to establish fair contributions to fair utilisation of specialised services.

3.2 As a result of further discussions the group has now finalised its allocation of pooling. There are no further changes anticipated to in pooling beyond this point.

3.3 Whilst support has been given to use 2011/12 as a base year. This principle is still subject to some challenge by members of the finance working group. Therefore, some time has been given to the reconsideration of the base year.

3.4 The methodology for using 2011/12 was concluded as this was the last known year by which the risk share mechanisms were reconsidered and at that time current mechanisms were accepted. Therefore, it is not deemed appropriate to go back further than 11/12.

3.5 However, the nature of the queries is in relation to whether 11/12 is reflective of recurrent service access. Where it isn't, it has been recognised that if the base year was a 'blip' year, it would have an effect on the impact assessment.

3.6 Therefore, it is felt that other options appropriate may need consideration. These are:
a) To average activity from 11/12 to 15/16
b) Use data from the most up to date year – being 15/16
c) Remain with original agreement

3.7 A further matter of principle raised by the finance working group queries the movement in risk share in isolation of movements in income.

3.8 It is recognised that this assessment aims to realign Health Boards contribution by mapping utilisation to spend and doesn't consider funded contributions.

3.9 Inherently, this is a complex exercise that would present its own challenges such as the impact of transferring funding for commissioning responsibilities and rebasing of contracts neither of which has been subject to any formal allocation adjustments.

3.10 In the context of the work completed to date it is suggested that this is noted and recognised as a limitation to this project.

3.11 Finally, the third principle of debate relates to a created anomaly where by resetting contributions by utilisation results in an adjustment on a "full cost basis". Whilst historically contracted quantum's have been adjusted for performance based on marginal rates.

3.12 This will inherently move away from the resource mapped contributions and will lock in investments for Health Boards whom may not have originally contributed.

4.0 Validation and Assessment – Technical Calculation

4.1 The group has reviewed and discussed the figures provided and have identified specific areas of validation.

4.2 The group has been able to agree on the following:

- Population basis to be consistent and regional based instead of All Wales for those pooled areas.
- Volatile areas to be reconsidered and looked at over a three year average, initially the following areas have been highlighted:
  a) The following areas have been identified and further trends will need to be considered. For Wales; BMT, Cardiac Surgery, Neuropsychiatry, Neurosurgery, Spinal Injuries.
  b) England: GOSH, Royal Marsden,
  c) IPC/IPFR: General, Mental Health Eating Disorders, Mental Health Other, IVF

4.3 It has been recommended that some areas are moved out of the utilisation pool and are put in to the population pool. Initially these will be the Welsh Blood Service and High Secure Mental Health.

4.4 It has also been recognised that further work will be completed to make consistent the treatment of Pulmonary Hypertension within English contracts.

4.5 The group also discussed the Individual Patient Care budget in detail and further figures have been explored. The approach to this budget

area has been agreed on individual budget areas and amendments will be reflected in the final figures.

4.6 The impact of developments will be worked through individually.

4.7 Additionally on review, it is evident that historic differing data collection methods in contracting currencies may have implications for the impact assessment. Where these have been identified, reviews are being undertaken to reassure the comparability of the data in the base year. The extent to which adjustments can be made to the impact assessment will be dependent upon the availability of data and therefore consideration will need to be given to neutralising these areas being mindful not to undermine the purpose of this process.

4.8 Finally, it had been agreed that the impact of the disaggregation of certain services i.e. ICU in providers will need to be neutralised due to the accounting methodology changes. This will ensure no one Health Board is adversely affected.

5.0 Progress

5.1 It is fundamental that the base year for neutralisation is agreed and whilst issues have been raised it is suggested by WHSSC that progression is made on the work completed to date and 2011/12 is used as the base year.

5.2 The issues of principle are noted in sections 3 and are considered to be limitations of this current exercise.

5.3 Generally, the impact assessment is deemed to be progressing in the right direction whilst there are a number of specific areas the group will need to work through to finalise the overall numbers.

5.4 WHSSC has considered the options for neutralisation and two options become apparent:

5.5 Calculate the movement gross and adjust the protected level of neutralisation year on year as a bottom line adjustment to income.

5.6 Lock in the adjustment by requesting formal allocation adjustments via Welsh Government.

5.7 5.5 It is recognised that when moving into a new method of risk sharing it will create a financial adjustment in the system. It has been suggested therefore that this movement is phased over a three year period in thirds.

6.0 Overall Position

6.1 The net impact of neutralisation and implementation of the new pools is shown in the table below and is as per the figures shared in the previous paper.

	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**

7.0 Recommendations

7.1 It is suggested that the resource of the Finance Working Group continues to be committed to this review and support the action points.

7.2 In the meantime, it is recommended that Health Boards consider providing for a third of the pooling adjustment above as whilst there are some areas of validation, it is felt that the overall exercise is coherent with the direction of travel Health Boards are experiencing

8.0 Conclusion

8.1 Members are asked to:

- **Support** the recommendations for approval.
- **Receive assurance** that there are robust processes in place to ensure delivery of the Risk Sharing Review (assure)
- **Note** the information presented within the report (Inform)

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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	Members noted the report
Joint Committee	22/11/2016	Members noted the report and agreed to receive an update in early 2017.

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

		Agenda Item	12
Meeting Title	**Joint Committee**	Meeting Date	17/01/2017
Report Title	Delivery of the Integrated Commissioning Plan 2016/17 Progress at the end of November 2016		
Author (Job title)	Project Support Manager		
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 November 2016, including the: • Funding Release Schedule; • Progress against the Work Plan; and • Risk Management Summary.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Not Applicable	Meeting Date	
		Meeting Date	
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 November 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 November 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 November 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	Completed
Thoracic Surgery	Oct 16	Completed
Inherited Metabolic Diseases (ERT)	Oct 16	Completed
Blood and Marrow Transplant	Nov 16	Completed
Cardiac	Nov 16	Completed (Network)
Plastic Surgery	Nov 16	Postponed
Specialised Rehabilitation	Nov 16	Completed
Cystic Fibrosis	Nov 16	Completed
Paediatric Cardiology	Jan 17	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 November 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
ICP16-048	Neurological and 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.
ICP16-110	Women and Children	Cystic fibrosis	Use of Ivacaftor for indication	Funding Release Proforma	3 patients identified in South Wales paediatric and adult population
ICP16-114	Women and Children	Sapropterin *	NICE: Not on their proposed list of TAs or HSTs. England: Commissioning Policy in England (The use of Sapropterin in Children Reference:E06/P/a, published July 2015) - NHS England will not routinely commission sapropterin for children with Phenylketonuria.	Funding Release Proforma	Not endorsed at AWMSG in November 2015
ICP16-120	Cancer & Blood	Malignant Melanoma *	NICE Mandated	Contractual Allocation	

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ICP Reference Number	Programme Team	Service	Commissioning Intention	WHSSC Product	Comments
ICP16-124	Cancer & Blood	Susoctocog *	Not referenced on AWMSG or NICE website. [Was referenced in last years' WHSSC Horizon scanning document as an AWMSG pending approval]. Baxalta (manufacturer) gained EU marketing authorization in November 2015. WHSSC has also taken advice from Dr Peter Collins, Consultant Haematologist at Cardiff Centre on patient numbers and treatment pathway - which indicated drug is currently going through UK national tender to determine unit price.	Contractual Allocation	Advice from Medical Directorate that this drug has not been evaluated by NICE or AWMSG. Currently, the drug is not scheduled for evaluation by NICE or AWMSG.
ICP16-125	Women and Children	Elosulfase Alfa *	Background: NICE (HST): Elosulfase alfa, within its marketing authorisation, is recommended for funding for treating mucopolysaccharidosis type IVa (MPS IVa) according to the conditions in the managed access agreement for elosulfase alfa. Published December 2015. Ministerial Announcement - drug available in Wales - 16/3/2016.	Funding Release Proforma	Fully implemented

ICP Reference Number	Programme Team	Service	Commissioning Intention	WHSSC Product	Comments
ICP16-126	Neurological and Complex Conditions	Ataluren NS DMD *	Background: NICE (HST): Ataluren, within its marketing authorisation, is recommended for treating Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene in people aged 5 years and older who can walk, only when: · the company provides ataluren with the discount agreed in the patient access scheme · the conditions under which ataluren is made available are set out in a managed access agreement between the company and NHS England, which should include the conditions set out in sections 5.12–5.15 of this guidance. Expected publication date July 2016.	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	Implementation plans have been received in November 2016 from both ABMUHB and CVUHB.
ICP16-003	Cancer & Blood	Neuroendocrine Tumours (NETs)	To commission the service model agreed by the NETs Task and Finish Group.	Funding Release Proforma	The funding release for Phase 1 investment was considered by MG in October 2016 and approved. Further work will need to be undertaken to develop the second phase of the business case to support the advancement of the service. An implementation and evaluation group will be created to oversee this work as well as

ICP Reference Number	Programme Team	Service	Commissioning Intention	WHSSC Product	Comments
					monitoring progress and examining the outcomes of the first phase. The group will also ensure that the recommendations from the task & finish group have been met and this will include the agreement of an All Wales policy for Somatostatin Analogue which remains outstanding. Funding release letters have been sent.
ICP16-050	Women and 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, implementation plan received from C&V UHB for full implementation by end December 2016.
ICP16-053	Women and Children	Paediatric surgery Proforma and demand/capacity data available	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 now being monitored against agreed waiting list profile.
ICP16-081	Women and 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

ICP Reference Number	Programme Team	Service	Commissioning Intention	WHSSC Product	Comments
ICP16-004	Cancer & Blood	BMT Phase 3	To commission a sustainable BMT service in South Wales.	Funding Release Proforma	There has been a stream of planning and commissioning work over the last few years which has resulted in a three year phased approach to making the service sustainable and to be able to cope with the increasing demand. The funding release for Phase 3 was considered by MG in Nov 2016 and approved. Funding release letters to be sent.
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 and 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, implementation plan received from C&V UHB.

