Bundle WHSSC Joint Committee - In Public 16 September 2019

Agenda attachments

00 Agenda (Eng).pdf

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2	Items for Decision and/or Consideration
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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

WHSSC Joint Committee Meeting held in public
Monday 16 September 2019 at 13:00

NCCU, Unit 1, Charnwood Court, Heol Billingsley,
Parc Nantgarw, Nantgarw, CF15 7QZ UK

Agenda

Item		Lead	Paper / Oral	Time
1.	**Preliminary Matters**			
1.1	Welcome, Introductions and Apologies	Chair	Oral	13:00 - 13:30
1.2	Declarations of Interest	Chair	Oral	
1.3	Accuracy of the Minutes of the Meetings held 23 July 2019	Chair	Att.	
1.4	Action Log and Matters Arising	Chair	Att.	
1.5	Report from the Managing Director	Managing Director	Att.	13:35 – 13:40
2.	**Items for Consideration and/or Decision**			
2.1	Major Trauma - Tranche 2 Recruitment	Director of Planning	Att.	13:40 – 14:10
2.2	Major Trauma – Commissioner's Risk Report	Director of Planning	Att.	14:40 – 15:10
2.3	Revised ICP Timelines	Director of Planning	Att.	15:10 – 15:20
2.4	Radiofrequency Ablation for Barrett's Oesophagus – Service Model Proposal	Director of Planning	Att.	15:20 – 15:30
3.	**Routine Reports and Items for Information**			
3.1	Financial Performance Report	Director of Finance	Att.	15:30 - 15:45
3.2	Integrated Performance Report	Director of Planning	Att.	15:45 – 15:55
3.3	Reports from the Joint Sub-Committees i. Management Group Briefings ii. Quality & Patient Safety Committee	Joint Sub-Committee Chairs	Att.	15:55 – 16:00
4.	**Concluding Business**			

Item	Lead	Paper / Oral	Time
4.1 Any Other Business	Chair	Oral	
4.2 Date of next meeting (Scheduled) - 12 November 2019 at 13:30 - Conference Room, WHSSC, Unit G1 The Willowford, Main Avenue, Treforest, CF37 5YL	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 23 July 2019 at
Education Centre, University Hospital Llandough,
Penlan Road, Penarth, CF64 2XX

Members Present:

Vivienne Harpwood	(VH)	Chair
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB (by VC)
Paul Griffiths	(PG)	Independent Member/Audit Committee Representative
Sharon Hopkins	(SH)	Interim Chief Executive, Cwm Taf Morgannwg UHB
Charles Janczewski	(CJ)	Independent Member/Chair of the WHSSC Quality and Patient Safety Committee
Jason Killens	(JK)	Chief Executive, Welsh Ambulance Services NHS Trust
Sian Lewis	(SL)	Managing Director, WHSSC
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Jennifer Thomas	(JT)	Medical Director, WHSSC

Deputies Representing Members:

Sian Harrop-Griffiths (for TM)	(SHG)	Director of Strategy, Swansea Bay UHB
Glyn Jones (for JP)	(GJ)	Director of Finance & Performance/ Deputy Chief Executive, Aneurin Bevan UHB
Karen Miles (for SM)	(KM)	Director of Planning, Performance & Commissioning, Hywel Dda UHB (by VC)

Apologies:

Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive, Swansea Bay UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB

In Attendance:

Kieron Donovan	(KD)	Affiliate Members / Chair of the Welsh Clinical Renal Network
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

Andrew Champion	Assistant Director, Evidence Evaluation, WHSSC
Iolo Doull	Deputy Medical Director
Rosemary Fletcher	Director, NHS Wales Health Collaborative
Tom Kaijaks	Financial Management Graduate Trainee, Hywel Dda UHB
Andrea Richards	Specialist Services Planning Manager, WHSSC
Melanie Wilkey	Head Of Outcomes Based Commissioning, CVUHB

Minutes:

Michaella Henderson	(MH)	Corporate Governance Officer, WHSSC

The meeting opened at 13:30hrs

JC19/017	**Welcome, Introductions and Apologies** The Chair formally opened the meeting and welcomed members. Apologies were noted as above.
JC19/018	**Declarations of Interest** The Joint Committee noted the standing declarations. No additional declarations were made.
JC19/019	**Minutes of the meeting held 14 May 2019 and 28 June 2019** The Joint Committee **approved** the minutes of the meetings held on 14 May 2019 and 28 June 2019 as true and accurate records.
JC19/020	**Action Log and Matters Arising** The Joint Committee noted there were no outstanding actions on the Action Log. There were no matters arising not dealt with elsewhere on the agenda.
JC19/021	**Chair's Report** VH reported she had her annual appraisal with the Cabinet Secretary for Health and Social Services the previous week and that her appointment had been renewed for another 12 months on an interim basis.
JC19/022	**Report from the Managing Director** The Joint Committee received the report from the Managing Director. SL drew attention to the following items within the report which the Members discussed further: ***Radiofrequency Ablation for Barrett's Oesophagus*** Members noted WHSSC had been asked by the NHS Wales Health Collaborative Chief Executive Group to facilitate joint work with the health boards to assess the feasibility and options for a south Wales-based Radiofrequency Ablation service. SL reported that expressions of interest had been received from CVUHB and SBUHB and that, following further discussions, it had been agreed the service would be run from CVUHB. SL noted the work was subject to time pressures because of concerns over the resilience and quality of service for Welsh patients currently being referred to Gloucestershire Royal Hospital and because of scrutiny by a Cross Party Parliamentary Group. Members noted the WHSS Team was expecting to present the proposed service model at the September Joint Committee meeting, with it having gone through Management Group for scrutiny, and that the service development was anticipated to be cost neutral or cost saving.

	Members resolved to: • **Note** the content of the Report.
JC19/023	**Adult Thoracic Surgery for South Wales – Consultant Workforce** The Joint Committee received a report which summarised the outstanding issues from the November 2018 Joint Committee meeting regarding the single site model for thoracic surgery based at Morriston Hospital, Swansea, and the progress in addressing those issues, and made recommendations regarding the future thoracic surgery consultant workforce model and emergency thoracic surgery cover for the Major Trauma Centre (MTC). SL reported the latest proposal built on the consensus previously achieved regarding the appointment of a fourth consultant at University Hospital Wales (UHW) to support the opening of the MTC, that appointment being subject to ongoing evaluation including a 12 month review. Members noted that during that time the two thoracic centres would develop plans to work together developing a single emergency rota. SL also reported that because of the uncertainty regarding the future consultant workforce requirements for the single thoracic surgery centre at Moriston Hospital, it was proposed that additional funding for two posts be allocated within the revenue requirements of year 3 of the MTC business case when it was considered in September 2019. This would be in addition to the existing establishment of six posts. However funding release would be dependent on assessment of real world experience, updated activity figures, a clearer understanding of the strategic issues highlighted above and the professional advice of the SCTC on emergency cover for major trauma centres. Members noted this would ensure that a fully informed recommendation could be brought back to the Joint Committee for consideration well in advance of the move to a single site and that the new centre would open with the correct number of consultant thoracic surgeons to ensure a safe and sustainable service. LR noted the fourth consultant post at UHW would be used to create better links between CVUHB and SBUHB and to that end the appointed consultant would hold a number of sessions at the new thoracic surgery centre as well as UHW. SHG reported the Implementation Board and a number of Task and Finish Groups were already up and running and working well with both managerial and clinical engagement and that the timeline was working towards inclusion in the 2020-21 IMTP process. Members noted there were a number of potential revenue and capital funding issues which would need to come back to Joint Committee for discussion.

	LR bought to Members attention the issue of how Junior Doctor's rotas would be disaggregated between thoracic surgery and cardiac surgery. Members noted the Implementation Board Risk Register was drafted from the provider perspective and that it should be drafted from the commissioner perspective. **ACTION:** It was agreed the Implementation Board Risk Register would be bought to the September meeting for discussion. In respect of lessons learned, CJ noted the CHC's had questioned the openness of the Independent Panel. SL noted that the methodology had been approved by the Joint Committee and that the Joint Committee had previously complimented WHSSC on using the same internationally recognised methodology due to its robustness. Members agreed there were no concerns regarding the integrity of the process and that the issue was not so much the methodology employed but how outcomes could be shared more broadly and assistance given to the CHCs to help them understand the process. Members resolved to: • **Note** the work that has been undertaken by the medical directors of CVUHB and SBUHB as well as the WHSS Team to develop workforce proposals for the consultant thoracic surgical service; and • **Support** the appointment of an additional consultant thoracic surgeon, funded through the MTC work stream, to support implementation of the MTC from April 2020 initially on an interim basis, pending clarity of level of need; and • **Support** the allocation of funding for an additional two consultant surgeons (in addition to the existing establishment of six) from the MTC business case when the new single centre at Morrison Hospital is opened – the funding release for which will dependent on consideration by the Joint Committee of the real world experience of the MTC, updated activity figures, a clearer understanding of the strategic issues highlighted above and the formal professional advice of the SCTC on emergency cover for major trauma centres; and • **Note** the information set out in the May Joint Committee paper which provided assurance around the caveats identified by the affected health boards and the requirement for a report on the lessons learned from the engagement and consultation exercise; and • **Support** the recommendations going forward to the six affected health boards and agreed that they be asked to confirm their unconditional approval for a single adult Thoracic Surgery Centre based at Morriston Hospital, Swansea.

JC19/024	**Major Trauma Service** The Joint Committee received a verbal update on the latest developments regarding the MTN. KP reported the CEO's Gateway Review Report had been received and had given an Amber/Red assurance and that work was ongoing to respond to the 11 recommendations that were made therein, monitored by the NHS Wales Health Collaborative. KP noted that the original commissioning timeline was still in place and that the Major Trauma Business Case and Operational Delivery Network case would be presented at the September Joint Committee meeting, having been scrutinised by Management Group. SHG reported TM, as Senior Responsible Officer, was Chair of the Major Trauma Network Board and that, as TM was on annual leave for 3 weeks, SHG would be deputising in her absence. Members agreed there were two important timelines to consider – the implementation timeline for the April 2020 go live date and also the IMTP timelines. Members noted the Directors of Planning had discussed the planning timelines and deliverability of the April 2020 go live date and that the SRO would need to take a view on whether the original timeline was still achievable in light of the Gateway review and the work required to meet the recommendations. It was anticipated that this view would be taken in approximately three weeks' time. Members noted governance around Major Trauma was being discussed by the Directors of Corporate Governance/Board Secretaries in each health board and KS reported that, whilst the Board Secretaries Peer Group had not previously collectively discussed the governance around Major Trauma, they would be doing so at future meetings.
JC19/025	**Cystic Fibrosis Business Case** The Joint Committee received a paper that provided an update on the implementation of Phase 1 investment for the All Wales Adult Cystic Fibrosis Centre and requested approval for the release of funding for the Adult Cystic Fibrosis Service 2019-20. Members noted the proposal had been considered and approved for recommendation at the June meeting of the WHSSC Management Group the Members of which had noted CVUHB was the only Cystic Fibrosis Unit in the UK without a Home IV service. Members further noted that funding for additional staffing aligned to the capital case for ward expansion had been secured through the 2019-22 Integrated Commissioning Plan (ICP).

	AR reported the WHSS Team, as instructed by the WHSSC Management Group, would be approaching Welsh Government under 'Healthier Wales' for funding for the Home IV service as an alternative to considering it under the 2020-21 ICP. AR reported that the Home IV trial had started, that initial feedback had been positive and the WHSS Team would be evaluating the full trial at the end of August. **ACTION:** It was agreed an update would be provided at the September or October Joint Committee meeting to align with health board IMTP timetables and to include the full evaluation of the trial. Members were assured that there was no concern over future revenue as the service was not taking beds out of the system and that there would be better clinical provision at new unit. Members resolved to: • **Note** the information presented in the report; and • **Approve** the release of funding from the 2019-20 ICP slippage to recruit to the remaining posts in Phase 2 Part A to support the current cohort and the continued development of the satellite clinics; and • **Support** taking forward the case for a recurrent Home IV service and satellite clinic staff to the 2020-21 ICP, in the event that Welsh Government declined separate 'Healthier Wales' funding.
JC19/026	**Integrated Performance Report** The Joint Committee received the report which provided members with a summary of the performance of services commissioned by WHSSC for April 2019 and details the action being undertaken to address areas of non-compliance. KP reported that work was ongoing to provide a more up-to-date report with a better structure in due course. Members noted the services in escalation. KP reported that since the report had been written, the Bariatric Surgery service at SBUHB had been taken out of escalation. Members noted there had been no need to outsource patients from CVUHB to support the BMT service as previously anticipated, as CVUHB was managing those patients through dialogue and personalised management plans. Members further noted the newly refurbished Haematology Ward would be up and running within the next week or so.

	Members noted a full paper on the Sarcoma service was due to be presented at the September Management Group meeting. SD reported that data issues at NHS Wales Informatics Service had meant the WHSS Team was not receiving live RTT data but that work arounds had been put in place. GJ noted Welsh Government had made £50M available for performance management of RTT for specialised services and requested further information on the allocation of those funds. SD reported the WHSS Planning Team was committed to absolute transparency as to where those resources had been allocated to ensure no duplication and effective management of those resources going forward. Members resolved to: • **Note** the content of the performance report and the actions undertaken to address areas of non-compliance.
JC19/027	**Finance Report Month 3 2019-20** The Joint Committee received the report the purpose of which was to set out the financial position for WHSSC for the third month of 2019-20. Members noted the financial position reported at Month 3 for WHSSC was an under spend of £600k and a forecast year end under spend of £2,831k. SD reported Welsh Government had reached an agreement with NHS England over the previous year's HRG4+ repricing and the 2019-20 tariff uplift and that Welsh Government had agreed to fund the £8-10M gap. Members resolved to: • **Note** the current financial position and year-end forecast.
JC19/028	**Reports from the Joint Sub-Committees** **Management Group Briefings** The Joint Committee **received** the Management Group Briefings from the meetings held on 23 May 2019 and 27 June 2019. **All Wales Individual Patient Funding Request Panel** The Joint Committee **received** the July 2019 report. **Integrated Governance Committee** The Joint Committee **received** the July 2019 report. **Quality and Patient Safety Committee** The Joint Committee **received** the July 2019 report.

JC19/029	**Date and Time of Next Meeting** The Joint Committee noted the next scheduled meeting would take place at 13:00 on 16 September 2019 at Conference Room, WHSSC, Unit G1 The Willowford, Main Avenue, Treforest, CF37 5YL

The meeting closed at 14:22

Chair's Signature: .....

Date: .....

