

## WHSSC Joint Committee Meeting held in public Tuesday 14 May 2019 at 09:30

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

### Agenda

Item	Lead	Paper / Oral	Time
<b>1. Preliminary Matters</b>			
<b>1.1</b> Welcome, Introductions and Apologies <ul style="list-style-type: none"> <li>- To open the meeting with any new introductions and record any apologies for the meeting.</li> </ul>	Chair	Oral	
<b>1.2</b> Declarations of Interest <ul style="list-style-type: none"> <li>- Members must declare if they have any personal, business or pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for the meeting.</li> </ul>	Chair	Oral	09.30 - 09.45
<b>1.3</b> Accuracy of the Minutes of the Meetings held 22 January 2019 and 26 March 2019 <ul style="list-style-type: none"> <li>- To <b>approve</b> the minutes.</li> </ul>	Chair	Att.	
<b>1.4</b> Action Log and Matters Arising <ul style="list-style-type: none"> <li>- To <b>review</b> the actions and consider any matters arising.</li> </ul>	Chair	Att.	
<b>1.5</b> Report from the Chair <ul style="list-style-type: none"> <li>- To <b>note</b> the contents of the report;</li> </ul>	Chair	Att.	09.45 - 09.50
<b>1.6</b> Report from the Managing Director <ul style="list-style-type: none"> <li>- To <b>receive</b> and <b>note</b> the report and consider any issues raised.</li> </ul>	Managing Director	Att.	09.50 - 09:55
<b>2. Items for Consideration and/or Decision</b>			
<b>2.1</b> Thoracic Surgery Update <ul style="list-style-type: none"> <li>- To <b>support</b> the recommendation that a decision regarding the workforce arrangements that have been developed to provide thoracic surgical cover from Morriston Hospital, Swansea, for the MTC in UHW, Cardiff be deferred to July 2019;</li> <li>- To <b>note and receive assurance</b> that arrangements are in place to address the further issues raised by the affected health boards in November 2018;</li> <li>- To <b>support</b> the recommendations arising from the assessment of lessons learned from the engagement exercise and public consultation;</li> <li>- To <b>note</b> the development of the thoracic surgery commissioning plan;</li> </ul>	Director of Planning	Att.	09:55 - 10:10

Item	Lead	Paper / Oral	Time
<ul style="list-style-type: none"> <li>- To <b>note</b> the implementation project led by SBUHB has commenced with project board and stakeholder meetings already held; and</li> <li>- To <b>support</b> the recommendations going forward to the six affected health boards and the affected health boards being asked to confirm their unconditional approval for a single adult thoracic surgery centre for south Wales, and parts of mid Wales, based in Morriston Hospital, Swansea.</li> </ul> <p><b>Contact:</b> <a href="mailto:Luke.Archard@wales.nhs.uk">Luke.Archard@wales.nhs.uk</a></p>			
<p><b>2.2</b> South Wales Blood and Marrow Transplant Programme: Review of Investment – Haematology Pathways</p> <ul style="list-style-type: none"> <li>- To <b>note</b> the investment made in the south Wales BMT programme;</li> <li>- To <b>note</b> the confirmation that the investment has been implemented.</li> <li>- To <b>note</b> the increase in capacity to meet patient need and the achievement of the quality standards in the service specification and JACIE accreditation requirements;</li> <li>- To <b>note</b> the excellent clinical outcomes achieved by the service and published by the British Society for BMT;</li> <li>- To <b>note</b> the current risks and the plans to address these risks;</li> <li>- To <b>note</b> the future service developments.</li> </ul> <p><b>Contact:</b> <a href="mailto:Luke.Archard@wales.nhs.uk">Luke.Archard@wales.nhs.uk</a></p>	Director of Planning	Att.	10:10 - 10:25
<p><b>2.3</b> Welsh Renal Clinical Network – Terms of Reference</p> <ul style="list-style-type: none"> <li>- To <b>approve</b> the revised WRCN Board Terms of Reference</li> </ul> <p><b>Contact:</b> <a href="mailto:Susan.Spence@wales.nhs.uk">Susan.Spence@wales.nhs.uk</a></p>	Director of Finance	Att.	10:25 - 10:35
<p><b>2.4</b> Review of Governance and Accountability Framework</p> <ul style="list-style-type: none"> <li>- To <b>note</b> the contents of this paper;</li> <li>- To <b>approve</b> the proposed amendments to the WHSSC Governance and Accountability Framework; and</li> <li>- To <b>support</b> the amended WHSSC Governance and Accountability Framework being taken forward for ratification by local health boards.</li> </ul> <p>Contact: <a href="mailto:Kevin.Smith3@wales.nhs.uk">Kevin.Smith3@wales.nhs.uk</a></p>	Committee Secretary	Att.	10:35 - 10:40
<p><b>2.5</b> Annual Business Plan</p> <ul style="list-style-type: none"> <li>- To <b>note</b> and <b>support</b> the content of the report, including the schedule of meetings for 2019-20.</li> </ul> <p>Contact: <a href="mailto:Kevin.Smith3@wales.nhs.uk">Kevin.Smith3@wales.nhs.uk</a></p>	Committee Secretary	Att.	10:40 - 10:45

<b>3. Routine Reports and Items for Information</b>			
<b>3.1</b> Integrated Performance Report - To <b>note</b> the report. <b>Contact:</b> <a href="mailto:Karen.Preece@wales.nhs.uk">Karen.Preece@wales.nhs.uk</a>	Director of Planning	Att.	10:45 - 10:55
<b>3.2</b> Financial Performance Report - To <b>note</b> the report. <b>Contact:</b> <a href="mailto:Stuart.Davies5@wales.nhs.uk">Stuart.Davies5@wales.nhs.uk</a>	Director of Finance	Att.	10:55 - 11:05
<b>3.3</b> Reports from the Joint Sub-Committees - To <b>receive</b> the reports and consider any issues raised. i. Management Group Briefings ii. All Wales Individual Patient Funding Request Panel iii. Integrated Governance Committee iv. Quality & Patient Safety Committee v. Welsh Renal Clinical Network	Joint Sub-Committee Chairs	Att.	11:05 - 11:20
<b>4. Concluding Business</b>			
<b>4.1</b> Any Other Business	Chair	Oral	
<b>4.2</b> Date of next meeting (Scheduled) - 23 July 2019, 13:30 – 17:00 - Health and Care Research Wales, Cardiff, CF11 9AB	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 26 March 2019 at 14:15hrs

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

### Members Present:

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Jennifer Thomas	(JT)	Medical Director, WHSSC
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
John Williams	(JW)	Associate Member/ Chair of the Welsh Clinical Renal Network

### Deputies Representing Members:

Adrian Thomas (for GD)	(AT)	Executive Director Of Therapies & Health Sciences, Betsi Cadwaladr UHB
Darren Griffiths (for TM)	(DG)	Associate Director of Performance, Abertawe Bro Morgannwg UHB
Sharon Hopkins (for LR)	(SH)	Director of Public Health, Cardiff and Vale UHB
Hayley Thomas (for CS)	(HT)	Director of Planning and Performance, Powys THB

### Apologies:

Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Charles Janczewski	(CJ)	Independent Member/ Chair of the WHSSC Quality and Patient Safety Committee
Lyn Meadows	(LM)	Vice Chair
Tracy Myhill	(TM)	Chief Executive, Abertawe Bro Morgannwg UHB
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB

### In Attendance:

Shakeel Ahmed	(SA)	Associate Medical Director, WHSSC
Claire Nelson	(CN)	Assistant Director of Planning, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

### Observer:

Simon Dean	Welsh Government
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### Minutes:

Michaella Henderson	(MH)	Corporate Governance Officer, WHSSC
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The meeting opened at 14:15hrs.

The meeting closed at 15:00

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

**Date:** .....

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JC18/083	<p><b>Welcome, Introductions and Apologies</b> The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p> <p>VH noted that it was JW’s last meeting and thanked him for his service on behalf of the Joint Committee. VH noted JW had been instrumental in improving renal services in Wales and that his contribution could not be underestimated. SL added her thanks to JW on behalf of WHSSC.</p> <p>Members noted that, subject to approval under Agenda Item 1.5, Kieron Donovan would be appointed Interim Chair of the Renal Network.</p> <p>KS reported that due to the lack of Independent Members, the meeting was inquorate and would be unable to take decisions. On taking advice from KS, VH proposed that any urgent decisions required would be covered by Chair’s action.</p>
JC18/084	<p><b>Declarations of Interest</b> The Joint Committee noted the standing declarations. There were no additional declarations to note.</p>
JC18/085	<p><b>Minutes of the meeting held 22 January 2019</b> The Joint Committee supported the minutes of the meeting held on 22 January 2019 as being a true and accurate record. The minutes would be referred to the next meeting for formal approval.</p>
JC18/086	<p><b>Action Log</b></p> <p><b>JC18014 – JC18072 – Integrated Performance Report:</b> SL reported Public Health Wales were undertaking a piece of work on bariatric surgery and that a Report had been prepared by the NHS Wales Health Collaborative on bariatric strategy, due to be circulated to the Health Board CEOs via another forum in due course. Completed Public Health Wales report expected June 2019.</p> <p><b>JC18015 – JC18/079 – Integrated Commissioning Plan 2019-22</b> Superseded by events. Action closed.</p>
JC18/087	<p><b>Report from the Chair</b> The Joint Committee <b>received</b> the report from the Chair.</p> <p>VH noted the proposed appointment of Mr Paul Griffiths and Mr Ian Phillips as Independent Members of the Joint Committee with effect from 01 April 2019.</p> <p>VH noted that LM would be stepping down as a Member of the Joint Committee with effect from 31 March 2019 and thanked her for her</p>

	<p>service but reported that LM would be continuing as a Member of the WHSSC Quality and Patient Safety Committee.</p> <p>Members noted the imbalance of Powys THB Independent Members compared to the other Health Boards. VH explained that other health board Chairs had been actively encouraged to nominate Independent Members but to no avail. KP undertook to bring the matter to the attention of health board executives as the WHSS Team visited them over the coming months.</p> <p>The formal approval of the proposed appointments would be dealt with by Chair's action.</p>
JC18/088	<p><b>Report from the Managing Director</b> The Joint Committee received the report from the Managing Director.</p> <p><b><i>Cystic Fibrosis: 2019-20 ICP Strategic Priority</i></b> Members noted the Cystic Fibrosis service had made good progress with the implementation of Phase 1 and that the WHSS Team was working with CVUHB to bring forward a business case for Phase 2.</p> <p><b><i>Gender Update</i></b> CB reported that a WHSSC update had been circulated to Health Board CEOs and submitted to Welsh Government in the past week and that a meeting would take place with Welsh Government on 9 April 2019 to discuss the commissioning handover of the service.</p> <p>CB noted the consultation on the service specification had closed and that a total of five responses had been received and would be collated and reported on in due course.</p> <p><b><i>NHS Wales Gender Identity Partnership Group</i></b> The Joint Committee received the report from the NHS Wales Gender Identity Partnership Group shown as Agenda Item 3.4. CB noted that a workshop would be arranged in the next three months to continue work on the future development of the pathway and that the Project Lead and Interim Associate Medical Director posts would both come to an end as at 31 March 2019.</p> <p>Members noted the content of the Report of the Managing Director.</p> <p><i>CB left the meeting at 14:30hrs.</i></p>
JC18/089	<p><b>Rehabilitation – Monitoring Arrangements for Driving Change</b> The Joint Committee received the paper the purpose of which was to provide an update on how the implementation of monitoring arrangements was driving change in Specialised Rehabilitation services.</p>

	<p>CN reported that the four Specialised Rehabilitation policies published on the WHSSC website had been amended to remove reference to the charging element and include further detail of the performance monitoring arrangements in place.</p> <p>Members noted the work done to calculate the cost of bed days lost for Specialised Rehabilitation Centres and reported in the WHSSC monthly Neurosciences Performance Report.</p> <p>Members noted further work would be undertaken by the Neurosciences Quality Lead to understand the discharge delays being experienced by the Neuropsychiatry service.</p> <p>Members supported the continued monitoring arrangements within Specialised Rehabilitation services and increased investigation where required.</p>
JC18/090	<p><b>Integrated Commissioning Plan 2019-22: Work Plan</b></p> <p>The Joint Committee <b>received</b> the paper the purpose of which was to formally present the WHSSC Integrated Commissioning Plan 2019-22 and outlined the schedule for presenting the funded schemes within it for release of funding.</p> <p>Members noted the 15 schemes included for funding within the 2019-22 ICP following prioritisation by the Joint CIAG and Management Group process.</p> <p>Members further noted the Next Steps as set out in Section 4 of the paper. Members were informed that the draft 2020-23 ICP would be presented to the September 2019 Joint Committee meeting for consideration and the final 2020-23 ICP would be presented to the November 2019 meeting for approval prior to submission to Welsh Government by 31 December 2019.</p> <p>Members were informed of:</p> <ul style="list-style-type: none"> <li>• The WHSSC Integrated Commissioning Plan (ICP) 2019-22 and appendices that had been submitted to Welsh Government; and</li> <li>• The schedule for presenting the schemes included for funding within the ICP to management Group for funding release.</li> </ul>
JC18/091	<p><b>Update on the Commissioning of Mechanical Thrombectomy</b></p> <p>The Joint Committee received the paper the purpose of which was to update the Committee on the progress made for formally commissioning Mechanical Thrombectomy from April 2019.</p>

	<p>Members noted the appointment of a second Interventional Radiologist in Cardiff with a planned start date of October 2019.</p> <p>CN informed Members a workshop would be taking place on 09 May 2019 to discuss pathway issues.</p> <p>Members noted the progress made for formally commissioning Mechanical Thrombectomy from April 2019.</p>
JC18/092	<p><b>Integrated Performance Report</b></p> <p>The Joint Committee received the Integrated Performance Report which provided a summary of the performance of services commissioned by WHSSC for December 2018 and the details of action being undertaken to address areas of non-compliance.</p> <p>Members noted there was no change to the services in escalation since the last report. Members further noted Bariatric Surgery had been de-escalated from Level 3 to Level 2 because of a continued improvement in waiting times performance and that Neurosurgery had been de-escalated from Level 3 to Level 2 in response to the continued improved position with zero wits over 52 weeks, and a steadily decreasing number of patients waiting over 36 weeks.</p> <p>Concern was expressed over Plastic Surgery waiting times and KP reported work was ongoing with the local Health Boards to understand whether all of the procedures involved were specialised plastics services.</p> <p>Members noted the concerns that remained over the underperformance of Cardiac Surgery at CVUHB and the Shrewsbury IVF Service. KP reported a meeting would be taking place with The Royal Shrewsbury Hospital next week to confirm their reporting procedures.</p> <p>Members noted the December performance and the actions undertaken to address areas of non-compliance.</p>
JC18/093	<p><b>Financial Performance Report – Month 11 2018/19</b></p> <p>The Joint Committee received the paper setting out the estimated financial position for WHSSC for the 11<sup>th</sup> month of 2018/19.</p> <p>Members noted the overall financial position at Month 11 was a £4,487k underspend to date with a forecast year-end underspend of £5,476k.</p> <p>Members noted the current financial position and forecast year-end position.</p>

JC18/094	<p><b>Reports from the Joint Sub-Committees</b></p> <p><b>Management Group Briefings</b> The Joint Committee received the Management Group Briefings from the meetings held on 24 January 2019 and 21 February 2019.</p> <p><b>Quality and Patient Safety Committee</b> The Joint Committee received the report.</p> <p><b>All Wales Individual Patient Funding Request Panel</b> The Joint Committee <b>received</b> the report.</p> <p><b>Welsh Renal Clinical Network ('WRCN')</b> The Joint Committee received the report.</p> <p>JW thanked the Joint Committee for supporting the WRCN during his tenure as Chairman and thanked SD for providing the link between WRCN and Management Group.</p> <p>JW reported Gail Williams had won Renal Nurse of the Year at the British Journal of Nursing Awards 2019.</p> <p><b>ACTION: Members agreed VH would write to Gail offering congratulations on behalf of the Joint Committee.</b></p>
JC18/095	<p><b>Date and Time of Next Meeting</b></p> <p>The Joint Committee noted the date of the next scheduled meeting as 14 May 2019 at 09:30.</p>



**2018/19 Action Log May 2019**  
**Joint Committee Meeting**  
**OPEN ACTIONS as at 14 May 2019**

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
26.03.19	JC18016	<b>JC18/094 – Reports from the Joint Sub-Committees</b>  <b>ACTION:</b> Members agreed VH would write to Gail Williams offering congratulations on behalf of the Joint Committee on her award (Renal Nurse of the Year)	VH	May 2019		<b>OPEN</b>



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

		Agenda Item	1.5
Meeting Title	<b>Joint Committee</b>	Meeting Date	14/05/2019
Report Title	Report from the Chair		
Author (Job title)	Chair		
Executive Lead (Job title)		Public / In Committee	Public

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

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

- **Note** the contents of the report;
- **Ratify** the Chair's Action.

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

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

## **1.0 SITUATION**

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

## **2.0 BACKGROUND**

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

## **3.0 ASSESSMENT**

### **3.1 Chair's Action**

I wrote to Joint Committee Members on 28 March 2019 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Charles Janczewski, an Independent Member of WHSSC, I had taken Chair's Action to approve the following appointments:

1. Paul Griffiths, as an Independent Member of the Joint Committee;
2. Ian Phillips, as an Independent Member of the Joint Committee;
3. Kieron Donovan, as Interim Chairman of the Welsh Renal Clinical Network;
4. Dilys Jouvenat, as an Independent Member of the Quality & Patient Safety Committee; and
5. Trish Buchan, as an Independent Member of the Quality & Patient Safety Committee.

You are asked to ratify this Chair's action.

## **4. RECOMMENDATIONS**

Members are asked to:

- **Note** the contents of the report;
- **Ratify** the Chair's Action.

## **5. APPENDICES/ ANNEX**

None.

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



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Welsh Health Specialised  
Services Committee (WHSSC)

		Agenda Item	1.6
Meeting Title	<b>Joint Committee</b>	Meeting Date	14/05/2019
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 <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

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

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

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

## 1. SITUATION

The purpose of this report is to provide the members with an update on key issues that have arisen since the last meeting.

## 2. UPDATES

### 2.1 Mother and Baby Unit

Members of Management Group received a paper on the 24<sup>th</sup> March that presented (1) potential options proposed by ABMUHB to provide a Mother and Baby Unit in south Wales and (2) access to Mother and Baby beds for the population of mid and north Wales. It was noted that the latest view of revenue costs was up to £1m greater than previously anticipated in the ICP dependent upon which option was selected for the south Wales Unit. The WHSS Team would be briefing WG on this potential shortfall and would advise members on how this would be funded.

Members were broadly supportive of the options presented and agreed that (1) all three capital options for south Wales should be kept open if possible, (2) further clarification on staffing models and revenue costs should be sought from ABMUHB and be brought back to Management Group, (3) an appropriate contracting framework needs to be developed and the Finance sub-group should consider risk sharing, and (4) the WHSS Team should update WG.

### 2.2 Potential Data Sharing Issue

At the March Joint Committee meeting we outlined a possible issue around patient data sharing between NHS Digital in England and NWIS. The matter was quickly escalated and resolved between NWIS and NHSD with no interruption to the necessary sharing of data.

## 3. RECOMMENDATIONS

Members are asked to:

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

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



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Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

		Agenda Item	2.1
Meeting Title	<b>Joint Committee</b>	Meeting Date	14/05/2019
Report Title	Adult Thoracic Surgery for south Wales: Update		
Author (Job title)	Specialised Services Planning Manager		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this report is to:			
	<ul style="list-style-type: none"> <li>Outline the latest information regarding the thoracic surgery cover arrangements for the MTC, including the workforce arrangements suggested by the medical directors of Swansea Bay UHB (SBUHB) and Cardiff and Vale UHB (CVUHB), and provide a commissioning assessment of those arrangements;</li> <li>Provide assurance on the arrangements for addressing the further issues raised by the affected health boards as part of their conditional approval of the recommendation for a single adult thoracic surgery centre based in Morriston Hospital, Swansea;</li> <li>Highlight the key lessons learned from the review of the conduct of the engagement exercise and public consultation;</li> <li>Note the development of the thoracic surgery commissioning plan;</li> <li>Note the implementation project has been established by SBUHB; and</li> <li>Seek support from Joint Committee for the recommendations to go forward to the six affected health boards and that they be asked to confirm their unconditional approval for a single adult thoracic surgery centre based in Morriston Hospital, Swansea.</li> </ul>			

RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Corporate Directors Group Board	Meeting Date	07/05/2019
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Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Support</b> the recommendation that a decision regarding the workforce arrangements that have been developed to provide thoracic surgical cover from Morrison Hospital, Swansea, for the MTC in UHW, Cardiff be deferred to July 2019;</li> <li>• <b>Note and receive assurance</b> that arrangements are in place to address the further issues raised by the affected health boards in November 2018;</li> <li>• <b>Support</b> the recommendations arising from the assessment of lessons learned from the engagement exercise and public consultation;</li> <li>• <b>Note</b> the development of the thoracic surgery commissioning plan;</li> <li>• <b>Note</b> the implementation project led by SBUHB has commenced with project board and stakeholder meetings already held; and</li> <li>• <b>Support</b> the recommendations going forward to the six affected health boards and the affected health boards being asked to confirm their unconditional approval for a single adult thoracic surgery centre for south Wales, and parts of mid Wales, based in Morrison Hospital, Swansea.</li> </ul>
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**Considerations within the report** (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Principles of Prudent Healthcare	YES	NO	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Commissioner Health Board affected**

Aneurin Bevan	<input checked="" type="checkbox"/>	Betsi Cadwaladr	<input type="checkbox"/>	Cardiff and Vale	<input checked="" type="checkbox"/>	Cwm Taf Morgannwg	<input checked="" type="checkbox"/>	Hywel Dda	<input checked="" type="checkbox"/>	Powys	<input checked="" type="checkbox"/>	Swansea Bay	<input checked="" type="checkbox"/>
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**Provider Health Board affected** (please state below)

SBUHB, CVUHB

## 1. SITUATION

In November 2018, the six affected health boards supported the recommendation for a single adult thoracic surgery centre based at Morriston Hospital, subject to the requirement for a workforce plan to provide thoracic surgical cover to the MTC and further assurance regarding mitigating actions set out in the consultation report. WHSSC gave an undertaking to bring a report to Joint Committee in May 2019 to set out the cover arrangements for the MTC and actions to provide further assurance to CHCs. In addition, WHSSC committed to working with health board engagement leads to evaluate the public engagement process and report on lessons learned to Joint Committee.

## 2. BACKGROUND

In November 2018, the six affected health boards considered the report on the outcome of the public consultation and the recommendations for the future service model for thoracic surgery. Each health board approved each of the three recommendations on the future service model (subject to a requirement for further assurance as outlined below). These recommendations were:

- Thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site;
- The location of that single site as being Morriston Hospital conditional upon the detailed workforce model and medical rotas to provide the 24/7 thoracic surgery cover to the MTC being completed and signed-off by WHSSC within 6 months;
- Mitigating actions set out in this document [the consultation report] to be delivered in line with the implementation of the service change.

In addition to the requirement within the second recommendation to agree the rota for the MTC within 6 months, some Boards set out other areas on which they required further assurance for their Community Health Councils (CHCs) for final unconditional approval to be confirmed. This included issues such as parking and transport, the availability of family accommodation on the Morriston site, and the wider care pathway for thoracic patients. It was also noted that South Glamorgan CHC (formerly Cardiff and Vale CHC) however was unable to support the proposal and required further assurance before this was possible.

In January 2019, Joint Committee agreed the governance arrangements for implementation of the recommendations. WHSSC would develop the commissioning plan; SBUHB would establish the implementation project board which would report via the SBUHB Board through WHSSC to Joint Committee.

It was also confirmed that WHSSC would bring a further report to Joint Committee in May to include the following:

- a workforce plan to provide thoracic surgical cover to the MTC;
- lessons learned from the experience of undertaking the public consultation; and
- an outline of actions to address the additional assurances required by the affected health boards

It was anticipated this report would then go forward to the next meeting of each affected health board to seek their unconditional approval for the recommendation for a single thoracic surgery centre located at Morriston Hospital, Swansea.

### **3. ASSESSMENT**

#### **3.1 Thoracic surgical cover for the MTC**

As noted above, in November 2018, health boards approved the recommendation for a single centre at Morriston Hospital subject to the condition that a workforce plan for thoracic surgical cover of the MTC would be agreed within 6 months.

A joint proposal has now been put forward by the medical directors of the provider health boards which states:

*'It is recommended that the appointment of two additional thoracic surgery consultants is required to ensure that appropriate expertise is available 24 hours/day 365 days/year to provide safe and sustainable support for the MTC in Cardiff and the tertiary thoracic service in Swansea'*

The full proposal is available as Appendix 1.

#### **3.2 Thoracic surgical input to MTCs: wider UK position**

The WHSS Team has recently been informed by the President of the Society for Cardio-thoracic Surgery (SCTS) of Great Britain and Ireland that the society is preparing a position statement on this matter. The following statement was agreed by the President for sharing with the Joint Committee:

*"We have been told by the President of the Society for Cardio-thoracic Surgery (SCTS) of Great Britain and Ireland that the society intends to publish a position statement regarding the cardio-thoracic surgical cover of the Major Trauma Centre in the next 3-4 months. The context to this is that a significant number of MTCs do not have immediate access to thoracic surgeons and some to cardiac surgeons.*

*"The following MTCs have neither onsite cardiac or thoracic surgery:*

- *Liverpool (Aintree hospital)*
- *Royal London*
- *Newcastle (Royal Victoria)*
- *Preston (Royal Preston)*
- *Cambridge (Addenbrooke's)*

*"They are supported by the cardio-thoracic units located between 4 and 20 miles away.*

*"The following MTCs have no on-site thoracic surgery:*

- *Birmingham (Queen Elizabeth)*
- *Manchester (Salford Royal and Central Manchester)*
- *Leeds General Infirmary*
- *Brighton (Royal Sussex)*
- *London Kings and London St Thomas*

*"They are supported by thoracic units between 2 miles and over 50 miles (Brighton) away.*

*"It is recognised that even for those MTCs where cover is provided from cardio-thoracic sites only a few miles away, travel times can still be significant because of traffic issues within city centres. In addition, the rarity of these emergencies means that sites do not run specific MTC cover rotas which can lead to further delays in releasing consultant surgeons. It is therefore likely that many cardio-thoracic centres or thoracic centres will be unable to provide surgical support to the MTC within 30 minutes.*

*"The statement therefore aims to provide practical guidance regarding the management of patients with cardio-thoracic injuries and the different options for accessing cardio-thoracic surgical support"*

The WHSS Team is also aware that a new MTC is being established in Ninewells Hospital, Dundee which does not have on site thoracic surgery with the nearest services being at the Royal Infirmary Edinburgh and the Royal Infirmary, Aberdeen, both of which are approximately 70 miles away.

### **3.3 WHSS Team analysis:**

- The current proposal from the provider health boards is designed to enable immediate access to thoracic surgeons for the estimated 3-8 patients per year attending the MTC who might benefit. Expert professional advice however, tells us that UK national guidance is moving away from this standard. In addition a clearer understanding of this

position is likely to be available from the SCTS of Great Britain and Ireland in the next 3-4 months.

- Advice from the Royal College of Surgeons regarding the number of surgeons needed for the population size of south and mid Wales is 5 and the current proposal of 6 WTE consultant surgeons exceeds this. The appointment of an additional 2 surgeons would increase the numbers by 60% above current levels exceeding the anticipated increase in activity of 20% and not allowing for efficiencies which could be obtained through a single larger unit. A workload assessment by the clinical lead for the trauma network estimates the thoracic surgery workload at the UHW site is likely to be less than 60 cases per year. This number is dependent on whether interventions such as rib fixation are undertaken by thoracic surgeons or other specialists such as orthopaedic surgeons. There is therefore currently little evidence to support the appointment of 2 additional surgeons on the basis of workload. Furthermore additional appointments would mean that access to theatre time would be lower than elsewhere in the UK, potentially making recruitment to these posts difficult. It is estimated there would be a significant opportunity cost of around £350k.
- The Provision of Adult Thoracic Surgery in South Wales Consultation Document which was used for the 2018 public consultation stated the following:  
*“The main reason that the Project Board recommended one site (for thoracic surgery) was because of the changes to the way cardiac and thoracic surgeons work. As very few surgeons now carry out both cardiac and thoracic surgery it is becoming more and more difficult to provide out-of-hours thoracic surgery on-call rotas on two sites”*  
 The appointment of an additional 2 surgeons allowing the development of 2 separate rotas risks undermining this assertion and therefore the basis of the original recommendation.
- Given that the likely time scale for implementation of the new service will be 2 years there are limited operational risks in delaying a decision.
- Delay would however allow further consideration of the developing UK professional guidance and a more detailed workload assessment.

### **3.4 Assurance on further issues raised by Health Boards**

In addition to the requirement within the second recommendation to agree the rota for the MTC within 6 months, some health boards set out other areas on which they required further assurance. Requests for further assurance on specific issues were made by Hywel Dda, Swansea Bay and Powys health boards. Cwm Taf Morgannwg and Aneurin Bevan health boards did not raise any further assurance issues; CVUHB Board emphasised the requirement for assurance over the MTC arrangements to be developed within 6 months.

The specific issues raised for further assurance are summarised in table 1 below. Appendix 2 contains the detail of each issue.

**Table 1: Summary of additional issues on which Health Boards required further assurance for their Community Health Councils**

Health Board	Issues raised
Hywel Dda UHB	Access to family accommodation on Morriston Hospital site; transport to Morriston Hospital; parking at Morriston Hospital; care following discharge after surgery; benign respiratory disease.
Swansea Bay UHB	How costs will be shared by Health Boards; access to family accommodation; transport and parking; co-dependencies of services - impacts and mitigations; transfer of staff.
Powys HB	Outreach services
Cardiff & Vale UHB	No additional issues raised (emphasis on MTC cover)
Cwm Taf Morgannwg UHB	No additional issues raised.
Aneurin Bevan	No additional issues raised.

While WHSSC was asked to provide the assurance, the majority of these issues fall under health boards', rather than WHSSC's, responsibility. WHSSC has therefore agreed with health boards the ownership for the actions to address each issue.

The table in Appendix 2 shows each issue raised, ownership of the issue, and a response on how the issue is being addressed through the implementation project and commissioning process.

The detail in Appendix 2 is intended to provide assurance and confidence to health boards and CHCs that the additional issues they have raised are incorporated within the accountability and governance structure for implementation of the single adult thoracic surgical centre.

Additionally South Glamorgan CHC established two public meetings, held on the 8<sup>th</sup> and 11<sup>th</sup> of April 2019, to seek assurance on progress regarding its concerns, to allow its Executive Committee to consider whether it would be able to support the proposed change. We have since received email correspondence from the Chief Officer of South Glamorgan CHC confirming that its Executive Committee has approved its support, as the public meetings provided sufficient assurance, and that the Chief Officer will be writing formally to confirm the CHCs support for the proposal.

### 3.5 Lessons Learned

In collaboration with health board engagement leads and the Board of CHCs, the WHSS Team has reviewed the conduct of both the public engagement exercise to develop the evidence, information and process for the review, and the formal public consultation that took place on the recommendation for a single centre at Morriston Hospital. The outcome of this review, and the lessons learned, is attached to this report (Appendix 3).

The review of the conduct of the public engagement and formal public consultation concluded that the objectives were achieved and that the process followed was compliant with the relevant guidance and legislation. The report identifies what were felt to be successes and what worked well. However, a number of areas were identified where there were valuable lessons to be learned for future engagement and consultation on regional service change proposals. These include:

- Adoption of a program management approach with a fully developed handling plan to account for and where possible remove any inconsistencies. Such an approach would ensure greater clarity on roles and responsibilities and facilitate robust governance in relation to reporting, escalation and communication across the programme.
- That NHS bodies should engage with the Consultation Institute and consider the commissioning of training for all staff to increase awareness of the law and guidance regarding engagement and consultation.
- The conduct of the engagement and consultation has always been mindful of the guidance and relevant legislation and case law but there is a gap in the guidance on collaborative working which should be addressed.

As part of the final review, follow-up actions and areas for exploration were:

- WHSSC to contribute to the Cross Health Board Consultation Working Group
- Regular meetings to be held between WHSSC and HB Engagement Leads
- Regular meetings to be held between WHSSC and the CHC's
- Improved communication between WHSSC and the HB Directors of Planning
- Agreement that, to avoid issues regarding the release of information into the public domain, a process is adopted whereby recommendations can be shared in confidence with the CHC Executive.
- WHSSC to increase awareness of engagement within its own team.

### **3.4 Implementation update**

#### **Commissioning Plan**

The commissioning plan for thoracic surgery has been developed and considered at Management Group in April 2019 (an earlier draft was shared with SBUHB). The plan includes the service specification, intentions for policy development, performance framework, demand and case-mix assessment, and principles for future contractual arrangements. The commissioning plan is attached (Appendix 4).

#### **Implementation Project**

SBUHB has established the Implementation Project Board. The clinical lead has been appointed and the project management team is in place. A clinical summit was held in March 2019 to engage and obtain input from stakeholders in the process. Working groups are being established for the service model, benign conditions and recruitment and skills. The Project Board aims to develop the implementation plan by September 2019.

## **4. RECOMMENDATIONS**

Members are asked to:

- Support the recommendation that a decision regarding the workforce arrangements that have been developed to provide thoracic surgical cover from Morriston Hospital, Swansea for the Major Trauma Centre in UHW, Cardiff be deferred to July 2019;
- Note and receive assurance that arrangements are in place to address the further issues raised by the six affected health boards in November 2018;
- Support the recommendations arising from the assessment of the lessons learned from the engagement exercise and public consultation;
- Note the development of the thoracic surgery commissioning plan
- Note the implementation project led by SBUHB has commenced with project board and stakeholder meetings already held; and
- Support the recommendations going forward to the six affected health boards and the affected health boards being asked to confirm their unconditional approval for a single adult thoracic surgery centre for south Wales, and parts of mid Wales, based in Morriston Hospital, Swansea.

## 5. APPENDICES / ANNEXES

Appendices:

1. Major Trauma Centre: Management of emergency patients with thoracic injuries
2. Arrangements for addressing the additional assurances requested by Health Boards
3. Public engagement and consultation for the thoracic surgery review: Lessons learned
4. Thoracic surgery commissioning plan



<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Implementation of the Plan Governance and Assurance Choose an item.	
Link to Integrated Commissioning Plan	Yes	
Health and Care Standards	Safe Care Effective Care Timely Care	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation 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.	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	Yes	
Resources Implications	Yes	
Risk and Assurance	Yes	
Evidence Base	Yes	
Equality and Diversity	Yes	
Population Health	Yes	
Legal Implications	Yes	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Corporate Directors Group Board	07/05/2019	Supported
Choose an item.		

# **DRAFT: Major Trauma Centre: Management of emergency patients with thoracic injuries**

## **Consultant workforce requirements**

### **Situation**

This paper sets out the combined view of the Cardiff and Vale and Swansea Bay University Health Board Medical Directors for the Consultant workforce requirements required to implement a sustainable Consultant workforce plan to support the management of emergency patients with acute thoracic injuries as part of the Major Trauma Network for South and West Wales and South Powys. Currently, thoracic surgical services are based at the University Hospital of Wales in Cardiff and at Morriston Hospital in Swansea.

### **Background**

In March 2018, all six Health Boards approved the establishment of the trauma network, in line with the recommendations of earlier independent panel review and following a period of public consultation. This included:

- A major trauma network for South and West Wales and South Powys
- The adults' and childrens' major trauma centres should be on the same site.
- The major trauma centre should be at University Hospital of Wales, Cardiff.
- Morriston Hospital should become a large trauma unit and should have a lead role for the major trauma network.

In November 2018, the five south Wales Health Boards and Powys Health Board, considered the outcome of the public consultation and recommendations on the future of thoracic surgery in south Wales. All Health Boards confirmed, with some caveats and requests for further assurance, their approval of the recommendation for a single thoracic surgery centre at Morriston Hospital, Swansea.

The establishment of the Major Trauma Centre in Cardiff, and a tertiary Thoracic service in Swansea will require the availability of a consultant thoracic surgeon to be available to provide advice and to attend either centre in an emergency 24 hours a day, 365 days of the year. This represents a significant increase in the commitment to out-of-hours work from the current model.

### **Analysis**

The current consultant workforce in thoracic surgery in Cardiff and Vale UHB (CAV) and Swansea Bay UHB (SB) are:

Cardiff and Vale	3 consultants
Swansea Bay	3 consultants (2 in post; 1 vacant post)

For the purposes of this paper it is assumed that, other than the additional volume of out-of-hours work, that the demand for thoracic surgical services remains at the current level. However, it should be noted that during the current planning discussions regarding the establishment of the tertiary thoracic service it has been highlighted that there is likely to be an additional volume of work (e.g. rib fixation) that is not part of current demand. From data presented at the recent first Thoracic Clinical Summit (15.3.2019) in Bridgend it is likely there will be 1200 cases per year and expected growth of 20% in the number of surgical cases.

The external review of the service, provided by the Royal College of Surgeons, considered that 5 surgeons would be sufficient to cover such a rota. However, this does not take into account:

- There is no existing on-call rota and therefore all out-of-hours workload will be in addition to current workload.
- There is a requirement to provide timely input across two geographically separate sites in order to provide safe and effective cover to the MTC as well as improve the outcomes in Thoracic Surgery.
- Taking annual leave and study leave into account, the prospective cover for 5 consultants equates to a 1 in 4 rota, which is not sufficiently robust to deal with sickness or unexpected absence.

The additional workload associated with out-of-hours cover is detailed below and takes into account:

- The Direct Clinical Care (DCC) sessions required to have a consultant thoracic surgeon present on the UHW site between 9am and 5pm Monday to Friday – as has been agreed.
- The additional workload of the on-call rota for out of hours (covering weekday evenings 5pm – overnight, and 24 hours at weekends), with a conservative estimate that this will involve approximately 2 hours/week of additional work.
- Estimated daily hours includes time taken for providing telephone advice, for review of postoperative patients, as well as the more significant annual workload of emergency management of MTC patients. This estimate includes the approximate 5-8 cases that following immediate resuscitative care require the emergency on-site attendance of a thoracic surgeon.

*Table 1. Additional DCC sessions required*

<b>Daytime</b>			
UHW presence	Sessions/week	Sessions/year	Sessions/week per 42 weeks
Monday-Friday	10	506	12.0

<b>Out of hours</b>			
7days/week; 365 days/year	Sessions/week	Sessions/year	Sessions/week per 42 weeks
Estimated 2h/day	3.7	194.1	4.62

**Total DCC**

**16.67**

An intensity banding supplement would also apply in recognition of the frequency of the rota.

This additional volume of DCC activity could only be accommodated through the appointment of 2 additional posts, with the addition of Supporting Professional Activity sessions for post-holders' professional development, as required by the Welsh Consultants' Contract:

<b>Post 1</b>	8 DCC; 2 SPA = 10 sessions
<b>Post 2</b>	8 DCC; 2 SPA = 10 sessions

It is not proposed that these new posts' clinical commitments are isolated to the additional activities identified above, but rather that the sessions are distributed as part of a wider group job plan amongst the new posts and all existing post-holder, to ensure equal distribution of workload supporting the MTC as well as tertiary activity. It is anticipated this would be accommodated with a 1 in 8 "hot" on-call covering the Thoracic Centre in Morriston Hospital and a separate quieter 1 in 8 on-call covering the Cardiff and Vale MTC at the University Hospital of Wales. This would mean an on call overall of 1 in 4 and means there would not be a situation where either centre is not physically covered by a Consultant Thoracic Surgeon.

The sessional requirements and job plans of the whole Consultant body would be subject to a review after 6 months operational working of the new Thoracic Surgical service.

Again data and discussion at the first Thoracic Clinical Summit indicated that each surgeon would require approximately 150 operations a year to maintain their clinical skills. With 8 surgeons, even before the expected increase in number of operations this is achieved with 1200 operations annually.

