

## Bundle WHSSC Joint Committee - In Public 26 March 2019

### Agenda attachments

#### 00. WHSSC JC Agenda v1.0.pdf

- 1 13:30 - Preliminary Matters
  - 1.1 Welcome, Introductions and Apologies
  - 1.2 Declarations of Interest
  - 1.3 Accuracy of the Minutes of the Meeting held 22 January 2019
    - 1.3 Unconfirmed JC Minutes 22 Jan 19 v0.3.pdf
  - 1.4 Action Log and Matters Arising
    - 1.4 Action Log March 2019.pdf
  - 1.5 13:45 - Report from the Chair
    - 1.5 Report from the Chair v1.0.pdf
  - 1.6 13:50 - Report from the Managing Director
    - 1.6 Report from the Managing Director v1.0.pdf
- 2 Items for Decision and/or Consideration
  - 2.1 14:00 - Rehabilitation: Monitoring Arrangements for Driving Change
    - 2.1 Rehabilitation - Monitoring Arrangements for Driving Change.pdf
  - 2.2 14:15 - Integrated Commissioning Plan 2019-22: Work Plan
    - 2.2 Implementation of ICP 2019-22.pdf
    - Annex 1 Specialised Services since 1999.docx
    - Annex 2 WHSSC Policy work.docx
    - Annex 3 WHSSC Prioritisation Process.docx
    - Annex 4 Clinical Impact Assessment Group Processes.docx
    - Annex 5 WHSSC ICP Financial Tables.xlsx
    - Annex 6 WHSSC NHS Planning Framework 2019-22 Appendix C.xlsx
  - 2.3 14:30 - Update on the Commissioning of Mechanical Thrombectomy
    - 2.3 Update on Commissioning of Mechanical Thrombectomy.pdf
- 3 Routine Reports and Items for Information
  - 3.1 14:45 - Integrated Performance Report
    - 3.1 Integrated Performance Report December 2018.pdf
  - 3.2 14:55 - Financial Performance Report
    - 3.2 Financial Report Month 11 WHSSC.docx
  - 3.3 15:05 - Reports from the Joint Sub-Committees
    - 3.3.1 Management Group Briefings
      - 3.3.1 MGM Briefing January 2019.pdf
      - 3.3.1 MGM Briefing February 2019.pdf
    - 3.3.2 Quality and Patient Safety Committee
      - 3.3.2 QPS Chair Report to JC March 2019.pdf
    - 3.3.3 All Wales Individual Patient Funding Request Panel
      - 3.3.3 AWIPFR Panel January 2019.docx
      - 3.3.3 AWIPFR Panel February 2019.pdf
    - 3.3.4 Welsh Renal Clinical Network
      - 3.3.4 WRCN Chair's Report.pdf
  - 3.4 15:20 - Reports from the Joint Advisory Groups
    - 3.4.1 NHS Wales Gender Identity Partnership Group
      - 3.4.1 AWGIPG Chair Report March 2019.pdf

4 15:25 - Concluding Business

4.1 Any Other Business

4.2 Date of the Next Meeting

*14 May 2019, National Imaging Academy Wales, Pencoed Business Park, Bridgend, CF35 5HY*

## WHSSC Joint Committee Meeting held in public Tuesday 26 March 2019 at 13:30

National Imaging Academy Wales, Pencoed Business  
Park, Bridgend, CF35 5HY

### Agenda

Item	Lead	Paper / Oral	Time
<b>1. Preliminary Matters</b>			
<b>1.1</b> Welcome, Introductions and Apologies <ul style="list-style-type: none"> <li>To open the meeting with any new introductions and record any apologies for the meeting.</li> </ul>	Chair	Oral	13.30 - 13.45
<b>1.2</b> Declarations of Interest <ul style="list-style-type: none"> <li>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.</li> </ul>	Chair	Oral	
<b>1.3</b> Accuracy of the Minutes of the Meetings held <ul style="list-style-type: none"> <li>To <b>approve</b> the minutes.</li> </ul>	Chair	Att.	
<b>1.4</b> Action Log and Matters Arising <ul style="list-style-type: none"> <li>To <b>review</b> the actions and consider any matters arising.</li> </ul>	Chair	Att.	
<b>1.5</b> Report from the Chair <ul style="list-style-type: none"> <li>To <b>note</b> the contents of the report;</li> <li>To <b>approve</b> the appointment of Paul Griffiths and Ian Phillips as Independent Members of the Joint Committee;</li> <li>To <b>approve</b> the appointment of Kieron Donovan as Interim Chair of the Renal Network</li> <li>To <b>approve</b> the appointment of Dilys Jouvenat and Tricia Buchan as Independent Members of the Quality &amp; Patient Safety Committee; and</li> <li>To <b>ratify</b> the Chair's Action.</li> </ul>	Chair	Att.	13.45 - 13.50
<b>1.6</b> Report from the Managing Director <ul style="list-style-type: none"> <li>To <b>receive</b> and <b>note</b> the report and consider any issues raised.</li> </ul>	Managing Director	Att.	13.50 - 14:00
<b>2. Items for Consideration and/or Decision</b>			
<b>2.1</b> Rehabilitation: Monitoring Arrangements for Driving Change <ul style="list-style-type: none"> <li>To <b>support</b> the continued monitoring arrangements within Specialised Rehabilitation services and increased investigation where required.</li> </ul> <p><b>Contact:</b> <a href="mailto:Sian.Lewis100@wales.nhs.uk">Sian.Lewis100@wales.nhs.uk</a></p>	SL	Att.	14:00 - 14:15

Item	Lead	Paper / Oral	Time
<b>2.2</b> Integrated Commissioning Plan 2019-22: Work Plan <ul style="list-style-type: none"> <li>- To <b>inform</b> Members of: <ul style="list-style-type: none"> <li>- The WHSSC Integrated Commissioning Plan (ICP) 2019-22 and appendices that have been submitted to Welsh Government; and</li> <li>- The schedule for presenting the schemes included for funding within the ICP to Management Group for funding release.</li> </ul> </li> </ul> <b>Contact:</b> <a href="mailto:Karen.Preece@wales.nhs.uk">Karen.Preece@wales.nhs.uk</a>	Director of Planning	Att.	14:15 – 14:30
<b>2.3</b> Update on the Commissioning of Mechanical Thrombectomy <ul style="list-style-type: none"> <li>- To <b>note</b> the progress made for formally commissioning Mechanical Thrombectomy from April 2019.</li> </ul> <b>Contact:</b> <a href="mailto:Claire.Nelson@wales.nhs.uk">Claire.Nelson@wales.nhs.uk</a>	Director of Planning	Att.	14:30 – 14:45
<b>3. Routine Reports and Items for Information</b>			
<b>3.1</b> Integrated Performance Report <ul style="list-style-type: none"> <li>- To <b>note</b> the report.</li> </ul> <b>Contact:</b> <a href="mailto:Karen.Preece@wales.nhs.uk">Karen.Preece@wales.nhs.uk</a>	Director of Planning	Att.	14:45 – 14:55
<b>3.2</b> Financial Performance Report <ul style="list-style-type: none"> <li>- To <b>note</b> the report.</li> </ul> <b>Contact:</b> <a href="mailto:Stuart.Davies5@wales.nhs.uk">Stuart.Davies5@wales.nhs.uk</a>	Director of Finance	Att.	14:55 – 15:05
<b>3.3</b> Reports from the Joint Sub-Committees <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. Quality and Patient Safety Committee (to follow)</li> <li>iii. All Wales Individual Patient Funding Request Panel</li> <li>iv. Welsh Renal Clinical Network</li> </ul> </li> </ul>	Joint Sub-Committee Chairs	Att.	15:05 – 15:20
<b>3.4</b> Reports from the Joint Advisory Groups <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. NHS Wales Gender Identity Partnership Group</li> </ul> </li> </ul>	Joint Advisory Group Chairs	Att.	
<b>4. Concluding Business</b>			
<b>4.1</b> Any Other Business	Chair	Oral	
<b>4.2</b> Date of next meeting (Scheduled) <ul style="list-style-type: none"> <li>- 14 May 2019, 09:30 – 12:30</li> <li>- National Imaging Academy Wales, Pencoed Business Park, Bridgend, CF35 5HY</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 22 January 2019 at 08:00  
at Mwar Room, NHS Wales Health Collaborative, River House,  
Ynys Bridge Court, Gwaelod-y-Garth, CARDIFF, CF15 9SS

### Members Present:

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB (by phone)
Glyn Jones	(GJ)	Director of Finance / Deputy Chief Executive, Aneurin Bevan UHB
Charles Janczewski	(CJ)	Independent Member/Chair of the WHSSC Quality and Patient Safety Committee
Sian Lewis	(SL)	Managing Director, WHSSC
Lyn Meadows	(LM)	Vice Chair (by VC)
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Jennifer Thomas	(JT)	Medical Director, WHSSC
Steve Webster	(SW)	Director of Finance, Cwm Taf UHB

### Apologies:

Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
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
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
John Williams	(JW)	Associate Member/Chair of the Welsh Clinical Renal Network

### In Attendance:

James Leaves	(JL)	Assistance Finance Director, WHSSC
Clare Nelson	(CN)	Acting Assistant Director of Planning, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Adele Roberts	(AR)	Head of Quality and Patient Care, Specialised Commissioning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

### Observer:

Simon Dean	(SD)	Welsh Government
------------	------	------------------

### Minutes:

Michaella Henderson	(MH)	Corporate Governance Officer, WHSSC
---------------------	------	-------------------------------------

The meeting opened at 09:30am.

JC18/077	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC18/078	<p><b>Declarations of Interest</b></p> <p>The Joint Committee noted the standing declarations. There were no additional declarations to note.</p>
JC18/079	<p><b>Integrated Commissioning Plan 2019-22</b></p> <p>SL thanked Health Boards and Management Group Members for their contributions in preparing the Integrated Commissioning Plan 2019-22 (the 'Plan').</p> <p>Members noted the expectation that they would agree the Plan with no funding shortfall by the conclusion of the meeting.</p> <p>KS reminded Members that the voting requirement to approve the business of the Committee, including the Plan, had changed from unanimous to a two thirds majority with effect from November 2018.</p> <p>Members noted there was a £2.924M unfunded gap when the meeting papers were circulated.</p> <p>SD presented, and Members discussed, the financial aspects of the Plan and the associated risks.</p> <p>Members recognised the need to view specialised services as part of the integrated care system offered by the Health Boards and not as a separate entity.</p> <p>SD noted the embedded £3.5M savings achieved through efficiencies and re-commissioning, equating to approximately 0.6-0.7% and noted risk appetite had been discussed at Management Group.</p> <p>SD reported the total growth in cost year on year was 3.9% including 2% equivalent for Welsh provider inflation, totalling 1.9%, significantly behind the gross inflator for NHS England by 2-3% per annum.</p> <p>Members discussed the CIAG prioritised schemes and the scores assessed for each of the schemes.</p> <p>Members discussed schemes designated as Strategic Priorities that did not go through the CIAG process such as Cystic Fibrosis and Neonatal Transport.</p>

The meeting concluded at 09:57am.

Members noted the WHSS Team was developing Terms of Reference for the Neonatal Transport Review to be undertaken in partnership with the Neonatal Network.

Members noted the commitment to establishing the Major Trauma Network and Major Trauma Centre. LR reminded Members of the need for a lead-in period for CVUHB to manage the staffing and other resourcing requirements of the Major Trauma Centre. LR reported CVUHB was working through the capital requirements and Members discussed the requirement for transitional funding should the go-live date of April 2020 for the Major Trauma Centre change.

**ACTION: It was agreed LR would confirm the Major Trauma Centre 'go-live' date with the Major Trauma Centre Board and report back to WHSSC with the actual requirements for transitional funds for the phased start up and the potential impact on the Plan.**

Members questioned the possibility of accessing Welsh Government funding in a number of areas of growth together with other potential funding sources and SL reported WHSSC had considered a number of these opportunities but found them to be inaccessible.

Members noted the widening gap with NHS England specialised services commissioning.

VH observed that there appeared to be consensus of approval for the Plan from those Members present, noting that all had now agreed to fully fund the Plan.

KS noted that, despite best efforts, Steve Moore from HDUHB had been unable to join the meeting electronically and, that being the case, consensus amongst those present at the meeting had been achieved in the absence of representation from HDUHB. KS explained that had the Plan been put to a vote at the meeting, a majority greater than two thirds in favour of the Plan would have been achieved, irrespective of the vote cast by HDUHB if it had been represented, Members therefore confirmed their understanding that the Plan was approved, subject to the following undertakings.

In approving the Plan, Members agreed that the WHSS Team would undertake the following:

- Continue discussions directly and/or indirectly with Welsh Government with a view to identifying and securing any 'ring fenced funding' that may be available to support the various schemes and/or services comprised within the Plan;

	<ul style="list-style-type: none"> <li>To continue to identify and secure further savings from commissioned services and prioritise any savings secured by the WHSS Team from commissioned services toward reducing the financial burden from the Plan on health boards rather than toward funding additional schemes or initiatives; and</li> <li>To note that there was no provision in the Plan in relation to the funding of 'pump priming' activities associated with the start of the Major Trauma Network which is due to be formally established in April 2020 and that this risk would need to be recognised as an 'in year pressure' during 2019-20 which would be managed through Joint Committee.</li> </ul>
JC18/080	<p><b>Thoracic Surgery</b></p> <p>Members received the paper the purpose of which was to:</p> <ul style="list-style-type: none"> <li>Inform Joint Committee of Health Boards' decisions with regard to the outcome of the public consultation and the WHSSC recommendations for the future thoracic surgery service model;</li> <li>Propose the governance arrangements for taking forward the development of the commissioning and implementation plans;</li> <li>Confirm the expectation previously discussed by Joint Committee regarding the framework for ensuring value for money from the new service model;</li> <li>Confirm the expectation that there would be transition costs associated with the implementation of the new service model; and</li> <li>Confirm that a meeting is being arranged to identify lessons learned from the experience of undertaking the public consultation and that a report will be submitted to Joint Committee in May 2019.</li> </ul> <p>Members agreed WHSSC was responsible for commissioning, ABMUHB for implementation and that all parties would have cross-health board support to deliver the Implementation Plan.</p> <p>Members noted that the Directors of Planning had been asked to nominate representatives on a group responsible for the development of the implementation plan.</p> <p>SL noted the commitment that within 6 months Joint Committee would look at the arrangements for the Thoracic Surgical cover of the Major Trauma Centre and that Medical Directors had been advised of the deadlines of providing WHSSC with the information in time to be considered at the May Joint Committee and Health Board meetings.</p> <p>Members resolved to:</p>

	<ul style="list-style-type: none"> <li>• <b>Note</b> the decision of the six affected Health Boards to support the recommendations for the future thoracic surgery service model;</li> <li>• <b>Note</b> that support for the recommendations was subject to a number of conditions, including the requirement that a workforce plan to provide thoracic surgical cover to the MTC would be agreed within 6 months;</li> <li>• <b>Support</b> the proposed governance arrangements for taking forward the commissioning and implementation plans;</li> <li>• <b>Note</b> the previously agreed approach for ensuring that the new service model will provide value for money to commissioners;</li> <li>• <b>Note</b> there the anticipated costs of transition including project management, staff training and costs related to the period of transition as the new service is ramped up and that the scale of these costs would be identified through the implementation project; and</li> <li>• <b>Note</b> a report detailing lessons learned from the experience of undertaking the public consultation would be brought to Joint Committee in May 2019.</li> </ul>
JC18/081	<p><b>Fetal Medicine</b></p> <p>Members received a paper that sought support for the release of funding to increase capacity within the fetal medicine service provided by CVUHB in order to mitigate the current clinical risk to patients in the short term.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the release of funding to increase fetal medicine capacity in the short term.</li> </ul>
JC18/082	<p><b>Minutes of the meeting held 13 November 2018</b></p> <p>The Joint Committee <b>approved</b> the minutes of the meeting held on 13 November 2018 as a true and accurate record.</p>

**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
10.07.18	JC18008	It was agreed that a further paper around the incentivisation element of the Neurosciences strategy would be brought to a future meeting.	Acting Assistant Director of Planning	TBC	<b>11.09.18</b> - On the agenda for the COOs November meeting, update to be provided at the next meeting.  <b>13.11.18</b> – Paper to be brought back to February 2019 meeting.  <b>26.03.19</b> – Agenda Item 2.1. Action closed.	<b>CLOSED</b>
13.11.18	JC18014	<b>JC18/072 - Integrated Performance Report</b>  It was agreed AW and SL would talk to Public Health Wales and the Health Board Chief Executives about how WG consultation on obesity and WHSSC work on bariatric surgery work would fit together.	AW/SL	Mar 2019		<b>OPEN</b>

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
22.01.19	JC18015	<b>JC18/079 - Integrated Commissioning Plan 2019-22</b>  <b>ACTION:</b> It was agreed LR would confirm the Major Trauma Centre 'go-live' date with the Major Trauma Centre Board and report back to WHSSC with the actual requirements for transitional funds for the phased start up and the potential impact on the Plan.	LR			<b>OPEN</b>



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

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

		Agenda Item	1.5
Meeting Title	<b>Joint Committee</b>	Meeting Date	26/03/2019
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"/>
------------------------------------	--	-------------------------------------	------------------------------------	---

		Meeting Date	
--	--	--------------	--

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report;</li> <li>• <b>Approve</b> the appointment of Paul Griffiths and Ian Phillips as Independent Members of the Joint Committee;</li> <li>• <b>Approve</b> the appointment of Kieron Donovan as Interim Chair of the Renal Network</li> <li>• <b>Approve</b> the appointment of Dilys Jouvenat and Trish Buchan as Independent Members of the Quality &amp; Patient Safety Committee; and</li> <li>• <b>Ratify</b> the Chair's Action.</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 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**

Members will recall that Chis Turner stepped down as an Independent Member of the Joint Committee and Audit Committee representative on 31 December 2018 and I reported, at that time, that we were in the process of identifying a successor.

I am delighted to recommend the appointment of Mr Paul Griffiths as an Independent Member of the Joint Committee and Audit Committee representative with effect from 1 April 2019 for an initial term of two years, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders. Paul is an Independent Member of Cwm Taf UHB and Chair of the Audit Committee.

Members will also recall that Lyn Meadows advised us last autumn that due to a change to her portfolio of responsibilities at Betsi Cadwaladr UHB she would be looking to step down as an Independent Member of the Joint Committee after a transitional period, enabling us to identify a suitable successor. I am therefore also delighted to recommend the appointment of Mr Ian Phillips as an Independent Member of the Joint Committee with effect from 1 April 2019 for an initial term of two years, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders. Ian is an Independent Member of Powys THB. This will enable Lyn to step down from 31 March 2019.

I would like to thank Lyn for her valued support both as an Independent Member and Vice Chair since she joined the Joint Committee in 2016. Lyn will continue to be a member of the WHSSC Quality & Patient Safety Committee.

I will take soundings and come back to members with a recommendation for appointment of a Vice Chair from the Independent Member cohort.

### **3.2 Welsh Clinical Renal Network - Chairman**

Prof John Williams will be retiring from the role of Chairman of WRCN from 31 March 2019. I would like to thank John for the tremendous work that he has done with the Renal Network since its formation. He has also been an Affiliate Member of the Joint Committee and has brought invaluable insight to us in that capacity during his tenure. We wish him well in his retirement.

I am pleased to announce that Dr Kieron Donovan, who has been shadowing John during March as Interim Chair Designate, will be taking on the role of Interim Chair of the Renal Network for 12 months commencing 1<sup>st</sup> April 2019. Kieron will already be known to many members as Clinical Lead of the Network.

### **3.3 Appointment of Independent Members of the Quality and Patient Safety Committee**

I am also pleased to report that another two Independent Members have been nominated to join the Quality and Patient Safety Committee from 1 April 2019 until the expiry of the initial term of their appointment as Independent Members of their LHBs, Dilys Jouvenat from Cwm Taf UHB and Trish Buchan from Powys THB.

### **3.4 Chair's Action**

I wrote to Joint Committee Members on 31 January 2019 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Lyn Meadows, an Independent Member of WHSSC, I had taken Chair's Action to approve the Integrated Commissioning Plan 2019-22 document for submission to Welsh Government.

## **4. RECOMMENDATIONS**

Members are asked to:

- **Note** the contents of the report;
- **Approve** the appointment of Paul Griffiths and Ian Phillips as Independent Members of the Joint Committee;
- **Approve** the appointment of Kieron Donovan as Interim Chair of the Renal Network
- **Approve** the appointment of Dilys Jouvenat and Trish Buchan as Independent Members of the Quality & Patient Safety Committee; and
- **Ratify** the Chair's Action.

## **5. APPENDICES/ ANNEX**

None.

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



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

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

		Agenda Item	1.6
Meeting Title	<b>Joint Committee</b>	Meeting Date	22/01/2019
Report Title	Report from the Managing Director		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

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. 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. UPDATES

### 2.1 Cystic Fibrosis: 2019-20 ICP Strategic Priority

The WHSSC ICP 2018-21 highlighted the Cystic Fibrosis service (CF) as a key risk that was likely to present in year, requiring funding due to the service exceeding the number of patients for the size/staffing of its service and the risk identified from the current home IV antibiotic service.

A proposal for a 2 phased approach to investment was presented to Joint Committee in July 2018. Joint Committee subsequently approved the funding release for the ICP18-154 Cystic Fibrosis: Phase 1 multi-disciplinary staff and Premixed IV Antibiotic Service; the commissioning intention being to support a sustainable Cystic Fibrosis service for the current and expected patient growth for 2018/19 (circa 320). The approved funding release was £171k in 2018/19 for the multi-disciplinary staff and an additional non-recurrent £83k in 2018/19 for the provision of the Premixed IV Antibiotic Service. Phase 2 was to include staffing costs to further support the satellite clinics and a medical on call rota call rota for Cystic Fibrosis and additional staffing aligned to the capital development for new ward.

The CF service have made good progress with implementation of Phase one and recruitment to the remaining posts is imminent. WHSS Team have been working with Cardiff and The Vale Health Board to bring forward a business case for phase 2 but unfortunately this still lacks clarity and it is not described sufficiently to bring to Management Group this month. Meetings continue with the Clinical Board at Cardiff and the Vale HB and a further update will be provided at the meeting. It is expected that the remaining issues can be resolved and the business case presented to Management Group at the May meeting.

### 2.2 Gender Update

The new Welsh Health Specialised Services (WHSSC) specification and policy CP182 for Adult Gender Identity Service (non-surgical) is currently out for internal stakeholder consultation which will close on 25th March 2019. A meeting with CVUHB Medical Director has taken place and WHSSC are awaiting confirmation of the Health Boards arrangements to deliver the service model. This will include timescales and plans for the repatriation of the waiting list from London GIC. Once this is received WHSSC will meet with WG to confirm the commissioning handover and transfer of funding for the new service. It is understood that the Minister for Health is keen to make an announcement on the details and commencement of the new gender pathway.

### **3. RECOMMENDATIONS**

Members are asked to:

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

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



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

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

		Agenda Item	2.1
Meeting Title	<b>Joint Committee</b>		Meeting Date 26/03/2019
Report Title	Rehabilitation – Monitoring Arrangements for Driving Change		
Author (Job title)	Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	In Committee
Purpose	To provide an update to Corporate Directors and Joint Committee on how the implementation of monitoring arrangements is driving change in Specialised Rehabilitation services.		
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>
	INFORM <input checked="" type="checkbox"/>		
Sub Group /Committee	Corporate Directors Group Board	Meeting Date	11/03/2019
	Management Group	Meeting Date	13/12/2018
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>Support the continued monitoring arrangements within Specialised Rehabilitation services and increased investigation where required</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	IHI 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
		✓			✓			✓

**Commissioner Health Board affected**

Abertawe Bro Morgannwg	✓	Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf	✓	Hywel Dda	✓	Powys	✓
---------------------------	---	------------------	---	--------------------	---	---------------------	---	------------	---	-----------	---	-------	---

**Provider Health Board affected** (please state below)

ABMUHB, C&VUHB and English Providers of Specialised Rehabilitation



## 1. SITUATION

The four WHSSC Specialised Rehabilitation policies (Specialised Neuro-Rehabilitation, Spinal Rehabilitation, Neuropsychiatry and Paediatric Specialised Rehabilitation) were updated and published in January 2018. Following discussions with the Specialised Rehabilitation Clinical teams, the policies included a charging element to Health Boards for their resident patients who no longer required specialist care and had stayed beyond the 8 week notice period of being declared as completing their specialised rehabilitation. It was hoped that similarly to where this had been applied in Mental Health secure services, that this 'incentivisation' mechanism would improve the flow between Specialised Rehabilitation Units and Health Boards.

The suggested incentivisation mechanism has been discussed in a number of forums – Joint Committee, Chief Operating Officers meeting and Management Group but received little support full implementation although monitoring of the length of stay of patients in the specialised rehabilitation units following the completion of their specialised rehabilitation was welcomed.

This paper provides an update of the monitoring that has been undertaken and requests support for continuing it and undertaking more detailed work where required.

## 2. BACKGROUND

Rehabilitation is generally organised and funded by each Welsh Health Board for their resident population. However, at times the needs for rehabilitation require a level of expertise that is best be provided by specialised centres. In this case, the seven Health Boards commission services jointly through the offices of the Welsh Health Specialised Services Committee (WHSSC). On behalf of Health Boards, WHSSC commissions specialised rehabilitation from Cardiff and Vale University Health Board (C&VHB), Abertawe Bro Morgannwg University Health Board (ABMUHB) and a number of English providers.

Access to the specialised centres can often prove difficult as delayed transfers of care in the acute sector impacts on the flow of patients through the care pathway and in turn causes repatriation delays from the specialised rehabilitation centres.

The WHSSC policies relating to Specialised Rehabilitation were revised with the aim of strengthening the repatriation process and providing clear guidelines on lines of responsibility, accountability and a more rigorous approach to performance management.

Although all levels of the acute and specialised rehabilitation service experience repatriation issues; these policies are service specific.



The Specialised Rehabilitation Audit Day in 2016 facilitated significant discussion to the proposed changes to the Specialised Rehabilitation (CP48) policy. The service users were keen to embrace the suggested changes and the consultation process facilitated in refining the policies to meet the needs for each specialty.

At the following Audit day in December 2017, it was identified that in order to improve the flow of patients through the Neurosciences pathways, that a Specialised Rehabilitation network needed to be developed to support and progress the service. The revisions to these policies aims to support this vision and has clear links with the Neurosurgery Referral to Treatment scheme which has received funding within the 2019-22 ICP.

The consensus from those attending the Audit Day was that an incentivisation mechanism would be the lever to drive change to support the specialised rehabilitation services to meet the ever increasing demand on its services, through the repatriation of patients to their health boards in a timely manner. This idea was welcomed by the providers and Welsh Government. The scheme had been tried and tested in the Tertiary Mental Health services and had worked well.

The WHSSC policies group agreed in January 2018 that as the Specialised Rehabilitation policies had been updated to reflect Management Group and Stakeholders comments that these could be signed off for publication on the WHSSC website.

The incentivisation mechanism of a charging element to Health Boards for their resident patients who no longer required specialist care and had stayed beyond the 8 week notice period of being declared as completing their specialised rehabilitation, has been implemented in a shadow form by WHSSC since April 2018. This monitoring is described in section 3.

### **3. ASSESSMENT**

#### **3.1 WHSSC Performance Report**

From 1 April 2018, repatriation data identifying the number of bed days lost from the acute Neurosciences and Specialised Rehabilitation pathway were reported within the monthly performance report that is presented to Management Group.

Repatriation of patients in the acute Neurosurgery pathway are discussed monthly at the Neurosciences Performance meetings held between WHSSC and the Specialised Services Clinical Board and Neurosciences Directorate, Cardiff and Vale UHB.

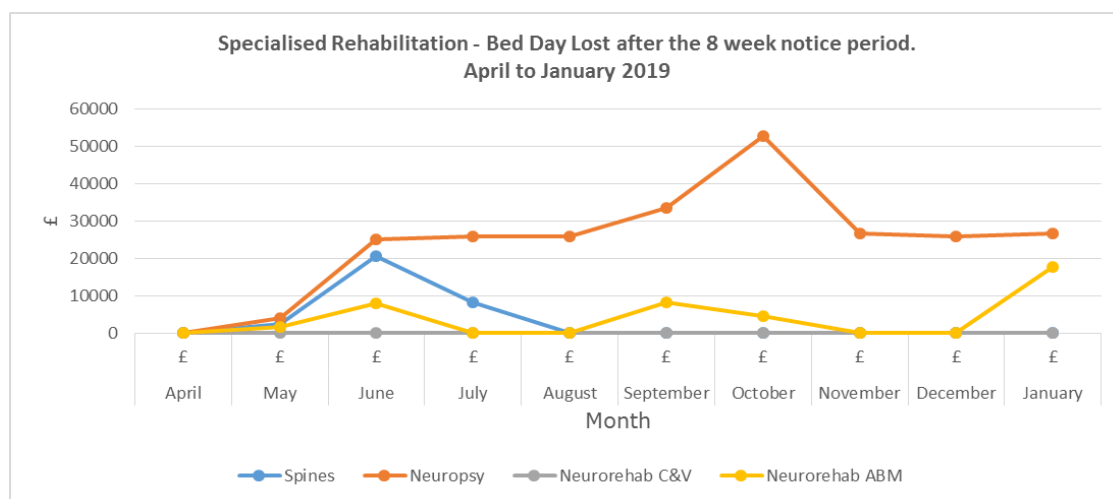
As part of the shadow implementation process, extensive discussions were held with the Specialised Rehabilitation providers to develop a monthly bed state for each centre which could be used for performance and compliance monitoring by WHSSC. The bed state data is analysed by WHSSC and a bed day loss cost is generated for each Health Board. This shadow format information was discussed at the WHSSC Finance Working Group with representatives from each Health Board (Appendix 1 - Example from the WHSSC Neurosciences Performance Report).

### 3.2 Calculation of the Number of Bed Days lost

The two graphs following show the monthly bed day lost cost after the 8 week notice period has ended (Table 1) and the total cost up to January 2019 for each Specialised Rehabilitation services (Table 2). If patients were discharged from a specialised rehabilitation service by the end of the 8 week notice period, there would be estimated savings in the region of £387,904 across the network (based on an average bed day cost £418). 76% of these costs can be attributed to the Neuropsychiatry service. The recent Performance reports have highlighted that the reasons for the extended stay in this service is due to the insufficient number of providers specialising in Acute Brain Injury (ABI) for patients with enduring Neuropsychiatric presentations. This is becoming an increasing problem across the Network particularly with the assessment of patients at the Neurorehabilitation MDT.

The monthly bed states provided by the Neuropsychiatry service have identified that the service has 100% occupancy and that there is very little scope to admit new patients. Patients requiring this highly specialised care are increasing but patients are having to wait to access the service either in their local health board if there is a suitable provision of care or on occasions on the acute ward at UHW. Neither of these circumstances are acceptable and solutions to improve this situation are explored further in section 4.

