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

WHSSC Joint Committee Meeting held in public
Tuesday 27 June 2017 at 12.30pm

Health and Care Research Wales - Castlebridge 4,
19-15 Cowbridge Rd E, Cardiff CF11 9AB

Video Conferencing: 51 2113

Agenda

Item	Lead	Paper/ Oral
Preliminary Matters		
1. Welcome, Introductions and Apologies - To open the meeting with any new introductions and record any apologies for the meeting	Chair	Oral
2. Declarations of Interest - Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for the meeting	Chair	Oral
3. Patient Story - To hear a patient story.	Director of Nursing and Quality Assurance	Video
4. Accuracy of Minutes of the Meeting held 30 May 2017 - To **agree** and **ratify** the minutes.	Chair	Att.
5. Action Log and Matters Arising - To **review** the actions for members and consider any matters arising.	Chair	Att.
6. Report from the Chair - To **receive** the report and consider any issues raised.	Chair	Att.
7. Report from the Acting Managing Director - To **receive** the report and consider any issues raised.	Acting Managing Director, WHSSC	Att.

Item	Lead	Paper/ Oral
Items for Decision and Consideration		
8. Inherited Bleeding Disorders - To **note** the content of the report and **support** the move forward to develop a proposal as set out in the recommendations. **Contact:** - Acting Director of Planning – Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.

Routine Reports and Items for Information

9. Performance Report - 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.
10. 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.
11. Reports from the Joint Sub-committees - To **receive** the report and consider any issues raised. **Sub Committees** **11.1** All Wales Individual Patient Funding Request Panel **11.2** Audit Committee **Advisory Groups** **11.3** Wales Neonatal Network Steering Group **11.4** All Wales Gender Identity Partnership Group, including Terms of Reference for ratification	Joint Sub Committee and advisory group Chairs	Att.
Concluding Business		
12. Date of next meeting - 25 July 2017, 9.30am - Health and Care Research Wales, Castlebridge 4, 15 - 19 Cowbridge Road East, Cardiff, CF11 9AB	Chair	Oral

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 30 May 2017, 9.30am at
Health and Care Research, Castlebridge 4,
Cowbridge Road East, Cardiff

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Members Present

Ann Lloyd	(AL)	Chair
Lyn Meadows	(LM)	Vice Chair (via videoconference)
Chris Turner	(CT)	Independent Member/ Audit Lead
Sharon Hopkins	(SH)	Interim Chief Executive, Cardiff and Vale UHB
Marcus Longley	(ML)	Independent Member
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
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

Apologies:

Tracey Cooper	(TC)	Tracey Cooper, Chief Executive, Public Health Wales
Gary Doherty	(GD)	Chief Executive for Betsi Cadwaladr UHB
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Alex Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
John Williams	(JW)	Chair of Welsh Renal Clinical Network

In Attendance

Paul Buss	(PB)	Medical Director/ Deputy Chief Executive, Aneurin Bevan UHB
Sian Harrop-Griffiths	(SHG)	Director of Strategy, Abertawe Bro Morgannwg UHB
Geoff Lang	(GL)	Executive Director of Strategy, Betsi Cadwaladr UHB
Ian Langfield	(IL)	Acting Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Ruth Treharne	RT	Director Of Planning and Performance/Deputy Chief Executive Cwm Taf UHB

Minutes:
Juliana Field (JF) Corporate Governance Officer, WHSSC

The Meeting opened at 9.35am

JC17/001 **Patient Story – Paediatric Cardiac Surgery**

The Chair welcomed Debbie Jones and her daughter Lilly, who was born with congenital heart disease/ hole in the heart.

Debbie provided members with an account of Lilly's care and the journey through the care pathway. Members noted that a diagnosis had been made in Cardiff during the pregnancy and that arrangements had been made for Lilly to be born at the Bristol Royal Infirmary (BRI) specialist unit. The transition from Cardiff to Bristol was smooth and Debbie felt that Bristol had been well prepared, which allowed her to focus on Lilly rather than having to explain and pass information to the clinical team in Bristol. Members noted that accommodation had been provided for Debbie and her partner in Bristol which was welcomed. However, as the service was in Bristol they were slightly isolated from the wider family network. Lilly underwent a number of operations, the final of which was to repair the hole in her heart. This was successful and Lilly is now a healthy heart baby. Debbie noted that she could not fault the service and level of care received from both BRI and University Hospital Wales, Cardiff.

CB reminded members of the recommendations of the Bristol Cardiac Review and highlighted that Lilly's story demonstrated the considered efforts being made to improve the way the service worked with the family and how the two teams worked together to ensure a successful outcome for Lilly.

Members noted that work around the recommendations, including how to bring the family into planning care were ongoing and were being monitored by the Network.

Members thanked Debbie for sharing her experiences.

JC17/002 **Welcome, Introductions and Apologies**

The Chair formally opened the meeting and welcomed members and the public.

It was noted that the meeting was inquorate. The Chair received support to proceed with the meeting on the condition that any decisions would be taken by Chair's action, except for approval of the Integrated Commissioning Plan (ICP), where approval was required from all members; therefore it was agreed that for this item a formal request would be sent to members requesting written approval of the ICP or an explanation as to why if the ICP was not supported.

Apologies were received as noted above. It was noted that Sian Harrop-Griffiths was in attendance at the meeting on behalf of Alex Howells, Geoff Lang on behalf of Gary Doherty, Ruth Treharne on behalf of Allison Williams and Paul Buss on behalf of Judith Paget.

JC17/003 **Declarations of Interest**
There were no declarations to note.

JC17/004 **Accuracy of Minutes of the meetings held 28 March 2017**
Members approved the minutes of the meeting held on 28 March 2017 as a true and accurate record.

JC17/005 **Action Log and Matters Arising**

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

JC021 - Individual Patient Funding Requests (IPFR): Independent Review
Members noted that the Chair had spoken with Professor Harpwood, chair of the All Wales IPFR Panel, and noted that there were a number of concerns raised in respect of the Review. In addition, the current key areas of concern regarding IPFR were a significant increase in requests for positron emission tomography (PET) scans and the non-attendance of clinical representatives at IPFR Panel meetings. It was noted that a parallel process for PET scan approval was being developed and members were urged to encourage clinical representatives from their health boards to use their best endeavours to attend IPFR Panel meetings.

Matters Arising
None to note.

JC17/006 **Report from the Chair**
Members received the report from the Chair noting the following:

Meeting with Cabinet Secretary
The Cabinet Secretary had voiced concern with regard to the high risk services currently being reviewed and requested that he be provided with regular updates. The meeting focussed on performance from both commissioner and provider perspectives.

All Wales NHS Chairs Meeting
The group remained anxious regarding a number of service performance issues, including cardiac surgery and the thoracic surgery review.

Health Board - Board meetings
The Chair and Acting Managing Director had been well received and had found these meetings very interesting.

Review of Culture
Members were reminded of an independent review into complaints about bullying in WHSSC that was conducted in November 2016. It was noted

that a report on the review had been received in December 2016 and recommendations shared with staff. The Chair believed that since the review there had been a positive change to the atmosphere amongst staff at WHSSC. However, another letter had been received recently by the Cabinet Secretary from an Assembly Member repeating concerns and calling for a further independent review. Members noted that the Chair felt it important to update the Committee to ensure transparency and expressed her disappointment to have been made aware of the latest letter. The Chair indicated that she would be meeting the Assembly Member to discuss the nature of the complaint and would be happy to invite the independent reviewer back to WHSSC to determine whether or not things had improved since the review in 2016.

Members resolved to

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

JC17/007 **Report from the Acting Managing Director**

Members received the report which provided an update on key issues that had arisen since the last meeting. The following areas were highlighted.

Associate Medical Director Appointments
Members noted the appointment of five Associate Medical Directors (AMDs) to WHSSC. This was described as an important step in strengthening and embedding clinical engagement within WHSSC's work.

Members were informed that the fifth AMD, Robert Colgate, a Consultant Psychiatrist at ABMUHB, had now been appointed to cover the Mental Health portfolio.

SL was also looking at the possibility of honorary roles for some of the applicants who had not been appointed but had expressed a continuing interest in being involved with WHSSC. This would enable WHSSC to facilitate developmental opportunities for clinical staff seeking strategic managerial experience. SL would be working with Health Boards to ensure a smooth transition for any clinicians appointed to roles with WHSSC.

Risk Sharing
The update was noted and it was explained that a more detailed discussion would be held in private session.

Neuroradiology
It was noted that this issue related specifically to the Interventional element of Neuroradiology, rather than the wider Neuroradiology service. Members were reminded of discussions at the previous meeting around sustainability of the service and the turnover of staff. It was noted that the recruitment process had not be successful and there had been a

substantial interruption to the service. Members received assurances that the WHSSC Team was working closely with the provider.

Neurorehabilitation
A range of concerns had been raised around the service. Members noted that the WHSSC Team was investigating concerns related to commissioning and patient flow. Assurances were provided that, at this time, there were no concerns around patient safety.

Thoracic Surgery – Additional capacity
Members noted that the action taken in south east Wales, to implement additional weekend working during February 2017, had been positive and consideration was being given as to how this could be sustained going forward.

A referral pathway to University Hospitals of North Midlands NHS Trust had been agreed as an interim arrangement to deliver additional capacity for patients from south west Wales. It was anticipated that patients would start to be transferred from the end of June 2017, later than originally anticipated due to technical difficulties and consultant sick leave.

Cardiac Surgery
Members noted that work continued with the Delivery Support Unit to ensure appropriate pathway start dates for the cardiac surgery service. It was explained that breaches in the surgical pathway had occurred when the start dates were corrected at late notice. This was having an impact on the management of waiting lists and would remain a risk until after the full impact was known and worked through.

Neonatal Transport
Members noted the ongoing work in relation to the development of proposals for a 24/7 neonatal transport service in south Wales. Members further noted that there was no funding provision for this within the WHSSC 2017-20 ICP. It was anticipated that a paper would be presented to the Joint Committee in September 2017 with a recommendation for the service.

Members resolved to

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

JC17/008 **WHSSC Integrated Commissioning Plan 2017-20**

Members received a covering paper together with the Integrated Commissioning Plan for 2017-20 and were asked to confirm their support for the Plan and its submission to Welsh Government.

The Chair drew attention to the level of detail presented within the Plan and the concern around the lack of availability of a supporting needs

analysis. The Chair requested that, once approved, a short summary version of the Plan be produced for wider distribution. This would be used to provide clarity to Health Board chairs of what was in and what was out of the Plan and Health Boards would be encouraged to use it to brief their colleagues, including clinicians.

Members noted that further work would be undertaken, throughout 2017-18, around benefits realisation. It was noted that the Management Group would be considering Thoracic Surgery and Bone Anchored Hearing Aids at their next meeting, and that work had commenced on Blood and Marrow Transplant, phases 1-3.

