



## WHSSC Joint Committee Meeting held in public Tuesday 13 November 2018 at 09.30

NCCU, Charnwood Court, Nantgarw CF15 7QZ

### Agenda

Item	Lead	Paper / Oral	Time
<b>1. Preliminary Matters</b>			
<b>1.1</b> Welcome, Introductions and Apologies - To open the meeting with any new introductions and record any apologies for the meeting.	Chair	Oral	
<b>1.2</b> 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	09.30 - 09.45
<b>1.3</b> Accuracy of the Minutes of the Meetings held 11 September 2018 - To <b>approve</b> the minutes.	Chair	Att.	
<b>1.4</b> Action Log and Matters Arising - To <b>review</b> the actions and consider any matters arising.	Chair	Att.	
<b>1.5</b> Report from the Chair - To <b>note</b> the contents of the report.	Chair	Att.	09.45 - 09.50
<b>1.6</b> Report from the Managing Director - To <b>receive</b> and <b>note</b> the report and consider any issues raised.	Managing Director	Att.	09.50 - 10.00
<b>2. Items for Consideration and/or Decision</b>			
<b>2.1</b> CAHMS – Patient Story - Presentation for Information. <b>Contact:</b> <a href="mailto:Carole.Bell@wales.nhs.uk">Carole Bell@wales.nhs.uk</a>	Director of Nursing	Oral	10:00 - 10:15
<b>2.2</b> National Collaborative Commissioning Unit Proposal to provide a quality assurance service for commissioned NHS Inpatient Mental Health Services in Wales - To <b>support</b> the development of an SLA with the Quality Assurance Improvement Service to ensure consistent quality standards across specialised service providers; and		Att.	10:15 - 10:30

Item	Lead	Paper / Oral	Time
<ul style="list-style-type: none"> <li>- To <b>note</b> that the SLA will sit outside the framework and will link with the quality assurance and escalation process within WHSSC.</li> </ul> <p><b>Contact:</b> <a href="mailto:Stephen.Harry@wales.nhs.uk">Stephen.Harry@wales.nhs.uk</a></p>			
<p><b>2.3</b> Proton Beam Therapy</p> <ul style="list-style-type: none"> <li>- To <b>consider</b> the progress made in the procurement process to provide the required levels of assurance;</li> <li>- To <b>approve</b> that, subject to receipt of an appropriate signed SLA between RCC and Velindre NHS Trust, WHSSC will commission a PBT service from RCC; and</li> <li>- To <b>approve</b> that WHSSC will finalise a formal agreement with NHS England for commissioning of PBT from Christie and then Christie &amp; UCLH.</li> </ul> <p><b>Contact:</b> <a href="mailto:Stuart.Davies5@wales.nhs.uk">Stuart.Davies5@wales.nhs.uk</a></p>	Director of Finance	Att.	10:30 - 10:45
<p><b>2.4</b> Advanced Therapy Medicinal Products</p> <ul style="list-style-type: none"> <li>- Presentation for Information.</li> </ul> <p><b>Contact:</b> <a href="mailto:Luke.Archard@wales.nhs.uk">Luke.Archard@wales.nhs.uk</a></p>	Acting Director of Planning, WHSSC	Oral	10:45 - 11:00
<p><b>2.5</b> Genomics</p> <ul style="list-style-type: none"> <li>- Presentation for Information.</li> </ul> <p><b>Contact:</b> <a href="mailto:Stuart.Davies@wales.nhs.uk">Stuart.Davies@wales.nhs.uk</a></p>	Director of Finance	Oral	11:00 - 11:15
<b>3. Routine Reports and Items for Information</b>			
<p><b>3.1</b> Integrated Performance Report</p> <ul style="list-style-type: none"> <li>- To <b>note</b> the report.</li> </ul> <p><b>Contact:</b> <a href="mailto:Ian.Langfield@wales.nhs.uk">Ian.Langfield@wales.nhs.uk</a></p>	Acting Director of Planning	Att.	11:15 - 11:25
<p><b>3.2</b> Financial Performance Report</p> <ul style="list-style-type: none"> <li>- To <b>note</b> the report.</li> </ul> <p><b>Contact:</b> <a href="mailto:Stuart.Davies5@wales.nhs.uk">Stuart.Davies5@wales.nhs.uk</a></p>	Director of Finance	Att.	11:25 - 11:40
<p><b>3.3</b> Reports from the Joint Sub-Committees</p> <ul style="list-style-type: none"> <li>- To <b>receive</b> the reports and consider any issues raised. <ul style="list-style-type: none"> <li>i. Management Group Briefings</li> <li>ii. All Wales Individual Patient Funding Request Panel</li> <li>iii. Welsh Renal Clinical Network</li> </ul> </li> </ul>	Joint Sub-Committee Chairs	Att.	11:40 - 11:50

<b>4. Concluding Business</b>		
<b>4.1</b> Any Other Business	Chair	Oral
<b>4.2</b> Date of next meeting (Extra Ordinary) <ul style="list-style-type: none"> <li>- 28 January 2019, 08:00 – 10:00hrs</li> <li>- Health and Care Research Wales, Cardiff CF11 9AB</li> <li>- <b>(ALL CEOs TO BE PRESENT IN PERSON OR BY SKYPE)</b></li> </ul> Date of next meeting (Scheduled) <ul style="list-style-type: none"> <li>- 5 February 2019, 09:30 -13:00hrs</li> <li>- Bowel Screening Wales, Training Room 1, Unit 6, Greenmeadow, Llantrisant, CF72 8XT</li> </ul>	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)”.

## Minutes of the Meeting of the Welsh Health Specialised Services Committee

held on 11 September 2018  
at Health and Care Research, Castlebridge 4,  
Cowbridge Road East, Cardiff

### Members Present:

Chris Turner	(CT)	In the Chair/ Independent Member
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty (by VC)	(GD)	Chief Executive, Betsi Cadwaladr UHB
Vivienne Harpwood	(VH)	Chair (part meeting by telephone)
Sian Lewis	(SL)	Managing Director, WHSSC
Lyn Meadows	(LM)	Vice Chair (by VC)
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive, Abertawe Bro Morgannwg UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Jennifer Thomas	(JT)	Medical Director, WHSSC
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
John Williams	(JW)	Associate Member/ Chair of the Welsh Clinical Renal Network

### Apologies:

Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Charles Janczewski	(CJ)	Independent Member/ Chair of the WHSSC Quality and Patient Safety Committee

### In Attendance:

Andrew Champion	(AC)	Assistant Director, Evidence, Evaluation & Effectiveness
Iolo Doull	(ID)	Deputy Medical Director, WHSSC
Ian Langfield	(IL)	Acting Director of Planning, WHSSC
Clare Nelson	(CN)	Acting Assistant Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

### Observers:

Simon Dean		Welsh Government
Robert Mahoney	(RM)	Finance Manager, Cardiff and Vale UHB

### Minutes:

Michaella Henderson	(MH)	Corporate Governance Officer, WHSSC
The meeting opened at 09:30		

JC18/045	<p><b>Welcome, Introductions and Apologies</b></p> <p>CT formally opened the meeting and welcomed members, explaining that VH had asked him to chair the meeting because she would only be able to join by telephone for part of the meeting.</p> <p>Apologies were noted as above.</p>
JC18/046	<p><b>Declarations of Interest</b></p> <p>There were no declarations to note. The Joint Committee noted the standing declarations.</p>
JC18/047	<p><b>Accuracy of Minutes of the meeting held 10 July 2018</b></p> <p>The Joint Committee <b>approved</b> the minutes of the meeting held on 10 July 2018 as a true and accurate record.</p>
JC18/048	<p><b>Action Log</b></p> <p>The Joint Committee <b>received</b> the action log and noted the following updates:</p> <p><b>JC18003 – JC18/024 Integrated Commissioning Plan 2018-21: Work Plan</b> Update to be provided at the next meeting.</p> <p><b>JC18008 – JC18/039 Neuroscience Strategy Delivery Plan</b> IL reported the matter was on the agenda for the COO’s November meeting and an update would be provided at the next meeting.</p> <p><b>JC18009 - JC18/040 Integrated Performance Report</b> IL reported that Management Group had considered whether there was scope to revise tolerance levels and concluded that there was not – Action closed.</p> <p><b>Matters Arising</b> There were no matters arising.</p>
JC18/049	<p><b>Report from the Chair</b></p> <p>The Joint Committee <b>received</b> the report from the Chair.</p> <p>Members noted there was still a need for additional appointments to the Quality and Patient Safety Committee.</p> <p>Members noted the connection between WHSSC Quality and Patient Safety Committee and the Health Board Quality and Patient Safety Committees and how information flows between them would be an agenda item at a future Development Day. CB reported that the Chair’s Report and the minutes of the WHSSC Quality and Patient Safety</p>

	<p>Committee meetings were already being sent directly to the Chairs of the Health Board Quality and Safety Committees.</p> <p>The members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the Report;</li> <li>• <b>Approve</b> the appointments of Maggie Berry and Lyn Meadows as Independent Members of the Quality and Patient Safety Committee;</li> <li>• <b>Approve</b> the appointment of Dr Christopher Jones as a Member and Vice Chair of the All Wales (WHSSC) Individual Patient Funding Review Panel;</li> <li>• <b>Approve</b> the Quality and Patient Safety Committee Terms of Reference</li> </ul>
JC18/050	<p><b>Report from the Managing Director</b></p> <p>The Joint Committee <b>received</b> the report from the Managing Director.</p> <p>SL drew attention to the following items within the report which the Members discussed further:</p> <ul style="list-style-type: none"> <li>• Management Group Review: Members noted that the OD Team at CTUHB would be running an OD exercise with members of Management Group which would begin during autumn.</li> <li>• Mother &amp; Baby Unit for south Wales: WHSSC has received expressions of interest from two health boards to provide a Mother &amp; Baby Service and would be working with Public Health Wales on demand and flow.</li> <li>• Neonatal Transport: ABMUHB had expressed offered to act as lead provider.</li> </ul> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report.</li> </ul>
JC18/051	<p><b>Commissioning Intentions for 2019-22 Integrated Commissioning Plan</b></p> <p>The Joint Committee <b>received</b> the paper outlining the options for Commissioning Intentions to inform the development of the WHSSC three year Integrated Commissioning Plan for Specialised Services 2019-22.</p> <p>IL reported the Commissioning Intentions had been refined, taking into account previous feedback, other systems and how other bodies across NHS Wales and the UK present their Commissioning Intentions, and tested at the August Management Group meeting. Members noted and discussed the 5 Commissioning Intentions set out in Table 1 of the paper and the respective measures of achievement.</p>

	<p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the WHSSC Commissioning Intentions and their use to inform the development of the WHSSC Integrated Commissioning Plan 2019-22.</li> </ul>
JC18/052	<p><b>Introduction of Blueteq System for High Cost Drug Management</b></p> <p>The Joint Committee <b>received</b> the paper that described the potential use of Blueteq management software in the commissioning of high cost drugs within NHS Wales.</p> <p>Members noted the introduction of the Blueteq system was being driven by the increased use of Managed Access Agreements for the provision and assessment of high costs drugs. Members further noted the support of Welsh Government, the All Wales Pharmacy Group and the All Wales Procurement specialist pharmacist for the acquisition of the Blueteq system.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the benefits of introducing the Blueteq high costs drug management system across NHS Wales</li> <li>• <b>Approve</b> recurrent funding for a system which supports both the 7 local health boards and WHSSC.</li> </ul>
JC18/053	<p><b>Terms of Reference – Integrated Governance Committee</b></p> <p>The Joint Committee <b>received</b> the draft Terms of Reference for the Integrated Governance Committee. Members noted the Integrated Governance Committee had considered the draft Terms of Reference at a meeting on 12 June 2018 and approved them for onward consideration by the Joint Committee.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the Terms of Reference for the Integrated Governance Committee.</li> </ul>
JC18/054	<p><b>Sub-Committee and Advisory Group Annual Reports</b></p> <p>The Joint Committee received the Annual Reports from Management Group, Integrated Governance Committee, All Wales Individual Patient Funding Request Panel and Welsh Renal Clinical Network.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the Annual Reports from Management Group, Integrated Governance Committee, All Wales Individual Patient Funding Request Panel and Welsh Renal Clinical Network.</li> </ul>

