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

WHSSC Joint Committee Meeting held in public
Tuesday 15 May 2017 at 9.30am

Health and Care Research Wales - Castlebridge 4,
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, business or 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 the Minutes of the Meeting held 27 March 2018 - To **approve** the minutes.	Chair	Att.	
4. Action Log and Matters Arising - To **review** the actions and consider any matters arising.	Chair	Att.	
5. Report from the Chair - To **receive** the report and consider any issues raised.	Chair	Oral	9.45 - 9.50
6. Report from the Managing Director - To **receive** and **note** the report and consider any issues raised.	Managing Director	Att.	9.50 - 10.00
7. Informatics Demonstration - To **receive** a demonstration.	Head of Information	Pres.	10.00 – 10.20
Items for Consideration and/or Decision			
8. Integrated Commissioning Plan 2018-21- Workplan - To **approve** the processes, roles and responsibilities for implementing the WHSSC Integrated Commissioning Plan 2018-21. **Contact:** Ian.Langfield@wales.nhs.uk	Acting Director of Planning	Att.	10.20 - 10.30

Item	Lead	Paper / Oral	Time
Advanced Therapy Medicinal Products: Enabling Delivery Within NHS Wales	C O'Brien, Director, Welsh Blood Service	Pres.	10.30 – 10.40
9. Advanced Therapy Medicinal Products (Cell and Gene Therapy) - To **receive** the paper and **support** the recommendation. **Contact:** Sian.Lewis100@wales.nhs.uk	Managing Director	Att.	10.40 - 10.45
Routine Reports and Items for Information			
10. Proton Beam Therapy: Update - To **note** the paper. **Contact:** Ian.Langfield@wales.nhs.uk	Acting Director of Planning	Att.	10.45 - 10.50
11. Integrated Performance Report - To **note** the report. **Contact:** Ian.Langfield@wales.nhs.uk	Acting Director of Planning	Att.	10.50 - 11.00
12. Financial Performance Report - To **note** the report. **Contact:** Stuart.Davies5@wales.nhs.uk	Director of Finance	Att.	11.00 - 11.10
13. Reports from the Joint Sub-committees - To **receive** the reports and consider any issues raised. i. WHSSC Quality and Patient Safety Committee ii. All Wales Individual Patient Funding Request Panel iii. Audit Committee	Joint Sub Committee Chairs	Att.	11.10 - 11.20
14. Reports from the Joint Advisory Groups - To **receive** the reports and consider any issues raised. i. All Wales Gender Identity Partnership Group	Joint Advisory Group Chairs	Att.	
Concluding Business			
15. Date of next meeting - 10 July 2018, 1.30pm - Health and Care Research Wales, Castlebridge 4, Cowbridge Road East, Cardiff	Chair	Oral	

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

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Welsh Health Specialised Services Committee (WHSSC)

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Minutes of the Meeting of the Welsh Health Specialised Services Committee

held on 27 March 2018
at Health and Care Research, Castlebridge 4,
Cowbridge Road East, Cardiff

Members Present

Vivienne Harpwood	(VH)	Chair
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Lyn Meadows	(LM)	Vice Chair
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (part meeting)
Len Richardson	(LR)	Chief Executive, Cardiff and Vale UHB
Chris Turner	(CT)	Independent Member/ Audit Lead
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB

Apologies

Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Tracey Cooper	(TC)	Chief Executive, Public Health Wales
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Tracy Myhill	(TM)	Chief Executive, Abertawe Bro Morgannwg UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

In Attendance

Shakeel Ahmad	(SA)	Associate Medical Director (Neurosciences & Complex Conditions), WHSSC
Sian Harrop-Griffiths	(SHG)	Director of Strategy, ABMUHB (part meeting)
Glyn Jones	(GJ)	Director of Finance, ABUHB
Hayley Thomas	(HT)	Director of Planning and Performance, ABUHB
John Williams	(JW)	Chair of Welsh Renal Clinical Network

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC

The Meeting opened at 1:30pm.

JC18/001 **Welcome, Introductions and Apologies**
The Chair opened the meeting and welcomed members. Apologies were noted as above.

JC18/002 **Declarations of Interest**
None declared.

JC18/003 **Accuracy of Minutes of the meetings held 29 January 2018**
Members reviewed and approved the minutes of the meeting held 29 January 2018 as a true and accurate record.

JC18/004 **Action Log**
Members reviewed the action log and noted the updates.

Matters Arising
There were no matters arising.

JC18/005 **Chair's Report**
Members received an oral update from the Chair noting the following key points:

Meeting with Cabinet Secretary for Health and Social Services
The Chair attended an appraisal meeting during which the discussion focussed around: Interventional Neuroradiology noting the potential realignment of specialised services to attract specialist clinicians and the need for a national solution; Thoracic Surgery and the impact of potential further delays to delivery; and acknowledgement of the improvements within Paediatric and Bariatric services.

Members resolved to:
- **Note** the update.

SHG joined the meeting at approx. 1.38pm.

JC18/006 **Report from the Managing Director**
Members received a report from the Managing Director providing an update on key issues arising since the last meeting.

Specialised Services Strategy
Members noted that a paper was being presented for discussion later in the meeting. The report provided an overview of the internal work being carried forward around organisational values and recognising the need for alignment between the values and strategy. Members were asked to support a 30 minute workshop at the end of the next Joint Committee meeting to hold a structured feedback session around strategy development.

Proton Beam Procurement
It was noted that there had been some publicity around the development of proton beam therapy centres in Manchester and London. It was anticipated that there would be significant costs savings against current providers based in Continental Europe and the USA. However, it was anticipated that this would be offset by an increase in demand where patients who met the criteria for treatment but were unable to travel overseas would be able to receive treatment in the UK in the future.

Members discussed the suitability of a provider based in Newport and it was noted that, at present, this service did not meet the required standards due to the majority of patients funded via WHSSC being children. It was noted that a phased approach would be taken to assess the centre's compliance with current standards and then consider whether they would be able to support the needs of the child with wider oncology support.

Thoracic Surgery Update
SL had attended a meeting with the Chief Officers and Chairs of the Community Health Care Councils who informally confirmed that they had agreed that a formal public consultation would be required as they felt that the proposed changes represented major service change. However, it was confirmed that, at this stage, there had been no formal request for consultation, rather an ongoing engagement process.

Autologous chondrocyte implantation using Chrondrosphere®
NICE published technology appraisal guidance TA508 on 7 March 2018 which recommended Chrondrosphere® as an option for treating symptomatic articular cartilage defects of the femoral condyle and patella of the knee (International Cartilage Repair Society grade III or IV) in adults. The WHSS Team was aware that individual Health Boards had commenced early stage negations in providing the treatment and it was suggested that an all Wales procurement approach be considered with delegation of commissioning to WHSSC of cell and gene therapies as a technique with a view to shared benefits.

Members discussed the need to explore this further within their respective Health Boards but welcomed the proposition and suggested that this be taken to Management Group for consideration.

Action: Refer consideration of all Wales procurement approach with delegation of commissioning to WHSSC to Management Group for cell and gene therapies.

WHSSC Escalation Process
Members were reminded of previous discussions around the governance arrangements and scrutiny of the WHSSC Escalation Process. It was noted that the Chief Operating Officer Peer Group had been approached and was keen to undertake this role. Members were informed that

WHSSC would be attending the meeting in April 2018 and it was anticipated that Escalation Process and cross border issues would be raised at the meeting. It was noted that quality processes would remain the same.

A question was asked about how the information on underperformance and quality issues was fed back to Health Boards. Members noted that the WHSS Team had plans for quality information to be integrated into the WHSSC Integrated Performance Report which was received on a regular basis by the Joint Committee and a more detailed version scrutinised by Management Group. Also, performance meetings were held with providers which addressed both performance and quality issues.

It was acknowledged that there was a need to ensure clinical input into the scrutiny process and that this would be considered following the first meeting with the Chief Operating Officers.

Members resolved to:

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

JC18/007 **Five-year Specialised Neurosciences Strategy**

Members received a report which provided members with a commissioning strategy for Specialised Neurosciences over the next five years.

Members were informed that, due to timing, the paper had not been considered by Management Group. It was acknowledged that further work may be required in order to finalise the document.

Members received an overview of the report noting that it built on the analysis of the service presented in May 2017. It was noted that the strategy focussed on four key questions, set out in section 3.0 of the report.

- In relation to the first question, members identified Neurosurgery as a core service with in the neuroscience portfolio for WHSSC, which should continue to be developed, recognising that there were issues within the current service but these were being reviewed and worked through by the WHSS Team with the provider.

- In response to question two it was noted that there were three key elements of the specialised neurosciences service that needed to be strengthened; Paediatric Neuroradiology, Adult Neurorehabilitation and Neuroradiology.

- In relation to question three which related to potential service redesign, recommissioning, incentivisation and investment, to focus more on the patient need and delivering the quadruple aims, it was noted that recommissioning in general was a key element of the

Integrated Commissioning Plan 2018-21. Themes identified within neurosciences included: stabilisation of neurorehabilitation; investment in spinal rehabilitation; paediatric neurology; and interventional neuroradiology. It was noted that longer term planning was required for these services, including an element of capital planning.

- The final question related to commissioning responsibilities and consideration of local, regional and national commissioning requirements. Members received an overview of the services which could potentially be commissioned at the different levels.

It was noted that the timescales for the strategy was set within three sections, 2018 focussed on stabilisation, 2018-20 service redesign and recommissioning, and 2020-23 deliver high standards and achieving high quality services. It was noted that areas of redesign would go through the ICP process with urgent coming to Joint Committee outside of the ICP process.

Members acknowledged the work undertaken to deliver the paper. Members felt that the paper did not present a clear strategy for neurosciences in Wales although did provide helpful information in relation to the wider service requirements. It was noted that Joint Committee members were committed to the development and delivery of services in Wales, but further work was required to identify that demand/capacity plans had been considered and whether the outline strategy was deliverable.

A discussion was held around the further development of the strategy and the expectation that it might contain a greater level of detail, population requirements, alignment with other services within pathways, looking at a longer term view, and understanding return on investment for those areas that appear to still have issues.

It was noted that there was already a level of detail available which could be used to broaden the strategy. It was recognised that it was important to connect the configuration of services within the pathway and as a whole, rather than looking at services individually.

Members suggested that the paper be supplemented with further information as discussed. This was then to be reviewed by Management Group prior to being brought back to the Joint Committee. It was noted that should WHSSC require assistance Health Boards could provide some supporting resource. It was further suggested that WHSSC liaise with the Neurosciences Implementation Group to align work streams.

Action: Paper to be supplemented and taken to Management Group for consideration prior to resubmission to the Joint Committee.

Members resolved to:

- **Note** the report.

JC18/008 **Neonatal Workforce Model: Progress Update**

Members received a report that provided an updated position on the issues relating to the Neonatal Intensive Care medical workforce planning across south Wales as requested in March 2017.

Members noted that there had been a successful overseas recruitment programme and the vacancy level had reduced. The challenges around recruitment were acknowledged, as was the need to ensure that the improved position was maintained and oversight of the workforce position continued. Members discussed the most appropriate 'group' to take responsibility for management of the workforce model. It was agreed that SL would write, on behalf of the Joint Committee, to the Neonatal Network requesting that they liaise with the directors of workforce to manage the workforce model for neonatal services.

Action: SL to write, on behalf of the Joint Committee, to the Neonatal Network requesting that they liaise with the directors of workforce to manage the workforce model for neonatal services.

Members resolved to:

- **Note** the updated workforce position on neonatal medical workforce planning issues across South Wales
- **Support** WHSS team in approaching the Neonatal Network to take over the management of the Workforce Model, in conjunction with the directors of workforce.

JC18/009 **High Cost Drugs**

It was reported that a paper summarising the policy tensions around high cost drugs and the introduction of new medicines within Wales had been developed and submitted to the NHS Wales Executive Team.

Members noted that a paper had been developed with support from Professor Dyfrig Hughes, Health Economist, Bangor University requesting support from Welsh Government to ensure that the All Wales Medicines Strategy Group (AWMSG) strategy addresses the policy divergence and that the Parliamentary Review was used to address the organisational arrangements which underpin the introduction and management of high cost new medicines.

Members noted that the WHSS Team had received feedback from AWMSG which confirmed that the suggested changes to the AWMSG strategy had not been included within the published version.

Specifically AWTTC had indicated that it would not take forward a review of historical decisions related to high cost drugs as it would then be required to complete this for all decision made prior to 2011. It was noted that revising past decisions was not within its remit.

