

Bundle WHSSC Joint Committee - In Public 12 November 2019

Agenda attachments

00 Agenda (Eng).docx

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- 1.2 Declarations of Interest
- 1.3 13:30 - Accuracy of the Minutes of the Meeting held 16 September 2019
 - 1.3 Unconfirmed JC Minutes 16.09.2019.pdf
- 1.4 13:40 - Action Log and Matters Arising
 - 1.4 JC Action Log November 2019.pdf
- 1.5 13:50 - Report from the Managing Director
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- 2 Items for Decision and/or Consideration
- 2.1 13:55 - Risk Register for Thoracic Surgery Implementation
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 - 2.1.2 South Wales Thoracic Surgery Risk Register.pdf
- 2.2 14:15 - WHSSC Governance and Accountability Framework
 - 2.2 G&A Framework WHSSC Review Oct 19 cover paper.pdf
 - 2.2.2 Standing Orders.pdf
 - 2.2.3 Memorandum of Agreement.pdf
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- 2.3 14:25 - Integrated Governance Committee Terms of Reference
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- 3 Routine Reports and Items for Information
- 3.1 14:30 - Financial Performance Report
 - 3.1 Financial Report Month 6 19-20.pdf
- 3.2 14:45 - Integrated Performance Report
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- 3.3 14:55 - Reports from the Joint Sub-Committees
- 3.3.1 Management Group Briefings
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- 3.3.2 Integrated Governance Committee
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 - 3.3.3 Services in Escalation.pdf
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- 3.3.5 Welsh Renal Clinical Network
 - 3.3.5 WRCN Chair's Report.pdf
- 3.4 Reports from the Joint Advisory Groups
- 3.4.1 NHS Wales Gender Identity Partnership Group - To follow
 - 3.4 AWGIPG Chair Report Nov 19.pdf

4	Concluding Business
4.1	Any Other Business
4.2	Date of the Next Meeting



WHSSC Joint Committee Meeting held in public Tuesday 12 November 2019 at 13:30

WHSSC, Unit G1, The Willowford, Main Ave, Treforest
Industrial Estate, Pontypridd CF37 5YL

Agenda

Item	Lead	Paper / Oral	Time
1. Preliminary Matters			
1.1 Welcome, Introductions and Apologies	Chair	Oral	13:30 – 13:50
1.2 Declarations of Interest	Chair	Oral	
1.3 Accuracy of the Minutes of the Meeting held 16 September 2019	Chair	Att.	
1.4 Action Log and Matters Arising	Chair	Att.	
1.5 Report from the Managing Director	Managing Director	Att.	13:55 – 14:00
2. Items for Consideration and/or Decision			
2.1 Risk Register for Thoracic Surgery Implementation	Director of Planning	Att.	14:00 – 14:20
2.2 WHSSC Governance and Accountability Framework	Committee Secretary	Att.	14:20 – 14:30
2.3 Integrated Governance Committee Terms of Reference	Committee Secretary	Att.	14:30 – 14:35
3. Routine Reports and Items for Information			
3.1 Financial Performance Report	Director of Finance	Att.	14:35 – 14:50
3.2 Integrated Performance Report	Director of Planning	Att.	14:50 – 15:00
3.3 Reports from the Joint Sub-Committees	Joint Sub-Committee Chairs	Att.	15:00 – 15:10
i. Management Group Briefings			
ii. Quality & Patient Safety Committee – To follow			
iii. Integrated Governance Committee			
iv. All Wales Individual Patient Funding Request Panel			
v. Welsh Renal Clinical Network			

4. Concluding Business			
4.1	Any Other Business	Chair	
4.2	Date of next meeting (Scheduled) <ul style="list-style-type: none"> - 28 January 2020, 09:30 - Conference Room, WHSSC, Unit G1 The Willowford, Main Avenue, Treforest, CF37 5YL 	Chair	
		Oral	

The Joint Committee is recommended to make the following resolution:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”
 (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)”.

**Minutes of the Meeting of the
WHSSC Joint Committee Meeting held in public on
Monday 16 September 2019
at NCCU, Unit 1, Charnwood Court, Heol Billingsley,
Parc Nantgarw, Nantgarw, CF15 7QZ**

Members Present:

Vivienne Harpwood	(VH)	Chair
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB (by VC)
Paul Griffiths	(PG)	Independent Member/Audit Committee Representative
Sharon Hopkins	(SH)	Interim Chief Executive, Cwm Taf Morgannwg UHB
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Tracy Myhill	(TM)	Chief Executive, Swansea Bay UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (by VC)
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Jennifer Thomas	(JT)	Medical Director, WHSSC

Deputies Representing Members:

Nicola Prygodzicz (for JP)	(NP)	Director of Planning, Aneurin Bevan UHB
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Apologies:

Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
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In Attendance:

Karen Preece	(KP)	Director of Planning, WHSSC
Claire Nelson	(CN)	Acting Assistant Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Rosemary Fletcher	(RF)	Director, NHS Wales Health Collaborative
Rob Mahoney	(RM)	Observer, Cardiff & Vale UHB

Minutes:

Helen Tyler	(HT)	Corporate Governance Manager, WHSSC
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The meeting opened at 13:30hrs

JC19/030	<p>Welcome, Introductions and Apologies</p> <p>The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC19/031	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC19/032	<p>Minutes of the meeting held 23 July 2019</p> <p>The Joint Committee approved the minutes of the meetings held on 23 July 2019 as true and accurate records save that GD attended in person rather than by VC.</p>
JC19/033	<p>Action Log and Matters Arising</p> <p>The Joint Committee noted:</p> <p>JC19003: Adult Thoracic Surgery for South Wales – Consultant Workforce – The reference in the 19 September update to MTN was a typographical error and would be deleted.</p> <p>JC19004: Cystic Fibrosis Business Case – It was reported that a meeting had now been scheduled for the following day to progress matters.</p> <p>There were no matters arising not dealt with elsewhere on the agenda.</p>
JC19/034	<p>Chair's Report</p> <p>The Joint Committee received an oral report from the Chair. The Chair explained that Charles (Jan) Janczewski has stepped down as an Independent Member of the Joint Committee and as chair of the WHSSC Quality & Patient Safety Committee following his appointment as Interim Chair of CVUHB and that a replacement was being sought. The Chair recorded her thanks to CJ for his contribution.</p>
JC19/035	<p>Report from the Managing Director</p> <p>The Joint Committee received the report from the Managing Director. SL drew attention to the following items within the report:</p> <p>Soft Tissue Sarcoma Service in South Wales Monthly performance meetings had taken place to monitor the action plan and progress has been made in all areas; this was being monitored by WHSSC Q&PS Committee.</p> <p>Perinatal Mental Health – Mother & Baby Unit (MBU) The proposal for a new build MBU to be developed on the Neath Port Talbot site had made significant progress. The requested additional</p>

	<p>information around the clinical and staffing model was received and this was expected to be signed off at the next Management Group meeting. Some questions had been raised around cost and SD explained that the revenue figures had now been updated demonstrating increased cost effectiveness.</p> <p>Action: KS to check whether the business case needed to come back to Joint Committee for final approval.</p> <p>CAR-T The CAR-T business case had been approved and funding released, enabling CVUHB to proceed with the service.</p> <p>Veteran's Trauma Network Joint Committee was asked to endorse the approval by Management Group of the commissioning arrangements for the Veterans' Trauma Network (VTN) as described in the Report.</p> <p>WHSSC Office Relocation It was noted that the WHSS Team had relocated from its Caerphilly office to Unit G1, Treforest Industrial Estate between 28 - 30 August. IT connectivity was delayed and minimal disruption to WHSSC activities was achieved through deployment of its business continuity arrangements.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the report; and • Endorse approval of the VTN for Wales.
JC19/036	<p>Major Trauma Network for South Wales – Tranche 2 Recruitment</p> <p>Members received a presentation from KP titled Major Trauma update and Tranche two funding request.</p> <p>In addition, members received a paper that had been circulated prior to receipt of key items, including CVUHB Business Case and output from the latest Gateway Review.</p> <p>KP provided a recap on funding agreed to August 2019. Tranche 1 Recruitment had been agreed by the Joint Committee on 30 August.</p> <p>The result of the latest Gateway Review was now known to be Amber/Red with good progress on many issues but four significant outstanding issues:</p> <ul style="list-style-type: none"> • Establish whether feedback from peer review has been reflected in the latest MTC and Swansea cases; • Seek to close affordability gap;

- Model the timing of recruitment to assess what service can be offered from April 2020; and
- Determine operating, accountability and governance structure of ODN.

KP explained that although the overall assessment remained Amber/Red, the programme was close to achieving Amber status.

A Professional Peer Review had been undertaken during August. An Executive Steering Group (ESG) Report included recommendations from the ESG derived as a result of the Peer Review. CVUHB did not agree with all of the recommendations in the Report. The Report had been approved by the ESG earlier in the day, subject to comments received back within 48 hours. Peer Reviewers had also seen and confirmed support for the ESG Report and recommendations.

The paper and presentation identified Tranche 2 Recruitment items (1) that were in accord with recommendations derived as a result of the Peer Review (2) that did not accord with recommendations from Peer Review.

The SBUHB ODN Business Case had been reviewed on 11 September. The CVUHB Business Case had received preliminary review and it was noted that there were three main areas of discord (1) 24/7 consultant rota, (2) proposal for 14 (rather than 10) beds in Poly Trauma Unit, and (3) additional (fourth) plastic surgery consultant.

(1) 24/7 consultant rota

The recommendation was for 16 hours per day initially with a build up to 24 hour cover. In principle everybody supported a need for 24 hour consultant cover. LR explained that covering with less experienced staff will result in consultants needing to come in to cover and this has a detrimental effect on staffing for the next working day. LR supported the proposal of a 24 hour consultant rota and in his view this was the most affordable basis and provided a safer service.

CS questioned LR on whether there were any standards for Emergency Department staffing for a unit the size of the ED at UHW. LR explained that in an ED setting it was acceptable for a consultant to be called in if required as there was no standard requirement for an ED department to provide 24 hour consultant cover. In contrast the standard for a Major Trauma unit is for a patient to be reviewed within 5 minutes of attendance by a senior doctor.

LR also clarified that not all of the consultant cover for the Major Trauma Unit would need to be employed by CVUHB.

(2) proposal for 14 (rather than 10) beds in Poly Trauma Unit

KP noted that a dedicated Poly Trauma Unit is a key day 1 requirement for the MTC. Further scrutiny was required regarding length of stay assumptions (which was higher than average in the MTC business case) and therefore modelled bed numbers. The level of details and the difference between these figures needed to be worked on and the planning team would need to work with CVUHB to look at the detail further.

(3) additional (fourth) plastic surgery consultant

KP explained that Plastics was a day 1 requirement, initially a 12 hour, five days a week service. The Peer Review supported recruitment of three Consultants. The SBUHB case requested four consultants and cited unlikelihood of The Royal College to sign off a three consultant job plan. KP explained that further work was required to understand the detail and explore rota options.

It had been agreed at the ESG meeting earlier in the day that WHSSC would review these key issues with CVUHB and take them to the Management Group meeting on 26 September for scrutiny.

SD reported that Welsh Government was optimistic about funding start-up costs incurred during 2019-20 with some recognition that further top-up funding might be required for future years. The overall financial picture was noted as being an annual revenue cost of around £15m p.a.

The Finance Working Group was waiting for (1) finance and manpower baselines, (2) activity and income flows for non-elective cases, and (3) the business case for the CVUHB Trauma Unit (distinct from the MTC).

The key requirements for an April 2020 go live were noted as (1) physical and staff infrastructure, (2) governance structure for ODN, and (3) Welsh Government capital approval. EMERTS was scheduled for an April 2020 'go live' but they were asked to confirm that protocols can be varied and/or patient risks managed for a later go live of the MTC and ODN if necessary.

Members resolved to:

- **Note** the information presented within the report; and
- **Note** that the WHSS Team would develop commissioning advice to the Joint Committee.

Members felt unable to approve Tranche 2 Recruitment but approved the following process. The draft Project Business Case (PBC) would be

	<p>available in October 2019 and a PBC briefing for boards was being arranged for 23 October. It was agreed that affected health boards would hold short meetings at end of October 2019 to ascertain likely level of support from boards prior to formal consideration of the PBC at their public board meetings in November, this would inform the 'go live' date and potentially provide cover for incurring Tranche 2 Recruitment costs. The 12 November JC meeting would receive feedback on the draft PBC from the October meetings. It was agreed that the Tranche 2 recruitment process could begin ahead of late October support from boards (subject to Management Group scrutiny on 26 September) with interviews scheduled for late October but without confirming appointments until November. This reflected the need to manage the risks associated with moving too quickly or not quickly enough.</p>
	<p>Major Trauma – Commissioner's Risk Register</p> <p>The Joint Committee received the first draft of the Commissioner's Risk Register for the Major Trauma Centre and Operational Delivery Network. It was noted that the Register would now, and continuously, be updated for the latest developments.</p>
JC19/038	<p>Integrated Commissioning Plan (ICP) – Revised Timeline</p> <p>In June 2019, a paper setting out the initial timelines for developing the 2020-23 WHSSC ICP was presented and supported by Management Group before approval at Joint Committee in July 2019. This set out the commissioning intentions that the ICP would be informed by, along with the dates of key meetings that would support the prioritisation of new interventions and services requiring investment. These meetings had been arranged by working back from the date of 12 November 2019 when the ICP was required to be presented to Joint Committee for approval.</p> <p>Members received a paper explaining that Welsh Government has relaxed the submission date for IMTPs to 31 January 2020. The WHSS Team recommended adopting a more relaxed timeline to reflect the revised submission date.</p> <p>It was noted that the WHSSC ICP needed to include the Major Trauma Centre and Operational Delivery Network on approval of the Project Business Case.</p> <p>After due consideration it was agreed that the WHSS Team would continue to work toward submitting the ICP to Joint Committee for approval on 12 November 2019.</p>

JC19/039	<p>Radio Frequency Ablation for Barrett's Oesophagus</p> <p>The Joint Committee received a report that provided an update on the work led by WHSSC to develop the commissioning framework for a south Wales based Radiofrequency Ablation (RFA) service for patients with Barrett's Oesophagus.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the work carried out to date to develop the commissioning framework for a south Wales based RFA service for patients with Barrett's Oesophagus; • Confirm that WHSSC will become the commissioner of RFA for Barrett's Oesophagus; • Note the development by CVUHB of a business case to deliver RFA for the population of mid and south Wales, and that the business case was cost saving; • Support implementation of the RFA service as an in-year development (approval of the business case being delegated to Management Group).
JC19/040	<p>Finance Report Month 5 2019-20</p> <p>The Joint Committee received the report the purpose of which was to set out the financial position for WHSSC for the fifth month of 2019-20.</p> <p>Members noted the financial position reported at Month 5 for WHSSC was a YTD under spend of £455k and forecast year end under spend of £1,069k. A melanoma immunotherapy treatments overspend at Velindre is fully reflected at £2.1m variance against plan, a movement of £1.5m.</p> <p>SD reported that the forecast over spend within Welsh & English providers, IPFR and DRC was being offset by underspend movements in mental health, developments and the release of prior year reserves.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and year end forecast.
JC19/041	<p>Integrated Performance Report – June 2019</p> <p>The Joint Committee received a report which provided members with a summary of the performance of services commissioned by WHSSC for June 2019 and details the action being undertaken to address areas of non-compliance.</p> <p>KP explained that, going forward, the latest report available would be shared with Joint Committee but that this meant it would be subject to scrutiny by Management Group after members had seen it. The purpose</p>

	<p>of this was to ensure that members received information on the most up to date position.</p> <p>KP reported that although plans had been developed to meet the cochlear RTT targets in the south Wales service, the unplanned loss of an audiologist at Bridgend would adversely impact the service. This was being pursued with CTMUHB.</p>
JC19/042	<p>Reports from the Joint Sub-Committees</p> <p>Management Group The Joint Committee received the July and August 2019 briefings.</p> <p>Quality and Patient Safety Committee The Joint Committee received the August 2019 report, together with a schedule of services in escalation. The Calea HPN position and improvements in the CAMHS quality and safety issues were noted.</p>
JC19/043	<p>Date and Time of Next Meeting The Joint Committee noted the next scheduled meeting would take place at 13:00 on 12 November 2019 in the Conference Room, WHSSC, Unit G1 The Willowford, Treforest, CF37 5YL</p>

The meeting closed at 16.00hrs.

Chair's Signature:

Date:



2019-20 Action Log (MASTER) Joint Committee Meeting

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
23.07.19	JC19003	<p>JC19/023 - Adult Thoracic Surgery for South Wales – Consultant Workforce</p> <p>Members noted the Implementation Board Risk Register was drafted from the provider perspective and that it should be drafted from the commissioner perspective.</p> <p>ACTION: It was agreed the Implementation Board Risk Register would be brought to the September meeting for discussion.</p>	KP	Sept 2019 Nov 2019	<p>16.09.19 – Risk register under development by Implementation Board. Phasing paper being developed by Programme Team. Carried forward to November meeting.</p> <p>12.11.19 – Agenda Item 2.1. Action closed.</p>	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
23.07.19	JC19004	<p>JC19/025 - Cystic Fibrosis Business Case</p> <p>AR reported that the Home IV trial had started, that initial feedback had been positive and the WHSS Team would be evaluating the full trial at the end of August.</p> <p>ACTION: It was agreed an update would be provided at the September or October Joint Committee meeting to align with health board IMTP timetables and to include the full evaluation of the trial.</p>	KP	<p>Nov 2019</p> <p>Jan 2020</p>	<p>16.09.19 – Information not available in time for September meeting. Carried forward to November meeting.</p> <p>24.10.19 – Carried forward to the January meeting at the request of Management Group.</p>	OPEN
16.09.19	JC19005	<p>JC19/035 - Report from the Managing Director: Perinatal Mental Health – Mother & Baby Unit (MBU)</p> <p>Action: KS to check whether the business case for the MBU needed to come back to Joint Committee for final approval.</p>	KS	Nov 2019	<p>24.09.19 – MBU business case does need to come back to Joint Committee for final approval. Paper to be presented at November meeting.</p> <p>12.11.19 – Update provided in Report from Managing Director, Agenda Item 1.5. Action closed.</p>	CLOSED



GIG
CYMRU
NHS
WALES

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

		Agenda Item	1.5
Meeting Title	Joint Committee	Meeting Date	12/11/2019
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"> • Note the contents of this report. 		

Considerations within the report (tick as appropriate)

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

1. SITUATION

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

2. UPDATES

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

We are continuing to work through the detail with Swansea Bay University Health Board to address the issues raised by Management Group to ensure a robust business case for the substantive model. We have however received a copy of a letter from the Minister sent to the Chair of Children, Young People and Education Committee. In this letter the Minister confirms the commitment to the establishment of a Mother and Baby Unit but asks that, as the timetable has slipped, we work with Swansea Bay UHB and Welsh Government to explore options for an interim solution. These discussions have commenced and a paper will go to Management Group on 28 November for their consideration. It is intended to approve the preferred option business case at Joint Committee with clear timescales in January 2020.

2.2 Vulnerable Groups Portfolio

Welsh Government have formally requested that WHSSC take forward the commissioning of an All Wales Traumatic Stress Service and support the further development of the Gender Service, Forensic Adolescent Consultation and Treatment Service as well as refugee resettlement. To do this they have agreed two years of funding for a Senior Planner and Associate Medical Director to join the WHSSC team to take forward the development of a vulnerable groups commissioning team. There will be a review at 18 months into the project to agree with Welsh Government the longer term support of the work stream.

3. RECOMMENDATIONS

Members are asked to:

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

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

		Agenda Item	2.1
Meeting Title	Joint Committee	Meeting Date	12/11/2019
Report Title	South Wales Thoracic Surgery Services Centre Risk Register		
Author (Job title)	Assistant Planning Manager		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose		To share the south Wales thoracic surgery services centre risk register with members.		
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee		Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the information presented within the report. 		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

Swansea Bay University Health Board

1.0 SITUATION

To share the south Wales thoracic surgery services centre risk register with members.

2.0 BACKGROUND

At its meeting in July 2019, it was reported that the South Wales Thoracic Surgery Implementation Board and a number of Task and Finish Groups were up and running and working well with both managerial and clinical engagement. It was agreed that the Implementation Board Risk Register would be brought to a future meeting for discussion.

3.0 ASSESSMENT

The south Wales thoracic surgery services centre risk register can be found in Annex (i). The risk register has been prepared by the South Wales Thoracic Surgery Implementation Board.

4.0 RECOMMENDATIONS

Members are asked to:

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

5.0 APPENDICES / ANNEXES

Annex (i) South Wales Thoracic Surgery Services Centre Risk Register



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Governance and Assurance	
Link to Integrated Commissioning Plan	Re-configuration of existing service	
Health and Care Standards	Safe Care Effective Care Timely Care	
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Care for Those with the greatest health need first Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations	
Organisational Implications		
Quality, Safety & Patient Experience	The risk register presented in the report considers quality, safety and patient experience.	
Resources Implications	There are no resource implications associated with this report.	
Risk and Assurance	The report presents the risk register for the implementation of a single site thoracic surgery centre in south Wales.	
Evidence Base	The implementation of a single site thoracic surgery centre in south Wales is based on evidence presented in the thoracic surgery review.	
Equality and Diversity	There are no equality and diversity implications associated with this report.	
Population Health	One of the aims of the thoracic surgery review was to improve lung cancer resection rates in Wales.	
Legal Implications	There are no legal implications associated with this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		
Choose an item.		