JC18/055	<p><b>Integrated Performance Report</b> The Joint Committee <b>received</b> the June 2018 Integrated Performance Report.</p> <p>Members discussed the new format of the report.</p> <p>Members noted that the WHSS Team were holding monthly Cardiac Surgery performance management meetings with CVUHB.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> June performance and the action undertaken to address areas of non-compliance</li> </ul>
JC18/056	<p><b>Financial Performance Report</b> The Joint Committee <b>received</b> the Financial Performance Report for Month 4 2018/19.</p> <p>Members noted the financial position reported in Month 4 for WHSSC was an over spend of £12k to date with a forecast over spend to year-end of £1,019k. The movements were across various budget headings, including overspend in Wales and deterioration in non-Welsh contracts, offset by underspends in Mental Health. In addition, the overall position had benefitted from the release of year end provisions.</p> <p>Members noted uncertainty remained regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the current financial position and forecast year-end position.</li> </ul>
JC18/057	<p><b>Reports from the Joint Sub-Committees</b></p> <p><b>Management Group Briefings</b> The Joint Committee <b>received</b> the Management Group Briefings from the meetings held on 26 July 2018 and 23 August 2018.</p> <p><b>Integrated Governance Committee</b> The Joint Committee <b>received</b> the report.</p> <p><b>All Wales Individual Patient Funding Request Panel</b> The Joint Committee <b>received</b> the report.</p>
JC18/058	<p><b>Reports from the Joint Advisory Groups</b></p> <p><b>NHS Wales Gender Identity Partnership Group</b></p>

	The Joint Committee <b>received</b> the report.
JC18/059	<p><b>Gender Identity Services</b></p> <p>CB reported Dr Sophie Quinney, a GP, had been appointed as WHSSC Associate Medical Director for Gender Identity.</p> <p>CB reported a number of members of the All Wales Gender Identity Partnership Group, including SQ would be attending the British Association of Gender Identity Specialists ('BAGIS') Scientific Symposium in Belfast, 4-5 October 2018, the first time there would be Welsh representation and that NHS Wales had been asked to host next year's Symposium.</p> <p>Members noted the formation of a Task and Finish Group led by Dr Mark Griffiths.</p>
JC18/060	<p><b>Date and Time of Next Meeting</b></p> <p>The Joint Committee noted the date of an extra ordinary meeting on 18 September 2018 at 17:00 for the purpose of discussing the thoracic surgery consultation.</p> <p>The Joint Committee noted the date of the next scheduled meeting as 13 November 2018 at 09:30.</p>

The meeting concluded at 10:55

**Chair's Signature:** .....

**Date:** .....



## 2018/19 Action Log (MASTER) Joint Committee Meeting OPEN ACTIONS AND ACTIONS FOR CLOSURE APPROVAL

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
26.09.17	JC17032	<b>JC17/064 - WHSSC Joint Committee Annual Self-Assessment</b> Chair and Committee Secretary to review options for a development day for the Joint Committee and induction programme for members.	Committee Secretary	TBC	<b>28.11.17</b> – Principles discussed. Scoping work has begun. Development session likely to be scheduled for May-July 2018. <b>13.11.18</b> – Postponed pending outcome of review outlined in Healthier Wales. Action closed.	<b>OPEN</b>
15.05.18	JC18003	<b>JC18/024 - Integrated Commissioning Plan 2018-21: Work plan</b> Share an overview with CJ that includes the key milestones to provide assurance.	Acting Director of Planning	June 2018	<b>11.09.18</b> – Update to be provided at the November meeting. <b>13.11.18</b> – In Committee Agenda Item. Action closed.	<b>OPEN</b>

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status	
10.07.18	JC18007	<p><b>JC18/034 - Matters Arising – Report from the Quality and Patient Safety Committee</b></p> <p>Members agreed to give the matter of additional independent Committee members further consideration and provide the Chair with the names of potential new members.</p>	ALL	Sept 2018	<p><b>11.09.18</b> – Lyn Meadows joining Quality and Patient Safety Committee.</p> <p><b>13.11.18</b> – Delyth Raynsford joining Quality and Patient Safety Committee. Action closed.</p>	<b>OPEN</b>	
10.07.18	JC18008	<p><b>JC18/039 - Neuroscience Strategy Delivery Plan</b></p> <p>It was agreed that the WHSSC Team would lead discussions, linking in with the Chief Operating Officers, as to the appropriate use or otherwise of incentives and other options for driving change.</p>	Acting Assistant Director of Planning	Oct 2018	<p><b>11.09.18</b> - On the agenda for the COOs October meeting, update to be provided at the next meeting.</p> <p><b>13.11.18</b> – Discussed at October 2018 COO’s meeting. Action closed.</p>	<b>OPEN</b>	
		<p>It was agreed that a further paper around the incentivisation element of the Neurosciences strategy would be brought to a future meeting.</p>	Acting Assistant Director of Planning	Feb 2019	<p><b>11.09.18</b> - On the agenda for the COOs November meeting, update to be provided at the next meeting.</p> <p><b>13.11.18</b> – Paper to be brought back to February 2019 meeting.</p>	<b>OPEN</b>	
11.09.18		<b>NO ACTIONS FROM MEETING</b>					



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

		Agenda Item	1.5
Meeting Title	<b>Joint Committee</b>	Meeting Date	13/11/2018
Report Title	Report from the Chair		
Author (Job title)	Chair		
Executive Lead (Job title)		Public / In Committee	Public

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

RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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		Meeting Date	
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**Recommendation(s)**  
Members are asked to:

- **Note** the contents of the report;
- **Approve** the appointment of Delyth Raynsford as an Independent Member of the Quality and Patient Safety Committee;
- **Approve** the appointment of Professor Sheila Hunt, as a Member of the All Wales (WHSSC) Individual Patient Review Panel; and
- **Ratify** the Chair's Action.

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

## **2.0 Background**

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

## **3.0 Assessment**

### **3.1 Joint Committee Membership**

Dr Chris Turner will be stepping down as an Independent Member of CTUHB on 31 December 2018, at which time he will also cease membership of the Joint Committee. We are in the process of identifying his successor to join the Joint Committee.

I would like to thank Chris for the work that he has done for WHSSC during his tenure, both personally and on behalf of the organisation as a whole. He has been a dependable colleague and brought valuable insight to WHSSC.

### **3.2 Appointment of Independent Member of the Quality and Patient Safety Committee**

I am delighted to recommend the appointment of Delyth Raynsford as an Independent Member of the WHSSC Quality and Patient Safety Committee with immediate effect, until the expiry of the initial term of her appointment as an Independent Member of Hywel Dda University Health Board.

### **3.2 Appointment of Lay Person of the All Wales (WHSSC) Individual Patient Review Panel**

I am also delighted to recommend the appointment of Professor Sheila Hunt as a lay person member of the All Wales (WHSSC) Individual Patient Review Panel with effect from 28 November 2018.

### **3.3 Chair's Action**

I wrote to Joint Committee Members on 9 October 2018 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Dr Chris Turner, an Independent Member of WHSSC, I had taken Chair's Action to approve v2.0 of the Report on Public Consultation relating to the Provision of Adult Thoracic Surgery in South Wales, including the recommendations set out within it.

### **3.4 Chairs' Meeting - Thoracic Surgery Consultation**

Most of the items discussed by the Chairs were of general NHS Wales importance, rather than of specific significance for WHSSC. However, there was a focused conversation about the Thoracic Surgery Consultation which is due to be presented to the Board meetings of health boards in the south of Wales during the last week in November.

### **3.5 Meeting with Cabinet Secretary**

#### **3.5.1 Thoracic Surgery Consultation**

A wide range of current issues were discussed at the meeting of the Chairs with the Cabinet Secretary, most of which did not directly concern the specific remit of WHSSC. The Cabinet Secretary, who had stated his frustration at the slow pace of decision-making and implementation in June, was given an update on the Thoracic Surgery Consultation, and expressed some disappointment about the additional delay that was considered necessary before the health boards in the south will deal with the Consultation Report. However, he accepted that the delay was inevitable and indicated that he looked forward to a positive outcome.

#### **3.5.2 Gender Identity Services**

There was a discussion about the options for Gender Identity primary care provision, and the Cabinet Secretary welcomed the progress to date on Gender Identity Services in Wales, summarised below:

- The repatriation work with the London GIC has been completed by the AMD for gender services who is now working with CVUHB re the transfer process into the new pathway. She is also working on the training programmes necessary for all disciplines in preparation for the transition. As this work will take a few months a request to extend her post has been agreed by WG.
- Further negotiations have been taking place with GPC Wales and a negotiated position for the primary care enhanced service has been agreed. A paper went to the Chief Executives' Group on the 23 October for approval of the costings. It is proposed that a shadow clinical network is set up with representatives from each of the health boards to progress this work from a local health board perspective, to take this work forward and implement at a local level.
- It is understood that CVUHB is making progress with the appointments for the Welsh Gender Team. They have also secured premises at St David's Hospital for the service.
- WHSSC is in the process of securing an additional contract for gender reassignment surgery with The Parkside Hospital, London. This is as a result of NHS England making changes to their contracting arrangements with this provider and in view of a surgeon with our

other provider being on maternity leave which will affect the waiting times for these patients.

#### **4. Recommendations**

Members are asked to:

- **Note** the contents of the report;
- **Approve** the appointment of Delyth Raynsford as an Independent Member of the Quality and Patient Safety Committee;
- **Approve** the appointment of Professor Sheila Hunt, as a Member of the All Wales (WHSSC) Individual Patient Review Panel; and
- **Ratify** the Chair's Action.

#### **5. Appendices/ Annex**

None.

<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	Approval process	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	The report suggests that there are some relevant issues that impact Quality, Safety & Patient Experience.	
Resources Implications	The report suggests that there are some relevant issues that impact on resources.	
Risk and Assurance	The report suggests that there are some relevant issues that impact on risk and assurance.	
Evidence Base	Not applicable	
Equality and Diversity	Not applicable	
Population Health	Not applicable	
Legal Implications	Not applicable	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Not applicable		



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Welsh Health Specialised  
Services Committee (WHSSC)

		Agenda Item	1.6
Meeting Title	<b>Joint Committee</b>	Meeting Date	13/11/2018
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	In Public

Purpose	The purpose of this report is to provide the Members with an update on key issues that have arisen since the last meeting.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of this report.</li> </ul>		

**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 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 Perinatal Mental Health

As part of the Children, Young People and Education Committee's 2017 [Report into Perinatal Mental Health](#) the committee committed to following up on progress with the implementation of its 27 recommendations.

A written update has therefore been submitted to Welsh Government on progress relating to the provision of a Mother & Baby Units for the population of Wales. It was confirmed that the number of patients from Wales that went out of area from Sept 2017 to-date is 25. The total bed-days for the 21 completed episodes of care over the period was 635 with a length of stay varying between 3 and 78 days (average length of stay 30 days). This equates to 1.7 beds per day. WHSSC currently have 4 patients placed in M&B beds.

<b>HEALTH BOARD OF RESIDENCE</b>	<b>NO OF REFERRALS</b>
HDUHB	4
CVUHB	3
CTUHB	0
ABMUHB	5
ABUHB	4
PTHB	1
BCUHB	8
<b>TOTAL</b>	<b>25</b>

Following a commissioning workshop two Welsh Health Boards expressed an interest in delivering a Mother & Baby Service for South Wales. Estimated costs and plans for an interim and long term solution have been received from one of the interested Health Boards but we are awaiting written costs from the other Health Board. In both cases additional costs for both revenue and capital have been identified.