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	The paper was considered by Management Group and they supported extension of the trial period, but did not approve changes to commissioning policy.
ICP16-058	Women and 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

The following Neurosciences Schemes were also approved by Management Group in November subject to clarification on governance arrangements: Core Neurosurgery, Neuro-Radiology, Neurovascular and Clinical Immunology.

3.3 Financial Summary

As reported in the month 8 financial monitoring, the schemes where funding release has been approved, where there is anticipated spend in 2016/17 or where there is known 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 £m	2016/17 Forecast Expenditure £m	2016/17 Total Slippage £m	2017/18 ICP £m	2017/18 Forecast Expenditure £m	2017/18 Forecast Slippage £m
ICP16-030	Black - Pre approved	Bariatrics Stage 2	N/A	0.084	0.028	(0.056)			
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	0.226	(0.233)	0.612	0.612	-
ICP16-120	Red - Mandated	Malignant Melanoma Pathway Drugs	N/A	1.500	1.350	(0.150)	1.750	1.750	-
ICP16-124	Red - Mandated	Susoctocog - Haemophilia	N/A	0.380	-	(0.380)	0.950	-	(0.950)
ICP16-125	Red - Mandated	Elosulfase Alfa - VIMZIM ERT	N/A	0.660	0.260	(0.400)	0.880	0.880	-
ICP16-126	Red - Mandated	Ataluren NS Duchene Muscular Dystrophy	July	0.400	0.152	(0.248)	0.750	0.200	(0.550)
ICP16-128	Red - Mandated	Asfotase Alfa - HPP ERT	N/A	0.450	0.150	(0.300)	0.900	0.900	-
ICP16-001	Amber - Unavoidable	Thoracic surgery infrastructure & activity	May	0.800	0.797	(0.003)	2.500	2.100	(0.400)
ICP16-003	Amber - Unavoidable	Neuroendocrine Tumours (NETs)	October	0.187	0.156	(0.031)	0.375	0.375	-
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	0.862	-
ICP16-081	Amber - Unavoidable	BAHA & Cochlears growth North Wales	August	0.290	0.240	(0.050)	0.500	0.500	-
ICP16-047	Amber - Unavoidable	Posture and Mobility - ALAS (Wheelchairs)	December	0.500	0.500	-	0.500	0.500	-
ICP16-004	Amber - Unavoidable	BMT Phase 3 infrastructure & activity	October	1.150	0.725	(0.425)	2.400	2.400	-
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)
ICP16-028	Amber - Unavoidable	Liver ablation	December	0.105	0.105	-	0.105	0.105	-
		Total Funded ICP schemes		**8.509**	**5.954**	**(2.555)**	**14.730**	**12.567**	**(2.163)**
ICP16-055	Amber - Economic Benefits	Genetics - UKGTN	October		0.020	0.020		0.020	0.020
ICP16-056	Amber - Economic Benefits	Genetics - Stratified Medicine	October		0.136	0.136		0.136	0.150
ICP16-038	Amber - Sustainability	Neurovascular	November		0.100	0.100		0.280	0.280
ICP16-041	Amber - Sustainability	Neurosurgery	November		0.200	0.200		0.600	0.600
ICP16-039	Amber - Sustainability	Interventional neuroradiology	November		0.017	0.017		0.207	0.207
ICP16-043	Amber - Sustainability	Clinical Immunology (infrastructure)	November		0.067	0.067		0.400	0.400
		Additional Funding Required for High Risk & Economic Schemes		**-**	**0.540**	**0.540**	**-**	**1.643**	**1.657**
		Total Reported 16-17 Developments		**8.509**	**6.494**	**(2.015)**	**14.730**	**14.210**	**(0.506)**

There is in year slippage forecast of £2.015m, of which £1.711m is against red rated mandated drug schemes as patient incidence, approval status and drug costs have become clearer.

This is partly offset by additional expenditure for Genetics schemes and a provision for funding the Neuroscience high risk schemes and Clinical Immunology in year.

Additional slippage from the malignant melanoma pathway drugs £0.150k and BMT phase 3 £0.425k have been included in the month 8 position.

The revised full year effect of 2016/17 developments is £0.506m lower than the ICP provision. This assumes that the high risk neurosciences schemes and clinical immunology infrastructure will be funded recurrently from previous identified resource arising from re-evaluating the full year cost of proposed 16/17 schemes.

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.

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		Approved
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	October	Approved
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		N/A
ICP16-047	Amber - Unavoidable	Posture and Mobility - ALAS (Wheelchairs)	October	December	
ICP16-004	Amber - Unavoidable	BMT Phase 3 infrastructure & activity	October	October	Approved
ICP16-105	Amber - Unavoidable	Clinical Immunology non pay growth	July	October	Approved
ICP16-043	Amber – Risk Rated	Clinical Immunology (infrastructure)	September	October	Approved (November)
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 November 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**
Not applicable		

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

		Agenda Item	13
Meeting Title	**Joint Committee**	Meeting Date	17/01/2017
Report Title	October 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 October 2016 Performance Report and details the action being undertaken to address areas of non-compliance.			
RATIFY ☐	APPROVE ☐	SUPPORT ☒	ASSURE ☐	INFORM ☐

Sub Group /Committee	Not Applicable	Meeting Date	
		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)

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

OCTOBER 2016 PERFORMANCE REPORT

1.0 Situation

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

A copy of the revised performance dashboard is included with an exception report following.

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.
- 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.

3.0 Assessment

The report provides a summary 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.

Link to Healthcare Objectives	
Strategic Objective(s)	**Governance and Assurance** **Implementation of the Plan** Choose an item.
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** Choose an item. Choose an item.
Principles of Prudent Healthcare	Choose an item. Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Choose an item. Choose an item. Choose an item.
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**
Choose an item.		

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

WHSSC Performance Report

October 2016

WHSSC

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Contents

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1. Integrated Provider / Commissioner Dashboard

Domain	Improved Performance	Sustained Performance	Decline in Performance	Trend
Safety	1	0	0	↑
Effectiveness	9	2	4	↓
Staff & Resourc	2	0	1	↑
Leadership	2	2	1	↑
Total	**14**	**4**	**6**	↑

2. Provider Dashboard

Indicator Ref.	Provider	Measure		Target	Tolerance Levels Red	Amber	Green	Aug-16	Sep-16	Oct-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%	100%			↑	↑	Reported Quarterly
E01	*All*	Monthly	No cardiac surgery patients to be waiting > 36 weeks	100% within 36 weeks	<100%	N/A	100%	99%	98%	98%	↓	→	
E02	*All*	Monthly	No plastic surgery patients to be waiting > 36 weeks	100% within 36 weeks	Positive variance	N/A	Zero or negative variance	124	94	81	↑	↑	
E03	*All*	Monthly	No paediatric surgery patients to be waiting > 36 weeks	100% within 36 weeks	Positive variance	N/A	Zero or negative variance	110	84	93	↑	↓	
E04	*All*	Monthly	No neurosurgery patients to be waiting > 36 weeks	100% within 36 weeks	Positive variance	N/A	Zero or negative variance	114	90	107	↑	↓	
E05	*All*	Monthly	No bariatric surgery patients to be waiting > 36 weeks	100% within 36 weeks	Positive variance	N/A	Zero or negative variance	30	30	29	→	↑	
E06	*All*	Monthly	No thoracic surgery patients to be waiting > 36 weeks	100% within 36 weeks	<100%	N/A	100%	98%	100%	99%	↑	↓	
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	50%	43%	58%	↓	↑	
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	88%	67%	80%	↓	↑	
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	90%	99%	96%	↑	↓	
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	92%	90%	91%	↓	↑	
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%	94%	95%	↓	↑	
E10	*All*	Monthly	CAMHS OOA placements	14	>16	>14, <16	=,<14	7	10	10	↓	→	
E11	*All*	Monthly	CAMHS NHS Beddays - National	95% with +/-5% tolerance	<85%,>105%	< 90%, >100%	90% - 100%	86%	70%	72%	↓	↑	
E11i	*All*	Monthly	CAMHS NHS Home Leave - National	25% - 35 % of Beddays	<20%, >40%	<25%, >35%	25%-35%	41%	36%	21%	↑	↑	
E12	*All*	Monthly	Adult Medium Secure NHS Beddays - National	100% with +/-5% tolerance	<90%, >110%	< 95%, >105%	95% - 105%	91%	90%	95%	↓	↑	

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3. Key Messages

3.1.1 Safety

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

3.1.2 Performance

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

At the end of October there were no 36 week breaches at CVUHB, ABMUHB had two reported breaches, however, subsequent investigation by the HB found that these were not actual breaches but had arisen due to a technical issue with sub field data entry and validation, this issue has now been addressed. 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 9 patients waiting over 36 weeks at the end of October, further investigation to establish the cause of the breaches at LHCH i.e. lack of capacity at Liverpool, late referral from BCUHB or a combination of both is being undertaken. Feedback from the LHCH at the All Wales Cardiac Review meeting suggested that long waiting patients were those waiting for mini mitral valve surgery which is currently only undertaken by one surgeon. The Trust is currently training another surgeon to be able to provide this treatment.