**Table 1: Graph showing the Bed Day lost costs after the 8 week notice period has ended, April 2018 to January 2019**



**Table 2: Total bed day lost cost after the 8 week notice period by Specialised Rehabilitation Services April 2018 to January 2019**

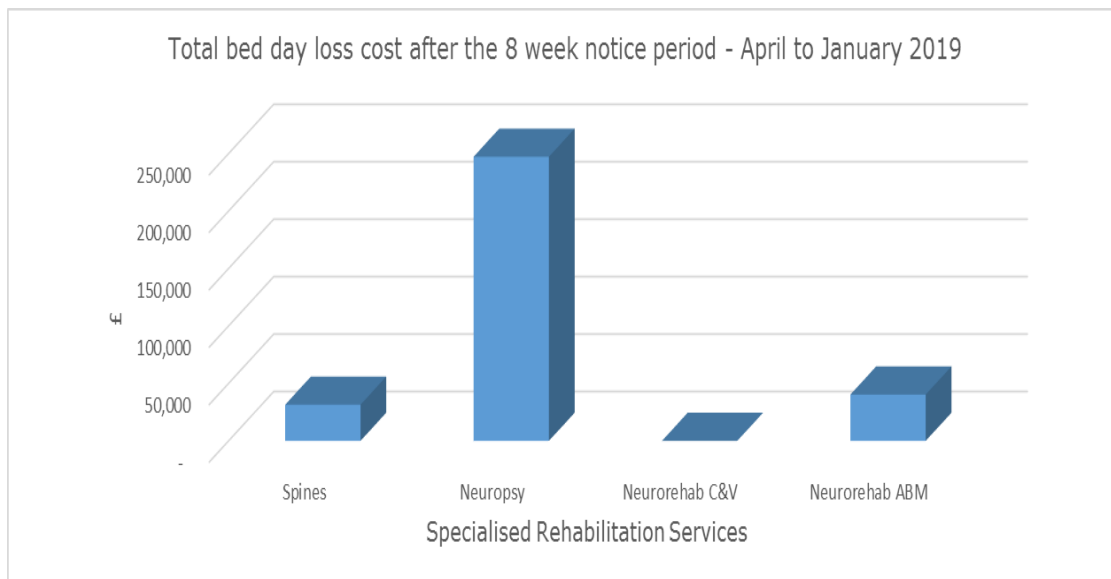
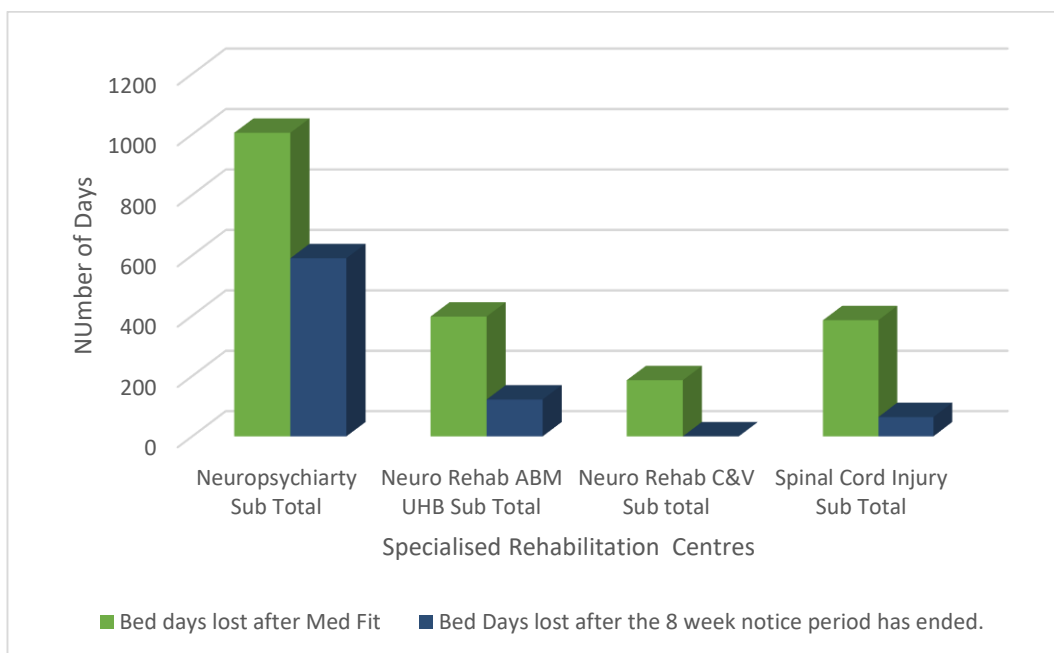


Table 3 below identifies the number of bed days lost after the patient is medically fit and after the 8 week notice period has been declared, by specialised service. This is helpful in identifying the services to focus further attention upon.

**Table 3: Number of Bed Days Lost after medically fit and following 8 week notice period April 2018-January 2019**





### 3.3 Benefits of this monitoring

The introduction of the monitoring arrangements of specialised rehabilitation bed days has improved engagement and collaboration between Health Boards and the Specialised Units to improve the flow of patients along the Neurosciences pathway using the single points of contact.

A series of strategic meetings have been held with the Delivery and Performance Unit within Welsh Government to raise the awareness of the Specialised Rehabilitation repatriation work plan and the development of a symbiotic relationship between both organisations to support and progress the work. The monitoring information has been presented at the National Review of Complex Discharges meeting hosted by the WG Delivery Unit in November 2018.

These meetings included the Assistant Operations Director from Aneurin Bevan UHB who was part of the team that were instrumental in revising the Welsh Health Circular – NHS Wales's policy for the Repatriation of patients. Reference to this policy was included in the Specialised Rehabilitation policies and has since been re-circulated to the Specialist Services Clinical Board members of Cardiff and Vale UHB and all the single points of contact for Specialised Rehabilitation across Wales.

The development of a single point of contact for the Tertiary Non Acute Specialised Rehabilitation service for all Health Boards has been completed with Access and training for the single points of contact for the All Wales NHS Repatriation Database partially completed and ongoing.

Principles from 'A Healthier Wales' and 'Future Generations' have been embedded into the repatriation process which supports the discharge of patients in a timely manner to ensure the ongoing care and rehabilitation of these patients, closer to their homes.

The Neurorehabilitation centres both in Cardiff and Neath Port Talbot reported at the June 2018 Task and Finish Working group that there was requirement to upskill Neuro-rehab nursing staff due to case mix changes. Staff required to have more specialist skills e.g. RMN training to manage some of these more highly complex patients with challenging behavioural and cognitive issues. In the January Neurosurgery performance meeting the Lead Nurse for Neurosciences advised that Neurosurgery staff in C&VUHB have been receiving RMN training. The service had also arranged some training workshops on how to manage complex Neurosurgical patients with Cwm Taf UHB and are planning to extend this training to the other Health Boards.



## **3.4 Next Steps**

### **3.4.1 Policies**

The four Specialised Rehabilitation policies currently published on our website will be amended to remove reference to the charging element and include further detail of the performance monitoring arrangements in place.

### **3.4.2 Focus on Neuropsychiatry**

Further work will be undertaken by the Neurosciences Quality Lead to understand the discharge delays being experienced by the Neuropsychiatry service.

The Neuropsychiatry service have highlighted the benefit of having a number of step down beds to manage patients from the acute service, who do not meet the criteria for access into the Neurorehabilitation or Neuropsychiatry service but are managed in a safe environment with the appropriate skilled nursing staff. This potential solution will be explored further once there is a greater understanding of the reasons for the delays.

### **3.4.3 Implementation of the Neuro-Rehabilitation scheme**

Phase 1 of the required Neuro-rehabilitation development in the C&VUHB service has been included for funding within the 2019-2022 ICP. The funding release will allow the service to recruit a (admin) co-ordinator who will submit data to UKROC which will allow for benchmarking against Neuro-Rehabilitation Centres across the country and address the most urgently required Allied Health Professionals. The aim of the scheme is to help identify the priority for addressing staffing deficits and sustainability concerns within the service in line with the British Society of Rehabilitation Medicine standards (BSRM). The service would require approximately £1.5million to be in full compliance with the BSRM staffing levels which all rehabilitation services that we commission from in NHS England are. We know this level of funding is not available, so are looking at a phased solution to inform schemes for consideration in future Integrated Commissioning Plans.

### **3.4.4 Work with the Major Trauma Network**

It is clear that with the development of the Wales Trauma Network, it is essential that the Rehabilitation delays issues are resolved before implementation. Baseline assessments have been undertaken to identify the gaps which exist in the current provision of Rehabilitation against quality indicators. It was identified that Rehabilitation services presented the biggest gap against those quality indicators. We are working with the Major Trauma Leads to support in terms of sharing information and updating our policies where required.

## 4. RECOMMENDATIONS

Members are asked to:

- **Support** the continued monitoring arrangements within Specialised Rehabilitation services and increased investigation where required

## 5. APPENDICES

**Appendix 1:** Summary of bed days lost for Specialised Rehabilitation Centres (information included in the WHSSC Performance Report)



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Governance and Assurance Development of the Plan	
Link to Integrated Commissioning Plan	The revision of this policy aims to improve the flow of patients through the Neurosciences pathways which does link with schemes such as Neurosurgery RTT within the ICP.	
Health and Care Standards	Timely Care Effective Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	The commissioning intentions within this policy include a requirement for the service to undertake regular MDT reviews to consider whether the patient can still benefit from specialised rehabilitation.	
Resources Implications	This report describes the implementation of a new contracting mechanism for Specialised Rehabilitation services.	
Risk and Assurance	To provide assurance to the Board that there is a more rigorous commissioning process for Specialised Rehabilitation to ensure timely repatriation of patients and the sustainability of the service.	
Evidence Base	British Society of Rehabilitation Medicine Spinal Cord Clinical Reference Group - Service Standards for Adults requiring Spinal Cord Injury Care ( Version 7 31 <sup>st</sup> October 2013)	
Equality and Diversity	There are no implications for equality and diversity outlined in the documents.	
Population Health	There are no implications for Population Health outlined in the documents.	
Legal Implications	There are no known legal implications with the content of this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	11/03/2019	It was agreed by CDG that a paper focussing on the monitoring arrangements in place and information being collected should be shared with Joint Committee.



## Appendix 1: Example from the WHSSC Neurosciences Performance Report.

### Summary of bed days lost for Specialised Rehabilitation Centres (information included in the WHSSC Performance Report)

#### Specialised Rehabilitation

There were a total of 62 bed days lost in August and this can be attributed to the two highly complex Neuropsychiatry patients. Placements for these type of complex patients are particularly difficult to secure, as there are very limited centres, which provide the necessary care and support. The service have indicated that both patients will be discharged in September.

The cumulative bed days lost after the 8 week notice period was declared is 287 days. The cumulative costs that can be attributed to the delay in discharge is £122,280. 66% of these costs are attributed to the two Neuropsychiatry patients; a 50:50 split between C&V and ABM UHB.

The other Specialised Rehabilitation units are managing their patients within the available resources however the units reported that there were 11 vacant beds across the network in the month August.

Specialty	Patient Home HB	Date Med Fit	8 week notice period ends	Discharge Date	Accepting HB	Bed days lost after Med Fit	Bed Days lost after the 8 week notice period has ended.
Neuropsychy	C&V	01/03/2018	26/05/2018		C&V	153	97
Neuropsychy	ABM	01/03/2018	26/05/2018		ABMU	153	97
Neuropsychy	HD	05/07/2018	05/09/2018		HD	57	0
Neuropsychy	POWYS	01/07/2018	01/09/2018		POWYS	61	0
Neuropsychy	C&V	22/08/2018	16/10/2018		C&V	9	0
Neuropsychy	C&V	22/08/2018	16/10/2018		C&V	9	0
Neuropsychy	POWYS	01/08/2018	25/08/2018	02/08/2018	POWYS	1	0
Neuro Rehab ABM	HD	31/03/2018	26/05/2018	25/06/2018	HD	86	29
Neuro Rehab ABM	ABMU	18/06/2018	12/08/2018	18/06/2018	ABMU	0	0
Neuro Rehab ABM	ABMU	22/06/2018	16/08/2018	25/06/2018	ABMU	8	0
Neuro Rehab ABM	ABMU	10/07/2018	05/09/2018		ABMU	21	0
Neuro Rehab ABM	ABMU	29/08/2018	23/10/2018		ABMU	2	0
Neuro Rehab ABM	ABMU	06/08/2018	30/09/2018	09/08/2018	ABMU	3	0
Neuro Rehab C&V	C&V	29/06/2018	23/08/2018	22/08/2018	C&V	53	0
Neuro Rehab C&V	AB	29/06/2018	23/08/2018	13/08/2018	AB	44	0
Neuro Rehab C&V	CT	29/06/2018	23/08/2018	02/07/2018	CT	3	0
Neuro Rehab C&V	c&v	17/07/2018	12/09/2018	03/08/2018	C&V	16	
Neuro Rehab C&V	C&V	27/07/2018	22/09/2018	27/07/2018	C&V	4	
Spinal Injury	HD	15/03/2018	26/05/2018	09/07/2018	C&V	100	44
Spinal Injury	AB	24/05/2018	18/07/2018	21/07/2018	AB	58	3
Spinal Injury	AB	29/06/2018	23/08/2018	02/07/2018	AB	3	0
Spinal Injury	C&V	04/06/2018	29/07/2018	23/07/2018	C&V	49	0
Spinal Injury	Powys	24/04/2018	18/06/2018	05/07/2018	Powys	72	17
<b>Total</b>						<b>965</b>	<b>287</b>



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

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

		Agenda Item	2.2
Meeting Title	<b>Joint Committee</b>		Meeting Date 26/03/2019
Report Title	Formal presentation of the WHSSC Integrated Commissioning Plan for Specialised Services 2019-22 and the schedule for presenting the funded schemes within it.		
Author (Job title)	Acting Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Choose an item.
Purpose	This paper formally presents the WHSSC Integrated Commissioning Plan 2019-22 and outlines the schedule for presenting the funded schemes within it for release of funding.		
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>
INFORM <input type="checkbox"/>			
Sub Group /Committee	Corporate Directors Group Board	Meeting Date	11/03/2019
	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are <b>informed</b> of:</p> <ul style="list-style-type: none"> <li>The WHSSC Integrated Commissioning Plan (ICP) 2019-22 and appendices that have been submitted to Welsh Government</li> <li>The schedule for presenting the schemes included for funding within the ICP to Management Group for funding release.</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	IHI 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
		✓		✓				✓

**Commissioner Health Board affected**

Abertawe Bro Morgannwg	✓	Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf	✓	Hywel Dda	✓	Powys	✓
---------------------------	---	------------------	---	--------------------	---	---------------------	---	------------	---	-----------	---	-------	---

**Provider Health Board affected** (please state below)

All

## **1.0 SITUATION**

The WHSSC Integrated Commissioning Plan (ICP) 2019-22 was approved by Joint Committee on 22<sup>nd</sup> January 2019 and subsequently submitted to Welsh Government. This paper includes the ICP and the appendices that were submitted and we are awaiting feedback on.

This paper also outlines the schedule for the presentation of the schemes included for funding within the 2019-22 ICP.

## **2.0 BACKGROUND**

The 2019-22 ICP is the sixth plan to be produced by WHSSC and as with previous plans, has been developed in partnership with the seven Health Boards and other NHS organisations included Velindre NHS Trust, Shared Services Partnership (NWSSP) and NHS England providers.

A number of schemes were included for funding under the following headings:

- Prioritised by the Joint Clinical Impact Advisory Group and Management Group Process
- Strategic Specialised Priorities
- New services

As the majority of these schemes require full business cases from Provider Health Boards before being taken to Management Group for scrutiny, our initial focus has been on working with the main Welsh providers on a timetable for presenting these schemes.

## **3.0 ASSESSMENT**

### **3.1 CIAG schemes**

Fifteen schemes were included for funding within the 2019-22 ICP following prioritisation by the Joint CIAG and Management Group process.

The schedule for presenting these schemes to Management Group is outlined below:

<b>Scheme</b>	<b>Provider(s)</b>	<b>Date for presentation at Management Group</b>
Alternative Augmentative Communication	C&VUHB	April 2019
PET	PETIC, BCUHB	June 2019
TAVI (Policy)	ABMUHB, C&VUHB	June 2019
Wheelchair Replacement Programme	BCUHB	May 2019
Paediatric Endocrinology	C&VUHB	April 2019
Cleft MDT and RTT	ABMUHB	June 2019
Paediatric Rheumatology	C&VUHB	September 2019
Genetics All Wales Directory	C&VUHB, English providers	April 2019
BAHA & Cochlear	C&VUHB	October 2019
Neuro-oncology	C&VUHB, ABMUHB, HDUHB	May 2019
Adult Congenital Heart Disease	C&VUHB	July 2019
Paediatric MRI	C&VUHB	June 2019
Neurosurgery RTT	C&VUHB	April 2019
Neuro-Rehabilitation	C&VUHB	June 2019
Inherited Bleeding Disorders	C&VUHB	April 2019

Progress against this schedule will be reported at future Management Group and Joint Committee meetings.

### **3.2 Strategic Specialised Priorities within the ICP**

The following three Strategic Specialised priorities – Cystic Fibrosis, Peri-natal and Neonatal Transport have been included for funding within the ICP. These have not yet been timetabled for presentation to Management Group as work is still being undertaken at with national advisory groups.

### **3.3 New services within the ICP**

Three services outlined below, have been included as new services within the 2019-22 ICP. Funding for two of these services is already being released on an individual patient basis.

- Mechanical Thrombectomy –commissioning responsibilities for this service are transferring to WHSSC from 2019/20. The procedure has been funded by WHSSC in 2018/19 for those patients predominantly from BCUHB and Powys who have been able to access the service through NHS England providers. A business case is expected from C&VUHB for developing the delivery of the service in NHS Wales but has yet to be timetabled.

- Advanced Therapeutic Medicinal Products (ATMPs) – these products are being introduced in a planned way by NHS England and Welsh patients are being able to access them as they come on line. A case needs to be drafted by C&VUHB outlining their ability to provide ATMP treatment locally and also highlighting any impact on local services for those patients receiving the primary ATMP treatment in NHS England.
- Major Trauma– it has been agreed that WHSSC will lead on the development of the commissioning centre for the Major Trauma Centre and Network within South and Mid Wales. No funding provision was made within the WHSSC 2019-22 ICP due to lack of information on the revenue requirements, however it was agreed that if these did materialise in year then they would be considered by Joint Committee as an in year risk. The Trauma Network Board are currently working through what revenue is required in 2019/20 to allow the Major Trauma Centre to be launched in April 2020.

### 3.4 Schemes not included for funding that present in year

Joint Committee will be responsible for approving any work programmes requiring investment that are not included within the 2019-22 ICP. This includes Major Trauma as described in the previous section.

## 4. NEXT STEPS

Commissioning Teams are establishing a timetable for the further work programmes which include policy updates and invest to save work. This timetable will be presented for information at future meetings.

A timetable for developing the 2020-23 Integrated Commissioning Plan is currently being developed taking account of the submission deadline to Welsh Government being brought forward to December 2019. This will be brought to future Management Group and Joint Committee meetings.

## 5. RECOMMENDATIONS

Members are **informed** of:

- The WHSSC Integrated Commissioning Plan (ICP) 2019-22 and appendices that have been submitted to Welsh Government
- The schedule for presenting the schemes included for funding within the ICP to Management Group for funding release.



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Governance and Assurance Development of the Plan	
Link to Integrated Commissioning Plan	This paper seeks approval of implementing the WHSSC Integrated Commissioning Plan 2019-22.	
Health and Care Standards	Governance, Leadership and Accountability Staff and Resourcing Effective Care	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	Quality, Safety and Patient Experience are identified in WHSSC’s Strategic Commissioning Intentions which underpin the development of the ICP and therefore its implementation.	
Resources Implications	A financial framework is in place to support the development of the ICP.	
Risk and Assurance	The WHSSC ICP implementation process is supported by an agreed risk and assurance process. All individual schemes undergo scrutiny for risk and assurance.	
Evidence Base	Evidence evaluation is central to the WHSSC ICP development process.	
Equality and Diversity	This assessment is completed for all schemes considered in the WHSSC ICP development and implementation process.	
Population Health	The WHSSC ICP process takes account of the impact of schemes on population health.	
Legal Implications	There are no legal implications associated with this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group	11/03/2019	Proceed to Joint Committee and Management Group



## Annex 1 Specialised Services Since 1999

The following case studies illustrate the changes that have taken place in a number of specialised services since 1999.

### Home Parenteral Nutrition

<b>What is it:</b> <ul style="list-style-type: none"><li>• Parenteral Nutrition is a means of delivering fluids and nutrients for patients with long term intestinal failure who are awaiting reconstructive surgery to restore their gut function or have irreversible intestinal failure requiring long term feeding.</li><li>• This service allows them to receive their 10-14 hour feeds within their own homes.</li></ul>	
1999	2019
<ul style="list-style-type: none"><li>• Less than 30 patients receiving HPN in Wales</li><li>• Care funded on ad hoc basis by the five NHS Health Authorities</li><li>• Mixture of:<ul style="list-style-type: none"><li>– NHS delivered care (compounding from local pharmacy units and care delivered by district nurses)</li><li>– Independent providers of home care (compounding undertaken centrally, with integrated delivery and nursing care)</li></ul></li><li>• Wide variation in contract models and costs</li><li>• Arbitrary selection of home care providers</li><li>• Chaotic discharge process – often delayed whilst approval sought for home care package</li><li>• No standards or performance measures</li><li>• Limited patient engagement</li></ul>	<ul style="list-style-type: none"><li>• 120 patients receiving HPN in Wales</li><li>• Service commissioned centrally by WHSSC</li><li>• All care delivered by one independent home care provider</li><li>• Single contract for Wales – with standardised pricing structure for HPN and nursing care</li><li>• HPN Commissioning Advisory Board – with patient, carer and third sector representation</li><li>• Agreed national standards and performance measures</li></ul>

### Neurosurgery Services

**What is it:**

The surgical specialty dedicated to the management of diseases of the brain and peripheral nervous system.

1999	2019
<ul style="list-style-type: none"> <li>Two of the smallest centres in the UK               <ul style="list-style-type: none"> <li>3 surgeons at Swansea</li> <li>4 surgeons at Cardiff and Vale</li> </ul> </li> <li>High volumes of non-cranial activity in both centres – spinal surgery</li> <li>Patients travelling to England for stereotactic radiosurgery and epilepsy surgery</li> <li>No access to Deep Brain Stimulation for Parkinson's disease for patients in south Wales (patients from north Wales able to access in the Walton Centre, Liverpool)</li> <li>Long waiting lists – over 6 years for some cases</li> </ul>	<ul style="list-style-type: none"> <li>Provided at Cardiff – 9.5wte surgeons</li> <li>Lower volumes of non-cranial activity in both centres (spinal surgery)</li> <li>Patients receiving stereotactic radiosurgery and epilepsy surgery in Wales</li> <li>Access for patients in south Wales to Deep Brain Stimulation surgery for Parkinson's Disease at north Bristol</li> <li>Shorter waiting lists – less than 52 weeks</li> </ul>

**Cardiac Surgery****What is it:**

Cardiac surgery – open heart surgery for revascularisation, structural heart disease and valvular heart disease.

TAVI – percutaneous valve insertion for aortic stenosis avoiding the need for open heart surgery.

Angioplasty – percutaneous procedure for revascularisation of the heart, includes emergency primary procedure for myocardial infarction.

Angiography – diagnostic procedure to assess the degree of heart disease including occlusion of arteries.

1999	2019
Overall	

<p>Major structural investment required to increase provision of diagnostic angiography, cardiac surgery and angioplasty:</p> <p>Angiography:</p> <ul style="list-style-type: none"> <li>• baseline 5,267 (1,793 pmp)</li> <li>• target 14,685 (5,000 pmp)</li> <li>• provided from 2 tertiary centres in Wales and 2 small DGH labs and 4 English services</li> </ul> <p>Cardiac surgery:</p> <ul style="list-style-type: none"> <li>• baseline CABG 1,409 (480 pmp); other 184 (63pmp); valvular 394 (134pmp)</li> <li>• target CABG 2,203 (750 pmp); other 165 (58pmp); valvular 355 (121 pmp) – review of potential for increase to 1,000 pmp subject to impact of CHD NSF on prevention</li> <li>• very long waiting times in excess of 3 years</li> <li>• higher demand in triple vessel disease pre-CHD strategy</li> <li>• capacity supplemented by significant WLIs</li> <li>• South Wales centres needed to expand</li> </ul> <p>Angioplasty:</p> <ul style="list-style-type: none"> <li>• Baseline 1,202 (409 pmp)</li> <li>• Target 2,203 (750 pmp) with review of further expansion to 1,000 pm</li> <li>• Provided on 2 tertiary centres in Wales and 4 English services</li> </ul>	<p>Angiography capacity developed in multiple DGHs together with DGH based PCI. The balance between PCI and CABG has changed materially with PCI now dominating since mid 2000's. Balance between DGH and tertiary centres evolving.</p> <p>Angiography:</p> <ul style="list-style-type: none"> <li>• Developed in 4 new DGHs and expanded in 2 original DGHs and 2 tertiary centres</li> <li>• Now mainstream and transferred to HB commissioning</li> <li>• Waiting times much improved but can still be limiting factor in delivering RTT</li> </ul> <p>Cardiac surgery:</p> <ul style="list-style-type: none"> <li>• PCI now significantly exceeding CABG volumes</li> <li>• Valvular heart disease a growing concern related to demography</li> <li>• Introduction of TAVI changing the balance of intervention for valvular disease and enabling treatment of higher risk patients</li> <li>• Demand levelled off below 750 pmp</li> <li>• Welsh centres achieving 36 weeks RTT but not delivering funded capacity</li> </ul> <p>Angioplasty:</p> <ul style="list-style-type: none"> <li>• PCI now significantly exceeding CABG volumes</li> <li>• Demand continues to grow</li> <li>• PCI developed in 2 DGHs with further expansion planned</li> <li>• Primary PCI in place in 2 Welsh tertiary centres and in NW DGH</li> </ul>
---	--

<ul style="list-style-type: none"><li>• Very limited access to primary PCI</li><li>• Long waits including NSTEMI waits</li></ul>	<ul style="list-style-type: none"><li>• NSTEMI transfer times improved</li><li>• RTT delivered</li></ul>
--	--

## Annex 2: Policy work

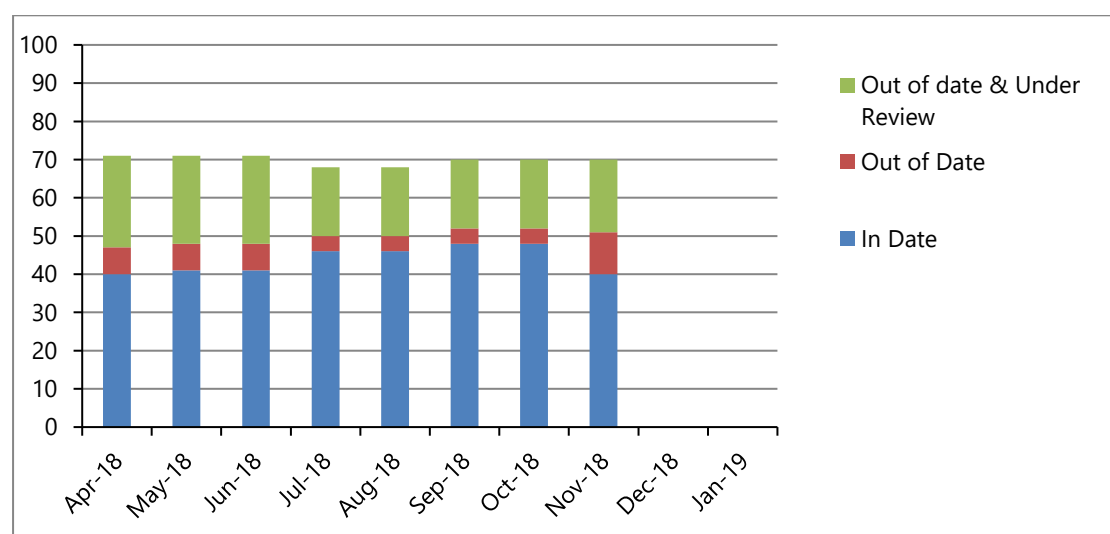
The WHSSC Policy Group was established in November 2016 in response to a growing list of out of date published commissioning policies. The Group is currently chaired by the Managing Director and all teams within WHSSC are represented.

The Group has the delegated powers and authority to sign off and approval of policy proposals for further consideration by Management Group. Where there is no financial or service impact or where the funding requirement has already been identified within the Integrated Commissioning Plan (ICP) Management Group may approve for publication

If a policy is identified as having a financial or service impact or where a funding requirement has not been identified within the ICP the policy must be formally progressed via Management Group to the Joint Committee for final ratification.

WHSSC is committed to regularly reviewing and updating all of its policies based upon the best available evidence of both clinical and cost effectiveness (where available). The eventual aim is to produce a suite of policies, each containing a supporting evidence review, with a clear link between the evidence and the recommendations/indications in the policy.

The below table shows the total number of policies by month broken down by: out of date and under review, out of date and no current update and in date.



Significant work has also taken place (and is on-going) to develop new commissioning policies and service specifications in key clinical areas. Since

April 2018 WHSSC has published 11 new or updated policies which are shown in the below table. In addition, there are 31 new commissioning policies currently in development.

**Publications to date (2018-19)**

Publication Date	Policy Number	Policy Title
April 2018	CP74	Inhaled therapy for patients six years and older with cystic fibrosis, Commissioning Policy [UPDATE]
April 2018	CP140	Specialised Neurorehabilitation, Commissioning Policy [UPDATE]
April 2018	CP141	Specialised Spinal Cord Injury Rehabilitation, Commissioning Policy [UPDATE]
April 2018	CP128	Specialised Neuropsychiatric Rehabilitation, Commissioning Policy [UPDATE]
April 2018	CP160	Paediatric Specialised Neuro-rehabilitation Commissioning Policy [NEW]
May 2018	CP50	Positron Emissions Tomography, Commissioning Policy [UPDATE]
May 2018	CP159	New Treatment Fund policy (internal to WHSSC)
July 2018	CP38	Specialist Fertility Services, Service Specification [UPDATE]
July 2018	PP156	Asfotase alfa for treating paediatric-onset hypophosphatasia, Policy Position [NEW]
October 2018	CP29b	Bariatric Surgery, Service Specification [UPDATE]
November 2018	PP167	Emicizumab as prophylaxis in people with congenital haemophilia A with Factor VIII inhibitors (all ages), Commissioning Policy [NEW]

### 2.8.1 Policy development methodology

In order to ensure WHSSC continues to produce clear, consistent and evidence based commissioning policies a new methodology guide has been produced. This guide primarily for use by WHSSC staff, explains how WHSSC will develop and updates policies, from pre-scoping (preparation and planning) through to publication. It provides advice on the technical aspects of policy development and the methods used. It also recommends a clinically led approach using both the WHSSC Associate Medical Directors and colleagues in the service.

To accompany the methodology manual a suite of supporting documentation has been prepared including revised commissioning policy, position policy and service specification templates. The role of stakeholder engagement has

been strengthened, including better coverage of policy consultation and greater transparency in responding to stakeholder feedback.