Ref	Comments	Author	Date
[enter the next number in the sequence]	[Enter a description here of the changes made to this version]	[Enter the initial of the person making the changes]	[Enter the date when the changes were made]
v1	Draft - issued to JAD for comment	PJ	19/08/2019
v2			
v3			
v4			
v5			
v6			
v7			
v8			
v9			
v10			
v11			
v12			
v13			
v14			
v15			
v16			
v17			

Project Element	Ref	Risk	Impact	Initial Risk Score			Action Plan	Action Lead	Date added	Current Risk Score			Current Position	Change in Rating from previous month	Status
				Consequence	Likelihood	Rating				Consequence	Likelihood	Rating			
STRATEGIC RISKS															
		Service requirements/scope significantly changes at a strategic level, impacting on service scope, capital costs/ revenue affordability /design footprint					1) Continued liaison with All Wales advisory bodies, WG, partners' executive level & the ARCH Programme Board; (2) Continued liaison between partners' executive level and ARCH Programme Board								
		Design brief is not clear with large scale schedule of accommodation changes being made by the client					(1) Project Board signed off the design brief; (2) Sign off refurbishment briefs, carry out hi-level site surveys to, e.g. identify asbestos risk.								
		NHS reorganisation, and planned changes to NHS boundaries in Wales delays decision making.					1) Progress scheme as planned, SROs liaising with WGov at strategic planning level.								
		Capacity & Demand Planning - Significant changes in capacity/demand within the region					(1) Activity/capacity planning methodology developed with the Project Board; (2) Process in place for agreeing/signing-off of the plan								
		Gateway 10 (strategic assessment) review performance fails to achieve an acceptable rating, delaying ability to proceed with business justification and delivery strategy business case stages					(1) Clear governance structures and reporting procedures are in place.								
		Senior management support/ Public / Political support - Failure to maintain political staff / executive level / press support for agreed service model/modernisation proposals					(1) Communication with local/All Wales public representatives/ Partners/ Staff Representatives; (2) Develop Communications Strategy.								
		Ineffective project management arrangements during project planning and delivery stages					(1) Establish a Project Management Team; (2) Develop Staff Formal Consultation Plan; (3) Develop Communications Strategy and Plan								
		Delivery arrangements - Changes to the delivery arrangements locally and/or regionally					(1) Continued liaison with key stakeholders' Planning Directors								
		Essential licences - Mandatory licences may not be achieved					Continued liaison with licensing authorities								
PROGRAMME RISKS															
		Internal approvals delayed - There is a risk that board approvals are delayed.					(1) Continued liaison with key stakeholders' SROs								
		Planning approval & planning conditions - Failure to achieve planning permission conditions are excessive, that S106 demands building control approvals are more involved than anticipated					(1) Early engagement with Local Planners; (2) Appoint a Planning Advisor and further investigate future planning development risks at Morriston Hospital & Submit a pre-planning application; (3) Monitor progress								
		Funding approval delayed or timing of funding does not match our current programme due to WGov cashflow constraints					(1) Maintain regular dialogue re the procurement arrangements with WG and other key stakeholders.								
		Unrealistic programme set for new build and refurbishment solutions					(1) Review with appointed Designed for Life/Building for Wales3 Supply Chain								
		Phasing plans fail to deliver new build facilities, compromising refurbishment plans					Review programme with main contractor								
		Refurbishment phasing plans do not happen concurrently extending programme and delaying realisation of full benefits					Review programme with main contractor								
		Commissioning - Handover/technical and clinical commissioning may take longer than anticipated					Continued liaison with NWSSP-SES during design development								
		Staff Equipment - Formal staff engagement plans / processes are delayed / poorly coordinated					Formal Staff Consultation process to be agreed following executive level sign off of Discussion SOC.								
		Service Users & Carers - formal service user and carers engagement plans/processes are delayed/poorly coordinated													
		Equipment - The equipment strategy and implementation fails					Continued liaison with Procurement advisors during design development & delivery stage								
		IM&T - The IM&T strategy and implementation fails					Advise state - Equipment Strategy & Continued liaison with IM&T advisors via Project Board sub group forum) during design development & delivery stage								
FINANCIAL RISKS															
		Capital costs - Capital Cost over-run					(1) Finance Working Group established; (2) Appoint Health Board Cost Advisor (HBCA); (3) Estimate health board costs								
		Revenue affordability - Affordability of revenue model is over/under estimated					(1) Develop and sign off revenue model with DdF; (2) Project Board to review at each formal meeting								
		Inflation - There is a risk that long-term inflation varies from BSHB indices					Review at OBC & FBC stage								
		VAT - anticipated reclaim not resolved to optimum expectations					Review at OBC & FBC stage with independent VAT advisor								
		Availability of capital - There is a risk that the scope of the project is reduced in order as to within financial limit					Continued liaison with WGov.								
		Regional economy - Patient/Health Board & PHW/wider NHS/wider regional economy benefits are under/over estimated					(1) Develop and sign off hi-level Project Benefits Realisation (BRP) Strategy & Plan ; (2) Project Board regularly reviews BRP								
DESIGN RISKS															
		Staffing levels - Additional staffing levels / activity cannot be supported at Morriston Hospital, e.g. car parking provision and essential infrastructure are insufficient to support planned operations					(1) Develop Staff Modelling to inform, e.g. future car parking requirements on site; (2) Liaise with Morriston Hospital/ARCH projects currently at planning stage.								
		AEDEL Review performance process identifies design conflicts requiring adjustment of designs					Continued liaison with NWSSP-SES during design development								
		Fire regulations compliance may not be achieved					Continued liaison with NWSSP-SES Fire Officer during design development								
		Equality Act compliance may not be achieved					Continued liaison with NWSSP-SES during design development								
		Planning guidance - Changes to Legislation/ British Standard/ HTM/ HBNM/ ISO's/ CPA Accreditation/ HTA's/ Royal Colleges' guidance best practice					(1) Project Board monitors wider NHS design changes; (2) Continued liaison between partners' executive level and ARCH & national bodies & Royal Colleges.								
DESIGN RISKS															
		Unforeseen ground conditions are encountered during project delivery					Undertake site surveys								
		Archaeological interests are encountered on site(s) delaying works					Undertake L&P searches								
		Drainage works may be more than expected					Undertake site surveys								
		Damage to adjacent buildings/roads due to construction works					Review site logistics at design / programme stage with main contractor								
		Unforeseen ground contamination is encountered during project delivery					Undertake site surveys								
		Asbestos - Risk that more asbestos than anticipated is encountered during refurbishments, reconfigurations and building extensions projects than allowances, causing delays to the project					Undertake site surveys; Consult asbestos register								

Risk Register - South Wales Thoracic Surgery Services Centre at Morriston Hospital

Date of Update - 25.10.19

			Initial Risk Score				Current Risk Score									
Project Element	Ref	Risk	Impact	Consequence	Likelihood	Rating	Action Plan	Action Lead	Date added	Consequence	Likelihood	Rating	Current Position	Target Date to be achieved	Change in Rating from previous month	Status
Implementation Board	IB1	securing patient representative for Board	to ensure patient views are included within discussions for the programme and development of service model	4	4	16	Contact Hywel Dda and Aneurin Bevan Engagement Leads to identify a patient representative.	Asst. Director of Strategy & Partnerships SBUHB	15.02.19	2	2	4	Due to the large geographical areas securing a patient representative would not be feasible. As part of the programme alternative patient engagement is planned to gain their feedback from various focus groups			closed
Implementation Board	IB2	No Clinical Lead(s) with agreed role(s)	To ensure clinical leadership across the programme	5	3	15	Medical Director of SBUHB working with Medical Director of C&VUHB to agree role / funding	Medical Director, SBUHB	15.02.19	5	3	15	Malgorzata Kornaszewska has been appointed as clinical lead			closed
Implementation Board	IB3	Development and agreement of the consultant thoracic workforce proposal to support MTC agreed by all health boards.	Additional thoracic surgeons are required to meet the requirements for involvement in MTC cases	5	4	20	Discussions undertaken with WHSSC and external Expert Review scrutiny completed. Revised proposal submitted as part of MTC Programme Business Case	Asst. Director of Strategy & Partnerships SBUHB & Director of Planning, WHSSC	15.02.19	5	2	10	Being considered at next WHSSC Joint committee - to be included in MTN programme business case Sept 2019: WHSSC funding secured			closed
Implementation Board	IB4	Thoracic Surgery is not part of the All Wales Capital Programme	Potential delay in build of new unit	5	4	20	WHSSC Director of Planning to attend SBUHB Capital Investment meeting with Welsh Government to discuss requirements	SRO	15.02.19	5	4	20	To be discussed at the SBUHB Capital Review Meeting on 26.11.19			open
Implementation Board	IB5	Go live date for thoracic centre not set	Lose momentum, hearts and minds of all involved if go live date not agreed	5	4	20	PID and Implementation Plan being finalised which should give an indication of go live date. Caveated that if a new build is required this is likely to be the longest time component .	SRO	16.08.19	4	3	12				open
Implementation Board	IB6	Failure to appoint to the additional thoracic consultant posts	Inability to deliver additional service requirements of MTC	5	3	15	C&V currently recruiting to 3rd thoracic surgeon post, if there are more than one suitable candidates , clarity sought if they could appoint to the locum post. KP advised funding has been requested via Management Board for critical time appointments. Agreed.	Director of Planning, WHSSC	16.08.19	4	3	12				open
Implementation Board	IB7	Failure to secure funding for Project Manager to support implementation of Thoracic service model	Inability to deliver required planning for implementation of new service model	5	4	20	Inclusion of requirement into WHSSC plans for 2019 onwards	SRO	16.8.19	4	3	12				open
Implementation Board	IB8	Failure to appoint Project Manager	Failure to appoint Project Manager to support implementation of Thoracic service model leads to delays in programme	5	4	20	Appointment to be progressed urgently once funding secured	Asst. Director of Strategy & Partnerships SBUHB	16.8.19	4	3	12				open
Implementation Board	IB9	Lack of Patient engagement	Lack of engagement from patients across Health Boards to influence service model	4	4	16	Information packs distributed to clinical nurse specialists across all HBs for distribution to patients	Asst. Director of Strategy & Partnerships SBUHB	16.08.19	4	4	16				open
Implementation Board	IB10	Access to support services	Capacity to deliver requirements in the service model	4	3	12	HBs to map out their ability to deliver service model and identify any gaps	HBs	27.09.19	4	3	12				open

[illegible]

Initial Risk Score							Current Risk Score									
Project Element	Ref	Risk	Impact	Consequence	Likelihood	Rating	Action Plan	Action Lead	Date added	Consequence	Likelihood	Rating	Current Position	Target Date to be achieved	Change in Rating from previous month	Status

Rag Status

Risk Matrix	LIKELIHOOD				
CONSEQUENCES	1 Rare	2 Unlikely	3 Possible	4 Probable	5 Expected
1 Negligible	1	2	3	4	5
2 Minor	2	4	6	8	10
3 Moderate	3	6	9	12	15
4 Major	4	8	12	16	20
5 Critical	5	10	15	20	25

KEY - Reference:
IB - Implementation Board
SM - Service Modelling T&F Group
BC - Benign Conditions T&F Group
RS - Recruitment & Skills T&F Group

Key - Leads	
SRO - Senior Responsible Officer - Siân Harrop-Griffiths	
Asst. Director of Planning & Partnerships - Joanne Abbott-Davies,	
Director of Planning, WHSSC - Karen Preece	
Clinical Lead - Malgorzata Kornaszewska	
Medical Director - Richard Evans , SBUHB	
Chair T&F Recruitment &Skills - Tracy Walmsley, Senior Workforce Development Manager, HDUHB	
improvement Lead, NHS Collaborative Wales - Dana Knoyle	
Chair T&F Benign Conditions - Vasileios Valtzoglou, Consultant Thoracic Surgeon, CVUHB	
HBs	SBUHB
	CVUHB
	CTMUHB
	ABUHB
	PTHB
	HDUHB

1 - 4 LOW	This level of risk is considered acceptable and no additional action is required over and above existing management measures.
5 - 8 ACCEPTABLE	This level of risk is marginally acceptable and efforts should be made to reduce the risk although the costs of reduction must be carefully considered. Risk reduction actions should be completed within 12 months. Managed by the Project Lead and escalated, as appropriate, to the Programme Manager.
9 - 15 Amber Significant	This level of risk should be completed within 6 months and will be managed by the Programme Manager and escalated, as appropriate, to the Strategic Change Board.
16 - 25 High	This level of risk should be completed within 1 month and must be routinely reported by the Programme Manager to the Strategic Change Board and reported to the Health Boards' Board within the Corporate Risk Register and within reports from the Strategic Change Board to the Board.

Issue Log - South Wales Thoracic Surgery Services Centre at Morriston Hospital								
Issue	Description	Priority	Date Added	Assigned to	Status	Date resolved	Resolution /Comments	Planned resolution date



GIG
CYMRU
NHS
WALES

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

		Agenda Item	2.2
Meeting Title	Joint Committee	Meeting Date	12/11/2019
Report Title	Review and update of WHSSC Governance and Accountability Framework		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary	Public / In Committee	Public

Purpose	This report explains proposed changes to be made to the WHSSC Governance and Accountability Framework, including the WHSSC Standing Orders and Associated Documents.			
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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	Corporate Directors Group Board	Meeting Date	07/10/2019
	Integrated Governance Committee	Meeting Date	29/10/2019

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the content of this report; • Approve the amended WHSSC Standing Orders and Associated Documents; and • Support the amended WHSSC Standing Orders being taken forward for approval by the seven Welsh Local Health Boards. 			
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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/INTRODUCTION

The WHSSC Governance and Accountability Framework, which comprises the WHSSC Standing Orders and certain associated documents, has been reviewed in the context of the new Model Standing Orders issued by Welsh Government under Welsh Health Circular 2019 027 in September 2019.

This report provides the Joint Committee with an explanation of the key proposed changes and seeks approval for the amended WHSSC Standing Orders and associated documents with the amended WHSSC Standing Orders being taken forward for approval by the seven Welsh Local Health Boards (LHBs).

2. BACKGROUND

It is necessary to ensure that LHB, Trust, WHSCC and EASC Model Standing Orders (SOs) are kept up to date and take account of any developments. Whilst individual organisations are responsible for review of their respective documents they are informed by Model SOs issued using the Welsh Ministers power of direction in accordance with Sections 12(3) and 19(1) of the National Health Service (Wales) Act 2006. In September 2019 the Welsh Government issued revised Model Standing Orders for LHBs, Trusts and the Welsh Health Specialised Services Committee. Model SOs for the Emergency Ambulance Services Committee (EASC) were issued for the first time.

Following receipt of the revised Model SOs the WHSS Team has reviewed the WHSSC SOs. The WHSSC SOs are incorporated as Schedule 4.1 of the LHBs' SOs.

Model SOs and Reservation and Delegation of Powers for LHBs, Trusts and WHSSC were first issued in 2009 in accordance with the Welsh Ministers powers of Direction. Revised model documents were subsequently issued in 2012 and 2014.

NHS organisations in Wales are required to review their SOs annually. Some organisations have held off undertaking a review in expectation of issue of updated Model SOs.

There have been a number of changes to legislation which require changes in the governance arrangements within NHS organisations such as the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. It is necessary for the Model SOs to reflect these changes.

In November 2018 the Minister issued a direction to LHBs regarding changes to the voting arrangements for WHSSC and EASC. This latest review incorporates these changes.

Welsh Government also issues Model Standing Financial Instructions (SFIs). The SFIs are incorporated within Schedule 2 of the SOs and will have effect as if incorporated directly into the SOs. The timing of their review traditionally has coincided with the review of the Model SOs. On this occasion the Model SFIs are being reviewed on a different timeline. A Task and Finish Group has been established to take this work forward with the involvement of a representative of the Board Secretaries and Director of Finance Peer Groups.

In addition to the WHSSC SOs and SFIs, the WHSSC Governance and Accountability Framework comprises (1) a Memorandum of Agreement that defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the LHBs as individual members of the Joint Committee, (2) a Hosting Agreement that outlines what the accountability arrangements and resulting responsibilities mean for Cwm Taf Morgannwg UHB (as the host organisation) and the Joint Committee, and (3) a Memorandum of Agreement known as the Joint Committee Business Framework that sets out a framework so that members of the Joint Committee and sub committees/ sub groups have a clear understanding of the decision making process (together the Associated Documents).

3. CHANGES TO THE GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

The WHSS Team undertook reviews of the WHSSC SOs and the Associated Documents that were considered by the Joint Committee in January 2018 and May 2019. The Joint Committee noted that the recommended amendments were factual and minimal or automatically incorporated by direction of the Welsh Ministers. The amendments proposed as a result of these reviews were approved by the Joint Committee. On advice received from Welsh Government and particularly in anticipation of the issue of revised Model SOs, the amendments were not forwarded to the LHBs for their approval; however this latest review incorporates those amendments to the extent that they are still applicable.

The latest proposed amendments are also factual and minimal or automatically incorporated by direction of the Welsh Ministers and, in particular, include references to the current names of the LHBs, the current title of the Minister and changes that reflect the new voting arrangements directed by the Minister in November 2018. They also incorporate amendments that reflect custom and practice in the functioning of WHSSC since its inception.

4. RECOMMENDATIONS

Members are asked to:

- **Note** the content of this report;
- **Approve** the amended WHSSC Standing Orders and Associated Documents; and
- **Support** the amended WHSSC Standing Orders being taken forward for approval by the seven Welsh Local Health Boards.

5. APPENDICES/ ANNEXES

Proposed revised Standing Orders and Associated Documents.



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	Scheme of Delegation	
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	Choose an item. Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	Ensuring accuracy of the Standing Orders will provide risk control for the WHSSC.	
Resources Implications	No additional financial impact has been identified with the amendment to the Governance and Accountability Framework.	
Risk and Assurance	There may be an adverse effect on the organisation if arrangements are not put in place to manage the governance arrangements within WHSSC.	
Evidence Base	The Standing Orders are based on the model Standing Orders for WHSSC issued by Welsh Government.	
Equality and Diversity	Ensuring a robust accountability and governance framework will have a positive impact on equality and diversity.	
Population Health		
Legal Implications	There may be an adverse effect on the organisation if arrangements are not put in place to manage the governance arrangements within WHSSC.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	07/10/2019	Noted and supported.
Integrated Governance Committee	29/10/2019	Noted and supported

STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

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**This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders**

Foreword

Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing SOs Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee's (the WHSSC or the Joint Committee) proceedings and business¹. These WHSSC Standing Orders (WHSSC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009² and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement dated **[insert date]** made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated **[insert date]** between the Joint Committee and Cwm Taf Morgannwg University LHB (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

¹ Reference Part 3, Regulation 12 of WHSSC Regulations 2009 and Regulation 14(b) and 15(5) of the LHB Regulations 2009.

² (2009/3097 (W.270))

All LHB Board members, Joint Committee members, LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee. Further information on governance in the NHS in Wales may be accessed at www.wales.nhs.uk/governance-emanual/

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Section: A – Introduction

Statutory framework

- i) The Welsh Health Specialised Services Committee (the Joint Committee) is a joint committee of each LHB in Wales, established under the **Welsh Health Specialised Services Committee (Wales) Directions 2009** (the WHSSC Directions). The functions and services of the Joint Committee are listed in Annex 1 of the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee. Annex 1 was amended by the **Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014** following the establishment of the Emergency Services Ambulance Committee. The Joint Committee is hosted by the host LHB on behalf of each of the seven LHBs.
- ii) The principal place of business of the WHSSC is Unit G1, Main Avenue, Treforest Industrial Estate, Pontypridd CF37 5YL.
- iii) All business shall be conducted in the name of the Welsh Health Specialised Services Committee on behalf of LHBs.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006**³ which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006**⁴ applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.
- vi) However in some cases the relevant function may be contained in other legislation.
- vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The WHSSC Directions provide that the seven LHBs in Wales will work jointly to exercise

³ c.42

⁴ c.41

functions relating to the planning and securing of specialised and tertiary services and will establish the joint committee for the purpose of jointly exercising those functions.

- viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009⁵** (the WHSSC Regulations) which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009⁶** (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.
- x) The Host LHB shall issue an indemnity to the Chair, on behalf of the LHBs

NHS framework

- xi) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xiii) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

⁵ (2009/3097 (W.270)

⁶ (2009/779 W.67)

- xiv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xv) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xvi) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Minister's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Joint Committee Framework

- xvii) The specific governance and accountability arrangements established for the Joint Committee are set out within:
 - These WHSSC SOs and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others;
 - The WHSSC SFIs;
 - A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
 - A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.
- xviii) Annex 2 to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework. These documents must be read in conjunction with the WHSSC SOs.
- xix) The Joint Committee may from time to time, subject to the prior approval of each LHB's Board, agree operating procedures which apply to Joint Committee members and/or members of the WHSST and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these WHSSC SOs and SFIs. Details of the Joint Committee's key operating procedures are also included in

Annex 2 of these SOs.

Applying WHSSC Standing Orders

- xx) The WHSSC SOs (together with the WHSSC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups. The WHSSC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on joint sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these WHSSC SOs, respectively.
- xxi) Full details of any non compliance with these WHSSC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members and Joint Committee officers have a duty to report any non compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with WHSSC SOs is a disciplinary matter.**

Variation and amendment of WHSSC Standing Orders

- xxii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:
 - Each of the seven LHBs are in favour of the amendment; or
 - In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

- xxiii) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the WHSSC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.
- xxiv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes

precedence over these WHSSC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- xxv) The WHSSC SOs form a schedule to each LHB's own SOs, and shall have effect as if incorporated within them.

The role of the Committee Secretary

- xxvi) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups;
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, WHSSC SOs and the framework set by the LHBs and Welsh Ministers.

- xxvii) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committees operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

Section: B – WHSSC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions⁷

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area.

1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

1.1.4 The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee in conjunction with the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the

⁷ The WHSSC (Wales) Directions 2009 and The WHSSC (Wales) Regulations 2009

contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;

- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.

1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the Management Team undertaken at the direction of the Joint Committee.

1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the Joint Committees

1.2.1 The membership of the Joint Committee shall be 15 voting members and three associate members, comprising the *Chair* (appointed by the Minister for Health and Social Services) and the *Vice-Chair* (appointed by the Joint Committee from existing non-officer members of the seven LHBs)⁹, together with the following:

Non Officer Members [known as Independent Members]¹⁰

1.2.2 A total of 2, appointed by the Joint Committee from existing non-officer members of the seven LHBs.

8 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009, 5(1) and Welsh Health Specialised Services Committee (Wales) Regulations 2009, Part 2

9 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(1) & 4(2)

10 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(3)

Chief Executives

1.2.3 A total of 7, drawn from each Local Health Board in Wales.

Officer Members [known as WHSST Directors]

1.2.4 A total of 4, appointed by the Joint Committee, consisting of a Director of Specialised and Tertiary Services¹¹; a Medical Director of Specialised and Tertiary Services; a Finance Director of Specialised and Tertiary Services, and a Nurse Director of Specialised and Tertiary Services. These officer members may have other responsibilities as determined by the Joint Committee and set out in the scheme of delegation to officers. These officer members comprise the Management Team.