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

2019/20 Action Log (AUGUST 2019)
Joint Committee Meeting

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
23.07.19	JC19003	**JC19/023 - Adult Thoracic Surgery for South Wales – Consultant Workforce** LR bought to Members attention the issue of how Junior Doctor's rotas would be disaggregated between thoracic surgery and cardiac surgery. Members noted the Implementation Board Risk Register was drafted from the provider perspective and that it should be drafted from the commissioner perspective. **ACTION:** It was agreed the Implementation Board Risk Register would be bought to the September meeting for discussion.		Sept 2019	**16.09.19 –** Risk register under development by Implementation Board. Phasing paper being developed by MTN Programme Team. Verbal update to be provided at September meeting.	**OPEN**

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
23.07.19	JC19004	**JC19/025 - Cystic Fibrosis Business Case** AR reported that the Home IV trial had started, that initial feedback had been positive and the WHSS Team would be evaluating the full trial at the end of August. **ACTION:** It was agreed an update would be provided at the September or October Joint Committee meeting to align with health board IMTP timetables and to include the full evaluation of the trial.	KP	Sept 2019	**16.09.19 –** Information not available in time for September meeting. Carried forward to November meeting.	**OPEN**

		Agenda Item	1.5
Meeting Title	**Joint Committee**	Meeting Date	16/09/2019
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	

Purpose	The purpose of this report is to provide the Members with an update on key issues that have arisen since the last meeting.			
RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☐	INFORM ☒

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

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 Soft Tissue Sarcoma Service in South Wales

In November 2018, members received a report on the risks in the sarcoma service to sustainability and equity of provision. The service is currently at escalation level 2; monthly performance meetings are in place to monitor the action plan. A progress report against the action plan will be received by Management Group in September. Significant progress has been made, with support from the Royal Orthopaedic Hospital, Birmingham. This includes: participation by a sarcoma surgeon from ROH in the weekly MDT, surgical cover from ROH for the single south Wales surgeon, implementation of actions from a workshop held with ROH in June to strengthen MDT processes, moving forward with recruitment to key posts and progress to agree the radiology rota.

2.2 Perinatal Mental Health – Mother & Baby Unit (MBU)

Management Group considered a detailed paper regarding Tier 4 Specialist Perinatal Mental Health services on 28 March 2019 and supported the proposal for a new build MBU to be developed on the Neath & Port Talbot site but requested additional information around the clinical and staffing model. An additional paper was received at the last Management Group meeting on the proposed MBU in south Wales including activity and costings and options for the north/mid Wales service.

Members accepted that there was likely to be unmet need that would flow through to the new MBU. They noted that some of the costs for the MBU required further challenge (e.g. depreciation and catering costs) but that a case could be made regarding value for money with a modest reduction in the cost base. Also that whilst the financial case for a 6 bedded unit was strongest, the ability to flex to 8 beds in the future would be desirable.

The WHSS Team is re-exploring options with BCUHB and PTHB for the most appropriate service model for their needs but NHS England had made it clear that they didn't want to jointly develop a MBU in north Wales.

2.3 CAR-T

WHSSC's assessment of the CAR-T business case from CVUHB was discussed by Management Group on 22 August 2019 (attached for information). CVUHB's Chief Executive, Clinical Director for Haematology and Head of Operations for Specialised Services, were in attendance to answer questions. Management Group gave conditional support to the business case subject to the provision of additional information to the WHSS Team in relation to a number of specific areas where members required further detail and assurance. It was agreed

that the final decision to approve the business case and release funding would be made by the WHSSC Corporate Directors Group, without the need for the case to return to MG in September. The WHSS Team has now received this information and written to the provider to confirm the funding release.

2.4 Veteran's Trauma Network

Joint Committee is asked to endorse the approval by Management Group of the commissioning arrangements for the Veterans' Trauma Network (VTN) set out below. This is an important initiative and will align Wales with arrangements in place in England. The initiative will be cost neutral. The purpose of the VTN is to provide improved coordination of care for veterans who have the most complex ongoing needs. Anticipated patient referrals are very small at circa 10 per annum. Members are asked to note that it is the intention of the veterans Minister to announce the establishment of the VTN in early October. In view of this timing members are asked to approve that in governance terms WHSSC will directly commission the VTN from CVUHB in the interim pending full establishment of the Major Trauma Network.

In June 2019 Management Group Members received a paper recommending approval of the proposal for WHSSC to commission a new VTN for Wales. The VTN will be hosted by the Major Trauma Network to facilitate appropriate connection to providers in the NHS Wales Trauma Network and referral into the NHS England VTN. This proposal is consistent with Welsh Government policy. The proposal fits with WHSSC's existing commissioning roles related to care for veterans with prosthetics and the armed forces fast track.

Management Group Members (1) approved the proposal that WHSSC commission the VTN for Wales (2) approved that WHSSC will commission the VTN from the Major Trauma Network who will act as host to the VTN, (3) received assurance that the proposed VTN will be either resource neutral or of minimal net financial cost, (4) noted that the proposed establishment of the VTN is consistent with the principles of value based healthcare by ensuring better coordination of care and consequent avoidance of harm and waste.

2.4 WHSSC Office Relocation

As planned, the WHSS Team relocated from its Caerphilly office to Unit G1, Treforest Industrial Estate between 28 - 30 August. Despite ordering PSBA IT connectivity three months in advance of the move, BT failed to deliver this on time and has now escalated the matter. We put our business continuity arrangements into operation to ensure minimal disruption to our activities.

3. RECOMMENDATIONS

Members are asked to:

- **Note** the contents of the report; and
- Endorse **approval** of the VTN for Wales.

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

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

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

		Agenda Item	2.1
Meeting Title	**Joint Committee**	Meeting Date	16/09/2019
Report Title	Major Trauma Centre second tranche of in year recruitment		
Author (Job title)	Planning Manager		
Executive Lead (Job title)	Director of Planning	Public / In Committee	In Committee

Purpose	This paper: • Provides members with the details of the funding requirements for the second tranche of in year recruitment to establish the Major Trauma Network in advance of the proposed go live date. • Seeks approval for an immediate release of funds to allow recruitment of the second tranche of in year posts at the Major Trauma Centre and the Operational Delivery Network.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☐	☐	☒

Sub Group /Committee	Management Group	Meeting Date	22/08/2019
Recommendation(s)	Members are asked to: Members are asked to: • **Note** the information presented within the report. • **Approve** a funding release to allow recruitment to the second tranche of posts at the Major Trauma Centre (MTC) and Operational Delivery Network which are consistent with professional advice and peer review recommendations**.** • **Approve** in principle that funding up to £284,000 can, subject to the support of Management Group members, be released for posts that are currently being discussed between WHSST and relevant providers as they are currently inconsistent with peer review recommendations. • **Confirm** that any early recruitment must be made with the clear proviso that the investment may be revised once the final business case is confirmed and clarity of the UHW Major Trauma Unit (MTU) is provided. If any of these posts do not fit the final MTC model they will need to be redeployed.		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

Aneurin Bevan	✓	Betsi Cadwaladr		Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓

Provider Health Board affected (please state below)

Cardiff and Vale University Health Board and Swansea Bay University Health Board.

1. SITUATION

In August of 2019 WHSSC Management Group supported a release of funds to allow recruitment of time critical posts at University Hospital of Wales and Morriston Hospital. Joint Committee subsequently approved the first tranche of recruitment and were informed of a second tranche of recruitment requested ahead of the submission of final business cases.

This paper aims to:

- Provides members with the details of the funding requirements for the second tranche of in year recruitment to establish the Major Trauma Network in advance of the proposed go live date.
- Seeks approval for an immediate release of funds to allow recruitment of the second tranche of in year posts at the Major Trauma Centre and the Operational Delivery Network.

2. BACKGROUND

On 30 August 2019 WHSSC Joint Committee members supported a release of in year funding for strictly time critical recruitment – Tranche 1.

Following August Management Group where Joint Committee Members approved the time critical posts, a second tranche of recruitment representing the remaining in year resource requirement to establish the Major Trauma Network was discussed. This recruitment activity is ahead of a finalised Programme Business Case which will be submitted in October. The finalised Programme Business will reflect the recommendations of the Professional Peer Review meeting of 13 August 2019 which are attached as Appendix A.
The WHSS team received a revised Major Trauma Centre (MTC) draft business case 09 September 2019 which is included as Appendix B

Subsequent to the August Joint Committee additional posts have been identified to support plastic surgery provision at the Major Trauma Centre and the Operational Delivery Network. The WHSS team received a revised draft business case from Swansea Bay University Health Board (SBUHB) on 09 September 2019 which is included as Appendix C.

3. ASSESSMENT

At the August 2019 meeting of WHSSC's Management Group support was given to recommend that Joint Committee approve the funding to allow the first tranche of in year recruitment. The totality of this funding was £675k with a

full year effect of £1,993k with an indicated second tranche of recruitment equating to a resource requirement of £390k with a recurrent cost of £2,791k.

At the August Management Group members held the expectation that the totality of in year resource requirements would not exceed the current estimated value of £1,066k.

The subsequent additional posts for plastic surgery support and the ODN give an in year total of £1,116k.

Table 1 below describes the totality of in year recruitment together with a representation of the resource implications by Health Board.

Table 1: Totality of in year recruitment with percentage risk share and resource implications split by Health Board.

Risk Share - Major Trauma	C&V	SB	CTM	AB	HD	Po	BC	Total
	20.46%	18.16%	16.97%	24.98%	16.55%	2.88%	0.00%	100%
Tranche 1 in year	£138k	£123k	£115k	£169k	£112k	£19k	£0	**£675k**
Tranche 1 full year effect	£408k	£362k	£338k	£498k	£330k	£57k	£0	**£1,993k**
Tranche 2 in year	£90k	£80k	£75k	£110k	£73k	£13k	£0	**£441k**
Tranche 2 full year effect	£615k	£546k	£510k	£751k	£497k	£87k	£0	**£3,006k**
Total In year recruitment	£228k	£203k	£189k	£279k	£185k	£32k	£0	**£1,116k**
Total full year effect	£1,023k	£908k	£848k	£1,249k	£827k	£144k	£0	**£4,999k**

Due to the Joint Committee meeting being ahead of Management Group in September and to mitigate against a delay in consideration of these posts, Management Group members have received this paper contemporaneously with Joint Committee members and any feedback from them will be collated and presented verbally at Joint Committee.

3.1 Resource requirements for tranche two recruitment

Table 2 below represents the totality of tranche two time critical resource recruitment previously considered by members together with the additional posts.

Table 2: Totality of tranche two critical resource recruitment requirements split by those previously considered and posts not previously discussed.

Tranche two Recruitment as previously indicated						
Location	Role	Band	WTE	Cost (£000)	Start Date	Full Year Cost (£000)
MTC Directorate	Therapy Lead	8a	1.0	16.0	January	64
	Rehabilitation coordinator	7	1.0	13.8	January	55.2
	Major Trauma Practitioner	7	2.2	30.3	January	121.2
Adult EU	Registered Nurses	6	5.6	48.7	January & March	281
Polytrauma Unit	Advanced Nurse Practitioners	7	5.7	90.3	January	361.2
	Sister/Charge Nurse	7	1.0	4.6	March	55.1
	Registered Nurses	6	9.0	40.4	March	494.4
	Registered Nurses	5	14.2	51.2	March	614.6
	HCSW/ODP	2	8.0	19.3	March	231.5
Trauma & Orthopaedics	Consultant surgeons	Con	3.0	65.5	February	393
Thoracic Surgery	Consultant Surgeon	Con	1.0	10.8	March	130
Total			**51.7**	**390.9**		**2791.2**
Additional posts not previously considered						
Plastic Surgery	Locum Consultant Surgeon	Con	1.0	29.4	January	131
ODN	Senior Data Analyst and Service Improvement Manager	7	1.0	13.7	January	54.9
ODN	Admin support	4	1.0	7.3	January	29.3
			3.0	**50.4**		**215.2**
Totality of tranche 2 posts						
Total			**54.7**	**441.3**		**3,006.4**

3.2 Tranche two recruitment previously noted at Joint Committee on August 3th 2019.

3.2.1 MTC Directorate

Therapy lead

The therapy lead role, with the support from rehabilitation coordinator, will lead the coordination and management of therapy and delivery of the Rehabilitation Prescription across all major trauma patients in the UHB. They will work closely with the Consultant in Rehabilitation Medicine and

the Trauma Coordinators to support major trauma patients accessing timely rehabilitation and to support onward referral to rehabilitation service once patients have left the MTC.

This role reflects discussions at the peer review meeting which stressed the importance of access to senior decision makers in rehabilitation and the skills and experience vested in this post holder will form part of a tripartite senior clinical team of Medical, Nursing and AHPs in leading MT Rehabilitation.

This is consistent with peer review recommendations.

Rehabilitation Coordinator

There has been a reduction in the number of rehabilitation co-ordinators from two to one in the most recent business case in order to support the therapy lead post. This role will ensure a first rehabilitation assessment takes place within 48-72 hours of the patient's admission and the Rehabilitation Prescription being completed for all major trauma patients who need rehabilitation at discharge.

This is consistent with peer review recommendations.

Major Trauma Practitioners

These roles provide expert advice and support to both patients and their families as well as clinical team whilst supporting the effective transfer of patients between acute services, and transfer to local hospitals and clinical services in the Network.
These roles will be key to ensuring effective flow into (non-emergency secondary transfers) and through the MTC as well as providing a crucial role in the coordination and communication with patients, their families and local TUs and healthcare providers. There is no explicit reference to these roles within the peer review recommendations but there was agreement on the importance of these posts in the discussions held.

These roles are consistent with professional advice.

3.2.2 Adult Emergency Unit

Registered Nurses

The Peer review recommendation was that the case needs to reflect a 1:2 ED nursing ratio in resus, with appropriate support augmented from across the hospital where possible. Overlap between adult and paediatric

nursing should be reflected in any additional resource requirements. The MTC business case has not been revised in terms of requested roles.

The ratio of 1:1 staff requested is not consistent with peer review recommendations.

3.2.3 Polytrauma unit

The peer review recommendation states that the current modelling of beds is based on a Length of Stay (LoS) of 18 days equating to 14 beds in the current MTC case. Based on a predicted reduction in LoS, albeit that it will take time to occur and improved repatriation recommendation that the HB consider starting with a polytrauma ward staffed to provide 10 beds from day 1. This should be reflected in revised AHPs resourcing of the ward (incl. nursing staff and therapists).

The MTC business case retains a 14 bed model.

The function of the polytrauma unit function is appropriate but the number of beds requested is not consistent with peer review recommendations.

3.2.4 Trauma & Orthopaedics

The uplift in trauma trained consultants is to support the development of a two-tier on call system for consultants. These trauma trained consultants will aim to attend MDTs, participate in MT ward rounds and carry out the complex outpatient clinics. They will also cover day time MT operating lists and coordinate repatriation. They will have no elective commitments in their on call week.

The number of Trauma Consultants is consistent with peer review recommendations.

3.2.5 Thoracic Surgery

This role was agreed at the Joint Committee meeting of the 23rd of July.

3.3 Additional Resource not previously considered

The following resource requirements have been requested subsequent to the consideration of recruitment priorities at both Management Group and Joint Committee in August.

3.3.1 Locum Plastic Surgeon

The SBUHB business case for specialised services support has been revised to include an additional (4th) plastic surgeon to support the MTC. The case wishes the role to be recruited as a locum and time limited to 12 months to allow it to be assessed and evaluated in the first 12 months of the MTC.

The peer review recommendation supported the need to recruit 3.0 additional WTE consultant plastic surgeons which was **approved within tranche one**. SBUHB and Network Programme Manager have subsequently indicated that this recommendation reflected the availability of support from the existing consultant workforce. It has been confirmed by the plastic surgery service to the WHSS team that to avoid destabilising the Morriston service the existing consultant workforce are unable to support the MTC rota. In addition the plastic surgery clinical lead has indicated an unwillingness to submit job plans to the Royal College based on a 3 consultant rota.

The request for a fourth Consultant Plastic Surgeon is not consistent with peer review recommendations.

3.3.2 Operational Delivery Network

The Operational Delivery Network management structure was considered by the peer review panel and subsequently has been revised and provisionally agreed by SBUHB as host organisation.

It should be noted that at the point of publication we have not seen the revised business case for the ODN which includes details of the roles outlined below together with governance and accountability arrangements.