### **Recommendation**

It is recommended that the appointment of two additional thoracic surgery consultants is required to ensure that appropriate expertise is available 24 hours/day 365 days/year to provide safe and sustainable support for the MTC in Cardiff and the tertiary thoracic service in Swansea.

#### **Dr Graham Shortland**

Executive Medical Director, Cardiff and Vale UHB

#### **Dr Richard Evans**

Executive Medical Director, Swansea Bay UHB

April 2019

## Appendix 2: Arrangements for addressing the additional assurances requested by Health Boards

Health Board	Further Assurance Required	Ownership	How the issues are being addressed and actions taken
Hywel Dda UHB	To clarify arrangements for families of thoracic patients as to whether they would have access to family accommodation on the Morriston site.	Thoracic Surgery Implementation Project Board	Update from SBUHB: The existing accommodation for relatives provided at the bottom of the Morriston site will be available for families of thoracic patients, the level of demand required for the expanded thoracic service will be considered according to the agreed service model and if necessary additional accommodation will be included in the business case which will be developed by ABMU for the provision of the new Thoracic Unit.
Hywel Dda UHB	To give further consideration to the issues of transport as raised by people in the Hywel Dda area.	Thoracic Surgery Implementation Project Board	Further work will be undertaken with NEPT when the commissioning framework has been agreed. The commissioning framework will include an assessment of patient numbers and will form the basis on which the NEPT service can be planned. The commissioning framework will be completed by May of 2019.
Hywel Dda UHB	As it was noted that the response provided by WHSSC did not address concerns about parking, WHSSC to provide a response to the issue of	Thoracic Surgery Implementation Project Board	Update from SBUHB: The Health Board confirms that over recent months the parking issues at Morriston had greatly improved due to the demolition of empty accommodation and outdated

	parking raised by people in the Hywel Dda area.		buildings on the site. In addition work is underway to improve access to the Morriston site which will enable planning permission to be sought to further improve car parking on the site.
Hywel Dda UHB	It was noted that there was a lack of clarity on whether appropriate services in Hywel Dda were ready and established to provide onward care after local people had been discharged back to their own Health Board and as such a response is required as to how local services receiving patients discharged from Morriston will provide adequate care.	Thoracic Surgery Implementation Project Board	The implementation project board, led by SBUHB, is establishing a service model working group to develop the detail of how the service will be organised to deliver the service specification. This will include the pathway for discharge back to local services following admission for thoracic surgery.
Hywel Dda UHB	In addition, concerns were expressed around the pathway, with this process offering the opportunity to consider pathways and improve the patient journey. Reference was made to a risk of an over-focus on certain services, such as those relating to cancer, when there are others which are significant, such as benign respiratory disease.	Thoracic Surgery Implementation Project Board	The implementation project board, led by SBUHB, is establishing a working group specifically for benign conditions.
Swansea Bay UHB	The CHC has asked that ABMU Health Board provide more detail to assure the public in the ABM area that any further costs identified during implementation	WHSSC to SBUHB	Under the governance process for implementation of the single thoracic surgery centre, the business case will be developed through the implementation board, on which all involved Health Boards

	would be met by all involved health boards and not solely by ABMU.		<p>are represented, agreed by SBUHB Board and finally approved by the Joint Committee. The costs will be agreed as part of this scrutiny and approval process. The revenue costs of service delivery will be funded by the 6 Health Boards that refer into the service according to the risk share mechanism for specialised services.</p> <p>Any additional costs that will be incurred during the transition period (as the previous services are decommissioned and the new service commissioned) will be identified through the implementation project and funding agreed through the Joint Committee and allocated according to the risk share.</p>
Swansea Bay UHB	The CHC has asked the Health Board to clarify whether families of thoracic patients would have access to existing family accommodation on the Morriston site and to give further consideration to the issues of transport and accommodation raised by people in the ABM area;	SBUHB to provide to WHSSC	The existing accommodation for relatives provided at the bottom of the Morriston site will be available for families of thoracic patients, the level of demand required for the expanded thoracic service will be considered according to the agreed service model and if necessary additional accommodation will be included in the business case which will be developed by SBUHB for the provision of the new Thoracic Unit.

			<p>SBUHB already offers flexible visiting hours which enables families and visitors to attend anytime from 11am to 8pm, 7 days a week, which can improve access for them to see relatives/loved ones.</p> <p>Assistance with travelling costs for those patients who use their own or a family member's transport will be able to reclaim mileage if they are on any of the recognised benefits under the "help with health costs" scheme (including income support, universal credit, pension credit guarantee or if you live permanently in a care home where the Local Authority helps with your costs).</p>
Swansea Bay UHB	The CHC have asked that the Health Board provide a response to the issue of parking raised by people in the ABM area	SBUHB to provide to WHSSC	The Health Board confirms that over recent months the parking issues at Morrision had greatly improved due to the demolition of empty accommodation and outdated buildings on the site. In addition work is underway to improve access to the Morrision site which will enable planning permission to be sought to further improve car parking on the site.
Swansea Bay UHB	Co-dependencies of services: the CHC have asked the Health Board to give further consideration to the issues raised and provide assurance that any impact and necessary mitigation has been considered.	SBUHB to provide to WHSSC	The requirement for additional theatres, critical care capacity, pathology, radiology and other clinical services which will need additional capacity to underpin the new thoracic centre, and the costs associated with these, will be incorporated into the

			business case being developed by SBUHB and the costs therefore incorporated into the WHSSC IMTP so that the costs are shared across the involved Health Boards and not borne only by SBUHB.
Swansea Bay UHB	Staffing: The CHC considered that the response from WHSSC did not fully address concerns about the need for a strong multi-disciplinary team or respond to concerns that staff may not transfer from Cardiff. Therefore the CHC have asked that the Health Board give this further consideration.	SBUHB to provide to WHSSC	Careful staff consultation processes will be developed and undertaken jointly by SBUHB and CVUHB to ensure any issues with continuity and sustainability of staffing for the single unit are identified early and actions taken to mitigate appropriately. We will ensure that appropriate staffing options for minimising risks of loss of staffing are included in the business case as appropriate.
Cwm Taf Morgannwg UHB	The Health Board requested that that they receive a progress report from WHSCC in 6 months' time.	WHSSC to provide progress report	The report to Joint Committee in May 2019 will be forwarded to Health Boards for their May Board meetings.
Cardiff & Vale UHB	After careful consideration of all of the issues and listening to the representations made from both the Senior Clinical Consultant body and the Community Health Council the Board approved all of the recommendations with the caveat to ensure patient safety, the board would regularly be reviewing the detailed workforce model and medical rotas to provide 24/7 thoracic surgery cover for the Major Trauma	WHSSC to CVUHB	The current position with regard to the issue of thoracic surgical cover for the MTC is included in the Joint Committee report May 2019.

	Centre and if it was not assured within six months the Board would withdraw its approval.		
ABUHB	ABUHB confirmed no additional assurances were required by the Board.		
Powys THB	The Thoracic Surgery developments should not negatively impact on other services for Powys residents from Morryston Hospital; reassurances that outreach/outpatient services would be maintained at Nevill Hall and Glangwili [if the main adverse impact is around travel, and the main mitigation is to keep as much of the pathway as close to home as possible, then we need a level of reassurance that neighbouring service reconfigurations won't lead to these services moving from the nearest hospitals for our residents]	Thoracic Surgery Implementation Board	The implementation project, led by SBUHB, has held a clinical summit where the model was discussed, and is establishing a service model working group to develop the detail. This work will design a model to meet the service specification which requires that out-reach clinics form a key part of the service.



GIG  
CYMRU  
NHS  
WALES

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

# Thoracic Surgery Public Engagement & Consultation

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A Review of the conduct of the project and key lessons learnt

**Paul Williams (Cwm Taf LHB - Welsh Health Specialised Services Committee )**

**Abstract:** This document provides an overview of the delivery of a formal public consultation on the location of adult thoracic surgery services for the population of South Wales together with a description of the lessons learnt during the conduct of the project.

Project Title:	Thoracic Surgery Public Consultation
Program Title:	Provision of Adult Thoracic Surgery in South Wales
Author:	Assistant Planning Manager WHSSC
Report Title	Review of the conduct of the project and key lessons learnt
Brief description of context	<p>WHSSC is a Joint Committee of the seven Local Health Boards (LHBs) in Wales. The seven LHBs are responsible for meeting the health needs of their resident population, and have delegated the responsibility for commissioning a range of specialised services to WHSSC.</p> <p>Specialised services generally have a high unit cost as a result of the nature of the treatments involved. They are a complex and costly element of patient care and are usually provided by the NHS. The particular features of specialised services, such as the relatively small number of centres and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk. Specialised services have to treat a certain number of patients per year in order to remain sustainable, viable and safe. This also ensures that care is both clinically and cost effective.</p> <p>Thoracic surgery is one of the specialised services that WHSSC commissions for the people of Wales. For patients living in North Wales this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of England and North Wales. Patients in northern Powys access the thoracic surgery service at Heartlands Hospital, Birmingham, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in South Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. The service at Morriston has two consultant surgeons, whereas the service at the University Hospital of Wales, has three consultant surgeons. There has been concern for a number of years that these two smaller services are not sustainable, and may not be able to fully meet the needs of the population of South Wales.</p> <p>The Thoracic Surgery Review Project comprised two distinct stages. Stage One aim was to determine the service model for South Wales, i.e. one thoracic surgery centre or two and depending on the outcome of Stage One, Stage Two's aim was be to determine the location of the service centre.</p> <p>A Project Board was established to form recommendations on the future provision of adult thoracic surgery in South Wales. The Project Board was informed by a review of the adult thoracic surgery services which was undertaken by the</p>

	<p>Royal College of Surgeons. Following an extensive engagement exercise across South Wales, in which the views of service users and other stakeholders were sought on the information required in order to make a recommendation on the future provision of thoracic surgery services in South Wales, the Project Board recommended that a single thoracic surgery centre should be developed for South Wales. WHSSC sought advice from the Board of Community Health Councils and Legal Services on the requirement to engage or consult on each of these two stages. The advice provided for stage one was that whilst it is not necessary to carry out formal consultation, engagement was necessary.</p> <p>Following the recommendation from the Project Board, an Independent Panel was convened to review the options for locating the centre and to make a recommendation on the preferred location for the single thoracic surgery centre. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single thoracic surgery centre.</p> <p>The recommendation from the Project Board and the recommendation from the Independent Panel were considered and endorsed by the WHSSC Joint Committee for further consideration by the six affected health boards, subject to further discussions with the Community Health Councils about the need for public consultation.</p> <p>Following the discussions with the Community Health Councils, it was agreed that the affected health boards, with assistance from WHSSC, should be asked to consider undertaking a formal public consultation in which they would ask the public, staff and interested organisations for their views on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.</p>
<p>Brief description of project</p>	<p>WHSSC in order to support the decision making process for the review of Thoracic Surgery services in South Wales entered into a period of public engagement utilising public meetings and digital channels throughout the South Wales region.</p> <p>Responses were requested for four questions</p> <ol style="list-style-type: none"> <li>1. Is there any other information you think we should consider to decide whether we need one or two thoracic surgery centres in South Wales?</li> <li>2. Is there any other information you think we should include in the criteria that will be used by the independent panel?</li> <li>3. Do you have comments on the process we are using to inform recommendations on future thoracic surgery services?</li> <li>4. Do you have any other comments on the information presented in this document?</li> </ol>

In total we received 78 responses including feedback captured during the public meetings the most common themes were

- Travel impact
- Co-location with other services and infrastructure
- Capacity in general with current services and ability to deliver a future high class service.
- Comments on the process and or documentation adopted.

The recommendation from the Project Board and the recommendation from the Independent Panel were considered and endorsed by the WHSSC Joint Committee for further consideration by the six affected health boards, subject to further discussions with the Community Health Councils about the need for public consultation.

Following the discussions with the Community Health Councils, it was agreed that the affected health boards, with assistance from WHSSC, should be asked to consider undertaking a formal public consultation in which they would ask the public, staff and interested organisations for their views on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.

To ensure the consultation process was meaningful, consideration was given to key messages to be shared with the public and the evidence available to support the proposed development of a single adult thoracic surgery centre at Morriston Hospital, serving patients from South Wales.

The key messages included:

- Over the last year, patients in Wales with lung cancer have waited longer than they should have for surgery
- Patients in Wales with lung cancer have some of the lowest survival rates in Europe, although we know we have expert surgeons
- Patients who need surgery, but do not have lung cancer, have very long waiting times, and our doctors and nurses tell us this is affecting the quality of care they can provide
- Thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres (elsewhere in the UK and Europe, services are being reorganised into larger centres) and
- Changes in the way surgeons practise mean we cannot continue to staff our two units in the way we have done in the past
- The Royal College of Surgeons undertook a review of the services in south Wales and recommended that in order to provide sustainable and high-quality thoracic surgery, there should only be one hospital delivering the adult service – “It is the review team’s recommendation that WHSSC adopts a single site thoracic surgery service model for South Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward. It was considered that changes to cardiac and adult thoracic surgery would mean there would not be a staffing resource that could adequately sustain a two site model in the future...”

- An Independent Panel, made up of a range of clinical experts from north Wales and England, patients or their relatives, an equalities representative, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson, were asked to look at the options and make recommendations on the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single adult thoracic surgery centre.
- The surgical element of care forms only one part of the overall service patients will receive, and patients will continue to see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.
- Patients resident in the areas served by Abertawe Bro Morgannwg University Health Board (ABMUHB), Hywel Dda University Health Board (H DUHB) or those areas of Powys Teaching Health Board where patients receive their secondary care at either ABMUHB or H DUHB, would continue to have their thoracic surgery at Morriston Hospital, Swansea.
- Patients who would have had their thoracic surgery in UHW, Cardiff, would in future receive their surgical care at Morriston Hospital, Swansea. This includes patients who live in the areas covered by Aneurin Bevan University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board and parts of Powys Teaching Health Board where patients receive their secondary care at one of these health boards.
- Evidence shows that thoracic surgery patients are likely to have better outcomes (survive longer, with fewer complications from their disease or treatment) and quicker recovery when treated in larger thoracic surgery centres;
- A larger single adult thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes such as episodes of staff sickness, vacancies and changes to national government policy.

The consultation asked people to respond to two questions:

- 1 The Independent Panel recommended that the adult thoracic surgery centre serving patients from South and West Wales and South Powys should be located in Morriston Hospital Swansea. Do you agree or disagree with the proposal?
- 2 If we develop the adult thoracic surgery centre for South East and West Wales and South Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

The consultation plan outlined the methods and proposed process for the consultation that will support delivery of the following objectives:

- To seek the views of stakeholders on the proposed model for delivering adult thoracic surgery services in South Wales.
- To describe and explain the proposed model for delivering adult thoracic surgery services in South Wales.
- Ensure awareness and information about the consultation reaches the majority of health board stakeholders and provides opportunities for feedback.
- Provide stakeholders with a range of opportunities, taking account of accessibility, for staff and other key stakeholders to give their views by the close of the consultation exercise
- To ensure that the consultation process complies with legal requirements, Welsh Government guidance and duties.

Advice on the documentation was sought from the Health Boards and Community Health Councils within the regions, in order to ensure that it was fit for purpose.

WHSSC was responsible for printing and distributing hard copies of the consultation document, which was available in Welsh and Easy Read formats.

The consultation document detailed:

- The background to the consultation
- The need for change
- The proposals for change and rationale for the proposed model
- How people can participate in the consultation and give their views

The full consultation document in English and Welsh was available in standard and easy read versions also in electronic format. Versions were available in Audio (in English and Welsh) and British Sign Language format on the website. All versions of the document included details of how people could respond online, by email, by phone or by freepost. Other formats would be produced as appropriate on request.

A full range of supporting and technical documents were available online, providing background information to support and inform the public consultation. These included:

- Equality Impact Assessment;
- Pre-consultation documents and reports;
- Relevant documentation from national bodies (e.g. Royal College of Surgeons);
- Other information to inform the decision making process and demonstrate that the options have been thought through and can be implemented;
- An initial list of frequently asked questions which were updated as queries arise during the consultation

In addition to these documents, a standard presentation was compiled and made available for health boards to use at public and stakeholder events.

Alongside the main consultation document the following methods for sharing information were employed:

- Website

A web page for the consultation was created via WHSSC at the following address:

<http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales>

There was both an English and Welsh web page and a short film produced outlining the key elements of the consultation.

- Public Sessions

Across the consultation period there are a number of planned sessions led by health boards in each region. This provided the opportunity for staff, stakeholders and the wider public to provide feedback on the proposals in the consultation document. Members of the WHSSC Executive team supported these sessions.

- Mid-Point Review

A formal review meeting was held approximately half way into the consultation to consider responses to the consultation, address any issues of concern and consider the need to make adjustments to the approach for the remainder of the consultation period. This was coordinated by WHSSC, and included the engagement leads from each of the health boards, as well as representatives from the Community Health Councils. A report was produced following the meeting, summarising the key themes from the responses received to date, and was shared with the health boards and Community Health Councils. The report identified a number of actions including additional work around a key issue that had emerged during the first half of the consultation around the arrangements for delivering Thoracic Surgery

support to the Major Trauma Centre. This work was subsequently included in the evidence pack provided to HBs with the consultation outcome.

- Post Consultation Phase

804 responses were received with the majority being submitted via the online form. Each individual response was recorded on a log which was regularly shared with affected health boards and CHC's

Where notes from staff or public events were provided these were also captured and included within the analysis and consideration of implementation actions but were not been recorded as individual responses.

On behalf of the six affected health boards, WHSSC received and logged responses to the consultation, the outcomes of which was reported to the WHSSC Joint Committee in September, prior to submission to each of the health boards, together with a recommendation on the proposal, for consideration at public board meetings to be held before the end of October 2018.

WHSSC worked with the health board engagement leads, and provided them with the responses specific to their health board area and region.

WHSSC officers reviewed, collated and analysed the responses and outcomes with regards to any national, regional or crosscutting themes, in order to enable the Joint Committee and affected health boards to have an informed discussion on the outcome of the consultation.

WHSSC officers shared all of the responses with the Community Health Councils and health board engagement leads, and reviewed and collated the responses and outcome for each health board area. This information was also shared with the Community Health Councils for consideration as part of their role in reviewing and formulating an official response to the consultation.

#### Final Project Review

A formal review meeting was held in the spring of 2019 to consider conduct of the consultation and address any issues of concern.

This was coordinated by WHSSC, and included the engagement leads from each of the health boards, as well as representatives from the Community Health Councils.

This report was produced following the review meeting, and summarises the key findings under four headings

- Key project successes

	<ul style="list-style-type: none"> <li>• Project shortcomings and solutions</li> <li>• Lessons learnt</li> <li>• Follow-up Actions</li> </ul>
<p>Key project successes</p>	<p><b>Please describe what has worked well.</b></p> <p><b>What have been the key successes of this project?</b></p> <ul style="list-style-type: none"> <li>• The primary success of the process was to deliver a regional engagement and consultation.</li> <li>• There was a due regard to equity of opportunity, the approach adopted resulted in a wide range of stakeholders sharing their views. This was supported by the availability of materials in multiple formats.</li> <li>• As themes and questions developed throughout the consultation period WHSSC worked collaboratively with CHC's and HB's to produce a living Frequently Asked Questions process to signpost or address issues raised.</li> <li>• High Response Rate with 804 individual responses across all affected populations. Strong engagement with clinicians.</li> <li>• Feedback from CHC's and HB's was that WHSSC demonstrated a genuine desire to engage and consult, as evidenced by WHSSC Executive support at public and staff meetings.</li> </ul> <p><b>What factors supported this success?</b></p> <p>The adoption of a two stage process with engagement followed by consultation allowed WHSSC to refine and adapt internal processes and in particular shape its communication strategy.</p> <p>There was an opportunity to learn from the public consultation on Major Trauma and in particular the approach to collaborative working. Regular contact with Health Board and CHC's was a core component of the process and space was created to have conversations throughout the consultation period.</p> <p>The Mid-Point Review was very useful in framing the quantitative and qualitative approach taken and offering an opportunity to discuss and tailor the process, including providing the opportunity to undertake additional work on a specific issue in response to feedback received during the first half of the consultation.</p> <p>As noted above there was a genuine desire to engage and consult and WHSSC executive team took an active leadership role throughout the process.</p>

	<p>There was a recognition that subject matter experts existed within the HB's and CHC's, collaborative working and transparency were taken as key lessons from the major trauma consultation and informed the WHSSC process throughout.</p>
<p>Project shortcomings and solutions</p>	<p><b>Please describe what have been the main challenges of this activity?</b></p> <p>Above all else the fact that conducting a two stage engagement and consultation process was a new endeavour for WHSSC.</p> <p>When planning the process and materials to be adopted consideration was given to build sufficient flexibility in the timeline to ensure all activity was completed in order to account for the agreed recommendation and decision making processes within Joint Committee and the Health Boards. However, it is recognised that the pre consultation stage included a number of challenges which resulted in the timeline being stretched, in effect the contingency was utilised at the start of the process. Examples of early pressures within the timeline included;</p> <p>There was a degree of uncertainty regarding the need for a public consultation. Time was lost when WHSSC were gathering the views of the CHC's. Engagement leads felt that their earlier involvement would have been beneficial, building on their expertise and local relationships. Timescales need to take account of the decision-making timescales for CHCs as well as HBs.</p> <p>Once the need for a consultation was agreed there was a significant amount of activity dedicated to producing and reaching consensus on the material. The decision to include an agree/disagree question was an example of early uncertainty over what was being consulted upon.</p> <p>Post consultation there were challenges over the governance and decision making process and in particular the ability to share materials with CHC's prior to the HB meetings.</p> <p><b>How were they overcome (if they were)?</b></p> <p>In recognition of the uniqueness of the activity from a WHSSC perspective collaboration with Health Boards and CHC's was adopted throughout the process.</p> <p>The timeline although stretched did have a sufficient contingency to allow the process to be completed in time.</p> <p>The governance around the recommendation and decision making process was complex and reflected the uniqueness of WHSSC's position outside but acting on behalf of the Health Boards. To mitigate WHSSC continued to engage with Health Boards and CHC's throughout the process, for example by providing regular copies of the responses logged. The mid-point review was extremely helpful in enabling joint working to resolve a number of issues.</p>

**Were the project objectives attained? If not, what changes need to be made to achieve these results in the future?**

**Objective 1: To seek the views of stakeholders on the proposed model for delivering adult thoracic surgery services in South Wales.**

804 responses have been received, with the majority being submitted via the online form. Each individual response was recorded on a log which was regularly shared with affected health boards and CHC's.

Where notes from staff or public events were provided, these have also been captured and included within the analysis and consideration of implementation actions, but they have not been recorded as individual responses.

In response to the question

The Independent Panel recommended that the adult thoracic surgery centre serving patients from South and West Wales and southern Powys should be located in Morriston Hospital, Swansea. Do you agree or disagree with the proposal?

- 339 or 42.16% agreed with the proposal.
- 428 or 53.23% disagreed with the proposal.
- 34 or 4.23% neither agreed nor disagree with the proposal.
- 3 or 0.37% did not answer the question.

A number of themes were identified when analysing the responses. These "key" themes have been used as the basis of analysis of the responses.

Many of the 804 respondents expressed multiple views across their responses and therefore the total number of issues identified within the themes is 1,441.

The key themes were as follows:

- Implementation and Improvement
- Accessibility
- Major Trauma Centre
- Workforce
- Other

**Objective 2: To describe and explain the proposed model for delivering adult thoracic surgery services in South Wales.**

Advice on the documentation was sought from the health boards and Community Health Councils within the regions, in order to ensure that it was fit for purpose.

WHSSC was responsible for printing and distributing hard copies of the consultation document, which will be available in Welsh and Easy Read formats.

The consultation document detailed:

- The background to the consultation
- The need for change
- The proposals for change and rationale for the proposed model
- How people can participate in the consultation and give their views

The full consultation document in English and Welsh was available in standard and easy read versions in both hard copy and electronic format. Versions were also be available in Audio (in English and Welsh) and British Sign Language format on the website. All versions of the document included details of how people could respond online, by email, by phone or by freepost. There were no requests for other formats although the plan included provision for them to be produced as appropriate on request.

A full range of supporting and technical documents were available online, providing background information to support and inform the public consultation. These included:

- Equality Impact Assessment;
- Pre-consultation documents and reports;
- Relevant documentation from national bodies (e.g. Royal College of Surgeons);
- Other information to inform the decision making process and demonstrate that the options have been thought through and can be implemented;
- An initial list of frequently asked questions which was updated as queries arose during the consultation

In addition to these documents, a standard presentation will be compiled and made available for health boards to use at public and stakeholder events.

A review was held at the half way point of the consultation with representation from the affected health boards and CHCs to consider the processes and responses to date in light of the consultation plan and national guidance.

Actions arising from the mid-way review were:

- A mechanism was agreed for reporting by health boards of any exceptions to the published consultation plan;
- An agreement was reached for the provision of the verbatim responses, together with high level quantitative analysis, to health boards and CHCs on a weekly basis;
- The addition of a new FAQ relating to the requirements of the Major Trauma Centre for emergency support from consultant thoracic surgeons;
- The addition of a new FAQ relating to the lay membership of the Independent Panel;
- Steps were taken to ensure that work was undertaken to provide outline arrangements for delivering thoracic surgery support to the Major Trauma Centre (for the small number of cases where this may be required). This

information was included in the evidence pack that will be submitted to health boards with the consultation outcome.

**Objective 3: Ensure awareness and information about the consultation reaches the majority of health board stakeholders and provides opportunities for feedback.**

In order to assess the public reach of the consultation, respondents were asked if they were an employee of the NHS. Respondents were also asked if they were replying on behalf of an organisation. Where respondents indicated that they were replying on behalf of a health board this has been discounted from the organisation's total number in recognition that any staff responding were doing so as an individual/group and not corporately.

Not specified	NHS Employee	Organisation	Elected Representative	Grand Total
416	369	16	3	804
51.74%	45.90%	1.99%	0.37%	100%

In line with the statutory duty placed on each health board under the Wales Public Sector Equality Duty 2011, an equality impact assessment (EIA) was undertaken on the proposals for a single adult thoracic surgery centre for South Wales

At the consultation mid-way review, held in July 2018, the opportunity was taken to review the characteristics of respondents to assess whether the consultation was reaching the relevant groups. No issues were identified at the mid-way review which required changes to the consultation plan process. The distribution of responses across the protected characteristics did not change significantly from this point.

The equality monitoring process indicates that overall the consultation did have broadly representative input from affected protected categories and from the relevant age distribution.

**Objective 4: Provide stakeholders with a range of opportunities, taking account of accessibility, for staff and other key stakeholders to give their views by the close of the consultation exercise.**

The table below quantifies the response method used

Health Board of Residence	Email	Hard Copy	Online form	Grand Total
Abertawe Bro Morgannwg UHB	8	13	177	198

Aneurin Bevan UHB	2	8	44	54
Cardiff & Vale UHB	12	32	291	335
Cwm Taf UHB	1	16	25	42
Hywel Dda UHB	1	38	66	105
Powys THB	2	4	6	12
Not indicated	12	9	37	58
<b>Grand Total</b>	<b>38</b>	<b>120</b>	<b>646</b>	<b>804</b>

Public events were arranged throughout the consultation period and a schedule was published on the WHSSC website.

Attendees were asked to submit their individual responses and a record of themes identified has been provided. No themes were identified which have not been represented in the analysis of responses from the standard response methods.

A number of staff and stakeholder events were held through the consultation period. Attendees were asked to submit their individual responses and a record of themes identified has been provided. There were no themes identified which have not been represented in the analysis of responses from the usual response methods.

**Objective 5: To ensure that the consultation process complies with legal requirements, Welsh Government guidance and duties.**

A consultation plan was developed, in collaboration with health board engagement leads, to support the consultation process.

The consultation document, response form and covering letter were prepared by WHSSC and formally approved by the six affected health boards at board meetings in June 2018. The consultation document was also available in the Welsh language, an Easy Read format and as a BSL signed video.

An Equality Impact Assessment ("EIA") was also completed and used to inform the consultation plan and the stakeholders that should be consulted. In order to assess the demographic profiles of respondents, the hard copy and online versions of the consultation document included a series of survey questions in multiple choice format

The consultation was developed to meet the requirements of the framework for Welsh NHS bodies and Community Health Councils established in 'Guidance on Engagement and Consultation on Changes to Health Services' issued by Welsh Government in March 2011 and the principles in 'National Principles for Public Engagement in Wales' developed by Participation Cymru and endorsed by Welsh Government in 2011.

In addition, the consultation was designed to satisfy the 'Sedley criteria' (often referred to as the 'Gunning principles') originally set out in 1985 and endorsed by the Supreme Court in *R (Moseley) v Haringey London Borough Council in 2014* and subsequent judicial developments in which guidance on the requirements of fair consultation was set out and which has also been taken into account.

Lessons learnt

**What could have been done differently/ better?**

This was a new endeavour for WHSSC and it was a steep learning curve for organisational understanding of the complexities of delivering a regional engagement and consultation. The support and advice of the subject matter experts was sought at an early stage as was the views of the CHC's. It is recognised by WHSSC that the advice of engagement experts regarding the need for public consultation should have been accepted at an earlier stage. A greater understanding of the role of the CHC's would have avoided delay at the outset.

The process delivered a regional consultation but delivery was undertaken at a local level and although the process included regular checks and updates the activity undertaken locally reflected local circumstances and therefore included inherent inconsistencies. A suggested approach would be to adopt a program management approach with a fully developed handling plan to account for and where possible remove any inconsistencies. Such an approach would ensure greater clarity on roles and responsibilities and facilitate robust governance in relation to reporting, escalation and communication across the programme.

Transparency was at the heart of the process up to the decision making stage at Health Boards. There is a recognition of some frustrations within CHC's with the ability to obtain, assess and comment on material before it is public.

Although every effort was made to identify an effective communication strategy within the overall consultation plan there were a few examples, where communication between stakeholders could have been improved:

- Communication management around the alignment of the publication of recommendations and decisions statements from different health boards could have been better aligned?
- Improving the communication between the local CHCs and their Health Boards for example by establishing a formal communication channel via the Directors of Planning at each Health Board
- Clarity of communication and explanation of the Gunning principles

**What would you recommend to improve future programming or for other similar projects elsewhere**

A theme that emerged from the Major Trauma consultation was around the need for improved collaborative working across NHS bodies. This has led to the establishment of a Cross Health Board Consultation working group which includes representation from WHSSC. The conduct of the engagement and consultation has always been mindful of the guidance and relevant legislation and case law but there is a gap in the guidance on collaborative which should be addressed.

NHS bodies should engage with the Consultation Institute and consider the commissioning of training for all staff to increase awareness of the law and guidance regarding engagement and consultation.

**What mistakes should be avoided if the initiative were to be replicated?**

The recommendation and decision making process was reflective of this being a regional process and it is recognised that there were frustrations with CHC's with regard to the availability of the supporting material before it was made public. Consideration should be made to detailing the flow of information and gaining commitments on confidentiality if shared prior to being in the public domain.

The overall timeline of the activity was flexed early and without scope for extension due to the agreed decision making process deadlines significant pressure was placed on the analysis of the data. This pressure was exacerbated by a large number of late submissions. Although overcome by allocating additional resource future program management should include a strategy for mitigation for slippage in the timeline.

**Follow-up Actions**

As part of the Final Review, follow-up actions and areas for exploration were:

- WHSSC to contribute to the Cross Health Board Consultation Working Group
- Regular meetings to be held between WHSSC and HB Engagement Leads
- Regular meetings to be held between WHSSC and the CHC's

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• Improved communication between WHSSC and the HB DoPs</li><li>• Agreement that to avoid the issue around information in the public domain the process is adopted that it can be shared in confidence to the CHC executive.</li><li>• WHSSC to engage with all staff to increase awareness of engagement.</li></ul> |
|--|---|



GIG  
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WALES

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

# Commissioning Plan for Adult Thoracic Surgery

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## **1. Introduction**

This purpose of this document is to set out the commissioning plan for thoracic surgery in south Wales. The commissioning plan contains the following components:

- Service specification and commissioning policies
- Population demand assessment
- Performance management framework
- Contractual framework

In addition, transitional commissioning arrangements will need to be developed to support the decommissioning of the old services and establishment of the new service. These will be developed alongside the transition plan for implementing the new service.

## **2. Service Specification and Policy Development**

### **2.1 Service Specification**

The service specification sets out the requirements and quality standards for the thoracic surgery service. The thoracic surgery service specification was developed as part of the Thoracic Surgery Review and was published in March 2017. A copy of the specification is attached to this document (Appendix A). A formal review of the specification is scheduled for March 2020.

#### Key Principles of the Specification

The aims of the specification are to provide a sustainable, high quality, equitable service that is patient centred and optimises the quality of patient and family experience (a full description of the objectives is set out in section 2.2 of the specification).

The specification describes a service model based on a thoracic surgery centre with dedicated facilities (theatres, ward, HDU) for the delivery of surgery, with the out-patient components of the service delivered through a network of clinics held both at the thoracic surgery centre and in other locations across the region. Apart from the admission to the thoracic centre for surgery, the other components of the service (first out-patient appointment with the surgeon, post surgical follow-up, pre-admission assessment) should be delivered, where possible, on an outreach basis closer to patients' homes.

This principle was also supported by the outcome of the public consultation on the proposal for a single thoracic surgery service at Morriston Hospital, which emphasised local provision where possible to maximise accessibility and mitigate the impact of additional travel for patients and families.

The new thoracic surgery service will be expected to meet the requirements and quality standards in the specification. WHSSC will influence compliance with the specification as a member of the Implementation Board and when scrutinising proposals from the Implementation Board for recommendation to the Joint Committee.

## 2.2 Commissioning Policy Development

Commissioning policies specify criteria for treatment and the referral pathway to a service. At the current time, WHSSC does not have specific commissioning policies for thoracic surgery. Patients are referred for lung cancer surgery through the established pathway via the lung cancer MDTs; referrals for non cancer conditions are received directly from respiratory physicians.

In February 2019, the Thoracic Surgery Review Project Board considered areas for policy development and identified the following two areas:

- Surgical assessment and operative treatment of non-cancer thoracic diseases

It is recognised that there is unmet need for thoracic surgery for non-cancer thoracic conditions. Due to capacity constraints, patients are often treated medically (e.g. for empyema or pneumothoraces) when they might have obtained better outcomes from thoracic surgery. The Royal College of Surgeons report to WHSSC on thoracic surgery in south Wales (January 2017) also highlighted the issue of under provision for these patients.

The development of a commissioning policy will set out the criteria and process for referral to thoracic surgery in order to define which patients would benefit from surgery, ensure consistency in the criteria applied across Wales and improve equity in access to thoracic surgery for these conditions. The development of the policy will need to be matched to the availability of capacity in the new service to meet the increase in referrals.

- Surgical techniques (in particular, Minimally Invasive Surgery and the role of robotic surgery)

As in other areas of surgery, robotic assisted surgery is a developing technology within thoracic surgery. A modern thoracic surgery service will need to have the capability to use robotic surgery where it provides better patient outcomes and is cost effective. To support the future development of robotic capability, a policy will be developed for surgical techniques to identify where this technology adds most value. This policy development will be informed by the evidence review that is being undertaken by Health Technology Wales.

In addition to these two areas, WHSSC will also take into account policy development taking place in NHS England. NHS England has recently developed a commissioning policy for surgery for pectus deformity and has undertaken stakeholder engagement on the draft proposals. When this policy is published, it will be taken through WHSSC's established process to determine if NHS Wales should adopt the same criteria.

The proposed timeline for policy development is summarised in the table below:

Priority Area	Product	Timeline
Non Cancer Thoracic Surgery	Commissioning Policy	For development in 2019/2020
Surgical techniques	Commissioning Policy	For development in 2020/2021
NHS England policy development	Commissioning Policy	In response to NHSE policy publication

### **3. Population demand assessment**

The activity requirement for a single thoracic surgery centre in South Wales is outlined in appendix B. This information is intended to inform the assessment of the capacity requirement to accommodate a thoracic surgery service for South Wales within SBUHB.

WHSSC has previously sought advice over published sources of comparative data for rates of thoracic surgery to treat non cancer indications. This has established that this data is not currently available.

A pragmatic approach has been taken to allow for the flexibility to increase capacity by up to 20% across the casemix to meet future increases in demand and unmet need for non-cancer indications in particular. This has been compared with an alternative approach of estimating the increase in total activity if the ratio of cancer to non-cancer was 50:50 (on the basis of clinical advice that this is an appropriate benchmark for the balance between cancer and non-cancer surgery). These two approaches have produced very similar estimates of the increased activity requirement of up to 1300 cases from the current level of approximately 1100.

The single centre should:

- Have capacity to treat the current levels of demand, and casemix, presenting to each centre (appendix B);
- Treat patients within the targets set out in the thoracic surgery performance framework;
- Have the ability to increase capacity to meet the expected increasing trend of lung resections in the short to medium term;
- Have the ability to provide a timely service for patients who require urgent care for non-cancer indications;
- Have the ability to increase capacity to be able to treat previously unmet need;
- Have the flexibility to increase activity by 20% to accommodate future growth in demand for resections and unmet need for non-cancer indications.

#### **4. Contractual Framework**

The aim of the contract model will be to incentivise activity in order to meet the commissioning objectives of delivering high resection rates for lung cancer and treating previously unmet need.

The contract model will be based on the following principles:

- The provider will be funded on the basis of activity delivered;
- Each unit of activity will be funded according to a set of full cost casemix prices;

- The risk of over performance will be held by the commissioner: activity above contract baselines will be funded at full cost prices;
- The risk of under performance will be held by the provider: activity below contract baselines will be retained by the commissioner at full cost.

There are two options to implement this approach: i) to adopt the NHS England tariff prices for thoracic surgery, or ii) to develop an alternative set of full cost prices.

The detailed work to develop the contractual framework will be undertaken alongside implementation planning in order to establish a fully costed case mix contract.

## **5. Performance Framework**

The service specification states that the service should:

- provide evidence of quality and performance controls and procedures;
- provide evidence of compliance with standards of care.

The thoracic surgery performance framework, which sets out measures and reporting frequency, is attached as appendix C. The performance framework includes the following components:

- Activity performance against contract baseline
- Reporting of adverse events/SUI
- Process measures (including performance against cancer and elective waiting times targets)
- Clinical outcomes: data submissions to national registries and audits for benchmarked comparison with UK (including the Society for Cardiothoracic Surgery database, National Lung Cancer Audit)
- Patient Report Outcome Measures / Patient Reported Experience Measures
- Efficiency measures (length of stay)

### Annual Service and Outcomes Review

In addition to regular performance reporting to WHSSC, annual review of outcomes and performance will be held. This will provide the opportunity for the following:

- Providing assurance to commissioners on clinical outcomes, PROM/PREM;
- Comparing performance of service providers with national benchmarks across a range of process and outcome measures;
- Sharing good practice;
- Identifying opportunities for future service development.

## **7. Appendices**

Appendix A: Thoracic Surgery Service Specification

Appendix B: Thoracic Surgery Demand

Appendix C: Performance framework



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

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

# **Specialised Services Service Specification:**

## **Thoracic Surgery**

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Date of next revision		March 2020	

<b>Consultation</b>		
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# 1. Aim

## 1.1 Introduction

The purpose of this document is to define the service specification for the provision of thoracic surgery for adult patients resident in Wales.

The objectives of this service specification are to:

- Describe the service model and pathway required to ensure the highest quality, safe, sustainable and equitable thoracic surgery service is provided for the population of Wales;
- Set out the level of service that patients and their families can expect to receive;
- Specify the quality standards and indicators that must be achieved;
- Ensure that the needs and experience of patients, families and carers are integral to the delivery of the thoracic surgery service for Wales.