1.2.5 Where a post of WHSST Director is shared between more than one person because of their being appointed jointly to a post:

- i. Either or both persons may attend and take part in Joint Committee meetings;
- ii. If both are present at a meeting they shall cast one vote if they agree;
- iii. In the case of disagreement no vote shall be cast; and
- iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

1.2.6 The following Associate Members will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:

- Chief Executive of Velindre NHS Trust
- Chief Executive of the Welsh Ambulance Services NHS Trust
- Chief Executive of Public Health Wales NHS Trust.

In attendance

1.2.7 The Joint Committee Chair may invite other members of the WHSST or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

Use of the term 'Independent Members'

1.2.8 For the purposes of these WHSSC SOs, use of the term 'Independent Members' refers to the following voting members of the Joint Committee:

¹¹ The Director of Specialised and Tertiary Services is also known as the Managing Director of Specialised and Tertiary Services Commissioning

- Chair
- Vice-Chair
- Non Officer Members

unless otherwise stated.

1.3 Member Responsibilities and Accountability

- 1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.
- 1.3.2 Independent Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.
- 1.3.3 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

- 1.3.4 The Chair is responsible for the effective operation of the Joint Committee:
- Chairing Joint Committee meetings;
 - Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with WHSSC SOs; and
 - Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.
- 1.3.5 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 1.3.6 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

The Vice-Chair

- 1.3.7 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed¹².
- 1.3.8 The Vice-Chair is accountable to the Chair for their performance as Vice Chair.

Non-Officer Members

- 1.3.9 Non-Officer members are accountable to the Chair for their performance as Non-Officer members.

WHSST Director of Specialised and Tertiary Services

- 1.3.10 The WHSST Director of Specialised and Tertiary Services (Lead Director), as head of the Management Team reports to the Chair and is responsible for the overall performance of the WHSST. The Lead Director is accountable to the Joint Committee in relation to those functions delegated to it by the Joint Committee. The Lead Director is also accountable to the Chief Executive of the host LHB in respect of the administrative arrangements supporting the operation of the team.

WHSST Directors (excluding the WHSST Director of Specialised and Tertiary Services)

- 1.3.11 The Medical Director of Specialised and Tertiary Services, the Finance Director of Specialised and Tertiary Services, and the Nurse Director of Specialised and Tertiary Services are accountable to the Joint Committee and the Chief Executive of the host LHB through the Lead Director.

1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The **Chair**, shall be appointed by the Minister for Health and Social Services for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term¹³.
- 1.4.2 The **Vice Chair** and two other **Independent Members** shall be appointed by the Joint Committee from existing Independent Members of the seven

¹² Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 3, Regulation 13

¹³ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term¹⁴.

1.4.3 The appointment process for the Vice Chair and the two other Independent Members shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:

- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
- That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
- Potential conflicts of interest are kept to a minimum.

1.4.4 The **WHSST Directors** shall be appointed by the Joint Committee¹⁵, and employed by the host LHB in accordance with the eligibility requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the employment policies of the host LHB, as appropriate. The appointments process shall be in accordance with the workforce policies and procedures of the host LHB and any directions made by the Welsh Ministers.

1.4.5 WHSST Directors tenure of office as Joint Committee members will be determined by their contract of employment.

1.4.6 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they applicable, and as specified in the relevant regulations. Any member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office¹⁶.

2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS¹⁷

2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally

14 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

15 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 4(3)

16 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 6,7,8 and 11

17 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009 3(4)

accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.

- 2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of specialised services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the WHSST acts in accordance with its administrative policies and procedures.
- 2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.
- 2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.
- 2.0.5 The LHB Chairs *[through the lead Chair]* shall put in place arrangements to meet with the Joint Committee Chair on a regular basis to discuss the Joint Committee's activities and operation.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

- 3.0.1 Within the framework approved by each LHB Board and set out within these WHSSC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.
- 3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
 - i. Schedule of matters reserved to the Joint Committee;
 - ii. Scheme of delegation to joint sub-Committees and others; and
 - iii. Scheme of delegation to Officers.

all of which must be formally adopted by the Joint Committee.

- 3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

3.1 Chair's action on urgent matters

- 3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.
- 3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Lead Director has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the WHSST Director acting on behalf of the Lead Director will take a decision on the urgent matter, as appropriate.

3.2 Delegation to joint sub-Committees and others

- 3.2.1 The Joint Committee shall agree the delegation of any of their functions to joint sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers
- 3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted or to others.

3.3 Delegation to Officers

- 3.3.1 The Joint Committee will delegate certain functions to the Lead Director. For these aspects, the Lead Director, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Lead Director will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.
- 3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Lead Director may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.
- 3.3.3 Individual Directors are in turn responsible for delegation within their own teams in accordance with the framework established by the Lead Director

and agreed by the Joint Committee.

4. JOINT SUB-COMMITTEES

- 4.0.1 In accordance with WHSSC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).
- 4.0.2 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.
- 4.0.3 The Joint Committee shall establish a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum, it shall establish joint sub-Committees which cover the following aspects of Joint Committee business:
- Quality and Safety
 - Audit
- 4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own joint sub-Committees or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).
- 4.0.5 Full details of the joint sub-Committee structure established by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in Annex 3 of these WHSSC SOs.
- 4.0.6 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 (including its purpose and any delegated powers and authority);
 - Membership and quorum;
 - Meeting arrangements;
 - 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.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.

4.0.8 The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the joint sub-Committee's defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set in WHSSC Standing Order 4.0.9) or others.

4.0.9 WHSST Directors or officers should not normally be appointed as joint sub-Committee Chairs, nor should they be appointed to serve as members on any committee set up to review the exercise of functions delegated to officers. Designated WHSST Directors or officers shall, however, be in attendance at such joint sub-Committees, as appropriate.

4.1 Other Groups

4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

4.2 Reporting activity to the Joint Committee

4.2.1 The Joint Committee must ensure that the Chairs of all joint sub-Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint sub-Committee Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.2.2 Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

5. EXPERT PANEL AND OTHER ADVISORY GROUPS

- 5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in Annex 4 of the WHSSC SOs.
- 5.0.2 Any Expert Panel or Advisory Group established by 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 (including its purpose and any delegated powers and authority);
 - Membership and quorum;
 - Meeting arrangements;
 - 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.
- 5.0.3 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.
- 5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

5.1 Reporting activity

- 5.1.1 The Joint Committee shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Expert Panel or Advisory Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.
- 5.1.2 Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

6.2 Working with Community Health Councils

6.2.1 The Joint Committee shall make arrangements to ensure arrangements are in place to liaise with CHC members as appropriate.

6.3 Annual Plan of Committee Business

6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.

6.3.2 The plan shall set out the arrangements in place to enable the Joint

Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.

- 6.3.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of joint sub-Committees, Expert Panel and Advisory Groups.
- 6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisation's website.

6.4 Calling Meetings

- 6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.
- 6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

6.5 Preparing for Meetings

Setting the agenda

- 6.5.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Lead Director, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.
- 6.5.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of Joint Committee business.

Notifying and equipping Joint Committee members

- 6.5.3 Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 10¹⁸ calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.
- 6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments (IA) shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.
- 6.5.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.5.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 6.5.7 Except for meetings called in accordance with WHSSC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- On each LHB's website, together with the papers supporting the public part of the Agenda; as well as
 - Through other methods of communication as set out in the Joint Committee's communication strategy.

¹⁸ See Schedule 3, 2(3) of the LHB (Constitution, Membership and Procedures) Regulations 2009

- 6.5.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.6 Conducting Joint Committee Meetings

Admission of the public, the press and other observers

- 6.6.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.
- 6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible¹⁹. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting a WHSST officer or a patient. In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

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].

- 6.6.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.
- 6.6.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.
- 6.6.5 In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all

¹⁹ Schedule 3, 8 of the LHB(Constitution, Membership and Procedures) Regulations 2009

necessary steps to ensure that the Joint Committee's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

- 6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups

- 6.6.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its joint sub-Committees, expert panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Community Health Councils) and to demonstrate openness and transparency in the conduct of business.

Chairing Joint Committee Meetings

- 6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and Vice Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

- 6.6.10 At least 8 voting members, at least 4 of whom are LHB Chief Executives and 2 are Independent Members, must be present to allow any formal business to take place at a Joint Committee meeting.
- 6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they

may nominate a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

6.6.12 If the Lead Director or another WHSST Director is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g., a person deputising for the Lead Director will usually be another WHSST Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

6.6.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their deputy disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

6.6.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member and seconded by another Joint Committee member (including the Joint Committee Chair).

6.6.15 **Proposing a formal notice of Motion** – Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee's business, the matter shall be included on

the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.6.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.

6.6.17 **Amendments** – Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

6.6.18 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.6.19 **Motions under discussion** – When a motion is under discussion, any Joint Committee member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Joint Committee member may not be heard further;
- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.20 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.21 **Withdrawal of Motion or Amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.6.22 **Motion to rescind a resolution** – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

6.6.23 A Motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair,

unless the motion relates to the receipt of a report or the recommendations of a joint sub-Committee/WHSSC Director to which a matter has been referred.

Voting

- 6.6.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Joint Committee.
- 6.6.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the Chairs of the LHB's Advisory Groups. .
- 6.6.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.
- 6.6.27 A nominated deputy of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of a WHSST member vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

- 6.7.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.
- 6.7.2 Agreed minutes shall be circulated in accordance with Joint Committee members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's

website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act, the Joint Committee's Communication Strategy and the host LHB's Welsh language requirements.

6.8 Confidentiality

- 6.8.1 All Joint Committee members (including Associate members), together with members of any joint sub-Committee, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant joint sub-Committee or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the WHSSC Values and Standards of Behaviour (including Gifts and Hospitality) Policy or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

- 7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, WHSST officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the WHSSC SOs.

7.1 Declaring and recording Joint Committee members' interests

- 7.1.1 **Declaration of interests** – It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.

- 7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The

Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.

7.1.3 Register of interests – The Lead Director, through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.

7.1.4 The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This may include publication on the host LHB's website.

7.1.6 Publication of declared interests in Annual Report – Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

7.2 Dealing with Members' interests during Joint Committee meetings

7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the Joint Committee and as a member of the Board of an LHB that provides specialised and tertiary services.

7.2.2 Where individual Joint Committee members identify an interest in relation to

any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:

- i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint Committee's discussion and decision, including voting.
- ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;
- iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;
- iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.

7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Joint Committee.

7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 Members with pecuniary (financial) interests – Where a Joint Committee member, or any person they are connected with²⁰ has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

7.2.8 The Local Health Boards (Constitution, Membership and Procedures) Wales Regulations 2009 define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. The WHSSC SOs must be interpreted in accordance with these definitions.

7.2.9 Members with Professional Interests – During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

7.3 Dealing with officers’ interests

7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Lead Director, establishes and maintains a system for the declaration, recording and handling of WHSST officers’ interests in accordance with the Values and Standards of Behaviour Framework.

7.4 Reviewing how Interests are handled

7.4.1 The Joint Committee’s Audit Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts,²¹ hospitality and sponsorship

7.5.1 The Standards of Behaviour (including Gifts and Hospitality) Policy adopted by the Joint Committee prohibits Joint Committee members and WHSST officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise

²⁰ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

²¹ The term gift refers also to any reward or benefit.

their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or WHSST officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or WHSST officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other

work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

- 7.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.
- 7.6.2 All sponsorship must be approved prior to acceptance in accordance with the WHSSC **Values and Standards of Behaviour** (including Gifts and Hospitality) **Policy** and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, Hospitality and Sponsorship

- 7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Joint Committee members. WHSST Directors will adopt a similar mechanism in relation to WHSST officers working within their areas.
- 7.7.2 Every Joint Committee member and WHSST officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Lead Director, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.
- 7.7.3 When determining what should be included in the register with regard to gifts and hospitality, individuals must apply the following principles, subject to the considerations in WHSSC Standing Order 7.5:
- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.
 - **Hospitality:** Only significant hospitality offered or received should

be recorded. Occasional offers of 'modest and proportionate'²² hospitality need not be included in the Register.

7.7.4 Joint Committee members and WHSST Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

8.2 Reviewing the performance of the Joint Committee, its joint sub-

²² Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

Committees, Expert Panel and Advisory Groups

- 8.2.1 The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, expert panel and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.
- 8.2.2 Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.
- 8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:
- The ongoing development of its governance arrangements, including its structures and processes;
 - Its Committee Development Programme, as part of an overall Organisation Development framework; and
 - Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.3 External Assurance

- 8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.
- 8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.
- 8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.

- 8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

- 9.0.1 Taking account of the arrangements set out within these WHSSC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.

- 9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

- 9.0.3 The Joint Committee shall ensure that within the WHSST, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.1 Support to the Joint Committee

- 9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee;
- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;
- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and
- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

10. REVIEW OF STANDING ORDERS

10.0.1 The WHSSC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in WHSSC SOs, including the appropriate impact assessment.

Annex 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

DRAFT

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

Standing Orders, Reservation and Delegation of Powers for LHBs
WHSSC Standing Orders

Status: Draft
V8.0

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SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Introduction

As set out in WHSSC Standing Order 3, the Welsh Health Specialised Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

- i. A sub-Committee of the Joint Committee, e.g., Audit Committee;
- ii. A Group, Expert Panel or Advisory Group , e.g., with other LHBs established to take forward certain matters relating to specialist services; and
- iii. Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to sub-Committees or sub-Groups and others; and
- Scheme of delegation to officers.

all of which form part of the WHSSC's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in WHSSC SOs or WHSSC SFIs*
- *The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management*
- *Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*
- *The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*
- *The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out*
- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*
- *The Joint Committee may delegate authority to act, but retains overall responsibility and accountability*
- *When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.*

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION

OF POWERS: WHO DOES WHAT

The Joint Committee

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Lead Director

The Lead Director will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Lead Director will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in WHSSC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Lead Director may re-assume any of the powers they have delegated to others at any time.

The Committee Secretary

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Lead Director of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Lead Director is absent their nominated Deputy may exercise those powers delegated to the Lead Director on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Lead Director or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE²³

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
1	FULL	GENERAL	The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with WHSSC SOs
2	FULL	GENERAL	The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are listed below:
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges
4	FULL	OPERATING ARRANGEMENTS	Vary, amend and recommend for approval to the Boards of the Local Health Boards:

²³ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

			<ul style="list-style-type: none"> ▪ WHSSC SOs ; ▪ WHSSC SFIs; ▪ Schedule of matters reserved to the Joint Committee; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's Values and Standards of Behaviour framework
6	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's framework for performance management, risk and assurance
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Lead Director in accordance with WHSSC Standing Order requirements

9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with WHSSC SOs
10	FULL	OPERATING ARRANGEMENTS	Approve policies for dealing with complaints and incidents
11	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with WHSSC SFIs
12	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Lead Director and Officers
			N/A [Delegated to Lead Director/ Committee Secretary]
14	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of the WHSST Directors and any other Joint Committee level appointments, e.g., the Committee Secretary
15	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Joint Committee members' interests, in accordance with advice received, e.g. from Audit Committee
16	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the Joint Committee's top level organisation structure and Joint Committee policies
17	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Joint Committee sub-Committees, including any joint sub-Committees directly accountable to the Joint Committee

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18	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the Joint Committee
19	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups
20	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the Joint Committee
21	FULL	STRATEGY & PLANNING	Determine the Joint Committee's strategic aims, objectives and priorities
22	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Integrated Commissioning Plan
23	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Risk Management Strategy and plans
24	FULL	STRATEGY & PLANNING	Approve the Joint Committee's citizen engagement and involvement strategy, including communication
25	FULL	STRATEGY & PLANNING	Approve the Joint Committee's partnership and stakeholder engagement and involvement strategies

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26	FULL	STRATEGY & PLANNING	Approve the Joint Committee's key strategies and programmes related to: <ul style="list-style-type: none"> Population Health Needs Assessment and Commissioning Plan The development and delivery of patient centred specialised and tertiary services for the population of Wales Improving quality and patient safety outcomes Workforce and Organisational Development Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
27	FULL	STRATEGY & PLANNING	Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
28	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Lead Director set out in the WHSSC SFIs
			N/A
30	FULL	PERFORMANCE & ASSURANCE	Receive reports from the WHSST Directors on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
31	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Joint Committee's sub-Committees, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans

32	FULL	PERFORMANCE & ASSURANCE	Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
			N/A
			N/A
			N/A
36	FULL	REPORTING	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government
			N/A

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
	Chair		Chair of the Integrated Governance Committee
	Independent Member or Vice Chair		Audit Lead
	Independent Member or Vice Chair		Chair of the Quality and Patient Safety Committee

DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS²⁴

WHSSC Standing Order 3 provides that the Joint Committee may delegate powers to sub-Committees and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

- Audit Committee (of the host organisation)
- Quality and Patient Safety Committee
- Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Integrated Governance Committee
- Welsh Renal Clinical Network
- Management Group

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Committee terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to sub-Committees.

²⁴ As defined in Standing Orders.

SCHEME OF DELEGATION TO WHSST DIRECTORS AND OFFICERS

The WHSSC SOs and WHSSC SFIs specify certain key responsibilities of the Lead Director, the Director of Finance and other officers. The Lead Director's Job Description sets out their specific responsibilities, and the individual job descriptions determined for other WHSST Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the WHSSC SFIs form the basis of the Joint Committee's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Agreeing and signing Health Care Agreements and Contracts with service providers for health care services	Lead Director Director of Finance (Deputy)
Approval to commission Specialist healthcare services	Lead Director
Information Governance arrangements	Committee Secretary (in conjunction with the Host HB)
Management of Concerns	Director of Nursing and QA
Health and Safety arrangements	Lead Director/ Committee Secretary (in conjunction with the Host HB)
Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with government directions.	Chair/ Lead Director Director of Finance (Deputy)
Issuing tenders and post tender negotiations.	Lead Director Director of Finance (Deputy)
Legal advice	Committee Secretary

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Action on litigation	Lead Director/ Committee Secretary
Operation of detailed financial matters, including bank accounts and banking procedures	Director of Finance (in conjunction with the Host Director of Finance)
Workforce	Committee Secretary
Public consultation	Lead Director
Manage central reserves and contingencies	Director of Finance
Management and control of stocks other than pharmacy stocks	Lead Director
Management and control of computer systems and facilities	Committee Secretary
Monitor and achievement of management cost targets	Lead Director
Recording of payments under the losses and compensation regulations	Director of Finance
Individual Patient Funding Requests	Director of Nursing and QA
Approve and ensure the publication of non-statutory Annual Report	Lead Director

This scheme only relates to matters delegated by the Joint Committee to the Lead Director and other WHSST Directors, together with certain other specific matters referred to in WHSSC SFIs.

Each WHSST Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

Joint Committee framework

The Joint Committee's governance and accountability framework comprises these WHSSC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- ***WHSSC SFIs***
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance Framework***
- ***Key policy documents***

agreed by the Joint Committee. These documents must be read in conjunction with the WHSSC SOs and will have the same effect as if the details within them were incorporated within the WHSSC SOs themselves.

These documents may be accessed from the Committee Secretary by written request.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

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Annex 3

JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

***[Joint Committee to insert details, including detailed Terms of Reference
and Operating Arrangements for each sub-Committee]***

DRAFT

Annex 4

ADVISORY GROUPS AND EXPERT PANELS TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

***[Joint Committee to insert details, including detailed Terms of Reference
and Operating Arrangements for each Advisory Group and Expert Panel]***

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MEMORANDUM OF AGREEMENT

MEMORANDUM OF AGREEMENT

THIS MEMORANDUM OF AGREEMENT is made the ***[insert date]***

BETWEEN

- (1) ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ
- (2) BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW
- (3) CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at University Hospital of Wales, Heath Park, Cardiff, CF14 4XW
- (4) CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN.
- (5) HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Merlin's Lane, Winch Court, Haverfordwest, Pembrokeshire, SA61 1SB
- (6) POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS
- (7) SWANSEA BAY UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR

WHEREAS:

- A. In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), the LHBs are required to establish a Joint Committee for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services from 1 April 2010.
- B. The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (SI 2009 No 3097) make provision for the constitution of the Joint Committee including its procedures and administrative arrangements.
- C. Cwm Taf Morgannwg UHB has been identified as Host LHB to provide administrative support for the running of the Joint Committee and to establish the Welsh Health Specialised Services Team as per Direction 3(4)

and Regulation 3(1)(d) and the interpretation sections of both the Directions and the Regulations and the Joint Committee Standing Orders: Statutory Framework and Joint Committee Framework.

- D. The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions on the review, planning, procurement and performance monitoring of agreed specialised and tertiary services (Relevant Services) and in accordance with their defined Delegated Functions. The Joint Committee therefore comprises, and is established by, all the LHBs.
- E. The LHBs have been given the financial responsibility for all of the specialised and tertiary health needs for their respective populations. Refer to Standing Order 1.1.
- F. The Directions and Regulations require that the Chief Executives of each of the 7 LHBs listed as Parties to this Agreement be members of the Joint Committee. This Agreement defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee. This is in accordance with their objective to make collective decisions as to the provision of national services as described above and in the interests of NHS Wales and the health needs of their individual populations. Refer to Standing Orders: Statutory Framework, NHS Framework and Joint Committee Framework (for governance arrangements); and to Standing Orders 1.2 and 1.3 (for membership, responsibilities and accountability).

1. INTERPRETATIONS

'the Act'	the National Health Service (Wales) Act 2006 (C.42)
'Associate Members'	the Chief Executives of Public Health Wales NHS Trust, Velindre NHS Trust, Welsh Ambulance Services NHS Trust. Refer to Regulation 3(3) and Standing Order 1.2.6
'the Directions'	the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)
'Chair'	the person appointed by the Minister to lead the Welsh Health Specialised Services Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs. Refer to Regulation 4(1) and Standing Orders 1.3.4 to 1.3.6.
'Chief Executives'	the Chief Executives of the constituent LHBs
'Committee Secretary'	the person appointed by the Welsh Health Specialised Services Committee as its principal advisor on all aspects of governance. Refer to Standing Orders: The Role of the Committee Secretary.
'Role of the Joint Committee'	the role ascribed to the Joint Committee ascribed to the Joint Committee in section 4 of this Agreement. Refer to Standing Order 1.1.
'Dispute Process'	the arbitration process agreed with WG.
'WHSST Directors'	the Officer Members of the Joint Committee as defined in Regulation 3(2) of the Regulations.
'Host LHB'	Cwm Taf Morgannwg University Local Health Board
'Joint Committee'	the Welsh Health Specialised Services Committee established in accordance with the Directions and Regulations
'LHB'	Local Health Board established in accordance with s 11(2) of the Act
'Management Group'	the purpose of the Management Group is to be the Specialised Services Commissioning operational body responsible for the implementation of the Specialised Services Strategy. It will underpin the commissioning of

Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation.