The proposed structure is outlined in Table 3 below. The roles highlighted as existing are currently funded by Welsh Government non-recurrently until August 2020.

Table 3: Proposed structure and costs of Operational Delivery Network

Role	Band	WTE	In year Cost (£)	Full Year Cost (£)	Start Date
Network Clinical Lead	Con	0.3	*	£37,904	Existing
Governance, Paeds, rehab, training & education, QI & Research	Con	0.5	*	£64,670	Existing
Network Manager	8c	1	**	£91,864	Existing
Programme Manager	8b	1	*	£76,977	Existing
Senior Data Analyst and Service Improvement Manager 7	7	1	13,729	£54,916	January
Admin Support 4	4	1	7361	£29,266	January
Total			**21,045**	**£355,597**	

* Roles currently funded until end of March 2020
** funding agreed in tranche 1

The recommendation of the peer review was that resource requirements for the ODN should be revised in conjunction with SBUHB (as the host organisation). This will look to remove some posts, reconsider some banding and roles (particularly director, service development). Data analyst should be more senior and entitled service improvement manager).

This peer review recommendation has yet to be undertaken by Swansea Bay University Health Board.

3.3.3 Summary of roles aligned to peer review recommendations

The table below differentiates the roles requested for tranche two recruitment according to consistency with professional advice and peer review recommendations.

Table 4: Tranche two roles requested split by those consistent with peer review recommendations and those not consistent with peer review recommendations

Location	Role	Band	WTE	Cost (£000)	Full Year Cost (£000)
Roles consistent with Peer Review recommendations					
MTC Directorate	Therapy Lead	8a	1	16	64
	Rehabilitation coordinator	7	1	13.8	55.2
	Major Trauma Practitioner	7	2.2	30.3	121.2
Trauma & Orthopaedics	Consultant surgeons	Con	3	65.5	393
Thoracic Surgery	Consultant Surgeon	Con	1	10.8	130
ODN	Senior Data Analyst and Service Improvement Manager	7	1	13.7	54.9
ODN	Admin support	4	1	7.3	29.3
Total			**10.2**	**157.4**	**847.6**
Roles not consistent with Peer Review recommendations					
Adult EU	Registered Nurses	6	5.6	48.7	281
Polytrauma Unit	Advanced Nurse Practitioners	7	5.7	90.3	361.2
	Sister/Charge Nurse	7	1	4.6	55.1
	Registered Nurses	6	9	40.4	494.4
	Registered Nurses	5	14.2	51.2	614.6
	HCSW/ODP	2	8	19.3	231.5
Plastic Surgery	Locum Consultant Surgeon	Con	1	29.4	131
Total			**44.5**	**283.9**	**2168.8**

3.3.4 Totality of costs of in year recruitment

The totality of costs of in year recruitment is detailed by Health Board in Table 1. The summary of costs is shown below in Table 5.

Table 5: Summary of total costs of in year recruitment

Cost type	Cost (£)
Tranche 1 in year	675,000
Tranche 1 fye	1,993,000
Tranche 2 in year	441,000
Tranche 2 fye	3,006,000
Total of part year effect of in year recruitment (Tranches 1 and 2)	**1,116,000**
Total full year effect of in year recruitment (Tranches 1 and 2)	**4,999,000**

4. RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report.
- **Approve** a funding release to allow recruitment to the second tranche of posts at the Major Trauma Centre (MTC) and Operational Delivery Network which are consistent with professional advice and peer review recommendations**.**
- **Approve** in principle that funding up to £284,000 can, subject to the support of Management Group members, be released for posts that are currently being discussed between WHSST and relevant providers as they are currently inconsistent with peer review recommendations.
- **Confirm** that any early recruitment must be made with the clear proviso that the investment may be revised once the final business case is confirmed and clarity of the UHW Major Trauma Unit (MTU) is provided. If any of these posts do not fit the final MTC model they will need to be redeployed.

5. Appendices

Appendix A: Peer review recommendations
Appendix B: Major Trauma Centre Draft Business Case
Appendix C: SBUHB Business Case Specialised Services Support to MTC.

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Implementation of the Plan Development of the Plan
Link to Integrated Commissioning Plan	It was acknowledged within the 2019-22 ICP that funding for in year requirements for the MTC would be presented for approval by Joint Committee
Health and Care Standards	Staff and Resourcing Governance, Leadership and Accountability Choose an item.
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	n/a
Resources Implications	Resources will be required if the proposal is agreed
Risk and Assurance	The release of funding pre go live has been articulated as a major risk to achievement of the proposed go live date within the Programme Risk Register
Evidence Base	n/a
Equality and Diversity	n/a
Population Health	n/a
Legal Implications	There are no legal implications included in the report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	09/09/2019	Proceed to Joint Committee
Choose an item.		

Major Trauma Draft recommendations following Professional Peer Review

Author: Executive Strategy Group, Major Trauma

Date: 19/8/19	**Version:** 0.4

Purpose and Summary of Document:

To set out recommendations for consideration as part of the response to the commissioned external professional peer review of the South, Mid and West Wales Major Trauma Network, which took place on 13th August 2019.

The recommendations included here have been derived by the Executive Strategy Group based on consideration of the discussions that took place at the professional peer review. The recommendations were further refined based on feedback from the C&V UHB MTC project board held on 15th August. The Trauma Network Board received these recommendations at its meeting on the 19th August 2019 and this report to the Collaborative Executive Group summarises the Trauma Network Board's position and seeks the endorsement of Chief Executives.

The recommendations in relation to the MTC and specialist services have been agreed by the Network Board in principle, and will now be considered by both Cardiff and Vale and Swansea Bay Health Boards through reviewing and reassessing their business cases accordingly. This may lead to further justification from either Health Board as to where this may present a challenge.

Recommendations in relation to Trauma Units (to include the key enabling posts and the landing pad requirements), pre-hospital care and the Operational Delivery Network were fully endorsed by the Trauma Network Board.

This report to the Collaborative Executive Group summarises the Trauma Network Board's recommendations following the professional peer review and seeks the endorsement of Chief Executives.

1 Introduction

In line with HM Treasury best practice, the Programme Business Case for the South, Mid and West Wales Major Trauma Network was put through a formal Gateway review in July. The review was part of a wider assurance process set out by the Network Board in order to plan the network development, inform commissioning decisions and to inform readiness for the service to be able to go live.

The review produced a number of recommendations, of which four were deemed to be critical. 2 required immediate action and 2 were for completion by end October 2019. These are set out below:

a) The Programme Board and Programme Team should assess whether the current phasing and go-live date is affordable and achievable. (Immediate)

b) Confirm with Health Boards their commitment to funding of this programme via WHSSC (for the MTC and ODN) and their own direct investment (in TUs and rehabilitation). (By end October 2019)

c) Secure additional leadership capacity in the Programme Team to drive even more whole system collaborative working and the delivery and integration of the Major Trauma Network. (Immediate)

d) The Programme should develop a co-ordinated and collaborative approach to developing a skilled network workforce, including recruitment, training and development, rotations, shared appointments and short term requirements (By end October 2019)

The Network Board agreed at its July Board meeting that the current phasing was neither affordable nor achievable. The SRO for the programme has appointed a senior support group comprising executive and senior management from across the system thus addressing a) and c).

The remaining two critical recommendations are less straightforward and will require whole system support to address within the timeframes required. To facilitate this in an objective and constructive manner, an external professional peer review panel was established. This took place on 13th August and all organisations were well represented and fully engaged in the process.

The purpose of the professional peer review panel was to provide objective external scrutiny and to:

- Receive advice and constructive challenge on the current proposals
- Receive advice on how quality indicators and service specification could be introduced using a phased approach including advice on day 1 requirements

The output is a set of recommendations intended to enable participating organisations to identify where and how developments could be phased or constructed differently in order to lead to refinement of business case submissions.

This paper sets out the clinical, service, quality and safety recommendations which were derived as outcomes from the day.

Draft Recommendations

Session 1 - Major Trauma Centre

1) TTL Rota

An absolute commitment to achieve a 24/7 consultant TTL rota (with resident on call overnight) 7 days per week by the end of year 3.

That the starting point for Day 1 is a 16hrs consultant TTL rota (8am – 12am), to cover the period of maximum activity 7 days per week. From 12am – 8am that provision should be met by an ST4 plus or equivalent, 7 days per week, with non-resident ED on-call consultant telephone advice available.

That appropriate mitigations are put in place (e.g. 24/7 EMRTS, retaining a single point of access/automatic acceptance overnight and discussion of cases with on call consultant). In addition, that network TTL training is offered to all C&VUHB ED registrars.

That the resource requirements set out for Day 1 are both cost effective and deliverable, whether the model is delivered in-house or involving the wider network.

In recognition that this is a key standard, the MTC business case features the incremental resource requirements to meet the full standard over years 2 and 3 with an ability built-in to the commissioning agreement that this can be up-scaled earlier if significant issues arise through the ongoing review process.

That there is proportionality in relation to the additional resource requirements between what features in the MTC business case and what sits within the HB plans to expand the pool of EM consultants in line with Royal College of Emergency Medicine standards.

2) Paediatric TTL Rota

An absolute commitment to achieve a paediatric consultant TTL rota until 12am 7 days per week by the end of year 3.

That the starting point for Day 1 needs to include a phased approach to this. For example, covering until 10pm 7 days a week and / or basing the day 1 requirement on activity data.

That appropriate mitigations are put in place to support those on the TTL rota from the wider trauma team.

In recognition that this is a key standard, the MTC business case features the incremental resource requirements to meet this standard over year 2 and 3 with an ability built-in to the commissioning agreement that this can be up-scaled earlier if significant issues arise through the ongoing review process.

That there is proportionality in relation to the additional resource requirements between what features in the MTC business case and what sits within the HB plans to expand the pool of paediatric EM consultants in line with Royal College of Emergency Medicine standards.

3) Middle grade provision

Whilst the experience is that many MTCs did not increase ED middle grade numbers, based solely on establishing themselves as MTCs, middle grade provision should be sufficient to ensure overnight coverage in keeping with the year 1 recommendation in point 1 and 2. Any additional middle grade resource for overnight provision should feature as part of wide HB plans.

That there is proportionality in relation to the additional resource requirements between what features in the MTC business case and what sits within the HB plans to expand the pool of middle grades anyway in line with Royal College of Emergency Medicine standards.

4) ED nursing provision

The case needs to reflect a 1:2 ED nursing ratio in resus, with appropriate support augmented from across the hospital where possible. Overlap between adult and paediatric nursing should be reflected in any additional resource requirements.

5) Polytrauma Ward

That this is key Day 1 requirement for the MTC and that this area is appropriately ‘protected’ and ‘ring fenced.’

Current modelling of beds is based on a LoS of 18 days equating to 14 beds in the current MTC case. Based on a predicted reduction in LoS, albeit that it will take time to occur and improved repatriation (see key enabling roles in TUs), recommendation that the HB consider starting with a polytrauma ward staffed to provide 10 beds from day 1. This should be reflected in revised AHPs resourcing of the ward (incl. nursing staff and therapists).

Experience of the Bristol modelling indicated a total of 10-14 beds with the 4 beds being placed and supported in the T&O element of the case. The totality of beds would benchmark with the Bristol modelling as a starting point.

A clear agreement with WHSSC that if needed; the staffing could be increased for extra 4 beds in year 1. Based on a review at the end of year 1, a decision would taken to uplift the number of beds or maintain the current position for year 2 and 3.

The inability to provide senior clinical leadership 7 days per week. This should be explored further in the context of reduced hours of work per day.

A further benchmarking exercise should be undertaken using information obtained from Bristol, with respect to the development of a polytrauma ward with the aim of this supporting the above recommendations.

6) Theatres

That the number of theatre sessions appear appropriate.

Further consideration is given to refining the number of sessions through improving theatre efficiency and that this is presented the revised case.

Further consideration is given to refining the number of sessions through utilisation of 2 full day plastic surgical lists per week for major trauma, when not being used for plastic surgery.

7) Critical Care

That the number of critical care beds appears appropriate benchmarked with NHS England of 3 extra beds as part of the MTC development on day 1.

8) Radiology

Modelling appropriate with MSK radiologist removed from the business case (in keeping with the views of the panel).

Any additional radiology requirements would be considered after year 1 following peer review as part of the programme.

9) Rehab component (from combined written feedback from Alex Ball/Judith Allanson/Steve Novak)

1 additional WTE MTC rehabilitation consultant appears to be appropriate, but in order to ensure sustainability; some sessions should be shared across a number of consultants (as demonstrated in the TU consultant provision).

1 additional clinical psychologist an important workforce requirement.

Physiotherapy input into paediatric rehabilitation noted and supported.

Further urgent review required in relation to therapy requirements outlined and take advice from DoTHs to see how this could be undertaken.

Session 2 - Specialist Services supporting the MTC

A key requirement for there to be a plastic surgery service established at the MTC and that this is a Day 1 requirement and this should be the priority for the MTN.

There is an agreement to commence this from Day 1 as a 12hr, 5 days per week service (Mon-Friday), with the panel agreeing the mitigations outside of these hours and at weekends. The mitigation for out-of-hours and weekend cover would be outlined in the orthoplastics clinical service model document.

2 full day orthoplastic lists, equivalent to 4 sessions in total recommended per week in line with the current business case.

Need to recruit 3.0 new WTE consultant plastic surgeons for onsite presence as indicated above at the MTC, with equivalent registrar support.

Business case needs to demonstrate the case for change (benchmark to illustrate current deficits, the wider group of patients that would benefit from plastic surgery presence in the MTC and the evidence base for enhanced workload).

Subsequent business case developments in year 2 and 3 to include:

- Consideration of the model for isolated open lower limb fractures in light of year 1 MTN experience (therefore for Day 1 current position to be maintained and no change in the flow of these patients).
- The development of a 7-day plastic surgical presence at the MTC.

MTC to consider advertising one of their major trauma nurse practitioners roles with an interest in orthoplastics.

A review of the spinal trauma model will be undertaken urgently.

Session 3 - Trauma Units

Appropriate number of TUs across the network.

Appropriate level of mitigations being put in place for rural areas (e.g. Pembrokeshire, Ceredigion), in the absence of nearby TU or MTC.

The key enabling posts of the proposed TU resource of clinical lead, TARN co-ordinator, major trauma practitioner/coordinator, rehab coordinator and rehabilitation consultant input seen as appropriate and ensure the correct patient flow through the system.

Landing pad principles supported.

Flexibility of phasing of subsequent business case developments with respect to therapies, psychology, orthogeriatrics etc.

HBs given a choice to create flexible overlapping roles between major trauma practitioner/rehab coordinators.

Session 4 - Pre-hospital

The transport, transfer and the repatriation-enhanced conveyances was observed by the panel as being appropriate, with a clear review required at the end of year 1, to determine if level appropriate.

Temporal or geographical phasing of MTN not supported but there are 2 aspects of managing flow and capacity. Firstly tightening of the pre-hospital triage tool – tool to be refined following breakout session between WAST and professional peer reviewer. Secondly, the development of a trauma desk.

Recommended that having a trauma desk was an essential Day 1 requirements and the shared function with the EMRTS ASD appropriate overnight. However, WAST case needs to clearly articulate the function and benefits of the desk, and potentially the wider value that it will add? Phasing of the trauma desk ahead of the MTN becoming operational and the change in the patient flow.

Online training in relation the triage tool appropriate.

That face-to-face training needs to be more focused (e.g. on specific equipment) and that the training is evaluated at the end of year 1, before commencing further training in year 2 and 3, given concerns raised of seconding train the trainers, costs and questions of compliance of staff, even in the presence of backfill.