An overview of the ICP Risk Management Framework was provided and it was noted that this included quality and performance elements.

SD provided an overview of the financial element of the plan and the approach to value based commissioning; more details around the approach, range of opportunities and implementation would be reported to future meetings. Members noted the non-recurrent benefit achieved from the previous year's plan and that work had been started to review investments to ensure benefits were being achieved.

It was suggested that a collective approach was developed to risk management and that knowledge regarding mitigations was shared in a collaborative way across the whole system.

Members noted the importance of having a robust system in place to address escalation and acknowledged that the process, as outlined in section 3.7 of the covering paper, could be developed and nuanced to suit unforeseen circumstances. It was explained that the escalation process would initially be applied to commissioned services; however its output might identify finance for services that were unfunded in the Plan. The WHSSC Team was asked to consider whether the escalation process needed revision to incorporate services not yet commissioned.

IL confirmed that the Plan only incorporated minor amendments from the draft Plan agreed in principle at the March 2017 meeting and that were reflected in the Technical Plan submitted to Welsh Government on 31 March 2017.

The following amendments were suggested for consideration:

- Risk Management Framework (Page 106 of ICP and page 6 of cover sheet)
  Revise text – "Risks scoring 16 or higher will be reviewed by Management Group on a monthly basis ……"

- Risk Management Framework diagram (Page 105 of ICP and page 7 of cover sheet)

Include reference to the role of Quality & Patient Safety Committee within the process.

Members queried the recommendation to "*Support the implementation of the ICP Risk Management Framework and advise on the most appropriate officers within each Health Board to outline risks and advise on mitigation"* and requested clarification of what was expected from the officers so that Health Boards could nominate the most appropriate people.

A question was asked as to whether all Health Boards had systems in place to engage with their clinicians and manage expectations regarding the services excluded from the 2017-20 ICP. SHG provided an overview of the processes in place within ABMUHB and members discussed the ways in which information was shared between WHSSC and the Health Boards, also how this might be streamlined to support the Risk Management process. The discussion continued around the distinction between the differential risks to patients depending on which Health Board area they resided in, the risks to NHS Wales providers of specialised services, and the risks for Health Boards and WHSSC as the commissioners of non specialised and specialised services.

ML noted that there was very little narrative on public engagement in the Plan and suggested that a small section be added to outline WHSSC's practices and intentions in this respect over the next three years.
It was explained that WHSSC was endeavouring to engage with the voluntary sector and the CHCs but with limited success to date. The voluntary sector interests were focussed primarily on specific diseases and not at a broader more strategic level; the CHCs had a Health Board population focus. It was suggested that WHSSC should leverage the existing relationships that Health Boards had with their CHCs, also that this could be considered through the Directors of Planning meetings, which WHSSC already attended. SHG suggested that this could be considered at the Directors of Planning group to ensure that local and national engagement plans were aligned.

The Chair requested support from those members present and noted that she would write out to all members seeking approval of the Plan, requesting that a response be provided within 10 days to ensure a swift and efficient submission to Welsh Government. It was agreed that the letter would include details of any amendments made to the Plan, as a result of the discussions at the meeting, and would provide further clarity on the definition of the three domains within the risk management framework.

Actions:

- **Once ICP is approved, produce short summary for wider distribution. (IL)**

- **Chair to inform Health Board chairs what is in and what is out of the Plan. (AL)**
- **Consideration to be given to the suggested amendments to the Plan noted above. (IL)**
- **Clarification to be provided to Health Boards around what is expected from the officers identified to advise on the ICP Risk Management Framework so that Health Boards can nominate the most appropriate people. (IL)**
- **Liaise with Directors of Planning group to ensure that the local and national engagement plans are aligned. (IL)**
- **Chair to circulate a letter to all members (with updated 2017-20 ICP) for approval.**

JC17/009 **Provision of Specialised Neurosciences in NHS Wales**

Members received a report outlining the current provision of Specialised Neurosciences which will inform a five year Commissioning Strategy for Specialised Neurosciences by the end of 2017.

IL provided an overview of the report noting that the aim was to undertake an assessment of the implementation of recommendations over the last 10 years, highlighting the current service provision and recommendations for future delivery. IL reflected on comments earlier in the meeting around the issues with obtaining robust needs assessments and highlighted issues with Interventional Neuroradiology, Spinal Rehabilitation and detailing the next steps towards developing the strategy.

Members welcomed the work as a strong foundation for the development of the Strategy and recognised the complexities.

A question was asked in relation to the status of sign off of the spinal pathway and cross over with work being carried out by the NHS Wales Health Collaborative on the service model. IL undertook to liaise with the Collaborative to clarify the situation and ensure sharing of information. Members noted that the financial information relating to spinal rehabilitation was provided as part of the finance annex.

Action:

- **IL to liaise with the NHS Wales Health Collaborative to clarify the situation regarding sign off of the spinal pathway and sharing of information.**

A discussion was held around the Neurorehabilitation pathway and proposals relating to repatriation. Members noted that further detail on this would be provided through the development of the service specification which would be presented to a future Management Group meeting.

A question was asked as to how much risk there was to implementing a Neurosciences Strategy, given current and likely future financial constraints. The Chair expressed the view that this represented quite a risk and noted that this should be added to the risk register and rated, if it wasn't already recorded.

Action

- **Risk to of inability to implement Neurosciences Strategy to be added to risk register and rated, if not already recorded. (IL)**

ML questioned the apparent lack of patient voice in annex 6 and suggested that it needed to be made clear as to how engagement with patients and the public had been undertaken. Members noted that engagement with patients and the public during this stage had been difficult due to the strategic nature of the review, it was anticipated that a greater level of engagement from would be had when reviewing specific workstreams as these were the areas in which patients and public were most interested. Members acknowledged the importance to ensure that the opportunity to engage was there and it was suggested that further consideration should be given to how best to engage with patients and public on more strategic, All Wales issues. It was suggested that a paragraph be included in the final Strategy paper, which would detail how WHSSC engaged with patients and the public making it clear where there had been any barriers to achieving this.

Action:

- **Details regarding patient and public engagement to be included in the Neurosciences Strategy paper when presented to the Joint Committee. (IL)**

Members discussed the need to ensure that the Strategy paper clearly differentiates the commissioning responsibilities of WHSSC and those of the Health Boards, recognising a need for cohesive pathways for patients.

Action:

- **Ensure that that the Neurosciences Strategy paper clearly differentiates the commissioning responsibilities of WHSSC and those of the Health Boards. (IL)**

Members resolved to:

- **Note** the current provision of Specialised Neurosciences for patients in NHS Wales which will inform the Five-year Commissioning Strategy;
- **Support** the urgent establishment of network arrangements with NHS England providers for Interventional Neuroradiology;
- **Support** the establishment of an operational delivery network for Specialised Rehabilitation in south Wales;
- **Support** the collective approach to the commissioning of Paediatric

Neurology in both north and south Wales; and
- **Support** the proposal to implement a service specification for Specialist Spinal Surgery and a phased implementation of application of this to the listing of specialist spinal patients within Neurosurgery.

JC17/010 **Delivery of the Integrated Commissioning Plan 2016-17**
Members received the paper which provided an update on the delivery of the Integrated Commissioning Plan for Specialised Services 2016-17 as at the end of March 2017.

Members resolved to:
- **Note** the progress made in the delivery of the 2016/17 ICP;
- **Note** the funding release proforma schedule;
- **Note** the risk management summary.

JC17/011 **Performance Report**
Members received the report for February 2017, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

It was noted that the format of the report for 2017-18 was being reviewed to provide a more streamlined version. It was acknowledged that the latest version had improved accessibility of information for Management Group members and feedback had been received.

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

JC17/012 **Financial Performance Report**
Members received the finance report for Month 1 2017-18 noting a forecast underspend to year-end of £602k. No underlying concerns were noted.

Members resolved to:
- **Note** the current financial position and forecast year-end position.

JC17/013 **Reports from the Joint Sub-committees and Advisory Group Chairs'**
Members received the following reports from the Joint Sub-committees and Advisory Group chair:

Sub Committees
WHSSC Quality and Patient Safety Committee

Members noted the update from the meeting held 10 May 2017. The key areas of discussion as were noted as:

Blood and Marrow Transplants
BCUHB had submitted evidence to JACIE for accreditation.
The Heater Cooler Units issue had closed.

All Wales Individual Patient Funding Request Panel
Members noted the update from the meeting held 26 April 2017.

It was noted that work was still to be carried out following the Review and that the Panel was considering alternate mechanisms for considering applications for PET referrals.

WHSSC Integrated Governance Committee
Members noted the update from the meeting held 10 May 2017.

Members noted that the Committee had raised concerns around the governance of clinical networks and quality assurance of mental health service provision , where assurance had not be received regarding Welsh providers as they were not currently monitored therefore the Committee had asked the WHSS Team to investigate alternative arrangements.

Welsh Renal Clinical Network
Members noted the update from the meeting held 8 May 2017.

Members noted the commissioning of a new unit in Gwent which opened on the 30 March 2017 and the appointment of a lead nurse for the Network. However, it was noted that concerns remained around holding WAST to account for timely non-emergency transport.

It was noted that the Network had been nominated for two awards in pharmacy but missed out on a win. The work around these pieces of work was being reviewed to see if they could be applied to the wider health system to support cost efficiencies.

WHSSC Management Group
Members noted the update from the meeting held 27 April 2017.

Audit Committee
Members noted the update from the meeting held 15 May 2017.

JC17/014 **Date and Time of Next Meeting**
It was confirmed that the next meeting of the Joint Committee would be held on 27 June 2017.

The public meeting concluded at approximately 11.06am

Chair's Signature: .....

Date: .....