'Management Team'	the team appointed in accordance with paragraph 10.2 of the Agreement, comprising of the Lead Director, Medical Director, Finance Director and Nurse Director of Specialised and Tertiary Services. Refer to Regulations 3(2) and Standing Order 1.2.4.
'NHS Wales'	the comprehensive health service for Wales established by the NHS (Wales) Act 2006 (C.42)
'Provider LHB'	a LHB which provides specialised and tertiary services to the Joint Committee
'the Regulations'	the Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097 (W.270))
'Relevant Services'	the planning and securing of specialised and tertiary services consisting of those functions and services listed in Annex (i) of the Welsh Health Specialised Services Committee (Wales) Directors 2009, and incorporated as Annex (i) in this Agreement, subject to any variations to those functions agreed from time to time by the Joint Committee.
'WAG'	Welsh Assembly Government as defined by Government of Wales Act 2006 (C.32).
'WG'	Welsh Government as announced by the First Minister of Wales on 12 May 2011
'WHSST'	the Welsh Health Specialised Services Team consisting of staff employed by the Host LB to provide the Relevant Services, including WHSST Directors.

2. CORPORATE IDENTITY

- 2.1 The corporate identity for the Joint Committee will be in accordance with the Corporate Identity Guidelines issued by Welsh Government to LHBs. The Joint Committee will be referred to as the 'Welsh Health Specialised Services Committee' on stationery and signage.

3. PRINCIPLES

- 3.1 The Joint Committee is a statutory committee established under sections 12 (1)(b) and (3), 13(2)(c), (3)(c) and (4)(c) and 203(9) and (10) of the Act. The LHBs are required to jointly exercise the Relevant Services. Refer to Standing Orders: Statutory Framework
- 3.2 The principle of subsidiarity will apply so that the Joint Committee will agree annually a List of Specialist Services which has approved by the Joint Committee as part of the Annual Planning process. The Joint Committee will be only responsible for the provision of those services which are identified in the List of Specialist Services. Any other service not identified in the List of Specialist Services will be the responsibility of each LHB to provide locally. Nothing in this paragraph shall prevent any LHB from exercising its discretion as to how to provide these services, either individually, or in conjunction with other LHBs or other bodies. Refer to Standing Order 1.1.2
- 3.3 Each LHB is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of primary, community, in-hospital care services and specialised services for their population. For a number of national services, this can only be achieved by working collaboratively with all LHBs. The Joint Committee is established on this basis of a shared, national approach to the joint planning of specialised and tertiary services on behalf of each LHB, ultimately accountability to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area remains with individual LHBs. Refer to Standing Order 1.1.2.
- 3.4 In performing its role, the Joint Committee and each individual Chief Executive shall work in the wider interest of NHS Wales. In so doing, they shall work with all of the Joint Committee's appropriate partners and stakeholders in the best interests of NHS Wales. In so doing, the Joint Committee will take account of the following key principles:
 - 3.4.1 Collaboration should be designed to deliver changes in services and demonstrable population benefit;

- 3.4.2 Collaboration should ensure a more extensive and consistent use of evidence supported by a robust analysis of need;
- 3.4.3 Collaboration must not diminish clinical engagement;
- 3.4.4 Collaboration should support LHBs in working together more effectively, in an open and transparent way, for the benefit of the local population;
- 3.4.5 Collaboration must enhance resource utilisation in the planning process to reduce duplication and overlap;
- 3.4.6 Collaboration should focus upon articulating need, reviewing evidence of good practice, designing models of care and producing clear service specification;
- 3.4.7 Collaboration should promote equity in service delivery.

Refer to Standing Orders 1.1 and 1.3

3.5 Each LHB acknowledges the following principles:

- 3.5.1 the Management Team will be held to account by the Joint Committee for the delivery of a strategy for the provision of specialised and tertiary services for Wales as well as providing assurance that the systems of control in place are robust and reliable.
- 3.5.2 that any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. Refer to Standing Order 1.1.5
- 3.5.3 that each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role. Refer to Standing Order 1.1.2.
- 3.5.4 that their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to

act transparently in the performance of their functions. Refer to Standing Orders 1.1.2 and 1.1.3.

3.5.5 that each Chief Executive as a member of the Joint Committee will require the Management Team of the Joint Committee to ensure that, in the timetabling of the annual work programme, sufficient time will normally be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.

3.5.6 that when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights. Refer to Standing Order 6.6.10 and 6.6.11

3.6 Each Chief Executive will agree to advise the Chair of any circumstances where it is considered that there may be a conflict of interest between the performance of the national planning functions of the Joint Committee and the effect of any such decision on the scope of the services which the constituent LHB provides. Refer to Standing Order 7: Values and Standards of Behaviour

3.6.1 where the Chair considers that the conflict is not clear he will consult with the remainder of the Committee and reach a collective view.

3.6.2 where the Chair decides that there is a clear conflict of interest the Chief Executive will be required to abstain from the discussion.

3.7 The Joint Committee will strive to make decisions by consensus, failing which it will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no two thirds majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

4. ROLE OF THE JOINT COMMITTEE

4.1 The role of the Joint Committee as determined by the Welsh Ministers are (refer to Standing Order 1.1.4):

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the

Welsh Ministers;

- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

5. ANNUAL WORK PROGRAMME AND PLANNING

5.1 The Joint Committee and its Management Team will adhere to the standards of good governance set for the NHS in Wales and which are based on Welsh Government's Citizen Centred Governance Principles. Refer to Standing Order: NHS Framework.

5.2 The Joint Committee will:

- 5.2.1 report to the individual LHBs on its activities. It is formally accountable to the individual LHBs in respect of its role carried

out on their behalf. Refer to Standing Order 9: Demonstrating Accountability.

- 5.2.2 lead and scrutinise the operations, functions and decision making of the Management Team. It will require the Management Team to report to it on its activities and it will hold the Management Team to account on behalf of the seven LHBs. Refer to Standing Order 1.1.6.

5.3 The Joint Committee will therefore require:

- 5.3.1 the Management Team to co-operate with them as members of the Joint Committee in securing agreed processes so that patients in Wales may have the equal opportunity to access new advances in treatment but in a way which ensures that services which no longer require collaborative planning are stepped down at the appropriate time to the individual LHBs as local providers.
- 5.3.2 the Management Team to prepare for their approval a Plan of Business for the year. They will also require the Management Team to agree with the Joint Committee an appropriate way of working. This will include submitting to the Joint Committee for discussion and agreement (following an appropriate internal and external consultation process) a Priorities Programme, an annual List of Specialised Services to be planned nationally and identifying the services to be stepped down for local provision, national Planning Policies and a Schedule of other appropriate policies for development and review on an annual basis.
- 5.3.3 in developing any new or amended policy the Management Team will prepare a suggested process which will be subject to an approved corporate standard for agreement by the Joint Committee.
- 5.3.4 the Management Team will undertake on an annual basis a mapping exercise of the Healthcare Standards which apply to the Joint Committee. An annual return will be submitted to the LHBs for inclusion in their annual return to Welsh Government.
- 5.3.5 a Quality and Patient Safety Sub Committee will be established to provide evidence based and timely advice to the Joint Committee to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare. The Quality and Patient Safety Sub Committee will also provide assurance to the Joint Committee in relation to the

arrangements for safeguarding and improving the quality and safety of specialised healthcare services within the remit of the Joint Committee. The Quality and Patient Safety Sub Committee will operate in accordance with the Terms of Reference annexed to the Standing Orders. Refer to Standing Order 4.0.3

- 5.3.6 the production of an Annual Report (to be prepared by the Committee Secretary) each year. Refer to Standing Order 9.0.2.
- 5.3.8 the Director of Finance for the Joint Committee to agree with the relevant Provider LHBs information requirements and reporting timescales to enable the Joint Committee to discharge its duties on behalf of each LHBs
- 5.3.9 the Management Team to act in accordance with the Welsh Language Scheme of the Host LHB in preparing papers on behalf of the Joint Committee. Refer to Standing Order 6.1.1.
- 5.3.10 the Lead Director to lead the consultation process on behalf of each LHB where the Joint Committee supports proposals which result in a major change in service provision.

6. ROLE OF CHAIR

- 6.1 The LHBs acknowledge that the Regulations require that the Chair be appointed by the Minister for Health and Social Services as an independent appointment and in accordance with the Nolan Principles. It is further acknowledged that the Chair is accountable to the Minister for Health and Social Services and is required by the Minister to act in accordance with the terms of his/her Accountability Agreement. Refer to Standing Orders 1.2.1 and 1.3.6.
- 6.2 The Chair will:
 - 6.2.1 be accountable to the individual LHBs in relation to the delivery of the role of the Joint Committee exercised by the Committee on their behalf.
 - 6.2.2 be required to secure consensus where possible in the making of collective decisions in the wider interests of NHS Wales and in accordance with the individual obligations of the Chief Executives and the non officer members.

- 6.2.3 the Chair will work in close collaboration with the Chairs of LHBs to ensure that the strategic development of Specialised and Tertiary Services meets the needs of NHS Wales.
- 6.2.4 the Chair will attend the All Wales Chairs Meeting at least twice a year.

7. APPOINTMENT AND ROLE OF NON OFFICER MEMBERS

- 7.1 Each non officer member (including the Vice-Chair) appointed to the Committee in accordance with the Regulations is individually accountable to the Chair. Refer to Standing Orders 1.3.8 and 1.3.9.
- 7.2 The Chair will seek nominations from the Chair of each individual LHB for the appointment of a non officer member. The Chair will determine and agree with the Chairs of the LHBs the appropriate process for the selection of the non officer member but in so doing must take account of the following requirements: Refer to Standing Orders 1.4. 2 and 1.4.3
 - 7.2.1 A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served which will include consideration as to whether the constituent LHB is regarded as a major provider of services to the Joint Committee;
 - 7.2.2 wherever possible, the overall membership of the Joint Committee reflects the diversity of the population.
- 7.3 One non officer member will be selected from the Host LHB. This non officer member will act as the Audit Lead.

Each non officer member will be required to acknowledge their individual responsibility to contribute to the performance of the Delegated Functions of the Joint Committee and to share in the decision making in the interests of the wider NHS Wales.
- 7.4 The Chair and non officer members will participate fully in the Performance Review Process as set down by the Welsh Government. Refer to the appropriate Accountability Agreements.

8. STATUS AND ROLE OF ASSOCIATE MEMBERS

- 8.1 The LHBs acknowledge that the Associate Members will attend the Joint Committee meetings on an ex-officio basis but in accordance with the

Directions will not have the right to vote in any meetings or proceedings of the Joint Committee. Refer to Standing Order 1.2.6.

- 8.2 Associate Members will be entitled to engage and participate in the discussions. It will be the responsibility of the Chair to secure that they may seek to influence and/or challenge the decision making by their participation during the course of the debate.

9. ROLE OF MANAGING DIRECTOR OF SPECIALISED AND TERTIARY SERVICES COMMISSIONING (LEAD DIRECTOR)

- 9.1 The Lead Director will:

9.1.1 be the head of the Management Team and will report to the Chair. In so doing the Director will be accountable to the Joint Committee in relation to its role delegated to the Management Team by the Joint Committee. Refer to Standing Order 1.3.10

9.1.2 be accountable to the Chief Executive of the Host LHB in respect of the administrative arrangements supporting the operation of the team. Refer to Standing Order 1.3.10

- 9.2 The Lead Director is responsible for ensuring that the Joint Committee enters into suitable Health Care Agreements and Contracts with service providers for health care services. The Lead Director will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions.

10. MANAGEMENT ARRANGEMENTS

- 10.1 In accordance with the Standing Orders, the Joint Committee may delegate certain functions to the WHSST Directors. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions.
- 10.2 The Joint Committee will determine the nature and extent of any functions which it is appropriate to delegate to a Sub Committee and to the WHSST Directors.
- 10.3 The Joint Committee's approach to delegation will be set out in the Standing Orders, Standing Instructions and Scheme of Reservations and Delegation.
- 10.4 The delegation of any function will be subject to regular review by the Joint Committee to ensure that the distribution of functions is accurately and

appropriately described and continues to remain appropriate to respond to the requirements of the Joint Committee.

- 10.5 The LHBs acknowledge that the WHSST Directors will constitute the Management Team.
- 10.6 Any Chief Executive or other member of the Joint Committee who wishes to attend a Management Team meeting will agree their attendance with the Lead Director in advance.
- 10.7 The individual WHSST Directors are employed by the Host LHB but in exercising the performance of their functions they are individually accountable to the Joint Committee. Refer to Standing Orders 1.3.10 and 1.3.11.
- 10.8 The Management Group reports directly to the Joint Committee and membership includes the WHSST Directors and representation from the LHBs. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation. The purpose of the Management Group is to be the Specialised Services Commissioning operational body responsible for the implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

11. ROLE OF COMMITTEE SECRETARY

- 11.1 The LHBs acknowledge that the role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary will be required to act as the guardian of good governance within the Joint Committee by: Refer to Standing Orders: The role of the Committee Secretary
 - 11.1.1 providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
 - 11.1.2 facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its sub-committees and Advisory Groups and producing an Annual Plan of Committee Business;
 - 11.1.3 ensuring that Joint Committee members have the right information to enable them to make informed decisions and

fulfil their responsibilities in accordance with the provisions of these Standing Orders;

- 11.1.4 ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- 11.1.5 contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- 11.1.6 monitoring the Joint Committee's compliance with the law, Joint Committee Standing Orders and the framework set by the LHB and Welsh Government.

11.2 It is agreed that the Committee Secretary is directly accountable for the conduct of his/her role to the Chair of the Joint Committee. The Committee Secretary will also be accountable to the Board Secretaries of the LHBs to ensure that robust governance arrangements are in place for the Joint Committee.

12. RELATIONSHIP WITH HOST

12.1 The responsibilities of the Host LHB are:

- 12.1.1 to appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the making of payments to providers of the Relevant Services;
- 12.1.2 to provide advice to the Joint Committee on compliance with Cwm Taf Morgannwg's policies, Standing Financial Instructions, Procurement Rules, Human Resource policies and other procedures;
- 12.1.3 to be the legal entity which enters into agreed tenders, procurement contracts, service level agreements and terms of engagement commissioned by the Joint Committee, and to ensure that the individuals appointed and employed to support the functions of the Joint Committee carry out those tasks which are stated in this Agreement to be the role of the Joint Committee;

- 12.1.4 to hold the management budget for the Joint Committee/Relevant Services and make payments and receive income as necessary;
- 12.1.5 to be authorised to appoint lawyers and other professional advisors (in consultation with the Host LHB's Procurement Services team), and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the Joint Committee.
- 12.1.6 All banking arrangements are the responsibility of the host LHB.
- 12.2 The Host LHB will not be responsible or accountable for the planning, funding and securing of the Relevant Services save in respect of the residents within the area of the Host LHB. Refer to Standing Order 2.0.2
- 12.3 The Joint Committee will require the Host LHB to enter into a separate Hosting Agreement, annexed to this Agreement as Annex (ii) to record the agreed accounting arrangements and resulting responsibilities. Refer to Standing Orders: Joint Committee Framework.

13. ACCOUNTABILITY AND AUDIT COMMITTEE

- 13.1 Audit Committee arrangements will be the responsibility of the Host LHB.
- 13.2 The WHSSC Director of Finance and the WHSSC Committee Secretary will attend all Audit Committee meetings held by the Host LHB.
- 13.3 The Audit Lead will provide reports to the Joint Committee following the Host LHB Audit Committee meetings.

14. PROCUREMENT

- 14.1 Each LHB will ensure that appropriate internal arrangements are made to delegate their respective functions to the Joint Committee for the procurement of the Relevant Services. The Joint Committee (acting through the Host LHB) will establish collaborative commissioning and managerial arrangements to negotiate, agree and manage all aspects of service level agreements/contracts for the Relevant Services on such terms and for such purposes as may be agreed by the Joint Committee.
- 14.2 Agreed tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by the Host LHB on behalf of the Joint Committee in accordance with the Host LHB's procurement policy and Standing Financial Instructions.

15. FINANCIAL PRINCIPLES

- 15.1 The following represent the key financial principles to be adhered to by the LHBs:
- 15.1.1 to achieve financial neutrality and stability, where possible, for LHBs;
 - 15.1.2 to adopt a fair and practical approach to the challenges of establishing the Joint Committee and to the functioning of the Joint Committee;
 - 15.1.3 to ensure that funds are to be blocked back to the Joint Committee;
 - 15.1.4 to ensure that the status quo with England is maintained until further review;
 - 15.1.6 to ensure that a risk sharing methodology will be reviewed and agreed annually.

16. BUDGET AND FUNDING

- 16.1 In accordance with the Joint Committee's Standing Orders, the Joint Committee must agree the total budget to plan and secure the Relevant Services delegated to it. The Joint Committee must also agree the appropriate contribution of funding required from each LHB. Refer to Standing Order 1.1.4
- 16.2 Each year the Joint Committee will prepare an annual plan which shall outline the funding requirements in relation to the Relevant Services and be analysed by each constituent LHB as providers and purchasers. Refer to Standing Order 1.1.4
- 16.3 Each LHB will be required to make available to the Joint Committee the level of funds outlined in the annual plan and calculated in accordance with paragraph 16.1. The funds shall be drawn down in cash on a monthly basis from each of the LHB's as proposed by the Director of Finance for the Joint Committee.
- 16.4 On a monthly basis, the Director of Finance for the Joint Committee shall prepare a report to the Joint Committee which outlines the performance of the Joint Committee, highlighting any variances from the original annual plan, in total, and also broken down to each LHB commissioner level.

- 16.4.1 in cases where the performance report highlights an adverse variance to the annual plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a break-even position is maintained.
- 16.4.2 in cases where the performance report highlights a favourable variance to the annual plan, the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.
- 16.5 The Joint Committee will comply with all Welsh Government financial monitoring arrangements. The Director of Finance of the Joint committee is responsible for ensuring that a financial monitoring return is submitted to WG in the prescribed format and to the required deadlines.
- 16.6 Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. Any disputes over the level of funding proposed by Joint Committee shall be referred to the Welsh Government for resolution by the Welsh Ministers.

17. GIFTS AND HOSPITALITY

- 17.1 Each member of the Joint Committee is required to declare any gifts and hospitality in accordance with the Joint Committee Standing Orders to the Committee Secretary in relationship to their membership of the Joint Committee. The Committee Secretary will maintain a register of such declarations. Refer to Standing Orders: Values and Standards of Behaviour

18. DISPUTES AND ARBITRATION

- 18.1 In accordance with the principles set out at paragraph 3 of this Agreement, the LHBs will seek to work cooperatively with each other as constituent members of the Joint Committee, with the Joint Committee as a whole, and with the Management Team. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the Chair will be requested to invoke the Dispute Process which is set out in the Business Framework (Annex (iii)).

19. CONCERNS

- 19.1 **Concerns about treatment funded through the Joint Committee arrangements**

Concerns notified about care and treatment will be dealt with by the organisation providing the treatment. Concerns will be considered under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Provider organisations must, as part of the contractual agreement, advise the LHB in which the patient lives that a complaint has been made and the LHB will ensure that this is reviewed in conjunction with the Quality and Patient Safety Sub Committee.

19.2 About individual patient funding decisions

These concerns will be handled by the LHB in which the patient lives, in accordance with the All Wales Individual Patient Funding Request Policy agreed by the Welsh Government.

19.3 About any function of the Joint Committee, its staff or its performance

These concerns will be dealt with by the Host LHB on behalf of all LHBs in Wales, and in conjunction with the conjunction with the Quality and Patient Safety Committee where appropriate.

19.4 An Operational Agreement will be developed between the LHBs which sets out clearly operationally how concerns will be dealt with.

19.5 Financial or other Redress

When qualifying liability in tort has been determined, following an investigation of a concern, each constituent LHB is responsible for managing and funding the redress payment arising from their resident populations.

20. INDEPENDENT PATIENT REVIEWS

20.1 Pending the establishment of an independent review process for Wales, the Joint Committee will ensure that any request to review any decision as to an individual funding decision will be in accordance with the All Wales Policy on Individual Patient Funding Requests.

21. COMMUNICATION

21.1 The Committee Secretary and the Board Secretaries of the respective LHBs will develop a Communication Strategy to ensure robust communication methods are in place to support the operation of the Joint Committee.

- 21.2 Each LHB will ensure that they utilise appropriate mechanisms to facilitate active debate amongst stakeholders, professionals and communities served to ensure appropriate independent representation and participation on the planning of the Relevant Services.
- 21.3 Each LHB is responsible for responding to individual enquires concerning their individual geographical population. Where it is an issue relating to a decision made by the Joint Committee, for example, as to the planning of a service, then the Committee Secretary will be responsible for co-ordinating the response in consultation with the Board Secretaries for the respective LHBs.
- 21.4 Each Member of the Management Team is required to work in collaboration with their colleagues in the LHBs to ensure the planning of the Relevant Services.
- 21.5 Where a request under the Freedom of Information Act is received by the Joint Committee, the request will be dealt with in accordance with the Host LHB's Freedom of Information Act procedure. Where the request is considered to be an issue relating to a specific LHB and it relates to recorded information which is held by that LHB, then the request will be forwarded to the Board Secretary of the respective LHB to respond in accordance with the Freedom of Information Act Code of Practice.

22. INTERFACE WITH CLINICAL NETWORKS

- 22.1 The arrangements with the Clinical Networks are set out at Annex (iv).

23. MENTAL HEALTH RESPONSIBILITIES

- 23.1 It will be the responsibility of the Lead Director to prepare a report for each meeting of the Joint Committee (where appropriate) on the conduct by the Management Team of the Committee's responsibilities to mental health patients who are detained under the Mental Health Legislation including any requirement by the Crown Court or the Mental Health Tribunal to give evidence as to appropriate placement of a patient detained under the Mental Health Legislation.

24. CROSS BORDER SLA ARRANGEMENTS

- 24.1 The Director of Finance of the Joint Committee will agree appropriate contracts with a defined list of English NHS Trusts and Foundation Trusts for the purposes of delivering specialised services for the Welsh population.

