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

WHSSC Joint Committee Meeting held in public
Tuesday 29 Janaury 2018 at 9.30am

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

Agenda

Item	Lead	Paper / Oral	Time
Preliminary Matters			
1. Welcome, Introductions and Apologies - To open the meeting with any new introductions and record any apologies for the meeting	Chair	Oral	9.30 - 9.45
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. Accuracy of Minutes of the Meetings held 28 November 2017 and 19 December 2017 - To **agree** and **ratify** the minutes.	Chair	Att.	
4. Action Log and Matters Arising - To **review** the actions for members and consider any matters arising.	Chair	Att.	
5. Report from the Chair - To **receive** the report and consider any issues raised.	Chair	Att.	9.45 - 9.50
6. Report from the Managing Director - To **receive** the report and consider any issues raised.	Managing Director, WHSSC	Att.	9.50 - 9.55
Items for Decision and Consideration			
7. Thoracic Surgery Recommendation - To **follow** **Contact:** Sian.Lewis100@wales.nhs.uk	Managing Director, WHSSC	To Follow	9.55 - 10.15

Item	Lead	Paper / Oral	Time
8. Perinatal Mental Health Options Appraisal - To **follow** **Contact:** Carole.Bell@wales.nhs.uk	CEO, PTHB	Att.	10.15 - 10.25
9. AAC Evaluation - To **note** **Contact:** Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.	10.25 - 10.35
10. Interventional Neuroradiology and Thrombectomy - To **approve** **Contact:** Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Pres.	10.35 - 10.45
11. Risk Sharing - To **approve** **Contact:** Stuart.Davies5@wales.nhs.uk	Director of Finance, WHSSC	Att.	10.45 - 10.50
12. WHSSC Governance and Assurance Framework Review - To **note** and **support** **Contact:** Kevin.Smith3@wales.nhs.uk	Committee Secretary, WHSSC	Att.	10.50 - 10.55
13. WHSSC Joint Committee Annual Business Cycle 2018-19 - To **note** **Contact:** Kevin.Smith3@wales.nhs.uk	Committee Secretary, WHSSC	Att.	10.55 - 11.00
14. Corporate Risk and Assurance Framework - To **note** and **receive assurance** **Contact:** Kevin.Smith3@wales.nhs.uk	Committee Secretary, WHSSC	Att.	11.00 - 11.05

Routine Reports and Items for Information

15. Integrated Performance Report - To **note** **Contact:** Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.	11.05 - 11.10

Item	Lead	Paper / Oral	Time
16. Financial Performance Report - To **note** **Contact:** Stuart.Davies5@wales.nhs.uk	Director of Finance, WHSSC	Att.	11.10 - 11.15
17. Reports from the Joint Sub-committees - To **receive** the report and consider any issues raised. **Sub Committees** • WHSSC Integrated Governance Committee • All Wales Individual Patient Funding Request Panel • Welsh Renal Clinical Network • Audit Committee **Advisory Groups** • All Wales Gender Identity Partnership Group o Gender Pathway Plan	Joint Sub Committee and advisory group Chairs	Att.	11.15 - 11.20
Concluding Business			
18. Date of next meeting - 27 March 2018, 1.30pm - Health and Care Research Wales, Cardiff	Chair	Oral	11.20 - 11.25

The Joint Committee is recommended to make the following resolution:
"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"
(Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".

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

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Minutes of the Meeting of the Welsh Health Specialised Services Committee

held on 28 November 2017
at Health and Care Research, Castlebridge 4,
Cowbridge Road East, Cardiff

Members Present

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Alexandra Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Len Richardson	(LR)	Chief Executive, Cardiff and Vale UHB (part meeting)
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Chris Turner	(CT)	Independent Member/ Audit Lead
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB

Apologies

Tracey Cooper	(TC)	Chief Executive, Public Health Wales
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
Lyn Meadows	(LM)	Vice Chair
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB

In Attendance

Glyn Jones	(GJ)	Director of Finance, ABUHB
Geoff Lang	GL	Executive Director of Strategy, BCUHB (VC)
Claire Nelson	(IL)	Acting Assistant Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
John Williams	(JW)	Chair of Welsh Renal Clinical Network

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC

The Meeting opened at **1.30pm.**

JC17/068 **Welcome, Introductions and Apologies**
The Chair opened the meeting and welcomed members. Apologies were noted as above.

JC17/069 **Declarations of Interest**
None declared.

JC17/070 **Accuracy of Minutes of the meeting of 26 September 2017**
Members reviewed and approved the minutes of the meeting held on 26 September 2017 as a true and accurate record.

JC17/071 **Action Log**
Members reviewed the action log and received the following updates.

JC019 Perinatal Mental Health. The Cabinet Secretary had responded that day to the recommendations from the Children, Young People and Education Committee. A paper would be brought to the January 2018 Joint Committee meeting.

JC027 Develop standard business case template.
It was suggested that the WHSS Team work with the Directors of Planning on this initiative.

JC028 and JC029 Risk sharing.
A new proposal would be discussed during the 'In committee' session of the meeting.

JC030 Cardiac Magnetic Resonance Imaging Future Responsibilities.
Correspondence had been issued to the All Wales Cardiac Network and Health Boards informing them of the agreement to transfer responsibility to Health Boards.

Matters Arising
There were no matters arising.

JC17/072 **Chair's Report**
Members received and noted the report which provided an update of the key issues considered by the Chair since the last report to the Joint Committee.

Len Richardson joined the meeting.

JC17/073 **Report from the Managing Director**
Members received a report from the Managing Director; the following areas were highlighted:

Positron Emission Tomography (PET) Scanning
Members were reminded of the paper previously presented to the Joint Committee seeking funding for additional indications, for which the Joint Committee had requested further information relating to the clinical effectiveness and cost/benefit for the proposed additional indications. It

was noted that the All Wales PET Scanning Group had discussed the proposal to provide clinical and cost effectiveness business cases for different indications to Management Group and concluded that this would be extremely challenging, time consuming and therefore not viable. The chair of the Group, who also chaired the Clinical Oncology Sub Committee, had indicated that he would be writing to the Director General regarding this matter.

Members acknowledged that Wales was an outlier and there was a need to fully understand the expected level of demand, what could be supported within the current investment levels and available funding. It was noted that although the proposal considered at the previous meetings was very likely to be contained within the financial envelope for 2017-18, it was difficult to guarantee no overspend on new indications against plan for future years. However, there was a clear expectation of savings across pathways arising from use of PET scans for new indications.

A discussion was held around the expected clinical benefits, anticipated savings in secondary care and positive patient experience, the necessity to ensure strong lines of communication with Health Boards around service planning, and the recognition that it was difficult to achieve robust evidence due to the low levels of activity. It was noted that PET scans for non-approved indications were regularly taken through the IPFR process and that this would continue but that the number of cases had necessitated a new route, outside of the mainstream IPFR process.

Members noted that the proposed indications had already been through the prioritisation process and were ranked at the high priority end of the scale. It was further noted that NICE had already positively reviewed the benefits of PET scans for head and neck indications and it was therefore agreed to approve these indications and defer further approval at the present time.

A question was raised around the level of head and neck activity and if this presented a significant percentage across all six indicators and therefore whether it was worth considering approval of all six. It was noted that this information was not readily available.

It was confirmed that there was currently sufficient PET scanning capacity for the head and neck indications.

Members agreed to approve the head and neck indications and defer the others for future consideration as part of the planning process.

Inherited bleeding disorders

A query was raised around the agreement at the last meeting. The WHSS Team clarified that the project would be aligning resources between Health Boards and WHSSC, rather than bringing all provision under

WHSSC. It was noted that an outline project plan would be developed in January 2018 and a project initiation document in February 2018.

Members resolved to:

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

JC17/074 **Development of the Integrated Commissioning Plan 2018-21**

Members received a paper that outlined the timeline for the development and submission of the ICP 2018-21, together with the development work involved in the process.

Members noted that the development of the Plan for 2018-21 was underpinned by the Risk Management Framework and that progress was positive. It was noted that, following written communication regarding the Commissioning Principles agreed by Joint Committee, a number of Health Boards had responded with feedback on schemes for inclusion; these were to be discussed as part of the forthcoming joint meeting between Management Group and the Clinical Impact Advisory Group.

It was noted that the WHSS Team had involved Directors of Planning and their teams, in addition to Management Group, to ensure that the ICP was aligned to Health Board IMTPs; it was suggested that this would be very important going forward.

Members noted the development work undertaken and were positive about the process. A query was raised around timescales for January 2018 and whether there was enough time between the Management Group and Joint Committee meetings to ensure amendments could be made as required. Members noted that the WHSS Team were confident that the process was better aligned this year, than in previous years, and therefore it was felt that the timescales were achievable. It was noted that Management Group only represented one element of the process and that the WHSS Team had engaged with a number of groups to support the process. Assurance was given that that the WHSS Team had held a number of sessions across various clinical and managerial groups in the development of the Plan and felt that the level of engagement from all parties had been such that it was not anticipated that there would be any significant issues arising in January 2018.

Members resolved to:

- **Note** the development work to date on developing the 2018-21 Integrated Commissioning Plan; and
- **Note** the timeline for the development and submission of the Plan.

JC17/075 **Neonatal Standards Third Edition Update**

Members received a paper that provided an overview of the Health Boards' baseline assessments against the Third Edition of the Standards and proposed that the NHS Wales Health Collaborative consider the Standards and advise on the process for their approval given that the

proposed changes to the governance arrangements for the Neonatal Network were scheduled to come into effect in January 2018.

Members received an overview of the report which presented findings from the baseline self-assessment of current services undertaken by the neonatal network to determine gaps against standards. It was noted that there were two specific areas identified, these being neonatal transport and cot occupancy.

Members noted that neonatal transport had been considered as part of the ICP process for 2018-21. It was noted that there was a need to review the current service model as it was felt that the current resource provision should be sufficient to provide a 24 hour service. However further work was required and the WHSS Team would work with the Network on this and longer term service viability. The paper also proposed that WHSSC worked with Reginal Planning Boards to develop an integrated plan for neonatal cots across south Wales; this would be done in the context of the overall model rather than on cot occupancy in isolation. It was suggested that when developing a business case, consideration should be given to the current data on demand, a repatriation model and utilising resources in a more flexible way.

It was noted that the Welsh Government would hold Health Boards accountable against the revised Standards following their launch. A question was raised around the alignment of the Welsh Standards with the English Standards as this would impact Health Boards working cross border. It was confirmed that the revised Standards were similar to the English standards.

Members resolved to:

- **Note** the outcome of the Health Board baseline assessments
- **Support** the proposal for the NHS Wales Health Collaborative to consider the standards and advise on the process for approval
- **Note** that Welsh Government will hold Health Boards to account against the revised Standards following their launch by the Network
- **Support** the proposal for WHSSC to work with Regional Planning Boards to develop a fully integrated plan for neonatal cots across south Wales.

Integrated Performance Report

Members received the report for September 2017, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

Children and adolescent mental health services in Betsi Cadwaladr University Health Board, together with Paediatric Surgery and Neurosurgery at Cardiff and Vale University Health Board continued to be in stage 3 escalation with Bariatric Surgery at Abertawe Bro Morgannwg University Health Board at stage 4.

Members resolved to:

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

JC17/076 **Financial Performance Report**

Members received the finance report for Month 7 2017-18 noting a year to date overspend of £737k with a forecast underspend to year-end of £259k for WHSSC.

It was noted that HRG4+ reporting had been discussed with Welsh Government. Actual HRG4+ costs were being reported as incurred but were being excluded from year end forecasts with contingency plans developed in case agreement is not achieved with NHS England.

Members noted that the NHS England had agreed to take the matter away and give it further consideration. Whilst there was no certainty, it was anticipated that a response would be received during December 2017, and an update would be provided at the January 2018 meeting. Powys Teaching Health Board and WHSSC were aligned in not signing contracts with English providers. However, it was noted that some Health Boards had signed contracts where local benefits applied.

Clarification was sought in relation to anticipated write backs and it was noted that up to a further £2m of reserves may be available for release if the disputes were favourably resolved.

Members were advised that a clear view of the 2017-18 year end and roll forward position would be presented in the Finance Report to the January Joint Committee meeting.

Members resolved to:

- **Note** the current financial position and forecast year-end position; and
- **Note** the residual risks for the year including the HRG4+ risk.

Reports from the Joint Sub-committees and Advisory Group Chairs

Members received the following report from the Joint Sub-committees and Advisory Group chairs:

Sub Committees

Quality and Patient Safety Committee

Members noted the update from the meeting held 17 October 2017; a summary of key matters from the last meeting was provided by CB. Members received the Quality and Patient Safety Committee Chair's Annual Report for 2016-17.

All Wales Individual Patient Funding Request Panel

Members noted the update from the meeting held 25 October 2017 and a summary of key matters was provided. It was noted that one case had been taken through the review process and a summary of lessons learned was to be taken back to the next Panel meeting for consideration. Members noted that work was ongoing to appoint a new Chair of the Panel.

Welsh Renal Clinical Network
Members noted the update from the meeting held 16 October 2017 and two key issues relating to transport and dialysis which were being managed and work was progressing to achieve resolution.

Audit Committee
Members noted the update from the meeting held 13 November 2017. It was reported that considerable work had been done by the WHSS Team on the Risk Management Framework but that the Committee didn't feel it received assurance on management of the risks without sight of the risk register but members understood why this was missing.

Members noted that the Quality and Patient Safety Committee had also provided feedback around the Corporate Risk and Assurance Framework and it was noted that development of this was ongoing. It was confirmed that the Joint Committee received the Corporate Risk and Assurance Framework twice a year.

Advisory Groups

NHS Wales Gender Identity Partnership Group
Members received the update from the meeting held 10 November 2017. It was noted that work had begun on the implementation of the interim model and a draft Welsh enhanced service was under negotiation for the Welsh Gender Team to be provided through Cardiff and Vale University Health Board. It was anticipated that communication about the service would commence early in 2018 and that a stakeholder meeting had been arranged with the Cabinet Secretary for Health and Social Service for 13 December 2017.

Members noted that the business case from Cardiff and Vale University Health Board was submitted to the Welsh Government who were providing funding and that this would be diverted to WHSSC and Health Boards as appropriate.

Members resolved to:

- **Note** the reports from the Chairs' of the Sub-Committees and Advisory Groups.

JC17/077 **Date and Time of Next Meeting**
It was confirmed that an Extraordinary Meeting of the Joint Committee would be held on 19 December 2017 at 9.30am

The public meeting concluded at approximately **2.45pm**

Chair's Signature: .....

Date: .....

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

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Minutes of the Welsh Health Specialised Services Committee Meeting

held on 19 December 2017
at Welsh NHS Confederation, Ty Phoenix, 8 Cathedral Road, Cardiff

Members Present

Vivienne Harpwood	(VH)	Chair
Tracey Cooper	(TC)	Chief Executive, Public Health wales
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB
Sharon Hopkins	(SH)	Deputy Chief Executive, Cardiff and Vale UHB
Alexandra Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Alan Lawrie	(AL)	Deputy Chief Executive, Powys THB
Sian Lewis	(SL)	Managing Director, WHSSC
Lyn Meadows	(LM)	Vice Chair (via telephone)
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Chris Turner	(CT)	Independent Member/ Audit Lead (via telephone)
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB

Apologies

Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
John Williams	(JW)	Chair of Welsh Renal Clinical Network

In Attendance

Tracy Myhill	(TM)	Chief Executive, Welsh Ambulance Service Trust
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

The Meeting opened at **9.30am**

JC17/078 **Welcome, Introductions and Apologies**

The Chair opened the meeting and welcomed members.

Apologies were noted as recorded above. SH was attending on behalf of LR and AL was attending on behalf of CS.

JC17/079 **Declarations of Interest**

There were no declarations of interest to note.

JC17/080 **Thoracic Surgery Review**

Members received a paper that informed the Joint Committee of the recommendation from the Project Board regarding the future configuration of services for south Wales; informed the Joint Committee of the key themes arising from the recent engagement exercise regarding the criteria to be used by the Independent Panel; provided proposed criteria based upon the feedback received; and provided an explanation of the need for an embargo on the release of the Independent Panel recommendation prior to the release of the Joint Committee papers relating to approval of the recommendation.

SL confirmed that the Project Board had recommended a single centre for future provision of services for south Wales and that the recommendation would formally be put to the Joint Committee at its meeting on 29 January 2018. This meant that the review would proceed to a second stage which required the Independent Panel to make a recommendation regarding the location of that single centre based on pre-determined criteria.

The original four criterion proposed to be used by the Independent Panel had been subject to the engagement exercise and had accordingly been modified by the WHSS Team taking into account the feedback received. SL summarised the key themes of the feedback received. The revised criteria comprised five criterion, which were then considered by members. SL was asked to ensure that the Independent Panel considered the health inequality impact on patients who already needed to travel to access services and may be faced with increased travel burdens dependent on which location was recommended; also to look for examples of staffing data from other UK centres of excellence in relation to the staffing criterion.

AH suggested that the 2 January deadline set for provider Health Boards to submit information to the WHSS Team for consideration by the Independent Panel was very tight. SL explained that the information had initially been requested in September 2017, giving Health Boards three months to collate and submit the information. SL went on to explain the process supported by Swansea Centre for Health Economics that would be used by the Independent Panel to consider the evidence provided.

KS explained that, due to extreme weather conditions, the Project Board that considered the recommendation of a single site had been inquorate by one member but that the Project Board shared a unanimous view on the recommendation and decided that the Project Board chair should confer with the missing member outside of the meeting to seek his opinion. The missing member confirmed his support to the chair later in the day and subsequently to all Project Board members in writing. On this basis the Project Board was content to make a unanimous recommendation.

The proposal to embargo the recommendation of the Independent Panel was then considered. It was noted that the CTUHB Communications Team would be co-ordinating the communications aspects of the project with affected Health Boards which would need to prepare for local enquiries. It was suggested that any briefing papers to the Joint Committee could be circulated shortly ahead of the meeting on 29 January and further detail could be held back for presentation at the meeting to minimise the risk of uncontrolled publicity. It was agreed that Project Board members should also be briefed shortly before the Joint Committee meeting and that it may be appropriate to pre-brief affected CHCs too.

LM and CT (both participating by telephone) confirmed that they were content that a thorough discussion had taken place and were supportive of the recommendations.

Members **resolved** to

- **Note** the recommendation of the Project Board regarding the configuration of thoracic surgery services (but did not approve it at this stage);
- **Note** the key themes arising from the engagement process;
- **Approve** the revised criteria to be used by the Independent Panel, subject to the foregoing discussion; and
- **Approve** an embargo on the release of the Independent Panel recommendation prior to the Joint Committee meeting scheduled for 29 January 2018, subject to the foregoing discussion.

The meeting concluded at approximately **10.15am**

Chair's Signature: .....

Date: .....

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	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	Mar 2018	26.09.2017 - Members noted that work was progressing on development of the strategy, that these actions would be rolled into the output on the Neurosciences Strategy and it was anticipated that the paper would be presented in March 2018.	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			
27.06.2017	JC013	**JC17/019 – Neurosciences Strategy Group timescales** Timescales for work agreed by the Neurosciences Strategy group to be circulated to member of the Joint Committee for information	Acting Director of Planning			

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
26.09.2017	JC019	**JC17/048 – Perinatal Mental Health** Revised options paper to be presented to the WHSSC Joint Committee in January 2018	Director of Nursing and Quality Assurance	Jan 2018	Item added to forward planner for January 2018 **Jan 2018** – Agenda Item 8	CLOSED
26.09.2017	JC021	**JC17/052 Thoracic Surgery Review** Phase 2 criteria to be presented to Joint Committee for approval at virtual meeting during December 2017.	Managing Director	Dec 2017	Meeting scheduled for 19 December 2017 **Jan 2018** – Agenda Item 7	CLOSED
26.09.2017	JC025	**JC17/054 Alternative Augmentative Communication (AAC) Service** Evaluation report expected from Cardiff Metropolitan University for presentation to the Committee in November 2017	Acting Director of Planning	~~Nov 2017~~ Jan 2018	Report not yet available deferred presentation to JC to January 2018 **Jan 2018** – Agenda Item 9	CLOSED
26.09.2017	JC032	**JC17/064 WHSSC Joint Committee Annual Self-Assessment** Chair and Committee Secretary to review options for a development day for the Joint Committee and induction programme for members.	Committee Secretary	~~Oct 2017~~ Apr 2018	**Nov 2017 –** Principles discussed. Scoping work has begun. Development session likely to be scheduled for March – April 2018	OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
26.09.2017	JC034	**JC17/065 Wales Gender Identity Partnership Group** Project plan for the Interim Gender Pathway to be presented at the November 2017 Joint Committee Meeting.	Director of Nursing and Quality Assurance	~~Nov 2017~~ Jan 2018	**Nov 2017** – Recruitment gender project post early Dec and task and finish group to scope work. Project plan will go to the Gender Identity Partnership Group on Dec 18th and then JC end January **Jan 2018** – Agenda Item 17.5	CLOSED

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

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		Agenda Item	5
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	Report from the Chair		
Author (Job title)	Chair		
Executive Lead (Job title)		Public / In Committee	Public

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

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☐	☒

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the contents of the report • **Support** the recommendations in 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 Chair of Quality & Patient Safety Committee

Members will be aware that Chris Keohli stepped down as Vice Chair of the WHSSC Quality & Patient Safety Committee ('Q&PS') when his four year term as an Independent Member at ABUHB ended in September 2017. We had been exploring to possibility of Chris continuing his work as Independent Chair of Q&PS in accordance with the revised Terms of Reference of that committee but Chris recently confirmed that he no longer wished to continue in that role. I would like to record my gratitude and thanks to Chris for his service to WHSSC generally and Q&PS in particular.

As a consequence, I have taken soundings and am pleased to confirm that Charles (Jan) Janczewski, recently appointed Vice Chair at CVUHB and previously Vice Chair at ABMUHB, has confirmed that he is willing and able to take over from Chris and, on that basis, I am hereby recommending his appointment as Chair of Q&PS, effective from 1 February 2018 until expiry of the initial term of his appointment as Vice Chair at CVUHB, in accordance with the Terms of Reference of Q&PS.

Following Jan's appointment, I will work with him to identify and appoint additional members of Q&PS from Independent Members of Health Boards.

3.2 Appointment of Independent Member of the Joint Committee

Following his appointment as Chair of CTUHB last year, Marcus Longley tendered his resignation as an Independent Member of the Joint Committee. I am also therefore delighted to recommend the appointment of Charles (Jan) Janczewski as an Independent Member of the Joint Committee for an initial term effective from 1 February 2018 until 31 January 2020, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders.

4.0 Recommendations

Members are asked to:

- **Note** the contents of the report
- **Support** the recommendations 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	The report suggests that there are some relevant issues that impact Quality, Safety & Patient Experience.
Resources Implications	The report suggests that there are some relevant issues that impact on resources.
Risk and Assurance	The report suggests that there are some relevant issues that impact on risk and assurance.
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**
Not applicable		

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

		Agenda Item	6
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	Report from the Managing Director		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

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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 Inherited Bleeding Disorders

Further to the Joint Committee in July, WHSSC is moving forward to establish a project to address risks within the IBD service, to ensure equitable access to a safe, sustainable and effective service, and to maximise value from existing resources. Internal WHSSC resource has been identified by extending the contract of an existing member of staff for 6 months to manage the project. The anticipated timeline for the project is as follows: CDG will receive the PID and baseline assessment in February. The first meeting of the project board will take place in March and working groups will conduct their work between April and September. The final report is scheduled for October. The outputs of the project will inform the development of the ICP 2019/20.

Table 1: IBD project timeline

Milestone	Date
PID approval by CDG	February 2018
Baseline assessment	February 2018
1st Meeting of project board	March 2018
Project groups	April – September 2018
Final report	October 2018

2.2 Inter Hospital Transfers

Following concerns raised regarding the high level of Inter Hospital Transfer (IHT) in South Wales and the impact this has on the elective current waiting times for patients, it was agreed at CDB to take forward a peer review. The remit of the review is to determine the reasons for a higher IHT rate in South Wales, make an estimate of what an appropriate IHT rate should be for South Wales and determine if there are any emerging themes that could be used to develop guidelines/SOPS's for IHT.

WHSSC will approach the Society of Cardio-Thoracic Surgeons to seek their support in identifying appropriate clinicians to undertake the review. The proposed approach is to review the IHT data from the centres, undertake interviews with clinicians and managers and a case note review of a limited number of cases but the approach will be fully agreed in discussion with the STCS

2.3 WHSS Team Appointments

We have successfully appointed to the Information Manager post. This was an internal appointment which has enabled immediate progress in strengthening our data warehouse capacity and user interface. We are also

reviewing our commissioning team structure to look at ways of providing increased capacity for North Wales and North Powys.

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		

6

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

		Agenda Item	7
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	Thoracic Surgery Review: Recommendations on service reconfiguration and a value for money assessment		
Author (Job title)	Managing Director		
Executive Lead (Job title)	Managing Director	Public / In Committee	Public

Purpose	The purpose of this paper is to: • Make a recommendation to the Joint Committee regarding the optimal number of thoracic surgery centres in south Wales; • Make a recommendation to the Joint Committee on the location of a single centre based on non-financial criteria; • Provide an update on the ongoing need for a value for money assessment of the recommendation on the location of a single centre; • Seek approval for the recommendations on the number and location of thoracic surgery centres in south Wales; and • Seek approval of the next steps in taking forward the recommendations.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☒	☐	☒

Sub Group /Committee	Thoracic Surgery Project Board	Meeting Date	15/01/2018
Recommendation(s)	Members are asked to: • **Support** the recommendation regarding the configuration of thoracic surgery services at a single centre; • **Support** the recommendation of the location of that single centre at Morriston Hospital, Swansea; and • **Approve** the recommendations taking into account the requirement for a detailed Implementation Plan and information to enable the WHSS Team to undertake a value for money assessment by 11 May 2018.		

Considerations within the report (tick as appropriate)

	YES	NO		YES	NO		YES	NO
Strategic Objective(s)	✓		Link to Integrated Commissioning Plan	✓		Health & Care Standards	✓	
Principles of Prudent Healthcare	✓		Institute for HealthCare Improvement Triple Aim	✓		Quality, Safety & 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 At the Joint Committee meeting of 26 September 2017 a process and timeline for agreeing the future configuration of Thoracic Surgery Services in south Wales was approved.

1.2 As part of this process the Thoracic Surgery Project Board met on 11 December 2017 to make a recommendation regarding the optimal configuration for services in the future. The recommendation was that future services should be provided by a single centre. The review then progressed to a second stage which involved an Independent Panel assessment of the existing two centres (Morriston Hospital and University Hospital of Wales) leading to a recommendation regarding the location of the single centre. The Panel met on 10 January 2018 and recommended Morriston Hospital as the preferred centre.

1.3 Alongside these non-financial assessments it was intended that a value for money ("VfM") assessment would take place based on activity levels agreed between the WHSS Team and both provider organisations (i.e. Abertawe Bro Morgannwg University Health Board ("ABMUHB") and Cardiff and Vale University Health Board ("CVUHB")) which would provide indicative revenue and capital costs of delivering a single service for south Wales for each centre.

2.0 Background

2.1 Both stages in this process were informed by an engagement process which involved members of NHS staff, CHCs and the public and ran from 18 October to 29 November 2017. The engagement process asked for feedback on the evidence used to make the recommendation on whether there should be one or two sites providing thoracic surgery as well as the criteria that should be used if one site was the preferred option. The exercise also asked for feedback on the process and documentation.

2.2 The majority of responses related to the relative importance of the criteria if a choice needed to be made between to the two existing sites rather than the evidence base required to make a decision between one or two sites.

The importance of taking into account travel times and the sustainability of a single unit were emphasised by a number of respondents. Respondents specifically mentioned the importance of taking into account whether a unit could recruit and whether the infrastructure on the site could support the increased capacity required to deliver a high quality service. A key message from NHS staff was the importance of co-location of services and consideration of the potential impact on the removal of the service from a site. Nine responses arrived after the closing date and whilst they were not included in the report they were taken into account during the process.

2.3 The Project Board met on 11 December 2017. They first considered the engagement feedback and then considered an evidence pack which had been informed by the engagement exercise. Each item of evidence was discussed individually and a view was taken as to whether it was useful in informing the recommendation on whether there should be one or two sites. At the end of this process the Chair brought together the conclusions from the individual items of evidence and the group achieved consensus regarding the recommendation that services should be delivered on a single site.

2.4 Following the recommendation that services should be delivered on a single site the Joint Committee considered proposals for the criteria to be used by the Independent Panel. These were informed by the engagement exercise with input from the Project Board and the Swansea Centre for Health Economics ("SCHE") which provided decision making support to the Independent Panel. The criteria were approved by the Joint Committee together with feedback to be provided to the Independent Panel.

2.5 The Independent Panel met on 10 January 2018. The Terms of Reference and membership are included in Appendix A. The Panel followed the EDEM principles for group decision making with support from SCHE.

2.6 The Independent Chair of the Panel, Mr John Hill-Tout, attended the Project Board on 15 January 2018 to provide assurance to the Project Board regarding the process undertaken by the Panel. As previously agreed by the Joint Committee, the recommendation of the Panel was not disclosed to the Project Board.

2.7 The Project Board was not provided with a VfM assessment on 15 January 2018, as anticipated, because the two provider organisations were unable to supply sufficient information to the WHSS Team by the deadline.

3.0 Assessment

3.1 Project Board recommendation regarding a single site

Key issues for the Project Board were:

- Changes in clinical practice such that surgeons are no longer undertaking dual practice (i.e. cardiac and thoracic surgery) and therefore providing an out of hours thoracic surgery on-call rota would in the future require a total of 8-10 thoracic surgeons across two sites. This was considered prohibitive both because of cost and because such jobs would be unattractive as there would be insufficient routine case load to maintain skills. Maintaining the current configuration was therefore considered to be associated with a high risk of service failure.

- The current model based on two sites has been unable to meet demand and delivering cross site capacity had not been successful.

3.1.1 Additional feedback from the Project Board

In addition to the recommendation on there being one site the Project Board identified the following issues for consideration by the WHSS Team and the Joint Committee:

- If the decision required formal consultation there were areas in the engagement documentation which required strengthening.

- Effective implementation and ensuring that the single site had a suitable infrastructure to deliver sufficient capacity would be key to the success of a single site model. Also that the patient pathway should ensure that travel was minimised, this should include outreach clinics, and careful consideration of issues like appropriate appointment times for patients travelling long distances.

- The issue of family accommodation was considered important but recognised as outside the remit of the Project Board.

3.1.2 Quoracy of the Project Board

It should be noted that because of severe adverse weather conditions one commissioner representative was unable to attend the Project Board on 11 December 2017 (i.e. only 3 of 4 commissioner representatives were present), the Board was therefore not quorate. However it was agreed amongst the remaining 13 Project Board members present (3 LHB commissioners, 4 clinical representatives, 4 service provider representatives, 1 lay member and 1 CHC member) that because there was unanimity within the group and the absent member had prior access to the evidence, that the Chair would contact the absent member immediately following the meeting to share the key aspects of the discussion and seek his approval or otherwise of the recommendation. Approval from the absent member was confirmed orally to the Chair and subsequently by e-mail to all members of the Project Board, thus confirming a unanimous decision from a quorum of members on the recommendation.

3.2 Independent Panel Assurance on Process

The Chair of the Independent Panel reported on the process to the Project Board on 15 January 2018. He was able to confirm there were no issues of serious concern. The Project Board members agreed that they were assured regarding the integrity of the recommendation process. It was however reported that the Panel had been disappointed by the information submitted by both provider organisations in relation to infrastructure and improving standards of care through innovation, although this had not inhibited the Panel from making a recommendation.

3.2.1 Independent Panel Scoring Process

The Panel first weighted the criteria. Scoring then went ahead for each of the criteria in turn and a total mean score was calculated. The results showed that irrespective of weighting the scoring process produced the recommendation that a future single centre for thoracic surgery should be located at Morriston Hospital rather than University Hospital of Wales.

The weighting was as follows:

Criterion	Weighting
i. How easy will it be for patients to access care at the centre? ("**access**")	21%
ii. Will the centre be able to provide the space and equipment needed for a much larger unit? This includes what other developments are planned for the hospital site and what impact will they have. ("**infrastructure**")	31%
iii. Will the centre be able to recruit enough staff to run a much larger unit? ("**staffing**")	16%
iv. Does the centre have the ability to undertake medical research and develop new improved ways of working so that it will drive up standards of care for patients throughout south Wales? ("**standards of care**")	20%
v. What is the impact on other services at the hospital if thoracic surgery is no longer delivered there? ("**impact"**)	12%

The scores are shown in the table below where the higher number prioritises the site for recommendation.

	Total mean without weighting	Total mean with weighting
Morriston Hospital	29.10	27.26
University Hospital of Wales	26.40	25.78

The Panel unanimously supported the recommendation in favour of Morriston Hospital in line with the outcome of the voting, although it was noted that there was only a marginal difference in the scores achieved (with or without weighting). However, it was agreed that the accompanying narrative to the Joint Committee should include a requirement for ABMUHB to provide a robust implementation plan. Furthermore if ABMUHB was unable to provide a satisfactory implementation plan within a defined timescale that the opportunity to submit a proposal should be given to CVUHB without the need to re-visit the decision making process; this was based on the relatively small margin between the scores (with and without weighting).

3.2.2 The Report from the Chair of the Independent Panel

This is attached (Appendix B).

A key feature of the process is that each panel member votes anonymously and does not have to explain their individual scores. It is therefore not possible with certainty to identify the critical deciding factors for this pattern of scoring. However WHSSC Officers noted that key points of discussion were:

- The importance of ensuring the correct infrastructure is in place and that the absence of an appropriate infrastructure may jeopardise the plan for a single centre service model. However, the unanimous opinion of the Panel was that the quality of information submitted by both providers in relation to this criterion was poor.
- The requirements for co-location of thoracic surgery with a Major Trauma Unit and Upper GI surgery. It was noted that the pressures on ITU and HDU would be increased greatly if all three services were co-located.
- The negative impact on a centre of not having all three services was also considered.

In addition to the recommendation regarding the location of the single centre, the Panel also provided the following feedback to the Joint Committee regarding their recommendation:

- It is essential to minimise travel burdens for patients by provision of non-surgical services as near as possible to patients' homes, use of technology (e.g. Skype for consultations and relatives' virtual visits) should be encouraged, and adequate car parking provision should be considered.
- Infrastructure must be properly resourced, including both interim and permanent solutions, if applicable. There must be robust, credible planning of the infrastructure.
- Careful consideration must be given to recruitment and internal staff development to support the new service.

3.3 Value for Money consideration by the Project Board

The WHSS Team was unable to present the Project Board with a VfM assessment because neither of the provider organisations submitted sufficient information by the required deadline.

To date no financial information has been provided by either provider on the increased revenue and capital costs of re-location. It is therefore not possible at this point to draw any conclusions on either overall value for money or relative value for money between the centres.

The value for money risks are summarised as:

- Revenue – uncertainty regarding the difference between the incremental cost at the new centre and the scale of any costs that may be deemed un-releasable. Whilst some revenue risk could be mitigated by adopting fixed prices with in-built financial challenge, there could still remain sustainability and deliverability issues and hence acceptability to the provider.
- Capital – the quantum of cost of increasing capacity in the new centre will vary according to site location and impact on other capital service plans.

On this basis, the Project Board recognised that the Joint Committee would need to determine whether it had sufficient information to proceed in the absence of a VfM assessment and, if not, would need to take a view on how to assess this at a later stage.

4.0 Next steps

4.1 Assuming the Joint Committee supports the recommendations of the Project Board and the Independent Panel, then a detailed Implementation Plan together with sufficient information to enable the WHSS Team to undertake a VfM assessment for presentation to the Joint Committee will be required. There should be an agreed deadline for submission of this information.

4.2 Individual CHCs and the Board of the CHCs have been provided with the engagement report developed for the Project Board, copies of the verbatim responses, as well as a response describing the feedback generally and how their specific feedback has been used. We understand that the CHCs will advise the WHSS Team shortly as to whether or not the CHCs feel that a full consultation exercise is required.

5.0 Recommendations

The members of the Joint Committee are therefore asked to:

- **Support** the recommendation regarding the configuration of thoracic surgery services at a single centre;
- **Support** the recommendation of the location of that single centre at Morriston Hospital, Swansea; and
- **Approve** the recommendations taking into account the requirement for a detailed Implementation Plan and information to enable the WHSS Team to undertake a value for money assessment by 11 May 2018.

6.0 Appendices/ Annexes

- **Appendix A** details the Terms of Reference and Membership of Independent Panel.
- **Appendix B** is the Report from the Chair of the Independent Panel.

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan
Link to Integrated Commissioning Plan	Delivery of the thoracic surgery review.
Health and Care Standards	Safe Care Effective Care Timely Care
Principles of Prudent Healthcare	Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	The thoracic surgery review aims to make recommendations to ensure the future safety and quality of the service, providing a positive patient experience.
Resources Implications	Continuing resource implication for WHSS Team in relation to the VfM assessment, to achieve next stage.
Risk and Assurance	Not applicable
Evidence Base	Not applicable
Equality and Diversity	The process was designed according to good practice to ensure equality and diversity obligations are met.
Population Health	This paper does not directly address issues of population health.
Legal Implications	Specific legal issues or advice are not considered within this report.

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

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

Thoracic Surgery Review – South Wales

Independent Assessment Panel

Terms of Reference

1.0 Purpose

The purpose of these terms of reference is to set out the role and remit of the Independent Assessment Panel, established to advise the Welsh Health Specialised Services Joint Committee on the preferred location of a single Thoracic Surgery centre at either Morriston Hospital, Swansea or University Hospital of Wales, Cardiff. The recommendation will be advisory and will be used by the Welsh Health Specialised Services Joint Committee to make a formal recommendation on the preferred site of the centre in the region.

2.0 Principles

The panel process will be conducted in accordance with the following principles:

- Independence
  - Panel members must have no vested interest in achieving particular outcomes.

- Group composition
  - comprehensive in the coverage of perspectives (technical and service user expertise and experience).
  - balanced (equal/similar numbers to represent the required range of expertise and experience).

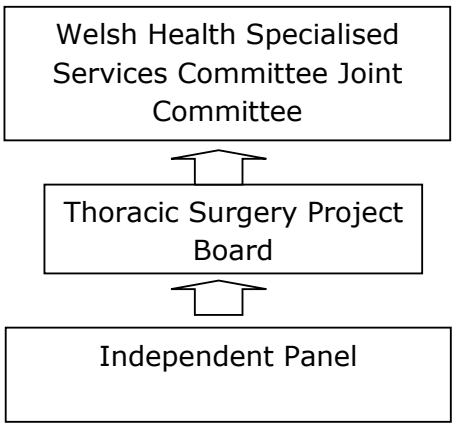
- Transparency and clarity
  - all stages of the decision process and reporting are clear and reflect the preferences of the group.
  - The group will be supported by the Swansea Centre of Health Economics based on the work of EVIDEM (Evidence and Value: Impact on Decision-Making) Collaboration. It is designed to:
    - Consider all aspects of the decision
    - Support a consistent deliberative process
    - Share decisions transparently
    - Rank and prioritise options based on their contextual value

3.0 Responsibilities

3.1 The responsibilities of the independent panel are to:

- Understand the issues in relation to Thoracic Surgery service provision across South Wales through review of information provided by the Senior Responsible Officer, Programme Board and the evidence pack provided to the group (evidence pack to be sent out in advance)
- To evaluate the existing centres against criteria formulated following the WHSSC Thoracic Surgery engagement process
- Participate in an electronic scoring system to define the weighting and scoring of criteria
- Discuss and evaluate the weighting of the criteria to provide an agreed score with other panel members
- Discuss and evaluate the score for each unit and each criterion and arrive at an agreed score with other panel members
- Review and evaluate the weighted scores as calculated via the electronic scoring system
- Agree a narrative to support the agreed scores
- Make a recommendation to the Joint Committee on which site should provide Thoracic Surgery services in the future
- The Joint Committee will in turn review this recommendation on 29th January 2018.

4.0 Accountability



5.0 Membership (to be confirmed)

5.1 The proposed membership is as follows:

Independent Chair	TBC
Medical representative	Thoracic Surgeon
Medical representative	Respiratory Physician N Wales
Nurse representative	Clinical Nurse Specialist N Wales
Network Manager	Cancer network lead/manager NHS England
Third Sector representative	Roy Castle Foundation
Patient representative	Patient from N Wales
Staff side representative	Royal College of Nursing
Equality impact assessment unit	EHRC Wales
Lay member	TBC
Service Commissioner	NHS S West Vaughan Lewis

6.0 Location of Meeting

The meeting of the independent panel will be on 10th January 2018 at 10.00 am and will last the whole day. The venue is yet to be confirmed.

7.0 Administrative and Process Support

The Independent panel will be supported throughout the day by the Senior Responsible Officer, the Programme manager and the Swansea School of Health Economics. Administrative Support will be provided by the WHSSC officers.

Thoracic Surgery Review – Independent Panel Members

Name	Role	Title	Organisation
John Hill-Tout	Independent Chair	-	-
Phil Bowen	Patient Representative	-	-
Lorraine Dallas	Third Sector Representative	Director of Lung Cancer Information and Support Services	Roy Castle Foundation
Adrian Drake-Lee	Lay member	-	North Wales Community Health Council
Stephen Kelly	Medical Representative	Respiratory Consultant	Betsi Cadwaladr University Health Board (BCUHB)
Nicola McCulloch	Service Commissioner	Senior Programme of Care Manager for Cancer Services	NHS England
Jonathan Miller	Cancer Network Lead	South West Cancer Programme Lead	NHS England
Lynne Pankhurst	Equality representative	Learning and Development Manager	NHS Centre for Equality and Human Rights
Rajesh Shah	Medical Representative	Senior Thoracic Surgeon	University Hospital of South Manchester NHS Foundation Trust
Sian Thomas	Staff Side Representative	Consultant Nurse & Chair of Consultant Nurse Cymru	Aneurin Bevan University Health Board
Jayne Emsley	Nurse Representative	Lung Cancer CNS	BCUHB

Appendix B

South Wales Thoracic Surgery Review

Report from the Chair of the Independent Panel

Process

The Independent Panel ('the Panel') met in Cardiff on 10 January 2018 to consider making a recommendation to the Welsh Health Specialised Services Committee ('the Joint Committee') for the identity of a single centre for future provision of thoracic surgery in south Wales.

The Panel comprised ten independent members from the eleven individuals invited (Appendix A). One invitee was ill and therefore unable to attend.

The Panel was supported by WHSSC officers and a representative from Swansea Centre for Health Economics ('SCHE').

A presentation was given on governance around the functioning of the Panel and the need for independence and an explanation of conflicts of interest was given to Panel members. There were no declarations of interest.

Minutes of the proceedings were taken.

The Panel received a presentation on the background to the Review and progress to date.

An extensive evidence pack covering each of the 5 criteria determined by the Joint Committee was made available in advance of the meeting, together with an Equality Impact Assessment.

The SCHE representative explained the EDEM process that was to be used and confirmed that the absence of one invited member due to ill health was not problematic. The criteria were weighted and each criterion considered and voted on in turn.

The evidence supplied by the provider organisations was generally considered to be poor, particularly in relation to Criterion 2 – regarding the provision of the necessary infrastructure and facilities, and Criterion 4 – demonstrating how standards would be improved through new ways of working. However, this did not impair the Panel from making a recommendation and observations.

Appendix B

A recommendation was agreed and a number of observations were made that were added as narrative to the recommendation.

Panel members were reminded that the recommendation and narrative were embargoed until the Joint Committee meeting on 29 January 2018.

I attended the Project Board meeting on 15 January 2018 to provide assurance that the Panel had followed due process and made a recommendation to the joint Committee.

Weighting and factors for consideration

Access – 21%

- Local delivery of services are essential for the non-surgical elements of the patient pathway (i.e. services should be delivered near to home, wherever possible)
- Adequate parking at the thoracic surgery centre should be considered
- The importance of MDTs conducting virtual meetings using technology, such as video conferencing, was important
- Consideration should be given to availability of technology, such as skype, for patient/relative contact ('virtual visits') should be explored for the thoracic surgery centre

Infrastructure – 31%

- The centre must be properly resourced with interim and permanent solutions
- There must be a robust, credible implementation plan, failure will jeopardise the single centre concept

Staffing – 16%

- New staff will need to be recruited and some staff may want to re-train to staff the thoracic surgery centre

Research and innovation – 20%

Impact – 12%

Appendix B

Outcome

The discussion was thorough and detailed with all members of the Panel making valuable and active contributions. After full assessment, the recommendation was made that Morriston Hospital was judged to be the most appropriate centre based on both the unadjusted weighting and the adjusted weighting. The decision was unanimous but based on a relatively narrow margin. There were a number of factors, which are set out above, that the Panel thought the Joint Committee should take into account in establishing the single service.

Infrastructure was weighted as the most important criterion but the information supplied by both providers to assess this issue was poor. The panel assessed that, on the information supplied, Morriston Hospital is marginally better placed to deliver the centre.