A letter has been received from the Head of Mental Health & Vulnerable Groups Division at Welsh Government on the 26<sup>th</sup> October which confirmed that Welsh Government would expect the revenue funding arrangements for the unit to be agreed by the Health boards taking account of the Welsh Government's commitment to invest in this area. In terms of any capital elements of the project it is expected that this would follow the principles of the NHS Infrastructure Investment Guidance, Welsh Health Circular (2018) 043. Colleagues within the Capital Finance team at Welsh Government have been made aware of this Ministerial commitment and expect receipt of an agreed proposal in the near future. The letter also requested that a written

update is provided by 27 November as they wish this to be progressed with urgency.

Conversations regarding provision of services for the population of North Wales with NHS England are ongoing. NHSE have however confirmed that they are unlikely to commission beds from within Wales following a decrease in the number of women requiring admission to a specialist Mother & Baby Unit since the introduction of local specialist perinatal mental health teams. We have asked them to make this data available to us to inform ongoing work. The Specialist Perinatal Mental Health Team in North Wales are involved in developing plans for a local model for assessment and transfer to a specialist beds either in NHS Wales or England as required.

The Cabinet Secretary for Health, is expected to attend a public committee meeting on 10 January 2019 to answer questions on progress in this area.

### **3.0 Recommendations**

Members are asked to:

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

### **4.0 Annexes and Appendices**

None.

<b>Link to Healthcare Objectives</b>		
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	
<b>Organisational Implications</b>		
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.	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Not applicable		

		Agenda Item	2.2
Meeting Title	<b>Joint Committee</b>	Meeting Date	13/11/2018
Report Title	Mental Health Quality Assurance Improvement Services		
Author (Job title)	Dr Sian Lewis		
Executive Lead (Job title)	Managing Director WHSSC	Public / In Committee	Public

Purpose	To provide members with a proposal from the National Collaborative Commissioning Unit to provide a quality assurance service for commissioned NHS Inpatient Mental Health Services in Wales
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RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>
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Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
		Meeting Date	

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Support</b> the development of an SLA with the Quality Assurance Improvement Service to ensure consistent quality standards across specialised service providers.</li> <li>• <b>Note</b> that the SLA will sit outside the framework and will link with the quality assurance and escalation process within WHSSC.</li> </ul>
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**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. Situation**

Prior to 2012, non-NHS Wales's mental health and learning disabilities hospital services were commissioned separately by each Local Health Board or through the Welsh Health Specialised Services Committee. These commissioning arrangements led to disparity in costs, contractual obligations, standards and performance management across NHS Wales. Oversight of these hospitals was the remit of individuals or small teams within Local Health Boards with little or no collaboration. An independent review in 2012 stated that the use of the independent sector by NHS Wales prior to the development of the National Framework was "inefficient, ineffective and inconsistent".

In March 2012 a National Collaborative Framework for medium and low secure care was launched and was successful in improving quality assurance and reducing costs. Subsequently In 2013 the Chief Executives of the NHS Wales' Local Health Boards considered that a broader suite of services required this level of assurance and subsequently the NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Hospitals was developed and launched in April 2014. A further development in 2015 was the introduction of a similar Framework Agreement for Child and Adolescent Mental Health Services.

The services are delivered in line with the service specification that is described within the relevant Frameworks which have been designed by the Quality Assurance Improvement Service (QAIS) and NHSWSSP: Procurement and is underpinned by expert legal counsel.

The Collaborative Framework's do not include any services that are supplied by the NHS in Wales. Therefore the QAIS do not review or offer any improvement advice with regards to these services.

## **2. Background**

Following a request by WHSSC the NCCU have developed a proposal which would offer WHSSC the same quality assurance for the services they commission with NHS Wales, as they receive for services commissioned via the National Collaborative Frameworks.

WHSSC enquired into the possibility of the QAIS undertaking similar reviews of the NHS Inpatient Mental Health Services they commission as they would for under the National Collaborative Frameworks. These services are:

- Caswell Clinic Medium Secure Unit- Located in Bridgend, South Wales. Provides Male and Female Medium Secure Mental Health Inpatient Services for 6 Health Board areas

- Ty Llewellyn Medium Secure Unit- Located in Llanfairfechan, North Wales. Provides Medium Secure Mental Health Inpatient Services for male patients from the BCUHB area
- North Wales Adolescent Service (NWAS) - Located in Mold, North Wales. Provides Child and Adolescent Mental Health inpatient service for Young people and children from the BCUHB & North Powys area
- Ty Llidiard- Located in Bridgend, South Wales. Provides inpatient CAMHS for Children and Young people from all Health Board areas except BCUHB

### **3. Action**

WHSSC currently receive assurance from the QAIS with regards to the Adult Mental Health/Learning Disabilities and CAMHS services that they commission, external to NHS Wales, via the National Framework Agreements. This process provides assurance in relation to Safety, Quality and Value. This process is not currently in place for the four hospital services that WHSSC commission with NHS Wales.

The NCCU's proposal is that the QAIS would undertake reviews of each of the units using similar processes and documentation than that used when undertaking a review of similar framework services.

This would include:

- A full site audit will be undertaken once per year by the QAIS with the following conditions:
  - Services will be reviewed against the standards that are already included within schedule 2 of the relevant National Framework Agreements for Non-NHS Wales Hospital provision
  - All reviews will be announced with at least 10 days' notice being given in writing to the service manager of the relevant service to be reviewed.
  - All reviews will be planned and arranged by the QAIS.
  - A report, outlining areas of good practice and identifying areas for improvement will be generated following each review. This report will be shared with WHSSC and the relevant personnel in the service being reviewed.
  - Potential or actual safeguarding concerns identified through the course of the review will be reported accordingly and through proper process

- Serious or immediate safety concerns that are identified during the review process will be reported to the service at the time the concern is identified.
- WHSSC may request a focused site audit due to a concern or issue, the agreement to undertake any such additional review will be at the discretion of Director of Quality, NCCU and require the agreement of the service provider.
- Following any focused or full reviews WHSSC and the service provider will decide how best to improve/rectify any identified issues. The QAIS will offer support and advice in relation to quality/safety improvement.

#### **4. Recommendation from QAIS to the WHSS Team**

The NCCU are willing to work in collaboration with WHSSC and the three Health Boards that host these services being considered for review (ABMUHB, BCUHB and CTUHB) to offer an assurance and improvement service.

Any further funding that may be required will be considered after agreement of the approach. To ensure clarity a Service Level Agreement between NCCU and WHSSC will be established should the committee agree with the proposal

This proposal is predicated on the understanding that it offers quality assurance approach and is not part of any performance management by the NCCU.

The NCCU will require the consent of the Committee to extend the QAIS into NHS Wales provided services.

#### **5. Recommendations**

Members are asked to:

- **Support** the development of an SLA with the Quality Assurance Improvement Service to ensure consistent quality standards across specialised service providers.
- **Note** that the SLA will sit outside the framework and will link with the quality assurance and escalation process within WHSSC.

<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	<b>Governance and Assurance</b> <b>Governance and Assurance</b>	
Link to Integrated Commissioning Plan	This paper proposes to enhance the quality assurance processes in place to monitor the quality of NHS Wales commissioned services in Mental Health and bring them in line with those services commissioned on the framework.	
Health and Care Standards	<b>Governance, Leadership and Accountability</b> <b>Safe Care</b> <b>Governance, Leadership and Accountability</b>	
Principles of Prudent Healthcare	<b>Reduce inappropriate variation</b> Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	<b>Improving Health of Populations</b> <b>Improving Patient Experience (including quality and Satisfaction)</b> Choose an item.	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	The proposal which would offer WHSSC the same quality assurance for the services they commission with NHS Wales, as they receive for services commissioned via the National Collaborative Frameworks.	
Resources Implications	There are no resource implications at this point	
Risk and Assurance	There are no known risks associated with the proposal.	
Evidence Base	N/A	
Equality and Diversity	The proposal will ensure that WHSSC offer the same quality assurance for the services they commission with NHS Wales, as they receive for services commissioned via the National Collaborative Frameworks.	
Population Health	This will ensure that there is equity for all individuals accessing mental health services and improve the outcomes by monitoring services through a set of agreed standards	
Legal Implications	There are no legal implications identified.	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>





		Agenda Item	2.3
Meeting Title	<b>Joint Committee</b>	Meeting Date	13/11/2018
Report Title	Proton Beam Therapy (PBT): Proposed Procurement Recommendations		
Author (Job title)	Specialised Services Planning Manager (Cancer & Blood)		
Executive Lead (Job title)	Director of Finance	Public / In Committee	In Public

Purpose	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> <li>• <b>Inform</b> Joint Committee of the outcome of the procurement evaluation of the Rutherford Cancer Centre's PBT service, undertaken in July 2018;</li> <li>• <b>Inform</b> Joint Committee of the current status of the procurement process;</li> <li>• <b>Seek support</b> for commissioning proposals for PBT for the population of Wales.</li> </ul>			
RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Sub Group /Committee		Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Consider</b> the progress made in the procurement process to provide the required levels of assurance</li> <li>• <b>Approve</b> that, subject to receipt of an appropriate signed SLA between RCC and Velindre NHS Trust, WHSSC will commission a PBT service from RCC</li> <li>• <b>Approve</b> that WHSSC will finalise a formal agreement with NHS England for commissioning of PBT from Christie and then Christie &amp; UCLH</li> </ul>		

**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

In July 2018, WHSSC undertook an evaluation of the PBT service at the Rutherford Cancer Centre (RCC), Newport, to determine if the RCC is able to provide a safe, high quality and sustainable service that meets the standards of the WHSSC PBT service specification. A detailed update regarding progress was provided to the Joint Committee at the meeting of 11 September 2018. It was agreed that the process for paediatrics, teenage and young adults would be paused pending further work regarding the supporting specialised services provided at the University Hospital for Wales. It was further agreed that work to complete the process for adults services would progress and a recommendation brought forward when sufficient progress has been made by the RCC regarding the outstanding assurances required.

The purpose of this paper is to:

- Inform Joint Committee of the progress on the evaluation of the adult service;
- Recommend commissioning of a service for selected adult cases subject to final confirmation of the service level agreements in place between RCC and Velindre NHS Trust for provision of clinical support and formal procurement sign off;

## 2.0 Background

The Rutherford Cancer Centre (RCC), a private cancer treatment centre based in Newport, has established a proton beam therapy (PBT) service. The RCC began treating private patients with PBT earlier in 2018. The RCC has been working with the Velindre Cancer Centre and Cardiff & Vale University Health Board to develop a proposal for a PBT service for NHS patients in south Wales.

Currently, patients who may benefit from PBT are referred to the National Clinical Reference Panel which assesses suitability for PBT against the commissioning policy criteria (these are the same in Wales as in England). Patients assessed as suitable for PBT are referred abroad, either to Jacksonville, Florida, or, more recently, to Essen, Germany. However, from November 2018, the new NHS PBT centre at Christie Hospital, Manchester, will begin treating patients. NHS England will gradually phase out the overseas programme as the Christie service increases its capacity and expertise. The Christie service is planning to carefully increase capacity over the next year. The WHSSC team has visited Christie in early July to review the new service and is assured regarding the planned service against the specification. It is the planning intention that as a minimum, North Wales and North Powys patients will receive their proton treatment at Christie when it is fully commissioned. WHSSC has received written confirmation of NHS England's pricing structure for devolved administrations.