Members discussed the historical conversations in relation to the agreed process for AWMSG to review indicators and review past decisions against new evidence bases where outcomes were different, impacting on outcomes for patients and justification of continuing spend. AW noted that she would review previous documentation around this subject area.

Action: AW to review historical documentation in relation AWMSG reviewing decisions when new evidence is made available.

It was noted that SL would be meeting with the Chief Medical Officer, Welsh Government in relation to the issues identified by WHSSC and an update would be provided to the Joint Committee.

Action: Update on high cost drugs to be provided to Joint Committee following meeting with CMO.

Members noted that there was no national procurement process in place for Wales, recognising that there was a strong basis for introducing this, as currently each Health Board develops its own manged access agreement.

Members resolved to:

- **Note** that a paper summarising the policy tensions within Wales regarding the introduction and management of high cost drugs has been submitted to the NHS Wales Executive Team.

JC18/010 **Thoracic Surgery: Implementation Plan Update**

Members received an update on actions taken in relation to the thoracic surgery review following the decisions made at the January meeting.

It was noted that the report detailed how the WHSS Team was moving forward with the work and specific requirements, as detailed in section 2.4. Members noted that the WHSS Team had written to both ABMUHB and CVUHB to clarify timescales and expectations.

The letter (provided at Annex (i)), in which timescales were provided for submission of the Implementation Plan to the Joint Committee at its May 2018 meeting, was discussed. It was noted that, due to these timescales, the Implementation Plan would not be reviewed by Management Group prior to presentation to Joint Committee. However, it was noted that the finance working group undertaking the value for money assessment shared membership with Management Group.

Members resolved to:

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

JC18/011 **Development of a Specialised Services Commissioning Strategy**
Members received the paper which provided a proposal for developing a specialised services commissioning strategy for Wales.

It was recognised that consideration would be required around the Parliamentary Review published in January 2018 which identified the value of a consolidated NHS Executive for Wales. It was noted that the WHSS Team had initiated internal work around values and coordinating with Health Boards.

The paper proposed an approach based around strategic questions focused on the elements of Prudent Healthcare as a framework, reviewing services currently commissioned by WHSSC, to establish whether this was the correct portfolio of services, and working with stakeholders to consider the questions raised.

It was recognised that there were challenges around public engagement and it was suggested that a wider more contextual approach be taken rather than specific technical engagement. This could be supported through the use of patient groups when considering which services should be commissioned by WHSSC. It was also suggested that clinicians be included in the process to create an overall sense of ownership of a strategy.

It was suggested that consideration should be made within the strategy to address the purpose of the main providers within Wales and how the centres could be best utilised with a more strategic approach to the whole system. Members noted that work had commenced within Health Boards around how providers could operate in a more collaborative, efficient way to deliver services rather than taking a competitive approach and therefore whether a two phased approach to the development of a specialised services strategy, aligned with national planning, to limit duplication of effort would be complimentary.

Overall members supported the approach set out recognising that further clarity was required around how this fits with the wider strategic direction of the Welsh NHS; ensuring that there is sufficient resource and skill to deliver a quality strategy; recognising regional differences; recognising the requirement for bespoke planning in areas such as north Wales and cross over with south Wales; and, being realistic around timescales for completion.

A further update would be presented to the Joint Committee in July 2018.

Members resolved to:

- **Support** the proposed approach to developing a specialised services commissioning strategy for Wales

JC18/012 **Integrated Performance Report**

Members received the report which provided a summary of the performance of services commissioned by WHSSC for January 2018.

Members received a summary of the key areas to note including Child and Adolescent Mental Health Service (CAMHS), Paediatric Surgery, Bariatric Surgery and Plastic Surgery. Members noted that both Paediatric Intensive Care and CAMHS were in escalation at levels 2 and 4 respectively.

A question was raised around forecast outturn for referral to treatment and it was noted that the WHSS Team were reviewing this with the provider but performance against this had improved towards the end of January, not noted in the current report due to lack of available data.

Members resolved to:

- **Note** January 2018 performance and the action being undertaken to address areas of non-compliance.

JC18/013 **Financial Performance Report**

Members received the report which set out the estimated financial position for WHSSC for the eleventh month of 2017-18.

Members noted a year-to-date overspend pf £1.9m against budget, representing an overall adverse movement of £2.127m over the previous month. SD highlighted that within this position performance on Welsh providers had moved adversely by £2.581m which included increased contract activity in CVUHB and ABMUHB. SD expressed his concern regarding the increase of £0.540m in the high cost drug spend reported by Velindre related to melanoma drugs. This should be resource neutral to Health Boards overall as it corrected the allocation of drugs between Health Boards and WHSSC. WHSSC would follow up with Velindre to ensure its reporting mechanisms were fit for purpose.

It was noted that there remained material uncertainty regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales. The costs relating to this were reported within the year to date position, however they had been excluded from the year end forecast for those providers who were overspending.

Members received an update in relation to sharing risk in 2017-18. It was noted that the distribution of financial risk was a matter for Health Boards and that as such they were able to vary how they share financial risk in respect of specialised services by agreement via the WHSSC financial process. The report included such agreements in the reserves

section. The WHSS Team would continue to work closely with Health Boards in month 12 regarding any further requirements.

Members resolved to:

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

JC18/014 **Reports from the Joint Sub-Committees**

All Wales Individual Patient Funding Request Panel
Members received and noted the report of the meeting held 28 February 2018.

Welsh Renal Clinical Network
Members received and noted the report of the meeting held 5 February 2018.

JC18/015 **Date and Time of Next Meeting**
It was confirmed that the next Meeting of the Joint Committee would be held on 15 May 2018 at Health and Care Research Wales, Castlebridge 4, 15-19 Cowbridge Rd East, Cardiff, CF11 9AB at 9.30am

The public meeting concluded at 3.15pm

Chair's Signature: .....

Date: .....

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

2018/19
Action Log
Joint Committee Meeting

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
26.09.2017	JC17/032	**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	July 2018	**Nov 2017 –** Principles discussed. Scoping work has begun. Development session likely to be scheduled for May-July 2018.	OPEN
29.01.2018	JC17/035	**JC17/084 AAC Evaluation** Paper to be prepared for the March 2018 Joint Committee Meeting bringing together the various areas of concern and potential funding options for decision.	Director of Planning	~~Mar~~ May 2018	**March 2018** – Discussions ongoing. Further update to be provided in May 2018.	OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
27.03.2018	JC18/006	**Cell and gene therapies:** Refer consideration of all Wales procurement approach with delegation of commissioning to WHSSC to Management Group for cell and gene therapies.	Managing Director	May 18		OPEN
27.03.2018	JC18/007	**Neurosciences Strategy:** Paper to be supplemented and taken to Management Group for consideration prior to resubmission to the Joint Committee.	Director of Planning	Jun 18		OPEN
27.03.2018	JC18/008	**Neonatal Workforce Model**: Write, on behalf of the Joint Committee, to the Neonatal Network requesting that they liaise with the directors of workforce to manage the workforce model for neonatal services.	Managing Director			OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
27.03.2018	JC18/009	**High Cost Drugs:** Review historical documentation in relation AWMSG reviewing decisions when new evidence is made available.	A Williams	May 18		OPEN
27.03.2018	JC18/009	**High Cost Drugs:** Update on high cost drugs to be provided to Joint Committee following meeting with CMO	Managing Director	May 18		OPEN

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

		Agenda Item	6
Meeting Title	**Joint Committee**	Meeting Date	15/05/2018
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

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 Bariatric Surgery

In March 2018, in response to concerns regarding the performance of Bariatric Surgery at ABMUHB, the WHSS Team undertook a further assessment of the service. Following scrutiny of the self-assessment undertaken by the service against the Bariatric Surgery Service Specification, including key performance indicators and activity requirements, the WHSS Team is pleased to report that we have been able to de-escalate the service from stage 4 to stage 3 of the escalation process. It is recognised that over the last six months the service has delivered and maintained a significant improvement in the waiting times, including the elimination of waiting list breaches. Assurance has also been provided on the delivery of a split site model of care. Bi-monthly meetings with the service will take place from May 2018. Residual concerns remain in regards to the low numbers of referrals to the service and the WHSS Team will be undertaking further work to identify the underlying cause and to determine future demand for the service.

2.2 Cystic Fibrosis

In April CVUHB submitted an addendum to the original Cystic Fibrosis business case submitted in July 2017. The WHSS Team is currently working closely with the CF service and Medicine Clinical Board Management team at CVUHB in developing a paper outlining a phased approach to the required investment with the intention to submit to Management Group in May.

2.3 Inherited Bleeding Disorders

The first meeting of the IBD Project Board was held on Friday 20 April 2018. At the outset of the meeting, significant concern was expressed by patient and clinical representatives about the quality and sustainability of inherited bleeding disorder services for patients in Wales. These related to underlying issues which have been present for some years, and are a cause of considerable anxiety and frustration for patients and families. Whilst the focus of the Project is on addressing medium to long term issues, the Project Board agreed that there were a number of more immediate issues which should be progressed in the interim by Health Boards. It was agreed that the Project Board would provide a briefing on these issues to the Joint Committee, as part of the Managing Director's report.

The key concerns raised included:

- Vacant consultant posts in ABMUHB and BCUHB (since November 2016)
- An imminent crisis in the Swansea Haemophilia Centre due to the lack of haemophilia consultant presence (service currently delivered by a trainee with telephone support from Cardiff).

- Consultant capacity at Cardiff under increasing pressure due to the need to provide cover for Swansea (telephone support, outreach, admitting additional patients to Cardiff) and other increasing demands on haemophilia doctor time in Cardiff.
- Inadequate facilities in the Comprehensive Care Centre, UHW, and Haemophilia Centre in Singleton Hospital.

Haemophilia Wales reported significant anxiety amongst patients as, whilst there are currently cover arrangements for these services, these do not provide the confidence and assurance patients need that the services will be in place when they need it (which could be at any time). Extra stress is being placed on families who have to travel further as a result.

The Project Board has requested that Health Boards take action as soon as possible to improve consultant presence and cover in ABMUHB and BCUHB, and has requested that all options should be considered, including interim locum appointments and exploring joint appointments with the Comprehensive Care Centres in Liverpool and Cardiff.

2.4 Major Trauma

The Major Trauma Project Board met for the last time on 26 April 2018. This was in recognition that decisions taken by health boards in March to establish a major trauma network for the region had brought phase 1 to a conclusion and work would now progress on phase 2, implementation planning. A Trauma Network Board is being established and will meet for the first time on 23 May 2018. At the Project Board meeting, a draft work plan was discussed, and it was noted that an action arising from the Collaborative Executive Group was the need for clarity on the respective roles and responsibilities of each of the organisations for phase 2. This would include discussion of the benefits that could be gained from full alignment of the network with the commissioning arrangements, as per the existing network and commissioning arrangements for renal dialysis services. In the interim, the WHSS Team has commenced early discussions with the NHS Health Collaborative and the Critical Care and Trauma Network to identify and scope the roles and responsibilities for organisations.

2.5 Neonatal Transport

Interim - ABUHB has agreed to lead work to optimise current provision, and identify solutions for managing urgent out of hours transport requests. Updates on the progress of this work will be reported back to Management Group and Joint Committee, with the intention of developing a proposal for consideration at a future Joint Committee meeting.

Medium Term – The WHSSC Corporate Directors Group has agreed the scope of the external review of the CHANTS service, based upon a recommendation from the Co-chair of the National Programme of Care for Women and Children in NHS England. This will involve a review being undertaken by a team which currently works or supports a Neonatal Transport service within the UK. It was also agreed that the scope of the review would incorporate

Paediatric Critical Transport Services, as the option to merge such services is currently under consideration in several parts of the UK. The review will also take account of the outcomes of the ongoing work to explore different delivery timeframes for the Emergency Medical Retrieval and Transfer Services in Wales.

Work is now ongoing to finalise the terms of reference, and to commence the review.

2.6 Thrombectomy

Due to lack of staff availability in North Bristol, the WHSS Team has not been able to meet with the provider to take forward discussions on the future short term provision of thrombectomy for patients in south and west Wales. In the interim, whilst another meeting is arranged, the WHSS Team has submitted a preliminary proposal for contracting with the service for thrombectomy for consideration in advance of the meeting. A further update on this work will be provided to the next meeting of Management Group.