Implementation is crucial and the panel recommends that the provider is asked to provide a definitive Implementation Plan which will need to be tested and approved by the Joint Committee.

If the Implementation Plan is not delivered within a specified timescale or not sufficiently robust, given the close outcome of the assessment, the Panel recommends that UHW then be invited to provide an Implementation Plan, which would be similarly assessed by the Joint Committee.

John Hill-Tout
Chair
Independent Panel
South Wales Thoracic Surgery Review
24 January 2018

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

		Agenda Item	8
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	Tier 4 Specialist Perinatal Mental Health in Wales		
Author (Job title)	Director of Nursing & Quality Chair Tier 4 Specialist Perinatal Mental Health Task & Finish Group		
Executive Lead (Job title)	Director of Nursing & Quality	Public / In Committee	Public

Purpose	The purpose of this paper is to provide an update to the Committee and to present the clinical view of the Tier 4 Perinatal Mental Health task and finish group.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☐	☒

Sub Group /Committee	Child and Adolescent Mental Health Services and Eating Disorders Network Steering Group	Meeting Date	01/09/2017
	All Wales Perinatal Mental Health Steering Group	Meeting Date	25/1/2018
Recommendation(s)	Members of the Joint Committee are asked to: • **Note** the information presented within the report; • **Support** the recommendation of an interim model for inpatient care in South Wales. • **Consider** the best mechanism to progress future work in terms of the development of a potential interim and long term solution. • **Support** the recommendation that WHSSC continue to work with BCU and NHS England of developing the feasibility of a Mother and Baby Unit in North East Wales.		

Considerations within the report (tick as appropriate)

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

8

1.0 Situation

A sub group of the All Wales Perinatal Mental Health Steering Group AWPMHSG was established to oversee the review of Tier 4 Specialist Perinatal Mental Health Service for Wales. The overarching aim was to propose a preferred pathway that would provide an equitable and sustainable service model for Welsh residents.

The purpose of this paper will provide an update on the political position, the clinical views from the expert group and the evidence base to support the direction of travel.

2.0 Background

In June 2015, the Health & Social Services Minister announced £1.5 million (per year) of new Welsh Government investment in adult mental health services across Wales. As a result each one of the Health Boards has established new specialist community mental health services with the aim of improving outcomes and are represented on the All Wales Perinatal Mental Health Steering Group (AWPMHSG).

The Tier 4 sub group which included clinical representation, the third sector and women with lived experience undertook a high level options appraisal and presented the work to the Joint Committee on the 25th July, 2017. Further work was requested to consider the interface with local specialist perinatal mental health teams, the impact of patient choice and additional scrutiny of the evidence to support the need for a dedicated mother and baby facility (MBU – Mother and Baby Unit) specifically in Wales.

Since this time the National Assembly's Children, Young People and Education Committee published a report following its inquiry into perinatal mental health care in Wales on October 17th, 2017. They concluded that whilst they recognised that Wales's geography posed challenges for the provision of specialist MBU beds, their absence in Wales was not acceptable and needed to be addressed by the Welsh Government as a matter of urgency.

As South Wales has the birth rates required by the clinical standards to sustain a specialist MBU, the Committee recommended that a unit is established in South Wales. This was also supported by the Tier 4 sub group both clinicians and users and was the preferred option presented to the committee in the last paper. The Cabinet Secretary's response to the recommendations support specific provision in Wales.

Recommendation 6 of the report asked that the Welsh Government, based on the evidence received, establish a MBU in South Wales commissioned and funded on a national basis to provide All Wales Services staffed adequately in terms of numbers and disciplines and to act as central hub of knowledge and evidence based learning for perinatal mental health services in Wales.

In response to the report the Cabinet Secretary for Health, Well-being and Sport has stated:

> "The current evidence base would suggest there is a need for inpatient care in southern Wales, though there would not be sufficient demand to provide a unit in North Wales alone….
> The Tier 4 sub-group of the AWPMHSG is currently costing options for consideration, while considering the concerns raised by WHSSC's Joint Committee. The options are to be presented to the Joint Committee in January."

The Committee has also requested a Plenary debate which is due to take place on the 31st January, 2018. This will be an opportunity for all Assembly Members to discuss the report in the Chamber.

3.0 Assessment

Summary of evidence to support the need for a specialist Mother and baby inpatient care in Wales

There are currently around 33,000 live births in Wales. NICE guidelines (2014) recommend that specialist inpatient services should cover a population where there are between 25,000 and 50,000 live births per year (depending on the local psychiatric morbidity rates). The Royal College of Psychiatrists (2015) recommends that specialist units should be provided to serve the needs of populations with 15,000 to 20,000 deliveries.

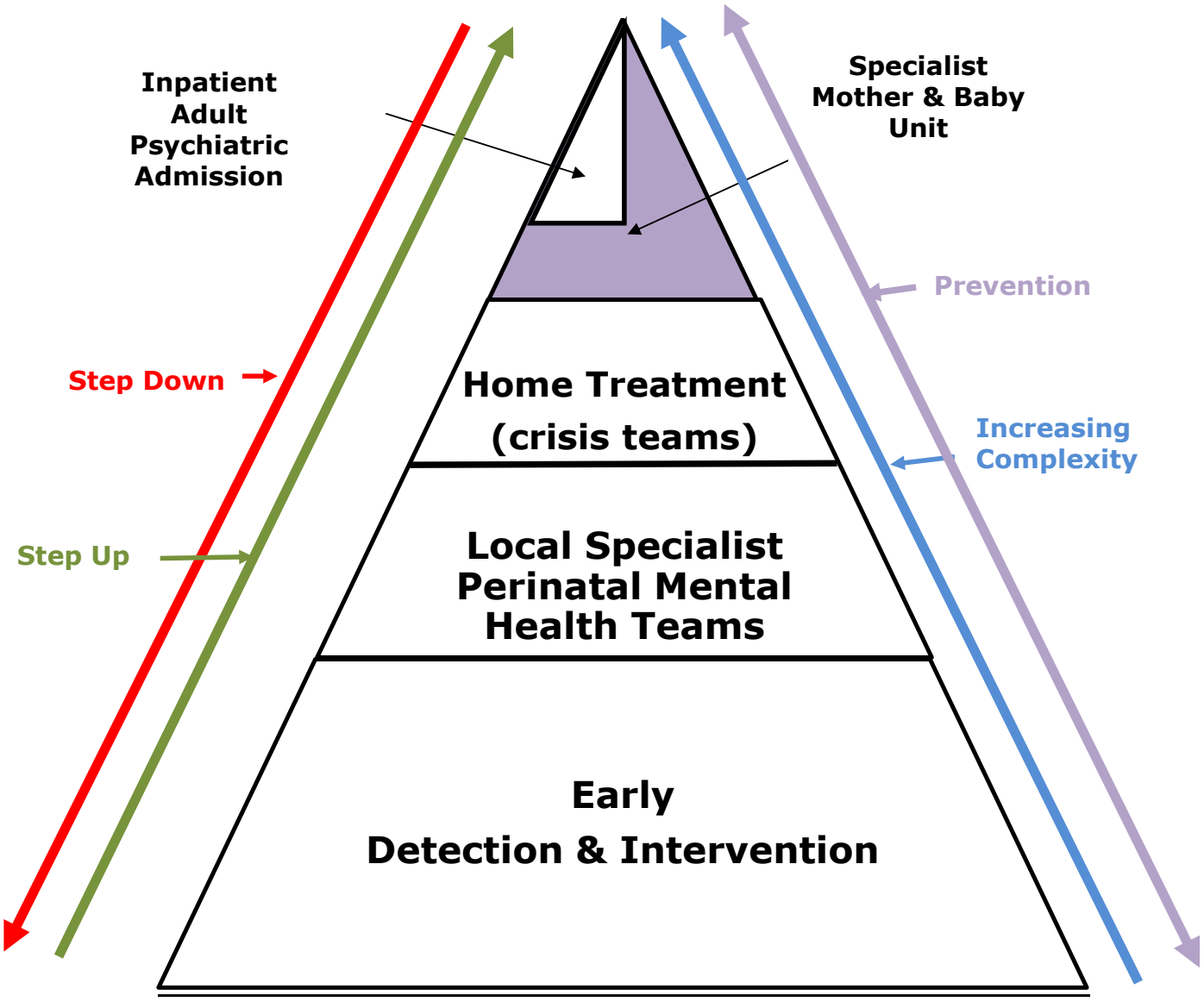
In cases of severe perinatal mental ill health, such as puerperal psychosis, the mother and baby are likely to require specialist inpatient care. Current research suggests this occurs in every 1 or 2 cases per 1,000 births. In Wales this would equate to 35 and 70 women each year. The development of specialist perinatal mental health services has resulted in awareness of perinatal mental ill health both within the in-patient and community setting has increasing.

In 2016-2017 WHSSC received 13 funding requests for a mother and baby placement with only 6 women actually being placed in a unit.
In 2017-18 there have already been 14 funding requests for mother and baby placements and 13 women placed in beds. Placements have been made for residents of all Local Health Boards with the exception of Powys at this stage. There have already been 4 placements in January 18 (3 from BCU) and currently 5 Welsh patients in MBU beds (2 ABMU & 3 BCU).

The average length of stay for patients discharged so far in 2017/18 is 40 days with a range of 3 days to 70 days. The average cost per bed day of these placements is £750 with range of £697 to £847. An average cost per MBU placement of £30,000 and current daily cost of the 5 placements of £3,650

(average £730). The total cost of MBU placements to end December is £293k and forecast for year is c£500k.
A further task and finish clinical workshop was held on the 13th October, 2017 to consider the interface with specialist mental health teams. It is clear that the model for perinatal mental health needs to be viewed as a whole. The system should work to enable home and community support for the vast majority of women and families, support by specialist community teams. The following pyramid model was developed to illustrate the levels of care in a step up- step down model:

Perinatal Mental Health Pyramid



There is extensive research evidence to support the most appropriate care settings and expertise required for women who require specialist Perinatal mental health services. It is well recognised the need to promote mother and baby attachment by not separating the baby from its mother. Mother and baby units are highly specialised services focused on the treatment and recovery of women with the most severe and complex mental ill-health. Mother and Baby Units enable the treatment and recovery of the mother whilst ensuring the developing relationship with the baby and its physical and emotional wellbeing. MBU's are staffed by clinicians with additional knowledge and skills in the impact of childbirth on maternal psychiatric disorder and the effects of maternal psychiatric disorder and its treatment on the infant both in-utero and after birth.

Factors to be considered when developing a Mother and Baby Facility

When considering the long term options for specialist inpatient care, a number of factors need to be considered, including:

- Safeguarding outcomes for mother and baby
- Ability of the model to match the essential and desirable criteria for specialist perinatal mental health care
- Sustainability of the staffing model
- Location and distance for families to travel
- Proximity to maternity unit and community perinatal mental health teams
- Suitability of existing premises.
- Cost and financial risk
- Lead times for planning/construction

Both the Royal College of Psychiatrists (5th edition) and NICE guidance (2016) stipulate the service standards when developing a MBU and are included in Annex 1 of the paper

Provision of services in North Wales

Whilst one of the options from the previous paper was to continue to contract MBU placements from an English provider the National Assembly's Children, Young People and Education Committee report recognised that travelling to South Wales was unlikely to be suitable for populations elsewhere particularly the North. As such whilst they noted that North Wales alone did not have the necessary birth rates to sustain a specialist MBU, they recommended proactive engagement with providers in England to discuss options for the creation of a MBU in North East Wales that could serve the populations of both sides of the border.

The Cabinet Secretary in his response wrote:

"I have asked WHSSC to work with Betsi Cadwaladr University Health Board to consider options in North Wales, including this recommendation. The outcomes will

inform the overall development of inpatient care in Wales, which will consider the needs of mothers and families across the whole of Wales. The options for provision in North Wales will be presented to the Joint Committee in January, as part of the overall development of inpatient care across Wales."

A meeting has taken place with the specialist perinatal mental health team from Betsi Cadwaladr on the 21st November, 2017. Three potential options for North Wales have been suggested and are as follows:

- 6 bedded unit integrated model staffed by the specialist mental health team in which beds could be accessed by Mid Wales and NHS England
- 2 bedded unit – most probably attached to existing adult inpatient unit
- Identifying and commissioning 2 beds with NHS England for North Wales patients.

Although North Wales alone does not have the required number of births to meet the criteria for a MBU the preferred option would be to continue to explore the first option which is also supported and recommended by the enquiry report.

Funding considerations

The Budget agreement announced on the 1st October, 2017 gave commitment to developing specialist in patient perinatal mental health support for new mothers and their babies in Wales. Furthermore, the commitment to improve perinatal mental health care is an agreed Welsh Government 'Prosperity for All' priority. NICE estimates the average cost of a bed of a specialist mother and baby unit as £247,500 a year, based on the average cost of 1 bed day and an incremental cost for providing a specialist in patient bed.

Conclusion

There are a number of conclusions to be drawn from the work undertaken to date.

1. There is evidence to support the development of a Mother and baby inpatient facility in South Wales, as part of an integrated whole system model of care that builds on the specialist community mental health model recently introduced across Wales.
2. In North Wales the predicted demand for an inpatient facility means that a single approach is not clear at this stage. Further work is required to consider the possible options in more detail.
3. There is political and stakeholder support for the development of mother and baby inpatient care in Wales. Potential funding opportunities are being considered by WG, however further work would be required in relation to the detailed and costed service offer.
4. There is a need to move swiftly in developing provision in Wales. The development of an interim solution for provision is suggested whilst any business case for capital development is prepared and considered. Timing is important in this regard as the new specialist community services will need

to embed as part of the whole system model and thus influence the medium to long term provision of inpatient care.

4.0 Recommendations

Members of the Joint Committee are asked to:

- **Note** the information presented within the report;
- **Support** the recommendation for Mother and Baby inpatient care in South Wales.
- **Support** the recommendation that WHSSC continue to work with BCU and NHS England of developing the feasibility of a Mother and Baby Unit in North East Wales
- **Agree** that interim options for provision are worked up in detail and brought forward for decision in March 2018. This would include discussions with Welsh Government officials regarding investment options.

5.0 Appendices / Annexes

There are no appendices or annexes to this report

Link to Healthcare Objectives	
Strategic Objective(s)	Development of the Plan Governance and Assurance
Link to Integrated Commissioning Plan	2.5.6 2.12 4.2.2
Health and Care Standards	Safe Care Individual Care Effective Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care
Organisational Implications	
Quality, Safety & Patient Experience	As there is no mother and baby provision within Wales patient experience and choice is poor. In many cases women chose to access local acute psychiatric services which are not fit for purpose and lack specialist knowledge in this field of practice. As such practice does not follow the standards and guidance recommended.
Resources Implications	The resource implications have not been considered as part of the work however they will need to be given detailed consideration as part of future work.
Risk and Assurance	There is a risk that women are being managed locally and this can have a detrimental effect on the long term recovery for both the woman and her baby. It is becoming increasingly difficult to secure a bed which can lead to a delay in transfer and therefore a risk to the woman health and subsequent treatment pathway.
Evidence Base	There is extensive evidence to support the appropriate care and management of women who require specialist Perinatal mental health services. All of the evidence has been considered as part of the work and is referenced throughout the body of the paper.
Equality and Diversity	There is inequity in terms of travel distances and access to units.
Population Health	Women have to access services outside of Wales which does not meet the needs of the local population. In some case women are not even offered the choice of a mother and baby unit as part of their ongoing treatment pathway.

Legal Implications	If harm were to occur as a result of a delay or the inability to place a woman in a designated service then this could have legal implications as a direct result.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Child and Adolescent Mental Health Services and Eating Disorders Network Steering Group	23/6/2017	Endorsed recommendations
All Wales Perinatal Mental Health Steering Group	25/5/2017	Supported recommendations

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

		Agenda Item	9
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	Alternative Augmentative Communication		
Author (Job title)	Acting Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this report is to share the Evaluation report of the Alternative Augmentative Communication Service that has been undertaken by Cardiff Metropolitan University.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee		Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the Evaluation Report of the Alternative Augmentative Communication Service which: - Evaluates the progress of Health Boards of implementing the new service model; - Identifies and recommends to the service potential improvements required in service delivery; and - Outlines the recommended funding levels for a further two years followed by a re-evaluation of the service.		

Considerations within the report (tick as appropriate)

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

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1.0 Situation

The establishment of an All-Wales specialist service for complex aids for Augmentative and Alternative Communication (AAC) was announced by the Minister for Health and Social Care in June 2015, to be developed from the existing Electronic Assistive Technology Service (EATS) at Rookwood Hospital.

The Welsh Government supported the development with recurrent ring-fenced funding for five posts to do the necessary work in assessment and provision and 2 years non-recurrent money for the purchase of communication equipment for long term loans to patients. The Welsh Government undertook to consider further funding for the high cost, low volume equipment in the light of an evaluation of the first two years operation to assess the effectiveness of the service.
The evaluation of the AAC Service has been completed by Cardiff Metropolitan University and is attached as a report.

2.0 Background

2.1 Commissioning of the Service

The commissioning of the AAC Service was undertaken by WHSSC and a Service Specification and Commissioning Policy were agreed by the Joint Committee in March 2017. The time needed to develop the Commissioning Policy and Service Specification and then for the service to recruit, led to the delays in the service being established. Non pay funding was carried over in both 2016/17 and 2017/18 and the evaluation planned presentation to Joint Committee following the availability of a year's dataset.
In September 2016, Joint Committee supported the extension of the evaluation period for the specialist AAC service until 2017/18 when a full year of service data would be available and approved the carrying forward of any under spend on non recurrent budget which is primarily used for the AAC equipment.

2.2 Commissioning of the Evaluation of the Service

Cardiff Metropolitan University identified a number of ways in which it could assist in the production of the final evaluation report, including but not limited to: seeking stakeholder views on current and future arrangements for service provision, capturing patient experience, literature review and health needs assessment.

This approach to the evaluation of the AAC service was constructed into an Evaluation Framework, covering activity, outcome measures and user and stakeholder feedback. The Framework was agreed in the May 2016 AAC Project Oversight Board; a meeting organised and chaired by WHSSC with representatives from all Health Boards invited to attend.

3.0 Assessment

The attached report sets out the background to AAC in terms of the support that it provides, the users of the service and the model of the service put in place in NHS Wales.

It assesses the effectiveness of the model implemented by:

- using Stakeholder and service user feedback to assess value and quality of the service being delivered;
- looking at how the funding in NHS Wales has been utilised and how this compares with services in NHS England;
- and
- analysing the activity and waiting lists of the service.

The report makes a number of recommendations to the AAC service. Most notable is that the service should only be funded for a further two years at the levels to meet the continued demand, followed by a further service review based on ongoing data collection and service user evaluation. This will allow the service to take urgent action to address key performance indicators, reduce waiting times and work more collaboratively across Wales with a more visible Management Team before the next evaluation is undertaken.

This report has been shared with Welsh Government.

4.0 Recommendations

Members are asked to:

- **Note** the Evaluation Report of the Alternative Augmentative Communication Service which:
  - Evaluates the progress of Health Boards of implementing the new service model;
  - Identifies and recommends to the service potential improvements required in service delivery; and
  - Outlines the recommended funding levels for a further two years followed by a re-evaluation of the service.

5.0 Appendices and Annexes

5.1 Evaluation of the All Wales Alternative and Augmentative Communication Service

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Organisation Development
Link to Integrated Commissioning Plan	Not applicable
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations
Organisational Implications	
Quality, Safety & Patient Experience	This report describes the risks to the quality, safety and patient experience of the AAC service and its non recurrent budget issues.
Resources Implications	The report outlines the resource implications for continuing the AAC service for a further two years.
Risk and Assurance	The AAC service is included in the ICP Risk Management Framework which is an assurance mechanism for managing the risks. The scheme was ranked as the top priority by the Joint meeting of the Management Group and Clinical Impact Assessment Group for Specialised Services in NHS Wales.
Evidence Base	Evidence has gathered from all Stakeholders and NHS England's experience of introducing and evaluating central AAC services has also been utilised.
Equality and Diversity	Equality issues have been highlighted for certain disease groups within this report.
Population Health	The implications for Population Health are outlined in this report.
Legal Implications	There are no known legal implications with the content of this report.

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

Evaluation of the All Wales Alternative and Augmentative Communication Service

January 2018

Dr Amanda Squire

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Executive Summary

The Alternative and Augmentative Communication (AAC) service, announced by the Minister for Health and Social Services in 2015 and set up in 2016, is a national, high profile service managing complex communication conditions, often with complex coexisting morbidities. For many service users the AAC service offers the only way of communication. The service is highly valued and has significant positive impact on service users. Referrals to the AAC service are levelling at present after a large surge when the service was announced. This would appear to be normal and in line with the experiences of other UK AAC services. It is regarded as service user centred producing high-quality assessments. In some respects, the service offers best practice in its management of service user care. However, current waiting list times are a cause for stakeholder concern. The service has had a difficult start compounded by many factors which has resulted in the service having a slower development trajectory than anticipated. However, data suggests this is turning around and there is overwhelming evidence of a willingness from all stakeholders to work together to move forward.

Following evaluation of the service, the following recommendations have been made:

- The AAC service should receive fully costed funding for a further 2 years at current levels to meet continued demand, followed by a service review in 2020 based on ongoing data collection and service user evaluation.
- Addition funding of designated specialist ‘Trusted Assessor’ trained Band 6/7 therapy time should be considered in each health board locality
- Provision of a management post to manage corporate and administrative activity for the AAC service is essential
- Urgent action should be taken to address key performance indicators, reducing waiting list times, establishing a stronger, more visible management team and working collaboratively across Wales to create the ‘hub and spoke’ model originally suggested.

1.0 Introduction

This document has been developed as the service evaluation for the Alternative and Augmentative Communication (AAC) Service. The document was prepared December 2017 and presented January 2018.

This service is provided by the AAC service Hub at Rookwood Hospital, Cardiff with a satellite service based in Wrexham for Service Users resident across Wales. Provision of AAC systems in Wales is undertaken as part of an integrated holistic assessment of Electronic Assistive Technology (EAT) needs.

The purpose of this document is to:

- Detail a two-year update and the current situation of the AAC Hub service.
- Identify key areas for development
- Inform a Welsh Government decision on future funding level

2.0 Background

In June 2015 the Minister for Health and Social Services announced funding for an All Wales service for those in need of the most complex communication aids. Prior to this, piecemeal funding for communication devices came from a tripartite agreement between local health, social and education services.

The AAC service funding provided recurrent funding for five whole time equivalent posts to carry out the assessment and provision of equipment and non-recurrent funding in 2015/16 and 2016/17 to purchase equipment. It was envisaged that the two years of non-recurrent funding would allow for a fuller assessment of demand for complex communication aids. The funding was for a national hub, building on the existing limited service already in existence in Rookwood hospital.

The funding was channelled through WHSSC who developed a commissioning framework and service specification which were supported by the Management

Group in February 2016 and agreed by the Joint Committee in March 2016 (Appendix 1).

2.1 What is AAC?

The term Augmentative and Alternative Communication (AAC) covers a huge range of techniques that support or replace spoken communication. These include gesture, signing, symbols, communication boards and books, as well as powered and computerised devices such as voice output communication aids (VOCAs). This service provides assessment and provision of the most advanced and expensive communication aids.

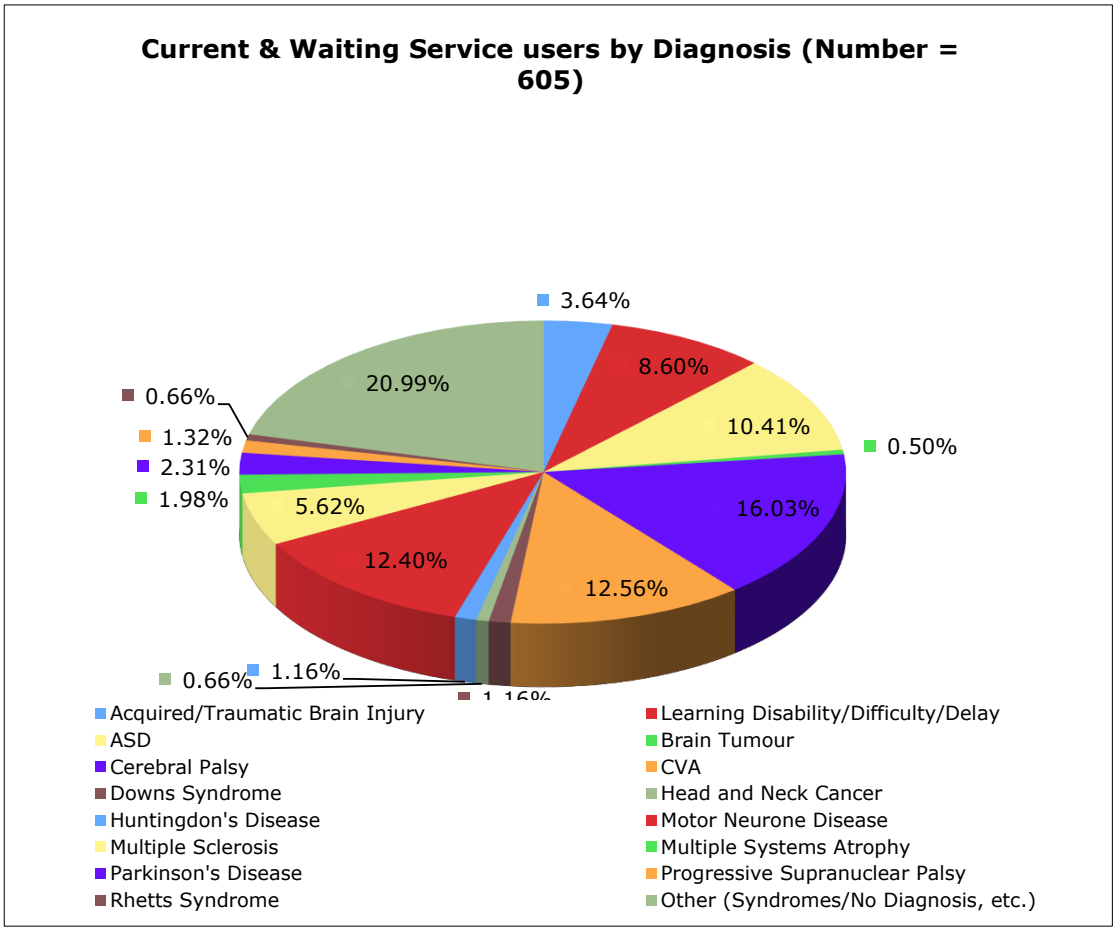
AAC uses a person's abilities, whatever they are, to compensate for their difficulties and to make communication as quick, simple and effective as possible when speech is impaired. Enabling people to communicate improves their quality of life. It offers people new opportunities in their family life, education, social life, friendships and employment, and helps to increase their independence.
This service provides assessment and provision of the most advanced and expensive communication aids.

Service Users referred to the Hub service will have a complex communication need associated with a range of physical, cognitive and/or learning disabilities or sensory loss and/or will require a complex high tech AAC system. Complex high-tech communication systems can be defined as those which require the use of a programmable device and include familiar equipment such as mobile devices, tablets and laptops as well as bespoke systems

2.2 Who uses AAC?

Some children and adults find communication difficult because they have little or no clear speech. There are many reasons why this might be the case including a congenital disability such as cerebral palsy, learning disability, autism or an acquired disability such as stroke or brain damage following an injury. There are also many progressive conditions such as Motor Neurone Disease, Parkinson's disease, and Multiple Sclerosis**.** Many Service users describe this service as "giving them a voice".

Focussing on current service users and those waiting access the service by diagnosis it can be seen that the most frequent reasons for referral are Cerebral Palsy, CVA and Motor Neurone Disease. Figure 1: Referral to AAC by Diagnosis



Key Point: This is a national, high profile service managing complex conditions, often with complex coexisting morbidities.

2.3 AAC Service Structure

The ministerial announcement of June 2015 proposed a “hub and spoke model” with the hub based on the existing Electronic Assistive Technology Service (EATS) at Rookwood Hospital and the spokes provided by speech and language services in each of the health boards across Wales.

The proposed role of the ‘Hub’ was to assess and provide the high-tech equipment and to cascade information and expertise. It was envisioned as a national centre of expertise and provision.

The proposed role of the ‘Spoke’ services was envisioned to be to make appropriate referrals to the ‘Hub’ based on local expert assessment and to continue to support users of high tech aids during and after the assessment process and equipment provision. The ‘Spoke’ service was proposed to continue to offer close support and provide simpler, lower technological solutions to communication problems. Similar AAC services in England were commissioned against a national service specification from 2015.

Prior to this EATS had limited resources to assess service user need for high tech AAC aids and no budget to provide the equipment. Service users receiving an assessment therefore, often had to rely on private or charitable funding and there were severe delays in provision or no access to devices at all.

The service specification provision document was drawn up in November 2015 with a second version in January 2016. This outlined the structure of the service and detailed the care pathway for service users and is notes as best practice across UK (Appendix 2 and 3).

Current staffing equates to 9.2 WTE staff across two sites; Rookwood, Cardiff and Wrexham. The staff are highly trained with a reported approximate 60 man years of experience in the service.

Most of assessment occurs in the service users home, with schools and residential premises also visited. Urgent clinics are run twice monthly to address urgent cases, these are run in the hub setting. Virtual video conferencing ‘clinics’ are also established quarterly for local staff to discuss cases and seek support. Advanced support such as tele-management including remote management, programming, update and repair of devices via internet access is used. Thus, there are a range of initiatives employed to manage case loads within the AAC service.

2.3.1 Referral

The criteria for referral to the specialised AAC aspect of the EAT Service Wales is outlined in the Service specification as:

"Each individual will have been assessed by the local Spoke level service, where Spoke services are in place. Where Spoke services are in development and/or are not fully operational it is expected that individuals will have been assessed by a registered healthcare professional e.g. local Speech and Language Therapist (SLT) or Occupational Therapist (OT). In the case of Service Users with a rapidly progressing condition … direct referral from any registered healthcare professional may be permitted.

An individual who would access a specialist AAC service would have the following:- A complex communication need associated with a range of physical, cognitive and/or learning disabilities and/or sensory loss."

In addition, an individual must:

• be able to understand the purpose of an AAC system;

• have the intrinsic intent and ability to communicate;

Referral is made via the referral form (Appendix 4) and send into the Hub. An electronic version is under development, however presently the form is typed out and printed off. Some stakeholders expressed a desire for the new electronic form urgently as the current form is time consuming and quickly becomes out of date in fast progressing conditions.

2.3.2 Prioritisation and Triage

Triage meetings and prioritisation are used to fast track referrals who need a rapid service and also to identify the best assessor and the most likely trial equipment for initial visits.

2.3.3 Assessment

The assessment process typically involves an initial home visit by 2 people (to cover both speech and technology areas of expertise,) working where possible holistically with the local care team and practitioners. One or more trial loans of equipment is planned, followed by a review until the right equipment is found, and then a final visit to fit or mount the equipment. Where possible the trial equipment, if suitable, remains with the service user, potentially reducing final provision waiting times. As part of the holistic EATS service, needs for environment controls are assessed and provided for during the same process. The process is co-ordinated with the referring practitioners although joint visits cannot always be arranged. This process can take several months from first contact to final issue of equipment. Since March 2016, reflecting the service's expanded role in providing equipment not just assessing and recommending, the number of clients provided with equipment following an assessment has become a key indicator of service activity. This cannot be used as an indicator of service need at this point of evaluation but can be used to enhance the prediction of service need.

Based on analysis of staff capacity, the complexity of the task, the geography of Wales and the lead time for training and recruitment, the service manager projects that the monthly rate of assessments will build up steadily over the period to April 2018.

2.4 AAC Service Project Development

The June ministerial announcement came without prior consultation with WHSSC or the Health Boards. WHSSC responded within a compressed timescale to establish a project structure (Appendix 1), reporting to the WHSSC Management Group, which worked collaboratively and

- Agreed a Commissioning Policy and Service Specification
- Evaluated the business case presented by Cardiff and the Vale UHB
- Conducted an Equality Impact Assessment
- Agreed a framework for evaluation of the service by February 2016.

2.5 Evaluation

As part of the agreed AAC project description, evaluation of the progress of the service was inherent.

- The initial interim evaluation was carried out by WHSSC with completion by February 2016.
- Further independent evaluation was commissioned for completion by November/ December 2017.

The aim of evaluation was to assess the effectiveness of the service and inform a Welsh Government decision on future funding level.

An evaluation framework (Appendix 4) was agreed by the Project Oversight Board in May 2016 which included

- Analysis of the service's activity and cost data
- Evaluation of Views of stakeholders (e.g. service users Clinicians, LHB leads, etc)
- Comparison – with other AAC services and evidence of best practice where available

This framework was used for each evaluation phase, although direct comparison with other UK AAC services was difficult due to differences in data recording, geographical and population profiles. Key stakeholders were approached in a two phase evaluation.

Stakeholders included:

- The AAC Hub team
- The AAC Spoke teams
- Service Users
- The project management board
- Third sector supporting Organisations

The first phase evaluation used a stakeholder survey to gather stakeholder opinion from 15 service users. Service user stories were used to illustrate the person journey through the system and their experiences. (Appendix 6 and 7)

The second phase evaluation employed individual interviews to gather information from 15 stakeholders, including 11 heads of service from Hub and Spoke organisations (adult and paediatric); 2 management board representatives; 2 staff from third sector organisations. These interviewees circulated survey questionnaires (Appendix 8) and recorded and forwarded responses from staff and service users within each locality, thus acted as advocates for a larger number of respondents. The information from an All Wales AAC referral audit was also used to gather information on referral rates. All data was anonymised unless specific location was required for clarity.

Table 1: Summary of Two Phase evaluation of AAC Service.

	Phase 1	Phase 2
Participants	Service users	Hub and Spoke Staff MNDA WHSSC
Methods	Survey Service user stories	Interviews Staff feedback Service User feedback
	Service user numbers Staff numbers Waiting times	Service user numbers Staff numbers Waiting times
Number of participants	15 Service users and family members	17 Also representing the views of other staff and service users following an All- Wales audit.
Completion	February 2016	January 2018
Evaluation	Primary and secondary thematic analysis of survey feedback and service user stories	Primary thematic analysis of interview feedback

3.0 Finance

The Welsh Government funding provided recurrent funding for five whole time equivalent posts to carry out the assessment and provision (£0.293m) and non-recurrent funding in 2015/16 and 2016/17 to purchase equipment. (£0.616m in 2015/16 and £0.925m in 2016/17.)

This investment to support the development of the 'hub' element of the service assumed a fully operational service from day one. In fact, the service required development time to recruit and train the additional staff and therefore not operating to its potential capacity.

Average cost of equipment per service user from the 2015-6 English experience shows that the £4000 estimate in the business case (based on research by the Office of Communications Champion), is reasonable. The English average for 193 service users was £3,850. EATS estimated costing of equipment previously recommended was £3,700. The original £4,000 figure included an element for repairs and maintenance not included in the other two figures.

The late start and incremental pick up of the service described above resulted in an underspend of the 2016- 17 budget of £450,000. WHSSC rolled forward unspent money in 2016-7 to purchase equipment in 2017-8 and funding (£240,000) of the service was extended to March 2018 reflecting the delays in implementation and whilst awaiting the evaluation completion. This was based on costings of £40,000 per month.

The total spend on equipment within AAC since April 2016 was £1,060,000, with 378 service users receiving a trial of equipment. The average load cost per service user was £2,804 and less than initially estimated. This is due to the provision of more, less complex equipment, however funding for more complex equipment is estimated to be in excess of £5000, therefore the average of £3-4000 per service user is appropriate.

4.0 Key Findings

The evaluation of the Service focussed on a number of key performance indicators using both quantitative and qualitative data. Key themes emerged through stakeholder engagement and included:

- Value of the service to stakeholders
- Activity of the service
- Staffing levels
- Management structure
- Equipment
- Developing a hub and spoke relationship
- Perceived Quality of the service: including safety, effectiveness, service-user centred, timeliness, efficiency.
- Service User Experience

4.1 Value of the Service to Stakeholders

Service user feedback from Phase One clearly illustrates the important impact of this service on service user quality of life and prolonged independent living.

"I believe that this communication tool for my mother has made a huge difference to her quality of life It has given her a voice, given her a means of being in control and is also an incredible education tool with all the free apps available. She has not suffered with depression since having the stroke and I feel that this tool has helped her to maintain her sanity and self-worth" - A daughter who completed the survey on behalf of her mother

"Communication aid installed on ipad. Used immediately" – adult with cerebral palsy who reported that without it he was able to talk to family or friends and ask for things he needed "not at all" but with his aid he did this "all the time"

The impact of the communication aid..."It made his life worth living basically"

"So with chemotherapy progressing well and xxx able to talk to his loved ones, his colleagues, his doctor, people he met out and about. xxx and xxx were feeling optimistic. A sudden haemorrhage cut this short but during his last day he was using his IPad to share with his loved ones how he was feeling so that they did not have to face his death unable to speak with each other"

This is reiterated in Phase 2 interviews by stakeholders working in the spoke services and third sector organisations.

"Wales desperately needs this service to continue"

"Without this service and the aids it supplies, people would die without ever being able to say those important things they need to say to their loved ones… like 'I love you'"

"Things have improved. Devices are better tailored (to meet the service user needs)"

" (there is) Advice as to the most appropriate equipment- and a more joined up service"

"Makes it easier when there is one centre- streamlines the pathway"

"I have a really intelligent girl on my case load… she is fab and I know that once she has this communication aid she will shine, at the moment she is very low and withdrawn, I am hoping she will be assessed soon"

"This service makes it easier for us to navigate the system- one place you can go to for knowledge and advice as well as equipment."

"There is a lot of experience in the service that we need"

"There is no regulated course to upskill … we need the AAC team to train and guide us"

"We all support the AAC service, we want to see it improve"

Key Point: This service is essential for those people who have no other way of communicating. It is their lifeline to continued independence. This service is valued and needed.

4.2 Activity

Activity levels for the AAC service have been affected by a number of challenges which are discussed in this report, they include:

- Sudden announcement of service provision
- Delayed funding of staff and equipment
- Delayed recruitment of staff
- Induction and Upskilling of employed staff to meet the needs of service users
- Lack of administrative and management support
- Lack of appropriate software to record and evaluate service user data
- Unclear measures of impact and KPIs

Finding suitable quantitative evaluation methods can be difficult as using a pre-and-post model of measure is affected by demand levels before and after the introduction of the service model. Establishing key indicators of real need or predictors of regular demand once a specialist service hub is established is more useful and reliable. Demand may be suppressed when referrers see the specialist service lacks the resources to assess need on a timely basis or the funding to purchase equipment; when the service expands (or is seen to expand), there is a surge of referrals and there is a long-term backlog of need to work through. This has been described by

English AAC hubs which are 12 months further ahead in-service development than in Wales.

Key Performance Indicators for the AAC service are:

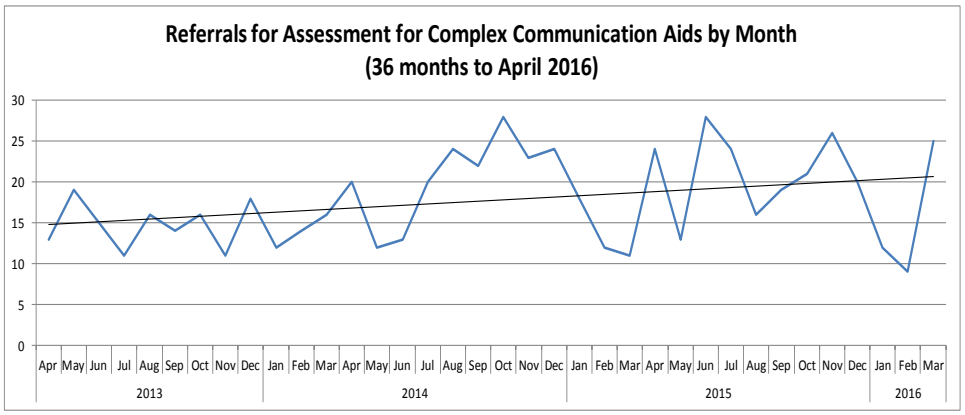
Table 2: Key Performance Indicators

KPI 1a Mean	KPI 1b Mean	KPI 1c Mean	KPI 1d Mean	KPI 2a	KPI 2b	KPI	KPI 3	KPI 4
Referral to Acknowledgement	Referral to Assessment	Assessment to Trial	Trial to Provision	Number Referred	Number Accepted	Nos on waiting list at period end and waiting time	Nos Provided	% Reviewed
Days	Days	Days	Days					

4.2.1 Referral Rates

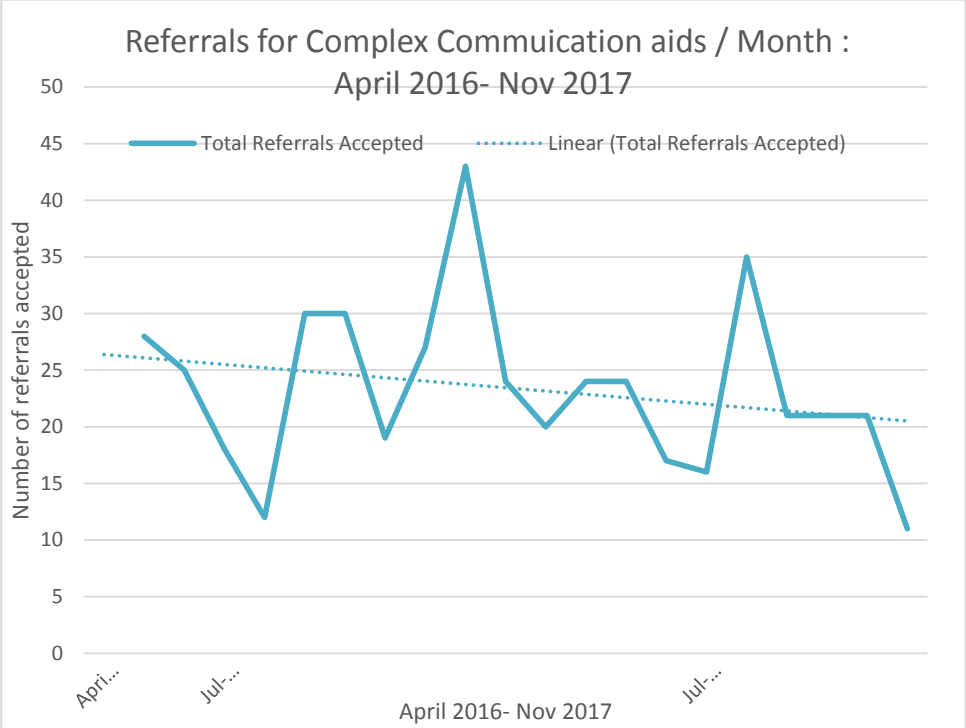
Referral data for the communications pathway was extracted from the service's BEST information system for the three financial years prior to April 2016. Over the three years 639 referrals were recorded, with an upward trend over the period.

Figure 2: Referrals 36 months to April 2016



Trends from April 2016 to November 2017 demonstrate a levelling off of referrals to the AAC service as predicted by English teams.

Figure 3: Referrals April 2016- November 2017



This may be due to a number of factors including:

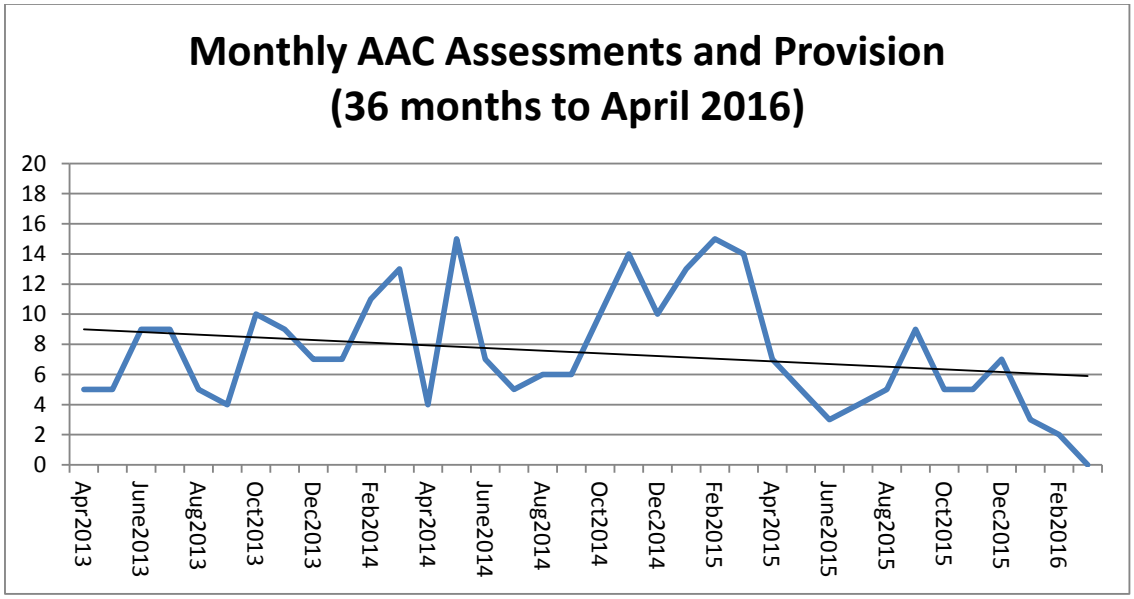
- Settling of referral surge after initial announcement of new service
- Referrals suppressed when referrers see the specialist service currently lacks the resources to assess need on a timely basis or the funding to purchase equipment
- Spoke services gaining confidence and expertise in referral suitability and managing simpler communication aid cases
- More suitable referral systems because of service development to recruit and train staff and put systems in place.