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

2017/18 Action Log
Joint Committee Meeting

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
30/05/2017	JC001	**JC17/008 - WHSSC Integrated Commissioning Plan 2017-20** Once ICP is approved, produce simplified summary for wider distribution (IL)	Acting Director of Planning	July 2017	**13.06.2017** Technical Plan to be updated and used as template for the summary document. Not commenced, awaiting formal approval of the ICP.	OPEN
30/05/2017	JC002	**JC17/008 - WHSSC Integrated Commissioning Plan 2017-20** The Chair to inform LHB Chairs what is in and what is out of the ICP.	Chair	June 2017	Complete	CLOSED
30/05/2017	JC003	**JC17/008 - WHSSC Integrated Commissioning Plan 2017-20** Consideration to be given to the suggested amendments as noted in the Minutes.	Acting Director of Planning	June 2017	**13.06.2017** Amendments made in line with Minutes.	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
30/05/2017	JC004	**JC17/008 - WHSSC Integrated Commissioning Plan 2017-20** Clarity to be provided to Health Boards around what is expected from the officers so that Health Boards can nominate the most appropriate people.	Acting Director of Planning	June 2017	**13.06.2017** Text drafted for inclusion in Chairs letter to Joint Committee members.	OPEN
30/05/2017	JC005	**JC17/008 - WHSSC Integrated Commissioning Plan 2017-20** IL to liaise with Directors of Planning Group to undertake work around ensuring that the local engagement plans are aligned with those for national engagement.	Acting Director of Planning	~~June~~ July 2017	**13.06.2017** Placed on agenda of next Directors of Planning meeting 7 July 2017	OPEN
30/05/2017	JC006	**JC17/008 - WHSSC Integrated Commissioning Plan 2017-20** CB to provide details on WHSSC engagement Framework for inclusion in the Plan.	Director of Nursing and Quality Assurance	June 2017	Complete	CLOSED
30/05/2017	JC007	**JC17/008 - WHSSC Integrated Commissioning Plan 2017-20** Chair to circulate a letter to all CEOs (along with updated ICP) for approval (response requested within 10 days of letter)	Chair	June 2017	**16.06.2017** Letter and written resolution sent 16 June 2017	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
30/05/2017	JC008	**JC17/009 - Provision of Specialised Neurosciences in NHS Wales** IL to liaise with the NHS Wales Health Collaborative to ensure clarity and current position of the Spinal Workstream, ensuring that information is shared; members to be updated on agreed position.	Acting Director of Planning	June 2017	**13.06.2017** Meeting held with NHS Wales Health Collaborative – no impact on the Spinal CRG identified from proceeding with implementing service specification.	CLOSED
30/05/2017	JC009	**JC17/009 - Provision of Specialised Neurosciences in NHS Wales** Detailed paper to be presented to a future Management Group meeting regarding the Neuro-rehabilitiation pathway/service specification.	Acting Director of Planning	TBC	**13.06.2017** Not commenced	OPEN
30/05/2017	JC010	**JC17/009 - Provision of Specialised Neurosciences in NHS Wales** Risk to be added to Risk Register in relation the financial and service risks associated with the implementation of the strategy in 2018-19.	Acting Director of Planning	June 2017	**13.06.2017** Included on Neuro & Complex Conditions Risk Register	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
30/05/2017	JC011	**JC17/009 - Provision of Specialised Neurosciences in NHS Wales** Details regarding patient and public engagement to be included in the final neurosciences strategy paper when presented to the Joint Committee	Acting Director of Planning	Sept 2017	Not commenced	OPEN
30/05/2017	JC012	**JC17/009 - Provision of Specialised Neurosciences in NHS Wales** IL to ensure that that the Strategy paper clearly differentiates the commissioning responsibilities of WHSSC and those of the Health Boards	Acting Director of Planning	Sept 2017	Not commenced	OPEN

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

		Agenda Item	6
Meeting Title	**Joint Committee**	Meeting Date	27/06/2017
Report Title	Report from the Chair		
Author (Job title)	Committee Secretary		
Executive Lead (Job title)	Chair	Public / In Committee	Public

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

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

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

Considerations within the report (tick as appropriate)

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

1.0 Situation

1.1 The purpose of this paper is to provide Members with an update of the 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 **Cwm Taf Audit Committee**
I attended the Cwm Taf Audit Committee meeting on 31 May 2017, which considered and endorsed the WHSSC Annual Governance Statement 2016-17 and the WHSSC Annual Accounts 2016-17.

3.2 **All Wales Chairs Meeting**
I am due to attend the All Wales Chairs Meeting on 19 June 2017.

3.3 **Annual Attendance at Health Board Meetings**
I am due to attend HDUHB's Board Meeting on 22 June 2017 and PTHB's Board meeting on 29 June 2017.

3.4 **Chair's Action and Approval of ICP**
I wrote to the members of the Joint Committee on 16 June regarding the paper on the Specialised Neurosciences Review that was considered at the May meeting (which was inquorate and therefore effectively unable to approve any recommendations) and, in accordance with the WHSSC Standing Orders, Chair's action is expected to be taken on 26 June 2017, in consultation with Stuart Davies, Acting Managing Director, and Lyn Meadows, Vice Chair.

You are asked to ratify this Chair's action.

I also wrote to members on 16 June regarding an approval process for v3.0 of the 2017-20 Integrated Commissioning Plan that envisaged all members responding to confirm their approval in writing by 26 June 2017. I will report on this at the forthcoming meeting.

4.0 Recommendations

Members are asked to:

- **Note** the contents of the report; and
- **Ratify** the Chair's action referred to in 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
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	No implications identified at this time.
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	7
Meeting Title	**Joint Committee**	Meeting Date	27/06/2017
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
☐	☐	☐	☐	☒

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

Considerations within the report (tick as appropriate)

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

1.0 Situation

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

2.0 Updates

2.1 **Thoracic Surgery Review**

WHSSC has shared its engagement document with the Acting Joint Chief Executives of the Board of the CHCs regarding the process for the stage one decision and is awaiting an initial response, following the meeting of the Hywel Dda CHC committee on 15 July, in terms of the process that the Board of the CHCs would like to operate.

We have recognised that, although WHSSC might lead this engagement as the commissioner of specialised services, we will need assistance from Health Boards in relation to some aspects of engagement (for example broader staff engagement) and might yet need individual Health Boards to liaise with their local CHCs. Clearly the more complex the engagement process becomes the less likely we are to be able to achieve the intended timeline. We are grateful for the continued support of Health Board Chief Executives in relation to the engagement process.

An oral update will be given at the joint Committee meeting.

2.2 **Performance Management**

For 2017/18, WHSSC's focus is on its Risk Management Framework as a consequence of an increased number of non funded schemes within the Integrated Commissioning Plan. In response, WHSSC is developing an enhanced performance management process with the intent of producing an enhanced Performance Management Framework. Work is currently underway with service providers to establish a common dataset which will enable us to understand, monitor and assess the services provided effectively. Following this we will be able to take appropriate action when performance against agreed delivery plans deteriorates. A paper detailing the enhanced performance framework that incorporates the WHSSC escalation process along with a revised monthly reporting format is anticipated to be taken to Joint Committee by Autumn 2017.

2.3 **Completion of the All Wales Blood Service Programme**

In June 2012, the All Wales Blood Service Programme was established to deliver the transfer of the existing blood services for north Wales from National Health Service Blood and Transplant (NHSBT) to the WBS. This programme was successfully completed in May 2016.

WHSSC have now received a copy of the All Wales Blood Service Programme Closure and Benefits Realisation Reports. A report on the completion and

outcome of this Programme will be presented to the Joint Committee in July 2017.

3.0 Recommendations

3.1 Members are asked to:

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

4.0 Annexes and Appendices

4.1 There are no annexes or appendices to this report

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Not applicable
Institute for HealthCare Improvement Triple Aim	Not applicable
Organisational Implications	
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.
Resources Implications	There is no direct resource impact from this report.
Risk and Assurance	The information summarised within this report reflect financial, clinical and reputational risks. WHSSC has robust systems and processes in place to manage and mitigate these risks.
Evidence Base	Not applicable
Equality and Diversity	There are no specific implications relating to equality and diversity within this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications	There are no specific legal implications relating within this report.

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

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		Agenda Item	8
Meeting Title	**Joint Committee**	Meeting Date	27/06/2017
Report Title	Inherited Bleeding Disorders		
Author (Job title)	Specialised Planner – Cancer & Blood Assistant Planner – Cancer & Blood		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	• To highlight to Joint Committee the continued patient and commissioner risks in the Inherited Bleeding Disorders (IBD) service; • To make Joint Committee aware that the WHSSC team is not fully assured that current actions and arrangements will adequately address these risks; • To outline options and make recommendations to address the risks through aligning commissioning arrangements.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☐	☒

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	19/06/2017
	Management Group Meeting	Meeting Date	26/01/2017
Recommendation(s)	Members are asked to: • **Note** the continued patient and commissioner risks in the IBD service; • **Note** that current commissioning arrangements are suboptimal and make a single all Wales approach to strategic planning difficult to achieve; and • **Support** the transfer of resources from Health Boards to WHSSC to align resources with commissioning responsibility; • **Support** development of a proposal for an increase in commissioning capacity for this service on a spend to save basis; • **Support** the development of a commissioning strategy for the whole of Wales for the IBD service.		

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	YES	NO	Institute for	YES	NO	Quality, Safety	YES	NO

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Prudent Healthcare	✓		HealthCare Improvement Triple Aim	✓		& Patient Experience	✓	
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 highlight to Joint Committee the continued patient and commissioner risks in the IBD service;
- To make Joint Committee aware that the WHSSC team is not fully assured that current actions and arrangements will adequately address these risks;
- To outline options and make recommendations to address the risks through clarifying commissioning arrangements.

2.0 Background

2.1 The Ministerial Task & Finish Group for Inherited Bleeding Disorders was established in March 2011 to review services for patients with Inherited Bleeding Disorders (IBD). The Task & Finish Group reported its recommendations in June 2011.

2.2 To take forward implementation of the recommendations, the Inherited Bleeding Disorders Advisory Group was established, chaired by WHSSC with representation from patients, clinicians and service managers from each Health Board. The IBD Advisory Group would also "provide advice and assist in the planning and delivery of services for patients with inherited bleeding disorders".

2.3 Although progress has been made towards implementing the recommendations and improving the service, this has been slow and further action is needed to complete implementation to ensure a high quality, equitable and sustainable service that meets patient need is in place across Wales.

2.4 The IBD Advisory Group has expressed significant concern regarding the risks for patients of the current fragility of the service and disappointment regarding the considerable delays to complete implementation of the Ministerial Task & Finish Group's recommendations.

2.5 Current risks include:

- Lack of resilience in consultant teams (vacant posts currently in ABMUHB and BCUHB);
- Lack of suitable space for the Haemophilia service at ABMUHB;
- Lack of access to appropriate facilities at UHW for children requiring out-patient care;
- Ministerial Task & Finish Group recommendations currently not achieved:
  - Appointment of a nurse in ABUHB;
  - Additional consultant sessions in BCUHB;

- Consultant appointment at ABMUHB (previously achieved, but currently vacant).
- Outreach clinics in HDUHB.

2.6 Although IBD is a specialised service, current arrangements for the commissioning of IBD services across Wales are fragmented and inconsistent. For example, while WHSSC holds funding for the blood products issued in Cardiff, funding for service delivery is held by Health Boards; in Swansea, funding for both blood products and service delivery is held by Health Boards. These arrangements make coherent planning and commissioning of the service difficult to achieve. Appendix 1 shows the current funding configuration.

2.7 In January 2017, Management Group received a paper requesting their support to prioritise work within the ICP 2017/18 to transfer resources to WHSSC to bring the IBD service under a single commissioner. The requirement for additional WHSSC resource to scope and develop a commissioning strategy for IBD was highlighted in the paper, the funding for which to be provided from savings achieved through improved procurement of blood products and repatriation of patients in North Wales. The decision was taken to defer and reconsider later in 2017/18.