2.7 AAC Funding/ Contingency Budget

Members will be aware that the long term funding solution for AAC equipment is subject to uncertainty. In early April 2018 Welsh Government have written to Health Boards confirming that £750,000 has been provided for the provision of communication equipment allocated by the AAC service. A further £50,000 has been allocated for the development of the hub and spoke model. All funds have been allocated to Health Boards for utilisation through the existing WHSSC arrangements. The funding letter states that this is interim to a sustainable model being developed and is conditional on the NHS working with education, social services and others to establish a sustainable service. A stakeholder engagement and design process is being initiated by Welsh Government. The plan is to brief relevant Cabinet Secretaries by the end of September 2018. The WHSSC plan for 2018-19 included the sum of £480,000 for AAC equipment. Following discussion with Management Group at its April 2018 meeting this has now been moved to a new in year contingency budget in order to assist in the management of in year financial risks that become unavoidable.

2.8 Corporate Values Development Session

Members of the Joint Committee will recall from my last report that they will be asked to participate in a feedback exercise for around 30 minutes at the end of the meeting.

2.9 Informatics

The WHSS Team has been developing its informatics capability in recent months with assistance from a specialist contractor. We will provide a high level demonstration of this to members and invite them to provide feedback on how this may help them to understand the specialised services commissioned by WHHSC.

3.0 Recommendations

Members are asked to:

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

4.0 Annexes and Appendices

None.

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		

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

		Agenda Item	8
Meeting Title	**Joint Committee**	Meeting Date	15/05/2018
Report Title	Implementation of the WHSSC Integrated Commissioning Plan 2018-21		
Author (Job title)	Acting Assistant Director of Planning		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	This paper requests approval for the implementation of the WHSSC Integrated Commissioning Plan 2018-21.			
RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☐	INFORM ☐

Sub Group /Committee	Management Group	Meeting Date	26.04.18
		Meeting Date	
Recommendation(s)	Members are asked to: • **Approve** the processes and roles and responsibilities for implementing the WHSSC Integrated Commissioning Plan 2018-21.		

8

Considerations within the report (tick as appropriate)

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

1.0 Situation

The WHSSC Integrated Commissioning Plan (ICP) 2018-21 was approved by Joint Committee on 27 March 2018 and subsequently submitted to Welsh Government.

The implementation phase of this ICP now needs to be begin and this paper sets out the plan for this.

2.0 Background

2.1 Development of the Integrated Commissioning Plan for Specialised Services 2018-21

The 2018-21 ICP is the fifth plan to be produced by WHSSC and has been developed in partnership with the seven Health Boards.

Following a year in which the major focus of the WHSSC Integrated Commissioning Plan was the establishment and ongoing review of the Risk Management Framework, there is a change of focus with the implementation of the 2018-21 ICP.

The development of the ICP was undertaken in conjunction with the Health Boards using a robust risk assessment model, and this process reflected a commissioner-led plan, which seeks to balance the requirements for quality assurance, risk reduction and improvement to health outcomes for the people of Wales with the challenging financial pressure that is evident in specialised services.

3.0 Work Programmes

A number of key work programmes were outlined in the Plan under the following headings:

- Collective Commissioning
- Commissioning Strategies
- Quality and Performance Escalation Framework
- Schemes prioritised by the Joint CIAG and Management Group prioritisation workshop for additional funding included within the ICP
- Schemes highlighted as high risks for additional funding included within the ICP
- Re-commissioning
- Key risks that are expected to emerge in year
- New services that require the development of commissioning frameworks
- Policy and service specification development

The work required for these can be broken down by Commissioning Teams and the Assistant Director of Planning Team. In total, 138 streams of work have been identified across the five Commissioning Teams and the Assistant Director of Planning Team for 2018/19. The streams of work and ability to complete them will

be continually monitored through the Commissioning Leads and Commissioning Team meetings.

4.0 Roles and responsibilities

The process for approving and implementing the work from the key work programmes is outlined below.

4.1 Collective Commissioning

The WHSS Team will be completing work on the following Collective Commissioning work programmes as first outlined in the 2017-20 ICP over the course of 2018/19:

- Paediatric Rheumatology
- Gynaecological cancers
- Paediatric Radiology
- Rare Neurological Conditions

The outcomes of this work which looks at the current provision of service and commissioning arrangements, the risks to the service and options for future commissioning arrangements will be presented to the Joint Committee over the course of 2018/19, in order to inform the development of the next ICP.

4.2 Commissioning Strategies

WHSST is developing a number of commissioning strategies for the long-term commissioning of the following specialised services – Thoracic Surgery, Specialised Neurosciences, Gender Dysphoria, Perinatal Services, Specialised adult eating disorders services.

The recommendations of the Strategies on a whole pathway basis address issues such as equity of service provision and access to services across the whole population will be presented to the Joint Committee in order to inform the development of WHSSC ICPs and Health Board IMTPs.

4.3 Quality and Performance Escalation Framework

The Quality and Performance Escalation Framework sets out a clear process for monitoring and managing performance of providers, including various stages of escalation which culminate in decommissioning if the provider is unable to deliver the appropriate level of quality, performance or activity. The details of the services in Escalation is presented to Management Group on a monthly basis and at every Joint Committee meeting through the WHSSC Performance report.

Where services are at the highest levels of escalation – level III Commissioning Quality Visit and level IV Escalation Monitoring for which the outcome could be

outsourcing or de-commissioning of a service, these issues will be specifically reported to Management Group and Joint Committee.

4.4 Schemes prioritised by the Joint CIAG and Management Group process and included for funding within the ICP

Eight schemes were prioritised by the Joint Clinical Impact Advisory Group (CIAG) and Management Group Prioritisation workshop are included for funding within the 2018-21 ICP.

For those schemes identified through the Prioritisation Process or previously scrutinised by the WHSSC Management Group, the funding release will be approved through the WHSSC Corporate Directors Group on an individual scheme basis:

- Alternative and Augmentative Communication (All Wales)
- Replacement of obsolete wheelchairs (South Wales)
- New indications for Positron emission tomography CT (All Wales)
- Percutaneous balloon pulmonary angioplasty for chronic thromboembolic pulmonary hypertension

It is worth noting that Welsh Government has recently announced that it will be funding the non-pay elements of AAC which was the basis of the scheme included in the WHSSC ICP on a non-recurrent basis in 2018/19. Welsh Government have advised that they wish to explore an additional model of delivery for the service and this will be discussed in future Management Group meetings.

Ongoing work on PET is being led by Welsh Government through their 'All Wales PET Group'.

The following two schemes will be scrutinised by Management Group as part of the Aortic Stenosis strategy:

- Transcatheter Aortic Valve Implantation (All Wales) and
- Cardiac Ablation for Atrial Fibrillation and Ventricular Tachycardia (South Wales)

The final two schemes are new, and will require a full business cases, which will be considered through WHSSC Management Group scrutiny and advisory process:

- Porphyria (South Wales)
- Minimally invasive mitral valve surgery (first time surgery) (South Wales)

4.5 Schemes escalated as high risk included for funding within the ICP

Two schemes which were considered in the ICP to be exceptional risks have been included for funding within the ICP:

- Spinal Rehabilitation (South Wales) – this service is extremely fragile, as it is delivered by a single consultant and with relatively few Units across the UK we know that there would be extreme difficulties in this service being delivered elsewhere for Welsh patients.
- Additional PICU capacity (South Wales) – WHSSC has become aware of difficulties in accessing PICU beds, and an increase in the rates of refused admissions over the last few months.

The mitigation for both these schemes which have a financial consequence will be presented to Management Group for scrutiny.

4.6 Re-commissioning

The ICP emphasised that the broad vision and direction of focus for specialised services during 2018-21 was on the re-commissioning of services across primary, secondary and specialised services in order to make the best use of resources when commissioning effective patient care.

Workshops have been undertaken internally to establish the priorities for re-commissioning in 2018/19 which include:

- Aortic Stenosis Strategy
- Spinal Implants
- Neonatal Transport
- Inherited Bleeding Disorders

The re-commissioning work will be initially worked up by Commissioning Teams but will require the input and support of Management Group, particularly where they have implications on non-specialised elements of a patient's pathway.

4.7 Key risks expected to emerge within 2018/19

The 2018-21 ICP highlighted a number of key risks that are likely to present in year and may present a cost pressure. These include:

- Cystic Fibrosis – service already exceeding the number of patients for the size/staffing of its service
- Neonatal Transport- South Wales
- Fetal Medicine – South Wales

Further work is required on each of these schemes to fully identify the resource requirements and outcomes. These will be presented to Management Group and Joint Committee.

4.8 New services that require the development of commissioning frameworks

Two additional collective work programmes were identified in the development of the 2018-21 ICP:

- Mechanical Thrombectomy – currently this service is commissioned by Health Boards but it was agreed by Joint Committee in November 2017 that the commissioning responsibilities would transfer to WHSSC from 2019/20. The WHSS Team are currently establishing project groups to take forward the three streams of work identified – pathways, workforce and finance to support the short and medium term access to the services.
- Major Trauma –it has been agreed that WHSSC will lead on the development of the commissioning centre for the Major Trauma Centre and Network within South and Mid Wales. This will include developing the governance structures around the network, pathways and the service specification and necessary policies.

The outcome of each of these programmes of work will be presented to Management Group for discussions that will inform recommendations to the Joint Committee on the future commissioning arrangements for these services.

Management Group will be requested to be represented on project groups for both Mechanical Thrombectomy and Major Trauma. It is recognised that pathways for both these services will impact on all Health Board organisations and the input of Management Group members will support commissioning frameworks that reflect local, regional and national aspects of service delivery and performance.

4.9 Policy and service specification development

There are a number of policy and service specifications which will require updating or developing within 2018/19.

The WHSSC Policy and Service Specification Group which is a sub group of the Corporate Directors Group is responsible for signing off and approving any specialised services policy or service specification for publication where there is no financial impact or where no funding requirement has been identified within the Integrated Commissioning Plan (ICP).

If a specialised services policy or service specification is identified as having a financial impact or where a funding requirement has been identified within the ICP, the policy must be formally progressed through Management Group and if necessary, Joint Committee for sign off.

4.10 Summary of Management Group scrutiny and advisory responsibilities

Management Group's scrutiny and advisory function will be required in the following work programmes:

- Collective commissioning

- Quality and Performance Framework
- Schemes prioritised for funding by CIAG and Management Group prioritisation process and included in the ICP that have not previously been scrutinised
- Schemes escalated as high risk included for funding in the ICP
- Re-commissioning
- Key risks emerging in year
- Development of Commissioning Frameworks for new services
- Policy and Service Specifications that have a financial impact
- Risk Management Framework

Joint Committee will be responsible for approving any work programmes requiring investment that are not included within the 2018-21 ICP and Commissioning Strategies that are developed.

The WHSSC Corporate Directors Group will be responsible for approving the schemes where provision is included within the ICP and the WHSSC Policies Group are responsible for approving any policies and service specifications where there are no financial implications.

5 Next steps

Commissioning Teams will be establishing a timetable for their work programmes and when schemes will be going to the various groups for approval. This timetable will be presented at the May Corporate Directors Board and Management Group for approval.

6 Recommendations

Members are asked to:

- **Approve** the processes, roles and responsibilities for implementing the WHSSC Integrated Commissioning Plan 2018-21.

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan Governance and Assurance Development of the Plan
Link to Integrated Commissioning Plan	This paper seeks approval of implementing the WHSSC Integrated Commissioning Plan 2018-21.
Health and Care Standards	Governance, Leadership and Accountability Staff and Resourcing Effective Care
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed Reduce inappropriate variation
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	Quality, Safety and Patient Experience are identified in WHSSC's Strategic Commissioning Intentions which underpin the development of the ICP and therefore its implementation.
Resources Implications	A financial framework is in place to support the development of the ICP.
Risk and Assurance	The WHSSC ICP implementation process is supported by an agreed risk and assurance process. All individual schemes undergo scrutiny for risk and assurance.
Evidence Base	Evidence evaluation is central to the WHSSC ICP development process.
Equality and Diversity	This assessment is completed for all schemes considered in the WHSSC ICP development and implementation process.
Population Health	The WHSSC ICP process takes account of the impact of schemes on population health.
Legal Implications	There are no legal implications associated with this report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group	16/04/2018	Proceed to Management Group
Management Group	26/04/2018	Clarity on Aortic Stenosis and PET work-plans, then proceed to Joint Committee.