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 a series of workshops at an operational level with each Health Board with a clinical summit to be held at the conclusion of the workshops 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 significantly since the high of 196 breach patients in August 2015, to 91 in October 2016. Similarly the number of patients waiting >52 weeks has reduced from a peak of 88 in December 2015 to 41 in October 2016. This did represent a deterioration in the position compared to September, caused by a range of operational issues that impacted on delivery and the

ability to treat long waiting patients. The position is slightly behind the C&V modelling that demonstrates delivery of zero 36 week breach patients by February 2017, however the service is committed to delivering a position of 44 patients waiting >36 weeks at the end of Q2 and are currently reviewing each patient waiting >52 weeks to ensure that each has an individual plan for treatment.

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 has deteriorated at C&VUHB with 108 patients waiting in excess of 36 weeks at the end of October. Frequent dialogue is taking place between WHSSC and Cardiff and Vale UHB to identify and address the difficulties within the service. The service is facing increasing numbers of emergency patients who have longer length of stay than elective patients which in turn is increasing the number of bed related cancellations.

Bariatric Surgery – At a regional level in South Wales, there are 28 patients waiting in excess of 36 weeks at the end of October. The service for North Wales patients has seen a breach of the 36 week RTT.

WHSSC has met with ABMUHB to discuss concerns regarding the capacity of the new bariatric service model to ensure high risk patients with long waiting times are able to access treatment. A proposal is currently being developed by ABMUHB to identify the clinical risk of this cohort and to set out a plan to ensure appropriate access to treatment (including through outsourcing for additional capacity).

Thoracic Surgery – There were 2 RTT breaches nationally for October, both of which were located in South East Wales.

PET Scans – The target that 90% of scans are received within 10 days from referral to receipt of image was achieved in October for both North Wales and South Wales.

Posture and Mobility – Both adult and paediatric services are achieving the 90% target nationally.

Lung Cancer – 5 patients on the Urgent Suspected Cancer pathway breached the 62 day target in September and of these breaches, a number of which 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 18 in October, compared to 16 in September. The number of patients in out of area placements increased to 13 placements in October.

Medium Secure – The number of patients in Caswell Clinic (ABMU) remains in line with the 95% target (58 beds). There are currently 19 patients on the 20 bedded ward at Ty Llewellyn as at the end of October, the closure of the 5 bed ward for refurbishment has resulted in a temporary increase in out of area admissions.

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

		Agenda Item	14
Meeting Title	**Joint Committee**	Meeting Date	17/01/2017
Report Title	Financial Performance Report – Month 8 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 8th 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	Corporate Directors Group Board	Meeting Date	06/12/2016
	Management Group	Meeting Date	15/12/2016
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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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 8 for WHSSC is an underspend to date of £3,799k, with a forecast year-end underspend of £2,796k.

The movement from the previous month is a deterioration of £450k to date and a deterioration of £948k End of Year forecast. The movement is due to various adverse provisions against the Cardiff and ABM contracts, and NHS England contracts, versus a favourable release of Development budget.

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**
Corporate Directors Group Board	06/12/2016	Noted
Management Group	15/12/2016	Noted

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Finance Performance Report – Month 8

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 8th 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	357,762	353,964	(3,799)	450	(2,796)	948
Sub-total WHSSC	**536,644**	**357,762**	**353,964**	**(3,799)**	**450**	**(2,796)**	**948**
WAST	136,482	90,988	90,988	0	0	0	0
EASC team costs	350	233	269	36	22	58	11
QAT team costs	672	448	381	(67)	(9)	(52)	0
Sub-total WAST / EASC / QAT	137,504	91,670	91,638	(31)	13	6	11
Total as per Risk-share tables	674,148	449,432	445,602	(3,830)	463	(2,790)	959

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 8 is an underspend of £3,799k, with a forecast year-end underspend of £2,796k.

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.

Both the Neonatal and CAMHS/ED Networks transferred to Public Health Wales in October 2016, with 50% of the funding returned to LHB's in M7 in respect of their now needing to fund Public Health Wales with those values. Please see the Income tab of the risk-sharing tables for the breakdowns by LHB.

Distribution of the reported position has been shown pre-dominantly using the 2016/17 risk 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. 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	188,257	125,505	126,893	1,388	641	2,188	1,428
Abertawe Bro Morgannwg University Health Board	91,962	61,308	61,333	25	(171)	411	52
Cwm Taf University Health Board	5,500	3,667	3,196	(471)	(504)	(774)	(805)
Aneurin Bevan Health Board	2,967	1,978	1,976	(2)	21	(2)	36
Hywel Dda Health Board	34	22	22	0	0	0	0
Betsi Cadwaladr University Health Board Provider	36,693	24,462	24,310	(152)	(117)	(87)	(29)
Velindre NHS Trust	35,488	23,659	23,815	156	156	235	268
Sub-total NHS Wales	**360,900**	**240,600**	**241,545**	**944**	**25**	**1,970**	**950**
Non Welsh SLAs	109,715	73,143	73,440	297	(266)	1,145	497
IPFR	24,346	16,231	17,057	826	579	1,239	992
Mental Health & IVF	22,996	15,331	15,020	(311)	(119)	(483)	(364)
Renal	4,449	2,966	3,060	93	31	203	94
Prior Year developments	3,848	2,565	2,028	(537)	(462)	(604)	(462)

Financial Summary (see Risk-sharing tables for further details)	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Previous month Var to date	Current EOYF Variance	Previous month EOYF Var
2016/17 Plan Developments	6,601	3,631	1,437	(2,194)	(1,424)	(2,015)	(1,219)
Direct Running Costs	3,787	2,525	2,384	(141)	(183)	(86)	(66)
2015/16 Reserves	0	0	(2,777)	(2,777)	(2,430)	(4,165)	(4,165)
Phasing adjustment for Developments not yet implemented ** see below	0	770	770	0	0	0	0
Total Expenditure	**536,644**	**357,762**	**353,964**	**(3,799)**	**(4,248)**	**(2,796)**	**(3,744)**

The reported position is based on the following:

- NHS Wales activity – extrapolation of Month 7 data in most areas; some exceptions if deemed necessary.
- NHS England activity – Month 7 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 7 data have been extrapolated to a total Month 8 position of £1,388k 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 £2,188k. This is a year-end movement of £760k, including the following areas:

- Haemophilia – The year-end forecast has improved by £188k due to Blood product switches now starting to flow. This has enabled the forecast to be amended to a straight line extrapolation.

- BMT (Cardiff & ABM) – The contract is overperforming due to casemix complexity. The year-end forecast has deteriorated by £250k from last

month; please note that a further £200k is reported in Developments to avoid an over-inflation of the Cardiff contract.

- Cardiology – Activity has remained high for Month 7, leading to a reported overspend of £854k to date. As the in-month deterioration is less than the previous run rate, the year-end forecast has actually improved by £101k.This has confirmed initial expectations that activity would slow down as in previous years.

- Cardiac Surgery – the Cardiac Surgery contract lines are underperforming by £941k to date, mainly relating to casemix. The current indications suggest this will continue, hence the year-end forecast of £1,411k underspent. WHSSC is working with the provider to agree a delivery plan and recurrent demand levels.

- Cystic Fibrosis – drug spend has caught up as expected in previous months to a current overspend of £257k and year-end forecast of £386k; please note that there are now underspends against Ivcaftor on the Development budgets of £179k and £233k respectively.

- Renal budgets – The reported underspend of £662k on Transplant spend has been projected as £993k by the end of the year, in line with trend. However, Hospital Dialysis is in an opposite position and is currently £431k overspent, with a year-end forecast of £647k overspent.

- Paediatric Oncology – the reported overspend of £366k to date has been extrapolated to a year-end overspend of £549k as activity is expected to remain at this level.

- AICU – Whilst approximately break-even, the position has deteriorated since last month by £129k to date and £218k or year-end. Further detail is being sought on this area.

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 7 data have been extrapolated to a total Month 8 position of £25k overspent. Not all the underlying underspends have been extrapolated equally, with a resulting total year-end forecast overspend of £411k. The issues include:

- Cardiac Surgery £247k underspent to date; however, the year-end end forecast has remained at £329k overspent as the forecast is against the projected 681 surgical cases, with 70 TAVI's.

- Cardiology – overspend to date of £405k. Activity is on an upward trend, so the year end forecast is £606k overspent, a deterioration from last month of £156k

- Plastic Surgery £129k overspent – this has been extrapolated to a year end forecast underspend of £390k as activity is reducing, which is a deterioration from last month of £179k. A plan from the provider is awaited, hence there remains residual uncertainty regarding the level of forecast underspend.

- Sarcoma has remained as £194k overspent – the year-end forecast is £291k 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 £87k. This is risk-shared wholly to BCU.

5.4 NHS Wales – Cwm Taf contract:
The CAMHS contract element has a reported underspend to date of £531k, with a year-end forecast underspend of £797k, based on the M7 returns from the LHB. 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. Please note that updated 16/17 risk-shares are still awaited from the LHB, which will revise the sharing of this underspend across LHB's once updated.

5.5 NHS Wales – Velindre contract:
The main Velindre contract has been reported as an overspend of £156k to date, and extrapolated to £235k 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.