## 1.2 Background

South Wales has a legacy of heavy industry and coal mining; both of which contribute significantly to lung disease. Primary lung cancer, related to tobacco is the commonest cause of cancer death in Wales. However, the population in Wales has a poor survival rate for lung cancer compared to the UK, the rest of Europe and the USA. Surgery is known to provide the best chance of survival. However, patients often present with advanced disease making surgery less likely to be suitable or successful. It is therefore essential that cases are detected early in order to provide the best prognosis.

In Wales, lung cancer incidence rates vary across the seven Health Boards. The highest overall incidence rate is in Cwm Taf UHB which is two-thirds higher than the lowest in Powys. Geographical differences in lung cancer across Wales are primarily due to historic trends in smoking and exposure to tobacco smoke, especially in areas of deprivation (WCISU, Public Health Wales 2015)

There are two types of lung cancer: Non Small Cell Lung Cancer (NSCLC), which accounts for 90% of lung cancers, and Small Cell Lung Cancer (SCLC). There are three common sub-types of NSCLC: squamous cell carcinoma, large cell carcinoma and adenocarcinoma.

The lung cancer resection rate in Wales is lower than in many other parts of the UK. The National Lung Cancer Audit has demonstrated that there is wide variation in surgical resection rates across the UK. Patients are more likely to have surgery for lung cancer if they present to a hospital that provides thoracic surgery on site as this is thought to represent easier access to specialist thoracic surgeons.

In addition to the treatment of lung cancer, there are many other conditions which require thoracic surgery. These include other types of thoracic malignancies, pneumothorax, various forms of thoracic sepsis and a large group of miscellaneous conditions which fall outside the remit of other surgical specialties

### **1.3 Relationship with other Policy and Service Specifications**

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

- Commissioning policy for PET-CT
- Commissioning Policy for Stereotactic Ablative Body Radiotherapy for the Management of Surgically Inoperable Non-Small Cell Lung Cancer in Adults.

## **2. Service Delivery**

### **2.1 Definition of Thoracic Surgery**

Thoracic Surgery is concerned with the diagnosis and surgical treatment of a range of diseases and conditions of the chest. These structures include:

- the airway
- lungs
- pleura
- mediastinum
- chest wall
- diaphragm

Thoracic Surgery excludes surgery on the heart and great blood vessels, which is undertaken by Cardiac Surgeons, and surgery of the oesophagus, which is undertaken by Upper Gastrointestinal Surgeons.

A general thoracic surgeon will operate to treat the following indications:

#### *Cancer*

- Lung cancer
- Mesothelioma
- Mediastinal malignancy
- Lung metastasis from non lung cancer primaries

#### *Non Cancer*

- Severe emphysema
- Empyema
- Chest wall deformity
- Primary and secondary pneumothoraces
- Diagnostic lung biopsies
- Air leak
- Chest trauma

This specification excludes lung transplantation which is undertaken in designated units in England under standards set by NHS England.

## **2.2 Aims of Thoracic Surgery**

The Thoracic Surgery service set out in this specification aims to:

- Where possible, provide curative treatment for patients with lung cancer;
- Increase survival for patients with lung cancer;
- Where possible, provide curative treatment for non cancer conditions;
- Maximise patients' functional capability and quality of life;
- Provide patient centred care and optimise the quality of patient and family experience;
- Provide access to the highest quality surgical practice, including new surgical techniques, based on robust evidence and best practice guidance;
- Provide a service that is equitable;
- Provide a service that is sustainable;

- Provide timely access to treatment and achieve mandated waiting time targets;
- Provide a service seamlessly integrated into referral pathways with secondary care and inter-dependent services.

## 2.3 Service Provision

The thoracic surgery service will include the following infrastructure and service components:

- Thoracic surgery unit
  - The thoracic surgery service will have designated resources:
    - Dedicated thoracic surgery ward beds
    - Dedicated thoracic surgery theatre/s
    - Dedicated thoracic surgery HDU (level 2) and access to ITU (level 3)
- Out-patient clinics
  - Patients will be assessed for their suitability for thoracic surgery, receive pre-operative/pre-admission assessment and post operative follow up, in dedicated thoracic surgery clinics.
  - Thoracic surgery outreach clinics will be established in each Health Board for assessment of suitability for surgery, pre-operative/pre-admission assessment and post operative follow up, for the convenience of patients and families to maximise accessibility.
- Inter-dependent services
 

The thoracic surgery service must have access to the following services. It is anticipated these services will usually be co-located with the thoracic surgery service.

  - Respiratory medicine
  - Haematological biochemical and microbiological laboratories
  - Respiratory pathology laboratory
  - Endoscopic examinations by bronchoscopy and oesophagoscopy (including endobronchial ultrasound and endoscopic ultrasound)
  - Radiological investigation by plain X-ray, contrast studies, ultrasound needle biopsy, vascular imaging and computed tomography (including PET CT)

- Cytology, histopathology and frozen section analysis of intra-operative specimen, the results of which should be communicated with the operating surgeon within 1 hour of the sample being taken.
- Support from all other hospital services especially interventional radiology and pulmonary rehabilitation.
- Other co-located services
  - The thoracic surgery service will benefit from co-location with cardiac surgery:
    - To share cardiothoracic trainees
    - Operational efficiencies from pool of support staff skilled in both thoracic and cardiac surgery.
- Thoracic emergencies and out of hours service
  - The service will provide 24/7 emergency cover by general thoracic surgical consultants (with or without mixed-practice cardiothoracic surgical colleagues).
  - The surgeons on the rota should be able to deal with the full range of thoracic surgical emergencies.
  - Cross cover of rotas from consultants with a purely cardiac practice or from consultants from other specialities is unacceptable.
  - The service will ensure that there is 24/7 cover of thoracic surgical inpatients. This may be delivered with support from surgical trainees, speciality doctors and appropriate trained advanced care practitioners.
- Lung Cancer Multi-Disciplinary Team Meetings
  - Thoracic surgeons are core members of the Lung Cancer MDT. All patients referred to thoracic surgery for further assessment of suitability for surgical resection of lung cancer must be referred through the Lung Cancer MDT.
  - The thoracic surgery service will ensure that thoracic surgeons' job plans include sufficient allocation for Lung Cancer MDT meetings, including cross cover for annual leave, study leave or sickness. While surgeon attendance at the MDT in person is desirable, video conference linkage from the surgeon's base hospital is an acceptable alternative.

- MDTs should have in place access to the full range of radiology facilities and the technology to facilitate the electronic transfer of images between the referring hospital and the thoracic surgery centre.

### **3. Quality and Patient Safety**

#### **3.1 Quality and Patient Safety**

- Providers are expected to immediately (within 24 hrs) provide information to WHSSC on the following:
  - Serious Untoward Incidents
  - Serious complaints
  - Issues which may gather media or political interest.
- The providers must work to the quality standards as stated in 3.2 of this document.
- The thoracic surgery service is underpinned by the quality standards as outlined in the NICE Quality Standard for Lung Cancer and the Thoracic Society for Cardiothoracic Surgery in the UK Guidelines for radical management of patients with Lung Cancer.
- The providers are expected to participate in relevant national audits, including the National Lung Cancer Audit.
- The providers are expected to participate in peer review of lung cancer services.

#### **3.2 Quality Indicators (Standards)**

The Provider must work to the following quality standards:

##### **3.2.1 Thoracic Surgery Unit**

- Thoracic surgery must be performed by qualified surgeons who have full GMC Registration with a licence to practice, and specialised in general thoracic surgery in accordance with National and European regulations.

- A surgeon practising in thoracic surgery must have extensive and updated knowledge of all aspects of pathophysiology, epidemiology, diagnosis, perioperative, intraoperative and postoperative care of patients with surgical disease of the chest.

#### Minimum volumes

- The thoracic surgery unit should undertake a minimum of 150 primary lung resections per year.
- The thoracic surgery unit should have a minimum of 3 full time general thoracic surgeons.
- Thoracic surgery units should have access to dedicated high dependency beds. There should be access to the Intensive Care Unit (ITU) when necessary.

#### Organisation

- Thoracic Surgery should be identified as a separate service line within the hospital's directorate management structure.

#### Outpatient Facilities

- Thoracic Surgery Units should have sufficient facilities for outpatient visits including facilities for pre-op assessment and preadmission.
- The unit should have the capability of allowing same day access to radiology, pulmonary function tests, endoscopy and cardiological testing if needed.
- Patients are seen for opinions as to their suitability for thoracic surgery and pre-operative assessment in dedicated thoracic clinics.
- Where possible this should be arranged in outreach clinics in the hospitals served by the regional thoracic unit for the convenience of patients and to ensure full access to the thoracic surgical service

#### Outreach Services

- For those hospitals without on-site thoracic surgery it is essential that the populations served are not disadvantaged in any way. These hospitals should have close links with nominated surgeons working in the regional centre, such that thoracic surgical expertise can be accessed throughout the working week.
- It is essential that these hospitals ensure that all relevant patient information especially documentation and imaging via PACS (e.g. CT and PET-CT scans) is readily available to the regional centre.

- Services in outreach clinics should be of the same high standard as at the tertiary centre, including provision of information and support.

### Second Opinion Process

- The service will put arrangements in place to provide a second opinion:
  - Any patient with borderline resectability and acceptable fitness for surgery, and not initially accepted for surgery, should be offered a second opinion through an alternative MDT.
  - In accordance with NICE guidelines for patients with lung cancer, any patients with a resectable lung cancer who are of borderline fitness and not initially accepted for surgery, should be offered the choice of a second surgical opinion and a multidisciplinary team opinion on non surgical treatment with curative intent.

### Pre-habilitation and Enhanced Recovery

- Pre-habilitation is a service which aims to ensure patients are in a fit state prior to surgery.
- Patients with a resectable lung cancer who are of borderline fitness for surgery should be offered the opportunity to engage in a pre-habilitation programme prior to referral to thoracic surgery.
- There should be clear pathways established in the thoracic surgery units to provide an enhanced recovery programme. Enhanced recovery programmes are usually supported by physiotherapy, dietetics and nursing staff.
- Enhanced recovery pathways enable patients to recover at a faster pace from major surgery and should be adopted by the thoracic surgery centre.

### The Care Team

- Consultant-led care by general thoracic surgeons, with or without surgeons with a mixed cardiothoracic practice<sup>1</sup>
- Surgical trainees
- Specialty doctors and advanced care practitioners
- Consultant anaesthetists with specialist thoracic expertise
- Theatre staff with thoracic expertise
- Specialist ward and HDU nurses with thoracic expertise

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<sup>1</sup> It is recognised that dual cardiothoracic practice is in the process of being phased out in England. Within the next few years, it is anticipated that thoracic surgery will be delivered by full time general thoracic surgeons only.

- Thoracic nurse specialist support in all areas
- Lung cancer nurse specialist support in thoracic surgical clinics and wards
- Specialised thoracic physiotherapy (including out of hours and at weekends)
- Specialist support in post operative pain control
- Access to specialist palliative care
- A designated pathologist
- Designated administrative staff to ensure all clinical staff are supported in the timely delivery and monitoring of the service
- Case managers

#### Follow up

- Patients should be offered a specialist follow up appointment within 6 weeks of surgery (3 weeks for oncological patients) and regular specialist follow up thereafter, which may be delivered within a local setting and include a protocol led clinical nurse specialist follow up.
- A system of follow up appointments at outpatient and peripheral clinics should be in place.
- There should be rapid and comprehensive feedback to referral teams including the patients GP to ensure that as much follow up care as possible can be provided locally.
- There should be an agreed referral process back to the centre for patients requiring specialist advice or support. Urgent cases should be on an immediate basis. Failure to attend an appointment without explanation should be followed up.

#### Emergency cover and on-call arrangements

- Providers are required to have 24/7 emergency cover by general thoracic surgical consultants with or without mixed-practice cardiothoracic surgical colleagues.
- The surgeons on the rota should be able to deal with the full range of thoracic surgical emergencies. Cross cover of rotas from consultants with a purely cardiac practice or from consultants from other specialities is unacceptable.
- A sustainable on call rota should not be more frequent than 1 in 4.

#### Holistic Needs Assessment

- As recommended by NICE guidelines, patients with lung cancer should be offered a holistic needs assessment at each key stage of care that informs their care plan and the need for referral to

specialist services. The holistic needs assessment is usually carried out by the clinical nurse specialist.

#### Palliative Care

- All services caring for patients with progressive life threatening disease have a responsibility to provide care with a palliative approach.
- All patients should have access to specialist palliative care services as described in the CSCG Minimum Standards for Specialist Palliative Care (NHS Wales 2005).

#### Patient experience

- All patients must be given details of their Key Worker and how to contact their key worker at all stages of their treatment. Support and counselling should be available, either personally or by telephone.
- Feedback from patients regarding their experience must be gained in a structured manner at least annually and reported to WHSSC. This feedback may also be used to make service change where required.
- The centre must enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties.

#### Clinical Trials

- Patients should be given the opportunity to enter approved clinical trials for which they fulfil the entry criteria.

#### Education, training and research

- Providers of thoracic surgery should be linked to a University.
- There must be programmes for ongoing education and development for all professionals involved in the service.
- Providers are expected to offer programmes for ongoing education and development for all professionals involved in the service. There should be an ongoing programme for research activity in line with research governance requirements.

#### Referral Links for patient support

- There should be close links with support services such as social workers, psychiatrists, chaplain, bereavement support and the primary health care team.

### **3.2.2 Timely access to treatment**

The following targets should be achieved:

- Cancer waiting time targets
  - Urgent Suspected Cancer: treatment within 62 days of referral from Primary Care.
  - Non Urgent Suspected Cancer: treatment within 31 days of the decision to treat.
- The results of cytology, histopathology and frozen section analysis of intra-operative specimens, should be communicated to the operating surgeon within 1 hour of the sample being taken.
- Urgent (non cancer) in-patient treatment:
  - Indications for urgent treatment (such as empyema or pneumothorax) often requiring in-patient transfer from General Hospitals to the thoracic surgery unit:
- Transfer to the thoracic surgery unit and treatment within 48 hours of referral.
- Patients with non malignant conditions on elective referral pathways should be treated within the referral to treatment targets for Wales:
  - 95% within 26 weeks from GP referral to treatment
  - No patient should wait in excess of 36 weeks from referral to treatment.
- Where there is a clinical suspicion of malignancy, patients referred for a diagnostic biopsy of lung or mediastinal lymph node should have this performed within a clinically appropriate timeframe. The time from referral for diagnostic biopsy to performing the biopsy for these patients will form part of the performance monitoring of the service.

### **3.2.3 Responsibilities of referring Health Boards**

It is important to recognise the key role of referrers in enabling the thoracic surgery service to achieve the quality standards in this specification. This includes the timely assessment and referral of patients, the provision of full diagnostic information and repatriation of patients back to secondary care once the tertiary service is no longer clinically required.

## 4. Putting Things Right: Raising a Concern

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

- When a patient or their representative is unhappy with the decision that the patient does not meet the criteria for treatment further information can be provided demonstrating exceptionality. The request will then be considered by the All Wales IPFR Panel.
- If the patient or their representative is not happy with the decision of the All Wales IPFR Panel the patient and/or their representative has a right to ask for this decision to be reviewed. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated. The review should be undertaken, by the patient's Local Health Board;
- When a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure with a copy of the concern being sent to WHSSC.

## **5. Performance Monitoring and Information Requirements**

### **5.1 Performance Monitoring**

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

- Service providers to evidence quality and performance controls and procedures.
- Service providers to evidence compliance with standards of care.

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

### **5.2 Key Performance Indicators**

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

- Cancer Waiting Times
- Referral to Treatment waiting times
- Thoracic surgery component waiting times for patients on cancer and elective pathways.
- Urgent treatment/transfer times (non cancer indications)
- Resection rates by MDT
- Thoracic surgeon attendance at Lung Cancer MDT
- Intra-operative pathology results
- Length of stay for patients having lung surgery – cancer and non cancer
  
- Outcomes specified by the Society for Cardiothoracic Surgeons for submission to the SCTS Thoracic Surgical Database:
  - Post operative mortality
  - Post operative complications
  - Air leak after lung resection for primary cancer
  - Return to theatre
  - ITU readmission
  - Need for ventilation

### Cancer Waiting Times

Providers are expected to comply with the cancer waiting times in Wales, these are:

- a) Newly diagnosed cancer patients that have been referred as Urgent Suspected Cancer (USC) should start definitive treatment within 2 months (62 days) from receipt of referral at the hospital.
- b) Newly diagnosed cancer patients not included as USC referrals to start definitive treatment within 1 month (31 days) of a decision to treat.

### Referral to Treatment Waiting Times

Referral to Treatment Time (RTT) is the period of time from referral by a GP or other medical practitioner to the start of definitive treatment.

The RTT waiting times for patients in Wales are:

- 95% of patients waiting less than 26 weeks from referral to treatment; and
- 100% of patients treated within a maximum of 36 weeks.

### Urgent treatment (non cancer indications)

- Indications for urgent treatment (such as empyema or pneumothorax) often requiring in-patient transfer from General Hospitals to the thoracic surgery unit:
  - Transfer to the thoracic surgery unit and treatment within 48 hours of referral.

### Intra-operative results

- The results of cytology, histopathology and frozen section analysis of intra-operative specimens, should be communicated to the operating surgeon within 1 hour of the sample being taken.

### Length of stay

- Average length of stay for patients admitted for primary lung cancer resection and average length of stay for patients admitted for non cancer thoracic surgery.

### Resection rates by MDT

- Reported annually through the National Lung Cancer Audit.

- Providers should ensure that all data items required for cancer registration are correctly recorded in the patient record and coded in accordance with national coding standards. This dataset should be transmitted to the Welsh Cancer Intelligence and Surveillance Unit (WCISU) within an agreed time frame.

#### Thoracic surgeon attendance at Lung Cancer MDT

- The number and proportion of Lung Cancer MDT meeting attended by a consultant thoracic surgeon (either in person or via VC), by MDT in Wales.

#### SCTS outcomes

- Units should report all cases to the UK Registry for thoracic surgery (SCTS) as specified by the Registry. Information from the registry should be analysed and given to every surgeon who undertakes work for the unit.

## 6. Monthly Performance Data Submission

Every month providers should send to WHSSC by email Cancer Waiting Times, RTT waiting times and activity (number of operations by casemix) performance. It is the provider's responsibility to notify WHSSC as the commissioner should there be any breaches of the waiting times targets.

### 6.1 Cancer Waiting Times

Performance against cancer waiting times targets should be submitted to WHSSC on the first working day of each month. For all patients who receive a primary lung cancer resection:

- LHB of residence, Referring MDT, date of referral for surgery, date of out-patient appointment, date of surgery
- Where cancer waiting times targets are not achieved, a breach report will be submitted (inc. the reason for breach and action taken).

### 6.2 RTT Waiting Times

These should be submitted to WHSSC via the NWIS monthly submission route on the 10<sup>th</sup> working day of the month.

Profile of the number of patients on an RTT pathway:

- < 26 weeks for surgery
- Between 26-35 weeks for surgery
- >36

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

### **6.3 Activity**

Surgical activity, out-patient and in-patient, by indication for surgery, will be reported to WHSSC on a monthly basis.

## **7. Equality Impact and Assessment**

The Equality Impact Assessment (EIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (welsh).

The Equality Impact Assessment of this specification will be included within the wider Equality Impact Assessment that will be undertaken as part of the Review of thoracic surgery in Wales. The outcome of the wider EIA will inform the development of recommendations regarding the future provision of thoracic surgery in Wales.

# Thoracic Surgery

## Activity Requirement

### 1. Purpose

This document outlines the activity requirement for a single thoracic surgery centre in South Wales. This information will be provided to SBUHB and CVUHB to inform their assessments of the capacity requirement to accommodate a thoracic surgery service for South Wales within their Health Board.

### 2. Activity Requirement

The activity requirement set out below is based on current levels of demand and activity across the existing two centres.

#### 2.1 Assessment of demand in 2018/19

Table 1 shows assessments of inferred demand for all procedures. It indicates stable total demand over the last 3 years of between 1000 and 1100 cases.

Thoracic surgery demand estimate					
<b>Demand 2018/19</b>	Wait list Mar 2018 Forecast	Wait list Mar 2019 Forecast	Activity 2018-19 Forecast	Inferred Demand	
CVUHB	163	143	665	645	Based on M10
SBUHB	56	59	421	424	Based on M9
<b>Total</b>	<b>219</b>	<b>202</b>	<b>1086</b>	<b>1069</b>	
<b>Demand 2017/18</b>	Wait list Mar 2017	Wait list Mar 2018	Activity 2017-18	Inferred Demand	
CVUHB	193	163	646	616	
SBUHB	72	56	474	458	
<b>Total</b>	<b>265</b>	<b>219</b>	<b>1120</b>	<b>1074</b>	
<b>Demand 2016-17</b>	Wait list Mar 2016	Wait list Mar 2017	Activity 2016-17	Inferred Demand	
CVUHB	157	193	624	660	
SBUHB	96	72	407	383	
<b>Total</b>	<b>253</b>	<b>265</b>	<b>1031</b>	<b>1043</b>	

## 2.2 Activity Outturn

Table 2 shows activity outturn for all procedures over the last 3 years. This shows activity of circa 1100 cases in the last couple of years.

Table 2: Thoracic surgery outturn by centre over 3 years (all procedures)

	<b>SBUHB</b>	<b>CVUHB</b>	<b>Total</b>
2016/17	421	615	1036
2017/18	474	646	1120
2018/19	422	672	1094

Source: provider contract monitoring returns to WHSSC.

## Recurrent Demand

Based on 2.1 and 2.2 above, demand for thoracic surgery in south Wales, given current referral pathways and practice, is approximately 1100 cases at the present time.

## 2.3 Casemix

Appendix 1 shows the activity by casemix for each centre as reported to the Society for Cardiothoracic Surgery in 2017/18.

Table 3: Casemix breakdown for Morriston/UHW combined activity reported to SCTS 2017/18

<b>Procedure Type</b>	<b>Number of cases</b>
Lung resections – primary malignant	458
Lung resections – other	101
Mesothelioma surgery	16
Pleural procedures	170
Chest wall/diaphragmatic procedures	97
Mediastinal procedures	57
Other procedures	10
Endoscopic procedures	62
Total*	971

## 2.4 Future need and demand

Future need and demand for thoracic surgery is difficult to quantify and forecast.

### *Resection for lung cancer*

Analysis from the Welsh Cancer Intelligence and Surveillance Unit (May 2017) suggests that the increasing need for lung cancer resection is likely to continue in the next few years due to a number of factors, including rising rates of lung cancer in women and the likelihood of a higher proportion of patients with early diagnosis. In the longer run, however, this trend may change due to falling rates of smoking in women.

The WCISU analysis in May 2017 looked at the impact of increasing the resection rate up to 25% on the number of resections. However, this analysis has been superseded by the actual increases in resections in both the Morriston and UHW services over the last few years. In 2015, the total number of primary lung resections in south Wales was reported as 274 (National Lung Cancer Audit). Table 4 shows the numbers of primary lung resections reported to SCTS and to WHSSC from 2016/17.

Table 4: Number of primary lung resections 2016/17 – 2018/19

<b>Year and Source</b>	<b>SBUHB</b>	<b>CVUHB</b>	<b>Total</b>
Reported to SCTS 2016/17	159	194	353
Reported to SCTS 2017/18	162	279	441
Reported to WHSSC 2018/19	168*	273*	441*

\*forecast from M11

### *Surgery for other indications*

The Royal College of Surgeons Invited Review (Jan 2017) highlighted concern over rates of access, and timeliness of treatment, for patients referred to thoracic surgery for other, non cancer, indications. Although breaches of elective waiting times in south Wales are relatively few in number, many patients require urgent treatment that is not reflected in national waiting time targets.

The RCS Invited Review highlighted the issue of unmet need for thoracic surgery. However, the lack of national benchmarks means it is difficult to quantify the gap in population access to surgery. A single centre should, however, have flexibility to be able to provide access to surgery to meet the needs of non cancer patients within a clinically appropriate timeframe.

### *Estimated future demand*

Two methods have been used to allow for growth in future activity to meet demand for lung resection and unmet need for non cancer indications: i) applying a 20% uplift to all activity; ii) applying a 50:50 ratio to cancer / non-cancer activity. Both these approaches lead to a very similar increase in required capacity (tables 5 and 6 below).

Table 5: 20% increase on contract outturn 2018/19

	<b>SBUHB</b>	<b>CVUHB</b>	<b>Total</b>	<b>20% increase</b>
Activity (all)	422	672	1094	1312

Table 6: Increase in total activity based on 50:50 ratio cancer to non-cancer activity

	<b>Total activity</b>	<b>Total activity if cancer/non-cancer is 50:50*</b>
SBUHB	422	598
CVUHB	672	726
Total	1094	1324

\*Cancer activity identified from casemix activity monitoring submitted to WHSSC

### **3. Capacity Requirements for a Single Centre**

The single centre should:

- Have capacity to treat the current levels of demand (tables 1 and 2), and casemix (appendix 1), presenting to each centre;
- Treat patients within the targets set out in the thoracic surgery performance framework;
- Have the ability to increase capacity to meet the expected increasing trend of lung resections in the short to medium term;
- Have the ability to provide a timely service for patients who require urgent care for non cancer indications;
- Have the ability to increase capacity to be able to treat previously unmet need.

- Be able to increase activity by 20% to accommodate future growth in demand for resection and unmet need for non-cancer indications.

## Appendix 1: Activity Casemix

### SCTS thoracic returns - 2017-18

<b>Name of Hospital:- Murrumbidgee</b>	<b>Open approach total cases</b>	<b>Thoracoscopic total cases</b>
<b>A LUNG RESECTIONS - PRIMARY-MALIGNANT</b>		
1 Pneumonectomy including sleeve pneumonectomy	3	1
2 Lobectomy, bilobectomy	94	19
3 Sleeve resection lobectomy		
4 Segmentectomy	9	2
5 Wedge resection	25	6
6 Any pulmonary resection with resection of chest wall, diaphragm etc	3	
7 Exploratory procedure - no resection	9	
<b>B LUNG RESECTIONS - ALL OTHER PATHOLOGIES</b>		
1 Pneumonectomy		
2 Lobectomy, bilobectomy		
3 Sleeve resection lobectomy		
4 Segmentectomy		
5 Wedge resection (therapeutic e.g. metastases)	30	2
6 Wedge resection (biopsy e.g. interstitial disease or biopsy for multiple nodules)	2	7
7 Any pulmonary resection with resection of chest wall, diaphragm etc.	3	
8 Open lung volume reduction surgery for emphysema		2
9 Other pulmonary procedure		
<b>C MESOTHELIOMA SURGERY (THERAPEUTIC)</b>		
1 Extrapleural pneumonectomy		
2 Extended pleurectomy / decortication		

3 Pleurectomy/decortication	2	11
4 Partial pleurectomy		
<b>D PLEURAL PROCEDURES - OTHER</b>		
1 Decortication / debridement for empyema	4	1
2 Pneumothorax surgery (pleural symphysis +/- closure of air leak)	1	
3 Diagnostic pleural biopsy(+/- pleuredesis or other)	7	17
4 Isolated placement of indwelling pleural catheter	1	
5 Other pleural procedures	4	22
<b>E CHEST WALL/DIAPHRAGMATIC PROCEDURES</b>		
1. Correction of pectus deformity (code Nuss/MIRPE in "thoracoscopic" column)		
2 Resection of primary chest wall tumour (not lung cancer)	1	
3 Internal fixation of rib fractures	2	
4 Other major	24	
5 Minor	1	
<b>F MEDIASTINAL PROCEDURES</b>		
1 Thymectomy for thymoma	6	
2 Thymectomy for myasthenia gravis		
3 Throidectomy		
4 Resection of other mediastinal mass/tumour	2	
5 Mediastinoscopy / mediastinotomy	9	
6 Other mediastinal procedure	5	
<b>G OESOPHAGEAL/GASTRIC PROCEDURES</b>		
1 Oesophago-gastric resection - malignant		
2 Oesophago-gastric resection - non-malignant		
3 Other major oesophagogastric		
4 Exploration only by any route for inoperable tumour		
5 Minor oesophagogastric		

<b>H TRACHEAL SURGERY (includes carinal resection)</b>		
1 Tracheal resection - tumour		
2 Tracheal resection - non-tumour		
<b>I OTHER PROCEDURES</b>		
1 Major	6	
2 Minor		
<b>Z Endoscopic Procedures (Not VATS)</b>		
1 Therapeutic bronchoscopy	5	
2 Therapeutic oesophagoscopy		

<b>Name of Hospital:- Cardiff</b>	<b>Open approach total cases</b>	<b>Thoracoscopic approach total cases</b>
<b>A LUNG RESECTIONS - PRIMARY-MALIGNANT</b>	<b>OPEN</b>	<b>VATS</b>
1 Pneumonectomy including sleeve pneumonectomy	7	0
2 Lobectomy, bilobectomy	15	120
3 Sleeve resection lobectomy	1	3
4 Segmentectomy	2	22
5 Wedge resection	3	101
6 Any pulmonary resection with resection of chest wall, diaphragm etc	1	4
7 Exploratory procedure - no resection	2	6
<b>B LUNG RESECTIONS - OTHER</b>		
1 Pneumonectomy	0	0
2 Lobectomy, bilobectomy	0	2
3 Sleeve resection lobectomy	0	0
4 Segmentectomy	0	0
5 Wedge resection (therapeutic e.g. metastases)	9	19
6 Wedge resection (biopsy e.g. interstitial disease or biopsy for multiple nodules)	0	12
7 Any pulmonary resection with resection of chest wall, diaphragm etc	2	5
8 Open lung volume reduction surgery for emphysema	1	0

9-Other pulmonary procedure	1	4
<b>C MESOTHELIOMA SURGERY (THERAPEUTIC)</b>		
1 Extrapleural pneumonectomy (pleura, lung, diaphragm, pericardium)	0	0
2 Radical decortication (pleura, diaphragm, pericardium)	1	0
3 Pleurectomy/decortication	0	2
<b>D PLEURAL PROCEDURES - OTHER</b>		
1 Decortication / debridement	6	19
2 Pneumothorax surgery (pleural symphysis +/- closure of air leak)	1	48
3 Diagnostic pleural biopsy (+/- pleurodesis or other)	1	25
4 Isolated placement of indwelling pleural catheter	0	3
5 Other pleural procedures	1	9
<b>E CHEST WALL/DIAPHRAGMATIC PROCEDURES</b>		
1 Correction of pectus deformity (code Nuss/MIRPE in "thoroscopic" column)	6	18
2 Resection of primary chest wall tumour (not lung cancer)		
3 Internal fixation of rib fractures	6	0
4 Other major	3	0
5 Minor	4	32
<b>F MEDIASTINAL PROCEDURES</b>		
1 Thymectomy for thymoma	1	5
2 Thymectomy for myasthenia gravis	0	3
3 Throidectomy	0	0
4 Resection of other mediastinal mass/tumour	0	7
5 Mediastinoscopy / mediastinotomy	18	
6 Other mediastinal procedure	0	1
<b>G OESOPHAGEAL/GASTRIC PROCEDURES</b>		
1 Oesophago-gastric resection - malignant	0	0
2 Oesophago-gastric resection - non-malignant	0	0
3 Other major oesophagogastric	0	0
4 Exploration only by any route for inoperable tumour	0	0
5 Minor oesophagogastric	0	0
<b>H TRACHEAL SURGERY (includes carinal resection)</b>		
1 Tracheal resection - tumour	0	0
2 Tracheal resection - non-tumour	0	0
<b>I OTHER PROCEDURES</b>		
1 Major	1	0
2 Minor		3
<b>Z Endoscopic Procedures (Not VATS)</b>		
1 Therapeutic bronchoscopy	57	

2 Therapeutic oesophagoscopy	0	
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## Appendix 2: Lung Cancer Resection Rates

Table A1: Resections for primary lung cancer (National Lung Cancer Audit 2015)

	<b>SBUHB</b>	<b>CVUHB</b>	<b>Total</b>
No. of resections	128	146	274
Resection rate	20.3%	18.2%	19.1%

Table 2: Number of primary lung resections resections

<b>Year and Source</b>	<b>SBUHB</b>	<b>CVUHB</b>	<b>Total</b>
SCTS 2016/17	159	194	353
SCTS 2017/18	162	279	441
Reported in WHSSC monitoring 2018/19	168*	273*	441*

\*forecast from M11

## Thoracic Surgery Performance Framework

	Performance Measure	Definition	Reporting Frequency and Methodology
1.	Cancer Waiting Times	<p>Providers are expected to comply with the cancer waiting times in Wales, these are:</p> <p>a) Newly diagnosed cancer patients that have been referred as Urgent Suspected Cancer (USC) should start definitive treatment within 2 months (62 days) from receipt of referral at the hospital.</p> <p>b) Newly diagnosed cancer patients not included as USC referrals to start definitive treatment within 1 month (31 days) of a decision to treat.</p> <p>Note: The Single Cancer Pathway is currently being implemented in shadow form. It is expected that the new pathway will replace the existing cancer waiting times target.</p>	<p>Performance against cancer waiting times targets should be submitted to WHSSC on the first working day of each month. For all patients who receive a primary lung cancer resection:</p> <ul style="list-style-type: none"> <li>LHB of residence, Referring MDT, date of referral for surgery, date of out-patient appointment, date of surgery</li> <li>Where cancer waiting times targets are not achieved, a breach report will be submitted (inc. the reason for breach and action taken).</li> </ul>

2.	Referral to Treatment waiting times	<p>Referral to Treatment Time (RTT) is the period of time from referral by a GP or other medical practitioner to the start of definitive treatment.</p> <p>The RTT waiting times for patients in Wales are:</p> <ul style="list-style-type: none"> <li>• 95% of patients waiting less than 26 weeks from referral to treatment; and</li> <li>• 100% of patients treated within a maximum of 36 weeks.</li> </ul>	<p>These should be submitted to WHSSC via the NWIS monthly submission route on the 10<sup>th</sup> working day of the month.</p> <p>Profile of the number of patients on an RTT pathway:</p> <ul style="list-style-type: none"> <li>• &lt; 26 weeks for surgery</li> <li>• Between 26-35 weeks for surgery</li> <li>• &gt;36</li> </ul> <p>The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.</p>
3.	Urgent treatment/transfer times (non cancer indications)	<p>Indications for urgent treatment (such as empyema or pneumothorax) often requiring in-patient transfer from General Hospitals to the thoracic surgery unit:</p> <ul style="list-style-type: none"> <li>• Transfer to the thoracic surgery unit and treatment within 48 hours of referral.</li> </ul>	Reported to WHSSC on a monthly basis.

4.	Resection rates by MDT	<p>Reported annually through the National Lung Cancer Audit.</p> <p>Providers should ensure that all data items required for cancer registration are correctly recorded in the patient record and coded in accordance with national coding standards. This dataset should be transmitted to the Welsh Cancer Intelligence and Surveillance Unit (WCISU) within an agreed time frame.</p>	<p>Resection activity reported to WHSSC on a monthly basis.</p> <p>Resection rates reported annually against national benchmarks in the National Lung Cancer Audit.</p>
5.	Thoracic surgeon attendance at Lung Cancer MDT	The number and proportion of Lung Cancer MDT meetings attended by a consultant thoracic surgeon (either in person or via VC), by MDT in Wales.	Reported to WHSSC on a monthly basis
6.	Intra-operative pathology results	The results of cytology, histopathology and frozen section analysis of intra-operative specimens, should be communicated to the operating surgeon within 1 hour of the sample being taken.	Performance against measure reported to WHSSC on a monthly basis.
7.	Length of stay for patients having lung surgery – cancer and non cancer	<ul style="list-style-type: none"> <li>Average length of stay for patients admitted for primary lung cancer resection and average length of stay for patients admitted for non cancer thoracic surgery.</li> </ul>	Reported to WHSSC on a quarterly basis. Comparison with national benchmarks.

8.	<p>Outcomes specified by the Society for Cardiothoracic Surgeons for submission to the SCTS Thoracic Surgical Database:</p> <ul style="list-style-type: none"> <li>○ Post operative mortality</li> <li>○ Post operative complications</li> <li>○ Air leak after lung resection for primary cancer</li> <li>○ Return to theatre</li> <li>○ ITU readmission</li> <li>○ Need for ventilation</li> </ul>	<ul style="list-style-type: none"> <li>• Units should report all cases to the UK Registry for thoracic surgery (SCTS) as specified by the Registry. Information from the registry should be analysed and given to every surgeon who undertakes work for the unit.</li> </ul>	<p>As specified by the Registry</p> <p>Data submissions made available to WHSSC at annual audit. Outcomes benchmarked against registry average.</p>
9.	<p>Activity levels (actual) v contracted baseline for activity levels</p>	<ul style="list-style-type: none"> <li>• Units should report surgical activity, out-patient and in-patient, by indication for surgery</li> </ul>	<p>Reported to WHSSC on a monthly basis.</p>
10.	<p>Diagnostic waiting times and activity data</p>	<ul style="list-style-type: none"> <li>• Where there is a clinical suspicion of malignancy, patients referred for a diagnostic surgical biopsy should have this performed within 2 weeks of referral.</li> </ul>	<p>Reported to WHSSC on a monthly basis.</p>

11.	Post Operative Follow up appointments	<ul style="list-style-type: none"> <li>• Patients should be offered a specialist follow up appointment within 6 weeks of surgery (3 weeks for oncological patients).</li> </ul>	Reported to WHSSC at annual audit.
12.	Patient reported outcomes and experience measures	<ul style="list-style-type: none"> <li>• Appropriate tools for measuring patient reported outcomes and experience will be adopted by the service</li> </ul>	Reported to WHSSC at annual audit
13.	Adverse events	<ul style="list-style-type: none"> <li>• Serious Untoward Incidents/Datix reported incidents</li> </ul>	Reported to WHSSC within 48 hours



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

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

		Agenda Item	2.2
Meeting Title	<b>Joint Committee</b>	Meeting Date	14/05/2019
Report Title	South Wales Blood and Marrow Transplant Programme: Review of Investment		
Author (Job title)	Specialised Planner		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this paper is to:			
	<ul style="list-style-type: none"> <li>To outline the investment made in the south Wales BMT programme between 2014/15 and 2016/17, and outline the purpose of this investment;</li> <li>To set out what has been achieved with the additional investment with regard to meeting patient need and delivering on quality standards to meet the service specification and JACIE accreditation requirements;</li> <li>To describe the clinical outcomes achieved by the south Wales BMT service;</li> <li>To note current risks in the service and the plans to address these risks;</li> <li>To note future service developments.</li> </ul>			

RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee		Meeting Date	
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Recommendations	Members are asked to:		
	<ul style="list-style-type: none"> <li><b>Note</b> the investment made in the south Wales BMT programme;</li> <li><b>Note</b> the confirmation that the investment has been implemented.</li> <li><b>Note</b> the increase in capacity to meet patient need and the achievement of the quality standards in the service specification and JACIE accreditation requirements;</li> <li><b>Note</b> the excellent clinical outcomes achieved by the service and published by the British Society for BMT;</li> <li><b>Note</b> the current risks and the plans to address these risks;</li> <li><b>Note</b> the future service developments.</li> </ul>		



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

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

**Commissioner Health Board affected**

Abertawe Bro Morgannwg	✓	Aneurin Bevan	✓	Betsi Cadwaladr		Cardiff and Vale	✓	Cwm Taf	✓	Hywel Dda	✓	Powys	✓
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**Provider Health Board affected** (please state below)

CVUHB , ABMUHB

## 1. SITUATION

The purpose of this report is to:

- To outline the investment made in the south Wales BMT programme between 2014/15 and 2016/17, and the purpose of this investment;
- To set out what has been achieved with the additional investment with regard to meeting patient need and delivering on quality standards to meet the service specification and JACIE accreditation requirements;
- To describe the clinical outcomes achieved by the south Wales BMT service;
- To note current risks in the service and the plans to address these risks;
- To note future developments to continue to improve the BMT service for patients in Wales.