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

		Agenda Item	9
Meeting Title	**Joint Committee**	Meeting Date	15/05/2018
Report Title	Advanced Therapy Medicinal Products (Cell and Gene Therapy)		
Author (Job title)	Assistant Director, Evidence Evaluation and Effectiveness		
Executive Lead (Job title)	Managing Director	Public / In Committee	Public

Purpose	This document provides an overview of Advanced Therapy Medicinal Products (ATMP) and a brief summary of the implications and challenges of implementing them in NHS Wales.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☐	☒

Sub Group /Committee	Management Group	Meeting Date	26/04/2018
	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	Members are asked to: • **Note** the information presented within the report • **Support** the WHSSC led commission of ATMPs • **Note** the relationship between JACIE accreditation of the C&V UHB BMT unit and the ability of Wales to deliver future NICE approved AMTPs		

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 An Advanced Therapy Medicinal Product (ATMP) is a medicinal product which is either:

- a gene therapy (i.e. the transfer of genetic material into the cells of a patient's body to treat the cause or symptoms of a specific disease)
- a cell therapy (the transfer of intact, live cells into a patient to help lessen or cure a disease. The cells may originate from the patient (autologous cells) or a donor (allogeneic cells)
- a tissue engineered product (i.e. a regenerative medicine that replaces or regenerates human cells, tissues or organs to restore or establish normal function).

1.2 In March 2016 NICE did a mock assessment to test whether their technology appraisal (TA) methods and processes were fit for purpose for ATMPs and concluded they were (their full report can be found here).

1.3 Since then NICE have published the following guidance for ATMPs:

- Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee (NICE TA477, October 2017)
- Strimvelis for treating adenosine deaminase deficiency–severe combined immunodeficiency (NICE HST7, February 2018)
- Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee (NICE TA508, March 2018).

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2.0 Background

2.1 Interest in the development and use of ATMPs is growing, based on promising early results with refractory or relapsed haematological malignancies. These therapies are now a reality with products achieving marketing authorisation in various jurisdictions across the world. In 2017, >850 companies globally were engaged with these therapies with approximately 950 clinical trials activated. Of these, 53% were focused on oncology topics (including leukaemia, lymphoma, brain, bladder, cervix, colon and pancreas).

2.2 Welsh Government is supporting the development of a Statement of Intent for Advanced Therapies through a programme of work led by the Welsh Blood Service (WBS). This programme will assess and review the requirements for NHS delivery of these therapies as well as the wider opportunities and economic benefits that emerging novel cell and gene therapies could bring to Wales. This will cover recommendations on service modelling, workforce, appraisal and commissioning. In addition, a successful Innovate UK grant will be establishing a basic and limited initial Advanced Therapy Treatment Centre for Wales in collaboration with University Hospital Birmingham NHS Foundation Trust. This will have an initial focus through CVUHB and ABMUHB.

2.3 If early phase data is confirmed ATMPs have the potential to radically alter patient outcomes in previously incurable diseases. The often one-off acquisition cost of these products can be very high but the potentially large gain in QALY's means they may become increasingly cost effective compared to existing therapies.

2.4 NICE have also prepared scoping documents for the following ATMPs in anticipation of each product being given a product license (marketing authorisation):

- Axicabtagene ciloleucel (CAR T-cell) for treating diffuse large B-cell lymphoma, mediastinal B-cell lymphoma and follicular lymphoma
- Tisagenlecleucel-T (CAR T-cell) for treating relapsed or refractory diffuse large B-cell lymphoma
- Tisagenlecleucel-T (CAR T-cell) for previously treated B-cell acute lymphoblastic leukaemia in people aged 3 to 21 at initial diagnosis
- DCVax-L (vaccine) for treating newly diagnosed glioblastoma

2.5 Axicabtagene is expected to be the first of these to receive marketing authorisation (July 2018). Under the terms of the New Treatment Fund NHS Wales is expected to make a NICE TA available within 60 days of publication of the Final Appraisal Determination (February 2019).

2.6 In their recently published *Five Year Strategy 2018–2023: Supporting prudent prescribing to obtain the best outcomes from medicines for patients in Wales,* AWMSG have also identified development of their appraisal process (in collaboration with WBS) to include cell and gene therapies one of the key outcomes (recommendation 4.6). This work is due to be completed by the end of March 2019.

3.0 Assessment

3.1 Responsibility for commissioning the majority but not all of NICE guidance for AMTPs will reside with WHSSC. The development of expertise in commissioning and delivery of these therapies and their dissemination across Wales will need to be explored further.

3.2 A proportion of ATMPs will be the responsibility of the seven Health Boards in Wales (for example NICE TA508).

3.3 WHSSC is already planning to deliver strimvelis (NICE HST7) for people in Wales, working jointly with the NHS England Highly Specialised Commissioning team, to develop a common treatment pathway.

3.4 There is the potential that some Health Boards will develop different commissioning, procurement and governance arrangements for these products. The Statement of Intent for Advanced Therapies programme will provide a unique opportunity to enable a pan-Wales approach to commissioning, thus making best use of available resources and expertise.

3.5 A centralised, single commissioner model for the future provision of ATMPs in Wales could avoid duplication of effort, ensure a more consistent approach and reduce risk when delivering these highly complex therapies and treatments.

3.6 This model would also make engagement with key stakeholders easier and quicker, including colleagues in industry when discussing procurement of these high cost treatments.

3.7 The nearest current clinical pathway to these therapies is stem cell transplantation. And the expertise of clinical teams delivering these therapies has been recognised as essential in developing ATMP pathways within NHS Wales. The South Wales Blood and Bone Marrow Transplant Programme is engaged in delivering AMTPs in Wales as part of the Innovate UK funded Advanced Therapy Treatment Centre. All centres delivering ATMPs will be required to have JACIE accreditation. The retention of this accreditation in Cardiff and Swansea will require development of facilities in the short and medium term. This will require significant capital investment and this is currently being explored with both health boards and Welsh Government.

3.8 A draft of this paper was sent to the Chair of the All Wales Chief Pharmacists Group and to the All Wales Medicines Procurement Specialist Pharmacist/Chair, All Wales Drug Contracting Committee. Both individuals strongly supported the proposals outlined in this paper.

4.0 Recommendations

4.1 Members are asked to:

- **Note** the published and planned NICE guidance on AMTPs
- **Support** WHSSC led commissioning for all ATMPs
- **Note** the relationship between JACIE accreditation of the CVUHB BMT unit and the ability of Wales to deliver future NICE approved AMTPs

5.0 Appendices / Annexes

5.1 None.

Link to Healthcare Objectives	
Strategic Objective(s)	Development of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Linked to 2019-20 plan
Health and Care Standards	Effective Care Effective Care Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	
Resources Implications	Such therapies are likely to have very high acquisition costs
Risk and Assurance	
Evidence Base	NICE evaluation
Equality and Diversity	
Population Health	
Legal Implications	Implementation of all NICE TA/HST guidance is mandatory in NHS Wales

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Management Group	26/04/2018	
Choose an item.		

9

		Agenda Item	10
Meeting Title	**Joint Committee**	Meeting Date	15/05/2018
Report Title	Proton Beam Therapy (PBT)		
Author (Job title)	Planning Manager (Cancer & Blood)		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	The purpose of this report is to: • To outline the NHS England PBT programme and timeline for transition from an overseas to an NHS service; • To outline WHSSC's process and timeline for commissioning PBT from UK providers to improve access for patients resident in Wales;

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Management Group	Meeting Date	26/04/2018
		Meeting Date	
Recommendation(s)	Members are asked to: • **NOTE** the NHS England PBT programme timeline for transition from an overseas to an NHS service; • **NOTE** WHSSC's process and timeline for commissioning PBT from UK providers; • **NOTE** that NHS Wales will continue to refer via the UK Proton Clinical Reference Panel; • **NOTE** some patients may require treatment overseas during the transition to the NHS service depending on capacity and the complexity of the treatment required; • **NOTE** the evidence base has progressed and new indications for medulloblastoma are currently being considered by NHS England; • **NOTE** the savings from the significant cost advantages associated with commissioning PBT from NHS and European providers, are expected to be sufficient to absorb growth and new indications over 2018/19.		

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

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

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1.0 Situation

1.1 At the current time, Proton Beam Therapy is only available overseas. However, during 2018 it will become available within the UK, both at NHS and private sector providers. In view of this change, the purpose of this paper is to outline a proposal for the commissioning of PBT for people resident in Wales.

2.0 Background

2.1 Proton Beam Therapy (PBT) is a form of radiotherapy that refers to the use of high-energy proton beams (used instead of conventional X-rays) to treat cancer and tumours. Due to the characteristic property of PBT to stop at a precise depth in tissue with little dose beyond that point, it can allow treatment with reduced volumes of irradiated normal tissues in some situations compared to conventional radiotherapy. It is this property that allows treatment to be delivered with potentially reduced risks of late side effects, particularly for those tumours situated next to sensitive structures such as the spinal cord or brain. Treatment is given through a number of daily treatments (fractions) over several weeks.

2.2 WHSSC commissions PBT in accordance with the criteria in the following commissioning policies:

- CP148: Proton Beam Therapy for children, teenagers and young adults (TYA) with cancer
- CP147: Proton Beam Therapy for adults with cancer

Providers of PBT for the population of Wales should meet the standards set out in the PBT service specification CP146.

2.3 PBT is currently delivered through the NHS Proton Overseas Programme. Potentially suitable patients, having been considered by the appropriate specialist MDT, are referred by their oncologist to the UK Proton Overseas Programme Clinical Reference Panel. If the Clinical Reference Panel has recommended the patient for treatment, the referring clinician should then apply to WHSSC for funding approval. Once funding is confirmed, the referral is then made to the appropriate centre.

2.4 Welsh patients referred via this pathway have mostly been treated at the University of Florida Health Proton Therapy Institute, Jacksonville, Florida. Some patients have also been referred and treated in Oklahoma and the Paul Scherrer Institut, Villigen, Switzerland.

The number of patients referred per annum under current clinical commissioning criteria is shown in Table 1.

Table 1: Referrals for patients from Wales for Proton Beam Therapy by year of funding approval and treating centre

	2015/16	2016/17	2017/18
Jacksonville, Florida	3	10	6
Oklahoma	1	1	0
Villigen, Switzerland	2	1	0
Total	6	12	6

2.5 However, PBT will soon be available within the UK from both NHS and private providers (Table 2). This includes a private provider located within south Wales, namely the newly established Rutherford Centre in Newport (Proton Partners International).

PBT services within the UK will improve the experience of patients and families who will no longer need to travel abroad and be away from other family members for a number of weeks while receiving treatment. It will also bring significantly reduced costs and improved value for money for the NHS which will no longer be required to pay costs of international travel or prices demanded by overseas providers.

Table 2: PBT services being established within the UK

Centre	NHS/Private	Planned Date Operational
Christie NHS Foundation Trust, Manchester	NHS	August 2018
University College London Hospitals NHS Foundation Trust	NHS	Summer 2020
Rutherford Centre, Newport (Proton Partners International)	Private	April 2018
Rutherford Centres - Reading and Bomursund (Proton Partners International)	Private	Construction in progress

2.6 NHS England has recently procured another PBT provider in preparation for the transition to an NHS service (Westdeutsches Protonentherapiezentrum, Essen, Germany). The additional provider will ensure that during the period of transition there will be sufficient access to PBT to manage both growth under current commissioning criteria and the potential for further expansion of new indications. A process is required to confirm Essen as a PBT provider for Wales.

2.7 NHS England has set out a phased plan to transition from the overseas programme to the UK service (Table 3). As Table 3 makes clear, NHS England does not intend to commission from Proton Partners International (while PPI submitted a tender application, it was assessed as not achieving the quality standards of the NHS England PBT service specification) and will also no longer commission PBT from ProCure PBT, Oklahoma, USA.

Table 3: NHS England PBT transition plan

Phase	Period	Balance Overseas/UK	Providers
Phase 1	Jan – summer 2018	Overseas only	• Jacksonville, Florida • Villigen, Switzerland • Essen, Germany
Phase 2	Summer 2018 – summer 2020	Overseas: decreasing. NHS: increasing.	• Jacksonville, Florida • Villigen, Switzerland • Essen, Germany • Christie, Manchester
Phase 3	Summer 2020 – Apr 2022	NHS: increasing. Overseas: decrease to zero.	• Christie, Manchester. • UCL, London. • Jacksonville, Florida • Essen, Germany
Phase 4	Apr 2022 onwards	NHS (Overseas in exceptional cases only)	• Christie, Manchester. • UCL, London.

2.8 In view of the development of PBT services within the UK and the transition plan set out by NHS England, WHSSC requires a clear plan to ensure patients in Wales have access to appropriate services that meet the standards within the NHS Wales specification. This requires a process to designate providers within the UK and a plan for transition from overseas to UK services.