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

5.7 NHS England contracts:
Total £297k underspend to date, with £1,145k overspend forecast for year-end. This is a year-end deterioration of £648k, primarily affecting BCU LHB; this has been discussed with the LHB prior to reporting. 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 £221k.

This includes various additional low volume/high cost activity, hence the year-end forecast overspend of £426k, a deterioration of £305k from last month.

- Chisties – overspend to date of £315k; 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 £253k.
  This reflects the Month 7 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 £183k.
  This reflects the Month 7 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 £502k related to low Blood Product activity and no BMT's reported to date. The year-end forecast has been adjusted to £272k 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 £254k; this relates to underperformance on Bariatric Surgery and Intestinal failure to date.

- University Hospitals Birmingham – overspend to date of £219k.
  The overspend relates primarily to low volume/high cost activity (Transplant, VAD) 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 only 4 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 £826k, with a projected year-end of £1,239k 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 8 approvals have continued in line with previous averages of one new approval per month, and the year-end forecast overspend is currently £585k above budget.

- General IPFR, ALAS, HPN, PHT and MS have various performance 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 £311k, with a projected year-end of 483k underspend. These budgets include:

- Adult Mental Health has a projected overspend of £1,015k 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 All-Wales FACTS inpatient budgets have continued lower activity than estimated for the Plan and currently have a combined forecast underspend of £532k. 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. **Please note that since the risk-sharing was reported on working day 3, there has been some queries regarding the FACTS/CAMHS re-classifications of 2 patients, which should be resolved by Month 9. This does not affect the totalled figures, but will affect LHB's due to the varying risk-sharing on the two lines.**

- BCU CAMHS inpatient budgets have continued underspent due to the lower activity this year, and currently has a forecast underspend of £672k. This has improved by £335k from last month due to 2 patients being reclassified from CAMHS to FACTS.

- IVF has a small forecast underspend of £59k; 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.

5.9 Developments and Savings Reserves:
Phasing for planned Developments as per the IMTP agreement has been reported to exclude £770k for future funding as of Month 8. 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 £2,777k funds to Month 8. 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.

5.10 Direct Running Costs (Staffing and non-pay):
The running cost budget is currently £141k underspent, with a forecast underspend of £86k. 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 M8	(3,799)	(112)	(608)	59	(62)	(359)	(557)	(2,160)
Variance M7	(4,249)	(241)	(831)	(109)	(91)	(606)	(469)	(1,902)
Movement	450	129	223	168	29	247	(88)	(258)

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 M8	(2,796)	319	(397)	48	171	(26)	(532)	(2,379)
EOY forecast M7	(3,743)	144	(809)	(5)	162	(441)	(475)	(2,319)
EOY movement	947	175	412	53	9	415	(57)	(60)

Material reporting positions or movements include:

6.1 Cardiff & Vale LHB:

- Cardiff & Vale contract – various overspends including AICU, Paeds ENT, Cystic Fibrosis and underspends on Cardiology & Haemophilia - £239k to date and £205k year-end adverse movements in total.
- Development budget underspend of £126k to date and £115k year-end regarding BMTs Phase 3.
- Small overspends relating to HPN and CAMHS of £56k and £63k year-end respectively.

6.2 ABM LHB:

- Cardiff & Vale contract – various overspends including AICU and BMT's - £111k to date and £223k year-end adverse movements in total
- ABM contract – various overspends including Cardiac Surgery, Cardiology, Plastics and Thoracic - £98k to date and £196k year-end adverse movements in total
- Development budget underspend of £74k to date and £67k year-end regarding BMTs Phase 3.
- Various small NHS England movements totalling £101k year-end adverse movement.

6.3 Cwm Taf LHB:

- Cardiff & Vale contract – various small under and overspends - £123k to date and £106k year-end adverse movements in total.

- Cwm Taf contract – ICD forecast reduction (100% risk-shared to CT) – £81k adverse movement to date; nil year-end effect.
  Please note that the CAMHS underspend is still at a high level in line with last month, but 15/16 risk-sharing figures are still awaited for the Cwm Taf contract, which may vary the split across LHB's of this underspend.
- Development budget underspend of £81k to date and £74k year-end regarding BMTs Phase 3.

6.4 Aneurin Bevan LHB:

- Cardiff & Vale contract – various small under and overspends including BMT's overspend and Cardiology underspend - £149k to date and £90k year-end adverse movements in total.
- Development budget underspend of £221k to date and £219k year-end regarding various schemes; BMTs Phase 3 being roughly half of these amounts.
- CAMHS OOA overspend of £55k to date and £84k year-end due to patient reclassification; note that this may change in future months due to further investigation.
- Various small NHS England movements totalling £66k year-end adverse movement.

6.5 Hywel Dda LHB:

- ABM contract – various overspends including Cardiac Surgery, Cardiology, Plastics and Thoracic - £73k to date and £126k year-end adverse movements in total.
- Cardiff & Vale contract – various overspends including AICU and BMT's - £97k to date and £129k year-end adverse movements in total.
- Development budget underspend of £69k to date and £67k year-end.
- CAMHS OOA overspend of £86k to date and £130k year-end due to patient reclassification; note that this may change in future months due to further investigation.
- Various small NHS England movements totalling £55k year-end adverse movement.

6.6 Powys LHB:

- NHS England movement – the effect on Powys from the underactivity on the North Staffordshire contract is £76k both to date and year-end.

6.7 BCU LHB:

- BCU contract – underspend movement on ICD's of £60k year-end
- Development budget underspend of £50k year-end relating to BAHA cochlear growth in North Wales
- CAMHS OOA – 2 BCU patients have been reclassified from CAMHS to FACTS, which reduces the BCU-only CAMHS line. This is the main part of the underspend movements of £360k to date and £335k year-end.
- NHS England contracts – various contract movements of both under and overspends, which have been discussed with BCU LHB prior to reporting.

The biggest values of the £302k movement to date and £382k year-end include:
Central Manchester - £88k to date and £267k year-end overspend movement
Robert Jones & Agnes Hunt - £76k to date and £156k year-end overspend movement
Other smaller overspend movements on Alderhey, Christie's, Liverpool Heart & Chest and South Manchester, with underspend movements on Royal Liverpool and Walton.

- The further to-date release of the 15/16 Reserves is £155k in-month; no variance to the year-end forecast at this point.

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 relating to the Commissioner Income if necessary.

An additional column relating to Other Sundry Income is shown to reconcile the total anticipated Income as per the I&E expectations submitted to WG as part of the monthly Monitoring Returns Ie. Both risk-shared Commissioner Income plus sundry non-recurring income through invoices. This should help reconciliation between WHSSC and other organisations' I&E tables, and expedite clarifying any differences, as per WG requests.

The Other Sundry Income relates to DTOC recharge income from Cardiff & Vale, and Medserve funding for EASC from Cwm Taf.

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

	2016/17 Planned Commissioner 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 (invoiced) £'000	EOY total expected income £'000
ABM	112,283	74,855	74,366	78	411	74,855	(403)	0	111,881
Aneurin Bevan	121,813	81,208	80,297	413	499	81,209	173	0	121,986
Betsi Cadwaladr	154,782	103,188	103,188	0	0	103,188	(2,371)	0	152,411
Cardiff and Vale	116,392	77,594	77,245	(16)	365	77,595	315	152	116,859
Cwm Taf	61,284	40,856	40,813	(237)	280	40,856	47	117	61,448

	2016/17 Planned Commissioner 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 (invoiced) £'000	EOY total expected income £'000
Hywel Dda	75,566	50,377	49,937	21	419	50,377	(20)	0	75,545
Powys	32,030	21,353	21,170	(40)	223	21,353	(532)	0	31,498
Total	**674,148**	**449,432**	**447,017**	**219**	**2,197**	**449,432**	**(2,790)**	**269**	**671,627**

Secondment recharges are currently netted into the Running Cost expenditure and are not shown as Income in the table above.

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

Cardiff & Vale – Invoice 3307 dated 5/8/16 - £7,205.08 (Secondment recharge invoice)
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. There is further detail in the separate EASC narrative report; this £4.5m may well show up as differences within the Month 8 Income assumption reconciliations. **It is imperative that these balances are cleared 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 is being followed up. (WG MMR Action Point 7.2)

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

Action Point 7.1 – this monthly report breaks down our expected I&E across the various budget headings as per the risk-sharing tables to enable LHB's to pinpoint where there are any differences in expectation. All LHB's were specifically asked to advise where their figures differed for the Month 8 returns; no responses had been received at the point that this narrative was finalised.

Action Point 7.2 - LTA contracts have been agreed in principle and signing is being followed up.

Action Point 7.3 – The reported financial position includes all expected spends. There is no separate WHSSC proposal for spending any underspends; these would be passed back to LHB's in line with the amounts forecast for year-end as usual.

Action Point 7.4 – Please see the Income table in Section 7.1 to see the EASC Income accrual for M8. WHSSC have passed on all the income they have received in respects of WAST, and LHB's have had a separate letter reminding them that the additional monies are payable immediately. This has been echoed in the separate EASC narrative.