## Annex 3 WHSSC Prioritisation Process

### Interventions considered by the WHSSC Prioritisation Process

The below table outlines the interventions that were considered by the WHSSC Prioritisation Panel in October 2018.

Indication	Intervention	Source
Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	Peritoneal carcinomatosis (PC)	WHSSC Policy Position update (PP90)
Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy	Pseudomyxoma Peritonei	WHSSC Commissioning Policy update (CP02)
Anakinra	Periodic fevers and autoinflammatory diseases (all ages)	NHS England
Total pancreatectomy with islet auto transplant	Chronic pancreatitis (adults)	NHS England
Susoctocog alfa	Bleeding episodes in people with acquired haemophilia A (all ages)	NHS England
Left Atrial Appendage Occlusion	Atrial fibrillation and relative or absolute contraindications to anticoagulation (adults)	NHS England/Commissioning through Evaluation
Everolimus	Refractory focal onset seizures associated with tuberous sclerosis complex (ages 2 and above)	NHS England
Selective Dorsal Rhizotomy (SDR)	Spasticity in Cerebral Palsy (children aged 3 - 9 years)	NHS England/Commissioning through Evaluation
Metreleptin	Congenital leptin deficiency [all ages]	NHS England
SIRT	Chemotherapy refractory and intolerant, unresectable metastatic colorectal cancer (adults)	NHS England/Commissioning through Evaluation
Collagen (corneal) cross linking (CXL)	Keratoconus (children only)	Previously scored as a medium priority by the Prioritisation Panel in 2016
Minimally invasive cardiac surgery (also known as Port access mitral valve surgery)	Mitral valve repair (after previous mitral valve cardiac surgery – a 're-do' procedure)	Previously scored as a medium priority by the Prioritisation Panel in 2016

Haematopoietic stem cell transplantation (HSCT)	Lymphoplasmacytic lymphoma (adults)	Previously scored as a medium priority by the Prioritisation Panel in 2016
Microprocessor controlled prosthetic knees		Previously scored as a medium priority by the Prioritisation Panel in 2016
Left Ventricular Assist Devices (LVAD)	As a bridge to recovery in patients with acute heart failure	Previously scored as a medium priority by the Prioritisation Panel in 2016

## Methodology

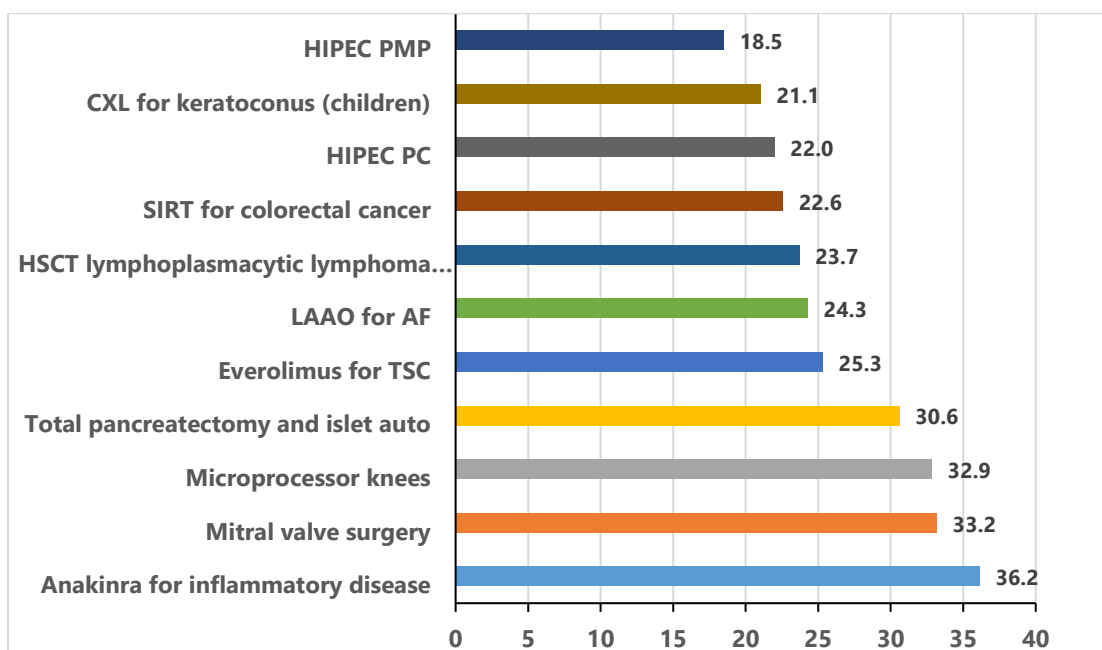
All voting members of the Prioritisation Panel were asked to score each intervention against the following five criteria in order to develop recommendations on their relative priority:

- Burden of disease (nature of the condition, the size of the population effected and the current availability of treatments).
- Patient benefit (potential for positive health impact / improved safety / clinical outcomes).
- Quality and strength of the clinical evidence (clinically reliable evidence to demonstrate clinical effectiveness).
- Quality of the economic assessment (value for money with a potential for improved efficiency/ cost effectiveness in delivery of health services).
- Potential for improving/reducing inequalities of access.

At the meeting Panel members were first asked to agree a relative weighting algorithm for each of these criteria. The 'weighted scores' for each of the interventions was then calculated and used to rank the topics following voting.

Group decision support methods were integrated into the process to facilitate decision-making, gain consensus and improve the use of time in the meeting. This support was provided by the Welsh Health Economics Support Service (WHESS). This method employed a voting system and a set of wireless handsets to enable parallel, simultaneous and anonymous individual input. Voting in this way allowed weights for criteria to be agreed and final recommendations to be made in a collegial atmosphere, without conflict or disagreement.

The below diagram shows the output from the WHSSC prioritisation process 2018/19 (total weighted mean scores)



## Membership of the WHSCC Prioritisation Panel 2019/20

WHSCC Prioritisation Panel		
Representation	Name	Job title
Chair(Meeting 1) Chair (Meeting 2)	Dr Sian Lewis Dr Jenny Thomas	Managing Director, WHSCC Medical Director, WHSCC
Health Professional Forum	Susan Cervetto	Appraisal Pharmacist, All Wales Therapeutics and Toxicology Centre (AWTTC)
Medical Professional	Dr Richard Dewar	Consultant Physician (Medicine), Cwm Taf University Health Board
Medical Professional	Dr Emma Mason	Consultant in Acute Medicine, Cardiff and Vale UHB
Public Health Professional	Dr Michael Thomas	Consultant in Public Health, Public Health Wales
Nursing Professional	Wendy Morgan	Assistant Director Quality & Safety, Powys Teaching HB
Ethical Advisor	Professor John Williams	School of Law, Aberystwyth University
Lay member	Glan Rees	-
Lay member	Peter Badcock	-
HB Stakeholder Forum	Trevor Davis	Cwm Taf University Health Board

Equalities and Human Rights	Helen Green	Programme Manager, Centre for Equalities and Human Rights, Public Health Wales
<i>Attendees in an Advisory Capacity:</i>		
Health Economics Advisor	Pippa Anderson	Swansea Centre for Health Economics
Health Economics Advisor/Decision Support Facilitator	Sam Groves	Swansea Centre for Health Economics
Legal Advisor	Professor John Williams	School of Law, Aberystwyth University
Finance Advisor	James Leaves	Finance Manager, WHSSC
WHSSC	Professor Iolo Doull	Deputy Medical Director
WHSSC	Dr Andrew Champion	Assistant Director of Evidence Evaluation

## **Annex 4 Clinical Impact Assessment Group (CIAG) and Management Group Workshop processes**

### **Membership of the Groups**

CIAG membership was drawn from Health Board Medical Director's Offices. Each Health Board was asked to nominate their Associate Medical Director with responsibility for Primary Care. Management Group were represented by one member of each Health Board. The Group acts in an advisory capacity only and was chaired by the WHSSC Managing Director. Invitations for membership of CIAG were sent to all Health Boards in April 2018. Members were appointed as individuals and not to represent the views of any stakeholder organisation they may be affiliated to. In addition, all members were asked to complete and sign a declaration of interest form prior to appointment.

The complete list of attendees is presented in the table below:

<b>Name</b>	<b>Role</b>
Sian Lewis	Chair of meeting Managing Director, WHSSC
Liam Taylor	Associate Medical Director, Aneurin Bevan Local Health Board
Helen Kemp	Associate Medical Director, Abertawe Bro Morgannwg Local Health Board
Fraser Campbell	Associate Medical Director, Betsi Cadwaladr Local Health Board
Hadyn Mayo	Associate Medical Director, Cardiff and Vale Local Health Board
Mark Barnard	Associate Medical Director, Hywel Dda Local Health Board
Stuart Bourne	Associate Medical Director, Powys teaching Health Board
Philip Meredith	Management Group representative, Aneurin Bevan Local Health Board
Maxine Evans	Management Group representative, Abertawe Bro Morgannwg Local Health Board
Valerie Attwood	Management Group representative, Betsi Cadwaladr Local Health Board
Melanie Wilkey	Management Group representative, Cardiff and Vale Local Health Board

Julie Keegan	Management Group representative, Cwm Taf Local Health Board
Jean Reynolds	Management Group representative, Hywel Dda Local Health Board
Clare Lines	Management Group representative, Powys teaching Health Board

**WHSSC representatives present:** Shakeel Ahmad, Luke Archard, Lianne Black, Andrew Champion, Iolo Doull, Helen Fardy, Ian Langfield, Kerryn Lutchman-Singh, Kimberley Meringolo, Claire Nelson, Jenny Thomas.

## Methodology

The Group was asked to assess and score a list of 27 schemes which had been previously assessed on the Risk Management Framework and the 4 new schemes recommended by the Prioritisation Panel. All the schemes were generated via the WHSCC Commissioning Teams. No schemes were put forward for consideration by the Mental Health Commissioning Team. All schemes categorised as mandatory were excluded from this process.

The following three pre-determined criteria were used by the Group to score each scheme. Each member scored between 1 and 10 for each criteria and a total mean score was generated for each scheme:

- Burden of Disease
- Patient Benefit
- Increase in equity of access or decrease in inequity of access.

To help the Group with the decision-making process, each scheme was supported by a short verbal statement prepared by the lead Specialist Planner/Assistant Director of Evidence and Evaluation, and a written package of information consisting of the following items (where available):

- Service overview
- Patient population and growth
- Summary of the issue / risk
- Proposal
- Mitigation
- Clinical Expert Summary

Only schemes which demonstrated a strong rationale, including good evidence of a high quality service and patient safety and appropriate consideration of risk, are included. All other schemes which did not meet this rationale or are not fully developed will be retained on the WHSSC work plan and will be regularly monitored.

Where necessary, the schemes presented from the previous year were updated to include the latest supporting information and data.

WHSSC 2019-22 ICP Financial Summary

		Commissioner Split								
	Reference	Abertawe Bro Morgannwg UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Bridgend (Cwm Taf UHB)	Cwm Taf UHB	Hywel Dda UHB	Powys THB	2019/20 WHSSC Requirement
		£m	£m	£m	£m	£m	£m	£m	£m	£m
2019/20 Opening Allocation (inc. Perinatal allocation)	Table 2	72.746	106.957	126.997	99.729	28.105	55.733	65.933	23.034	579.235
Topsliced: Genetics Test Directory		0.290	0.438	0.520	0.369	0.108	0.223	0.287	0.098	2.333
2019/20 Opening Baseline	Table 2	73.036	107.395	127.517	100.098	28.213	55.956	66.220	23.132	581.568
M8 18/19 - Forecast Performance	Table 3a	(0.548)	(0.945)	(1.435)	(2.249)	0.242	0.165	0.662	(0.472)	(4.581)
Reinstate Non Recurrent Writebacks	Table 3a	1.295	2.187	2.203	3.204	0.000	0.470	0.038	0.961	10.358
Adjustments for Non Recurrent Performance	Table 3b	0.386	0.646	0.770	0.801	0.166	0.314	0.309	0.145	3.537
Full Year Effect of Prior Year Investments	Table 3c	0.356	0.306	0.005	0.358	0.108	0.143	0.330	0.027	1.634
New Cost Pressures / RTT / Growth in IPC	Table 6a	0.805	1.293	0.680	1.382	0.308	0.760	0.767	0.205	6.199
Mandated High Cost drugs	Table 7a & b	0.154	0.537	0.268	0.418	0.129	0.262	0.159	0.068	1.995
Mandated ATMP	Table 8a	0.544	0.822	0.977	0.694	0.203	0.420	0.538	0.184	4.381
VBC workstreams	Table 5	(0.403)	(0.607)	(0.766)	(0.509)	(0.140)	(0.306)	(0.382)	(0.137)	(3.250)
Underlying Deficit & Growth		2.589	4.240	2.702	4.099	1.015	2.228	2.421	0.980	20.273
CIAG Schemes	Table 9a+9b	0.633	0.923	0.625	0.775	0.212	0.484	0.601	0.162	4.416
Strategic Specialist Priorities	Table 8b	0.089	0.117	0.000	0.116	0.031	0.066	0.067	0.014	0.500
New Commissioned Services	Table 8c	0.150	0.206	0.277	0.168	0.036	0.104	0.139	0.077	1.156
NHS Wales 2% provider inflation	Table 4a	1.100	1.525	0.957	1.479	0.413	0.814	0.970	0.207	7.464
2019/20 WHSSC Additional Requirement		4.561	7.011	4.561	6.636	1.707	3.696	4.198	1.440	33.809
2019/20 Total WHSSC ICP Requirement		77.597	114.405	132.078	106.734	29.920	59.652	70.417	24.572	615.376
% Total Uplift Required		6.67%	6.96%	4.00%	7.02%	6.46%	7.03%	6.80%	6.68%	6.24%
Allocations to flow through WHSSC:										
Pay Award Allocation Tables for 2019/20 Allocations		1.186	1.461	0.996	1.443		0.942	0.861	0.185	7.073
Anticipated income - Genomic Strategy as per allocation table A2		0.074	0.100	0.078	0.036		0.121	0.054	0.016	0.479
TOTAL WHSSC 19/20		78.857	115.967	133.152	108.213	29.920	60.715	71.332	24.773	622.928
HRG4+ assumed funded centrally	Table 4b	0.296	0.432	3.696	0.292	0.110	0.193	0.151	0.232	5.402
CQUIN pending resolution with NHS E	Table 4b	0.052	0.081	0.603	0.069	0.021	0.037	0.050	0.082	0.995

WHSSC 2019-22 ICP Financial Summary 3 Year indicative outlook

	2019/20 ICP Requirement  £m	2020/21 Indicative Requirement  £m	2021/22 Indicative Requirement  £m
2019/20 Opening Baseline	581.568	581.568	581.568
Underlying Deficit & Growth	15.892	31.982	48.548
CIAG Schemes	4.416	8.541	11.115
Mandated AMTPs	4.381	6.924	6.924
Strategic Specialist Priorities	0.500	4.350	5.296
New Commissioned Services	1.156	9.840	13.040
NHS Wales assume 2% provider inflation	7.464	15.014	22.614
WHSSC Additional Requirement	33.809	76.651	107.537
Total WHSSC 3 Year Requirement	615.376	690.201	737.653
% Cumulative Uplift Required	5.81%	18.68%	26.84%

2019-22 Financial Plan  
WHSSC ICP Financial Tables

Riskshare Tables

Commissioner Split

Income Assumptions

Table 2				
Ref	Opening Income 2019/20	2019/20 £m	2020/21 £m	2021/22 £m
All	18/19 Income Expections as at December 2018	578.660	-	-
	Bridgend boundary transfer	-		
	Riskharing re-basing adjustment for opening 19/20 baseline, Allocation adjustment	0.000		
	Genomic Test directory Allocation Funding	2.333		
	Perinatal from WG MH allocation	0.575		
	Opening Income April 2018	581.568	-	-

	ABM UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff and Vale UHB	Cwm Taf (Bridgend) UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Total
Dec-18	101.105	109.273	125.761	103.348	0.000	53.468	63.050	22.656	578.660
	(28.079)				28.079				0.000
	(0.352)	(2.424)	1.108	(3.710)		2.210	2.813	0.354	(0.000)
	0.290	0.438	0.520	0.369	0.108	0.223	0.287	0.098	2.333
	0.071	0.108	0.128	0.091	0.027	0.055	0.071	0.024	0.575
	73.036	107.395	127.517	100.098	28.213	55.956	66.220	23.132	581.568

2019-22 Financial Plan  
WHSSC ICP Financial Tables

Riskshare Tables

Commissioner Split

Baseline Assessment

Table 3a

Ref	Reported Financial Position	2019/20 £m	2020/21 £m	2021/22 £m
All	M8 Reported Position	(4.581)	(4.581)	(4.581)
All	18/19 Non recurrent writebacks	10.358	10.358	10.358
	Reported Financial Position	5.777	5.777	5.777

Table 3b

Ref	Adjustments for non-recurrent performance in 2018/19	2019/20 £m	2020/21 £m	2021/22 £m
ABM	Bariatrics	0.135	0.135	0.135
ABM	Burns	(0.070)	(0.070)	(0.070)
ABM	Cardiac Surgery	0.326	0.676	0.676
ABM	CLP	(0.023)	(0.023)	(0.023)
ABM	Neonatal Care - NICU/HDU/SCBU	(0.093)	(0.093)	(0.093)
ABM	Plastics	0.200	0.200	0.200
ABM	Rehab	0.036	0.036	0.036
ABM	Renal	(0.267)	(0.267)	(0.267)
ABM	Sarcoma	0.033	0.033	0.033
ABM	TAVI	(0.600)	(0.600)	(0.600)
Aneurin Bevan	Cardiology	(0.122)	(0.122)	(0.122)
Aneurin Bevan	Neonatal Care - NICU/HDU/SCBU	0.137	0.137	0.137
Aneurin Bevan	RF ablation	0.033	0.033	0.033
BCU	Angioplasty	0.013	0.013	0.013
BCU	Haemophilia	0.090	0.090	0.090
Cardiff	ABM Cardiology	(0.062)	(0.062)	(0.062)
Cardiff	AICU	0.253	0.253	0.253
Cardiff	BMT - Cardiff & ABM	0.119	0.119	0.119
Cardiff	Cardiac Surgery	0.410	0.760	0.760
Cardiff	Cardiac Surgery - Development S E Wales	(0.000)	(0.000)	(0.000)
Cardiff	Cardiology for AB	(0.239)	(0.239)	(0.239)
Cardiff	Cwm Taf Cardiology ICD's	(0.122)	(0.122)	(0.122)
Cardiff	Cystic Fibrosis	0.133	0.133	0.133
Cardiff	Fetal Cardiology	0.043	0.043	0.043
Cardiff	Haemophilia	(0.162)	(0.162)	(0.162)
Cardiff	HDU	0.219	0.219	0.219
Cardiff	Home Renal Dialysis	(0.134)	(0.134)	(0.134)
Cardiff	Home TPN	(0.120)	(0.120)	(0.120)
Cardiff	Hospital Renal Dialysis	(0.581)	(0.581)	(0.581)
Cardiff	INR Devices	(0.230)	(0.230)	(0.230)
Cardiff	Liver Cancer Development	0.130	0.130	0.130
Cardiff	Lymphoma Panel	(0.062)	(0.062)	(0.062)
Cardiff	Nephrology	0.065	0.065	0.065
Cardiff	Neuro Rehab	0.162	0.162	0.162
Cardiff	Neurology	(0.139)	(0.139)	(0.139)
Cardiff	Neurosurgery	(0.381)	(0.381)	(0.381)
Cardiff	NICE / High Cost Drugs	(0.048)	(0.048)	(0.048)
Cardiff	NICU BH	0.064	0.064	0.064
Cardiff	Paediatric Cardiology	(0.025)	(0.025)	(0.025)
Cardiff	Paediatric ENT	0.020	0.020	0.020
Cardiff	Paediatric Gastroenterology	0.049	0.049	0.049
Cardiff	Paediatric Neurology	0.147	0.147	0.147
Cardiff	Paediatric Renal	(0.142)	(0.142)	(0.142)
Cardiff	Paediatric Surgery	0.051	0.051	0.051
Cardiff	Paeds Cystic Fibrosis	0.059	0.059	0.059
Cardiff	PICU BH	0.059	0.059	0.059
Cardiff	Renal CAPD (Dialysis)	0.029	0.029	0.029
Cardiff	Renal Surgery	(0.144)	(0.144)	(0.144)
Cardiff	Renal Transplants	(0.193)	(0.193)	(0.193)
Cardiff	Spinal Injuries	(0.044)	(0.044)	(0.044)
Cardiff	Spinal Implants	(0.250)	(0.250)	(0.250)
Cardiff	UK GTN Send out tests	0.096	0.096	0.096
Cwm Taf	ICD	(0.131)	(0.131)	(0.131)
Cwm Taf	Neonatal Care - NICU/HDU/SCBU	0.150	0.150	0.150
Developments - 18/19	Additional PICU capacity	0.183	0.183	0.183
Developments - 18/19	Spinal Rehab	0.090	0.090	0.090
Developments - 18/19	C&V Outsourced INR Excess Costs	(0.051)	(0.051)	(0.051)
Developments - 18/19	Cystic Fibrosis	0.154	0.154	0.154
DRC	Renal Network	0.100	0.100	0.100
DRC	WHSSC - Core non-pay	(0.190)	(0.190)	(0.190)
DRC	WHSSC - Core Staffing	0.010	0.010	0.010
EASC (WAST, EMRTS & NCCU)	EMRTS - ABMU	0.058	0.058	0.058
Hywel Dda	Neonatal Care - NICU/HDU/SCBU	(0.018)	(0.018)	(0.018)
IPM	ECMO	0.236	0.236	0.236
IPM	Ecilizumab	0.221	0.221	0.221
IPM	Ecilizumab (AHUS)	0.084	0.084	0.084
IPM	ERT	0.903	0.903	0.903
IPM	MS	0.005	0.005	0.005
IPM	NCA / IPFR / Prior Approvals	(0.830)	(0.830)	(0.830)
IPM	PHT	0.376	0.376	0.376
IPM	Proton Beam Therapy	(0.058)	(0.058)	(0.058)
Mental Health	CAMHS OOA - BCU patients	(0.022)	(0.022)	(0.022)
Mental Health	CAMHS OOA - South Wales patients	(0.130)	(0.130)	(0.130)
Mental Health	Case Management Investment - BCU	0.054	0.054	0.054
Mental Health	Deaf MH	0.120	0.120	0.120
Mental Health	Eating Disorders	0.564	0.564	0.564
Mental Health	FACTS OOA - All-Wales	0.191	0.191	0.191
Mental Health	Forensic Mental Health	1.093	1.093	1.093
Mental Health	Other MH	(0.056)	(0.056)	(0.056)
Mental Health	Perinatal OOA	(0.151)	(0.151)	(0.151)
Non Welsh SLA	Alder Hey Children's- Blood Factor Products	(0.208)	(0.208)	(0.208)
Non Welsh SLA	DDRC	0.048	0.048	0.048
Non Welsh SLA	PETIC	0.189	0.189	0.189
Non Welsh SLA	Robert Jones and Agnus Hunt Orthopaedic Hospital NHS Founda	0.034	0.034	0.034
Non Welsh SLA	Royal Orthopaedic Hospital NHS Foundation Trust	0.025	0.025	0.025
Prior Year Developments - to 16/17	68-Gallium DOTA scanning (UCL)	0.040	0.040	0.040
Prior Year Developments - to 16/17	Ataluren NS Duchene Muscular Dystrophy	0.023	0.023	0.023
Prior Year Developments - to 16/17	Ivacafor - C&V Original WG allocation	0.150	0.150	0.150
Prior Year Developments - to 16/17	Ivacafor - N Wales drugs Original WG Allocation	0.201	0.201	0.201
Prior Year Developments - to 16/17	Ivacafor - Non C551D / Age 2-5 / R117H mutation	0.443	0.443	0.443
Prior Year Developments - to 16/17	Radio Labelled Therapies (Royal Free)	0.018	0.018	0.018
Prior Year Developments - to 16/17	Radio Labelled Therapies (Royal Liverpool & Broadgreen)	0.030	0.030	0.030
Prior Year Developments - to 16/18	Dialysis Growth 2018-19	0.866	0.866	0.866
Renal	ABHB Gwent Nephrology Sessions	(0.004)	(0.004)	(0.004)
Renal	ABMU Dialysis ISP 16-17 contract over performance	(0.128)	(0.128)	(0.128)
Renal	ABMU Home Dialysis Home Technical Services	0.034	0.034	0.034
Renal	All Wales Dialysis Price Inflation 2017/18	0.032	0.032	0.032
Renal	All Wales Dialysis Price Inflation 2018/19	0.150	0.150	0.150
Renal	C&V Dietetics Balance Programme	0.044	0.044	0.044
Renal	C&V Psychology	0.057	0.057	0.057
Renal	Hywel Dda LHB Support Costs	(0.019)	(0.019)	(0.019)
Renal	LHB contribution into secondary care centre in UHW	(0.086)	(0.086)	(0.086)
Renal	LHB contribution into secondary care centre in Wrexham	0.087	0.087	0.087
Renal	Llandrindod Wells (Birmingham satellite unit)	(0.206)	(0.206)	(0.206)
Renal	Llandrindod Wells (Birmingham satellite unit) - Dietetics Rechar	(0.010)	(0.010)	(0.010)
Renal	Royal Liverpool and Broadgreen Transplant Centre	(0.112)	(0.112)	(0.112)
Renal	Royal Liverpool and Broadgreen Transplant Centre - Prior Year	(0.036)	(0.036)	(0.036)
Renal	Shrewsbury and Telford Dialysis unit	(0.027)	(0.027)	(0.027)
Renal	Shrewsbury and Telford Dialysis unit - Prior year	(0.001)	(0.001)	(0.001)
Renal	WBS WTAIL Transplant Laboratory - scientific staff	0.004	0.004	0.004
Renal	WBS WTAIL Transplant Laboratory - Tissue Typing	0.007	0.007	0.007
Renal	West Wales Dialysis Transport ( patient re-imbursement )	0.004	0.004	0.004
Renal	Wirral University Hospitals Dialysis LTA	0.073	0.073	0.073
		0.000	0.000	0.000
	Total NRP 18/19	3.537	4.237	4.237

Table 3f

Ref	Full year effect of Prior Year Developments	2019/20 £m	2020/21 £m	2021/22 £m
Cardiff	BMT Phase 3	0.400	0.400	0.400
Cardiff	PICU	0.235	0.235	0.235
Cardiff	Cardiac Ablation	0.521	0.832	0.832
Cardiff	Cardiac Planned Repatriation	(0.153)	(0.153)	(0.153)
ABM	Cardiac Ablation	0.442	0.642	0.642
Cardiff	Cystic Fibrosis	0.187	0.187	0.187
	Total Full year effect of Prior Year Developments	1.632	2.143	2.143

0.278

0.521

Split Code		ABM UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff and Vale UHB	CT Bridgend UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Total
	M8 Reported including Bridgend	(0.548)	(0.945)	(1.435)	(2.249)	0.242	0.165	0.662	(0.472)	(4.581)
	18/19 Non recurrent writebacks	1.295	2.187	2.203	3.204	0.000	0.470	0.038	0.961	10.358
		0.746	1.242	0.768	0.955	0.242	0.635	0.699	0.488	5.777

Split Code		ABM UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff and Vale UHB	CT Bridgend UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Total
84	ABMU Bariatrics	0.031	0.022	0.000	0.032	0.013	0.014	0.020	0.003	0.135
72	ABMU Burns	(0.009)	(0.013)	(0.016)	(0.011)	(0.003)	(0.007)	(0.009)	(0.003)	(0.070)
66	ABMU Cardiac Surgery	0.131	0.002	0.003	0.007	0.031	0.001	0.138	0.011	0.326
71	ABMU CLP	(0.004)	(0.005)	0.000	(0.004)	(0.001)	(0.003)	(0.004)	(0.001)	(0.023)
74	ABMU Neonatal Care - NICU/HDU/SCBU	(0.053)	(0.001)	0.000	(0.002)	(0.015)	(0.003)	(0.017)	(0.002)	(0.093)
70	ABMU Plastics	0.071	0.030	0.000	0.014	0.016	0.020	0.042	0.006	0.200
73	ABMU Rehab	0.019	0.000	0.000	0.000	0.007	0.000	0.010	0.001	0.036
64	ABMU Renal	(0.032)	(0.050)	(0.061)	(0.040)	(0.012)	(0.026)	(0.034)	(0.012)	(0.267)
86	ABMU Sarcoma	0.006	0.007	0.000	0.006	0.002	0.004	0.006	0.001	0.033
67	ABMU TAVI	(0.241)	(0.004)	(0.006)	(0.013)	(0.057)	(0.002)	(0.255)	(0.021)	(0.600)
115	Anuerin Bevan Cardiology	(0.000)	(0.118)	0.000	(0.001)	(0.000)	0.000	0.000	(0.003)	(0.122)
116	Anuerin Bevan Neonatal Care - NICU/HDU/SCBU	0.001	0.123	0.000	0.003	0.000	0.003	0.002	0.005	0.137
117	Anuerin Bevan RF ablation	0.002	0.015	0.000	0.007	0.001	0.007	0.002	0.000	0.033
96	BCU Angioplasty	0.000	0.000	0.013	0.000	0.000	0.000	0.000	0.000	0.013
104	BCU Haemophilia	0.011	0.017	0.020	0.014	0.004	0.009	0.011	0.004	0.090
5	Cardiff & Vale ABM Cardiology	(0.012)	0.000	0.000	0.000	(0.022)	0.000	(0.028)	0.000	(0.062)
47	Cardiff & Vale AICU	0.049	0.071	0.000	0.058	0.014	0.027	0.030	0.004	0.253
29	Cardiff & Vale BMT - Cardiff & ABM	0.029	0.027	0.000	0.021	0.008	0.009	0.024	0.001	0.119
8	Cardiff & Vale Cardiac Surgery	0.000	0.190	0.000	0.101	0.011	0.098	0.000	0.009	0.410
9	Cardiff & Vale Cardiac Surgery - Development S E Wales	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	Cardiff & Vale Cardiology for AB	0.000	(0.239)	0.000	0.000	0.000	0.000	0.000	0.000	(0.239)
3	Cardiff & Vale Cwm Taf Cardiology ICD's	0.000	0.000	0.000	0.000	0.000	(0.122)	0.000	0.000	(0.122)
53	Cardiff & Vale Cystic Fibrosis	0.023	0.028	0.000	0.036	0.012	0.019	0.012	0.004	0.133
41	Cardiff & Vale Fetal Cardiology	0.006	0.004	0.000	0.015	0.002	0.008	0.007	0.001	0.043
27	Cardiff & Vale Haemophilia	(0.020)	(0.030)	(0.036)	(0.026)	(0.008)	(0.016)	(0.020)	(0.007)	(0.162)
48	Cardiff & Vale HDU	0.018	0.059	0.000	0.073	0.010	0.033	0.024	0.001	0.219
23	Cardiff & Vale Home Renal Dialysis	(0.016)	(0.025)	(0.030)	(0.020)	(0.006)	(0.013)	(0.017)	(0.006)	(0.134)
54	Cardiff & Vale Home TPN	(0.002)	(0.020)	(0.003)	(0.056)	(0.001)	(0.021)	(0.015)	(0.002)	(0.120)
25	Cardiff & Vale Hospital Renal Dialysis	(0.070)	(0.109)	(0.133)	(0.087)	(0.026)	(0.056)	(0.073)	(0.026)	(0.581)
15	Cardiff & Vale INR Devices	(0.044)	(0.056)	(0.001)	(0.039)	(0.033)	(0.024)	(0.030)	(0.002)	(0.230)
56	Cardiff & Vale Liver Cancer Development	0.016	0.029	0.000	0.032	0.010	0.018	0.022	0.003	0.130
30	Cardiff & Vale Lymphoma Panel	(0.008)	(0.012)	(0.014)	(0.010)	(0.003)	(0.006)	(0.008)	(0.003)	(0.062)
22	Cardiff & Vale Nephrology	0.008	0.012	0.015	0.010	0.003	0.006	0.008	0.003	0.065
18	Cardiff & Vale Neuro Rehab	0.004	0.039	0.000	0.089	0.000	0.022	0.007	0.000	0.162
12	Cardiff & Vale Neurology	(0.001)	(0.036)	(0.000)	(0.062)	(0.003)	(0.035)	(0.001)	(0.001)	(0.139)
13	Cardiff & Vale Neurosurgery	(0.055)	(0.093)	(0.001)	(0.086)	(0.032)	(0.059)	(0.048)	(0.006)	(0.381)
60	Cardiff & Vale NICE / High Cost Drugs	(0.008)	(0.012)	0.000	(0.010)	(0.003)	(0.006)	(0.008)	(0.001)	(0.048)
45	Cardiff & Vale NICU BH	0.003	0.008	0.000	0.040	0.001	0.007	0.004	0.000	0.064
40	Cardiff & Vale Paediatric Cardiology	(0.002)	(0.006)	(0.000)	(0.010)	(0.002)	(0.003)	(0.002)	(0.000)	(0.025