3.0 Assessment

3.1 Proposal

3.1.1 Principles

- Commissioned providers must be assessed against the NHS Wales PBT service specification (CP146) and approved as designated providers for NHS Wales. Patients must only be treated at designated providers.
- NHS Wales will continue to refer patients through the UK Proton Clinical Reference Panel to ensure all referrals are reviewed and approved by clinical experts as meeting the clinical access criteria, and consistency is achieved with the rest of the UK.
- Referrals must meet the clinical criteria in the WHSSC commissioning policies CP147 and CP148.

3.1.2 Procurement Process to Identify Designated Providers

NHS Providers
For NHS providers, a formal tender process is not required. The Christie NHS FT service has been assessed by NHS England and approved as being able to achieve the standards within the NHS England specification. A relatively light touch procurement process including a structured visit will be undertaken by WHSSC to assess and confirm Christie NHS FT as a designated provider for Wales.

Non NHS Providers
WHSSC may consider alternative providers where they are able to demonstrate compliance with the required standards of quality and patient safety. The process of procurement for any non NHS PBT centre will be a two stage process. The first stage will be to assess the overall compliance of the centre with the service specification. The second stage will be to assess the degree to which the centre could provide a service for the small number of highly specialised paediatric and TYA cases with more complex conditions, with appropriate safeguards in terms of paediatric clinical support.

The Rutherford Centre, Proton Partners International, has indicated it will have the technical capability to deliver PBT from April 2018 (information provided by PPI at the NHS Confederation, Feb 2018). Once this service has been established (for private patients), a first stage assessment for compliance with the service specification could be undertaken. The second stage assessment will be dependent on the development of pathways that are appropriately integrated with NHS services and demonstrate the ability to meet the standards and requirements for complex paediatric and TYA patients.

The timeline for the stage 1 and stage 2 assessments are currently uncertain. WHSSC will remain in constructive dialogue with NHS cancer services and the Rutherford Centre.

Overseas providers

WHSSC will continue to use overseas providers until UK providers have been designated. It is also anticipated there will be a continuing requirement for some overseas provision during the transition period while the newly established UK services increase their capacity and expertise. Wales may need to refer some patients, including complex cases, aboard during this period.

Essen

NHS England has recently commissioned Essen in Germany as a PBT provider. The ability to use Essen would offer Welsh patients treatment closer to home in comparison with providers in the United States, and would offer NHS Wales reduced costs and improved value for money. WHSSC will implement a process for confirming Essen as a commissioned provider for Wales.

Table 4 outlines the anticipated timeline for the procurement process to confirm new providers of PBT for patients in Wales.

Table 4: Timeline for WHSSC procurement and designation process

	Milestone	Timeline
1.	Develop and agree procurement process	Overarching approach agreed in Feb 2018.
2.	Implement procurement process for Christie NHSFT and Essen (preparation – 4 wks / information submission – 8 wks / visit – 4 wks)	Apr – June 2018
3.	Confirmation of Christie NHSFT and Essen as commissioned providers	July 2018
4.	Non NHS provision	On-going dialogue

3.1.3 Pathway

Work is required to ensure clarity over the pathway for other aspects of treatment and care, such as chemotherapy and follow-up arrangements. This will need to be defined and agreed with providers and referrers. In addition, the supporting administrative processes will need to be aligned, including:

- NHS England is establishing an online portal for new PBT referrals. Wales will be required to use this portal in order to continue referring through the UK Proton Clinical Reference Panel.

- Currently the WHSSC process requires the referring clinician to make an application for funding via IPFR once the PBT Clinical Reference Panel has approved the referral. WHSSC should consider whether this step could be streamlined through the use of a simplified prior approval pro forma rather than an IPFR form.

3.2 New Indications

PBT is a developing technology with an evolving evidence base. There is emerging evidence for the effectiveness of PBT for Medulloblastoma. It is likely that this indication will be approved for routine commissioning in NHS England within the next year. It is estimated there will be 2-3 cases per annum in Wales.

3.3 Financial implications

Demand

It is anticipated that the development of an NHS PBT service would increase demand for PBT since patients too unwell to travel overseas are able to access the service. NHS England has estimated this may result in a 20% increase in demand. The average number of PBT referrals over the last 3 years has been 8 patients per annum (derived from Table 1).

Table 5: Expected PBT demand 2018/19

	Referrals 2018/19
Current policy and overseas service*	8
Growth associated with UK service (20%)**	1
Potential new indication	3
Total	12

*Average over last 3 years.
**Part year from Sept 2018.

Cost to commissioners

Table 6 shows the range and average costs to NHS Wales for the current overseas service providers. The range of costs is driven by the need for concomitant chemotherapy, length of stay and complexity of the overall service required.

Table 6: Average costs under current overseas programme

	Jacksonville, Florida	**Villigen**
Range of prices	£53K - £213K	£33K - £36K
Average price	£127K	£35K

While precise costs are yet to be confirmed, it is expected that the cost of treating patients in Essen and at the new NHS service in Manchester will be 50% or less than the average cost of a referral to Jacksonville.

It is anticipated that these savings in cost per case will be sufficient to offset within the same overall budget both the growth in referrals that result from a more accessible service and the extension of the policy to include the new indication.

4.0 Recommendations

4.1 Members are asked to:

- **NOTE** the NHS England PBT programme timeline for transition from an overseas to an NHS service;
- **NOTE** WHSSC's process and timeline for commissioning PBT from UK providers;
- **NOTE** that NHS Wales will continue to refer via the UK Proton Clinical Reference Panel;
- **NOTE** some patients may require treatment overseas during the transition to the NHS service depending on capacity and the complexity of the treatment required;
- **NOTE** the evidence base has progressed and new indications for medulloblastoma are currently being considered by NHS England;
- **NOTE** the savings from the significant cost advantages associated with commissioning PBT from NHS and European providers, are expected to be sufficient to absorb growth and new indications over 2018/19.

5.0 Appendices / Annexes

There are no appendices in this report.

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan Governance and Assurance
Link to Integrated Commissioning Plan	PBT procurement is included within the work plan of the ICP 2018/19
Health and Care Standards	Safe Care Effective Care Dignified Care
Principles of Prudent Healthcare	Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Reducing the per capita cost of health care
Organisational Implications	
Quality, Safety & Patient Experience	The procurement process for new PBT providers will ensure the quality standards in the service specification are achieved by any commissioned providers. The aim is to ensure patients have access to the highest quality PBT service to meet their needs, and to improve the patient experience through provision closer to their homes.
Resources Implications	The cost to commissioners is expected to reduce significantly with the development of an NHS service.
Risk and Assurance	Patients will continue to be referred through the Proton Clinical Reference Panel which will provide advice to referrers on suitable providers. While the expertise of NHS providers increases, patients will have access to the overseas providers via the Panel.
Evidence Base	The paper notes the developments taking place in the evidence base for PBT.
Equality and Diversity	No equality and diversity issues have been identified.
Population Health	Access to PBT is expected to improve as a result of the provision of the service within the UK. This will improve outcomes for those patients too unwell to travel to be treated overseas.
Legal Implications	There are no known legal implications with the content of this report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Management Group	26/04/2018	

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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	15/05/2018
Report Title	February 2018 Integrated Performance Report		
Author (Job title)	Performance Analyst		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	In Committee

Purpose	The attached report provides members with a summary of the performance of services commissioned by WHSSC for February 2018 and details the action being undertaken to address areas of non-compliance.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Management Group	Meeting Date	26/04/2018
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** February performance and the action being undertaken to address areas of non-compliance.		

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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		✓

WHSSC Integrated Performance Report

February 2018

WHSSC

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FEBRUARY 2018 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 February 2018.

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 targets;
- 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; and
- Latest Movement – this shows movement from the previous month.

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 2nd visit has already taken place with the CAMHS service provider resulting in an agreed action plan with next meeting planned in March as part of the Level 3 escalation process. The action plan has been developed with BCUHB and significant improvements have been made in both capacity and workforce. There is however a new issue with medical staffing and interim plan has been implemented whilst long term options are considered.

The Paediatric Surgery service provider has now been formally notified that the service remains in escalation level 3, and a re-visit is scheduled to take place in May 2018. The Neurosurgery Service visit is to take place later in the New Year.

Regular performance meetings with the Lymphoma Panel are in place and an inaugural audit day is being planned for June 2018. Turnaround times in February show an improvement compared to January.

The Bariatric surgery service at ABMUHB is currently at escalation level 4. There has been significant improvement over the last 6 months. ABMUHB have recently provided a self-assessment against the service specification, demand and capacity and outcome data to WHSSC in order for a further assessment to be undertaken with a view to potential de-escalation if the service demonstrate to the Joint Committee the ability to meet the requirements and standards set by WHSSC.

All Plastic Surgery pathway workshops have now taken place. The final clinical summit meeting will take place at the end of April.

Paediatric Intensive Care has been placed at escalation level 2 and the service was issued with a letter on the 21st of December notifying them of this. Monthly meetings are scheduled to take place with the service.

3.0.1 Services in Escalation

Specialty	Level of Escalation	Current Position	Movement from Last Month
Cardiac Surgery	2	Monthly performance meetings continue with C&VUHB. The performance meetings with ABMUHB has changed to bi-monthly.	→
Thoracic Surgery	2	Monthly performance meetings continue with ABMUHB and C&VUHB.	→
Lymphoma Panel	2	Performance meetings are in place with the All Wales Lymphoma Panel (CVUHB and ABMUIHB).	→
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	The Commissioning Quality visit is on hold until the second Paediatric Quality visit has been completed in May.This is to ensure that the planning and the lessons learnt from these visits are consistent across all the WHSSC services.	→
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 in last 3 months.	→
Paediatric Surgery	3	The HB have been formally notified that the service remains in escalation stage 3. A re-visit is scheduled to take place on the 16th of May 2018.	→
Paediatric Intensive Care	2	Monthly performance meetings are scheduled to take place with the service.	→

4.0 PROVIDER PERFORMANCE

The trend for performance for all provider services has largely remained unchanged for the three quarters of 2017/2018. Of the 19 provider service targets that were monitored by WHSSC, 15 (79%) remain in breach at end of February 2018.

4.1 Service Dashboard

Commissioning Team	Specialty	WHSSC Indicator Ref	Measure		Tolerance Levels			Provider	Dec-17	Jan-18	Feb-18	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%	96%	96%		⇨
Cancer & Blood	**Thoracic Surgery**	E02	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	99%	99%	99%		⇨
	Lung Cancer	*E02D*	Mthly	USC lung resection < 62 days	>0	N/A	0	All	2	3	-		⇩
		E02E	Mthly	NUSC lung resection < 31 days	>0	N/A	0	All	0	1	-		⇩
	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%	99%	100%		⇧
	Plastic Surgery	E05	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	94%	96%	96%		⇨
	Lymphoma	E06	Mthly	Specimens tested ≤10 days	<90% within 10 days	N/A	=,>90% within 10 days	All	52%	49%	81%		⇧
Neuro	**Neurosurgery**	E07	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	92%	92%	92%		⇨
	Adult Posture & Mobility	E08	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	86%	85%	83%		⇩
	Paediatric Posture & Mobility	E09	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	93%	94%	94%		⇨
Mental Health	**CAMHS**	E10	Mthly	OOA placements	>16	>14, <16	=,<14	All	11	10	9		⇧
		E10i	Mthly	NHS Beddays	<85%,>105%	< 90%, >100%	90% - 100%	All	68%	79%	89%		⇧
		E10ii	Mthly	NHS Home Leave	<20%, >40%	<25%, >35%	25%-35%	All	35%	30%	43%		⇩
	Adult Medium Secure	E11	Mthly	NHS Beddays	<90%, >110%	< 95%, >105%	95% - 105%	All	90%	92%	84%		⇩
Women & Children	**Paediatric Surgery**	E12	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	98%	96%	97%		⇧
	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	55%	55%	38%		⇩
		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	35%	40%	26%		⇩

Please note there is a delay for Lung Cancer data as this is currently being submitted to WHSSC by Welsh Government.
Shrewsbury IVF data has not been received for January.
Lymphoma is to be reported quarterly from April 2018.

4.2 Key Issues for February 2018

Cardiac
There continues to be small numbers of patients waiting over the 36 weeks maximum waiting time target for cardiac surgery patients at CVUHB and Liverpool. Improvement has been made in ABMUHB with only 1 breach in February. Liverpool Heart and Chest Hospital is now also at Stage 2 of the escalation process and joint meetings with BCU will take place in April.