## 2. BACKGROUND

The south Wales BMT service is delivered across two sites: the main centre in University Hospital of Wales and a second centre in Singleton Hospital. The service at Singleton Hospital provides autologous transplant for the south west population; complex allogeneic transplants (Sibling and Matched Unrelated Donor) for all south Wales, and autologous transplants for the south east, are delivered at University Hospital of Wales. WHSSC contracts with Cardiff and Vale UHB as the lead Health Board to provide the BMT service for South Wales.

Significant investment has been made in the south Wales BMT service in recent years. The overarching purpose of this investment has been to ensure the service has the capacity to meet increasing patient need (including increasing casemix complexity) within a clinically appropriate timeframe and to commission a service that meets the required quality standards. This investment was implemented across 3 phases:

- Phase 1 (2014/15): Investment in infrastructure to increase consultant capacity and uplift the contract baseline.
- Phase 2 (2015/16): Investment in quality standards and additional capacity.
- Phase 3 (2016/17): Further investment in quality standards and capacity.

## 3. ASSESSMENT

### 3.1 Infrastructure Investment

Table 1 shows the value of the infrastructure investment across the 3 phases from 2014/15 to 2016/7. The breakdown of each phase is shown in Appendix 1. Recruitment for phases 1 and 2 was confirmed as completed prior to the

release of the phase 3 investment. WHSSC has received information from Cardiff & Vale that indicates recruitment to phase 3 is also complete (subject to some further clarification with the clinical team on precise details).

**Table 1: BMT infrastructure investment**

Phase	Investment
Phase 1 (2014/15)	£654,000
Phase 2 (2015/16)	£683,000
Phase 3 (2016/17)	£1,849,000
Total	£3,186,000

The purpose of each phase was as follows:

- Phase 1:
  - Increase consultant capacity from 1.8 to 2.8 WTE.
  - Increase in commissioned activity to meet increasing patient demand (uplift of the baseline from 93 to 129 transplants).
- Phase 2:
  - Addressed the staffing related clinical governance concerns within the stem cell laboratory;
  - Increase the nursing numbers at UHW to: i) extend the hours of the Day Centre and ii) beds within the Teenage Cancer Trust can be used flexibly.
- Phase 3:
  - Improve quality through achieving JACIE standards for nurse/bed ratios at UHW and through providing patients with appropriate access to Allied Health Professions;
  - Invest to put in place capacity to sustainably meet estimated recurrent demand of 150 to 160 cases through:
    - Increasing capacity at ABMUHB to undertake autologous transplants;
    - Increasing capacity at CVUHB by 2 beds (from 8 to 10 beds for active transplants) to undertake additional donor transplants for adults.
  - To commission the associated increase in costs for the Welsh Transplantation and Immunogenetics Laboratory, Welsh Blood Service.

In addition to the infrastructure investment, there was also investment in the extra activity that would be delivered. Across the 3 phases, commissioned capacity increased from 93 to 160 BMTs. A benchmarking exercise of the full cost of the investment (infrastructure plus activity) was undertaken at the time of the funding release for phase 3, using BMT prices at the Christie as the comparator (table 2). This indicated that the south Wales BMT service benchmarked favourably (the same activity at Christie prices was circa £700K more than at the south Wales prices at the benchmarked level of activity).

**Table 2: Benchmark comparison of the full cost of the BMT investment**

Type of Transplant	2017/18 baseline activity	SW service new inferred full cost prices £	SW service baseline 17/18 £	Christie recharge average price £	New SW baseline applied to Christie recharge prices £
Auto	100	30,000	3,000,000	31,276	3,127,600
Sib	15	52,500	787,500	55,770	836,550
MUD	45	93,000	4,185,000	104,520	4,703,400
Total	160		7,972,500		8,667,550
				Difference	695,050

### 3.2 BMT Activity and Waiting List

#### Activity

The level of infrastructure investment provides capacity to deliver up to 160 cases (110 CVU, 50 ABM). This was based on the BMT service's assessment within the phase 3 case of the capacity needed to meet demand and the increasing casemix complexity towards a higher number and proportion of MUD transplants. The 2018/19 SLA included a non-recurrent marginal disinvestment which reduced the baseline to 140 cases while phase 3 implementation was completed.

Table 3 shows BMT outturn from 2015/16 to 2018/19 (month 10). A straight line projection from month 10 indicates a forecast outturn in 2018/19 of circa 137 cases. This indicates that outturn over this period has been stable at between 130 and 140 cases per annum.

**Table 3: BMT outturn from 2015/16 to 2018/19**

	2018/19 baseline		2015/16		2016/17		2017/18		2018/19 End year projection	
	CVU	ABM	CVU	ABM	CVU	ABM	CVU	ABM	CVU	ABM
Auto	35	50	47	32	49	31	52	31	45	41
Sib	10		15		7		7		12	
MUD	45		41		47		42		39	
total	140*		135		134		132		137	

\*Non recurrent marginal disinvestment.

The service at ABM was not able to treat patients in February 2019 due to flooding of the BMT cubicles. There is also planned refurbishment of the BMT unit in UHW during March and potentially continuing into 2019/20, which may have an impact on activity.

## BMT Waiting List

Table 4 shows the current numbers of patients at different stages of the pathway for BMT. There are currently 129 patients in total in the system between early identification as potential referrals and admission for treatment. There will be a degree of attrition to these numbers: not all patients identified as potential candidates will progress to transplant.

The investment has been made to provide the capacity to deliver between 150 and 160 cases to meet expected patient demand. As table 3 shows, actual activity has been less than 140 cases. Given that expected demand is higher than activity, an adverse impact on the number of patients waiting would be expected. Further work is currently being undertaken by Cardiff & Vale to understand the backlog, impact on waiting times (from end of chemotherapy to admission for BMT) and to update the assessment of recurrent demand.

Table 4: Inpatients and potential transplant recipients by stage of pathway (as at 19 March 2019)

Donor	Inpatients	Seen/ Ready for BMT	Seen/Not ready for BMT	Awaiting Clinic Review	Potential Referrals	Total
AUTO	05	03	25	08	39	80
SIB	00	00	00	03	01	04
MUD	04	06	12	11	12	45
<b>TOTAL</b>	<b>09</b>	<b>09</b>	<b>37</b>	<b>22</b>	<b>52</b>	<b>129</b>

### 3.3 Patient Outcomes - Survival

The British Society for BMT publishes comparative survival outcomes for all centres in the UK based on analysis of data submitted to the national BMT database. The most recent report was published in 2018 and includes data up to 2015 (pre-dating the recent investment).

The south Wales service benchmarks well against the rest of the UK (BSBMT 9<sup>th</sup> Report, 2018, covering 2010-2015). Survival outcomes (100 day, 1 year, 5 years) for the south Wales service across the range of indications and type of BMT are within the confidence intervals for the UK overall. This was particularly true for autologous transplantation overall, and autografts for myeloma, the most common indication for autologous transplantation, where the outcomes were statistically significantly better than the average. There were no areas where the outcome of the south Wales programme was outside the expected range. It should be noted that these outcomes have been achieved despite co-morbidity in the Welsh transplant population exceeding the UK average (53% v 37%) and that increasing co-morbidity is associated with inferior outcome (BSBMT 8<sup>th</sup> Report, 2017, covering 2009-2014).

### 3.4 JACIE Accreditation

The Joint Accreditation Committee ISCT- Europe & EBMT (JACIE) is Europe's official accreditation body for haematopoietic stem cell transplantation. All BMT services in the UK must have JACIE accreditation; it is an essential standard within the WHSSC BMT service specification.

The South Wales BMT service was assessed by JACIE in early February 2019 for re-accreditation. Early feedback provided by the JACIE team at the close of the assessment visit was very positive and complementary about the quality of the team and the service provided to patients. The investments made through the WHSSC ICP have supported this through ensuring that the standards relating to staff ratios and the MDT are achieved.

However, the physical infrastructure in UHW is known not to meet the standards required by JACIE. Plans for a new unit on the UHW site have been developed with Welsh Government support. These plans were provided as part of the evidence submission to the JACIE team. The formal outcome from the assessment visit is currently awaited.

### 3.5 Current Service Issues

The BMT service has been recently put into escalation due to concerns that were raised with WHSSC during a review meeting with the service in 2018. These risks are being monitored through quarterly performance meetings.

- Risk arising from delays in immunophenotyping laboratory and genetics laboratory turnaround times for patients post transplant at risk of relapse.
  - Case for immunophenotyping put forward to CIAG but not considered given recent investment in BMT services.
  - CVU currently looking at alternatives to improve turnaround time.
  - The genetics lab capacity is addressed separately via WHSSC funding for genetics
- Demand peaks: Challenges managing peaks in demand within the constraints of the current facility leading to risk of delayed access to BMT for some patients (who often receive additional chemotherapy to reduce risk of relapse while waiting).
  - Routine monitoring of additional chemotherapy in place.
  - Long term solution through the planned new BMT facility.
- Risk of infection arising from inadequate facilities for isolating and protecting patients.
  - No SUIs or adverse adverts reported at the last performance meeting in December.
  - Long term solution through the planned new BMT facility.
  - Day unit: Interim solution for expansion and refurbishment has been identified. Work has started in the Audiology Department into which the Collection (Apheresis) Facility will relocate. When the winter

pressure ward closes, the Haematology Day Centre will relocate to that ward to allow refurbishment of the Day Centre.

### **3.6 Service Developments**

#### **3.6.1 Ambulatory Care**

The haematology and BMT teams at Cardiff and Vale UHB have been working on introducing an ambulatory component to service delivery. Only myeloma patients undergoing autologous transplantation have benefitted from this development to date. Once stability data has been compiled for other chemotherapy regimens more patients would become eligible for ambulatory care.

A major constraint is the lack of an ambulatory area to review patients in the out-patient phase of their care. As a result, reviews have taken place in their inpatient beds. Whilst proof of principle has been confirmed, the saving of bed days cannot be realised until there is an alternative area for patients to be reviewed.

#### **3.6.2 Advanced Therapies**

While a separate service from BMT, the delivery of CAR-T therapy shares resources and clinical expertise with the BMT service. JACIE accredited facilities are required for both BMT and CAR-T services. The specification for the new BMT unit will therefore also require sufficient capacity and capability for CAR-T therapy if CAR-T is also to be delivered in CVUHB.

### **3.7 Summary**

Clinical outcomes for BMT patients in south Wales compare well with the average for the UK. Relative survival is consistently within the expected range when compared with the UK average. However, due to the poor quality of the facilities, patient experience is below what would be expected of a modern BMT service.

The investment made through the WHSSC ICP has ensured that quality standards for BMT are met, in particular that the MDT and staff ratio requirements for JACIE accreditation are achieved. Initial feedback from the JACIE visit has been very positive; the formal outcome is currently awaited.

Commissioned capacity has increased to deliver up to 160 cases. Further work is taking place to understand the impact on timely admission for BMT and to confirm the estimate of recurrent demand.

There are currently a number of risks in the service, linked to the shortcomings of the current facility and to laboratory capacity, which are being actively monitored on a quarterly basis.

## 4. RECOMMENDATIONS

Members are asked to:

- **Note** the investment made in the south Wales BMT programme;
- **Note** the confirmation that the investment has been implemented;
- **Note** the increase in capacity to meet patient need and the achievement of the quality standards in the service specification and JACIE accreditation requirements;
- **Note** the excellent clinical outcomes achieved by the service and published by the British Society for BMT;
- **Note** the current risks and the plans to address these risks;
- **Note** the future service developments.

## 5. APPENDICES / ANNEXES

**Appendix 1:** Breakdown of Infrastructure Investment

<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Implementation of the Plan	
Link to Integrated Commissioning Plan	Delivery of the ICP.	
Health and Care Standards	Safe Care Effective Care Timely Care	
Principles of Prudent Healthcare	Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction)	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	The paper notes current risks to patient outcomes and experience within the BMT service.	
Resources Implications	The paper outlines the investments made in BMT, the activity that has been delivered and confirms that quality standards are met.	
Risk and Assurance	The paper provides confirmation that investments in BMT has been utilised in the delivery of the service.	
Evidence Base	Published outcomes for the BMT service are referenced (BSBMT 2018).	
Equality and Diversity	Specific equality and diversity issues are not considered within this report.	
Population Health	This paper does not directly address issues of population health.	
Legal Implications	Specific legal issues or advice are not considered within this report.	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Management Group	28.03.19	This report demonstrates the benefits that have been obtained through the investments made in the south Wales BMT programme and provides confirmation that the service outcomes benchmark well against other parts of the UK. The report was well received by Management Group.

## APPENDICES

### Appendix 1: Breakdown of Infrastructure Investment

#### BMT Phase 1 Investment - Implemented

Area / JACIE Requirement	WTE	Band	FYE £k
Day Unit	1.52	Band 5	53
Day Unit	2	Band 2	39
Ward	5.79	Band 5	229
Apheresis Lead Nurse	1	Band 7	50
Lab Tech Band 7	1	Band 7	50
Data Manager	1	Band 3	23
Consultant	1		130
Consultant Sessions (ABMU)			22
Clinical Nurse Specialist (ABMU)			51
Non-pay associated with WTE			7
<b>Total</b>			<b>654</b>

#### BMT Phase 2 Investment - Implemented

Area of Investment	Grade	WTE	Recurrent Funding (£000)
<b><i>Stem Cell Laboratory</i></b>			
Biomedical scientists	Band 6	2	86
Administration	Band 4	1	27
Additional storage for samples			30
Laboratory Non Pay			30
<b><i>Subtotal Laboratory</i></b>		<b>3</b>	<b>173</b>
<b><i>Nursing</i></b>			
Senior Nurse	Band 8a	0.2	12
Advanced Nurse Practitioner	Band 7	1	50
Nurse Practice Educator	Band 6	1	43
Advanced Nurse Specialists	Band 6	1	43
Wards and Day Unit	Mix	8	320
<b><i>Subtotal nursing</i></b>		<b>11.2</b>	<b>468</b>
Administration (data quality / support to nurse specialists)	Band 4	1	27
Staff related non-pay costs	All staff		15
<b>TOTAL</b>		<b>15.2</b>	<b>683</b>

### BMT phase 3 – Implemented

Area of Investment	Grade	WTE	Recurrent Funding (£000)	Forecast (£000)	Difference (£000)	Comment
<b>Singleton Hospital</b>						
Various		12.45	533	512	(21)	Data quality post (see ABM breakdown below)
<b>Welsh Blood Service</b>						
Staffing	Mix	1.45	60	60	-	Full funding has been passed to WBS / repatriated by WHSSC
Non-pay			50	50	-	
Subtotal Welsh Blood Service		1.45	110	110	-	
<b>University Hospital Wales</b>						
Lead Nurse	Band 8b	0.50	36	36	-	Took up role from Sep 2016
Nursing	Mix	20.55	788	788	-	Revised rosters agreed and implemented
Clinical Fellow		1.00	73	73	-	Consultants continue to undertake additional sessions, pending the recruitment of a clinical fellow
Service Manager	Band 8a	1.00	60	60	-	Started in Dec 2016
Psychologist	Band 8a	1.00	60	60	-	Started in May 2018
Physiotherapy	Band 6	1.00	42	42	-	In post from 1 August 2017
Physiotherapy	Band 2	1.00	21	21	-	In post from 1 August 2017
Occupational Therapy	Band 6	0.50	21	21	-	In post from 1 August 2017
Dieticians	Band 6 / 7	1.50	75	75	-	In post from 1 August 2017
Staff related non-pay costs	All staff		30	30	-	
Subtotal University Hospital Wales		28.05	1,206	1,206	-	
<b>TOTAL</b>		<b>41.95</b>	<b>1,849</b>	<b>1,828</b>	<b>(21)</b>	

Area of Investment	Grade	WTE	2018/19 PYE (£000)	Recurrent (£000)	Comments
Singleton Hospital					
Consultant		0.20	26	26	Additional sessions paid to existing consultants to facilitate input into BMT service
Secretarial Support	Band 4	0.25	7	7	Additional hours given in admin pool (B101)
Clinical Fellow		1.00	73	73	Appointment currently being progressed - full year funding required to cover locum costs within Haematology supporting business case delivery
Coordinator	Band 6	1.00	45	45	Appointed 1.0 WTE March 18
Nurses	Band 5	4.50	186	186	Staff Appointed - SG 1.00, JS 0.60, SS 1.00, NO 1.00, NCD 0.40, 0.5 Vac covered by Additional Bank / Agency
Ward Nursing	Band 2	2.00	48	48	Staff Appointed - NH 1.0, LB 1.0
Pharmacist		0.50	26	26	RR 0.5 wte in post
Admin Support	Band 3	1.00	25	25	SG 1.00 in post
Data/Quality Support	Band 4	1.00	7	28	This post has been appointed and is based in Cardiff.
Dietetics	Band 6	1.00	45	45	RM 1.0 in post, SA 0.15 Unfunded
Other Support Services			24	24	
<b>Sub-total Singleton Hospital</b>		<b>12.45</b>	<b>512</b>	<b>533</b>	



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

		Agenda Item	2.3
Meeting Title	<b>Joint Committee</b>	Meeting Date	14/05/2018
Report Title	Approval of Welsh Renal Clinical Network (WRCN) Board Terms of Reference		
Author (Job title)	Acting Network Manager		
Executive Lead (Job title)	Director of Finance, WHSSC	Public / In Committee	Public

Purpose	<p>In accordance with WHSSC Governance and Accountability Framework, the WRCN, as a sub-committee of WHSSC, is required to review the WRCN Board Terms of Reference annually.</p> <p>This process has been completed and the WRCN Board approved, on 10 April 2019, all amendments as highlighted in the appended document.</p>			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>
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Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
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Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Approve</b> the revised WRCN Board Terms of Reference</li> </ul>
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**Considerations within the report** (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓							
Principles of Prudent Healthcare	YES	NO	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	✓
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**Provider Health Board affected** (please state below)

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## 1.0 SITUATION

In accordance with WHSSC Governance and Accountability Framework, Standing Order 3, the WRCN, as a sub-committee of WHSSC is required to review the WRCN Board Terms of Reference annually.

This process has been completed and the WRCN Board approved, on 10 April 2019, all amendments as highlighted in the appended document.

## 2.0 BACKGROUND

The WRCN is the vehicle through which specialised renal services are planned and commissioned on an all Wales basis in an efficient, economical and integrated manner. This provides a single decision-making framework with clear remit, responsibility and accountability

The WRCN was established as a sub-committee of WHSSC and therefore obtains its authority and responsibility as delegated by the Local Health Boards (LHBs) through the WHSSC Joint Committee.

Each joint sub-Committee established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work
- Membership, meeting arrangements and quorum
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

## 3.0 ASSESSMENT

The appended document 'The Welsh Renal Clinical Network Board Terms of Reference', April 2019, complies with all Joint Committee requirements.

For ease of reference, revisions from the previous versions are highlighted within the body of the document.

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Approve** the revised WRCN Board Terms of Reference

## 5.0 APPENDICES / ANNEXES

The Welsh Renal Clinical Network Board Terms of Reference (April 2019)



<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.	
Link to 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.	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience		
Resources Implications		
Risk and Assurance		
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Choose an item.		
Choose an item.		



## **WELSH RENAL CLINICAL NETWORK MANAGEMENT GROUP TERMS OF REFERENCE**

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<b>1.</b>	<b>Purpose</b>	<b>1</b>
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<b>7.</b>	<b>Secretariat</b>	<b>4</b>
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### **1. PURPOSE**

The Welsh Renal Clinical Network is a non-statutory body and therefore obtains its authority and responsibility as delegated by the Local Health Boards (LHBs) as a sub-committee of the Welsh Health Specialist Services Joint Committee.

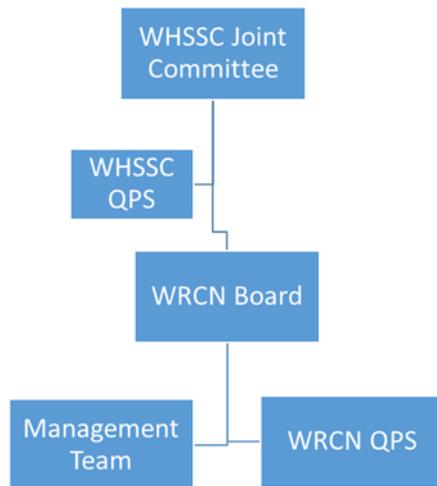
This delegation provides the autonomy for the Board of the Welsh Renal Clinical Network (WRCN) to lead the commissioning and performance management of the renal service contracts in accordance with professional standards set by the Welsh Government (including the Renal Delivery Plan and Service Specifications) and the renal professional groups such as the Renal Association.

The Board of the WRCN is supported by a Management Group and by a Quality and Patient Safety (QPS) Group.

- The Management Group is a sub-group of the WRCN Board. Its constitution and terms of reference shall be as set out below, subject to amendment at future Board meetings.
- The WRCN QPS is a sub-group of the Board that holds responsibility for recording, monitoring and reporting all quality and patient safety issues to the WRCN Board and for alerting the WHSSC QPS in those matters considered to be high risk.

The Terms of Reference for both the Management Group and the WRCN QPS Group are appended to WRCN Board Terms of Reference.

## 2. GOVERNANCE STRUCTURE



## 3. SCOPE

The Management Group will provide a forum to enable meaningful interface with the providers of renal services within Wales.

The Management Group is authorised by the WRCN Board to act and investigate any activity within its terms of reference. All members staff within or supporting WRCN commissioned services are expected to co-operate with any request made by the Management Group.

In particular the Management Group will review, monitor and where applicable advise the WRCN Board on the following matters:

- Commissioned services performance against key targets, business plans, quality review outcomes and other corporate objectives and delegate and co-ordinate where appropriate.
- Action plans where remedial steps are indicated to improve performance.
- Business cases for service developments taking into account the delegated resource responsibilities and the WRCN corporate objectives.
- The operational effectiveness of policies and procedures.
- Key reports prior to submission to the WRCN Board to ensure their accuracy and quality.
- Planning, service level agreements and service improvement initiatives.
- Equity of service provision across Wales

## 4. DECISION MAKING

The MT will be chaired by Deputy Clinical Lead, WRCN. The Deputy Chair will be the WRCN QPS Lead.

Decisions by the MT will be made through consensus. In the event this cannot be achieved the matter will be escalated to WRCN Board.

In public and private all parties will stand by the decisions made by the MT, regardless of individual preferences or feelings.

MT members acknowledge that the decision making process may at times be difficult and that compromise will be needed.

All decisions of the MT to be ratified by the WRCN Board or Chair's Actions (where appropriate) prior to actioning.

## **5. MEMBERSHIP**

The Membership of the Management Group:

- Network Deputy Lead Clinician (Chair)\*
- Network Lead Clinician\*
- Network Lead Nurse\*
- Network Manager / Deputy\*
- Network Finance Manager\*
- Network Clinical Lead for Quality & Patient Safety\*
- Network Clinical Information Management and Technology Lead\*
- Network Renal Pharmacy Advisor\*
- Network Lead for Renal Transplantation and Vascular Access\*
- National Health & Wellbeing Professionals Reference Group Chair\*
- Nominated Director of Welsh Health Specialised Services Team\*
- Renal Procurement Lead
- Provider Health Boards (Abertawe Bro Morgannwg, Betsi Cadwaladr and Cardiff & Vale):
  - Nephrology Clinical Directors
  - Nephrology Directorate Managers
  - Nephrology Lead Nurses
  - Nephrology Finance Managers

Where a member is unable to attend, they may nominate an appropriately senior deputy to attend in their place, provided this has been agreed by the Chair or Deputy Chair.

The Management Group may extend invitations to other personnel with relevant skills, experience or expertise necessary to deal with the business of the agenda or to support delivery of a project.

On occasion there may be a requirement to hold a Management Group meeting involving core members of the group (noted as \*) only. This will have no impact on the application of these Terms of Reference.

## **6. QUORUM**

The full Management Group will be quorate when there is at least;

- One representative present from each of the LHB's
- Minimum of 4 clinical leads from the WRCN to include Deputy Lead Clinician
- Minimum of 2 representatives from non-clinical WRCN members

## **7. SECRETARIAT**

The Management Group will be supported by the Network Coordinator.

The Secretariat will:

- provide the first point of contact for Management Group members in relation to all routine business;
- co-ordinate the activities of the Management Group

## **8. FREQUENCY AND MANAGEMENT OF MEETINGS**

Full Management Group meetings will be held at a frequency to allow synchronisation with the meeting of the WHSSC Joint Committee and the WRCN Board. A minimum of 6 meetings will be held annually.

Additional meetings may be set up with the agreement of the Chair if they are required to ensure delivery of any specific project.

Papers will be distributed one week in advance of the meeting together with an agenda. This is intended to give Management Group members the opportunity to read information in advance of the meeting.

Following agreement by the Chair, if any additional item needs to be raised on the day, this will be covered under Any Other Business, subject to there being time available.

## **9. MINUTES**

Draft action plans and decisions from the meetings will be circulated to all members of the Board within five working days, with full draft minutes ten working days after the meeting.

Management Group members are responsible for circulating minutes to their own Governing Bodies (or similar) as appropriate. Such circulation must be undertaken in a manner that respects issues of confidentiality.

## **10. REVIEW**

Formal review of the Terms of Reference for the Management Group will be placed on the agenda annually. Members however may raise any concerns or suggestions for improving processes as needed.



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Pwyllgor Gwasanaethau Iechyd  
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Welsh Health Specialised  
Services Committee (WHSSC)

		Agenda Item	2.5
Meeting Title	<b>Joint Committee</b>	Meeting Date	14/05/2019
Report Title	WHSSC Joint Committee Annual Business Cycle 2019-20		
Author (Job title)	Corporate Governance Officer		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services	Public / In Committee	Public

Purpose	The purpose of the paper is to provide Members with the Draft Joint Committee Annual Business Cycle 2019-20.			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Integrated Governance Committee	Meeting Date	26/03/2019
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Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> and <b>support</b> the content of the report, including the schedule of meetings for 2019-20</li> </ul>		
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**Considerations within the report** (tick as appropriate)

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

## 1.0 SITUATION

The purpose of this report is to present the draft Business Cycle for the Joint Committee covering the period 2019-20.

## 2.0 BACKGROUND

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

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

## 3.0 ASSESSMENT

In summary, the Joint Committee has three key functions;

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

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

### 3.1 Meeting Schedule

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

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

The schedule of WHSSC Joint Committee meeting dates for 2019-20 is as follows:-

Date	Time
14 May 2019	09.30
23 July 2019	13:30
10 September 2019	09:30
12 November 2019	13:30
28 January 2020	09:30
10 March 2020	13:30

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

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

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

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

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

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

### **3.2 Joint Committee Work Plan**

The Joint Committee Work Plan (annex (ii)) provides an overview of the scheduled items for 2019-20.

## **4.0 RECOMMENDATIONS**

Members are asked to:

- **Note** the content of the report content of the report, including the schedule of meetings for 2019-20.

## **5.0 APPENDICES / ANNEXES**

**5.1** Annex (i) – Schedule of WHSSC Meetings 2019-20

**5.2** Annex (ii) – Joint Committee Work Plan 2019-20

<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Governance and Assurance Development of the Plan Implementation of the Plan	
Link to Integrated Commissioning Plan	An annual plan of work provides each committee/group with an indication of the planned work for the year. This will also enable WHSSC to operate a more efficient way and support delivery of the Integrated Commissioning Plan.	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Only do what is needed	
Institute for HealthCare Improvement Triple Aim	Not applicable	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	Strong governance mechanisms will indirectly improve quality of service and patient safety and experience.	
Resources Implications	Not applicable	
Risk and Assurance	There is a requirement to ensure that committees/groups are have a clear understanding of their expected annual work plan to ensure that the correct governance process can be followed and appropriate, well informed and timely decisions can be made.	
Evidence Base	Financial Reporting Council: Guidance on Board Effectiveness March 2011	
Equality and Diversity	Not applicable	
Population Health	Not applicable	
Legal Implications	Not applicable	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>
Corporate Directors Group Board	07.05.10	Noted and supported

	Corporate Directors Group Board	Quality and Patient Safety Committee	Integrated Governance Committee	Management Group Workshop	Management Group	Joint Committee
Apr-19	08			25	25	
May-19	07			23	23	14
Jun-19	11	11	26	27	27	
Jul-19	01			01	18	23
Aug-19	05	13	13	22	22	
Sep-19	09				26	10
Oct-19	07	29	29		24	
Nov-19	11				28	12
Dec-19	02				19	
Jan-20	06	21	21		23	28
Feb-20	03				20	
Mar-20	09	17	17		26	10

Item	Exec Lead	14-May	23-July	10-Sept	12-Nov	28-Jan	10-Mar
<b>Preliminary Matters</b>							
Report from the Chair of WHSSC (incl report from Integrated Governance Committee)	CS	x	x	x	x	x	x
Report from the Managing Director of WHSSC	MD	x	x	x	x	x	x
<b>Items for Decision and Consideration</b>							
Strategy for Specialised Services	MD	x					
Integrated Commissioning Plan 2020-23	DoP				x		
<b>Governance</b>							
Corporate Risk and Assurance Framework	CS	x			x		
Annual Reports from the Chairs of the joint sub-committees and advisory Groups	CS	x					
Integrated Performance Report	DoP	x	x	x	x	x	x
Financial Performance Report	DoF	x	x	x	x	x	x
<b>Committee Governance</b>							
WHSSC Joint Committee Annual Cycle of Business	CS	x					x
Annual self-assessment	CS		x				
Minute of the last meeting held	CS	x	x	x	x	x	x
Action log	CS	x	x	x	x	x	x
Declarations of interest	CS	x	x	x	x	x	x
<b>Reports from the Joint Sub-committee Chairs</b>							
Quality and Patient Safety Committee	DoNQ	x	x	x	x	x	x
Management Group	CS	x	x	x	x	x	x
All Wales Individual Patient Funding Request Panel	DoNQ	x	x	x	x	x	x
Welsh Renal Clinical Network	DoF	x	x	x	x	x	x
<b>Reports from the Joint Advisory Group Chairs</b>							
All Wales Gender Identity Partnership Group	DoNQ	x	x	x	x	x	x
All Wales Mental Health and Learning Disabilities Collaborative	DoP	x	x	x	x	x	x
All Wales Posture Mobility Partnership Board	DoP	x	x	x	x	x	x



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

		Agenda Item	2.6
Meeting Title	Joint Committee	Meeting Date	14/05/2019
Report Title	WHSSC Corporate Risk and Assurance Framework		
Author (Job title)	Business Support Officer		
Executive Lead (Job title)	Committee Secretary	Public / In Committee	In Committee

Purpose	The purpose of this report is to provide Members with an update on the WHSSC risk management framework as at 31 March 2019.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee		Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the update provided within the report.</li> <li>• <b>Receive assurance</b> that risks are being appropriately assessed and managed.</li> </ul>		

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

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



## 1.0 SITUATION

The purpose of this report is to provide Members with an update on the WHSSC risk management framework as at 31 March 2019.

## 2.0 BACKGROUND

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

### 2.1 Current Process for Review of Risks and Assurance

The risk management framework for WHSSC as a commissioning organisation has been reviewed during the last year and the new agreed process is being rolled out throughout the organisation and refined. Directorates and/or Commissioning teams are reviewing all risks, including the risks arising out of the Integrated Commissioning Plan 2018-21, and updating the registers to the new template.

Risk assessments are completed by the Directorate and/or Commissioning teams. As a commissioning organisation risks associated with commissioning of healthcare services are assessed in three domains; safe, sustainable and effective. Non-commissioning risks currently continue to be assessed in the traditional methodology against likelihood and impact/consequence.

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

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

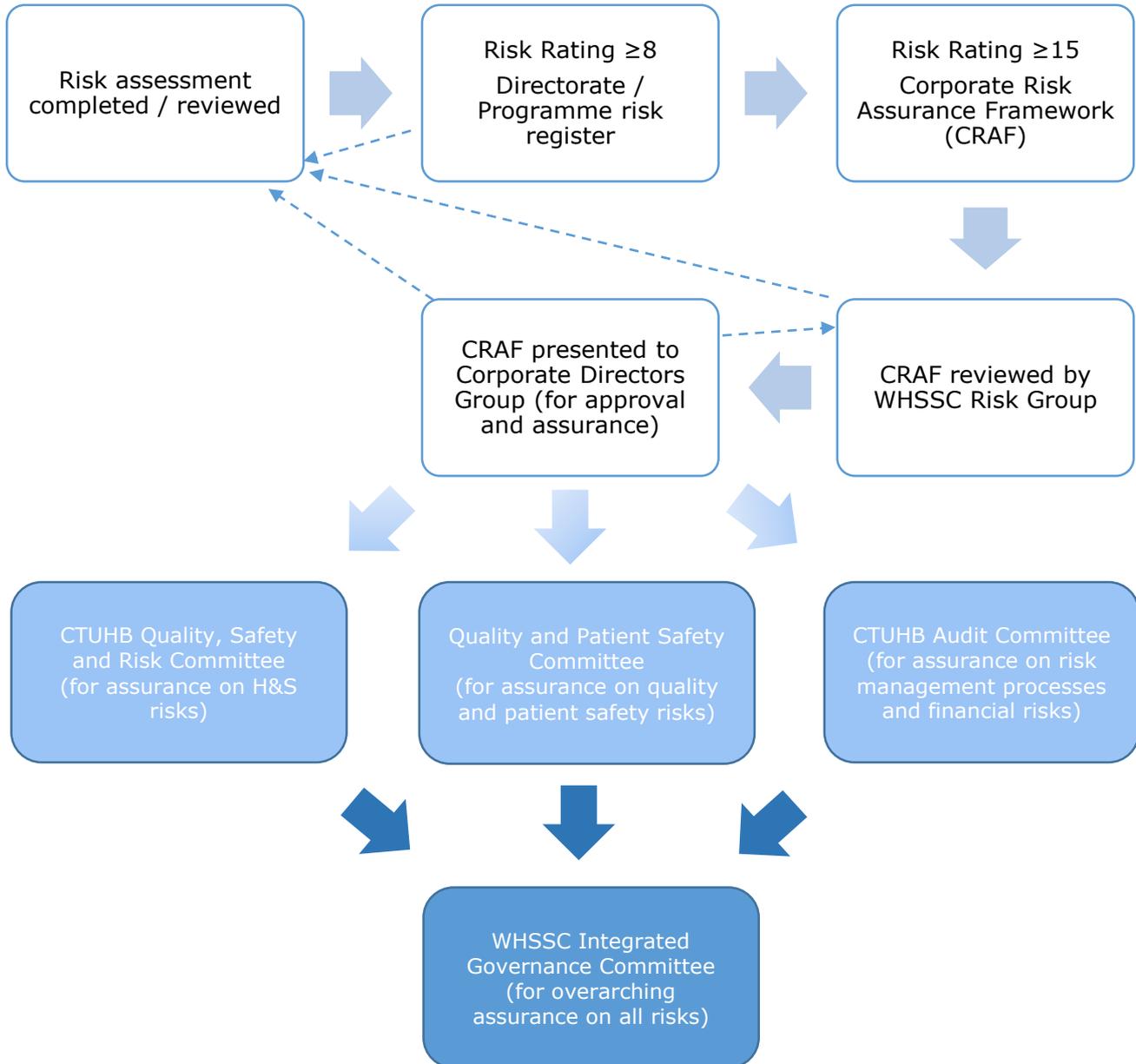
The CRAF is considered at the WHSSC Internal Risk Management Group. This leads to an enhanced focus on risk management generally and an improved level of triangulation between provider performance and risk for commissioning risks. A robust process for ensuring that identified risks are also recorded,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

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



## 2.2 Review and Assurance of the Corporate Risk and Assurance Framework

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





### 3.0 ASSESSMENT

- 3.1 Work on further developing the CRAF has been undertaken over a number of months and WHSSC Officers have received and acted upon feedback from all committees (as noted above) to whom the CRAF has been presented.
- 3.2 The Director of Planning continues to be the designated lead Director in the case of all risks currently scoring 15 or above and therefore identified on the CRAF. The WHSSC Quality & Patient Safety Committee is the assurance committee for these risks.
- 3.3 In the meantime the Directorate and Programme risk registers continue to be reviewed monthly – they are 'live' documents.
- 3.4 There are currently 57 risks that attract a rating of 15 or above on the risk register.
- 3.5 Since the last report, 0 risks have been added to the register.
- 3.6 Since the last report, 1 risk has been removed from the register, namely:
  - CH/029 Sarcoma
- 3.7 There are currently 13 services in escalation as of the most recent report dated February 2019 - detailed in table 1 below:

**Table 1. Services in Escalation as at February 2019**

Speciality	Level of Escalation	Mitigating action[s]	Movement from previous month
<b>Cardiac Surgery</b>	2	Performance meetings continue bi-monthly with ABMUHB	→
	3	Monthly performance meetings continue with C&VUHB	→
	2	Performance meetings continue bi-monthly with LHCH	→
<b>Thoracic surgery</b>	2	Bi-monthly performance meetings continue with ABMUHB and C&VUHB.	→
<b>Lymphoma Panel</b>	2	Performance meetings are in place with the All Wales Lymphoma Panel (CVUHB and ABMUHB).	→
<b>Bariatric Surgery</b>	2	The bariatric service at ABMUHB was de-escalated from level 3 to 2 in December. Bi-monthly performance meetings are continuing to take place	→
<b>Plastic Surgery</b>	2	Monthly performance meetings continue with ABMUHB	→
<b>Neurosurgery</b>	2	Neurosurgery is at level 2 escalation with the only breaches relating to a consultant being on long term sickness, and the remaining consultant predominantly covering the urgent tumour work	→
<b>Adult Posture &amp; Mobility</b>	2	Quarterly meetings occur with all three providers; however, there is closer monitoring of the BCUHB service as the service is still not meeting the 90% RTT target. However, in recent months the service have demonstrated that the waiting time performance has improved due to the appointment of key staff with the aim of achieving the RTT by March 2019.	→
<b>CAMHS</b>	3	An action plan has been developed with BCUHB and significant improvements to workforce issues have been made in last 3 months.	→
	3	The CAMHS service in South Wales at Ty Llidiard was escalated straight to level 4 following inpatient incident leading to a temporary closure of the unit. Site visit and findings from QAIT report led to unit being reopened to admissions on case by case basis and de-escalated to Level 3 with action plan developed.	→
<b>Paediatric Surgery</b>	3	The service remains in escalation stage 3 following the re-visit in October 2018. Two key actions are outstanding and once completed the escalation stage will be reviewed	→
<b>Paediatric Intensive Care</b>	2	The first escalation meeting is scheduled to take place on 23 April 2019	→

<b>BMT</b>	2	The BMT service in south Wales has recently been placed into level 2 escalation to explore further concerns raised.	→
<b>IVF Shrewsbury</b>	2	Following the meeting in February with the provider, as requested, the service have submitted an improved data set. A further meeting is scheduled to take place on 3 April 2019 to analyse the data and agree the monthly performance report.	→
<b>Sarcoma</b>	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. RECOMMENDATIONS

Members are asked to:

- **Note** the update provided within the report.
- **Receive assurance** that risks are being appropriately assessed and managed.