Annex A – 2016/17 Expected Expenditure

	2016/17 Baseline contract £'000	2016/17 Contract EOYF variance £'000	IPFR £'000	MH & IVF £'000	Renal £'000	Develo-pments £'000	WHSSC/ EASC/QAT Running Costs £'000	2016/17 Sub-Total Other Spend £'000	2016/17 Total expected spend £'000
ABM	91,962	411	89	2,842	367		36	3,744	95,706
Aneurin Bevan	2,967	(2)	18		139		(122)	33	2,999
Betsi Cadwaladr	36,693	(87)	1,283	125	549		62	1,931	38,625
Cardiff and Vale	188,257	2,188	7,079		744	1,439	146	11,596	199,853
Cwm Taf	5,500	(774)	211	82	0		609	128	5,629
Hywel Dda	34	0	67		496		38	602	635
Powys			0		0		0	0	0
Public Health			48		0		(30)	18	18
Velindre	35,488	235	0		106	184	(27)	497	35,985
WAST (managed by EASC)	136,482	0	0		103		22	125	136,607
Total	**497,383**	**1,970**	**8,796**	**3,049**	**2,502**	**1,623**	**734**	**18,675**	**516,058**

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

		Agenda Item	15
Meeting Title	**Joint Committee**	Meeting Date	17/01/2017
Report Title	Medical Leadership Proposals		
Author (Job title)	Acting Medical Director		
Executive Lead (Job title)	Acting Medical Director	Public / In Committee	Public

Purpose	To inform the committee of the planned model of medical leadership in WHSSC which is designed to address the recommendations of the Good Governance Institute and Healthcare Inspectorate Wales Reviews

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☐	☐	☒

Sub Group /Committee	All Wales Medical Directors Group	Meeting Date	06/05/2016
	Corporate Directors Group Board	Meeting Date	20/06/2016
	WHSSC Integrated Governance Committee	Meeting Date	31/10/2016
Recommendation(s)	Members are asked to: • **Note** the planned model of medical leadership within WHSSC		

Considerations within the report (tick as appropriate)

	YES	NO		YES	NO		YES	NO
Strategic Objective(s)	✓		Link to recommendations of the GGI and HIW reviews		✓	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)

Clinical Leadership and Management within Specialised Commissioning- A proposal

1.0 Situation

1.1 **Policy context**: The importance of clinical engagement in delivering safe and effective health care services is well recognised within the Welsh NHS. It is reflected in the recent Green Paper Our Health Our Health Service (2015) where it is noted that achieving strong and effective links between healthcare professionals is essential to the development of evidence based policy and delivering service developments. The NHS planning framework also notes the importance of the engagement of from line staff, patients and non-NHS stakeholders. These assertions are supported by research evidence that links medical engagement with organisational performance both from the NHS and other health care systems (Kings Fund 2012).

1.2 **WHSSC context:** Within the last 12 months 2 external reviews have been carried out, the first by the Good Governance Institute and the second by Health Inspectorate Wales. Both identified medical leadership and clinical engagement as areas for development. Specifically the HIW report made the following recommendations:

- **Recommendation 8:** WHSSC should ensure that engagement is undertaken with all appropriate clinicians during planning, implementation and review of commissioned services.
- **Recommendation 9:** WHSSC to ensure that decisions made which impact on the delivery of clinical services are clearly communicated to the appropriate clinician
- **Recommendation 10:** WHSSC needs to clearly define the role of the clinical networks within the WHSSC advisory and committee structures
- **Recommendation 11:** WHSSC to ensure there are appropriate levels of clinical input during the review of the role and membership of the Programme Teams
- **Recommendation 12:** WHSSC to ensure its roles and responsibilities are clearly defined and communicated with stakeholders

1.3 This paper suggests a new model of clinical leadership within WHSSC which helps address these issues and recommendations.

2.0 Background:

The existing medical directorate structure consists of 1 WTE medical director and 1 WTE deputy medical director. This structure was inherited from the directorate arrangements of predecessor organisations when the emphasis was on providing public health expertise. The functions of WHSSC have however evolved and the medical directorate now has 6 key clinical management functions:

1. Ensuring access to clinical advice and expertise for:
    a. Horizon scanning and evidence appraisal
    b. Commissioning policy development
    c. Development of agreed quality and outcomes measurements
    d. Pathway, service developments (including commissioning and decommissioning) and quality improvement initiatives
    e. External reviews from professional bodies such as Royal Colleges and expert societies
2. Facilitating clinical engagement in the effective communication of commissioning decisions and the implementation of service and policy developments
3. Facilitating patient and other non-NHS stakeholder engagement in the effective communication of commissioning decision and the effective implementation of service and policy development
4. Liaising with health board and trust management teams, Welsh Government, AWMSG and other stakeholders as needed to provide effective communication of key clinical and service issue
5. Providing clinical challenge to provider organisations on the quality of services and outcomes
6. Provide clinical leadership to strengthen the profile and reputation of WHSSC within the clinical community

3.0 Assessment

WHSSC is currently building a model of Commissioning Teams. These are the core units which deliver all aspects of the commissioning cycle for 5 programme areas; cancer, women and children's services, cardiovascular services, neurosciences and mental health. Renal services already have a commissioning function within the network. It is proposed that each of these teams will include an Associate Medical Director (AMD) who reports directly to the Medical Director/Deputy Medical Director of WHSSC although their day to day management role will be aligned to delivery of the commissioning teams' organisational goals.

The model of 5 separate roles rather than a single individual has the advantage of increasing the available recruitment pool, offering greater flexibility in supporting the teams and strengthening the team ethos. It is anticipated the time commitment equates to 2 sessions per week for each AMD. Their role will be to deliver the key clinical management functions described above.

3.1 **WHSSC and the Clinical Networks:** In delivering access to clinical advice and expertise the key function will be liaison with the newly established clinical networks. It is essential that clinical leads within the commissioning teams do not duplicate the work of the networks but rather compliment it. It is proposed they will provide a 2 way conduit:

- To ensure that WHSSC are aware of clinical and service developments including quality standards and outcomes which affect specialised

commissioning. This will support horizon scanning and the quality and outcomes framework

- To ensure that clinical advice and expertise is available to WHSSC in a timely manner to develop clinical policies as needed, support evidence appraisal and monitoring of quality functions
- To support the communication and implementation of commissioning decisions to clinicians, patients and other stakeholders.
- To support the quality assurance and quality improvement agenda of WHSSC via the networks

Critically, and different to members of the network, these clinicians will be accountable to the joint committee via the Medical Director. ***Separating this role from that of the network recognises the need for separation of commissioning advice from commissioning decision making.*** Decision making is a wider process and requires a broader understanding of population health needs and resource management. Importantly it does not require specialty specific expertise but rather generic skills and judgement.

The Welsh Clinical Renal Network (WCRN) is unlike the other clinical network in that it has commissioning responsibilities and reports directly to the Joint Committee of WHSSC. Within the network is a clinical lead who supports commissioning decision making. This already established model therefore provides a successful template which parallels that proposed in this paper.

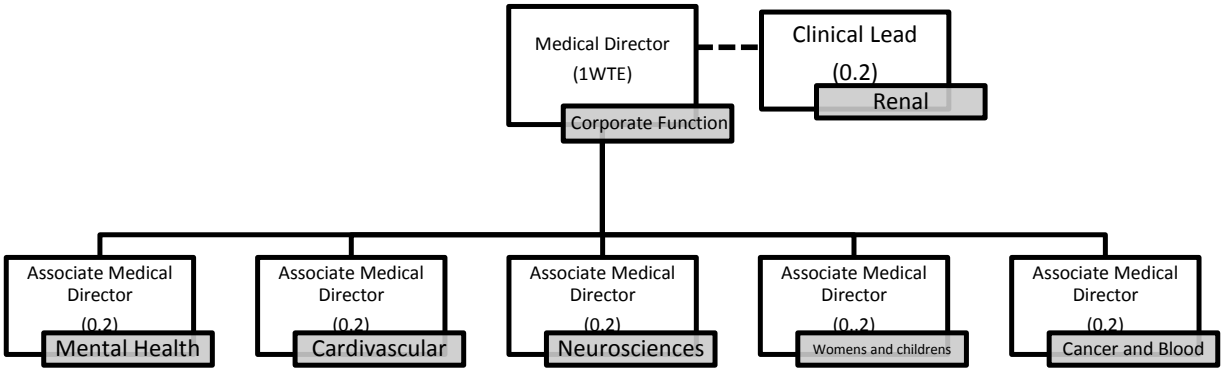
3.2 **WHSSC and other sources of expert advice:** Expert advice is often required from sources other than the Clinical Networks. This includes, local lead clinicians with sub specialist expertise, UK national experts, Lead clinicians in designated centres for Highly Specialised Treatments, Medical Royal Colleges and others. An important mechanism will therefore be the use of task and finish groups. This allows the most appropriate experts to be brought together for a specific area of work and will replace the previous model of Clinical Expert Advisory Groups. This has the advantage of ensuring the necessary subspecialty expertise is brought into the work at an early stage and avoids duplication of the membership of the networks.

3.3 **WHSSC and public health expertise:** This is currently available via a Service Level Agreement (SLA) arrangement with Public Health Wales. It has become apparent during 2016 that this agreement does not fully address the needs of WHSSC and does not fit well with the planned strategy of PHW or indeed the existing skill sets. This SLA will therefore terminate in May 2017 and WHSSC is exploring new opportunities for obtaining expert advice to strengthen the influence of population need in the commissioning process. This may require an additional clinical management role in the future.