2.8 Further to this decision, WHSSC wrote to Chief Executives in February 2017 to seek assurance over Health Board plans to address current service risks and to fully implement the recommendations of the Ministerial Task & Finish Group (2011).

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3.0 Assessment

Assurance to Commissioners

3.1 The Health Boards' responses to the letter from WHSSC show that progress is being made to address the risks in the service and to complete implementation of the Ministerial Task & Finish Group recommendations (summary in appendix 2). However, the WHSSC team is not fully assured that the actions and commissioning arrangements in place for IBD are adequate to ensure a sustainable and equitable service for patients.

3.2 The Health Boards' responses to the letter from WHSSC were also discussed by the IBD Advisory Group in April. While progress was acknowledged, a number of concerns were highlighted, including:

- Lack of resilience at consultant level (with particular patient concern expressed in relation to consultant cover in BCUHB)
- Inequity in access in South West Wales (Ministerial Task & Finish Group recommendation to provide the outreach clinics not yet achieved).

- Inequity in access in Mid Wales (Ministerial Task & Finish Group recommendation to appoint a nurse to Nevill Hall Hospital not yet achieved).

3.3 Plans to address the lack of suitable space for the haemophilia service at ABMUHB were welcomed and the interim solution to address the lack of access to appropriate facilities at UHW for children requiring out-patient care was acknowledged.

3.4 As a consequence of the current fragmentation of commissioning and funding arrangements, it is difficult to bring a single commissioner focus to address service risks and ensure the sustainability, quality and equity of the service.

Commissioning Options

3.5 Three options are potentially available with regard to commissioning arrangements:

- Option 1: Continue with current arrangements
- Option 2: Transfer to Health Board Commissioning
- Option 3: Align commissioning responsibility and funding under WHSSC

The IBD service is recognised as a specialised service (low volume and high cost) with delivery organised through specialist centres, networked with local haematology services, to ensure achievement of quality standards, equity of access and good clinical outcomes. This suggests that option 2, transferring commissioning responsibility and funding to each Health Board for its local population, may lead to even greater challenges than currently in ensuring a sustainable, equitable and high quality service.

As noted above, the current position (option 1) means continuing with a fragmented commissioning approach, with separation of funding from responsibility. This arrangement makes it difficult to take forward strategic planning on an all Wales basis. Option 3 to align commissioning responsibility and funding under a single commissioner will allow a single commissioner focus to be brought to this service.

However, it has been identified that additional capacity would be required within WHSSC to lead the work on transfer of funding and the development of a commissioning strategy for IBD.

Proposed next steps

3.6 There are potential efficiency opportunities in the IBD service. These include:

- Further repatriation of IBD services from Liverpool to BCUHB (saving in administration charges for blood products);
- New contract for blood factor products and transfer of patients to long lasting products.

Savings from these efficiencies could be partly deployed to fund additional capacity in the WHSSC team. This would enable WHSSC to formulate a coherent commissioning strategy for IBD services which in turn will contribute to addressing the current risks.

4.0 Recommendations

Members are asked to:

- **Note** the continued patient and commissioner risks in the IBD service;
- **Note** that current commissioning arrangements are suboptimal and make a single all Wales approach to strategic planning difficult to achieve; and
- **Support** the transfer of resources from Health Boards to WHSSC to align resources with commissioning responsibility;
- **Support** development of a proposal for an increase in commissioning capacity for this service on a spend to save basis;
- **Support** the development of a commissioning strategy for the whole of Wales for the IBD service.

5.0 Appendices / Annexes

Appendix 1 Current Commissioning Arrangements for IBD Services

Annex (i) Summary of Health Board responses to request for assurance

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan
Link to Integrated Commissioning Plan	Not applicable
Health and Care Standards	Safe Care Effective Care
Principles of Prudent Healthcare	Reduce inappropriate variation Care for Those with the greatest health need first
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	Not applicable
Resources Implications	Not applicable
Risk and Assurance	Not applicable
Evidence Base	Not applicable
Equality and Diversity	No issues identified.
Population Health	This paper concerns the health of people in Wales affected by Inherited Bleeding Disorders.
Legal Implications	No issues identified.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	19/06/17	Supported updated paper to Joint Committee
Management Group	26/01/17	Funding for additional staff not supported
Corporate Directors Group Board	16/01/17	Members agreed that this and the previous paper (EMR & RFA) would be taken to MG as one item under Collective Commissioning

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Appendix 1 – Current Commissioning Arrangements for IBD Services

Provider	Blood Factor Products	Patient Activity & Infrastructure
C&V UHB	Funded by WHSSC	1 Physio post funded. All other aspects of service through Haematology HB LTA mechanisms.
ABM UHB	Not Funded by WHSSC	Not Funded by WHSSC
HD UHB	Not Funded by WHSSC	Not Funded by WHSSC
AB UHB	Not Funded by WHSSC	Not Funded by WHSSC
BC UHB	Funded by WHSSC	Historic £400k of staffing & overheads fixed cost
Royal Liverpool & Broadgreen	Funded by WHSSC	Recharged for activity by severity category
Alder Hey Childrens	Funded by WHSSC	Paeds Clinical Haematology activity recharged

Annex (i) IBD Summary of HB responses to request for assurance

HB	Issue → Response received ↓	Resilience in consultant teams (vacant posts currently in ABMUHB and BCUHB) *	Lack of suitable space for the Haemophilia service at ABMUHB	Lack of access to appropriate facilities at UHW for children requiring out-patient care	Appointment of a nurse in ABUHB	Additional consultant sessions in BCUHB
AB		No response				
ABM	31/03/2017	Awaiting Royal College approval Covered by Dr Al-Ismail in Singleton Unable to cover outreach clinics in West Wales	Development of a new build facility at Singleton in conjunction with Swansea University targeted for completion before end 2017			
BC	01/03/2017	Care currently provided by IBD CNS and Physiotherapist with local advice from BCU haematology consultants Specialist advice obtained for adults via Royal Liverpool and for children via Alder Hey Further outreach clinics at Ysbyty Glan Clwyd and an increase in MDT provision is being negotiated with Royal Liverpool				Work being undertaken with haematology consultant team to create capacity for 2 additional IBD sessions, anticipated to take 3 months
CT	05/04/2017	Awaiting response from CV UHB re lack of children's facilities. Confirm that there are no outstanding issues from the 2011 review relating to CT patients and do not see any risks which give concern in the current service.				
CV	19/04/2017			Acknowledge that the Children's Hospital for Wales would be ideal but would need a reconfiguration of the Haemophilia service and have significant resource implications The Haemophilia Centre will resume twice a month in the children's outpatient clinics in the paediatric outpatient department on a more formal basis from April. These clinics will be coordinated and run by the staff to remain under the auspices of the Haemophilia Centre Urgent care and planned care during working hours will continue to be delivered from within the Haemophilia Centre until a longer term solution can be identified. Out of hours pathway for children with IBD to be seen in the Children's Investigation Unit or for urgent reviews in the Children's Assessment Unit		
HD		No response				
PT		No response				

* This is considered to be the greatest risk by the Inherited Bleeding Disorders Advisory Group.

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

		Agenda Item	9
Meeting Title	**Joint Committee**	Date	27/06/2017
Report Title	March 17 Performance Report		
Author (Job title)	Performance Analyst / Assistant Planning Manager		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	The attached report provides members with a summary of the key issues arising from the March 2017 Performance Report and details the action being undertaken to address areas of non-compliance.			
RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☐	INFORM ☒

Sub Group /Committee	Management Group	Meeting Date	18/05/2017
	Corporate Directors Group Board	Meeting Date	08/05/2017
Recommendation(s)	Members are asked to: • **Note** current performance and the action being undertaken to address areas of non-compliance.		

Considerations within the report (tick as appropriate)

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

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WHSSC Performance Report

March 2017

WHSSC

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Contents

1. Integrated Provider / Commissioner Dashboard

Domain	Improved Performance	Sustained Performance	Decline in Performance	Trend
Safety	0	0	1	⇨
Effectiveness	8	4	4	⇧
Staff & Resourc	1	0	2	⇩
Leadership	1	0	3	⇩
Total	10	4	10	⇩

2. Provider Dashboard

Indicator Ref.	Provider	Measure		Target	Tolerance Levels			Jan-17	Feb-17	Mar-17	Previous Movement	Latest Movements	Comments
					Red	Amber	Green						
S01		Quarterly	Number of new Serious Incidents reported to WHSSC by provider within 48hours	100%	<50%	50-99%	100%	20%			⇩	⇩	Reported Quarterly
E01	*All*	Monthly	Cardiac surgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	98%	95%	97%	⇩	⇧	
E02	*All*	Monthly	Plastic surgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	95%	96%	98%	⇧	⇧	E02 to E04 does not contain English data due to availability of RTT. To be updated in April report
E03	*All*	Monthly	Paediatric surgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	90%	90%	94%	⇨	⇧	
E04	*All*	Monthly	Neurosurgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	91%	88%	87%	⇩	⇩	
E05	*All*	Monthly	Bariatric surgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	60%	62%	68%	⇧	⇧	
E06	*All*	Monthly	Thoracic surgery patients to be waiting < 36 weeks	100% within 36 weeks	<100%	N/A	100%	99%	98%	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	-	-	-			
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	-	-	-			
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	98%	98%	98%	⇨	⇨	
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	85%	84%	82%	⇩	⇩	
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	98%	98%	98%	⇨	⇨	
E10	*All*	Monthly	CAMHS OOA placements	14	>16	>14, <16	=,<14	11	10	11	⇧	⇩	
E11	*All*	Monthly	CAMHS NHS Beddays - National	95% with +/-5% tolerance	<85%,>105%	< 90%, >100%	90% - 100%	95%	83%	86%	⇩	⇧	
E11i	*All*	Monthly	CAMHS NHS Home Leave - National	25% - 35 % of Beddays	<20%, >40%	<25%, >35%	25%-35%	75.40%	100%	75.00%	⇩	⇩	
E12	*All*	Monthly	Adult Medium Secure NHS Beddays - National	100% with +/-5% tolerance	<90%, >110%	< 95%, >105%	95% - 105%	97%	88%	75.00%	⇩	⇧	
E13	*All*	Monthly	IVF patients waiting for Outpatient Appointment	100% within 26 weeks	<100%	N/A	100%	98%	99%	100%	⇧	⇧	
E13i	*All*	Monthly	IVF patients waiting to commence treatment	0 patients waiting	>1	N/A	0	169	150	150	⇧	⇨	
E13ii	*All*	Monthly	IVF patients accepted for 2nd cycle waiting to commence treatment	0 patients waiting	>1	N/A	0	53	45	45	⇧	⇨	

**E02 to E04 does not contain English data due to availability of English RTT data. Due to the process of RTT data submission from England, there is a month delay in publication. To be updated in April report*
E11i an increase in Home Leave during December is normal as patients are allowed home over Christmas period whenever clinically appropriate.
E06D and E06E no data received for January/February/March.