<b>Link to Healthcare Objectives</b>		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	Implementation of the agreed ICP	
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and satisfaction)	
<b>Organisational Implications</b>		
Quality, Safety & Patient Experience	Robust risk management arrangements are a requisite to the assurance of quality of care, patient safety and the patient experience.	
Resources Implications	Some improvement actions may require the application of additional resources.	
Risk and Assurance	This report and the CRAF constitute integral elements of WHSSC's risk and assurance arrangements. This work continues to develop.	
Evidence Base	The CRAF is based on the extreme risks recorded within the Directorate and Programme risk registers.	
Equality and Diversity	There are no equality and diversity implications.	
Population Health	There are no immediate population health implications.	
Legal Implications	It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.	
<b>Report History:</b>		
<b>Presented at:</b>	<b>Date</b>	<b>Brief Summary of Outcome</b>

CH/011	<b>LUNG RESECTION</b> <b>Risk:</b> Risk to the sustainability of the thoracic surgery service in south Wales due to changes in thoracic surgery training and practice. Ability to provide a quality service that meets patient need for cancer and non-cancer surgery.	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
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MARCH 2019		<b>Date first assessed</b> 02/10/2013 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019
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Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	5	4	4	<p>Legend: — After Mitigation — Current Score</p>
Current Score	9	16	6	

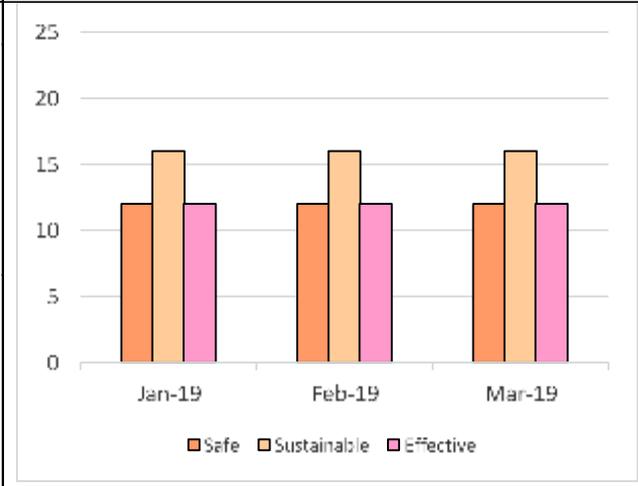
Month	Safe	Sustainable	Effective
Jan-19	9	16	6
Feb-19	9	16	6
Mar-19	9	16	6

**Escalation Narrative:** Level 2. Bi-monthly performance meetings in place.

Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
i) Strategic review of the future service model for thoracic surgery in progress; ii) Interim increase in funding through the Integrated Commissioning Plan to increase capacity to deliver target level of lung resections; iii) ABMUHB and CVUHB currently implementing delivery plans to increase capacity. CVU: 3rd surgeon (locum) recruited August 2017 - took up post October; additional theatre list is not yet available - no clear timeline provided; arrangements in place to prioritise capacity for lung cancer. ABM: unable to move forward with 3rd surgeon locum appointment at current time; arrangements for weekend working in place; additional capacity previously agreed through outsourcing to Stoke but stood down whilst agreeing that pathway may need to be re-established. While these implementation plans have not been fully implemented, Service Level Agreement activity is being delivered in both centres. iv) Bi-monthly performance meetings with both South Wales providers in place.	Implementation of Thoracic Surgery Review Recommendations	Managing Director	01/09/21
	Bimonthly performance meetings with both CV UHB and ABM UHB	Director of Planning	On-going

CH/016	<b>HAEMOPHILIA</b> <b>Risk:</b> Vacant consultant post since November 2016. No on-site haemophilia consultant cover at present. Out-reach clinics to Hywel Dda HB are suspended. Increased pressure on the Cardiff service to provide advice, increased outreach to Swansea and to admit patients to UHW (with impact on capacity for other haematology patients).	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 22/09/2016 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	4	9	2	<p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). The y-axis represents the 'Safe' score (0-20), the x-axis represents the 'Effective' score (0-20), and the z-axis represents the 'Sustainable' score (0-20). Two triangles are shown: a blue one for 'Current Score' and a green one for 'After Mitigation'. The 'Current Score' triangle has vertices at approximately (12, 0), (0, 12), and (16, 16). The 'After Mitigation' triangle has vertices at approximately (4, 0), (0, 4), and (9, 9).</p>	
Current Score	12	16	12		



<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
i) ABM continues to provide IBD CNS and other allied health professional support for both ad hoc and scheduled clinical work, supported by middle grade and consultant haematologist input from ABM as needed, utilising the more specialised advice and support from UHW as/when required. ii) IBD consultants from UHW will continue to attend a monthly clinic on site in ABM supported by the senior SpR currently on placement in ABM till Feb 2019 iii) ABM have advertised for consultant post with haemophilia component (outcome awaited); iv) IBD project in progress to bring funding under WHSSC and review service model.		<b>Action</b>	<b>Lead</b>
		Hub and spoke model approved in this years ICP. Consultant sessions to be provided by Cardiff CCC, implementation plan in development.	Planning Manager
			<b>By when</b>
			04/19

CH/018	<b>PLASTIC SURGERY</b> <b>Risk:</b> i) Failure to achieve the maximum waiting times target in plastic surgery at ABMUHB (approx. 50 patients in March 2018) with some patients waiting in excess of 52 weeks; ii) increased morbidity and disability of patients on the waiting list (usually patients requiring complex operations).	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 17/03/2014 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019

Risk Rating				WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective		
After Mitigation	6	1	12	<p>Legend: — After Mitigation — Current Score</p>	
Current Score	6	1	15		

Month	Safe	Sustainable	Effective
Jan-19	6	1	15
Feb-19	6	1	15
Mar-19	6	1	15

**Escalation Narrative:** Level 2. Monthly performance meetings in place.

Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
(1) Performance management arrangements escalated to monthly executive performance meetings	Monthly performance management meetings	Director of Planning	On-going
	Revise plastic surgery contract	DoF	03/20
	Write to ABM to detail requirements for an action plan		04/19
	Develop commissioning policy to identify those specialised plastic surgery procedures that require the unique skills of plastic surgery	Planning Mgr.	03/20

CH/020	<b>LUNG CANCER</b> <b>Risk:</b> Lung cancer waiting times for surgery in south Wales. Excessive lung cancer waiting times contributing to a risk of poor experience, clinical outcome (including tumour becoming inoperable), and waiting times breaches.	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 10/12/2017 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	10	8	8		
Current Score	20	12	12		

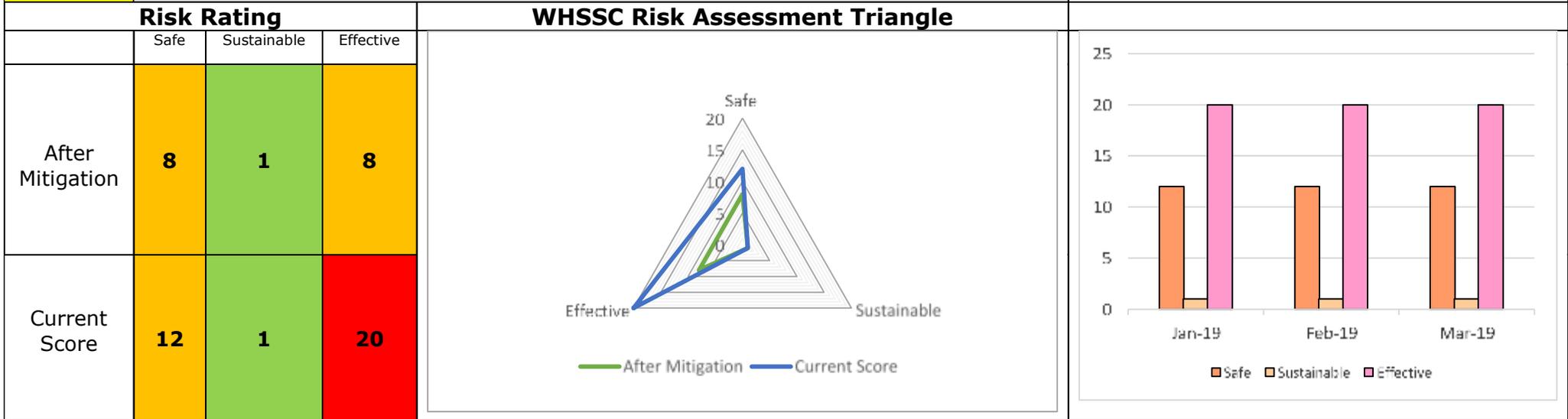
  

Month	Safe	Sustainable	Effective
Jan-19	20	12	12
Feb-19	20	12	12
Mar-19	20	12	12

**Escalation Narrative:** Level 2. Bi-monthly performance meetings in place.

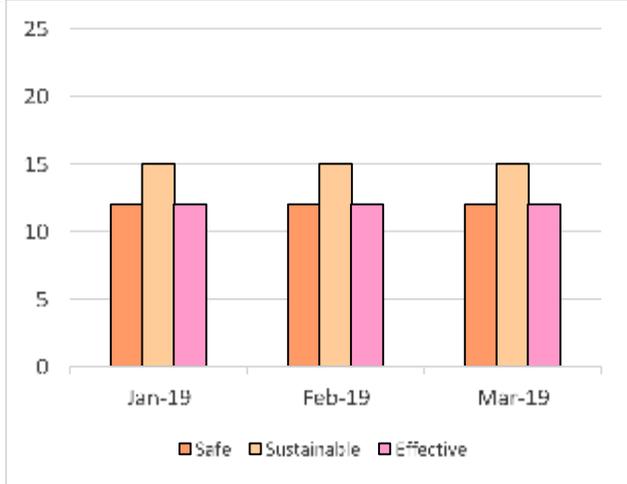
Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
Bimonthly performance management meetings in place with both thoracic surgery providers	Bi-monthly performance management meetings	DOP	Next meetings: CV: 29/03/19 ABM: 24/05/19
	Ask CVUHB & ABMUHB to submit their lung cancer breach data when submitting to Welsh Government	DOP	Requested but not receiving

CH/024	<b>PET – CT POLICY</b> <b>Risk:</b> Wales still has significantly lower rates of PET-CT compared to elsewhere in the UK and Europe. There is robust evidence that PET-CT will lead to a change in patient management and improved outcomes for indications excluded by the current commissioning policy. The risks are therefore: - sub-optimal management of cancers excluded by the current commissioning policy; - potential for sub-optimal outcomes; - potential for patient receiving unnecessary procedures or procedures of limited benefit; - sub-optimal utilisation of scarce healthcare resources. The reputation of WHSC is also at risk as the current PET-CT policy excludes many of the indications included in the NHS England and NHS Scotland policies creating inequity of access across the UK.	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/04/2017 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019



<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
Patients will continue to be managed via existing diagnostic pathways. As currently, the site specific MDTs will determine best management on the diagnostic and imaging information available.		<b>Action</b>	<b>Lead</b>
		Update policy with indications agreed for 19/20	Planning Manager
			<b>By when</b>
			05/19

CH/028	<b>NETs</b> <b>Risk:</b> <ul style="list-style-type: none"> <li>• Sustainability of NETs south Wales service. Risk to sustainability of the service with respect to its capacity to be able to monitor patients and manage their care appropriately and optimally through timely assessment and intervention to treat this complex condition;</li> <li>• Clinic capacity insufficient to meet demand;</li> <li>• An inability to meet the Task &amp; Finish Group recommendations for the NET services in South Wales would lead to discontent amongst patient groups;</li> <li>• Continued inequity between patients in North and South Wales in access to timely care;</li> <li>• Failure to meet expectations that Welsh Government have made to patient groups;</li> <li>• Potential increase in patient complaints and litigation claims in terms of delay in diagnosis.</li> </ul>	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/04/2017 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019

Risk Rating			WHSSC Risk Assessment Triangle	
Safe	Sustainable	Effective		
After Mitigation	3	3	3	
Current Score	12	15	12	

<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
ICP proposal funding was not approved; patients will be prioritised within available capacity according to clinical need.		<b>Action</b>	<b>Lead</b>
			<b>By when</b>

CH/032	<b>BMT Risk:</b> The BMT service at UHW is at risk of not gaining JACIE accreditation due to its poor facilities (space; bed numbers; lack of en-suite facilities (adults UHW); small collection area in busy day-care ward (UHW apheresis) and the processing lab (UHW)). These concerns were identified at the JACIE inspection in 2013.	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/05/2018 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019

Risk Rating				WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective		
After Mitigation	1	1	1		
Current Score	16	16	12		

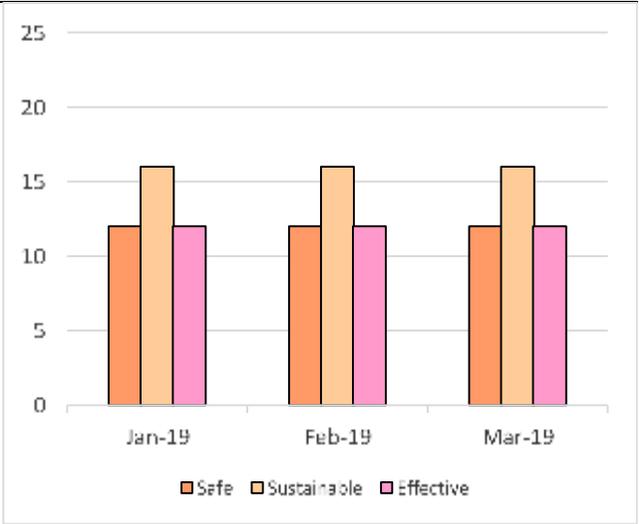
Month	Safe	Sustainable	Effective
Jan-19	16	16	12
Feb-19	16	16	12
Mar-19	16	16	12

**Escalation Narrative:** BMT service recently put into escalation (level 2). The patient risks associated with inadequate facilities form part of the reason for escalation.

Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
Assurance received from CV UHB regarding plans, including interim plans, to address this issue. JACIE inspection has taken place; initial feedback is promising but certification likely to take up to 6 months from inspection date.	Quarterly meetings in place with service to monitor risk and mitigations.	Director of Planning	Next meeting: 10/04/19

CH/033	<b>HAEMOPHILIA</b> <b>Risk:</b> Sustainability of the haemophilia service in BCUHB. Vacant consultant post in Bangor since Feb 2017. No on-site specialist haemophilia consultant cover at present.	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
		<b>Date first assessed</b> <b>Date last reviewed by</b> <b>Programme/Directorate:</b> C&B Commissioning 26/03/2019
MARCH 2019		

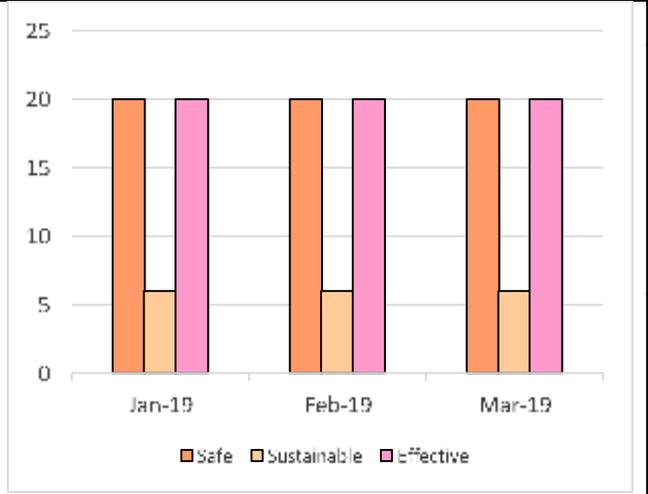
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable		Effective
After Mitigation	4	9	4	<p>Safe 20 15 10 5 0 Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	12	16	12	



<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
i) Additional outreach clinic from Liverpool held at YGC for patients from Bangor; ii) Nurse led service with telephone support from Liverpool; iii) Hub and spoke model recommended outcome of formal review- funding approved in ICP.		<b>Action</b>	<b>Lead</b>
			<b>By when</b>

CH/035	<b>SARCOMA</b> <b>Risk:</b> No CNS in south east Wales leading to poor patient experience reported in Macmillan briefing paper which was issued as a follow up to the 2016 Wales Cancer Patient Experience Survey.	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 28/09/2018 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	4	4	4	<p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). The y-axis (Safe) ranges from 0 to 20. The x-axis (Effective) ranges from 0 to 20. The z-axis (Sustainable) ranges from 0 to 20. A green triangle represents the 'After Mitigation' state, with scores of 4 on all three axes. A blue triangle represents the 'Current Score' state, with scores of 20 on the Safe axis, 6 on the Sustainable axis, and 20 on the Effective axis.</p>
Current Score	20	6	20	



<b>Escalation Narrative:</b>							
Current Control Measures in Place		Description of further Control Measures Required					
Achieved support for urgent requirement of CNS for patients in SE Wales at sarcoma pathway meeting 27/9/18; highlighted to WHSSC CDG 1/10/18; CNS from Velindre is providing interim cover.		<b>Action</b>	<table border="1"> <tr> <th>Lead</th> <th>By when</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Lead	By when		
Lead	By when						

CH/036	<b>SARCOMA</b> <b>Risk:</b> Sustainability of south Wales soft tissue sarcoma service (single CNS for patients in south west Wales) Sustainable provision of CNS support	<b>Director lead:</b> Director of Planning
		<b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 28/09/2018
		<b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	12	20	20	<p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). Concentric triangles represent score levels from 0 to 20. A blue line (Current Score) shows scores of 20 for Sustainable and Effective, and 12 for Safe. A green line (After Mitigation) shows scores of 12 for Safe, 20 for Sustainable, and 20 for Effective.</p>
Current Score	12	20	20	

Month	Safe	Sustainable	Effective
Jan-19	12	20	20
Feb-19	12	20	20
Mar-19	12	20	20

<b>Escalation Narrative:</b>			
Current Control Measures in Place		Description of further Control Measures Required	
Requirement for flexible working between SW and SE CNS is included in CNS recruitment process.	Action	Lead	By when

CH/038	<b>SARCOMA</b> <b>Risk:</b> Clinical governance. Lack of clinical ownership of sarcoma patients in health boards through diagnostic stage of the pathway	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
		<b>Date first assessed</b> 28/09/2018 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	3	1	3	<p>The diagram is a triangle with vertices labeled 'Safe', 'Effective', and 'Sustainable'. The y-axis (Safe) ranges from 0 to 20. The x-axis (Effective) ranges from 0 to 20. The z-axis (Sustainable) ranges from 0 to 20. A blue line represents the 'Current Score' with values of approximately 15 for Safe, 15 for Effective, and 1 for Sustainable. A green line represents the 'After Mitigation' score with values of 3 for Safe, 1 for Sustainable, and 3 for Effective.</p>
Current Score	15	1	15	

Month	Safe	Sustainable	Effective
Jan-19	15	1	15
Feb-19	15	1	15
Mar-19	15	1	15

<b>Escalation Narrative:</b>			
Current Control Measures in Place		Description of further Control Measures Required	
Working to influence Health Boards to identify local sarcoma leads to address the diagnostic pathway (inc. liaising with WCN).	Action	Lead	By when

CH/040	<b>BMT</b> <b>Risk:</b> BMT South Wales laboratory capacity. Increasing demand on support laboratories for chimerism testing leading to delayed reporting and reduced ability to maintain turnaround times.	<b>Director lead:</b> Director of Planning
		<b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/08/2018
		<b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 26/03/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	15	1	16	<p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). The y-axis is labeled from 0 to 20 in increments of 5. Two lines are plotted: a blue line for 'Current Score' and a green line for 'After Mitigation'. The 'Current Score' line has values of approximately 15 at 'Safe', 1 at 'Sustainable', and 16 at 'Effective'. The 'After Mitigation' line has values of 15 at 'Safe', 1 at 'Sustainable', and 16 at 'Effective'.</p>
Current Score	15	1	16	

	Safe	Sustainable	Effective
Jan-19	15	1	16
Feb-19	15	1	16
Mar-19	15	1	16

<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
Note that this risk was formerly combined with CH034		<b>Action</b>	<b>Lead</b>
		Quarterly meetings in place with service to monitor risk and mitigations.	DoP
			<b>By when</b>
			Next meeting: 10/04/19

CH/041	<b>GENETICS</b> <b>Risk:</b> Major genetic laboratory reconfiguration in England leading to inequitable access to genetic tests for patients in Wales as compared to England.	<b>Director lead:</b> Director of Planning
		<b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 09/10/2018
		<b>Programme/Directorate:</b> C&B Commissioning <b>Date last reviewed</b> 26/03/2019

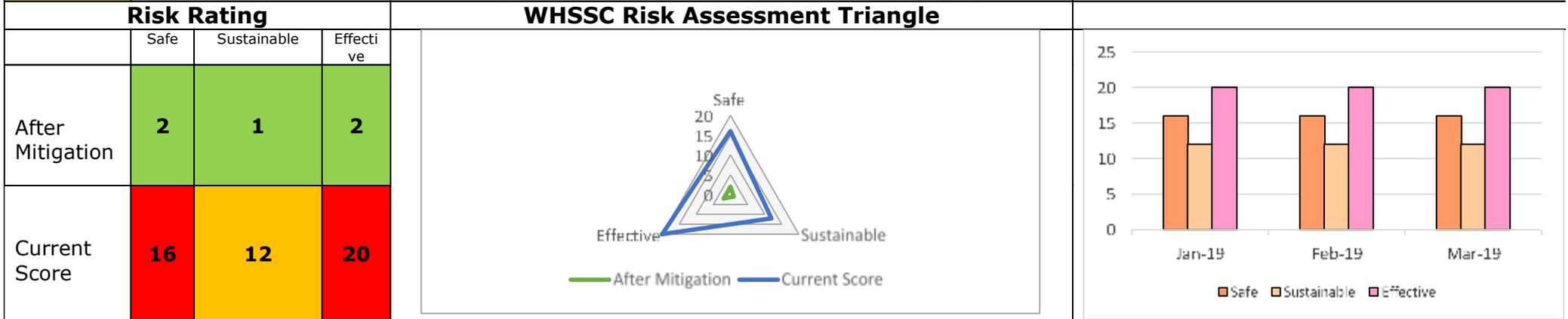
Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	2	2	3	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>	
Current Score	8	6	15		

Month	Safe	Sustainable	Effective
Jan-19	8	6	15
Feb-19	8	6	15
Mar-19	8	6	15

<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
All Wales Medical Genetics Service (AWMGS) has presented these risks to Welsh Government. Funding approved in ICP 2019-22. Implementation plan in development for commissioning from the NHS England Genetics Test Directory.		<b>Action</b>	<b>Lead</b>
			<b>By when</b>
		Paper to MG for implementation of ICP scheme	Planning Manager
	Produce policy for implementation of ICP scheme	Planning Manager	05/19

CT/013	<b>CARDIAC ABLATION</b> <b>Risk: Safe:</b> People with atrial fibrillation have higher risk of stroke & heart attacks, they also suffer a considerably poorer quality of life. Access to cardiac ablation for Atrial and Ventricular Tachycardia is far lower in S. Wales than in N. Wales, England, Scotland, and many countries in Europe. Lower access rates for treatment could result in patients having the burden of ill Health leading to lower quality of life or earlier death. Currently, too few patients are referred, and often referred late in the progression of their disease, leading to poorer outcomes and requirement for multiple ablation procedures. Patients are also at risk of emergency admissions from poorly controlled AF. <b>Sustainable:</b> infrastructure and capacity constraints access rates for complex cardiac ablation are significantly lower in S. Wales than the rest of the UK and also benchmark unfavourably at an international level. <b>Effective:</b> not in line with standards for ablation, the British Heart Rhythm Society audit 2013 showed access per million population was 49 in S. Wales, compared with 102 in N. Wales and 113 for England overall. The British Heart Rhythm Society has set a minimum standard of 100 AF ablation pmp.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 05/02/2016 <b>Date last reviewed by Programme/Directorate:</b> Asst. Planning Mgr. 18/03/2019
MAR 2019		



Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
		Action	Lead	By when
Cardiac Ablation for Atrial Fibrillation (AF) and Ventricular Tachycardia (VT) in South Wales is included in the 2018-21 Integrated Commission Plan. Ongoing discussions between WHSSC and South Wales to discuss actions being taken to increase the delivery of the ablation service for South Wales.		Write to providers to request plans to increase provision of Cardiac Ablation for AF and VF. Response received.	Dir. Of Planning	Complete
		Work with South Wales providers to determine a joint solution for increasing the numbers. re: capital and revenue cases as required. Business cases have been received from C&VUHB and ABMUHB and the proposal for investment was approved by MG in November as follows: ABMUHB funding year 1 & 2 and C&VUHB funding year 1 with further work to be undertaken with ABUHB and CTUHB and C&VUHB to understand impact of PCI repatriation and opportunities it creates for capacity at UHW.	Planning Manager	On-going
		Funding release letters sent to both providers to implement plans for increasing ablation for year 1 (2018/19) and Year 2 (2019/20)	Planning Manager	On-going

CT/014	<b>INTERVENTIONAL CARDIOLOGY (Delivery of PPCI)</b> <b>Risk: Safe:</b> Revascularisation delivery outside the 72 hours increases the risk for patients of having higher risk of future adverse cardiovascular events. <b>Sustainable:</b> Lack of capacity at the tertiary centre to deliver PCI. <b>Effective:</b> Nice guidelines recommends NSTEMI is administered within 72 hours. Currently there are welsh patients who are revascularised outside the NICE recommended target time of 72 hours due to variation in treatment times from when a patient is admitted to hospital with a PCI service to when a patient is admitted to a non PCI centre and therefore requires transfer.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 01/05/2016 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> Asst. Planning Mgr. 18/03/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	8	6	8		
Current Score	12	12	20		

Month	Safe	Sustainable	Effective
Jan-19	12	12	20
Feb-19	12	12	20
Mar-19	12	12	20

<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
Limited as there is a need to agree a mechanism of monitoring the standard/outcomes. This is proving difficult due to the number of different providers/systems used.	<b>Action</b>		<b>Lead</b>
	Process being implemented to measure time from first admission to PCI. Initiatives have been developed and implemented via the Cardiac Networks to address blockages in the referral pathway around transfer and repatriation. South East Wales piloting dedicated T&R capacity for 3 months, supported by WAST and 4 trolleys at UHW.		Cardiac Network
	Ensure that there is sufficient capacity for NSTEMI		Health Boards
	Discussions ongoing with the Cardiac Network Lead.		Planning Manager
Undertake a further review of current waiting times and measures put in place at the tertiary centres.		Planning Manager	By when
			complete
			On-going
			On-going
			31/01/19

CT/029	<b>Cardiac Surgery / TAVI - Cardiac RTT Reporting</b> <b>Risk: Safe:</b> (1) As part of the DU work, they observed that TAVI waiting lists are not being reported at ABMUHB. <b>Sustainable:</b> N/A. <b>Effective:</b> (2) the Delivery Unit are currently reviewing the application of pathways start dates at tertiary cardiac centres, initial feedback suggests that this may not being robustly implemented currently 3) ABMUHB have excluded certain diagnostics from their cardiac pathways.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 28/07/2017 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> Asst. Planning Mgr. 18/03/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	5	2	10	<p>Legend: — After Mitigation — Current Score</p>	
Current Score	10	4	20		

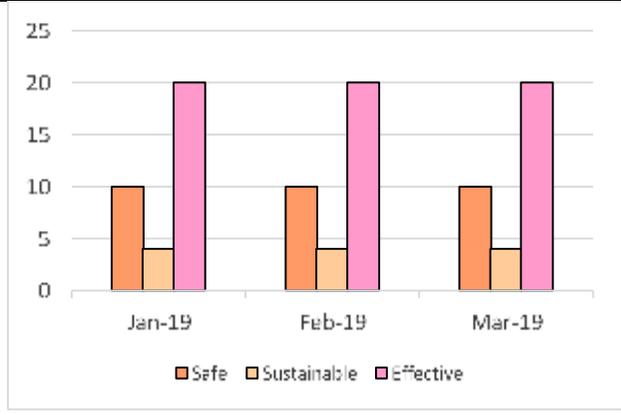
  

Month	Safe	Sustainable	Effective
Jan-19	10	4	20
Feb-19	10	4	20
Mar-19	10	4	20

<b>Escalation Narrative:</b>			
Current Control Measures in Place		Description of further Control Measures Required	
1) The DU review of the application of PSDs across Wales has been completed. The review confirmed the issues with PDSs and identified that the processes for transferring patient information between units is inadequate and a number of process issues. All Health Boards were asked to take forward actions to address these and provide assurance to WHSSC of the delivery of these actions. 2) TAVI waiting lists are not yet being reported, WHSSC had asked that this was completed by April 2018. 3) ABMUHB to provide an estimate of a time frame to correct the waiting list position and report the impact of this on the waiting times targets.		Action	By when
		Health Boards requested to provide separate TAVI waiting lists. WHSSC to review monthly on receipt with service providers through current performance meetings.	Planning Manager / Health Boards

CT/030	<b>Cardiac Surgery - Cardiology to Cardiac Surgery Pathway</b> <b>Risk: Safe:</b> patients are waiting longer surgery, with potential greater risk of mortality. <b>Sustainable:</b> N/A <b>Effective:</b> The current processes for transferring patients between hospitals is inadequate resulted in patients waiting longer than reported.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> <b>Date last reviewed by</b> <b>Programme/Directorate:</b> Asst. Planning Mgr. 18/03/2019
MAR 2019		

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable		Effective
After Mitigation	5	4	10	<p>— After Mitigation — Current Score</p>
Current Score	10	4	20	



Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
<p>WHSSC has developed an action plan from the findings of the DU report to address the pathway start dates issues. The action plan has been developed with specific responsibilities for Health Boards, Welsh Government, WHSSC and the Cardiac Network. Of the 13 agreed actions to be completed, 3 which relate to TAVI and these fall within the remit of WHSSC. The remaining 10 fall outside of the scope of WHSSC and are being progressed by individual Health Boards with the Heart Conditions Implementation Group. In regards to waiting list management WHSSC wrote out to Health Boards in December 2017 requesting assurance for the delivery of their specific responsibilities in ensuring that there is adequately trained staff for understanding the specifics of the Integrated Cardiac Pathway rules and their application of PAS; and that Health Boards are able to reassess and adjust where required the reported waiting times for all patients on the cardiac surgery waiting list.</p>		Action	Lead	By when
		Health Boards are required to provide assurance to WHSSC for the delivery of action point 6 and 10 and progress against these actions.	Planning Mgr.	ALL RESPONSES REC'D
		1) Health Boards to provide updates to HCIG who have oversight of the remaining actions. 2) WHSSC raised concerns with Welsh Government around the delivery of the Health Board actions. Welsh Government wrote out to Health Boards in August 2018 requesting further assurance around the delivery of the actions. 3) The Health Boards responses have been submitted confirming delivery of the actions.	Health Boards	Complete
Welsh Government have asked the DU to undertake a review of the Health Boards action plans against their responses last year to receive assurance that they have delivered against these actions particularly because there are issues around pathway start dates and late referrals.	Health Boards	July 2019		

CT/032	<b>ACHD</b> <b>Risk: Safe:</b> inequitable service provision across South Wales. <b>Sustainable:</b> there is a single handed ACHD Consultant based at UHW which results in lack of cover for leave or sickness. <b>Effective:</b> gaps in meeting NHS England CHD Standards for level 2 and level 3 centres.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 23/03/2018 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> Asst. Planning Mgr. 18/03/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	4	4	4	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>	
Current Score	16	16	16		

Month	Safe	Sustainable	Effective
Jan-19	16	16	16
Feb-19	16	16	16
Mar-19	16	16	16

Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
Phase 1 of the investment in ACHD fully implemented all staff are in post. Medical and nursing staff undertaking additional clinics to meet demand.		Action	Lead	By when
		C&VUHB are currently developing Phase 2 of the investment business case taking into consideration the gaps in meeting the NHS England Standards.	CVUHB	11/18
		The proposal for investment in Phase 2 has been developed and is being taken forward to the ICP 2019-20 prioritisation process. Funding has been approved in principle with further work required around the priority of funding of schemes agreed within the ICP.	Planning Manager	06/19

<b>CT/036</b> (formerly WC/016)  MAR 2019	<b>CYSTIC FIBROSIS</b> <b>Risk: Safe:</b> inpatient beds are under increasing pressure, with patients forced to wait extended periods at home placing them at clinical risk or alternatively being admitted to general ward beds with significant infection risks. <b>Sustainable:</b> there is a growing cohort of CF patients and it was identified by the CF Trust review of the service in UHL that inpatient capacity is insufficient to meet this demand. Funding was not approved within the 2017/18 ICP to address the issues raised. <b>Effective:</b> the current service is not in line with standards of care.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
		<b>Date first assessed 17/03/2017</b> <b>Date last reviewed by Programme/Directorate:</b> Asst. Planning Mgr. 18/03/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	3	3	3	<p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). Concentric triangles represent score levels from 0 to 20. A green triangle represents the 'After Mitigation' score, and a blue triangle represents the 'Current Score'. The 'Current Score' is significantly higher than the 'After Mitigation' score across all three categories.</p>	
Current Score	8	20	16		

The bar chart displays scores for three categories: Safe (orange), Sustainable (yellow), and Effective (pink) across three months: Jan-19, Feb-19, and Mar-19. The y-axis ranges from 0 to 25. The Sustainable category consistently has the highest scores, followed by Effective, and then Safe.

Month	Safe	Sustainable	Effective
Jan-19	8	20	16
Feb-19	8	20	16
Mar-19	8	20	16

<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>	<b>Description of further Control Measures Required</b>		
Capital business case under development by C&VUHB for additional inpatient beds. Proposal submitted to prioritisation process for WHSSC 2017/18 ICP for revenue required for additional inpatient beds as well as to develop the service to manage the growing cohort of patients.	<b>Action</b>	<b>Lead</b>	<b>By when</b>
	Capital business case submitted to WG by C&VUHB.	C&VUHB	ONGOING
	Proposal for enhancing service in order to manage growing patient cohort submitted to 2017/18 ICP prioritisation process. However funding was not approved.	Planning Mgr.	Complete
	Presented to Management Group re: risk in Sept 17 and further work was required by C&VUHB to gain support for revenue and capital business case.	Planning Mgr.	Complete
	The business case information for Phase 2 was outstanding from the Health Board for the ICP 19/20 CIAG/MG prioritisation process. There has been several meetings with senior colleagues in C&VUHB to progress this and it has been agreed that this information would be submitted to WHSSC by 28th November for further consideration of in year funding. A paper was submitted to MG in January 2019 with further information has been requested particularly because of the limited amount of ICP funding available.	CVUHB & Planning Mgr.	ONGOING

CT/037 (formerly CT/023)	<b>CARDIAC SURGERY C&amp;VUHB</b>	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
	<b>Risk:</b> Commissioning sufficient capacity for cardiac surgery to be delivered within waiting time standards and providers delivering this level of activity.	<b>Date first assessed</b> 09/07/2018
MAR 2019	<b>Safe:</b> patients are waiting longer for surgery, with potential greater risk of mortality. <b>Sustainable:</b> insufficient capacity for cardiac surgery to be delivered within waiting time standards. <b>Effective:</b> failure to meet Welsh Government RTT targets for cardiac surgery.	<b>Date last reviewed by</b> <b>Programme/Directorate:</b> C&B Commissioning 18/03/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	5	2	2	<p>The diagram is a triangular radar chart with three vertices labeled 'Safe', 'Sustainable', and 'Effective'. The y-axis represents the score, ranging from 0 to 20 in increments of 5. Two data series are plotted: 'After Mitigation' (green line) and 'Current Score' (blue line). The 'After Mitigation' scores are 5 for Safe, 2 for Sustainable, and 2 for Effective. The 'Current Score' scores are 10 for Safe, 9 for Sustainable, and 20 for Effective.</p>
Current Score	10	9	20	

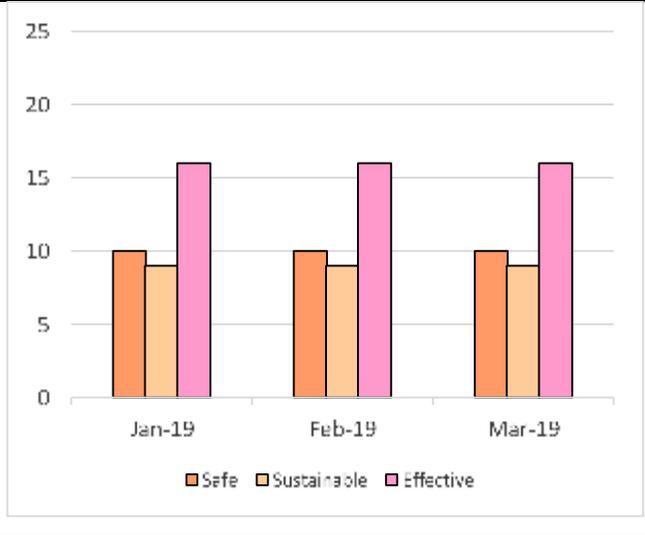
Month	Safe	Sustainable	Effective
Jan-19	10	9	20
Feb-19	10	9	20
Mar-19	10	9	20

**Escalation Narrative:** The service has been escalated to Stage 3 and a performance quality visit has been scheduled for the 19th February.

Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
Regular monitoring of data and monthly meetings with C&VUHB.	Implementation of performance management arrangements, with providers to ensure delivery of contracted levels of operating.	Planning Manager	On-going
	Implement findings of DU review of PSDs when complete.	Planning Manager	08/17
	Ensure that diagnostics are no excluded as part of Cardiac pathways.	C&VUHB	Complete
	A WHSSC Commissioning Quality Visit is scheduled for the 19th February.	WHSSCV / CVUHB	FEB 2019

CT/038 (formerly CT/023)	<b>CARDIAC SURGERY ABMUHB</b>	<b>Executive lead:</b> Director of Planning
	<b>Risk:</b> Commissioning sufficient capacity for cardiac surgery to be delivered within waiting time standards and providers delivering this level of activity.	<b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019	<b>Safe:</b> patients are waiting longer surgery, with potential greater risk of mortality.	<b>Date first assessed 09/07/2018</b>
	<b>Sustainable:</b> insufficient capacity for cardiac surgery to be delivered within waiting time standards. <b>Effective:</b> failure to meet Welsh Government RTT targets for cardiac surgery.	<b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 18/03/2019

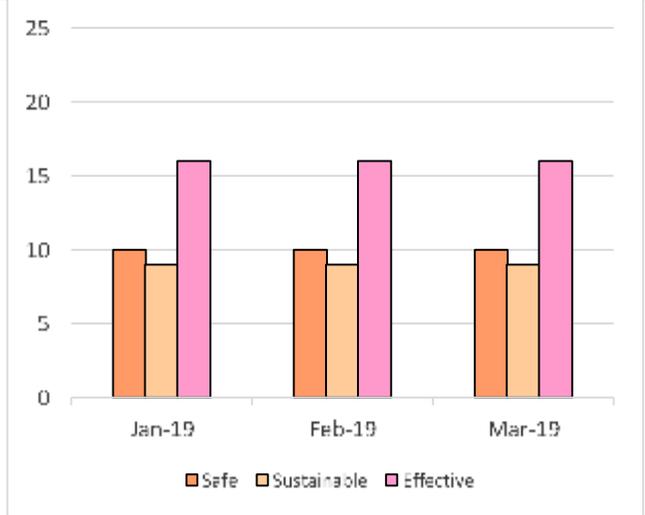
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	5	2	2	<p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). The y-axis represents the 'Safe' score, ranging from 0 to 20. The x-axis represents the 'Effective' score, ranging from 0 to 20. The 'Sustainable' score is represented by the width of the triangle. Two triangles are shown: a green one for 'After Mitigation' and a blue one for 'Current Score'. The 'After Mitigation' triangle has a height of 5, a width of 2, and a depth of 2. The 'Current Score' triangle has a height of 10, a width of 9, and a depth of 16.</p>
Current Score	10	9	16	



<b>Escalation Narrative:</b> Service in escalation level 2.			
Current Control Measures in Place		Description of further Control Measures Required	
Regular monitoring of data and bi-monthly meetings with ABMUHB.	Action	Lead	By when
	Implementation of performance management arrangements, with providers to ensure delivery of contracted levels of operating.	Planning Manager	On-going
	Implement findings of DU review of PSDs when complete.	Planning Manager	01/08/17
	Ensure that diagnostics are no excluded as part of Cardiac pathways.	ABMUHB	Complete

CT/039 (formerly CT/023)	<b>CARDIAC SURGERY LHCH/BCUHB</b>	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
	<b>Risk:</b> Commissioning sufficient capacity for cardiac surgery to be delivered within waiting time standards and providers delivering this level of activity.	
MAR 2019	<b>Safe:</b> patients are waiting longer surgery, with potential greater risk of mortality.	<b>Date first assessed 09/07/2018</b>
	<b>Sustainable:</b> insufficient capacity for cardiac surgery to be delivered within waiting time standards. <b>Effective:</b> failure to meet Welsh Government RTT targets for cardiac surgery.	<b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 18/03/2019

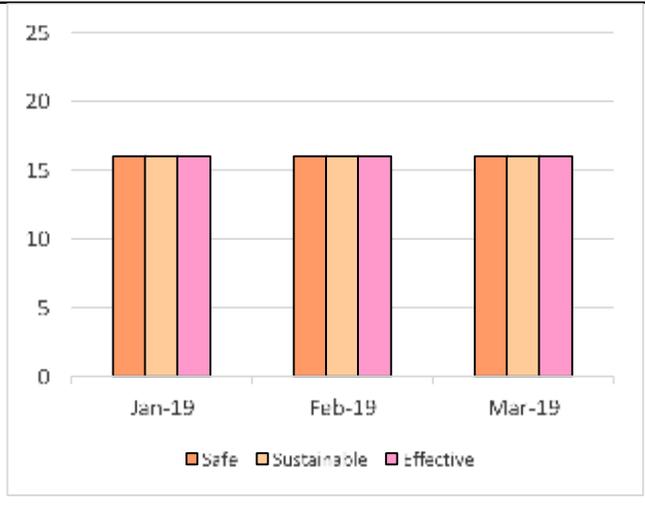
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	5	2	2	<p>The diagram is a triangular radar chart with three vertices labeled 'Safe' (top), 'Effective' (bottom-left), and 'Sustainable' (bottom-right). The y-axis represents the score, ranging from 0 to 20 in increments of 5. Two data series are plotted: 'After Mitigation' (green line) and 'Current Score' (blue line). The 'After Mitigation' scores are 5 for Safe, 2 for Sustainable, and 2 for Effective. The 'Current Score' scores are 10 for Safe, 9 for Sustainable, and 16 for Effective.</p>
Current Score	10	9	16	



<b>Escalation Narrative:</b> Service in escalation level 2.			
Current Control Measures in Place		Description of further Control Measures Required	
Regular monitoring of data and bi-monthly meetings with LHCH and BCUHB.	Action	Lead	By when
	Implementation of performance management arrangements, with providers to ensure delivery of contracted levels of operating.	Planning Manager	On-going
	Implement findings of DU review of PSDs when complete.	Planning Manager	08/17
	Ensure that diagnostics are no excluded as part of Cardiac pathways.	LHCH/BCU HB	Complete

CT/040	<b>PAEDIATRIC CHRONIC HEART DISEASE (CHD)</b> <b>Risk:</b> Delivery and sustainability of Paediatric CHD service South Wales. <b>Safe:</b> inequitable service provision across South Wales. <b>Sustainable:</b> insufficient input from Specialist CHD Cardiologist to outreach clinics. Particularly, in Hwyl Dda University Health Board. <b>Effective:</b> gaps in meeting NHS England CHD Standards for level 2 and level 3 centres.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 13/07/2018 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> C&B Commissioning 18/03/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable		Effective
After Mitigation	4	4	4	<p>Safe 20 15 10 5 0 Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	16	16	16	



<b>Escalation Narrative:</b>			
Current Control Measures in Place		Description of further Control Measures Required	
Paediatric CHD risk highlighted as part of the business case submitted by C&VUHB in 2016. Funding was provided for C&VUHB Paediatric Cardiology to address RTT further business case awaited to address the regional service.	Action	Lead	By when
	C&VUHB Consultants are undertaking additional clinics to support and manage the risk from long waiting times.	C&VUHB	On-going
	C&VUHB to submit a business case for inclusion in this year's ICP planning cycle.	C&VUHB	08/19

MH/108	<b>CAMHS</b> <b>Risk:</b> Reduction in inpatient capacity and associated increase in out of area placements. Limited current ability to manage funded capacity & case mix following a series of serious incidents and a sentinel event at the unit.	<b>Director lead:</b> Director of Planning
		<b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 10/11/2017
		<b>Date last reviewed by</b> 31/03/2019 <b>Programme/Directorate:</b> Carl SHORTLAND

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	15	15	15		
Current Score	20	20	20		

**Escalation Narrative:** WHSSC/Cwm Taf are holding regular action planning meetings and overall action plan has been produced by LHB. Review of estate environment underway and report awaited from Cwm Taf estates department. All admissions to unit continue to be risk assessed on individual needs basis. individual pa

Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
Unit was temporarily closed to new admissions pending quality review by Quality Assurance & Improvement Team. Individual risk assessments updated and shared with patients LHBs. Service placed into stage 4 escalation by WHSSC with enhanced monitoring and support arrangements. Service de-escalated to level 3 following receipt of QAIT report with all issues incorporated into wider summary action plan.	Stage 3 Escalation. Commissioning Quality Visit completed & regular action planning meetings being held.	CTUHB DPCMH/WHSSC DoN	Ongoing
	Audit Visit & Report	QAIT	w/c 26/03/2018
	Stage 4 Escalation	WHSSC DoN	De-escalated following eval of QAIT review & f/back w/ Cwm Taf at Visit on 05/04
	National capital funding requested to address environment issues in audit report to enable unit to operate in line with specification/contract	ABMU/CT/WG	30/09/2018
	Delays in capital works due to HB issues including boundary changes have been escalated to CTUHB DPCMH. Meeting to review contract/specification agreed for late December.	WHSSC/DoN	31/12/2018
	Further meeting arranged for February but capital issue unlikely to be resolved before transfer of Bridgend services to Cwm Taf UHB in April	WHSSC/DoN	28/02/2019
	Review group established and held 2 meetings to date to consider best use of estate and develop service spec for enhanced care service	Cwm Taf/WHSSC	30/06/2019

NC/001	<b>SPINAL REHABILITATION</b> <b>Risk:</b> There are significant risks related to delivering a sustainable service that can achieve British Society of Rehabilitation Medicine (BSRM) standards for specialised rehabilitation. Whilst the service is unable to meet staffing levels to the recommended minimum standards across a number of disciplines, the main concern is the single handed Spinal Rehabilitation Consultant. During periods of leave the Unit has to restrict the type of patient that can be admitted - this impacts on patient flow across the whole Neurosciences pathway.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/05/2014 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> Sp. Planning Mgr. 31/01/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	12	16	16		
Current Score	16	16	16		

Month	Safe	Sustainable	Effective
Jan-19	16	16	16
Feb-19	16	16	16
Mar-19	16	16	16

Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
		Action	Lead	By when
A proposal to address the immediate staffing concerns was submitted for inclusion in the 2017-20 ICP. Similarly to the majority of proposals submitted, funding was not allocated to this proposal and the risk remains.		Funding agreed within 2018-21 ICP. Business case going to Management Group in June. Proposal supported and agreed with a few caveats to work through the service on outcome measures when the Consultant is in post. The investment letter to be sent to the C&V Provider in July 2018 - completed.	Planning Manager	31/07/18
		The post is out to advert. Interviews to be held November 2018. Consultant appointed to commence in February / March 2019. The Admin and Med Sec post interviews are to be held mid Dec. 18.	Planning Manager	31/03/2019

NC/010	<b>NEURO REHABILITATION</b> <b>Risk:</b> Patients not receiving their full potential due to lack of appropriate staff to support their rehabilitation.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
		<b>Date first assessed</b> 25/04/2017 <b>Date last reviewed by Programme/Directorate:</b> Sp. Planning Mgr. 31/01/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	4	9	4	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	15	16	16	

Month	Safe	Sustainable	Effective
Jan-19	15	16	16
Feb-19	15	16	16
Mar-19	15	16	16

Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
		Action	Lead	By when
A proposal to address the immediate staffing concerns was submitted for inclusion in the 2017-20 Integrated Commissioning Plan. Similarly to the majority of proposals submitted, funding was not allocated to this proposal and the risk remains. The service has been asked to provide regular updates on any delayed repatriations. Also amendments to the Specialised Rehabilitation policy will work towards improving patient flow.		Scheme submitted for Integrated Commissioning Plan but not agreed for funding in 2018-21. Resubmit for 2019-22.	Planning Manager	09/18
		Proforma to be completed by Mid Oct 18. Rated 15th in prioritisation process. To be included in the ICP 19-22	Planning Manager	31/12/18
		£150k agreed funding ICP 19-22 to fund outreach service and coordinator.	Planning Manager	30/06/2019

NC/012	<b>NEUROSURGERY RTT</b> <b>Risk:</b> Patients waiting in excess of the agreed waiting times for Neurosurgery.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 25/04/2017 <b>Date last reviewed by Programme/Directorate:</b> Sp. Planning Mgr. 31/01/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable		
After Mitigation	9	9	9	
Current Score	10	15	20	

**Escalation Narrative:** In escalation level 2 as continue to have breaches over 52 weeks although these are reducing. Commissioning visit planned following feedback on visit process from Paediatric Surgery.

Current Control Measures in Place	Description of further Control Measures Required		
Clinical reviews are being undertaken by the Clinical Director for Neurosciences of all patients who are waiting over 52 weeks for surgery. To date, whilst a few patients have required a repeat of radiological scans, no harm has been identified as coming to the patients due to the long waits. An internal review of Neurosurgery has recently taken place which by looking at a number of performance indicators such as LOS, change in volume of waiting list, changes to demand, tried to determine reasons for high number of long waiters. This review supported the Directorate's belief that the number of emergencies was increasing and that at any one time five beds were occupied by patients awaiting repatriation or transfer. With no additional bed or theatre capacity, both the emergencies and delayed transfers have a direct impact on the number of electives that can be treated.	Action	Lead	By when
	Monthly performance meetings. RTT is decreasing. Latest reported position - June 18 = 22 > 36 weeks of which 0>52 weeks.	Planning manager	Ongoing
	Proforma to be completed by Mid Oct 18. Rated 14th in prioritisation process will be included in the ICP 19-22. Needs to be a further review of the schemes costs.	Planning Manager	31/12/2018
	November Waiting list position - 6 pts >36weeks and 0>52 weeks. The position has remained unchanged from the previous month. Issue with Intraoperative monitoring. Improvements from mid-January 19.	Planning Manager	31/01/2019

NC/014	<b>INTERVENTIONAL RADIOLOGY</b> <b>Risk:</b> Interventional Radiology - Ability of Cardiff & Vale University Health Board to deliver the Interventional Radiology service at University Hospital Wales. A member of the clinical team has resigned. This will increase the pressure on the interventional radiology service, and will also have an impact on other services, and WHSSC will be undertaking work to quantify this impact.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/03/2017 <b>Date last reviewed by Programme/Directorate:</b> Sp. Planning Mgr. 31/01/2019

Risk Rating			WHSSC Risk Assessment Triangle	
Safe	Sustainable	Effective		
After Mitigation	2	2	2	
Current Score	20	20	20	

Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
		Action	Lead	By when
1) WHSSC Executives have met to discuss next steps. 2) Scoping document to be developed to include the development of a service specification and an overall strategy. 3) Meeting with service leads to be held to understand full impact on services.		Informal arrangements in place with North Bristol to provide support	Planning manager	Ongoing
		Further sessions have been identified for Dec and Jan 18. Aiming to have no one waiting over 6 weeks for DSAs. Advert out for a 3rd Consultant Radiologist.	Planning Manager	Ongoing
		Interviews arranged for W/C 28/01/19 - 1 applicant.	Planning Manager	31/03/2019

NC/022	<b>PAEDIATRIC NEUROSURGERY</b> <b>Risk:</b> NHS England are due to publish the outcomes of their commissioning through evaluation for Selective Dorsal Rhizotomy (SDR) in Spring 2018. There is the potential for a change in policy in light of the reported outcomes that could mean SDR becomes a commissioned service. Currently we do not commission SDR due to lack of evidence as to its effectiveness. The procedure and intense physiotherapy which is required following the surgery costs approximately £25k per patient.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 03/03/2015 <b>Date last reviewed by Programme/Directorate:</b> Sp. Planning Mgr. 31/01/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	1	1	1	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>	
Current Score	16	12	12		

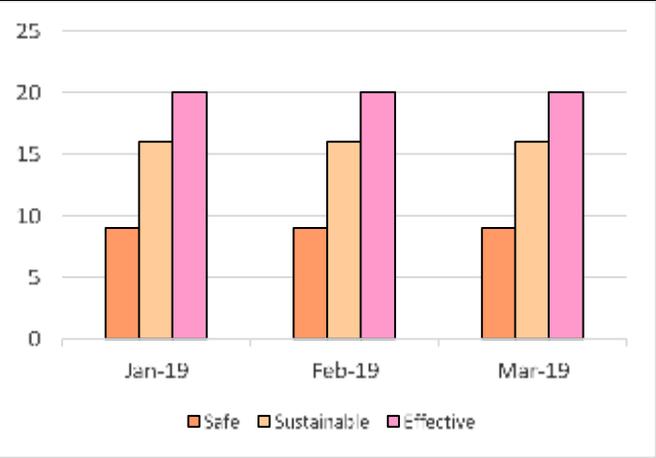
Month	Safe	Sustainable	Effective
Jan-19	16	12	12
Feb-19	16	12	12
Mar-19	16	12	12

**Escalation Narrative:** Increasing the risk due to NHS England funding the service July 2018.

Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
Continued monitoring of NHS England publication and announcements. Until the Commissioning through Evaluation report is published our current policy not to commission SDR remains.	Do not commission until results of NHS England Commissioning through Evaluation publish their results in Autumn 2018. 13/7/18 NHS England have agreed funding for this service. To include on ICP 19-22.	Planning Manager	31/10/18
	This service was not successful at the prioritisation process. It was agreed that it would be reviewed next year once the full report on the service has been released.	Planning Manager	31/03/2019

NC/023	<b>NEURO-ONCOLOGY</b> <b>Risk:</b> Delays in Neuro-oncology treatment due to the cancellation of MDT meetings if not all members are available or suitable cover in place. Inequitable care for patients in the North and the South and only 22% of patients are seen by a Clinical Nurse Specialist.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
		<b>Date first assessed</b> 05/04/2017 <b>Date last reviewed by Programme/Directorate:</b> Sp. Planning Mgr. 31/01/2019

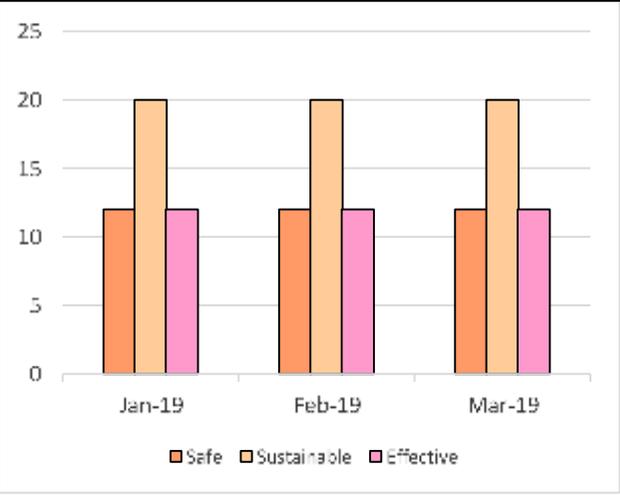
Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	2	2	2	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>	
Current Score	9	16	20		



<b>Escalation Narrative:</b>				
Current Control Measures in Place		Description of further Control Measures Required		
<p>Currently members of the service are carrying out preparation for the MDT outside of their job plan through goodwill. Regular monitoring of cancer waiting times are reported and the Tertiary Centre in Cardiff is undertaking patient surveys so that more qualitative information is available. A proposal to address the staffing shortfalls was submitted for inclusion in the 2017-20 ICP. Similarly to the majority of proposals submitted, funding was not allocated to this proposal and the risk remains.</p>		Action	Lead	By when
		Scheme submitted for ICP but not agreed for funding in 2018-21. Discussed at management group workshop 6/9/18. To be considered as part of the ICP 19-22 planning process.	Planning Manager	31/10/18
		Proforma to be completed by Mid Oct 18. Rated 11th in the Prioritisation process. To be included in the ICP 19-22.	Planning Manager	31/10/2018
		Funding of £150k has been set aside for the development of this scheme. A planned approach to delivering the scheme will be developed.		31/03/2019

NC/026	<b>Posture &amp; Mobility - Prosthetics</b> <b>Risk:</b> Current arrangements are not conducive to ensuring a consistent and equitable service for the War Veterans and Civilians who require access to the BCU Prosthetics Service. Staffing levels and non-pay funding have not been increased to meet the expected KPIs for War Veterans which is having a detrimental effect on the general population who access the service.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 03/07/2017 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> Sp. Service Planner 31/01/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	4	4	6	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>	
Current Score	12	20	12		



<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
Service are working increased overtime hours to meet the current levels of demand and as a consequence are significantly overspending against the budget. WHSSC are meeting regular with the prosthetic service to be kept up to date of any new and emerging issues as well as current performance. A proposal to address the staffing and non-pay shortfalls was submitted for inclusion in the 2017-20 Integrated Commissioning Plan. Similarly to the majority of proposals submitted, funding was not allocated to this proposal and the risk remains.		<b>Action</b>	
		Scheme submitted for ICP but not agreed for funding in 2018-21. Discussed at management group workshop 6/9/18. To be considered as part of the ICP 19-22 planning process. Policies need to be updated. Rated 6th in the prioritisation	

NC/028	<b>ALAS ALTERNATIVE AUGMENTATIVE COMMUNICATION</b> <b>Risk:</b> If no further funding is made available for equipment then patients will be assessed but will not be able to receive the equipment recommended to them. As patients' needs change over time this also reduces the effective use of staff time.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/09/2017 <b>Date last reviewed by</b> 31/01/2019 <b>Programme/Directorate:</b> AAC

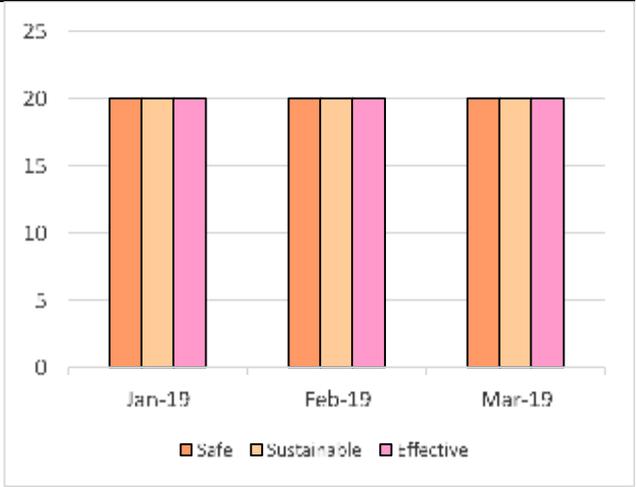
Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	4	4	4	<p>Legend: — After Mitigation — Current Score</p>	
Current Score	20	20	20		

Month	Safe	Sustainable	Effective
Jan-19	20	20	20
Feb-19	20	20	20
Mar-19	20	20	20

Escalation Narrative:			
Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
Issue has been flagged with Welsh Government and a proposal was submitted for inclusion in the 2017-20 Integrated Commissioning Plan. This was not supported by Management Group who felt that this was not an issue for WHSSC. Further reflecting the high scores within the Integrated Commissioning Plan Risk Management Framework was presented to the Joint Committee in September 2017 who agreed that it was an issue that needed to be flagged to Welsh Government to resolve.	Additional funding received from Welsh Government in 2018/19 which address non pay issues in the short term. Stakeholder workshops led by Welsh Government 21/06/2018 and July 18. Meeting with Welsh Government between WHSSC and the service leads. Meeting with WG and WHSSC planned for 6/8/18.	Planning Manager	01/08/18
	Further discussions with WG Aug/Sept. 2018. Oversight Board met on 19/9/18. ICP 19-22 proforma needs to be updated. ICP 19-22 proforma submitted mid Oct 18.	Planning Manager	30/11/2018
	Rated 3rd in the prioritisation process. To be included in the ICP 109-22	Planning Manager	31/03/2019

NC/029	<b>Neurosurgery Spinal Monitoring</b> <b>Risk:</b> The Development of the Complex Spinal Surgery pathway policy and service specification highlighted the shortfall in spinal cord monitoring. There is currently only 1 member of staff who is trained to undertake this role. However, the member of staff is employed by the Theatre Directorate and this function is not an integral part of his daily work. In other centres in England, Monitoring technicians are employed as part of the Neurophysiology team. This practice in Wales is out of line with national clinical guidance and in England spinal surgery (excluding lumbar surgery) would be cancelled if there wasn't spinal cord monitoring.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 07/11/2017 <b>Date last reviewed by Programme/Directorate:</b> AAC 31/01/2019

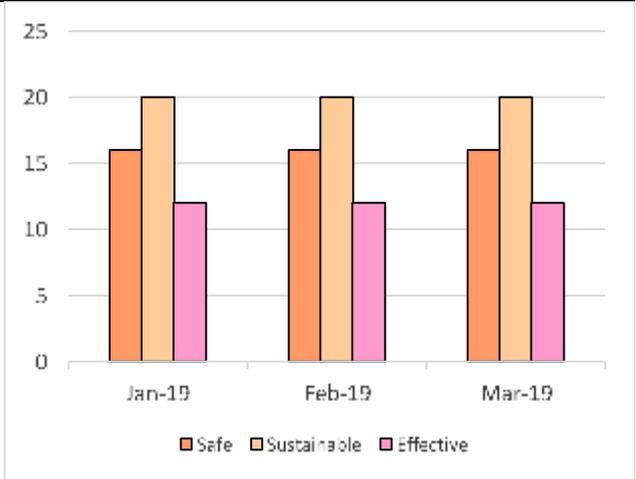
Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	3	2	1	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>	
Current Score	20	20	20		



<b>Escalation Narrative:</b>			
Current Control Measures in Place		Description of further Control Measures Required	
Spinal cord monitoring is not routinely undertaken on spinal cord procedures.	Action	Lead	By when
	Scheme will need to be submitted for the 2019-22 Integrated Commissioning Plan.	Planning Manager	31/10/2018

NC/031	<b>Ketogenic Diet</b> <b>Risk:</b> The service was originally provided by North Bristol NHS Trust (NBT) but ceased when Paediatric Services in Bristol were consolidated into University Hospitals Bristol NHS Trust. Individual cases are currently funded through the IPFR system Current practices rely on the availability and capacity of specialists in Bristol and figures suggest that capacity is already limited by staffing. UHB have advised that they do not have the capacity to accept Welsh Paediatric Neurology patients for all but very specialist cases. At present, only telephone consultations with the dietician are available.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 15/01/2018 <b>Date last reviewed by Programme/Directorate:</b> Neuro 31/01/2019

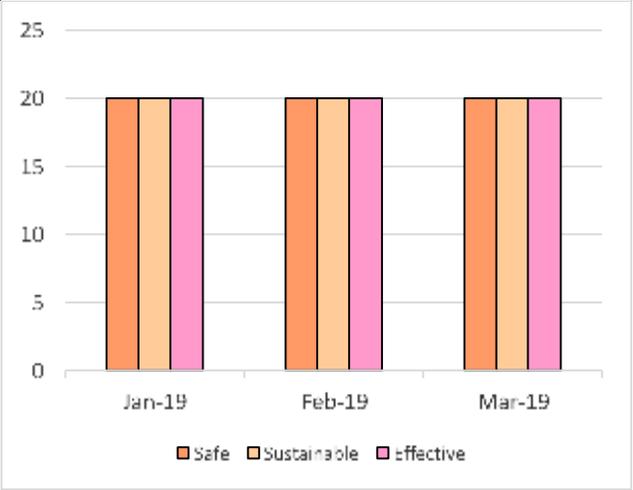
Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	2	2	1	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>	
Current Score	16	20	12		



<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
A paper has been submitted to Management Group and will be included in the ICP 19-22.		<b>Action</b>	
		Scheme to be submitted for ICP 19-22.	
		Lead	By when
		Planning Manager	31/10/2018
		Proforma to be completed by Mid Oct 18. Rated 17th in the Prioritisation process. To be included in the ICP 19-22.	
		Planning Manager	31/03/2019

NC/032	<b>Thrombectomy 1</b> <b>Risk:</b> Neuroradiology - Service Development - Lack of Neuro-interventional Consultants and the ongoing recruitment difficulties at the Cardiff centre to provide a robust 24/7 service.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/04/2018 <b>Date last reviewed by Programme/Directorate:</b> Neuro 31/01/2019

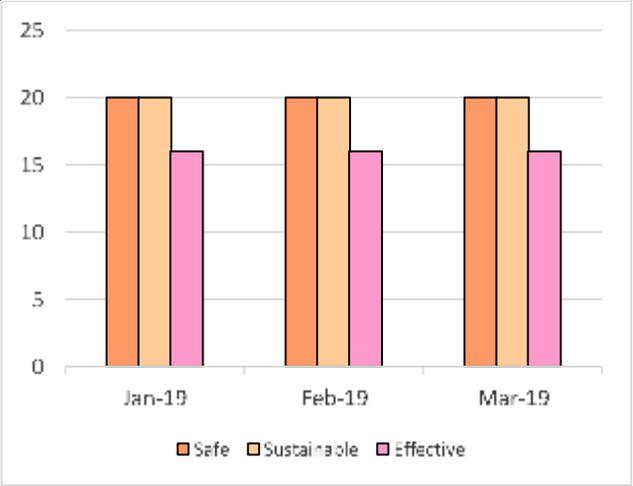
Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	2	2	1	<p>           Safe            20            15            10            5            0            Effective Sustainable            — After Mitigation — Current Score         </p>	
Current Score	20	20	20		



<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
Possible arrangements with the Bristol centre to provide out of hours cover. It is highly likely that a premium cost will be charged for this service.	<b>Action</b>	<b>Lead</b>	<b>By when</b>
	Project Initiation Document and Service Specification completed and will be submitted to the weekly Corporate Directors meeting for discussion (Oct 18)	Planning Manager	On-going
	Proforma to be completed by Mid Oct 18. Was not prioritised in the Prioritisation process as WG/ JC had already agreed to support this service with a separate funding stream.	Planning Manager	31/03/2019

NC/033	<b>Thrombectomy 2</b> <b>Risk:</b> Neuroradiology - Service Development - Bed Capacity at the Cardiff centre particularly with the development of the Major Trauma Centre	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/04/2018 <b>Date last reviewed by Programme/Directorate:</b> Neuro 31/01/2019

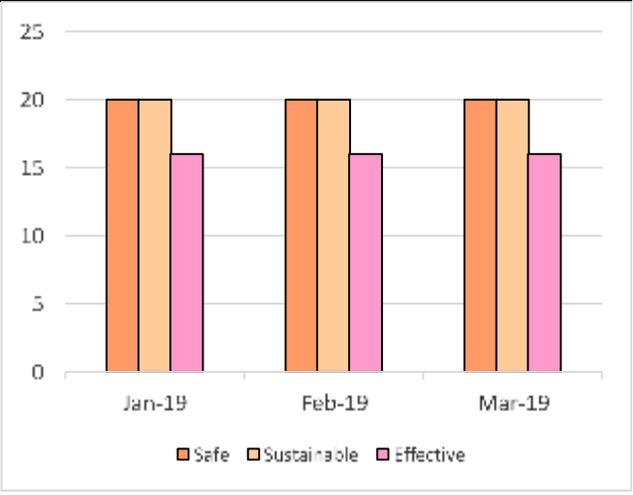
Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	2	2	1	<p>The diagram is a triangle with vertices labeled 'Safe', 'Sustainable', and 'Effective'. The y-axis (Safe) ranges from 0 to 20. The x-axis (Effective) ranges from 0 to 20. The z-axis (Sustainable) ranges from 0 to 20. A green triangle represents the 'After Mitigation' state, and a blue triangle represents the 'Current Score' state. The 'Current Score' triangle is significantly larger than the 'After Mitigation' triangle, indicating a higher risk level.</p>	
Current Score	20	20	16		



Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
		Action	Lead	By when
Business Case has been submitted by the service for the ICP 19-22. This investment supports the sustainability of the service to deliver the WG RTT targets.		Project Initiation Document and Service Specification completed and will be submitted to the weekly Corporate Directors meeting for discussion (Oct 18)	Planning Manager	On-going
		Proforma to be completed by Mid Oct 18. Was not prioritised in the Prioritisation process as WG/ JC had already agreed to support this service with a separate funding stream.	Planning Manager	31/03/2019

NC/034	<b>Thrombectomy 3</b> <b>Risk:</b> Neuroradiology - Service Development - Rapid access to appropriate imaging (Non contrast CT scan and CT Angiogram as a minimum)	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/04/2018 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> Neuro 31/01/2019

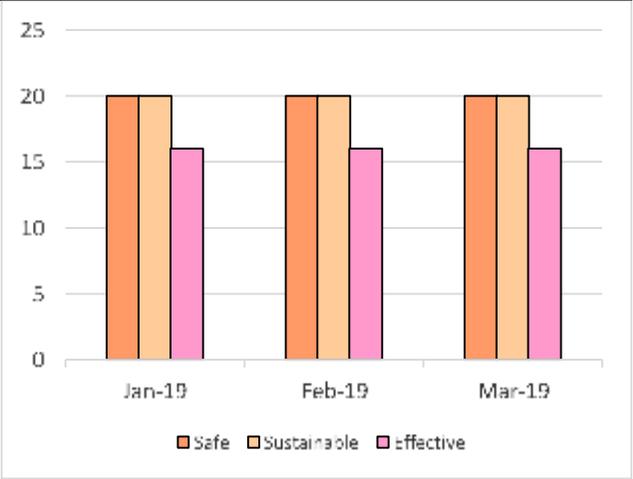
Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	2	2	1	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>	
Current Score	20	20	16		



Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
		Action	Lead	By when
Discuss and agree an operational process with the Radiology teams in all centres with a view to possible investment and include this in the ICP 19-22.		Project Initiation Document and Service Specification completed and will be submitted to the weekly Corporate Directors meeting for discussion (Oct 18)	Planning Manager	On-going
		Proforma to be completed by Mid Oct 18. Was not prioritised in the Prioritisation process as WG/ JC had already agreed to support this service with a separate funding stream.	Planning Manager	30/03/2019

NC/035	<b>Thrombectomy 4</b> <b>Risk:</b> Neuroradiology - Service Development - Safe and rapid transport to the specialist centre for patients who have been identified for this clinical treatment.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/04/2018 <b>Date last reviewed by Programme/Directorate:</b> Neuro 31/01/2019

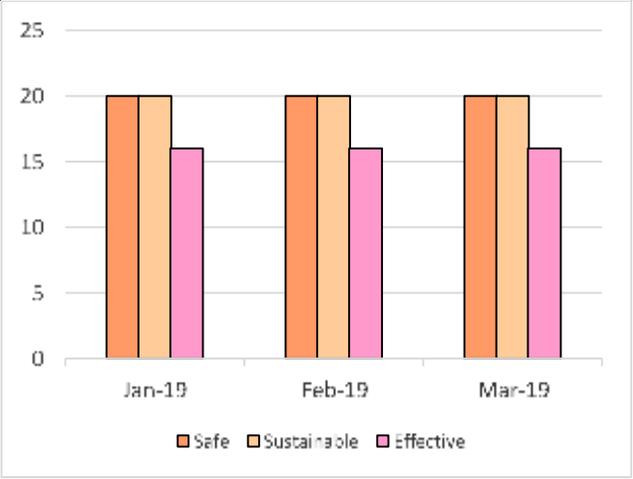
Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	2	2	1	<p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). Concentric triangles represent score levels from 0 to 20. A green triangle represents 'After Mitigation' with scores of 2, 2, and 1. A blue triangle represents 'Current Score' with scores of 20, 20, and 16.</p>	
Current Score	20	20	16		



Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
		Action	Lead	By when
Discuss and agree an operational process with WAST to meet the demand.		Project Initiation Document and Service Specification completed and will be submitted to the weekly Corporate Directors meeting for discussion (Oct 18)	Planning Manager	On-going
		Proforma to be completed by Mid Oct 18. Was not prioritised in the Prioritisation process as WG/ JC had already agreed to support this service with a separate funding stream.	Planning Manager	31/03/2019

NC/036	<b>Thrombectomy 5</b> <b>Risk:</b> Neuroradiology - Service Development - Post operative care	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 01/04/2018 <b>Date last reviewed by Programme/Directorate:</b> Neuro 31/01/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	2	2	1	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	20	20	16	



Escalation Narrative:			
Current Control Measures in Place		Description of further Control Measures Required	
		Action	Lead
Business Case has been submitted by the service for the ICP 19-22. This investment supports the sustainability of the service to deliver the WG RTT targets.		Project Initiation Document and Service Specification completed and will be submitted to the weekly Corporate Directors meeting for discussion (Oct 18)	Planning Manager
		Proforma to be completed by Mid Oct 18. Was not prioritised in the Prioritisation process as WG/ JC had already agreed to support this service with a separate funding stream.	Planning Manager
			By when On-going 31/03/2019

NC/039	<b>Neurosurgery</b> <b>Risk:</b> Development of SDR surgery. Inequity for Welsh patients as they do not have access to surgery as English children.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 05/10/2018 <b>Date last reviewed by Programme/Directorate:</b> Neuro 31/01/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	3	2	2	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	16	16	16	

Month	Safe	Sustainable	Effective
Jan-19	16	16	16
Feb-19	16	16	16
Mar-19	16	16	16

Escalation Narrative:			
Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
Funding release proforma to be taken to Management Group this month recommending it to be included in the ICP 19 -22	Scheme will need to be submitted for the 2019-22 ICP.	Planning Manager	On-going
	Submitted for prioritisation Oct 2018.	Planning Manager	31/10/2018

NC/040	<b>Neurosurgery - Paediatrics</b> <b>Risk: Effective</b> - Waiting times for Paediatrics to receive a MRI is outside of the standard. An inequitable service between North and South Wales. The Provider risk for this service is high, as currently there is staff funding for three days of 7.5 hours of scanning. There is significant pressure on scanning time during the week and other work would need to be displaced to accommodate the sedated patients. Further risks to the service for consideration is the shortfall of trained radiographers until at least 2019 and displacing work from current lists from the Children's hospital scanner to a Sunday may not be possible at the moment due to the nature of the work and isolation of the MRI vans to provide emergency cover.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 12/10/2018 <b>Date last reviewed by Programme/Directorate:</b> Neuro 31/01/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	2	2	2		
Current Score	16	16	16		

Month	Safe	Sustainable	Effective
Jan-19	16	16	16
Feb-19	16	16	16
Mar-19	16	16	16

**Escalation Narrative:**

Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
A meeting was held with the Consultant to discuss the Paediatric MRI service and the long waiting times. The service would like to offer a sedation service for patients requiring a MRI. This cannot be provided currently due to insufficient anaesthetic and radiology sessions. The service are only able to deliver 2 GA sessions per week. In addition to the GA sessions currently provided, a sedation service offering 3 sessions per week which would be able to treat 14 patients would be of benefit and offer more flexibility to deliver an MRI service.	A scheme will be submitted for the ICP 2019-22 planning process	Planning Manager	On-going
	Proforma to be completed by Mid Oct 18. Rated 13th in the prioritisation process. To be included in the ICP 19-22.	Planning Manager	31/03/2019

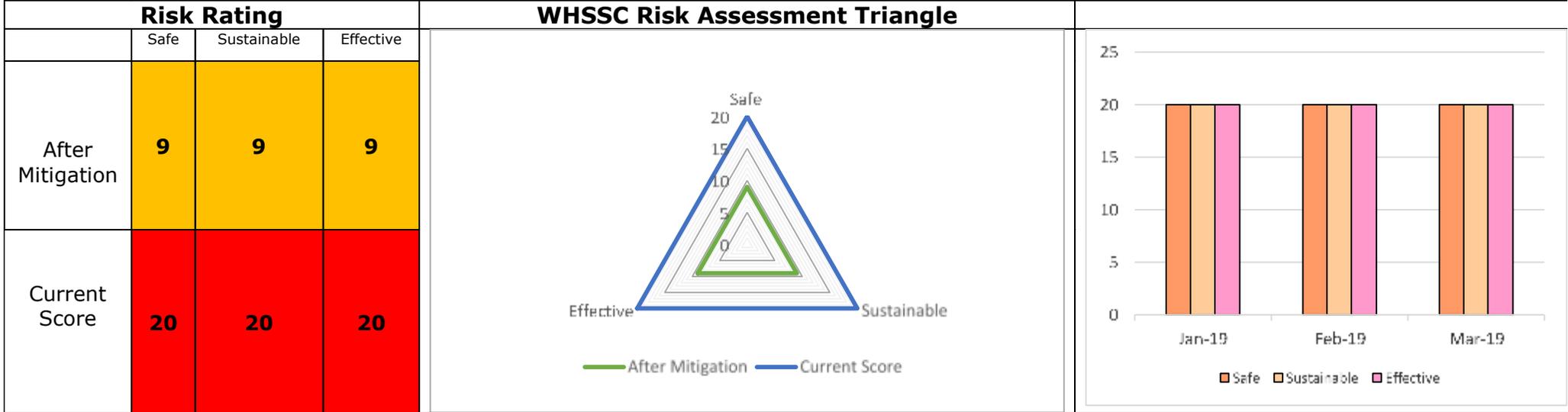
NC/041	<b>Posture and Mobility Service - Discontinued Wheelchairs - North Wales Service</b> <b>Risk:</b> Safe: Due to the long waits and the requirement to build the wheelchair to meet the specific needs of the patient; this could impact on the patients' safety, as the interim wheelchair may not be able to meet all these needs. Sustainable: When wheelchairs break down, patients will have to be managed on an unplanned basis and will experience long waits for replacement wheelchairs as they will require complete new chairs rather than repairs due to lack of parts available for existing wheelchairs. Such waits could be detrimental to a patient's health as chairs are specifically built around their physical needs such as cushioned to improve their posture for respiratory difficulties and prevent pressure sores. Effective: Lack of wheelchair would also render patients housebound, reducing their independence. This will have a huge effect on a patient's mental health and could increase the number of primary care contacts that they have.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 24/04/2017 <b>Date last reviewed by Programme/Directorate:</b> Neuro 31/01/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	4	6	4	<p>           Safe            20            15            10            5            0            Effective Sustainable            — After Mitigation — Current Score         </p>
Current Score	9	15	9	

Month	Safe	Sustainable	Effective
Jan-19	9	15	9
Feb-19	9	15	9
Mar-19	9	15	9

Escalation Narrative:			
Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
Proposal to replace the discontinued chairs as part of a three year replacement programme will be submitted as part of the ICP 2019/22 Planning Process. There are currently 343 wheelchairs out of the stock of 1400 that are affected.	A scheme will be submitted for the ICP 2019-22 planning process	Planning Manager	On-going
	Proforma to be completed by Mid Oct 18. Rated 4th in the prioritisation process. To be included in the ICP 19-22 Plan.	Planning Manager	31/03/2019

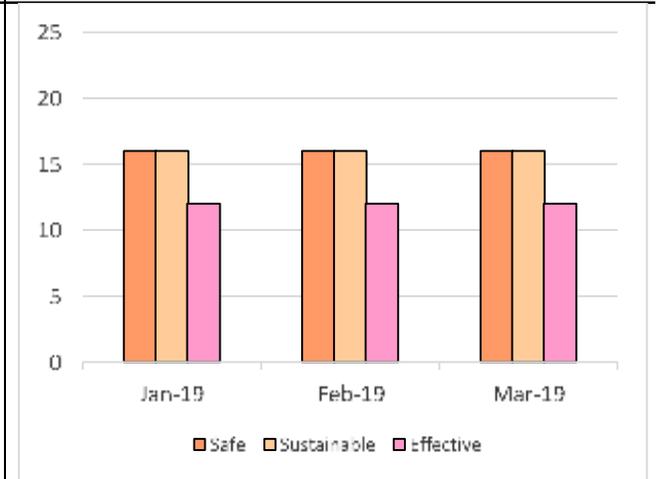
NC/042	<b>Major Trauma</b> <b>Risk:</b> Revenue requirement to support the implementation of major trauma network for the South Wales population. Safe: To provide a more robust approach to the management of severely injured patients with life threatening conditions in the south Wales region. Sustainable: To support the delivery of a sustainable service. Effective: To address inequity of the service in South and West Wales and South Powys in line with the NHS England Quality Indicators for Major Trauma.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MARCH 2019		<b>Date first assessed</b> 18/10/2018 <b>Date last reviewed by Programme/Directorate:</b> Neuro 31/01/2018