## 3.0 Assessment

### 3.1 Procurement Process

The procurement process was implemented via NHS Shared Services and included the following main stages:

- Desktop assessment of the pre-qualification questionnaire (to confirm financial viability and regulatory compliance);
- Desktop assessment of RCC's written submission against the service specification;
- Assessment of RCC treatment plans for 3 specified clinical scenarios;
- Site visit to the RCC for a tour of the facility, to review the response to the clinical scenarios and to validate, verify and clarify the response to the service specification.
- Representatives from Velindre Cancer Centre and Cardiff & Vale UHB were also present during the site visit for discussion of the components of the service specification that require input from these NHS organisations.
- Structured feedback on the process to RCC setting out the areas assured and the areas where further assurance was required. Followed by further follow up assessment of the RCC response.

The evaluation team included the following members:

- Dr Tom Merchant, St Jude Hospital, Memphis - Independent international expert in PBT and paediatric radiation oncology.
- Jaap Vaarkamp, Medical physics expertise, BCUHB.
- Dr Martin Rolles, Clinical oncology, ABMUHB.
- Stuart Davies, Director of Finance, WHSSC (WHSSC executive lead and chair of the procurement process)
- Jenny Thomas, Medical Director, WHSSC
- Kerryn Lutchman-Singh, Associate Medical Director for Cancer, WHSSC.
- Carole Bell, Director of Nursing and Quality, WHSSC.
- Nic Cowley, Head of sourcing, NHS Shared Services
- Luke Archard, Planning Manager, WHSSC.

### 3.2 Outcome of Procurement Evaluation

Following the desktop assessment and site visit, the evaluation team was assured in relation to many areas of the specification, including:

- the technical specifications of the equipment
- the technical ability to deliver PBT safely and to a high standard
- formal governance arrangements within the RCC (equipment and machinery, patient information, clinical practice and incidents)

However, the evaluation team was initially not assured that the specification requirements were met in a number of key areas. For adults services these included:

- SLA with Velindre Cancer Centre to ensure clinical oncology cover for treatment of adult patients
- Resilience of planning and existence of clinical and planning protocols for current indications
- Data sharing with NHS
- Outcome reporting in line with other UK centres
- Ensuring process in place for on-going peer review of proton therapy plans.

The RCC provided a detailed response to all the key issues raised, with the exception of the SLA with Velindre NHS Trust and these were shared with the evaluation team to ensure that the team were assured. At the time of writing RCC have confirmed that an SLA has been agreed between the two parties and provided a copy signed by them and awaiting final sign off by Velindre NHS Trust.

WHSSC has reviewed the SLA agreement and, subject to receipt of a satisfactory final signed agreement, is prepared to recommend the commissioning of selected adult cases from RCC. WHSSC would anticipate most adult cases being suitable for RCC but will reserve the ultimate right to refer to an alternative centre on the grounds of case complexity.

### **3.3 Value for Money**

RCC has now submitted firm prices for the anticipated range of clinical indications for proton beam therapy. Individual pricing details are commercial in confidence but for adult services the prices remain within the levels seen from comparator organisations outside of the UK.

Price comparability with the new Christie PBT service is complex but at this point WHSSC is assured that the RCC adult price provides reasonable initial value for money. The price structure for access to the Christie PBT service will be based on a maximum of comparator costs of current providers or actual cost if lower. As capacity increases, prices for adult services will decrease significantly and at that point the value for money comparator with RCC will switch if the current price structure of RCC is maintained.

At this point WHSSC is not considering commissioning paediatric and teenage and young adult cases from RCC based on the inability to meet the overall service specifications across the RCC and UHW services. In terms of comparative price the RCC is significantly in excess of the price deliverable by the NHS alternative for the casemix anticipated and hence commissioning from RCC would in any case not represent reasonable value for money.

### 3.4 Overall Commissioning Plan for PBT

The wider commissioning plan for PBT for the population of Wales is summarised as follows:

- North Wales and North Powys adults and paediatrics/teenage/young adults would be provided permanently by the Christie service.
- South Wales and South Powys paediatrics/teenage/young adults would initially be provided by the Christie service and then transition to the new service provided out of ULCH.
- South Wales and South Powys adults would be provided by RCC with the exception of highly complex cases which would be referred to an appropriate designated provider.

As the volumes and casemix ramps up at the Christie centre over the next year it is accepted that there may still be individual complex cases that will continue to be referred outside of the UK in the short term, but this will diminish over time.

The development of PBT is forecast to evolve rapidly over the next five years as both the clinical expertise of centres and the evidence of treatment outcomes grows. Furthermore, the comparative pricing arrangements for PBT from the NHS service are likely to change favourably in response to increased planned capacity and service volume. The commissioning plan and procurement arrangements will be adapted in response.

### 4.0 Recommendations

Members are asked to:

- **Consider** the progress made in the procurement process to provide the required levels of assurance.
- **Approve** that, subject to receipt of an appropriate signed SLA between RCC and Velindre NHS Trust, WHSSC will commission a PBT service from RCC for selected adult cases (subject to appropriate procurement sign-off).
- **Approve** that WHSSC will finalise a formal agreement with NHS England for commissioning of PBT from Christie and then Christie & UCLH.

<b>Link to Healthcare Objectives</b>	
Strategic Objective(s)	Implementation of the ICP
Link to Integrated Commissioning Plan	Procurement process to inform the commissioning plan for PBT.
Health and Care Standards	Safe Care Effective Care Timely Care
Principles of Prudent Healthcare	Do not harm Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction)
<b>Organisational Implications</b>	
Quality, Safety & Patient Experience	The procurement process and commissioning plan for PBT aims to ensure the provision of a safe, high quality and sustainable service, that provides care closer to patients' home, improving the patient experience.
Resources Implications	Resource implications of alternative commissioning options are an integral part of the procurement process and inform the assessment of value for money of alternative options. The provision of PBT within the UK will result in savings to the NHS when compared with the costs of the current overseas service.
Risk and Assurance	The procurement evaluation has assessed the potential provider of PBT against the service specification, with a focus on seeking assurance that the service is safe and of high quality. The outcome of this evaluation is summarised in this report to Joint Committee and detailed further in the appendix.
Evidence Base	The evidence base for the effectiveness of PBT is reflected in WHSSC's commissioning policy for PBT which sets out the funded indications. In relation to the procurement process, evidence is required from the provider to demonstrate the quality standards are met.
Equality and Diversity	The process was designed according to good practice to ensure equality and diversity obligations are met.
Population Health	PBT is an effective treatment for a range of indications. Increasing access through provision of a UK based service will improve cancer outcomes as well as patient experience.

Legal Implications	Specific legal issues or advice are not considered within this report.	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>



**GIG**  
CYMRU  
**NHS**  
WALES

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

		Agenda Item	3.1
Meeting Title	<b>Joint Committee</b>	Meeting Date	13/11/2018
Report Title	August 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 August 2018 and details the action being undertaken to address areas of non-compliance.

RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Corporate Directors Group Board	Meeting Date	15/10/2018
		Meeting Date	

Recommendation(s)  
Members are asked to:

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

**Considerations within the report** (tick as appropriate)

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

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# WHSSC Integrated Performance Report

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August 2018

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WHSSC

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# AUGUST 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 August 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.

#### Section 2 Individual Service Sheets

Further detail for each service is provided on an individual sheet and covers current performance against RTT that includes a three month trend, a summary of key issues and details the action being undertaken to address areas of non-compliance.

### **3.0 Escalation**

The table below shows the current services that WHSSC has placed at stage 2 and above of the escalation process. The services for Bariatric Surgery, Neurosurgery, CAMHS and Paediatric Surgery services are at stage 3 and are being managed in line with the WHSSC escalation process. WHSSC have approached the NHS England Getting It Right First Time (GIRFT) team who have recently undertaken an assessment of quality and performance across all NHS England Cardio-thoracic units with a view to undertake an assessment of the both South Wales Cardiac centres.

The ongoing increasing number of breaches for Cardiac Surgery in C&VUHB remains a concern. The Health Board has been placed into escalation stage 3 and a commissioning quality visit will take place in the autumn.

Neurosurgery has been de-escalated from level 3 to 2 given the continued improved position with zero waits over 52 weeks, and a steadily decreasing number of patients waiting over 36 weeks.

A 3<sup>rd</sup> visit has already taken place with the CAMHS service provider in North and updated action plan agreed. The action plan has been developed with BCUHB and significant improvements have been made in both capacity and workforce. There is however still workforce issues with medical staffing and interim plan has been implemented whilst long term options are considered. Following the visit in April consideration was being given to de-escalation from stage 3 but service informed WHSSC of further capacity issues at end of April due to further qualified nurse vacancies. This continues to be area on ongoing concern and further escalation visit has been arranged for October.

The CAMHS service in South Wales at Ty Llidiard was escalated straight to stage 4 following an inpatient serious event. The Unit was temporarily closed for admissions until a visit from the Quality Assurance & Improvement Team took place and a report drafted. Site visit and findings from QAIT report led to unit being reopened to admissions on case by case basis and de-escalated to stage 3 with action plan developed. The units ability to manage admissions in line with agreed operating model is being adversely affected by environmental issues that require capital solution. This has been escalated to LHB Directors of Planning at ABMU & Cwm Taf and Welsh Government.

Quarterly performance meetings with the Lymphoma Panel are in place. Performance against the quality indicators (turnaround times) will be reported in the next performance report.

Plastic surgery remains in level 2 escalation, with monthly performance meetings in place, due to continued breaches of 36 weeks (114 patients in August).

Paediatric Intensive Care has been placed at escalation level 2. Monthly meetings are taking place with the service and information to be submitted agreed.

The BMT service in south Wales has also recently been placed into level 2 escalation to explore further concerns raised in relation to the following: i) risks to post transplant patients from delayed laboratory turnaround times; ii) risks to pre transplant patients from delayed admission during peaks in referrals; iii) potential infection risk due to sub-optimal environment. Quarterly meetings are in place.

### 3.0.1 Services in Escalation

Specialty	Level of Escalation	Current Position	Movement from Last Month
<b>Cardiac Surgery</b>	2	Monthly performance meetings continue with C&VUHB and bi-monthly with ABMUHB.	➡
<b>Thoracic Surgery</b>	2	Monthly performance meetings continue with ABMUHB and C&VUHB.	➡
<b>Lymphoma Panel</b>	2	Performance meetings are in place with the All Wales Lymphoma Panel (CVUHB and ABMUIHB).	➡
<b>Bariatric Surgery</b>	3	An assessment of evidence has been undertaken and the bariatric service was de-escalated from level 4 to 3 in April. Bi-monthly performance meetings are in place.	➡
<b>Plastic Surgery</b>	2	Monthly performance meetings continue with ABMUHB	➡
<b>Neurosurgery</b>	2	Neurosurgery has been de-escalated from level 3 to 2, given the continued improved position with zero waits over 52 weeks, and a steadily decreasing number of patients waiting over 36 weeks.	⬇
<b>Adult Posture &amp; Mobility</b>	2	Quarterly meetings occur with all three providers but discussions have taken place separately with North Wales regarding their worsening position.	➡
<b>CAMHS</b>	3	An action plan has been developed with BCUHB and significant improvements to workforce issues have been made in last 3 months.	➡
	3	The CAMHS service in South Wales at Ty Llidiard was escalated straight to level 4 following inpatient incident leading to a temporary closure of the unit. Site visit and findings from QAIT report led to unit being reopened to admissions on case by case basis and de-escalated to Level 3 with action plan developed.	➡
<b>Paediatric Surgery</b>	3	An outcome letter was issued to the HB following the Commissioning Quality Re-visit that took place on the 16th of May. The service remains at level 3 of the escalation process and a further re-visit is scheduled to take place on the 24th of October 2018.	➡
<b>Paediatric Intensive Care</b>	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 in the first quarter of 2018/2019. Of the 27 provider service targets that were monitored by WHSSC, 19 (70.4%) remain in breach at end of August 2018.