Key Messages

2.1 Provider

2.1.1 Safety

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

2.1.2 Performance

Cardiac Surgery – Cardiac surgery performance at CVUHB continues to perform below planned levels and breaches of the 36 week RTT target have increased as a consequence of efforts to improve the accuracy of dates contained in referral information. Although there has been a gradual decrease in total waiting list at ABMUHB there has been a slight increase in the number of 36 week breaches.

At the recent SLA review meeting held on the 23rd March, LHCH advised that the further surgeon currently training to undertake mini mitral valve surgery should be ready to commence solo surgery by July/August. As a consequence waiting times should reduce but WHSSC were informed that realistically improvements would be seen by the end of the calendar year. WHSSC are reviewing whether patient choice i.e. electing to have mini mitral valve surgery in the knowledge that waiting times are in excess of 36 week target has any effect on recording these cases as breaches.

Plastic Surgery – At a regional level there continues to be 36 week breaches at ABMUHB, with breast surgery and hand surgery as the sub specialty areas with the longest waiters.

The Health Board's plastic surgery delivery plan 2016/17 has set a target to reduce the number of 36 week breaches to 40 by year end. This target is now not expected to be achieved (current forecast: 59 breaches). The service reports lost capacity due to unscheduled care pressures as the main reason for the position. WHSSC has escalated the performance management arrangements for plastic surgery by establishing monthly executive level performance meetings commencing in April 2017.

Paediatric Surgery – The percentage of patients waiting over 36 weeks has reduced from 10% in February to 6% in March.

A profile has been provided by CVUHB demonstrating that all patients waiting over 52 weeks will be treated by the end of Quarter 1 2017/18. A profile has also been provided demonstrating delivery against the 36 week target and this identifies that there will be an initial increase in Q1, due to the significant operating times required for the very long waiting patients that will be the focus during this period, followed by consistent reduction down to a position of zero breach patients by

February 2018. This will be monitored closely through the monthly performance meetings between WHSSC and CVUHB.

Neurosurgery – The waiting list position had a slight deterioration overall from February's 143 patients waiting over 36 weeks to 157 patients waiting at the end of March. However, the number of patients within this waiting over 52 weeks was 86 – a 34% increase within month.

Alongside the continuing increase in the number of emergency patients and delayed transfers of care patients leading to a high number of elective cancellations due to bed unavailability, the service also experienced cancellations in March due to lack of theatre staff.

Bariatric Surgery – At a regional level in South Wales, 32% of patients were waiting in excess of 36 weeks at the end of March, which represents a slight improvement on the previous month. For North Wales, 100% of patients are treated within the 36 weeks maximum target (service provided by Salford Royal NHST).

In order to address the clinical risks associated with long waiting times for the cohort of patients listed for bariatric surgery at Morriston Hospital, it was agreed that ABMUHB would implement a plan to ensure more timely access to treatment for these patients, including through outsourcing for additional capacity. ABMUHB has made arrangements with a private provider to treat 14 from the total of 30 patients in this cohort (7 in March and 7 in April).

WHSSC has also written to ABMUHB to confirm the intention to take forward a tender for future service provision for South Wales.

Thoracic Surgery – The percentage of patients waiting fewer than 36 weeks for thoracic surgery has improved slightly to 99% in March due to the implementation of a Waiting List Initiative at CVUHB. Monthly executive level thoracic surgery performance meetings have commenced at both providers in South Wales.

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

Posture and Mobility – The paediatric service is achieving the 90% target nationally; however, for the adult service both BCUHB and CVUHB have seen continuing deterioration in performance resulting in a worsening position nationally.

WHSSC are aware that this position has deteriorated due to staff vacancies across two of the three sites and is not likely to recover and achieve the national target until at least April. Comprehensive presentations were provided by each provider of this service at the All Wales Posture and Mobility Partnership Board, where future plans for recovery were clearly set out and assurance provided.

Lung Cancer – Note: data not yet available for January, February and March.

This data has been provided previously by the Cancer Network. WHSSC is currently discussing with the Network the most appropriate source for continued access to the data.

The Thoracic Surgery Additional Capacity Project was established to develop plans to reduce the waiting times for lung resection in South Wales. CVUHB has provided additional capacity through weekend working over an 8 week period commencing on 11th February to address the current backlog of patients in South East Wales. This initiative was successful in treating the backlog. The service has confirmed that at the end of March, there were no patients waiting in breach of cancer waiting times targets.

For patients in South West Wales, additional capacity is being commissioned from University Hospitals North Midlands NHS Trust. This pathway is expected to commence shortly once technical issues to facilitate remote participation in the MDTs have been resolved.

CAMHS – The overall number of CAMHS inpatients in the two NHS Wales units increased to 22 in February, compared to 21 in January. The number of patients in out of area placements reduced from 11 placements in January to 10 at the end of February.

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

IVF - The number of patients waiting for IVF treatment remained constant in March when compared to February, however the percentage of patients waiting over 26 weeks for first outpatient appointment has reduced significantly from 14% in December to zero in March.

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

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

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

		Agenda Item	10
Meeting Title	**Joint Committee**	Meeting Date	27/12/2016
Report Title	Financial Performance Report – Month 2 2017/18		
Author (Job title)	Finance Manager – MH, DRC, IPFR & MM		
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 2nd month of 2017/18. There is no corrective action required at this point. The financial position is reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee		Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the current financial position and forecast year-end position.		

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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 current financial position of WHSSC together with outturn forecasts for the financial year.

2.0 Background

The financial position is reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017.

3.0 Assessment

3.1 The financial position reported at Month 2 for WHSSC is an underspend to year-end of £760k. Please note that there is limited Month 1 data behind this figure, with some generic uncertainty on NHS England spend, which is now reported on the new HRG4+ Pbr rates.

The movements are across various budget headings, including Welsh contracts, Development funding and Mental Health.

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:
  - WHSSC Expected Expenditure breakdown across LHB's/budget headings. This reconciles to the total reported to WG.

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

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

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Finance Performance Report – Month 2

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 2nd month of 2017/18 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.

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	557,321	92,887	92,267	(619)	(519)	(760)	(158)
Sub-total WHSSC	**557,321**	**92,887**	**92,267**	**(619)**	**(519)**	**(760)**	**(158)**
WAST	139,233	23,205	23,205	0	0	0	0
EASC team costs	350	58	61	3	9	15	92
QAT team costs	672	112	115	3	0	15	(52)
Sub-total WAST / EASC / QAT	140,255	23,376	23,382	6	9	30	40
Total as per Risk-share tables	697,575	116,263	115,649	(613)	(510)	(730)	(118)

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.

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2. Background / Introduction

The financial position is reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017. 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 1 is an underspend of £619k to date, with a forecast year-end underspend of £760k.

The majority of NHS England is reported in line with the previous month's activity returns (Month 1). 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 2017/18 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 2017/18 provisional IMTP, including the full year effects of 2016/17 Developments. The IMTP sets the baseline for all the 2017/18 contract values. This has been translated into the new 2017/18 contract documents.

Distribution of the reported position has been shown using the 2016/17 risk shares based on 2015/16 outturn utilisation, and work is ongoing to move these to the 2016/17 outturn utilisation in future months. 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.

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

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget £'000	Budgeted to Date £'000	Actual to Date £'000	Variance to Date £'000	Previous month Var to date £'000	Current EOYF Variance £'000	Previous month EOYF Var £'000
NHS Wales							
Cardiff & Vale University Health Board	187,484	31,247	31,082	(165)	(5)	(117)	(60)
Abertawe Bro Morgannwg University Health Board	95,761	15,960	15,937	(23)	2	171	25
Cwm Taf University Health Board	7,452	1,242	1,177	(65)	0	0	0
Aneurin Bevan Health Board	8,833	1,472	1,456	(17)	0	0	0
Hywel Dda Health Board	1,486	248	287	40	0	0	0
Betsi Cadwaladr University Health Board Provider	38,137	6,356	6,347	(9)	(28)	(395)	(340)
Velindre NHS Trust	38,421	6,403	6,449	46	0	273	0
Sub-total NHS Wales	**377,575**	**62,929**	**62,735**	**(194)**	**(31)**	**(68)**	**(375)**
Non Welsh SLAs	95,774	15,962	15,990	27	37	4	0
IPFR	28,723	4,787	4,797	10	0	59	0
IVF	4,375	729	670	(59)	0	(126)	0
Mental Health	32,718	5,453	5,363	(90)	(71)	(549)	(280)
Renal	5,261	877	712	(165)	0	37	0

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
Prior Year developments	6,035	1,006	1,006	0	0	(72)	0
2016/17 Plan Developments	3,395	566	503	(63)	10	(204)	(125)
Direct Running Costs	3,465	577	492	(85)	(46)	160	175
Total Expenditure	**557,321**	**92,887**	**92,267**	**(619)**	**(100)**	**(759)**	**(602)**

The reported position is based on the following:

- NHS Wales activity – based on Month 1 data or Annual Plan values if deemed to vary from the 2016/17 outturn.
- NHS England activity – Month 1 data in most cases. Most final 2016/17 returns have now been received, and work is ongoing to analyse the final performances against the 2016/17 Balance Sheet Reserves.
- IVF – one NHS Wales contract, with some NHS England activity and IPFR approvals. Except for the NHS Wales contract, the other budget lines have been reported as break-even for year-end pending more activity data.
- IPFR – based on approved Funding Requests; reporting dates based on usual lead times for the various treatments, with unclaimed funding being released after 36 weeks.
- Renal – a variety of bases; please refer to the risk-sharing tab for Renal for more details on the various budgets and providers.
- Mental Health – live patient data as at the end of the month, plus current funding approvals. This excludes High Secure, where the 2 contracts are being finalised.
- Developments – variety of bases, including agreed phasing of funding. Financial impacts of approved funding releases are currently accounted for in the forecasts.
  ** Please note that Income is collected from LHB's in equal 12ths, therefore there is usually an excess budget in Months 1-11 which relates to Developments funding in future months. To keep the Income and Expenditure position equal, the phasing adjustment is shown on a separate line for transparency and is accrued to date to avoid a technical underspend.