3.4 **Corporate Functions and Succession Planning:** The Clinical Leads will be embedded within the commissioning teams but will also undertake, as needed, corporate functions to support the role of the Medical Director. This will include:

- Deputising at local and national meetings.
- Supporting the All Wales IPFR process
- Supporting the supervision of PHW trainees and clinical leadership fellows as necessary
- Supporting the quality assurance and quality improvement agenda which, where appropriate, will stretch across the breadth of specialised services
- Undertaking personal professional development in management and leadership to support the overall development of clinical management within WHSSC

3.5 **The following organisational model is proposed**:



3.6 **Resource implications:**
The current establishment within the Medical Directorate is for 2.0 WTE, this is made up of 1 WTE Medical Director and 1 WTE Deputy Medical Director. This model therefore does not increase the overall establishment however the restructuring better reflects the recommendations of the HIW and Good Governance Reviews which emphasise the need for increased clinical leadership within WHSSC and is aligned to the programme team structure.

4.0 Recommendation:

This paper argues that delivering effective commissioning, and supporting access for our population to high quality patient care, requires a strengthened medical management structure within WHSSC. This will also increase organisational resilience within the medical directorate and enhance clinical credibility amongst stakeholders. Evidence also suggests it will

increase organisational performance. Developing a team of 5 Associate Medical Directors is therefore recommended. This restructuring also provides an opportunity to clarify the professional accountability of the WRCN clinical lead.

Members are therefore asked to:

- **Note** the planned model of medical leadership within WHSSC

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Relates directly to recommendations of the Good Governance Institute and Healthcare Inspectorate Wales Reviews
Health and Care Standards	Staff and Resourcing Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Care for Those with the greatest health need first Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Reducing the per capita cost of health care Improving Health of Populations
Organisational Implications	
Quality, Safety & Patient Experience	Addressed by implementation of the new model of medical leadership
Resources Implications	To increase the
Risk and Assurance	Via monitoring of ICP
Evidence Base	Not applicable
Equality and Diversity	Not applicable
Population Health	Not applicable
Legal Implications	No legal implications of this report have been identified

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
All Wales Medical Directors Group	06/05/2016	Proposal supported
Corporate Directors Group Board	20/06/2016	Proposal supported
WHSSC Integrated Governance Committee	31/10/2016	Proposal supported

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

Agenda Item 16.1
WHSSC Joint Committee Meeting
17 January 2017

Reporting Committee	**Quality Patient Safety Committee**
Chaired by	**Chris Koehli**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**28 November 2016**

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

Serious concerns report
The report included updates on:

- Left Ventricular Assist Device (LVAD), where it was noted that the Joint Committee had agreed an interim arrangement whilst a sustainable solution is developed;
- HM Coroner Regulation 28: cardiac: Members were assured that WHSSC were taking appropriate actions to resolve the issues identified and had interim arrangements in place;
- Heater Cooler Units: Members recommended that the issue be included on the risk register for WHSSC as well as being on the risk register of the provider organisations. Members discussed the communication plan further and recommended that all Health Boards would need to be involved. Members were content with arrangements in place but noted that they are in development. Members therefore requested a report at the next meeting. It was agreed that Dr Eleri Davies be invited to the next meeting.
- Adult Safeguarding Investigation: It was agreed that, as WHSSC does not have its own Safeguarding Group, this issue would be taken to the Cwm Taf UHB Executive Safeguarding Group.

Development Day
Members agreed that the terms of reference will be circulated to existing members before any further action or discussions are held internally. Members discussed the regular reports from programmes and agreed that the committee must set the direction for future reports.

Independent Review of the children's cardiac service at the Bristol Royal Hospital for Children
Members agreed that future reports to the Committee would generally be by exception.

Neurosciences and Long Term Conditions Programme
Members were concerned that there is a risk to the accreditation of the clinical immunology service due to the decision by Management Group not to release funding for the service.

Women and Children Programme
Members requested that the report and action plan following the review of a fertility service commissioned by WHSSC be received at a future meeting;

Governance Action Plan
Members were concerned about the delay in progressing actions a number of actions. They requested that an action plan or assurance on action plan be received at the next meeting for each "off track" action.

Members raised concern regarding the delay in appointing a Medical Director and the delay in developing a specialised services strategy.

Members were also concerned that, despite a need being identified in the governance reviews, there is a delay to progress the agreed action due to limited resource and there is the delay in making a decision on increasing the resource.

Members noted that this delay is impacting on assurance to the committee.

Implementation of the quality framework
Members were concerned on the lack of resources to implement quality framework.

Corporate Risk and Assurance Framework (CRAF)
Members raised concern that many of the risks that are high scoring include an action on monitoring or "ongoing discussions with provider". They requested that the WHSS team consider more robust actions for managing the risks. Members also raised concern that the risks included on the CRAF were all owned by the Director of Planning. They also noted that the risks appeared to be planning risks and therefore requested that consideration be given to whether the Quality and Safety Committee is the correct assuring committee.

Members also received:

- Concerns Overview Report
- Review of and process for updating the existing WHSSC commissioning policies
- Minutes of the meeting held 30th August 2016
- Action log

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

Matters requiring Committee level consideration and/or approval

Clinical Immunology
There is a risk to the accreditation of the clinical immunology service due to the decision by Management Group not to release funding for the service.

Matters referred to other Committees	
• Adult Safeguarding Investigation: referred to the Cwm Taf UHB Executive Safeguarding Group; • Corporate Risk and Assurance Framework (CRAF): referred to the Internal Risk Group	
Confirmed Minutes for the meeting held 30 August 2016 are available from http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee-con	
Date of next meeting	28 February 2016

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

Agenda Item 16.2
WHSSC Joint Committee Meeting
17 January 2017

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	14 December 2016

Summary of key matters

Summary of IPFR requests considered each month by the All Wales Panel from January to December 2016

Month	**Total** including decision by Virtual Panel and Chair's Action
Jan	9
Feb	12
March	10
April	11
May	10
June	14
July	15
Aug	16
Sept	15
Oct	18
Nov	19
Dec	10
Total	**159**

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

Policy areas highlighted through All Wales Panel Process

PET Policy - There were a total of 48 requests considered by the Panel in past 3 months where **21** were for PET scans including Choline PET where indications are not covered by the PET policy. WHSSC are in process of reviewing the current policy.

Ventricular Assist Devices (VAD) - WHSSC has adopted the English VAD policy on an interim basis whilst policy is being developed. At present, no prior approval is required but treating trusts are asked to notify WHSSC post-treatment for monitoring purposes.

Increase in monthly numbers considered by the All Wales IPFR Panel

Due to the increase in numbers being considered by Panel each month and the

virtual email discussion not being as timely or as effective as around the table discussions, it was proposed to hold 2 Panels per month or arrange VC/ telephone discussion in future. This has been tried but proved not been feasible due to lack Panel member availability and urgent decisions have continued to be made by email or Chair action. **Individual Patient Funding Request Review 2016** The review group completed their review in December 2016 and report to be submitted to the Cabinet Secretary. It is anticipated that the report and associated recommendations will be published early 2017.
Matters requiring Committee level consideration and/or approval
• None
Matters referred to other Committees
• Internal Performance and Risk Group – Commissioning, Service and Policy development gaps are reported monthly.

Date of next meeting	**25 January 2017**

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

Agenda Item 16.3
WHSSC Joint Committee Meeting
17 January 2017

Reporting Committee	**Welsh Renal Clinical Network**
Chaired by	Chair, Welsh Renal Clinical Network
Lead Executive Director	Director of Finance
Date of last meeting	2 December 2016

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

- Discussed under commissioning intentions, the board were informed that WRCN are engaging in the ICP process within WHSSC as net investment for dialysis growth next year will be required
- A re-provision date has been agreed in ABMU to start work relating to the refurbishment of the Swansea Dialysis Unit (April 2017)

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 have submitted priorities to the WHSSC ICP process
- Patients have provided feedback that the dialysis transport performance at Merthyr Renal Unit is poor. A letter to WAST and CTUHB will follow from WRCN to establish the performance position and seek reassurance that improvements will be made if necessary

Matters requiring Committee level consideration and/or approval

- LHB attendance at WRCN board has been inconsistent. In order to function effectively WRCN board must have a LHB representative present.
- CKD Paper

Matters referred to other Committees

Annexes:

- Annex (i) Chronic Kidney Disease (CKD) WRCN view and approach

Date of next meeting	**2 February 2017**

Chronic Kidney Disease - WRCN view and approach

Background

CKD is an integral part of the WRCN Renal Delivery plan. The WRCN will provide advice, support and analysis of data to report back to the Renal community and the WRCN board to help strategic decisions about resource management.

CKD is almost always associated with other chronic conditions and cardiovascular disease. Almost all CKD is seen entirely within primary care only. Managing the latter effectively will vicariously manage most CKD.
Most CKD is non-progressive and does not result in severe disease in which dialysis or transplantation need to be considered
Earlier detection of CKD can lead to improved patient outcomes and avoid potential harm

WRCN suggests a 3 point focus on CKD using established technology and ideas to improve outcomes. Its roles in these will be establish a CKD Group within our team; use this group to collate data from each of the three CKD projects / work streams and present results and learning points back to the WRCN Board. In addition member of the group will provide expertise in clinical guidance to the projects.

Projects

1 National CKD audit

This is run by NWIS (Simon Scourfield's team) and captures data from every GP practice in Wales without any action required from GPs themselves. Data is then compared to standards, and each GP cluster, or even practice, can compare itself to others to see performance against peers. The WRCN CKD group will provide any clinical commentary advice about the data and also look to see where areas can be improved or themes of management that merit attention. It is envisaged that PHW will need to own this data and the outcomes in order to encourage better uniformity of practice across Wales and to put right any inefficiencies in practice against standards.