## 4.1 Section 1 Service Dashboard

Commissioning Team	Specialty	WHSSC Indicator Ref	Measure	Tolerance Levels			Provider	Jun-18	Jul-18	Aug-18	Latest Status	Latest Trend
				Red	Amber	Green						
Quality	Serious Incidents	S01	Qtrly Number of new Serious Incidents reported to WHSSC by provider within 48hours	<50%	50-99%	100%	All	100%			Green	↑
Cardiac	Cardiac Surgery	E01	Mthly RTT < 36 weeks	<100%	N/A	100%	All	95%	94%	91%	Red	↓
		E01	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	82%	82%	79%	Red	↓
Cancer & Blood	Thoracic Surgery	E02	Mthly RTT < 36 weeks	<100%	N/A	100%	All	100%	100%	99%	Green	↓
		E02	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	88%	91%	89%	Red	↓
	Lung Cancer	E02D	Mthly USC lung resection < 62 days	>0	N/A	0	All	1	2	-	Red	↓
		E02E	Mthly NUSC lung resection < 31 days	>0	N/A	0	All	2	5	-	Red	↓
	Bariatric Surgery	E03	Mthly RTT < 36 weeks	<100%	N/A	100%	All	98%	96%	98%	Red	↑
		E03	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	93%	90%	87%	Red	↓
	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	97%	99%	95%	Green	↓
		Plastic Surgery	E05	Mthly RTT < 36 weeks	<100%	N/A	100%	All	97%	96%	95%	Red
	E05		Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	87%	86%	86%	Red	→
	Lymphoma		E06	Mthly Specimens tested ≤10 days	<90% within 10 days	N/A	=,>90% within 10 days	All	50%			Red
Neurosurgery			E07	Mthly RTT < 36 weeks	<100%	N/A	100%	All	96%	97%	97%	Red
	E07	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	87%	88%	84%	Red	↓	
Neuro	Adult Posture & Mobility	E08	Mthly RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	85%	86%	85%	Amber	↓
	Paediatric Posture & Mobility	E09	Mthly RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	95%	96%	95%	Green	↓
Mental Health	CAMHS	E10	Mthly OOA placements	>16	>14, <16	=,<14	All	10	14	10	Green	↑
		E10i	Mthly NHS Beddays	<85%, >105%	< 90%, >100%	90% - 100%	All	65%	88%	89%	Amber	↑
		E10ii	Mthly NHS Home Leave	<20%, >40%	<25%, >35%	25%- 35%	All	19%	28%	39%	Green	↓
	Adult Medium Secure	E11	Mthly NHS Beddays	<90%, >110%	< 95%, >105%	95% - 105%	All	95%	97%	97%	Green	→
Women & Children	Paediatric Surgery	E12	Mthly RTT < 36 weeks	<100%	N/A	100%	All	100%	100%	99%	Green	↓
		E12	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	89%	94%	92%	Red	↓
	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%	Green	→
		E13i	Mthly IVF patients waiting to commence treatment	<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	40%	50%	51%	Red	↑
		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	33%	44%	55%	Red	↑
	Cochlear Implants	E14A	Mthly Adult Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	50%	56%	47%	Red	↓
		E14B	Mthly Paediatric Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	88%	86%	86%	Red	→

Please note there is a delay for Lung Cancer data as this is currently being submitted to WHSSC by Welsh Government.

## 4.2 Key Issues for August 2018

### Cardiac

The ongoing under performance and increasing number of breaches at C&VUHB remains a concern. The Health Board's 26 weeks waiting list position is 41 breaches and the 36 weeks waiting list position is 37 breaches reported for August (78 breaches). This is an increase of 24 patients waiting as compared to July. The current performance management arrangements and escalation stage has been reviewed and the Health Board was placed into stage 3 in July, and a Quality Visit will take place in the autumn. As outlined in Section 3.0 WHSSC are currently in discussion with the NHS England GIRFT team in regards to undertaking an assessment of both South Wales cardiac Centres. A meeting is planned for October.

For August LHCH 26 week's waiting list position is 10 breaches and for the 36 weeks waiting list position 5 breaches were reported, and they are at stage 2 of the escalation process and joint performance meetings with BCUHB take place bi-monthly.

### Plastic Surgery

Patients continue to breach maximum waiting times for hand and breast surgery at ABMUHB. In August, there were 114 patients waiting in excess of 36 weeks, 14 of which were in excess of 52 weeks. ABMUHB is taking forward plans to address the backlog and sustain recurrent demand through increasing day case capacity (to allow an increase in throughput treating cases under local anaesthetic that are currently being undertaken in theatre) and through securing access to outsource capacity for clinically appropriate cases.

### Neurological & Chronic Conditions

**Neuro-Radiology:** 32 patients were waiting for a DSA procedures and 9 patients were waiting for embolisation at the end of August. An additional list of DSAs took place on one Saturday, allowing a further 8 patients to be treated. However this is likely to be a one off initiative due to issues with paying staff members for their time.

**Neurosurgery:** The waiting list continues to improve. In August 18, there were 18 patients waiting over 36 weeks and zero patients waiting over 52 weeks.

### CAMHS

CAMHS Out of Area (OoA) performance is much improved and has consistently been below target for last 6 months. This is despite both NHS services being at level 3 escalation and reflects the new investment and increased capacity and capability of the intensive community support teams. The North Wales unit is still working its way back towards full commissioned capacity and the recent escalation of Ty Llidiard may lead to short term pressure on new OoA referrals. Despite this the total number of OoA placements at the end of June (10) remains well below target (14). A review of gatekeeping will take place shortly to consider changes to Consultant staffing in our Tier 4 units.

### Women & Children

Paediatric Surgery: The Health Board continues to maintain a position of zero breaches over 36 weeks.

## **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 report outlining the Shrewsbury issues was presented at the August Management Group and subsequently, a letter has been sent to Shrewsbury.

<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	<b>Governance and Assurance Implementation of the Plan</b> Choose an item.	
Link to Integrated Commissioning Plan	This report monitors the delivery of the key priorities outlined within WHSSCs Integrated Commissioning Plan.	
Health and Care Standards	<b>Governance, Leadership and Accountability</b> Choose an item. Choose an item.	
Principles of Prudent Healthcare	Choose an item. Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Choose an item. Choose an item. Choose an item.	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	The report will monitor quality, safety and patient experience.	
Resources Implications	There are no resource implications at this point	
Risk and Assurance	There are no known risks associated with the proposed framework There are reputational risks to non-delivery of the RTT standards.	
Evidence Base	N/A	
Equality and Diversity	The proposal will ensure that data is available in order to identify any equality and diversity issues.	
Population Health	The core objective of the report is to improve population health through the availability of data to monitor the performance of specialised services.	
Legal Implications	There are no legal implications relating to this report.	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Corporate Directors Group Board	15/10/18	Report noted and Neurosurgery de-escalation approved.



**GIG**  
CYMRU  
**NHS**  
WALES

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

		Agenda Item	3.2
Meeting Title	<b>Joint Committee</b>	Meeting Date	13/11/2018
Report Title	Financial Performance Report – Month 6 2018/19		
Author (Job title)	Assistant Director of Finance		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Choose an item.

Purpose	<p>The purpose of this report is to set out the estimated financial position for WHSSC for the 6th month of 2018/19. There is no corrective action required at this point.</p> <p>The financial position is reported against the 2018/19 baselines following approval of the 2018/19 WHSSC Integrated Commissioning Plan by the Joint Committee in March 2018.</p>				
	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	15/10/2018
	Joint Committee	Meeting Date	<a href="#">Click here to enter a date.</a>
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the current financial position and forecast year-end position.</li> </ul>		

**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. Situation

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

## 2. Background

The financial position is reported against the 2018/19 baselines following approval of the 2018/19 WHSSC Integrated Commissioning Plan the Joint Committee in March 2018.

There remains material uncertainty regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales. The reporting methodology used by WHSSC has been discussed and it has been agreed with Welsh Government finance officials to continue until further notice pending progress on further formal discussions with NHS England. For NHS England providers the year to date position includes all volume and HRG4+ costs for reference purposes. In line with methodology agreed by the Joint Committee in previous months the forecast outturn for 2018/19 has been amended to adjust out HRG4+ price increases which remain the subject of dispute. The full year outturn HRG4+ risk will be disclosed in full in the risk section of the report in coming months and accompanying financial schedules submitted to Health Boards. WHSSC were successful in their negotiations related to the 2017/18 HRG4+ position and provisions made in 2017/18 have now been written back.

## 3. Assessment

The forecast year-end financial position reported at Month 6 for WHSSC is an under spend of £5,312k.

There is movement across various budget headings, with further deterioration of the Welsh provider position being offset against underspends in Mental Health and non-recurring structural write backs.

## 4. Recommendations

Members of the appropriate Group/Committee are requested to:

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

<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Governance and Assurance Development of the Plan Choose an item.	
Link to Integrated Commissioning Plan	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.	
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care Choose an item. Choose an item.	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience		
Resources Implications	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Risk and Assurance	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Corporate Directors Group Board		
Joint Committee		

## Finance Performance Report – Month 6

### 1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 6<sup>th</sup> month of 2018/19 together with any corrective action required.

**The narrative of this report excludes the financial position for EASC, which includes the WAST contracts, the EASC team costs and the QAT team costs, and have a separate Finance Report. For information purposes, the consolidated position is summarised in the table below.**

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	578,018	289,009	287,495	(1,514)	(1,564)	(5,313)	(2,453)
<b>Sub-total WHSSC</b>	<b>578,018</b>	<b>289,009</b>	<b>287,495</b>	<b>(1,514)</b>	<b>(1,564)</b>	<b>(5,313)</b>	<b>(2,453)</b>
WAST	148,684	74,342	74,342	0	0	0	0
Quality Assurance Team	738	369	468	99	77	0	(117)
EASC - staffing and other non-pay	479	240	222	(18)	(31)	0	(19)
Unscheduled Care team	0	0	66	66	14	0	(227)
EMRTS - ABMU	2,925	1,463	1,463	0	0	0	0
Sub-total WAST / EASC / QAT	152,827	76,413	76,561	147	60	0	(363)
Total as per Risk-share tables	730,845	365,422	364,056	(1,366)	(1,504)	(5,313)	(2,815)

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 2018/19 baselines following approval of the 2018/19 ICP by the Joint Committee in March 2018. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions as the need arises.

The overall financial position at Month 6 is an underspend of £1,366k to date, with a forecast year-end underspend of £5,312k.

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

The inherent increased demand-led financial risk exposure from contracting with the English system remains.

### **3. Governance & Contracting**

All budgets have been updated to reflect the 2018/19 ICP, including the full year effects of 2017/18 Developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2018/19 contract values which have been transposed into the new 2018/19 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 is working on validating prospective changes to the risk-sharing framework, and any update will be shared with Management Group for agreement.