Develop a delivery plan of all components.

Session 5 – Operational Delivery Network (ODN)

Resource requirements for the ODN should be revised in conjunction with SBUHB (as the host organisation). This will look to remove some posts, reconsider some banding and roles (particularly director, service development). Data analyst should be more senior and entitled service improvement manager)

The function of the Clinical Informatics team should be further reviewed to focus on improvement of TARN data and co-ordination across the MTC and TUs. There should be focus on the development of patient-held records. The business case should be phased over a 5-year period.

The training proposals were seen as appropriate. It was recommended that an in year training programme was produced that covered the network region and mapped against trauma standards. Recommended that there were two half-day conferences to cover the complete patient pathway and as wide a range of delegates attend as possible.

It was agreed that there needed to be further consideration of the governance arrangements in particular around patient flow and repatriation. Whilst it was recognised that there is not a PBR and best practice tariff approach that would translate to Wales, it was considered necessary that there would be some arrangements that could be tested with CEOs of the Health Boards.

The governance arrangements should have executive-level sign-up across all the Health Boards in the network with MOUs. There should be a ‘top forum’ for the ODN

and hold account the ODN. It was observed that the host organisation as a service provide and lead for the ODN needed in the context of firming-up the governance arrangements.

Appendix

WALES TRAUMA NETWORK
PROFESSIONAL PEER REVIEW

Date Tuesday 13th August 2019

Location Copthorne Hotel, Copthorne Way Culverhouse Cross, Cardiff CF5 6DH

	Agenda Item	**Lead/ Skype Details**
09:15	**Welcome and Introductions**	Dindi Gill
09:30	**Major Trauma Centre** • Mr Rob Faulconer, Consultant Vascular Surgeon, Plymouth Hospitals NHS Foundation Trust • Dr Ben Walton, Consultant ICM and Anesthetics, North Bristol NHS Trust • Dr Richard Hall, Consultant in Emergency Medicine, University Hospital of North Midlands NHS Trust • Dr Steve Novak, Consultant in Rehabilitation Medicine, North Bristol NHS Trust • Dr Judith Allanson, Consultant in Neurorehabilitation, Cambridge University Hospitals NHS Trust **Referring to Document 1**	PSTN:01495 793600 WHTN:01891 3600 Conference ID: 34914672
Coffee		
12:00	**Specialist Services** • Mr Shehan Hettiaratchy - Plastic and Reconstructive Surgeon, Imperial College, Trust trauma lead and lead surgeon; consultant plastic, hand and reconstructive surgeon, Imperial College Healthcare NHS Trust • Miss Loz Harry, Consultant Plastic Surgeon, Queen Victoria Hospital **Referring to Documents 2, 3 & 4**	PSTN:01495 793600 WHTN:01891 3600 Conference ID: 83136894
Lunch		

14:00	**Trauma Units** • Dr Ash Basu, Consultant Emergency Physician, Betsi Cadwaladr University Health Board • Dr Adam Wolverson, Consultant in Intensive Care Medicine and Anaesthesia, United Lincolonshire Hospitals NHS Trust • Dr Steve Novak, Consultant in Rehabilitation Medicine, North Bristol NHS Trust **Referring to Documents 2, 5, 6 & 7**	PSTN:01495 793600 WHTN:01891 3600 Conference ID: 62370238
15:00	**Pre-Hospital** • Dr Phil Cowburn, Acute Care Medical Director, South West Ambulance Services NHS Foundation Trust **Referring to Documents 8 & 9**	PSTN:01495 793600 WHTN:01891 3600 Conference ID: 34069127
16:00	**Operational Delivery Network** • Mr Steve Cooke, Network Manager, West Midlands Trauma Network • Dr Louisa Stacey, Major Trauma Centre Manager and Thames Valley Trauma, Vascular, and Spinal Networks Manager, Oxford University Hospitals **Referring to Document 10**	PSTN:01495 793600 WHTN:01891 3600 Conference ID: 78969127
17:00	**Close**	

Title	**Swansea Bay University Health Board Submission – Specialist Services requirements for the Major Trauma Network**
Date:	**6th September 2019**
Sponsor:	**Siân Harrop-Griffiths, Director of Strategy**
Author	**Tersa Humphreys, Interim Associate Service Director – Planning**

1. Purpose

The following paper provides an updated position as at 6th September 2019 on the Swansea Bay University Health Board specialist services requirements for the Major Trauma Network, which have been updated to reflect the discussions/feedback from the Professional Peer Review process held on the 13th August 2019 and subsequent local discussions with existing Burns and Plastic Surgery Consultants.

The requirements are split into the input required:

- Directly into the Major Trauma Centre (MTC) in the University Hospital of Wales, Cardiff;
- At Morriston Hospital to manage and treat direct admission of isolated open limb fractures and secondary transfers from the MTC for further Orthoplastic surgery treatment; and
- Plans for the expansion of the Elective Spinal Surgery service in Morriston Hospital to meet the requirements for emergency spinal surgery for the patient populations of south west wales.

2. Orthoplastic Input into the Major Trauma Centre

2.1 Service requirements

Based on population data, the level of Orthoplastic surgery cases requiring admission to the MTC is likely to be circa 24 cases ± 6 per annum. The planning assumption is that 12 of these cases would need to be transferred to Morriston Hospital for further treatment following their MTC admission. The level of Orthoplastic surgery cases requiring direct admission to Morriston Hospital is picked up in section 3 of the paper.

The planning assumptions for Plastic Surgery cover requirements into the Major Trauma Centre are 12 hours a day cover, 5 days a week. This input is less than the 7 days a week cover specified in the standards for the MTC. Weekend cover will be supported from Morriston Hospital via a two tier on call model.

The total number of Direct Clinical Care sessions required to support 12 hour cover plus travel of 2 hours per day, plus prospective cover for annual leave and study leave comes to three wte based

on an 8:2 job plan. There is no capacity built into this requirement, for cover for sickness or for joint governance meetings between Plastic surgery MTC consultants.

The Burns and Plastic Surgery service has no existing clinical footprint in Cardiff and Vale University Health Board on which to build the MTC requirements. This means that the service requirements outlined all have to be established from a zero base. This challenge was recognised by the professional peer review panel, and there was a recommendation that one of the major trauma nurse practitioner posts should be appointed with an interest in Orthoplastics.

It is important to note that recruitment of middle grade cover for the MTC is a critical part of the medical workforce plan for Orthoplastic surgery. The proposal is for four middle grade posts to support consultants in the MTC.

The Health Board is awaiting a formal response from HEIW regarding the funding of the four middle grade posts. The costs included in the above table below are based on 50% funding coming from HEIW.

2.2 Risks

Concerns have been raised by the Plastic Surgery service clinical team that a post based solely in the MTC is unlikely to be approved by Royal College of Surgeons, would be unattractive to potential candidates and does not have opportunity for MTC consultants to integrate into the wider South Wales Plastic Surgery service located in Morriston Hospital.

Furthermore, the experience from other MTCs is that there is a need for more than three people to provide a robust MTC rota to mitigate workforce burnout and to provide seamless cover in the event of annual, study or professional leave. This position was discussed in the professional peer review session and supported.

The risk of operating a three-person rota include:

- No existing members of the plastic surgery service wanting to be part of the MTC rot, which will leave a fragile service arrangement;
- Ability to successfully recruit and retain consultants into a three consultant rota model;
- Management of sickness and absence particularly if only three people are focused on the MTC; and
- Financial and service delivery risk for Swansea Bay University Health Board in addressing any issues that may emerge from a fragile rota –reallocation existing consultants to support MTC, loss of activity/capacity/income.

Whilst the ideal rota should have five people, the revised proposal would be to progress with three wte new substantive consultant appointments and one wte locum Consultant appointment to create a 4-person rota from day one, which can then be assessed and evaluated in the first 12 months of the MTC.

Discussions have taken place with all local Burns and Plastic Surgery Consultants and there are no existing consultants who can participate in the MTC. The service has a number of service challenges including:

- consultants whose prime work is cancer
- having single handed consultant supporting some clinical service/pathways
- service pressures in a number of clinical areas (hand surgery/SNB/breast); and
- five consultants who provide a burns centre service for the South West UK Burns Network.

The consultant workforce standard for plastic surgery is 1 wte for 80,000 population, the south wales service has 17 consultants serving a population of circa 2.5 million (this does not include the population base for the SWUK burns network).

2.3 Financial

The costs for a four Consultant rota are identified in the table below. The table also includes the equivalent middle grade requirements to support the Orthoplastic MTC model.

	Additional information	Full year requirement	In year 19/20 - 2 month lead in time costs	Full year costs	Comments
Plastics Services (to support MTC)	Consultant	4 wte - MTC (3 substantive posts and 1 locum post)	83367	500,200	
	elective theatres	1.25 all day lists per week 42 weeks per year	35750	214,500	
	Outpatient clinics	1.25 outpatient clinics per week 42 weeks per year	6667	40,000	
	Middle Grade Cover	4 wte	30000	180,000	Awaiting confirmation from HEIW re Middle Grade funding
	Travel costs		1667	20,000	Included travel costs as this will be required as part of the set up prior to the 1st April 2020
	Total		**157450**	**954,700**	

2.4 Other benefits of Plastic Surgery input into the MTC

As part of the MTC discussions, options on how to increase the clinical workload of the Orthoplastic team in the MTC have been proposed. These include:

- Increasing the level of elective work undertaken in the MTC for plastic surgery; or
- Revising the pathways for isolated lower limb fractures to increase numbers in the MTC.

The advice from the professional peer review consultants, was:

- that the model of having elective work on a separate site to the MTC was something to be protected; and
- experience from other MTCs has shown that once plastic surgery is established on a hospital site there will be a significant increase in workload referred to the service.

The types of work include:

- Perineal reconstruction
- Paediatrics including paediatric hand surgery
- PICU meningitis cases
- Periprosthetic joint infection and osteomyelitis

- Vascular/diabetic feet
- Decision making in amputation surgery
- Wound debridement
- Skin grafting
- Non-microsurgical soft tissue reconstruction
- Peripheral nerve injury
- Mangled hands/hand trauma in the poly traumatised patient.

In addition, there would be an options for some trauma cases in UHW, which would otherwise wait for transfer to the plastic surgery service in Morriston Hospital, be treated locally by the Orthoplastic MTC service.

In 2013 a review of all major trauma cases admitted to a urban MTC (St Mary's Hospital, Imperial College Healthcare NHS Trust) were reviewed to assess the plastic surgery workload. The findings of the audit were published in 2016 in the journal of plastic, reconstructive and aesthetic surgery (see Appendix 1). The main findings of the audit were that:

- 29% of major trauma cases needed plastic surgery intervention;
- 43% of the cases were lower limb fractures.

In 2017 the results of "Plastic surgical operative workload in major trauma centres (POW-MTC): A UK prospective national cohort study was also published in the journal of plastic, reconstructive and aesthetic surgery (see Appendix 2), this article summarised workload information collected from 11 MTCs.

The total MTC admission for the 11 centres was 2963, 53% required surgical intervention. Of these:

- 14% (227 cases) required plastic surgery this ranged from 3.8% to 24%. 88% of these patients were admitted under specialties other than plastic surgery
- Of the 227 patients (814 procedures were undertaken) average of 3.7 procedures per admission
- 33% of the patients required multiple visits to theatres
- 25% of the plastic surgery input was for wound debridement
- 5% for fee flaps
- 25% of the index procedures were undertaken outside of normal working hours 6:00pm to 8:00am

The recommendation is that the workload for plastic surgery in the MTC is reviewed in the first 12 months and used findings will be used to inform the next steps.

2.5 Other additional resource requirements in the MTC for plastic surgery

The Plastic Surgery service is a key member of the MTC MDT. With no existing footprint or service base on the Cardiff and Vale Hospital campus it is important to ensure that as part of the MTC development that appropriate local wrap around support and resource arrangements are established, which are in place for Cardiff and vale hosted specialties and service.

This will ensure that:

- maximum benefit and value is gained from the on-site plastic surgery cover
- ensure that there strong links between the plastic surgery hub and the MTC spoke;
- robust support arrangements, which support safe clinical service governance.

The specific requirements are:

- Car parking
- Plastic surgery office/desk space and IT access
- Secretarial support
- Plastic Surgery trainee support 08:00 – 20:00hrs
- Junior Doctor support 24hrs/day for Orthoplastic patients
- Plastic surgery competent nursing staff
- Plastic surgery ward space and admitting rights
- Plastic surgery nurse trauma coordinators
- Plastic surgery surgical equipment, e.g. instrument trays, dermatomes, skin graft meshers, VAC dressings and microscope (for emergency revascularisation of a limb), available 24 hrs
- Permanent Plastic surgery operating lists
- Regular follow-up/dressings clinic, appropriately staffed
- Trauma MDT

3. Orthoplastic Surgery support at Morriston Hospital for Major Trauma Cases

In addition to the 12 cases transferring from the MTC to Morriston, there could be circa 53 cases admitted directly to Morriston Hospital for Orthoplastic surgery treatment who will require timely access to theatre and input from Plastic Surgery and specialist Orthopaedic Trauma Surgery.

The Commissioning of Orthoplastic Surgery care for the patients of South Wales is a matter that the Health Board has tried to resolve since the introduction of the Standards for the Management of Open Fractures of the Lower Limb in 2009; however, it would be fair to say that the commissioning arrangements for this pathway remain unresolved.

In 2017, 41 Orthoplastic surgery cases were treated in Morriston Hospital, 29 admitted directly and 12 transferred from other hospitals. Timely access to theatres in line with required standards is an issue and other non-Orthoplastic surgery trauma is displaced into elective capacity.

Under the protocols of the Major Trauma Network, all obvious open lower limb fractures, who do not trigger the Major Trauma Pathway; will be admitted directly to Morriston Hospital. This represents a significant change in the acuity of surgery required and the need for a ring fenced Orthoplastic bed to avoid ambulances being delayed and unable to “off-load” patients in a timely manner.

SBUHB only has one Orthopaedic consultant with the complete skill set to support Orthoplastic Reconstructive Surgery.

The existing arrangements for the management of Orthoplastic Surgery cases in Morriston Hospital putting significant pressures on our ability to treat both the non-Orthoplastic orthopaedic trauma and plastic surgery trauma because Orthoplastic cases tend to take all day due to their complex nature. To meet the increase in acuity of patients and to be able to attend to their reconstruction in an acceptable timeframe, which meet the standards and guidelines; additional dedicated operating sessions are required.

The proposal is to commission two dedicated all day Orthoplastic surgery lists per week in Morriston Hospital and to have one ring-fenced bed to admit patients in a timely manner. The cost of these requirements are outlined below:

		Additional information	Full year requirement	in year 2019/20 (2months)	Year 1	Year 2	notes
Orthoplastics in Morriston Hospital	Operating capacity	2 all day lists per week 52 weeks of the year	388368	64,728	388,368	388,368	Specialist orthopaedic input not currently included
	Beds	1 bed	45000		45,000	45,000	
	Total			**64,728**	**433,368**	**433,368**	

The options for provision of the specialist Orthopaedic input for the Orthoplastic patient pathway could be as follows:

a. The SBUHB Orthopaedic Consultant would support 1 of the Morriston Hospital lists with annual leave and study leave cover for the SBUHB consultant and for covering the second Orthoplastic surgery list 52 weeks of the year provided from the Cardiff and Vale Trauma and Orthopaedic service, which would outreach to Morriston Hospital on a weekly basis; or
b. The SBUHB Orthopaedic Consultant becomes part of a networked team with the Cardiff and Vale service and that this arrangement provides the necessary Orthoplastic cover for the MTC and for Morriston Hospital.