Key Point: Referrals to the AAC service are levelling at present after a surge when the service was announced. This would appear to be normal and in line with the experiences of other AAC services.

4.2.2 Waiting times

The 3-year period up to April 2016 demonstrates how assessments failed to meet referral demand. This was largely due to changing staff levels due to factors such as vacancies or long term sick leave in key posts within the small team.

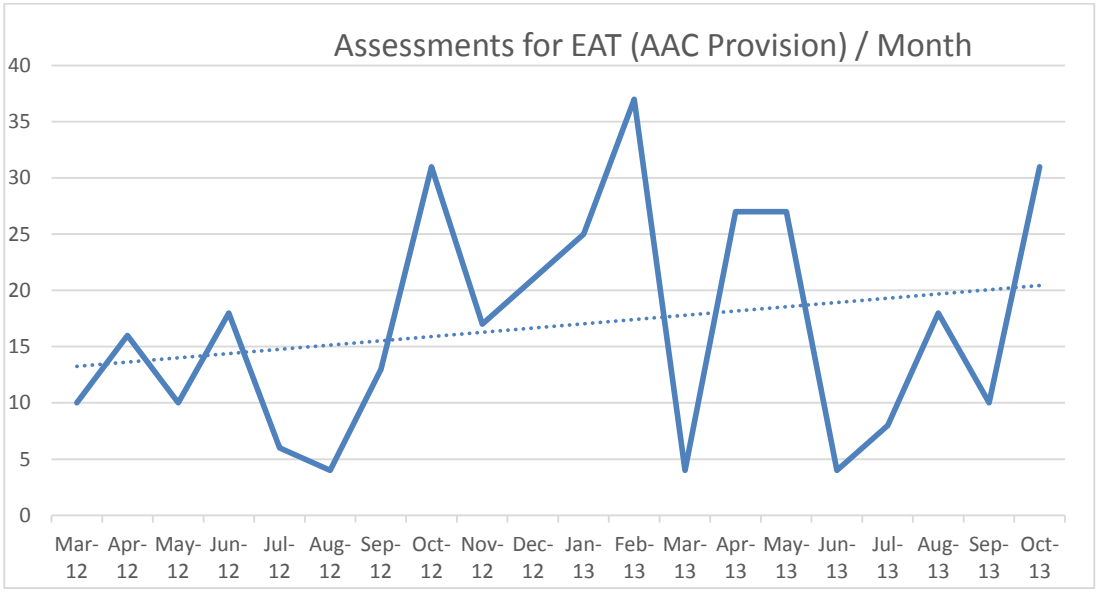
Figure 4: Assessment 36 months to April 2016



(Data source EATS database)

The following reporting period (April 2016 – November 2017), although showing that assessment fails to meet need, does demonstrate an increase in assessments made by AAC. This in line with a slowing of referral rates begins to demonstrate a more sustainable service in the longer term.

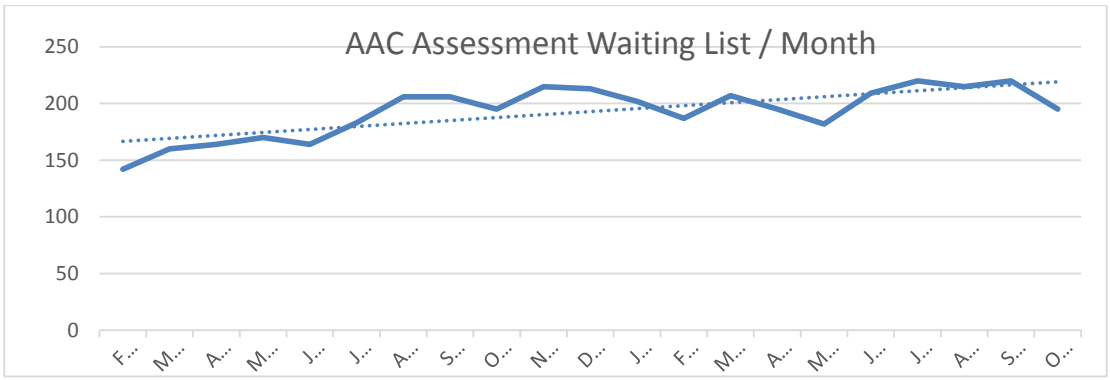
Figure 5: Assessment April 2016 to November 2017



However, despite the levelling off for referral and assessment discrepancy, currently there remains an overall continued increasing trend for those waiting to be assessed as seen in Figure 5.

9

Figure 6: Waiting List Trend April 2016 to November 2017



When this is further broken down, there are 121 adults and 81 children waiting in South Wales and 281 adults and 122 children across the whole of Wales to be

assessed. The longest waiting service user had waited 410 days at the time of reporting, whilst 9 service users died across during the project before receiving aids according to an internal audit of WSLTAF. This exceeds the service specification KPI targets of

- 10 days for acknowledgement of referral
- 6 weeks from referral to assessment
- 4 weeks from assessment to commencement of trial
- 12 weeks from recommendation of equipment to receipt of equipment

When key performance indicators are used to follow the key points of the service users journey through the service (Referral to Acknowledgement; Referral to Assessment; Assessment to Trial; Trial to Provision) It can be seen that the majority of time is waiting for initial assessment following referral.

Table 3: AAC Service user data by break down

Period	Service user No	KPI 1a Mean	KPI 1b Mean	KPI 1c Mean	KPI 1d Mean	KPI 2a	KPI 2b		KPI 3	KPI 4
	Assessed	Referral to Acknowledgement	Referral to Assessment	Assessment to Trial equipment	Trial to Provision of permanent equipment	No Referred	No Accepted	Nos on waiting list at period end	Nos Provided with	% Reviewed
		(Days)	(Days)	(Days)	(Days)					
<1/4/2016								142		
1/4/2016-30/9/2016	64	0.8	265.1	53.0	0	143	142	206	33	NA
1/10/2016-31/3/2017	145	0.9	248.2	42.0	9.8	157	157	207	68	NA
1/4/2017-31/9/2017	92	2.8	229.8	26.5	0	140	135	215	69	97.1
Target KPI		10	42	28	84					

4.2.2.1 Waiting for Assessment

The mean waiting time for assessment is improving however remains at 229.8 days (32.8 weeks). This is useful to demonstrate where the 'bottle neck' in the service is and where most improvement activity should be focussed.

Stakeholders report concern about this long waiting time resulting in potential people never receiving communication aids or receiving input too late to be of significant use.

"None of my service users have died waiting but there are service users who have made their own decisions because they are fed up of waiting"

"We have supplied 9 devices in Wales this year, although this has decreased from last year, we are still supplying some service users who are desperate to secure a communication device before it's too late" MNDA

"It took a long time for this initiative to translate into xxxx being assessed by staff from the communication aids service at Rookwood and then receiving an IPad with a communication programme"

"At present there are 18 children waiting for complex aids. There is support from low tech solutions in schools on I Pads but these have to stay in school and can't move with the child if they move schools"

"Scoring system isn't working sufficiently"

4.2.2.2 Waiting for permanent equipment after assessment

The second longest wait occurs when waiting for equipment to trial after assessment and although this is within the KPI target this also impacts service user wellbeing.

"So xxx was referred for an assessment to Rookwood. They were going to make up an Ipad for her but it took a long time before they came back. Xxx view was that "If she had that a year ago when they first talked about it she would have got the hang of it… it must be 7 or 8 months before they came back with it"

"I was surprised the Ipad was not left at the time of assessment"

"The hidden waiting list is the one waiting for equipment… Waiting list for trials and provision is increasing… in our experience"

4.2.2.3 Impact of Waiting List

The long waiting list has resulted in a range of actions which may undermine the effectiveness of the AAC service at present.

Stakeholders describe local practitioners referring much earlier than usual to anticipate the waiting time. They describe service users not yet being suitable for the service but eager to get 'on the books'. This has resulted in a number of service users being triaged and refused from the service. Stakeholders report this undermining the service user's confidence in the local spoke and Hub service.

Local spoke practitioners suggested that they refer to EAT services (i.e. environmental control as well as AAC) as they feel this increases the service user chance of being assessed more promptly, even though the service user may not need environmental control assistance.

Stakeholders talk about potential service users funding their own devices without support or expert input or looking for funding from charities or private schemes. Although these devices may not be appropriate service users see them as better than nothing.

"I referred early to mitigate the wait- then EAT services comes out and discharges them… this gives a bad impression"

Key Point: Waiting times for initial assessment for the majority of service users referred to AAC are long and unacceptable. Waiting time is a key concern amongst all Stakeholders. Assessment rates are improving with more trained staff in post.

4.3 Staffing

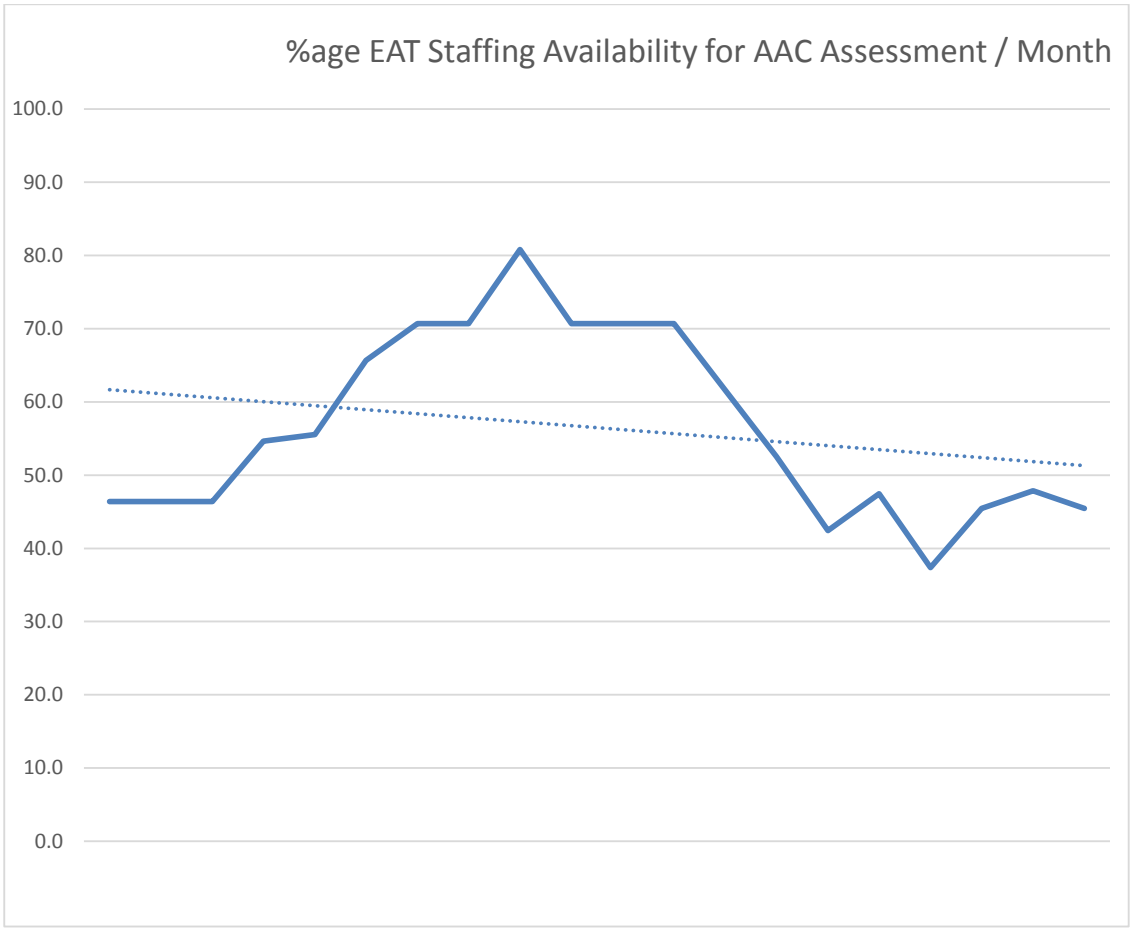
Following the work outlined above to agree the specifications and governance for the project, Cardiff and the Vale UHB received confirmation of funding and agreement of their business case in February 2016 (following the WHSSC Management Group Meeting in January 2016). It was only from this point late in the year that the service was able to start recruiting staff and purchasing equipment.

Recruitment to these posts was lengthy due to the limited number of people with the expertise required, especially in the field of clinical scientists. Discussion with NHS England supports the experience in Wales that appointment to these specialist posts can take 6-9 months.

Once appointed the volume and detail of specific knowledge required that even experienced therapists required a period of time to become fully independent in assessing for all types of equipment over the range of presenting conditions. The staff in post continue to have training tailored to their individual skill needs and progressively taking on assessment work.

Staff sickness, absence and resignation during the project period has further impacted on staff availability. This timeframe of staff changes is detailed in Appendix 5.

Figure 1 summarises the % staffing availability levels throughout the project from April 2016 to November 2017. It should be noted that 100% staff availability has never been achieved and this has impacted on the development and delivery of service.



Key Point: This delay in recruiting appropriate staff, then further upskilling of employed staff and staff absences has resulted in the service never having full staff quota this had significantly impacted on service provision.

4.4 Management Structure

All stakeholders describe a lack of transparent and consistent higher management of the service, resulting in practitioners taking on administrative and managerial tasks, reducing service user contact time.

The WHSSC management board and project oversight board have met throughout the AAC project however decisions on development of the service has been lacking due to a number of factors including:

- Lack of clarity of the role and position of the service both in Hub and Spoke
- Lack of accessible service user and service data
- Inconsistent higher managerial presence
- Infrequent management board and project oversight meetings
- Staff shortages

Attempts to develop data management systems has been unsuccessful due to technical issues. Extracting of service user data is not simple and this has led to delays in decisions and evaluation.

> The team have struggled with little for support for so long…. They are used to working in isolation and getting on with things"
>
> "The management role is definitely missing, there is no one with the specific job of being an overall coordinator… pulling information together… sorting out the website… looking at waiting times from an objective point of view and improving communication between the service and everyone else"
>
> " … will be reviewing whether additional management support needed. Recognised that there had been a gap."

Key Point: The lack of a strong higher management presence and absence of a transparent data management system has impacted on the efficiency of this service.

4.5 Equipment

The Hub purchased equipment needed for assessment, to meet the needs of a backlog of users previously assessed and established a core of equipment available for long term loan. The strategy was to hold a stock of regularly required items, but retain a budget for specific purchases following individual assessments. High stock

levels risk being superseded by technological advances and not matching individual needs. Currently additional funding has been provided to maintain purchase of essential equipment until March 2018.

Some practitioners are keen for there to be greater clarification of the purpose of AAC in paediatric service users. Whilst some schools provide devices as educational aids these should not be confused with AAC provision whose purpose is to give the service user a voice, not an educational tool. When schools provide devices they usually remain in school and with the school once the child moves on. This therefore is not a solution for children and should not mask the real paediatric need.

4.5.1 Storage of Equipment

Storage of equipment has been flagged as concerning as there is insufficient storage space and it is not currently a secure storage facility; Thus, expensive equipment is stored in a staff room on open shelving, leaving it vulnerable to theft. It is imperative that this is addressed.

4.5.2 Cleaning and Maintenance of Equipment

Currently all equipment is held within the Hub and all returned equipment is recorded and refurbished centrally. There has been a call from local Spoke services for some equipment to be allowed as shorter-term loan equipment to start service users off more swiftly than at present. Hub staff have indicated that refurbishing and clearing equipment is a specialist skill and need to be done centrally.

4.5.3 Stock Control

Stock control is limited by lack of space and an absence of a formal stock control system. Staff within the Hub know what they have by seeing the stock available and through familiarity with the stock, however this information is not easily accessed.

4.5.4 Equipment Insurance and Responsibility

Some spoke practitioners described service users and their families being worried about the safety of the equipment and had been told it was their responsibility to replace if lost or damaged. They were informed the equipment was not insured and

that they should personally insure the equipment. This left some families very worried and anxious to use the equipment supplied.

"You can't loan equipment to try with the service user first. There is no equipment held within our health board and therefore no equipment for trialling. We would like to be able to offer our service users something to bridge the gap between referral and full assessment. "

"We have quite often got equipment from other sources and trialled with service users. It may not be the solution for very complex needs but some of our service users that we refer would be able to be sorted out quicker if we held some equipment"

"Service users are buying their own Ipads and software in some cases, sometime the reps advise the service users because we have no other options and then we look for funding from elsewhere"

"One service user's family were too scared to use the gadget as they were scare it would break or be lost, and they would have to pay for it- they said they couldn't take the risk"

"A new perspective is needed … Same as any prosthetic it's not an educational tool… Additional tools for education then the education authority to pay… The AAC gives people a voice, nothing more."

Key Point: Storage and refurbishment of Equipment requires review and clearer rationale and pathway for loan developed.

4.6 Developing a hub/spoke relationship

There has been considerable discussion around the Hub/ Spoke relationship. There is undoubtedly a strong willingness in all localities to work together more closely. Stakeholders report a number of barriers including:

- Lack of clarity of roles and responsibilities of the hub and spoke
- Pressure to provide service users with a timely service despite constraints
- Confusion over who should assess the service user and th extent of the assessment
- Lack of acknowledgment of local spoke SLTs capacity to offer assessment and make safe referrals of the more complex cases whilst managing simpler cases with a quick loan scheme of equipment held centrally or locally.
- Inconsistent communication between Hub and Spoke
- A delay in developing the Spoke service at the same time as the Hub development due to funding restrictions.

A stakeholder day was held in July 2016 and involved 35 staff from across health boards and the hub. The output from the day reinforced the key need to have enough local staff in place and sufficiently trained to carry out assessment in a timely manner and with a budget to provide less complex equipment where it was needed.

To support this, good communication, clarity of responsibilities, and sharing of information and skills were identified as essential. The outputs of the day identified where much of this was happening and places where more could be done. Positive feedback from this day suggested that having the additional hub staff in post already made the hub more accessible.

Therapists and managers from the health boards were represented on the Project Oversight Board and the Service Development Working Group, however these have met sporadically and not all staff were invited to participate, thus actions from the stakeholder event were not taken forward in a timely way.

Under the service model approved by WHSSC, Health Boards remain responsible as before to meet their populations' needs for most communication aids, with the

exception of the relatively small numbers of expensive aids that fall within the criteria of the specialist hub based in Cardiff.

The model specified that the services of the Health Boards should be able to make appropriate referrals to the hub yet retain responsibility for their service users during and after the assessment process. Presently, it appears that Health Boards are fulfilling these functions through the work of their existing generalist teams rather than the configuration of specific AAC teams or posts.

Some system and infrastructure developments continue to be needed to make the expanded AAC element of EATS sustainable and fully effective. This is key area of development for the service as there appears to have been little progress on these actions since July 2016, primarily due to the Hub team struggling to manage their increasing case load with substandard staff levels and the project management board not prioritising the support of Spoke development.

Planned further development of the referral form, the performance reports, making information about the service more available via a website continues to be worked on by the practitioner team and requires management and administrative support to complete the task and release vital service user contact hours.

4.6.1 Clarification of Roles and responsibilities

A key theme running through the evaluation narrative was the lack of clarity of roles and responsibilities. There was confusion about the hub and spoke model with some local practitioners not hearing about this model at all and others concerned about what they should be doing.

This appears to have evolved from the development of the hub without the spokes being taken forward at the same pace. Although it was important to develop the hub work this appears to have been a fundamental flaw in service development as without the spokes the hub and spoke service was impossible. This appears to have put unnecessary pressure on the hub whilst leaving the spoke services feeling devalued. Frequently spoke services have done their best in the interest of the

service user but by passed the hub service in order to seek devices and support. This undermines the hub and spoke model and creates confusion and inconsistency.

Work started in December 2017 on addressing these issues and renegotiating the roles and responsibilities of all areas of the system.

"What is a spoke service? Are we one?"

"We really want to get this right for the patients' sake… we want to work with the AAC"

"There is this real confusion of roles"

"Development of the spokes as well as the hub at the same time needed- supported by AAC. 'Trusted assessor' or local assessor preferred."

"There are good skills within our (spoke) service, we could help the (hub) service"

"The development of us doing some assessment hasn't happened… we feel deskilled by this"

" The local therapist can assess and identify equipment, but then we have to wait …"

" It would be good to develop the trusted assessor scheme"

"A move towards "accredited assessor" status for spoke therapists should be considered to reduce unnecessary demand on "hub"."

Key Point: The development of the spoke and hub model is essential for the future success of the AAC service. Definition and clarity of roles is imperative.

4.6.2 Communication

Lack of clarity of communication was a key emerging theme in Phase two evaluation which was less prevalent in Phase One evaluation. Service users reported not knowing what was happening with their referral and spoke staff were unable to advise them. Spoke staff report feeling powerless to help reassure the service user, particularly around the wait time to be assessed and the rationale for prioritisation and triage.

"The online information sessions run by Oliver were brilliant- really helpful and informative… we'd like these to carry on"

"There was little information about the waiting time… someone says its officially a year wait now… is that right? Is that the official wait time?… some of my patients have been waiting longer than that"

"If we knew exactly how long the wait was we could let our patients know and that would reduce their worry and frustration or allow them to make other arrangements"

"I have sometimes had no acknowledgement of my referral at all then I hear that an assessment has been done without me knowing"

"The assessment appointments are sometimes booked without the local SLT knowing or being able to attend… we would always like to attend because it's better for the after care of the patient and we always learn something new"

"The stakeholder days and clinical excellence network were good but they stopped"

"It's clear how much knowledge and expertise the team has.. we would like to learn more… not to be like them but to learn more"

"It was agreed that there should be improved communication with Link therapists and their role reviewed to ensure consistency with local flexibility where volumes of referrals are few."

" Perhaps we could become training partners, …using Assessment kits and training provided for that to have training"

Key Point: Communication between the Hub and Spoke and Service User needs improvement and would reduce anxiety amongst service users. The expectations of stakeholders could be better managed with clear and easily accessible information. Joint visits and the reinstatement of the clinical excellence network may offer training and support opportunities for hub and spoke.

4.7 Perceived Quality of the Service

All stakeholders were asked whether they would describe this as a quality service and using the IOM six pillars of quality as prompts this was explored in more depth.

4.7.1 Safety

Although not managing life threatening situations by it very nature, the service does serve people with life limiting conditions which can be fast progressing. All practitioners in spoke services and third sector organisations felt they could not say this service is currently safe due to prolonged waiting times, however they describe the service as expert and service user centred once the person had been assessed.

4.7.2 Effectiveness

Once assessed the service was generally described as effective and many service users benefitted from the devices supplied. The lifechanging effects of expert assessment, provision and support was evident throughout all assessments.

4.7.3 Service- user centred

The service was described as highly service user centred once assessed. Care and consideration of service users needs was paramount is the care they received from the AAC. This sometimes resulted in waiting for the right piece of equipment, but ultimately great care was reported.

"Addressing all of the patient needs this holistic approach "

4.7.4 Timeliness

The long waiting time meant this service could not be described as timely at the points of evaluation, although this is better than before the AAC service was initiated. Attempts to improve assessment times and provision of equipment will move AAC closer to a timely high-quality service.

"Scoring system isn't working sufficiently"

4.7.5 Efficiency

The transcripts describe examples of excellent, efficient service from the point of assessment to provision of devices, however this was not consistent. Unsuitable referrals, particularly those completed to mitigate the long wait, undermine the AAC service by wasting time and travel for assessment only for the service user to be discharged as unsuitable.

Lack of acknowledgement of referral and communication between stakeholders reduce efficiency and service user satisfaction. This includes the dissemination of accurate waiting times for individuals, thus resulting in inappropriate referrals, impacting waiting times and AAC staff resources.

"Patients are always assessed for both equipment and environment- is this necessary?"

4.7.6 Equity of Service

Equity of service across Wales has been discussed by many stakeholders. AAC Hub service does not always assess in strict referral order due to geography and access to service user locality. Stakeholders suggest that there are differences in the efficiency of north and south wales and those accessing both services indicate that they suspect patients are seen more quickly in north wales and if the have certain diagnoses.

> "Due to geography patients may not always be seen in strict referral/ priority order.."
>
> "There is not equitable service across wales or the service some diagnoses seem to get priority e.g. Mnd, MS, Huntingtons… whilst more stable conditions might have to wait very much longer, despite being refer earlier."

Key Point: There are elements of the AAC service which provide high quality service users centred care, however safety and timeliness is compromised by extensive waiting lists. Effectiveness and efficiency can be improved by collaborative working across hub and spoke and a greater understanding of roles, responsibilities and communication channels. Clarity on prioritisation and triage may reduce suspicions of inequity across the service.

4.8 Service User Experience

A baseline survey of users was developed and implemented in June and July 2016. (detailed in appendix 4) A number of service users volunteered to share their stories in more detail and these were recorded in July/August 2016. Given the low response rate (22% - 15 people) that is normal with this client group, the feedback provides more qualitative insight than robust statistics. The survey was due to be repeated with a cohort of users of the newly commissioned service in December 2016, however this was not undertaken due to staffing changes and was dependent on an extension of the evaluation period which was uncertain. There was an insufficient

cohort size for a statistically significant follow up quantitative survey however qualitative evaluation continues.

The second phase evaluation focussed on the experiences of all stakeholders but particularly hub and spoke employees and allied organisations. These had been under represented in the first phase evaluation and offered an insight into the workings of the service as well as being advocates for service users.

Key elements of the feedback were that:

- The service was rated highly on the quality elements of the assessment process – keeping people informed, explaining things in a way people could understand, taking account of the user's point of view.
- Some of the users had received equipment, either integrated with a package of environmental controls from EATS or possibly provided locally or by private/charitable funding.
- Where relevant, training on how to use the equipment and help given to fix breakdowns were again highly rated.
- Where equipment was unavailable or only available after a long wait the impact was significant and the dissatisfaction high.

User Feedback for people assessed in the year before the new funding; -

"It was too late if I had have had this as a child it would have been great, but it came too late for me to want to communicate in a different way" – 20 year old with multiple disabilities.

"My husband was given a great deal of time, patience and help at each visit, however it has been nearly a year since the first referral and despite several visits he still has not received the communication aid. They say it will be here in a few weeks but so far we do not have a date." - older man with Parkinsons disease

- On the other hand, where appropriate equipment had been provided the difference made was equally important and appreciated. In this period the

equipment may have been provided as part of an environmental control system or funded privately or by charitable funds.

"I believe that this communication tool for my mother has made a huge difference to her quality of life It has given her a voice, given her a means of being in control and is also an incredible education tool with all the free apps available . She has not suffered with depression since having the stroke and I feel that this tool has helped her to maintain her sanity and self-worth" - A daughter who completed the survey on behalf of her mother

5.0 Conclusions

1. This is a national, high profile service managing complex conditions, often with complex coexisting morbidities

2. This service is essential for those people who have no other way of communicating. It is their lifeline to continued independence. This service is valued and needed.

3. Referrals to the AAC service are levelling at present after a surge when the service was announced. This would appear to be normal and in line with the experiences of other AAC services.

4. Waiting times for initial assessment for the majority of service users referred to AAC are long and unacceptable. Waiting time is a key concern amongst all Stakeholders. Assessment rates are improving with more trained staff in post.

5. The delay in recruiting appropriate staff, then further upskilling of employed staff and staff absences has resulted in the service never having full staff quota this had significantly impacted on service provision.

6. The lack of a strong higher management presence and absence of a transparent data management system has impacted on the efficiency of this service.

7. Storage and refurbishment of equipment requires review and a clearer rationale and pathway for loan developed.

8. The development of the spoke and hub model is essential for the future success of the AAC service. Definition and clarity of roles is imperative.

9. Communication between the Hub and Spoke and Service User is variable and causes anxiety amongst service users. The expectations of stakeholders

could be better managed with clear and easily accessible information. Joint visits and the reinstatement of the clinical excellence network may offer training and support opportunities for hub and spoke.

10. There are elements of the AAC service which provide high quality service user-centred care, however perceived safety and timeliness is compromised by extensive waiting lists. Clarity on prioritisation and triage may reduce suspicions of inequity across the service. Effectiveness and efficiency can be improved by collaborative working across hub and spoke and a greater understanding of roles, responsibilities and communication channels.

The outcomes of this evaluation show that the AAC service is highly valued and has significant positive impact on service users. It is regarded as service user centred producing high-quality assessments. In some aspects the service offers best practice in its management of service user care. The service has had a difficult start compounded by many factors which has resulted in the service having a slower development trajectory than anticipated. However, data suggests this is turning around and there is overwhelming evidence of a willingness from all stakeholders to work together to move forward.

"There are implementation issues but it shows the model does and can work and fundamentally needs to continue….. the impact has been significant…

6.0 Recommendations

6.1 Overall Recommendation

This service is essential, and it is recommended that:

- **The AAC service should receive fully costed funding for a further 2 years at current levels to meet continued demand, followed by a service review in 2020 based on ongoing data collection and service user evaluation.**

- **Addition funding of specialist 'Trusted Assessor' trained therapy time should be considered in each health board locality.**

- **Provision of a management post to manage corporate and administrative activity for the AAC service is essential.**

Withdrawing funding or returning to old tripartite agreements are not options when this service is so urgently needed and can be improved to meet KPIs and service users' needs. This funding, however, should come with the agreement to engage in the following service development programme.

6.2 Urgent Priority

There are a number of areas in need of urgent attention and it is recommended that all stake holders, including hub, spoke, management and evaluation teams are engaged in a scheme of 'away- days' to collaborate together and formulate solutions based on the suggestions below to address service short falls. The inclusion of a UK AAC Hub manager to act as mentor should be considered. It is suggested that independent facilitators with very clear and specific aims should guide each event.

Investment in larger scale events and taking an All- Wales Approach Is more likely to result in a holistic, strong working network.

6.2.1 Key Performance Indicators

Full evaluation of KPIs and service user feedback should be integral to the running of the service with monthly updates between the AAC service Hub and spokes, management team and evaluation team to closely monitor service performance. The inclusion of a UK AAC Hub manager to act as mentor should be considered.

- Waiting times for assessment should be an immediate key priority for the AAC hub and spoke teams and is discussed below.

6.2.2 Management Strategy

The management team should play an active role in the running of the service and a dedicated manager should provide administrative and corporate support, including:

- *Overview of service provision:* Including meeting corporate targets and initiatives, releasing practitioners to manage service users rather than documents
- *Management of data and KPI*: Developing an inclusive and transparent data management system facilitating easy access and extraction of information.
- *Development of electronic administrative systems*: including receipt and acknowledgment of referral, booking appointments and informing all stakeholders of the progress of service user
- *Management of stock,* including secure and accessible storage, stock control and clear equipment flow pathway between localities and hub for return, refurbishment and maintenance

6.2.3 Waiting List management

This is a KPI and is partly addressed above. The AAC team needs urgent action to reduce waiting times for assessment. This may include:

- *Utilising and supporting the local teams* to facilitate assessment of needs of all but the most extremely complex cases. Support could be face to face or distance via teleconference.
- *Allowing a quicker release of trial equipment* into localities for earlier trial
- *Increasing urgent assessment clinics* in both the hub and satellite facilities where the service user is able to attend the therapist and equipment store on site.

6.2.4 Clarification of Roles and Responsibilities of Hub and Spoke

The theme of clarity of role and communication threads throughout this evaluation and is an urgent priority, however the development of strong collaborative links will take more time. It is essential that all stakeholders address issues together and allow sharing of ideas and solutions. This may be facilitated by:

- *Formalising a detailed roles* and responsibility agreement
- *Transparency* of prioritisation and triage activity
- *Identifying mentors* in the hub, and potentially UK wide AAC services, to support local spoke therapists
- *Upskilling of local spoke therapists* through training and mentorship, using teleconferencing, online learning and attended training.
- *Seeking additional training resources* from external agencies, e.g. MND, universities, UK AAC services
- *Ongoing development of clinical excellence teleconference* activities at least once per month.

6.3 Moderate Priority

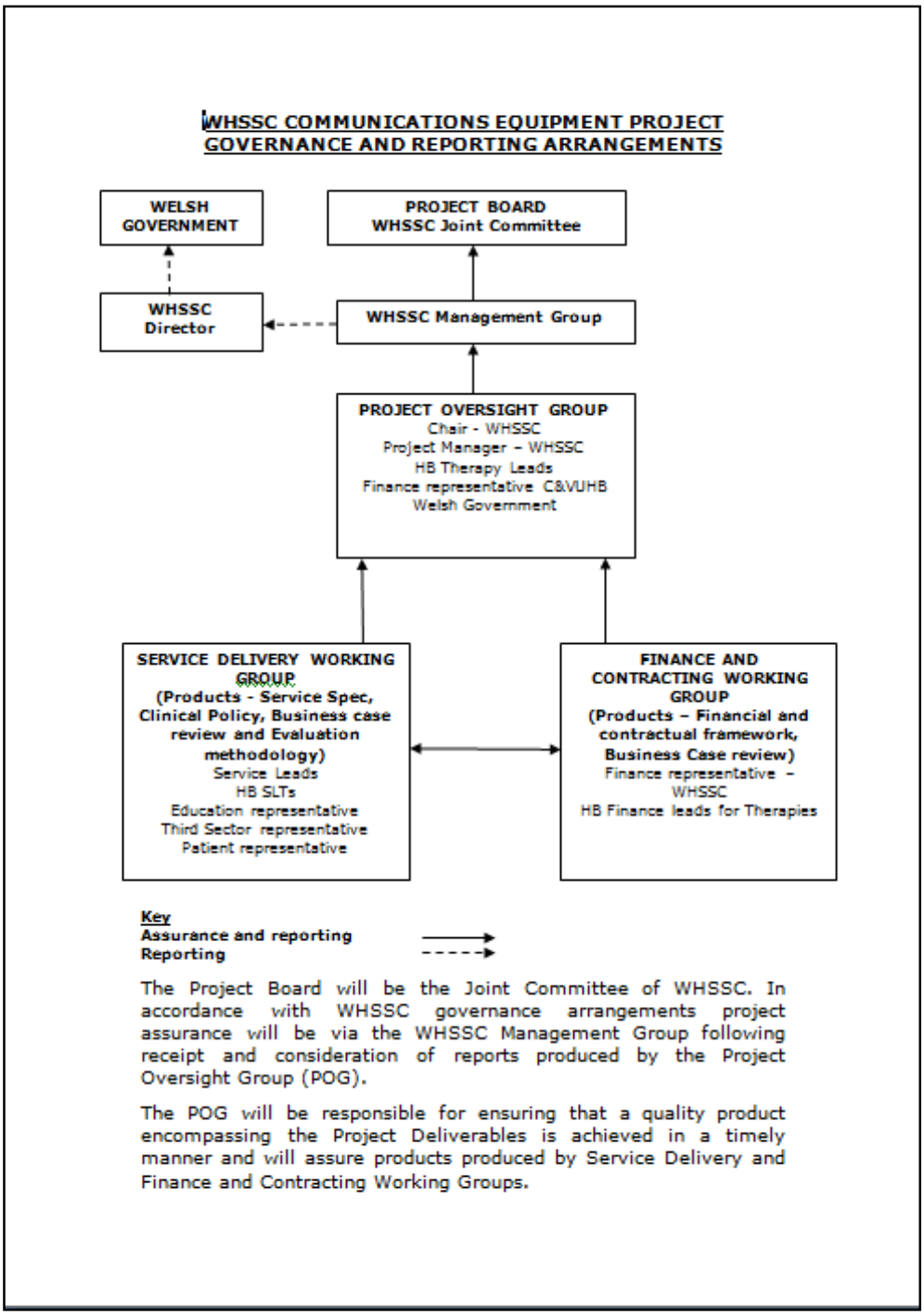
The above urgent priorities should be supported by the following activities:

- *Development of information pathway* for stakeholders, offering updates on service activity, current waiting times and new developments

- *Development of website* offering information for general public, service users and stakeholders
- *Sourcing or development of credit based learning* in AAC knowledge at master level

7.0 Appendices

Appendix 1: Project Structure



The Project Board will be the Joint Committee of WHSSC. In accordance with WHSSC governance arrangements project assurance will be via the WHSSC Management Group following receipt and consideration of reports produced by the Project Oversight Group (POG).

The POG will be responsible for ensuring that a quality product encompassing the Project Deliverables is achieved in a timely manner and will assure products produced by Service Delivery and Finance and Contracting Working Groups.

Appendix 2: Service Specification

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

Service Specification document number: CP93b

Specialised Services Service Specification:

Alternative and Augmentative Communication (AAC) Hub aspect of the Electronic Assistive Technology (EAT) Service, Wales.

Document Author:	Head of the Electronic Assistive Technology Service, C&VUHB, WHSSC Specialised Planner
Executive Lead:	Acting Director of Planning, WHSSC
Approved by:	Insert Committee
Issue Date:	
Review Date:	
Document No:	

Document History

Revision History			
Version No.	Revision date	Summary of Changes	Updated to version no.:
0.1	09/11/15	Comments from Service Delivery Working Group (23/10/15) and Project Delivery Board (02/11/15)	0.2
0.2	19/01/16	Comments from Consultation. Changes considered and supported by Project Oversight Board (07/01/16). Specification split into 2 documents – Hub and Spoke	0.3
Date of next revision		March 2017	

Consultation		
Name	Date of Issue	Version Number
AAC Service Delivery Working Group	23/10/15	0.1
Project Oversight Board	02/11/15	0.1
Formal consultation	13/11/15	0.2

Approvals		
Name	Date of Issue	Version No.

Distribution – *this document has been distributed to*			
Name	By	Date of Issue	Version No.
AAC Service Delivery Working Group	WHSSC	23/10/15	0.1
Project Oversight Board	WHSSC	02/11/15	0.1
Formal consultation – Health Boards, WNA, Communication Matters, Welsh Government, NHS Centre for Equality and Human Rights	WHSSC	13/11/15	0.2
AAC Service Delivery Group	WHSSC	14/11/15	0.2
Project Oversight Board	WHSSC	07/01/16	0.3
Project Oversight Board	WHSSC	04/02/16	0.4
Project Oversight Board	WHSSC	08/02/16	0.5

Table of Contents

1. Aim

1.1 Introduction

This document has been developed as the service specification for the planning of provision of complex Alternative and Augmentative Communication (AAC) systems i.e. provided by the AAC service Hub at Rookwood Hospital, Cardiff, for Service Users resident in Wales. Provision of AAC systems in Wales is undertaken as part of an integrated holistic assessment of Electronic Assistive Technology (EAT) needs.

The purpose of this document is to:

detail the specification for the AAC Hub service aspect of the EAT service for Service Users who are resident in Wales;

And identify which organisations are able to provide an EAT service for Welsh Service Users.

1.2 Relationship with other Policy and Service Specifications.

This document should be read in conjunction with the following documents:

CP25 - WHSSC Commissioning policy for ALAS AT Services [1]

- **CP26 -WHSSC** Commissioning policy for neurorehabilitation

All Wales IPFR policy

CP93a – WHSSC Commissioning policy for Hub level AAC services

To be advised – Health Board Service Specifications for Spoke level AAC services.

[1] The section of the ALAS AT Service Specification CP25 relating to EAT Service Referral pathway has been superseded by this document.

1.3 Meeting the Public Sector Equality Duty

The Equality Act 2010 places a positive duty on public authorities to promote equality for 9 protected characteristics: Race; Sex; Gender re-assignment; Disability; Religion or belief; Sexual orientation; Age; Pregnancy and maternity and Marriage and civil partnerships and to demonstrate how due regard is paid to promoting equality when policies and services are developed and reviewed. The development of this Policy has been informed by the process of equality impact assessment to ensure that AAC services impact in a fair and equal way and the opportunities for promoting equality, human rights and the Welsh language are maximised and any potential negative impact is eliminated or minimised.

2. Service Delivery

Service Model

What is AAC?

The term Augmentative and Alternative Communication (AAC) covers a huge range of techniques that support or replace spoken communication. These include gesture, signing, symbols, communication boards and books, as well as powered and computerised devices such as voice output communication aids (VOCAs). AAC uses a person's abilities, whatever they are, to compensate for their difficulties and to make communication as quick, simple and effective as possible when speech is impaired. Enabling people to communicate improves their quality of life. It offers people new opportunities in their family life, education, social life, friendships and employment, and helps to increase their independence.

Service Users referred to the Hub service will have a complex communication need associated with a range of physical, cognitive and/or learning disabilities or sensory loss and/or will require a complex high tech AAC system. Complex high-tech communication systems can be defined as those which require the use of a programmable device and include familiar equipment such as mobile devices, tablets and laptops as well as bespoke systems.

Who uses AAC?

Some children and adults find communication difficult because they have little or no clear speech. There are many reasons why this might be the case including a congenital disability such as cerebral palsy, learning disability, autism or an acquired disability such as stroke or brain damage following an injury. There are also many progressive conditions such as Motor Neurone Disease, Parkinson's disease, and Multiple Sclerosis.

2.1.3 Definition of the national/'Hub' and local/'Spoke' AAC services for Wales:

2.1.3.1 Remit of local/'Spoke' service with regard to AAC

Local AAC services fall under the planning responsibility of Local Health Boards and are outside the scope of this specification. In order to facilitate the seamless delivery of the all Wales Hub and Spoke service model for AAC Services it is expected that Health Boards will work collaboratively to develop a Spoke level service specification. It is recognised that dedicated Spoke level services are not currently in place across all Health Boards.

For the purpose of this specification a Spoke service will at a minimum comprise a NHS service that employs Speech and Language Therapists (SLTs) competent to carry out a baseline assessment for AAC, and capable of supplying all information required in the referral process to the specialised Hub service.

Preference is for all referrals to be via local SLT services unless extenuating circumstance apply e.g. Service User has a rapidly progressing condition (see section 2.2)

With regards to the interface with the Hub service it is expected that service Spokes will:

• carry out pre-referral assessment of AAC skills and provide comprehensive referral information to the specialised service.

• provide ongoing support for individuals referred to the specialised service, with responsibility for re-referral if and when appropriate.

• make appropriate referrals to specialised AAC and other relevant services and coordinate the support required.

Training will be a shared responsibility of both Hub and Spoke services for those who meet the eligibility criteria for specialised AAC services provided by the Hub.

2.1.3.2 Remit of the specialised AAC aspect of the all Wales EAT Service/ 'Hub'

The role of this specialised service is:

• To provide equitable national specialist AAC services across the country for children and adults with complex communication needs.

• Assessment, review, trial of equipment, review of trials, provision of equipment where appropriate, initial outcome measurement, training of care staff/family/schools.

• To provide appropriate high tech AAC systems as a long term loan to Service Users for as long as the Service User needs and effectively uses the device.

• To maintain a managed equipment library of high tech communication aids for assessment, trial and long term loan.

• To provide specialist AAC advice and information and training to individuals, families and professionals involved in the delivery of local AAC services

• To support the establishment, training and development of local AAC services.

2.1.4 The criteria for referral to the specialised AAC aspect of the EAT Service Wales

Each individual will have been assessed by the local Spoke level service, where Spoke services are in place. Where Spoke services are in development and/or are not fully operational it is expected that individuals will have been assessed by a registered healthcare professional e.g. local Speech and Language Therapist (SLT) or Occupational Therpaist (OT). In the case of Service Users with a rapidly progressing condition (see section 2.2) direct referral from any registered healthcare professional may be permitted.

An individual who would access a specialist AAC service would have the following:

- A complex communication need associated with a range of physical, cognitive and/or learning disabilities and/or sensory loss.

In addition, an individual must:

- be able to understand the purpose of an AAC system;
- have the intrinsic intent and ability to communicate;

2.1.4.1 Exclusion criteria:

Not all individuals may be eligible for AAC services. The

Following exclusion criteria will apply:
Have impaired cognitive abilities that would specifically prevent the Service User from retaining information on how to use a complex high tech AAC system.

2.1.5 Access Criteria/Rationale

The overarching criteria for referral to the services are as follows:

The Service User is permanently resident in Wales or whose GP practice is in Wales and who lives within a CCG bordering Wales; and

Initial referral must originate from a registered health care professional, using the EAT Service single point referral form, see Annex 1. ***NB Current EAT Single Point of Referral Form has been included for reference only and will be updated once the new form, currently in development, has been finalised.***

The Service User must continue to be under the active care of the local SLT service, throughout the period of assessment and provision.

2.2 Care Pathway

The overall care pathway detailed overleaf follows the flow chart. More detailed and individual care pathways will be developed for specific conditions, e.g. MND.