Commissioner Split

Table 4a

Welsh Inflation	2019/20 £m	ABM UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff and Vale UHB	Bridgend	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Total
2% provider inflation	7.464	1.100	1.525	0.957	1.479	0.413	0.814	0.970	0.207	7.464
1% Healthier Wales Provider		0.550	0.763	0.479	0.739	0.206	0.407	0.485	0.104	3.732
										-
										-
										-
	7.464	1.650	2.288	1.436	2.218	0.619	1.220	1.454	0.311	11.196

Commissioner Split

Table 5

Value based Commissioning Workstreams	2019/20 £m	2020/21 £m	2021/22 £m	Split Code		ABM UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff and Vale UHB	Cwm Taf (Bridgend) UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Total
IBD Trials Savings	(0.700)	(0.900)	(0.900)	167	Non Welsh SLAs - Royal Liverpool Blood Products	(0.087)	(0.131)	(0.156)	(0.111)	(0.032)	(0.067)	(0.086)	(0.029)	(0.700)
Factor 9 framework SAVINGS	(0.100)	(0.100)	(0.100)	167	Non Welsh SLAs - Royal Liverpool Blood Products	(0.012)	(0.019)	(0.022)	(0.016)	(0.005)	(0.010)	(0.012)	(0.004)	(0.100)
Mental Health - Forensic case management	(0.500)	(0.250)	(0.250)	200	Mental Health - Forensic Mental Health	(0.062)	(0.094)	(0.111)	(0.079)	(0.023)	(0.048)	(0.061)	(0.021)	(0.500)
Perinatal Repatriation contingent on welsh unit	(0.350)	(0.700)	(0.700)	205	Mental Health - Perinatal OOA	(0.043)	(0.066)	(0.078)	(0.055)	(0.016)	(0.034)	(0.043)	(0.015)	(0.350)
Referral Management Centre	(0.250)	(0.250)	(0.250)	187	IPM - Eculizumab	(0.031)	(0.047)	(0.056)	(0.040)	(0.012)	(0.024)	(0.031)	(0.011)	(0.250)
Outpatient Management scheme	(0.250)	(0.250)	(0.250)	187	IPM - Eculizumab	(0.031)	(0.047)	(0.056)	(0.040)	(0.012)	(0.024)	(0.031)	(0.011)	(0.250)
IMD switching & HCD review	(0.500)	(0.500)	(0.500)	190	IPM - ERT	(0.062)	(0.094)	(0.111)	(0.079)	(0.023)	(0.048)	(0.061)	(0.021)	(0.500)
De-Prioritisation	(0.200)	(0.500)	(0.500)	183	IPM - NCA / IPFR / Prior Approvals	(0.022)	(0.047)	(0.049)	(0.033)	(0.006)	(0.017)	(0.014)	(0.011)	(0.200)
Medicines Management	(0.250)	(0.500)	(0.500)	187	IPM - Eculizumab	(0.031)	(0.047)	(0.056)	(0.040)	(0.012)	(0.024)	(0.031)	(0.011)	(0.250)
Powys patient flow and pathway scheme					Powys Commissioner									-
NHS England MFF	(0.150)	(0.297)	(0.446)	calc		(0.021)	(0.016)	(0.070)	(0.017)	-	(0.011)	(0.011)	(0.004)	(0.150)
	(3.250)	(4.247)	(4.396)			(0.403)	(0.607)	(0.766)	(0.509)	(0.140)	(0.306)	(0.382)	(0.137)	(3.250)

Table 6a				
Ref	Unavoidable growth	2019/20	2020/21	2021/22
		£m	£m	£m
PET	Pet volume growth	0.300	0.600	0.900
Cardiff	Cochlear implant growth	0.384	0.500	0.500
Cardiff	Clinical Immunology growth	0.400	0.800	1.200
AWBS	Commercial wholesaling immunoglobulins	0.195	0.195	0.195
South Wales	Neonatal Transport interim solution - NOW STRATEGIC	-		
IPM	Eculizumab	0.950	1.700	2.500
Renal	Dialysis growth	1.200	2.400	4.200
Renal	ISP contract inflation	0.350	0.700	1.150
ABM	Specialised Cardiology	0.200	0.400	0.600
Cardiff	Specialised Cardiology	0.800	1.600	2.400
Cardiff	Paeds Oncology	0.400	0.600	0.600
Cardiff	AICU		0.225	0.225
	Total Unavoidable Growth	5.179	9.720	14.470

Split Code		ABM	Aneurin	Betsi	Cardiff	Bridgend	Cwm	Hywel	Powys	Total
		Bevan	Cadwaladr	and Vale	Taf	Dda				
		UHB	UHB	UHB	UHB	UHB	UHB	THB		
187	IPM - Eculizumab	0.037	0.056	0.067	0.048	0.014	0.029	0.037	0.013	0.300
55	Cardiff & Vale - BAHAS & Cochlears	0.070	0.096	-	0.079	0.016	0.049	0.064	0.011	0.384
31	Cardiff & Vale - Clinical Immunology	0.066	0.099	-	0.084	0.024	0.051	0.065	0.011	0.400
187	IPM - Eculizumab	0.024	0.037	0.043	0.031	0.009	0.019	0.024	0.008	0.195
276	South Wales	-	-	-	-	-	-	-	-	-
187	IPM - Eculizumab	0.118	0.178	0.212	0.150	0.044	0.091	0.117	0.040	0.950
261	Prior Year Developments up to 2016/17 - Dialysis Growth 2016	0.146	0.226	0.274	0.180	0.054	0.116	0.152	0.053	1.200
261	Prior Year Developments up to 2016/17 - Dialysis Growth 2016	0.042	0.066	0.080	0.052	0.016	0.034	0.044	0.016	0.350
68	ABMU - Cardiology	0.083	0.001	0.002	0.002	0.018	0.001	0.088	0.005	0.200
1	Cardiff & Vale - Cardiology- Specialist Services	0.005	0.191	-	0.416	0.004	0.161	0.001	0.021	0.800
35	Cardiff & Vale - Paediatric Oncology	0.055	0.098	0.000	0.121	0.030	0.055	0.036	0.006	0.400
47	Cardiff & Vale - AICU	-	-	-	-	-	-	-	-	-
		0.646	1.048	0.678	1.162	0.229	0.605	0.627	0.184	5.179

Riskshare Tables

Table 7a

Financial Framework- Growth Assessment: Horizon Scanning Evaluation	2019/20 £m	2020/21 £m	2021/22 £m
Potential NICE approvals	1.200	2.200	3.200
Total New NICE Mandated approvals	1.200	2.200	3.200

Table 7b

Commissioner Split

Split Code	ABM UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff and Vale UHB	Bridgend	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Total
255	0.149	0.225	0.268	0.190	0.055	0.115	0.147	0.051	1.200
	0.149	0.225	0.268	0.190	0.055	0.115	0.147	0.051	1.200

2019-22 Financial Plan  
WHSSC ICP Financial Tables

Riskshare Tables

Commissioner Split

New Commissioned Services

Table 8																
Ref		2019/20	2020/21	2021/22		Split Code		ABM	Aneurin	Betsi	Cardiff	Bridgend	Cwm	Hywel	Powys	Total
		£m	£m	£m				UHB	UHB	Cadwaladr and Vale			Taf	Dda		
								UHB	UHB	UHB	UHB		UHB	UHB	THB	
8a New Mandated Specialised Services																
Mandated	ATMP Drugs	2.773	4.378	4.378		255	Prior Year Developments up to 2016/17 - Brineura - ERT	0.345	0.520	0.618	0.439	0.128	0.266	0.341	0.117	2.773
Mandated	ATMP service costs	1.608	2.546	2.546		255	Prior Year Developments up to 2016/17 - Brineura - ERT	0.200	0.302	0.358	0.255	0.074	0.154	0.198	0.068	1.608
		4.381	6.924	6.924				0.544	0.822	0.977	0.694	0.203	0.420	0.538	0.184	4.381
8b Strategic Priorities																
Cardiff	Cystic Fibrosis New Ward infrastructure	0.200	0.600	1.046		53	Cardiff & Vale - Cystic Fibrosis	0.034	0.042	0.000	0.054	0.018	0.028	0.018	0.005	0.200
Cardiff	Perinatal (Mother & Baby)	-	1.150	1.150		205	Mental Health - Perinatal OOA	-	-	-	-	-	-	-	-	-
South Wales	Neonatal Transport	0.300	0.600	0.600		313		0.054	0.075	-	0.061	0.013	0.038	0.050	0.009	0.300
PET	Additional PET scanning facility	-	1.500	2.000		187	IPM - Eculizumab	-	-	-	-	-	-	-	-	-
Various	SDR		0.500	0.500		255		-	-	-	-	-	-	-	-	-
		0.500	4.350	5.296				0.089	0.117	0.000	0.116	0.031	0.066	0.067	0.014	0.500
3.086																
8c New Commissioned Services																
N Bristol	Thrombectomy	0.820	1.640	1.640		313	- Major Trauma / Thrombectomy	0.149	0.205	-	0.168	0.035	0.104	0.136	0.024	0.820
Cardiff	Thrombectomy	-	0.700	1.400		313	- Major Trauma / Thrombectomy	-	-	-	-	-	-	-	-	-
Walton	Thrombectomy	0.280	0.560	1.120		180	Non Welsh SLAs - Major Trauma / Thrombectomy	0.000	0.000	0.277	0.000	-	0.000	0.001	0.002	0.280
North Midlands	Thrombectomy	0.056	0.112	0.224		179	Non Welsh SLAs - Major Trauma / Thrombectomy	0.001	0.001	0.000	0.000	0.001	0.000	0.002	0.052	0.056
Cardiff	Major Trauma	-	7.500	10.000		313	- Major Trauma / Thrombectomy	-	-	-	-	-	-	-	-	-
		1.156	10.512	14.384				0.150	0.206	0.277	0.168	0.036	0.104	0.139	0.077	1.156

WHSSC ICP Financial Tables

Riskshare Tables

Commissioner Split

Clinical Impact Schemes

Table 9a

CIAG Mean Score	Clinical Impact Schemes score > 20	2019/20 £m	2020/21 £m	2021/22 £m
23.38	PET new indications	0.300	0.500	0.500
22.07	TAVI	1.000	1.400	1.400
22.00	AAC	0.700	0.700	0.700
21.99	BCU P&M - wheelchairs	0.400	0.400	0.400
21.70	Paeds Endocrine	0.350	0.525	0.525
21.62	BCU ALAS - war veterans		0.100	0.100
21.54	Cleft lip and palate	0.250	0.392	0.392
21.31	Paeds Rheumatology	0.197	0.262	0.262
20.70	Genetic test directory (Funded by WG allocation)	0.000	1.432	3.646
20.08	BAHA & Cochlears replacement & maintenance	0.247	0.500	0.500
	Total	3.443	6.211	8.425

Table 9b

CIAG Mean Score	Clinical Impact Schemes score < 20	2019/20 £m	2020/21 £m	2021/22 £m
19.93	Neuro-oncology	0.100	0.150	0.150
19.92	Adult Congenital Heart Disease	0.300	0.800	0.800
19.77	Paeds MRI	0.060	0.300	0.300
19.54	Neuro rehabilitation	0.113	0.150	0.150
19.53	IBD project trials saving + service model	0.400	0.930	1.290
		0.973	2.330	2.690

CIAG Mean Score	Table 9c - Lower Priorities NOT FUNDED	2019/20 £m	2020/21 £m	2021/22 £m
19.47	Paeds Ketogenic Diet	0.050	0.100	0.100
19.33	Micro Processor Knees	0.350	0.680	0.680
19.00	Anakinra	0.400	0.300	0.300
18.46	Inherited Metabolic Disease	0.054	0.050	0.050

Split Code	ABM  UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff and Vale UHB	Bridgend	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Total
282	0.037	0.056	0.067	0.048	0.014	0.029	0.037	0.013	0.300
282	0.124	0.188	0.223	0.158	0.046	0.096	0.123	0.042	1.000
282	0.087	0.131	0.156	0.111	0.032	0.067	0.086	0.029	0.700
91	0.050	0.075	0.089	0.063	0.018	0.038	0.049	0.017	0.400
313	0.064	0.087	-	0.072	0.015	0.044	0.058	0.010	0.350
91	-	-	-	-	-	-	-	-	-
71	0.045	0.058	-	0.048	0.016	0.036	0.039	0.007	0.250
313	0.036	0.049	-	0.040	0.008	0.025	0.033	0.006	0.197
282	-	-	-	-	-	-	-	-	-
313	0.045	0.062	-	0.050	0.011	0.031	0.041	0.007	0.247
	0.487	0.706	0.535	0.590	0.161	0.367	0.465	0.131	3.443

	Split Code	ABM  UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff and Vale UHB	Bridgend	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Total
540.00	13	0.014	0.024	0.000	0.023	0.008	0.016	0.013	0.002	0.100
800.00	313	0.054	0.075	-	0.061	0.013	0.038	0.050	0.009	0.300
	313	0.011	0.015	-	0.012	0.003	0.008	0.010	0.002	0.060
0.15	13	0.016	0.027	0.000	0.025	0.009	0.017	0.014	0.002	0.113
	282	0.050	0.075	0.089	0.063	0.018	0.038	0.049	0.017	0.400
		0.146	0.217	0.090	0.185	0.052	0.117	0.136	0.030	0.973

	313	0.009	0.012	-	0.010	0.002	0.006	0.008	0.001	0.050
680.00	282	0.043	0.066	0.078	0.055	0.016	0.034	0.043	0.015	0.350
800.00	282	0.050	0.075	0.089	0.063	0.018	0.038	0.049	0.017	0.400
	282	0.007	0.010	0.012	0.009	0.002	0.005	0.007	0.002	0.054

17.31	Neuro Endocrine Tumours	0.300	0.300	0.300		313	0.054	0.075	-	0.061	0.013	0.038	0.050	0.009	0.300
15.45	LVA	0.058	0.100	0.100		282	0.007	0.011	0.013	0.009	0.003	0.006	0.007	0.002	0.058
	Total	1.212	1.530	1.530			0.171	0.249	0.192	0.208	0.055	0.127	0.164	0.046	3.157
Table 9c - Lower Priorities NOT FUNDED															
		5.628	10.071	12.645			0.804	1.172	0.817	0.984	0.267	0.611	0.765	0.208	7.573

2019/20 EASC/WAST EMS provision - Quality & Delivery Framework Agreement

WAST

	Aberdeen City Morrisons UHB	Aberdeen Royal UHB	Beta Cardiac UHB	Cardiff & Valley UHB	Bridgend (Cwm Taf) UHB	Cwm Taf UHB	Hywel Dda UHB	Powys TfHB	2019/20 EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m	£m
<b>18/19 Commissioned Services baseline (WAST)</b>	<b>20.983</b>	<b>24.982</b>	<b>38.489</b>	<b>17.927</b>	<b>0.000</b>	<b>13.585</b>	<b>20.522</b>	<b>11.145</b>	<b>147.634</b>
Adjust for Bridgend Boundary Transfer	(5.687)	0.000	0.000	0.000	5.687	0.000	0.000	0.000	(0.000)
Restate non recurrent allocations: ESMCP (19/20 impact)	0.003	0.006	0.009	0.004	0.001	0.003	0.005	0.002	0.033
<b>19/20 Opening WAST Commissioned Services baseline</b>	<b>15.300</b>	<b>24.988</b>	<b>38.498</b>	<b>17.931</b>	<b>5.688</b>	<b>13.588</b>	<b>20.526</b>	<b>11.148</b>	<b>147.667</b>
2% Discretionary Uplift	0.305	0.499	0.767	0.358	0.114	0.281	0.408	0.222	2.953
1% Healthy Wales Plan	0.152	0.249	0.383	0.179	0.057	0.141	0.204	0.111	1.477
18/19 & 19/20 Pay Award Through Commissioners	0.344	0.561	0.867	0.403	0.128	0.305	0.461	0.251	3.320
<b>Agreed Developments:</b>									
Paramedic Band 6 (19/20 uplift) as per allocation letter table A2	0.204	0.351	0.334	0.226	0.060	0.193	0.191	0.084	1.873
Clinical Desk Enhancements (full year impact of 18/19 development)	0.085	0.139	0.215	0.100	0.032	0.078	0.115	0.062	0.824
APP (full year impact of 18/19 development)	0.120	0.197	0.304	0.141	0.045	0.107	0.162	0.088	1.163
19/20 ARRP Adjustment	(0.017)	(0.026)	(0.044)	(0.020)	(0.006)	(0.015)	(0.023)	(0.013)	(0.168)
<b>19/20 Additional Investment WAST</b>	<b>1.143</b>	<b>1.919</b>	<b>2.826</b>	<b>1.267</b>	<b>0.428</b>	<b>1.067</b>	<b>1.518</b>	<b>0.785</b>	<b>11.142</b>
<b>19/20 WAST Requirement through EASC</b>	<b>16.493</b>	<b>26.906</b>	<b>41.324</b>	<b>19.318</b>	<b>6.116</b>	<b>14.675</b>	<b>22.044</b>	<b>11.933</b>	<b>158.809</b>

\*Not allocated on WAST riskshare

EMRTS

	Aberdeen City Morrisons UHB	Aberdeen Royal UHB	Beta Cardiac UHB	Cardiff & Valley UHB	Bridgend (Cwm Taf) UHB	Cwm Taf UHB	Hywel Dda UHB	Powys TfHB	2019/20 EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m	£m
<b>18/19 Commissioned Services baseline (EMRTS)</b>	<b>0.583</b>	<b>0.656</b>	<b>0.821</b>	<b>0.531</b>	<b>0.000</b>	<b>0.337</b>	<b>0.451</b>	<b>0.174</b>	<b>3.553</b>
Adjust for Bridgend Boundary Transfer	(0.159)	0.000	0.000	0.000	0.159	0.000	0.000	0.000	0.000
Restate non recurrent adjustments: ABM inflation transfer	0.007	0.011	0.013	0.009	0.003	0.006	0.007	0.002	0.058
<b>19/20 Opening EMRTS Commissioned Services baseline</b>	<b>0.431</b>	<b>0.667</b>	<b>0.834</b>	<b>0.540</b>	<b>0.162</b>	<b>0.343</b>	<b>0.458</b>	<b>0.176</b>	<b>3.611</b>
2% Discretionary Uplift	0.009	0.013	0.017	0.011	0.003	0.007	0.009	0.004	0.072
1% Healthy Wales Plan	0.004	0.007	0.008	0.005	0.002	0.003	0.005	0.002	0.036
EMRTS Expansion Plan (Part year 19/20)	0.014	0.021	0.026	0.017	0.005	0.011	0.014	0.006	0.114
<b>19/20 Additional Investment EMRTS</b>	<b>0.027</b>	<b>0.041</b>	<b>0.051</b>	<b>0.033</b>	<b>0.010</b>	<b>0.021</b>	<b>0.029</b>	<b>0.011</b>	<b>0.222</b>
<b>19/20 EMRTS Requirement through EASC</b>	<b>0.458</b>	<b>0.708</b>	<b>0.885</b>	<b>0.573</b>	<b>0.172</b>	<b>0.364</b>	<b>0.486</b>	<b>0.187</b>	<b>3.833</b>
<b>Total EASC Commissioned Services 19/20</b>									
<b>19/20 Total Additional Investment EASC</b>	<b>1.220</b>	<b>1.909</b>	<b>2.877</b>	<b>1.420</b>	<b>0.438</b>	<b>1.109</b>	<b>1.546</b>	<b>0.796</b>	<b>11.364</b>
<b>19/20 Total Requirement agreed through EASC</b>	<b>16.951</b>	<b>27.614</b>	<b>42.208</b>	<b>19.891</b>	<b>6.288</b>	<b>15.039</b>	<b>22.530</b>	<b>12.120</b>	<b>162.642</b>

Pending EASC Developments:

	Aberdeen City Morrisons UHB	Aberdeen Royal UHB	Beta Cardiac UHB	Cardiff & Valley UHB	Bridgend (Cwm Taf) UHB	Cwm Taf UHB	Hywel Dda UHB	Powys TfHB	2019/20 EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m	£m
<b>Business Cases:</b>									
APP Expansion Plan (further 50 beds)	0.336	0.549	0.848	0.394	0.125	0.299	0.451	0.245	3.246
<b>National Pay Issues:</b>									
Pension rate increase - Employers Contributions	0.621	1.015	1.567	0.728	0.231	0.552	0.834	0.453	6.000
Holiday Pay on Voluntary Overtime	0.100	0.164	0.253	0.117	0.037	0.089	0.135	0.073	0.968
<b>19/20 Total Further Additional Investment Pending EASC</b>	<b>1.057</b>	<b>1.727</b>	<b>2.667</b>	<b>1.239</b>	<b>0.393</b>	<b>0.938</b>	<b>1.420</b>	<b>0.772</b>	<b>10.214</b>

	Aberdeen City Morrisons UHB	Aberdeen Royal UHB	Beta Cardiac UHB	Cardiff & Valley UHB	Bridgend (Cwm Taf) UHB	Cwm Taf UHB	Hywel Dda UHB	Powys TfHB	2019/20 NCCU Requirement
	£m	£m	£m	£m	£m	£m	£m	£m	£m
<b>2019/20 NCCU Running Costs:</b>									
<b>2018/19 QAIT Baseline</b>	<b>0.110</b>	<b>0.159</b>	<b>0.147</b>	<b>0.139</b>	<b>0.000</b>	<b>0.088</b>	<b>0.059</b>	<b>0.035</b>	<b>0.738</b>
Adjust for Bridgend Boundary Transfer	(0.043)	0.000	0.000	0.000	0.043	0.000	0.000	0.000	0.000
<b>2018/19 EASC Baseline</b>	<b>0.068</b>	<b>0.081</b>	<b>0.125</b>	<b>0.058</b>	<b>0.000</b>	<b>0.052</b>	<b>0.067</b>	<b>0.038</b>	<b>0.487</b>
Adjust for Bridgend Boundary Transfer	(0.018)	0.000	0.000	0.000	0.018	0.000	0.000	0.000	0.000
<b>2019/20 NCCU Opening Baseline</b>	<b>0.117</b>	<b>0.241</b>	<b>0.272</b>	<b>0.197</b>	<b>0.062</b>	<b>0.140</b>	<b>0.126</b>	<b>0.071</b>	<b>1.225</b>
2% Inflation Uplift	0.002	0.005	0.005	0.004	0.001	0.003	0.003	0.001	0.025
18/19 & 19/20 Pay Award Through Commissioners	0.002	0.003	0.004	0.002	0.001	0.001	0.002	0.001	0.016
<b>2019/20 NCCU Opening Requirement</b>	<b>0.121</b>	<b>0.249</b>	<b>0.282</b>	<b>0.203</b>	<b>0.064</b>	<b>0.144</b>	<b>0.131</b>	<b>0.074</b>	<b>1.266</b>
<b>NCCU Anticipated Allocations 2019/20:</b>									
Unscheduled Care Allocations						0.710			0.710
<b>2019/20 NCCU Total Requirement with 19/20 Allocation</b>	<b>0.121</b>	<b>0.251</b>	<b>0.286</b>	<b>0.205</b>	<b>0.064</b>	<b>0.856</b>	<b>0.133</b>	<b>0.075</b>	<b>1.992</b>
<b>Total EASC Commissioned Services 19/20 including NCCU</b>									
<b>19/20 Total Additional Investment EASC</b>	<b>1.235</b>	<b>1.903</b>	<b>2.808</b>	<b>1.439</b>	<b>0.444</b>	<b>1.121</b>	<b>1.562</b>	<b>0.804</b>	<b>11.496</b>
<b>19/20 Total Requirement agreed through EASC</b>	<b>17.072</b>	<b>27.862</b>	<b>42.490</b>	<b>20.094</b>	<b>6.351</b>	<b>15.184</b>	<b>22.661</b>	<b>12.194</b>	<b>163.908</b>

## Appendix C - IMTP Mandatory & Discretionary Templates 2019/20 to 2021/22

### Mandatory Templates - Sheets

C1	Outcomes Framework - Delivery of Measures
C2	Service Shift from Secondary to Primary and Community Care
C3	Finance – Statement of Comprehensive Net Income/Expenditure – 3 yrs
C4	Finance – Statement of Comprehensive Net Income/Expenditure NET profile Analysis
C5	Finance – Financial Plan Summary
C6	Finance – RP Assumptions
C7	Finance – Revenue Resource Limit Assumptions
C8	Income and Expenditure Assumptions (Wales NHS)
C9	Finance – Year 1 Savings Plan
C10	Finance – Years 2 & 3 Savings Plan
C11	Finance – Risks and Opportunities
C12	Asset Investment Summary
C13	Asset Investment Approved
C14	Asset Investment Unapproved
C15	Revenue Funded Infrastructure
C16	Workforce - WTE
C17	Workforce - £'000
C18	Workforce - Recruitment Difficulties
C19	Educational Commissioning information
	C19.1 Nursing & Midwifery
	C19.2 AHPs
	C19.3 HCS
	C19.4 Pharmacy
	C19.5 Other Professions
	C19.6 Medical & Dental

### Discretionary Template - Sheet

C20	Delivery - LHB & Trust Specific Internal Service Delivery Plans & Measures
-----	--

### Additional Mandatory Templates (Supplementary Table) - Separate File

C21	Finance - Supplementary Master Savings Review Template
-----	--

### Other

C22	Hyperlinks
-----	------------

STAYING HEALTHY - I am well informed & supported to manage my own physical & mental health																		
Measure		Target	Profile															
			Projected end of March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	
Quarterly	Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1	95%																
	Percentage of children who received 2 doses of the MMR vaccine by age 5																	

TIMELY CARE - I have timely access to services based on clinical need & am actively involved in decisions about my care																		
Measure		Target	Profile															
			Projected end of March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	
Monthly	The percentage of patients waiting less than 26 weeks for treatment		95%															
	The number of patients waiting more than 36 weeks for treatment		0															
	The number of patients waiting more than 8 weeks for a specified diagnostic test		0															
	The number of patients waiting more than 14 weeks for a specified therapy		0															
	Number of ambulance handovers over one hour		0															
	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date	Ophthalmology	Reduction (12 month trend)															
		Trauma & Orthopaedic																
		ENT																
		Dermatology																
		Urology																
	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge		95%															
	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge		0															
	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)		98%															
	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral		95%															

EFFECTIVE CARE - I receive the right care & support as locally as possible & I contribute to making that care successful																		
Measure		Target	Profile															
			Projected end of March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	
Monthly	Number of non-mental health HB DToCs	Reduction (12 month trend)																
	Number of mental health HB DToCs	Reduction (12 month trend)																
	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	95%																

DIGNIFIED CARE - I am treated with dignity & respect & treat others the same																		
Measure		Target	Profile															
			Projected end of March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	
Quarterly	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	75%																

SAFE CARE - I am protected from harm & protect myself from known harm																		
Measure		Target	Profile															
			Projected end of March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	
Monthly	The rate of laboratory confirmed C.difficile cases per 100,000 population (rolling 12 months)	HB Specific	PHW Trajectories will be used to monitor these measures															
	The rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population (rolling 12 months)	HB Specific																
	The rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population (rolling 12 months)	HB Specific																
	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	90%																

OUR STAFF & RESOURCES - I can find information about how the NHS is open & transparent on its use of resources & I can make careful use of them																		
Measure		Target	Profile															
			Projected end of March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	
Monthly	Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training) - (This data is available via the Shared Services Workforce dashboard)	85%																
	Percentage compliance for all completed Level 1 competency with the Core Skills and Training Framework																	

This template can be adjusted to suit local need. What is important that service change and service shift priorities and the key risks, benefits and milestones associated with them are identifiable.

[illegible]

## 1 Status & Timetable

Status - What is **currently being implemented** and what is in the pipeline (forward look)

Timetable - expected timetable for **implementation** and **completion**.