The preferred option is option b, as this provides a more resilient, south Wales solution for provision of specialist Orthopaedic support for Orthoplastic Surgery in south Wales.

4. Expansion of south west Wales Spinal Surgery Service

SBUHB has a plan to expand the current elective spinal surgery service delivered in Morriston Hospital to deliver emergency spinal surgery cases as well as elective cases.

The plan will take until end of May 2020 to implement. There is a requirement to start recruitment during 19/20 to be ready for a go live in June 2020. The 19/20 costs have been reviewed in line with a phased workforce plan agreed with the clinical service and have been reduced from £234k to £105k for 19/20.

Spinal Surgery Service - South West Wales						
		Unit cost	**in year 2019/20 (see notes section)**	**Year 1**	**Year 2**	**notes**
Spinal Services	Outpatient clinic costs	B5 + B3 0.2 WTE + £1,000 non pay + H Recs B2 0.2 WTE	3,038			2 months lead in time
	Physiotherapist	B6 0.5 WTE	9,710			5 months lead in time
	Anaesthetic consultant	4 sessions + SPA + Oncall				2 months lead in time - costs can be picked up in other areas until service up and running
	Theatre session costs	2 sessions per week	8,457			2 months lead in time
	Beds	los for cases (2 days)	10,833			2 months lead in time
	Physician Associates - 3 wte	£ 54,944				2020/2021 recruitment
	NPs - 1.5 wte	£ 54,944	34340			5 months lead in time
	Band 4 - 1 wte	£ 29,294	4882			2 months lead in time
	SHO incl 30% banding (2 wte)	£ 63,009	10501			2 months lead in time
	MSCC Coordinator - 1 wte Band 7	£ 54,944	22893			5 months lead in time
	Total		**104656**			Maximum in year costs

5. Summary

In summary:

- The total costs for the plastic surgery input into the MTC full year based on a four-person consultant model (including 4 middle grade posts) equates to £955k full year.
- The appointment of 4 middle grade doctors to support the four consultant model is an essential part of the medical workforce model in the MTC.
- The total infrastructure costs for two all day theatre lists in Morriston Hospital and a ring-fenced bed to support Orthoplastic surgery pathways equates to £433k full year.
- The preferred option for the provision of specialist 0rthopaedic support for Orthoplastic pathways is via a south wales networked model.
- SBUHB has a plan for the expansion of its current elective spinal surgery service, which will take until the end of May 2020. The 19/20 costs for recruiting key posts into the service to support a go live in June 2020 has been reviewed and is now £104k.

Appendix 1

Hendrickson et al
2016 (002) MTC Appe

Appendix 2

POW MTC JPRAS 2017.pdf

		Agenda Item	2.2
Meeting Title	**Joint Committee**	Meeting Date	16/09/2019
Report Title	Major Trauma Commissioner Risks		
Author (Job title)	Planning Manager		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	This paper aims to • Provide members with the register for commissioning risks associated with the Major Trauma network.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	09/09/2019
	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	Members are asked to: • **Note** the information presented within the report		

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												
Aneurin Bevan	✓	Betsi Cadwaladr		Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓

Provider Health Board affected (please state below)
Cardiff and Vale University Health Board and Swansea Bay University Health Board.

1. SITUATION

This paper provides members with the register for commissioning risks associated with the Major Trauma network.

2. BACKGROUND

At the Extraordinary Joint Committee meeting on 30 August 2019 the WHSS Team was asked to prepare a risk register describing the commissioning risks associated with WHSSC's commissioning of the Operational Delivery Network and Major Trauma Centre. The risk register is included as Appendix A.

3. ASSESSMENT

The risk register has been presented as a high level description of risks, an assessment of likelihood and impact, together with a summary of mitigations to date in a concise format.

Risks have been classified as falling with the following broad categories:

- Strategic Risk - defined as something that is external to WHSSC that if it occurs forces a change in strategic direction of WHSSC;
- Operational Risk - defined as an event that's internal or external to WHSSC that will actually impact ability to achieve the current strategy;
- Reputational Risk - defined as an event that refers to the potential for negative publicity, public perception or staff engagement; and
- Financial Risk - defined as an event that will impact on WHSSC's ability to work within its agreed budget.

The next steps will be that the register evolves following consideration of the latest iterations of the draft provider business cases. Following the receipt and consideration of draft business cases a rescoring of risks will be undertaken with internal peer review provided by the WHSSC Neurosciences and Complex Conditions commissioning team.

4. RECOMMENDATIONS

Members are asked to:

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

5. APPENDICES / ANNEXES

Appendix A: Major Trauma Commissioning Risk Register

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	
Health and Care Standards	Choose an item. 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	n/a
Resources Implications	n/a
Risk and Assurance	This report describes the approach of reporting commissioning risk associated with the Major Trauma Programme.
Evidence Base	n/a
Equality and Diversity	n/a
Population Health	n/a
Legal Implications	There are no legal implications included in the report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	09.09.2019	minor amendments to presentation of risk to include a RAG presentation of risk scores
Choose an item.		

Major Trauma Risk Register

Updated: 6th September 2019

The table below details the commissioning risks identified by WHSSC which are related to the current activity to overcome the overarching risk that patients in south and mid Wales are at risk at not having access to a Major Trauma Network which is inequitable with patients around the rest of the UK, so they do not receive the same robust approach to the management of severe injury with life threatening conditions.

RISK NUMBER/ RISK TYPE	DESCRIPTION OF RISK	LIKELIHOOD OF OCCURRING	EXPECTED IMPACT	RISK SCORE	SUMMARY OF MITIGATION TO DATE
1. Strategic	There is a risk that the development of the Major Trauma Network is undeliverable due to inability to recruit and affordability.	Likely (4)	Major (4)	**16**	Workforce planning being undertaken by the MTN workforce group. Business case review by Prof. Chris Moran and ongoing scrutiny of the business case with particular regard to the recommendations of the Professional Peer Review.
2. Strategic	There is a risk that the establishment of the Major Trauma Network for south and mid Wales will impact negatively on the funding available for other schemes identified in the WHSSC ICP.	Likely (4)	Severe (5)	**20**	New schemes subject to established prioritisation processes.
3. Operational	There is a risk that internal recruitment within provider organisations may destabilise WHSSC commissioned services, for example scrub nurses currently supporting cardiac surgery being recruited to Major Trauma Centre.	Likely (4)	Major (4)	**16**	Workforce planning being undertaken by the MTN workforce group.
4. Operational	There is a risk that the performance of other WHSSC commissioned services will deteriorate due to a provider focus on the major trauma service.	Possible (3)	Major (4)	**12**	Ongoing communication between commissioning teams and provider organisations via established performance and escalation processes.
5. Financial	There is a risk that the current deficiencies in TARN data availability across the system means that planning assumptions being adopted to define resource requirements may be inaccurate. This may lead to an under or over allocation of the necessary resource to meet demand.	Possible (3)	Severe (5)	**15**	Approval of in year recruitment of Tarn coordinators at the MTC. Business case review by Prof. Chris Moran and ongoing scrutiny of the business case with particular regard to the recommendations of the Professional Peer Review.
6. Strategic	There is a risk that performance management and the handling of patient safety issues in the network will be impaired because the governance structure is currently ill-defined.	Likely (4)	Severe (5)	**20**	The hosting and governance arrangements for the Operational Delivery Network will be developed by SBUHB.

7. Financial	There is a risk that funding is committed without adequate opportunity for full scrutiny and that there will be recruitment into posts to fulfil roles which are not subsequently agreed.	Likely (4)	Severe (5)	**20**	Scrutiny of provider business case with particular regard to the recommendations of Professional Peer Review. WHSSC in year funding release requires providers to carry any risk related to unfunded recruitment.
8. Reputational	There is a risk that the publically announced "go-live" date of April 2020 will not be met.	Likely (4)	Severe (5)	**20**	WHSSC processes adapted to allow approval of time critical posts in line with the recruitment timetable.
9. Strategic	There is a risk that lack of day one readiness at both the MTC and the wider network could result in the transfer of patients to an MTC in NHSE or delayed transfers of care out of the CVUHB MTC.	Possible (3)	Major (4)	**12**	Continued work with providers to establish a phased approach clarifying service provision for day one with scrutiny of business cases and mitigation measures identified where standards are not met.

		Agenda Item	2.3
Meeting Title	**Joint Committee**	Meeting Date	16/09/2019
Report Title	Updated timelines for the development and submission of the 2020-23 WHSSC Integrated Commissioning Plan		
Author (Job title)	Acting Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Choose an item.

Purpose	This paper outlines the updated timelines for developing and seeking approval of the 2020-23 WHSSC Integrated Commissioning Plan.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☐	☐

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	09/09/2019
Recommendation(s)	Members are asked to: • **Support** the updated timelines for developing and seeking approval of the WHSSC 2020-23 Integrated Commissioning Plan.		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓

Provider Health Board affected (please state below)

All providers

1.0 SITUATION

The timelines for developing the 2020-23 WHSSC ICP have been updated following receipt of a letter from Welsh Government on 21st August 2019 which advised that due to a number of reasons, the submission date for Health organisations Integrated Plans was deferred from December 2019 to 31st January 2020.

2.0 BACKGROUND

In June 2019, a paper setting out the initial timelines for developing the 2020-23 WHSSC ICP was presented and supported by Management Group before approval at Joint Committee in July 2019. This set out the commissioning intentions that the ICP would be informed by, along with the dates of key meetings that would support the prioritisation of new interventions and services requiring investment. These meetings had been arranged by working back from the date of 12th November 2019 where the ICP was required to be presented to Joint Committee for approval.

3.0 ASSESSMENT

As many of the stages of developing the 2020-23 ICP were already in place by the time of receiving notice of the deferment by Welsh Government, few updates have been made to the timeline. Along with approval of the Commissioning Intentions by Joint Committee in July 2019, proposals from providers of specialised services for schemes to consider for funding within the ICP have just been received and are currently being worked through by the relevant Commissioning Teams. Papers have also been circulated in advance of the Prioritisation Panel meetings on the 17 and 19 September.

Although internal WHSSC processes would still allow for a submission date of the final draft of the ICP to Joint Committee for approval in November 2019, delaying this submission and putting on an extraordinary Joint Committee in December specifically for approving the WHSSC 2020-23 ICP, would allow the delays in the submission and therefore approval of the *South and mid Wales Major Trauma Network Programme Business case* to be accommodated.

Based on the most recent iteration of the Major Trauma timeline, the final case will be available to present in November 2019. As the establishment of the south and mid Wales Major Trauma Network is a significant strategic priority for WHSSC as Commissioner of both the Major Trauma Centre and the Operational Delivery Network, details of the approved case such as the funding required and allocated, requires inclusion within the 2020-23 ICP. Due to the lateness in the month of the November Management Group, it is anticipated that the outcome of the Major Trauma discussions in the November Joint Committee will be accounted for within the draft of the ICP presented and Management Group will at this point be able to

support the final draft to be presented to Joint Committee in December for approval.
A month 7 forecast of the 2019/20 financial position will be used to inform the baseline assessment for 2020/21 rather than the previously anticipated month 6 position.

Diagram 1: Updated timeline for Development of 2020-23 ICP

4.0 RECOMMENDATIONS

Members are asked to:

- **Support** the updated timelines for developing and seeking approval for the WHSSC 2020-23 Integrated Commissioning Plan

Link to Healthcare Objectives	
Strategic Objective(s)	Development of the Plan Governance and Assurance Choose an item.
Link to Integrated Commissioning Plan	This paper sets out the updated timelines for developing and seeking approval for the 2020-23 ICP
Health and Care Standards	Governance, Leadership and Accountability Staff and Resourcing Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Only do what is needed Choose an item.
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 outline WHSSC's continued focus on Quality, Safety & Patient Experience.
Resources Implications	There are no risk implications within this paper.
Risk and Assurance	The ICP Risk Management Framework which underpins the commissioning intentions is an assurance mechanism for managing risks.
Evidence Base	Evidence base is a key commissioning intention referenced within this report.
Equality and Diversity	Equality issues will be addressed through the commissioning intentions of providing safe and equitable services.
Population Health	The implications for Population Health are outlined in this report.
Legal Implications	There are no legal implications within this report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	09/09/2019	Approved for presentation at Joint Committee

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

		Agenda Item	2.4
Meeting Title	**Joint Committee**	Meeting Date	09/09/2019
Report Title	Radiofrequency Ablation for Barrett's Oesophagus		
Author (Job title)	Assistant Planning Manager (Cancer & Blood)		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this paper is to: • Update Joint Committee on the work led by WHSSC to develop the commissioning framework for a south Wales based Radiofrequency Ablation service for patients with Barrett's Oesophagus; • Confirm the future commissioning arrangements for Radiofrequency Ablation for patients with Barrett's Oesophagus.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☐	☒

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	Members are asked to: • **Note** the work carried out to date to develop the commissioning framework for a south wales based RFA service for patients with Barrett's Oesophagus; • **Confirm** that WHSSC will become the commissioner of RFA for Barrett's Oesophagus; • **Note** the development by Cardiff & Vale UHB of a business case to deliver RFA for the population of mid and south Wales, and that this case is cost saving; • **Support** implementation of the RFA service as an in-year development (subject to approval of the business case by Management Group).		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

Aneurin Bevan	✓	Betsi Cadwaladr		Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓

Provider Health Board affected (please state below)

Cardiff & Vale Health Board

1. SITUATION

In July 2018, WHSSC was asked by the NHS Wales Health Collaborative Executive Board to take forward the work required to commission and provide a south Wales based RFA service for patients with Barrett's Oesophagus and early oesophageal cancer. This paper outlines the work WHSSC has undertaken and seeks confirmation of the future commissioning arrangements for the RFA service.

2. BACKGROUND

There is currently no Radiofrequency Ablation (RFA) service within south Wales for treating patients with Barrett's Oesophagus. Patients suitable for this treatment are referred on a case by case basis to Gloucestershire Hospital NHS Foundation Trust. This service is directly commissioned by Health Boards for their resident populations.

In July 2018, WHSSC was asked by the NHS Wales Health Collaborative Executive Board to undertake the work required to commission a south Wales based RFA service. The service would provide RFA for patients living in the health board regions of Aneurin Bevan, Cardiff and Vale, Cwm Taf Morgannwg, Hywel Dda, Swansea Bay and parts of Powys (where patients are referred via upper GI pathways in south Wales). Patients in north Wales will continue to be referred to the Royal Liverpool University Hospital for RFA treatment.

3. ASSESSMENT

3.1 Commissioning Framework

WHSSC established a project board and clinical advisory group to undertake the work. The following key products have been developed and finalised:

- RFA commissioning policy to define the eligible patient population;
- RFA service specification to define the standards and quality indicators for the provision of the service;
- Assessment of the current service, patient need and demand, current resources in the system;
- Equality impact assessment of the policy, specification and proposed service change.

3.2 Business Case to deliver an RFA service in south Wales

The service specification stipulates that an RFA service should be based at a tertiary cancer centre. There are two providers in south Wales that meet this requirement: Swansea Bay UHB and Cardiff & Vale UHB.