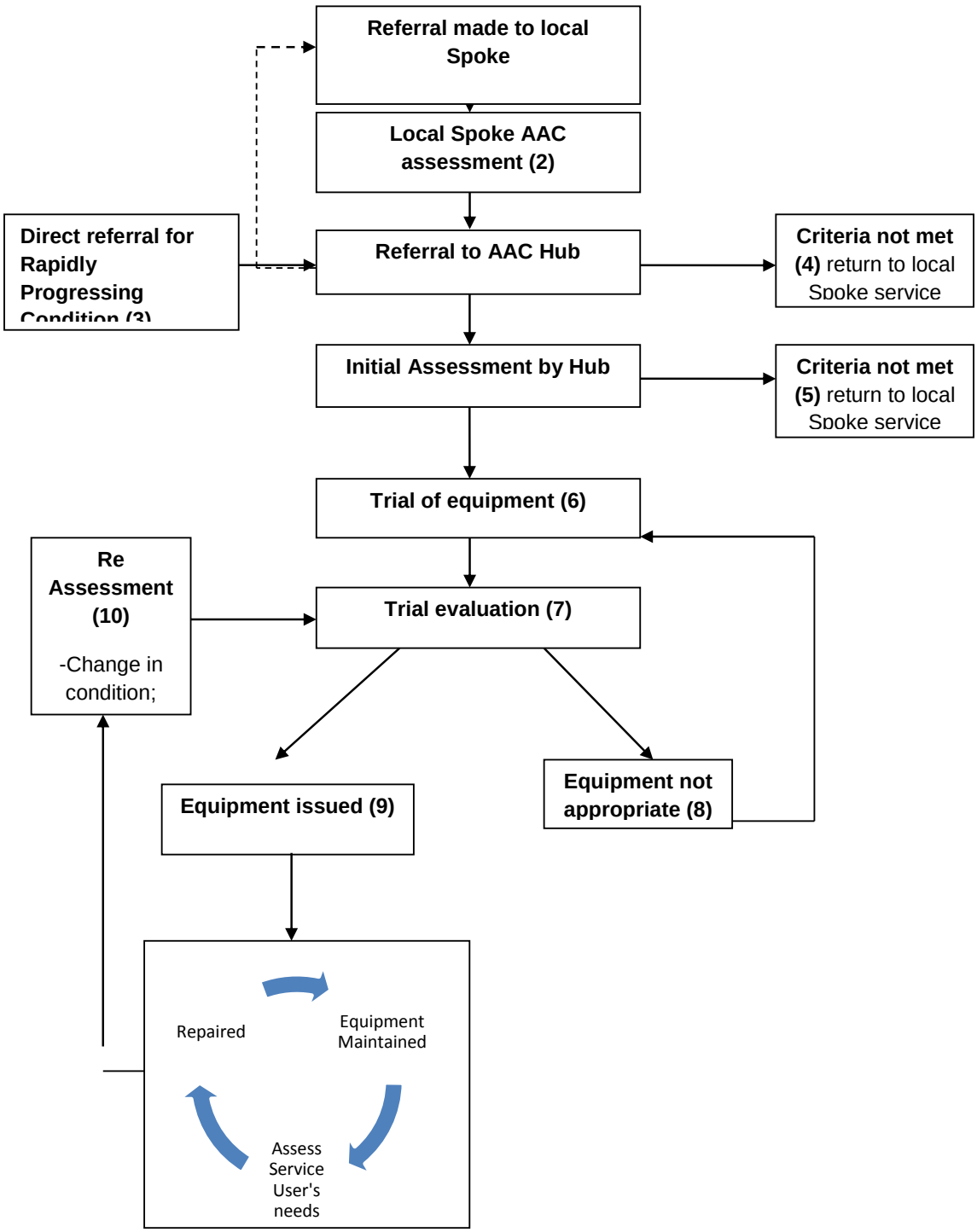
Direct referral to the Hub Service will be permitted in the following circumstances:

Service User meets the eligibility criteria;
and

Service User has a recognised rapidly progressing condition;
and

Where referral via the local Spoke service would cause a delay detrimental to the Service User's care.

Care Pathway – Diagram



Care Pathway Description (see section 4.2 Key Performance Indicators waiting times)

1, 2 Undertaken by local Spoke services, where local Spoke services are not in place/are in development these stages of the pathway will usually be completed by the local SLT service. The referral is made on the EAT Service common single point referral form, see Annex 1.

3 Registered Healthcare professionals are permitted to make a direct referral to the Hub for Service Users with a rapidly progressing condition in cases where referral via the local Spoke service would result in a delay in assessment to the detriment of care. Where direct referrals are received by the Hub Service, the Hub will notify the relevant local Spoke service of the Service User's details.
4, 5 if an inappropriate referral (that can be identified at the time of referral) is made, the referral is returned to the referrer/local Spoke service with possible recommendations for therapy or low tech AAC.

6 Ideally the referrer should be present at the initial assessment. If the Service User is deemed unsuitable for high tech AAC at the initial assessment, the Service User will be discharged back to the local Spoke service, with possible recommendations for therapy or low tech AAC.

7, 8, 9 the circular trial and review process will be undertaken until the appropriate AAC system can be ascertained. Where appropriate, the last (successful) system trialled with the Service User will remain with the Service User as the 'issued' device. This ensures continuity of use and reduced waiting times for provision.

10 The EAT AAC system issue on loan to the Service User will be maintained within the EAT Equipment Management System, using an annual planned preventative maintenance (ppm) schedule. Additionally, where appropriate, individual devices will be maintained under an extended manufacturer's warranty.

3. Quality and Service User Safety

3.1 Quality and Service User Safety

The Provider must work to written quality standards and provide monitoring information to the lead purchaser.

The centre must enable the Service User's, carer's and advocate's informed participation and to be able to demonstrate this. Reasonable adjustments should be made to ensure equality of access to the service for children and adults with complex communication needs.

Quality Indicators (Standards)

The Provider must work to written quality standards and provide monitoring information to the lead purchaser. Providers are expected to comply with the following:

A: People who work with me

1. **Training**: Evidence that AAC users and their families are provided with high quality training on the

use and understanding of their AAC systems. Professionals working with AAC Service Users should have received mandatory training in Equality and Human Rights.

2. **Values**: Service Users should feel that professionals understand, know and value them. The 'Social Model of Disability' should be embedded in the approach to service delivery and it should be a core objective of the service to work with Service Users to maximise their independence, inclusion and participation in family life, education, social life and employment

3. **Being put in touch with other AAC users**: Facilitate contact with other AAC users.

B: How information is provided

4. **Information about the AAC Team:** Provide information on the professionals working with AAC users including their respective roles and responsibilities. Identify a named AAC key worker.

5. **Information about timescales, assessment and provision of equipment:** Keep AAC users informed about their plan.

6. **How information is shared:** Ensure AAC users are aware and in agreement with how their information is shared.

7. **How information is presented**: Information should be presented in such a way that it is accessible to Service Users. The Service must enable the Service Users' informed participation and be able to demonstrate this. Professionals working with AAC Service Users should understand how to respond appropriately to different communication and information needs including the requirement to provide information in accessible formats, Welsh language provision and other language and translation support.

C: The process (How AAC works)

8. **Equal access to funding and services**: Ensure equality of access and treatment for all Service Users assessed as being eligible for AAC services and irrespective of place of residence. Reasonable adjustments should be in place to ensure equal access and treatment for disabled Service Users.
9. **Access to equipment and expertise**: AAC users should have access to professionals with the right knowledge and skills. There should be access to a wide range of equipment for assessment and arrangements in place should equipment break down.

10. **Ongoing support**: To be provided to AAC users particularly at times of transition e.g. between school and adult services. Demonstrate that AAC professionals are able to work together across agencies.

In addition a range of outcome measures for AAC services, to be used at both Hub and Spoke level, will be developed by WHSSC in conjunction with the Health Boards. It is envisaged that these measures will included Service user Reported Outcome Measures (PROMs), Service user Reported

Experience Measures (PREMs) as well as an objective assessment of the improvement in an individual Service User's ability to communicate.

3.3 Putting Things Right: Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust, fair and appropriate to each individual Service User, it is acknowledged that there may be occasions when the Service User or their representative are not happy with decisions made or the treatment provided. The Service User or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

When a Service User or their representative is unhappy with the decision, of the gatekeeper, that the Service User does not meet the criteria for treatment and that the Service User is not an exceptional case, the Service User and/or their representative has a right to ask for this decision to be reviewed. The review should be undertaken, by the Service User's Local Health Board, in line with section 7 of the All Wales Policy: Making Decisions on Individual Service User Funding Requests;

When a Service User or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the Service User and/or their representative should be guided to the LHB arrangements for NHS Putting Things Right.

4. Performance Monitoring and Information Requirements

Performance Monitoring

WHSSC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

Service providers to evidence quality and performance controls

Service providers to evidence compliance with standards of care

WHSSC will conduct performance and quality reviews on an annual basis.

Key Performance Indicators

The providers will be expected to monitor against the following target outcomes:

Indicator 1- Waiting times
Waiting times apply at component pathway level. Due to the iterative nature of the trial and assessment process it is not possible to specify a maximum waiting time for the entire pathway i.e. referral to treatment

Maximum component waiting times:

10 days for acknowledgement of referral;

6 weeks from referral to assessment;

4 weeks from assessment to commencement of trial

12 weeks from recommendation of equipment to receipt of equipment by Service User.

Indicator 2 - Number of Service Users referred and number of Service Users accepted for assessment. To include details of Service Users underlying condition.

Indicator 3 - Number of Service Users provided with definitive AAC system. To include details of Service Users underlying condition.

Indicator 4 - % Service Users who receive an annual review.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

The service will provide commissioners with the following information on a monthly basis by LHB:

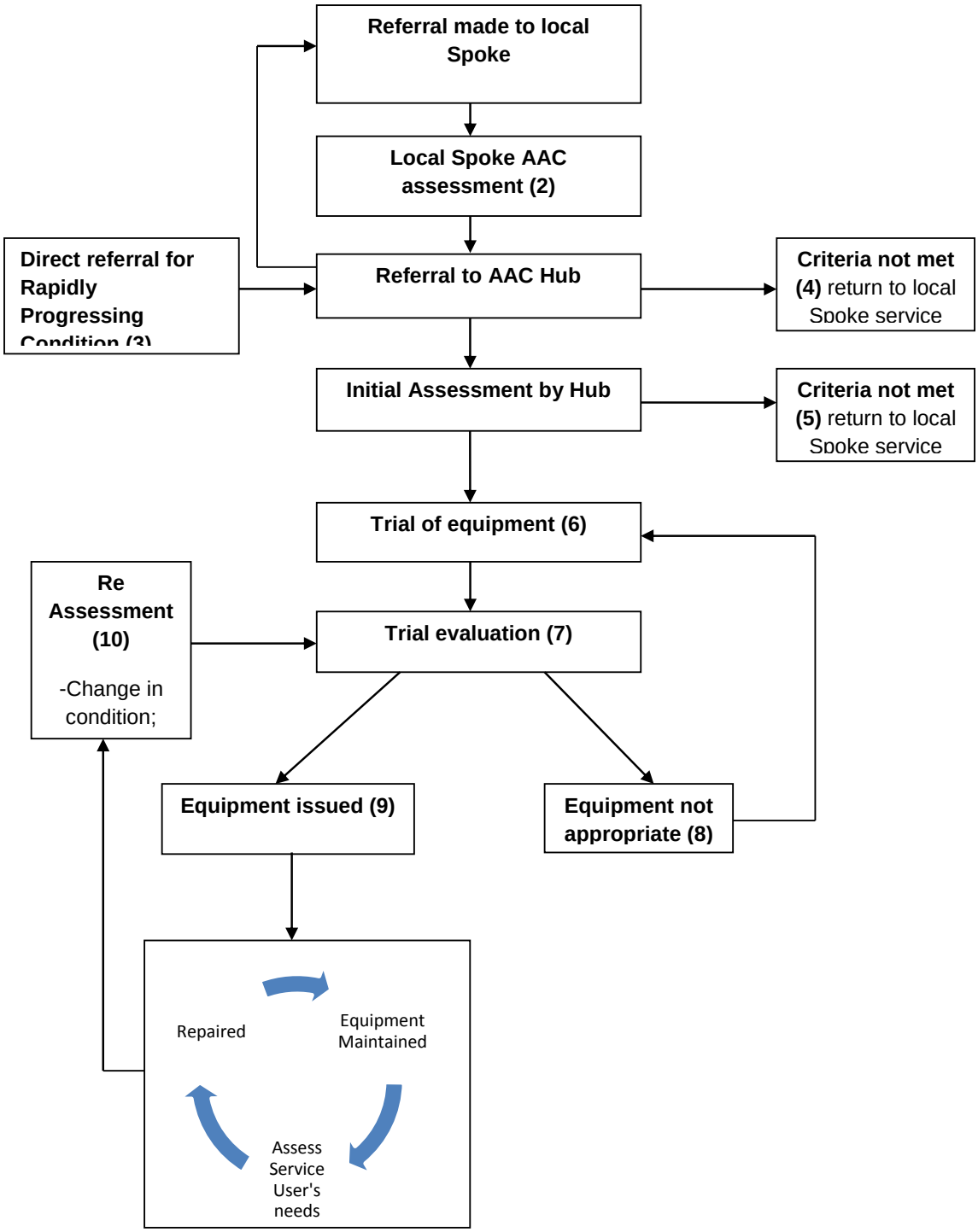
Number of Service Users waiting at each stage of the pathway and 90th percentile waiting time;

Number of Service Users referred and number accepted for assessment, to include details of Service Users underlying condition;

Number of Service Users provided with definitive AAC systems to include details of Service Users underlying condition;

% Service Users who receive an annual review (to be reported annually)

Appendix 3. Care Pathway



Cardiff and Vale UHB
Artificial Limb & Appliance Service
Rookwood Hospital, Fairwater Road, Llandaff
CARDIFF CF5 2YN
Direct Line (029) 2031 3976

Appendix 4: Referral Form

Electronic Assistive Technology Service For Wales

Please tick the Services to which you wish to refer.

☐ **For <u>All</u> Referrals, complete pages 1 to 5**

☐ **Communication Aid Service, complete pages 6 to 10**
(Tel: 029 2031 3914)

Computer Access Service, complete page 11
(Tel: 029 2031 3853)

Environmental Control Service, complete page 13
(Tel: 029 2031 3976)

We accept referrals from any state registered Health or Social Care professional.

Further details may be requested prior to assessment.

Upon completion, please return this form to:

The EAT Service Coordinator
National Centre for Electronic Assistive Technology
Rookwood Hospital
Fairwater Road

Llandaff Cardiff
CF5 2YN.

"DATA PROTECTION ACT 1998"
Personal data supplied on this form may be held on and/or verified by reference to information already held on computer.

Details of Person Being Referred – Please Print

Surname:		
Forename(s):		

Title: | D.O.B | dd | mm | yy | Ethnic Origin: (*See page 14)

Address: | Post code:

E-mail:

Tel No: | NHS No (Essential):

Contact details of Next of Kin/Parent/Guardian/Carer | Available Dates/Times

Address / Tel. number where we could arrange to visit the person being referred

Post code:

Has the person being referred consented to this referral? No ☐ Yes ☐

If 'No' above, did the person lack the mental capacity to consent? No ☐ Yes ☐

If 'Yes', who consented on behalf of the service user?

☐ Date dd mm yy

9

If in hospital, is there a discharge date? No Yes

GP Name:

Address:

Post Code:

Tel No:

Social Services OT: Tel No:

Other Agencies:

Details of Person Making this Referral – **Please Print**

Name:

Profession

Address:

Post Code:

Tel No:

E-mail:

Signature: Date: dd mm yy

Medical Diagnosis

Diagnoses with dates:	

If no official diagnosis, please describe symptoms below

Is the person being referred's condition changing rapidly? Yes ☐ No ☐

☐ Improving ☐ Deteriorating

Comments

The Artificial Limb & Appliance Service
Rookwood Hospital, Fairwater Road, Llandaff, CARDIFF CF5 2YN
Direct Line (029) 2031 3976

Electronic Assistive Technology Service for Wales

All sections of the form must be completed. Incomplete referrals will be returned.

	Yes	No
Does the person being referred understand cause and effect?		
Does the person being referred have a hearing impairment?		
Does the person being referred have a visual impairment?		
Can the person being referred read?		
Does the person being referred have difficulties with communication?		
- If 'YES', do they have a communication aid?		
Does the person being referred have a wheelchair?		
- If 'NO' are they confined to bed?		
Is the person being referred ventilator dependant?		
Are there relevant emotional or behavioural issues to be taken into consideration?		

Please use the space below to provide additional details

Details of Upper Limb function:

.

	Yes	No
Is the person being referred ambulant?		
Is the person being able to self propel?		
Is the person being referred able to use a powered wheelchair?		
Is the person being referred confined to a chair?		
Is the person being referred confined to a bed?		

Please describe the person being referred's current level of mobility

Details?

Please list the equipment, the postural control and mobility equipment used by the person being referred

Details?

.

Referral to the Communication Aid Service

9

	Please tick all that apply	(✓)
Communication skills affected by	Dysarthria	
	Dysphonia	
	Dysphasia	
	Dyspraxia	
	Other, please give details below:	

Comprehension	Not impaired	
	Mild impairment	
	Moderate impairment	
	Severe impairment	
	Changing impairment	

.

Comments

Verbal output	Not impaired	
	Mild impairment	
	Moderate impairment	
	Severe impairment	
	Changing impairment	

Comments

.

Summary of speech and language therapy intervention

Summary of Communication Skills

Is the person being referred able to gain attention	Yes	
	No	
How?		

Can the person being referred make choices?	Yes	
	No	
Comments		

Is the person being referred able to indicate 'yes' and 'no'?	Yes	
	No	
How?		

Can the person being referred follow instructions? If Yes give examples	Yes	
	No	
Examples		

.

Can the person being referred understand the speech of others?	Yes	
	No	
Comments?		

Does the person being referred initiate communication?	Yes	
	No	
Details		

Does the person being use facial expressions?	Yes	
	No	
Examples		

Does the person being referred use gesture/signing system?	Yes	
	No	
Examples		

Does the person being referred use sounds?	Yes	
	No	
Examples		

.

Does the person being referred use words or approximations to words?	Yes	
	No	

Examples

	Please tick all that apply	**(✓)**
Does the person being referred following?	Photographs **use/understand any of the** Pictures	
	Line Drawings	
	A special symbol system (Rebus etc)	
	Selecting whole words or phrases	
	Spelling	
	Pictures/symbols used to represent more than one meaning	
	Coding systems	
If using symbols, how many can the person being referred use them in sequence?	Single symbols only	
	Beginning to string symbols together	
	Using 2-symbol sequences to represent individual vocabulary	
	Using sequences containing more than 3 symbols to represent	

9

.

individual vocabulary items

Using symbols from multiple page system ☐

Has the person being referred used an aid to communicate previously?	Yes ☐ No ☐

if yes, please give details and problems/successes below

Referral to the Computer Access Service

Does the person being referred use a computer system currently? If Yes, describe make model and type below.	Yes ☐ No ☐

.

Comments?

If Yes to above, how does the person being referred access a computer system currently?
What problems are they experiencing currently?
Describe below.

Comments?

What benefit do you believe the person being referred would get from the use of a computer system?

Comments?

.

9

[redacted]

Referral to the Environmental Control Service

[redacted]

Does the person being referred use an environmental control system currently? (i.e.	Yes No	

.

switch controlled system etc.)

if yes, please give details and problems/successes below

Please give any additional details below

Please give information regarding people who are currently involved with this referral

Relationship to person being referred	Name / Address / Telephone No / Email
Speech and Language Therapist	
Occupational Therapist	
Physiotherapist	

.

Keyworker	
Teacher / Tutor	
Educational Psychologist	
Clinical Psychologist	
Social Worker	
District Nurse	
Carer	
Partner	
Parent	
Son / Daughter	
Friend	
Other	

EAT Service Official Use Only

			(Dates)		
Pathway	CA	EC	MT	SWC	Notes
Receipt of referral					
Scanned into system					
Received by assessor					
Initial appointment					

.

Medical report sent to Coordinator (EC)					
Equipment trial					
Report sent to referrer (CAC)					
Case Conference					
Installation					
System delivery purchase					
Post installation review					
Service user opinion sought					
Annual review					
Discharge date					
Review date 12/12					

• Ethnic Origin (Categories)

a. Any white background
b. White and black Caribbean
c. White and black African
d. White and Asian
e. Any other mixed background
f. Indian
g. Pakistani
h. Bangladeshi
i. Any other Asian background
j. Caribbean
k. African
l. Any other black background
m. Chinese
n. Any other ethnic group
o. Not stated

.

Appendix 5: Augmentative and Alternative Communication Service Evaluation Framework.

Background

The purpose of the service is to help adults and children with communication problems communicate more easily and so improve their autonomy, social participation and self-esteem.

This service is targeted at people across Wales whose needs can be addressed through the use of complex Augmentative and Alternative Communication (AAC) systems. The service includes

- assessment to identify the best AAC solutions,
- provision of equipment on long term loan,
- advice and support to users and their carers in the use of the equipment,
- maintenance and repair of the equipment,
- regular review.

The service model, eligibility criteria and care pathway are detailed in the service specification (WHSSC CP93b)

Purpose of evaluation

This is a framework for the evaluation of the services' first year operation in order to

(1) advise the Joint Committee and the Welsh Government of
- progress in implementing the new service model
- the impact of the new model of AAC
- the level of need identified by the project
- required future funding levels

(2) identify and recommend to the service any potential improvements in service delivery

(3) optimise the outcomes for the service users.

.

Most of the framework can be embedded in the service's ongoing performance management arrangements – not just a one-off exercise.

Timescale
In order to feed in to the Welsh Government funding cycle, a significant interim report is required for September and a final evaluation report needed by March 2017 This will inevitably mean that the service model will still be in its developmental stage during much of the period being reviewed.

Scope of evaluation framework
The evaluation will cover

- processes and service models..
- Outcomes for service users
- Value for money achieved by the service model.

(Detailed scope outlined below)

Evaluation Approach

The evaluation approach is based on

- Comparison – with other AAC services and evidence of best practice
- Evaluation of Views of stakeholders (e.g. service users Clinicians, LHB leads, etc)
- Analysis of the service's activity and cost data.

WHSSC will support specific user engagement in 2016-7 and it is envisaged that the service will develop a sustainable way to obtain user feedback . For the initial evaluation service user feedback will be sought on:-

- The impact of the equipment on their life.
- Their experience of the process.[1]

(details are in the separate User Engagement Policy)

[1] NHS Education for Scotland, 2015 "Now Hear Me", indicates some user perspectives and methods to obtain them.

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Professionally assessed outcome measures for individual users will be obtained from the use of a validated measure l by professionals involved in the assessment and provision.

Financial records and reporting that can assure correct expenditure of the money and can be linked to activity and comparative data to consider value for money.

Staff feedback on the processes, pressures, successes, problems. Staff involved in the spoke and hub elements will be given the opportunity to comment on their experience of the service.

Responsibilities:-

- WHSSC will lead the process, working openly with all parties and write the evaluation documents
- The Project Oversight Group and Project Board will quality assure and sign off the evaluation framework and evaluations reports.
- Cardiff Metropolitan University will provide academic advice and support, particularly around stakeholder and user engagement.
- The hub service will record and give access to activity and stock data (as detailed below.)
- The spoke services will confirm their local configurations and provide information on their activity.
- Hub and spoke will identify how training and support needs have been identified and are being met.
- Service staff will engage to feed in their experience and information.
- Cardiff and Vale UHB will provide monthly financial updates and cost analysis as required.

Detailed scope of evaluation

The exercise will evaluate to what extent the service at this early sage of development is:-

- Embedded and operational.
    - Activity at both hub and spokes matches the agreed service model.

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  - Identified specialist staff are in post and operational
- Effective
  - The level of complex assessments and provision is acceptable.
  - There is evidence of service user benefits
  - Staff at the spokes have achieved the necessary competences
  - Standards set out in the care pathway have been met.
  - The service and its outcomes compares well to other relevant standards (e.g.NHS England, Communication Matters Quality Standards, Royal College of SLT, Communications Champion)
  - The performance reporting and management system has evidenced good service or allowed for improvements to be made.
  - Reflect latest evidence.

- Equitable
  - Equality impact assessment included in establishment of the Service Model, including in particular resolution of potential differential impacts on age groups, geographical areas or language.
  - Equality Act protected characteristics included in data set at point service user of referral
  - data shows no significant variation in access or outcomes
  - Service policies and procedures specify equal opportunities and diversity training is part of core training for qualified staff .
  - Regular Performance management included review of activity and outcome trends vs protected characteristics
  - Action plans produced to mitigate any inequalities identified.

- Efficient
  - Pinch points and barriers to access in the care pathway have been identified and investigated.
  - Costs of equipment purchase and maintenance are competitive vs benchmarks.
  - Full use of NHS purchasing power is used in procurement, appropriately to the needs of the service.
  - Unit costs of assessments
  - Variations in activity between LHB spokes is measured and reviewed
  - Variations in provision for similar needs are noted and reviewed

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    - Individual outcomes vs cost and type of provision are analysed and reviewed.

- Economic
    - Expenditure and commitments are within budget
    - Evidence of any cost savings associated with the provision of AAC

Details of management information

In order to manage the service efficiently and underpin evaluation and performance management it is envisaged that the hub service will have:-

A management information system that

- will provide:-
    - Data on service user flow through the care pathway with sufficient detail to show
        - Overall numbers referred, assessed, provided with equipment and reviewed.
        - Underlying disabilities
        - Equitable access by geography and equality characteristics (age, gender)
        - Timeliness and achievement of timescales in the service specification.
        - Data on number of reviews
        - Any pinch points or barriers to access

A stock control system that

- Physically stores and delivers equipment securely
- Identifies the location of each item at any time
- Links items to costs
- Links items to loans to users.
- Links items to maintenance and repair arrangements
- Can be readily analysed to help the service and commissioners identify patterns of provision, use and costs

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Appendix 6: Staff Changes

		AAC Staff WTE Actual	AAC Staff WTE Funded	AAC Staff %
	Prior to Project	2.5	3.2	78.1
D, J, O start	Apr-16	4.5	9.7	46.4
	May-16	4.5	9.7	46.4
	Jun-16	4.5	9.7	46.4
L start	Jul-16	5.3	9.7	54.6
MD increase to 1WTE from 0.8	Aug-16	5.5	9.9	55.6
M start	Sep-16	6.5	9.9	65.7
A start	Oct-16	7	9.9	70.7
	Nov-16	7	9.9	70.7
R started	Dec-16	8	9.9	80.8
G Left. R ended CA Role	Jan-17	7	9.9	70.7
	Feb-17	7	9.9	70.7
	Mar-17	7	9.9	70.7
Ra sick leave start. L Left	Apr-17	6.1	9.9	61.6
	May-17	5.2	9.9	52.5
Ab sick leave start	Jun-17	4.2	9.9	42.4
M sick leave start. As start	Jul-17	4.7	9.9	47.5
A sick leave start	Aug-17	3.7	9.9	37.4
M & Ra sick leave end	Sep-17	4.5	9.9	45.5
J Sick leave	Oct-17	4.5	9.4	47.9
	Nov-17	4.5	9.9	45.5

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Appendix 7. AAC First Phase User Survey – Summary of Survey Method and Responses

1 Survey methodology

1.1 Summary

The use of a survey to obtain views of service users was agreed as part of the AAC Evaluation Framework and User Participation Strategy at the Project Oversight Board on 27 May 2016. It was agreed that an initial survey would be conducted in June/July to provide a baseline of views before the new service model became operational and to inform the Joint Committee and Welsh Government decision making via the project report to the Joint Committee in September 2016.

The lead responsibility was allocated to WHSSC with support from Cardiff Metropolitan University and the AAC service at Rookwood,

The survey design has been developed with reference to recent work in Scotland and England with AAC users and in discussion with colleagues from Communication Matters, Cardiff Metropoitan University AAC service Rookwood, Motor Neurone Disease Society.

The final design is a balance of the factors listed below.. While further work could have improved the survey these improvements would have been outweighed by the disadvantages of missing the deadline to influence the September Joint Committee report, and working on other key aspects of service development.

1.2 Sample selection for survey

To have a representative sample, all users who received an assessment in a 12 month period prior to the survey will be selected. Where the user is known to have deceased or there is a particular sensitivity they will be removed from the sample. As part of the overall evaluation, this will provide baseline feedback.

1.3 Information Governance.

The survey will be sent out by the AAC service on behalf of WHSSC and no personal service user data will be shared. Results will be presented to avoid any identification of individuals due to small numbers.

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Individuals will be invited to share more detailed personal stories and give their contact details for this purpose. When service users give their stories in this way they will be informed how the story will be used, that they will agree the final story to be included and that they can withdraw from the exercise at any time.

1.4 Subject selection.

The questions in this user survey cover the range of quality issues identified by users as important to them and which are included in the AAC hub service specification. These derive from work done by Communication Matters to identify what users regard as features of a good AAC service; this was further refined by NHS Education for Scotland into a short set of user defined quality statements.

1.5 Steps to avoid measurement error.

The phrasing and language of the questions has been discussed and developed by the WHSSC planner who is experienced in conducting user surveys with a range of client groups, and professional specialists in AAC who are aware of the communication needs of this particular client group. Testing by AAC users was requested via Communication Matters.

The choice of rating scales was discussed and the 5 point likert scale that was standard in the first draft has been replaced with 4 point scales and binary answers in most cases to make understanding easier. In order to keep clarity and ease of understanding, there are no negative questions or reverse order rating scales which could have been used to counter agreement bias by users.

The length of the survey has been limited to avoid the quality of response dipping at the end due to user fatigue.

The layout of the questionnaire (style, font etc) is based on an established large scale user survey (the English Adult Social Care User Survey) which is designed to be clear and consistent.

1.6 Steps to mitigate low response rate and non-response error.

Communication difficulty is intrinsic to this user group and even well resourced projects with reasonable timescales achieve low levels of

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engagement. Within the user group there may be sub-groups with different response rates e.g. groups with specific underlying conditions, people with associated cognitive impairments, people of different ages. Steps taken to mitigate this:-

Offering a choice of medium to respond (paper, on-line, interview)

Focussing on question areas relevant to users' experience

Clarity and conciseness in the survey design

Sending the survey with personalised cover letter explaining its purpose and importance and with a SAE for reply.

Asking respondents' age group, gender and underlying condition so that these characteristics can be compared for responders and non-responders.

The limitations of the survey method for this user group will be referenced in the presentation of results. This survey will be complemented by the use of other approaches to identifying user experience and outcomes – professional outcome measures, seeking service user stories.

2. Survey Responses

2.1 About the Survey respondents.

By the survey closing date 15 responses had been received – a 22% response rate. 8 of these came from the person with communication difficulty themselves either with support or independently. 7 of the responses were completed by family members on behalf of a relative

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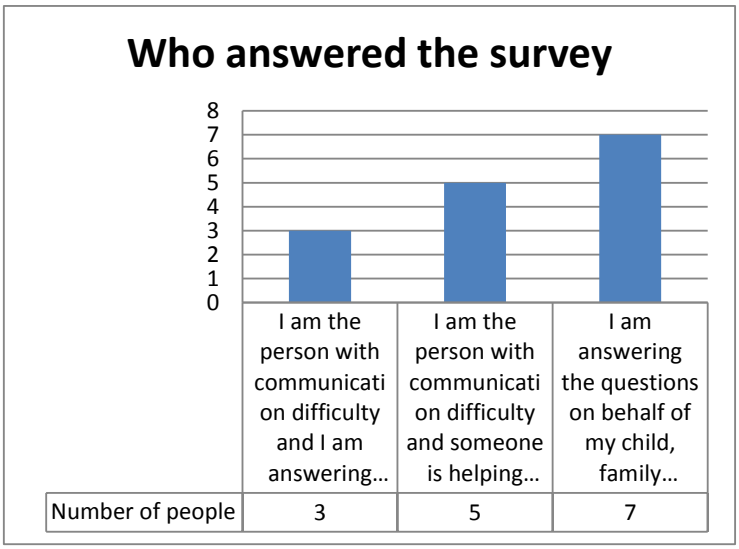

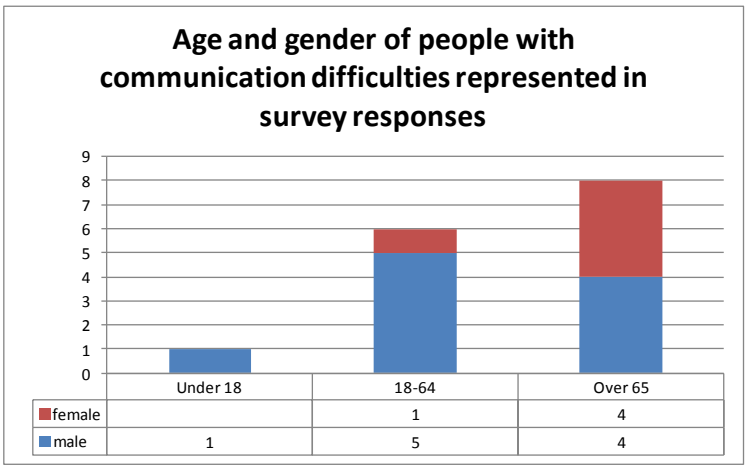

2.2 User experience of the assessment process

Users of AAC have identified that important aspects of a service for them are being kept informed about the assessment process, being given information in a way they understand and being listened to by the assessor. In questions exploring these aspects, the responses to the service from Rookwood was overwhelmingly positive.

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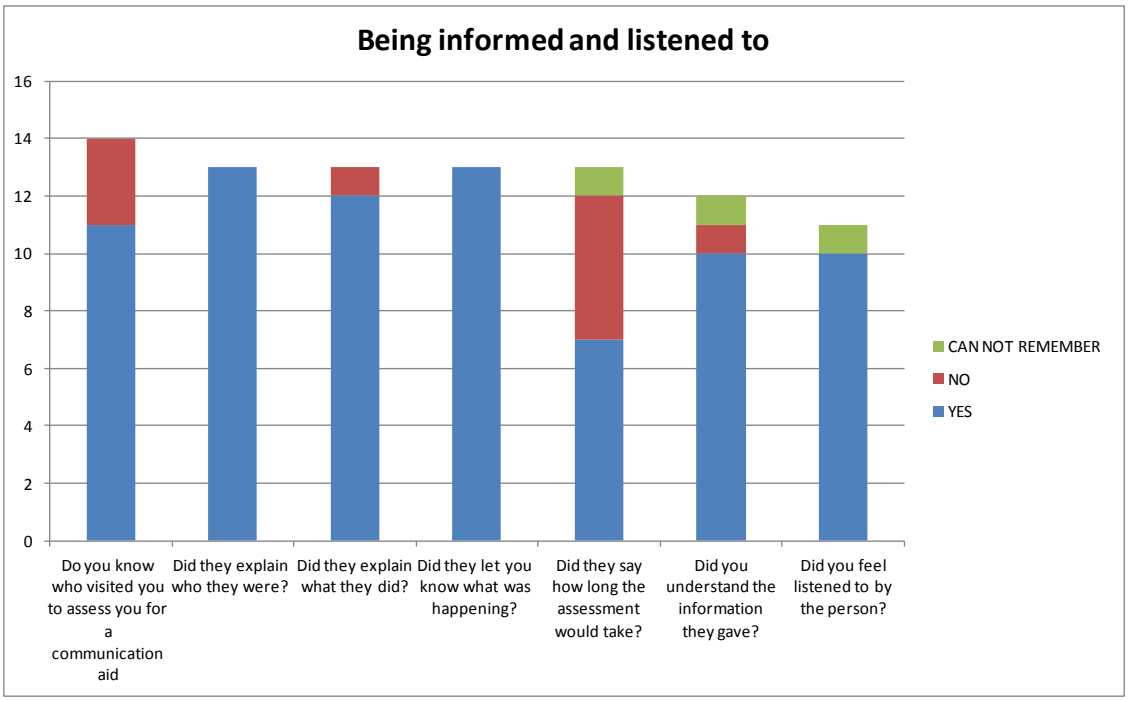

The numbers are supported by comments provided "Very respectable and service user Understood situation and spoke slowly but not condescending Assured and encouraged" and "My husband was given a great deal of time, patience and help at each visit"

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2.3 The frustration of delay or not getting an aid

The users expressed great frustration and discontent about the length of time taken for the assessment and the provision of a communication aid or the non-provision of an aid. The lady who commented that her husband was given a lot of time, patience and help went on to say

> "however it has been nearly a year since the first referral and despite several visits he still has not received the communication aid.".

Other comments were:-

> "The assessor was very pleasant and I felt listened to at the time, however I feel I have just been left again since no one has been back in contact regarding the microphone. I am still having to struggle to communicate."

> "It was great that the adult team of S.A.L.T. looked at my case. Shame it wasn't done as a child and I could have grown up using it"

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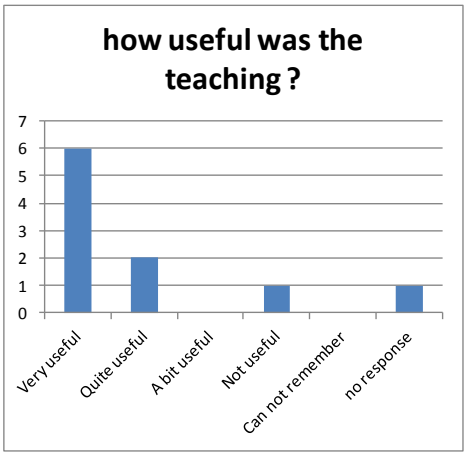
"Shame this has taken so long. Many would have given up having to fight all the time for even the basic things like communication"

2.4 Getting a communication aid and training in how to use it

10 of the 15 sample reported getting a communication aid following their assessment. During the period covered by this survey, Rookwood did not provide communication aids, except where they could place them within a package for environmental controls which they were providing. Therefore the aids provided may have come from several sources and may have required local practitioners to arrange the purchase and funding.

	yes	no	no response
After the assessment did you receive a communication aid ?	10	5	
were you taught how to use it ?	8	2	
Were your family, friends or carers shown how to use the communication aid?	6	3	1

The 8 people taught how to use their aid rated the teaching as very or quite useful. The people who reported receiving an aid but no training answered "not useful" or made no response to this question.



2.5 What difference has the communication aid made?

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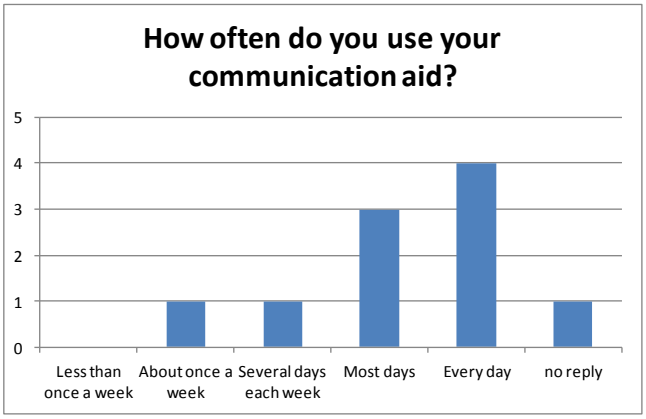
Generally there can be a high rate of abandonment of communication aids but the aids provided to this sample are being used regularly.



The difference the aid can make to the person can be massive and the positive comments of people who benefited from a communicaton aid contrast strongly with the expressions of frustration about long waits or lack of provision noted above. A daughter who completed the survey on behalf of her mother said

> "I believe that this communication tool for my mother has made a huge difference to her quality of life It has given her a voice, given her a means of being in control and is also an incredible education tool with all the free apps available . She has not suffered with depression since having the stroke and I feel that this tool has helped her to maintain her sanity and self worth"

The comment is supported by responses to questions about 10 everyday communication tasks and the difference that the communication aid made. The aids significantly increased the number of people able to do simple things such as talk to family, ask questions, get help, express emotions, join in activities.

One responder put it simply:-

> "It's taken the frustration out of not being able to say specific things"

Ability to undertake communication tasks with and without your communication aid. I can……

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Talk to family and friends	without communication aid	with communication aid
not at all	4	
hardly ever		
sometimes	3	1
much of the time	1	3
all the time		4
no response	2	2
Talk to new people ?	without communication aid	with communication aid
not at all	6	1
hardly ever		
sometimes	3	1
much of the time		3
all the time		3
no response	2	2
Ask questions	without communication aid	with communication aid
not at all	5	
hardly ever		1
sometimes	3	2
much of the time		2
all the time		4
no response	2	1
Get the help I need	without communication aid	with communication aid
not at all	3	
hardly ever		
sometimes	3	3
much of the time	1	
all the time		5
no response	3	2
Say how I feel	without communication aid	with communication aid
not at all	3	
hardly ever		

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sometimes	3	1
much of the time	1	3
all the time		4
no response	3	2
Make choices	without communication aid	with communication aid
not at all	3	
hardly ever		
sometimes	1	1
much of the time	1	3
all the time	2	5
no response	3	1
Share news	without communication aid	with communication aid
not at all	4	
hardly ever	1	1
sometimes	2	4
much of the time		1
all the time		3
no response	3	1
Comment on things	without communication aid	with communication aid
not at all	3	
hardly ever	1	
sometimes	3	2
much of the time		3
all the time		3
no response	3	2
Join in activities	without communication aid	with communication aid
not at all	2	
hardly ever	2	1
sometimes	2	
much of the time		3
all the time	1	3
no response	3	3

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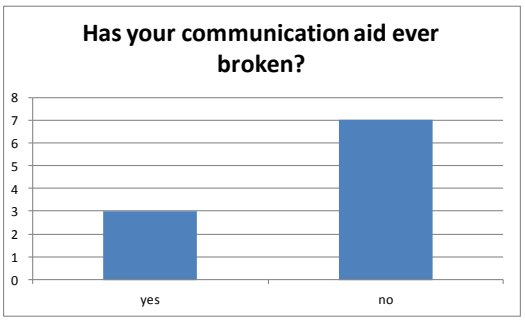
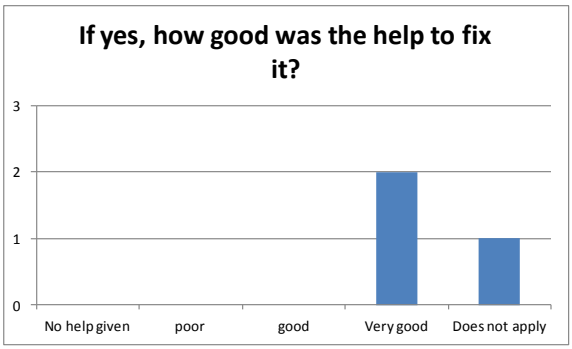
Ask for things I want or need	without communication aid	with communication aid
not at all	3	
hardly ever	1	
sometimes	3	1
much of the time		1
all the time	1	6
no response	2	2

2.6 Help to repair the aid.

Only 3 of the provided aids broke down. One of them was a lost programme which the user resolved himself. The other 2 cases rated the help they received to fix it "very good"





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3. Individuals contributing to survey development

Project Lead

Peter Sowerby (WHSSC Assistant Planner)

AAC specialists

- Jeff Morris (Rookwood)
- Mary Duningham (Rookwood)
- Oliver Lee (Rookwood)
- Catherine Harris (Director, Communication Matters)
- Janet Scott (Trustee, Communication Matters)

AAC specialist/ academic

- Ria Bayliss (Cardiff Metropolitan University)

Motor Neurone Disease Society

- Carol Smith (development advisor, South Wales)
- Nigel Starkey (Support Services – lead for MND user survey)

Information Governance/ equalities/service user stories

- Cathie Steele (Corporate Governance Manager, WHSSC)
- Carole Bell (Director of Nursing and Quality, WHSSC)

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Appendix 8: Service user stories

Thomas James 12 August 2016-08-17

Thomas is a 20 year old with Cornelia de Lange syndrome.(CdL) He is sociable, inquisitive and determined. CdL combines physical effects – Thomas is only 4 foot tall and his forearms end in stumps above the wrists – with a degree of learning disability and no speech.

I met Thomas with his mother and his sister and the first challenge was working out how to greet him in the absence of a hand to shake. (I am English after all). The problem was solved when he came and leant his head against my chest and his mum told me that the normal greeting was to ruffle his hair.

Thomas stayed with us during the conversation but I spoke mainly with his mother.

Thomas had attended a school for people with special needs from the age of 2 ½ to 19, having finished education a few months before we met.

Thomas was communicating with noises from early childhood – he had a noise for “dummy in” and “dummy out” as a baby, but had never spoken. His early input from the local speech therapist focussed on Thomas’s eating and swallowing rather than communication. During has school career he used a book of laminated photos hung on his push chair to communicate. Advice from the consultant of the Cornelia de Lange Foundation was helpful in identifying that CdL related to reality of photos and not to symbols.

At age 16 a new teacher at the school raised the options of trying alternative communication approaches for Thomas.

It took a long time for this initiative to translate into Thomas being assessed by staff from the communication aids service at Rookwood and then receiving an ipad with a communication programme. However, this was hardly used, quickly ended up in a cupboards and was returned to the communication service.