Escalation Narrative:			
Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
	Revenue requirement to support the implementation of major trauma network for the South Wales population. Safe: To provide a more robust approach to the management of severely injured patients with life threatening conditions in the South Wales region. Sustainable: To support the delivery of a sustainable service. Effective: To address inequity of the service in South and West Wales and South Powys in line with the NHS England Quality Indicators for Major Trauma.	Scheme will need to be submitted for the 2019-22 ICP.	Acting Director of Planning
Proforma to be completed by Mid Oct 18. Was not prioritised in the Prioritisation process as WG/ JC had already agreed to support this service with a separate funding stream.		Planning Manager	On-going

WC/008	<b>FETAL MEDICINE</b> <b>Risk:</b> Currently Fetal medicine services for patients in South Wales, with the exception of ABU patients, are treated at the University Hospital of Wales. There are currently a number of risks to the sustainability and safety of the service in particular there are a significant waits, against national standards, for patients to be seen which is directly impacting on patients that need referring on to Fetal Cardiology, this is in the main due to capacity constraints. As the service is currently delivered by two consultants (0.8 wte) annual leave and working patterns are impacting on the delivery of the service as it is not available for 52 weeks of the year. The reporting of Fetal abnormality scanning is currently carried out by a Consultant Radiologist working in the service, however this person is shortly due to retire. This element of the role is no longer part of the Consultant Radiology training curriculum and therefore once this individual has retired it is unlikely that the Radiology directorate will be able to recruit a replacement with the same skill set.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 07/07/2016 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> KM 04/03/2019
MAR 2019		

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	3	1	1	<p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). The y-axis (Safe) ranges from 0 to 20. The x-axis (Effective) ranges from 0 to 20. The z-axis (Sustainable) ranges from 0 to 20. A green triangle represents the 'After Mitigation' score, and a blue triangle represents the 'Current Score'. The 'After Mitigation' score is significantly lower than the 'Current Score'.</p>	
Current Score	16	16	12		



Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
The service in C&V provide additional ad-hoc sessions in order to meet access standards and plan leave to ensure cover except for unplanned reasons e.g. Sickness absence. Informal Links with English providers to source cover where needed.		Action	Lead	By when
		Monitor the implementation of the funded scheme that was approved in 2018/19	Planner	03/19
		Resource map funding from HB's to WHSSC	Assistant Director of Finance	03/19
		Need to understand the additional activity this year 2018/19. LK to write to service and request data prior FM meeting on the 26th March	HF/LK	03/19

WC/009	<b>IVF</b> <b>Risk:</b> Waiting Times to commence IVF - Patients requiring fertility treatment in North Wales access services from Liverpool and Shrewsbury. Patients in Shrewsbury despite being seen for their first appointment within 26 weeks they are waiting significant periods of time before commencing actual treatment which is inequitable with patients accessing services from Liverpool, this has a direct impact on patients that require expediting due to contributing factors such as age.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 07/07/2016 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> KM 02/04/2019

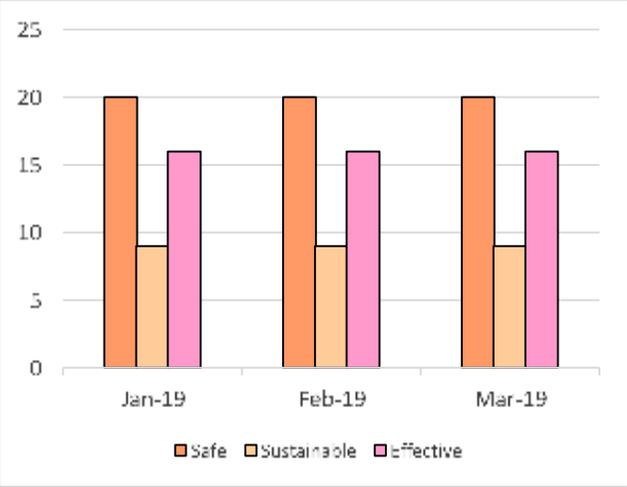
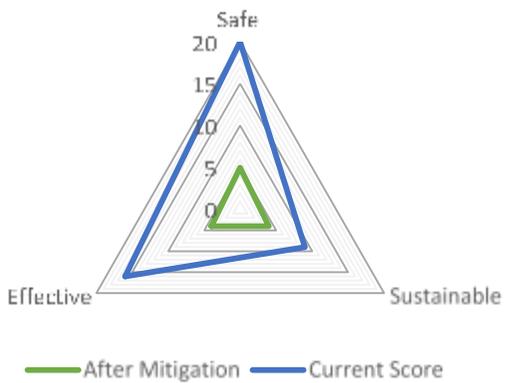
Risk Rating			WHSSC Risk Assessment Triangle
Safe	Sustainable	Effective	
After Mitigation	1	1	2
Current Score	6	1	16

— After Mitigation    — Current Score

Month	Safe	Sustainable	Effective
Jan-19	6	1	16
Feb-19	6	1	16
Mar-19	6	1	16

<b>Escalation Narrative:</b>			
Current Control Measures in Place	Description of further Control Measures Required		
The Shrewsbury service has been placed in escalation stage 2 and monthly performance meetings have been instigated. A standard performance report will be developed in order to measure against key deliverables.	Action	Lead	By when
	Continue to monitor waiting times and outcomes through quarterly meetings with each provider.	Planner / Finance manager	On-going
	Requested demand and capacity data from all three providers.	Planner / Finance manager	On-going
	Continuously review the contract currency and arrangements at all IVF providers.	Asst. Finance Manager / Finance manager	On-going
	Escalation Stage II TO COMMENCE February 2019. Meeting arranged on 27th Feb. Action notes and letter to be sent to the service outlining WHSSC requirements. Meeting 03/04/19	Planner	April 2019

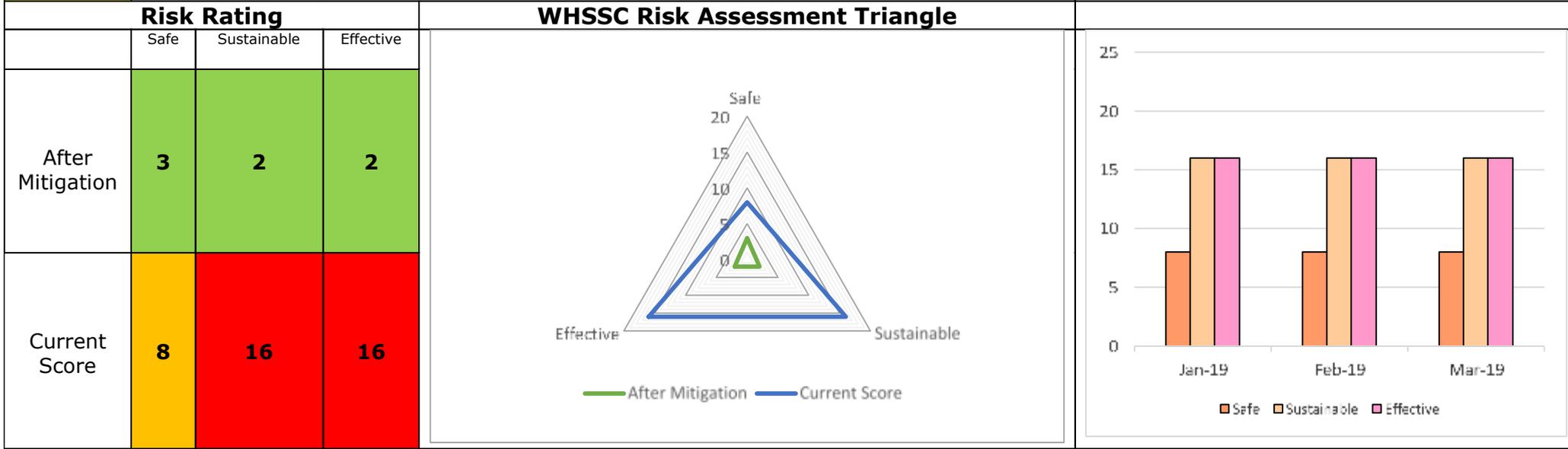
WC/014	<b>Paediatric Intensive Care Units PICU</b> <b>Risk:</b> Lack of PICU Capacity at UHW - Patients requiring Paediatric Intensive Care in South and West Wales are treated at the Children's Hospital for Wales. There have been a number of occasions over the last few months when the service has been unable to admit patients due to capacity or nurse staffing issues. This leads to a delay in admission, and can result in delayed admissions, or even the need for a patient to be transferred to an alternative unit outside of Wales.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 12/01/2017 <b>Date last reviewed by Programme/Directorate:</b> KM 04/03/2019

Risk Rating			WHSSC Risk Assessment Triangle	
Safe	Sustainable	Effective		
After Mitigation	5	4	4	
Current Score	20	9	16	

**Escalation Narrative:** The service is at stage II of the escalation process and regular monthly meetings are taking place.

Current Control Measures in Place	Description of further Control Measures Required		
<ul style="list-style-type: none"> <li>The retrieval teams are now responsible for identifying an available PICU bed when called to support a transfer, reducing the impact on PICU staff trying to manage this whilst delivering clinical care.</li> <li>Proposal developed for 2017/18 Integrated Commissioning Plan for additional commissioned PICU bed.</li> <li>Funding approved for additional PICU bed within the ICP.</li> </ul>	Action	Lead	By when
	Monitor implementation of the scheme approved in Dec 2019	Planner	02/2019
	Monthly meetings with provider to monitor demand and activity.	Planner	Ongoing
	Meeting 23 April 2019		Ongoing

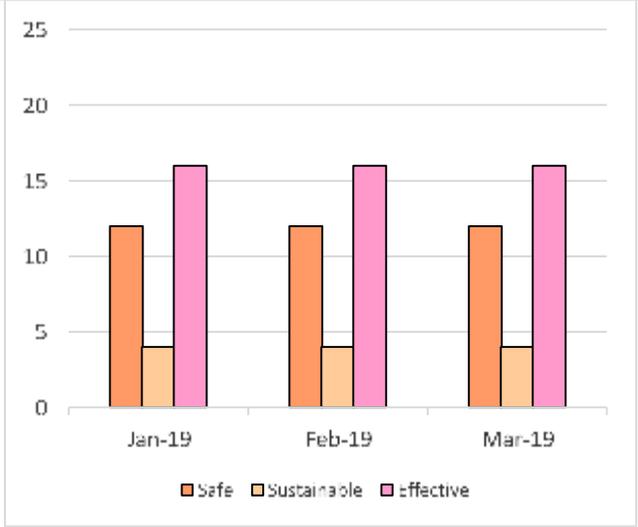
WC/015	<b>CLEFT LIP &amp; PALATE (CLP)</b> <b>Risk:</b> Lack of resource for full MDT of CLP service: The Cleft Lip and Palate service for patients in South and West Wales is delivered at Morriston Hospital. Currently there are significant capacity shortfalls in the full MDT and sustainability issues due to likely retirements, this is causing significant delays for patients. Patients are experiencing delays in visits from a CNS and delays in access to dental and audiology services.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 17/03/2017 <b>Date last reviewed by Programme/Directorate:</b> KM 02/04/2019



<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>	<b>Description of further Control Measures Required</b>		
<ul style="list-style-type: none"> <li>CLP service monitored via audit meetings as part of South Wales/South West Network.</li> <li>The service reports data to the CRANE database.</li> </ul>	<b>Action</b>	<b>Lead</b>	<b>By when</b>
	Proposals for enhancing the full Multi-Disciplinary Team and to increase operating capacity taken through 2017/18 Integrated Commissioning Plan prioritisation process but not approved. Seek funding in future ICPs.	Planner	On-going
	Service to continue to maximise delivery within existing resource	Planner	On-going
	Regular dialogue with the service to monitor performance. Implementation of the scheme will start from June 2019. Policy and Service Specification to be completed	DGW Policy and Implementation LK	06/19
	Meeting planned with both networks for North And South Wales		05/19

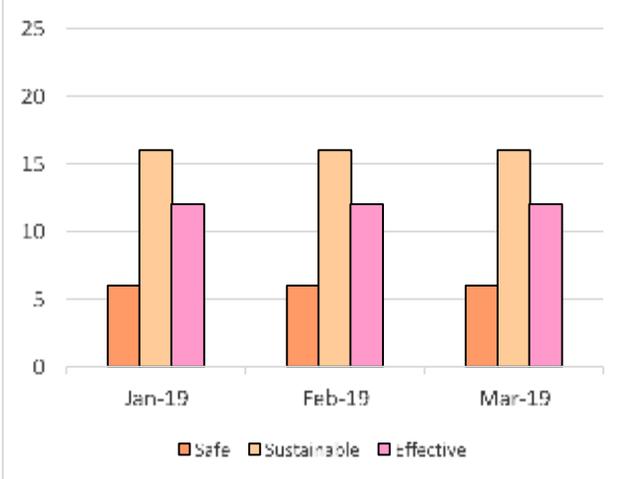
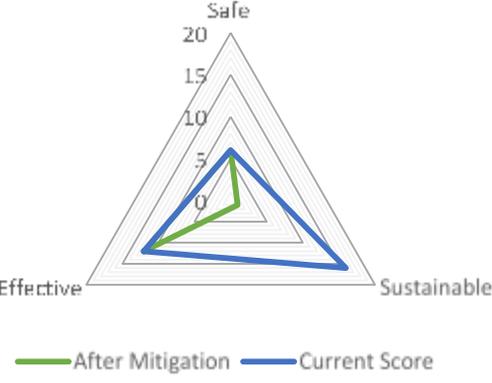
WC/018	<b>NEONATAL TRANSPORT</b> <b>Risk:</b> Lack of 24/7 dedicated Neonatal transport in South Wales. The Neonatal transport service in South Wales is delivered by three HBs on a one in three week rota basis. The Neonatal standards require access to dedicated 24/7 transport, however in South Wales the current service is operating 12 hours per day. If a baby is delivered out of hours that needs transferring they remain in the unit in which they were delivered and stabilised until a transport service becomes available. This could be over 12 hours which is a significant risk to time critical transfers such as babies that require cooling.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 26/04/2017 <b>Date last reviewed by Programme/Directorate:</b> KM 04/03/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	12	4	12	<p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). The vertical axis (Safe) ranges from 0 to 20. The horizontal axis (Effective) ranges from 0 to 20. The diagonal axis (Sustainable) ranges from 0 to 20. Two triangles are plotted: a blue triangle for 'Current Score' and a green triangle for 'After Mitigation'. The 'Current Score' triangle has vertices at (0, 12), (12, 0), and (4, 4). The 'After Mitigation' triangle has vertices at (0, 12), (12, 0), and (4, 4). A legend below the triangle shows a green line for 'After Mitigation' and a blue line for 'Current Score'.</p>	
Current Score	12	4	16		



<b>Escalation Narrative:</b>				
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>		
<ul style="list-style-type: none"> <li>All units have 1 cot funded to be staffed at a 1:1 ratio in line with the highest level of care to manage patients out of hours.</li> <li>Protocols are in place for the management of babies in the unit in which they are delivered.</li> <li>Ad-hoc arrangements are urgently implemented in emergency situations however these are not formalised.</li> </ul>		<b>Action</b>	<b>Lead</b>	
		Action plan to be developed with network following recommendations within the case note review	Planner	<b>By when</b> 02/19
		development of governance lead for the service	Planner	02/19
		JC agreed to full review of current neonatal service model to take place throughout 2019/20.	Planner	03/19

WC/019	<b>BAHA AND COCHLEAR</b> <b>Risk:</b> Significant waiting times (over 52 weeks) for BAHA and Cochlear implants in South Wales for adults. The BAHA and Cochlear service for south Wales patients is managed centrally by C&V however patients are managed at both Bridgend Hospital and UHW. Adult patients are waiting 52 weeks for BAHA and cochlear implants in line with the WHSSC policy, however this does not align with other RTT specialities. The wait for this procedure impacts on social interactions, work, home-life.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2018		<b>Date first assessed</b> 25/04/2017 <b>Date last reviewed by Programme/Directorate:</b> KM 04/03/2019

Risk Rating			WHSSC Risk Assessment Triangle	
Safe	Sustainable	Effective		
After Mitigation	6	1	12	
Current Score	6	16	12	

<b>Escalation Narrative:</b>			
Current Control Measures in Place		Description of further Control Measures Required	
Additional funding has been released to support the service to reduce waiting times over a two year period.	Action	Lead	By when
	Review recurrent demand for BAHA and cochlear implants.	Planner	On-going
	Regular dialogue with service to monitor achievements against 26 wk RTT. Service reported that they would achieve 26 week target by 31st March 2020.	Planner	03/19

WC/020	<b>PAEDIATRIC ENDOCRINOLOGY</b> <b>Risk:</b> Inequitable service for Endocrinology patients in Wales. Paediatric Endocrinology services are delivered in Alder Hey for North Wales patients, Cardiff and Vale for South and West and Bristol for patients from the East. WHSSC has overall commissioning responsibility for the service however the funding has not been resource mapped. The disjointed nature of the service is causing significant inequity of care for patients. Also as the service is not formally commissioned by WHSSC there are capacity constraints that mean patients are not being followed up in a timely manner as per national standards. This is a clinical risk as patients are potentially remaining on drugs for longer than necessary. For ABU patients there are also no out-of-hours arrangements in place.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 25/04/2017 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> KM 02/04/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	3	3	3	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	6	20	16	

Month	Safe	Sustainable	Effective
Jan-19	6	20	16
Feb-19	6	20	16
Mar-19	6	20	16

Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
Dialogue with C&V to understand current service model. Current service providing increased capacity on a goodwill basis. Development of business case to be consider for inclusion within the 2019/20 ICP.		Action	Lead	By when
		Prioritisation taken place, the scheme is identified within the ICP	Planner	03/2019
		Resource map the funding to WHSSC	Finance Manager	03/2019
		Service specification ready to be put on website once service has been approved for funding through the ICP	Planner	03/2019
		James Leaves to discuss transfer of services with CM at CVUHB. Paper being written for CDG in relation to funding		05/19

WC/022	<b>PAEDIATRIC RHEUMATOLOGY</b> <b>Risk:</b> Limited and unsustainable Paediatric Rheumatology service in South Wales. The Paediatric Rheumatology service in South Wales is currently delivered by an adult Rheumatologist that is due to retire within the next few years (no precise date as yet). It is very unlikely that their replacement will take on paediatric services therefore leaving a significant gap in service in South Wales. Further, the current service does not meet standards and has been identified by the National Rheumatoid Arthritis Association as an outlier within the UK. There is a risk to patients that they cannot currently access a full MDT and that the limited service that they can access is at risk when the Consultant currently delivering the service retires.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 24/04/2017 <b>Date last reviewed by Programme/Directorate:</b> KM 02/04/2019

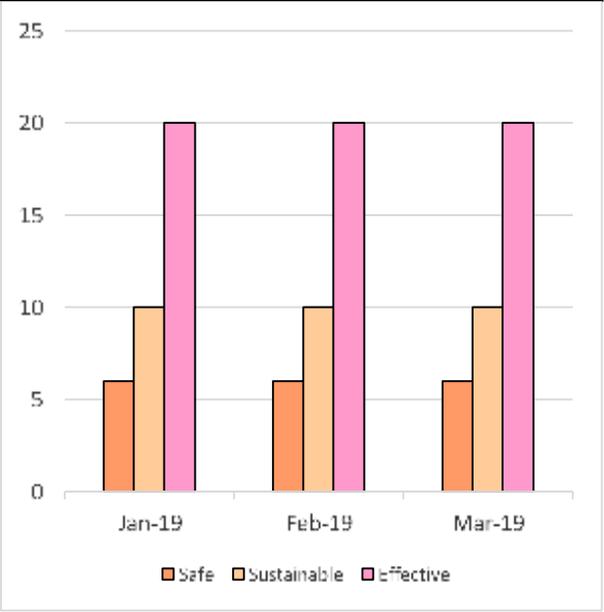
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	2	2	2	<p>Safe 20 15 10 5 0 Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	9	20	16	

Month	Safe	Sustainable	Effective
Jan-19	9	20	16
Feb-19	9	20	16
Mar-19	9	20	16

Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
Patients are referred to Bath and Bristol for specialist pain services when required via IPFR.		Action	Lead	TBC
		Planning Team currently working on service specification	Acting Director of Planning	03/2019
		WHSS Team to include commissioning proposal in 2019/20 ICP	Acting Director of Planning	03/2019
		5/3/19 -Commissioning Team meeting. Business Case to be submitted by C&V by August 2019. Implementation of the scheme will take place from September 2019. A service specification will be submitted to the May 19 Policy Group meeting.	PW , C&V , LK/DGW	Service Spec May 2019. Business Case - Aug 2019. Implementati on Sept 2019

WC/029	<b>CLEFT LIP &amp; PALATE WAITING TIMES</b> <b>Risk:</b> Significant waiting times for adult patients waiting for revisional surgery. The Cleft Lip and Palate service for patients in South and West Wales is delivered at Morriston Hospital. Due to a shortfall in funded theatre capacity within CLP services, babies and children are being prioritised meaning that very long waiting times are being reported for adult revisional surgery. Additional operating capacity has been put in place within ABMU to address this, however this is not sufficient to address the backlog and recurrent demand.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 17/03/2017 <b>Date last reviewed by Programme/Directorate:</b> KM 04/03/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable		Effective
After Mitigation	3	3	3	<p>The diagram is a risk assessment triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). Concentric triangles represent score levels from 0 to 20. A green triangle indicates the score 'After Mitigation' (3) and a blue triangle indicates the 'Current Score' (6).</p>
Current Score	6	10	20	



<b>Escalation Narrative:</b>			
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>	
Additional operating capacity put in place by ABMU, it is not currently clear whether this will continue since the decision has been made not to fund via the 2017/18 Integrated Commissioning Plan.		<b>Action</b>	
		Business case has been prioritised as part of the ICP process, awaiting confirmation of the plan	Lead: Planner By when: 03/2019
		Implementation of the scheme is to take place from June 2019.	Lead: LK/DGW Planner and Asst Planner

WC/036	<b>PAEDIATRIC SURGERY</b> <b>Risk:</b> Quality and sustainability of Paediatric Surgery in South Wales. Paediatric Surgery for patients in South and West Wales is delivered at the Children’s Hospital for Wales. A number of historic concerns and incidents were recently reported and therefore the HB commissioned a case note review to be carried out by the Royal College of Surgeons. The review identified a number of concerns around clinical behaviours and practise. Due to the historic nature of these concerns and incidents indicated issues with compliance with governance arrangements. Concerns were also identified around the clinical decision making by Consultant staff and the fragility within the workforce.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 01/08/2017 <b>Date last reviewed by Programme/Directorate:</b> KM 04/03/2019
MAR 2019		

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable		Effective
After Mitigation	4	4	4	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	16	20	12	

Month	Safe	Sustainable	Effective
Jan-19	16	20	12
Feb-19	16	20	12
Mar-19	16	20	12

**Escalation Narrative:** The service has been placed in Stage III of the WHSSC escalation process. A commissioning quality re-visit took place on the 16th of May 2018 the outcome of the meeting will be shared with the HB imminently.

Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
The Paediatric Surgery service has been placed in escalation level 3. A Commissioning Quality visit took place on the 26th of January where an action plan was agreed. The HB holds 2 weekly executive led quality meetings attended by the WHSSC DoN. A follow-up meeting is planned for the 16th of May.	Clear assurance on internal governance arrangements.	Planner	Ongoing
	Measures put in place by the HB to manage behaviours and retention and quality of staff.	Planner	Ongoing
	Regular discussion with HB to ensure progress is being made.	Planner	Ongoing

WC/037	<b>NEONATAL TRANSPORT</b> <b>Risk:</b> Governance and subsequent safety issues with the 12 hour neonatal transport service. The current service is provided by three Health Boards on a one in three rota. The three providers are ABMU/C&V/ABU. It has become evident through carrying out a case note review that there are significant gaps in documentation kept and there is no clear governance lead which poses significant safety and effective risks. Due to the volume of the service the risk to sustainability is low.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 23/07/2018 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> KM 04/03/2019

Risk Rating			WHSSC Risk Assessment Triangle
Safe	Sustainable	Effective	
After Mitigation	4	4	4
Current Score	16	4	12

Legend: — After Mitigation — Current Score

Legend: ■ Safe ■ Sustainable ■ Effective

<b>Escalation Narrative:</b>				
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>		
Letter has been issued to all CEO's notifying them of WHSSC concerns. Requested a governance lead from on the three providers is identified. Full review due to be carried out – looking at the current service model for delivery.		<b>Action</b>	<b>Lead</b>	
		Draft ToR for review following meeting with potential reviewer, shared with network for comment awaiting response	Planner	By when 03/19
		Discussion with network to explore and develop the role of the transport sub-group	Planner	03/19

WC/038	<b>BAHA AND COCHLEAR</b> <b>Risk:</b> The BAHA and Cochlear service for south Wales patients is managed centrally by C&V however patients are managed at both Bridgend Hospital and UHW. Currently there is no maintenance or replacement policy for south Wales patients. There are limited numbers within the contract for upgrades and maintenance to take place however this does not align with the average life of an implant which is 6 years. There is therefore risk to patients' wellbeing and quality of life that cannot have their implant upgraded/maintained as there is no policy in place.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 23/07/2018 <b>Date last reviewed by Programme/Directorate:</b> KM 04/03/2019

Risk Rating			WHSSC Risk Assessment Triangle
Safe	Sustainable	Effective	
After Mitigation	4	4	4
Current Score	12	6	16

— After Mitigation    — Current Score

Month	Safe	Sustainable	Effective
Jan-19	12	6	16
Feb-19	12	6	16
Mar-19	16	6	16

<b>Escalation Narrative:</b>			
Current Control Measures in Place		Description of further Control Measures Required	
Requested urgent meeting with C&V to discuss the risks. Requested business case from C&V to inform 2019/20 IMTP.		Action	Lead
		Business case has been prioritised as part of the ICP process, awaiting confirmation of the plan	Planner
		By when	03/19

WC/039	<b>INHERITED METABOLIC DISEASES (IMD)– PAEDIATRIC SERVICES</b> <b>Risk:</b> Fragility of current paediatric IMD service due to the imminent retirement of sole consultant delivering the service. The current IMD service is delivered for south Wales patients by one consultant based at Cardiff and Vale. This consultant is due to retire	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 04/10/2018 <b>Date last reviewed by Programme/Directorate:</b> KM 02/04/2019

Risk Rating			WHSSC Risk Assessment Triangle
Safe	Sustainable	Effective	
After Mitigation	4	4	4
Current Score	12	16	9

Safe Sustainable Effective

— After Mitigation — Current Score

Jan-19 Feb-19 Mar-19

Safe Sustainable Effective

<b>Escalation Narrative:</b>			
Current Control Measures in Place		Description of further Control Measures Required	
Requested business case from C&V to inform 2019/20 IMTP.	Action	Lead	By when
	Business case has been prioritised as part of the ICP process, awaiting confirmation of the plan	Planner	03/19
	Discussion with Birmingham Children's Hospital to extend current contracting arrangement to mitigate shortfall in support.	LK	05/19
	HF to discuss with service and Birmingham possibility of Birmingham providing the service in totality for 2019/20 whilst trainee finishes training	HF	05/19

WC/041	<b>Paediatric Oncology - Share care arrangement with Hywel Dda</b> <b>Risk:</b> The Current paediatric oncology service for south and west patients is delivered at the Children's Hospital for Wales, Cardiff. There is however a share care agreement with Hywel Dda to deliver care close to home for patients from the west. The single handed consultant delivering this service has resigned and will no longer be in service as of the end of January 2019. There is insufficient capacity at the CHfW to address this shortfall.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
MAR 2019		<b>Date first assessed</b> 12/12/2018 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> KM 04/03/2019

Risk Rating			WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective		
After Mitigation	4	4	4	<p>           Safe            20            15            10            5            0            Effective Sustainable            — After Mitigation — Current Score         </p>	
Current Score	9	16	12		

Month	Safe	Sustainable	Effective
Jan-19	9	16	12
Feb-19	9	16	12
Mar-19	9	16	12

<b>Escalation Narrative:</b>				
Current Control Measures in Place		Description of further Control Measures Required		
<ul style="list-style-type: none"> <li>Requested urgent meeting with Hywel Dda to discuss any plans that may be in place.</li> <li>Discussions have taken place with Cardiff and Vale to escalate.</li> </ul>		Action	Lead	By when
		Requested urgent meeting with Hywel Dda to discuss plans	Planner	02/19
		Meeting arranged for 11th March to determine a new model.	HF/LK	03/19



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

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

		Agenda Item	3.1
Meeting Title	<b>Joint Committee</b>	Meeting Date	14/05/2019
Report Title	February 2019 Integrated Performance Report		
Author (Job title)	Performance Analyst		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose  
The attached report provides members with a summary of the performance of services commissioned by WHSSC for February 2019 and details the action being undertaken to address areas of non-compliance.

RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
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Recommendation(s)  
Members are asked to:

- Note** February 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
	✓			✓				

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# WHSSC Integrated Performance Report

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February 2019

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WHSSC

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# **FEBRUARY 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 February 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.

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

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

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

The CAMHS service in South Wales at Ty Llidiard was escalated straight to stage 4 following an inpatient serious event. The Unit was temporarily closed for admissions until a visit from the Quality Assurance & Improvement Team took place and a report drafted. Site visit and findings from QAIT report led to unit being reopened to admissions on case by case basis and de-escalated to stage 3 with action plan developed. The unit's ability to manage admissions in line with agreed operating model is being adversely affected by environmental issues that require capital solution. This was been escalated to the LHB Directors of Planning at ABMU & Cwm Taf and Welsh Government have now confirmed support for the requested capital funding. There continues to be issues starting the work due to the LHB asset ownership and forthcoming Bridgend boundary change. This has been raised with CTUHB DPCMH at most recent performance meeting. On completion of these works WHSSC will re-consider the escalation level.

Quarterly performance meetings with the Lymphoma Panel are in place.

Plastic surgery remains in level 2 escalation, with monthly performance meetings in place with ABMUHB, due to continued breaches of 36 weeks (164 patients in February).

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

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.

### 3.0.1 Services in Escalation

Specialty	Level of Escalation	Current Position	Movement from Last Month
<b>Cardiac Surgery</b>	2	Performance meetings continue bi-monthly with ABMUHB.	➡
	3	Monthly performance meetings continue with C&VUHB.	➡
	2	Performance meetings continue bi-monthly with LHCH.	➡
<b>Thoracic Surgery</b>	2	Bi-monthly performance meetings continue with ABMUHB and C&VUHB.	➡
<b>Lymphoma Panel</b>	2	Performance meetings are in place with the All Wales Lymphoma Panel (CVUHB and ABMUHB).	➡
<b>Bariatric Surgery</b>	2	The bariatric service at ABMUHB was de-escalated from level 3 to 2 in December. Bi-monthly performance meetings are continuing to take place.	➡
<b>Plastic Surgery</b>	2	Monthly performance meetings continue with ABMUHB	➡
<b>Neurosurgery</b>	2	Neurosurgery is at level 2 escalation with the only breaches relating to a Consultant being on long term sickness and the remaining Consultant predominantly covering the urgent tumour work.	➡
<b>Adult Posture &amp; Mobility</b>	2	Quarterly meetings occur with all three providers however there is closer monitoring of the BC UHB service, as the service is still not meeting the 90% RTT target. However in recent months, the service have demonstrated that the waiting time performance has improved due to the appointment of key staff with the aim to achieve RTT by March 2019.	➡
<b>CAMHS</b>	3	An action plan has been developed with BCUHB and significant improvements to workforce issues have been made in last 3 months.	➡
	3	The CAMHS service in South Wales at Ty Lidiard was escalated straight to level 4 following inpatient incident leading to a temporary closure of the unit. Site visit and findings from QAIT report led to unit being reopened to admissions on case by case basis and de-escalated to Level 3 with action plan developed.	➡
<b>Paediatric Surgery</b>	3	The service remains in escalation stage 3 following the re-visit in October 2018. Two key actions are outstanding and once completed the escalation stage will be reviewed.	➡
<b>Paediatric Intensive Care</b>	2	The first escalation meeting is scheduled to take place on 23rd April	➡
<b>BMT</b>	2	The BMT service in south Wales has recently been placed into level 2 escalation to explore further concerns raised.	➡
<b>IVF Shrewsbury</b>	2	Following the meeting in February with the provider, as requested the service have submitted an improved data set. A further meeting is scheduled to take place on 3rd April to analyse the data and agree the monthly performance report.	➡
<b>Sarcoma</b>	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 in the final quarter of 2018/2019. Of the 27 provider service targets that were monitored by WHSSC, 20 (74.1%) remain in breach at end of February 2019 compared to 74.1% at the end of January 2019.

## 4.1 Section 1 Service Dashboard

Commissioning Team	Specialty	WHSSC Indicator Ref	Measure	Tolerance Levels			Provider	Dec-18	Jan-19	Feb-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	0%			
Cardiac	Cardiac Surgery	E01	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	92%	94%	95%	
		E01	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	83%	85%	86%	
	Bariatric Surgery	E03	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	95%	96%	94%	
		E03	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	89%	93%	88%	
Cancer & Blood	Thoracic Surgery	E02	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	100%	99%	100%	
		E02	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	90%	93%	93%	
	Lung Cancer	E02D	Mthly	USC lung resection < 62 days	>0	N/A	0	All	1	-	-	
		E02E	Mthly	NUSC lung resection < 31 days	>0	N/A	0	All	2	-	-	
	Cancer patients - PET scans	E04	Mthly	Cancer patients to receive a PET scan < 10 days from referral	<90% within 10 days	90-95% within 10 days	=,>95% within 10 days	All	98%	93%	95%	
	Plastic Surgery	E05	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	94%	93%	94%	
		E05	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	84%	83%	84%	
Lymphoma	E06	Mthly	Specimens tested ≤10 days	<90% within 10 days	N/A	=,>90% within 10 days	All					
Neuro	Neurosurgery	E07	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	99%	99%	99%	
		E07	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	95%	95%	93%	
	Adult Posture & Mobility	E08	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	87%	86%	87%	
	Paediatric Posture & Mobility	E09	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	95%	94%	94%	
Mental Health	CAMHS	E10	Mthly	OOA placements	>16	>14, <16	=,<14	All	12	9	8	
		E10i	Mthly	NHS Beddays	<85%, >105%	< 90%, >100%	90% - 100%	All	62%	82%	89%	
		E10ii	Mthly	NHS Home Leave	<20%, >40%	<25%, >35%	25%- 35%	All	29%	31%	29%	
	Adult Medium Secure	E11	Mthly	NHS Beddays	<90%, >110%	< 95%, >105%	95% - 105%	All	97%	91%	79%	
Women & Children	Paediatric Surgery	E12	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	99%	100%	100%	
		E12	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	90%	89%	91%	
	IVF	E13	Mthly	IVF patients waiting for OPA	<95% within 26 weeks	95%- 99% within 26 weeks	100% within 26 weeks	All	100%	100%	100%	
		E13i	Mthly	IVF patients waiting to commence treatment	<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	52%	44%	34%	
		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	46%	42%	65%	
	Cochlear Implants	E14A	Mthly	Adult Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	55%	56%	77%	
		E14B	Mthly	Paediatric Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	100%	100%	100%	

Please note there is a delay for Lung Cancer data as this is currently being submitted to WHSSC by Welsh Government. No Lymphoma data submitted for Quarter 3. No IVF data received from Liverpool Women's for January.

## 4.2 Key Information for February 2019

### Cardiac Surgery

The ongoing under performance and increasing number of breaches at C&VUHB continues to be a concern. In February the Health Board reported 38 patients waiting over 26 weeks and 25 over 36 weeks. Reporting a decrease in the overall number of patients waiting over 36 weeks compared to January. The Health Board was placed at Stage 3 of the WHSSC escalation process in July 2018 due to the increased length of time a high risk cohort of patients are waiting for Cardiac Surgery. 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 June 2019.

LHCH continue to report low numbers of patients waiting over 26 weeks. In February 2 patients were reported as waiting over 26 weeks and 5 patients waiting over 36 weeks. This is an improvement on the January position. LHCH remain at stage 2 of the escalation process and joint performance meetings with BCUHB take place bi-monthly.

### Plastic Surgery

Patients continue to breach maximum waiting times for hand and breast surgery at ABMUHB. In February, there were 164 patients waiting in excess of 36 weeks, 38 of whom were in excess of 52 weeks. ABMUHB is taking forward plans to increase capacity through an additional day case area (which will support an increase in throughput, treating cases under local anaesthetic that are currently being undertaken in theatre). It is also exploring options through ABMUHB's outsource contract arrangements to help address the backlog through outsourcing clinically appropriate cases.

### Thoracic Surgery

ABMUHB continues to meet RTT targets for Thoracic Surgery and in February 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 was one 26 week breach at LHCH in February.

### Neurological & Chronic Conditions

**Neuro-Radiology:** A second Interventional Neuro Radiologist has been appointed and will start in October 2019.

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

### Posture & Mobility: Adult & Paediatric

**Adult:** BCUHB continue to perform well below the 90% of patients waiting 26 weeks target. ABMUHB continue to perform above the 90% target. C&VUHB have deteriorated just below the target for January. Bi - monthly meetings take place with

the three service providers to discuss performance against RTT and key performance indicators. BCUHB aim to achieve RTT by March 2019.

**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 November (12) remains comfortably below the target (14). A review of gatekeeping will take place shortly and incorporate the changes to Consultant staffing in our Tier 4 units.

### **Women & Children**

Paediatric Surgery: The waiting list performance at the end of February was reported as 0 patients waiting over 36 weeks at C&VUHB. De-escalating the service can only happen when the service meets the performance requirements and improves performance outcomes. There are currently two quality patient safety issues which require further clarification before consideration can be given to de-escalating the service to level 2.

### **IVF**

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

### **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 31<sup>st</sup> March 2020.

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



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

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

		Agenda Item	3.2
Meeting Title	<b>Joint Committee</b>	Meeting Date	25/04/2019
Report Title	Financial Performance Report – Month 12 2018/19		
Author (Job title)	Finance Manager		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	<p>The purpose of this report is to set out the financial position for WHSSC for the 12th month of 2018/19. This position forms the basis of WHSSC's final accounts.</p> <p>The financial position is reported against the 2018/19 baselines following approval of the 2018/19 WHSSC Integrated Commissioning Plan by the Joint Committee in March 2018.</p>			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
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Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the current financial position and forecast year-end position.</li> </ul>
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**Considerations within the report** (tick as appropriate)

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

## 1. SITUATION

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

## 2. BACKGROUND

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

There remains uncertainty regarding final settlement in respect of the 2018/19 HRG4+ dispute. The position for 2017/18 has been successfully concluded in favour of NHS Wales. Further information is detailed later in this report.

## 3. ASSESSMENT

The financial position reported at Month 12 for WHSSC is an under spend of £3,192k.

There is movement across various budget headings. The over spend within Welsh providers has improved but this is being offset by adverse movements in English provider positions and the IPFR area. Mental Health, Renal and Developments all remain in underspending positions, with this underspend increasing for both Renal and Developments.

## 4. RECOMMENDATIONS

Members of the appropriate Group/Committee are requested to:

- **Note** the current financial position and favourable forecast year-end position.

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

## FINANCE PERFORMANCE REPORT – MONTH 12

### 1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 12<sup>th</sup> month of 2018/19 together with any corrective action required.

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

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	585,992	585,992	583,403	(2,589)	1,512	(2,589)	2,465
EASC (WAST, EMRTS, NCCU)	154,660	154,660	154,057	(603)	(216)	(603)	(181)
Total as per Risk-share tables	740,652	740,652	737,460	(3,192)	1,295	(3,192)	2,284

Please note that as LHB's cover any WHSSC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the WHSSC position as reported to WG is a nil variance.

### 2. Background / Introduction

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

The overall financial position at Month 12 is an underspend of £3,192k.

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 for the majority of the English activity.

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

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

All budgets have been updated to reflect the 2018/19 ICP, including the full year effects of 2017/18 Developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2018/19 contract values which have been transposed into the 2018/19 contract documents.