#### 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	Budgeted to Date	Actual to Date	Variance to Date	Previous month Var to date	Current EOYF Variance	Previous month EOYF Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>NHS Wales</b>							
Cardiff & Vale University Health Board	193,652	96,826	99,094	2,268	1,990	3,566	3,013
Abertawe Bro Morgannwg Univ Health Board	96,451	48,225	48,322	96	184	945	260
Cwm Taf University Health Board	7,602	3,801	3,808	7	16	29	44
Aneurin Bevan Health Board	7,890	3,945	3,568	(377)	(391)	(341)	(362)
Hywel Dda Health Board	1,515	758	749	(9)	(4)	(9)	(4)
Betsi Cadwaladr Univ Health Board Provider	39,462	19,731	19,846	115	103	67	75
Velindre NHS Trust	39,599	19,799	19,877	78	48	156	116
<b>Sub-total NHS Wales</b>	<b>386,170</b>	<b>193,085</b>	<b>195,264</b>	<b>2,179</b>	<b>1,946</b>	<b>4,413</b>	<b>3,143</b>
Non Welsh SLAs	101,609	50,805	53,670	2,865	2,612	805	1,216
IPFR	31,486	15,743	15,989	246	239	744	726
IVF	4,671	2,336	2,199	(137)	(101)	0	0
Mental Health	30,781	15,390	14,661	(729)	(742)	(680)	(328)
Renal	5,752	2,876	2,818	(58)	30	149	285
Prior Year developments	7,606	3,740	3,150	(591)	(557)	(704)	(298)
2016/17 Plan Developments	6,231	2,405	2,319	(86)	119	150	552
Direct Running Costs	3,711	1,856	1,831	(25)	(27)	167	167
Reserves Releases 2016/17	0	0	(5,179)	(5,179)	(3,468)	(10,357)	(8,323)
Phasing adjustment for Developments not yet implemented ** see below	0	773	773	0	0	0	0
<b>Total Expenditure</b>	<b>578,018</b>	<b>289,009</b>	<b>287,495</b>	<b>(1,514)</b>	<b>50</b>	<b>(5,312)</b>	<b>(2,860)</b>

The reported position is based on the following:

- NHS Wales activity – based on Month 5 data or 2017/18 outturn.
- NHS England activity – based on Month 5 contract monitoring data.
- IVF – 2 NHS England and 1 NHS Wales contract provider, with some IPFR approvals.
- IPFR – reporting is based on approved Funding Requests; recognising costs based on the usual lead times for the various treatments, unclaimed funding requests are released after 36 weeks.
- Renal – a variety of bases; please refer to the risk-sharing tab for Renal for more details on the various budgets and providers.
- Mental Health – live patient data as at the end of the month, plus current funding approvals. This excludes High Secure, where the 2 contracts are based blocks based on 3 year rolling averages.

- Developments – variety of bases, including agreed phasing of funding. Financial impacts of approved funding releases are currently accounted for in the forecasts.

\*\* Please note that Income is collected from LHB's in equal 12ths, therefore there is an excess budget in Months 1-11 which relates to Developments funding in future months. To keep the Income and Expenditure position equal, the phasing adjustment is shown on a separate line for transparency and is accrued to date to avoid a technical underspend.

## 5. Financial position detail - Providers

### NHS Wales – Cardiff & Vale contract:

Various over and underspends from the Month 5 data have been extrapolated to a total reported month 6 position of £2.268m over spent and a year-end position of £3.566m over spent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Cardiology – across the 5 sub headings, the YTD overspend stands at £509k with a year-end forecast of £1.290m over spent. ICD & PCI activity is the main reason for this overspend and the slight downturn in month is a result of leave over August. This has had an effect on all areas of cardiology. The forecast figure is now a more accurate representation as it is based a continuation of the first 4 months average performance played in to the remainder of the year with consideration given to a slow down around the Christmas period. Including the performance provision within developments, the full year total forecast remains at £3.2m over spent.
- TAVI – the YTD figure has slightly fallen this month as the service carried out 4 procedures which is again a result of the holiday slow down. They have now carried out 32 procedures YTD. The full year forecast has increased to £657k as a result of an application of an average monthly throughput of 6 procedures per month for the remainder of the year giving total year activity predicted at 74 procedures.
- Spinal Implants – a large YTD increase of £102k moves the variance to £235k over. The full year forecast has also been moved in light of this and now stands at £359k. WHSSC have requested C&V to work with the service to validate these figures and produce an accurate forecast given the volatility seen to date.
- INR Devices – the service is following a similar trend to that seen above in Spinal Implants. The YTD and forecast figures have jumped by £100k and £200k respectively. The YTD figure is £381k over budget with the forecast £481k over budget. As with Spinal Implants above, WHSSC have asked C&V

to work with the service to validate these figures given the high costs patients contained in the data.

- Epilepsy Surgery – the activity in the service seems to be stable and the YTD variance is now £80k. The forecast year end activity of 13 patients yields a financial variance of £149k over budget.
- ALAS – YTD and forecast at £89k. Communication Equipment spend is removed as this will be covered by WG funding non-recurrently. However the growth in powered chair issues is continuing.
- Renal Transplants – the movement of £73k YTD was expected due to the 6 patients in 30 hours surgery that occurred in August. The full year forecast has now increased to £193k over budget as per the C&V forecast of 118 transplants this year.
- Clinical Immunology – the YTD variance now stands at £137k over budget with the forecast at £374k. This is a result of the figures including both Berinert and secondary immunodeficiency patients.
- Paediatric Oncology – the trend of over performance continues and the service are now £87k overspent YTD and £174k full year. This is very much in line with the performance last year.
- AICU – whilst underperformance is reported within the SLA this year with the YTD and forecast figures standing at £150k and £300k under budget respectively. The net year end position is forecast £500k once utilising the 18/19 performance provision budget.

### **NHS Wales – ABM contract:**

Various over and underspends from the Month 5 data have been extrapolated to a total reported month 6 position of £96k over spent and a year-end position of £945k over spent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- TAVI – the YTD variance has fallen this month due to August slow down and stands at £38k over budget. The full year forecast has moved by £719k to £1.015m over budget as procedure numbers have moved to 120. This is a result of an action plan that has emerged from the mortality review in order to address waiting list pressures. WHSSC are not yet in receipt of this document and although this increase is included in the September figures, it has not yet been formally agreed by WHSSC or other LHBs.
- Cardiology – a coding lag at the start of the year has meant that the first few months of 18/19 being slower than usual. The YTD figures now stands at £417k over budget with the full year forecast at £834k over spent. The main driver here being ICDs but it must be noted that there is a performance

provision within development funding for this service giving a total forecast position of £1.4m over performance.

- Plastics – the volatility in this services continues with the over performance now falling back to £25k. To be prudent, the forecast has been moved to £250k under budget in line with the 17/18 outturn.
- Thoracic – the volatility in this service is evident this month with the figures moving back to a small underspend of £2k. In light of this, the forecast has been moved back to break even.
- Burns – the YTD figures have remained static this month and thus the forecast has been reduced to £100k.
- Bariatrics – both YTD and full year forecast underspends have increased this month and now stand at £112k and £223k respectively. No lists were scheduled for August but will return to normal for the remainder of the year.

**NHS Wales – BCU contract:**

Nothing to note this month.

**NHS Wales – Cwm Taf contract:**

Nothing to note this month.

**NHS Wales – Aneurin Bevan contract:**

Nothing to note this month.

**NHS Wales – Hywel Dda contract:**

Nothing to note this month.

**NHS Wales – Velindre contract:**

Forecast year end performance of £156k related to NICE cancer drugs, radiotherapy and oral chemotherapy activity.

**NHS England contracts:**

Total £2.865m overspend to month 6 with a full year forecast £805k over budget. The English position has been reported based on an extrapolation of month 5 reported actual data. The treatment of HRG4+ remains consistent with the approach taken last year for both year to date figures and full year forecasting.

The larger reported movements/variances are:

- Alder Hey – the trust has a reported YTD overspend of £338k as a result of high levels non elective activity this month and a full year forecast of £478k as a result of partially reporting the baseline funding gap that exists. The reduction in both these figures is attributable to the revised 18/19 proposal given to WHSSC by the provider. Discussions are ongoing to crystallise the

position for this financial year, dependant on provider answer to data queries raised by WHSSC and BCU.

- Central Manchester – the YTD and forecast underspends have both grown by just over £100k this month and now stand at £209k and £198k respectively. The trust has volatile NICU and PICU activity and the current trend is to underperform.
- Christie – lower than average activity in month in the fields of non-elective medical oncology and elective urology have led to the YTD and forecast positions moving to increased underspends that both now stand at £156k.
- Guy’s and St Thomas – both YTD and full year forecasts have stayed at an underspend this month, but have moved by £67K and now stand at £254k. This position is based on month 5 flex data. YTD activity levels are currently £97k lower than at this time last financial year.
- Liverpool Heart & Chest – the YTD overspend continues and has grown this month by £221k and currently stands at £1.168m. This month has seen higher non elective activity for cardiac surgery, with one high cost patient with critical care totalling £78k and a high cost thoracic patient with critical care costing £55k. The full year forecast stands at £76k once the effect of HRG4+ is removed.
- Royal Brompton – both YTD and full year positions have increased by £156k this month as a result of a long stay VAD patient with critical care. Both positions remain in underspend and stand at £44k. It should be noted that this is only the flex position and there are currently still 8 patients on the waiting list for lung transplant.
- Salford – the overspend has increased this month and stands at £357k YTD and £329k full year. This is a result of 2 bariatric surgery patient in month and some high cost drugs.

## 5.9 IPFR:

A combined overspend of £246k to date has been reported in the Month 6 position with a forecast of £744k. This largely related to general non contract activity approvals and new approvals in year of Eculizumab. This is offset by a forecast underspend in ERT patients due to a no. of patients switching to a more cost effective treatment regime.

The HPN forecast overspend of £250k remains, reflecting the price increase from the contract renewal. WHSSC has briefed the Joint Committee of this risk.

### 5.10 IVF:

Reported underspend to month 6 of £137k to date with a break-even forecast.

### 5.11 Mental Health:

Specialist Mental Health services total an underspend to date of £729k and a year-end forecast underspend of £680k. These budgets include:

- High Secure Mental Health, the 2018-19 contract offer from Ashworth has been finalised, it is forecast there will be a £566k overspend due to the current occupancy of Welsh patients. The Rampton contract has been set slightly higher than expected and therefore an overspend of £42k to year end is reported.
- Adult Mental Health has a £444k underspend reported YTD and a £843k year-end forecast underspend, based on current and expected patients. The main drivers for this underspend are discharges through the early part of 2018 in Forensic Mental Health. However the full year forecast has increased by £57k due to a high cost CAMHS patient. Future cost are expected to be funded by the Health Board.
- South Wales CAMHS and All-Wales FACTS inpatient budgets have continued low activity and currently have a combined underspend of £434k. The forecast has reduced by £352k, the £150k cost pressure provided for in previous forecasts for an exceptional continued high cost placement in England has been removed due to the placement being discharged in September.

### 5.12 Renal:

The main NHS Wales providers are experiencing high levels of demand for dialysis services. The Network are monitoring the position closely but at this point in time across Wales this is not significantly higher than what has been predicted.

Transplant services in both North and South Wales has picked up on performance compared previous years, with both Cardiff and Liverpool reporting activity on target.

### 5.13 Reserves:

Further analysis has been undertaken in month to confirm planned structural reserves from the 17/18 balance sheet. In the month 6 forecast position there is a release of English SLA reserves of £6,667k and IPC reserves of £3,690k.

For noting, discussions are still ongoing in relation to HRG4+ for 2018/19, and therefore these releases should be retained by commissioners to mitigate any risk from 18/19 liabilities.

### **5.14 Developments:**

In the 2018/19 position, £7,606k relates to developments from prior years.

The prior year schemes overspending are related to 3 high cost treatments; PRRT for NET patients at Royal Free, Asfotase Alfa at Birmingham Children's Hospital and Brineura at Cardiff and Vale.

Management group approved release of funding to achieve Cochlear 26 week reduced waiting times. This was £151k over the provision of £125k

The 18/19 performance provision is offsetting spend within the ABM and C&V SLA position, the cardiology local referral management savings scheme has still not been developed therefore is reported as an overspend. WHSSC are currently developing as part of its recommissioning framework a review of aortic stenosis pathways which may provide some long term corrective action.

The 18/19 developments have yet to be finalised, with the exception of the TAVI policy expansion provision. For South Wales the provision has been transferred to the 2 providers to offset the current overspend position. Known slippage from the spinal rehab consultant and the porphyria out of hours service have been released into the position this month.

The contingency reserve for in year pressures which is funding the cystic fibrosis phase 1 and ROS1 testing is forecasting an underspend of £208k, however as the CF investment is a South Wales development most of the underspend is retained by BCU commissioner.

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

The running cost budget is currently £25k underspent. The year-end forecast stands at £167k overspent which is a combination of an overspend on Cwm Taf hosting fees and the filling of several staff vacancies with staff taking up post in 18/19.