2 ASSIST CKD project

This project has been in practice in the East of Birmingham for a few years. In this time it has clearly reduced the incidence of late presenters to the local Renal service. This in turn improves patient education, preparation and survival. It relies on software analysis of kidney function test results. It then plots graphs that show rates of decline in function which are then be used to alert GPs.

The project has just received assurance from WIAG and so can be bolted onto the National Wales Lab data system to look at all data from across Wales – something that cannot be attained in England. Initially the WRCN CKD group will look at data from three trial regions

gathered over 6 months to look at pragmatics and possible models of care to be rolled out across Wales.

WRCN sees this model as a unique way to improve the interaction between primary and secondary care in effective CKD management as well as reducing harm in CKD patients. Longer term ownership of the project, to ensure continued success, is most clearly aligned to the current AKI work undertaken within the 1000 Lives project.

3 AWPAG/AWMSG Drug reconciliation project

WRCN supports this by providing advice and it also has several member of the WRCN that contribute to the current work in setting it up. This project aims to help reduce harm in CKD/AKI from the prescribing of potentially harmful drugs, or the use of drugs in incorrect doses. It affords opportunities for GP cluster pharmacists to audit and help amend / stop drugs in patients with CKD. This should lead to less harm as one of the significant causes of AKI or deterioration in CKD is medication. WRCN will provide advice from pharmacy and medical viewpoints via its CKD group.

It is the view of the WRCN that these three projects will provide the necessary focus to deliver real improvement in CKD care. There are vicarious benefits in providing a much clearer interface between GPs and Renal teams that will not only enhance management but it should also provide educational benefit.

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

Agenda Item 16.4
WHSSC Joint Committee Meeting
17 January 2017

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	24 November 2016 and 15 December 2016

Summary of key matters considered by the Committee and any related decisions made on 24 November 2016

1. Welcome and Introductions
The Acting Chair welcomed members to the meeting. It was noted that Stuart Davies was acting to the role of Managing Director for WHSSC following Daniel Phillips' successful secondment to a national planning role.

2. Minutes of the Previous Meeting, Action Log and Matters Arising
The Management Group (the Members) **agreed** the minutes of the meeting held on 27 October 2016 **subject** to points of clarification in relation to the discussion and decision for BMT funding release.

Members **noted** the updates to the action log and there were no matters arising.

3. Clinical Immunology Infrastructure: Funding Release Proforma
Members **received** a paper requesting support of the funding release to implement the amber rated high risk scheme for Clinical Immunology ICP043 and stabilise the Clinical Immunology Service for South Wales.

Members **received** presentation from Dr Stephen Jolles, Consultant Immunologist and Emily Carne, Immunology and Allergy nurse, providing an overview of the underlining difficulties faced by Immunology services.

A discussion was held around the expanding case load, the impact on patients, the interdependences with other services (e.g. Genetic testing) and the risks associated with not maintaining accreditation.

Members **recognised** that there was a risk to service and that improvements were required, however further assurances were sought in relation the impact of funding an extra consultant and further detail around the risks.

The Chair asked Members to confirm if the individual Health Boards supported the funding release. Members split over decision 5 in favour 2 against. The Chair advised that given the majority of Members supported the funding release, the funding release would be **agreed** subject to clarification being sought from the WHSSC Committee Secretary in relation to the Groups authority and decision process.

Members **resolved** to:

- **Note** the impact that loss of accreditation would have on this and other WHSSC commissioned services; and
- **Approve** the funding release for the Clinical Immunology infrastructure scheme ICP034, subject to clarification from the WHSSC Committee Secretary in relation to the Groups authority and decision process.

4. Report from the Acting Managing Director
Members **received** report from the Acting Managing Director which provided updates regarding the Thoracic Surgery Review, Neurosciences Service, Left Ventricular Assist Devices (LVADs), Blood and Marrow Transplants, Genetics and Paediatric Surgery.

Members **resolved** to:
- **Note** the report

An additional paper was tabled during the meeting on Interim Commissioning Policy for LVADs at the request of the WHSSC Joint Committee held 22 November 2016.

Members **received** the paper and **resolved** to:
- **Approve** the English Commissioning Policy and Service Specification as the interim commissioning position of WHSSC; and
- **Note** the review protocol which had been commissioned to inform the prioritisation process and the development of a permanent policy position as appropriate.

5. Neurosciences: Funding Release Proforma
Members received a paper Requesting approval of funding release for three Amber rated ICP schemes, Core Neurosurgery (nurse practitioner element), Neurovascular and Neuro-Radiology.

Members acknowledge the differences in interpretation of the discussions held by the WHSSC Joint Committee in relation to the service priorities for Neurosciences.

Following a discussion around costs and payments for the services, potential of priorities shifting in the future, and the need for assurances in relation to the impact the funding releases will have on the services, The Chair asked Members to confirm if the individual Health Boards supported the funding release.

Members voted to **support** the funding release 4 Health Boards to 2. The Chair advised that given the majority of members supported the funding release, the funding release would be **agreed** subject to clarification being sought from the WHSSC Committee Secretary in relation to the Groups authority and decision process.

Betsi Cadwaladr University Health Board (BCUHB) abstained from the vote.

Members **resolved** to:

- **Note** the work undertaken by WHSSC and C&VUHB in holding a workshop presenting the three schemes for Management Group members;
- **Note** that the funding releases for the three schemes have been received at previous meetings;

Subject to clarification from the WHSSC Committee Secretary

- **Approve** the case to resource the 4 WTE nurse practitioners for the core Neurosurgery service;
- **Approve** the additional infrastructure resource within the Neuro-radiology service that is required to carry out a sustainable 5 day a week service; and
- **Approve** the funding for a Neurovascular consultant and other staff required for the formalisation of the MDT to comply with the NCEPOD recommendations.

6. Cleft Lip and Palate: Funding Release Proforma

Members **received** a paper requesting funding release approval to implement the Amber rated ICP scheme for Cleft Lip and Palate (ICP16-066).

Following a detailed discussion regarding the shortfall between need and initial budget identified, the benchmarking process and concerns from members around the case for quality, the Chair asked Members to confirm if the individual Health Boards supported the funding release.

BCUHB abstained from the vote and no clear majority was achieved.

It was **noted** that further work was required on what had changed, the case for quality, the case in relation to demand and capacity, and the impact of the dental element on community dental care.

Members **resolved not to approve** the funding release for Cleft Lip and Palate (ICP16-066).

7. All Wales Fertility Advisory Group Recommendations

Members received a report providing information about the changes recommended by All Wales Fertility Advisory Group (AWFAG) to the Fertility Commissioning Policy (CF38).

Members were asked to consider the following recommendations, for which there was no anticipated finical impact; Setting of a minimum age for females of 20 years, Male BMI – to be removed, Female BMI – to be under 19, Link to guidance on welfare of child, Expedition of service, and Quality indicators.

Following a brief discussion around the recommendations and Cryopreservation policy, which was to be presented to the Group at a later date for approval, Members **approved** the policy.

Members **resolved** to:

- **Receive** assurance the All Wales Fertility Expert Group has reviewed Commissioning Policy CP 38: Fertility Service and provided clinical evidence to support the proposed changes;
- **Ratify** the proposed changes to the policy which are not anticipated to have financial implications (sections 3.1 to 3.8); and
- **Approve** CP38: Fertility services and Commissioning Policy: Preservation of Gametes, and associated EQIA's for public consultation, including consideration by the Gender Dysphoria Partnership Board in November 2016.

8. Bariatric Surgery Update

Members **received** a copy of the report, presented to the WHSSC Joint Committee in November, which outlined the new bariatric surgery service model at ABMUHB; detailed the actions being taken forward to source additional, external, capacity to address the clinical risks and long waiting times of a cohort of patients waiting for bariatric surgery at Morriston Hospital.

Members **noted** the lack of delivery against the five-year plan, the limited capacity for the provider to treat high risk patients and decision to outsource in line with the WHSSC Outsourcing Framework.

It was **agreed** that an update report would be presented in January 2017, which would include recommendations regarding consideration of whether an alternative provider is required on a patient by patient basis.

Members resolved to;

- **Note** the development of new clinical model for bariatric surgery; and
- **Note** the actions being taken to source additional, external capacity.

9. 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 September 2016, including the: funding release schedule, progress against the work plan; and risk management summary.

Members queried whether another paper was anticipated in relation to Bone Anchored Hearing Aids and Cochlear Implants for South Wales given only limited funding had been previously approved. It was noted that WHSSC team would follow up with CVUHB for further information.

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.

10. Financial Performance Report: September 2016

Members received the report which set out the estimated financial position for WHSSC at Month 7 of 2016/17 and noted that there was no corrective action

required at this point.

Members received positive assurance in relation the current financial position and noted the update regarding funding from the Welsh Government in relation to Medserve and actions being undertaken by internal audit.

11. Performance Report: September 2016
Members **received** a paper providing a summary of the key issues arising from the September Performance Report.

Members **noted** the discussions with the cancer network seeking clarity on issues with Thoracic Surgery and the anticipated inclusion of delayed transport of care for low secure services under CAHMS to be included in the report for October.

Members requested that lung cancer information be presented by provider, if possible. It was noted that it was WHSSC's view that the issues surrounding component waiting times in Cardiff and Swansea for cardiac cases should be addressed through Health Boards rather than WHSSC and that discussions around this needed to be had with the Welsh Government.