Distribution of the reported position has been shown using the 2016/17 risk shares based on 2015/16 outturn utilisation.

The Finance Sub Group has developed a new risk sharing framework which has been agreed by Joint Committee and will be implemented from April 2019. This will be 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	Budgeted to Date	Actual to Date	Variance to Date	Previous month Var to date	Current EOYF Variance	Previous month EOYF Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>NHS Wales</b>							
Cardiff & Vale University Health Board	196,914	196,914	202,183	5,269	4,244	5,269	5,614
Abertawe Bro Morgannwg Univ Health Board	96,632	96,632	97,846	1,214	983	1,214	1,311
Cwm Taf University Health Board	7,602	7,602	7,391	(211)	(243)	(211)	(232)
Aneurin Bevan Health Board	7,890	7,890	7,836	(54)	4	(54)	12
Hywel Dda Health Board	1,515	1,515	1,547	32	48	32	48
Betsi Cadwaladr Univ Health Board Provider	39,462	39,462	39,290	(172)	(151)	(172)	(165)
Velindre NHS Trust	39,599	39,599	40,397	799	767	799	888
<b>Sub-total NHS Wales</b>	<b>389,614</b>	<b>389,614</b>	<b>396,490</b>	<b>6,876</b>	<b>5,652</b>	<b>6,876</b>	<b>7,477</b>
Non Welsh SLAs	107,015	107,015	109,873	2,858	4,979	2,858	1,647
IPFR	31,312	31,312	33,774	2,462	(703)	2,462	(402)
IVF	4,671	4,671	4,418	(253)	(316)	(253)	(190)
Mental Health	30,781	30,781	29,572	(1,209)	(1,173)	(1,209)	(1,221)
Renal	5,334	5,334	4,926	(408)	(335)	(408)	(139)
Prior Year developments	6,740	6,740	6,511	(229)	(471)	(229)	(272)
2016/17 Plan Developments	6,603	6,603	5,548	(1,054)	(1,048)	(1,054)	(335)
Direct Running Costs	3,923	3,923	4,051	128	95	128	141
Reserves Releases 2016/17	0	0	(11,760)	(11,760)	(10,780)	(11,760)	(11,760)
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
<b>Total Expenditure</b>	<b>585,992</b>	<b>585,992</b>	<b>583,403</b>	<b>(2,589)</b>	<b>(4,100)</b>	<b>(2,589)</b>	<b>(5,054)</b>

The reported position is based on the following:

- NHS Wales activity – based on Month 11 data or Month 12 where available.
- NHS England activity – based on Month 11 contract monitoring data.
- IVF – 2 NHS England and 1 NHS Wales contract provider, with some IPFR approvals.
- IPFR – reporting is based on approved Funding Requests; recognising costs based on the usual lead times for the various treatments, unclaimed funding requests are released after 36 weeks.
- Renal – a variety of bases; please refer to the risk-sharing tab for Renal for more details on the various budgets and providers.
- Mental Health – live patient data as at the end of the month, plus current funding approvals. This excludes High Secure, where the 2 contracts are based blocks based on 3 year rolling averages.

- Developments – variety of bases, including agreed phasing of funding. Financial impacts of approved funding releases are currently accounted for in the forecasts.
- Accruals – WHSSC has worked closely with individual Health Boards to review all yearend financial risks.

## 5. Financial Position Detail - Providers

### 5.1 NHS Wales – Cardiff & Vale contract:

Various over and underspends from the month 11 data have been extrapolated and month 12 data for some services have been combined to a total reported year end position of £5.269m overspent. These figures include the net effect of the performance provision funding available to the LHB. The position includes the following areas:

- Cardiology – across the 5 sub headings, the year end position stands at £1.254m over budget. This is a reduction of £181k on the month 11 forecast and is mainly due to cardiology – specialist services. The month 11 forecast figure was based on applying either straight line, weighted average or manual projections to individual service lines based on historical trend analysis to determine the most appropriate treatment. Month 12 actual data has been received for this service and whilst ICD and PCI activity remains buoyant, the outturn position was a reduction on the forecast. As there is a marginal performance provision for this service, the total overspend stands at £3.15m.
- INR Devices – the year end position has settled at a figure of £483k over budget. This is a downward movement of £105k compared to the month 11 forecast for this service. This forecast was, as above, built on historical trend analysis and incorporated relevant price increases. The reality is that this service is hard to forecast/predict given the nature of the procedures involved and the month 12 actual data used to arrive at the year end figure was at odds with the historical trend analysis data used for the previous month's forecast.
- ALAS – the year end overperformance is £653k which is an adverse movement of £129k compared to the month 11 forecast. The additional communication equipment allocation is included. However this does not offset the overperformance of approximately £800k between wheelchairs and prosthetics.
- Hospital Renal Dialysis – the year end position has fallen by £63k from the month 11 reported breakeven forecasted position as a result of a revision in patient numbers.
- Renal Transplants – year end overperformance stands at £80k which is a reduction in the forecast position reported at month 11 by £113k. The

totality of transplants remained the same as the original forecast but the casemix differed, which combined with a lower immuno drug spend, caused the difference.

- Haemophilia – the year end overperformance has decreased from the month 11 forecast by £91k and stands at £517k. This is mainly the result of a trials patient saving effective from November.
- BMT – overperformance at year end of £271k which is a reduction of £108k on the month 11 reported forecast. This is a result of a further slip in the procedure numbers with the service ending the year 9 below the revised baseline numbers of 145.
- Paeds Oncology – the year end overspend for the service has continued to grow to £500k, an increase of £51k over the month 11 reported forecast. This is simply a continuation of the trend seen throughout the year as a result of better service protocols for follow up patients which has increased throughput.
- AICU – reported SLA underperformance has increased by £90k compared to the month 11 reported forecast due to a drop of 63 bed days compared to the straight line projection. Taking into account the marginal performance provision, the overall position is an overspend of £570k.
- Liver Cancer Development – the year end underperformance for the service has reduced by £110k and to £37k. This is due to an increase of 8 patients between
- NICE/High Cost Drugs – the year end overspend has deteriorated by £109k from the month 11 forecast and is £366k. This is due mainly to the winter costs of Palivizimab and the increased impact of the new drug Dinuximab.

## 5.2 NHS Wales – ABM contract:

Various over and underspends from the month 11 data have been extrapolated and month 12 data for some services have been combined to a total reported year end position of £1.214m overspent. These figures include the net effect of the performance provision funding available to the LHB. The position includes the following areas:

- TAVI – the year end overspend position improved by £161k compared to the month 11 reported forecast and stands at £827k. This is a result of the final procedure outturn reducing from the forecasted 120 to 113, which was a combination of the total performed procedures reducing by 4 and 3 procedures being removed from the contract payment as they were not approved.

- **Plastics** – the service ended the year with an underspend of £59k which was a deterioration of £141k from the month 11 forecasted position. The overperformance in emergency activity has negated nearly all of the elective underperformance and the increase in the position between month 11 and year end can be attributed to growth in daycase and outpatient activity above the month 11 straight line levels.
- **Burns** – this service has seen a favourable move of £113k between month 11 forecast and the yearend position, which stands at £14k over budget. The fall away in the position is due to inpatient activity in the last few months of the year being below the straight line forecast level.
- **Bariatrics** – the year end underspend position has decreased by £53k from the month 11 reported figure and stands at £112k. This is a result of an increase in the numbers of sleeve/bypass procedures undertaken.

### **5.3 NHS Wales – BCU contract:**

The yearend underspend position has grown by £7k from the month 11 reported forecast and stands at £172k. This is a result of an £11k underspend in renal and a £15k underspend in angioplasty which is offset by an £18k increase in haemophilia spend. ICD activity has remained at breakeven over the last few months of the year.

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

The overall year end position for the LHB has moved by £21k from the month 11 reported forecast and stands at an underspend of £211k. Within this figure, CAMHS T4 has increased by £145k and moved to an overspend of £76k. This is due to 7 admissions and a large number of readmissions in March and costs for a patient in Hywel Dda who is being supported by Cwm Taf staff being included in this month's reporting. The offsets for this increase are in NICU which has fallen by £77k and ICD activity that has fallen by £48k.

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

The yearend figure for the LHB has moved by £66k from a month 11 reported overspend of £12k to a year end underspend of £54k. This is a result of a £48k underspend increase in NICU and a £24 reduction in the overspend for the cardiology service.

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

The yearend position stands at an overspend of £32k which is a reduction of £17k from the month 11 reported position purely on the NICU service.

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

The month 12 position shows an overspend of £2,858k. The English position has been reported based on an extrapolation of month 11 reported actual

data. This is a deterioration of £1,211k on the reported month 11 forecast position.

The English position has been reported using Month 11 monitoring returns and encompasses the two separate issues of:

- additional activity/growth
- increased costs relating to the new HRG 4+ coding system

The HRG4+ financial risk for 2017/18 has been resolved in favour of NHS Wales and fully reflected in the write-back position for 2018/19. The HRG4+ position for 2018/19 is still formally the subject of a dispute with NHS England, NHS Improvement and individual Trusts. WHSSC has proposed a clear final settlement on a non-recurrent basis which has been paid to the Trusts concerned. However, at this point NHS England has not formally accepted the offer and hence WHSSC has provided for HRG4+ in full in the 2018/19 outturn position. The WHSSC final offer involves the top 5 trusts in HRG4+ impact terms, namely Alder Hey, Liverpool Heart & Chest, University Bristol, University Birmingham & Walton as they constitute 96% of the value of HRG4+. The settlement is based upon 2% inflationary uplift on PBR activity only for 16/17 and 17/18 and 50% of the remaining disputed HRG4+ value. Additional funding has been passed to WHSSC from WG via LHBs, incorporated into baselines for month 12 reporting and payment made to the 5 trusts. The remaining value of HRG4+ has been included in full in the reported month 12 positions.

The larger reported movements/variances are:

- Alder Hey – the final position is an overspend of £868k. Although a final settlement has not been reached with the trust this year, as was in the last financial year. However, the 50% marginal rate deal for this year has been retained (Wales pays only 50% of the over/under performance on certain services). This year end position includes the effect of HRG4+ and an increase of both elective and non-elective activity in month which has been partially offset by the baseline increase as a result of the non-recurrent HRG4+ settlement.
- Cambridge – the underspend in the forecast position as increased by £154k from month 11 and is £223k as a yearend position. This is a result of generally low activity throughout this year and a credit received in month for a small number of Gaucher's patients that have been repatriated to CAVUHB.
- Christie – the year end position has deteriorated by £112k since month 11 and now stands at £37k underspent. This is a result of 4 confirmed BMT discharges in March.

- Great Ormond Street – the month 12 position has moved adversely by £296k from the reported month 11 forecast and now stands at £16k underspent. This is due to the inclusion of an average cost of a heart transplant in the year end position as there is one active patient on the transplant list.
- Guys & St Thomas – the year end position stands at £362k underspent which is £158k different from the month 11 reported forecast. This is mainly a result of a lower activity at this trust throughout the year compared to previous years.
- Heart of England – the year end position has increased by £69k compared to the month 11 forecast and is £85k underspent. This is a result of several high cost thoracic patients with critical care costs.
- Liverpool Heart & Chest – the year end position has moved from a month 11 breakeven position to an £852k underspend. This is a result of reporting the full impact of HRG4+ and a high level of emergency cardiology activity in month with 4 ICD procedures taking place which has been offset by the HRG4+ settlement baseline increase. Activity has been generally low at this trust this year.
- Royal Brompton – the year end position has deteriorated by £172k from the month 11 reported forecast and now stands at £4k underspent. This is a result of 3 high cost lung transplants from the current list being included in the position.
- Royal Free London – the position has moved by £204k since month 11 reporting and now stands at £208k over budget. This is a result of increases in both amyloidosis and an emergency epilepsy admission.
- Salford – the year end position has deteriorated by £73k compared to the month 11 reported forecast and stands at £570k over budget. The movement is mainly a result of in month high cost bariatric surgery and some non-elective general surgery.
- St Helens & Knowsley – the year end outturn stands at £343k over budget which is an increase of £96k over the month 11 forecast. This is a result of in month burns activity and outsourced BCU ophthalmology activity not included in the original baseline.
- University college London – the year end position has deteriorated by £100k and stands at an overspend of £205k. This movement from month 11 is mainly due to a DBS battery replacement and an in month epilepsy surgery patient.

- University Hospitals Birmingham – the movement between month 11 and the final outturn is £279k with the final position settling at an overspend of £1,259k. The increase is mainly a result of an in month trauma patient, an MS patient and a pelvic procedure patient. These increases have been partially offset by the baseline increase as a result of the HRG4+ settlement.
- University Hospitals Birmingham Transplant – the outturn position has deteriorated by £826k and stands at £760k over budget. This is due to the inclusion in the outturn of the costs of 3 heart transplants and 1 lung transplant which represents 50% of the patients currently on the active transplant list. In month also saw a short term VAD, a lung transplant and a BMT totalling more than £266k.
- University Hospitals Bristol – this trust has seen a baseline increase in month 12 as a result of the HRG4+ settlement. Activity has been low at this trust during 18/19 compared to previous years for paediatric cardiac surgery and paediatric cardiology, month 11 data shows a reduction of £54k compared to month 10. Conversely the adult service for these specialties has seen an increase, albeit not in the same volumes. The yearend position has moved to a £274k underspend from the month 11 breakeven reported position.
- University Hospitals North Staffs – the year end outturn has reduced by £207k compared to the month 11 reported forecast and stands at £20k over budget. This reduction can be mainly attributed to lower in month activity in this trust, particularly in critical care when compared to previous month's figures.
- Walton – the position has moved adversely by £76k between the month 11 reported forecast and year end and now stands at £874k overspent. This increase is due to 4 new alemtizumab patients, high activity in neuro implants and a long stay neuro surgery patient that was discharged in February. This activity increase was partially offset by the baseline increase received by this trust as a result of the HRG4+ settlement.

## 5.8 IPFR:

Various individual patient commissioning budgets totalled an overspend at yearend of £2,462k, a movement of £2,864k. A number of high cost listed transplants patients anticipated for treatment in year are included in this provision.

As experienced in other contracting areas, non-elective activity has increased in Month 11 and this is reflected in the larger non contract providers such as North Bristol.

The high cost Asfotase Alfa patient and several high cost patients from CAVUHB and ABMUHB have also had an adverse effect on the overall position.

Eculizumab has a combined outturn underspend of £604k, this is a deterioration from month 11 mainly due to 6 new patient approvals since February.

A similar trend can be seen with ERT as the outturn is an underspend of £500k, a £258k adverse movement from month 11 and mainly due to the effect of switching to the drug Miglastat.

The PHT underspend has increased by £109k from the month 11 position and stands at £771k and is based upon invoices recharged to date from Sheffield and Papworth.

## 5.9 IVF:

The reported year end underspend has increased by £63k from the month 11 reported position. This is mainly a result of further slippage in the NHS Wales element of the service in the final months of the year. Fresh cycles were 57 under the contracted baseline but FET activity over-performed their baseline.

## 5.10 Mental Health:

Specialist Mental Health services total outturn underspend stands at £1,209k which is a £12k deterioration on the month 11 forecast. These budgets include:

- High Secure Mental Health, the 2018-19 contract offer from Ashworth has been finalised, it is forecast there will be a £566k overspend due to the current occupancy of Welsh patients. The Rampton contract has been set slightly higher than expected and therefore an overspend of £42k to year end is reported. There is no change in the forecast reported this month.
- Adult Mental Health has a £996k underspend reported for year end, a £75k increase in the underspend from the month 11 reported forecast. The main driver for this underspend are still discharges in Forensic Mental Health and this month an increase in the underspend for case management in BCU. This underspend is partially offset by perinatal out of area admissions as this service remains in an overspending position even though it has reduced this month and an increase in the spend on gender and deaf mental health.
- CAMHS and All-Wales FACTS inpatient budgets have continued low activity and have a combined year end underspend of £821k which is an adverse movement of £88k compared to the month 11 forecast. This is due to the underspend in the eating disorders service as currently only 2 patients are outside the Oxford contract which is partially offset by an increase in South Wales CAMHS OOA placements overspend.

### **5.11 Renal:**

In 2018-19 the WHSSC Joint Committee gave a commitment to fund additional renal dialysis activity growth, recognising the non-optional life sustaining nature of the service provided. To support this an additional £860k for activity growth and £780k for price inflationary pressures was included in the 2018-19 financial plan. Over the year actual activity growth reached 4.5% taken year on year against 2017-18 and while the funding provided was sufficient to meet this need, all has been passed over to the services and forms part of their opening baselines going forward.

In order to ease the pressure on dialysis capacity, the Wales Renal Clinical Network has funded initiatives to increase access to renal transplant services. By listening to patient needs, funding has been made available to enhance specialist dietetic and psychology provision for both pre and post-transplant patients.

During 2018-19, there has been significant growth in the numbers of renal transplants under taken, with the unit in Cardiff providing 119 transplants during this time against a planned baseline of 100, while for North Wales residents, the unit in the Royal Liverpool and Broadgreen Trust undertook 32 transplants against a baseline of 29. Both centres have been able to maintain very low waiting lists throughout this period and can evidence that access to, and availability of, renal transplant services is equitable across Wales.

### **5.12 Reserves:**

Reserves from the 17/18 Balance Sheet have been analysed in detail. An initial release of £8,323k was made in month 5 relating to NHS England accruals, Developments and IPFR.

Further releases were made in month 6 of £2,034k, month 9 of £936k and month 10 of £115k again relating to NHS England accruals, Developments and IPFR. Mental Health accruals of £351k were released in month 10. The 17/18 Balance Sheet is now completely clear except for the dilapidations reserve reported in the 17/18 Annual Accounts of £96k and VAT totalling £66k.

### **5.13 Developments:**

In the 2018/19 position, £6,740k relates to developments from prior years. The yearend outturn underspend is £229k which is a deterioration of £44k compared to the month 11 position. This is a result of adverse movements in the positions for Elosulfase Alfa, DOTA Scanning and Radio Labelled Therapies (Royal Free) that are not fully offset but favourable movements in Ataluren, Ivacaftor and Radio Labelled Therapies (Liverpool & Broadgreen).

The 18/19 performance provision is offsetting spend within the ABM and C&V SLA position, the cardiology local referral management savings scheme has still not been developed therefore is reported as an overspend. WHSSC are

currently developing as part of its recommissioning framework a review of aortic stenosis pathways which may provide some long term corrective action.

The 18/19 Plan Developments position at month 12 has moved favourably by £720k and stands at £1,497k. This movement is due to the North Wales element of the TAVI policy expansion not being released, funding for Posture & Mobility not being released until March 2019 and slippage on year 1 of the Additional PICU Capacity funding.

The contingency reserve for in year pressures which is funding the cystic fibrosis phase 1, ROS1 testing and Fetal Medicine is showing an adverse movement of £8k only from the month 11 forecast and stands at £369k underspent.

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

The running cost budget has a yearend overspend of £128k, a reduction of £13k compared to the reported month 11 forecast. This year end position is a result of the overspend in unfunded hosting fees which was previously offset by underspends from vacancies, but this is no longer possible with improvements in recruitment and retention and will be a recurrent issue going forward. The hosting fee is £189k.

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

### **6. Financial Position Detail – by Commissioners**

The financial arrangements for WHSSC do not allow WHSSC to either over or underspend, and thus any variance is distributed to LHB's based on a clearly defined risk sharing mechanism. The following table provides details of how the current variance is allocated and how the movements from last month impact on LHB's.

**Table 3 – Year to Date position by LHB**

	Allocation of Variance							
	Total	Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Variance M12	(2,589)	(825)	(302)	(429)	792	977	4	(2,806)
Variance M11	(4,100)	(1,935)	(553)	(576)	(956)	527	(15)	(591)
Movement	1,512	1,110	251	147	1,747	450	20	(2,215)

**Table 4 – End of Year Forecast by LHB**

	Allocation of Variance							
	Total	Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
EOY forecast M12	(2,589)	(825)	(302)	(429)	792	977	4	(2,806)
EOY forecast M11	(5,054)	(1,651)	(304)	(391)	(731)	887	(69)	(2,795)
EOY movement	2,466	826	2	(38)	1,522	91	73	(11)

## 7. Income / Expenditure Assumptions

### 7.1 Income from LHB's

The table below shows the level of current year outstanding income from Health Boards in relation to the IMTP and in-year Income adjustments. There are no notified disputes regarding the Income assumptions related to the WHSSC IMTP.

Please note that Income for WHSSC/EASC elements has been separated, although both organisations share one bank account. The below table uses the total Income to allow reconciliation to the MMR returns; please refer to the Income tab on the monthly risk-sharing file to see further details relating to the Commissioner Income.

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

	2018/19 Planned Commissioner Income	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounted to Date	EOY Commer Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	123,597	123,597	123,076	512	10	123,597	(388)
Aneurin Bevan	135,992	135,992	135,421	559	12	135,992	690
Betsi Cadwaladr	169,284	169,284	165,705	3,560	18	169,283	(2,964)
Cardiff and Vale	122,591	122,591	122,198	385	9	122,591	(898)
Cwm Taf	70,289	70,289	69,508	355	426	70,289	(484)
Hywel Dda	84,603	84,603	84,347	246	10	84,603	894
Powys	34,297	34,297	34,008	159	130	34,297	(41)
Public Health Wales						0	
Velindre						0	
WAST						0	
<b>Total</b>	<b>740,652</b>	<b>740,652</b>	<b>734,262</b>	<b>5,774</b>	<b>615</b>	<b>740,652</b>	<b>(3,192)</b>

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

None

## 8. Overview of Key Risks / Opportunities

Any previously reported risks or opportunities are now fully reported in the month 12 outturn position.

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.
- The impact of HRG4+, CQUIN, NHS England staff pay increase and Pension Provision on non-Welsh contracts and thus the overall position.
- Exposure to unplanned NICE approvals and generic price increases in contract prices.

## 9. Public Sector Payment Compliance

As at month 12 WHSSC has achieved 99.5% compliance for NHS invoices paid within 30 days by value however, by number WHSSC is currently falling behind target at 92.6%.

For non NHS invoices WHSSC has achieved 94.6% in value for invoices paid within 30 days but again falling behind on the number with only 93.6%.

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 11.1**

A comprehensive explanation of the material movements between the month 11 reported forecast and the month 12 outturn are included in section 5 of the report. The Development narrative in section 5.13 has also been updated to reflect the month 12 position.

### **Action Point 11.3**

The Finance Delivery Unit will be included in the distribution for all future day 9 submissions.

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

**Sian Lewis,**  
**Managing Director, WHSSC**

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



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

### **MEETING HELD ON 25 APRIL 2019**

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

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

The Chair welcomed members to the meeting.

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

The minutes of the meeting held on 28 March 2019 were approved subject to minor revisions.

Members noted the action log and received updates on:

- MG086 IVF: Royal Shrewsbury Hospital RTT Escalation – Work was ongoing to confirm that waiting times had incorrectly included the 52 week planned wait, prior to counting recordable waiting time. An update would be brought to the September meeting following one quarter of 'clean' data.
- MG124 South Wales Blood and Marrow Transplant Programme: Review of Investment: Check information provided to patients under Duty of Candour – carried forward to May 2019.

#### **3. The Thomas Report: Access to Specialist Neuromuscular Care in Wales**

CL reported that a complaint had been received by PHW in relation to dissatisfaction with progress in addressing recommendations identified in the Thomas Report and that a co-ordinated response might be required between WHSSC and health boards.

#### **4. Shrewsbury and Telford Hospital NHS Trust (SaTH): Special measures status**

CL reported that concerns had been expressed regarding the renal service provided by SaTH; it was understood that SaTH would be writing to the Welsh Renal Clinical Network in this respect.

#### **5. Welsh Language Standards (WLS)**

Members discussed steps being taken to include contractual obligations on non-Welsh service providers to comply with the WLS particularly in relation to interpreter and translation services for patients whilst receiving care. It was acknowledged that this could be a difficult issue to fully

address within the spirit of the Standards but that BCUHB had received guidance that the WLS did not apply to English providers in any event. CL undertook to raise this subject with the Cross Border Network.

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

Members received the Managing Director's report, which included an update on the proposed Lynch Syndrome testing programme for all patients with colorectal cancer that would replace the existing service for high risk patients. It was noted that clarity on the pathway would be required.

## **7. Project Update on the Development of an Aortic Stenosis Commissioning Strategy**

Members received a paper that provided an update on the development of a Commissioning Strategy for the treatment of Aortic Valve Stenosis, together with a presentation on the key points from the paper.

Members noted (1) the progress in delivering the nine project products defined to achieve the objectives in the development of a Commissioning Strategy for the treatment of Aortic Valve Stenosis, (2) the products that have been completed, (3) that information from the findings of Products S1 and S2 will be taken forward for discussion in the workshop planned with the Clinical Working Group (4) that the completion dates for products S3 to S9 will require revision and completion of these are subject to achieving the agreed outputs from the workshop.

## **8. Cystic Fibrosis: 2019-20 ICP**

Members received and noted a presentation on the current Cystic Fibrosis investment requirements, how these differed from those previously described by CVUHB and the proposed way forward.

## **9. Congenital Heart Disease Services Peer Review**

Members received a paper that provided information regarding the forthcoming peer review of Congenital Heart Disease services.

Members noted the information presented within the paper.

## **10. Adult Thoracic Surgery Commissioning Plan**

Members received a paper that outlined the commissioning plan for thoracic surgery to support the implementation of the new single adult thoracic surgery centre at Morriston Hospital for the population of west Wales, south east Wales and south Powys.

Members supported the proposed commissioning plan for thoracic surgery to support the implementation of the new single adult thoracic surgery centre at Morriston Hospital for the population of west Wales, south east Wales and south Powys.

## **11. Collective Commissioning of Specialised Paediatric Radiology Services**

Members received a paper that sought approval for the collective commissioning approach recommended by the WHSS Team for Specialised Paediatric Radiology Services.

Members supported the collective commissioning of Specialised Paediatric Radiology Services. The approach would involve WHSSC entering into a formal consultation on the service specification and then developing a commissioning plan outlining how on behalf of the seven Health Boards, WHSSC could plan, commission, procure, contract and fund the service. This will include the request for a detailed business plan from CVUHB.

## **12. Advanced Therapeutic Medicinal Products (ATMPs): Horizon scanning**

Members received and noted a presentation on ATMPs and related horizon scanning, including indicative cost implications. The WHSS Team had prepared the underlying information to support discussions with Welsh Government regarding overall affordability of ATMPs.

## **13. 2019-22 Integrated Commissioning Plan**

Members received and noted the WHSSC Integrated Commissioning Plan 2019-22 document and related annexes.

## **14. WHSSC Policy Group: Update**

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

## **15. Integrated Performance Report**

Members received a report that provided a summary of the performance of services commissioned by WHSSC for February 2019 and noted the actions being undertaken to address areas of non-compliance.

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

Members received a report that set out the estimated financial position for WHSSC for the twelfth month of 2018-19. The WHSSC year end position was a £2,589k underspend. The combined WHSSC and EASC year end position was a £3,192k underspend.

Members noted the full year financial position.



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

### **MEETING HELD ON 28 MARCH 2019**

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

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

The Chair welcomed members to the meeting.

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

The minutes of the meeting held on 21 February 2019 were approved.

It was agreed that a paper would be brought to a future meeting with more information on testing for Lynch Syndrome.

Members noted the action log and received updates on:

- MG086 IVF: Royal Shrewsbury Hospital RTT Escalation – A further meeting was due the following week but it appeared that waiting times were being exaggerated because the 'waiting time' within the policy was being included inappropriately.
- MG119 Provision of Tertiary Cardiology Services – the WHSS Team was working with health boards on these issues and a response was anticipated by the May meeting following a workshop.

#### **3. Mother and Baby Unit**

Members received a paper that presented (1) potential options proposed by ABMUHB to provide a Mother and Baby Unit in south Wales and (2) access to Mother and Baby beds for the population of mid and north Wales. It was noted that the latest view of revenue costs was up to £1m greater than previously anticipated in the ICP dependent upon which option was selected for the south Wales Unit. The WHSS Team would be briefing WG on this potential shortfall and would advise members on how this would be funded.

Members were broadly supportive of the options presented and agreed that (1) all three capital options for south Wales should be kept open if possible, (2) further clarification on staffing models and revenue costs should be sought from ABMUHB, (3) an appropriate contracting framework needs to be developed and the Finance sub-group should consider risk sharing, and (4) the WHSS Team should update WG.

An update would be given to the May meeting of the Joint Committee.

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

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

- Development of the CVUHB Cystic Fibrosis service; and
- Development of the Gender service.

#### **5. Replacement Wheelchair Programme for the Posture and Mobility Service in South Wales**

Members received a paper that sought approval for the release of funding for the CVUHB Wheelchair Replacement Scheme as included in the 2018-21 Integrated Commissioning Plan.

Members (1) approved the release of funding for the replacement wheelchair programme in south Wales for 2019-20 part year effect and recurrent funding for 2020-21 to 2022-23, (2) noted the comparison replacement programme submitted for by the north Wales service for consideration of funding in the WHSSC ICP 2019-22, and (3) noted the evidence that there is a more rigorous performance management process being established for the Posture and Mobility Wheelchair Service.

#### **6. Specialised Rehabilitation – Monitoring Arrangements for Driving Change**

Members received a paper that provided an update on how the implementation of monitoring arrangements is driving change in Specialised Rehabilitation services. As a consequence the previously introduced charging mechanism is being withdrawn.

#### **7. South Wales Blood and Marrow Transplant Programme: Review of Investment**

Members received a paper that (1) outlined the investment made in the south Wales BMT programme between 2014-15 and 2016-17 and the purpose of this investment, (2) set out what has been achieved with the additional investment with regard to meeting patient need and delivering on quality standards to meet the service specification and JACIE accreditation requirements, (3) described the clinical outcomes achieved by the south Wales BMT service, (4) noted current risks in the service and the plans to address these risks, and (5) noted future service developments. In addition, a presentation on the service was delivered by Dr Keith Wilson.

Members noted (1) the investment made in the south Wales BMT programme, (2) the confirmation that the investment has been implemented, (3) the increase in capacity to meet patient need and the achievement of the quality standards in the service specification and JACIE accreditation requirements, (4) the excellent clinical outcomes achieved by the service and published by the British Society for BMT, (5) the current risks and the plans to address these risks, and (6) the future service developments.

## **8. WHSSC Commissioning Policy CP58: Trans-catheter Aortic Valve Implantation for Severe Symptomatic Aortic Stenosis**

Members received a paper that sought approval for the implementation of WHSSC Commissioning Policy CP58: Trans-catheter Aortic Valve Implantation (TAVI) for severe symptomatic aortic stenosis (SSAS). The WHSS Team provided assurance that it had been prudent and as rigorous as possible in assessing the net financial impact of adopting the policy.

Members (1) noted the information set out in the paper, and (2) approved the implementation of WHSSC Commissioning Policy for Trans-catheter Aortic Valve Implantation for severe symptomatic aortic stenosis.

## **9. Collective Commissioning of Specialised Paediatric Radiology Services**

Members received a paper that sought approval for the collective commissioning approach to take for Specialised Paediatric Radiology Services. The paper set out three options.

It was agreed that the WHSS Team would bring the paper back with greater clarity of purpose and more information on the sub-sets of different types of paediatric radiology.

## **10. Developing a Pulmonary Hypertension Services for Wales**

Members received a paper that sought to clarify the scope of the Pulmonary Hypertension project and to include the gap analysis, addressing the concerns previously raised by members.

Members approved the revised project initiation document for the development of an options appraisal for the future commissioning strategy for pulmonary hypertension services across Wales.

## **11. Risk Sharing Review**

Members received a report that (1) provided an update on the process and principles adopted for the approved rebased risk sharing framework to be implemented from April 2019, and (2) informed members of cost neutral implementation in line with the 2019-20 ICP.

Members noted the information presented in the report.

## **12. WHSSC Policy Group: Update**

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

It was noted that the WHSSC Policy Process document had been circulated to members for consultation and that a request had been received to discuss it at a meeting. It was agreed to consider this request, after the consultation closes, with the consultation feedback.

### **13. Integrated Performance Report**

Members received a paper that provided a summary of the performance of services commissioned by WHSSC for January 2019 and noted the actions being undertaken to address areas of non-compliance.

### **14. Finance Report 2018-19 Month 11**

Members received a report that set out the estimated financial position for WHSSC for the eleventh month of 2018-19. The WHSSC year to date position was a £4,100k underspend and the year-end forecast was a £5,054k underspend. All HRG4+ reserves provided in 2017-18 have been released in 2018-19 and non-payment of HRG4+ in 2018-19 has now been confirmed.

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

### **15. Integrated Commissioning Plan 2019-22 (ICP)**

Members were advised that WG had confirmed receipt of the ICP and that it was described as 'satisfactory'.

### **16. Horizon Scanning of ATMPs**

Members were informed that the WHSS Team had undertaken some horizon scanning of ATMPs and modelled the financial impact. This would be discussed with the CMO and CSO at WG the following week and the feedback shared with members.

### **17. Major Trauma**

Members were informed that a paper on Major Trauma had been taken to Joint Committee and that the Programme Business case would come to the Finance sub-group in due course.



<b>Reporting Committee</b>	<b>All Wales Individual Patient Funding Request ( IPFR) Panel</b>
<b>Chaired by</b>	<b>Professor Vivienne Harpwood</b>
<b>Lead Executive Director</b>	<b>Director of Nursing and Quality Assurance</b>
<b>Date of last meeting</b>	<b>24 April 2019</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<p>The following Panels were quorate in relation to Health Board, Clinical and Lay member representation.</p> <p>There was no Panel in March 2019 as both the Chair and Vice Chair were not available</p> <p><u>April 3 2019</u> Panel considered 8 requests 11 Chairs actions (10 of which were for PET Scan)</p> <p><u>April 24 2019</u> Panel considered 8 cases at this meeting 8 Chair actions (10 of which were for PET Scan)</p>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
<b>Reporting WHSSC Policy Issues</b>	
<p>It was has been agreed that lessons learned from Panel decisions should be reported back to Panel for example where there is WHSSC policy and/or service development as a consequence of the Panel highlighting an issue.</p> <p>Panel feedback will be a standing item on the Internal WHSSC Policy group agenda from May 2019.</p> <p><b>AWTTC IPFR Workshop 1 May 2019</b></p> <p>Members of the All Wales Panel and clinical representatives from WHSSC are attending this event. As part of the programme, Professor Harpwood is leading a workshop on "Patient consent in IPFR" and one of the All Wales Panel Lay members is leading a workshop on how Lay members can influence IPFR decision making.</p>	
<b>Matters requiring Committee level consideration and/or approval</b>	
<ul style="list-style-type: none"> <li>• None</li> </ul>	

<b>Matters referred to other Committees</b>	
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None	
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Confirmed Minutes for the meetings held on 3 April and 24 April are available on request	
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<b>Date of next meeting</b>	<b>29 May 2019</b>
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<b>Reporting Committee</b>	<b>Integrated Governance Committee</b>
<b>Chaired by</b>	<b>WHSSC Chair</b>
<b>Lead Executive Director</b>	<b>Committee Secretary</b>
<b>Date of last meeting</b>	<b>26 March 2019</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<p>Members discussed the Governance Action Plan, Governance and Accountability Framework, Annual Governance Statement and the Joint Committee and sub-committee work plans for 2019-20.</p> <p>Members discussed the Corporate Risk and Assurance Framework as at March 2019. Members noted the Planning Team were meeting w/c 01 April 2019 to discuss the management and mitigation of risks within WHSSC. Members noted the updates provided within the report and received assurance that risks are being appropriately assessed and managed.</p>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
As recorded above	
<b>Matters requiring Committee level consideration and/or approval</b>	
As recorded above	
<b>Matters referred to other Committees</b>	
None	
Confirmed Minutes for the meeting are available on request	
<b>Date of next meeting</b>	<b>26 June 2019</b>

<b>Reporting Committee</b>	<b>Quality Patient Safety Committee</b>
<b>Chaired by</b>	<b>Charles Janczewski</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>19 March 2019</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<p><b>1. Committee Work Plan 2019/20</b>          Members discussed and agreed the work plan for 2019/22</p> <p><b>2. Renal Network Report</b>          Members received the report which provided a briefing on quality patient safety issues within services. Members received further information on the:</p> <ul style="list-style-type: none"> <li>• Care Quality Commission inspection of Shrewsbury and Telford Hospital NHS Trust and Royal Shrewsbury Hospital.</li> <li>• Cardiff Pancreas Transplant review.</li> </ul> <p>Members also noted that Mrs Gail Williams, Lead Nurse, WRCN had won Renal Nurse of the Year in the British Journal of Nursing Awards and offered their congratulations.</p> <p><b>3. Updates from the Commissioning Teams</b>          Updates were received from each of the commissioning teams and Members noted the information presented in the reports.</p> <ul style="list-style-type: none"> <li>• Cancer and Blood</li> <li>• Cardiac</li> <li>• Mental Health</li> <li>• Neurosciences and Complex Conditions</li> <li>• Women and Children</li> <li>• Major Trauma</li> <li>• Summary of Services in Escalation</li> </ul> <p><b>4. Corporate Risk and Assurance Framework</b>          Members <b>received assurance</b> that risks were being appropriately assessed and managed.</p>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
None	
<b>Matters requiring Committee level consideration and/or approval</b>	
None	

<b>Matters referred to other Committees</b>	
None	
Confirmed Minutes for the meeting are available from <a href="http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee-con">http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee-con</a>	
<b>Date of next meeting:</b>	11 June 2019



<b>Reporting Committee</b>	<b>Welsh Renal Clinical Network</b>
<b>Chaired by</b>	<b>Chair, Welsh Renal Clinical Network</b>
<b>Lead Executive Director</b>	<b>Director of Finance</b>
<b>Date of last meeting</b>	<b>10 April 2019</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<ul style="list-style-type: none"> <li>• Professor John Williams has retired from the position of Chair of the WRCN Board. Dr Kieron Donovan has accepted the position of Chair on an interim basis.</li> <li>• WRCN Board Terms of Reference have been reviewed, updated and agreed by Board members and forwarded to WHSSC Joint Committee for approval.</li> <li>• Refurbishment of the main dialysis unit at UHW is complete and will be operational at the end of May. Work on the expansion of Llandrindod dialysis unit is progressing although date for completion is fluid due to concurrent building works within the hospital.</li> <li>• An options appraisal workshop to locally agree the preferred model for additional dialysis capacity East of Swansea is to be completed by ABMU. It has been noted however that provision will be aligned to the current model of care across South Wales which should be unaffected by boundary changes.</li> <li>• Contract initiation meetings between BCUHB and Renal Services UK for the refurbishment of existing units in Bangor, Alltwen, Wrexham and Welshpool and the establishment a new unit for the Mold area are on-going. The phased implementation plan will be led by BCUHB in collaboration with the WRCN.</li> <li>• A stakeholder review process is being led by EASC to consider the current pilot patient reimbursement scheme for dialysis transport.</li> <li>• The WRCN Board has agreed in principle to assume the role of delivery organisation if a bid for the Welsh Government Transformation Funds is successful.</li> </ul>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
<ul style="list-style-type: none"> <li>• The Vascular Access issues in each of the provider units in North Wales remain. The situation has been added to the WHSSC Risk Register and is being monitored via QPS.</li> <li>• The growth in renal replacement requirements in South and West Wales appears to have stabilised and forecasts suggest growth will now be maintained at 3% pa in line with the Wales average.</li> <li>• There has been an increase in transplant activity in North and South Wales which reflects growth in transplant numbers across the UK.</li> <li>• A review led by NHSBT of the Renal and Pancreas Transplant service in South Wales is to be undertaken following CUSUM signals. Dr Jenny Thomas will be representing WHSSC.</li> </ul>	

<b>Matters requiring Committee level consideration and/or approval</b>	
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<b>Matters referred to other Committees</b>	
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Annexes:	
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<b>Date of next meeting</b>	<b>19 July 2019</b>
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