Discussions about a move of premises are ongoing and the report will be updated as the situation and negotiations mature.

## **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 M6	(1,514)	(1,187)	(256)	26	(1,001)	219	14	670
Variance M5	50	(938)	(320)	92	(561)	188	50	1,539
Movement	(1,563)	(248)	65	(66)	(440)	31	(36)	(869)

**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 M6	(5,313)	(2,114)	(292)	40	(1,471)	856	(374)	(1,957)
EOY forecast M5	(2,498)	(2,029)	(551)	259	(904)	583	(337)	481
EOY movement	(2,815)	(85)	259	(220)	(567)	273	(37)	(2,437)

## 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 further details relating to the Commissioner Income.

**Table 5 – 2018/19 Commissioner Income Expected and Received to Date**

	2018/19 Planned Commissioner Income	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounted to Date	EOY Commissioner Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	122,957	61,478	61,340	18	121	61,479	(292)
Aneurin Bevan	135,071	67,535	67,529	12	(6)	67,535	(147)
Betsi Cadwaladr	165,148	82,574	82,575	0	0	82,575	(1,957)
Cardiff and Vale	121,913	60,957	60,854	0	103	60,957	(2,114)
Cwm Taf	67,919	33,959	33,881	0	78	33,959	40
Hywel Dda	83,835	41,918	41,799	0	118	41,917	856
Powys	34,002	17,001	17,001	0	0	17,001	(374)
Public Health Wales						0	
Velindre						0	
WAST						0	
<b>Total</b>	<b>730,845</b>	<b>365,422</b>	<b>364,978</b>	<b>30</b>	<b>414</b>	<b>365,422</b>	<b>(5,313)</b>

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

None

## 8. Overview of Key Risks / Opportunities

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

The additional risk and opportunities highlighted in this report are:

- Phasing of Development funding as projects start; possible slippage in start dates may lead to non-recurrent in-year savings
- Growth in all activity above that projected in the IMTP
- Dealing with in year service risks associated with schemes which are yet to be funded.
- The impact of HRG4+ on non-Welsh contracts and thus the overall position.
- The Asfotase Alfa position is shown net of anticipated income, loss of income risk (£170k)
- Exposure to unplanned NICE approvals and generic price increases in contract prices

## 9. Public Sector Payment Compliance

As at month 6 WHSSC has achieved 99.2% compliance for NHS invoices paid within 30 days by value however, by number WHSSC is currently falling behind target at 88.5%.

For non NHS invoices WHSSC has achieved 99.6% in value for invoices paid within 30 days but again falling behind on the number with only 87.9%.

Monitoring information has been introduced for WHSSC this financial year and therefore, the finance team is working on how we can use this information to better improve our process.

## 10. Responses to Action Notes from WG MMR responses

### Action Point 5.1

The reporting rationale for HRG4+ agreed by Joint Committee is that the YTD position will include HRG4+ but it will be removed from the year end forecast figure, albeit with 2 caveats. Those being that WHSSC will not move an overspending trust into underspend by removing HRG4+ nor will WHSSC make an underspending trusts performance worsen further by removing HRG4+. Using this rationale, WHSSC can never remove all HRG4+ from the full year forecast.

The £1.216m figure represents the full year forecast variance once HRG4+ has been removed, noting that because of the above caveats, £0.522m relating to HRG4+ still remained in that figure. WHSSC has now adjusted last month's HRG4+ analysis for Alder Hey due to the inclusion in the forecast of a revised contract proposal for 18/19 received by WHSSC.

This has now been rectified in the attached month 5 schedule and shows that the YTD variance was £2.612m and the full year forecast moved to £1.216m once we had removed HRG4+. The amount for 5 months HRG4+ is £2.404m, the reason that the forecast isn't £0.208m (derived by £2.612m - £2.404m) is that £0.800m is a result of the Alder Hey contract proposal and £0.208m is the amount of HRG4+ left in the forecast as a result of the reporting methodology caveats.

Using figures in the month 6 schedule, the full year forecast moved by £2.050m down to £0.805m as a result of removing HRG4+. 6 months of HRG4+ totals £2.885m and the reason the forecast isn't (£0.030m) (derived by £2.855m - £2.885m) is that £0.467m is a result of the Alder Hey contract proposal and £0.367m is the amount of HRG4+ left in the forecast as a result of the reporting methodology caveats.

### Action Point 5.4

To clarify HRG4+ risk not included in the forecast is (£5.769m - £0.367m) £5.402m – this is based on the September figures.

### **Action Point 5.5**

The risk related to Cochlear 26 week waiting times has been clarified as £151k, funding was agreed at September's management group therefore this forecast spend is included

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

**Sian Lewis,  
Managing Director, WHSSC**

**Stuart Davies,  
Director of Finance, WHSSC**



## **CORE BRIEF TO MANAGEMENT GROUP MEMBERS**

### **MEETING HELD ON 27 SEPTEMBER 2018**

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

#### **1. Welcome and Introductions**

The Chair welcomed members to the meeting.

#### **2. Minutes of the Previous Meeting and Action Log**

The minutes of the meeting held on 23 August 2018 were approved.

Members noted the action log and received an update on:

- MG047 BMT Investment in south Wales – To be covered in February 2019 workshop and possible visit to unit with pre-briefing.
- MG057 NWIS Project on English Data – No progress due to continued sickness absence in NWIS.
- MG068 Commissioning Arrangements for Pregnant Women with Acquired Heart Disease – workshop arranged.
- MG071 Cardiac Surgery: Inter Hospital Transfers and 26 week RTT reporting – meeting scheduled for 28 September regarding LHCH review.
- MG072 Posture and Mobility: Finance and Activity Over-Performance – agenda item 6.
- MG074 Developing a Commissioning Framework for Major Trauma – paper on commissioning coming to October meeting.
- MG076 WHSSC Policy Group Update: Proposal for review of provider compliance – Delayed due to sickness absence in WHSSC.
- MG077 Integrated Performance Report: Obtain Welsh lung cancer data via pressure through Medical Directors' Group – JT to add to agenda for MDG's next meeting.
- MG079 Integrated Performance Report: Clarify position on reporting of English providers' cancer reporting – Information team investigating.
- MG084 Collective Commissioning: Paediatric Rheumatology – to be considered at October 2019 workshop.
- MG086 IVF: Royal Shrewsbury Hospital RTT Escalation – letter sent; response awaited.
- MG087 BAHA and Cochlear – agenda item 7.

### **3. Report from the Managing Director**

Members received the Managing Director's report. The report included updates on:

- Mechanical Thrombectomy
- Perinatal mental health (Tier 4 options for Mother and Baby Unit in south Wales)
- Gender identity primary care provision
- Major Trauma
- Neonatal cot capacity
- Cardiac ablation

An oral update was given on the thoracic surgery consultation.

It was reported that Karen Preece, from HDUHB, had been appointed as Director of Planning and was expected to commence in the role from January 2019.

### **4. CVUHB Posture and Mobility Service – Financial and Activity Performance Update for 2018-19**

Members received a paper that provided an update following the paper that was discussed on 26 April 2018, regarding the financial and activity performance of the Posture and Mobility Service.

It was noted that further information was outstanding from the provider regarding the financial and capacity plan for the phased replacement of Spectre and Harrier wheelchair models and that funding would not be released until this was received.

Members:

- Noted the current financial and activity performance of the Posture and Mobility Service for 2018/19;
- Noted the development of a financial and capacity plan for the discontinuation of the Spectre and Harrier models over the next five years;
- Considered the option of a phased investment for the discontinuation of the Spectre and Harrier wheelchair models; and
- Received evidence that there was a rigorous commissioning process for the Posture and Mobility Service, to ensure the sustainability of the service.

### **5. BAHA and Cochlear**

Members received a paper that provided an update on the south Wales BAHA and Cochlear waiting list and the most recent proposal received from the service to meet current demand and 50% of the 26 week RTT target.

Members:

- Noted the current waiting list positions for the south Wales BAHA and Cochlear service; and

- Approved the proposal to meet 50% of the 26 week RTT target by the end of 2018/19 [approval confirmed by CTUHB following the meeting].

## **6. Neonatal Transport update**

Members received a paper that provided an update on a number of work streams that had been taking place through 2018/19 to work towards developing a 24 hour neonatal transport paper.

Members noted:

- The progress made to date in developing a 24 hour Neonatal transport service; and
- The next steps to be actioned by the WHSS Team.

## **7. WHSSC Policy Group - Update**

Members received a paper on the work of the WHSSC Policy Group and noted the information presented within the report.

## **8. Bariatric Service Specification**

Members received a paper that sought support for the implementation of the Bariatric Service Specification CP29b following stakeholder consultation.

Members approved the implementation of the Bariatric Service Specification CP29b.

## **9. Commissioning Policy for Emicizumab as prophylaxis in people with congenital haemophilia A with factor VIII inhibitors (all ages)**

Members received a paper that informed them of the approval by the WHSSC Policy Group of the commissioning policy "Emicizumab as prophylaxis in people with congenital haemophilia A with factor VIII inhibitors (all ages)" and advised them of the financial impact of Emicizumab as prophylaxis in people with congenital haemophilia A with factor VIII inhibitors (all ages), resulting in a saving of around £1,150k per annum, per patient.

Members:

- Noted the approval of commissioning policy "Emicizumab as prophylaxis in people with congenital haemophilia A with factor VIII inhibitors (all ages)";
- Noted the financial impact of Emicizumab as prophylaxis in people with congenital haemophilia A with factor VIII inhibitors (all ages); and
- Approved the commissioning policy "Emicizumab as prophylaxis in people with congenital haemophilia A with factor VIII inhibitors (all ages)" for publication.

## **10. Integrated Performance Report**

Members received a paper that provided a summary of the performance of services commissioned by WHSSC for July 2018.

Members:

- Noted the July 2018 performance and the action being undertaken to address areas of non-compliance.

## **11. Finance Report 2018/19 Month 5**

Members received a report that set out the estimated financial position for WHSSC for the fifth month of 2018-19. No corrective action was required at this point; the year to date position was a £50k overspend and the year-end forecast was a £2,861k underspend, which included a substantial release of prior year provisions. A material uncertainty remained regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales.

Members:

- Noted the current financial position and forecast year-end position.



## **CORE BRIEF TO MANAGEMENT GROUP MEMBERS**

### **MEETING HELD ON 25 OCTOBER 2018**

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

#### **1. Welcome and Introductions**

The Chair welcomed members to the meeting.

#### **2. Paediatric Endocrinology Presentation**

Dr Justin Warner delivered a clinical presentation on the south Wales paediatric endocrinology service. It was reported that the service was under-resourced, failing to reach all prospective patients and potentially unsustainable in its current form.

#### **3. Neonatal service Review**

Members received a paper that provided an update on the work to date on a number of work streams that had been running in tandem in 2018-19 to support the development of a 24 hour neonatal transport service. The majority of these work streams had now concluded. The paper also identified inter-related issues within wider neonatal services and sought approval for the next steps.

After discussion, it was agreed that the paper would be revised before it was considered by the WHSSC Quality & Patient Safety Committee.

Members:

- Noted the recent findings and recommendations of the neonatal transport case note review;
- Supported the suggested short and long term solutions for meeting the recommendations of the case note review;
- Noted the key messages of the report submitted on behalf of the three neonatal transport providers;
- Noted the emerging recommendations of the draft English Neonatal Critical Care Review; and
- Supported a full external review of neonatal care being carried out in 2019-20.

#### **4. Trauma Network**

Members received a report that aimed to (1) describe the process for Trauma Unit ('TU') designation and choices made for designation by

health boards in south Wales including the rationale for this, and (2) summarise the assessment against quality indicators across 'candidate' TUs and suggest how these gaps could be closed.