Swansea Bay UHB has confirmed to WHSSC that it is not in a position to develop a RFA service at the current time. Cardiff and Vale UHB expressed its interest in

delivering an RFA service and was therefore invited to submit a business case. The business case was submitted to WHSSC on 23 August 2019. While further scrutiny of the business case is required, the overall cost of the proposal is comfortably within the resources that have been identified as already in the system to fund patients to be treated in Gloucester.

3.3 Commissioning Arrangements

WHSSC has taken the above work forward on a collaborative commissioning basis. Joint Committee is asked to confirm whether it wishes WHSSC to now formally commission RFA as part of its portfolio of specialised services.

If WHSSC is confirmed as the commissioner, an assessment of the business case will be taken to Management Group for scrutiny and approval. Given the value of the proposal from CVUHB is within the costs of treatment at Gloucester, the business case could be implemented as an in-year development, provided Management Group is satisfied that a sustainable service that meets the specification could be delivered.

4. RECOMMENDATIONS

Members are asked to:

- **Note** the work carried out to date to develop the commissioning framework for a south wales based RFA service for patients with Barrett's Oesophagus;
- **Confirm** that WHSSC will become the commissioner of RFA for Barrett's Oesophagus;
- **Note** the development by Cardiff & Vale UHB of a business case to deliver RFA for the population of mid and south Wales, and that this case is cost saving;
- **Support** implementation of the RFA service as an in-year development (subject to approval of the business case by Management Group).

5. APPENDICES / ANNEXES

There are no appendices or annexes included with this report.

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	WHSSC has led work to develop a commissioning framework and proposal for RFA through a collaborative commissioning project.
Health and Care Standards	Timely Care Safe Care Effective Care
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Reducing the per capita cost of health care Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The commissioning and provision of a local service for RFA is expected to improve patient experience and access to treatment.
Resources Implications	The resources currently in the system to fund this treatment have been identified as a part of the RFA project. A business case has been developed for a local RFA service.
Risk and Assurance	A service specification for RFA that sets out the required standards for service delivery has been agreed.
Evidence Base	The specification and policy have been based on published guidance and evidence.
Equality and Diversity	An equality impact assessment has been undertaken.
Population Health	While a service is currently commissioned by health boards from a Trust in England, there is evidence of unmet need. it is expected that the provision of a local service will increase access and improve the health of patients with Barrett's Oesophagus.
Legal Implications	No legal implications have been identified.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	09.09.19	Approved with minor changes.
Choose an item.		

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

		Agenda Item	3.1
Meeting Title	**Joint Committee**	Meeting Date	16/09/2019
Report Title	Financial Performance Report – Month 5 2019/20		
Author (Job title)	Finance Manager - Contracting		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Choose an item.

Purpose	The purpose of this report is to set out the financial position for WHSSC for the 5th month of 2019/20. The financial position is reported against the 2019/20 baselines following approval of the 2019/20 WHSSC Integrated Commissioning Plan by the Joint Committee in January 2019.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	09/09/2019
	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	Members are asked to: • **NOTE** the current financial position and forecast year-end position.		

Considerations within the report (tick as appropriate)

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

1. 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 2019/20 baselines following approval of the 2019/20 WHSSC Integrated Commissioning Plan the Joint Committee in January 2019.

In line with the cross border agreement reached with NHS England, the English SLA position includes the HRG4+ and 19/20 tariff uplift and the income assumes the additional WG funding issued and 2% allocation uplift due from HBs has been collected. The forecast position assumes year end provider settlements will exclude the CQUIN element that was rolled into the uplift.

3. ASSESSMENT

The financial position reported at Month 5 for WHSSC is a forecast year end under spend of £1,069k.

There is movement across various budget headings. The forecasted overspend within Welsh & English providers, IPFR and DRC is being offset by underspend movements in mental health, developments and the release of prior year reserves.

4. RECOMMENDATIONS

Members of the appropriate Group/Committee are requested 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 5

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 5th month of 2019/20 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	630,409	262,670	262,216	(455)	1,507	(1,069)	2,153
EASC (WAST, EMRTS, NCCU)	164,045	68,352	68,352	0	0	0	0
Total as per Risk-share tables	794,454	331,022	330,568	(455)	1,507	(1,069)	2,153

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 2019/20 baselines following approval of the 2019/20 ICP by the Joint Committee in January 2019. 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 5 is an underspend of £455k year to date with a forecast year end underspend of £1,069k

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 historic standard PbR principles, 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 in line with the new cross border agreement.

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 2019/20 ICP, including the full year effects of 2018/19 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 2019/20 contract documents.

The Finance Sub Group has developed a new risk sharing framework which has been agreed by Joint Committee was implemented in April 2019. This is based predominantly on a 2 year average utilisation calculated on the latest available complete year's data. Due to the nature of highly specialist, high cost and low volume services, a number of areas will continue to be risk shared on a population basis to avoid volatility in commissioner's position.

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

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget £'000	Budgeted to Date £'000	Actual to Date £'000	Variance to Date £'000	Previous month Var to date £'000	Current EOYF Variance £'000	Previous month EOYF Var £'000
NHS Wales							
Cardiff & Vale University Health Board	206,864	86,193	87,250	1,056	96	2,129	1,329
Swansea Bay Univ Health Board	98,714	41,131	40,782	(349)	(383)	(429)	(394)
Cwm Taf Morgannwg University Health Board	9,614	4,006	3,735	(271)	(140)	(43)	32
Aneurin Bevan Health Board	8,147	3,395	3,460	66	64	35	35
Hywel Dda Health Board	1,581	659	679	20	39	20	39
Betsi Cadwaladr Univ Health Board Provider	41,049	17,104	17,036	(68)	(90)	(53)	(72)
Velindre NHS Trust	43,193	17,997	18,913	916	559	2,198	724
Sub-total NHS Wales	**409,162**	**170,484**	**171,854**	**1,370**	**146**	**3,858**	**1,694**
Non Welsh SLAs	113,399	47,250	47,568	319	(91)	654	726
IPFR	39,310	16,379	17,977	1,598	1,044	1,250	800
IVF	4,777	1,991	2,145	154	25	0	0
Mental Health	31,656	13,190	12,021	(1,169)	(1,092)	(953)	(770)
Renal	5,088	2,120	1,859	(260)	(61)	(211)	(78)
Prior Year developments	2,463	1,026	479	(547)	(442)	(1,313)	(1,200)
2019/20 Plan Developments	20,744	5,045	4,914	(131)	(7)	(194)	(96)
Direct Running Costs	3,810	1,588	1,641	53	(11)	260	123
Reserves Releases 2018/19	0	0	(1,842)	(1,842)	(1,473)	(4,420)	(4,420)
Phasing adjustment for Developments not yet implemented ** see below	0	3,599	3,599	0	0	0	0
Total Expenditure	**630,409**	**262,670**	**262,216**	**(455)**	**(1,962)**	**(1,069)**	**(3,221)**

The reported position is based on the following:

- NHS Wales activity – based on Month 4 data or Annual Plan values if deemed to vary from the 2018/19 outturn.
- NHS England activity – based on Month 4 contract monitoring data or Annual Plan values if this data was not available.
- 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.

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

5. Financial Position Detail - Providers

5.1 NHS Wales – Cardiff & Vale contract:

Various over and underspends from the month 4 data have been extrapolated to a total reported month 5 position of £1,056k over spent and a year-end position of £2,129k 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 for AB and CTM – the YTD positions for both of these service lines have continued to deteriorate this month by £67k and £50k respectively. Work is ongoing with each of these LHBs to understand the cause of this trend. The forecasts remain at the 18/19 outturn levels.

- Spinal Implants – Intrathecal Baclofen pumps patients have been disaggregated to a separate service line this month. Taking this into consideration there has still been an increase in the underperformance in core activity this month.

- Spinal Injuries – the YTD trend of overperformance has continued this month so the full year forecast has been moved to straight line to be prudent. It now stands at £144k.

- ALAS – there has been a material movement in the position of this service in month of £157k which has pushed the position into an overperformance of £103k. This main reasons for this are issues of wheelchairs and EAT equipment which has meant the forecast position has been increased to match the YTD position to be prudent. This will be monitored over the coming months as movements in the service can be volatile.

- Renal – the trends within this service area remain consistent with YTD overspends in surgery, home dialysis and hospital dialysis which are partially offset by underspends in nephrology, CAPD and transplants. This represents an increase in the overspend of £220k this month. These figures have been extrapolated on a straight line basis to form the forecast which has increased by £205k but it should be noted that

a growth provision for 19/20 to offset hospital dialysis has been released within Developments.

- Haemophilia – this month has seen a large adverse movement in this service of £148k which has moved the YTD position in to over spend of £34k. The provider is looking into this movement to ascertain if this an in month increase in product issues or a timing issue with invoicing. The forecast has been moved to £150k due to anticipated factor 9 product issues for a complex surgery patient.

- Clinical Immunology – both YTD and full year forecasts have been moved to breakeven which is a deterioration of £114k. This has been done in anticipation of the WBS price increase which will be reflected in the coming months reporting.

- Paeds Surgery – the continued trend of overperformance in this service has led to the forecast being moved from breakeven to an overspend of £52k to match the YTD position.

- AICU – the YTD position has moved adversely by £62k and now stands at £60k over spent. The full year forecast remains at breakeven at the moment due to the volatility seen in this service over the previous few months.

5.2 NHS Wales – SB contract:

Various over and underspends from the month 4 data have been extrapolated to a total reported month 5 position of £349k under spent and a year-end position of £429k under 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 full year forecast overspends stand at £139k and £426k respectively and are largely a result of dialysis activity. A increase in inpatient activity accounts for the YTD performance movement. As with the C&V service, a growth provision for 19/20 to offset this has been released within Developments.

- Cardiac Surgery – the YTD underspend stands at £296k and is a result of activity underperformance in virtually all areas of this service. This is a historic trend for the service and thus the full year forecast has been set at 18/19 outturn.

- Thoracic – the YTD position has moved by £75k in month as a result of an increase in cancer resections and now stands at £50k over budget. The full year forecast remains at breakeven due to the volatility seen in this service over the start of this financial year.

- Plastics – this volatile service has seen a YTD increase of £29k this month due to increased levels of emergency activity. Due to this reason, the forecast has been left at a breakeven level.

- Burns – the YTD underspend has increased by £45k and now stands at £160k as a result of falling inpatient activity. This is another volatile service that is hard to accurately forecast and thus the full year forecast has been left at break even.

5.3 NHS Wales – BCU contract:
Nothing to note this month.

5.4 NHS Wales – Cwm Taf Morgannwg contract:
Both NICU and CAMHS under spends have increased this month by £76k and £70k respectively. The CAMHS service has seen 15 admissions YTD but the forecast has been left at breakeven due to the unpredictability of this service.

5.5 NHS Wales – Aneurin Bevan contract:
Nothing to note this month.

5.6 NHS Wales – Hywel Dda contract:
Nothing to note this month.

5.7 NHS Wales – Velindre contract:
Based upon month 4 data received from the trust, the cancer services LTA stands at £117k over budget YTD which is extrapolated to a £281k year end forecast. Velindre are reporting a further £1.4m forecast variance on WHSSC high cost drugs in their month 4 activity monitoring. The Melanoma immunotherapy treatments overspend is fully reflected at £2.1m variance against plan, a movement of £1.5m. WHSSC will undertake further work through the Cancer & Blood commissioning team to review the clinical indications being applied for extended use and compare to national trends

5.8 NHS England contracts:
Total £319k overspend to month 5 with the full year forecast being reported at a £654k overspend. The English position has been reported either based on an extrapolation of month 4 reported actual data or plan data where actuals have not yet been provided. CQUIN has been removed from the forecast position.

The larger reported movements/variances are:

- Alder Hey – both YTD and forecast overperformance have increased and stand at £519k and £470k respectively. This is a result of the highest month of activity this year with particular increases in

emergency inpatient and PICU activity and also the historic marginal rate agreement that has increased from 50% to 75% this year.

- Birmingham Women's & Children's – YTD and full year forecasts have increased and now stand at £44k and £43k overspent respectively. This is mainly a result of a long stay PICU patient (63 days) that has yet to be discharged but is built into the position at a cost of £137k.

- Manchester University – both YTD and full year forecast overspends have increased this month and now stand at £157k and £172k respectively. This is simply a result of lower activity this year at the trust.

- Christie – YTD and full year forecasts have increased this month and stand at £50k and £37 respectively. The movement this month is a result of 2 BMT patients in month.

- Imperial – the trust has treated an emergency vascular patient in month which has increased the YTD and forecast overspends by more than £100k and they now stand at £269k and £262k respectively.

- LHCH – the YTD position has moved adversely by £59k and now stands at £636k under budget as this month has seen the highest activity to date which particular increases in cardiac and thoracic. The forecast position has moved slightly to £56k underspent as the YTD position is not expected to remain at it's current levels.

- Papworth – both YTD and forecast positions have moved to overspend this month and stand at £8k and £5k respectively. This is a result of 2 new PTE patients in month costing approximately £50k.

- Royal Brompton – the YTD underspend has increased by £159k and now stands at £282k and a similar movement exists in the forecast position that now stands at an underspend of £294k. A buoyant month of activity in April has not been matched during the rest of the quarter resulting in the growing underspend.

- Royal Salford - YTD and forecast positions have moved by £44k and £43k respectively and stand at £103k and £99k over budget. The in month movement is a result of an increase in elective neurosurgery and stereotactic radiotherapy.

- St Helens & Knowsley – YTD and forecast positions have fallen back by £324k and £327k as a result of the long stay burns patient now being charged to the IPC budget. The positions remain in over spend of £194k and £181k largely as a result of increased activity in elective plastic surgery.

- University College London – this month has seen a high cost acute kidney patient with high critical care costs, an elective sarcoma patient and a neurosurgery patient all meaning that the YTD and forecast positions have moved adversely by over £150k and they now stand at £138k and £134k respectively.

- University Hospitals North Midlands – more than £70k adverse movement in both YTD and forecast positions meaning they stand at £218k and £210k over budget. This is largely due to an emergency trauma patient and a cardiology patient in month.

- Walton – this month has seen the highest activity to date this year and this is well above the monthly average. This has resulted in both YTD and forecast positions deteriorating to £177k and £125k over budget respectively. The in month position includes high costs elective and emergency neurosurgery patients and high critical care costs.

Triangulation of alternative methods of forecasting informs the degree of risk at any time and are reviewed each month. The current reported forecast outturn position is prudent compared with straight line forecasting.

5.9 IPFR:

The total over spend at month 5 is £1,598k with a full year forecast reported at £1,250k overspent. The year to date variance consists of an over spend on non-contract activity due to 5 high cost paediatric BMT approvals, the impact of new Burosumab approvals in July, 11 HIPECs to date, an increase in HPN spend and the inclusion of the high cost North Wales burns patient being treated in St Helens (£500k), this is partially offset by underspends in all other high cost drug areas based upon invoices received to date. The forecast £1,250k anticipates further reserve releases relating to 18/19 NCA accruals.

5.10 IVF:

YTD the position has moved by £129k to a £154k overspend. This is a result of several PGD approvals at Guys, slightly higher than anticipated activity in Shrewsbury and a significant catch up in the Welsh position this month. Forecast is reported to break-even position at this point as activity in all contracts is expected to move to this figure throughout the year.

5.11 Mental Health:

Various budgets totalling an underspend to date of £1,169k and a year-end forecast underspend of £953k. These budgets include:

- High Secure has no material movements this month in either YTD or full year forecast positions.