Thomas’s mum identified two reasons why this communication aid did not work.

Firstly, the possibility of this sort of communication aid was not raised while Thomas was young so he got used to communicating by gesture, sound and body language with people he knew well and in familiar places and routines. It made no sense to him to start learning how to do things differently at 19 years old.

Secondly the ipad provided was restricted to being used for this particular communication programme which was purely about allowing Thomas to express choices. Thomas or his carers could not load photos to show what they had done during the day; Thomas could not use it to play games, look at photos or listen to music. In short, it could not be integrated with the things he did on other computers or kindle.

The family have not given up on the idea but are looking at getting the communication programme to put on their own computer so its use can be introduced as part of the family

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dynamic. They felt it was not explained to them why the use of the original was so restricted and that they and the assessors had different views of how to proceed “if we had been able to use it our way we might eventually got it used the way they wanted”

Thomas used a padded switch, which they called a clicker, to access computers by pressing with his stump. This sometimes was frustrating to get the right amount of pressure or to swipe across a screen.

Carol Simms 2 August 2016-08-17 .

Carol is a retired lady with a passion for horse riding. Although she was diagnosed with Motor Neurone disease more than 2 years previously she had been riding the week before we met and had fractured her shoulder when her horse was spooked by a tractor. She remained grinning and smiling throughout the meeting. She had lost the power of speech so her husband Fred did the talking with Carol adding gestures and noises of agreement and disagreement throughout.

Difficulty in speaking had been the first symptom of illness that Carol and Fred had noticed . They consulted their GP who referred them for hospital tests which diagnosed MND. They were quickly referred to the consultant neurologist who arranged for them to be seen by a multidisciplinary team including a speech and language therapist. Or as Fred put it “quite a lot of doctors”. They remain very positive about this help and attend quarterly clinics. If they wanted more help or a re referral for communication, this would be the first port of a call “Ken Dawson (the neurologist) he’s the man. I can phone him any time”

The speech therapist originally gave Carol a lightwriter that converted her typing into speech. This was used a little bit but it was difficult for Carol to use due to reduced dexterity in her hands.

So Carol was referred for an assessment to Rookwood. They were going to make up an ipad for her but it took a long time before they came back. Fred’s view was that “if she had that a year ago when they first talked about it she would have got the hang of it……it must be 7 or 8 months before they came back with it” Fred was surprised the ipad was not left at the time of assessment.

Carol continues to communicate by signals. “Carol is very communicative with her hands. So that’s how we get on. We’ve just gone in our life you know. Things have happened and you just have to round them” Mostly they understand each other but “we get in tangles now and again about what she wants” They have a lot of support for the physical aspects of MND – rails around the house and in the bathroom. Fred installed some CCTV so that Carol is still in his view when she goes down the field or out to the stable. They are supported by close neighbours who are responders to her lifeline and by one in particular who shares their interest in horses but other friends in the village have drifted away. Their family are abroad.

Fred’s summary about the communication aid is that it was an opportunity missed, due to the delay.

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Robert Wilkinson 27 July 2016

Robert arranged to share his experiences via an email exchange because, as he put it, "As my speech is severely affected by Motor Neurone Disease a voice recording of our meeting may prove difficult."

He was diagnosed with Motor Neurone Disease (MND) by a consultant neurologist and referred to the multi-disciplinary team in April 2014. He tried various text to speech apps which he downloaded from the internet onto his own ipad, but they all proved limited and clumsy. The team leader of the multi-disciplinary team, a speech therapist, referred him to the Communications Aid Department in Rookwood.

Although the referral was for a communication aid the people who came to see him also provided some environmental controls. In fact the environmental controls and communication aid were based on the same ipad. Robert wrote:-

"My communication aid, an iPad mini, was supplied to me as part of my home modification needs and uses software called Evo Assist The iPad is very useful when using Predictable text to speech software, however, it is quite limited in what I can use it for. Most of the Apps have been deleted and the Apple ID locked into ecevassist@gmail.con I have no Facebook, email, Pages etc. and can not communicate with my home iMac for Contacts, calendar, etc. Realistically I would have liked an iPad that I could use for all of my communication needs with an App for home controls."

"I use the iPad to "speak" to my wife and any visitors we may have, also to answer the phone"

However because the supplied ipad has no wi-fi and no other apps can be loaded, Robert takes his own ipad with him when he leaves the house because he can use this to message or email his wife and other people which he finds more useful. "I hoped for a communication aid that would have the "text to speak" App and all the other Apps as on a standard iPad. Sending a message on email, Messenger, Facebook or similar media is the only way I can communicate with someone when I am not at home. Also not being able to access my contact list, reminders and notes is not what I expected." As Robert is losing dexterity in his fingers his mobile phone is becoming increasingly hard to use which is why he is getting more reliant on his ipad.

Robert understands now that Rookwood at the time had no budget for communication equipment so they would sometimes piggy back communication aids on to environmental control devices. Robert's solution for the future is "I think I'll have to bite the bullet and buy a new mini iPad and put the App "Predictive" onto it."

His memory of the assessment and installation visits are that "The company who installed the home modifications and the iPad were very competent but there was too much for me to

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take in on the day it was installed." He does have a phone number for Rookwood but cannot remember a contact name.

Tom Smith 25 August 2016

Tom and his partner Sarah lived in the Wales valleys where Tom worked as an estimator for a paper company.

Tom was diagnosed with a throat cancer in January 2014 which led to an operation in March 2015 that removed his tongue and voice box, depriving him of all speech. Tom died of an unrelated issue in December 2015 and in the last 9 months of his life had been using a communication programme on his impact of this device was so positive Sarah, wanted to share their experience.

Before his operation in March 2015Tom and Sarah met with the consultant, speech and language therapist and dietician who explained in detail the upcoming procedure. Tom recovered quickly from his 11 hour operation and was sitting up in bed within half an hour. He was communicating by writing things down on paper. The speech therapist at the hospital arranged for Tom to have the loan of an ipad with a communication programme that converted Tom's typed text into speech. Tom took to it straight away and in less than a week decided to buy his own ipad, and have the programme loaded on to it. The hospital therapist worked with the specialist centre at Rookwood. A lady from Rookwood came out and discussed everything with Tom and then they arranged all the checks and technicalities to get the programme installed within 10 days.

Tom was the first service user the hospital had seen with a communication aid like this. The consultant spent an hour talking to Tom and said that it "gives hope to a lot of people"

When Tom came home from hospital at the end of April, the ipad came with him."This was his voice. This is what he had to speak with" Sarah said. Tom's work had been very supportive during his illness and now agreed for him to work from home. He visited the firm's new factory with Sarah and with the ipad was able to talk to his friend and colleagues who all thought it was wonderful. Much of Tom's work was computer based and he continued to work from a desk in his front room until the morning before he died.

Tom took his ipad everywhere and they found the public response was intrigue; once they understood that Tom spoke with his ipad due to having no voice they met with patience and acceptance. Even sometimes when Tom wanted Sarah to speak for him in the shops she insisted he speak for himself. On the other hand Tom had an alarm on the ipad which he used to call Sarah, and he sometimes did this as a tease.

The language programme (prologue for text) allowed Tom to store frequently used phrases, including useful swear words. It came with a variety of accents but the only a female Scottish one, so Tom uploaded the Predictable app which he programmed with his brother's speech so that he could speak with his own Scots accent when he wanted. (Tom had banked some of his own speech before the operation but it was not clear).

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During this time Tom emailed Rookwood for help as needed. “if there were any glitches they could email. A couple of glitches they sorted out. They were really good with him”

So with chemotherapy progressing well and Tom able to talk to his loved ones, his colleagues, his doctor, people he met out and about Tom and Sarah were feeling optimistic. A sudden haemorrhage cut this short, but during his last day Tom was using his ipad to share with his loved ones how he was feeling so that they did not have to face his death unable to speak with each other.

Sarah summed up the impact of the Tom’s communication aid as “it made his life more worth living basically”

Service user Story MLT 4/8/16

My problem started about 6 years ago when I was diagnosed with an auto-immune disease. I started to develop problems with hoarseness in my voice which seemed to becoming progressively worse. I had always had some problems but they tended to be seasonal. I also used to work in a call centre and as a hairdresser where both occupations seemed to exacerbate my condition.

I am practically housebound now due to my condition as the cold air only makes it worse and summer can also be a problem due to air conditioning. I have undergone a series of operations such as a tonsillectomy and removal of polyps but neither have been successful and have only made it worse.

I was referred to the speech and language professionals but have found that due to sarcoids on my vocal cords I have had to learn a mechanism by which I can project my voice but it’s still an effort. I was then referred for laser surgery in London and have no contact with local speech and language services since then but I do see speech and language in London when I attend there. I have also been given an app for my phone but having to find the time to type in a que etc is just so inconvenient.

I have also tried a voice detonated ear piece but that was not effective. It was more “hassle that it’s worth”. It slips and quickly became stretched. I have never had the opportunity to provide any feedback to the problems that I have encountered.

A referral for a new communication aid was made in January 2015. I think that this was made at an appropriate time however I am really disappointed that I am still waiting. My first assessment was done in May of this year. Two people turned up late and they seemed to have conflicting opinions on what they could offer me or what piece of equipment would best

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suit my needs. I don't think that they really listened to me and were talking to each other as if I wasn't there. They initially said there was nothing on offer and when one suggested a neck microphone it seemed that the other was reluctant to even offer it. My problem is in my neck so the new device should hopefully sit better. It seemed that they had a set of criteria and I didn't meet them.

There have been a number of problems since the first assessment and four months on the appointment for this week has now been cancelled and rescheduled for the middle of August.

In terms of the service user survey process I was happy with the form I was sent and it was easy to fill in.

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Appendix 9: AAC Second Phase User Survey : Questions to Consider in AAC evaluation

These are prompt questions only and other areas of discussion are possible. They are based on the IoM dimensions of quality

1. **What works well overall?**
- What is best practice?
- What is exceptional?
- Are there examples of excellence?

2. **What doesn't work at all?**
- Are there failures?
- What do these look like?
- What is the impact of this?

3. **What could be better?**

4. **Do you see the service as safe?**
- What could improve if required?

5. **Is the service effective?**
- How do you measure this?

6. **Is this service-user centred?**
- How could this be developed if at all?

7. **How timely is the provision of equipment?**
- How could this be better if at all?

8. **How efficient is assessment of service users' needs across the service user journey?**

9. **Is provision equitable across Wales? Across diagnoses?**

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

		Agenda Item	11
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	Proposed Risk Sharing Framework		
Author (Job title)	Director of Finance		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	The purpose of this report is to set out a new proposed risk sharing framework consistent with the presentation given to members in the November 2017 In Committee session.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☐	☐	☐

Sub Group /Committee	Management Group	Meeting Date	18/01/2018
		Meeting Date	
Recommendation(s)	Members are asked to: • **Approve** the proposed risk sharing system detailed within this report		

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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		✓

Purpose
The purpose of this report is to set out a new proposed risk sharing framework consistent with the presentation given to members in the November 2017 In Committee session.

Background
Under the governance arrangements of WHSSC any change to financial risk sharing arrangements must have the agreement of all Health Boards.
The need for change has been agreed by all Health Boards on a number of occasions. There has also been agreement on the principles of risk sharing in terms of which risks should be shared, which risks are more suitable for alignment to utilisation and finally a limited range of risks which should be directly attributable.

However, the impact of change on individual health boards has always proved to be a significant factor and to date no agreement has survived impact assessment. The net impact on individual health boards has moved between boards on completion of modelling of the different iterations proposed both in terms of base years selected and methodology. The materiality of these movements has resulted in no agreement being possible, particularly when combined with the underlying adverse financial position most health boards continue to face.

Following the September Joint Committee the Director of Finance of WHSSC was asked to consult with Welsh Government colleagues and lead Health Board finance colleagues to determine whether an agreement could be reached. The findings from this review have resulted in a revised model proposed by WHSSC. This model has been tested with both the relevant Finance Sub Group and the Directors of Finance Group.

The Need for Change
Given the number of attempts at risk sharing reform the question has been raised as to whether change is needed. The rationale for change is that the current risk sharing system only amends health board contributions at the margin, for the net changes in a service from year to year or for new investment. It does not realign contributions to match overall utilisation of each service each year. This means that there will be increasing divergence between utilisation and contributions as each new year passes. The current system effectively locks in health board costs based on historic utilisation patterns, dating back to the original resource mapping exercise conducted in 2009. Utilisation patterns will have changed since that date and health boards increasingly want greater assurance that their overall contributions are fair as overall resources tighten. Unlocking the baseline also gives health boards the potential opportunity to review how they utilise specialised services and benefit from pathway control actions. Whilst in practice it may not be possible for individual health boards to influence their utilisation of the highly specialised services, the complexity of referral pathways to specialised services means that there can be variation between need and activity delivery. There can

be opportunities for health boards to intervene/divert both upstream and downstream to create improved value and cost improvements at a local level.

Summary of Previous Iterations

The following summarises the previous two risk sharing models that have been tested but not approved due to the impact assessment:

- Neutralising all movements up to the end of 2011/12 financial year and phasing the impact of change over three years. Agreement could not be reached with one health board and there were generally held concerns that going back nearly five years may not be credible and/or would be difficult to explain or rationalise to individual boards.
- Neutralising all movements to the end of 2013/14 and phasing in over three years. In response to the feedback on the first proposed model it was agreed, subject to impact assessment, to bring the neutralisation year forward to the end of 2013/14. The rationale was that this may sustain some of the benefits of referral management actions taken by boards and be more credible as it would be based on more recent information. This base year was also felt to have the benefit that it was post a number of agreed rebasing exercises undertaken in the high value contracts of ABMUHB and CVUHB. Agreement could not be reached to implement in 2017/18 due to material movements in which health boards sustained gains or losses. One of the main findings from the impact assessment was the high degree of volatility inherent in selecting any one specific base year for neutralisation. This inherent volatility relates to natural variation that can be seen from year to year in high value low volume specialised services, and expected to continue into the future.

Proposed New Model

In designing a new model the key principles need to include:

- Establishing a credible base year for neutralisation that can be justified to boards.
- Overcoming the volatility associated with changes in utilisation of specialised services.
- Revisiting the risk sharing appetite of health boards.
- Using data points that can align with inclusion into IMTP timetables without destabilising health board positions in year.

The proposed new model which best meets these principles and realities of impact assessment is set out below:

- Neutrality will be established based on the latest available data using average positions for 2015/16 and 2016/17.

  - *Rationale – in order to implement in 2018/19 we need to base the neutral position on the latest available complete financial year which for plans agreed by January/March 2018 is end of 2016/17. An average position is taken with 2015/16 in order to dampen the volatility that may still arise in using only one year.*
- The risk sharing contributions for the new financial year, starting with 2018/19, will be adjusted to account for utilisation in the previous two complete financial years. For 2018/19 financial year the IMTP contribution will be based on the average of 2016/17 and 2015/16 financial years.
  - *Rationale – 2016/17 will be the latest complete financial year available during the IMTP round.*
  - *Consequence – 2018/19 will be a zero impact year in terms of risk sharing method change impact. However, the net consequence of the WHSSC IMTP will be distributed on the new average risk shares and these will inevitably be different to some degree from historic percentages. There will therefore be a distributive impact limited to the distribution of the new net growth in the WHSSC plan.*
- In 2019/20 the IMTP contributions will be based on the positions for 2016/17 and 2017/18. Hence, 2019/20 will be the first year when the contributions will start to vary from the neutral baseline year. The impact on boards will be dampened by the fact that average utilisation is used with 2016/17 being common to both years.
  - *Rationale – this approach phases in the impact of change and allows health boards to better plan for the impact of their respective patterns of utilisation and/or adapt when appropriate.*
- In 2020/21 the IMTP contributions will be based on the positions for 2017/18 and 2018/19. Hence 2020/21 will be first year when the full impact of risk sharing utilisation variances will have a full impact.
  - *Rationale – by 2020/21 health boards will have had time to adjust to the impact of change and the net impact will be incremental and protected to some degree from short term volatility.*
- Risk Appetite Review – the final proposed component of the new system is that, informed by internal consultation and advice by the WHSS Team, members of the Finance Sub Group will review the allocation of services to the utilisation and shared pools. Any changes to pooling must be established at the start of the process in order that there is fairness and transparency.
  - *Rationale – even though the use of averages dilutes some of the volatility in the access to specialised services there are some risks that an individual health board has no control over even in the longer term and these risks are best shared by population based methods. It is important to keep these under review as specialised services evolve.*

Alternatives Considered but Not Proposed

In reviewing the options for change the following alternative options were considered but not recommended on the basis of the rationale detailed:

- Use of three year averages instead of two – this was considered but not recommended on the basis that it would take longer to implement any new system and did not decrease volatility significantly. It would also be more complex to administer and for health boards to rationalise the results.
- Using 2016/17 and 2017/18 for the neutralisation year – this was not recommended as 2017/18 would not be known when considering the IMTP for the 2018/19 plan, which could result in a net financial impact after individual boards had agreed overall plans. Operating with a time lag a year in arrears also gives greater opportunity for scrutiny of results by the Finance Sub Group in advance of what are always very compressed IMTP timescales.
- Using the last financial year with no averages – this was not recommended as it fails to provide for the risk of utilisation volatility, the natural variation, which has been proven to be potentially material.
- Pool all risk on a population or capitation basis – this was not recommended as the patterns of how health boards utilise specialised services providers are complex and very different between north, mid and south Wales. Furthermore, the definitions and associated mapping of specialised and non-specialised services remain imperfect. It was also a fundamental health board objective that reform of the system needs to incentivise change and improve perceived control over individual health board contributions.

Recommendations

Health Boards are asked to approve the proposed risk sharing system detailed above. As the net impact is designed to be all prospective an impact assessment of winners and losers will not be possible before implementation. However, when 2017/18 financial year is complete the modelling for the next IMTP round can begin early in the year and reviewed by the Finance Sub Group in order for health board to take stock of the emerging impact of the new system.

Process and Next Steps

The proposed new risk sharing system will be presented to the January 2018 Joint Committee for approval. In preparation the Finance Sub Group will meet in mid-January to provide their collective advice regarding the recommended allocation of services between utilisation and shared risk pools.

There will be opportunity for Health Board Directors of Finance to discuss the proposals as a group in January 2018 as required.

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Not applicable
Health and Care Standards	Governance, Leadership and Accountability Staff and Resourcing
Principles of Prudent Healthcare	Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Not applicable
Organisational Implications	
Quality, Safety & Patient Experience	Not applicable
Resources Implications	No increased cost overall but impact on cost to individual health boards.
Risk and Assurance	Resolution of the risk sharing framework will enable a clearer focus on core commissioning issues.
Evidence Base	Contracting datasets and activity information held at provider and commissioner levels.
Equality and Diversity	Not applicable
Population Health	The proposed framework increases the focus on Health Boards understanding their respective utilisation of specialised services, the pathways to these services and alternatives.
Legal Implications	Not applicable

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

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

		Agenda Item	12
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	Governance and Accountability Framework Review		
Author (Job title)	Corporate Governance Officer		
Executive Lead (Job title)	Committee Secretary and Head of Corporate Services	Public / In Committee	Public

Purpose	The purpose of the report is to present an overview of the proposed amendments to Governance and Accountability Framework for the Welsh Health Specialised Services Committee (WHSSC) and further action to undertake a full 'deep dive' review.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☐	☒

Sub Group /Committee	Integrated Governance Committee	Meeting Date	09/01/2018
	Corporate Directors Group Board	Meeting Date	08/01/2018
Recommendation(s)	Members are asked to: • **Note** the content of the report; • **Note** the proposed amendments to the Governance and Accountability Framework; and • **Support** the proposed amendments and the proposed action to undertake a full 'deep dive' review of the Governance and Accountability Framework by 30 September 2018.		

Considerations within the report (tick as appropriate)

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

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1.0 Situation

1.1 The Governance and Accountability Framework for WHSSC was scheduled for review in November 2017. The purpose of the report is to present an overview of the result of a preliminary 'high level' review, proposed amendments and a proposal to conduct a full 'deep dive' review of the Governance and Accountability Framework by 30 September 2018.

2.0 Background

2.1 In accordance with the Regulations, each Local Health Board ('LHB') in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders (Joint Committee SOs) form a schedule to each LHB's own standing orders, and have effect as if incorporated within them. Together with the adoption of the scheme of decisions reserved to the Joint Committees; the scheme of delegations to officers and others; and, the standing financial instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

2.2 These documents, together with the memorandum of agreement, setting out the governance arrangements for the seven LHBs, and a hosting agreement between the Joint Committee and Cwm Taf UHB ("the Host LHB"), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed. Together with the adoption of standards of behaviour framework and policy, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales are appropriately applied to WHSSC.

2.3 The Governance and Accountability Framework (the Framework) is scheduled for review not less frequently than every two years. A number of the underlying documents are scheduled for review more frequently.

2.4 In November 2015 the Framework was reviewed and amended to recognise the changes in governance support separating the Emergency Ambulance Services Committee from WHSSC; amending the titles of the Directors for consistency with their operational titles; recognising updates to the Standing Financial Instructions; updating the Joint Committee Structure; and, recognising the creation of the Concerns Protocol.

3.0 Assessment

3.1 A review of the Framework was due in November 2017. However, due to capacity constraints within the Corporate Governance Team this was not possible. In recognition of the requirement to ensure a review is undertaken in line with best practice a preliminary 'high level' review has now been completed and it is proposed that a full 'deep dive' review of the Framework is completed by 30 September 2018. It is also proposed that the current Framework be updated to reflect the substantial changes identified in the preliminary 'high level' review forthwith.

3.2 The preliminary 'high level' review also identified a number of less significant areas which require updating to ensure consistency of terminology, clarification of position and minor formatting and typographical adjustments. It is proposed that these are dealt with in the proposed full 'deep dive' review.

3.3 **Standing Financial Instructions (SFIs)**

3.3.1 An internal review of the SFIs is currently being undertaken, it is proposed that the outcome of this will be reported as part of the full 'deep dive' review.

3.4 **Proposed Amendments to the Framework**

These are the substantial matters referred to at 3.1 above.

3.4.1 **Annex (iv) Joint Committee Sub-Committee and Advisory Group Arrangements**

On 1 October 2016 the hosting arrangements for two clinical advisory groups, the Child and Adolescent Mental Health Service and Eating Disorders Network and the Neonatal Network, was transferred to Public Health Wales. As at 1 January 2018 the Governance arrangements for both clinical advisory groups transferred to the NHS Health Collaborative. Therefore Annex (iv) should be updated to reflect the dis-establishment of these groups as advisory groups to WHSSC.

3.4.2 **Annex (iii) Key Guidance, Instructions and Other Related Documents**

Memorandum of Understanding: Clinical Advisory Groups

A Memorandum of Understanding has been developed jointly between WHSSC and the NHS Health Collaborative, signed on behalf of each organisation and effective from 1 January 2018, which governs the terms on which information and advice will be provided by the Networks to WHSSC going forward, protecting WHSSC's continuing interest in and reliance on the Networks. This should be added within this Annex.

4.0 Recommendations

4.1 Members are asked to:

- **Note** the content of the report;
- **Note** the proposed amendments to the Governance and Accountability Framework; and
- **Support** the proposed amendments and the proposed action to undertake a full 'deep dive' review of the Governance and Accountability Framework by 30 September 2018.

5.0 Appendices / Annexes

5.1 There are no annexes or appendices to this report.

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	The Governance and Accountability Framework is the structure in which decisions are made in order to deliver the aims of the WHSSC.
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	Ensuring accuracy of the Standing Orders will provide risk control for the WHSSC.
Resources Implications	There is a significant risk to the service if robust governance arrangements are not in place and may have a financial impact if governance arrangements within WHSSC are not in place. No additional financial impact has been identified with the amendment to the Standing Orders.
Risk and Assurance	The Standing Orders will provide more a robust accountability framework. There may be an adverse effect on the organisation if arrangements are not put in place to manage the governance arrangements within WHSSC.
Evidence Base	The Welsh Health Specialised Services Committee (Wales) Directions 2009, as amended 2014 The National Health Service (Wales) Act 2006
Equality and Diversity	Ensuring a robust accountability and governance framework will have a positive impact on equality.
Population Health	Not applicable
Legal Implications	The Standing Orders will provide more a robust accountability framework. There may be an adverse effect on the organisation if arrangements are not put in place to manage the governance arrangements within WHSSC.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Integrated Governance Committee	09/01/2018	Supported Actions
Corporate Directors Group Board	08/01/2018	Supported

		Agenda Item	13
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	WHSSC Joint Committee Annual Business Cycle 2018-19		
Author (Job title)	Corporate Governance Officer		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services	Public / In Committee	Public

Purpose	The purpose of the paper is to provide Members with the Draft Joint Committee Annual Business Cycle 2018-19.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Integrated Governance Committee	Meeting Date	09/01/2018
	Corporate Directors Group Board	Meeting Date	04/12/2017
Recommendation(s)	Members are asked to: • **Note** the content of the report, including the schedule of meetings for 2018-19		

Considerations within the report (tick as appropriate)

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

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1.0 Situation

1.1 The purpose of this report is to present the draft Business Cycle for the Joint Committee covering the period 2018-19.

2.0 Background

2.1 Good governance practice dictates that Boards and Committees should be supported by an annual cycle of business that sets out a coherent overall programme for meetings. The forward plan is a key mechanism by which appropriately timed governance oversight, scrutiny and transparency can be maintained in a way that doesn't place an onerous burden on those in executive roles or create unnecessary or bureaucratic governance processes.

2.2 It is recognised that the business cycle does not contain all items that will be considered by the Joint Committee. It is intended to provide a broad framework to support the agenda planning process. The document will be reviewed and modified as new issues develop.

3.0 Assessment

3.1 In summary, the Joint Committee has three key functions;

- To set strategy;
- To ensure accountability by:
  - holding the organisation to account for the delivery of the strategy;
  - being accountable for ensuring the organisation operates effectively and with openness, transparency and candour; and
  - Seeking assurance that the systems of control are robust and reliable; and
- To shape culture.

3.2 The Financial Reporting Council Guidance on Board Effectiveness outlines that *"Well informed and high quality decision making is a critical requirement for a board to be effective."* Therefore, by taking the time to plan their decision processes, Boards can minimise the risk of poor decisions.

3.3 **Meeting Schedule**

The draft meeting schedule for the Joint Committee has been arranged to ensure there are no clashes with Local Health Board meetings.

As previously agreed, the Joint Committee for Welsh Health Specialised Services (WHSSC) and Emergency Ambulance Services Committee (EASC) will be held on the same day.

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The schedule of WHSSC Joint Committee meeting dates for 2018-19 is as follows:-

Date	Time
15 May 2018	9.30am
10 July 2018	1.30pm
11 September 2018	9.30am
13 November 2018	9.30am (TBC)
29 January 2019	1.30pm
12 March 2019	9.30am

Meetings have been brought forward to better align with Local Health Board, Board meetings and the approval process for the Integrated Commissioning Plan.

The Joint Committee Work Plan will be subject to change throughout the year, but will steer agenda planning.

In addition to the specific papers detailed within the Joint Committee Work Plan, the Joint Committee will also:

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

A schedule of meetings has been produced (annex (i)) which includes dates for the following key meetings:

- Corporate Directors Group Board Meeting
- Management Group Meetings (and workshops)
- Joint Committee
- Quality and Patient Safety Committee
- Integrated Governance Committee

The schedule has been developed so that the Management Group that takes place the month before the Joint Committee will consider items going to the next Joint Committee.

3.4 **Joint Committee Work Plan**

The Joint Committee Work Plan (annex (ii)) provides an overview of the scheduled items for 2018-19. It is anticipated that there will be minor amendments following the approval of the Integrated Commissioning Plan 2018-21.

4.0 Recommendations

4.1 Members are asked to:

- **Note** the content of the report content of the report, including the schedule of meetings for 2018-19; and

5.0 Appendices / Annexes

5.1 Annex (i) – Schedule of WHSSC Meetings 2018-19
5.2 Annex (ii) – Joint Committee Work Plan 2018-19

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan Implementation of the Plan
Link to Integrated Commissioning Plan	An annual plan of work provides each committee/group with an indication of the planned work for the year. This will also enable WHSSC to operate a more efficient way and support delivery of the Integrated Commissioning Plan.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed
Institute for HealthCare Improvement Triple Aim	Not applicable
Organisational Implications	
Quality, Safety & Patient Experience	Strong governance mechanisms will indirectly improve quality of service and patient safety and experience.
Resources Implications	Not applicable
Risk and Assurance	There is a requirement to ensure that committees/groups are have a clear understanding of their expected annual work plan to ensure that the correct governance process can be followed and appropriate, well informed and timely decisions can be made.
Evidence Base	Financial Reporting Council: Guidance on Board Effectiveness March 2011
Equality and Diversity	Not applicable
Population Health	Not applicable
Legal Implications	Not applicable

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	04/12/2017	Supported.
Integrated Governance Committee	09/01/2018	Supported.

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Annex (i)

WHSSC 2018-19
High Level Meeting Planner

	Audit Committee (Cwm Taf)	Corporate Directors Group Board	Quality and Patient Safety Committee	Integrated Governance Committee	Management Group Workshop	Management Group	Joint Committee
Apr-18	TBC	16			26	26	
May-18		14			24	24	15
Jun-18		11	12	12	21	21	
Jul-18		16			26	26	10
Aug-18		13	14	14	23	23	
Sep-18		17			6	27	11
Oct-18		15	30	30	11	25	
Nov-18		19			8	29	13
Dec-18		10			6	20	
Jan-19		14	22	22	10	24	29
Feb-19		11			7	21	
Mar-19		18	19	19	7	28	12

Annex (ii)

Item	May	July	Sept	Nov	Jan	Mar
Strategy and Planning						
Strategy for Specialised Services		✓				
2018-21 Integrated Commissioning Plan – Monitoring Report	✓	✓	✓	✓	✓	✓
2019-22 Integrated Commissioning Plan - Development		✓			✓	✓
Value Based Strategies						
Thoracic Surgery						
Neurosciences Commissioning Plan - Implementation						
Paediatric Services						
Cardiac Services						
Destination Therapy Devices						
Governance						
Corporate Risk and Assurance Framework		✓		✓		
WHSSC Annual Report and Accounts		✓				
WHSSC Joint Committee Annual Cycle of Business					✓	
Annual Self-assessment		✓				
Annual Reports from the Chairs of the joint sub-committees and advisory Groups		✓				
Standing Items/Routine Reports						
Report from the Chair of WHSSC	✓	✓	✓	✓	✓	✓
Report from the Managing Director of WHSSC	✓	✓	✓	✓	✓	✓
Minutes of the last meeting held	✓	✓	✓	✓	✓	✓
Action log	✓	✓	✓	✓	✓	✓
Declarations of Interest	✓	✓	✓	✓	✓	✓
Patient Story	✓	✓	✓	✓	✓	✓
Integrated Performance Report (including Quality)	✓	✓	✓	✓	✓	✓

Annex (ii)

Item	May	July	Sept	Nov	Jan	Mar
Financial Performance Report	✓	✓	✓	✓	✓	✓
Reports from the Joint Sub-committee Chairs'						
Integrated Governance Committee			✓	✓	✓	✓
Quality and Patient Safety Committee			✓	✓	✓	✓
All Wales Individual Patient Funding Request Panel						
Welsh Renal Clinical Network						
Management Group	✓	✓	✓	✓	✓	✓
Audit Committee			✓	✓		
Reports from the Joint Advisory Group Chairs'						
All Wales Gender Identity Partnership Group	✓		✓		✓	
All Wales Mental Health and Learning Disabilities Collaborative	✓		✓		✓	
All Wales Posture Mobility Partnership Board	✓		✓		✓	

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

		Agenda Item	14
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	Corporate Risk and Assurance Framework		
Author (Job title)	Business Support Officer		
Executive Lead (Job title)	Committee Secretary	Public / In Committee	Public

Purpose	The purpose of this report is to provide Members with an update on progress made in developing the WHSSC corporate risk management framework as at 31 December 2017.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☒	☒

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	• **Note** the update provided within the report; and • **Receive assurance** that risks are being appropriately assessed and managed.		

Considerations within the report (tick as appropriate)

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

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

1.0 Situation

1.1 The purpose of this report is to provide Members with an update on progress made in developing the WHSSC risk management framework as at 31 December 2017.

2.0 Background

2.1 The Corporate Risk and Assurance Framework (CRAF) summarises the process for identifying and managing the key 'live' risks that WHSSC recognises and details actions being taken to mitigate and manage them.

2.2 **Current process for review of risks and assurance**

The risk management framework for WHSSC as a commissioning organisation has recently been reviewed and the new agreed process is currently being rolled out throughout the organisation and refined. Directorates and/or Programme teams are currently reviewing all risks, including the risks arising out of the agreed Integrated Commissioning Plan 2017-18, and updating the registers to the new template.

Risk assessments are completed by the Directorate and/or Programme teams. As a commissioning organisation risks associated with commissioning of healthcare services are assessed in three domains; safe, sustainable and effective. The revised risk assessment form includes a section for escalation of risk. Non-commissioning risks currently continue to be assessed in the traditional methodology against likelihood and impact/ consequence.

Risks scoring 8 or above in any domain are added to the Directorate or Programme risk register for monitoring of mitigation and management.

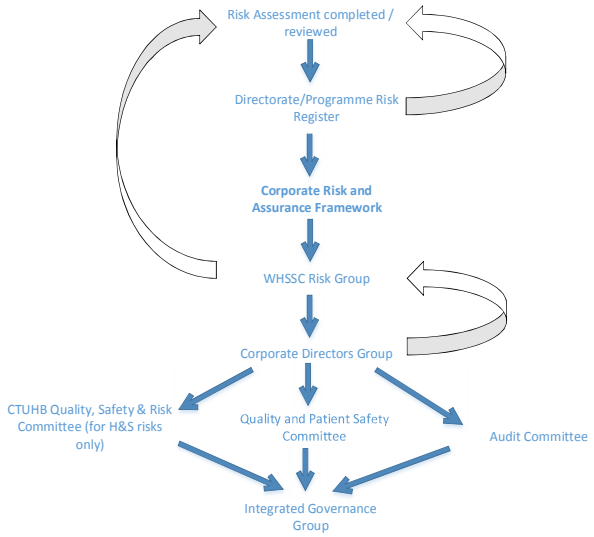
Risks scoring 15 or above in any domain are escalated to the CRAF. All risks within the CRAF are assigned a Director lead and are aligned to an assuring committee. Each Director is, ultimately, responsible for the ownership of the assigned risks and the reporting of any actions in place to mitigate or manage those risks.

The CRAF is considered at the WHSSC Internal Risk Management Group. This should lead to an enhanced focus on risk management generally and an improved level of triangulation between provider performance and risk for commissioning risks. A robust process for ensuring that identified risks are also recorded, where appropriate, on provider risk registers is in development.

The CRAF is reported routinely to the WHSSC Corporate Directors' Group, Integrated Governance Committee, Quality and Patient Safety Committee and Joint Committee. The CRAF is also reported into the Cwm Taf UHB Audit and Quality, Safety & Risk Committees.

2.3 **Review and assurance of the Corporate Risk and Assurance Framework**

The diagram below shows how the Corporate Risk Assurance Framework is reviewed and assured.



It should be noted that the Cwm Taf UHB Quality, Safety and Risk Committee is only responsible for assuring WHSSC risks that would have previously been considered by the former Corporate Risk Committee, in particular risks relating to health and safety issues affecting members of staff. Quality and safety risks relating to services commissioned by WHSSC are monitored through the WHSSC Quality and Patient Safety Committee.

3.0 Assessment

3.1 WHSSC Officers received feedback from members of the Integrated Governance Committee, the Quality and Patient Safety Committee, the Cwm Taf UHB Quality, Safety & Risk Committee and the Cwm Taf Audit Committee in relation to the version of the CRAF taken to the assurance committees during August and September 2017.

3.2 A WHSSC Team workshop led by Dr Sian Lewis, WHSSC Managing Director, was held on 9 October 2017 to undertake a high level review of risk management within WHSSC. Amongst other things it considered the risk identification and assessment process generally (i.e. the CRAF) and more specifically in relation to both the WHSSC Integrated Commissioning Plan and the recently adopted WHSSC Escalation process.

3.3 A key observation was that all of the risks included on the CRAF related to commissioning of healthcare services and that there were no other types of risk recorded. WHSSC Officers reviewed this and confirmed that, whilst WHSSC is exposed to other risks, the only risks scoring 15 or above are commissioning risks and that this is not surprising given that it reflects

WHSSC's principal purpose - to commission safe, effective, sustainable services.

3.4 A meeting of the WHSSC Internal Risk Management Group took place on 12 December 2017. Amongst other things, this meeting considered the more detailed feedback received from the assurance committees, including comments regarding the presentational aspects of the revised CRAF and the commentary on mitigations.

3.5 In the meantime the Directorate and Programme risk registers continue to be reviewed monthly – they are 'live' documents.

3.6 The Director of Planning continues to be the designated lead Director in the case of all risks scoring 15 or above and therefore identified on the CRAF. The WHSSC Quality & Patient Safety Committee is the assurance committee for these risks. There are currently 33 risks that attract a rating of 15 or above.

3.7 There are no other risks identified on the CRAF at present for which any other assurance committee is responsible.

4.0 Recommendations

4.1 Members are asked to:

- **Note** the update provided within the report; and
- **Receive assurance** that risks are being appropriately assessed and managed.

5.0 Appendices / Annexes

5.1 There are no annexes or appendices to this report

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

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Implementation of the agreed ICP
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and satisfaction)
Organisational Implications	
Quality, Safety & Patient Experience	Robust risk management arrangements are a requisite to the assurance of quality of care, patient safety and the patient experience.
Resources Implications	Some improvement actions may require the application of additional resources.
Risk and Assurance	This report and the CRAF constitute integral elements of WHSSC's risk and assurance arrangements. This work continues to develop.
Evidence Base	The CRAF is based on the extreme risks recorded within the Directorate and Programme risk registers.
Equality and Diversity	There are no equality and diversity implications.
Population Health	There are no immediate population health implications.
Legal Implications	It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	08/01/2018	Noted
Integrated Governance Committee	09/01/2018	Noted
CTUHB Audit Committee	15/01/2018	Noted

14

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

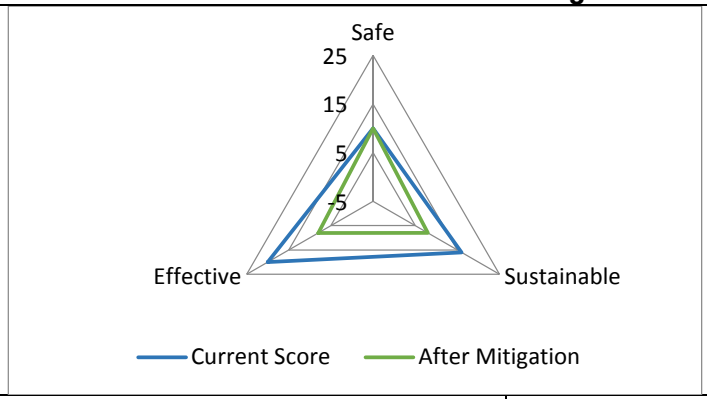
CORPORATE RISK AND ASSURANCE FRAMEWORK

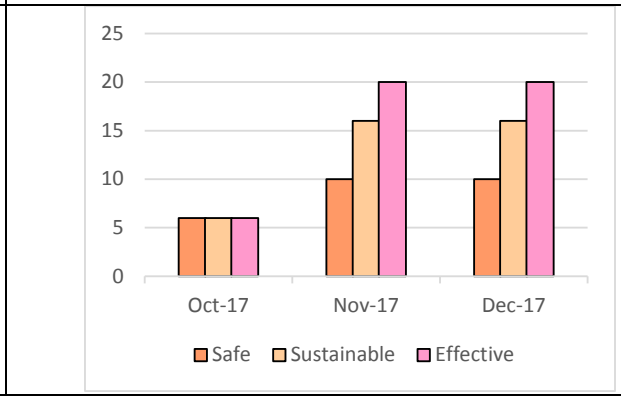
CH/011	**Lung Resection** **RISK**: The provision of thoracic surgery to undertake lung resection. Risk to patient outcomes (access to curative treatment/survival) and quality of service due to insufficient capacity in the south Wales service (Morriston and UHW) to enable the agreed target level of lung resections for primary lung cancer to be delivered.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** **Date last reviewed by Programme/Directorate:** 22/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	**10**	**8**	**8**
Current Score	**10**	**16**	**20**

WHSSC Risk Assessment Triangle





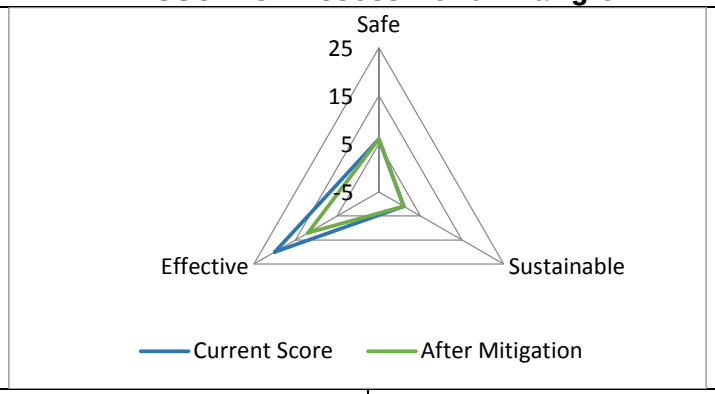
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
Funding release confirmed 06/16 Management Group for thoracic surgery ICP schemes to increase capacity to ensure sufficient capacity to deliver the target level of lung resections. ABMUHB CVUHB currently implementing delivery plans to increase capacity. Bimonthly performance meetings with South Wales providers implemented. CVU: 3rd surgeon (locum) recruited 08/17, took up post 10/17; additional theatre list not yet available, no clear timeline provided; arrangements ready to prioritise capacity for lung cancer. ABM: currently unable to move forward with 3rd surgeon locum appt. arrangements for w/e working in place; additional capacity previously agreed via outsourcing to Stoke; has been stood down while agreeing that pathway may need re-establishing. While plans not fully implemented, SLA activity being delivered in both centres.	To implement commissioning plan to increase resection rate through increasing surgical capacity in south Wales (provider business case implementation).		31/10/17
	To take forward review of service model for South Wales.		End of FY 2017/18
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

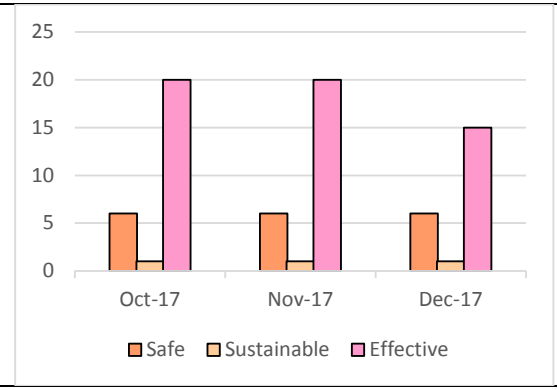
CH/018	**Plastic Surgery RTT** **RISK**: Failure of ABMUHB to deliver 26wk/ 36wk RTT for plastic surgery. Failure to achieve the maximum waiting times target in plastic surgery at ABMUHB	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** **Date last reviewed by Programme/Directorate:** 22/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	**6**	**1**	**12**
Current Score	**6**	**1**	**15**

WHSSC Risk Assessment Triangle





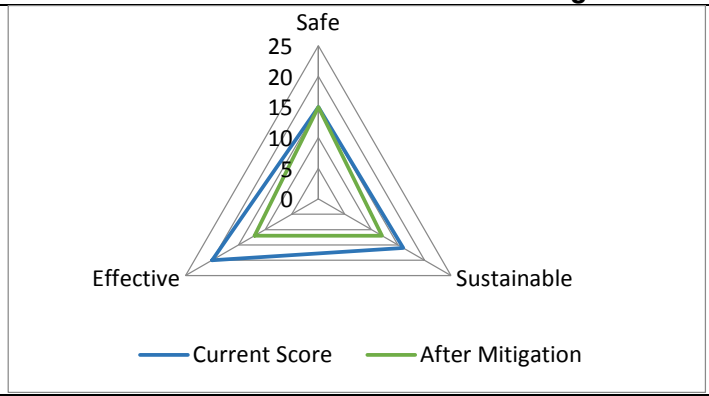
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
(1) Performance management arrangements escalated to monthly executive performance meetings; 2) referral pathway workshops arranged with all referring Health Boards concluding with a summit meeting in November 2017.	Implement formal performance management meetings.	Sp. planner	In place since 04/17
	Opportunities to improve the pathway are being explored through a series of workshops and a clinical summit to bring together the ABMUHB service with Health Board leads.	Sp. planner	Summit planned for 02/03 2018.
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