- 24.2 The Director of Finance for the Joint Committee will be responsible for securing that the contracts are cost effective and achieve the delivery of services of appropriate quality.
- 24.3 In the interests of simplified patient care pathways and reducing administrative complexity these contracts may include non-specialised activity.
- 24.4 The Director of Finance of the Joint Committee will prepare performance reports on these contracts for each Joint Committee meeting.
- 24.5 The Lead Director will ensure that NHS Wales continues to maintain and develop appropriate relationships with the counterpart specialised planning arrangements in England and Scotland. The Lead Director will represent the LHBs in this regard and will be given the appropriate delegated authority to do so. These arrangements currently include English Specialist Commissioning Groups, the Scottish National Services Division of Scotland, the National Specialist Commissioning Groups and the National Commissioning Advisory Group or National Commissioning Group for highly specialised services.

25. ROLE OF PUBLIC HEALTH

- 25.1 A Service Level Agreement will be entered into between the Host LHB and Public Health Wales describing the services which Public Health Wales will provide to the Joint Committee and the process of engagement which will take place.

26. EQUALITY AND DISCRIMINATION

- 26.1 The LHBs undertake, in relation to the provision of the Relevant Services by the Joint Committee to the public or any member of the public, to exercise the role of the Joint Committee so as to have regard to the need to eliminate discrimination, and other prohibited conduct, in accordance with human rights and equality legislation.

27. REVIEW

27.1 This Agreement will be reviewed on a bi-annual basis.

SIGNED under hand and delivered the day and year first above written

SIGNED and DELIVERED

by **Aneurin Bevan University Local Health Board**

acting by

.....

Judith Paget

Chief Executive

SIGNED and DELIVERED

by **Betsi Cadwaladr University Local Health Board**

acting by

.....

Gary Doherty

Chief Executive

SIGNED and DELIVERED

by **Cardiff and Vale University Local Health Board**

acting by

.....

Len Richards

Chief Executive

SIGNED and DELIVERED

by **Cwm Taf Morgannwg University Local Health Board**
acting by

.....

Sharon Hopkins
Chief Executive

SIGNED and DELIVERED

by **Hywel Dda University Local Health Board**
acting by

.....

Steve Moore
Chief Executive

SIGNED and DELIVERED

by **Powys Teaching Local Health Board**
acting by

.....

Carol Shillabeer
Chief Executive

SIGNED and DELIVERED

by **Swansea Bay University Local Health Board**
acting by

.....

Tracy Myhill
Chief Executive

Annex (i) to Memorandum of Agreement

Services delegated from LHBs to WHSSC for planning and funding in 2019-20

Adult Mental Health
High secure psychiatric services
Medium secure psychiatric services
Specialised gender identity services
Specialised eating disorder services (Tier 4)
Mental health services for deaf people (Tier 4)
Perinatal services
Gender
CAMHS (Child and Adolescent Mental Health Services) Tier 4 only

Cardiac Services
Cardiac transplantation (including implantable ventricular assist devices)
Cardiac electrophysiology and ablation services
Congenital heart disease – Paediatric and Adult
Interventional Cardiology (TAVI, Complex Devices, Primary Percutaneous Coronary Intervention and Primary Coronary Intervention)
Pulmonary Hypertension
Fetal Cardiology
ECOM (Respiratory)
Cardiac Surgery
Paediatric cardiology and cardiothoracic surgery
Cystic fibrosis (Paediatric and Adult)
Bariatric Surgery

Cancer and Blood
Sarcoma
BMT
Liver cancer surgery
Brachytherapy
Cryotherapy
PET scanning
Extra corporeal photopheresis
Neuroendocrine tumours
Children and Young people's
Lymphoma Panel
Pseudomyxoma Peritonei
Cutaneous Lymphoma
Proton Beam Therapy
Radionuclide therapy

Cancer and Blood
Stereotactic radiosurgery
Clinical genetics
Laboratory genetics
Paroxysmal Nocturnal Haemoglobinuria
Haemophilia, rare bleeding and thrombotic disorders
Welsh Blood Services
Plastic Surgery
Plastic surgery
Cleft lip and palate
Thoracic surgery
Surgery on the lungs and thoracic cavity and walls excluding cardiac surgery.

Neurosciences and Long Term Conditions
Neurosurgery Emergency and elective neurosurgery (including stereotactic radiosurgery)
Neuroradiology (diagnostic and interventional undertaken by neuroradiologists)
Neurorehabilitation
Spinal rehabilitation
Neuropsychiatry
Artificial Limbs and Appliances Service
Wheelchair and special seating
Prosthetics
Orbital prosthetics
Electronic assistive technology
Alternative Augmentative Communication (AAC)
Intestinal Failure and Home Parenteral Nutrition
Immunology for Primary Immuno Deficiency only
Long term invasive ventilation in the community (provision of equipment and consultant support)
Long term Ventilation Unit being established in University Hospital Llandough
Hyperbaric Oxygen Therapy
Burns services
Paediatric neurosciences (including neurosurgery, paediatric neurology, complex disability and rehabilitation)

Women's and Children's services
Neonatal intensive care and high dependency services
Paediatric intensive care and retrieval
Paediatric nephrology, including renal replacement therapy
Paediatric gastroenterology/ hepatology/ nutritional support
Paediatric oncology
Paediatric haematology

Women's and Children's services
Paediatric immunology
Paediatric pathology
Paediatric endocrinology and diabetes
Paediatric rheumatology
Paediatric specialised dermatology
Paediatric surgery
Paediatric burns & plastic surgery
Inherited Metabolic Disease (IMD) Service (Adult and Paediatric)
All Wales Medical Genomic Service
Women's Health
Pre- implantation genetic diagnosis
Specialist infertility services involving in-vitro techniques
Fetal Medicine
Cochlear Implants
Cleft lip and palate
Neonatal transport

Renal
Haemodialysis
Home Haemodialysis
Home Peritoneal Dialysis
Transplantation
Dialysis Transport
Vascular Access
Renal Transport

Annex (ii) to Memorandum of Agreement

HOSTING AGREEMENT

THIS MEMORANDUM OF AGREEMENT is made the ***[insert date]***

BETWEEN

- (1) CWM TAF MORGANNWYG UNIVERSITY LOCAL HEALTH BOARD ("Cwm Taf Morgannwg")

and

- (2) ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport NP18 3XQ,

BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW,

CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Whitchurch Road, Park Road, Whitchurch, Cardiff, CF14 7XB,

CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN,

HYWEL DDA LOCAL HEALTH BOARD, having headquarters at Merlin's Lane, Winch Court, Haverfordwest, Pembrokeshire, SA61 1SB,

POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS,

SWANSEA BAY UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR,

Collectively established as the Joint Committee of
WELSH HEALTH SPECIALISED SERVICES COMMITTEE ("Joint
Committee").

WHEREAS:

- (1) In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), the seven Local Health Boards are required to establish the WHSSC for the purpose of jointly exercising its Delegated Functions and providing the services from 1 April 2010.

- (2) The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (SI 2009 No 3097) makes provision for the constitution of the Joint Committee including its procedures and administrative arrangements.
- (3) Cwm Taf Morgannwg Local Health Board has been identified as the Host LHB to provide administrative and management support as further described in section 2 for the running of the WHSSC and to establish the Welsh Health Specialised Services Team (WHSST).
- (4) This Agreement should be read in conjunction with the Memorandum of Agreement made between the 7 Local Health Board themselves which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee.
- (5) The purpose of this Agreement is to outline what the accountability arrangements and resulting responsibilities will mean, both for Cwm Taf Morgannwg and for the Joint Committee.

AGREEMENT

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1. INTERPRETATION

'the Act'	the National Health Service (Wales) Act 2006
'Delegated Functions'	those functions ascribed to the Joint Committee in section 4 of the Memorandum of Agreement and reproduced at Annex (i) 1.
'the Directions'	the Welsh Health Specialised Services Committee (Wales) Directions 2009
'Director'	the Director of Specialised and Tertiary Services appointed in accordance with regulation 3 (2) of the Regulations
'Joint Committee'	the Welsh Health Specialised Services Committee established in accordance with the Directions and Regulations
'LHB'	Local Health Board established in accordance with s 11(2) of the Act
'Management Team'	the team appointed in accordance with paragraph 10.2 of the Memorandum of Agreement. Refer to Standing Order 1.2.4.
'Memorandum of Agreement'	the agreement dated 1 April 2010 between the 7 LHBs and described at paragraph (4) of the recital
'NHS Wales'	the comprehensive health service for Wales established by the NHS (Wales) Act 2006
'the Regulations'	the Welsh Health Specialised Services Committee (Wales) Regulations 2009
'Relevant Services'	the planning and securing of specialised and tertiary services consisting of those functions and services listed in Annex (i) of the Memorandum of Agreement, subject to any variations to those functions and services agreed from time to time by the Joint Committee.

'WAG'	Welsh Assembly Government as defined by Government of Wales Act 2006.
'WG'	Welsh Government as announced by the First Minister of Wales on 12 th May 2011.
'WHSST'	the Welsh Health Specialised Services Team consisting of staff employed by the Host Board to provide the Relevant Services

2. ROLE OF CWM TAF MORGANNWG LOCAL HEALTH BOARD

The responsibilities of Cwm Taf Morgannwg are:

- 2.1 To appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the processing of orders and the making of payments to providers of the Relevant Services, with such officers being members of the WHSST;
- 2.2 To provide advice to the Joint Committee on compliance with Cwm Taf's policies, Standing Financial Instructions, Procurement Rules, Human Resource policies and other procedures;
- 2.3 To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, quotations, tenders, procurement contracts, service level agreements and terms of engagement commissioned by the Joint Committee and to ensure that the individuals appointed and employed to support the functions of the Joint Committee carry out those tasks which are stated in Annex (i) to be the role of the Joint Committee;
- 2.4 To have in place such appropriate governance arrangements and Schemes of Delegation as may be necessary and required on the part of Cwm Taf Morgannwg to enable the Joint Committee's role to be carried out;
- 2.5 To hold the management budget for the Joint Committee/Relevant Services and make payments and receive income as necessary;

- 2.6 To be authorised to appoint lawyers and other professional advisors (in consultation with Cwm Taf Morgannwg's Procurement Services team), and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the Joint Committee.
- 2.7 Cwm Taf will not be responsible or accountable for the planning, funding and securing of the Relevant Services save in respect of the residents within the geographical area of responsibility of Cwm Taf. Refer to Standing Order 2.0.2
- 2.8 In fulfilling its obligations and responsibilities under this Agreement, Cwm Taf Morgannwg shall not be required to do or not do and shall not do or omit to do anything which does not comply with Cwm Taf Morgannwg's statutory powers and duties, Standing Orders and Standing Financial Instructions, corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

3. EMPLOYMENT OF STAFF

- 3.1 New Officers who are appointed to work with the Joint Committee from the 1 April 2010 will be employed by Cwm Taf Morgannwg.
- 3.2 The Officers working with the Joint Committee, and comprising the Management Team and WHSST, will therefore be employees of Cwm Taf Morgannwg. They will be required to abide by Cwm Taf Morgannwg's Policies, Procedures and Guidance and will be entitled to be treated as any other employee of Cwm Taf and have the benefit of all applicable policies and procedures.
- 3.3 The Officers will also be accountable for their performance to the Joint Committee.
- 3.4 The human resource services which will be provided are identified at **Appendix B**.

4. PROCEDURES FOR TENDERS & PROCUREMENT

- 4.1 Cwm Taf will provide all the support services to the Joint Committee as described at **Appendix C**.

- 4.2 Agreed procurement arrangements via quotations, tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by Cwm Taf Morgannwg on behalf of the Joint Committee in accordance with Cwm Taf Morgannwg's procurement policy and Standing Financial Instructions.
- 4.3 Cwm Taf Morgannwg shall not execute or, through performance create, any third party contract in respect of the Joint Committee unless authorised to do so by the Director.
- 4.4 The Joint Committee will provide sufficient funds and other relevant resources to meet the requirements of all third party contracts entered into by Cwm Taf Morgannwg in pursuance of paragraph 4.3.
- 4.5 Cwm Taf Morgannwg shall provide the Lead Director with drafts of all third party contracts and the Lead Director and/or the Joint Committee shall be entitled to require Cwm Taf Morgannwg to use its reasonable endeavours to negotiate such amendments to the terms of such contract as the Lead Director and/or the Joint Committee reasonably see fit.

5. GOVERNANCE ARRANGEMENTS

- 5.1 The Joint Committee will utilise Cwm Taf Morgannwg's Committee arrangements to assist it in discharging its governance responsibilities.
- 5.2 Where the Joint Committee utilises Cwm Taf Morgannwg's subcommittee arrangements such as the Quality, Safety and Risk Committee, Cwm Taf Morgannwg will ensure that the appropriate responsibilities are afforded to the Joint Committee and the agenda is constructed to ensure relevant issues are to be properly managed to allow the Joint Committee to satisfy itself from a risk management and controls assurance perspective.
- 5.3 The Joint Committee will adopt the risk assessing mechanisms of the host subject to appropriate adaptation to take into account the specific functions WHSSC.
- 5.5 The Lead Director will provide reports from the Joint Committee to Cwm Taf Morgannwg's Board in line with Cwm Taf Morgannwg's scheme of delegation to enable Cwm Taf Morgannwg to assure itself that appropriate control measures

are in place in accordance with the requirements of the Statement of Internal Control.

6. BUDGET AND FUNDING

- 6.1 The Joint Committee will transfer funds to Cwm Taf Morgannwg on a quarterly basis in advance to allow Cwm Taf Morgannwg to perform its functions on behalf of the Joint Committee, provided that the Joint Committee may attach conditions to the expenditure of such funds.
- 6.2 The Joint Committee will meet Cwm Taf Morgannwg's overhead costs reasonably incurred in the support of the Joint Committee as may be agreed by the Joint Committee acting reasonably at all times.
- 6.3 The Director of Finance for the Joint Committee will authorise the transfer of funds to Cwm Taf in line with agreed funding levels, which funds shall be accounted for by Cwm Taf Morgannwg as income to the Joint Committee.
- 6.4 Cwm Taf Morgannwg will set up and manage an Income and Expenditure Account for the Joint Committee, namely a Joint Committee Account. This includes all the income for the Joint Committee received from the LHBs and all other Joint Committee expenditure. This account shall be separate from all other Cwm Taf Morgannwg funds. The Director of Finance for the Joint Committee shall make decisions relating to expenditure from this account provided that Cwm Taf Morgannwg shall not at any time be obligated to operate the Joint Committee Account in deficit.
- 6.5 The Director of Finance for the Joint Committee is responsible for ensuring that all relevant reports, financial information and commentary are provided to the Host LHB so that the appropriate monitoring return can be prepared.

7. OWNERSHIP OF ASSETS

- 7.1 All assets (including intellectual property rights) acquired by Cwm Taf Morgannwg in connection with the Joint Committee shall belong to Cwm Taf Morgannwg but be held upon trust for the Joint Committee.

- 7.2 Cwm Taf Morgannwg shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the Joint Committee shall require and within such timescales as are reasonably required.
- 7.3 In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the Joint Committee income and accounted for accordingly.

8. ACCOUNTABILITY ARRANGEMENTS

- 8.1 The accountability arrangements of the Management Team and their relationship with Cwm Taf Morgannwg are set out in Appendix D
- 8.2 The constituent LHBs will delegate to the Chief Executive of Cwm Taf and the Chair of the Joint Committee their responsibility for performance appraisal and all employment related issues of the Lead Director. In exercising those responsibilities, the Chief Executive of Cwm Taf Morgannwg is required to liaise with the Chief Executives of the constituent LHBs as members of the Joint Committee and the Chair of the Joint Committee.
- 8.3 The constituent LHBs will delegate to the Lead Director the performance appraisal of the individual members of the Management Team. In exercising those responsibilities, the Director is required to liaise with the Chief Executives of the constituent LHBs as members of the Joint Committee and the Chair of the Joint Committee.

9. DUTY OF CARE

- 9.1 Cwm Taf Morgannwg shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services which it is required to perform under this Agreement properly and efficiently in accordance with this Agreement and the Memorandum of Agreement and its overall responsibilities under the Act and all other appropriate legislation. Cwm Taf Morgannwg shall keep the Joint Committee informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this Agreement as the Host LHB.

10. CWM TAF MORGANNWG ORGANISATION

- 10.1 Cwm Taf Morgannwg shall provide and maintain an organisation having the necessary facilities, equipment and employees of appropriate experience, to undertake the specific functions and provide all the services identified in this Agreement
- 10.2 All personnel deployed on work relating to the Agreement must have appropriate skills and competence.

11. LEGISLATION

- 11.1 Cwm Taf Morgannwg shall ensure that it, and its employees and agents, shall in the course of this agreement comply with all relevant legislation, Welsh Government Directions and Guidance and procedures.

12. AUDIT

- 12.1 Cwm Taf Morgannwg LHB, through the Shared Services arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Government. Refer to Standing Order 8.1.1
- 12.2 Cwm Taf Morgannwg LHB will ensure that relevant external audit arrangements are place which give due regard to the functions of the Joint Committee. Refer to Standing Order 8.3. External Assurance

13. MANAGEMENT OF CONCERNS (INCLUDING INCIDENTS, COMPLAINTS & CLAIMS)

- 13.1 Paragraph 19 of the Memorandum of Agreement sets out the procedures to be followed for the management of concerns relating to the Joint Committee.
- 13.2 Where a matter is regarded as an individual concern, Cwm Taf will only be responsible for the management of those concerns where qualifying liability in Tort is established, which relate to its geographical area of responsibility. In such circumstances, the Chief Executive of Cwm Taf will be responsible for

investigating and responding to the concern in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

- 13.3 Individual concerns relating to patients resident outside Cwm Taf Morgannwg's geographical area of responsibility will be referred to the Chief Executive of the LHB in the appropriate geographical area.
- 13.4 Where a matter is regarded as a concerns and where qualifying liability in Tort has been established, Cwm Taf Morgannwg will only be responsible for managing the arrangements for redress arising from its own resident population.
- 13.5 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

14. MANAGEMENT OF FOIA / DPA REQUESTS

- 14.1 Where a request under the Freedom of Information Act or Data Protection Act is received by the Joint Committee, the request will be dealt with in accordance with Cwm Taf Morgannwg's procedures. Where the request is considered to be an issue relating to a specific LHB, other than Cwm Taf Morgannwg, and it relates to recorded information which is held by that other LHB, then the request will be forwarded to the Board Secretary of the respective LHB to respond in accordance with the Freedom of Information Act Code of Practice.

15. NOTICES

- 15.1 Any notices served in respect of matters covered by this Agreement shall be sent to the Chief Executive of Cwm Taf Morgannwg on behalf of Cwm Taf Morgannwg and the Lead Director on behalf of the Joint Committee.

16. DISPUTE

- 16.1 In the event of any dispute between Cwm Taf Morgannwg and those involved in the Joint Committee, such dispute shall be escalated in line the Business Framework.

- 16.2 If such dispute cannot be resolved in accordance with the provisions of paragraph 16.1 it shall be referred to the Joint Committee and the Chief Executive of Cwm Taf Morgannwg.
- 16.3 If such a dispute cannot be resolved in accordance with the provisions of paragraph 16.2, it shall be referred to Welsh Government's Minister for Health and Social Services for resolution.

17. GENERAL

- 17.1 This agreement shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.
- 17.2 No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this Agreement.
- 17.3 This Agreement shall be governed and construed in accordance with the laws of England and Wales. Subject to paragraph 16, the parties hereby irrevocably submit to the exclusive jurisdiction of the Courts of England and Wales.
- 17.4 In the event of Cwm Taf Morgannwg's Board determining (acting reasonably) that the performance by Cwm Taf Morgannwg of its obligations under this Agreement is having a detrimental or prejudicial effect on the Cwm Taf Morgannwg's ability to fulfil its core functions, Cwm Taf Morgannwg's Board may instruct the Lead Director and Cwm Taf Morgannwg's Chief Executive to review the operation of this Agreement further to clause 16.
- 17.5 In carrying out a review of this Agreement further to clause 17.4, the Lead Director and Cwm Taf Morgannwg's Chief Executive shall consider the source and manner of any detriment identified by Cwm Taf Morgannwg's Board further to clause 17.4 and shall put forward such amendments and variations to this Agreement and the associated governance arrangements between the Joint Committee and Cwm Taf Morgannwg as they may consider appropriate.
- 17.6 Cwm Taf Morgannwg's Board shall consider the recommendations made further to clause 16.5 and may recommend to the Joint Committee and the Chief Executive of Cwm Taf Morgannwg that this Agreement and the associated governance arrangements are amended accordingly.

SIGNED under hand and delivered the day and year first above written

SIGNED and DELIVERED
by Aneurin Bevan University Local Health Board
acting by

.....
Judith Paget
Chief Executive

SIGNED and DELIVERED
by Betsi Cadwaladr University Local Health Board
acting by

.....
Gary Doherty
Chief Executive

SIGNED and DELIVERED
by Cardiff and Vale University Local Health Board
acting by

.....
Len Richards
Chief Executive

SIGNED and DELIVERED
by Cwm Taf Morgannwg University Local Health Board
acting by

.....
Sharon Hopkins
Chief Executive

SIGNED and DELIVERED
by Hywel Dda University Local Health Board
acting by

.....
Steve Moore
Chief Executive

SIGNED and DELIVERED
by Powys Teaching Local Health Board
acting by

.....
Carol Shillabeer
Chief Executive

SIGNED and DELIVERED
by Swansea Bay University Local Health Board
acting by

.....
Tracy Myhill
Chief Executive

APPENDIX A

Role of the Joint Committee

The Joint Committees role is: (refer to Standing Order 1.1.):

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the

outcomes of specialised and tertiary healthcare services and take appropriate action.