## STATEMENT OF COMPREHENSIVE NET INCOME/EXPENDITURE

This Table is currently showing errors

Please note that this Table is populated automatically from Table C4

	Annual Plan 2019/20	Annual Plan 2020/21	Annual Plan 2021/22
	£'000	£'000	£'000
<b>Revenue/Income (positive entries)</b>			
1 Revenue Resource Limit	0	0	0
2 Miscellaneous Income - Capital Donation\Government Grant Income	0	0	0
3 Miscellaneous Income - Other (including non resource limited income)	0	0	0
4 Welsh NHS Local Health Boards & Trusts Income	622,928	690,204	737,652
5 WHSSC Income	0	0	0
6 Welsh Government Income	0	0	0
<b>7 Total Revenue/Income</b>	<b>622,928</b>	<b>690,204</b>	<b>737,652</b>
<b>Operating Expenses (positive entries)</b>			
8 Primary Care Contractor (excluding drugs, including non resource limited expenditure)	0	0	0
9 Primary Care - Drugs & Appliances	0	0	0
10 Pay	3,324	3,396	3,504
11 Non Pay (excluding drugs & depreciation)	600	612	624
12 Secondary Care - Drugs	0	0	0
13 Healthcare Services Provided by Other NHS bodies	598,604	670,284	717,288
14 Non Healthcare Services Provided by Other NHS bodies	0	0	0
15 Continuing Care and Funded Nursing Care	0	0	0
16 Other Private & Voluntary Sector	20,400	15,912	16,236
17 Joint Financing and Other	0	0	0
18 Depreciation/Impairments	0	0	0
19 Other	0	0	0
<b>20 Total Operating Expenses</b>	<b>622,928</b>	<b>690,204</b>	<b>737,652</b>
<b>21 Forecast Surplus/(Deficit)</b>	<b>0</b>	<b>0</b>	<b>0</b>

WHSSC

#####

Thursday, January 31, 2019

Thursday, January 31, 2019

### MONTHLY SUMMARISED STATEMENT OF COMPREHENSIVE NET EXPENDITURE

This Table is currently showing 5 errors

Enter Current YTD Month		Current Year			
		9			
		YTD	YTD Monthly Average	FY FC	FY Monthly Average
		£'000	£'000	£'000	£'000
1	Revenue Resource Limit		0		0
2	Miscellaneous Income - Capital Donation/Government Grant Income		0		0
3	Miscellaneous Income - Other (including non resource limited income)		0		0
4	Welsh NHS Local Health Boards & Trusts Income	433,364	48,152	574,263	47,855
5	WHSSC Income		0		0
6	Welsh Government Income		0		0
	<b>Income Total</b>	<b>433,364</b>	<b>48,152</b>	<b>574,263</b>	<b>47,855</b>
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	0	0	0	0
9	Primary Care - Drugs & Appliances		0		0
10	Provided Services - Pay	2,403	267	3,294	275
11	Provider Services - Non Pay (excluding drugs & depreciation)	521	58	586	49
12	Secondary Care - Drugs		0		0
13	Healthcare Services Provided by Other NHS Bodies	415,718	46,191	550,285	45,857
14	Non Healthcare Services Provided by Other NHS Bodies		0		0
15	Continuing Care and Funded Nursing Care	0	0	0	0
16	Other Private & Voluntary Sector	14,722	1,636	20,098	1,675
17	Joint Financing and Other		0		0
18	DEL Depreciation/Accelerated Depreciation/Impairments		0		0
19	AME Donated Depreciation/Impairments		0		0
20	Non Allocated Contingency		0		0
21	Profit/Loss Disposal of Assets		0		0
22	<b>Cost - Total</b>	<b>433,364</b>	<b>48,152</b>	<b>574,263</b>	<b>47,855</b>
23	<b>Net surplus/ (deficit)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

[illegible]

Year 2						Year 3				
AV 1-3 Average month Q1 £'000	AV4-6 Average month Q2 £'000	AV7-9 Average month Q3 £'000	AV 10-12 Average month Q4 £'000	Forecast year-end position £'000		AV 1-3 Average month Q1 £'000	AV4-6 Average month Q2 £'000	AV7-9 Average month Q3 £'000	AV 10-12 Average month Q4 £'000	Forecast year-end position £'000
				0						0
				0						0
				0						0
57,517	57,517	57,517	57,517	690,204		61,471	61,471	61,471	61,471	737,652
				0						0
				0						0
57,517	57,517	57,517	57,517	690,204		61,471	61,471	61,471	61,471	737,652
0	0	0	0	0		0	0	0	0	0
				0						0
283	283	283	283	3,396		292	292	292	292	3,504
51	51	51	51	612		52	52	52	52	624
				0						0
55,857	55,857	55,857	55,857	670,284		59,774	59,774	59,774	59,774	717,288
				0						0
0	0	0	0	0		0	0	0	0	0
1,326	1,326	1,326	1,326	15,912		1,353	1,353	1,353	1,353	16,236
				0						0
				0						0
				0						0
				0						0
57,517	57,517	57,517	57,517	690,204		61,471	61,471	61,471	61,471	737,652
0	0	0	0	0		0	0	0	0	0

Table C4.1 - Net Expenditure Profile Analysis

#### A. PROVIDER PAY EXPENDITURE ANALYSIS

Pay - Expenditure Profiles		Current Year			
		9			
		YTD	YTD Monthly Average	FY FC	FY Monthly Average
		£'000	£'000	£'000	£'000
24	Establishment	2,403	267	3,294	275
25	Variable		0		0
26	Agency/Locum		0		0
27	Inflationary/Cost Growth		0		0
28	Demand/Service Growth		0		0
29	Local Service/Cost Pressures		0		0
30	Committed Reserves		0		0
31	Other		0		0
32	<b>Total Gross Expenditure</b>	<b>2,403</b>	<b>267</b>	<b>3,294</b>	<b>275</b>
33	Establishment Savings		0		0
34	Variable Pay Savings		0		0
35	Locum		0		0
36	Agency/Locum Paid at a Premium Savings		0		0
37	Changes in Bank Staff		0		0
38	Other Workforce Savings		0		0
39	<b>Total Workforce Savings</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
40	Unidentified Savings		0		0
41	Mitigating Actions to be Identified		0		0
42	<b>Total Savings / Mitigating Actions to be Identified</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

[illegible][illegible]

43	Net Expenditure (as per Table C4)	2,403	267	3,294	275
----	-----------------------------------	-------	-----	-------	-----

[illegible]

283	283	283	283	3,396	292	292	292	292	3,504
-----	-----	-----	-----	-------	-----	-----	-----	-----	-------

#### B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYSIS

Non Pay - Expenditure Profiles		Current Year			
		9			
		YTD £'000	YTD Monthly Average £'000	FY FC £'000	FY Monthly Average £'000
44	Non Pay	521	58	586	49
45	Non Pay Other		0		0
46	Inflationary/Cost Growth		0		0
47	Demand/Service Growth		0		0
48	Local Service/Cost Pressures		0		0
49	Committed Reserves		0		0
50	<b>Total Gross Expenditure</b>	<b>521</b>	<b>58</b>	<b>586</b>	<b>49</b>
51	Non Pay Savings		0		0
52	Unidentified Savings		0		0
53	Mitigating Actions to be Identified		0		0
54	<b>Total Savings / Mitigating Actions to be Identified</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

[illegible]

Year 2						Year 3					
AV 1-3	AV4-6	AV7-9	AV 10-12			AV 1-3	AV4-6	AV7-9	AV 10-12		
Average month Q1	Average month Q2	Average month Q3	Average month Q4	Forecast year-end position		Average month Q1	Average month Q2	Average month Q3	Average month Q4	Forecast year-end position	
£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	
51	51	51	51	612		52	52	52	52	624	
				0						0	
				0						0	
				0						0	
				0						0	
				0						0	
51	51	51	51	612		52	52	52	52	624	
0	0	0	0	0		0	0	0	0	0	
				0						0	
				0						0	
				0						0	
0	0	0	0	0		0	0	0	0	0	

55	Net Expenditure (as per Table C4)	521	58	586	49
----	-----------------------------------	-----	----	-----	----

[illegible]

51	51	51	51	612	52	52	52	52	624
----	----	----	----	-----	----	----	----	----	-----

### C. DRUGS EXPENDITURE ANALYSIS

[illegible]

**D. PRIMARY CARE CONTRACTOR (excl drugs, incl Non Resource Limited) EXPENDITURE ANALYSIS**

Primary Care Contractor - Expenditure Profiles	YTD	YTD Monthly Average	FY FC	FY Month Ending	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
					Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Forecast year-end position	
					Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Forecast year-	
					Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Forecast year-	
					Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Forecast year-	
					Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Average month	Forecast year-	

#### E. CONTINUING HEALTHCARE/ FUNDED NURSING CARE EXPENDITURE ANALYSIS

[illegible]

#### F. COMMISSIONED SERVICES (Health Care & Non HealthCare) EXPENDITURE ANALYSIS

[illegible]

WHSSC

1/31/2019

INTEGRATED MEDIUM TERM PLAN SUMMARY - 2019/20 to 2021/22

This Table is currently showing 3 errors  
NOTE : Some errors will be resolved when associated tables are completed

	2019/20		2020/21		2021/22	
	In Year	Recurring Full Year Effect (NR Items enter 0)	In Year	Recurring Full Year Effect (NR Items enter 0)	In Year	Recurring Full Year Effect (NR Items enter 0)
	£'000	£'000	£'000	£'000	£'000	£'000
1 Revenue Resource Limit (RRL) LHB only (positive values)	581,568	581,568	581,568	581,568	581,568	581,568
2 Income (For Trusts)/Other Income (positive values)		0		0		0
3 Total Revenue Allocation/Income	581,568	581,568	581,568	581,568	581,568	581,568
High Level Summary						
4 1. Underlying Position b/f						
5 1.1 b/f Recurring Cost Pressures (by speciality) / Developments (by title) - (negative values):						
6 Primary Care		0		0		0
7 Mental Health		0		0		0
8 Continuing HealthCare		0		0		0
9 Commissioned Services		0		0		0
10 Scheduled Care		0		0		0
11 Unscheduled Care		0		0		0
12 Children & Women's		0		0		0
13 Community Services		0		0		0
14 Specialised Services		0		0		0
15 Executive / Corporate Areas		0		0		0
16 Support Services (Inc. Estates & Facilities)		0		0		0
17 Total Underlying Position b/f. Deficits and Cost Pressures (negative)/ Surplus (positive)	0	0	0	0	0	0
18 2. New Cost Pressures (negative values)						
19 2.1 Cost Growth						
20 Pay Inflation						
21 - Pay Award						
22 - Increments						
23 - Pensions & Other Pay Oncost Changes						
24 - Terms & Conditions (incl T&S)						
25 Other.....Specify						
26						
27						
28						
29 Sub Total Pay Inflation	0	0	0	0	0	0
30 Non pay Inflation						
31 Statutory Compliance and National Policy						
32 Continuing Health Care						
33 Funded Nursing Care						
34 Prescribing						
35 GMS						
36 Quality & Safety Developments						
37 Other.....Specify						
38						
39						
40						
41						
42						
43						
44 Total Inflationary/Cost Growth	0	0	0	0	0	0
45 2.2 Demand / Service Growth (negative values)						
46 Primary Care Contractor						
47 NICE and New High Cost Drugs						
48 Continuing Health Care						
49 Funded Nursing Care						
50 Prescribing						
51 Specialist Services - Direct						
52 Specialist Services - via WHSSC	(44,581)		(47,102)		(51,852)	
53 Welsh Risk Pool						
54 EASC						
55 RTT (associated with planned activity stated in IMTP)						
56 Treatment Fund (associated anticipated funding to be reported in Section 5)						
57 Demographic / Demand on Acute Services: Please Specify below						
58						
59						
60						
61						
62						
63						
64						
65 Other.....Specify						
66						
67						
68						
69						
70						
71						
72 Total Demand/Service Growth	(44,581)	0	(47,102)	0	(51,852)	0
73 2.3 Local Service/Cost Pressures (negative values)						
74 Other.....Specify						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89 Total Local Cost Base Challenge	0	0	0	0	0	0
90 Total Opening Financial Challenge (Deficit)/Surplus	(44,581)	0	(47,102)	0	(51,852)	0
91 3. Identified Savings Plans (positive values)						
92 Continuing Care and Funded Nursing Care	0	0	0	0	0	0
93 Commissioned Services	3,250	0	4,250	0	4,400	0
94 Medicine Management (Primary and Secondary Care)	0	0	0	0	0	0
95 Non Pay	0	0	0	0	0	0
96 Pay	0	0	0	0	0	0
97 Primary Care	0	0	0	0	0	0
98 Total Identified Savings Plans	3,250	0	4,250	0	4,400	0
99 Total Savings/Mitigating Actions Yet To Be Identified (positive value)						
100 Total Net Income Generation (positive value)	41,331		42,852		47,452	
101 Total Planned Accountancy Gains (positive value)						
102 Total Unallocated Reserves (positive value)						
103 Total In Year Performance/Position Before Repayment of Prev Years Deficit - (Deficit)/Surplus	0	0	0	0	0	0
104 4. Repayment of Previous Years Deficit (negative value)						
105 Total In Year Performance/Position After Repayment of Prev Years Deficit - (Deficit)/Surplus	0	0	0	0	0	0
106 5. Revenue Assistance/Funding Requested (positive values) (breakdown to be provided in Commentary)						
107 Recurring - Inflation						
108 Recurring - Other						
109 Non Recurring						
110 Total WG Assistance	0	0	0	0	0	0
111 Net Financial Challenge - (Deficit)/Surplus	0	0	0	0	0	0

N.B. To ensure cost pressures are not over inflated, the values reported with Table C3 must be net of any identified 'Mitigating Actions'.  
N.B. If there is any FYE of Accountancy Gains (i.e line 101) then this MUST be explained in Commentary

WHSSC

#####

Resource Planning Assumptions

Local Resource Planning Assumptions Used			
	2019/20 % Cost	2020/21 % Cost	2021/22 % Cost
<b>Inflationary Pressure</b>			
1 <b>Cost Growth</b>			
2 Pay Inflation (inc. awards, T & Cs inc. Travel etc)			
3 Incremental Drift			
4 Pensions & Other Pay Oncost Changes			
5 Non pay Inflation			
6 Statutory Compliance and National Policy			
7 Continuing Health Care			
8 Funded Nursing Care			
9 Prescribing			
10 GMS			
11 Quality & Safety Developments			
13 <b>Total Cost Growth</b>	0.00%	0.00%	0.00%
<b>Demand / Service Growth</b>			
14 <b>Demand / Service Growth</b>			
15 Primary Care Contractor			
16 NICE and New High Cost Drugs			
17 Continuing Health Care			
18 Funded Nursing Care			
19 Prescribing			
20 Specialist Services - Direct			
21 Specialist Services - via WHSSC			
22 Welsh Risk Pool			
23 EASC			
24 RTT			
25 Treatment Fund			
26 Specialist Services			
27 Demographic / Demand on Acute Services			
28 <b>Total Demand / Service Growth</b>	0.00%	0.00%	0.00%
29 <b>Total Inflationary Pressure</b>	0.00%	0.00%	0.00%

	2019/20		2020/21		2021/22	
	£'000	%	£'000	%	£'000	%
<b>Pay Related Cost Assumptions - Local</b>						
1 <b>Pay Awards</b>						
2 - A 4 C Staff		0.00%		0.00%		0.00%
3 - Misc Pay (Non AfC / Non Medical)		0.00%		0.00%		0.00%
4 - Junior Medical Staff		0.00%		0.00%		0.00%
5 - Staff Grades / Associate Specialists		0.00%		0.00%		0.00%
6 - Consultants		0.00%		0.00%		0.00%
7 <b>Total Pay Awards</b>	0	0.00%	0	0.00%	0	0.00%
8 <b>Increments</b>	£'000	%	£'000	%	£'000	%
9 Cost of Increments						
10 - A 4 C Staff		0.00%		0.00%		0.00%
11 - Misc Pay (Non AfC / Non Medical)		0.00%		0.00%		0.00%
12 - Junior Medical Staff		0.00%		0.00%		0.00%
13 - Staff Grades / Associate Specialists		0.00%		0.00%		0.00%
14 - Consultants		0.00%		0.00%		0.00%
15 - Consultant Commitment Awards		0.00%		0.00%		0.00%
16 <b>Total Increments</b>	0	0.00%	0	0.00%	0	0.00%
17 <b>Pensions &amp; Other Pay Oncost Changes</b>	£'000	%	£'000	%	£'000	%
18 1 - NHS Pension Discount Rate Change - 3.0% to 2.8%						
19 From 2019/20		0.00%		0.00%		0.00%
22 <b>Total Pensions</b>	0	0.00%	0	0.00%	0	0.00%
23 <b>Comparator</b>						

## Revenue Resource Limit Assumptions

LHB COMPLETION ONLY

	2019/20 £'000	2020/21 £'000	2021/22 £'000
<b>1 RRL used in SCNE profiled analysis</b>	<b>0</b>	<b>0</b>	<b>0</b>
Made up of:-			
<b>2 Allocation Letter/ Resource Planning Figure</b>			
<b>3 Plus the following additional anticipated allocations:-</b>			
<b>4 DEL- Funded in Previous Years:</b>			
<b>6 Substance Misuse</b>			
<b>7 Clinical Excellence/Distinction Awards</b>			
<b>8 Orthopaedics</b>			
<b>9 Immunisations (Vaccine &amp; GMS fees) &amp; HPV</b>			
<b>10 Treatment Fund - see note at foot of table</b>			
<b>11 Other....specify</b>			
<b>12</b>			
<b>13</b>			
<b>14</b>			
<b>15</b>			
<b>16</b>			
<b>17</b>			
<b>18</b>			
<b>19</b>			
<b>20</b>			
<b>21</b>			
<b>22</b>			
<b>23</b>			
<b>24 Sub Total - Funded in Previous Years</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>25 DEL New Funding Issues</b>			
<b>26 1.Recurring</b>			
<b>27</b>			
<b>28</b>			
<b>29</b>			
<b>30</b>			
<b>31</b>			
<b>32</b>			
<b>33</b>			
<b>34</b>			
<b>35</b>			
<b>36</b>			
<b>37</b>			
<b>38</b>			
<b>39</b>			
<b>40</b>			
<b>41</b>			
<b>42</b>			
<b>43 Sub Total - New Funding Issues - Recurring</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>44 2. Non Recurring</b>			
<b>45</b>			
<b>46</b>			
<b>47</b>			
<b>48</b>			
<b>49</b>			
<b>50</b>			
<b>51</b>			
<b>52</b>			
<b>53</b>			
<b>54</b>			
<b>55</b>			
<b>56</b>			
<b>57</b>			
<b>58</b>			
<b>59 Sub Total - New Funding Issues - Non Recurring</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>60 AME</b>			
<b>61 Donated Depreciation</b>			
<b>62 Impairments</b>			
<b>63 Other....specify</b>			
<b>64</b>			
<b>65</b>			
<b>66</b>			
<b>67</b>			
<b>68 Sub Total - AME</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>69 Total RRL used in SCNE profiled analysis</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>70 Check total = zero</b>	<b>0</b>	<b>0</b>	<b>0</b>

N.B. Treatment fund should be reported within Section 5 of Table C5 to offset the associated costs reported on within Section 2.2 (Line Ref 80) of Table C5

## Income and Expenditure Assumptions (Wales NHS)

This Table is currently showing 0 errors

## A. Annual Forecast 2019/20

		Contracted Income	Non Contracted Income	Total Income
	LHBs / Trusts	£'000	£'000	£'000
1	Abertawe Bro Morgannwg	78,857		78,857
2	Aneurin Bevan	115,967		115,967
3	Betsi Cadwaladr	133,152		133,152
4	Cardiff & Vale	108,213		108,213
5	Cwm Taf	90,635		90,635
6	Hywel Dda	71,332		71,332
7	Powys	24,773		24,773
8	Public Health Wales			0
9	Velindre			0
10	Welsh Ambulance			0
11	WHSSC			0
12	EASC			0
13	HEIW			0
14	<b>Total</b>	<b>622,929</b>	<b>0</b>	<b>622,929</b>

Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
£'000	£'000	£'000
115,158	2,200	117,358
8,127	300	8,427
40,423	900	41,323
216,579	12,725	229,304
7,754	600	8,354
1,545	550	2,095
		0
		0
41,840	50	41,890
		0
3,900		3,900
		0
		0
<b>435,326</b>	<b>17,325</b>	<b>452,651</b>

This Table is currently showing 0 errors

NOTE: Tables to be populated with indentified savings plans only

**YEAR 1 SAVINGS PLANS - All Positive Entries**  
**To include Cost Improvement & Cost Containment schemes**  
**Savings Plans:-**

Savings Plans:-		Year 1											
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
1	Continuing Care and Funded Nursing Care												
2	Commissioned Services	270	270	270	270	270	270	270	270	270	270	270	280
3	Medicine Management (Primary and Secondary Care)												
4	Non Pay												
5	Pay												
6	Primary Care												
7	Total Savings Plans	270	270	270	270	270	270	270	270	270	270	270	280

**Pay Savings: Analysis**

Pay Category		Year 1											
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
8	Changes in Staffing Establishment												
9	Variable Pay												
10	Locum												
11	Agency / Locum paid at a premium												
12	Changes in Bank Staff												
13	Other (Please Specify in Narrative)												
14	Total Pay Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0

15	<b>Check - Agrees to Savings Plan Line 5</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
----	--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**Agency/Locum paid at a premium Savings: Analysis**

	Agency/Locum paid at a premium	Year 1											
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
16	Reduced usage of Agency/Locums paid at a premium												
17	Replacing 'off contract' with 'in contract'												
18	Impact of Agency pay rate caps												
19	Other (Please Specify in Narrative)												
20	Total Agency/Locum paid at a premium Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0

21	<b>Check - Agrees to Savings Plan Line 11</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
----	---	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Total £'000
0
3,250
0
0
0
0
3,250

Total £'000
0
0
0
0
0
0
0

Yes

Total £'000
0
0
0
0
0

Yes

WHSSC

#####

This Table is currently showing 0 errors

NOTE: Tables to be populated with indentified savings plans only

YEAR 2 & 3 SAVINGS PLANS - All Positive Entries																								
To include Cost Improvement & Cost Containment schemes Savings Plans:-																								
						Year 2					Non Recurring			Recurring			FYE of Recurring			Year 3				
						Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total										Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
						£'000	£'000	£'000	£'000	£'000	£'000			£'000			£'000			£'000	£'000	£'000	£'000	£'000
1	Continuing Care and Funded Nursing Care									0										1,100	1,100	1,100	1,100	0
2	Commissioned Services					1,063	1,063	1,063	1,063	4,250				4,250			4,400							4,400
3	Medicine Management (Primary and Secondary Care)									0														0
4	Non Pay									0														0
5	Pay									0														0
6	Primary Care									0														0
7	Total Savings Plans					1,063	1,063	1,063	1,063	4,250	0			4,250			4,400			1,100	1,100	1,100	1,100	4,400

Pay Savings: Analysis

Pay Category		Year 2					Non Recurring £'000	Recurring £'000	FYE of Recurring £'000	Year 3				
		Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	Total £'000				Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	Total £'000
8	Changes in Staffing Establishment					0								0
9	Variable Pay					0								0
10	Locum					0								0
11	Agency / Locum paid at a premium					0								0
12	Changes in Bank Staff					0								0
13	Other (Please Specify in Narrative)					0								0
14	Total Pay Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0	0
15 Check - Agrees to Savings Plan Line 5		Yes	Yes	Yes	Yes	Yes					Yes	Yes	Yes	Yes

Agency/Locum paid at a premium Savings: Analysis

Agency/Locum paid at a premium		Year 2					Non Recurring	Recurring	FYE of Recurring	Year 3				
		Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	Total £'000	£'000	£'000	£'000	Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	Total £'000
16	Reduced usage of Agency/Locums paid at a premium					0								0
17	Replacing 'off contract' with 'in contract'					0								0
18	Impact of Agency pay rate caps					0								0
19	Other (Please Specify in Narrative)					0								0
20	Total Agency/Locum paid at a premium Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0	0

21	Check - Agrees to Savings Plan Line 11	Yes	Yes	Yes	Yes	Yes
----	--	-----	-----	-----	-----	-----

Yes	Yes	Yes	Yes	Yes
-----	-----	-----	-----	-----

WHSSC

1/31/2019

Overview Of Worse & Best Case Positions	
---	--

Risks will be populated when outcome of approved plan is finalised  
Current iteration includes provisions for the below risks

		£'000	£'000	£'000	£'000	£'000	£'000
Current Reported Financial Plan Outturn		0	0	0.08	0.08	0.0008	0.0008
1	Risks (negative values)						
2	HRG4+	-5,402	0	-5,402		-5,402	
3	CQUINS	-995		-995		-995	
4	Tariff inflator	-2,668		-2,668		-2,668	
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21	Total Risks	-9,065		-9,065		-9,065	
22 Financial Challenge excluding opportunities		(9,065)	0	(9,065)	0	(9,065)	0

		2019/20		2020/21		2021/22	
		Worst Case	Best Case	Worst Case	Best Case	Worst Case	Best Case
Opportunities (positive values) (record value in Worst column and Best column will populate automatically)		£'000	£'000	£'000	£'000	£'000	£'000
23		0		0			
24			0		0		0
25			0		0		0
26			0		0		0
27			0		0		0
28			0		0		0
29			0		0		0
30			0		0		0
31			0		0		0
32			0		0		0
33			0		0		0
34			0		0		0
35			0		0		0
36			0		0		0
37			0		0		0
38			0		0		0
39			0		0		0
40			0		0		0
41			0		0		0
42	Total Opportunities	0	0	0	0	0	0
43 Total Amended Forecast Plan Outturn Surplus/(Deficit)		(9,065)	0	(9,065)	0	(9,065)	0

Property & Asset Investment

Summary

	2019-20	2020-21	2021-22	2022-23	2023-24
	£m	£m	£m	£m	£m
<b>Gross Capital Expenditure</b>					
less: Receipts					
Disposals:					
<b>Net Capital Expenditure</b>					

	2019-20	2020-21	2021-22	2022-23	2023-24
	£m	£m	£m	£m	£m
<b>Welsh Government Funding</b>					
Discretionary (Group 1 - CRL / CEL)					
Approved Schemes (Group 2 - CRL / CEL)					
<b>WG Funding Required (approved)</b>					
Funding for identified schemes not approved by Welsh Government					

Key Performance Indicators

	2016-17 as per EFPMS	2022-23 Forecast
	£m	£m
High Risk Backlog Maintenance		
	%	%
Physical Condition: % in Category B or above		
Statutory, Safety & Compliance: % in Category B or above		
Fire Safety Compliance : % in Category B or above		
Functional Suitability: % in Category B or above		
Space Utilisation: % in Category F or above		
Energy Performance: % with Energy B or better		

Property & Asset Investment

Capital Expenditure

DISCRETIONARY	2019-20	2020-21	2021-22	2022-23	2023-24
	£m	£m	£m	£m	£m
IT					
Equipment					
Statutory Compliance					
Estates					
Other					
Sub total DISCRETIONARY	0	0	0	0	0

Revenue Implications (Incremental consequences)

Discretionary Non Cash Costs	2019-20	2020-21	2021-22	2022-23	2023-24
	£m	£m	£m	£m	£m
Discretionary Other Revenue Costs					
Discretionary Revenue Savings					
Discretionary Net Revenue					

	2019-20	2020-21	2021-22	2022-23	2023-24
APPROVED SCHEMES	£m	£m	£m	£m	£m
Scheme 1 - INSERT TITLE					
Scheme 2 - INSERT TITLE					
Scheme 3 - INSERT TITLE					
Scheme 4 - INSERT TITLE					
Scheme 5 - INSERT TITLE					
Scheme 6 - INSERT TITLE					
Scheme 7 - INSERT TITLE					
Scheme 8 - INSERT TITLE					
Scheme 9 - INSERT TITLE					
Scheme 10 - INSERT TITLE					
Scheme 11 - INSERT TITLE					

Approved Schemes	2019-20	2020-21	2021-22	2022-23	2023-24
Scheme 1 - INSERT TITLE					
Scheme 1 - Non Cash - DEL					
Scheme 1 - Non Cash - AME					
Scheme 1 - Other Revenue Costs					
Scheme 1 - Revenue Savings					
Scheme 1 - Net Revenue					
Scheme 2 - INSERT TITLE					
Scheme 2 - Non Cash - DEL					
Scheme 2 - Non Cash - AME					
Scheme 2 - Other Revenue Costs					
Scheme 2 - Revenue Savings					
Scheme 2 - Net Revenue					
Scheme 3 - INSERT TITLE					
Scheme 3 - Non Cash - DEL					
Scheme 3 - Non Cash - AME					
Scheme 3 - Other Revenue Costs					
Scheme 3 - Revenue Savings					
Scheme 3 - Net Revenue					
Scheme 4 - INSERT TITLE					
Scheme 4 - Non Cash - DEL					
Scheme 4 - Non Cash - AME					
Scheme 4 - Other Revenue Costs					
Scheme 4 - Revenue Savings					
Scheme 4 - Net Revenue					
Scheme 5 - INSERT TITLE					
Scheme 5 - Non Cash - DEL					
Scheme 5 - Non Cash - AME					
Scheme 5 - Other Revenue Costs					
Scheme 5 - Revenue Savings					
Scheme 5 - Net Revenue					
Scheme 6 - INSERT TITLE					
Scheme 6 - Non Cash - DEL					
Scheme 6 - Non Cash - AME					
Scheme 6 - Other Revenue Costs					
Scheme 6 - Revenue Savings					
Scheme 6 - Net Revenue					
Scheme 7 - INSERT TITLE					
Scheme 7 - Non Cash - DEL					
Scheme 7 - Non Cash - AME					
Scheme 7 - Other Revenue Costs					
Scheme 7 - Revenue Savings					
Scheme 7 - Net Revenue					
Scheme 8 - INSERT TITLE					
Scheme 8 - Non Cash - DEL					
Scheme 8 - Non Cash - AME					
Scheme 8 - Other Revenue Costs					
Scheme 8 - Revenue Savings					
Scheme 8 - Net Revenue					
Scheme 9 - INSERT TITLE					
Scheme 9 - Non Cash - DEL					
Scheme 9 - Non Cash - AME					
Scheme 9 - Other Revenue Costs					
Scheme 9 - Revenue Savings					
Scheme 9 - Net Revenue					
Scheme 10 - INSERT TITLE					
Scheme 10 - Non Cash - DEL					
Scheme 10 - Non Cash - AME					
Scheme 10 - Other Revenue Costs					
Scheme 10 - Revenue Savings					
Scheme 10 - Net Revenue					
Scheme 11 - INSERT TITLE					
Scheme 11 - Non Cash - DEL					
Scheme 11 - Non Cash - AME					
Scheme 11 - Other Revenue Costs					
Scheme 11 - Revenue Savings					
Scheme 11 - Net Revenue					

Scheme 12 - INSERT TITLE						Scheme 12 - INSERT TITLE					
						Scheme 12 - Non Cash - DEL					
						Scheme 12 - Non Cash - AME					
						Scheme 12 - Other Revenue Costs					
						Scheme 12 - Revenue Savings					
						Scheme 12 - Net Revenue					
Scheme 13 - INSERT TITLE						Scheme 13 - INSERT TITLE					
						Scheme 13 - Non Cash - DEL					
						Scheme 13 - Non Cash - AME					
						Scheme 13 - Other Revenue Costs					
						Scheme 13 - Revenue Savings					
						Scheme 13 - Net Revenue					
Scheme 14 - INSERT TITLE						Scheme 14 - INSERT TITLE					
						Scheme 14 - Non Cash - DEL					
						Scheme 14 - Non Cash - AME					
						Scheme 14 - Other Revenue Costs					
						Scheme 14 - Revenue Savings					
						Scheme 14 - Net Revenue					
Sub Total Approved Schemes Total	0	0	0	0	0						

--

Other Capital Expenditure:					
Donated Assets Additions					
Capital Grants					
Other					
Sub Total Other Capital Expenditure	0	0	0	0	0
Gross Capital Expenditure	0	0	0	0	0
Receipts					
Land & Property Disposals (list individually)	0	0	0	0	0
Capital Grants Received					
Donations					
Other					
Sub Total Receipts	0	0	0	0	0
Net Capital Expenditure	0	0	0	0	0

Other Capital Expenditure:					
Non Cash Costs					
Other Revenue Costs					
Revenue Savings					
Net Other Capital Expenditure					