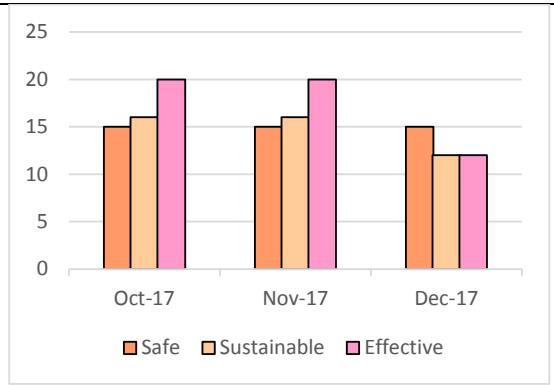
CH/020	**Lung Cancer RTT** **RISK**: Lung cancer waiting times for surgery in South Wales. Excessive lung cancer waiting times contributing to risk a risk of poor experience, clinical outcome (inc. tumour becoming inoperable), and waiting times breaches.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** **Date last reviewed by Programme/Directorate:** 22/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	15	12	12
Current Score	15	12	12

WHSSC Risk Assessment Triangle





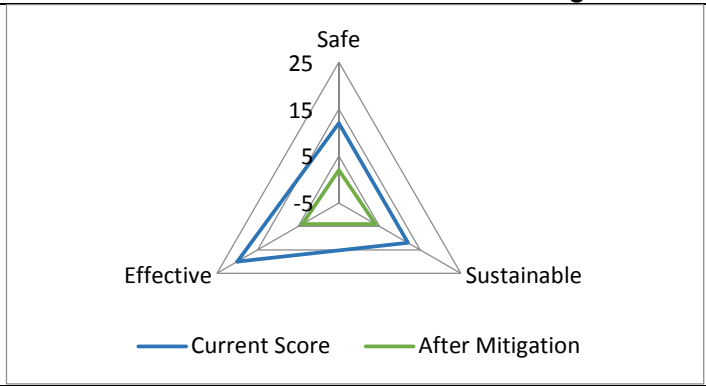
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
Additional local capacity through weekend working over 2017 has reduced waiting times significantly. Pathway was agreed with UHNM at Stoke to provide additional capacity for lung cancer patients. However, this pathway has been stepped down with the option to re-establish (provided the vc link can be made to function to enable Stoke to join the local MDTs).	ABMUHB to address the vc link to Stoke so that the pathway could be re-established if needed.	ABMUHB	12/17
	Continue to monitor performance through the monthly cardiothoracic performance meetings with ABMUHB	Sp. PLANNING MGR	ON GOING 17/18
	Additional capacity within S. Wales through full implementation of the 2016-17 investment	CVUHB/ABMUHB	04/18
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

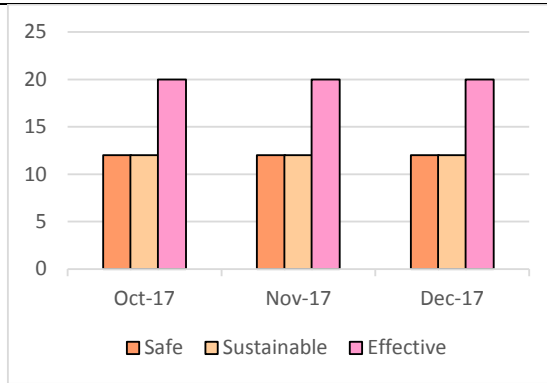
CH/021	**Bariatric RTT** **RISK:** Long waiting times for high risk bariatric surgery patients in South Wales.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** **Date last reviewed by Programme/Directorate:** 22/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	**2**	**4**	**4**
Current Score	**12**	**12**	**20**

WHSSC Risk Assessment Triangle





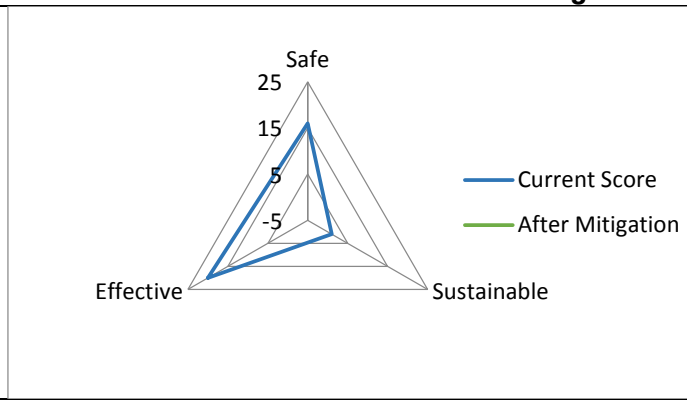
Current Control Measures in Place	**Description of further Control Measures Required**		
This service is at level 4 of escalation framework. The tender for the future service is currently on hold while an evaluation takes place to determine if ABMUHB is able to deliver the service specification. Recent performance has improved: No patients are currently in breach of 36 wks. The total in the high risk cohort has been reduced to 6 patients. While these patients are not currently in breach of 36 weeks, there is no routine capacity to treat them; under the current model they will wait for capacity to become available at Morriston Hospital next summer. Patients listed for treatment at Singleton Hospital (medium/low risk) are treated within the waiting times target.	**Action**	Lead	By when
	To take forward evaluation of the ABMUHB service against the service specification and review escalation level.	Spec planner/Comm. Advisory Group	Mar 18
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

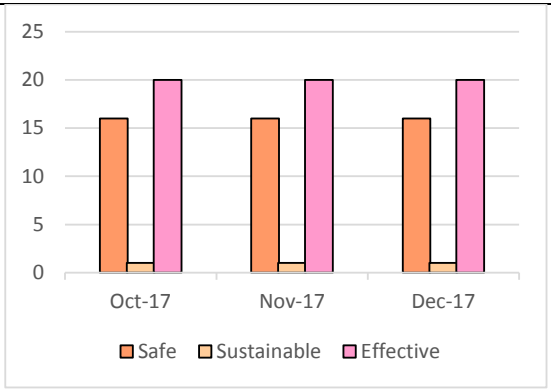
CH/024	**PET CT** **RISK**: There is robust evidence that PET-CT will lead to change in patient mgnt and improved outcomes for indications excluded by the current commissioning policy. The risks are therefore: sub-optimal management of cancers excluded by the current commissioning policy; potential for sub-optimal outcomes; potential for patient receiving unnecessary procedures or procedures of limited benefit; sub-optimal utilisation of scarce healthcare resources. Reputation of WHSSC also at risk as current PET-CT policy excludes many of indications included in the NHS England and NHS Scotland policies creating inequity of access across UK.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** **Date last reviewed by Programme / Directorate:** 22/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	16	1	20
Current Score	16	1	20

WHSSC Risk Assessment Triangle





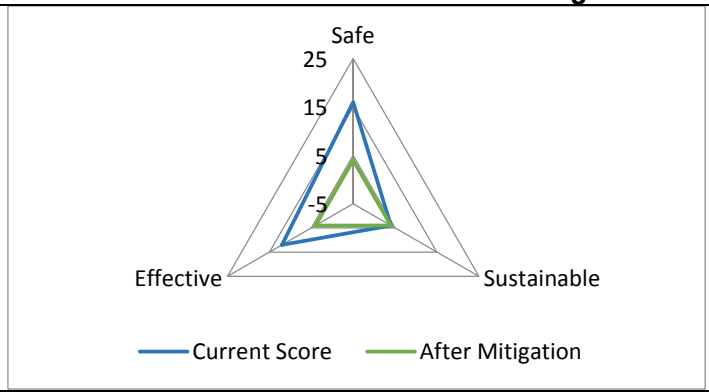
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
Patients will continue to be managed via existing diagnostic pathways. As currently, the site specific MDTs will determine best management on the diagnostic and imaging information available	Take forward ICP scheme to commission new indications	ICP	03/18
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

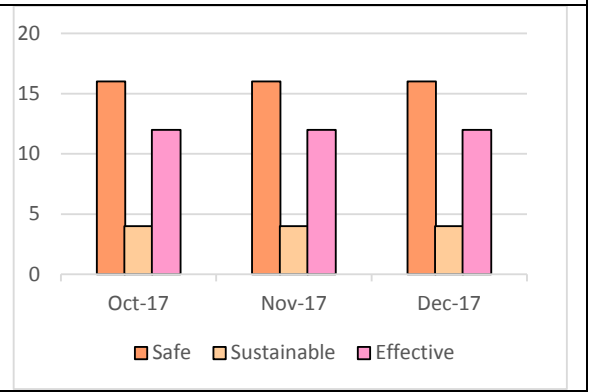
CH/027	**Plerixafor for Stem Cell Mobilisation** **RISK**: Plerixafor currently commissioned for adults in Wales (see AWMSG Ref. No. 249) not children. This scheme is to include the use of plerixafor in children and young people (<25 years) with lymphoma and paediatric-type solid tumours. Plerixafor is used without chemo in a second attempt at collecting stem cells. When combined with G-CSF plerixafor shown to increase PBSC yield and can result in successful mobilisation of PBSC in up to 80% of patients who have previously failed to collect sufficient cells. Scheme does not add further line of treatment but replaces alt options. Treatment can be given as outpatient, and avoids toxicity and complications of more intensive high dose chemo. It is well tolerated with few adverse advents. Using this treatment avoids cost of further hospital bed days and additional G-CSF and chemotherapy costs. Service should be provided within a specialist haemato-oncology centre. Commissioned by NHS England.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 27/04/2017 **Date last reviewed by Programme / Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	4	4	4
Current Score	16	4	12

WHSSC Risk Assessment Triangle





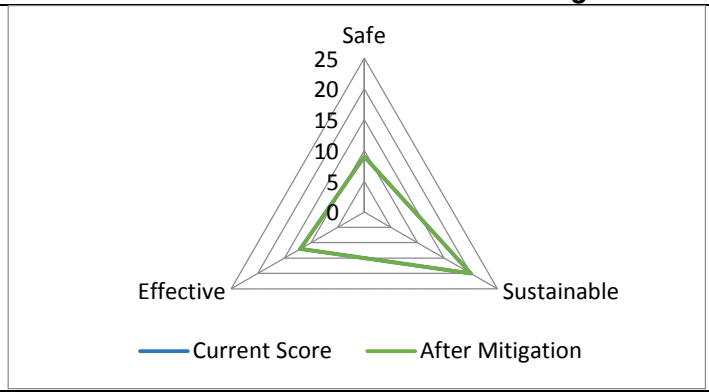
Current Control Measures in Place	**Description of further Control Measures Required**		
Patients will continue to be referred via IPFR. Approximately 2 patients are referred to the WHSSC panel each year	**Action**	Lead	By when
	Scheme is funded in 2017/18		
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

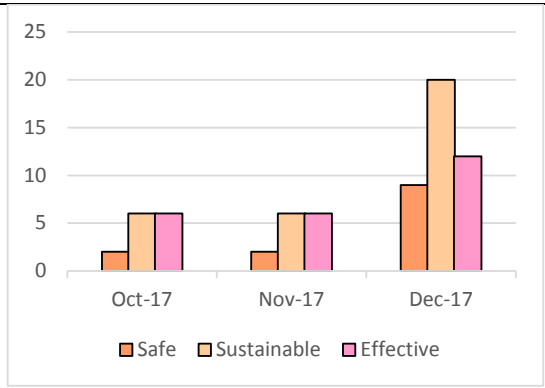
CH/029	**Sarcoma** **RISK**: Sustainability of South Wales soft tissue sarcoma service. Single handed surgeon providing surgery for soft tissue sarcoma in South Wales following suspension of surgery in CVUHB while quality concerns in the Cardiff sarcoma service investigated. Patients from south east Wales referred to ABM UHB for surgery. Fragility of service (lack of cover); Not achieving quality standards	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** **Date last reviewed by Programme/Directorate:** 22/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	9	20	12
Current Score	9	20	12

WHSSC Risk Assessment Triangle





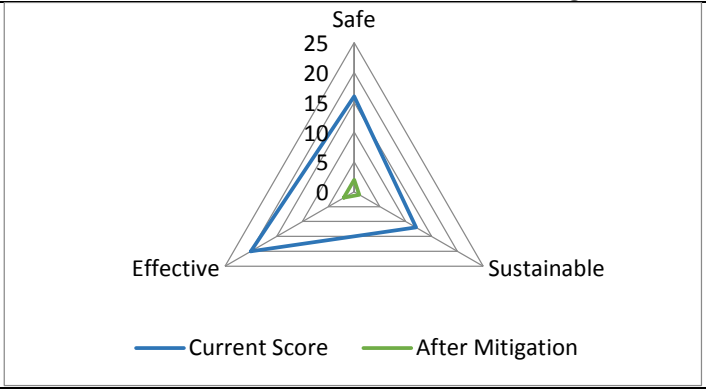
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
Capacity identified within ABMUHB for additional referrals (ca. 40 per annum for south east Wales).	WHSSC Acting Medical Director continuing to work with Medical Directors at CVU and ABM with regard to the case investigations.		Date escalated
	WHSSC Associate MD for cancer reviewing service model and findings from recent peer review in advance of the completion and report from the external case review.		Date escalated
	Complete the development of the soft tissue sarcoma service specification		Date escalated
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

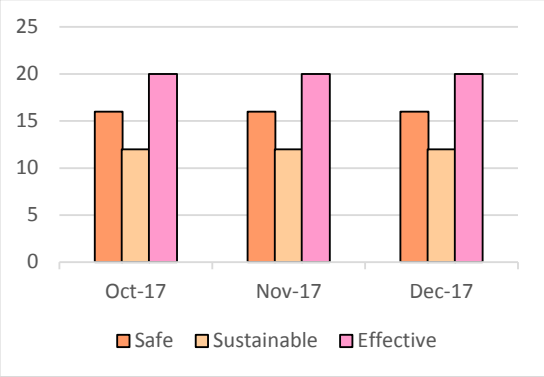
CT/013	**Cardiac Ablation** **RISK:** Limited access to ablation in South Wales. South Wales to deliver a sustainable ablation service to residents. Issue - low access rates to treatment for Arrhythmia in South Wales could result in patients having the burden of ill Health leading to lower quality of life which may lead to an increase in emergency hospital admission	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 05/02/2016 **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	2	1	2
Current Score	16	12	20

WHSSC Risk Assessment Triangle





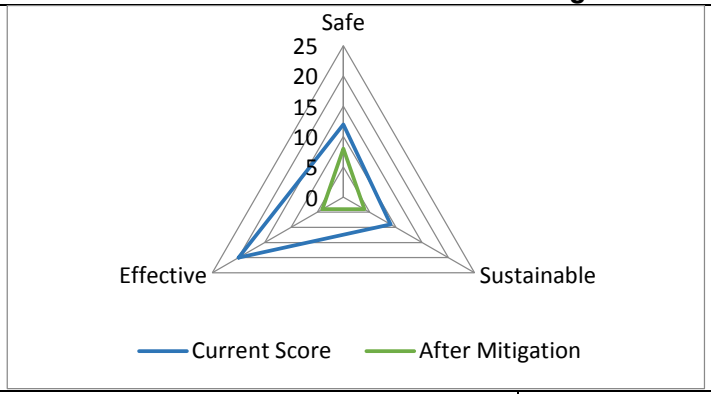
Current Control Measures in Place	**Description of further Control Measures Required**		
Included in 16 - 19 plan to increase atrial fibrillation and ventricular fibrillation for from patients and Mid Wales. Ongoing discussions between WHSSC and South Wales to discuss actions being taken to increase the delivery of the ablations service for South Wales. The numbers were presented at the audit day and a letter from the chair of the South Wales Network has been sent to Health Boards	**Action**	Lead	By when
	Write to providers to request plans to deliver 100 PMP AF and 20 PMP VT	planner	09/17
	Work with providers re: capital and revenue cases as required	planner	ongoing
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

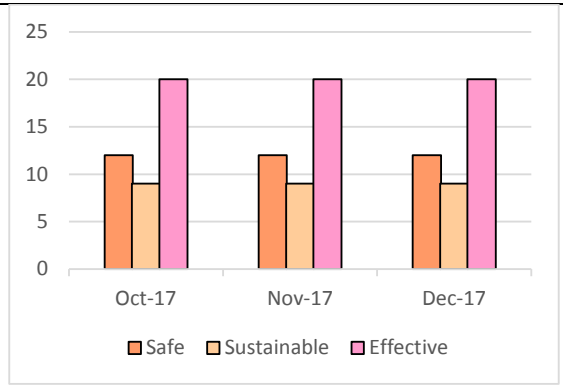
CT/014	**Interventional Cardiology** **RISK**: Delivery of NSTEMI pathway. Risk to patients of suffering cardiac arrest whilst waiting for intervention in the tertiary centre. Revascularisation delivery outside the 72 hours is likely to have a reduced benefit to the patient. Nice guidelines recommends NSTEMI is administered within 96 hours , currently there are welsh patients who are revacularised outside the NICE recommended target time of 72 hours, there is a variation in treatment times when a patient is admitted to hospital with a PCI service to when a patient is admitted to a non PCI centre	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 01/05/2016 **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	8	4	4
Current Score	12	9	20

WHSSC Risk Assessment Triangle





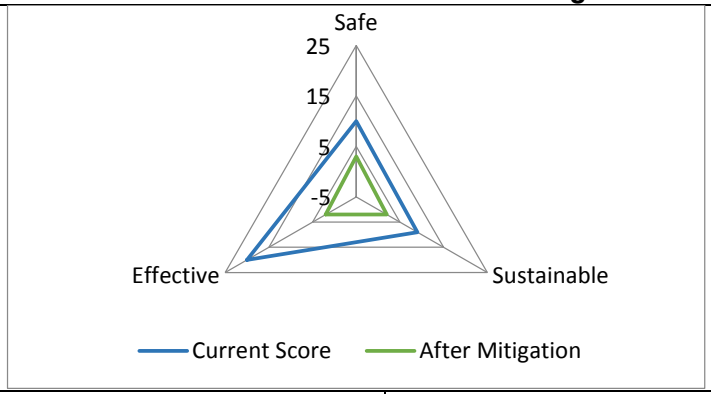
Current Control Measures in Place	**Description of further Control Measures Required**		
Limited as there is a need to agree a mechanism of monitoring the standard/outcomes. This is proving difficult due to the number of different providers/systems used	**Action**	Lead	By when
	Process being implemented to measure time from first admission to PCI. Initiatives developed and implemented via Cardiac Networks to address blockages in referral pathway around transfer and repatriation. SE Wales piloting dedicated T&R capacity for 3 mths, supported by WAST and 4 trolleys on ward B1	Cardiac network	
	Ensure that there is sufficient capacity for NSTEMI	HBs	Ongoing
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

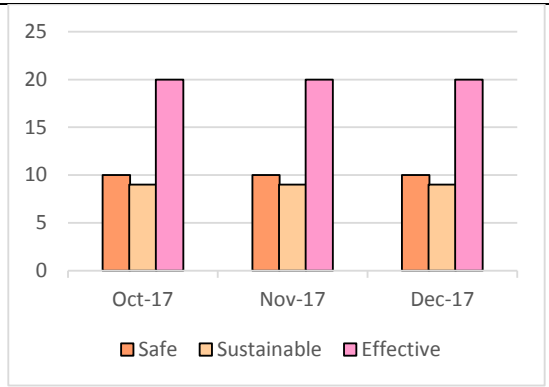
CT/023	**Cardiac Surgery RTT** **RISK**: Commissioning sufficient capacity for cardiac surgery to be delivered within waiting time standards and providers delivering this level of activity. Failure to meet waiting time standards for cardiac surgery would mean patients waiting for their surgery, potentially placing them at clinical risk, particularly noting the mortality previously report when waiting times were very long	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 19/10/2016 **Date last reviewed by Programme/Directorate:** 03/07/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	3	2	2
Current Score	10	9	20

WHSSC Risk Assessment Triangle





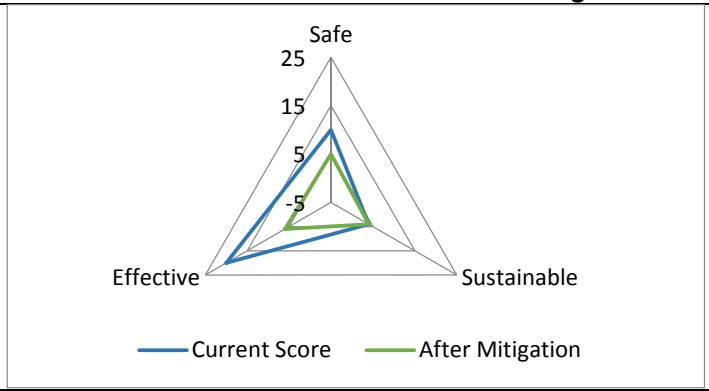
Current Control Measures in Place	**Description of further Control Measures Required**		
Regular monitoring of data and regular meetings with providers	**Action**	Lead	By when
	Implementation of performance management arrangements, with providers to ensure delivery of contracted levels of operating	WHSSC SERV. PROV.	ongoing
	Implement findings of DU review of PSDs when complete	WHSSC SERV. PROV	08/17
	Ensure that diagnostics are no excluded as part of Cardiac pathways	ABMU	08/17
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

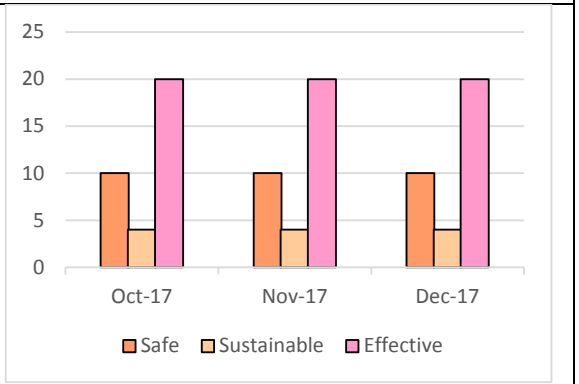
CT/029	**Cardiac Surgery TAVI** **RISK**: WHSSC monitor services against the WG RTT targets, various issues have been identified that suggest that waiting times may have been under reported, this creates a risk in terms of the commissioning required for these services. There are various risks, all relating to cardiac pathways: 1 The DU are currently reviewing the application of pathways start dates at tertiary cardiac centres, initial feedback suggests that this may not being robustly implemented currently 2 As part of their work, DU observed that TAVI waiting lists are not being reported at ABMU 3 It has been raised that ABMU are excluding certain diagnostics from their cardiac pathways and WG have confirmed that this is not correct	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	5	4	6
Current Score	10	4	20

WHSSC Risk Assessment Triangle





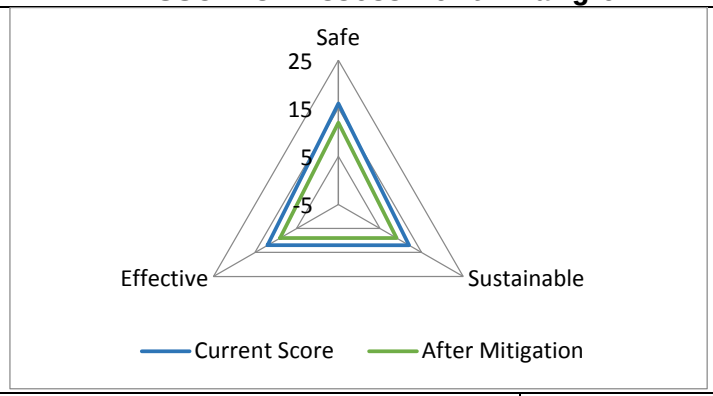
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
1) DU have been asked to undertake a review of the application of PSDs across Wales and focussed action can be taken when their report is received. Their initial feedback has led to action in South Wales so the position should already be improved. **2)** ABMU have confirmed that they will start reporting TAVI as part of their cardiac RTT submission by the end of July 2017. **3)** ABMU have been asked to provide a time frame to correct the waiting list and to provide an estimate of the impact of this on waiting times.	All reporting to be correct	providers	07/17
	Once reporting correct, WHSSC to review impact on reported position and requirement for commissioning decisions	WHSSC	On going
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

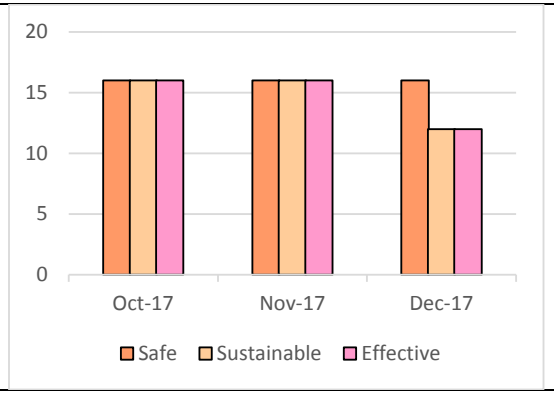
MH/101	**CAMHS** **RISK:** Review of access to specialist beds. CAMHS patient over 18 inappropriately place due to lack of Adult MS LD beds. No framework beds available with average waiting time of 4-6 months. New NHS England policy on over 18s on CAMHS wards being notifiable event	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 10/02/2016 **Date last reviewed by Programme / Directorate:** 20/12/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	12	9	9
Current Score	16	12	12

WHSSC Risk Assessment Triangle





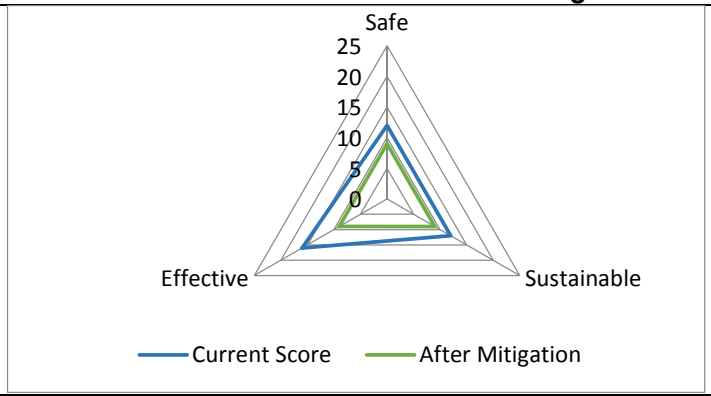
Current Control Measures in Place	**Description of further Control Measures Required**		
Additional staff support required to minimise risk and address safeguarding issues in existing CAMHS placement.	**Action**	Lead	By when
	Off framework bespoke placement package being agreed but at very high cost (c£1,700 per day)	WHSSC /LHB/C Mnt	09/16
	Patient moved into bespoke accommodation and costs reduced to £1,440 with further reviews on regular basis	WHSSC /LHB/C Mnt	01/17
	All 18 year old patients are now placed appropriately in framework adult services	WHSSC /LHB/C Mnt	Asap IN PROG
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

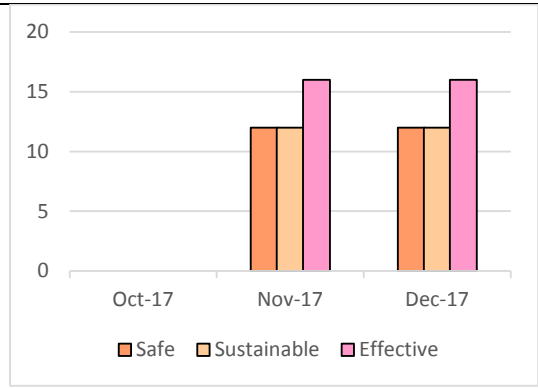
MH/107	**High & Medium Secure Services** **RISK:** Increased lengths of stay. Inappropriate placement in higher level of security. Delays in approval for transfer/discharge of restricted patients by Ministry of Justice.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 10/11/2017 **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	9	9	9
Current Score	12	12	16

WHSSC Risk Assessment Triangle





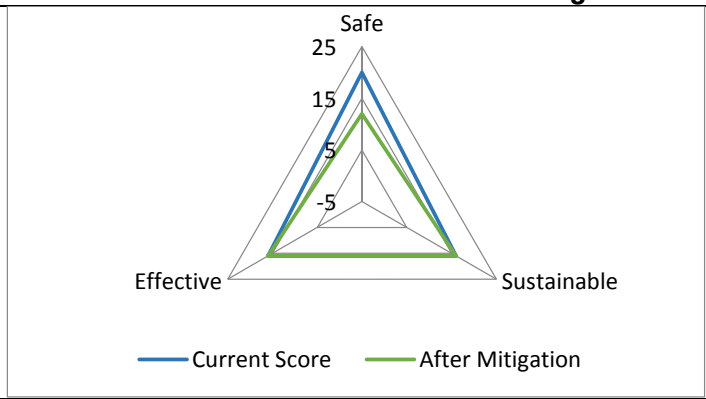
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
Dialogue with MoJ ongoing but this is UK wide issue and progress dependent on recruitment & training of MoJ case workers	Recruitment & training of new case workers	MoJ	31/03/18
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

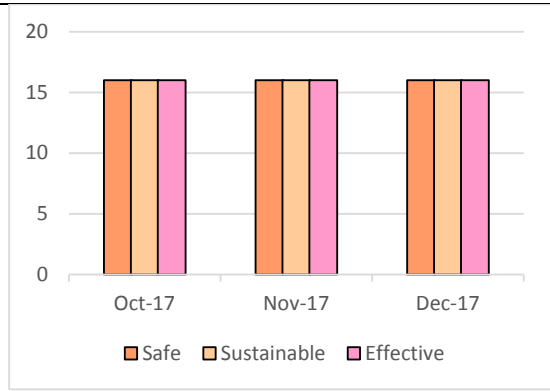
NC/001	**Spinal Rehabilitation** **RISK**: Spinal rehabilitation: Mid and South Wales Spinal rehabilitation service may not be sustainable. There are significant risks related to delivering a sustainable service that can achieve British Society of Rehabilitation Medicine (BSRM) standards for specialised rehabilitation. Whilst the service is unable to meet staffing levels to the recommended minimum standards across a number of disciplines, the main concern is the single handed Spinal Rehabilitation Consultant. During periods of leave the Unit has to restrict the type of patient that can be admitted - this impacts on patient flow across the whole Neurosciences pathway.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 01/05/2014 **Date last reviewed by Programme/Directorate:** 12/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	12	16	16
Current Score	16	16	16

WHSSC Risk Assessment Triangle





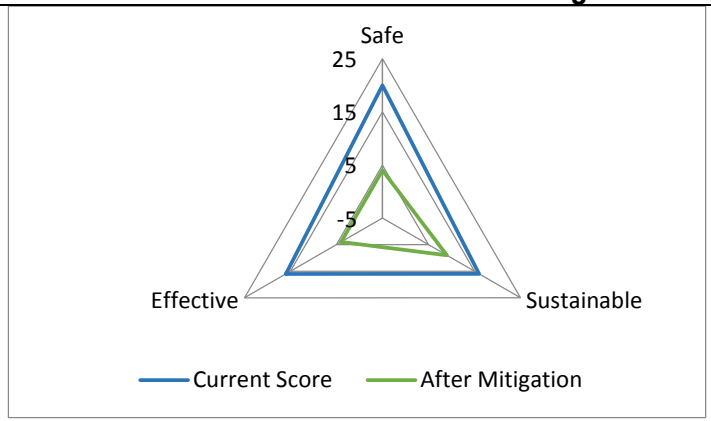
Current Control Measures in Place	**Description of further Control Measures Required**		
A proposal to address the immediate staffing concerns was submitted for inclusion in the 2017-20 ICP. Similarly to the majority of proposals submitted, funding was not allocated to this proposal and the risk remains.	**Action**	Lead	By when
	Service participating in the WHSSC multi centre audit day to provide assurances of the quality and outcomes of care.	Serv.	ANNUALLY
	Business case proposal to increase the staffing levels in particular of the Consultant body from one to two and some elements of the AHP MDT was submitted as part of the WHSSC 17/20 ICP but funding was not agreed for any new investments.	CN	01/17
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

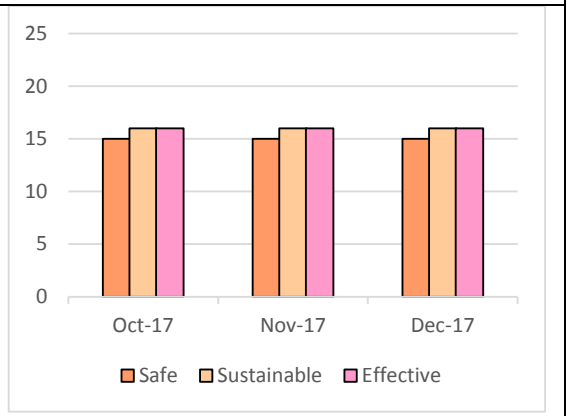
NC/010	**Neuro-Rehabilitation** **RISK**: Neuro-rehabilitation unit at Rookwood falls short of the British Society of Rehabilitation Medicine's (BSRM) standards reducing the effectiveness of the rehabilitation as well as the Unit's sustainability. There is also inequity with the services provided to patients across Wales as those who receive rehabilitation in England do so in Units that meet the BSRM guidance which is line with NHS England guidance. Patients not receiving their full potential due to lack of appropriate staff to support their rehabilitation.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 25/04/2017 **Date last reviewed by Programme / Directorate:** 12/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	4	9	4
Current Score	15	16	16

WHSSC Risk Assessment Triangle





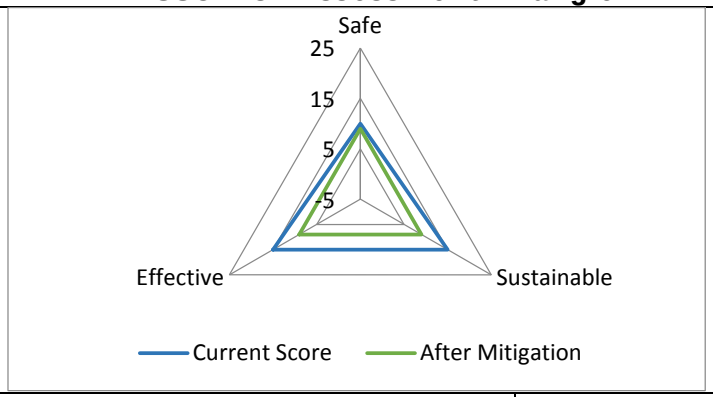
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
A proposal to address the immediate staffing concerns was submitted for inclusion in the 2017-20 ICP. Similarly to the majority of proposals submitted, funding was not allocated to this proposal and the risk remains. The service has been asked to provide regular updates on any delayed repatriations. Also amendments to the Specialised Rehabilitation policy will work towards improving patient flow.	Phased approach proposal to increase staffing capacity to meet the BSRM guidelines was submitted for inclusion in the 2017-20 ICP. Similarly to the majority of proposals submitted, funding was not allocated to this proposal and the risk remains.	WHSSC/ Prov.	Phased approach
	Option appraisal paper on the repatriation and associated funding of this is going to WHSSC meetings in January 2018.		
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

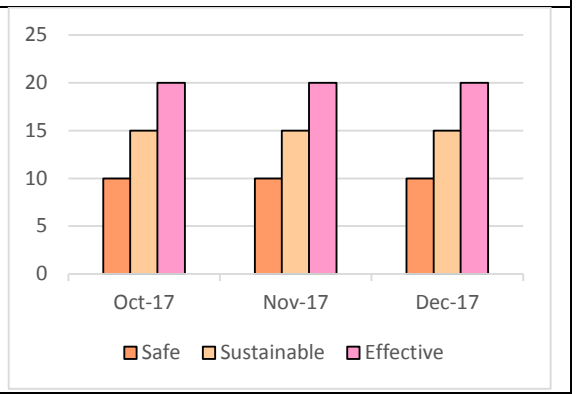
NC/ 012	**Neurosurgery** **RISK**: Inability for the Neurosurgery Department in Cardiff and Vale UHB which treats patients from across South and Mid Wales, to comply with waiting time targets. Patients waiting in excess of the agreed waiting times for Neurosurgery.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 25/04/2017 **Date last reviewed by Programme / Directorate:** 12/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	9	9	9
Current Score	10	15	20

WHSSC Risk Assessment Triangle





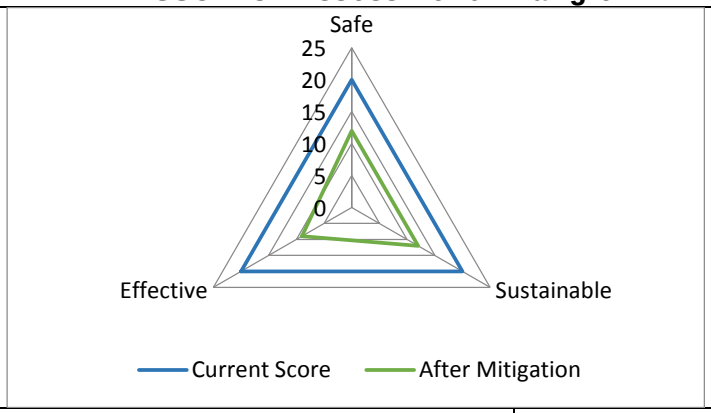
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
Clinical reviews being undertaken by Clinical Director for Neurosciences of all patients waiting over 52 weeks for surgery. To date, whilst a few patients have required a repeat of radiological scans, no harm has been identified as coming to the patients due to long waits. Internal review of Neurosurgery has recently taken place which by looking at a number of performance indicators such as LOS, change in volume of waiting list, changes to demand, tried to determine reasons for high number of long waiters. This review supported the Directorate's belief that the number of emergencies was increasing and that at any one time five beds were occupied by patients awaiting repatriation or transfer. With no additional bed or theatre capacity, both the emergencies and delayed transfers have a direct impact on the number of electives that can be treated.	Included within our 2018 ICP - awaiting details from the service are going to reduce the over 52 week position through extended theatre lists and additional beds.		
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

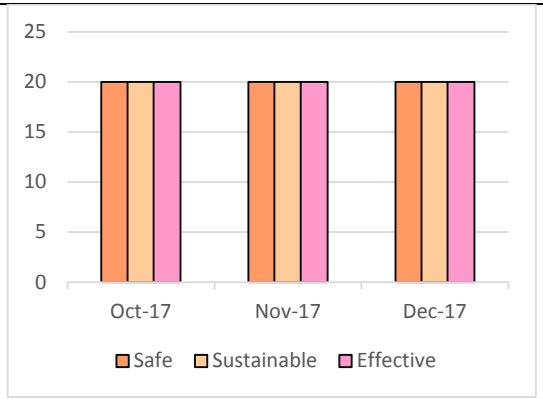
NC/014	**Interventional Radiology** **RISK**: Interventional Radiology - Ability of Cardiff & Vale University Health Board to deliver service at UHW. Interventional Radiology - Ability of Cardiff & Vale Univerisity Health Board to deliver the Interventional Radiology service at UHW. A member of the clinical team has resigned. This will increase the pressure on the interventional radiology service, and will also have an impact on other services, and WHSSC will be undertaking work to quantify this impact.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 01/03/2017 **Date last reviewed by Programme/Directorate:** 12/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	2	2	2
Current Score	20	20	20

WHSSC Risk Assessment Triangle





Current Control Measures in Place

1) WHSSC Execs have met to discuss next steps. 2) scoping document to be developed to include the development of a service specification and an overall strategy. 3)meeting with service leads to be held to understand full impact on services

Description of further Control Measures Required

Action	Lead	By when
Appointed additional Consultant in October who is undertaking both elective and emergency work.	C&VU HB	N/A within WHSSC costs
Walton have undertaken elective cases.	WHSSC	£168000
Trying to formalise arrangements with North Bristol NHS Trust.	WHSSC Execs	TBC

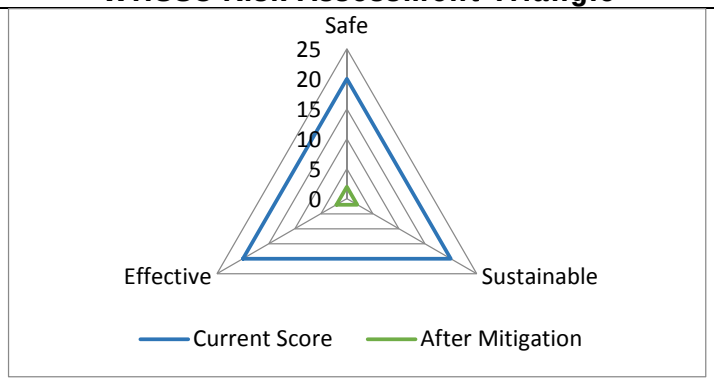
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

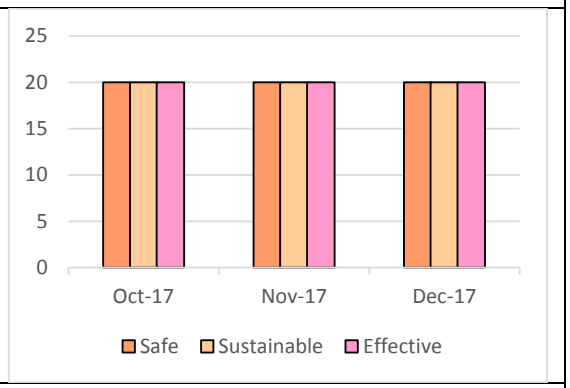
NC/015	**Neuro-pathology** **RISK**: Single handed Consultant Neuro-pathologist since the retirement of a second Neuropathologist three years ago and an inability to recruit a replacement. As the service is reliant on a single handed Consultant who is part time due to also working for Cardiff University, the service which is vital to the running of a Neurosurgical Centre cannot run all year and has necessitated some outsourcing of services to cover periods of leave but this does not include provision of an intra-operative service when the C&V Consultant is on leave. There is also insufficient capacity to deliver certain in-house molecular testing and this has also had to be outsourced	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 01/05/2016 **Date last reviewed by Programme/Directorate:** 12/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	2	2	2
Current Score	20	20	20

WHSSC Risk Assessment Triangle





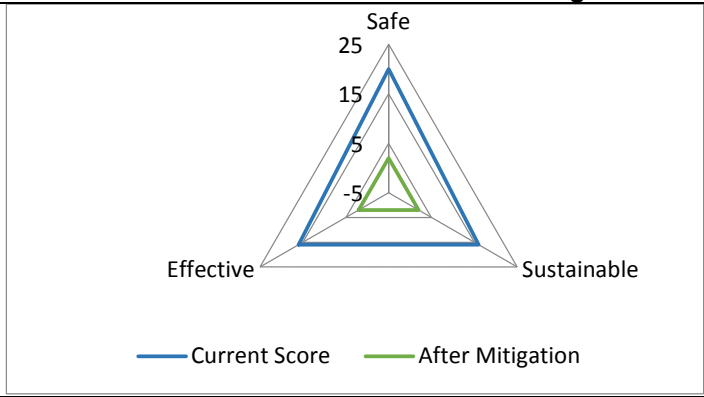
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
WHSSC has set up a contract with London and Leeds to provide molecular testing whilst it is unavailable in UHW. Ongoing discussions with the service continue	Continued liaising with Cardiff service regarding progress in recruitment and formalising relationship with North Bristol NHS Trust.	CN	ongoing
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

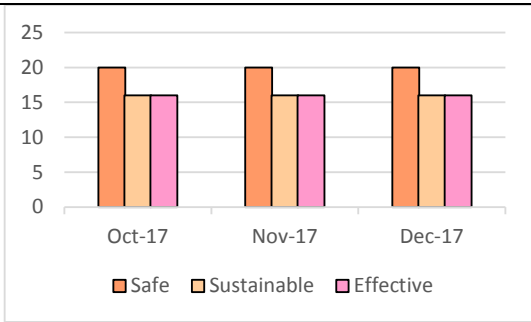
NC/017	**Neurovascular Surgery** **RISK**: Unsustainable Neurovascular Service. Unsustainable Neurovascular Service as there is no designated Consultant Neurosurgeon post within the Health Board or a formally commissioned Neurovascular MDT. Patients may need to be transferred to Bristol if the service collapses and if Bristol has capacity.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 01/05/2017 **Date last reviewed by Programme/Directorate:** 12/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	0	0	0
Current Score	20	16	16

WHSSC Risk Assessment Triangle





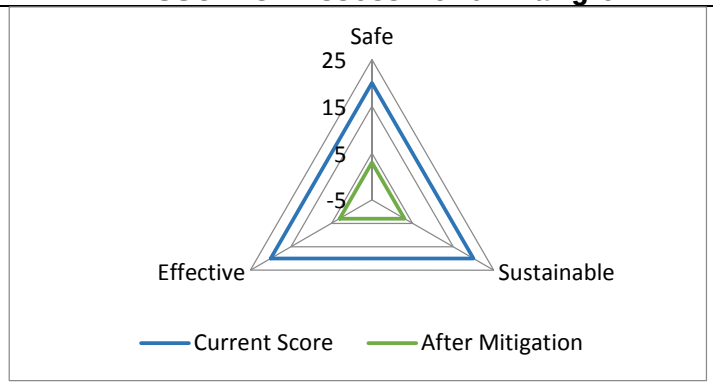
Current Control Measures in Place	**Description of further Control Measures Required**		
Regular meetings are held between WHSSC and the Clinical Directorate to monitor this risk. WHSSC has requested that the business case from C&V to be expedited.	**Action**	Lead	By when
	Case put forward as part of the 2016/17 ICP	Sp. Planning Mgr	
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