Plastic Surgery
Patients continue to breach maximum waiting times for hand and breast surgery at ABMUHB. While the delivery plan for 2017/18 set out a profile to eliminate breaches of 36 weeks by March 2018, the forecast year end position is that this will not be achieved.

Bariatric surgery
Currently there are no breaches at either centre; however, ABMUHB is currently underperforming against the baseline. Further information regarding demand, activity and capacity has been provided by ABMU and an assessment of this information is currently being undertaken in order to inform the next steps.

Neurological & Chronic Conditions
Neuro-Radiology: 34 patients were waiting for an embolization at the end of February, with the longest wait of over 61 weeks on the Neurosurgical waiting list. Additional Saturday lists were being considered, as a plan to manage the angiogram waiting list. The proctorship arrangement with Birmingham is working well; this arrangement would continue to manage the complex cases.
Neurosurgery: There has been a continued downward trend, since September of the number of patients waiting over 36 and 52 weeks, with 68 patients waiting over 36 weeks in February compared to 84 patients in January. Of the 2 patients waiting over 100 weeks, both have dates for procedures to be undertaken in March.

CAMHS
CAMHS Out of Area (OoA) performance is starting to improve as the North Wales unit increases capacity back 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 total number of OoA placements has fallen from 17 in July to 11 in January.

Women & Children
Paediatric Surgery: The Health Board reported 0 patients waiting over 52 weeks and 51 patients waiting over 36 weeks, this is an increase on previous months. The Commissioning Quality Visit took place on the 26th of January 2018, the action notes and log are in the process of being agreed.

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. A meeting is being scheduled with Shrewsbury to better understand their reporting processes and numbers.

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 Safe Care Effective Care
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) Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The report monitors quality, safety and patient experience.
Resources Implications	There are no resource implications at this point.
Risk and Assurance	There are risks to non-delivery of the RTT standards.
Evidence Base	N/A
Equality and Diversity	The proposal will ensure that data is available in order to identify any equality and diversity issues.
Population Health	The core objective of the report is to improve population heath through the availability of data to monitor the performance of specialised services.
Legal Implications	There are no legal implications relating to this report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Management Group	26/04/2018	

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

		Agenda Item	12
Meeting Title	**Joint Committee**	Meeting Date	15/05/2018
Report Title	Financial Performance Report – Month 12 2017/18		
Author (Job title)	Assistant Director of Finance		
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 12th month of 2017/18. The financial position is reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

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

Considerations within the report (tick as appropriate)

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

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1.0 Situation

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

2.0 Background

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.

The risk shares percentages utilised in this financial year remains unchanged from 2016/17 as WHSST are concluding a risk share review of the current mechanism. To maintain financial sustainability, this has been agreed with the WHSST Finance Working Group that no updates are required in this year in order to achieve a consistent financial framework.

3.0 Assessment

3.1 The financial position reported at Month 12 for WHSSC is a forecast overspend to year-end of £4,451k.

The deterioration in the year end position of £2,606k includes deterioration against the English provider position reported in Non-Welsh SLAs and IPFR. This is offset slightly by improvements in Wales overall, Mental Health and developments.

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 Joint 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**

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Finance Performance Report – Month 12

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 12th 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	559,404	559,404	563,855	4,451	2,522	4,451	2,605
Sub-total WHSSC	**559,404**	**559,404**	**563,855**	**4,451**	**2,522**	**4,451**	**2,605**
WAST	139,871	139,871	139,871	0	0	0	0
Quality Assurance Team	709	709	709	0	(14)	0	0
EASC - staffing and other non-pay	390	390	390	0	(14)	0	0
Unscheduled Care team	153	153	153	0	0	0	0
Sub-total WAST / EASC / QAT	141,123	141,123	141,123	0	(28)	0	0
Total as per Risk-share tables	700,527	700,527	704,978	4,451	2,494	4,451	2,605

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 12 is an overspend of £4,451k. Consistent with previous years, the forecasting methodology for NHS England is reported in line with the previous month's activity returns (Month 11) but expanded to ensure potential increases in March's activity are fully accounted for within the month 12 position ensuring a prudent position is reported to NHS Health Boards. 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. For cash purposes, WHSSC's payments on PBR performance for 2017/18 has been limited due to the ongoing dispute of HRG4+.

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. The plan however, has not been uplifted for potentially increases in price and casemix variation as a result of the new groupings under HRG4+ due to the difficulties in articulating this with certainty. Therefore, this will reported within the variance position.

In general terms, due to the highly specialist nature of services commissioned via WHSSC on behalf of Health Boards, the last quarter of the financial year tends to be particularly volatile as winter pressures emerge across specialist providers. This year has been no exception to that and data is now starting to show some one off high costs patients relating to respiratory conditions such as ECMOs and PICU as well as high admissions to ITU and HDU units has been a consistent trend throughout the year.

In addition, the Department of Health has announced a decision to slow elective routine procedures through January 2018. The outcome of this decision has started to emerge through the data received from England provider which is mixed. The specialist children providers activity did not slow for electives and in fact were subject to increased general levels in order to maintain targets set by NHS England. There is an unknown in terms of prolonged winter pressures and how providers managed waiting lists through March. It is therefore expected that the actual activity levels for March for both emergency and elective activity will be high. Some providers brought more capacity on line to be able to cope with Non-Elective work whilst maintaining Elective lists.

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. 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. To maintain financial sustainability, it has been agreed with the WHSST Finance Working Group that no updates are required to distribution shares in this year in order to achieve a consistent financial framework. A meeting was held of the Joint Committee in January 2018 whom discussed the final proposal of the risk share mechanism. This latest proposal has now been approved in line with the discussions held between the WHSST Director of Finance and Welsh Government,

Joint Committee, All Wales Directors of Finance, WHSSC Management Group supported by the work of the WHSSC Finance Working Group.
WHSST is currently working through implementation of this decision in due course. This will not impact on the WHSSC 2017/18 financial position by Heath Board.

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	187,584	187,584	190,263	2,679	2,383	2,679	2,766
Abertawe Bro Morgannwg Univ Health Board	95,792	95,792	96,904	1,112	1,030	1,112	1,190
Cwm Taf University Health Board	7,452	7,452	7,699	246	213	246	232
Aneurin Bevan Health Board	8,833	8,833	9,000	166	170	166	175
Hywel Dda Health Board	1,486	1,486	1,532	47	94	47	94
Betsi Cadwaladr Univ Health Board Provider	38,122	38,122	38,094	(27)	(40)	(27)	(44)
Velindre NHS Trust	38,421	38,421	38,850	429	501	429	540
Sub-total NHS Wales	**377,689**	**377,689**	**382,342**	**4,652**	**4,351**	**4,652**	**4,953**
Non Welsh SLAs	98,274	98,274	104,956	6,682	6,567	6,682	5,317
IPFR	28,698	28,698	32,105	3,407	375	3,407	987
IVF	4,375	4,375	4,715	340	324	340	305
Mental Health	32,681	32,681	29,392	(3,289)	(2,819)	(3,289)	(3,009)
Renal	5,177	5,177	4,626	(551)	(259)	(551)	(276)
Prior Year developments	5,514	5,514	4,511	(1,002)	(628)	(1,002)	(566)
2016/17 Plan Developments	3,395	3,395	2,962	(433)	(463)	(433)	(440)
Direct Running Costs	3,601	3,601	3,466	(135)	(306)	(135)	(212)
Reserves Releases 2016/17	0	0	(5,221)	(5,221)	(5,214)	(5,221)	(5,214)
Total Expenditure	**559,404**	**559,404**	**563,855**	**4,451**	**1,929**	**4,451**	**1,845**

The reported position is based on the following:

- NHS Wales activity – based on Month 11 data in most cases or month 12 actual where available.
- NHS England activity – Month 11 data in most cases.
- IVF – Month 11 data and prior approval requests.
- IPC/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 and thus block for the year.
- Developments – variety of bases, including agreed phasing of funding.

5. Financial position detail - Providers

5.1 NHS Wales – Cardiff & Vale contract:

Various over and underspends from the Month 11 data have been extrapolated and actuals for Month 12 for certain services have been combined to a total Month 12 position of £2.679m 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 slightly in month with the overspend now standing at £753k across all 5 sub-headings which is a increase of £46k over last months figures due to an upturn in ICD & PCI activity. This overperformance is a continuing trend (as it was last year) and the 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. 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 total year end settlement, including development funding currently stands at a £1.883m 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 £868k. The large movement from last month is a result of the continued low activity and the move of some ABMU patients from the South West Wales Cardiac Surgery figures at full cost, to the General Cardiac Surgery figures at marginal rate. This is because a contractual agreement was being incorrectly applied in previous months.

- TAVI – the LHB has accepted WHSSCs stance in relation to the TAVI IPFR prior approval process. This means that 41 cases were only liable for 50% reimbursement by WHSSC and a further 10 cases post January'18 were reimbursed as per the contract as IPFR prior approval was correctly obtained. This has resulted in a year end position of £128k under spent.

- Spinal Implants – based on month 12 actuals, the service over performance stands at £485k for year end, an increase of £183 over the month 11 reported year to date position and £155k over the month 11 year end forecast. It should be noted that the month 11 figures were based on an extrapolation of month 10 and this final settlement is based upon month 12 actuals. MDS data to validate these figures is still awaited.

- ISAT - Coils – the service overperformance has again grown this month and stands at £375k, which is based upon month 12 actuals and includes the final INR outsourcing settlement. It should be noted that the month 11

figures were based on an extrapolation of month 10 and this final settlement is based upon month 12 actuals. MDS data to validate these figures is still awaited.

- BMT– the year end settlement relating to this service is based on month 12 actuals and stands at an underperformance of £646k and includes significant investment slippage. This represented a deterioration of £164k in the YTD position but the forecast moved by only £28k between month 11 and month 12 as we had been prudent in our forecast assumptions.

- Paeds Renal – the service has moved in to overperformance at year end and now stands at £36k, an increase of £59k and £61k YTD and full year respectively. The settlement is a mix of month 11 extrapolated and month 12 for the drugs charges.

- Paeds Neurology – the month 12 position is £83k and £94k above the previous month for YTD and full year forecast respectively and stands at an under spend of £41k. The majority of this change is due to one high cost patient that WHSSC have agreed to fund due to exceptional circumstances.

- AICU – the final position for the service stands at £937k over budget. This is a £40k increase on the YTD figure from month 11 but a reduction of £209k on the full year forecast. Month 12 actuals have been used for this position and the final INR outsourcing settlement. The overperformance is offset by development funding.

- UK GTN Send Out Tests – the YTD and full year forecasts have been reduced by £98k and £108k respectively compared to last months reported figures. This is because an additional £100k was given to the service for this financial year. The year end figure is £18k over budget.

5.2 NHS Wales – ABM contract:

Various over and underspends from the Month 11 data have been extrapolated to a month 12 position of £1.112m overspent. These figures include the net effect of the development and savings funding available to the LHB. The position includes:

- Cardiology – the month 12 position has increased to £713k over budget (£1.235m in total with £522k offset by development funding). This is a result of an increase in defibs and the risk around ablation increase to meet RTT pressure materialising.

- TAVI – the month 12 final position for the service is £394k over budget. The movement from last month's position is a result of an increased number of procedures. The month 11 full year forecast was predicated on 44 procedures but the service ended the year with 48 procedures as a forecast.

- Burns – the service continues in it's current trend of overperformance, albeit with a slowdown this month. The month 12 position has been reduced slightly by £53k and stands at £214k over budget.

- Cardiac Surgery – the month 12 position stands at £543k under budget which is a deterioration of £49k on the month 11 YTD position. The year end position is now based upon 675 procedures which is down slightly from the 680 cases used for the forecast in month 11.

5.3 NHS Wales – BCU contract:
There has been a further deterioration in the angioplasty position this month meaning the underperformance has grown to £266k. This trend is at odds with other LHBs and is being investigated by WHSSC. ICDs have increased again this month and now stand at £300k over budget. This figure is based upon month 12 actual data from the service.

5.4 NHS Wales – Cwm Taf contract:
CAMHS activity has slowed slightly for month 11 actual data with 9 admissions compared to the 15 last month. The over performance stands at £248k for month 12 reporting which is a £25k increase over the month 11 YTD position.

5.5 NHS Wales – Aneurin Bevan contract:
There has been very little movement in the month 12 reported position for the LHB. No service position moved by more than £8k between month 11 and month 12 and the overall position reduced by £4k giving a total month 12 position of £166k over budget.

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 yearend over performance of £429k is due to growth in non melanoma elements of specialist drug expenditure. The melanoma outturn spend was in line with plan provision despite the volatility reported in year.