- Adult Mental Health has a £842k underspend reported year to date and £812k for year end forecast. The main driver for this underspend is discharges in Forensic Mental Health which have increased by £167k and £179k respectively. The costs in this area are significantly lower than 18/19 so WHSSC assume that case management and gatekeepers continue to yield savings. The YTD underspend is partially offset by adverse movements in the Gender service line.

- CAMHS and Eating Disorders have a £253k under spend reported year to date with a £2k overspend year end forecast. The under spend is spread across all areas within this service and is based on invoices/commitments received to date.

5.12 Renal:

Both YTD and full year forecast underspends have continued to grow this month and now stand at £260k and £211k respectively. The majority of this movement is related to SB dialysis growth which will be offset by development funding, a fall in spend for dialysis at The Wirral and only 7 transplants to date at Royal Liverpool and Broadgreen.

5.13 Reserves:

A release of 18/19 non recurrent structural reserves was made into the position in month 3 totalling £2,927k for year end which will be released evenly through the year. A further release relating to 18/19 HRG4+ settlement of £1,493k was released into the month 4 position which will also be released evenly through the year. Further reserve releases will be made as they are analysed throughout the year.

5.14 Developments:

There is a total of £23,207k funded developments in the 2019/20 position, £2,463k of which relates to developments from prior years, £5,853k relates to 2019/20 CIAG Schemes, £6,885k relates to 2019/20 New Specialised Services & Strategic Priorities and £1,200k relates to Horizon Scanning. The remaining £6,806k are marginal performance provision for activity within C&V and SB providers.

The YTD underspend has grown by £229k to £678k and the full year forecast underspend has increased by £211k to £1,507k. This is a result of dialysis growth funding for SB & C&V being released against SLA cost pressures, continued underperformance in radio labelled therapies at Royal Free and slippage against Neonatal Transport scheme funding.

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

The YTD position has moved to overperformance this month and stands at £53k with the full year forecast increasing to £260k. This is mainly a result of hosting costs and the effect of moving costs.

WHSSC moved into the new building in Nantgarw at the start of September.

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 £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Variance M5	(455)	44	24	(115)	202	(391)	75	(293)
Variance M4	(1,962)	(208)	(546)	17	(130)	(448)	(63)	(583)
Movement	1,507	253	570	(132)	332	57	137	290

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
EOY forecast M5	(1,069)	98	(116)	266	(76)	(593)	(84)	(563)
EOY forecast M4	(3,222)	(462)	(815)	250	(675)	(581)	(142)	(798)
EOY movement	2,153	559	700	16	599	(12)	58	235

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.

This is the first month under the rebased risksharing financial framework and a cost neutral allocation adjustment is anticipated to realign commissioner funding with the WHSSC income expectations.

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 – 2019/20 Commissioner Income Expected and Received to Date

	2019/20 Planned Commissioner Income £'000	Income Expected to Date £'000	Actual Income Received to Date £'000	Accrued Income - WHSSC £'000	Accrued Income - EASC £'000	Total Income Accounted to Date £'000	EOY Comm'er Position £'000
SB	96,693	40,289	39,618	671	0	40,289	(116)
Aneurin Bevan	144,037	60,015	59,429	587	0	60,016	(76)
Betsi Cadwaladr	181,437	75,599	75,601	(2)	0	75,599	(563)
Cardiff and Vale	127,389	53,079	52,591	488	0	53,079	98
Cwm Taf Morgannwg	112,416	46,840	46,420	394	25	46,840	266
Hywel Dda	94,827	39,511	39,511	0	0	39,511	(593)
Powys	37,655	15,689	15,387	302	0	15,689	(84)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	**794,454**	**331,022**	**328,557**	**2,440**	**25**	**331,022**	**(1,069)**

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 moving forward to next financial year 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.
- Exposure to unplanned NICE approvals and generic price increases in contract prices.
- Phasing of Development funding as projects start; possible slippage in start dates may lead to non-recurrent in-year savings.

9. Public Sector Payment Compliance

As at month 4 WHSSC has achieved 100% compliance for NHS invoices paid within 30 days by value and 98.9% by number.

For non NHS invoices WHSSC has achieved 100% in value for invoices paid within 30 days and 100% by number.

This data is updated on a quarterly basis.

Further 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 4.2

WHSSC will assess spend to date on schemes where funding has been released to inform if any slippage can be released into the forecast position for month 6. All other risk and potential opportunities will also be assessed at this point.

Action Point 4.3

This report will be provided to WHSSC Management Group at the next meeting taking place on September 26th and Joint Committee on September 16th.

11. SLA 19/20 status update

All Welsh SLAs are signed. Please see appendix 1 below for an update on the status of the English SLAs with each trust.

12. Confirmation of position report by the MD and DOF

Sian Lewis,
Managing Director, WHSSC

Stuart Davies,
Director of Finance, WHSSC

Appendix 1

ENGLISH CONTRACTS SCHEDULE -2019-20

PROVIDER	PROPOSAL RECEIVED FROM PROVIDER	DATE SLA TO BE SENT TO PROVIDER	DATE SLA SENT TO PROVIDER	SLA SIGNED & RECEIVED
Alder Hey Children's NHS Foundation Trust	Yes		Sep-19	
Birmingham Women's &Children's Hospital NHS Foundation Trust	Yes		July 19	
Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's)	No		Aug-19	
Manchester University NHS Foundation Trust (previously Central & South)	Yes/No	unable to send out - waiting for Provider to Split Proposal for separate contracts with BCU & WHSSC		
(The) Christie NHS Foundation Trust	Yes/No		Sep-19	
DDRC	No	Sept-19		
Great Ormond Street Hospital for Children NHS Foundation Trust	Yes		June19	
Guy's and St Thomas' NHS Foundation Trust	Yes		June19	
Heart of England NHS Foundation Trust	Yes		July19	
Imperial College Healthcare NHS Trust	Yes		June19	

King's College Hospital NHS Foundation Trust	Yes		June19	
Leeds Teaching Hospitals NHS Trust	No	Mid Sept 19		
Liverpool Heart and Chest Hospital NHS Foundation Trust	Yes		July 19	Aug-19
NHS Blood & Transplant - National Organ Donation	Yes		April19	May19
(The) Newcastle Upon Tyne Hospitals NHS Foundation Trust		Sept-19		
Papworth Hospital NHS Foundation Trust	Yes		Aug19	
(The) Robert Jones and Agnus Hunt Orthopaedic Hospital NHS Foundation Trust	Yes		Aug-19	Trust awaiting NHSE confirmation on CQUIN to sign off
Royal Brompton & Harefield NHS Foundation Trust	Yes		June19	
Royal Free London NHS Foundation Trust (Hampstead)	Yes		June19	
(The) Royal Liverpool and Broadgreen University Hospitals NHS Trust	Yes/No	Mid Sept 19		
(The) Royal Marsden NHS Foundation Trust	Yes		June19	
(The) Royal Orthopaedic Hospital NHS Foundation Trust	No		Aug-19	
Salford Royal NHS Foundation Trust	No	Mid Sept 19		

Sheffield Teaching Hospitals NHS Foundation Trust	Yes/No	Mid Sept 19		
St Helens and Knowsley Teaching Hospitals NHS Trust	No	Mid Sept 19		
University College London Hospitals NHS Foundation Trust	Yes		June19	
University Hospitals Bristol NHS Foundation Trust	Yes	Sept-19		
University Hospitals Birmingham NHS Foundation Trust	Yes		July19	
University Hospitals of North Midlands NHS Trust	Yes	Sept-19		
(The) Walton Centre NHS Foundation Trust	Yes		Aug-19	
Wye Valley NHS Trust (Hereford)	No		Aug-19	
PETIC	No	Sept-19		

		Agenda Item	3.2
Meeting Title	**Joint Committee**	Meeting Date	16/09/2019
Report Title	June 2019 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 June 2019 and details the action being undertaken to address areas of non-compliance.			
RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☐	INFORM ☒

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** June performance and the actions undertaken to address areas of non-compliance.		

Considerations within the report (tick as appropriate)

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

WHSSC Integrated Performance Report

June 2019

WHSSC

Table of Contents

JUNE 2019 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 June 2019.

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.

There remains a high number of patients waiting over 26 weeks for cardiac surgery and the service at C&VUHB remains at Stage 3 with a follow up Commissioning Quality Visit planned for September to review progress against the C&VUHB action plan. The cardiac surgery services at SBUHB and LHCH remain at stage 2.

A further escalation visit was held at the start of June 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 10/12 beds dependent on patient acuity 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. The BCUHB proposal to move CAMHS services into adult MH which may have helped address some of the above concerns is not proceeding at present but closer links are being explored.

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 been escalated to the LHB Directors of Planning at SBUHBU & Cwm Taf and Welsh Government have now confirmed support for the requested capital funding. The work appears to have been delayed due to the LHB asset ownership and the Bridgend boundary change. This has been raised directly with CTMUHB DPCMH and work commenced in April 2019 and is due to be completed in August. 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 with SBUHB, due to continued breaches of 36 weeks (140 patients in May).

The BMT service in south Wales is also in 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.

Monthly meetings are in place with the south Wales sarcoma service due to being in escalation due to risks to service quality and sustainability.

3.0.1 Services in Escalation

Specialty	Level of Escalation	Current Position	Movement from Last Month
Cardiac Surgery	2	Performance meetings continue bi-monthly with SBUHB.	⇨
	3	Monthly performance meetings continue with C&VUHB.	⇨
	2	Performance meetings continue bi-monthly with LHCH.	⇨
Thoracic Surgery	2	Bi-monthly performance meetings continue with SBUHB and C&VUHB.	⇨
Lymphoma Panel	2	Performance meetings are in place with the All Wales Lymphoma Panel (CVUHB and SBUHB).	⇨
Plastic Surgery	2	Monthly performance meetings continue with SBUHB	⇨
Neurosurgery	2	The service remains at level 2 escalation whilst breaches over 36 weeks are still being reported in relation to a sole Consultant undertaking the majority of the urgent tumour work. A Locum is in place from early July and the service hopes to clear and maintain zero breaches over 36 weeks by the end of September.	⇨
Adult Posture & Mobility	2	The BCU Adult service has met the target for complex wheelchairs for the last two months and if this waiting list position remains consistent, will be able to be de-escalated.	⇨
CAMHS	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.	⇨
Paediatric Surgery	2	The service has reported no breaches over 36 weeks for the last three months and de-escalation is being considered.	⇨
Paediatric Intensive Care	2	Regular meetings are taking place with the service whilst the recruitment to staff for a seventh bed is undertaken and will continue to take place until the effects of this additional capacity on key performance indicators is known.	⇨
BMT	2	The BMT service in south Wales has recently been placed into level 2 escalation to explore further concerns raised.	⇨
IVF Shrewsbury	2	The service reported no breaches over 26 weeks against any of the reported targets in June. Following a few months of consistent reporting and achievement of the targets, de-escalation will be considered.	⇨
Sarcoma	2	WHSSC has arranged weekly input into MDT from surgeon at Royal Orthopaedic. WHSSC is coordinating discussions with health board leads for cancer and radiology to reach an agreement on the diagnostic pathway in south east Wales.	⇨

4.0 PROVIDER PERFORMANCE

The trend for performance for all provider services has largely remained unchanged moving into the new financial year 2019/20. Of the 27 provider service targets that were monitored by WHSSC, 18 (66.7%) remain in breach at end of June 2019 compared to 77.8% at the end of May 2019.

4.1 Section 1 Service Dashboard

Commissioning Team	Specialty	WHSSC Indicator Ref	Measure		Tolerance Levels			Provider	Apr-19	May-19	Jun-19	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	50%				
Cardiac	**Cardiac Surgery**	E01	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	96%	94%	95%		
		E01	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	84%	83%	84%		
	Bariatric Surgery	E03	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	97%	100%	100%		
		E03	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	94%	94%	87%		
Cancer & Blood	**Thoracic Surgery**	E02	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	100%	100%	100%		
		E02	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	99%	95%	96%		
	Lung Cancer	*E02D*	Mthly	USC lung resection < 62 days	>0	N/A	0	All	3	-	-		
		E02E	Mthly	NUSC lung resection < 31 days	>0	N/A	0	All	0	-	-		
	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	96%	87%	95%		
	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	85%	84%	83%		
	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	95%	94%	96%		
	Adult Posture & Mobility	E08	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	88%	91%	92%		
	Paediatric Posture & Mobility	E09	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	96%	96%	96%		
Mental Health	**CAMHS**	E10	Mthly	OOA placements	>16	>14, <16	=,<14	All	9	11	11		
		E10i	Mthly	NHS Beddays	<85%,>105%	< 90%, >100%	90% - 100%	All	76%	77%	83%		
		E10ii	Mthly	NHS Home Leave	<20%, >40%	<25%, >35%	25%-35%	All	25%	22%	21%		
	Adult Medium Secure	E11	Mthly	NHS Beddays	<90%, >110%	< 95%, >105%	95% - 105%	All	91%	97%	94%		
Women & Children	**Paediatric Surgery**	E12	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	100%	100%	100%		
		E12	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	87%	84%	87%		
	IVF	*E13*	Mthly	IVF patients waiting for OPA	<95% within 26 weeks	95%-99% within 26 weeks	100% within 26 weeks	All	100%	99%	99%		
		E13i	Mthly	IVF patients waiting to commence treatment	<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	42%	72%	67%		
		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	69%	76%	60%		
	Cochlear Implants	*E14A*	Mthly	Adult Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	79%	61%	54%		
		E14B	Mthly	Paediatric Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	90%	90%	88%		

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.

4.2 Key Information for June 2019

Cardiac Surgery

Performance at C&VUHB remains a concern. In June the Health Board reported 35 patients waiting over 26 weeks and 22 over 36 weeks. This is a slight reduction in the overall number reported in May. The Health Board remains at Stage 3 of the WHSSC escalation process and a follow up Commissioning Quality Visit will be planned for September. 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; it is anticipated that the assessment will commence in September 2019.

LHCH continue to report low numbers of patients waiting over 26 weeks. In June 9 patients were reported as waiting over 26 weeks and 3 patients waiting over 36 weeks. LHCH remain at stage 2 of the escalation process and joint performance meetings with BCUHB take place bi-monthly. Over the last few months the number of breaches reported each month have been due to late referrals from BCUHB.

Plastic Surgery

Patients continue to breach maximum waiting times for hand and breast surgery at SBUHB. In June, there were 160 patients waiting in excess of 36 weeks, 46 of whom were in excess of 52 weeks. SBUHB 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 SBUHB's outsource contract arrangements to help address the backlog through outsourcing clinically appropriate cases.

Thoracic Surgery

SBUHB continues to meet RTT targets for Thoracic Surgery and in June there were no breaches of the 36 week target at CVUHB either. WHSSC continues to hold performance meetings with both south Wales providers on a bi-monthly basis. There were no breaches at LHCH.

Lymphoma

The current KPIs (turnaround times) are drawn from Royal College of Pathology (RCP) standards. These standards have been under review by the RCP since it is recognised that the current turnaround time targets are designed for general pathology tests and are not appropriate for the more complex testing undertaken by the lymphoma panel. New RCP standards are expected to be published shortly. At the last AWLP quarterly performance meeting in April, it was agreed to assess the service against the new turnaround time targets once these are published.

Neurological & Chronic Conditions

Neurosurgery: Nine patients were waiting over 36 weeks at the end of June, with the all breaches attributed to pressures in the service due to the long term sickness of one

of the Skull Base Surgeons leaving a lone Consultant to manage the cases. A Locum Consultant took up post beginning of July which the service hopes will allow for treatment of all patients waiting over 36 weeks by end of September 2019.