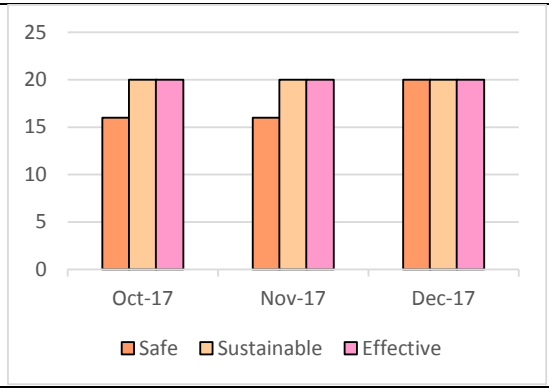
NC/020	**PIP** **RISK:** Due to increased growth the Clinical Immunology Service based in Cardiff is unable to offer clinically appropriate care to patients and meet the key performance indicators. Current waiting times are 9 months for a new patient and 11 months for a follow up. These times pose a clinical risk as the appropriate standard waiting time is 3 months. The service is due for re-accreditation by the RCP in 2018 and with the current waiting times they will not achieve re-accreditation which could result in Wales losing the service. It is unlikely that any other centres would be able to absorb the volume of patients that the Cardiff service manages which has both patient and commissioning risks.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 01/05/2017 **Date last reviewed by Programme / Directorate:** 22/12/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	3	3	3
Current Score	20	20	20

WHSSC Risk Assessment Triangle





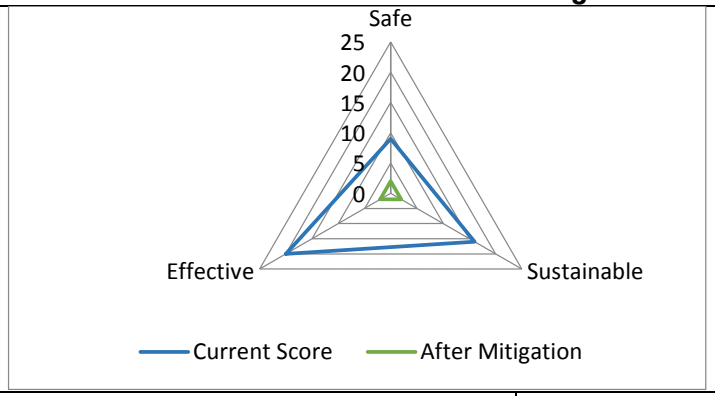
Current Control Measures in Place	**Description of further Control Measures Required**		
Funding release proforma was approved by Management Group in December 2016 which sought to funding to allow an increase in staffing capacity to manage the demands on the service and associated non pay costs	**Action**	Lead	By when
	Service to recruit to staff within Business Case	C&V UHB	07/17
	Service to provide additional activity outlined in Business Case and submit this data regularly to WHSSC	C&V UHB	07/17
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

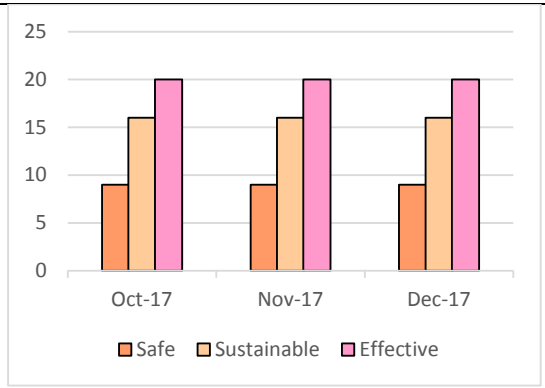
NC/023	**Neuro-oncology** **RISK:** Recent peer review of Neuro-oncology services by the Cancer Network identified a number of serious concerns with the tertiary service provided to patients in South and Mid Wales. The serious concerns were: limited CNS resource in South West Wales which is insufficient to support the service and the added risk of the CNS not attending any of the MDT meetings, Radiological delays which impede the planning of essential treatment causing delays to patient care and no Allied Health Professional (AHP) input which impacts on the treatment for patients delaying recovery and increasing length of stay. From a Commissioning perspective, there is significant inequity between the services provided for North Wales patients in NHS England and the services received by patients in South Wales. Delays in Neuro-oncology treatment due to the cancellation of MDT meetings if not all members are available or suitable cover in place. Inequitable care for patients in the North and the South and only 22% of patients are seen by a CNS.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 05/04/2017 **Date last reviewed by Programme / Directorate:** 12/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	2	2	2
Current Score	9	16	20

WHSSC Risk Assessment Triangle





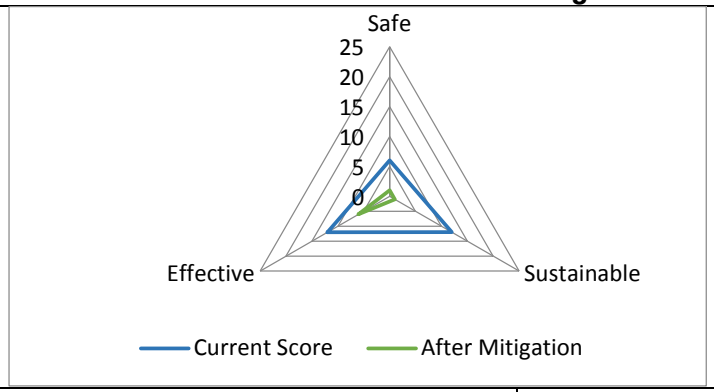
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
Currently members of the service are carrying out preperation for the MDT outside of their job plan through goodwill. Regular monitoring of cancer waiting times are reported and the Tertiary Centre in Cardiff is undertaking patient surveys so that more qualitative information is available. A proposal to address the staffing shortfalls was submitted for inclusion in the 2017-20 ICP. Similarly to the majority of proposals submitted, funding was not allocated to this proposal and the risk remains.	Business case proposal to increase the staffing levels and increase the non pay funding allocated was submitted as part of the WHSSC 17-20 ICP but funding was not agreed for any new investments. Proposal will need to be included in the WHSSC 18-21 Plan.	Specialised Planner	01/17
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

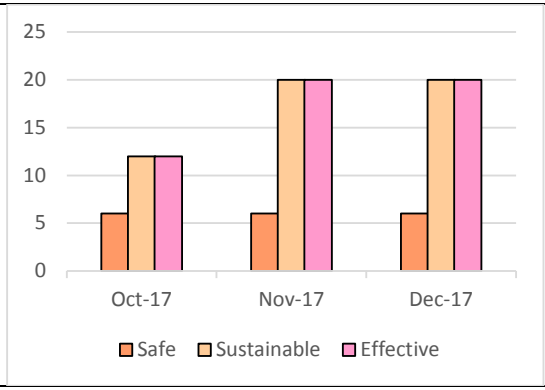
NC/025	**Neuro-modulation** **RISK:** We are not commissioning a service in South and Mid Wales that is in line with NICE guidance and equitable with the service provided in the Walton Centre for patients from North Wales. The Cardiff Neuro-modulation service does not have a full MDT for making decisions regarding the use of neuro-modulation electronic devices. This differs from the service provided in the Walton where the service in line with NICE guidance has an MDT approach ensuring appropriate use of implants. There is a high cost to both the initial and replacement devices which has continued to increase over the last few years and we cannot be assured without the recommended MDT approach that they are being implanted appropriately.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 25/04/2017 **Date last reviewed by Programme/Directorate:** 12/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	1	1	6
Current Score	6	20	20

WHSSC Risk Assessment Triangle





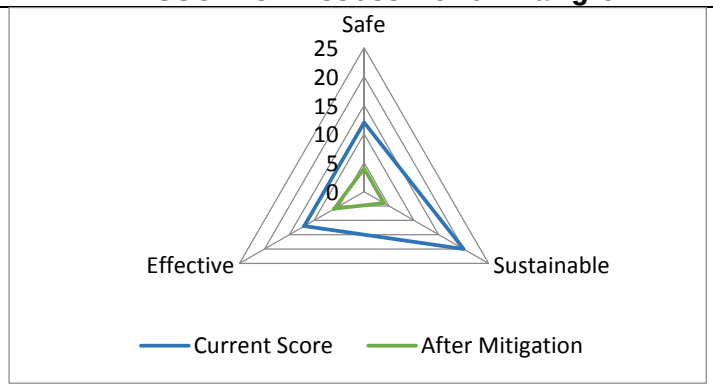
Current Control Measures in Place	**Description of further Control Measures Required**		
A proposal to implement an MDT model was submitted by C&VUHB for the 2016-19 ICP. It was not prioritised by the Management Group led prioritisation process and was re-submitted for inclusion in the 2017-20 ICP, but similarly to the majority of proposals submitted, funding was not allocated to this proposal and the risk remains.	**Action**	Lead	By when
	Re-assessment of the business case given informal MDT model in place in Cardiff with Locum Consultant.	C&V UHB	09/17
	Was put forward as part of the Plan but rejected - will be pursued via the Value workstream within WHSSC.		
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

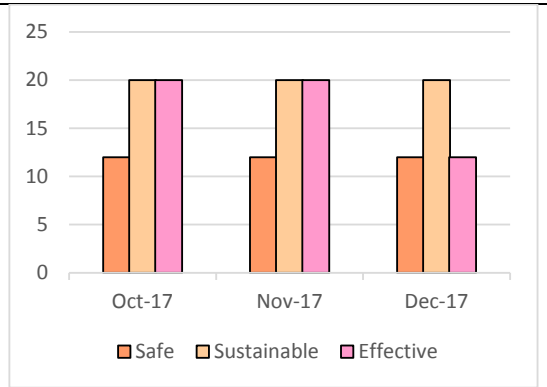
NC/026	**Prosthetics** **RISK:** New War Veteran Policy introduced and as a consequence a greater call on the service, putting increase pressure on waiting times and capacity to serve the civilian population. Current arrangements are not conducive to ensuring a consistent and equitable service for the War Veterans and Civilians who require access to the BCU Prosthetics Service. Staffing levels and non pay funding have not been increased to meet the expected KPIs for War Veterans which is having a detrimental effect on the general population who access the service.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 24/04/2017 **Date last reviewed by Programme / Directorate:** 12/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	4	4	6
Current Score	12	20	12

WHSSC Risk Assessment Triangle





Current Control Measures in Place

Service are working increased overtime hours to meet the current levels of demand and as a consequence are significantly overspending against the budget. WHSSC are meeting regular with the prosthetic service to be kept up to date of any new and emerging issues as well as current performance. A proposal to address the staffing and non pay shortfalls was submitted for inclusion in the 2017-20 ICP. Similarly to the majority of proposals submitted, funding was not allocated to this proposal and the risk remains.

Description of further Control Measures Required

Action	Lead	By when
Business case proposal to increase the staffing levels and increase the non pay funding allocated to the North Wales service was submitted as part of the WHSSC 17-20 ICP but funding was not agreed for any new investments. Proposal will be included in the WHSSC 18-21 Plan.	Sp. Planner	09/17
Mechanism to accurately recharge costs for veteran prosthetic.	WHSSC provider	2017/18

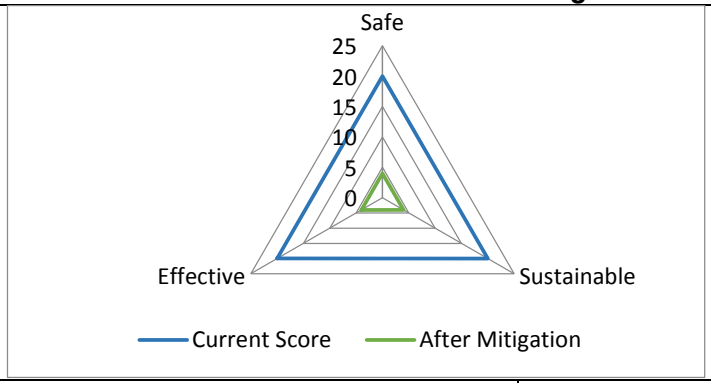
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

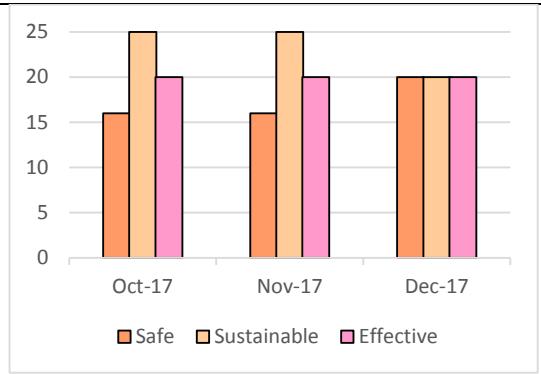
NC/ 028	**Alternative Augmentative Communication** **RISK:** Only limited non pay funding was provided to the service awaiting the outcome of the evaluation of the new model of delivery and the service has advised that this funding is due to run out in Autumn 2017. If no further funding is made available for equipment then patients will be assessed but will not be able to receive the equipment recommended to them. As patients needs change over time this also reduces the effective use of staff time.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 01/09/2017 **Date last reviewed by Programme/Directorate:** 12/11/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	0	0	0
Current Score	20	20	20

WHSSC Risk Assessment Triangle





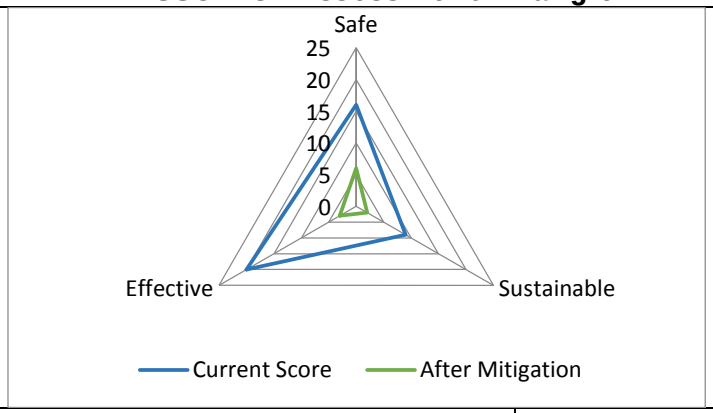
Current Control Measures in Place	**Description of further Control Measures Required**		
Issue has been flagged with Welsh Government and a proposal was submitted for inclusion in the 2017-20 ICP. This was not supported by Management Group who felt that this was not an issue for WHSSC. A further reflecting the high scores within the ICP Risk Management Framework was presented to the Joint Committee in September 2017 who agreed that it was an issue that needed to be flagged to Welsh Government to resolve.	**Action**	Lead	By when
	Chase confirmation of further funding for 2017/18 from Welsh Government	Sp Planning Mgr	30/11/17
	Have had additional funding for non pay agreed until the end of 2017-18.	Sp Planning Mgr	05/12/17
	Evaluation being undertaken by Cardiff Metropolitan University with submission to WHSSC by 8th January to inform case for further recurrent funding for non pay.	Sp Planning Mgr	08/01/18
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

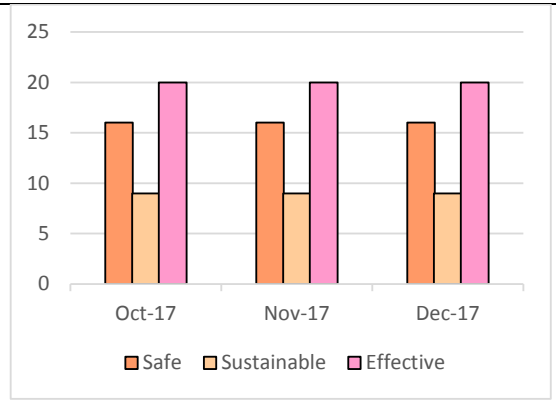
WC/006	**Paediatric Surgery** **RISK:** Provision of paediatric surgery for South Wales populations. Significant waiting times for paedicatric surgery within C&V UHB (significant number of patients waiting >36 weeks RTT and maximum wait approximately 100 weeks)	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	6	2	3
Current Score	16	9	20

WHSSC Risk Assessment Triangle





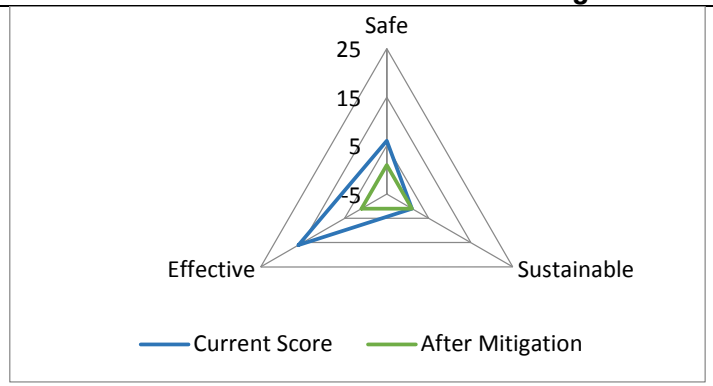
Current Control Measures in Place	**Description of further Control Measures Required**		
Fortnightly performance meetings held between WHSSC and the service, in addition to monthly Executive level performance meetings between WHSSC and the UHB. C&V UHB to provide written confirmation of process to ensure ongoing monitoring of patients whilst waiting for surgery	**Action**	Lead	By when
	Business case approved at MGM in July 2016 and implemented by C&V UHB	C&V UHB	Complete
	Waiting list profile provided by C&V UHB and monitored via bi-monthly performance meetings	C&V UHB	ongoing
	Commissioning Quality Visit to be arranged	WHSSC	12/01 2017
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

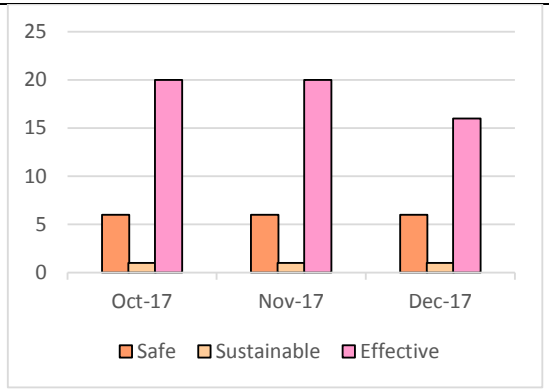
WC/009	**IVF** **RISK:** Waiting times to commence IVF treatment. The WHSSC fertility policy currently requires patients to wait a minimum of 12 months following receipt of referral by the tertiary service provider and to commence treatment when this is complete. Patients in Shrewsbury are currently waiting significant periods of time before commencing treatment	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 07/07/2016 **Date last reviewed by Programme / Directorate:** 03/07/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	**1**	**1**	**1**
Current Score	**6**	**1**	**16**

WHSSC Risk Assessment Triangle





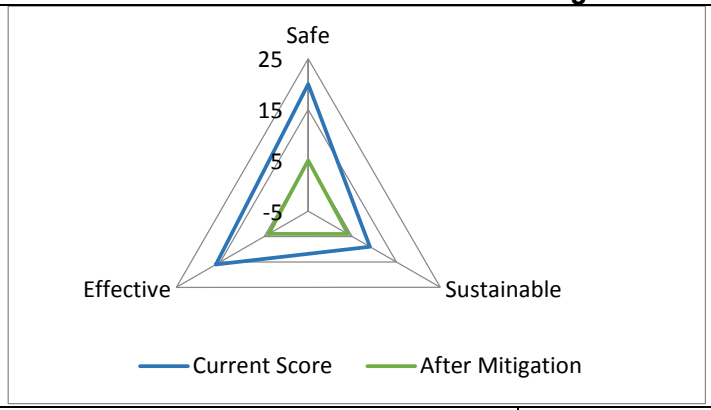
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
Additional funding has recently been transferred from Liverpool to Shrewsbury. Guidance for waiting list management was circulated in March 2017 to clarify how this should be reported and managed.	Funding moved from Liverpool to Shrewsbury - working with both providers to ensure appropriate distribution of funds	WHSSC	On going
	Monitor waiting times and outcomes	WHSSC	On going
	Requested referral data from Liverpool and demand/ capacity data from Shrewsbury to inform decision re: funding in 2017/18	WHSSC	End 08/17
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

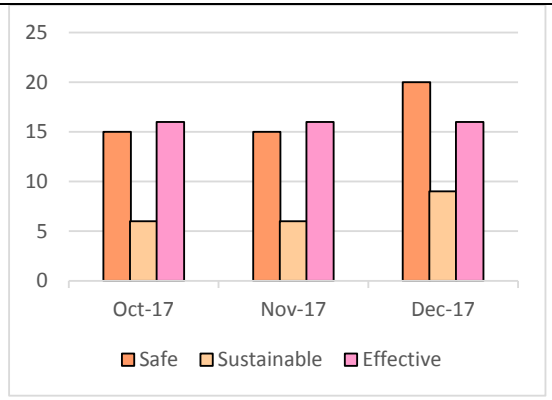
WC/014	**PICU** **RISK:** Lack of capacity within PICU at UHW leading to delays in admitting patients and the requirement for patients to be transferred outside Wales. There is a risk to patients of receiving care in an inappropriate environment when PICU do not have capacity to admit. There is also risk associated with the travel requirements when transfer outside Wales is necessary. This also places additional pressure on the retrieval teams reducing their capacity to support other calls.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 12/01/2017 **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	5	4	4
Current Score	20	9	16

WHSSC Risk Assessment Triangle





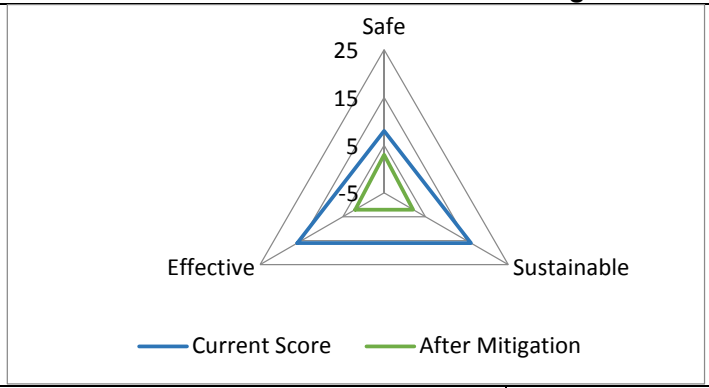
Current Control Measures in Place	**Description of further Control Measures Required**		
1) The retrieval teams are now responsible for identifying an available PICU bed when called to support a transfer, reducing the impact on PICU staff trying to manage this whilst delivering clinical care. 2) Proposal developed for 2017/18 ICP for additional commissioned PICU bed.	**Action**	Lead	By when
	Proposal for additional commissioned PICU bed to be considered through planning process	Planning Mgr	04/17
	Data requested from PICANet to replicate data used in NHS England PICU review	Planning Mgr	09/17
	Outline service review drafted	Planning Mgr	09/17
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

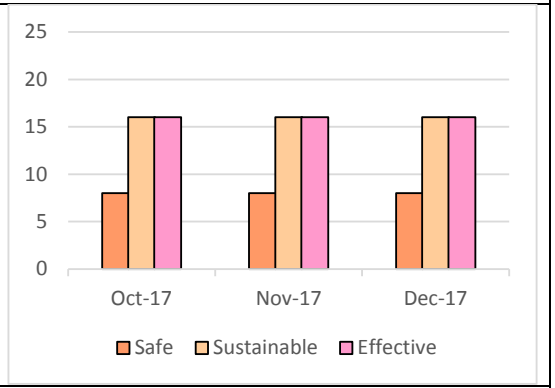
WC/015	**Cleft Lip & Palate** **RISK:** Lack of resource for full MDT of CLP service. Risk to patients in terms of delays for new patients to be visited by CNS, delays in admin e.g. Clinic typing, delays access dental and audiology services	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 17/03/2017 **Date last reviewed by Programme/Directorate:** 03/07/2017

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	**3**	**2**	**2**
Current Score	**8**	**16**	**16**

WHSSC Risk Assessment Triangle





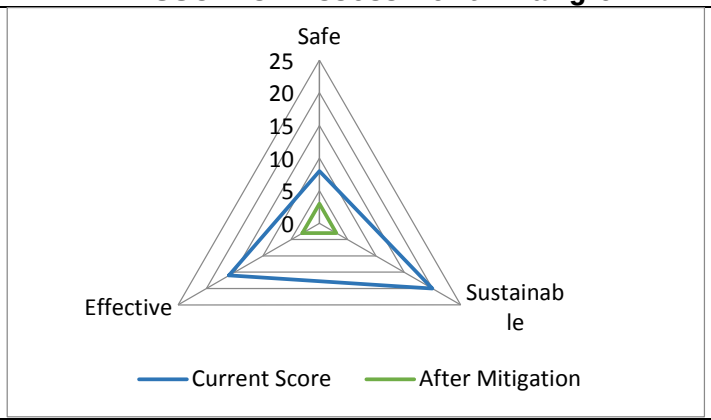
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
CLP service monitored via audit meetings as part of South Wales South West Network. The service also reports data to the CRANE database.	Proposals for enhancing the full MDT and to increase operating capacity taken through 2017/18 ICP prioritisation process but no approved. Seek funding in future ICPs	ABMU	on going
	Service to continue to maximise delivery within existing resource	ABMU	on going
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

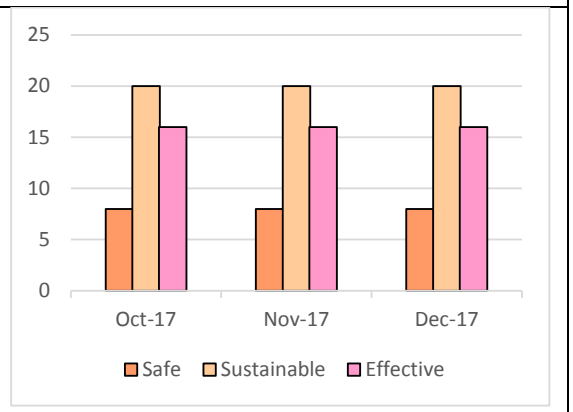
WC/016	**Cystic Fibrosis** **RISK:** Growing patient cohort and limited inpatient capacity to accommodate, as identified by CF Trust review. There is a growing cohort of CF patients and it was identified by the CF Trust review of the service in UHL that inpatient capacity is insufficient to meet this demand. Funding was not approved within the 2017/18 ICP to address the issues raised.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 17/03/2017 **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	3	3	3
Current Score	8	20	16

WHSSC Risk Assessment Triangle





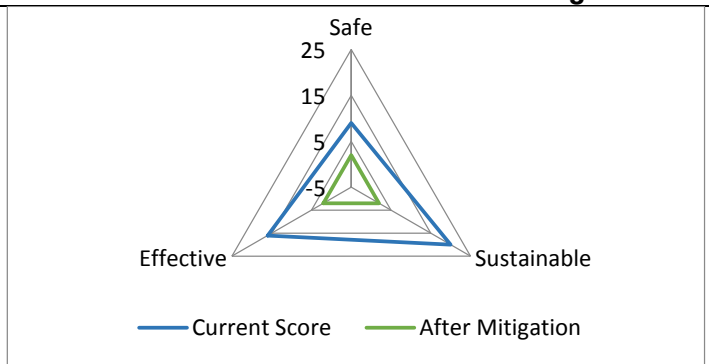
Current Control Measures in Place	**Description of further Control Measures Required**		
Capital business case under development by C&V UHB for additional inpatient beds. Proposal submitted to prioritisation process for WHSSC 2017/18 ICP for revenue required for additional inpatient beds as well as to develop the service to manage the growing cohort of patients.	**Action**	Lead	By when
	Capital business case to be submitted to WG by C&V UHB	Pl. Mgr	04/17
	Proposal for enhancing service in order to manage growing patient cohort submitted to 2017/18 ICP prioritisation process	Pl. Mgr	04/17
	Presentation to Management Group re: risk Sept 17 and paper to JC in Sept 17 to gain support for revenue and capital business case	Pl. Mgr	completed
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

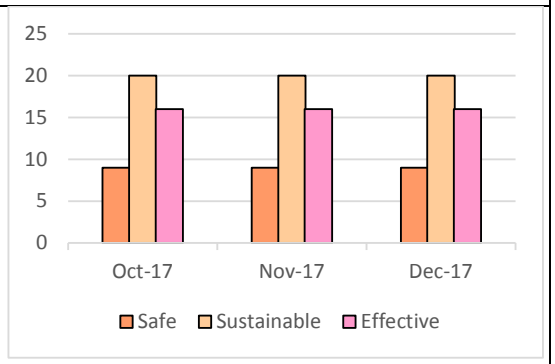
WC/022	**Paediatric Rheumatology** **RISK:** Limited Paediatric Rheumatology service in South Wales and high risk of unsustainability in the future. Paediatric Rheumatology service in South Wales currently delivered by an adult Rheumatologist that is due to retire within the next few years (no precise date as yet). It is very unlikely that their replacement will take on paediatric services therefore leaving a significant gap in service in South Wales. Further, the current service does not meet standards and has been identified by the National Rheumatoid Arthritis Association as an outlier within the UK. There is a risk to patients that they cannot currently access a full MDT and that the limited service that they can access is at risk when the Consultant currently delivering the service retires.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 24/04/2017 **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	2	2	2
Current Score	9	20	16

WHSSC Risk Assessment Triangle





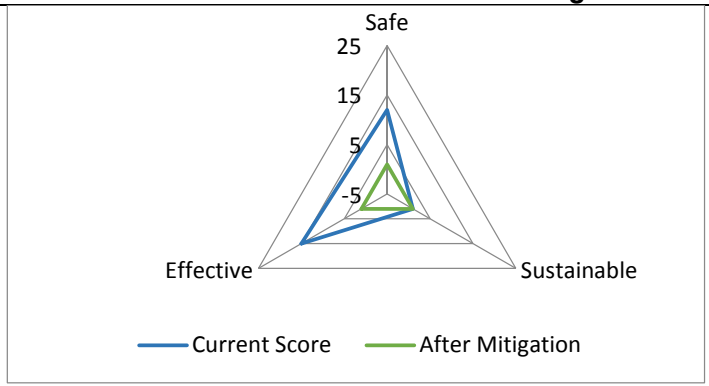
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
Patients are referred to Bath and Bristol for specialist pain services when required via IPFR	Paper presented to JC re: current situation, outcome was acknowledgement of issues but response to WG re: funding requirements	WG	On going
	Depending on the outcome of above, work would be required to agree a service model, develop business cases etc	Pl. Mgr	TBC
	Following response from Welsh Government - further review to be undertaken to identify current gap, service model and funding requirements	Pl. Mgr	07/18
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

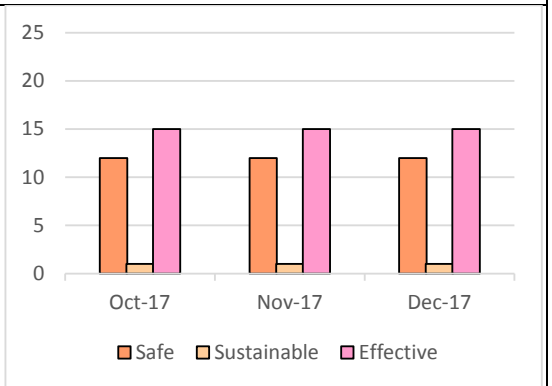
WC/024	**Genetics** **RISK:** Requirement for genetic testing for Lynch Syndrome. NICE guidance was published in February 2017 recommending that all patients diagnosed with Colorectal cancer undergo testing for Lynch syndrome. This could be through microsatellite instability (MSI) or immunohistochemistry (IHC). Since an MSI service is already established within the genetics laboratory, it has been proposed that this option should be progressed. People with Lynch Syndrome are at higher risk of developing other cancers and it is also an inherited condition, therefore there are risks to patients and their families by not identifying this.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 25/04/2017 **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	**1**	**1**	**1**
Current Score	**12**	**1**	**15**

WHSSC Risk Assessment Triangle





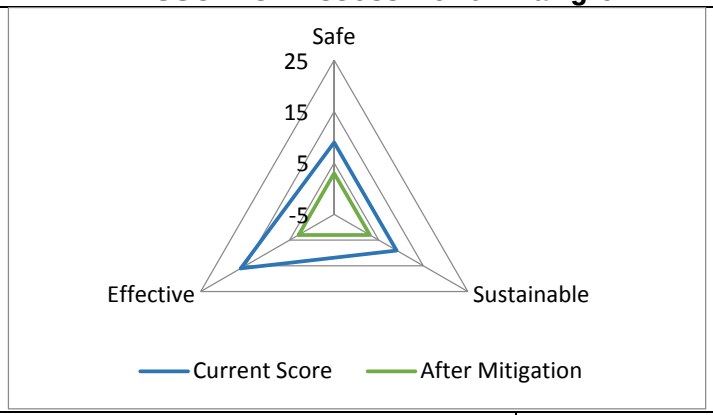
Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
A more limited service is funded, however additional funding would be required to offer this to all patients diagnosed with Colorectal cancer	Funding approved to offer testing to all patients diagnosed with Lynch Syndrome	WHSSC	TBC
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

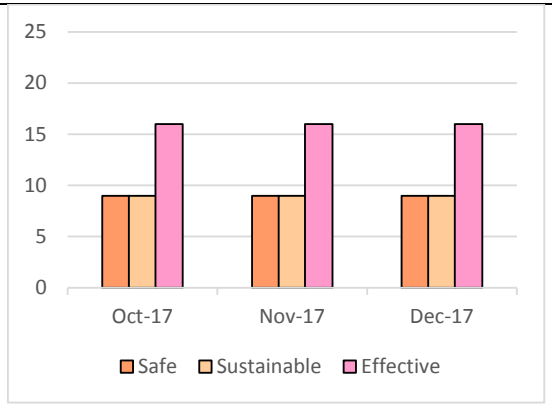
WC/028	**Paediatric Congenital Heart Disease** **RISK:** Risks identified by the CHD Network and service provider around waiting times to access clinics and compliance with the NHS England CHD Standards. It has been flagged that patients may be waiting longer than the planned timeframe to access Paediatric CHD clinics putting them at clinical risk through their monitoring not being as frequent as clinically required.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 25/04/2017 **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	3	3	3
Current Score	9	9	16

WHSSC Risk Assessment Triangle





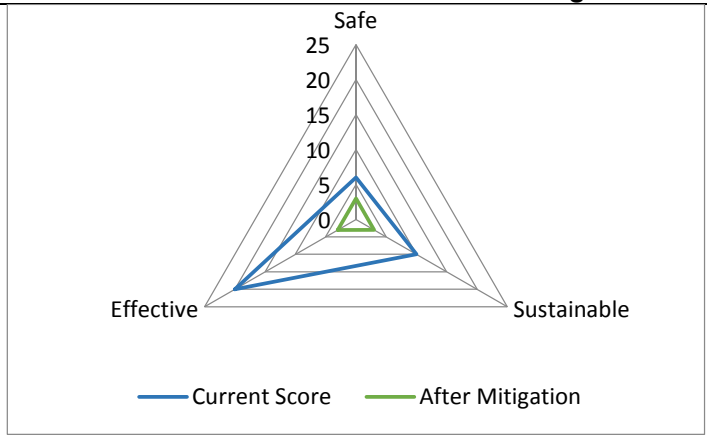
Current Control Measures in Place	**Description of further Control Measures Required**		
Additional clinics have been run in some Health Boards to address waiting times	**Action**	Lead	By when
	Review current waiting times position across Wales	WHSSC	TBC
	Review self assessments against NHS England CHD Standards	CHD Network	TBC
	Develop proposals to deliver a service in line with standards and patient need	Serv. Prov.	TBC
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

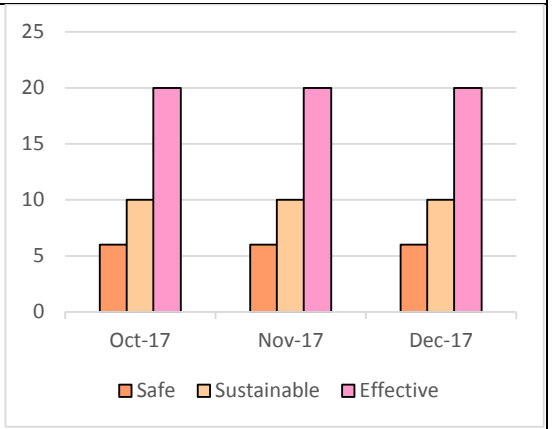
WC/029	**Cleft Lip Palate RTT** **RISK:** Risks identified by provider relating to capacity shortfalls leading to very long waiting times for adult revisional surgery. Due to a capacity shortfall in terms of funded theatre capacity within CLP, babies and children are being prioritised meaning that very long waiting times are being reported for adult revisional surgery. The funding to address this was not approved within the 2017/18 ICP however additional operating capacity has been put in place within ABMU to address this.	**Director lead:** Director of Planning **Assuring Committee:** Quality and Patient Safety Committee **Date first assessed** 17/03/2017 **Date last reviewed by Programme/Directorate:**

Risk Rating

	Safe	Sustainable	Effective
After Mitigation	3	3	3
Current Score	6	10	20

WHSSC Risk Assessment Triangle





Current Control Measures in Place	**Description of further Control Measures Required**		
	Action	Lead	By when
Additional operating put in place by ABMU, it is not currently clear whether this will continue since the decision has been made not to fund via the 2017/18 ICP	Proposal for delivering additional operating capacity taken through 2017/18 ICP prioritisation process	Pl. Mgr	04/17
Update on control measures in place since last report	**Level of assurance (by assuring committee)**		
	Full assurance/Significant assurance/Limited assurance Date		

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

		Agenda Item	15
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	November 2017 Integrated Performance Report		
Author (Job title)	Performance Analyst		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	The attached report provides members with a summary of the performance of services commissioned by WHSSC for November 2017 and details the action being undertaken to address areas of non-compliance.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee		Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** November 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 Integrated Performance Report

November 2017

WHSSC

Table of Contents

NOVEMBER 2017 WHSSC PERFORMANCE REPORT

1.0 Situation

The purpose of this report is to provide an overview on the performance of providers for services commissioned by WHSSC for the period November 2017.

2.0 Structure of report

ESCALATION

The escalation section provides a summary of the services that are in escalation and the level of escalation.

PROVIDER PERFORMANCE

Section 1 Provider Dashboard

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

The dashboard has the following domains:

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

Section 2 Individual Service Sheets

Further detail for each service is provided on an individual sheet and covers current performance against RTT that includes a three month trend, a summary of key issues and details the action being undertaken to address areas of non-compliance.

3.0 Escalation

The table below shows the current services that WHSSC has placed at Stage 2 and above of the escalation process. Although the Bariatric Surgery service remains at a static position at Stage 4, the services for Neurosurgery, CAMHS and Paediatric Surgery services are at Stage 3 which require Commissioning Quality Visits as part of the WHSSC escalation process.

A visit has already taken place with the CAMHS service provider resulting in an agreed action plan and arrangement of a follow-up meeting for the end of November as part of the Level 3 escalation process. An action plan has been developed with BCUHB and significant improvements to workforce issues are being delivered.

The next visit scheduled will be to the Paediatric Surgery service provider and is planned for January 2017 with the Neurosurgery Service visit to take place in the New Year.

The first performance meeting with regard to the lymphoma panel was held on Friday 1st December. Assurance was provided that while turnaround times have worsened due to laboratory staff sickness, patient clinical outcomes have not been compromised. Turnaround times are expected to improve over the next couple of months as staff return from sickness leave. A full report on lymphoma panel performance will be provided within the next month's performance report.

The bariatric surgery service at ABMUHB is currently at escalation level 4. WHSSC's intention is to tender for the future provision of the service. However, due to the significant improvement in performance in recent months, WHSSC has paused the tender while a process is implemented to assess the ABMUHB service against the service specification and delivery requirements, with a view to potential de-escalation, provided the service can demonstrate to the Joint Committee the ability to meet the requirements and standards set by WHSSC.

The majority of the Plastic Surgery pathway workshops have been held; two workshops (breast surgery at Cwm Taf, and hand surgery at Cardiff & Vale) are still outstanding. These are being re-scheduled to take place in January/February. The final clinical summit meeting will take place following the conclusion of the workshops.

Paediatric Intensive Care has been placed at escalation level II and the service were issued with a letter on the 21st of December notifying them of this. The next step is for a performance meeting to take place with the service and this is in the process of being scheduled for late January.

3.0.1 Services in Escalation

Specialty	Level of Escalation	Current Position	Movement from Last Month
Cardiac Surgery	2	Monthly performance meetings continue with ABMUHB and C&VUHB.	⇨
Thoracic Surgery	2	Monthly performance meetings continue with ABMUHB and C&VUHB.	⇨
Lymphoma Panel	2	The first performance meeting with regard to the lymphoma panel was held on Friday 1st December.	⇩
Bariatric Surgery	4	WHSSC has paused the tender while a process is implemented to assess the ABMUHB service against the service specification and delivery requirements	⇨
Plastic Surgery	2	Monthly performance meetings continue with ABMUHB	⇨
Neurosurgery	3	Commissioning Quality visit is being discussed in a meeting on the 16th January	⇨
Adult Posture & Mobility	2	Quarterly meetings occur with all three providers but discussions have taken place separately with North Wales regarding their worsening position.	⇨
CAMHS	3	An action plan has been developed with BCUHB and significant improvements to workforce issues have been made by the end of November.	⇨
Paediatric Surgery	3	Commissioning Quality Visit has been arranged for the 26th January 2017.	⇨
Paediatric Intensive Care	2	Performance meetings to be arranged with service for late January.	⇩

4.0 PROVIDER PERFORMANCE

The trend for performance for all provider services has largely remained unchanged across the first 2 quarters of 2017/2018. Of the 19 provider service targets that were monitored by WHSSC, 12 (71%) remain in breach at end of November 2017.

4.1 Section 1 Service Dashboard

Commissioning Team	Specialty	WHSSC Indicator Ref	Measure		Tolerance Levels			Provider	Sep-17	Oct-17	Nov-17	Latest Status	Latest Trend
					Red	Amber	Green						
Quality	**Serious Incidents**	S01	Qrtly	Number of new Serious Incidents reported to WHSSC by provider within 48hours	<50%	50-99%	100%		50%				⇧
Cardiac	**Cardiac Surgery**	E01	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	97%	97%	96%		⇩
Cancer & Blood	**Thoracic Surgery**	E02	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	100%	100%	99%		⇩
	Lung Cancer	*E02D*	Mthly	Urgent Lung resection < 62 days	>0	N/A	0	All	91%	-	-		
		E02E	Mthly	Non-Urgent Lung resection < 31 days	>0	N/A	0	All	91%	-	-		
	Bariatric Surgery	E03	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	100%	100%	100%		⇨
	Cancer patients - PET scans	E04	Mthly	Cancer patients to receive a PET scan < 10 days from referral	<90% within 10 days	90-95% within 10 days	=,>95% within 10 days	All	98%	95%	100%		⇧
	Plastic Surgery	E05	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	95%	95%	94%		⇩
	Lymphoma	E06	Mthly	Specimens tested ≤10 days	<90% within 10 days	N/A	=,>90% within 10 days	All	40%	60%	52%		⇩
Neuro	**Neurosurgery**	E07	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	89%	89%	86%		⇩
	Adult Posture & Mobility	E08	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	85%	87%	86%		⇩
	Paediatric Posture & Mobility	E09	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	95%	95%	94%		⇩
Mental Health	**CAMHS**	E10	Mthly	OOA placements	>16	>14, <16	=,<14	All	14	11	12		⇩
		E10i	Mthly	NHS Beddays	<85%,>105%	< 90%, >100%	90% - 100%	All	91%	91%	91%		⇩
		E10ii	Mthly	NHS Home Leave	<20%, >40%	<25%, >35%	25%-35%	All	30%	33%	85%		⇩
	Adult Medium Secure	E11	Mthly	NHS Beddays	<90%, >110%	< 95%, >105%	95% - 105%	All	91%	91%	91%		⇩
Women & Children	**Paediatric Surgery**	E12	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	97%	96%	96%		⇨
	IVF	*E13*	Mthly	IVF patients waiting for OPA	<95% within 26 weeks	95%-99% within 26 weeks	100% within 26 weeks	All	100%	100%	100%		⇨
		E13i	Mthly	IVF patients waiting to commence treatment	<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	43%	65%	72%		⇧
		E13ii	Mthly	IVF patients accepted for 2nd cycle waiting to commence treatment	<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	55%	53%	53%		⇨

Please note there is a delay for Lung Cancer data as this is currently being submitted to WHSSC by Welsh Government.

4.2 Key Issues for November 2017

Cardiac
There continues to be breaches of the 36 weeks maximum waiting times target for cardiac surgery patients at CVUHB, ABMUHB and Liverpool. A site visit to LHCH and BCUHB is in the process of being arranged.

Cancer & Blood
Thoracic surgery: Due to the improved waiting times position in ABMUHB over the last 6 months, it has been agreed with ABMUHB and HDUHB that the referral pathway to University Hospital North Midlands is stepped down. However, it is recognised that there are risks to the sustainability of the position and that the pathway to UHNM may need to be re-established.

Plastic Surgery
Patients continue to breach maximum waiting times for hand and breast surgery at ABMUHB; however, the delivery plan to eliminate breaches by March 2018 is within profile.

Bariatric surgery
Currently there are no breaches at either centre; however, ABMUHB is currently underperforming against the baseline.