	2019-20	2020-21	2021-22	2022-23	2023-24
Land and Property Disposals	£m	£m	£m	£m	£m
Scheme 1					
Scheme 2					
Scheme 3					
Scheme 4					
Scheme 5					
Scheme 6					
Scheme 7					
Scheme 8					
Scheme 9					
Scheme 10					
etc					
Total	0	0	0	0	0

	Business Case Position	2019-20	2020-21	2021-22	2022-23	2023-24				2019-20	2020-21	2021-22	2022-23	2023-24
UNAPPROVED SCHEMES	(inc if scoping discussion held)	£m	£m	£m	£m	£m	Business Case Status	Internal Approval Process Status	Unapproved Schemes	£m	£m	£m	£m	£m
Priority Scheme 1 - INSERT TITLE	Yes / No								Priority Scheme 1 - INSERT TITLE					
									Scheme 1 - Non Cash - DEL					
									Scheme 1 - Non Cash - AME					
									Scheme 1 - Other Revenue Costs					
									Scheme 1 - Revenue Savings					
									<b>Scheme 1 - Net Revenue</b>					
Priority Scheme 2 - INSERT TITLE	Yes / No								Priority Scheme 2 - INSERT TITLE					
									Scheme 2 - Non Cash - DEL					
									Scheme 2 - Non Cash - AME					
									Scheme 2 - Other Revenue Costs					
									Scheme 2 - Revenue Savings					
									<b>Scheme 2 - Net Revenue</b>					
Priority Scheme 3 - INSERT TITLE	Yes / No								Priority Scheme 3 - INSERT TITLE					
									Scheme 3 - Non Cash - DEL					
									Scheme 3 - Non Cash - AME					
									Scheme 3 - Other Revenue Costs					
									Scheme 3 - Revenue Savings					
									<b>Scheme 3 - Net Revenue</b>					
Priority Scheme 4 - INSERT TITLE	Yes / No								Priority Scheme 4 - INSERT TITLE					
									Scheme 4 - Non Cash - DEL					
									Scheme 4 - Non Cash - AME					
									Scheme 4 - Other Revenue Costs					
									Scheme 4 - Revenue Savings					
									<b>Scheme 4 - Net Revenue</b>					
Scheme 5 - INSERT TITLE	Yes / No								Scheme 5 - INSERT TITLE					
									Scheme 5 - Non Cash - DEL					
									Scheme 5 - Non Cash - AME					
									Scheme 5 - Other Revenue Costs					
									Scheme 5 - Revenue Savings					
									<b>Scheme 5 - Net Revenue</b>					
Scheme 6 - INSERT TITLE	Yes / No								Scheme 6 - INSERT TITLE					
									Scheme 6 - Non Cash - DEL					
									Scheme 6 - Non Cash - AME					
									Scheme 6 - Other Revenue Costs					
									Scheme 6 - Revenue Savings					
									<b>Scheme 6 - Net Revenue</b>					
Scheme 7 - INSERT TITLE	Yes / No								Scheme 7 - INSERT TITLE					
									Scheme 7 - Non Cash - DEL					
									Scheme 7 - Non Cash - AME					
									Scheme 7 - Other Revenue Costs					
									Scheme 7 - Revenue Savings					
									<b>Scheme 7 - Net Revenue</b>					
Scheme 8 - INSERT TITLE	Yes / No								Scheme 8 - INSERT TITLE					
									Scheme 8 - Non Cash - DEL					
									Scheme 8 - Non Cash - AME					
									Scheme 8 - Other Revenue Costs					
									Scheme 8 - Revenue Savings					
									<b>Scheme 8 - Net Revenue</b>					
Scheme 9 - INSERT TITLE	Yes / No								Scheme 9 - INSERT TITLE					
									Scheme 9 - Non Cash - DEL					
									Scheme 9 - Non Cash - AME					
									Scheme 9 - Other Revenue Costs					
									Scheme 9 - Revenue Savings					
									<b>Scheme 9 - Net Revenue</b>					
Scheme 10 - INSERT TITLE	Yes / No								Scheme 10 - INSERT TITLE					
									Scheme 10 - Non Cash - DEL					
									Scheme 10 - Non Cash - AME					
									Scheme 10 - Other Revenue Costs					
									Scheme 10 - Revenue Savings					
									<b>Scheme 10 - Net Revenue</b>					
Scheme 11 - INSERT TITLE	Yes / No								Scheme 11 - INSERT TITLE					
									Scheme 11 - Non Cash - DEL					
									Scheme 11 - Non Cash - AME					
									Scheme 11 - Other Revenue Costs					
									Scheme 11 - Revenue Savings					
									<b>Scheme 11 - Net Revenue</b>					
Scheme 12 - INSERT TITLE	Yes / No								Scheme 12 - INSERT TITLE					
									Scheme 12 - Non Cash - DEL					
									Scheme 12 - Non Cash - AME					
									Scheme 12 - Other Revenue Costs					
									Scheme 12 - Revenue Savings					
									<b>Scheme 12 - Net Revenue</b>					
Scheme 13 - INSERT TITLE	Yes / No								Scheme 13 - INSERT TITLE					
									Scheme 13 - Non Cash - DEL					
									Scheme 13 - Non Cash - AME					
									Scheme 13 - Other Revenue Costs					
									Scheme 13 - Revenue Savings					
									<b>Scheme 13 - Net Revenue</b>					
Scheme 14 - INSERT TITLE	Yes / No								Scheme 14 - INSERT TITLE					
									Scheme 14 - Non Cash - DEL					
									Scheme 14 - Non Cash - AME					
									Scheme 14 - Other Revenue Costs					
									Scheme 14 - Revenue Savings					
									<b>Scheme 14 - Net Revenue</b>					
Sub Total unapproved Schemes Total		0	0	0	0	0								

**Revenue Funded Infrastructure (including Primary Care Pipeline 3PD and  
Mutual Investment Model (MIM) investments)**

	Scheme Capital Value	Annual Revenue Repayment				
		2019-20	2020-21	2021-22	2022-23	2023-24
<b>Prioritised Schemes (to be named individually)</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Scheme 1						
Scheme 2						
Scheme 3						
Scheme 4						
etc						
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Health Board

XXX

## Workforce Plans - WTE

	A	B	C	D	E	F	F	G
	Actual Workforce @ 12/31/2018 WTE	Planned WTE @ 3/31/2019 WTE	2019/20 Profiled Workforce at end of each Quarter				Workforce at end of	
			30/06/2019 WTE	30/09/2019 WTE	31/12/2019 WTE	3/31/2020 WTE	31/03/2021 WTE	31/03/2022 WTE
Core workforce:-								
Board Members	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30
Medical & Dental	3.20	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Nursing & Midwifery Registered	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Additional Professional, Scientific and Technical	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)	47.57	57.27	56.67	56.67	56.67	56.67	56.67	56.67
Estates and Ancillary								
Students	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>Sub total</b>	<b>55.47</b>	<b>64.97</b>	<b>64.37</b>	<b>64.37</b>	<b>64.37</b>	<b>64.37</b>	<b>64.37</b>	<b>64.37</b>
Variable Workforce:-								
Board Members								
Medical & Dental								
Nursing & Midwifery Registered								
Additional Professional, Scientific and Technical								
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)								
Estates and Ancillary								
Students								
<b>Sub total</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Agency/Locum:-								
Board Members								
Medical & Dental								
Nursing & Midwifery Registered								
Additional Professional, Scientific and Technical								
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)	2.00							
Estates and Ancillary								
Students								
<b>Sub total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total workforce plans</b>	<b>57.47</b>	<b>64.97</b>	<b>64.37</b>	<b>64.37</b>	<b>64.37</b>	<b>64.37</b>	<b>64.37</b>	<b>64.37</b>

## NOTES

Column A: Baseline actual WTE

Column B - G: Projected WTE (funded/budgeted WTE)

Core Workforce: Total Staff WTE with a contract of employment including fixed term, temporary and contracted locums

Variable Workforce: Hours worked above contract including additional hours worked at plain time, overtime, bank, additional sessions for medical staff.

Agency/Locum: WTE estimate of agency/locum use.

# Health Board

XXX

## Workforce Plans - £'000

	2019/20 Workforce Quarterly Profile				Workforce Annual	
	Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	2020/21 £'000	2021/22 £'000
Core workforce:-						
Board Members	52	52	52	52	208	208
Medical & Dental	100	100	100	100	398	398
Nursing & Midwifery Registered	14	14	14	14	56	56
Additional Professional, Scientific and Technical	9	9	9	9	35	35
Healthcare Scientists						
Allied Health Professionals						
Additional Clinical Services						
Administrative and Clerical (inc Senior Managers)	774	774	774	774	3095	3095
Estates and Ancillary						
Students	10	10	10	10	40	40
<b>Sub total</b>	<b>958</b>	<b>958</b>	<b>958</b>	<b>958</b>	<b>3833</b>	<b>3833</b>
Variable Workforce:-						
Board Members						
Medical & Dental						
Nursing & Midwifery Registered						
Additional Professional, Scientific and Technical						
Healthcare Scientists						
Allied Health Professionals						
Additional Clinical Services						
Administrative and Clerical (inc Senior Managers)						
Estates and Ancillary						
Students						
<b>Sub total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Agency/Locum: -						
Board Members						
Medical & Dental						
Nursing & Midwifery Registered						
Additional Professional, Scientific and Technical						
Healthcare Scientists						
Allied Health Professionals						
Additional Clinical Services						
Administrative and Clerical (inc Senior Managers)						
Estates and Ancillary						
Students						
<b>Sub total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total workforce plans</b>	<b>958</b>	<b>958</b>	<b>958</b>	<b>958</b>	<b>3833</b>	<b>3833</b>

## NOTES

Core Workforce: Total staff £ - with a contract of employment including fixed term, temporary and contracted locums

Variable Workforce: £ hours worked above contract including additional hours worked at plain time, overtime, bank, additional sessions for medical staff

Agency / Locum £

## Integrated Planning Framework - Recruitment Difficulties Summary

*This pro-forma links to Planning Stage 1*

In the below section, a recruitment difficulty is defined as a post/specialty which you have advertised for recruitment more than once, with no appointment having been made due to:

- no applications being received;
- no suitable candidates being identified from those who did apply; or
- an offer of recruitment being turned down by the successful candidate.

Professional Group	Role	Specialty	Band / Grade	Reason / impact
Additional Clinical Services				
Additional Professional, Scientific & Technical				
Allied Health Professionals				
Admin & Estates (Inc. Managers, Senior Managers and VSMs)				
HCA and Support Staff				
Health Care Scientists				
Medical & Dental				
Nursing & Midwifery				

In addition, please specify any posts or specialties that you anticipate **future difficult** to recruit:

Professional Group	Role	Specialty	Band / Grade	Reason / impact
Additional Clinical Services				
Additional Professional, Scientific & Technical				
Allied Health Professionals				
Admin & Estates (Inc. Managers, Senior Managers and VSMs)				
HCA and Support Staff				
Health Care Scientists				
Medical & Dental				
Nursing & Midwifery				

**Guidance Notes:** -

**Advanced practice education** is at Masters level, and will either be a full advanced practice masters degree pathway or modules from an advanced practice degree pathway.

**Extended practice education** are modules of education which extends a registrant's skill set and may be at masters level or level 5 and 6. This funding does **not** extend to modules at level 4 and below.

**Target group:** Non-Medical Registered Healthcare professionals across Secondary/Community and Primary care/GP practice/closer environments.

For Academic Intake 2019/20
Advanced Practice/Extended Skills

## Full MSC/PGCert/PGDipTitle

Please choose from list below if the education is not on the list please complete new Education requirements table below

<p><b>Advanced Practice/Extended Skills</b></p>
---

XXXXXXXXXX, XXXXXXXXXX XXXX XXXX		

For Academic intake 2019/20For Academic intake 2019/20

PRESCRIBING

			Required	

**Independent prescribers:** may prescribe for any medical condition within their area of competence  
**Supplementary prescribers:** can only prescribe in partnership with a doctor or dentist.  
**Limited Prescribing:** Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners.i.e District Nurses and Health Visitors, are able to prescribe independently from a limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings.  
**Postgraduate Certificate in Blood Component Transfusion** enables experienced non-medical Healthcare Practitioners to make the clinical decision and provide the written instruction for blood component transfusion to patients within their own clinical specialty, and within their own areas of competence and expertise.

<b>For Academic intake 2020/21</b>						
------------------------------------	--	--	--	--	--	--

© 2006 The Authors

## SPECIALIST PRACTICE QUALIFICATION OR COMMUNITY HEALTH STUDIES AWARDS

Students can undertake specialist community nursing education on a part time or modular basis to achieve either a Specialist Practice Qualification (SPQ) as recognised by the Nursing and Midwifery Council (NMC) or BSc/PG Dip Community Health Studies degree.

**Part time:** usually completed over a period of 2 years.

**Modular:** allows students to undertake one or more specific taught modules over an undefined period of time. Students following the modular route complete the Fundamentals of Community practice as their first module

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
District Nursing (Part-time)	2 years	2022			
District Nursing Modules (in modules)	3-6 months	2021			
Practice Nursing (Part-time)	2 years	2022			
Practice Nursing Modules (in modules)	3-6 months	2021			
Community Paediatric Nursing (Part-time)	2 years	2022			
Community Paediatric Nursing Modules (in modules)	3-6 months	2021			
CPN (Part-time)	2 years	2022			
CPN Modules (in modules)	3-6 months	2021			
CLDN (Part-time)	2 years	2022			
CLDN Modules (in modules)	3-6 months	2021			
Additional Modules	1 year	2021			

Additional modules	1 year	2021			
<b>For Academic intake 2020/21</b>					

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
<b>NURSING &amp; MIDWIFERY</b>					
Bachelor of Nursing (B.N.) Adult	3 years	2023			
Bachelor of Nursing (B.N.) Child	3 years	2023			
Bachelor of Nursing (B.N.) Mental Health	3 years	2023			
Bachelor of Nursing (B.N.) Learning Disability	3 years	2023			
Shortened Nursing Degree Programme-Adult	2 years	2022			
Shortened Nursing Degree Programme-Child	2 years	2022			
Shortened Nursing Degree Programme-Mental Health	2 years	2022			
Shortened Nursing Degree Programme-Learning Disability	2 years	2022			
Bachelor of Nursing (B.N.) Adult (Part-time)	4 years	2024			
Bachelor of Nursing (B.N.) Child (Part-time)	4 years	2024			
Bachelor of Nursing (B.N.) Mental Health (Part-time)	4 years	2024			
Bachelor of Nursing (B.N.) Learning Disabilities (Part-time)	4 years	2024			
B.Sc. Midwifery Direct Entry	3 years	2023			
B.Sc. Midwifery Conversion Programme	18 months	2022			
Return To Practice	6 months	2021			

Return To Practice	3 months	2021		
For Academic intake 2020/21				

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
--------------	-----------------	----------------	--	--	--

			Head Count		
SPECIALIST COMMUNITY PUBLIC HEALTH NURSING					

Specialist Community Public Health Nurse (SCPHN) courses are registerable NMC qualifications

**Full time:** takes the student up to 52 weeks to complete

**Part time:** usually completed over 2 years

**Modules:** Students undertake one or more specific taught modules over an undefined period of time.

Healthcare Students undertake one or more specific tasks/modules over an assigned period of time:				
Health Visiting (Full-time)	1 year	2021		
Health Nursing (Part-time)	2 years	2022		
Health Visiting (modules)				
School Nursing (Full-time)	1 year	2021		
School Nursing (Part-time)	2 years	2022		
School Nursing (modules)				
Occupational Health (Full-time)	1 year	2021		
Occupational Health (Part-time)	2 years	2022		

Occupational Median (1990-2000)	2 years	2001			
For Academic intake 2020/21					

Programme	Level 2 Numbers required	Level 3 Numbers required	Level 4 Numbers required	Comments	Indicate any Recruitment Difficulties / Reason for commissions
HEALTHCARE SUPPORT WORKER					
HCSW Clinical Induction					
Diploma in Health and Social Care					
Diploma in Clinical Healthcare Support					
Diploma in Maternity and Paediatrics Support					
Diploma in Perioperative Support					
Level 4 education for HCSW's to access Yr 2 of nurse training					
Units for learning specific to role					

## Additional / new education requirements

Please complete the table below with details of any additional / new education requirements

[illegible]

**Guidance Notes:** - Advanced practice education is at Masters level, and will either be a full advanced practice masters degree pathway or PGcert/Dip or modules from an advanced practice degree pathway. Extended practice education are modules of education which extends a registrant's skill set and may be at masters level or level 5 and 6. This funding does not extend to modules at level 4 and below.

**Target group:** Non-Medical Registered Healthcare professionals across Secondary/Community and Primary care/GP practice/cluster environments.

**For Academic intake 2019/20**

**Advanced Practice/Extended Skills**

Full MSC/PGCert/PGDipTitle	Numbers required	HEI/Provider	Please identify what setting the education requested is for using options in drop down box?
----------------------------	------------------	--------------	---

Please choose from list below if the education is not on the list please complete new Education requirements table below

			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose

**Advanced Practice/Extended Skills**

Full ModuleTitle	Numbers required	HEI/Provider	Please identify what setting the education requested is for using options in drop down box?
------------------	------------------	--------------	---

Please choose from list below if the education is not on the list please complete new Education requirements table below

			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose

**For Academic intake 2019/20**

Course Title	Course duration	Year of output	Numbers Required	HEI Provider
Medical Ultrasound/Sonography	1-2 years	2020/2021		University West of England

**For Academic intake 2019/20**

PRESCRIBING	
-------------	--

**Independent prescribers:** may prescribe for any medical condition within their area of competence

**Supplementary prescribers:** can only prescribe in partnership with a doctor or dentist.

**Limited Prescribing:** Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners.i.e District Nurses and Health Visitors, are able to prescribe independently from a limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings.

**Postgraduate Certificate in Blood Component Transfusion** enables experienced non-medical Healthcare Practitioners to make the clinical decision and provide the written instruction for blood component transfusion to patients within their own clinical specialty, and within their own areas of competence and expertise.

Course Title	Course duration	Year of output	Numbers Required	List AHP Staff Groups	University
Full Independent Prescribing	1 year	2020			
Supplementary Prescribing	1 year	2020			
Limited Independent Prescribing	1 year	2020			
PGCert in Blood Component Transfusion (NABT)	1 year	2020			Swansea University

For Academic intake 2020/21
-----------------------------

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
ALLIED HEALTH PROFESSIONALS					
B.Sc. Diagnostic Radiography	3 years	2023			
B.Sc Therapy Radiography	3 years	2023			
B.Sc. Human Nutrition - Dietician	3 years	2023			
PG Diploma Human Nutrition - Dietician	2 years	2022			
PG Diploma Medical Illustration	2 years	2022			
B.Sc. Occupational Therapy	3 years	2023			
B.Sc. Occupational Therapy (Part time)	4 Years	2024			
PG Diploma Occupational Therapy	2 years	2022			
Degree in ODP	3 years	2023			
B.Sc. Physiotherapy	3 years	2023			
B.Sc. Podiatry	3 years	2023			
B.Sc Orthoptist	3 years	2023			
PhD Clinical Psychology Doctorate	3 years	2023			
B.Sc. Speech & Language Therapy	3 years	2023			
B.Sc. Speech & Language Therapy - Welsh Language	3 years	2023			
Ambulance Paramedics	2 years	2022			
Ambulance Paramedics - EMT conversion	1 year	2021			

## For Academic intake 2020/21

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
RADIOGRAPHY - Assistant Practitioners					
Assistant Practitioners Radiography - Diagnostic	1 year	2021			
Assistant Practitioners Radiography - Therapy	1 year	2021			

## For Academic intake 2019/20

Programme	Level 2 Numbers required	Level 3 Numbers required	Level 4 Numbers required	Comments	Indicate any Recruitment Difficulties / Reason for commissions
HEALTHCARE SUPPORT WORKER					
HCSW Clinical Induction					
Diploma in Health and Social Care					
Diploma in Clinical Healthcare Support					
Diploma in Dietetics Support					
Diploma in Occupational Therapy Support					
Diploma in Physiotherapy Support					
Diploma in Maternity and Paediatrics Support					
Diploma in Perioperative Support					
Certificate in Clinical Imaging					
Units for learning specific to role					

## Additional / new education requirements

Please complete the table below with details of any additional / new education requirements

[illegible]

For Academic intake 2020/21				
Course Title	Course duration	Year of output	New Graduates Required - Employed workforce - Head count (In Service Applicants)	Indicate any Recruitment Difficulties
HIGHER SPECIALIST SCIENTIST TRAINING - HSST				
Physical Sciences				
Clinical Biomedical Engineering	5 years	2025		
Medical Physics	5 years	2025		
Life Sciences				
Genetics-Genomics	5 years	2025		
Molecular Pathology of Infection	5 years	2025		
Molecular Pathology of acquired Disease	5 years	2025		
Histopathology and Immunology	5 years	2025		
Embryology and Reproductive Science	5 years	2025		
Physiological Sciences				
Audiology	5 years	2025		
Vascular Science	5 years	2025		

For Academic Intake 2020/21				
Course Title	Course duration	Year of output	New Graduates Required - Employed workforce - Head count	
			Direct Applicant	In service Applicant
<b>SCIENTIST TRAINING PROGRAMME-STP</b>				
<b>Physiological Sciences - STP</b>				
M.Sc. Clinical Science in Neurosensory Sciences - Audiology	3 years	2023		
M.Sc. Clinical Science in Neurosensory Sciences - Neurophysiology	3 years	2023		
M.Sc. Clinical Science in Neurosensory Sciences - Cardiac Physiology	3 years	2023		
<b>Life Science -STP</b>				
M.Sc. in Infection Science - Clinical Microbiology	3 years	2023		
M.Sc. in Blood Sciences - Clinical Immunology	3 years	2023		
M.Sc in (Blood Sciences) Haematology and Transfusion Science	3 years	2023		
M.Sc in (Blood Sciences) Histocompatibility and Immunogenetics	3 years	2023		
M.Sc. in Blood Sciences - Clinical Biochemistry	3 years	2023		
M.Sc. in Blood Sciences - Genomics (formally Genetics)	3 years	2023		
M.Sc. in Blood Sciences - Cancer Genomics	3 years	2023		
M.Sc in Genomic Counselling (formerly Genetic Counselling)	3 years	2023		
M.Sc in Cellular Sciences - Reproductive Sciences - Clinical Embryology and Andrology	3 years	2023		
M.Sc in Cellular Sciences - Histopathology	3 years	2023		
M.Sc in Cellular Sciences - Cytopathology	3 years	2023		
<b>Physical Sciences and Biomedical Engineering - STP</b>				
M.Sc. in Clinical Science - Medical Physics-Radiotherapy Physics	3 years	2023		
M.Sc. in Clinical Science - Medical Physics-Imaging with Non Ionising Radiation	3 years	2023		
M.Sc. in Clinical Science - Medical Physics-Imaging with Ionising Radiation	3 years	2023		
M.Sc. in Clinical Engineering - Rehabilitation Engineering	3 years	2023		
M.Sc. in Clinical Engineering - DRMG	3 years	2023		
<b>Clinical Bio Informatics -STP</b>				
MSc in Clinical Bioinformatics (Health Informatics)	3 years	2023		
MSc in Clinical Bioinformatics (Genomics)	3 years	2023		
M.Sc in Clinical Bioinformatics (Physical Sciences)	3 years	2023		
<b>Post Graduate Education</b>				
MSc Genomic Medicine (This is not an STP)	2 Years	2022		

For Academic intake 2020/21		2020	2021		
Course Title	Course duration	Year of output	New Graduates Required - Employed workforce - Head count		
			Direct Applicant	In service Applicant	
HEALTHCARE SCIENTIST					
Physiological Science - PTP					
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	3 years	2023			
B.Sc. (Hons) Healthcare Science - Audiology	3 years	2023			
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	3 years	2023			
B.Sc. (Hons) Healthcare Science - Neurophysiology	3 years	2023			
Physical and Biomedical Engineering - PTP					
B.Sc. (Hons) Healthcare Science- Clinical Engineering in Rehab	3 years	2023	This programme is only for employed staff		
B.Sc. (Hons) Healthcare Science - Clinical Engineering (Medical Engineering)	3 years	2023			
B.Sc. (Hons) Healthcare Science - Nuclear Medicine & Radiotherapy Physics	3 years	2023			
Life Science - PTP					
B.Sc. (Hons) Healthcare Science - Biomedical Science - Blood,	3 years	2023			
B.Sc. (Hons) Healthcare Science - Biomedical Science - Infection	3 years	2023			
B.Sc. (Hons) Healthcare Science - Biomedical Science - Cellular	3 years	2023			
B.Sc. (Hons) Healthcare Science - Biomedical Science - Genetics	3 years	2023			

### Additional / new education requirements

Please complete the table below with details of any additional / new education requirements

Course Title and Educational Level	Course duration	Is this Advanced/Extended Practice Education?	Numbers Required	HEI Provider



**Guidance Notes: -**

**Advanced practice education** is at Masters level, and will either be a full advanced practice masters degree pathway or modules from an advanced practice degree pathway.

**Extended practice education** are modules of education which extends a registrant's skill set and may be at masters level or level 5 and 6. This funding does **not** extend to modules at level 4 and below.

**Target group:** Non-Medical Registered Healthcare professionals across Secondary/Community and Primary care/GP practice/cluster environments.

**For Academic intake 2019/20****Advanced Practice/Extended Skills**

Full MSC/PGCert/PGDipTitle Please choose from list below if the education is not on the list please complete new Education requirements table below	Numbers required	HEI/Provider	Please identify what setting the education requested is for using options in drop down box?
Please choose from list below if the education is not on the list please complete new Education requirements table below			
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
Full Module Title Please choose from list below if the education is not on the list please complete new Education requirements table below	Numbers required	HEI/Provider	Please identify what setting the education requested is for using options in drop down box?
Please choose from list below if the education is not on the list please complete new Education requirements table below			
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose

Please choose from list below if the education is not on the list please complete new Education requirements table below

			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose
			Please Choose

**For Academic Intake 2021/22**

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority
Pre Reg Pharmacy -Hospital programme	1 year	2022		
Pre Reg Pharmacy - Combined programme	1 year	2022		
Pharmacy Diploma	2 years	2023		

**For Academic intake 2020/21**

Pharmacy Technician	2 years	2022		
---------------------	---------	------	--	--

**For Academic intake 2019/20**

PRESCRIBING	
-------------	--

**Independent prescribers:** may prescribe for any medical condition within their area of competence

**Supplementary prescribers:** can only prescribe in partnership with a doctor or dentist.

**Limited Prescribing:** Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners, i.e. District Nurses and Health Visitors, are able to prescribe independently from a limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings.

**Postgraduate Certificate in Blood Component Transfusion** enables experienced non-medical Healthcare Practitioners to make the clinical decision and provide the written instruction for blood component transfusion to patients within their own clinical specialty, and within their own areas of competence and expertise.

Course Title	Course duration	Year of output	Numbers Required	HEI/Provider
Full Independent Prescribing	1 year	2021		
Supplementary Prescribing	1 year	2021		
Limited Independent Prescribing	1 year	2021		
PG Cert in Blood Component transfusion (NABT)	1 year	2021		Swansea University

### Additional / new education requirements

Please complete the table below with details of any additional / new education requirements

[illegible]

## For Academic intake 2020/2021

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count
Diploma in Dental Hygiene	2 years	2022	
Degree in Dental Hygiene & Therapy	3 years	2023	
Physicians Associates	2 years	2022	

### Additional / new education requirements

Please complete the table below with details of any additional / new education requirement

[illegible]



Medical and Dental

Information to inform education commissioning of Medical & Dental Staff

Information on organisations' anticipated future requirement for medical and dental staff is needed to inform education commissioning decisions. In addition to the information on Practice Nurses and Dental Care Practitioners requested in the previous pages, please complete the tables overleaf.

Please note:

- In each of the tables, please record what your organisation anticipates will be the net change of its medical/dental workforce during the next three years and
- "Net change" means the anticipated increase/decrease in the size of that workforce (in Full Time Equivalent) compared to the previous years.
  - In other words, if an organisation anticipates that it will simply replace all retirees / leavers on a "one for one" basis (i.e. with a new doctor/dentist of the same grade/specialty), then the "net change" would be zero.
  - However, if the organisation anticipates that it will replace all retirees/leavers on a "one for one" basis and also recruit an additional doctor (1.0FTE) in a particular specialty, then the "net change" for that specialty would be +1.0FTE.
- The following should be excluded from the tables on the next few pages:
  - Training grade doctors entering/leaving an organisation as a normal part of their rotation.
  - Doctors moving organisations under TUPE arrangements.
- Please record all figures as Full Time Equivalent (FTE)

1) Medical/Dental Consultants (FTE)

Group	Specialty	Anticipated net change in the size of the workforce during each year (Full Time Equivalent)			Projected change 2024	Recruitment Difficulties / Reason
		2019/20	2020/21	2021/22		
Medicine	Acute Medicine					
	Allergy					
	Audiological Medicine					
	Cardiology					
	Clinical Cytogenetics & Molecular Genetics					
	Clinical Genetics					
	Clinical Neurophysiology					
	Clinical Pharmacology & Therapeutics					
	Dermatology					
	Endocrinology & Diabetes					
	Gastroenterology					
	General (Internal) Medicine					
	Genito-Urinary Medicine					
	Geriatric Medicine					
	Infectious Diseases (& Tropical Medicine)					
	Medical Oncology					
	Neurology					
	Occupational Medicine					
	Palliative Medicine					
	Rehabilitation Medicine					
Pathology	Chemical Pathology					
	Haematology					
	Histopathology (includes Neuropathology)					
	Immunology					
	Medical Microbiology					
Paeds	Paediatrics					
	Paediatric Cardiology					
	Paediatric Neurology					
Psychiatry	Child & Adolescent Psychiatry					
	Forensic Psychiatry					
	General Psychiatry					
	Old Age Psychiatry					
	Psychiatry of Learning Disability					
	Psychotherapy					
	Clinical Oncology					
Radiology	Clinical Radiology					
	Nuclear Medicine					
Surgery	Cardiothoracic Surgery					
	General Surgery					
	Neurosurgery					
	Maxillofacial Surgery					
	Otolaryngology (ENT)					

## 2) Medical/Dental Consultants (FTE) (continued)

Group	Specialty	Anticipated net change in the size of the workforce during each year (Full Time Equivalent)			Projected change 2024	Recruitment Difficulties / Reason
		2019/20	2020/21	2021/22		
Surgery (cont'd)	Paediatric Surgery					
	Plastic Surgery					
	Trauma & Orthopaedic Surgery					
	Urology					
Other medical specialties	Anaesthetics					
	Intensive Care medicine					
	Emergency Medicine					
	Obstetrics & Gynaecology					
	Ophthalmology / Medical Ophthalmology					
	Public Health (excluding Dental)					
Dental specialties	Dental Public Health					
	Dental & Maxillofacial Radiology					
	Endodontics					
	Oral Surgery					
	Oral & Maxillofacial Pathology					
	Oral Medicine					
	Oral Microbiology					
	Orthodontics					
	Paediatric Dentistry					
	Periodontics					
	Prosthodontics					
	Restorative Dentistry					
	Special Care Dentistry					
TOTAL CONSULTANT WORKFORCE		0	0	0		

## 2) GPs and Dentists (excluding Consultants) (FTE)

These figures should include all GPs and Dentists, including those working in independent GP/dental practices and those directly employed by the Health Board/Trust (including locums).