5.8 NHS England contracts:
The total overspend to month 12 is £6,682k, which is a deterioration of £1,365m from Month 11 from the year end forecast position reported in Month 11.

The English position has been reported using Month 11 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

WHSSC has provided for the risk in full in the yearend position. Therefore there should be no financial accounts issues for 2017/18. The liability itself is still formally disputed with NHS England, NHS Improvement and the individual Trusts and will not be paid until and unless there is a full inter county agreement. Welsh

Government colleagues remain actively engaged in this process and support the WHSSC/HB positions.

The total overall impact from proposals for HRG 4+ has remained at £6,302k. The decision made by the Department of Health to slow elective activity for January 2018 may not have affected all English contracts WHSST holds. Some providers brought more capacity on line to be able to cope with Non-Elective work whilst maintaining Elective lists. From the data provided to WHSST, a higher level of non-elective activity has been reported for month 10 and 11. WHSST has factored this into the methodology used to report the position and the impact this type of activity may have had on other areas e.g. ITU.

This reporting methodology used by WHSST in month 12 has been updated to include the costs of HRG4+ as agreed with Welsh Government. In addition, non-recurrent funding has been passed to WHSSC to mitigate some risk exposure from the HRG4+ update in 2017/18. NHS Wales finance colleagues, Welsh Government, Health Board representatives, WHSST and NHS Improvements still has no conclusion to the agreement of resolution.

The larger reported variances include:

- Alder Hey Children's Core contract – year end position of £1,681k. WHSST worked with BCUHB to agree a year end settlement with Alder Hey to minimise further volume and demand risk. Corrective action is required by the Health Board to reduce this further into next year. In addition, the level of overperformance in this contract, was raised and disputed by the provider's Director of Finance to be brought in line consistent with their English commissioners. This position reflects the agreed year end settlement and therefore mitigates any further disputes relating to this for this financial year.

  Blood Factors – overspend of £132k to date due to one high cost patient and was included in the settlement.

- Birmingham Women's & Children's – month 12 position reported at £295k overperformance which is an increase of £184k over last month. This increase is driven by a long stay PICU patient in month 11 and a high cost drugs patient. This contract has seen an increase in both PBR and non-PBR activity in 17/18 compared to 16/17.

- Christie – Forecast at £71k underperformance at Month 12 which is an improvement of £71k. Again another extremely volatile contract with peaks and troughs this year month on month. Contract is subject to low volume high cost cases and therefore accurate forecasting is difficult.

- Great Ormond Street – year end position has worsened by £146k since last month and now stands at £68k overperformance. This is based on information given by the provider showing a heart transplant patient

scheduled prior to yearend and the ongoing care of a congenital patient with various comorbidities.

- Guy's and St Thomas – the position has worsened for month 12 and overperformance now stands at £882k which is a £320k movement from last month. Month 11 contained a high cost paeds spinal patient and 17/18 activity has been higher than 16/17 for both PBR and non-PBR activity.

- Imperial – forecast overspend of £629k, an improvement of £77k in the forecast. This is mainly the result of a credit received from the provider for a previous overbilling on PHT drugs.

- Liverpool Heart & Chest - the reported over performance of £1,584k is mainly an HRG 4+ issue. A fully adjusted forecast for HRG4+ would take the contract to an underspend position. The deterioration of £145k in the position compared to last month is largely a result of a cardiac patient with 69 days of critical care totaling more than £120k.

- Royal Free – month 12 has deteriorated by £92k over the previous month end of year forecast and now stands at £500k overperformance. This is mainly due to settlement of a previously contested 16/17 final invoice of £129k.

- Royal Liverpool & Broadgreen – the month 12 position has improved by £66k and now stands at £241k underperformance. This is a result of month 11 having very low activity for haemo blood products. Transplant activity this year for WHSSC commissioned patients has been low compared to previous years.

- Royal Orthopaedic – the month 12 forecast position has improved by £122k over last month and now stands at an underperformance of £76k. This is an HRG4+ issue as the impact of including this in the figures is a reduction in spend as HRG4+ for this provider is a negative figure.

- Salford Royal – the month 12 overperformance has worsened since last month by £186k and now stands at £318k. The main reason for this is the inclusion in the figures of marginal rate calculation for WHSSC commissioned intestinal failure patients.

- University Hospital Birmingham – there is very little movement the year to date position compared to last month. The movement to a £293k overperformance from a breakeven position in the full year forecast is an HRG4+ issue.

- University Hospital Birmingham Transplant – the position has worsened £184k since last month's reporting and stands at £166k underperformance at month 12. Month 11 actual data showed 2 renal transplants and the current year end position includes an estimation for 2 heart transplants and 2 lung transplants based on data supplied by the provider.

- University Hospital Bristol - the reported over performance of £109k to date relates to the HRG 4+ issue. High cost patients above £150k are now being reported on a separate line which explains the reduction in this reporting line compared to last month. Congenital Heart surgery remains high in 17/18 with a number of high cost patients. Activity to month 11 stands at 259 at a cost of £3.740m in 17/18, against 115 and £1.739m in 16/17. However the last 2 months have seen a drop off in the number of procedures undertaken. PBR activity is currently £1,201k higher this year 17/18 than at the same point in 16/17. Non PBR activity is currently £586k lower this year to date when compared to the same position in 2016/17. This contract has been offset by a saving in appropriate bed utilization i.e. HDU beds being used where appropriate as they were admitted to PICU previously which was double the cost.

- University Hospitals North Staffordshire – the year to date position at month 12 has worsened by £133k. This is a result of increased activity and cost around neurosurgery procedures and TAVI. These have been challenged due to lack of prior approval and we await an outcome. The movement to a £201k overperformance from a breakeven position in the full year forecast is an HRG4+ issue.

- Walton Centre – overspend to date of £1,495k, while this represents only a £50k worsening of the year to date position, the full year forecast movement is £275k. This is based on a prudent method of using a rolling 12 month moving average forecast for this provider due to the volatility witnessed in previous months. Whilst the remaining overperformance appears to be tariff driven and has been adjusted out in the forecast position this does not correlate with the providers assessment of the HRG 4+ comparison. Therefore the pricing impact for this provider is likely to be understated.

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 individual patient commissioning budgets totalled an overspend an year-end of £3,407k, a movement of £2,420k mainly relating to a number of high cost transplants patients that are due for treatment in 17/18. As experienced in other contracting areas, non elective activity has increased in Month 11 and this is reflected in the larger non contract providers such as North Bristol and Oxford. The ERT drugs and Eculizumab long term patient approvals have grown in year, resulting in a combined £772k overspend.

5.10 IVF:
An overspend of £340k has been reported against English and private providers for year-end as activity has increased as expected beyond the planned year levels.

5.11 Mental Health:
Various budgets totalling a year-end underspend of £3,289k. 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 financial position includes:

- 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 a reported underspend of £2,098k to date, based on current and expected patients. This area is currently forecast to have a year-end underspend of £2,375k due to several discharges so far this year.

  The new case management teams funded in 2016/17 are now in post and the increased clinical support in this area will reduce patient numbers going forward. The investment of £500k has saved in excess of £1.5m for South Wales in 2017/18 within the Medium Secure costs, with the added positive factor of patients receiving appropriate care. BCU now have clinical leads in post and further savings are anticipated in 2018/19.

  DTOC recharges totalling £167k to two LHB's were raised in year in respect of 7 patients, who have now all been discharged from Medium Secure.

- South Wales CAMHS and All-Wales FACTS inpatient budgets have continued low activity and currently have a combined underspend of £536k at yearend.

- The BCU CAMHS out of area placement budget overspend of £208k at year end is 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 takena positive effect, and the position has recovered in recent months.

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, which has created a significant in year financial underperformance. 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, although

the numbers may seem small, 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 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.

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. The 16/17 Balance Sheet is now completely clear except for the Dilapidations Reserve reported in the 16/17 Annual Accounts of £96k.

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 year-end position is £1,435k underspent, a deterioration of £54k, which is due to INR costs. This is a favourable movement of £429k mainly related to the final declared spends on high cost drugs such as Ivacaftor and Ataluren.

The assumptions in the performance provision have been maintained in the month 12 position, with planned performance spend offsetting LTA reported expenditure. The provision for the excess costs incurred by C&V as a result of the INR out sourcing has been reduced by £41k to £357k as the actual costs have emerged

Of the new planned 2017/18 developments, there was no spend in year for the thoracic outsourcing as in Wales solutions were achieved. The £800k provision for dialysis growth has been reported as a full underspend offsetting the growth reported within the provider LTA lines. £50k of the new genetics scheme was utilised by C&V to reduce the CGH arrays testing backlog.

5.15 Direct Running Costs (Staffing and non-pay):

The running cost budget is currently £135k underspent. This is due to current staffing vacancies the organisation is currently running with including the new Quality team; some posts should be appointed to shortly in the new year.

The non-recurring savings on staffing vacancies has offset the non-pay overspend for 2017/18, which primarily relates to the Cwm Taf hosting fee. 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 M12	4,451	3,579	682	124	1,909	(343)	(154)	(1,346)
Variance M11	1,929	644	94	180	(197)	210	(269)	1,266
Movement	2,522	2,935	587	(56)	2,105	(553)	115	(2,611)

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 M12	4,451	3,579	682	124	1,909	(343)	(154)	(1,346)

EOY forecast M11	1,845	2,983	376	333	(32)	(102)	(298)	(1,414)
EOY movement	2,606	596	306	(209)	1,941	(241)	144	68

Material reporting positions or movements include:

6.1 Cardiff & Vale LHB:

- Welsh contracts - no major movements in the forecast
- English contracts – deterioration in Year End forecast £546k adverse pertaining to mainly a high cost patient in University Hospital Bristol.
- Prior Year developments improvement of £101k offset by £137k for 17/18 developments.

6.2 ABM LHB:

- ABM contract – no major movements in the forecast position for the provider contract for the commissioning position.
- Cardiff contract – movements of £217k favourable.
- IPM - £831k adverse pertaining mainly to high costs patients.
- Mental Health –£77k improvement to forecast.

6.3 Cwm Taf LHB:

- Overall improvement of £209k pertaining mainly to Mental Health £59k, IPM £68k, 16/17 and 17/18 developments £61k.

6.4 Aneurin Bevan LHB:

- Cardiff contract – adverse movements of £158k to year-end.
- IPM has deteriorated the position by £1,987k for year end forecasts pertaining largely to the North Bristol accruals and high cost patients.

6.5 Hywel Dda LHB:

- Overall improvement of £241k pertaining mainly to £105k and £62k within the Hywel Dda provider contract.

6.6 Powys LHB:

- Overall deterioration of £144k linked to deteriorations in England of £305k offset by improvements IPM non contracted activity of £109k.

6.7 BCU LHB:

- No material movements in Wales.
- Overall improvement of £309k linked to movements in the IPM non contracted activity and Eculizumab.

- NHS England - £566k deterioration to the year-end forecast across various providers which is net of the funding received from Welsh Government to assist in the risk exposure to HRG4+. The largest movements include:
  - LHCH - £1,577k mainly to do with the HRG4+ inclusion.
  - Salford - £171k adverse due to IF patients.
  - Walton - £273k year-end forecast adverse movement due HRG4+ inclusion.
    Please refer to the risk-share tables to see further details of the NHS England position.
- Renal Network – improvement £64k forecast.
- Developments – improvements of £138k forecast.

Under the agreed mechanism WHSST can agree variations in financial risk within individual Health Boards via agreement between all parties.

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	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounted to Date	EOY Comm'er Position	Other sundry Income (invoiced)	Second-ment recharge (netted off in risk-share position)	EOY total expected income
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	117,812	117,812	117,568	244	0	117,812	682	80	48	118,621
Aneurin Bevan	130,135	130,135	128,825	1,244	66	130,136	1,909		106	132,150
Betsi Cadwaladr	159,795	159,795	158,113	1,666	16	159,795	(1,346)		88	158,537

Cardiff and Vale	115,845	115,845	115,640	204	0	115,844	3,579	87	26	119,537
Cwm Taf	64,485	64,485	64,221	107	157	64,485	124	25	93	64,727
Hywel Dda	79,752	79,752	79,619	133	0	79,752	(343)			79,409
Powys	32,703	32,703	32,551	149	3	32,703	(154)			32,549
Public Health Wales						0			122	122
Velindre						0			146	146
WAST						0				0
Total	**700,527**	**700,527**	**696,537**	**3,747**	**243**	**700,527**	**4,451**	**192**	**629**	**705,798**

Sundry invoices raised:
Cwm Taf - £19,152 relating to EASC Chair WG Allocation 17/18
Cwm Taf - £6,279 relating to WHSSC Chair WG Allocation 17/18
Cardiff & Vale - £87,160 relating to MH DTOC recharges
ABM - £79,610 relating to MH DTOC recharges
Total sundry invoices - £191,770

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

Schemes deemed unaffordable at the time of IMTP approval that are being monitored through the risk management framework, the two highest risks for the 2017/18 plan being Cardiac Ablation capacity and Wheelchair replacement. Funding for these schemes has now been provisionally approved in the draft 2018-19 Integrated Commissioning Plan. All related overspends are included in the provider performance positions.