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5. Financial position detail - Providers

5.1 NHS Wales – Cardiff & Vale contract:

Various over and underspends from the Month 1 data have been extrapolated to a total Month 2 position of £165k underspent, with a year-end forecast of £117k underspent. The majority of baselines have been agreed with the provider with only a few areas of clarification remaining and these should be cleared up over the next few weeks. The position includes the following areas:

- Cardiology – activity remains high in this area (particularly with PCI and ICD procedures) giving a YTD position of £156k overspent across all 5 sub-headings. The position is slightly skewed as Cwm Taf are still referring patients to Cardiff and Vale. This trend of overperformance is likely to continue throughout the year. WHSSC is working with the programme team and the network to assess this area.
  Please note that budget for overperformance has been moved to the Developments area whilst the policy is reviewed.

- Cardiac Surgery – the trend of underperformance remains in this area with a YTD £155k underspend across all 3 sub-headings. Theatre team availability has been an issue at the start of the year but should ease as the year progresses. WHSSC is currently awaiting a revised delivery plan from the provider.

- TAVI – an underspend of £38k exists at month 2. This is a continuing trend from 2016/17 and shows no signs of changing during this year.

- ALAS – a YTD underspend of £117k exists in this area due to a 2016/17 stock adjustment that was released into this year. The year end position has been kept at the month 2 outturn as this is a one off release rather than a yearly trend.

5.2 NHS Wales – ABM contract:
Various over and underspends from the Month 1 data have been extrapolated to a month 2 position of £23k underspent, with a year-end forecast of £171k overspent. WHSSC are working with the provider to finalise baselines which will be completed in the coming weeks. The year end position includes:

- Renal – a YTD position of £46k overspent exists in this area which is driven by overperformance in hospital renal dialysis which will continue throughout the year giving rise to a forecast overspend of £276k.

- Cardiac Surgery – an underspend at month 2 exists of £56k. Scrub nurse availability will remain an issue though the first half of this year and is thus driving a year end forecast of £35k underspent. The TAVI element has been split to Developments..

- Cardiology – the line within the ABM contract is showing a small underspend; please note that some budget for Cardiology overperformance is now reported through the Developments area whilst the policy is reviewed.

- Plastics – year end forecast of £97k underspent is reported for this area. This is driven by YTD underspends of £2k and the historical spending trends that exist for this specialism.

- Bariatrics – a month 2 overspend of £34k is reported in this area. This is a result of an activity fall over from 2016/17 and will thus slow during the year resulting in a forecast to baseline.

- Sarcoma – at month 2, this area is £30k underspent which is mostly a result of the activity from Cardiff and Vale not yet materialising. As such, the forecast has been kept at this level.

5.3 NHS Wales – BCU contract:
Variances on only Angioplasty, ICD's and Haemophilia have been reported to date. This is risk-shared wholly to BCU.

5.4 NHS Wales – Cwm Taf contract:
No material variances to report at this point in the year.

5.5 NHS Wales – Aneurin Bevan contract:
No material variances to report at this point in the year.

5.6 NHS Wales – Hywel Dda contract:
No material variances to report at this point in the year.

5.7 NHS Wales – Velindre contract:
The WBS block contract now includes the HEV testing development and MUD transplant work up element of the BMT phase 3 case.

The Velindre contract is forecasting £273k over performance, mostly attributable to Melanoma NICE drugs based on Velindre month 1 monitoring.

5.8 NHS England contracts:
Total £27k overspend to month 2, which is an improvement of £10k from Month 1. The English position has been reported prudently, using Month 1 monitoring returns in most cases. Final 16/17 positions will be reconciled within the Balance Sheet in 17/18.

Please note that the new HRG4+ tariff has created overspends against some providers; these are within the reported spend, but are being disputed. The larger variances include:

- Birmingham Childrens – overspend to date of £59k; this position includes an estimate for long-stay patients not yet in the contract monitoring.

- Christie – underspend to date of £74k; the year-end forecast assumes activity to planned levels for future months.

- Imperial – overspend to date of £85k; this includes high Critical care costs.

- Liverpool Heart & Chest – overspend to date of £150k; this includes high HRG4+ spend in the Month 1 reporting.

- Walton – overspend to date of £126k; this includes high HRG4+ spend in the Month 1 reporting.

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. Triangulation of alternative methods of forecasting informs the degree of risk at any time and are reviewed each month.

5.9 IPFR:
Various budgets totalling an overspend to year-end of £59k. These include:

- Eculizimab – a year-end overspend forecast of £630k, including full-year effects of prior year approvals. Please note that the AHUS budget for Eculizimab has a forecast of £354k underspent as there are less patients than budgeted, so the net overspend across both is £276k.
  Further work is ongoing regarding Eculizimab to review dosages and the wider benefits of the Access scheme.

- 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.

5.10 IVF:
A small underspend of £39k has been reported against English and private providers, but break-even for year-end as activity is expected to catch up to the planned level for the year.

The underspend against the ABM contract of £23k to date has been extrapolated to a year-end underspend of £126k, as per the contract monitoring projections received.

5.11 Mental Health:
Various budgets totalling an underspend to date of £90k and a year-end forecast underspend of £549k. These budgets include:

- The High Secure contract with Ashworth has been finalised for 2017/18 as £10,656k, against the Annual Plan budget of £10,767k, leading to a small underspend for the year. This has been netted against a forecast overspend on the Rampton contract, which is moving from the previous block basis on

the previous 3 year's patient averages, to current year patient numbers. As we have an extra patient in this area, there is an estimated overspend reported at this point and the 2017/18 final cost will be confirmed shortly.

- Medium Secure has a small underspend reported of £75k to date, based on current and expected patients. This area received growth funding in the Annual Plan and is currently expected to have a year-end underspend of £433k due to 2 high cost patients moving to cheaper placements shortly.

  The new Case Management teams are now progressing to recruitment, and it is expected that the increased clinical support in this area will reduce patient numbers going forward as staff come into post. The delay in recruiting led to underspends back into the 2016/17 position for both the BCU and ABM teams.

- South Wales CAMHS and All-Wales FACTS inpatient budgets have continued low activity and currently have a combined underspend of £82k to date and £246k year-end.

- BCU CAMHS inpatient budget has an unexpected overspend of £146k to Month 2 due to 9 admissions over April/May, with only 3 discharges. The current year-end position of £134k overspent assumes that an average of 2 patients will be discharged for the remaining months and that activity will reduce, but this area is a significant risk.

5.12 Renal:

At the moment the WRCN is reporting a balanced position against most areas of the 2017-18 financial plan, although Renal services provided by NHS England remain volatile and hard to predict month by month.

There is currently an underperformance based on month 1 reported activity against the North Wales renal transplant contract with the Royal Liverpool and Broadgreen NHS Trust. The high levels of transplant activity that was sustained throughout 2016-17 was not evident in the month 1 monitoring. Until a clear pattern of activity can be identified, the current end of year forecast remains at break even with 24 transplants expected to be undertaken.

There is also a reported under performance against the renal elements of the University Hospitals Birmingham NHS Foundation Trust contract. This does not relate to either the transplant service or the dialysis unit at Llandrindod Wells, but instead relates to a reduction in activity within other renal and general nephrology services. As this is based on only 1 month of reported activity, the end of year forecast remains at breakeven.

All other areas are reported to plan until detailed monitoring or invoices are received from LHBs.

5.13 Reserves:
Reserves from the 16/17 Balance Sheet will be analysed over the coming months as final 16/17 charges are received. Any releases will be reported as soon as possible.

5.14 Developments:
There is a total of £9,430k funded developments in the 2017/18 position, £6,035k of which relates to developments from prior years for high cost drugs and new technology investments.
A performance provision of £2,036k has been established for recurrent over performance in the ABM and C&V SLAs that has not been transferred into provider baselines.The C&V cardiology performance provision is reduced by £250k of localised cardiology savings currently being developed between WHSSC, AB and Cwm Taf.

The 2017/18 plan developments of £1,359k includes a provision for £100k relating to radiotherapy capacity at Velindre. As this business case is unlikely to be approved by the commissioning health boards in 2017/18 this is forecast to be passed back to commissioners in full. The £25k provision for additional thoracic capacity for South East Wales is also forecast to be returned as the weekend working at the end of 2016/17 cleared the backlog of waiting list breaches.

The £225k provision for South West Wales Thoracic activity remains in place until it is clearer what level of activity will be undertaken by UH North Staffordshire. The £800k provision for dialysis growth is assumed as per plan, it will be assessed quarterly how the growth is materialising in the individual Renal LTA's. The 17/18 new genetics scheme expenditure is assumed in line with plan, pending publication of the Welsh Genomic Strategy for Precision Medicine work programme in July.

5.15 Direct Running Costs (Staffing and non-pay):
The running cost budget is currently £85k underspent. This is due to the significant staffing vacancies the organisation is currently running with; some should be appointed to shortly and there is some minimal Agency spend in the meantime. The year-end position is expected to come back into break-even by year-end due to appointments.

Non-pay overspends include the Cwm Taf hosting fee, which is expected to be the year-end overspend value.

Please note that the lease on the current Caerphilly office expires in March 2018, and new premises are being sourced. A provision for Dilapidations was entered in the 2016/17 Annual Accounts for £96k.

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 M2	(619)	(71)	(186)	35	(183)	(135)	(145)	65
Variance M1	(100)	(8)	(28)	(17)	(12)	(38)	(14)	17
Movement	(520)	(63)	(158)	52	(171)	(98)	(131)	48

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 M2	(760)	31	13	155	(241)	(140)	(182)	(396)
EOY forecast M1	(602)	97	(131)	202	(32)	(318)	(50)	(370)
EOY movement	(158)	(67)	144	(46)	(208)	178	(133)	(25)

Please note that as the risk-sharing is still based on last year-end shares, some of these positions may move once that is updated for the new year. Any movements will be reconciled.

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Material reporting positions or movements include:

6.1 Cardiff & Vale LHB:

- Cardiff & Vale contract – small underspend on the contract overall; includes £52k underspend to date and year-end on ALAS.
- IPFR – underspends of £16k to date and extrapolated to £95k year-end in relation primarily to ALAS spend.
- Velindre – overspend of £16k to date and £98k year-end in relation to Melanoma pathway drugs

6.2 ABM LHB:

- ABM contract – various areas totalling a deterioration of £16k to date and £272k year-end. The largest year-end forecast overspends are Renal of £135k, Burns of £69k and Cardiac of £66k
- Cardiff & Vale contract – total undespends of £68k to date and £16k year-end, across various headings.
- IPFR – total overspends of £13k to date and £77k year-end, primarily in relation to Eculizimab.

- Mental Health – total underspends of £41k to date and £139k year-end, primarily due to the £16k and £90k underspends on Medium Secure patients. This is in relation to full funding provisions in the Annual Plan against two high-cost patients that should shortly be moving to cheaper placements.
- CAMHS – catchup of activity in the Cwm Taf CAMHS contract, with the effect of additional spend for ABM of £14k to date and £50k year-end.