Neurological & Chronic Conditions
- Neuro-Radiology: A new Neuro-Interventional Radiologist began working in the Cardiff service at the beginning of October 2017 and is working through the clinically urgent and long waiting patients residing on the Neurosurgery waiting list.
- Neurosurgery: The number of patients waiting over 36 and 52 weeks has decreased significantly from October to November. There were 166 patients waiting over 36 weeks in October compared to 140 patients as at 30/11/17, a reduction of 37 patients. The Cardiff and Vale Health Board reported that they had a robust plan to manage and reduce long waiters and the service were working towards no patients waiting in excess of 100 weeks by the end of March 2018.

CAMHS
CAMHS Out of Area (OoA) performance is starting to improve as the North Wales unit starts to increase capacity towards the commissioned level. The increase in OoA placements was linked directly to reduced capacity in the North Wales unit due to severe staff shortages. The position has now stabilised and the number of OoA placements has fallen from 17 in July to 12 in November.

Women & Children
Paediatric Surgery: The Health Board reported a <5 patients waiting over 52 weeks, this in was due to the sub-specialty of procedure and the necessary staffing levels. These have been addressed and they are predicting zero patients waiting over 52

weeks going forward. Due to both quality and performance issues with Paediatric Surgery, a Commissioning Quality Visit has been arranged for the 26th January.

IVF

The Hewitt Fertility Centre in Liverpool have no reported waiting list, however activity has been higher than anticipated leading to capacity constraints within the funding available. Discussions are underway to identify the funding required to maintain the service, balanced with the significant waiting times reported in Shrewsbury for which further information has also been requested. It is believed that there are a number of patients currently showing as long waiters on the Shrewsbury who should not be listed for treatment i.e. those awaiting donor eggs.

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	Not applicable
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**

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

		Agenda Item	16
Meeting Title	**Joint Committee**	Meeting Date	29/01/2018
Report Title	Financial Performance Report – Month 9 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 9th month of 2017/18. There remains material uncertainty regarding the risk of HRG4+ price increases proposed by NHS England providers and their applicability to Wales. 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	Management Group Meeting	Meeting Date	18/01/2018
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the current financial position and forecast year-end position.		

Considerations within the report (tick as appropriate)

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

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.

There remains material uncertainty regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales. To avoid duplication, please see section 5.8 regarding NHS England as a Provider in the main body of this report for further detail.

3.0 Assessment

3.1 The financial position reported at Month 9 for WHSSC is a forecast overspend to year-end of £19k.

The improvement in the year end position of £685k includes deterioration against the Cardiff and English contracts, mitigated by improvements on Mental Health, Renal, Developments, and further Reserves releases from 2016/17.

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.
- **NOTE** the residual risks for the year including the HRG4+ risk.

5.0 Appendices / Annex

5.1 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	Reported performance is based on reported financial and activity schedules underpinned by contracting information and communications from provider organisations.
Equality and Diversity	There is a greater financial risk exposure to the populations of North Wales and Powys from contractual relationships with NHS England providers. However, there is a lower service sustainability risk exposure in these areas from access to services which are typically have larger critical mass serving larger populations.
Population Health	Not applicable
Legal Implications	Not applicable

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Management Group	18/01/2018	Noted

Finance Performance Report – Month 9

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 9th month of 2017/18 together with any corrective action required.

The narrative of this report excludes the detailed 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 only, 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	557,106	417,830	418,669	839	(19)	19	(685)
Sub-total WHSSC	**557,106**	**417,830**	**418,669**	**839**	**(19)**	**19**	**(685)**
WAST	139,479	104,609	104,609	0	0	0	0
EASC team costs	390	293	307	14	0	42	0
QAT team costs	672	504	518	14	(0)	42	0
Sub-total WAST / EASC / QAT	140,541	105,406	105,434	28	(0)	83	0
Total as per Risk-share tables	697,647	523,236	524,103	867	(19)	102	(685)

Please note that as LHB's cover any WHSSC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the WHSSC position as reported to WG is a nil variance.

2. Background / Introduction

The financial position is reported against the 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 9 is an overspend of £839k to date, with a forecast year-end overspend of £19k.

The majority of NHS England is reported in line with the previous month's activity returns (Month 8). WHSSC continues to commission in line with the contract intentions agreed as part of the IMTP and 2016/17 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 partially mitigated in 2017/18 as financial baselines have been uplifted 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 approved 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. The Finance Working Group has worked on validating prospective changes to the risk-sharing process, and ongoing updates are being shared with Management Group and Joint Committee regularly. Until there is formal agreement between Health Boards to progress with the new risk sharing process the current system remains 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	140,613	142,686	2,074	1,186	2,027	1,072
Abertawe Bro Morgannwg Univ Health Board	95,761	71,821	72,555	734	765	1,199	1,286
Cwm Taf University Health Board	7,452	5,589	5,640	51	38	73	68
Aneurin Bevan Health Board	8,833	6,625	6,638	13	(56)	13	(56)
Hywel Dda Health Board	1,486	1,114	1,302	187	166	187	166
Betsi Cadwaladr Univ Health Board Provider	38,137	28,603	28,570	(33)	(43)	(185)	(96)
Velindre NHS Trust	38,421	28,815	28,806	(9)	(122)	(19)	(194)
Sub-total NHS Wales	**377,575**	**283,181**	**286,197**	**3,016**	**1,934**	**3,295**	**2,247**
Non Welsh SLAs	95,774	71,830	78,106	6,276	5,738	5,416	4,548
IPFR	28,458	21,344	21,423	79	33	630	681
IVF	4,375	3,281	3,557	276	245	0	0
Mental Health	32,718	24,538	22,557	(1,981)	(1,666)	(2,807)	(2,321)
Renal	5,192	3,894	3,506	(388)	(181)	(420)	(128)
Prior Year developments	6,035	4,526	3,763	(764)	(586)	(439)	(113)
2016/17 Plan Developments	3,395	2,546	1,864	(682)	(565)	(560)	(315)
Direct Running Costs	3,584	2,688	2,423	(265)	(266)	(68)	(68)
Reserves Releases 2016/17	0	0	(4,728)	(4,728)	(3,828)	(5,028)	(3,828)
Total Expenditure	**557,106**	**417,830**	**418,669**	**839**	**858**	**20**	**703**

The reported position is based on the following:

- NHS Wales activity – based on Month 8 data or Annual Plan values if deemed to vary from current outturn.
- NHS England activity – Month 8 data in most cases. Final 2016/17 returns havs been received, and work is coming to an end regarding 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 Merseycare contract is calculated using the previous 3 years average occupancy.
- Developments – variety of bases, including agreed phasing of funding. Financial impacts of approved funding releases are currently accounted for in the forecasts.

5. Financial position detail - Providers

5.1 NHS Wales – Cardiff & Vale contract:

Various over and underspends from the Month 8 data have been extrapolated to a total Month 9 position of £2.074m overspent, with a year-end forecast of £2.027m overspent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Cardiology – activity remains buoyant in this area (particularly with PCI and ICD procedures). The overperformance has increased in month 8 with the overspend now standing at £769k across all 5 sub-headings which is an increase of £377k over last months figures. This overperformance is a continuing trend (as it was last year) and the in month increase can be attributed in the most part to a new embedded process of intensive post op review and thus faster discharge of PCI patients. The last 2 months has also seen an increase in ICD activity. WHSSC is working with the programme team and the network to assess this area. Please note that budget for 16/17 planned recurrent overperformance has been moved to the Developments area whilst the policy is reviewed. The growth in activity for 17/18 is currently above these levels and the year end forecast, including development funding currently stands at a £2.1m overperformance.

- Cardiac Surgery – low activity means the trend of underperformance remains in this area with the YTD underspend across the 3 sub headings increasing to £488k. This position is unlikely to improve as the service have

confirmed that the number of cases "lost" year to date will not be recovered. Theatre team availability is still an issue and the year end forecast will worsen as AMBU referrals to Cardiff & Vale stopped at month 3. The year end now stands at £652k underspent as the South West Wales figures are not reducing as much as predicted after the referrals stopped in month 3. There is still a residual flow of patients but WHSSC are investigating these figures on advice from ABMU.

- Thoracic Surgery – the service has benefitted from the Cardiac Surgery underperformance as they take advantage of an increased number of theatre slots. YTD overperformance has decreased this month to £41k and thus the full year forecast has been reduced to £54k. Activity this month has slowed and no EBVR procedures have taken place.

- Neurosurgery – the service continues to overperform with the YTD figure increasing this month to £92k with a year end forecast of £123k. these figures contain an estimate for the outsourced INR activity which currently stands at 26 patients.

- Spinal Implants – continued YTD overperformance in this area means the position now stands at £247k which is a slight slow down in activity compared to previous months. This is a result of an increase in the price of long life products and consumable costs aswell as the casemix being very different to the baseline. Due to this trend, the full year forecast has been reduced to £329k.

- Spinal Injuries – YTD and full year forecasts continue to overperform in totality but these are offset by development funding. The YTD position has increased by £65k and the full year forecast has been moved to mirror the YTD position, net of the development funding.

- Haemophillia – The YTD and full year forecast have increased by £55k each and stand at £154k overspent. This area is volatile and continues to fluctuate on a monthly basis.

- BMT– volatility still remains within the year to date position here and has increased by £73k this month with the position now moving to an overspend of £6k. The service has now submitted a revised forecast of 131 cases so the current forecasted year end forecasted position remains prudent. WHSSC are awaiting waiting list and slippage data from C&V in order to validate these figures.

- Paediatric Oncology – this area continues to overperform this year and the YTD figures now stands at £398k, an increase of £151k over last months reported position. Consequently the forecast has been increased to £531K, the increases being a result of the increases in outpatients.

- ALAS – the YTD position continues to increase and now stands at £342k overspent, an increase of £169k over last month. This seems to be a result of increased staffing levels as a result of maternity leave ending and thus unplanned chair replacement cycles increasing. The spend on Communication Aids is covered by a balance sheet provision and is thus removed from the figures. The full year forecast is moved to £342k in order to be prudent. WHSSC are investigating the data with the LHB and are requesting an urgent meeting with the service.

- Cystic Fibrosis – the YTD position has increased by £65k and now stands at £161k overspent. The forecast position has been moved to £220k to mirror this activity increase. This has resulted from a significant Q3 activity increase for the service.

5.2 NHS Wales – ABM contract:

Various over and underspends from the Month 8 data have been extrapolated to a month 9 position of £734k overspent, with a year-end forecast of £1.199m overspent. These figures include the net effect of the development and savings funding available to the LHB. The position includes:

- Cardiology – the YTD position has increased this month by £129k and now stands at £337k overspent (£729k in total with £392k offset by development funding). This is a result of an increase in defibs and the risk around ablation increase to meet RTT pressure materialising. This translates into the full year forecast standing at £1.092m overspent in total which is partially offset by development funding.

- Thoracics – the year to date position has grown again this month by £39k and now stands at an overspend of £392k. This is a result of extra resections undertaken by the service and they have continued to advise this is unsustainable throughout the year but the YTD data does not support this statement and thus the full year forecast is moved to £588k overspent.

- Bariatrics – the year to date position has increased by £15k this month and now stands at an underperformance of £36k. A reduction in the waiting list has enabled a temporary redirection of General Surgical capacity – Singleton service will be back on line from October, this is validated by the increase this month. The forecast is moved to mirror the YTD position as there is no waiting list to recover this underperformance.

- Burns – the service continues to overperform with the YTD figure now standing at £216k. The full year forecast is increased to £150k to be prudent.

- Cardiac Surgery – underperformance has increased this month to £302k and thus the forecast has been moved accordingly to £552k underspent. This area still remains volatile and the forecast is based upon 690 cases.

- Sarcoma – the YTD underspend has increased by £36k this month and now stands at £150k. The service have advised that activity will increase during the latter part of the financial year and thus the forecast is held at £80k underspent.

5.3 NHS Wales – BCU contract:
There has been a further deterioration in the angioplasty position this month meaning the underperformance has grown to £212k. This trend is at odds with other LHBs and is being investigated by WHSSC. The trend for ICDs is at odds with this as overperformance has grown this month to £192k and the full year forecast has been moved to mirror this.

5.4 NHS Wales – Cwm Taf contract:
Performance against the ICD line has increased by £22k this month and now stands at £30k overspent. The full year forecast has been moved to £40k overspent to mirror this movement. This activity increase is happening in parallel to a YTD overperformance in CWM Taf ICDs within Cardiff and Vale. WHSSC have asked Cwm Taf to investigate this.

5.5 NHS Wales – Aneurin Bevan contract:
This month has seen activity increases in both cardiology and RF ablation. Cardiology now stands at an overperformance figure of £27k and the underperformance in RF ablation has fallen back to £23k. These figures have both been mirrored in the respective year end forecast positions.

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 Velindre contract is forecasting £194k under performance in total. This includes a £123k NICE/HCD forecast underperformance as per Velindre's monitoring schedules, £28k underperformance for SRS, plus a further reduction of £43k for two drugs that have not yet had NICE approval.

5.8 NHS England contracts:
The total overspend to month 9 is £6,276k, which is a deterioration of £538k from Month 8. The year-end forecast has moved from £4,548k last month to £5,416k, a deterioration of £869k.

The English position has been reported using Month 8 monitoring returns in most cases, and encompasses the two separate issues of:

- additional activity/growth
- increased costs relating to the new HRG 4+ coding system

The additional costs relating to HRG 4+ have been reported in full within the year to date position of £6,276k, but have been, in the main, excluded from the year-end forecasts with those providers that are overspending. The costs have NOT been excluded where the extraction of the HRG 4+ price impact would reduce the reported position on an individual provider from an overspend to an underspend, these positions have been set to breakeven. Where the extraction would cause the underspend to increase, these positions have not been moved; these non-excluded costs amount to £1,488k of the £5,416k forecast. Hence, the forecast overspend costs related just to growth in activity total £3,928k. At a subjective level, the £3,928k will include some additional pricing increase, which will either be as a result of activity growth in year or potential 'up-coding' of activity due to the new grouper attracting higher prices. This is explained in the high level analysis sent separately. Activity increases in 2017/18 are not part of the HRG 4+ discussion with Welsh Government and NHS Improvement and therefore will need to be included in the forecast position and provided for by Health Boards.

The total overall impact from proposals for HRG 4+ is currently £5,625k for 2017/18. Of this, £1,488k is already in the year-end forecast, as already discussed, which leaves a residual Risk of £4,137k which is not reported in the financial forecast position and has been reported in our Table G in the Monitoring Returns. If all these forecast costs materialise, it would create a total overspend on NHS England of £9,553k (£5,625k for HRG 4+ and £3,928k for growth).

This reporting methodology used by WHSSC has been discussed and it has been agreed with Welsh Government finance officials and the Joint Committee to continue for month 9 pending progress on further formal discussions with NHS England. WHSSC and Health Boards are awaiting the outcome of the meeting between Welsh Government, NHS England, WHSSC, Powys HB and BCUHB. NHS England are currently reviewing their response in liaison with DH. WHSSC and BCUHB have continued discussions with NHS England aimed at verifying the impact assessment. At this point WHSSC will retain the agreed reporting methodology until further notice.

Separate 'High Level' schedules will be sent to LHB's showing these figures reconciled to all the NHS England providers, along with the split across the individual LHB's. Please note that The schedule breaks down the elements that are HRG4+ related and then the remainder that are either driven by price, volume or a combination of both. The split between price and volume impacts is an assessment done by WHSSC based on our experience of the contracts. Please bear in mind that these are still subjective as we're currently working with the providers to attribute whether an increase in volume/price is down to coding or the new groupers which is resulting in higher casemix levels compared to last year.

Regarding activity growth, there is a further most prudent forecast of an additional £2,057k relating to unprecedented activity growth and seasonal variation particularly relating to through cost areas such as drugs. This has been included in the Risks Table G in the Monitoring Returns, but is not part of the financial forecasts. If these further prudent costs materialised, it would create a total overspend on NHS England of £11,610k (the previous total of £9,553k plus the additional most prudent growth costs of £2,057k).

The larger reported variances include:

- Alder Hey Children's:
  Core contract – forecast overspend of £2,062k is only partly due to tariff; majority of cost is driven by some high cost patients. The Trust has written to express concerns regarding increases in activity across its network including Wales. WHSSC have alerted BCUHB and are already working with BCUHB to identify any repatriation or demand management alternatives that can mitigate performance. Corrective action is required in this regard. Due to the level of overperformance in this contract, the provider's Director of Finance have requested a review of the marginal rates in favour of Wales to be brought in line consistent with their English commissioners. Whilst WHSSC dispute this, it may pose a risk to the position in future months.

  Blood Factors – overspend of £150k to date due to one high cost patient.

- Imperial – forecast overspend of £592k; the activity in the contract is mainly non-Pbr which accounts for roughly 87% of the expenditure to date. Whilst HRG 4+ have been adjusted out in the forecast, to be prudent an estimate has been included for the drug growth for the remainder of 17/18.

- Liverpool Heart & Chest - the reported over performance of 1,244k to date which is mainly an HRG 4+ issue. A fully adjusted forecast for HRG4+ would take the contract to an underspend position. In the context of the overall contract which is exposed to winter pressures, it is highly likely that activity will increase in the later part of the year and therefore have returned the forecast to break-even.

- Royal Brompton – The overspend on this contract is mainly due to activity, and not HRG 4+ issues as such. To date there has been £18k less on Pbr/tariff activity in 2017/18 than in 2016/17. The cost of activity outside the national tariff is currently £585k higher than in 2016/17. Therefore whilst this contract has been adjust for HRG 4+, an additional value has also been included to take into account the non PBR overperformance. The year-end forecast includes 3 additional transplants above baseline due to the levels undertaken and transplant patients still on the list.

- University Hospital Bristol - the reported over performance of 686k to date relates to the HRG 4+ issue.

The PBR element of the contract has increased by £1,129k compared to last year, with the main area being congenital heart surgery. Please note that adjusting out the HRG 4+ issues leads to a break-even forecast on this contract at this point. However, this should be regarded with caution given the underlying trends in increased congenital heart activity and specialized oncology Therefore; the forecast has been returned to baseline.

- Walton Centre – overspend to date of £1,290k. Activity to M8 includes NICE drug overperformance of £285k; the remaining overperformance appears to be tariff driven. This has been adjusted out in the forecast position.

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 and are shared for transparency.

5.9 IPFR:
Various budgets totalling an overspend to year-end of £630k, an improvement of £51k. Please note that all forecasts are extrapolated from the to-date positions except the VAD and ECMO lines, where the underspend to date has been lower compared to 2016/17. As lower activity in the first few weeks of the year does not indicate this will continue for this small patient cohort, the assumption is that future months will mirror last year.

5.10 IVF:
An overspend of £276k has been reported against English and private providers, but break-even for year-end as activity is expected to the planned level for the year.

5.11 Mental Health:
Various budgets totalling an underspend to date of £1,981k and a year-end forecast underspend of £2,807k. This has been in part enabled by the effect of the £500k invested in the Case Management team, and illustrates the benefits of effective investment for both financial and quality (right care level, right time) reasons.

The MH 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. The Rampton budget is also underspent due to NHS England continuing to pay for one Welsh DSPD patient this year in line historic agreements in this care category.

- Medium Secure has an underspend reported of £1,445k 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 £2,071k due to several discharges so far this year.

  The new Case Management teams funded in 2016/17 are now progressing through their recruitment, and it was expected that the increased clinical support in this area would reduce patient numbers going forward as staff come into post. The investment of £500k has been more than saved in Medium Secure costs, with the added positive factor of patients receiving appropriate care.

  Please note that DTOC recharges totalling £122k to two LHB's have been raised to date in respect of 5 patients, who have now all been discharged from Medium Secure. An issue has recently been raised by one health board regarding potential delays within the system for securing Ministry of Justice clearance for movements from medium to low security. WHSSC will be investigating this further as it could impair current favourable financial performance.

- South Wales CAMHS and All-Wales FACTS inpatient budgets have continued low activity and currently have a combined underspend of £366k to date and £416k year-end.

- The BCU CAMHS inpatient budget has an overspend of £351k to Month 9 due to high occupancy at the start of the year. However, following on from the escalation process, the actions outlined by the unit to increase nurse staffing and return to funded capacity have started to take positive effect, and the current year-end forecast position is £235k overspent based on current occupancy remaining static.

5.12 Renal:

Regarding the devolved renal funding held by the WRCN, cross border services provided by NHS England continue to be lower than expected. Renal transplant services provided by the Royal Liverpool and Broadgreen Trust are continuing to be lower than predicted in their service delivery plan. Although the assumptions in their plan remain robust, the availability of suitable organs and donor matching has been lower than expected. Offsetting this reduced activity, 5 renal transplants have been undertaken by University Hospitals Birmingham and 5 have been undertaken by Central Manchester University Hospitals. For both Trusts this is an unprecedented level of activity and provides reassurance that access to transplant services is fully available to all Welsh patients. Meanwhile, cross border dialysis services are broadly balancing out across providers.

The WRCN is taking on board significant activity increases and associated cost pressures experienced by ABMU relating to the West Wales dialysis units and from Cardiff and Vale relating to the SE Wales units. As part of the 17-18 WHSSC ICP

process the WHSSC Joint Committee was asked to support increases in the numbers of patients across Wales requiring chronic renal dialysis. As this is a necessary life sustaining therapy, the Joint Committee agreed to set aside recurrent funding for the additional activity. Validation exercises have been undertaken by both providers to support their reported activity increases, which are now fully reflected in the WRCN and WHSSC financial reporting for M9.

As with the Liverpool service, the number of transplants undertaken by the Cardiff transplant team since April is lower than predicted. However, data received by the service confirms that this is not having an adverse impact on waiting list numbers which remain stable and continue to be among the lowest in the UK.

The growth in the number of renal transplants received by Welsh residents in recent years is now putting pressure on the provider immunosuppression drugs budgets across Wales. At the moment, this cost pressure is being passed to the WRCN. The WRCN is actively working with service providers, pharmaceutical suppliers and NHS Wales Shared Services Procurement to ensure that best practice in drugs procurement is being applied across NHS Wales renal services.

5.13 Reserves:
Reserves from the 16/17 Balance Sheet have been analysed in detail, and an initial release of £2m was processed into the Month 5 position. This relates to IPFR, Development, IVF and Mental Health accruals from last year.

A further £1m was released in the Month 7 position, £786k in Month 8 and £1.2m in Month 9 - all related to NHS England accruals.

Further work will be concluded regarding the Balance Sheet before next month with the aim of a final clearance of the remaining sundry amounts.

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. The current year-end forecast position is £999k underspent, an improvement of £571k.

The assumptions in the performance provision have been maintained in the month 9 position, with planned performance spend offsetting LTA reported expenditure.

Of the new 2017/18 developments work is currently ongoing to correlate planned genetics scheme spend with funding from the genomic strategy. The £800k provision for dialysis growth has been reported as a full underspend offsetting the growth reported within the provider LTA lines.

Please note that WHSSC have been advised that the £522k for SMTL has been topsliced and paid direct, hence this funding will be returned to LHB's in next month's risk-share tables. The returned income will be reflected in Month 10, but

the reduction in spend with Velindre will be manually adjusted into the Month 9 I&E assumptions as it is a material amount for them.

5.15 Direct Running Costs (Staffing and non-pay):

The running cost budget is currently £265k underspent. This is due to the significant staffing vacancies the organisation is currently running with; some should be appointed to shortly.

Non-pay overspends include the Cwm Taf hosting fee. Netting off the non-pay forecast overspend with the staffing forecast underspend gives a current year-end forecast of £68k underspent.

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 which will mitigate much of this risk.

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 M9	839	298	(199)	60	(488)	249	(117)	1,036
Variance M8	858	(28)	(115)	(28)	(783)	249	58	1,506
Movement	(19)	326	(84)	88	296	0	(175)	(470)

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 M9	19	324	(95)	133	(510)	329	(207)	45
EOY forecast M8	702	126	184	6	(696)	453	109	519
EOY movement	(683)	198	(279)	127	185	(125)	(316)	(475)

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.

Material reporting positions or movements include:

6.1 Cardiff & Vale LHB:

- Cardiff contract – overspend movements of £321k to date and £327k year-end. This includes movements across various areas, including ALAS, Paediatric Oncology and Cardiology.
- English contracts – overspend movements of £170k to date and £211k year-end, primarily across Imperial College, Royal Brompton and Walton.
- Mental Health – underspend movements of £40k to date and £85k due to the increased savings against Medium Secure placements.
- Developments underspends of £61k to date and £150k year-end, across various sub-headings.
- Further Reserves release of 16/17 English contract accruals of £79k to date and £105k year-end.

6.2 ABM LHB:

- ABM contract – underspend movements of £12k to date and £63k year-end.
- Cardiff contract – movements of £72k overspend to date and £65k year-end across various sub-headings.
- English contracts – overspend movements of £75k to date and £116k year-end, primarily across Imperial College and Royal Brompton.
- Mental Health – underspend movements of £67k to date and £93k due to the increased savings against Medium Secure placements.
- Developments underspends of £58k to date and £144k year-end, across various sub-headings.
- Further Reserves release of 16/17 English contract accruals of £96k to date and £127k year-end.

6.3 Cwm Taf LHB:

- Cardiff contract – movements of £100k overspend to date and £171k year-end, primarily on Cardiology.
- English contracts – overspend movements of £51k to date and £79k year-end, across various providers.
- Mental Health – underspend movements of £58k to date and £58k due to the increased savings against Medium Secure placements and decreased CAMHS placements.
- Underspend movements against Developments and further Reserves releases.

6.4 Aneurin Bevan LHB:

- Cardiff contract – movements of £320k overspend to date and £331k year-end, primarily on Renal Dialysis, Paediatric Oncology and Cardiology.
- English contracts – overspend movements of £57k to date and £89k year-end, across various providers.
- Renal – underspend movements of £38k to date and £53k year-end, primarily on the Dialysis price inflation.
- Velindre – overspend movements of £46k to date and £68k year-end.

- Mental Health – underspend movements of £25k to date and £65k due to the increased savings against Medium Secure placements.
- Developments underspends of £20k to date and £97k year-end, across various sub-headings.
- Further Reserves release of 16/17 English contract accruals of £99k to date and £132k year-end.

6.5 Hywel Dda LHB:

- English contracts – overspend movements of £48k to date and £81k year-end, across various providers.
- Further Reserves release of 16/17 English contract accruals of £61k to date and £81k year-end.

6.6 Powys LHB:

- English contracts – overspend movements of £135k to date and £131k year-end, primarily on Birmingham Childrens, Heart of England and University Hospitals Birmingham.
- Further Reserves release of 16/17 English contract accruals of £319k to date and £425k year-end.

6.7 BCU LHB:

- BCU contract – overspend movement of £10k to date, but an underspend movement of £89k year-end; this includes underspends on Angiolpasty and Haemophilia, but overspending on ICD's.
- NHS England - £1k deterioration to date and £160k year-end deterioration across various providers. The largest movements include:
    - Alderhey main contract - £180k overspend to date and £613k year-end
    - Christie – £275k underspends to date and year-end
    - Salford – £52k underspend to date and £61k year-end
    - Liverpool Heart & Chest - £224k overspend to date
    - Walton - £41k to date and £177k year-end overspends
      Please refer to the risk-share tables to see further details of the NHS England position.
- Renal – underspend movements of £46k to date and £64k year-end, primarily on the Dialysis price inflation.
- Mental Health – underspend movements of £110k to date and £113k due to the increased savings against Medium Secure placements.
- Developments underspends of £117k to date and £55k year-end, across various sub-headings.
- Further Reserves release of 16/17 English contract accruals of £216k to date and £288k year-end.

7. Income / Expenditure Assumptions

7.1 Income from LHB's

The table below shows the level of current year outstanding income from Health Boards in relation to the IMTP and in-year Income adjustments. There are no notified disputes regarding the Income assumptions related to the WHSSC IMTP.

Please note that Income for WHSSC/EASC elements has been separated, although both organisations share one Bank Account. The below table uses the total Income to allow reconciliation to the MMR returns; please refer to the Income tab on the monthly risk-sharing file to see all the details relating to the Commissioner Income if necessary.

An additional column relating to Other Sundry Income 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.

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

	2017/18 Planned Commissioner Income £'000	Income Expected to Date £'000	Actual Income Received to Date £'000	Accrued Income - WHSSC £'000	Accrued Income - EASC £'000	Total Income Accounted to Date £'000	EOY Comm'er Position £'000	Other sundry Income (invoiced) £'000	Second-ment recharge (netted off in risk-share position) £'000	EOY total expected income £'000
ABM	117,583	88,187	88,183	0	4	88,188	(78)	80		117,585
Aneurin Bevan	129,882	97,411	96,239	1,102	71	97,411	(497)	0	106	129,490
Betsi Cadwaladr	158,127	118,595	118,588	0	8	118,596	61	0		158,188
Cardiff and Vale	115,673	86,755	86,751	0	4	86,755	338	42		116,053
Cwm Taf	64,206	48,154	48,152	0	3	48,154	142	28		64,375
Hywel Dda	79,629	59,722	59,717	0	4	59,722	336	0		79,965
Powys	32,548	24,411	24,408	0	2	24,411	(201)	0		32,347
Public Health Wales						0			108	108
Velindre						0				0
WAST						0				0
Total	**697,647**	**523,236**	**522,038**	**1,102**	**95**	**523,236**	**102**	**149**	**213**	**698,112**

Sundry invoices raised:
Cwm Taf - £19,152 relating to EASC Chair WG Allocation 17/18
Cwm Taf - £8,372 relating to WHSSC Chair WG Allocation 17/18
Cardiff & Vale - £42,140 relating to MH DTOC recharges
ABM - £79,610 relating to MH DTOC recharges
Total sundry invoices - £149,274

Invoices over 11 weeks in age detailed to aid LHB's in clearing them before Arbitration dates:
None

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. Specific risk identified related to activity growth at Alder Hey Childrens Hospital relevant to BCUHB. Sustainability of current agreed contractual framework maybe at risk if activity levels continue.
- Schemes deemed unaffordable at the time of IMTP approval that are being monitored through the risk management framework:

    - Cardiac ablation for AF and VT - £556k – Ablation overperformance at South Wales providers is £175k to date but the position predicted to deteriorate as RTT pressures are addressed.

    - Posture & Mobility – replacement of wheelchairs - £400k annual value – possibly some costs for replacements within C&V ALAS SLA non pay.

The additional risks and opportunities highlighted are:

- HRG4+ - the total estimated HRG 4+ risk is currently £4,137k, which relates to the £5.625m less the £1.488m already reported in the year to date position. **Please see section 5.8 regarding NHS England for a detailed update. At this point a definitive position from NHS England is still awaited, but there has not been any further escalation regarding outstanding price gaps from NHS England or individual Trusts.**
- NHS England – using the most prudent forecast would result in a further £2m spend on activity (excluding HRG 4+). This is the difference between the total most prudent forecast of £11.61m less the current HRG4+ inclusive forecast being used of £9.553m.
- The release of OPCS 6.4 this year has resulted in a significant coding risk as Specialist activity seems to be attracting the higher level tariff. In addition, the changes to Specialist topups are also putting financial pressures in the system.

Please note there is an assumption that this is somewhat mitigated by decreasing costs in local Health Board contracts for non-specialist activity.

- Medium secure – new risk of delays in approving step down from medium secure to lower levels of security arising from reported MOJ capacity constraints. The risk is being investigated and will be quantified in the light of findings, but is expected to be containable given the low amount of MH DTOC patients and actions already taken by MOJ to address capacity.

All the areas which are quantifiable have been entered in Table G of the MMR tables.

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 8.1 – Please see section 5.8 for a detailed explanation of the HRG4+ figures.

Action Point 8.2 – The variance identified in the Month 8 returns relates to secondment invoices; the two tables have been reconciled to show an equal amount as requested.

Action Point 8.3/8.4 – All other NHS organisations have been sent detailed schedules of the amounts making up the I&E assumption totals. All responses have confirmed the figures are the same, except for Aneurin Bevan LHB, who are still including an amount of £1.5m relating to the latest draft risk-sharing proposals.

Action Point 8.5 – as the cash payments are processed earlier in the month than the month-end reporting, the new allocation related to the Clinical Desk enhancements will be paid over to WAST in Month 9, along with the reduction of the ESMCP allocation. However, the new allocations have been reflected in the I&E schedule and agreed with WAST.

Action Point 8.6 – The WHSSC Management Group has assessed the case submitted by Cardiff and Vale which outlined the reasons why the INR outsourcing should be regarded as exceptional. The outcome of this discussion was that exceptionality was not demonstrated, however, WHSST has requested any further feedback or queries contrary to this decision to be submitted.

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

Sian Lewis,
Managing Director, WHSSC

Stuart Davies,
Director of Finance, WHSSC

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

Annex A - 2017/18 Expected Expenditure

	2017/18 Baseline contract £'000	2017/18 Contract EOYF variance £'000	IPFR £'000	IVF £'000	Mental Health £'000	Renal £'000	Develo-pments & Reserves £'000	WHSSC/ EASC/QAT Running Costs (includes Secondment income) £'000	Add back Second-ment recharges netted in risk-share tables £'000	2017/18 Sub-Total Other Spend £'000	2017/18 Total expected spend £'000
ABM	95,761	1,199	1,442	2,940	333	804	601	28	0	7,345	103,106
Aneurin Bevan	8,833	13	0			142		(106)	106	155	8,988
Betsi Cadwaladr	38,137	(185)	937		168	678	0	(71)	0	1,526	39,663
Cardiff and Vale	187,484	2,027	9,011			779	5,018	48	0	16,882	204,366
Cwm Taf	7,452	73	9		27	0		573	0	682	8,135
Hywel Dda	1,486	187	33			534		0	0	754	2,240
Powys			0			0		21	0	21	21
Public Health			9			0		(108)	108	9	9
Velindre	38,421	(19)	10			105	123	(129)	0	90	38,510
WAST (managed by EASC)	139,870	0	0			38		0	0	38	139,908
Total	**517,445**	**3,295**	**11,450**	**2,940**	**527**	**3,078**	**5,741**	**257**	**213**	**27,501**	**544,946**

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

Agenda Item 17.1
WHSSC Joint Committee
29 January 2018

Reporting Committee	**Integrated Governance Committee**
Chaired by	**Chair**
Lead Executive Director	**Committee Secretary**
Date of last meeting	**9 January 2018**

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

Members discussed the service provided by the Quality Assurance Improvement Team and received an oral update on the ongoing work around reporting and escalation.

It was noted that the Governance Assurance Framework (GAF) for WHSSC was to be reviewed every two years and that, due to resource restrictions within the corporate team, a preliminary review had been undertaken which identified key areas of revision. These were mainly focussed around the transfer of the two clinical advisory groups to the NHS Collaborative and the Memorandum of Understanding developed to ensure WHSSC continued to receive advice and guidance from the Groups. Members supported the proposal for a detailed 'deep dive' of the GAF be undertaken which was to be reported to the WHSSC Joint Committee no later than September 2018.

Members received and noted the draft annual business cycle for the Joint Committee. Members discussed the differing roles between the Management Group Workshop and Management Group, behaviour and organisational culture, and the wider WHSS organisational development programme.

Members received a report outlining progress against the development of the Corporate Risk and Assurance Framework. It was noted that the WHSS Team had considered feedback that had been received from various committees around identification, rating and mitigation of risks and a sample of the revised 'risk on a page' was presented to members.

Members discussed the sample risk on a page presented noting the requirement to ensure target dates are included, that closer consideration is required in relation to the risk perspective and how this may adjust the rating, and sought assurances around the process in place to initiate the escalation process.

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

As recorded above

Matters requiring Committee level consideration and/or approval

As recorded above

Matters referred to other Committees	
None	
Confirmed Minutes for the meeting are available on request	
Date of next meeting	**6 March 2018**

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

Agenda Item 17.2
WHSSC Joint Committee
29 January 2018

Reporting Committee	**All Wales Individual Patient Funding Request (IPFR) Panel**
Chaired by	**Professor Vivienne Harpwood**
Lead Executive Director	**Director of Nursing and Quality Assurance**
Date of last meeting	**13 December 2017**

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

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

- The Panel considered 10 requests
- 9 requests for PET scanning where considered as a Chair Action
- 1 urgent request considered as a Chair Action

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

All Wales Panel Chair
The Panel terms of reference specify that the Panel chair should be an independent member of a local health board.

It has been agreed that as Professor Harpwood as an independent member of Powys Health Board can therefore continue as Chair of the All Wales Panel.

All Wales IPFR Workshop 2 May 2018 – Cardiff City Stadium
The workshop is sponsored by the All Wales Therapeutics and Toxicology Centre (AWTTC) and delegates from across NHS Wales and others who have an interest or involvement in IPFR have been invited.

The programme includes:
- Update delegates on the implementation of the 2016 IPFR Review recommendations;
- Feedback on the All Wales IPFR Database;
- Introduction to the new IPFR Quality Assurance process;
- The afternoon session will consist of interactive mock Panels.

IPFR Quality Assurance Function
- The first Quality Assurance (QA) Panel is due to take place on 31st January 2018. The panel will then meet quarterly.
- An IPFR request from each Health Board and WHSSC Panel will be randomly selected for scrutiny at each meeting.
- A report of findings will then be fed back to the respective panels.

IPFR Video/Patient Leaflet • A patient information video outlining the IPFR process has been developed and the final version is expected in the next 2 months. • The patient information leaflet has been re-drafted and will be published once agreed.	
Matters requiring Committee level consideration and/or approval	
• None	
Matters referred to other Committees	
None	
Confirmed Minutes for the meeting held 13 December are available on request.	
Date of next meeting	**31 January 2017**

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

Agenda Item 17.3
WHSSC Joint Committee
29 January 2018

Reporting Committee	**Welsh Renal Clinical Network**
Chaired by	**Chair, Welsh Renal Clinical Network**
Lead Executive Director	**Director of Finance**
Date of last meeting	**4th December 2017**

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

- The WRCN together with the Renal Procurement Team (UHW) have been awarded the national (UK) award for Best Process/Procurement Initiative or Improvement in relation to their work on South East dialysis expansion.
- A North East Wales dialysis tender process is underway with the aim of improving existing units in Wrexham, Bangor, Alltwen and Welshpool. An additional new subsidiary unit in NE Wales is also under consideration the location has not yet been agreed. The Glan Clwyd Unit will not be included in the tender process as there is an existing long standing contract in place.
- Plans for the refurbishment of the main dialysis unit in Cardiff are progressing with the submission of a business case to Welsh Government anticipated imminently.
- An expansion of the dialysis unit at Llandrindod Wells is planned in order to increase the number of stations from four to six. A business case submission from Powys to Welsh Government is anticipated.
- A new educational renal module has been set up in Swansea University in conjunction with the WRCN. This has been designed in collaboration with the WRCN Lead Nurse. The course begins in January 2018 with ten nurses already enrolled to take part this year.

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

- ABMU transport presented a cost pressure during 16/17 and will continue to be a risk 17/18 until the transport tender can be resolved
- Growth in dialysis to date is in line with forecasts presented to the WHSSC ICP and it is anticipated that the renal ICP funds will be fully utilised

Matters requiring Committee level consideration and/or approval

- None

Matters referred to other Committees

- None

Annexes:

- None

Date of next meeting	**5th February 2018**

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

Agenda Item 17.4
WHSSC Joint Committee
29 January 2018

Reporting Committee	**Cwm Taf UHB Audit Committee**
Chaired by	**Dr Chris Turner**
Lead Executive	**Committee Secretary**
Date of last meeting	**15 January 2018**

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

Members received and reviewed a progress report on the implementation of recommendations for WHSSC internal audits undertaken during 2016/17 and 2017/18. It was noted that 26 recommendations had been made, 1 was not yet due for implementation, 20 had been achieved and 5 were overdue; of which 3 were waiting for resolution of wider national commissioning issues and therefore were unable to be progressed further at the time of the report.

A report was received providing an update on progress made in developing the WHSSC risk management framework. It was noted that feedback from various sub-committees, including comments regarding the presentational aspects of the revised CRAF and the commentary on mitigations, had been considered by the Internal Risk Management Group in December, and Audit Committee members received and held a discussion around the example of the refreshed 'risk on a page' presentation.

Members noted that the Director of Planning continued to be the designated lead Director in the case of all risks currently scoring 15 or above and therefore identified on the CRAF. It was noted that the WHSSC Quality & Patient Safety Committee is the assurance committee for these risks. The Committee was asked to receive assurance on the process for identifying, assessing and managing risks. However, members deferred on the question of receiving assurance, pending the output of the work underway.

Members received two Internal Audit Reports on a review of core financial systems and a review on mental health services noting 'substantial assurance' and 'reasonable assurance' respectively.

One recommendation was noted, which was reported at low level for core financial services. Two recommendations, one high level and one medium level, were reported for mental health services. Members received an update in relation to these actions and it was noted that these would be monitored via the regular update on internal audit recommendations report to the Committee.

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

- None

Matters requiring Joint Committee level consideration and/or approval	
• None	
Matters referred to other Committees	
• None	
Date of next meeting	Members noted that that the next meeting was scheduled for Monday 9 April 2018. However, there may be a requirement to meet in early May 2018 to review 'draft' accounts and any outstanding Internal Audit Reports.

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

Agenda Item 17.5
WHSSC Joint Committee
29 January 2018

Reporting Committee	**NHS Wales Gender Identity Partnership Group**
Chaired by	**Tracy Myhill**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**December 18th 2017**

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

Stakeholder Meeting with Cabinet Secretary

A positive meeting with the Cabinet Secretary took place on the 13th December. He heard a number of patient stories and gave a commitment in terms of progressing the pathway and providing any intervention that may be required on his behalf. He would be updated through his Welsh Government representatives.

All Wales Gender Variance Pathway: Progress Update

It was agreed that the business case for Cardiff & Vale Health Board for the Welsh Gender Team would be completed in January. Several meetings have been held with GPC Wales but they are yet to agree the cost of the enhanced service. It was noted that referral numbers are increasing, so the right modelling is important to ensure there is not a funding shortfall. Work is to start shortly on the GIC waiting list, looking at repatriation of referrals followed by new referrals on 1st April.

Appointment of Gender Project Lead

Krysta Hallewell commenced the post of 15th January 2018 and has attended several key meetings, including the meeting with the Cabinet Secretary on 13th December and the All Wales Gender Identity Partnership Group on 18th December prior to the start date.

NHS England Gender Identity Project Board

The first project board took place on 12th December, membership and terms of reference were agreed and they were in the process of interviewing for stakeholder representation.

Work Plan
Following the task and finish group on 13th December, a high level work plan was developed and circulated. A communications plan will be developed by the

Project Lead, updated at every task and finish group. An implementation and a separate training task and finish group are being held on 6th February. Stakeholder expressions of interest are currently being reviewed and individuals will be invited to participate in each of the respective groups. This will also include remote participation where appropriate, circulating papers to named individuals. To ensure the work programme stays on track, it will included as a standing agenda item at the All Wales Gender Identity Partnership Group. Please see attached work plan.

NHS Scotland Consultation

NHs Scotland are in the process of consulting on the Gender Recognition Act.

Health Board Chief Executives Meeting

One of the stakeholders suggested that consideration may want to be given to the stakeholders meeting with the Health Board Chief Executives and the identified gender champion from the respective health board. An action was for the CEO's to consider this request.

Membership of the Partnership Group

Concern was raised once again regarding the lack of representation from health Boards. It was felt imperative that in order to progress the pathway and implementation of a local service, health boards needed to be represented on the partnership group and forthcoming task and finish groups.

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

All Wales Gender Variance Pathway
Ongoing discussions are required regard funding issues before the interim pathway/model can be implemented. This work was being led by Welsh Government and will hopefully be resolved shortly. Clinical representations from the AWGIPG are involved in the discussions.

Matters requiring Committee level consideration and/or approval
Membership pf the Partnership Group
Health Board CEOs to meet with stakeholders

Matters referred to other Committees
None

Confirmed Minutes for the meeting held 18th December 2017 are available on request

Date of next meeting	To be confirmed

Task Ref.	Workstream	Task	Start	Completion	Assigned to:	Status (RAG)	Further detail/commentary
	Implementation of Interim Pathway	To ensure that the interim pathway is implemented	01/01/2018	31/03/2018			
	Evaluation of Interim Pathway	To monitor the evaluation of the interim pathway with agreed outcome indicators from a performance, quality and patietn experience perspective	31/03/2018	31/03/2019			
	Education & Training	To develop an edication and training programme to enhance the shills and knowledge of professionals delierign services and also to raise the overall awareness of gender identity as core skills.	01/01/2018	31/04/2018			
	Policies	To ensure that there are shared care protocols, services specifications and policies in place to support the models of care	01/02/2018	01/12/2018			
	Long Term Pathway	To develop long term gender identity services model for welsh residents and work with NHS england in comissioning relevant services outside of Wales as approriate	01/06/2018	31/03/2019			
	Communication Plan	To develop an overarching communication plan in order to beable to signpost professionals and users to approriate services and keep people updated with any new developments in a timely manner	01/02/2018	31/03/2018			
	Children & Young People	To work with NHS England as part of their consultation process to devleop a pathway for children and young people	01/06/2018	31/03/2019