APPENDIX B

EMPLOYMENT OF STAFF

Identified human resources services

Service	Description
<i>Recruitment and Selection</i>	<ul style="list-style-type: none">• To provide a comprehensive recruitment and selection service which complies with employment legislation and standards of good practice as directed by the Welsh Government.
<i>Employee Relations</i>	<ul style="list-style-type: none">• To provide support to the Welsh Health Specialised Services Team in the management of sensitive issues relating to all employment policies including discipline, grievance, collective disputes, performance and capability, allegations of bullying and harassment whistle blowing and sickness absence etc.
<i>Policy Development</i>	<ul style="list-style-type: none">• To develop, implement and advise on employment policies and procedures which comply with employment legislation and NHS guidance; and• To provide training to WHSST Managers in the interpretation and use of policies and procedures.
<i>Remuneration and Payroll</i>	<ul style="list-style-type: none">• To provide advice on pay (including assimilation to new A4C bands) and associated terms and conditions of employment;• To provide a comprehensive payroll service; and• To undertake the matching and evaluation of all new and revised roles.
<i>Training and Development</i>	<ul style="list-style-type: none">• To provide appropriate training and development to WHSST.
<i>HR administration</i>	<ul style="list-style-type: none">• To maintain securely employment records for WHSST and provide accurate workforce data and information as required.
<i>Occupational health</i>	<ul style="list-style-type: none">• To provide a comprehensive Occupational health service to employees of WHSCC

APPENDIX C

3.1 Procedures for Tenders & Procurement

Service	Description
Procurement (Tendering and ordering goods and services)	<ul style="list-style-type: none">• Tendering for goods & services in accordance with SOs and SFIs• Entering into procurement contracts and agreements• Raise orders for properly approved requisitions
Creditor Payments (Payment of suppliers, contractors and service providers)	<ul style="list-style-type: none">• Pay all duly authorised invoices• Deal with supplier queries etc• Provide management information on payment performance in accordance with WAG requirements
Systems maintenance and administration (ORACLE)	<ul style="list-style-type: none">• Process feeders into WHSSC ledger and maintain financial management system• Maintain passwords and hierarchies (cost centre and approval)• Oracle training as and when required including external training if required• Access to help desk facility• Undertake testing of upgrades• Liaise with Oracle Central Team and All Wales groups
Accounting Services (bank accounts, annual accounts consolidation, VAT)	<ul style="list-style-type: none">• Provision of bank accounts and petty cash facilities• Consolidation of Annual Accounts and other returns as required by WG• Provide VAT advice and consolidate VAT returns,

Financial Governance (internal and external audit, counter fraud, audit committee)	<p>including access to contracted out VAT advisory services</p> <ul style="list-style-type: none"> • Payment of Tax, National Insurance and Superannuation to appropriate authorities • Reconciliation of all accounts due against the payroll system • Responsible for the securing of internal audit service via external contract • Access to Local Counter Fraud Specialist • Advice on financial procedures and other issues of governance • Ensure appropriate external audit provision in place
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3.2 Estates, Facilities and IT Support

Service	Description
<i>Estates Maintenance</i>	<ul style="list-style-type: none"> • To provide an efficient service in response to all aspects of estates maintenance in the running of the WHSSC offices.
<i>Fire Safety</i>	<ul style="list-style-type: none"> • To provide professional advice and support in relation to all aspects of Fire Safety ensuring compliance with legislation and guidance issued by the Welsh Government; and • To provide appropriate training to WHSST.
<i>Health and Safety</i>	<ul style="list-style-type: none"> • To provide a Health and Safety Policy statement as and when required. The Policy must comply with the requirements of the Health and Safety at Work Act. All other relevant rules and regulations must be observed at all times;

- To be responsible for the testing, where appropriate, labelling and recording of all portable appliances in their ownership under the Electricity at Work Act 1989;
- To provide advice and support on the operational delivery of health and safety arrangements in WHSST in accordance with Cwm Taf Health Boards policies and procedures; and
- To provide appropriate training to WHSST.

IT Support

- To provide a comprehensive IT support service including :
 - User registration;
 - Resolution of faults reporting via the Helpdesk;
 - Purchase and set up new IT equipment;
 - Supply of printing consumables
- To provide support in relation to the management of files and databases;
- To ensure the secure storage of data, back up, restore and recovery

3.3 Others

Service

Corporate Support

Welsh Language

Description

- To provide access to the Board Secretary for advice and support on Corporate Governance matters as required.
- Offer advice and information about the Welsh Language
- Promote and encourage the use of Welsh within the workplace
- Encourage the use of bilingual aids within the workplace such as signage, stationery etc
- Provide Welsh Language taster lessons for staff
- Give bilingual front-line telephone training
- Translate small in-house, day-to-day, translations

	<ul style="list-style-type: none"> • Help co-ordinate the translation of larger documents • Attend public meetings to provide a Welsh Language service for Welsh speakers.
Equality and Diversity	<ul style="list-style-type: none"> • To provide advice and information to the Welsh Health Specialised Services Committee; • To ensure the business of WHSSC is included within plans and policies of the Host LHB; • To develop a work plan and meet quarterly to review progress against the plan; • To ensure that relevant training is provided to the WHSST in relation to awareness raising and impact assessment; • To provide an assurance mechanism on behalf of the LHBs that robust processes are in place to meet the Equality and Diversity agenda
Risk Management	<ul style="list-style-type: none"> • To provide advice and information on all areas of Risk Management to the Welsh Health Specialised Services Committee; • To support the development of a Risk Assurance Framework for WHSSC • To provide support (structure and advice) for the use of DATIX to facilitate the management of risk within WHSSC • To develop a work plan and meet quarterly to review progress against the plan
Concerns	<ul style="list-style-type: none"> • To provide training and awareness for all staff in relation to the management of concerns; • To provide advice and support in relation to the concerns process; • To provide support (structure and advice) for the use of DATIX to facilitate the management of concerns within WHSSC To be responsible for all claims relating to staff and services commissioned which relate to Cwm Taf Residents
Information Governance	<ul style="list-style-type: none"> • To provide timely advice to all information governance related enquires;

- To support the WHSSC Information Governance Group providing relevant advice as required;
- To provide training and awareness for all staff in all areas of Information Governance

APPENDIX D

Accountability Arrangements

1. The Directions state that the LHBs will jointly exercise the Delegated Functions from 1 April 2010.
2. This means that the Delegated Functions are those of the individual constituent LHBs and not Cwm Taf Morgannwg.
3. The Directions state that Cwm Taf Morgannwg will exercise its functions so as to provide administrative support for the running of the Joint Committee and establish the WHSST.
4. The membership of the Joint Committee consists of the Chief Executives and the Chair, who is appointed by the Minister.
5. The Chair is directly accountable to the Minister.
6. The Director of Specialised and Tertiary Services is appointed as an Officer member of the Joint Committee to have such responsibilities as may be prescribed by the Joint Committee.
7. For the performance of the Delegated Functions on behalf of the Joint Committee and each constituent LHB, the Director can only be accountable to the Chief Executives of the constituent LHBs.
8. The Chief Executives of the Constituent LHBs are individually accountable to the Director General and Chief Executive of the NHS in Wales.
9. The Chief Executive of Cwm Taf Morgannwg is only accountable to the Director General and Chief Executive of the NHS in Wales insofar as her functions relate to administrative support.
10. The Director of Specialised and Tertiary Services is jointly accountable to the Joint Committee and Chief Executive of Cwm Taf.
11. The Finance Director of Cwm Taf Morgannwg is only accountable to the Director of Finance for the NHS in Wales insofar as his functions relate to administrative support.

12. The Finance Director of the Joint Committee has a dual responsibility to the Joint Committee and to the Finance Director of Cwm Taf Morgannwg.
13. The Audit Committee of the host LHB is the central means by which the Joint Committee ensures effective internal control arrangements are in place.

Annex (iii) to Memorandum of Agreement



**JOINT COMMITTEE
BUSINESS FRAMEWORK**

[November 2019]

1. INTRODUCTION

- 1.1 WHSSC in the exercise of its statutory duties is expected to maintain public confidence in a process which is free of actual conflict.
- 1.2 LHBs, who are constituent members of WHSSC, have differing or conflicting local priorities and objectives which may impede collaboration. Different priorities may arise from the immediate need to support local health services. Yet WHSSC is required to commission specialist services to the benefit of NHS Wales as a whole and acting in accordance with its statutory obligations.
- 1.3 WHSSC through each constituent member remains accountable for the commissioning decisions it makes and for ensuring that conflicts between the exercise of the commissioning and provider functions are managed appropriately.
- 1.4 The Chief Executive of each constituent LHB is personally accountable to NHS Wales for the good governance and accountability of WHSSC. This includes ensuring that WHSSC manages transparently any potential conflict of interest.
- 1.5 The purpose of this document is to set out a framework so that Members of the Joint Committee and sub committees/sub groups have a clear understanding of the decision making processes.

2. KEY PRINCIPLES

The Joint Committee will:

- 2.1 Support Members in striving to reduce the inequalities in access to and delivery of services for the populations the Members serve;
- 2.2 Support the cost effective utilisation of the funds made available by Members to commission specialised services;
- 2.3 In commissioning and procuring services, comply with all applicable statutory duties;
- 2.4 Establish Management Group which will ensure provider issues are dealt with at a local level.
- 2.5 At all times demonstrate value for money and an effective and efficient commissioning programme;

- 2.6 Ensure that the financial risks to individual Members of unforeseen/unplanned activity are minimised, and that inequalities in access to and delivery of services are reduced;
- 2.7 Review, plan, develop and monitor the Services in partnership with clinicians, providers and service users; and
- 2.8 Use, where practically possible, other mechanisms to keep Members updated in terms of progress rather than the formal Joint Committee meetings.

The following additional key principles will also apply:

- 2.9 Commitments made by the Joint Committee in accordance with the delegated powers will be binding on all Members until the Joint Committee agrees otherwise;
- 2.10 Whilst agreement on the proposed way forward can be discussed and agreed at other forums (e.g. CEO Peer Group) all decisions will be taken at Joint Committee meetings unless otherwise delegated; and
- 2.11 A standard facilitation/arbitration procedure will apply.

3. BUSINESS PROCESSES

- 3.1. The Joint Committee's key business processes and products will be delivered through a clear and consistent annual business cycle. Each product that will be developed and implemented through appropriate structures that already exist and include:
 - 3.1.1 Chief Executive Peer Group
 - 3.1.2 Executive Directors Peer Groups
 - 3.1.3 Programme Teams
 - 3.1.4 Existing Governance structures

4. MEETINGS OF THE JOINT COMMITTEE

4.1 General Principles

- 4.1.1 The dates of Joint Committee meetings will be agreed in advance with the membership for a rolling period of one year.

- 4.1.2 It is expected that the Joint Committee will meet up to five times each year.
- 4.1.3 All reports will be concise and clear. The body (introduction to conclusion) of the report will be a maximum of six A4 pages in length, where reasonably practical.
- 4.1.4 The Annual Plan for Specialised Services will be agreed annually. Any requests for additional funding outside of the agreed annual planning business cycle will need to demonstrate exceptionality. (*Refer to the All Wales Policy on Dealing with Individual Funding Requests for guidance*).
- 4.1.5 All reports prepared for meetings of the Joint Committee will include a summary which will be no longer than one A4 page in length. This summary should include the title of the report, its purpose and the name of the responsible Executive Director. It should also clearly state what is required from the Joint Committee and outline the potential and/or likely implications of the decision.
- 4.1.6 All reports will be agreed by the Management Group before consideration by the Joint Committee.
- 4.1.7 The Joint Committee will not normally consider reports for information during the meetings. These will be circulated outside of the meetings. This will ensure that time is maximised during Joint Committee Meetings. Where further discussion and agreement is required on specific items this will be undertaken through the Management Group and the decision will be taken at the Joint Committee in accordance with the Governance and Accountability Framework.
- 4.1.8 All papers will be sent electronically to Joint Committee Members, Directors of Finance and Directors of Planning (see *WHSSC Standing Orders* reference 6.5.3). Copies of the agenda and papers will also be available on the WHSSC website <http://www.whssc.wales.nhs.uk/>
- 4.1.9 On the occasions when the Chief Executive of the LHB is unable to attend the meeting, an Executive Director must be nominated to attend the Joint Committee meetings. The nomination must be approved by the Chair of the Joint Committee before the meeting (please refer to *WHSSC Standing Orders* reference 6.6.11). However, Joint Committee Members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. On

the occasions where the Chief Executive is represented by a nominated Officer, the views of the representative will be that of the Chief Executive and where required, decisions will be circulated for ratification within two working days of the meeting.

4.1.10 On the occasions where the Joint Committee meeting is not quorate (please refer to *WHSSC Standing Orders* reference 6.6.10), the Chair may seek the views of those Members present and request that the Committee Secretary writes to each Member of the Joint Committee to support the decisions.

4.1.11 In dealing with such issues requiring an urgent decision, and if timescales allow, the Chair may call a meeting of the Joint Committee using video or telephone conferencing facilities. Emails may also be used to gather views and/or reach a consensus. All such decisions will be ratified by the Joint Committee at its next formal meeting.

4.2 Confidential Agenda

The Joint Committee will discuss items in confidence that would be exempt under the Freedom of Information Act 2000. Such items would generally be considered to be personal and confidential in nature or their disclosure would be otherwise prejudicial to the public interest.

4.3 Declaration of Interests

Please refer to *WHSSC Standing Orders* reference 7.1.

4.4 Managing Conflict

4.4.1 The Joint Committee must exercise its functions in a way which ensures that any conflicts of interest and local and prejudicial interests are dealt with as a preliminary to the decision making.

4.4.2 At each meeting any specific conflicts pertinent to an issue on the agenda must be declared at the start and then recorded in the Minutes. In each meeting the Chair will ask Members to agree as preliminary whether the conflicted LHB should remain in the meeting and/or be able to participate in the discussion and to what degree.

4.5 Decision Making

4.5.1 The Joint Committee will strive to make decisions by consensus, failing which it will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no two thirds majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

- 4.5.2 On reaching a Joint Committee decision, all members will support that decision and its consequences in every respect.

4.6 Additional Items of Business

The Chair will be notified in advance of any items of other business to be raised for discussion at a meeting of the Joint Committee (see *WHSSC Standing Orders* reference 6.5.2). Where this is not possible or in exceptional circumstances, items of other business may be raised by a member at the appropriate point on the agenda. Acceptance of items of other business is at the discretion of the Chair.

4.7 Chair's Ruling

The decision of the Chair of the Joint Committee on questions of order, relevancy and regularity and the Chair's interpretation of the Business Framework and the Governance and Accountability Framework shall be final. In this interpretation the Chair shall be advised by the Director of Specialised and Tertiary Services and the Committee Secretary.

5. MINUTES AND ACTIONS

5.1 Minutes

- 5.1.1 The proceedings of each meeting of the Joint Committee will be formally recorded. The Committee Secretary will be responsible for the production of these minutes.
- 5.1.2 The Chair will be responsible for summarising action points and decisions after each item of business during the meeting.
- 5.1.3 The Director of Specialised and Tertiary Services will write out to all Joint Committee Members with a summary of the discussions and actions following the meetings.
- 5.1.4 Following a meeting of the Joint Committee, the Director of Specialised and Tertiary Services will review the accuracy of the unconfirmed minutes with the Committee Secretary, prior to submission to the Chair for approval.
- 5.1.5 Once reviewed and approved by the Chair, the unconfirmed minutes will be circulated to Joint Committee Members and the Board Secretary of each LHB.
- 5.1.6 At the next meeting of the Joint Committee, all members will review the minutes and confirm that they are an accurate record. If any changes are required, the amendments will be discussed and agreed at the meeting.

- 5.1.7 The Chair will sign a copy of the minutes when agreed as an accurate record. This creates an official record of the meeting.

5.2 Actions

- 5.2.1 Actions resulting from the Joint Committee meetings will be summarised in tabular form which clearly indicates who is responsible and the agreed timescales.
- 5.2.2 The summary of actions should be circulated with the papers of the next Joint Committee meeting.

5.3. Briefing

- 5.3.1 A Joint Committee Briefing summarising the key discussion and decisions at Joint Committee meetings will be distributed within 7 days of each Joint Committee meeting.

6. DISPUTE RESOLUTION

- 6.1 In accordance with the Governance and Accountability Framework the Health Boards will seek to work cooperatively with each other as constituent Members of the Joint Committee. Where there is an impasse which cannot be reached by means of conciliation between appropriate individuals, then the dispute process set out in Annex (iii) of the Governance and Accountability Framework will be followed.
- 6.2 Disputes relating to the Hosting Agreement between Cwm Taf Health Board and the Health Boards will be dealt with in accordance with Section 16 of the Hosting Agreement.
- 6.3 Most disputes arising between the Commissioners and Providers should be managed and resolved locally. Where there is need for escalation, the objectives of the Welsh Health Specialised Services Committee (WHSSC) ("Joint Committee") Dispute Resolution Process are:
 - 6.3.1 To resolve disputes promptly, transparently, fairly and consistently;
 - 6.3.2 To provide confidence to parties that the process is fair and transparent;
 - 6.3.3 To mitigate risks and protect the reputation of the NHS in Wales;
 - 6.3.4 To prevent where possible legal challenge or other external referral processes.

6.4 Facilitation and/or arbitration (Stage 1 and Stage 2) of disputes may be required in the following circumstances:

6.4.1 The Chair or any Member of the Joint Committee requests facilitation because an impasse has been reached between Members of the Committee.

6.5 Formal dispute resolution may be required in the following circumstances but shall not be limited to:

6.5.1 Any Provider dispute concerning the contractual agreement between WHSSC and the Provider which has not been able to be resolved with Officers of WHSSC;

6.5.2 Any dispute concerning the contractual agreement between the Provider and WHSSC which has not been able to be resolved with Officers of the Provider organisation;

6.6 This document should be read in conjunction with the Governance and Accountability Framework *Disputed Debts within the NHS in Wales Arbitration Process* (see Annex (i)).

6.6.1 There is no formal arbitration process between England and Wales, however in the past disputes have been resolved through intervention by Welsh Government and DoH representatives.

6.6.2 The final decision made by the route followed is final and on completion the dispute cannot be taken through the alternative route.

6.7 Definitions

6.7.1 *Locally*, within this section, means amongst the individuals raising the dispute.

6.7.2 *NHS Wales* refers to all Local Health Boards and NHS Trusts

6.7.3 *Member*, within this section, refers to both Voting Members, Officer Members and Associate Members of the Joint Committee.

6.8. Raising a Dispute

6.8.1 In the case of any dispute arising out of or in connection with the Commissioning of Specialised Services for NHS Wales, the parties involved will make every reasonable effort to communicate and co-operate with each other with a view to

resolving the dispute, before formally referring the dispute for local resolution.

- 6.8.2 In the event of a dispute arising between two or more parties which cannot be resolved between "WHSSC" the Commissioner and the Provider, the parties should refer to section 6.6.6.
- 6.8.3 Disputes may arise over any aspect of a Heads of Agreement, or Service Level Agreement including that is deemed to be fair and reasonable, the management of performance variations and the imposition of penalties.
- 6.8.4 Where any conflicts are identified between the requirements of the Heads of Agreement and any national directives and circulars, the requirements of the latter shall take precedence.
- 6.8.5 All parties recognise that it is in the best interests of patients, the organisations themselves, and the services they provider, for any disputes to be resolved locally.

Local Dispute Resolution

- 6.8.6 The first level of resolution should be:

For WHSSC: Mr. Stuart Davies, Director of Finance or nominated Officer.

For Provider: Director of Finance or nominated Officer.

- 6.8.7 The second resolution shall be:

For WHSSC: The Director of Specialised & Tertiary Services

For the Provider: The Chief Executive

Formal Dispute Resolution

- 6.8.8 In the event that the dispute is not resolved at the local resolution stage one or more parties may submit a formal request for dispute resolution.

The request for formal dispute should be addressed to:

*Committee Secretary
Welsh Health Specialised Services Committee
Unit 3a, Caerphilly Business Park,
Van Road,
Caerphilly,
CF83 3ED*

- 6.8.8.1 The names of the parties to the dispute;
- 6.8.8.2 A brief statement describing the nature of the circumstances of the dispute and outlining the reasons why the commissioner/providers are in disagreement; and
- 6.8.8.3 What has been done to try and resolve matters.
- 6.8.9 On receipt of formal referral for review of case, the request will be acknowledged within five working days.
- 6.8.10 The decision shall be so referred immediately upon receipt of such notice and the effect of that decision shall be suspended until the conclusion of dispute resolution.
- 6.8.11 A decision not required to be referred to dispute resolution within the time specified shall be binding on all Members.
- 6.8.12 A record of all disputes (formal and informal) will be maintained and will be made available to Members and the Chief Executive of NHS Wales (and their Executive team) on request.

6.9 Process for Dispute Resolution

- 6.9.1 Stage 1 – Facilitation
 - 6.9.1.1 All parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and try to resolve the issues. All reasonable efforts must have been made (local resolution level 1 and 2).
 - 6.9.1.2 A meeting is held which includes the following:
 - a representative of the Chief Executive Officer for the LHB area of the Member(s) in dispute;
 - an appropriate Director from the NHS organisation(s) in dispute; and
 - a representative of WHSSC
 - 6.9.1.3 The meeting will be chaired by the Chair of WHSSC or Vice Chair and involve expert advice (clinical/commissioning/financial) where appropriate.
 - 6.9.1.4 If resolution is reached, the process will conclude at this stage.

6.9.2 Stage 2 – Arbitration

- 6.9.2.1 Both the party raising the dispute and the Director of Specialised and Tertiary Services or deputy (acting on behalf of the Joint Committee) will produce a joint statement of facts as well as a separate report setting out their positions and submit them to the Chair of the Dispute Resolution Panel.
- 6.9.2.2 The Chair of the Dispute Resolution Panel may invite the Director of Specialised and Tertiary Services or deputy (acting on behalf of the Joint Committee) and the Member bringing their dispute to present their positions or they may choose to decide on the basis of the information submitted.
- 6.9.2.3 Each Member of the Panel hereby recognises and agrees the role and responsibility of the Dispute Resolution Panel in relation to dispute resolution both as part of any initial Facilitation process and, further, as part of any Arbitration process. In resolving any such dispute the Panel shall have regard to ensuring each Member is fulfilling its statutory responsibilities and ensuring the highest clinical standards and patient safety issues are upheld.
- 6.9.2.4 The decision of the arbitration process will be binding.

6.10 Dispute Resolution Panel

- 6.10.1 Each formal dispute will be conducted by a panel appointed by the Chair of the Joint Committee. The panel will have a minimum of three members, including one member with commissioner and one member with provider experience. The panel may call on expert advice at its discretion. None of the panel will have strong prior relationships with the key staff involved in the adjudication.
- 6.10.2 The exact make up of the panel and advice to be taken by it will be decided by the Chair and one Independent Member once Stage 1 (level 1 and 2) of the process has been completed and there has not been any resolution.
- 6.10.3 Disputes will be heard by the panel (where possible given the criteria outlined in 6.9) within 8 weeks of the dispute being raised formally.
- 6.10.4 The panel will make decisions based on a simple majority vote.