6.3 Cwm Taf LHB:

- Cardiff & Vale contract – totals of £70k overspend to date, and £6k underspend to year-end. The overspend relates to the specific Cwm Taf Cardiology ICD line, which is £94k overspent to Month 2.
- IPFR – overspends of £12k to date and extrapolated to £69k. primarily in relation to Eculizimab patients.
- Velindre – overspend of £8k to date and £51k year-end, primarily in relation to Melanoma pathway drugs
- Mental Health – underspends of £37k to date and £140k year-end, mainly in relation to underspends on the CAMHS FACTS line due to low patient numbers.

6.4 Aneurin Bevan LHB:

- ABM contract – total underspends of £25k to date and £254k year-end, primarily on the Neonatal calculated line.
- Cardiff & Vale contract – total underspends of £107k to date and £8k year-end, primarily on NICU BH (£60k underspend to date) and ALAS (£39k underspend to date and year-end)
- Velindre – overspend of £16k to date and £97k year-end, primarily in relation to Melanoma pathway drugs

6.5 Hywel Dda LHB:

- ABM contract – various areas totalling an underspend of £26k to date, but a year-end overspend of £162k. The largest year-end forecast overspend relates to Neonatal Care of £222k, with smaller overspends of £53k on Cardiac Surgery, and underspends of £56k on Cardiology and £100k Renal West Wales ISP units.

6.6 Powys LHB:

- Non-Welsh SLAs – various underspends totalling £102k to date and £105k year-end. These primarily relate to University Hospitals of Birmingham (£48k underspends), and University Hospitals of North Staffordshire (£54k and £61k underspends).

6.7 BCU LHB:

- BCU contract – total contract movement of £19k overspend to date, but a £55k year-end underspend. The year-end movements is made of a forecast overspend on Angioplasty, but underspends on Haemophilia and ICD.
- NHS England contracts – various contract movements totalling overspends of £9k to date and £50k year-end. The largest movements relate to:
  Central Manchester underspends of £77k to date and £66k year-end
  Liverpool Heart & Chest overspends of £130k and £111k
  Walton overspends of £144k and £125k

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.

Table 5 – 2017/18 Income Expected and Received to Date

	2017/18 Planned Commissioner Income	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounted to Date	EOY Comm'er Position	Other sundry Income (invoiced)	EOY total expected income
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	117,570	19,595	19,023	507	65	19,595	19	0	117,590
Aneurin Bevan	129,864	21,644	21,638	7	0	21,644	(236)	0	129,628
Betsi Cadwaladr	158,102	26,350	25,802	429	119	26,350	(390)	0	157,712
Cardiff and Vale	115,662	19,277	18,370	852	56	19,277	36	0	115,698
Cwm Taf	64,197	10,699	10,420	235	43	10,699	158	0	64,355
Hywel Dda	79,610	13,268	12,880	325	63	13,268	(137)	0	79,473
Powys	32,570	5,428	5,354	40	34	5,428	(180)	0	32,390
Public Health Wales						0			0
Velindre						0			0
WAST						0			0
Total	**697,575**	**116,263**	**113,487**	**2,395**	**381**	**116,263**	**(730)**	**0**	**696,845**

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An additional columns relating to Other Sundry Income has been 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. Please note that secondment income is netted against the payroll spend and is therefore included in our Expenditure figures.

Invoices over 11 weeks in age detailed to aid LHB's in clearing them before Arbitration dates:

- Cwm Taf LHB – Inv 3341 - £23,326.56 MH DTOC invoice March 2017, as agreed through AOB year-end exercise.

7.2 Expenditure with LHB's

A full breakdown of the expected expenditure across LHB's and budget headings is included as Annex A. 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.

8. Overview of Key Risks / Opportunities

The key risks remain consistent with those identified in the Annual Plan process to date:

- 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.
- Lack of investment in unfunded schemes which may incur costs anyway (figures quoted are extracted from Plan document tables 9d-f):
  Prioritisation New Technology interventions - £250k
  Cardiac ablation for AF and VT - £556k
  Posture & Mobility – replacement of wheelchairs - £400k
  PET policy – new indications growth & target access rates - £486k
  Cochlear & BAHA's - £405k
  Implement Thoracic Commissioning Plans - £353k
  Renal Replacement Therapy Demand provision - £370k
  BCU ALAS – Capacity for war veterans - £72k
  Additional PICU capacity - £275k
  Neurosurgery RTT clear backlog - £375k
  IVF sustain RTT - £300k
  Neuro-oncology - £240k
  Remaining schemes not included as classified as Amber schemes; above schemes are classified as Red schemes.

The additional risks and opportunities highlighted are:

- Additional costs related to the new HRG4+ pbr tariff in NHS England.
- BCU CAMHS – high activity in the first two months of the year would lead to an additional cost projection of £600k if patient levels do not drop.
- Wales OPCS codes to be regrouped; there is the risk of costs being grouped into higher levels than previously.
- Reserves releases – there may be opportunities to write back accruals from 2016/17

All these headings have been entered in Table G of the MMR tables, but with nil "Most Likely" values given that this is the early part of the year, and most contract monitoring has only been received to the Month 1 level at this point.

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 1.1 – The difference with WAST regarding I&E expectations has been discussed with Chris Turley, Deputy DOF of WAST. WAST have included £518k relating to the ESMCP funding, which is yet to be allocated out to LHB's from WG. WG are awaiting a partial year agreed amount due to recruitment delays. WAST have also included £666k relating to Clinical Desk Improvements; WG have confirmed this funding is available but expect LHB's to consider funding this from their existing resources in the first instance. Neither of these issues are reflected in the WHSSC/EASC reports at this point, as the values by LHB are not confirmed, and no allocations have been made from WG yet.

Action Point 1.2 – LTA contracts were sent to all Welsh specialist providers at the beginning of June, and meetings are scheduled during the month with most of those providers. There are no significant concerns that the deadline for sign-off at the end of June will not be met.

Action Point 1.3 – Table G has now been populated to reflect the Risks and Opportunities section 8 in this report.

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

Stuart Davies,
Acting Managing Director, WHSSC

Stacey Taylor,
Deputy Director of Finance, WHSSC

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

Annex A - 2017/18 Expected Expenditure

	2017/18 Baseline contract	2017/18 Contract EOYF variance	IPFR	IVF	Mental Health	Renal	Develo-pments & Reserves	WHSSC/ EASC/QAT Running Costs (includes Secondment income)	2017/18 Sub-Total Other Spend	2017/18 Total expected spend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	95,761	171	157	2,813	333	513	522	1	4,510	100,271
Aneurin Bevan	8,833	0	24			140		(131)	33	8,866
Betsi Cadwaladr	38,137	(395)	1,612		168	583	0	(29)	1,938	40,076
Cardiff and Vale	187,484	(117)	8,360			1,350	5,083	80	14,755	202,239
Cwm Taf	7,452	0	0			0		478	478	7,930
Hywel Dda	1,486	0	28			522		0	550	2,035
Powys			0			0		0	0	0
Public Health			8			0		(73)	(65)	(65)
Velindre	38,421	273	49			109	714	(88)	1,056	39,477
WAST (managed by EASC)	139,233	0	0			60		0	60	139,293
Total	**516,807**	**(68)**	**10,238**	**2,813**	**500**	**3,276**	**6,318**	**237**	**23,315**	**540,122**

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

Agenda Item 11.1
WHSSC Joint Committee
27 June 2017

Reporting Committee	**All Wales Individual Patient Funding Request (IPFR) Panel**
Chaired by	**Brian Hawkins**
Lead Executive Director	**Director of Nursing & Quality Assurance**
Date of last meeting	**31 May 2017**

Summary of key matters

The Panel meeting was quorate in relation to Health Board representation and clinical representation.

The Panel considered 11 requests in May 2017. This consisted of:

- 6 requests considered at the meeting
- 5 considered via virtual email Panel

The action log of the All Wales IPFR Panel was reviewed and updates provided.

Updates were provided where clinical reports had been received on patients previously agreed funding by the Panel.

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

Clinical and Health Board Quoracy

The lack of clinical representation and need for ratification of recommendations at the April Panel caused delay in relaying decisions.

A letter has been sent from the All Wales Panel Chair to Health Board Medical Directors and copied to Chief Executives asking for confirmation of their clinical representative and nomination of at least 2 clinical deputies by 5 June 2017.

Responses have been poor and a reminder will be sent.

Requests for PET Scanning

There are a significant number of requests being received by WHSSC for PET Scanning which are outside the indications within the current PET policy.

The PET policy is being reviewed. The outcomes of approved PET scans are being routinely requested with the aim of reporting how scans have influenced treatment pathways and to inform policy development and future decision making.

11.1

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	**28 June 2017**

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

Agenda Item 11.2
WHSSC Joint Committee
27 June 2017

Reporting Committee	**Cwm Taf UHB Audit Committee**
Chaired by	**Cwm Taf UHB Audit Committee Chair**
Lead Executive Director	**Committee Secretary**
Date of last meeting	**31 May 2017**
Summary of key matters considered by the Committee and any related decisions made.	
Members of the Committee received, reviewed and approved the WHSSC Annual Governance Statement, noting that drafts had been presented to the two previous meetings of the Committee. Members of the Committee received, reviewed and endorsed the WHSSC Annual Accounts 2016-17 for inclusion within the consolidated Annual Accounts of Cwm Taf UHB.	
Key risks and issues/matters of concern and any mitigating actions	
• None	
Matters requiring Committee level consideration and/or approval	
• None	
Matters referred to other Committees	
• None	
Date of next meeting	11 September 2017

11.2

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

Agenda Item 11.3
WHSSC Joint Committee
27 June 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	June 2017

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

Members:

- Received a presentation from a the Network Lead Consultant for Safe and Effective Care on the 2016 Annual Report
- Received a Neonatal Network report providing and update on
  - Delivery framework
  - Performance monitoring
  - Mortality review meetings
  - Neonatal Intensive Care Services in South Wales
  - South Central Alliance Programme
  - Management / governance of Network
- Received update reports from neonatal units on a health communities basis
- Received an update report from British Association of Perinatal Medicine (BAPM)
- Received a paper on the March Capacity review (medical and nurse staffing)
- Received a verbal update report from Bliss (charity for parents and families of babies who have been in neonatal care)
- Received an update from the following:
  - Transport
  - Lead Nurse report

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

- Lack of a 24 hour neonatal transfer service. 24 hour service specification being worked up on the request of the WG and Commissioners
- Replacement of existing high mileage transport ambulance
- Nurse staffing numbers in post.

Matters requiring Committee level consideration and/or approval

Nil of Note

Matters referred to other Committee

None

Confirmed Minutes for the meeting held in February 2017 are available on request.