Posture & Mobility: Adult & Paediatric
Adult: All three centres are meeting the 90% target for adult patients receiving a complex wheelchair within 26 weeks from receipt of referral.

Paediatric: All centres continue to operate above the 90% RTT target.

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 Llidiard has led to short term pressure on new OoA referrals. Despite this the total number of OoA placements at the end of April (9) 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 & Child

Paediatric Surgery: The service reported no breaches over 26 weeks at the end of June. Bi-monthly meetings continue to be held with the service until it is consistently meeting the 26 week RTT target.

Paediatric Intensive Care Unit: Bi monthly meetings are continuing to be held with the service to monitor the progress of opening the 7th bed. The service are in the process of recruiting staff to start in September, with the plan to open the 7th bed in November 2019.

IVF
At the end of May 2019, the Shrewsbury service was not reporting any patients waiting in excess of 26 weeks which is a marked improvement on the reported position in April 2019. The service will continue in escalation level 2 and participate in regular performance meetings, until we are assured that the correct reporting mechanisms are embedded and the service is consistently reporting achievement of the RTT targets.

Cochlear and BAHA
The service have reported that with the additional investment in 2018/19 and 2019/20 to deliver the 26 week RTT target will be achieved by 31st March 2020. A detailed analysis has been provided to Welsh Government indicating the total number of patients waiting for treatment and the number waiting >26 weeks.

Link to Healthcare Objectives	
Strategic Objective(s)	**Governance and Assurance** **Implementation of the Plan** 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	**Governance, Leadership and Accountability** 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 heath through the availability of data to monitor the performance of specialised services.
Legal Implications	There are no legal implications relating to this report.

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

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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 18 JULY 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. Genomics for Precision Medicine Strategy Wales

Dr Catrin Middleton, Programme Director, delivered a presentation on the strategy and progress to date in establishing a Programme Office and Genomics Partnership Wales.

3. Lynch Syndrome Testing

Members received a paper that outlined the implementation plan and confirmed the funding requirement for the introduction of Lynch Syndrome testing for all patients with colorectal cancer.

It was noted that only ABUHB had included funding within its current IMTP. Clarification was required on cost comparison to existing testing. Members expressed the view that clarification was required regarding the governance of the NHS Wales Health Collaborative Executive Group taking a decision on this service, and other similar matters, outside of the WHSSC Joint Committee and the ICP/IMTP planning process.

Members noted (1) that the funding for implementation of Lynch Syndrome testing for all patients in Wales with colorectal cancer was agreed by NHS Wales Health Collaborative Executive Group in January 2019; (2) the funding requirement for each health board; and (3) the implementation plan for Lynch Syndrome testing for all patients with colorectal cancer in Wales; and supported the case being taken to Joint Committee for final approval.

4. Hereditary Anaemias

Members received a paper that provided information on services currently available for patients in Wales with hereditary anaemias, the work which has been carried out to date to address gaps in the service and to notify members of the intention to develop a proposal for consideration in the 2020/21 ICP. It was noted that there was Ministerial interest in addressing the gaps in this service.

It was also noted that the gap analysis covered virtually all hereditary anaemias. It was agreed to explore the option of commissioning a service from Bristol (and Liverpool) further, given current developments in the way this service is being delivered in England, the relatively small number of patients in Wales and their geographic distribution.

Members noted (1) the information presented within the report; and (2) the development of a proposal for consideration in the 2020/21 ICP.

5. Minutes of the Previous Meeting and Action Log

The minutes of the meeting held on 27 June 2019 were approved subject to a typographic correction.

Members noted the action log and received updates on:

- MG149 Cystic Fibrosis: IV Service: Transformation Fund – This had been raised at a meeting with WG earlier in the week. Carried forward.
- MG155 Financial Performance Report: EASC re-basing – SD confirmed that EASC had not been re-based.

6. Report from the Managing Director

Members received the Managing Director's report, which included:

- **Vulnerable Persons Resettlement Scheme** At the request of the VPRS team in the DH the WHSS Patient Care team is supporting the Scheme with a particular focus on providing advice to the Home Office on placing complex cases with the most appropriate local authorities for their health care needs. WHSSC will also assist health boards to claim the maximum amount of financial support available for such cases.
- **Forensic Adolescent Consultation and Treatment Service** Arising out of the work of the FACTS strategy group the WHSS Team is conducting a review of the most appropriate commissioning model for this service which is currently commissioned by both WHSSC and WG. This work is supported by WG and the host health board (CTMUHB).

7. Major Trauma Operational Delivery Network (MTODN) Structure and Major Trauma Centre (MTC) Outline Business Case

Members received papers that set out the proposed structure for the MTODN and its anticipated funding structure, and the outline business case for the MTC, together with information regarding a request for pre go live funding. Members also received a presentation on the feedback received from the recently completed Gateway Review.

It was agreed that the Implementation Board's response to the Gateway Review would influence the need for pre go live funding and that further scrutiny of the outline business case was required before Management Group members could make definitive recommendations to Joint Committee; however it was suggested that Joint Committee could be

asked to agree principles related to pre go live funding of critical posts, also that an approach could be made to WG to support such funding which was not included in the current ICP.

8. WHSSC Policy Group Update

Members received a paper on the work of the WHSSC Policy Group and noted the information presented within the report. Particular reference was made to:

- Specialised Services Commissioning Policy CP164 Clinical trials; and
- Developing WHSSC Policies: Process and methods

9. Annual Self-Assessment

Members received a paper that set out a series of prompts to aid the self-assessment exercise regarding the performance of the Group and its members. Members were invited to send their feedback to the Committee Secretary and Corporate Governance Officer by email.

10. Integrated Performance Report

Members received an oral summary of the performance of services commissioned by WHSSC for May 2019 and noted the services in escalation and actions being undertaken to address areas of non-compliance.

11. Finance Report 2019-20 Month 3

Members received a report that set out the financial position for WHSSC for the third month of 2019-20, being an under spend of £588k after release of structural provisions and forecast underspend of £2,832k for the full year.

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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 22 AUGUST 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. Briefing from Previous Meeting and Action Log

The Briefing from the meeting held on 18 July 2019 was noted. Due to annual leave and sickness absence, the minutes of the previous meeting will follow later.

Members noted the action log and received updates on:

- MG143 Funding Release: Paediatric Rheumatology, south and mid Wales – Still awaiting response from RJAH Orthopaedic Hospital re In Reach Service in Wolverhampton.
- MG149 Cystic Fibrosis: IV Service/ Transformation Fund – No clear response received yet from WG regarding 'new funding'.
- MG156 Lynch Syndrome Testing – No previous consideration at Joint Committee, so paper required for JC to approve additional costs not included in ICP. Action closed.
- MG158 Vulnerable Persons Resettlement Scheme – The scope of the scheme has extended, so the WHSS Team has paused further work pending clarification.
- MG161 Annual Self-Assessment – final call for comments by email to KS and MH.

3. Report from the Managing Director

Members received the Managing Director's report, which included:

- **Complex Cardiac Ablation** Members approved release to CVUHB of the remaining funding agreed for year 2 in the ICP in order for them to progress the Complex Cardiac Ablation programme and make substantive appointments.
- **Gender Identity** Members noted that the Gender Identity Team at CVUHB will start to see patients in Cardiff from September 2019. The waiting list for the London clinic will continue with patients being transferred to Cardiff in waiting list order.

- **Office move** The WHSS Team is relocating from its Caerphilly office to Unit G1, Treforest Industrial Estate, Pontypridd between 28th - 30th August 2019.

4. Bridgend Cochlear Service

Members were advised that the audiologist supporting the Bridgend service had to finish work at short notice due to ill health. This leaves the Bridgend service in a vulnerable position although the surgeon is still in post. Options are being considered to relocate the service to Cardiff which would affect around 40 patients requiring urgent audiology review. The WHSS Team is in liaison with the provider. CTMUHB is informing the CHC.

5. Home Parenteral Nutrition (HPN)

Members were advised that Calea, a key supplier of HPN, had restricted its supply following a negative MHRA inspection. Alternative arrangements had been put in place for HPN patients in Wales. Patient impact is being reported to the WHSSC Q&PS Committee.

6. Perinatal Mental Health – Mother & Baby Unit (MBU)

Members considered a detailed paper regarding Tier 4 Specialist Perinatal Mental Health services on 28th March 2019 and supported the proposal for a new build MBU to be developed on the Neath and Port Talbot site but requested additional information around the clinical and staffing model.

Members received a paper on the proposed MBU from SBUHB and a covering paper from the WHSS Team providing additional information both on the south Wales model (including activity and costings) and options for the north Wales service. Colleagues from SBUHB provided an overview of the south Wales model and answered specific questions.

Members concluded that the MBU business case required more detail on how the clinical model will be delivered and the opportunities to increase occupancy, including:

- The ability of the proposed unit to take mothers under age 18, subject to assessment, where they are the principal carer of the baby;
- The possibility of providing sub-specialisation care, such as substance abuse cases;
- The potential of extending perinatal mental health care for mothers with babies up to age 2 (based on the anticipated English development);
- Provision of 'centre of excellence' training and upskilling resource for the wider service, particularly community teams and taking the lead in developing the pathway accordingly (through a hub and spoke model);
- Searching out previously unidentified demand;
- Potentially offering access to the unit to NHS England.

Members accepted that there was likely to be unmet need that would flow through to the new MBU, not least because of anecdotal evidence of mothers not being prepared to travel to England for care.

Members noted that some of the costs for the MBU required further challenge (e.g. depreciation and catering costs) but that a case could be made regarding value for money with a modest reduction in the cost base. Also that whilst the financial case for a 6 bedded unit was strongest, the ability to flex to 8 beds in the future would be desirable.

The WHSS Team is re-exploring options with BCUHB and PTHB for the most appropriate service model for their needs but NHS England had made it clear that they didn't want to jointly develop a MBU in north Wales.

Subject to the foregoing, members:

- Supported the clinical model for a south Wales Mother & Baby Unit;
- Supported the development of a 6 bedded unit accepting further work is required on revenue costs;
- Noted the financial summary position; and
- Noted the further work required to define the options available for patients in mid and north Wales.

7. Chimeric Antigen Receptor T Cell (CAR-T) Therapy

Members received papers that (1) confirmed that the CAR-T business case provides assurance that a safe service that meets the quality standards of the service specification can be provided for patients; (2) outlined the value for money of the proposal described in the business case for a CAR-T service in Cardiff; (3) outlined the implementation plan for CVUHB to deliver a CAR-T therapy service; and (4) provided an assessment to inform the commissioning arrangements for provision of CAR-T for the population of Wales.

Colleagues from CVUHB provided an overview of the CAR-T service and its deliverability. The importance of moving ahead with the service and its benefits to Wales were stressed. The inefficiencies of referring patients to English providers were explained. Assurances were received on the proposed ambulatory care model, the identification of both temporary and permanent space within UHW to run the service and critical care provision for CAR-T patients.

It was noted that the part year effect costs shown in the CVUHB business case needed to be adjusted for the passage of time. Also that the updated business case should be supplemented by (1) a statement confirming the safety data on the ambulatory model; (2) a finalised business case reflecting the maximum capacity of the unit revised to include the current part year effect for 2019-20 (3) assurance around a protocol for access to critical care for all categories of patient, including CAR-T patients; and (4) a completed self-assessment against the service specification.

Members:

- Noted that the business case outlined a service model that has sufficient capacity to treat expected demand for the south Wales population under current indications;
- Noted that a financial premium will be required in year 1 compared to commissioning the service from NHS England, while the local service is established and staff recruited;
- Noted that the proposed service will provide comparable value for money with NHS England at an activity level of at least 15 patients per annum;
- Noted that further work will be undertaken by the WHSS Team to confirm and provide assurance over the staffing levels and costs for delivering the service;
- Noted that the delivery plan for CAR-T is inter-dependent with the introduction of an ambulatory model to create bed capacity on the stem cell transplant unit to accommodate CAR-T patients;
- Noted that further assurance is required by commissioners regarding the plan for the ambulatory model to ensure that a robust and sustainable model for CAR-T (and BMT) is in place and to ensure that the introduction of a CAR-T service will not create risks for the existing BMT service;
- Noted that while the business case demonstrates compliance with key aspects of the CAR-T service specification, explicit assessment against each aspect of the service specification will be needed to provide full assurance to commissioners that the requirements of the specification are met; and
- Delegated authority to the WHSS Team to approve the release of funding subject to the receipt of further detail on the proposal based on the foregoing and that the related information would be shared with all members in due course, together with an explanation of the next steps in the ambulatory care model.

8. South Wales Major Trauma – Time Critical Recruitment

Members received a paper and presentation that provided an update on developments in the work being done to review and challenge the business cases for the various elements of the south Wales major trauma service and set out the latest view of the time critical recruitment required for the April 2020 start date to be achieved.

It was noted that the Joint Committee had accepted the principle that there might be two tranches of time critical recruitment costs put forward for sign off in 2019-20.

The sum of the part year costs identified in tranche 1 for 2019-20 amounted to around £680k (including an ODN Manager). The full year impact would be around £2m.

A preliminary indication suggested the aggregate ceiling of the tranche 1 and tranche 2 part year costs would be around £1,080k.

It was noted that the actual part year costs for 2019-20 were likely to be lower than the numbers being sought for approval after the impact of slippage and were therefore very likely to be less than £680k for tranche 1 and less than £1m in aggregate. Furthermore, members needed to carefully weigh up the issues and risks associated with failure to support the request for funding and the likely mitigation of start-up costs, some of which might be funded directly by WG.

It was noted that the posts requested were not inconsistent with the programme team's opinion following the recent peer review.

Members had generally been authorised to support a ceiling of £500k for the tranche 1 costs and a second tranche taking the aggregated ceiling up to £1m.

Members noted the information presented within the report and supported a recommendation for approval by the Joint Committee of a release of funds to allow recruitment to time critical posts, identified as tranche 1, and to note the posts, identified as tranche 2, the for the south Wales major trauma service; subject to the caveat that a funding release letter will only be provided once there is clarity on the business case, the outcome from the Gateway Review re-assessment and agreement from the Programme Board on the phasing and clarity on the timeline.

9. Improving Access to TAVI for Severe Symptomatic Aortic Stenosis

Members received a paper requesting the release of funding to implement the TAVI Programme (south Wales) 2019-22 ICP scheme 19-036.

Members approved the release of ICP 19-036 funding to ensure equity of access for Welsh patients based on best practice guidelines and to support the ongoing sustainability of the service.

10. MAIR Focus Report – Great Ormond Street Hospital (GOSH)

Members received a focus report on GOSH generated from the MAIR system and noted the detailed information presented within the report. It was agreed to bring similar focus reports on other providers and on categories of treatment to future meetings.

11. WHSSC Policy Group Update

Members received a paper on the work of the WHSSC Policy Group and noted the information presented within the report. A number of clinical policies were currently out for consultation.

12. Integrated Performance Report

Members received a report on the performance of services commissioned by WHSSC for June 2019 and noted the services in escalation and actions being undertaken to address areas of non-compliance.

13. Finance Report 2019-20 Month 4

Members received a report that set out the financial position for WHSSC for the fourth month of 2019-20, being an under spend of £2m and forecast underspend of £3.2m for the full year.

11. Proton Beam Therapy (PBT)

Members were advised that NHS England was consulting on a new standard that, if adopted, would require all paediatric patients who would otherwise be treated by radiotherapy to be treated by PBT. The WHSS Team would be discussing the potential impact of this, if adopted, with Welsh Government.