6.11 Dispute Resolution Panel Acceptance Criteria

The panel will only accept disputes that meet the following criteria:

- 6.11.1 Stage 1 of the process has been completed but there is no resolution;
- 6.11.2 There must have been a full and frank disclosure of all relevant and applicable information. (This does not preclude the panel from asking for further information as it requires);
- 6.11.3 Individuals connected to the dispute should be able to make themselves available to provide further evidence as required;
- 6.11.4 There must be evidence that the party bringing the dispute has made reasonable effort to have this resolved at NHS Wales level, or can demonstrate that this was inappropriate, and that all other attempts at resolution have been completed;
- 6.11.5 All disputes must be formally lodged with the Dispute Resolution Panel within 3 weeks of the date the issue arose, otherwise the dispute will be invalid;
- 6.11.6 The dispute must not be not trivial, vexatious or an abuse of the Joint Committee Governance and Accountability Framework;
- 6.11.7 There must be adequate time to hear the dispute.

6.12 Timescales for Dispute Resolution

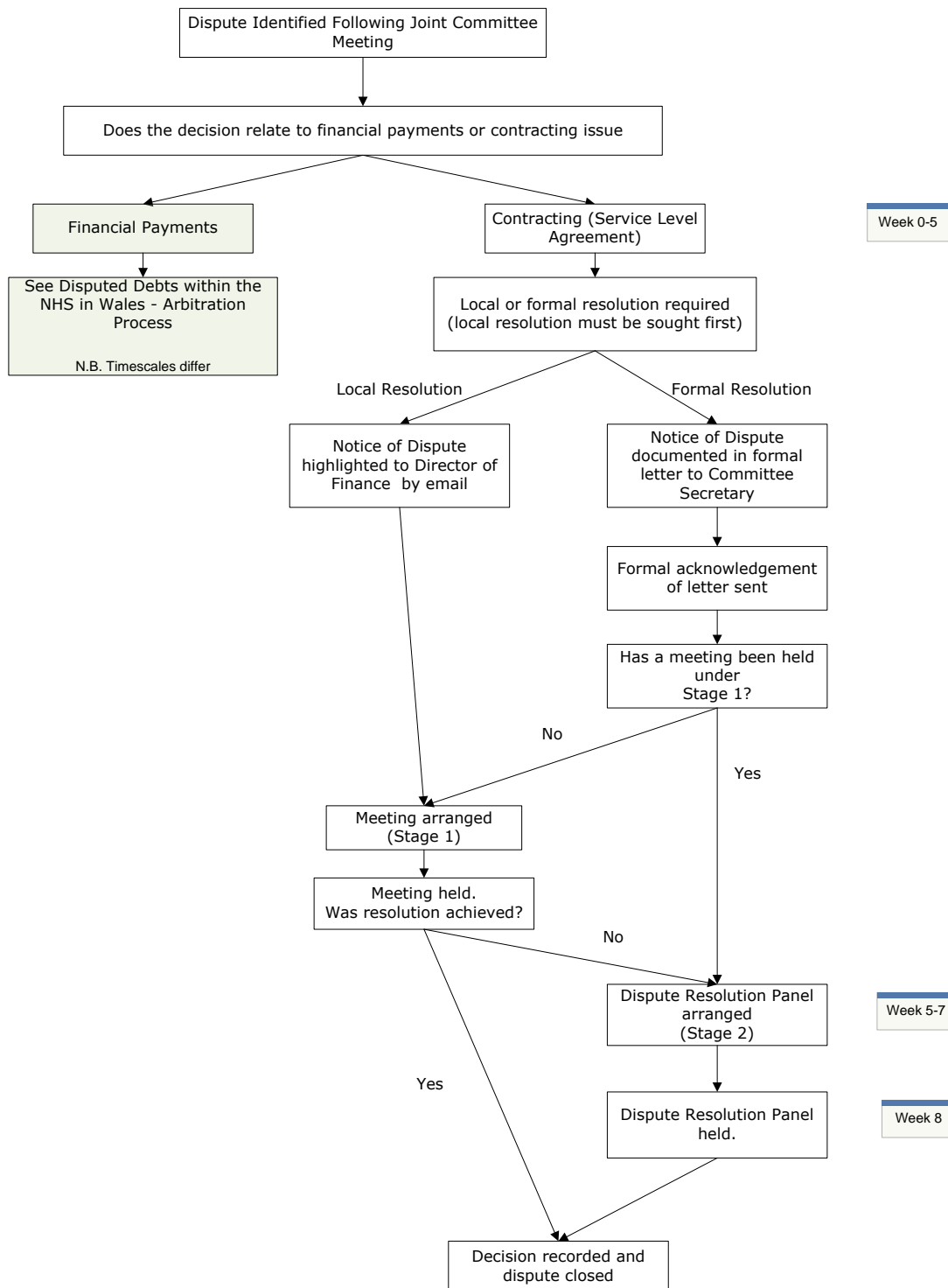
The maximum timescales for action in relation to resolution of disputes is outlined below:

Age of Dispute (weeks)	Action
0 – 3	Referral of a dispute to resolution Local agreement sought
3 - 5	Escalation of dispute to formal stage of dispute resolution
5	Preparation for Panel (Stage 2)
6	Case Submission
7	Final Submission Deadline
8	Panel held and decision made

Disputed Debts within the NHS in Wales - Arbitration Process

Disputed debts between Welsh NHS organisations will be dealt with in accordance with the 'Disputed Debts within the NHS in Wales - Arbitration Process 2010/11' or such subsequent relevant arbitration process as is issued by or on behalf of Welsh Government from time to time.

Flow Chart for Dispute Resolution



Annex (iv) to Memorandum of Agreement

CLINICAL NETWORKS

Welsh Clinical Renal Network

The Welsh Clinical Renal Network is established as a Sub Committee of the Welsh Health Specialised Services Committee. This arrangement will be reviewed on a regular basis as part of the Governance and Accountability Framework for the Joint Committee.

The Chair of the Welsh Clinical Renal Network will be accountable to the Chair and will be an Associate Member of the Joint Committee.

The Welsh Clinical Renal Network will provide a national focus for planning and performance management of all renal services, work closely with each LHB to support service improvement, local planning, and resource management. It will be the focal point to inform the LHBs and WG on the effectiveness and efficiency of adult renal services in Wales as well as the strategic implementation of the Renal National Service Framework and performance against the Annual Operating Framework and the associated Local Delivery Plans.

The Welsh Clinical Renal Network Chair / Lead Clinical Advisor will be directly accountable to the Chair of the Joint Committee but will also provide advice to WG through the Director of Strategy and Planning and the NHS Medical Director and Chief Medical Officer on an agreed sessional basis.

The Renal Network Manager will be managerially responsible to the Director of Finance and accountable to the Network Chair / Lead Clinical Advisor for the development and delivery of the Network objectives and work plan as appropriate to this role.

MEMORANDUM OF AGREEMENT

RELATING TO

WELSH HEALTH SPECIALISED SERVICES COMMITTEE

(WALES) DIRECTIONS 2009



GIG
CYMRU
NHS
WALES

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

		Agenda Item	2.3
Meeting Title	Joint Committee	Meeting Date	12/11/2019
Report Title	Integrated Governance Committee Terms of Reference		
Author (Job title)	Committee Secretary		
Executive Lead (Job title)	Committee Secretary	Public / In Committee	Public

Purpose	The purpose of this report is to present members with the revised Terms of Reference for the Integrated Governance Committee for approval.			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>

Sub Group /Committee	Not Applicable	Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Approve the revised Integrated Governance Committee Terms of Reference. 		

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 members with revised Terms of Reference for the Integrated Governance Committee for approval.

2.0 BACKGROUND

The Integrated Governance Committee was established in June 2015.

Draft Terms of Reference were presented to the Integrated Governance Committee on 12 June 2018 for review and were subsequently approved by the Joint Committee on 11 September 2018.

The Terms of Reference were reviewed by the Integrated Governance Committee on 13 August 2019 and the revised Terms of Reference are now presented to the Joint Committee for approval.

3.0 ASSESSMENT

Attached as **Appendix 1** are the revised Terms of Reference for the Integrated Governance Committee for approval by Members.

4.0 RECOMMENDATIONS

Members are asked to:

- **Approve** the revised Terms of Reference for the Integrated Governance Committee.

5.0 APPENDICES / ANNEXES

Appendix 1 – Integrated Governance Committee Terms of Reference



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	Stronger terms of reference for sub-committees will enable WHSSC to operate a more efficient way including the decision processes for work linked to the Integrated Commissioning Plan.	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
Organisational Implications		
Quality, Safety & Patient Experience	Stronger terms of reference for sub-committees will enable WHSSC to put quality, safety and patient experience at the fore front of all commissioning and committee decisions.	
Resources Implications	Not applicable	
Risk and Assurance	Stronger terms of reference for sub-committees will enable WHSSC to have more robust risk management and assurance processes.	
Evidence Base	Not applicable	
Equality and Diversity	Not applicable	
Population Health	Not applicable	
Legal Implications	Not applicable	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Integrated Governance Committee	13/08/2019	Terms of Reference approved for onward recommendation to the Joint Committee

INTEGRATED GOVERNANCE COMMITTEE

TERMS OF REFERENCE

INTRODUCTION

The Standing Orders of the Joint Committee provide that *"The Joint Committee may and, where directed by Welsh Government must, appoint sub-committees either to undertake specific functions on the Committee's behalf or to provide advice and assurance to the Committee in the exercise of its functions. The Joint Committee's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by sub-committees"*.

In line with standing orders (and the scheme of delegation), the Joint Committee shall nominate a sub-committee to be known as the **Integrated Governance Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

PURPOSE

The purpose of the Integrated Governance Committee "the Sub-committee" is to scrutinise evidence and information brought before it in relation to activities and potential risks which impact on the services commissioned by the Welsh Health Specialised Services Committee and provide assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

DELEGATED POWERS AND AUTHORITY

The Sub-committee will, in respect of its provision of advice to the Joint Committee, ensure that:

- It maintains an oversight of the work of the Quality and Patient Safety Committee and Audit Committee. The Sub-committee will ensure integration of the governance work, addressing issues which fall outside or between the work of the these sub-committees, ensuring no duplication and coordinating those issues which need the attention of all three sub-committees;
- Appropriate mechanisms are in place to manage risk issues, identifying and reviewing the top level risks and ensuring that plans are in place to manage those risks;
- It oversees the Joint Committee's Integrated Commissioning Plan for Specialised Services, scrutinising the delivery and performance of the Integrated Commissioning Plan; and
- It maintains an oversight of the work of the Welsh Renal Clinical Network

addressing issues which fall outside or between the work of the network and the Welsh Health Specialised Services Team.

Authority

The Sub-committee is authorised by the Joint Committee to investigate or have investigated any activity within its sphere of responsibility. In doing so, the Sub-committee shall have the right to inspect any books, records or documents of the Welsh Health Specialised Services Committee. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the Sub-committee.

The Sub-committee is authorised by the Joint Committee to obtain external legal or other independent professional advice and to secure the attendance of external experts/ advisors with relevant experience and expertise if it considers it necessary, subject to NHS procurement, budgetary and other requirements.

Task and Finish Groups

The Sub-committee may, subject to the approval of the Joint Committee establish task and finish groups to carry out on its behalf specific aspects of Sub-committee business.

MEMBERSHIP

The membership of the Sub-committee shall comprise the Independent Members of the Welsh Health Specialised Services Committee from time to time in post.

The Chairman of the Joint Committee shall chair the Committee and in the absence of the Chair, the Vice Chair will deputise, failing whom any Independent Member determined by the Independent Members present at any meeting.

Attendance

The Internal and External Auditors will be invited to attend as and when required at the discretion of the Sub-committee.

The following officers will routinely be invited to attend:

- The Managing Director;
- The Chair, failing whom the Interim Chair, of the Welsh Renal Clinical

- Network; and
- The Committee Secretary.

Such other officers as the Chair determines shall be invited to attend, from time to time, as and when required.

Member Appointments

The membership of the Sub-committee shall be determined by the Joint Committee and subject to any specific requirements or directions made by Welsh Government and in line with the Welsh Health Specialised Services Committee Governance and Accountability Framework.

Support to Committee Members

The Committee Secretary, on behalf of the Sub-committee Chair, shall:

- Determine the secretarial and support arrangements for the Sub-committee;
- Arrange the provision of advice and support to Sub-committee members on any aspect related to the conduct of their role; and
- Co-ordinate the provision of a programme of organisational development for Sub-committee members.

COMMITTEE MEETINGS

Quorum

The quorum for meetings shall be 2 members in person.

Frequency of Meetings

The Committee will aim to meet not less frequently than 3 times a year.

Circulation of Papers

The Committee Secretary will ensure that all papers are distributed at least five working days prior to the meeting.

REPORTING AND ASSURANCE ARRANGEMENTS

The Chair shall:

- Report formally, regularly and on a timely basis to the Joint Committee on the Sub-committee's activities. This may include verbal updates on activity, the submission of committee minutes and/or written reports;
- Bring to the Joint Committee's specific attention any significant matters

under consideration by the Sub-committee; and

APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- Ensure appropriate escalation arrangements are in place to alert the Chair, Managing Director or chairs of other relevant sub-committees of any urgent/ critical matters that may affect the operation and/ or reputation of the Welsh Health Specialised Services Committee.

REVIEW

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-committee's performance and operation including that of any task and finish groups established.

RELATIONSHIP WITH THE JOINT COMMITTEE AND ITS COMMITTEES/GROUPS

Although the Joint Committee has delegated authority to the Sub-committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for those citizens for whom it secures that healthcare.

The Sub-committee, through the Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the joint planning and co-ordination of the Joint Committee and Sub-committee business and sharing of information.

The Sub-committee shall embed the corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

The requirements for the conduct of business as set out in the Welsh Health Specialised Services Committee Standing Orders are equally applicable to the operation of the Sub-committee, except in the area relating to the Quorum.

These Terms of Reference shall be adopted by the Integrated Governance Committee and subject to review at least on an annual basis.



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WALES

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

		Agenda Item	3.1
Meeting Title	Joint Committee	Meeting Date	12/11/2019
Report Title	Financial Performance Report – Month 6 2019/20		
Author (Job title)	Finance Manager - Contracting		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Choose an item.

Purpose	<p>The purpose of this report is to set out the financial position for WHSSC for the 6th month of 2019/20.</p> <p>The financial position is reported against the 2019/20 baselines following approval of the 2019/20 WHSSC Integrated Commissioning Plan by the Joint Committee in January 2019.</p>			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Management Group	Meeting Date	24/10/2019
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the current financial position and forecast year-end position. 		

Considerations within the report (tick as appropriate)

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

1.0 SITUATION

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

This report will be shared with WHSSC Management Group on 24 October 2019 and Joint Committee on 12 November 2019.

2.0 BACKGROUND

The financial position is reported against the 2019/20 baselines following approval of the 2019/20 WHSSC Integrated Commissioning Plan the Joint Committee in January 2019.

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

3.0 ASSESSMENT

The financial position reported at Month 6 for WHSSC is a forecast year end under spend of £3,862k.

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

4.0 RECOMMENDATIONS

Members of the appropriate Group/Committee are requested to:

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



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Development of the Plan Choose an item.	
Link to Integrated Commissioning Plan	This document reports on the ongoing financial performance against the agreed IMTP	
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.	
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience		
Resources Implications	This document reports on the ongoing financial performance against the agreed IMTP	
Risk and Assurance	This document reports on the ongoing financial performance against the agreed IMTP	
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
Report History:		
Presented at:	Date	Brief Summary of Outcome
Management Group	24/10/2019	Noted and Approved

Finance Performance Report – Month 6

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 6th month of 2019/20 together with any corrective action required.

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

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	630,409	315,204	313,157	(2,048)	(1,593)	(3,862)	(2,793)
EASC (WAST, EMRTS, NCCU)	163,784	81,892	81,892	0	0	0	0
Total as per Risk-share tables	794,193	397,096	395,049	(2,048)	(1,593)	(3,862)	(2,793)

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

2. Background / Introduction

The financial position is reported against the 2019/20 baselines following approval of the 2019/20 ICP by the Joint Committee in January 2019. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions as the need arises.

The overall financial position at Month 6 is an underspend of £2,048k year to date with a forecast year end underspend of £3,862k

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

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

3. Governance & Contracting

All budgets have been updated to reflect the 2019/20 ICP, including the full year effects of 2018/19 Developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2018/19 contract values which have been transposed into the 2019/20 contract documents.

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

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

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget	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
NHS Wales							
Cardiff & Vale University Health Board	206,864	103,432	104,676	1,244	1,056	2,501	2,129
Swansea Bay Univ Health Board	98,714	49,357	49,054	(303)	(349)	(198)	(429)
Cwm Taf Morgannwg University Health Board	9,614	4,807	4,482	(325)	(271)	(116)	(43)
Aneurin Bevan Health Board	8,147	4,074	4,178	104	66	150	35
Hywel Dda Health Board	1,581	791	811	21	20	21	20
Betsi Cadwaladr Univ Health Board Provider	41,049	20,524	20,356	(168)	(68)	(99)	(53)
Velindre NHS Trust	43,193	21,596	22,840	1,244	916	2,486	2,198
Sub-total NHS Wales	409,162	204,581	206,398	1,817	1,370	4,746	3,858
Non Welsh SLAs	113,399	56,700	56,508	(192)	319	383	654
IPFR	39,310	19,655	21,404	1,750	1,598	1,097	1,250
IVF	4,777	2,389	2,575	186	154	59	0
Mental Health	31,656	15,828	14,740	(1,089)	(1,169)	(1,414)	(953)
Renal	5,088	2,544	2,229	(315)	(260)	(262)	(211)
Prior Year developments	2,463	1,232	779	(452)	(547)	(989)	(1,313)
2019/20 Plan Developments	20,744	8,999	8,521	(478)	(131)	(1,051)	(194)
Direct Running Costs	3,810	1,905	2,003	98	53	317	260
Reserves Releases 2018/19	0	0	(3,374)	(3,374)	(1,842)	(6,748)	(4,420)
Phasing adjustment for Developments not yet implemented ** see below	0	1,374	1,374	0	0	0	0
Total Expenditure	630,409	315,204	313,157	(2,048)	(455)	(3,862)	(1,069)

The reported position is based on the following:

- NHS Wales activity – based on Month 5 data or Annual Plan values if deemed to vary from the 2018/19 outturn.
- NHS England activity – based on Month 5 contract monitoring data or Annual Plan values if this data was not available.
- IVF – 2 NHS England and 1 NHS Wales contract provider, with some IPFR approvals.
- IPFR – reporting is based on approved Funding Requests; recognising costs based on the usual lead times for the various treatments, unclaimed funding requests are released after 36 weeks.
- Renal – a variety of bases; please refer to the risk-sharing tab for Renal for more details on the various budgets and providers.
- Mental Health – live patient data as at the end of the month, plus current funding approvals. This excludes High Secure, where the 2 contracts are based blocks based on 3 year rolling averages.
- Developments – variety of bases, including agreed phasing of funding.

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

5. Financial Position Detail - Providers

5.1 NHS Wales – Cardiff & Vale contract:

Various over and underspends from the month 5 data have been extrapolated to a total reported month 6 position of £1,244k over spent and a year-end position of £2,501k over spent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Cardiology for AB – the YTD position has continued to grow this month and now stands at £192k which equates to 49 procedures over the YTD activity baseline. Due to this continued level of growth, the full year forecast has been moved to a straight line basis and stands at £384k over budget.
- Thoracic Surgery – the unpredictable nature of this service can once again be seen this month with the position swinging back to overperformance with both YTD and forecast positions standing at £16k over budget which represents a £78k adverse movement. The main driving force behind this movement was an increase in complex procedures which are now 15 above the YTD activity levels.
- Spinal Implants – this month has seen an adverse movement in the YTD position of £56k due to a high cost patient costing more than £40k. The position is still underperforming and is now £31k under budget with a straight line forecast standing at £61k under budget, a £146k movement on last month's forecast.
- Epilepsy Surgery – the YTD position has moved further into under spend this month as there have been no procedures carried out. It currently stands at £125k under budget with the full year forecast remaining at breakeven as C&V are awaiting an accurate forecast from the service.
- ALAS – this month has seen a further £90k deterioration in the position with the YTD and full year forecast positions standing at £193k over budget. The main driver for this is a £78k growth in EAT compared to a straight line trend of last months figures. WHSSC have

asked C&V for an accurate forecast as a simple straight line extrapolation does not reflect the true activity of this service.

- Renal – the trends within this service area remain consistent with YTD overspends in surgery, home dialysis and hospital dialysis which are partially offset by underspends in nephrology, CAPD and transplants. This represents an increase in the overspend of £78k this month. These figures have been extrapolated on a straight line basis to form the forecast which has reduced by £123k but it should be noted that a growth provision for 19/20 to offset hospital dialysis has been released within Developments. The reason for this reduction is a more robust forecast for hospital dialysis and a use of the correct unit price for the service.
- BMT – the BMT ward is now fully operational once more but the YTD underspend position has continued to grow and now stands at £307k. The full year forecast mirrors this figure at present as WHSSC await an accurate forecast for the service. Currently, the service are 14 procedures under the YTD activity baseline.
- Clinical Immunology – both YTD and full year forecasts increased again this month and now stand at £213k over budget. This is a combination of WBS price increase and additional activity. C&V are working with the service to understand the exact quantum of these factors and produce an accurate forecast moving forward.
- Paeds Rheumatology – WHSSC are reflecting slippage in the investment made in this service with the YTD figure standing at £32k under budget and the full year forecast at £64k under budget.

5.2 NHS Wales – SB contract:

Various over and underspends from the month 5 data have been extrapolated to a total reported month 6 position of £303k under spent and a year-end position of £198k under spent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Renal – YTD and full year forecast overspends stand at £337k and £674k respectively. These increases are a result of activity increases in all areas of this service with the forecast being reported on a straight line basis. As with the C&V service, a growth provision for 19/20 to offset this has been released within Developments.
- Cardiac Surgery – the YTD underspend stands at £394k and is a result of activity underperformance in virtually all areas of this service. This is a historic trend for the service and thus the full year forecast has been set at 18/19 outturn.