Date of next meeting	12th September 2017

11.3

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

Agenda Item 11.4
WHSSC Joint Committee
27 June 2017

Reporting Committee	**Gender Dysphoria Partnership Board**
Chaired by	Tracy Myhill
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	16 May 2017

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

Welsh Government Funding 2015: Closure Report
Members note that the Welsh Government had requested a closure report for the £50,000 allocated to the Gender Project work. Members were informed that there was a £10,000 under spend; this money had been earmarked for referral work and to support the development and knowledge of the Gatekeeper through attending London to understand the process for first assessments. It was noted that Welsh Government had confirmed that the under spend could be carried forward into 2016-17.

Welsh Government Funding for Project lead
Members received an update and noted that funding had been agreed for a project lead. A discussion was held around the steps required to progress the work and establish dates for the four Tasks and Finish groups which would be focussed on 1) Interim Model, 2) Longer-term pathway, 3) Training and Education 4) Development of Shared Protocols. It was suggested that there should be a single, overarching project board to hold the task and finish groups to account for delivery.

Members agreed that dates for the project board could be set in advance of the recruitment of a project lead to maintain momentum and ensure the work remains visible to Health Boards.

Members noted the positive work carried out as part of the primary care project which provided baseline data to support the pathway development. Members acknowledged the need to build on the work so far and avoid duplication of efforts. It was acknowledged that when developing an interim solution, consideration needed to be given to specific learning for north Wales as the requirements may be different.

All Wales Gender Variance Pathway: Update on actions
Members received an update and were keen to ensure the work maintained momentum. Members noted that further detailed work was required to gain a greater understanding of the requirements for any future pathway given the vulnerabilities and inconsistency in the current provision.

Stakeholder Nominations: Update Members were informed that a notice had been issued for expressions of interest for stakeholder Members of the Group. A total of 13 nominations had been received from across Wales. It was noted that a total of six would be selected as representatives to sit on the Group and agreed that those not selected would be approved to support other areas of work, including working as part of the task and finish groups. **NHS Wales Centre for Equality and Human Rights** Members received a paper providing an update on key issues and actions that have arisen since the last meeting. **Terms of Reference** Members reviewed and agreed the Terms of Reference for the group subject to suggested amendments.
Key risks and issues/matters of concern and any mitigating actions **Concerns Update: Complaints and Incidents Reported** Members received a confidential update and further actions were agreed.
Matters requiring Committee level consideration and/or approval **Terms of Reference** The revised terms of reference are provided as an annex to this report for approval. **Local Health Board Representation** A letter is to be circulated to all Health Boards seeking representatives from each health board and proposing that the representative be a member of the All Wales Gender Identity Partnership Group.
Matters referred to other Committees No matter have been referred to other committees.
Confirmed Minutes for the meetings held are available from http://www.whssc.wales.nhs.uk/all-wales-gender-dysphoria-partnership-b

Date of next meeting	21 August 2017

11.4

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

NHS Wales Gender Identity Partnership Group

(Advisory Group to the Joint Committee)

Terms of Reference

Document Author:	Corporate Governance Manager
Executive Lead:	Director of Nursing and Quality
Approved by:	
Issue Date:	
Review Date:	2018

1.0 Constitution and Purpose

The Welsh Health Specialised Services Committee (**the Joint Committee**) hereby resolves to establish an advisory group of **the Joint Committee** to be known as the NHS Wales Gender Identity Partnership Group (formerly the All Wales Gender Dysphoria Partnership Board).

The NHS Wales Gender Identity Partnership Group has no executive powers, other than those specifically delegated in these Terms of Reference.

1.1. Purpose

The purpose of the NHS Wales Gender Identity Partnership Group is to advise the Joint Committee on:

- The model for Gender Identity Services;
- The lifespan clinical pathway for individuals with gender variance;
- Gaps in provision of locally delivered services, for example, endocrinology;
- Meaningful engagement with service users, gender identity support groups and providers;
- The quality of care and patient experience; and
- Development of quality indicators and key performance indicators for Gender Identity Services.

1.2. Relationships and accountabilities

The NHS Wales Gender Identity Partnership Group is directly accountable to the Joint Committee for its performance in exercising the functions set out in these terms of reference.

The Local Health Boards in Wales are responsible for putting in place plans to ensure that appropriate Gender Identity Services are available for Welsh patients.

The scope of the NHS Wales Gender Identity Partnership Group will extend beyond the services currently commissioned by WHSSC, and will include:

- Working with Gender Identity Support Groups;
- Reviewing primary and secondary care services provided and commissioned by Local Health Boards;
- Advising on service provision and support for children and young people;
- Identifying gaps in data around the health needs and experiences; and
- Exploring innovative ways in current business models.

2.0 Delegated Powers and Authority

The NHS Wales Gender Identity Partnership Group is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.

The NHS Wales Gender Identity Partnership Group is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with WHSSC's procurement, budgetary and other requirements.

3.0 Sub-groups

The NHS Wales Gender Identity Partnership Group may, subject to the approval of the Joint Committee, establish sub-groups or task and finish groups to carry out on its behalf specific aspects of the NHS Wales Gender Identity Partnership Group's business.

As a minimum a sub-group of LHB Leads for Gender Identity will be established.

4.0 Meetings

4.1 Membership

The Chair of the NHS Wales Gender Identity Partnership Group will be a NHS Wales Chief Executive or a senior NHS Wales Executive Leader.

The membership of the NHS Wales Gender Identity Partnership Group shall be determined by the Joint Committee, based on the recommendation of the Chair of the NHS Wales Gender Identity Partnership Group, taking account of the balance of skills and expertise necessary to deliver the NHS Wales Gender Identity Partnership Group's remit and subject to any specific requirements or directions made by the Welsh Government.

Members of the NHS Wales Gender Identity Partnership Group will be selected from nominations, to the Chair of the NHS Wales Gender Identity Partnership Group, from Stakeholder and Community Groups, the Local Health Boards and Welsh NHS Trusts. This selection will provide as wide a representation across Wales as possible.

The scope of the NHS Wales Gender Identity Partnership Group will extend beyond the services currently commissioned by WHSSC and therefore it is essential that each LHB has a member presented at the NHS Wales Gender Identity Partnership Group.

The membership of the NHS Wales Gender Identity Partnership Group will include representatives from the following:

- Stakeholder and Community Groups;
- NHS Wales Centre for Equality and Human Rights (NHS CEHR)
- LHB Lead for Gender Variance
- NHS Wales Directors of Workforce and Organisation Development;
- NHS Wales Directors of Planning;
- NHS Wales Directors of Primary Care and Mental Health;
- NHS Wales Directors of Finance

- WHSSC Executive Lead for Gender Identity Services
- Relevant clinical specialities including:
  - General Practice (GPC Wales and RCGP)
  - Psychiatry
  - Psychology
  - Child and Adolescent Mental Health
  - Endocrinology

A member may represent an LHB as well as an NHS Wales group, for example the member who is the LHB Gender Variance Lead may also be the representative from the NHS Wales Directors of Planning Group.

The NHS Wales Gender Identity Partnership Group will be supported by the following WHSSC officers:

- Specialised Planner; and
- Committee Secretariat (for governance advice).

A representative of Welsh Government will be invited to attend as an observer.

The NHS Wales Gender Identity Partnership Group may also co-opt additional independent external members from outside of the organisation to provide specialist knowledge and skills.

The NHS Wales Gender Identity Partnership Group's Chair may extend invitations to attend meetings as appropriate.

4.2 **Engagement**

The Chair must ensure that the NHS Wales Gender Identity Partnership Group's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual members must demonstrate, through their actions, that their contribution to the meetings discussion is based upon the best interests of the patients and the NHS in Wales.

4.3 **Members appointments**

Membership will be reviewed every two years. During this time a member may resign or be removed by the Chair or Joint Committee.

All Members are expected to adhere to the Welsh Government's *Citizen-Centred Governance Principles* and to the Joint Committee Standards of Behaviour Policy

4.4 **Quorum**

At least five members must be present to ensure the quorum of the meeting.

4.5 **Frequency and Attendance**

The NHS Wales Gender Identity Partnership Group will hold a minimum of four meetings per year.

Additional meetings may be called as appropriate with agreement of all members.

Members will be required to attend a minimum of 75% of all meetings.

4.6 **Dealing with Members' interest during meetings**
Declarations of Interest will be a standing agenda item for all meetings**.**

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.

Interests declared at the start of, or during a meeting will be managed in accordance with section 7.3 of the WHSSC Standing Orders.

4.7 **Decision Process**
Decisions can only be made in line within the parameter of the NHS Wales Gender Identity Partnership Group's functions and the delegated powers and authority of the group as set out in section 2.0.

The NHS Wales Gender Identity Partnership Group is an advisory group and therefore where a decision is required the matter will be referred to the Joint Committee.

5.0 Administrative Support
The NHS Wales Gender Identity Partnership Group will be supported by secretariat whose duties and responsibilities include:

- Agreement of agendas with Chair and attendees and preparation, collation and circulation of papers;
- Issuing invites for the meetings to members;
- Taking the minutes;
- Keeping a record of matters arising and issues to be carried forward;
- Arranging meetings for the Partnership Group;
- Maintaining records of members' appointments and renewal dates;
- Ensuring that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points; and
- Maintaining the register of interests for "the group"

5.1. **Circulation of papers**
The secretariat will ensure that all papers are distributed at least five clear working days in advance of the meeting.

Items for information will not be considered by the NHS Wales Gender Identity Partnership Group in accordance with the Business Framework.

6.0 Training, Development and Performance

The Committee Secretariat, on behalf of the Chair of WHSSC, shall:

- Arrange the provision of advice and support to members on any aspect related to the conduct of their role.

The Committee Secretariat, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the NHS Wales Gender Identity Partnership Group's performance and operation including that of any task and finish groups established.

An induction process will be established for new members and any training and development sessions will be managed by the Chair and Committee Secretariat.

7.0 Reporting and Assurance Arrangements

The Chair will:

- Report formally, regularly and on a timely basis to the Joint Committee on the Advisory Group's activities. This includes verbal updates on activity, the submission of committee minutes and written reports as well as the presentation of an annual report;
- Bring to Joint Committee's attention any significant matters under consideration by the Advisory Group; and
- Ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Managing Director or Chairs of other relevant committees of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee.

The Chair will:

- Ensure appropriate escalation for any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Local Health Board.

The Joint Committee may also require the Advisory Group Chair to report upon the NHS Wales Gender Identity Partnership Group's activities at public meetings or to partners and other stakeholders including NHS Wales Health Boards where this is considered appropriate;

- The Committee Secretariat will, on behalf of the Advisory Group Chair, ensure that the NHS Wales Gender Identity Partnership Group's confirmed minutes and written reports to the Joint Committee are available on the WHSSC website www.whssc.wales.nhs.uk and the

minutes and reports are shared with Local Health Boards through the Board Secretaries for the organisations.

8.0 Review

These terms of reference shall be reviewed annually by the NHS Wales Gender Identity Partnership Group.