- The only exception is for Consultants working in the Hospital Dental Service (HDS), who should be recorded in the table above.
- Commissioning requirement for Dental Care Practitioners and Practice Nurses should be recorded on pages 1-2 of this document.

Type of doctor/dentist	Anticipated net change in the size of the workforce during each year (Full Time Equivalent)			Projected change 2024	Recruitment Difficulties / Reason
	2019/20	2020/21	2021/22		
General Practitioners (GP)					
General Dental Service (GDS) Dentists					
Community Dental Service (CDS) Dentists					
Other Dentists (excluding HDS Consultants)					

## 3) Non-Consultant doctors (FTE) (all specialties combined)

Please give a broad overview of how your organisation's overall non-consultant medical workforce is likely to change in size during the next three years. It is recognised that the size of an organisation's training grade workforce is not entirely within its control; the forecasts provided by organisations will therefore be triangulated against information from the Wales Deanery.

While specialty-specific information has not been requested below, please feel free to provide additional information (e.g. if the bulk of the forecasted increases/decreases are anticipated to be in specific specialties)

Type of doctor	Anticipated net change in the size of the workforce during each year (Full Time Equivalent)			Total (2019-2022)	Additional Comments	Recruitment Difficulties / Reason (Please specify specialty)
	2019/20	2020/21	2021/22			
Non-Consultant Career Grade doctors						
Training Grades: Foundation Grades						
Training Grades: Core level (ST1-ST2)						
Training Grades: Higher level (ST3+)						

LHB & Trust Specific Internal Service Delivery Plans & Measures

Each Trust should identify their proposed delievery areas from both the national outcome/delivery domains and their local needs assessment

NOTE - Discretionary Template

Measure		Target	Profile											
			Projected end of March 2018 position	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Quarterly assessment														
Quarterly assessment														
Quarterly assessment														
Quarterly assessment														
Quarterly assessment														
Quarterly assessment														
Quarterly assessment														
Quarterly assessment														
Quarterly assessment														
Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														
Annual assessment														

**C22****Hyperlinks**

Please use this template to provide links to key documents, delivery and programme plans which you reference in your IMTP.

Document		Hyperlink	Page ref
Delivery Plans	Antimicrobial resistance Cancer Cardiac Critically ill Diabetes End of life Eye Liver disease Mental health Neurological New conditions Oral health Public health information Rare diseases Respiratory Stroke		
Programme Boards	Planned Care Unscheduled Care Primary Care Efficiency		
SSWB assessments			
Long term and/or clinical strategy			
Any other documents referenced			



		Agenda Item	2.3
Meeting Title	<b>Joint Committee</b>	Meeting Date	21/02/2019
Report Title	Update on the Commissioning of Mechanical Thrombectomy		
Author (Job title)	Acting Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Choose an item.

Purpose		To update Joint Committee on the progress made for formally commissioning Mechanical Thrombectomy from April 2019.		
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	11/06/2018
	Management Group	Meeting Date	21/02/2019
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the progress made for formally commissioning Mechanical Thrombectomy from April 2019.</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
	✓				✓			

## Commissioner Health Board affected

Abertawe Bro Morgannwg	✓	Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf	✓	Hywel Dda	✓	Powys	✓
------------------------	---	---------------	---	-----------------	---	------------------	---	---------	---	-----------	---	-------	---

**Provider Health Board affected** (please state below)

Cardiff and Vale University Health Board, NHS England Providers

## 1.0 SITUATION

It was agreed by Joint Committee that WHSSC would formally commission Mechanical Thrombectomy services on behalf of the seven Health Boards from April 2019.

Throughout 2018-19 the WHSS Team has been working to secure access to capacity from services in NHS England whilst provision has also been made in the 2019-22 Integrated Commissioning Plan (ICP) to develop the service in C&VUHB to serve the population of mid and south Wales. The team are working in collaboration with the Welsh Government's Stroke Implementation Group (SIG) on the pathway required to both access Thrombectomy treatment and repatriate to a patient's local hospital following treatment.

This paper provides an update on the progress made to formally commission Mechanical Thrombectomy.

## 2.0 BACKGROUND

### 2.1 Mechanical Thrombectomy

Mechanical Thrombectomy is one of the possible treatments for a stroke. If performed within six hours of the onset of stroke symptoms Thrombectomy is an effective treatment that can reduce brain damage and prevent or limit long term disability. A Thrombectomy aims to restore normal blood flow to the brain by using a device to remove the blood clot blocking the artery. Before the procedure which is carried out by Interventional Neuro Radiologists can be undertaken, a patient must first undergo a cerebral angiography (a procedure using Computerised Tomography (CT) or Magnetic Resonance Imaging (MRI) scanning that shows blood flow through the arteries in the neck and brain) to identify where the blood clot is.

The clot removal procedure is then usually undertaken under sedation, but sometimes general anaesthetic is used. A catheter is inserted into an artery, usually in the groin, and fed to the site of the clot. A clot retrieval device is inserted through the catheter, catches the clot, which is then pulled out through the catheter. This restores blood flow and minimises brain tissue damage. When used with other medical treatments such as Thrombolysis and care on a specialist stroke unit/rehabilitation, Thrombectomy can significantly reduce the severity of disability caused by a stroke.

It has been estimated that Mechanical Thrombectomy would be appropriate for around 10% of Ischaemic Stroke cases which would equate to around 500 interventions each year for Welsh patients.

## 2.2 Current Providers

Interventional Neuro-Radiology in Wales is only currently provided in Cardiff – a fragile service with only one Consultant Interventional Neuro Radiologist whose primary work is the coiling of aneurysms and diagnostic Neuro-Radiology including angiography. Although the service has previously undertaken Thrombectomies this was on an ad hoc basis as a new treatment with a larger Consultant body. The service is unable to provide the treatment effectively with the current infrastructure. The service has recently advertised for additional Interventional Neuro Radiologists and key to succeeding in recruiting to this speciality where there are recognised staff shortages nationally, is being able to offer a Thrombectomy service.

Small numbers of patients have been accessing the Thrombectomy service in North Bristol, where capacity in North Bristol has allowed. This activity has been funded by individual Health Boards.

For patients in north Wales, access to Thrombectomy is with the Walton Centre, Liverpool. Whilst small numbers of patients have been accessing the expanding service, the numbers are still lower than projected for the population.

Patients from Powys have had a greater access based on their population size to Thrombectomy, provided by North Midlands. This could be attributed to the Powys patients accessing all their emergency treatment in NHS England.

## 3.0 ASSESSMENT

### 3.1 Inclusion within the WHSSC 2019-22 ICP

As Thrombectomy had been agreed by Chief Executives as a service to be commissioned by WHSSC from April 2019, it was included as a 'New Commissioned service' for funding within the 2019-22 ICP.

The financial plan for Thrombectomy within the ICP was based on detailed assumptions made by NHS England on the rates of access to Thrombectomy over a four year period and expansion plans in terms of hours that the service is available, by the providers who we commission from.

The funding required for each element of the Thrombectomy development in 2019-20 is split by Health Boards as follows:



**Table 1: Thrombectomy costs in 2019-20 by Health Board**

	ABM	AB	BC	C&V	Bridgend	CT	HD	Powys	Total
	UHB	UHB	UHB	UHB		UHB	UHB	THB	
N Bristol	0.149	0.205	-	0.168	0.035	0.104	0.136	0.024	<b>0.820</b>
Cardiff	-	-	-	-	-	-	-	-	-
Walton	0.000	0.000	0.277	0.000	-	0.000	0.001	0.002	<b>0.280</b>
North Midlands	0.001	0.001	0.000	0.000	0.001	0.000	0.002	0.052	<b>0.056</b>
	<b>0.150</b>	<b>0.206</b>	<b>0.277</b>	<b>0.168</b>	<b>0.036</b>	<b>0.104</b>	<b>0.139</b>	<b>0.077</b>	<b>1.156</b>

The funding over the three year duration of the ICP has been broken down by provider as follows:

### 3.1.1 Cardiff

Funding would be provided to develop the service, with no Thrombectomies forecast to be undertaken there in 2019-20 whilst work to establish an effective team is undertaken. From 2020-21, provision of £700,000 for approximately 50 Thrombectomies to be delivered, rising to £1.4m in 2021-22 to deliver 100 cases.

### 3.1.2 North Bristol

Whilst the service in Cardiff is developing, North Bristol is able to provide Thrombectomy access for patients in mid and south Wales. During discussions with Bristol, a number of financial options were presented all of which were in excess of national tariff costs and are therefore still subject to negotiation. An average price of £19,020 was provided but this was to treat 117 patients within a service delivered between 8am-8pm Monday-Friday and given the current predicted Welsh numbers would commit WHSSC into commissioning a service with Bristol for the foreseeable future. Given the need to develop the service within Cardiff, both to increase the sustainability of the Interventional Neuro Radiology service which is a key interdependency for sustaining Neurosurgery in south Wales and also to deliver the service closer to patients home which is essential for a time crucial procedure such as Thrombectomy, WHSSC proposed a lower volume of activity with Bristol but with the higher cost of £24,521 per patient plus device costs and critical care.

The ICP included £0.820m for 32 cases in 2019-20 rising to £1.640m for 64 cases in 2020-21 and 2021-22. The flat rate for the latter two years is in line with the assumed development of the service in Cardiff.

### **3.1.3 Walton**

Although there has been low numbers of patients treated in the Walton – 3 patients in 2018-19 to date, costs of increased access have been included within the ICP, with £280,000 to treat 20 patients in 2019-20, £560,000 to treat 40 patients in 2020-21 and £1.12m to treat 80 cases in 2021-22. Prices are based on national tariffs and we confirmed with the Walton in a recent SLA meeting that they are able to manage their costs within the tariff.

### **3.1.4 University Hospitals North Midlands**

Provision of £0.056m has been made for Powys residents to access the University Hospital North Midlands service in 2019-20 rising to £0.112m in 2020-21 to treat 8 patients and £0.224m in 2021-22 to treat 16 cases. Prices as with the Walton, are based on national tariffs.

## **4.0 NEXT STEPS**

### **4.1 Service Specification**

WHSSC has drafted a service specification for Thrombectomy which is imminently due out for consultation. The specification outlines the pathway for accessing Thrombectomy and the expectations of local services for prompt repatriation following treatment. As part of the consultation providers are being asked to confirm if the first stage of the pathway – the CT Angiogram needs to be completed before patients are referred to them and referring Health Boards are being asked what their provision is to provide this treatment.

### **4.2 Workshop**

A workshop is also being planned between WHSSC, Health Boards, EASC (Emergency Ambulance Services Commissioner), WAST (Welsh Ambulance Services Trust) and Thrombectomies to agree the operationalising of this pathway from identification and diagnosis of the patient through to transfer to the treating centre and repatriation to a local Stroke Unit post intervention.

### **4.3 Monitoring Arrangements**

The WHSS Team will be putting in close monitoring arrangements for Thrombectomies to understand demand, particularly as it is anticipated that demand for the service will continue to increase beyond the three year period of the ICP with the current constraints of the system capacity decreasing as time passes.

Work will also be undertaken with the Stroke Implementation Group on accessing outcome measures for Thrombectomy including from time for a

successful outcome from occurrence to intervention from the inputs made into SSNAP (Sentinel Stroke National Audit Programme).

## 5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the progress made towards commissioning Mechanical Thrombectomy from April 2019



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Governance and Assurance	
Link to Integrated Commissioning Plan	Mechanical Thrombectomy is funded within the 2019-22 ICP as a new Commissioned service.	
Health and Care Standards	Effective Care Safe Care	
Principles of Prudent Healthcare	Care for those with the greatest health need first	
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	Improving patient experience by securing provision for effective treatment of stroke.	
Resources Implications	There are no resource implications from this report although it highlights how the costs within the 2019-22 ICP have been derived.	
Risk and Assurance	The risk rating of this scheme on the Neurosciences and Complex Conditions risk register is high given the current inability for patients in south Wales to access this treatment.	
Evidence Base	The evidence base used within this service is referred to in this report.	
Equality and Diversity	Investment in this scheme will reduce inequalities in access to treatment with patients from BCU and Powys who are currently able to access the treatment in England.	
Population Health	The implications for population health are outlined in the report.	
Legal Implications	There are no known legal implications with the content of this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board		
Choose an item.		



**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	26/03/2019
Report Title	December 2018 Integrated Performance Report		
Author (Job title)	Performance Analyst		
Executive Lead (Job title)	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 December 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"/>

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>Note</b> December performance and the actions undertaken to address areas of non-compliance.</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
	✓			✓				✓

---

# WHSSC Integrated Performance Report

---

December 2018

---

WHSSC

---

## Table of Contents

1.0	SITUATION.....	4
2.0	STRUCTURE OF REPORT.....	4
3.0	ESCALATION .....	5
4.0	PROVIDER PERFORMANCE.....	8
4.1	SECTION 1 SERVICE DASHBOARD.....	8
4.2	KEY ISSUES FOR JULY 2018 .....	10
4.3	SECTION 2 INDIVIDUAL SERVICES.....	11
S01:	SERIOUS INCIDENTS.....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E01:	CARDIAC SURGERY .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E02:	THORACIC SURGERY .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E02D:	THORACIC SURGERY – PRIMARY LUNG CANCER - URGENT SUSPECTED CANCER (USC) .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E02E:	THORACIC SURGERY – PRIMARY LUNG CANCER – NON-URGENT SUSPECTED CANCER (USC) .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E03:	BARIATRIC SURGERY.....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E04:	PET SCANS – CANCER PATIENTS.....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E05:	PLASTIC SURGERY .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E06:	LYMPHOMA.....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E07:	NEUROSURGERY .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E08:	POSTURE & MOBILITY – ADULT.....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E09:	POSTURE & MOBILITY – PAEDIATRIC.	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E10:	CAMHS - NHS & OUT OF AREA (OOA)	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E11:	ADULT MEDIUM SECURE - NHS & OUT OF AREA (OOA)	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E12:	PAEDIATRIC SURGERY.....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E13:	IVF .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E14A:	ADULT COCHLEAR IMPLANTS.....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
E14B:	PAEDIATRIC COCHLEAR IMPLANTS ..	<b>ERROR! BOOKMARK NOT DEFINED.</b>

# **DECEMBER 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 December 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 Neurosurgery, CAMHS and Paediatric Surgery services are at stage 3 and are being managed in line with the WHSSC escalation process.

The ongoing increasing number of breaches for Cardiac Surgery in C&VUHB remains a concern. The Health Board is at escalation stage 3 and a commissioning quality visit will take place on the 19<sup>th</sup> February 2019. The NHS England Getting It Right First Time (GIRFT) team are progressing with the work required for the assessment of quality and performance of both of the Cardiac Units in C&VUHB and ABMUHB.

Bariatric Surgery has been de-escalated from level 3 to level 2 because of a continued improvement in waiting times performance.

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

Further visits have been made to the CAMHS service provider in North and updated action plan has been agreed. The action plan has been developed with BCUHB and significant improvements have been made in both capacity and workforce. The service continues to operate with 10 beds and whilst workforce issues remain an interim plan using a non-medical clinical lead has been implemented whilst longer term options are considered. Following the most recent visit and significant improvements in the service consideration was being given to de-escalation from stage 3 but ongoing workforce restraints and support from adult services e.g. access to age appropriate bed has led to WHSSC to continue with current level pending further progress. BCUHB are proposing to move CAMHS services into adult MH which should help address some of the above concerns.

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 unit's ability to manage admissions in line with agreed operating model is being adversely affected by environmental issues that require capital solution. This was escalated to the LHB Directors of Planning at ABMU & Cwm Taf and Welsh Government have now confirmed support for the requested capital funding. There continues to be issues starting the work due to the LHB asset ownership and forthcoming Bridgend boundary change. This has been raised with CTUHB DPCMH at most recent performance meeting. On completion of these works WHSSC will re-consider the escalation level.

Quarterly performance meetings with the Lymphoma Panel are in place.

Plastic surgery remains in level 2 escalation, with monthly performance meetings in place, due to continued breaches of 36 weeks (131 patients in October).

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	Performance meetings continue bi-monthly with ABMUHB.	→
	3	Monthly performance meetings continue with C&VUHB.	→
	2	Performance meetings continue bi-monthly with LHCH.	→
<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 ABMUHB).	→
<b>Bariatric Surgery</b>	2	The bariatric service at ABMUHB was de-escalated from level 3 to 2 in December. Bi-monthly performance meetings are continuing to take place.	↑
<b>Plastic Surgery</b>	2	Monthly performance meetings continue with ABMUHB	→
<b>Neurosurgery</b>	2	The Neurosurgery service has been de-escalated from a level 3 to level 2, as a result of the improvement in the RTT waiting times since February 2018. Although, the service are still not achieving the 36 week target, monthly meetings are continuing to take place to monitor the situation.	→
<b>Adult Posture &amp; Mobility</b>	2	Quarterly meetings occur with all three providers however there is closer monitoring of the BC UHB service, as the service is still not meeting the 90% RTT target. However in recent months, the service have demonstrated that the waiting time performance has improved due to the appointment of key staff with the aim to achieve RTT by March 2019.	→
<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	The service remains in escalation stage 3 following the re-visit in October 2018. Two key actions are outstanding and once completed the escalation stage will be reviewed.	→
<b>Paediatric Intensive Care</b>	2	Monthly performance meetings are scheduled to take place with the service.	→
<b>BMT</b>	2	The BMT service in south Wales has recently been placed into level 2 escalation to explore further concerns raised. The first meeting was held in June where the data requirements to assess the potential risks were agreed.	→
<b>IVF Shrewsbury</b>	2	The first escalation meeting is scheduled to take place on the 27th of February.	→

## **4.0 PROVIDER PERFORMANCE**

The trend for performance for all provider services has largely remained unchanged in the second quarter of 2018/2019. Of the 27 provider service targets that were monitored by WHSSC, 20 (74.1%) remain in breach at end of December 2018 compared to 77.8% at the end of November 2018.

## 4.1 Section 1 Service Dashboard

Commissioning Team	Specialty	WHSSC Indicator Ref	Measure		Tolerance Levels			Provider	Oct-18	Nov-18	Dec-18	Latest Status	Latest Trend	
					Red	Amber	Green							
Quality	Serious Incidents	S01	Qrtly	Number of new Serious Incidents reported to WHSSC by provider within 48hours		<50%	50-99%	100%	All	0%				➡
Cardiac	Cardiac Surgery	E01	Mthly	RTT < 36 weeks		<100%	N/A	100%	All	94%	93%	92%		⬇
		E01	Mthly	RTT < 26 weeks		<95%	N/A	>=95%	All	81%	82%	83%		⬆
Cancer & Blood	Thoracic Surgery	E02	Mthly	RTT < 36 weeks		<100%	N/A	100%	All	100%	99%	100%		⬆
		E02	Mthly	RTT < 26 weeks		<95%	N/A	>=95%	All	94%	91%	90%		⬇
	Lung Cancer	E02D	Mthly	USC lung resection < 62 days		>0	N/A	0	All	1	4	-		⬇
		E02E	Mthly	NUSC lung resection < 31 days		>0	N/A	0	All	2	1	-		⬆
	Bariatric Surgery	E03	Mthly	RTT < 36 weeks		<100%	N/A	100%	All	96%	93%	95%		⬆
		E03	Mthly	RTT < 26 weeks		<95%	N/A	>=95%	All	90%	85%	89%		⬆
	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	99%	92%	98%		⬆
	Plastic Surgery	E05	Mthly	RTT < 36 weeks		<100%	N/A	100%	All	94%	94%	94%		➡
		E05	Mthly	RTT < 26 weeks		<95%	N/A	>=95%	All	87%	85%	84%		⬇
	Lymphoma	E06	Mthly	Specimens tested ≤10 days		<90% within 10 days	N/A	=,>90% within 10 days	All					
Neuro	Neurosurgery	E07	Mthly	RTT < 36 weeks		<100%	N/A	100%	All	99%	99%	99%		➡
		E07	Mthly	RTT < 26 weeks		<95%	N/A	>=95%	All	92%	94%	91%		⬇
	Adult Posture & Mobility	E08	Mthly	RTT < 26 weeks		<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	86%	89%	87%		⬇
	Paediatric Posture & Mobility	E09	Mthly	RTT < 26 weeks		<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	96%	96%	95%		⬇
Mental Health	CAMHS	E10	Mthly	OOA placements		>16	>14, <16	=, <14	All	11	11	12		⬇
		E10i	Mthly	NHS Beddays		<85%, >105%	< 90%, >100%	90% - 100%	All	62%	77%	62%		⬇
		E10ii	Mthly	NHS Home Leave		<20%, >40%	<25%, >35%	25%- 35%	All	40%	23%	29%		⬆
	Adult Medium Secure	E11	Mthly	NHS Beddays		<90%, >110%	< 95%, >105%	95% - 105%	All	98%	93%	97%		⬆
Women & Children	Paediatric Surgery	E12	Mthly	RTT < 36 weeks		<100%	N/A	100%	All	100%	100%	99%		⬇
		E12	Mthly	RTT < 26 weeks		<95%	N/A	>=95%	All	95%	91%	90%		⬇
	IVF	E13	Mthly	IVF patients waiting for OPA		<95% within 26 weeks	95%-99% within 26 weeks	100% within 26 weeks	All	100%	100%	100%		➡
		E13i	Mthly	IVF patients waiting to commence treatment		<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	46%	53%	52%		⬇
		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	51%	55%	46%		⬇
	Cochlear Implants	E14A	Mthly	Adult Cochlear Implant patients to be waiting < 26 weeks		<95% within 26 weeks	N/A	>=95% within 26 weeks	All	39%	49%	55%		⬆
		E14B	Mthly	Paediatric Cochlear Implant patients to be waiting < 26 weeks		<95% within 26 weeks	N/A	>=95% within 26 weeks	All	80%	100%	100%		➡

Please note there is a delay for Lung Cancer data as this is currently being submitted to WHSSC by Welsh Government. No Lymphoma data submitted for Quarter 3.

## 4.2 Key Issues for December 2018

### Cardiac

The ongoing under performance and increasing number of breaches at C&VUHB continues to be a concern. In December the Health Board reported 35 patients waiting over 26 weeks and 37 over 36 weeks; a total of 72 patients and a deterioration of 2 patients from October. The current performance management arrangements and escalation stage has been reviewed and the Health Board was placed into stage 3 in July; a Commissioning Quality Visit is planned for the 19<sup>th</sup> February 2019. A meeting took place in October with WHSSC and the NHS England Getting It Right First Time (GIRFT) team and it was agreed that the GIRFT team would undertake an assessment of both the South Wales Cardiac Centres. The GIRFT team are progressing with the data collection phase of the assessment process.

LHCH continue to report low numbers of patients waiting over 26 weeks. In December 12 patients were reported as waiting over 26 weeks and 7 patients waiting over 36 weeks. LHCH remain 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 December, there were 142 patients waiting in excess of 36 weeks, 32 of which were in excess of 52 weeks. ABMUHB is taking forward plans to increase capacity through an additional day case area (which will support an increase in throughput, treating cases under local anaesthetic that are currently being undertaken in theatre). It is also exploring options through ABMUHB's outsource contract arrangements to help address the backlog through outsourcing clinically appropriate cases.

### Neurological & Chronic Conditions

**Neuro-Radiology:** 40 patients were waiting for a DSA procedures and 14 patients were waiting for embolisation at the end of December. The service have temporarily increased capacity from 2 to 4 elective DSA slots per week however this is dependent on bed availability. Saturday morning lists are due to commence in January with the aim of patients not having to wait >6 weeks from March 2019. Once this position has been reached the service are fairly confident that this could be sustained. The staffing issues for this service continue to be problematical; interviews are due to take place for a third Consultant Interventional Radiologist at the end of January 2019.

**Neurosurgery:** The waiting list performance at the end of December was reported as 7 patients waiting over 36 weeks and one patient waiting over 52 weeks. The service continues to work towards reducing the 36 week breaches but there are continuing pressures in the service due to the absence of one of the Skull Base Surgeons.

### CAMHS

CAMHS Out of Area (OoA) performance is much improved over the last year and following a spike in the Summer has returned below target. This is likely to reflect the issues of both NHS services being at level 3 escalation which had been offset by 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 Lliard has led to short term pressure on new OoA referrals. Despite this the total number of OoA placements at the end of November (12) remains comfortably below the target (14). A review of gatekeeping will take place shortly and incorporate the changes to Consultant staffing in our Tier 4 units.

### **Women & Children**

Paediatric Surgery: There were less than 5 breaches of the 36 weeks RTT target were recorded at C&VUHB at the end of December.

### **IVF**

The Shrewsbury service have 16 patients waiting over 52 weeks to commence treatment. As a consequence of the waiting list position the service have been placed in escalation stage two and visits are due to commence in February. No other service is reporting a waiting list over 52 weeks.

Link to Healthcare Objectives		
Strategic Objective(s)	<b>Governance and Assurance</b> <b>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.	
Organisational Implications		
Quality, Safety & Patient Experience	The report will monitor quality, safety and patient experience.	
Resources Implications	There are no resource implications at this point	
Risk and Assurance	There are no known risks associated with the proposed framework There are reputational risks to non-delivery of the RTT standards.	
Evidence Base	N/A	
Equality and Diversity	The proposal will ensure that data is available in order to identify any equality and diversity issues.	
Population Health	The core objective of the report is to improve population health through the availability of data to monitor the performance of specialised services.	
Legal Implications	There are no legal implications relating to this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome



**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	26/03/2019
Report Title	Financial Performance Report – Month 11 2018/19		
Author (Job title)	Finance Manager		
Executive Lead (Job title)	Director of Finance	Public / In Committee	In Committee

Purpose	<p>The purpose of this report is to set out the estimated financial position for WHSSC for the 11th 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	Click here to enter a date.
	Joint Committee	Meeting Date	Click here to enter a date.
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 are submitted to Health Boards monthly.

## **3. ASSESSMENT**

The forecast year-end financial position reported at Month 11 for WHSSC is an under spend of £5,476k.

There is movement across various budget headings, with further deterioration of the Welsh & English provider positions being offset against underspends in Mental Health and Prior Year Developments.

## **4. RECOMMENDATIONS**

Members are asked to:

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



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Development of the Plan Choose an item.	
Link to Integrated Commissioning Plan	This document reports on the ongoing financial performance against the agreed IMTP	
Health and Care Standards	Governance, Leadership and Accountability 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.	
Organisational Implications		
Quality, Safety & Patient Experience		
Resources Implications	This document reports on the ongoing financial performance against the agreed IMTP	
Risk and Assurance	This document reports on the ongoing financial performance against the agreed IMTP	
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board		
Joint Committee		

## FINANCE PERFORMANCE REPORT – MONTH 11

### 1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 11<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	578,672	530,449	526,349	(4,100)	(2,117)	(5,054)	(535)
EASC (WAST, EMRTS, NCCU)	154,053	141,215	140,828	(387)	(35)	(422)	0
Total as per Risk-share tables	732,725	671,664	667,177	(4,487)	(2,152)	(5,476)	(535)

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 11 is an underspend of £4,487k to date, with a forecast year-end underspend of £5,476k.

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	195,368	179,088	183,332	4,244	4,078	5,614	5,180
Abertawe Bro Morgannwg Univ Health Board	96,632	88,580	89,562	983	801	1,311	1,122
Cwm Taf University Health Board	7,602	6,968	6,726	(243)	(231)	(232)	(113)
Aneurin Bevan Health Board	7,890	7,232	7,237	4	(9)	12	8
Hywel Dda Health Board	1,515	1,389	1,437	48	32	48	32
Betsi Cadwaladr Univ Health Board Provider	39,462	36,174	36,022	(151)	(137)	(165)	(158)
Velindre NHS Trust	39,599	36,299	37,065	767	614	888	752
<b>Sub-total NHS Wales</b>	<b>388,068</b>	<b>355,729</b>	<b>361,381</b>	<b>5,652</b>	<b>5,148</b>	<b>7,477</b>	<b>6,823</b>
Non Welsh SLAs	101,609	93,142	98,121	4,979	5,036	1,647	1,857
IPFR	31,486	28,862	28,159	(703)	(451)	(402)	(305)
IVF	4,671	4,282	3,966	(316)	(234)	(190)	0
Mental Health	30,781	28,216	27,043	(1,173)	(901)	(1,221)	(989)
Renal	5,334	4,889	4,554	(335)	17	(139)	2
Prior Year developments	6,740	6,178	5,707	(471)	(367)	(272)	(97)
2016/17 Plan Developments	6,231	5,712	4,664	(1,048)	(597)	(335)	(284)
Direct Running Costs	3,752	3,439	3,534	95	69	141	118
Reserves Releases 2016/17	0	0	(10,780)	(10,780)	(9,704)	(11,760)	(11,645)
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
<b>Total Expenditure</b>	<b>578,672</b>	<b>530,449</b>	<b>526,349</b>	<b>(4,100)</b>	<b>(1,984)</b>	<b>(5,054)</b>	<b>(4,520)</b>

The reported position is based on the following:

- NHS Wales activity – based on Month 10 data or 2017/18 outturn.
- NHS England activity – based on Month 10 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 10 data have been extrapolated to a total reported month 11 position of £4.244m over spent and a year-end position of £5.614m 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 £1.066m with a year end forecast of £1.436m over spent. ICD & PCI activity is the main reason for this overspend. The forecast figure is based on applying either straight line, weighted average or manual projections to individual service lines based on historical trend analysis to determine the most appropriate treatment. Given this data is taken from January, activity has increased across the board as you would expect for this month and this has also effected the forecast. Within the C&VUHB contract, cardiology of AB, Cwm Taf & West Wales remains buoyant and in a position that is far in excess of the same point last financial year. As performance funding exists for this service, the total forecast overspend stands at £3.3m.
- Cardiac Surgery – YTD the service continues to perform considerably below baseline levels but the rate of underperformance has slowed in recent months and now stands at £527k with a full year forecast of £493k under budget. The movement in the forecast figure is partially due to this slowing in the underperformance trend but mostly an acknowledgment of the fact C&VUHB have now appointed a 5<sup>th</sup> surgeon and initiated weekend lists in order to address the RTT and waiting list positions.
- TAVI – YTD overperformance has increased by £81k to £384k and the full year forecast by £144k to £448k. 67 procedures have been performed to date with a full year forecast of 82. This is an increase from previous months due to growth which has created waiting list pressures that this additional activity is to address.