12. Any other business
Changes to English Tariff
Members noted the work currently being undertaken in England in relation to the National Tariff. It was noted that SD would be holding discussions with the Welsh Government around potential financial impact for Wales and that he may be in contact with finance colleagues for further discussions in relation to this work.

Summary of key matters considered by the Committee and any related decisions made on 15 December 2016

1. Minutes of the Previous Meeting, Action Log and Matters Arising
The minutes of the meeting held on 24 November 2016 were approved subject to points of clarification forwarded by ABUHB by e-mail the previous day.

The group noted the updates to the action log. The Acting MD reported that there were outstanding value for money (VfM) issues around the CVUHB Bone Anchored Hearing Aids and Cochlear Implants scheme for South Wales which had delayed bringing an acceptable proposal forward. He reported that a recent meeting with the CVUHB Director of Finance had resulted in a proposal that would deliver better value for money in the interim pending a full VfM and contracting review for 2017/18.

2. Report from the Acting Managing Director
The group received the report from the Acting MD which announced the appointment of Dr Sian Lewis as Managing Director of WHSSC. The decision making process for the group was clarified, being that the group should endeavour to come to consensus (unanimous) decisions but in exceptional circumstances decisions may be

taken by a simple majority and that the decisions taken by majority at the previous meeting regarding clinical immunology and neurosciences were therefore validly taken. It was noted that the Chair of WHSSC intended to take a review of Management Group to the Joint Committee in the foreseeable future.

Regarding the decision on three neurosciences schemes taken by majority vote at the previous meeting, J Keegan confirmed that CTUHB accepted the decision but she sought, and received from the Acting MD, assurances that (1) the three schemes represented the key priorities for neurosciences, (2) that CVUHB was able to deliver on the schemes, and (3) no further investment was anticipated on neurosciences prior to completion of the full Neurosciences Review.

The Acting MD reported a recent increase in PICU activity. Options to increase capacity were being considered by CVUHB through their IMTP planning process. An interim performance mechanism had also been put in place to incentivise flexible delivery of additional capacity when required in order to manage risk.

The group was made aware of an upcoming patient notification exercise regarding the impact of cardiac heater-cooler units that could become contaminated and potentially result in patient infection.

The possibility of forming a strategic alliance with an additional provider to increase capacity for thoracic surgery for South Wales was discussed. WHSSC had written to LHBs seeking their support.

3. Ultrasound Guided Microwave Ablations: Funding Release

The group received a paper requesting approval of a funding release to implement a scheme for hepatic liver ablations at ABUHB.

Prior to 2015/16 most ablations were performed with radio frequency (RF); microwave ablations are now possible bringing many extra benefits, including faster ablation times, reduced discomfort, larger ablation zones, a day case procedure with quicker return to normal activities. It is anticipated that the availability of microwave ablations would result in a corresponding reduction in RF ablations. The cost is within planned funding and the rate per case of £2k is significantly lower than the NHSE tariff of £5k. The pro forma anticipates an increase in cases from around 35 per annum to 50, based on current trends but is capped at 50 subject to further review.

Members approved the funding release.

4. Posture and Mobility Service: Funding Release

The group received a paper requesting approval of a funding release for the Artificial Limb and Appliance Service (ALAS) at CVUHB, which provides the Posture and Mobility Service (sometimes referred to as the Wheelchair Service) for South Wales.

The extra funding (£500k) related exclusively to wheelchairs and prosthetics to

satisfy current demand in 2016/17 over and above the base case (£13.2m) and to continue to meet RTT targets. It is anticipated that a similar level of over spend will occur in 2017/18 and 2018/19. It was noted that exchange rate fluctuations might increase the over spend further in future years. The Acting MD gave an assurance regarding VfM, on the basis that this additional expenditure related only to cost pass through; it was also noted that the service re-conditions a high number of wheelchairs, minimising cost. It was explained that failure to approve the funding request would result in delays to the provision of wheelchairs and prosthetics to service users and adversely impact on the ability of the service to meet RTT targets.

ABUHB sought additional information outside of the meeting regarding the year to date income and expenditure on ALAS and VfM. The Acting MD undertook to share this information with all LHBs and requested ABUHB to revert in writing if it was not satisfied that the additional information was sufficient for ABUHB to support the funding release, its views would then be shared with the other LHBs. It was noted that the funding release was supported by the other six LHBs.

5. Financial Performance Report: November 2016

The group received the report which set out the financial position for WHSSC at Month 8 of 2016/17, which was an under spend to date of £3,799k with a forecast year-end under spend of £2,796k. The movement from the previous report was a deterioration of £450k with a deterioration of £948k to the year-end forecast.

The high level current and forecast year-end position by provider was reviewed. Providers had been asked to re-examine their year-end forecast positions in light of the deteriorations experienced in recent months. It was hoped that greater granularity would be available by February 2017. It was felt unlikely that the impact of further flexibility from previous year settlements would amount to more than £500k at year end.

6. Performance Report: October 2016

The group received the October 2016 Performance Report.

The Acting Director of Planning gave a high level summary of the position for Cardiac Surgery, Plastic Surgery, Paediatric Surgery, Neurosurgery, Bariatric Surgery, Thoracic Surgery, PET scans, Posture and Mobility, Lung Cancer, CAMHS and Medium Secure.

Confirmed Minutes for the meetings are available to members on request.

Date of next meeting	Thursday 26 January 2017

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

Agenda Item 16.5
WHSSC Joint Committee Meeting
17 January 2017

Reporting Committee	**Wales Neonatal Network**
Chaired by	**Director of Planning, Aneurin Bevan University Health Board**
Lead Executive Director	**Director of Planning, WHSSC**
Date of last meeting	**8th November 2016**

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

Members:

- Received a verbal update from the Neonatal Service Manager with regards the Sub Regional Neonatal Intensive Care Centre in North Wales
- Received a report on progress of the 3rd Edition All Wales Neonatal Standards
- Received a report on the Neonatal Network's proposal to apply for Efficiency through Technology Funding for implementation of the Newborn Physical Examination Software and Education Package for Wales
- Received a report on the progress made by the WHSSC Programme Board in determining the non-training Neonatal Intensive Care Unit in South Wales
- Received a report on the Neonatal Network Dashboard providing an overview of performance against the key service indicators for neonatal services in Wales for the period July – September 2016
- Received update reports from neonatal units on a health communities basis
- Received an update report from Bliss (charity for parents and families of babies who have been in neonatal care)
- Received an update from the Steering Group sub groups
    - Transport, this included the CHANTS 2016 Annual Report
    - Nursing & Therapies

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

- Implications of the reduction in trainees on the provision of neonatal intensive care
- Lack of a 24 hour neonatal transfer service

Matters requiring Committee level consideration and/or approval

- None

Matters referred to other Committees

- None

Confirmed Minutes for the meeting held 7 September 2016 are available on request.

Date of next meeting	**28 February 2017**

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

Agenda Item 16.6
WHSSC Joint Committee Meeting
17 January 2017

Reporting Committee	**Gender Dysphoria Partnership Board**
Chaired by	Tracy Myhill
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	03 January 2017

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

Terms of Reference
The terms of reference for the Gender Dysphoria Partnership Board were circulated ahead of the meeting to Members for comment and recommendations for change.

Members received a paper outlining the proposed changes to the terms of reference. Members discussed in some detail the terms of reference and recommended the following amendments:

- Change of name to NHS Wales Gender Identity Partnership Group
- Inclusion of the term "lifespan" within the purpose
- Scope to include working with Gender Identity Support Groups
- Sub groups to include a group for LHB Leads for Gender Identity
- That, given the need for commitment and support by the LHBs, the membership be updated to include a representative, who is a Lead for Gender Identity, from each LHB.

Joint Committee's Approval of the recommendations from the Task & Finish group – Next Steps
Members received the paper presented to the Joint Committee held in November 2016. Members discussed the next steps and supported the following:

- Establishment of three task and finish groups:
  - Pathway and model;
  - Shared care protocols and enhanced service with GPs with special interest/enhanced service; and
  - Education.
- Mapping of services – an Welsh endocrinologist will work with the Gender Identity Clinic to identify current arrangements and propose the interim arrangements.

Meeting the Primary Care Health Needs Transgender, Gender Diverse and Intersex Patients
Members received information on a project that is being undertaken by the NHS Centre for Equality and Human Rights. As part of the project three "Have Your Say Events" have your say events will be held in collaboration with Stonewall Cymru (2 events) and Unique (1 event)

Items for Information
Members received the following items for information:

- Specialised Services Policy: Cryopreservation;
- Updated statement regarding the future of the Charing Cross Gender Identity Clinic; and
- Notice of the Transgender network meeting to be held on 5 January 2017

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

Engagement and Communication with stakeholders and patients
It was agreed that Tracy Myhill would record, on 5 January, a video message for public circulation.

Matters requiring Committee level consideration and/or approval

Terms of Reference
The revised terms of reference will be brought to the Joint Committee scheduled for March 2017 for approval.

The Joint Committee are asked to support the recommendation (with immediate effect) that the name of the Gender Dysphoria Partnership Board

Matters referred to other Committees
No matter have been referred to other committees

Confirmed Minutes for the meeting held 7 November 2016 are available from http://www.whssc.wales.nhs.uk/all-wales-gender-dysphoria-partnership-b

Date of next meeting	To be confirmed