Members:

- Noted commonalities against quality indicators across 'candidate' TUs; and
- Supported the recommendation for the designation of the following hospitals as TUs
  - ❖ University Hospital Wales - Adult and Paediatric;
  - ❖ Morriston Hospital – Adult and Paediatric;
  - ❖ Princess of Wales Hospital – Adult and Paediatric;
  - ❖ Royal Gwent Hospital – Adult and Paediatric (pending the opening of the Grange University Hospital);
  - ❖ Neville Hall Hospital – Adult and Paediatric (pending the opening of the Grange University Hospital);
  - ❖ Grange University Hospital – Adult and Paediatric;
  - ❖ Prince Charles Hospital – Adult and Paediatric; and
  - ❖ Glangwilli General Hospital – Adult and Paediatric.

## **5. Minutes of the Previous Meeting and Action Log**

The minutes of the meeting held on 27 September 2018 were approved subject to minor amendments.

Members noted the action log and received an update on:

- MG071 Cardiac Surgery: Inter Hospital Transfers and 26 week RTT reporting – A discussion had taken place between BCUHB and the WHSS Team; a pre-meet would be held with BCUHB prior to next review with LHCH. Action closed.
- MG072 Posture and Mobility: Finance and Activity Over-Performance – Reply received from WG confirming user funded top-up system was out with WG policy. Action closed.
- MG076 WHSSC Policy Group Update: Proposal for review of provider compliance – the WHHS Team was now able to commence policing of policy compliance, having updated the majority of commissioning policies. Action closed.
- MG077 Integrated Performance Report: Obtain Welsh lung cancer data via pressure through Medical Directors' Group – Data now being received via WG. Also, example of dashboard received from PTHB. Actions closed.
- MG078 MG18/071: Action Log: MG059 Integrated Performance Report - SL has discuss funding for English providers with CS, PTHB and will use the learning from PTHB's experience. Action closed.
- MG079 Integrated Performance Report: Clarify position on reporting of English providers' cancer reporting – WHSST will be discussing this with individual English providers. Action closed.
- MG081 MG18/072: Report from the Managing Director: Gender Identity Services – CL is now the PTHB representative on the All Wales Gender Identity Partnership Group. Action closed. CB to circulate paper considered by CEMT earlier in the week regarding

funding for primary care and CL to discuss offline with CB the application of the service to highly rural areas.

- MG084 Collective Commissioning: Paediatric Rheumatology – to be considered at October 2019 workshop. Workshop held, clinical model going to CIAG. Action closed.
- MG086 IVF: Royal Shrewsbury Hospital RTT Escalation – letter sent; response received with commitment to do what is necessary. This will now be monitored. Action closed.
- MG088 MG18/090: MG049 – MG17/072 BMT Investment in south Wales 2016/17 – Workshop scheduled for February 2019.
- MG090 MG18/091: Mechanical Thrombectomy Progress Update – SD provided an update, explaining that North Bristol Trust ('NBT') had indicated that it could now provide a mechanical thrombectomy ('MT') service that could either be commissioned on a case by case basis or by commissioning block cover, which would be the less expensive option. Negotiation to achieve the best possible value for money would continue. Meanwhile, WHSSC was encouraging CVUHB to grow its INR capacity and develop a MT capability in due course. The prospect of NBT and CVUHB partnering to provide a service was still a possibility. The importance of taking a long term view and of arranging both emergency and non-emergency transport for patients using the NBT service were noted. A paper would be brought back to Management Group and Joint Committee as soon as possible.
- MG091 MG18/092: Posture and Mobility Service: Financial and Activity Performance update for 2018-19: CVUHB – A discussion around clarification of the action suggested that the learning was for the CVUHB service from the north Wales service, which was less expensive than the south Wales service. IL explained that this was because the contracting models were different. It was agreed that a paper would be brought back to explain the situation in greater detail.

## **6. Report from the Managing Director**

Members received the Managing Director's report. The report included updates on:

- Hand and Breast Surgery Workshops - The next step was to hold further workshops to develop a pathway proposal for breast surgery and a service model for hand surgery with clarity between secondary and tertiary services.
- Cardiac Surgery: Getting It Right First Time Review – The review of the south Wales service would include work on both cardiac surgery and cardiology.

## **7. Advanced Therapy Medicinal Products ('ATMPs') Presentation**

Members received a presentation on ATMPs; potentially curative biological solutions to rare diseases which may extend to less rare diseases that could be transformational and ultimately cost saving but with significant start-up cost, governance and regulatory issues.

UHW is looking to achieve JACIE accreditation for its BMT facility to participate in the service for adults. North Wales provision is likely to come from the Christie Hospital. Commissioning for 0-16 year olds is likely to come from England. Some ATMPs are likely to be mandatory and would be delivered in Wales if possible.

Discussions are ongoing with WG regarding funding.

## **8. NHS England Genetics Laboratory Reconfiguration**

Members received a report that aimed to (1) highlight the impact of the service reconfiguration taking place in NHS England on genetic services in Wales, and (2) inform members of the intention to develop a proposal to be considered for inclusion in the Integrated Commissioning Plan for 2019-22 in order to mitigate the risks.

Members noted:

- the impact of the service reconfiguration taking place in NHS England on genetic services in Wales; and
- the intention to develop a proposal to be considered for inclusion in the Integrated Commissioning Plan for 2019-22 in order to mitigate the risks.

## **South Wales Sarcoma Service: Action to Address Risks to Sustainability**

Members received a paper that outlined (1) the risks in the south Wales soft tissue sarcoma service, (2) the short term action the WHSS Team was taking to address the immediate risks, and (3) the longer term actions to be undertaken as part of the 2019-22 ICP to ensure long term sustainability, service quality and equity.

Members noted the risks and actions set out above.

## **9. Invest to Save – Referral Management Centre**

Members received a paper that outlined the rationale for establishing a WHSSC referral management centre and to seek approval for funding the resource required as an invest to save initiative.

SD explained that the costs would be shared according to bottom line expenditure with benefits flowing back through the risk sharing mechanism.

Whilst members were broadly supportive of the proposal, SL undertook to bring back more detail on the role of the manager with clinical input.

## **10. WHSSC Policy Group - Update**

Members received a paper on the work of the WHSSC Policy Group and noted the information presented within the report.

## **11. Integrated Performance Report**

Members received a paper that provided a summary of the performance of services commissioned by WHSSC for August 2018.

It was noted that Neurosurgery at UHW had been de-escalated from level 3 to level 2 and that good progress had been made within the north Wales CAMHS service, which was happy to remain in escalation because of the level of focus and positive impact that it involved. A paediatric surgery visit to Cardiff the previous day had gone well.

Members:

- Noted the August 2018 performance and the action being undertaken to address areas of non-compliance.

## **12. Finance Report 2018-19 Month 6**

Members received a report that set out the estimated financial position for WHSSC for the sixth month of 2018-19. No corrective action was required at this point; the year to date position was a £1,514k underspend and the year-end forecast was a £5,312k underspend, which included a substantial release of prior year provisions. A material uncertainty remained regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales.

Cardiology over-performance at ABMUHB and CVUHB was a concern but the WHSS Team was doing work to understand the situation.

Members:

- Noted the current financial position and forecast year-end position.



<b>Reporting Committee</b>	<b>All Wales Individual Patient Funding Request ( IPFR) Panel</b>
<b>Chaired by</b>	<b>Professor Vivienne Harpwood</b>
<b>Lead Executive Director</b>	<b>Director of Nursing and Quality Assurance</b>
<b>Date of last meeting</b>	<b>31 October 2018</b>

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

The Panel was quorate in relation to Health Board, Clinical and Lay member representation.

The Panel considered 12 cases at the meeting.  
5 Chair actions ( PETS) were taken in the Month of October

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

**Appointment of IPFR Panel Vice Chair**

Dr Chris Jones has been appointed as Vice Chair of the All Wales IPFR Panel. As part of his induction to IPFR, he attended the October Panel as an observer. He will formally take up the role of Vice Chair from November 2018.

**Appointment of replacement Lay member**

Professor Sheila Hunt has been appointed as Lay member to serve on the All Wales IPFR Panel. Professor Hunt has a wide and varied background in Nursing and Midwifery Education, Health Economics and Ethics. She will take up this role from 28 November 2018.

**Numbers of requests considered by the All Wales Panel April – October 2018**

Month	No.
April	18
May	21
June	17
July	32
August	17
September	20
October	16
<b>Total</b>	<b>141</b>

PETS (2018)	No.
April	6
May	12
June	7
July	23
August	5
September	11
October	5
<b>Total</b>	<b>69</b>

Of the 141 requests considered 69 requests PET scan were considered as Chairs actions. The IPFR Panel are considering on average 10 requests per month.

15 requests initially declined funding by the Panel were reconsidered. 9 were approved on receipt of further information and 6 decisions not to fund were upheld by the Panel.

### **IPFR Quality Assurance Group Audit Report ( September 2018)**

The role of this group is to consider an anonymised random sample of IPFR reports (one from each IPFR panel in Wales) in relation to their completeness, timeliness and efficiency of communication in line with the NHS Wales IPFR policy process.

WHSSC were asked to provide a PET scan Chair action request for scrutiny.

*"The majority of the quality criteria were met. It was noted that the request had been made on the old IPFR application form which should no longer be accepted as of January 2018. A letter was not sent to the patient".*

WHSSC do ask for the correct form to be completed for all requests considered by the full Panel. However, in this case, this PET scan was required urgently and therefore accepted on the old format form to prevent delay in decision.

Letters are routinely sent to patients asking them to contact the referring clinician for decision. However, a letter was not sent to this patient as they were in hospital.

#### **Matters requiring Committee level consideration and/or approval**

- None

#### **Matters referred to other Committees**

None

Confirmed Minutes for the meeting held 31 October

**Date of next meeting**

**28 November 2018**



<b>Reporting Committee</b>	<b>Welsh Renal Clinical Network</b>
<b>Chaired by</b>	<b>Chair, Welsh Renal Clinical Network</b>
<b>Lead Executive Director</b>	<b>Director of Finance</b>
<b>Date of last meeting</b>	<b>10 September 2018</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<ul style="list-style-type: none"> <li>• A capital business case from Cardiff and Vale has been approved by Welsh Government for the refurbishment and redesign of Suite 19 dialysis unit. Work in underway and is expected to take six months.</li> <li>• The capital business case to expand the Llandrindod Dialysis Unit has been approved by Welsh Government. A date to commence work has yet to be agreed.</li> <li>• A procurement exercise is underway to increase capacity in North Wales. This includes the refurbishment of existing units in Bangor, Alltwen, Wrexham and Welshpool and the provision of a new satellite unit in the area of Mold.</li> <li>• A report was presented by the National Renal Pharmacy lead highlighting additional savings that could be made in prescribing of immunosuppressant agents.</li> <li>• A recent pilot study in South East Wales has demonstrated that life style changes and weight loss can significantly improve access to transplantation. The WRCN have agreed to extend this study for a two year period across the South and West Units.</li> </ul>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
<ul style="list-style-type: none"> <li>• WHSSC have provided funding for dialysis growth and ISP inflation for 2018/19. It is appears that the growth in unit based dialysis will exceed initial forecasts from 2018/19 onwards. A paper outlining growth will be presented to WHSSC management team.</li> <li>• There are issues in each of the provider units relating to Vascular Access Services. The most critical of these is in BCU and WRCN are exploring ways to resolve this. It has already been escalated to WHSSC QPS.</li> <li>• A UK position statement relating to the use of Hep C positive donor organs for Hep C negative recipients has been nationally agreed. Welsh Government and Welsh Transplant Advisory Group have accepted their recommendations and look to implement them when appropriate.</li> </ul>	
<b>Matters requiring Committee level consideration and/or approval</b>	
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<b>Matters referred to other Committees</b>	

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Annexes:

<b>Date of next meeting</b>	
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