- Haemophilia – both YTD and forecast figures have increased this month and now stand at £635k and £607k respectively. The reason behind this is that the high cost trials patient who is moving to a different drug that will realise some cost savings for the service, switched at a later date than was originally forecast.
- Clinical Immunology – the YTD overperformance has increased by £62k and now stands at £393k with the full year forecast reducing to an overspend of £447k. This YTD increase is a mix of both hospital and homecare issues of products and the forecast has now been revised to a straight line basis across the board and includes uplifts to Berinert, Anikinra & Icatinbant products.
- Paediatric Renal – YTD and forecast overperformance has decreased significantly this month due to coding errors that have been discovered where some patients had been incorrectly coded as inpatients which attract a higher payment rate. YTD overperformance has reduced by £93k to £72k and the forecast has reduced by £119k to £79k.
- NICU – the YTD and forecast figures have reduced by £164k. This is due to an activity baseline reporting issue that was discovered this month.
- UK Send Out Tests – there has been an £56k movement in the YTD position and £62k in the forecast positions this month. The overperformance is now £66k and £72k respectively. This is mainly a result of a further re-evaluation of the accrual that the service holds each month for the tests that have been sent but not yet received back.
- NICE/High Cost Drugs – YTD and forecast overperformance has increased this month and now stands at £222k and £257k respectively. This is driven by Eltrombopag, Dinuximab and the winter cost of Palivizimab.

### **NHS Wales – ABM contract:**

Various over and underspends from the month 10 data have been extrapolated to a total reported month 11 position of £983k over spent and a year-end position of £1.311m over spent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Renal – YTD and forecast overspends have reduced this month and stand at £271k and £295k respectively. This is largely a result of a prior month dialysis reporting error that has now been rectified.
- Cardiac Surgery – YTD underperformance continues to grow as expected and now stands at £665k. The forecast position underspend has increased slightly to £690k as a result of the activity forecast being revised down to 650 procedures.

- **Plastics** – the volatility in this service continues with the position reducing by £122k YTD which has resulted in a underperformance of £105k. This is mainly a result of emergency and day case procedures that offset the elective underperformance. To be prudent, the forecast underspend now stands at £200k.
- **TAVI** – YTD overperformance has increased to £565k as a result of 14 procedures being undertaken in month. The forecast overspend has been increased to £988k as 9 of the previously declined TAVI procedures due to IPFR non-compliance have been reinstated after a successful appeal.
- **Haemophilia** – the YTD and full year figures have increased by £205k and £201k respectively but remain in an underspending position. This is largely a result of the inclusion of infrastructure costs and more accurate Hywel Dda figures.

#### **NHS Wales – BCU contract:**

ICD activity has increased this month resulting in the YTD and forecast figures increasing by £27k and now standing at breakeven. The main reason for this is activity has now been reported in Bangor with 3 procedures in month. Haemophilia has continued to decline this month with the underperformance now standing at £151k YTD with a forecast of £165k.

#### **NHS Wales – Cwm Taf contract:**

CAMHS T4 underperformance has decreased by £26k this month and now stands at £70k YTD. There were 9 admissions in January. The forecast has been moved to mirror the YTD position to be prudent given the continued underperformance this year.

#### **NHS Wales – Aneurin Bevan contract:**

Nothing to note at this time.

#### **NHS Wales – Hywel Dda contract:**

Nothing to note at this time.

#### **NHS England contracts:**

Total £4.979m overspend to month 11 with a full year forecast £1.647m over budget. The English position has been reported based on an extrapolation of month 10 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 YTD overperformance has increased by £32k and now stands at £811k. This small increase in overperformance is a result of a

respiratory ECMO discharge in month costing £206k. Blood Factor products have increased by £56k this month as a result of a new patient costing £55k.

- Central Manchester – the YTD position has reduced by £129k this month and has fallen back into an underspend position, standing at £6k. This is a result of generally lower activity at the trust but the position still includes a long stay BCU transplant patient in a critical care bed and accruals for a kidney and pancreas transplant based upon the month 9 transplant waiting list.
- Christie – YTD and forecast underspends have increased by £64k and £52k respectively this month and stand at £161k and £149k. This is the result of generally lower than average activity at this trust for welsh patients.
- Guys & St Thomas – YTD and forecast underspends have increased by £50k and both now stand at £204k. While it is still true that the cost of activity is considerably lower this year than last, in month there was an ECMOs at this trust costing £30k.
- Robert Jones – YTD and forecast overspends have both increased by £93k this month and now stand at £127k. A proportion of this figure is the result of baseline funding gaps that exist and the remainder is within the contract 15% tolerance.
- Royal Brompton – both YTD and full year forecast positions have increased by £46k this month and now stand at £176k under budget. This movement is a result of a £22k cross border elective cardiac patient and an ECMO patient that has been built into the position as we have been informed by ABMU LHB that they have sent a patient to the trust for this procedure.
- Royal Orthopaedic – the YTD and forecast positions have increased by £54k and £4k respectively and now stand £76k and £71k over budget. The movement is a result of 3 oncology patients with bespoke prosthesis costing £80k.
- University Hospitals Birmingham – the YTD position has decreased by £72k and the forecast has decreased by £88k so they now stand at £1.154m and £980k over budget respectively. The decrease is a result of low activity within the cardiac service in month. The contract is running £1.5m higher this year than the same point last year, mainly on non PBR related activity. The Transplant service for this trust saw an increase of £78k in month and both YTD and forecast figures stand at an underspend of £66k. The movement is a result of a VAD costing £155k and a £43k heart transplant.



- Walton – the YTD position has increased by £63k and stands at £1.420m over spent and the full year forecast has increased by £6k and stands at £798k over spent. This movement is a combination of the baseline funding gap that currently exists and a marginal increase in rehab bed days.

#### **5.8 IPFR:**

A combined underspend of £703k to date has been reported in the month 11 position with a forecast underspend of £402k. This movement of £252k YTD and £97k full year is mainly a result of drop in non contract activity.

#### **5.9 IVF:**

Reported underspend to month 11 of £316k to date with a forecast position of £190k underspent. This movement is due to continued activity underperformance within Wales which has meant the forecast has been reduced to be prudent.

#### **5.10 Mental Health:**

Specialist Mental Health services total underspend to date of £1,173k and a year-end forecast underspend of £1,221k. 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. There is no change in the forecast reported this month.
- Adult Mental Health has a £988k underspend reported YTD and a £920k year-end forecast underspend, based on current and expected patients. The main driver for this underspend are still discharges in Forensic Mental Health and this month an underspend has materialised due to medium secure DTOC recharges. This underspend is partially offset by perinatal out of area admissions and an increase in the spend on complex learning disability placements.
- CAMHS and All-Wales FACTS inpatient budgets have continued low activity and currently have a combined YTD underspend of £716k. This is a slight increase in the underspend and is a combination of increasing costs in CAMHS OOA patients, offset by an underspend increase in both eating disorders and FACTS OOA. The forecast underspend has grown slightly to £909k. This is due to the underspend in the eating disorders service as currently only 2 patients are outside the Oxford contract and an increase in the



underspend on the CAMHS OOA contract forecast in both north and south Wales.

#### **5.11 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 above target.

#### **5.12 Reserves:**

The reserve forecast has increased by £115k this month and now stands at £11,760k as a result of a further review of the balance sheet. A further release of £1,076k was made YTD across mental health, IPC, developments and English contracts.

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.

#### **5.13 Developments:**

In the 2018/19 position, £6,740k relates to developments from prior years. The YTD and forecast underspend on Ivacaftor for North Wales has increased slightly this month and PIC retrieval in North Wales has also reported and YTD and forecast overspend for the first time this year.

Of the other prior year schemes, 3 high cost treatments continue to overspend; PRRT for NET patients at Royal Free, Asfotase Alfa at Birmingham Children's Hospital and Brineura at Cardiff and Vale. This month has also seen a further spend increase in Ivacaftor in Cardiff and Vale but overall this scheme remains in an underspend position.

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. Slippage in other development cases (Cardiac Ablation C&V, MIMVS & BPA for CTEPH) has now been realised and thus the YTD

position continues to move. The forecast has moved slightly this month as a result of further slippage in spinal rehab.

The contingency reserve for in year pressures which is funding the cystic fibrosis phase 1, ROS1 testing and Fetal Medicine is forecasting an underspend of £377k, however as the CF investment is a South Wales development most of the underspend is retained by BCU commissioner.

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

The running cost budget is currently £95k overspent. The year-end forecast stands at £141k overspent. This year end forecast is a result of the overspend in unfunded hosting fees which was previously offset by underspends from vacancies, but this is no longer possible with improvements in recruitment and retention. The hosting fee is £189k.

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 M11	(4,100)	(1,935)	(553)	(576)	(956)	527	(15)	(592)
Variance M10	(1,984)	(1,583)	(255)	(356)	(746)	539	121	297
Movement	(2,117)	(352)	(299)	(220)	(209)	(11)	(136)	(889)

**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 M11	(5,054)	(1,651)	(304)	(391)	(731)	887	(69)	(2,795)
EOY forecast M10	(4,520)	(1,765)	(161)	(385)	(856)	881	(100)	(2,134)
EOY movement	(535)	114	(143)	(7)	126	6	31	(662)

## 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 Commer Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	122,835	112,599	112,599	0	0	112,599	(364)
Aneurin Bevan	135,144	123,882	123,792	89	0	123,881	(802)
Betsi Cadwaladr	165,330	151,552	151,552	0	0	151,552	(2,905)
Cardiff and Vale	121,986	111,820	111,820	0	0	111,820	(1,702)
Cwm Taf	69,245	63,474	63,471	3	0	63,474	(430)
Hywel Dda	84,143	77,131	77,448	(316)	0	77,132	828
Powys	34,043	31,206	31,091	115	0	31,206	(101)
Public Health Wales						0	
Velindre						0	
WAST						0	
<b>Total</b>	<b>732,725</b>	<b>671,664</b>	<b>671,773</b>	<b>(109)</b>	<b>0</b>	<b>671,664</b>	<b>(5,476)</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:

- 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 9 WHSSC has achieved 99.4% compliance for NHS invoices paid within 30 days by value however, by number WHSSC is currently falling behind target at 90.9%.

For non NHS invoices WHSSC has achieved 99.5% in value for invoices paid within 30 days but again falling behind on the number with only 91.1%.

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 10.1**

The annual plan for Prior Year Developments has reduced from £7.606m to £6.740m as 18/19 dialysis growth funding has been moved into LTA baselines.

### **Action Point 10.3**

The above narrative on potential opportunities is now in line with Table F in the MMR returns.

## **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 24 JANUARY 2019**

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. WHSSC Integrated Commissioning Plan 2019-22 (ICP)**

Members were advised that the ICP had been approved by the Joint Committee on 22 January 2019 and provided with an explanation of undertakings given by the WHSS Team in relation to the ICP.

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

The minutes of the meeting held on 20 December 2018 were approved subject to minor revisions.

Members noted the action log and received an update on:

- MG049 BMT Investment in south Wales: presentation to be made to the March meeting. Action closed.
- MG086 IVF: Royal Shrewsbury Hospital RTT Escalation - meeting to discuss performance escalation taking place on 27 February 2019; update to March meeting.
- MG100 Mechanical Thrombectomy - a meeting with North Bristol would be taking place on 30 January 2019. Workshop to be arranged to develop pathway.
- MG106 Invest to Save: Referral Management Co-Ordinator - Job description being drafted.
- MG109 Fetal Medicine - Joint Committee approved the proposal at its January 2019 meeting; work was underway on addressing the sustainability of the service. Action closed.

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

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

- Complex Devices: Implantable Cardioverter Defibrillators and Cardiac Resynchronisation Therapy for arrhythmias and heart failure Policy Position;
- Commissioning Quality re-visit for paediatric surgery; and
- Cochlear Implants.

## **5. Update on the Investment in Inherited Metabolic Disease**

Members received a paper which provided an update on the investment made to the Inherited Metabolic Disease Service in CVUHB.

Members noted:

- the investment made for the Inherited Metabolic Disease Service at CVUHB;
- the benefits of the investments to date including the expected outcome measures; and
- the key performance indicators for the performance monitoring of the investment in 2018-19.

## **6. Development of the All Wales Adult Cystic Fibrosis Centre**

Members received the paper that provided an update on Phase 1 implementation and Phase 2 timelines for the development of the All-Wales Adult Cystic Fibrosis Centre.

Members noted the information presented and agreed further detail on what was already included in the ICP and the expectations around delivery of Phase 2 was required and it was agreed the paper would be updated and brought back to the next meeting for further consideration.

## **7. Development of Pulmonary Hypertension Services for Wales**

Members received the paper seeking approval of the Project Initiation Document (PID) for the development of an options appraisal for the commission strategy for pulmonary hypertension services across Wales.

Members asked for a revised version of the PID to be brought back for further consideration.

## **8. Balloon pulmonary angioplasty for chronic thromboembolic pulmonary hypertension (all ages) Policy Position (PP162)**

Members received the paper that sought approval, following stakeholder consultation, for the implementation of the WHSSC Policy Position for Balloon Pulmonary Angioplasty for chronic thromboembolic pulmonary hypertension (all ages).

Members resolved to (1) note the information presented within the report; and (2) approve the implementation of the WHHSC Policy Position for Balloon Pulmonary Angioplasty for chronic thromboembolic pulmonary hypertension (all ages).

## **9. Replacement Wheelchair Programme for the Posture and Mobility Service in South Wales (ICP17-194)**

Consideration of the paper deferred to a future meeting to allow for further work to be completed on the financial position.

## **10. Breast and Hand Surgery: Outcome of Workshops**

Members received a paper the purpose of which was to report the main outcomes from the workshops held over the last 18 months on breast surgery in south Wales and to propose and seek support for further work to take place over the next 6 months to inform IMTP/ICP development for 2020-23.

Members noted the content of the paper and agreed refocus on the Plastic Surgery service in general was necessary and a proposal on how to proceed should be brought back to the February meeting for consideration.

## **11. Policy Group Update**

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

## **12. Integrated Performance Report**

Members received a paper that provided a summary of the performance of services commissioned by WHSSC for November 2018 and noted the actions being undertaken to address areas of non-compliance.

## **13. Finance Report 2018/19 Month 9**

Members received a report that set out the estimated financial position for WHSSC for the ninth month of 2018-19. The year to date position was a £948k underspend and the year-end forecast was a £4,818k underspend. SD updated Members on the recent HRG4+ meeting with NHS England.

Members noted the current financial position and forecast year-end position.

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

### **MEETING HELD ON 21 FEBRUARY 2019**

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 24 January 2019 were approved.

Members noted the action log and received updates on:

- MG086 IVF: Royal Shrewsbury Hospital RTT Escalation – Update deferred to March 19, following escalation meeting on 27 February.
- MG088 BMT investment in south Wales: Overview to follow.
- MG099 Invest to save: Medicines Management – Closed.
- MG103 Tertiary Cardiology Services – Agenda item 2.2
- MG106 MAIR: LHB roll out – S Tallon has made contact with all LHBs regarding roll out and is awaiting responses, except for CVUHB who have responded.
- MG107 Rehabilitation: Incentivisation to change – Deferred to March 19.
- MG108 Invest to save: Referral management co-ordinator – JD has been drafted, further update to be given in due course. Closed.
- MG110 PNMH: Mother and baby unit - Options appraisal coming to March 19 meeting and on to JC in May 19.
- MG111 WHSSC OD: MG members had completed or would complete survey during meeting. Closed.
- MG113 Complex cardiac devices: Agenda item 2.2. Closed.
- MG114 Cystic Fibrosis update: Deferred to March 19.
- MG115 PID for Pulmonary Hypertension Project: Deferred to March 19.
- MG117 Update on NHSE tariff: Agenda item 3.3. Closed.

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

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

- Neonatal transport – K Preece attended recent Network Board meeting which considered the ToR for the review of neonatal transport. WHSS Team feedback to follow.

WHSSC had received a request from the NHS Health Collaborative to consider commissioning testing for Lynch Syndrome – A paper would be brought to the March 19 meeting for appropriate scrutiny.

#### **4. Commissioning of Mechanical Thrombectomy**

Members received a paper that provided an update on the progress made for formally commissioning Mechanical Thrombectomy from April 2019. It was anticipated that a workshop would be held during April 2019 to agree the operationalising of the pathway from identification and diagnosis of the patient through to transfer to the treating centre and repatriation to a local stroke unit post intervention.

Members noted the progress made for formally commissioning Mechanical Thrombectomy from April 2019.

#### **5. Tertiary Cardiology Services**

Members received a report that informed them of the initial assessment undertaken on the impact of the proposed repatriation of Primary Coronary Intervention (PCI) and Implantable Cardioverter Defibrillators (ICDs) from CVUHB to CTUHB and ABUHB and to proposed and sought support for further work to take place over the next three months to determine the future commissioning arrangements and process for designating CTUHB and ABUHB as providers of tertiary services.

Members (1) noted the information presented within the report; (2) noted the intention to undertake further work regarding the future commissioning arrangements for PCI and ICDs to best meet the needs of the population; and (3) approved the release of Quarter 1 and 2 funding (£278k) to CVUHB for complex cardiac ablation.

In addition, members agreed that (1) CVUHB should be asked to submit a revised business case before end of quarter 2 which takes into consideration the impact of repatriation and is not predicated on weekend working; and (2) the WHSS Team should undertake a piece of scoping work with the LHBs and supported by the Cardiac Network on cath lab capacity across Wales, bringing a paper back describing a proposed approach to a strategic review of the interlinking strands regarding cardiac surgery and interventional cardiology.

#### **6. Plastic Surgery**

Members received a paper that outlined:

- the elective waiting times performance position of the plastic surgery service at ABMUHB;
- the variation in plastic surgery utilisation rates by health board of residence and the evidence suggesting high levels of non-specialist activity currently delivered by the service in ABMUHB;

- current contracting arrangements and the need to revise the contract framework and review commissioning responsibilities; and
- actions WHSSC intends to take to address the performance and commissioning issues within the service.

Members:

- noted the deteriorating performance position of the plastic surgery service at ABMUHB;
- noted the significant levels of variation across health boards in plastic surgery activity rates delivered at ABMUHB;
- note current contractual and commissioning arrangements for plastic surgery in Wales; and
- supported the proposed actions to revise the contract, develop a commissioning policy and consider future commissioning and planning arrangements.

In addition, members encouraged the WHSS Team to (1) work with the Delivery Unit to identify any relevant data; (2) consider demand and capacity planning data from ABMUHB; and (3) include north Wales in the project.

## **7. Policy Group Update**

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

## **8. Integrated Performance Report**

Members received a paper that provided a summary of the performance of services commissioned by WHSSC for December 2018 and noted the actions being undertaken to address areas of non-compliance.

## **9. Finance Report 2018-19 Month 10**

Members received a report that set out the estimated financial position for WHSSC for the tenth month of 2018-19. The year to date position was a £1,984k underspend and the year-end forecast was a £4,520k underspend. An offer had been made to NHS England providers address the HRG4+ dispute that involved Welsh Government funding 2% inflation; a response was awaited.

Members noted the current financial position and forecast year-end position.

<b>Reporting Committee</b>	<b>Quality Patient Safety Committee</b>
<b>Chaired by</b>	<b>Charles Janczewski</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>22 January 2019</b> <b>18 February 2019 – Development Day</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<p><b>1. Paediatric Surgery</b></p> <p>The Committee received a presentation from representatives of C&amp;VUHB regarding performance in the Paediatric Surgery service covering the following points:</p> <ul style="list-style-type: none"> <li>• The incidents under discussion;</li> <li>• What did we know?</li> <li>• When did we know it?</li> <li>• What did we do?</li> <li>• Who did we tell?</li> <li>• What would be do differently?</li> </ul> <p><b>2. Renal Network Report</b></p> <p>Members received the report which provided a briefing on quality patient safety issues within services. Members received further information on the:</p> <ul style="list-style-type: none"> <li>• Care Quality Commission inspection of Shrewsbury and Telford Hospital NHS Trust and Royal Shrewsbury Hospital.</li> <li>• Cardiff Pancreas Transplant review.</li> </ul> <p><b>3. Updates from the Commissioning Teams</b></p> <p>Updates were received from each of the commissioning teams and Members noted the information presented in the reports.</p> <ul style="list-style-type: none"> <li>• Neurosciences and Complex Conditions</li> <li>• Cancer and Blood</li> <li>• Cardiac</li> <li>• Mental Health</li> <li>• Women and Children</li> </ul> <p><b>4. Corporate Risk and Assurance Framework and Escalation Process</b></p> <p>Members <b>receive assurance</b> that risks were being appropriately assessed and managed.</p>	

## 5. Development Day

The Committee held a development day on 18 February 2019. The development day discussed:

- The role of WHSSC and in particular the Quality and Patient Safety Committee, and how future liaison might look with Health Boards.
- The communication process together with reporting methodology and requirements. We acknowledged that this was work in progress.
- Risk - the understanding and management of risk within Health Boards and WHSSC both in terms of ownership and risk appetite.
- The need to improve the links and relationships that exist between Health Boards and WHSSC, acknowledging that greater understanding would be beneficial to all.
- What would be helpful for Health Boards to know and perhaps currently do not know to help improve contributions to delivery of services.
- Where WHSSC related information should be visible – at Board level or at the Health Board Quality and Patient Safety QPS Committee.
- Ensuring that the patient be at the centre of the work we do in commissioning and providing services.

### 5.1 Membership of the Committee

Trish Buchan (PTHB) has been nominated to join the Committee. This means that the Committee is finally compliant with its Terms of Reference which state "The sub-committee shall consist of not less than five Independent Members drawn from Local Health Boards, Welsh NHS Trusts or other NHS Wales organisations."

Those in attendance at the workshop suggested that representation from each LHB would be an ideal position and therefore nominations from Aneurin Bevan UHB and Cwm Taf UHB would be welcomed.

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

None

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

None

#### Matters referred to other Committees

None

Confirmed Minutes for the meeting are available from <http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee-con>

#### Date of next meeting:

19 March 2019

<b>Reporting Committee</b>	<b>All Wales Individual Patient Funding Request ( IPFR) Panel</b>
<b>Chaired by</b>	<b>Dr Chris D V Jones</b>
<b>Lead Executive Director</b>	<b>Director of Nursing and Quality Assurance</b>
<b>Date of last meeting</b>	<b>9 January 2019</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<p>Panel have been quorate in relation to Health Board, Clinical and Lay member representation.</p> <p>An extra ordinary meeting was held on 9 January to consider requests which could not clinically wait for a decision at the meeting scheduled for 30 January 2019.</p> <p>4 cases were considered 2 PETS were considered as Chairs actions over the Christmas period.</p>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
<b>IPFR Quality Assurance (QA) Group Audit Report Quarter 3 - November 2018</b>	
<p>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.</p> <p>WHSSC were asked to provide a request to fund Proton Beam Therapy which had been considered by the All Wales IPFR Panel in September 2018.</p> <p>The QA group were pleased to note that a patient letter was sent within five days of the panel decision. The panel decision fell outside of the urgency requested on the application form which continues to be an issue. Approximately 40% of applications in the last 2 quarters did not meet urgency deadlines. This may be due to WHSSC holding panel meetings once every month so urgency requested marked as 'soon' can easily fall outside of the three week deadline</p>	
<b>Independent Review of process followed by the All Wales Panel</b>	
<p>The Aneurin Bevan University Health Board Individual Patient Funding Request (IPFR) Review Panel undertook an urgent independent review of the process followed by the All Wales IPFR Panel on 10 January 2019. The request had been considered and then reconsidered on 3 separate occasions. The review included process followed at each meeting.</p>	

The review was held on the following grounds:

**Ground One:** *The Health Board [WHSSC] has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests. – This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agreed is not necessarily unfair.*

**Ground Two:** *The Health Board has prepared a decision which is irrational in the light of the evidence submitted – the decision made is considered to be irrational or so unreasonable that no reasonable Health Board could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones or gave unreasonable weight to particular factors.*

### **Conclusion**

- All of the information provided was fully considered at great length by the All Wales IPFR Panel at each meeting
- Previous information and the additional information submitted was fully considered at each meeting
- The All Wales IPFR Panel acted in accordance with the All Wales IPFR Policy at each meeting
- The request and subsequent reconsiderations were all considered within the timescale stipulated in the IPFR policy.
- All meetings were properly constituted in terms of Panel membership
- Review Panel members agreed that during each IPFR panel discussion there had been no perversity or irrationality in reaching the decisions made.

### **Decision**

The Review Panel did not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

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

- None

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

- None

Confirmed Minutes for the meeting held 9 January 2019 are available on request

**Date of next meeting**

**30 January 2019**

<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>27 February 019</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<p>The Panel was quorate in relation to Health Board, Clinical and Lay member representation.</p> <p>The Panel considered 10 cases at this meeting.</p> <p>8 urgent Chair Action decisions (including 6 PET Scan requests) were made in February 2019.</p>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
<b>IPFR Quality Assurance (QA) Group Audit Report Quarter 4 –January 2019</b>	
<p>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.</p> <p>WHSSC were asked to provide a request to fund Translarna which the Panel considered in January 2019.</p> <p>Feedback:</p> <p>The majority of the quality criteria were met. The group were pleased to note that a patient letter was sent, an action point raised in the previous report. The case fell outside of the requested urgency, this continues to be an issue for WHSSC as the IPFR panel meets once a month and therefore urgency requested as 'soon' can easily fall outside of the three week deadline.</p> <p>There was continuing discussion around urgency timelines and how this issue could be mitigated for the WHSSC IPFR panel. Value for money considerations must be minuted, if value for money is not discussed this should also be noted. Paperwork required further redaction by AWTTC prior to sending to the group.</p>	
<b>IPFR Workshop – Wednesday 1 May 2019, Cardiff City Stadium</b>	
<p>The Annual workshop will be hosted by the All Wales Therapeutics and Toxicology Centre (AWTTC). The agenda includes guest speakers and will cover a range of topics related to IPFR decision making, ethics, consent and health economics.</p>	

The event will be attended by Health Board IPFR Panel members, clinicians, lay members and commissioning colleagues.

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

- None

**Matters referred to other Committees**

None

Confirmed Minutes for the meeting held 27 February 2019 are available on request

**Date of next meeting**

**3 April 2019**

**Agenda Item**  
**WHSSC Joint Committee**  
**26 March 2019**  
**Agenda Item 3.3**

<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>4 February 2019</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<ul style="list-style-type: none"> <li>Refurbishment of the main dialysis unit at UHW is well underway and is on schedule for completion in March 2019. Work on the expansion of Llandrindod dialysis unit has also commenced. It is reported that building works are due for completion by end of March 2019</li> <li>The procurement process in North Wales to refurbish existing units in Bangor, Alltwen, Wrexham and Welshpool and establish a new unit for the Mold area is now complete. Contract initiation meetings with the winning bidder, Renal Services UK are in hand. The phased implementation plan will be led by BCUHB in collaboration with the WRCN.</li> <li>Progress is being made in the project to consider the provision of additional dialysis capacity East of Swansea. This provision will be aligned to the current model of care across South Wales which should be unaffected by boundary changes.</li> <li>The draft Paediatric Delivery Plan has been agreed and has been handed over to Welsh Government and WHSSC for completion of the underpinning service specifications and standards.</li> <li>A Health and Wellbeing Professionals Reference Group, inclusive of AHPs, Psychology and Research representatives, has now been established. The aim of the group is to identify best use of resources and creative approaches to supporting the holistic care of patients.</li> </ul>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
<ul style="list-style-type: none"> <li>The Vascular Access issues in each of the provider units in North Wales remain. The situation has been added to the WHSSC Risk Register and is being monitored via QPS.</li> <li>The growth in renal replacement requirements in South and West Wales appears to have stabilised and forecasts suggest growth will now be maintained at 3% pa in line with the Wales average.</li> <li>There has been an increase in transplant activity in North and South Wales which reflects growth in transplant numbers across the UK.</li> <li>Following external review by NHSBT of the Pancreas Transplant service in South Wales all recommendations have now been adopted. Discussions are underway regarding an increase in future levels of activity.</li> </ul>	

<b>Matters requiring Committee level consideration and/or approval</b>	
•	
<b>Matters referred to other Committees</b>	
Annexes:	
<b>Date of next meeting</b>	<b>10/04/2019</b>

<b>Reporting Committee</b>	<b>NHS Wales Gender Identity Partnership Group</b>
<b>Chaired by</b>	<b>Tracy Myhill</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>26 February 2019</b>

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

**All Wales Gender Variance Pathway: Progress Update**

The group received an update regarding progress made against the new pathway. It is anticipated that there will be a series of roadshows across all Health Boards to coincide with the launch of the new service to raise awareness.

- **Welsh Gender Team**

Recruitment and training of the team members is progressing. The site for the new service at St David's Hospital, Cardiff is undergoing some renovation works to make it fit for purpose which will be completed shortly. A site visit is being arranged for members of the All Wales Gender identity Partnership Group for later this month. CVUHB will formally announce the start date and opening of the new premises as soon as possible. A set of FAQs are in the process of being finalised which will be issued by CVUHB regarding the service– links will be provided on the Gender Identity Wales website, GP One and CVUHB webpage.

- **Local Gender (Prescribing) Teams**

In addition to the ongoing appointments to the Welsh Gender Team, each local health board has confirmed their plans for ensuring their local prescribing services are in place by April 2019.

- **Direct Enhanced Service**

General Practitioners Committee Wales and Welsh Government continue to work on the Direct Enhanced Service which is due to be approved by Welsh Government shortly.

- **Teaching Sessions for General Practitioners and Local Gender (Prescribing) Teams**

There have been 3 teaching days for GP's across Wales which were attended by over 150 people including GPC Wales and was evaluated positively. There were also 2 bespoke training events held for Local Gender Teams with a focus on the initiation and prescribing of hormone treatment.

- **Future Development of Pathway**

It was acknowledged that work needs to continue on the longer term pathway and any resources required. It was suggested that a planning workshop is to be arranged within the next 3 months to scope this work.

**NHS England Gender Identity Programme Board**

An update was received by the group and informed that NHS England has delayed the procurement of non-surgical and surgical services. Two new work-streams are proposed from April 2019 to include women and children and gender (including speech & language and hair removal)

**Induction Day/Self-Assessment**

Date set for 24 May 2019, invites to be circulated shortly.

**CP 182 Proposed Specification and Policy – Gender Identity Service for Adults (non-surgical) & Equality Health Impact Assessment**

The new Welsh Health Specialised Services (WHSSC) specification and policy CP182 for Adult Gender Identity Service (non-surgical) closed on 25 March 2019. The commissioning of the new service will formally transfer to WHSSC from Welsh Government to coincide with the start of the new service. In addition the Equality Health Impact Assessment for the new service was circulated to members.

**BAGIS (British Association of Gender Identity Specialists)**

This year the project Board has decided to hold the event in Cardiff. This is a two day event on the 3 & 4 October 2019. Professionals were encouraged to apply for affiliated membership in order for them to be able to attend the event.

**Thanks**

As both the Project Lead (Krysta Halliwell) and Interim Associate Medical Director for Gender Services (Dr Sophie Quinney) in WHSSC will come to an end on the 31 March 2019 both post holders were thanked for their efforts and hard work in taking the service forward. Funding for their posts will cease from 31 March 2019.

**Key risks and issues/matters of concern and any mitigating actions****All Wales Gender Variance Pathway**

The group were asked to note the tight timescales for the implementation of the new service and further work required to progress the longer term model.

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

None

**Matters referred to other Committees**

None

Unconfirmed Minutes for the meeting held on the 26 February 2019 are available on request.

**Date of next meeting**

4 June 2019