HRG4+ - WHSSC has provided for the risk in full in the yearend position as income received from Welsh Government was passed on a non-recurrent basis. The liability itself is still formally disputed with NHS England, NHS Improvement and the individual Trusts and will not be paid until and unless there is a full inter county agreement. Welsh Government colleagues remain actively engaged in this process and support the WHSSC/HB positions.

Medium secure – all known risk position have been reported within the Month 12 Financial position to Health Boards as part of the monthly activity monitoring process.

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 10.4 – The Director of Finance of WHSST and Cardiff and Vale have agreed the financial arrangements to settle the excess costs of the outsourcing of interventional radiology service at 50%. The agreed outsourced costs in full are £714,687 is split by Health Board in the extract below:

	C&V	ABM	CT	AB	HD	Po	BC	Total
	186,532	**158,446**	**103,119**	**170,062**	**85,346**	**10,612**	**569**	**714,687**
50% excess costs	93,266	79,223	51,560	85,031	42,673	5,306	284	*357,344*
Total per LHB	**450,610**	**79,223**	**51,560**	**85,031**	**42,673**	**5,306**	**284**	**714,687**

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

Sian Lewis,
Managing Director, WHSSC

Stuart Davies,
Director of Finance, WHSSC

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

Annex A - 2017/18 Expected Expenditure

	2017/18 Baseline contract £'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	95,792	1,112	1,202	3,073	164	605	601	32	48	6,838	102,630
Aneurin Bevan	8,833	166	0			142		(106)	106	309	9,141
Betsi Cadwaladr	38,122	(27)	553		83	671		(56)	88	1,312	39,434
Cardiff and Vale	187,584	2,679	8,353			807	4,906	64	26	16,834	204,418
Cwm Taf	7,452	246	0		30	0		516	93	885	8,338
Hywel Dda	1,486	47	0			538		0	0	585	2,071
Powys			0		158	0		16	0	175	175
Public Health			9			0		(122)	122	9	9
Velindre	38,421	429	16			105	123	(57)	146	762	39,183
WAST (managed by EASC)	139,871	0	0			43		0	0	43	139,914
Total	**517,560**	**4,652**	**10,133**	**3,073**	**436**	**2,910**	**5,630**	**288**	**629**	**27,752**	**545,313**

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

Agenda Item 13.1
WHSSC Joint Committee
15 May 2018

Reporting Committee	**Quality Patient Safety Committee**
Chaired by	**Charles Janczewski**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**19 March 2018**

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

Renal Network Report

Members received the report which presented an update on the work of the Renal Network and an overview of new issues arising since the last report to the Committee and included an updated risk register.

Members noted that concerns had been raised in relation to vascular access provision for chronic dialysis patients across wales, and that further action had been taken in relation to the provision in BCUHB in the form of a letter requesting an update on key specific areas. It was noted that a response was awaited.

A query was raised around the delay in registry data reporting, and whether there was a way in which to access more up to date information to support better performance management of the quality and safety provision within each Health Board. It was noted that it was unlikely that more recent data would be available, and that the data presented had been gathered over a four-year period. However, the total number of patients waiting for access could be reported on a six-monthly basis to Health Boards and will be used to progress the work.

Wales Fertility Institute: Improvement Board Closure and Transition Report

Members received a copy of the closure and transition report of the improvement work completed by the Wales Fertility Institute Improvement Board which provided assurance of how the revised progresses were embedded into the established governance, business and performance processes.

Corporate Risk and Assurance Framework and Escalation Process

Members received the report that provided an update on progress made in developing the WHSSC risk management framework as at 1 February 2018.

WHSSC Quality and Patient Safety Committee Development Day

A letter has been sent out to Chairs of Health Boards Quality & Patient Safety Committee to invite them to a development day on the 12 July 2018. The purpose of the day will be to explore the ways in which the relationship and reporting to the respective committees could be improved. This year's self-assessment will also be undertaken on the day.

The committee received the following reports:

- Serious Untoward Incidents
- Complaints and Ombudsman Report
- WHSSC Policy Group update

It was noted that significant progress had been made in updating the back log of Commissioning Policies and that policies had undergone a prioritisation process in order to identify those most in need of update. Members received an overview of the latest position following the Policy Group meeting held in January 2018. Members discussed the availability of commissioning policies noting that they were all made available via the WHSSC website. Members of the committee suggested that a report from the Policy Group be presented to the Audit Committee for information and assurance.

Updates from the Commissioning Teams
Updates were received from each of the commissioning teams. Relevant key issues are highlighted in the next section of the report.

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

Mental Health

Progress has been made in terms of recruitment and as a result the Tier 4 CAMHS North Wales has been reduced to level 2 escalation.

Following the death of a child in the unit, Tier 4 CAMHS Services South Wales has been placed at level 3 escalation. The Quality Assurance Improvement Team (QAIT) was asked to undertake a supportive review using the Quality Assurance Framework. This took place on 27 March and was agreed with the provider. An investigation is ongoing and a detailed report will be brought to the next meeting.

Blood & Cancer

An external review of two cases has been agreed with the provider. Once completed these will be considered along with the reviews that have been completed and a full report submitted at the next committee meeting.

Women & Children Paediatric Surgery remains escalated at level 3. Appropriate monitoring is in place between the commissioner and the provider.	
Matters requiring Committee level consideration and/or approval	
Note the services escalated at level 3 or above	
Matters referred to other Committees	
Report from the Policy Group be presented to the Audit Committee for information and assurance.	
Confirmed Minutes for the meeting held 19 March 2018 are available from http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee-con	
Date of next meeting:	12 June 2018

13.1

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

Agenda Item 13.2
WHSSC Joint Committee
15 May 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	**25 April 2018**

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

The Panel meetings held in March and April 2018 were quorate in relation to Health Board representation and clinical representation.

In March 2018
- Panel considered 8 requests
- 4 requests for PET scanning where considered as Chair Actions

In April 2018
- Panel considered 12 requests
- 7 requests for PET scanning where considered as Chair Actions
- 1 Urgent request considered as a Chair Action

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

All Wales IPFR Workshop 2 May 2018 – Cardiff City Stadium
The workshop, sponsored by the All Wales Therapeutics and Toxicology Centre (AWTTC), took place on 2 May. The event was well attended by delegates who are directly involved with IPFR decision making and process.

Delegates were provided with:
- An updated on the implementation of the IPFR Review recommendations;
- Feedback on the All Wales IPFR Database and development of Annual report;
- An Introduction to the web-enabled IPFR application process:
- Feedback on the IPFR Quality Assurance process;
- Overview of the legal and ethical issues related to IPFR decision making.

IPFR Video/Patient Leaflet
- The revised patient information leaflet has been published on Health Board and WHSSC websites
- The IPFR video outlining the IPFR process has been finalised and is available on the AWTTC website. The AWTTC website also provides answers and advice on frequently asked questions.

13.2

Prior Approval Policy and process	
In line with recommendation 5 of the Independent review of IPFR process in Wales (Jan 2017) a prior approval policy and proforma has been agreed. The policy and procedure supports a consistent national process for dealing with requests to access services which are routinely commissioned. The proforma is short and simple. An IPFR application will only be required for requests which are to be considered by an IPFR Panel.	
Matters requiring Committee level consideration and/or approval	
• None	
Matters referred to other Committees	
• None	
Confirmed Minutes for the meeting held 28 March 2018 and 25 April 2018 are available on request.	
Date of next meeting	**30 May 2018**

13.2

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

Agenda Item 13.3
WHSSC Joint Committee
15 May 2018

Reporting Committee	**Cwm Taf UHB Audit Committee**
Chaired by	**Dr Chris Turner**
Lead Executive	**Committee Secretary**
Date of last meeting	**16 April 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 28 recommendations had been made, 1 was not yet due for implementation, 21 had been achieved and 6 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 had been considered by the Internal Risk Management Group in January and February. Audit Committee members received and held a discussion around the refreshed 'risk on a page' presentations for the 31 risks on the register at 1 March 2018.

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. On this occasion the Committee was able to receive assurance on the process for identifying, assessing and managing risks, verified by the presentation of the 'risk on a page' presentations.

The Committee received the WHSSC Draft Annual Governance Statement 2017-18 (AGS) which raised no significant internal control or governance issues. The final AGS would be presented to the Committee at its meeting on 31 May 2018.

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

13.3

Date of next meeting	The next meeting was scheduled for 8 May 2018 to consider the draft 2017-18 Accounts.

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

Agenda Item 14.1
WHSSC Joint Committee
15 May 2018

Reporting Committee	**NHS Wales Gender Identity Partnership Group**
Chaired by	**Tracy Myhill**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**10 April 2018**

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

Cabinet Secretary Statement

A further statement was released by the Cabinet Secretary on 1 March 2018, where he stated the commencement of the service will be Spring 2018.

http://gov.wales/about/cabinet/cabinetstatements/2018/genderidentityservices/?lang=en

All Wales Gender Variance Pathway: Progress Update

Welsh Government have now agreed the business case for the service with Cardiff & Vale Health Board. The Health Board have stipulated they will not implement the service until a satisfactory agreement has been made around the primary care element. Welsh Government continue to scope out a solution for the primary care element of the pathway.

Work has started on the GIC waiting list, looking at repatriation of referrals. A definite date to start seeing referrals is subject to the recruitment and training of staff by Cardiff & Vale Health Board.

Funding for a locum GP (with specialist interest) has been agreed by Welsh Government to address the immediate problem of individuals not being able to access hormones after being recommended by the London GIC.

NHS England Gender Identity Programme Board

WHSSC have a seat on the NHS England Programme Board. They have recently undertaken a procurement exercise for gender surgery and have invited providers to enter a tendering process. NHS Wales will await the outcome from the process and consider the commissioning implications in terms of current and future contracts.

Additionally a pilot is being proposed in Manchester, which will be similar to the Wales pathway.

Work Plan

The Project Lead has taken forward work on the service improvements through a number of task and finish groups including

- *Communication* – A communications plan is now in place. The Chair sends out a regular report on progress that can be communicated amongst the networks. The Gender Dysphoria Wales website is under review by a task and finish group.

- *Education & Training Task* – An education and training plan is now in place across 4 levels, from introductory training to specialist. The group continue to work on the plan, including the identification of an educational partner to take forward online training for GPs with a specialist interest.

- *Implementation Task & Finish Group* – Job descriptions are with CVUHB and will be put through their required scrutiny process. Premises is still TBC. KH has a bi- weekly call with CVUHB Directorate staff to discuss progress in key areas.

- Equality & Diversity – The Project Lead has picked up work undertaken by Voirrey Manson (Assistant Director Public Health) in 2016 to continue to an Equality Impact Assessment.

Membership of the Partnership Group

In response to concerns over the lack of representation from health boards the following members have been nominated to join the group:

- Dr Alan Lawrie, Director of Primary Care, Mental Health & Community – Cwm Taf University Health Board representing Directors of Mental Health and Primary Care

- Mark Walker – Deputy Medical Director at Betsi Cadwalader University Health Board

- Dr Westley Saunders of Forest View Medical Centre, Treorchy

Meeting with stakeholders

The CEO Executive group have agreed to meet with the stakeholder members of the trans community as part of their stakeholder programme. This date is yet to be confirmed.

Key risks and issues/matters of concern and any mitigating actions **All Wales Gender Variance Pathway** Due to a number of issues there could realistically be a delay in the commencement of the pathway. Welsh Government continue to have ongoing discussions regarding the primary care element. Individuals ned to be recruited to the Welsh Gender Team and undergo a period of training before commencing the service. These timescales along with details of the GP will be articulated as soon as possible.
Matters requiring Committee level consideration and/or approval Consideration of the role of WHSSC in the commissioning of the future integrated model will need to be brought back to the Committee once the position has been clarified by Welsh Government.
Matters referred to other Committees None
Unconfirmed Minutes for the meeting held 10 April 2018 are available on request

Date of next meeting	31 July 2018

14.1