- Thoracic – the YTD position has moved in the opposite direction to last month's which has reduced the over spend by £33k to stand at £17k. The full year forecast remains at breakeven due to the volatility seen in this service over the first half of this financial year.
- Plastics – this volatile service has seen a YTD increase again this month with the movement being £84k once more as a result of buoyant emergency activity levels. Due to this reason, the forecast has been left at a breakeven level.
- Burns – the YTD underspend has increased by £73k and now stands at £233k as a result of falling inpatient activity. This is another volatile service that is hard to accurately forecast and thus the full year forecast has been left at break even.

5.3 NHS Wales – BCU contract:

The YTD under spend position has increased by £100k this month and now stands at £168k. There has been a £42k reduction in angio activity with the service currently 19 procedures under the YTD activity baseline. Haemophilia has seen a similar reduction in activity this month with the YTD figure falling by £46k to £99k under budget.

5.4 NHS Wales – Cwm Taf Morgannwg contract:

Both NICU and CAMHS under spends have increased this month by £72k and £17k respectively. The CAMHS service has seen 23 admissions YTD but the forecast has been left at breakeven due to the unpredictability of this service. The YTD increase in the ICD service is based on month 4 data as nothing was received from the service for month 5 and thus will need to be verified next month.

5.5 NHS Wales – Aneurin Bevan contract:

The YTD trend of overperformance in the cardiology contract continues to grow and the YTD figure now stands at £64k which represents 28 procedures in excess of the YTD activity baseline. To be prudent, the full year forecast has now been moved to 18/19 outturn and stands at £93k.

5.6 NHS Wales – Hywel Dda contract:

Nothing to note this month.

5.7 NHS Wales – Velindre contract:

Based upon month 5 data received from the trust, the cancer services LTA stands at £146k over budget YTD which is extrapolated to a £291k year end forecast. The Melanoma immunotherapy treatments overspend is fully reflected at £2.3m variance against plan. WHSSC will undertake further work through the Cancer & Blood commissioning team to review the clinical indications being applied for extended use and compare to national trends

5.8 NHS England contracts:

Total £192k underspend to month 6 with the full year forecast being reported at a £383k overspend. The English position has been reported either based on an extrapolation of month 5 reported actual data or plan data where actuals have not yet been provided. CQUIN has been removed from the forecast position.

The larger reported movements/variances are:

- Alder Hey – after the highest month of activity to date last month, an average month in month 5 has seen the YTD and full year figures fall back to £374k and £313k respectively. Also the historic marginal rate agreement that has increased from 50% to 75% this year.
- Manchester University – both YTD and full year forecast underspends have increased this month and now stand at £224k and £243k respectively. This is simply a result of consistently lower activity this year at the trust.
- Christie – both YTD and full year forecast figures have swung back into underspend positions this month and stand at £72k and £89k respectively. After a more buoyant month last month, activity is back to average levels this month, hence the difference in the figures.
- Guy' & St Thomas's – the YTD and full year positions have moved by £57k this month and are now in overspending positions of £29k and £23k respectively. This is a result of several thoracic and renal emergencies and an ECMO patient in the month 5 data.
- Imperial – month 5 has seen this trust treat emergency neuro and vascular patients that have increased the YTD and forecast overspend positions by £53k and £51k respectively to £322k and £314k.
- LHCH – the trend of underperformance is continuing for this trust and the YTD position has moved by £304k and now stands at £940k with a full year forecast of £70k under budget. The big movement this month is a consequence of last month showing the highest activity this financial year.
- Royal Liverpool & Broadgreen – both YTD and forecast overspend positions have increased by £194k this month and stand at £455k and £447k respectively. This is a result of a continuing trend of increasing activity in ocular oncology and a second high cost blood product patient.

- Royal Orthopaedic – both YTD and forecast positions have moved adversely by £76k this month and are now in overspending positions of £34k. The reason for this is 2 high cost oncology patients in the month 5 data.
- Salford Royal - YTD and forecast positions have moved by £86k and £43k respectively and stand at £200k and £195k over budget. The in month movement is a result of an increase in elective neurosurgery and stereotactic radiotherapy.
- St Helens & Knowsley – YTD and forecast overspend positions have increased this month by £86k as a result of 2 in month high cost burns patients. These positions are now £280k and £264k over budget.
- University Hospital Bristol – a £65k adverse movement in the position this month has meant the under spending YTD and forecast positions have reduced to £31k. This is due to the month 5 data showing several neonatal critical care patients and a paediatric cardiac surgery patient with high PICU costs.
- University Hospitals Birmingham – the YTD and full year forecast under spends have both increased by £54k this month and stand at £311k and £340k respectively. This is a result of a low month of activity across the board at this trust.
- Walton – after last month's highest month of activity, both YTD and full year forecasts have swung back to under performance and stand at £134k and £198k respectively. This is simply a result of activity moving back to the levels we had previously seen during this year.

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

5.9 IPFR:

The total over spend at month 6 is £1,750k with a full year forecast reported at £1,097k overspent. The year to date variance consists of an over spend on non-contract activity due to 5 high cost paediatric BMT approvals, the impact of new Burosumab approvals in July, 6 HIPECs to date and an increase in HPN spend, this is partially offset by underspends in all other high cost drug areas based upon invoices received to date. The forecast £1,097k anticipates further reserve releases relating to 18/19 NCA accruals and the reduction since last month relates to PHT patient approvals.

5.10 IVF:

YTD the position has moved by £31k to a £186k overspend. This is a result of several additional PGD approvals this month at Guys (£30k per approval)

and additional approvals at Shrewsbury (the trust have approached WHSSC for approval). This is partially offset by a reduction in Welsh activity as the service are 50 cycles under the YTD activity baseline. The forecast has been increased to £59k over budget in line with the YTD movements noted above.

5.11 Mental Health:

Various budgets totalling an underspend to date of £1,089k and a year-end forecast underspend of £1,414k. These budgets include:

- High Secure has no material movements this month in either YTD or full year forecast positions.
- Adult Mental Health has a £712k underspend reported year to date and £914k for year end forecast. The YTD underspend decrease is mainly a result of 2 new perinatal out of area admissions. This is partially offset by underspend increases in forensic mental health. The costs in this area are significantly lower than 18/19 so WHSSC assume that case management and gatekeepers continue to yield savings. This trend in perinatal and forensic mental health has been played into the full year forecast and thus the underspend has increased by £101k.
- CAMHS and Eating Disorders have a £287k under spend reported year to date with a £353k underspend year end forecast. The under spend is spread across all areas within this service and is based on invoices/commitments received to date. The forecast movement is a result of the YTD underspend trend now being reported across the full year.

5.12 Renal:

Both YTD and full year forecast underspends have continued to grow this month and now stand at £315k and £262k respectively. This movement is explained by an increase in Swansea Bay dialysis growth and All Wales Price Inflation which is more than fully offset by falling activity levels at Royal Liverpool & Broadgreen and WBS WTAIL laboratory for tissue typing.

5.13 Reserves:

A release of 18/19 non recurrent structural reserves was made into the position in month 3 totalling £2,927k for year end which will be released evenly through the year. A further release relating to 18/19 HRG4+ settlement of £1,493k was released into the month 4 position which will also be released evenly through the year. Further reserve releases will be made as they are analysed throughout the year. At month 6, further releases relating to NHS England contract settlements, IPFR high cost releases and NHS England Renal releases totalling £2,328k for the full year have been identified and will be released into the position evenly through the year.

5.14 Developments:

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

The YTD underspend has grown by £252k to £930k and the full year forecast underspend has increased by £534k to £2,040k. These movement are a result of overspend increases in Asfotase Alfa due to a new patient in Sheffield and additional approvals for Radio Labelled Therapies in Royal Free Hospital. These are more than fully offset by slippage on some 19/20 CIAG schemes of £850k (Genetics Test Directory & Pet new indications) and 19/20 New Specialised Services (Neonatal Transport, Perinatal Development & CLP RTT).

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

The YTD position has moved to overperformance this month and stands at £98k with the full year forecast increasing to £317k. This is mainly a result of hosting costs and the effect of moving costs.

5.16 Value Based Commissioning Schemes in 19/20 ICP

Value and efficiency savings schemes totalling £3.25m were included in the 19/20 Integrated Commissioning Plan. Based on monitoring to date a total £1.957m of savings are reported as achieved against a 6 month profile of £1.8m.

The yearend forecast is a total saving of £3.285m will be achieved from the schemes identified and included in the 19/20 ICP. Further detail on the profiled savings of the individual schemes is included in Appendix 2.

6. Financial Position Detail – by Commissioners

The financial arrangements for WHSSC do not allow WHSSC to either over or underspend, and thus any variance is distributed to LHB's based on a clearly defined risk sharing mechanism. The following table provides details of how the current variance is allocated and how the movements from last month impact on LHB's.



Table 3 – Year to Date position by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Variance M6	(2,048)	21	(24)	(138)	312	(547)	(144)	(1,527)
Variance M5	(455)	44	24	(115)	202	(391)	75	(293)
Movement	(1,593)	(23)	(48)	(23)	110	(156)	(219)	(1,234)

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
EOY forecast M6	(3,862)	(156)	(306)	25	(64)	(856)	(495)	(2,009)
EOY forecast M5	(1,069)	98	(116)	266	(76)	(593)	(84)	(563)
EOY movement	(2,793)	(254)	(190)	(241)	12	(263)	(411)	(1,446)

7. Income / Expenditure Assumptions

7.1 Income from LHB's

The table below shows the level of current year outstanding income from Health Boards in relation to the IMTP and in-year Income adjustments. There are no notified disputes regarding the Income assumptions related to the WHSSC IMTP.

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

Please note that Income for WHSSC/EASC elements has been separated, although both organisations share one bank account. The below table uses the total Income to allow reconciliation to the MMR returns; please refer to the Income tab on the monthly risk-sharing file to see further details relating to the Commissioner Income.



Table 5 – 2019/20 Commissioner Income Expected and Received to Date

	2019/20 Planned Commissioner Income	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounted to Date	EOY Comm'er Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
SB	96,814	48,407	48,644	(116)	(121)	48,407	(306)
Aneurin Bevan	143,992	71,996	72,012	6	(22)	71,996	(64)
Betsi Cadwaladr	181,369	90,684	90,685	0	0	90,685	(2,009)
Cardiff and Vale	127,358	63,679	63,782	0	(103)	63,679	(156)
Cwm Taf Morgannwg	112,234	56,117	56,195	0	(78)	56,117	25
Hywel Dda	94,791	47,395	47,395	0	0	47,395	(856)
Powys	37,635	18,818	18,817	0	0	18,817	(495)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	794,193	397,096	397,531	(110)	(324)	397,096	(3,862)

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

None

8. Overview of Key Risks / Opportunities

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

The additional risk and opportunities moving forward to next financial year are:

- Growth in activity for Velindre Melanoma drugs and ATMP patients above that projected in the IMTP.
- Phasing of Development funding as projects start; possible slippage in start dates may lead to non-recurrent in-year savings. WHSSC currently await business cases from Cardiff & Vale for schemes due to start in the latter part of 19/20.

9. Public Sector Payment Compliance

As at month 6 WHSSC has achieved 100% compliance for NHS invoices paid within 30 days by value and 100% by number.

For non NHS invoices WHSSC has achieved 99.1% in value for invoices paid within 30 days and 99.6% by number.

This data is updated on a quarterly basis.

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

10. Responses to Action Notes from WG MMR responses

Action Point 4.2

Risks and opportunities have been assessed for month 6 and detailed in section 8 above and quantified in the MMR tables. This assessment will evolve throughout the remainder of this year as business cases are submitted to WHSSC.

Action Point 5.1

CIAG schemes are constantly reviewed by WHSSC and for month 6 as assessment was made and the risk share tables contained slippage for Genetics Test Directory and PET new indications as detailed in section 5.14 above.

11. SLA 19/20 status update

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

12. Confirmation of position report by the MD and DOF

**Sian Lewis,
Managing Director, WHSSC**

**James Leaves,
Assistant Director of Finance, WHSSC**

Appendix 1

PROVIDER	PROPOSAL RECEIVED FROM PROVIDER	DATE SLA TO BE SENT TO PROVIDER	DATE SLA SENT TO PROVIDER	SLA SIGNED & RECEIVED
Alder Hey Children's NHS Foundation Trust	Yes		01-Sep-19	
Birmingham Women's & Children's Hospital NHS Foundation Trust	Yes		30-Jul-19	
Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's)	No		30-Aug-19	
Manchester University NHS Foundation Trust (previously Central & South)	Yes	unable to send out - currently reviewing Proposal to split contracts with BCU & WHSSC		
(The) Christie NHS Foundation Trust	Yes		01-Sep-19	
DDRC	No	OCT-19 Awaiting confirmation around New indication letter from planning		



Great Ormond Street Hospital for Children NHS Foundation Trust	Yes		30-Jun-19	
Guy's and St Thomas' NHS Foundation Trust	Yes		30-Jun-19	
Heart of England NHS Foundation Trust	Yes		30-Jul-19	
Imperial College Healthcare NHS Trust	Yes		30-Jun-19	
King's College Hospital NHS Foundation Trust	Yes		30-Jun-19	
Leeds Teaching Hospitals NHS Trust	No	Oct 19		
Liverpool Heart and Chest Hospital NHS Foundation Trust	Yes		02-Jul-19	Aug-19
NHS Blood & Transplant - National Organ Donation	Yes		30-Apr-19	May19
(The) Newcastle Upon Tyne Hospitals NHS Foundation Trust			30-Sep-19	
Papworth Hospital NHS Foundation Trust	Yes		30-Aug-19	
(The) Robert Jones and Agnus Hunt Orthopaedic Hospital NHS Foundation Trust	Yes		14-Aug-19	Trust awaiting NHSE confirmation on CQUIN to sign off
Royal Brompton & Harefield NHS Foundation Trust	Yes		30-Jun-19	
Royal Free London NHS Foundation Trust (Hampstead)	Yes		30-Jun-19	
(The) Royal Liverpool and Broadgreen University Hospitals NHS Trust	Yes	Oct 19		
(The) Royal Marsden NHS Foundation Trust	Yes		30-Jun-19	
(The) Royal Orthopaedic Hospital NHS Foundation Trust	No		30-Aug-19	



Salford Royal NHS Foundation Trust	No		03-Oct-19	
Sheffield Teaching Hospitals NHS Foundation Trust	Yes		03-Oct-19	
St Helens and Knowsley Teaching Hospitals NHS Trust	No	Oct 19		
University College London Hospitals NHS Foundation Trust	Yes		30-Jun-19	
University Hospitals Bristol NHS Foundation Trust	Yes	OCT-19		
University Hospitals Birmingham NHS Foundation Trust	Yes		30-Jul-19	
University Hospitals of North Midlands NHS Trust	Yes		30-Sep-19	
(The) Walton Centre NHS Foundation Trust	Yes		09-Aug-19	
Wye Valley NHS Trust (Hereford)	Yes		30-Aug-19	
PETIC	No	OCT-19		

Appendix 2 – 2019/20 WHSSC ICP Value & Efficiency savings schemes financial monitoring

Efficiency Savings Schemes	2019/20 Target Saving £m	Budget Profile	2019/20		Notes
			Savings to date £m	Forecast Saving £m	
IBD Trials Savings & Factor 9 Price savings	(0.800)	Target	(0.576)	(0.800)	Emicizumab patient commenced November 18, saving compares 19/20 cost of Emicizumab compared to trial factor 8 expenditure in same period of 18/19
		Achieved	(0.552)	(0.736)	
		Variance	0.024	0.064	
Mental Health - Forensic case management	(0.500)	Target	(0.250)	(0.500)	Continued reduction in medium secure placements, due to case management and gatekeeping teams at SB and BCU.
		Achieved	(0.780)	(1.032)	
		Variance	(0.530)	(0.532)	
Perinatal Repatriation (contingent on welsh unit)	(0.350)	Target	(0.175)	(0.350)	Target based on OOA savings in perinatal placements if Welsh unit was open. However no revenue costs incurred for Welsh unit in 19/20 therefore net saving against plan
		Achieved	(0.175)	(0.350)	
		Variance	0.000	0.000	
Medicines Management - PAS	(0.250)	Target	(0.125)	(0.250)	PAS Asfotase Alfa rebate from Alexion secured in August 2019
		Achieved	(0.125)	(0.267)	
		Variance	0.000	(0.017)	
Referral Management Centre	(0.250)	Target	(0.125)	(0.250)	Work plan on going, initial schemes identified focussing on vascular referrals, no savings declared to date - but anticipated in last quarter of 19/20
		Achieved	0.000	(0.125)	
		Variance	0.125	0.125	
Outpatient Management Scheme	(0.250)	Target	(0.125)	(0.250)	Work on going, no savings declared to date, but anticipated in last quarter of 19/20
		Achieved	0.000	(0.125)	
		Variance	0.125	0.125	
IMD switching & HCD review	(0.500)	Target	(0.250)	(0.500)	ERT drug switching continues at Cardiff, in addition to 3 patients on commercial trials at Royal Free. Further trials anticipated to commence in Cardiff later in year
		Achieved	(0.250)	(0.500)	
		Variance	0.000	0.000	
De-Prioritisation	(0.200)	Target	(0.100)	(0.200)	Scheme assumed HIPEC procedures through IPFR may be reduced if policy changed. Clinical evidence review scored low in 18-19 prioritisation. No change in policy to date.
		Achieved	0.000	0.000	
		Variance	0.100	0.200	
NHS England Market Forces Factor (applied to NHS E tariff)	(0.150)	Target	(0.075)	(0.150)	Market Forces Factor reduction for 19-20 distributed across NHS England LTAs, London contracts yield largest proportion of MFF reduction
		Achieved	(0.075)	(0.150)	
		Variance	0.000	0.000	
Total Efficiency Savings	(3.250)	Target	(1.801)	(3.250)	
		Achieved	(1.957)	(3.285)	
		Variance	(0.156)	(0.035)	



GIG
CYMRU
NHS
WALES

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

		Agenda Item	3.2
Meeting Title	Joint Committee	Meeting Date	12/11/2019
Report Title	August 2019 Integrated Performance Report		
Author (Job title)	Performance Analyst		
Executive Lead (Job title)	Director of Planning	Public / In Committee	In Committee

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

WHSSC Integrated Performance Report

August 2019

WHSSC

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AUGUST 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 August 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 stages 2 and above of the escalation process. The Cardiac Surgery service at C&VUHB and CAMHS continue to be managed on escalation level 3 whilst Bone Marrow Transplantation service, Cardiac Surgery at SBUHB and LHCH, Neurosurgery, Paediatric Intensive Care, Paediatric Surgery and Plastic Surgery services are at stage 2. All are being managed in line with the WHSSC escalation process.

Cardiac Surgery, C&VUHB – no change since last report.

Cardiac Surgery SBUHB and LHCH– no change since last report.

CAMHS service north Wales – no change since last report. The next escalation visit is planned for October/November.

CAMHS service south Wales – no change since last report.

Lymphoma Panel – no change since last report.

Plastic surgery – no change since last report.

The BMT service south Wales – no change since last report.

Sarcoma service south Wales – no change since last report.

3.0.1 Services in Escalation

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

4.0 PROVIDER PERFORMANCE

The trend for performance for all provider services has largely remained unchanged moving into the new financial year 2019/20. Of the 27 provider service targets that were monitored by WHSSC, 20 (74.1%) remain in breach at end of August 2019 compared to 66.7% at the end of July 2019.

4.1 Section 1 Service Dashboard

Commissioning Team	Specialty	WHSSC Indicator Ref	Measure	Tolerance Levels			Provider	Jun-19	Jul-19	Aug-19	Latest Status	Latest Trend
				Red	Amber	Green						
Quality	Serious Incidents	S01	Qrtly	Number of new Serious Incidents reported to WHSSC by provider within 48hours	<50%	50-99%	100%	All	50%			
Cardiac	Cardiac Surgery	E01	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	95%	94%	92%	
		E01	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	84%	81%	80%	
	Bariatric Surgery	E03	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	100%	96%	97%	
		E03	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	87%	75%	84%	
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	96%	96%	94%	
	Lung Cancer	E02D	Mthly	USC lung resection < 62 days	>0	N/A	0	All	1	4	-	
		E02E	Mthly	NUSC lung resection < 31 days	>0	N/A	0	All	2	5	-	
	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	95%	93%	80%	
	Plastic Surgery	E05	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	94%	93%	92%	
		E05	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	84%	86%	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	96%	95%	95%	
	Adult Posture & Mobility	E08	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	92%	94%	94%	
	Paediatric Posture & Mobility	E09	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	96%	95%	96%	
Mental Health	CAMHS	E10	Mthly	OOA placements	>16	>14, <16	=,<14	All	11	10	10	
		E10i	Mthly	NHS Beddays	<85%, >105%	< 90%, >100%	90% - 100%	All	83%	73%	80%	
		E10ii	Mthly	NHS Home Leave	<20%, >40%	<25%, >35%	25%-35%	All	21%	28%	29%	
	Adult Medium Secure	E11	Mthly	NHS Beddays	<90%, >110%	< 95%, >105%	95% - 105%	All	94%	98%	97%	
Women & Children	Paediatric Surgery	E12	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	100%	99%	99%	
		E12	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	87%	84%	84%	
	IVF	E13	Mthly	IVF patients waiting for OPA	<95% within 26 weeks	95%-99% within 26 weeks	100% within 26 weeks	All	99%	100%	99%	
		E13i	Mthly	IVF patients waiting to commence treatment	<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	67%	54%	64%	
		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	60%	55%	51%	
		E14A	Mthly	Adult Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	54%	53%	53%	
	Cochlear Implants	E14B	Mthly	Paediatric Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	88%	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.

4.2 Key Information for August 2019

Cardiac Surgery

In August the Health Board reported 38 patients waiting over 26 weeks and 33 patients over 36 weeks. This is an increase in the overall number reported in July. The Health Board remains at Stage 3 of the WHSSC escalation process and a follow up Commissioning Quality Visit will be planned for October.

SBUHB position worsened in August with 29 patients waiting over 26 weeks, 4 patients over 36 weeks and 1 over 52 weeks. This deterioration was the impact of a short term sickness issue which has now been resolved.

LHCH continue to report low numbers of patients waiting over 36 weeks. In August 4 patients were reported as waiting over 26 weeks and 5 patients waiting over 36 weeks. LHCH remain at stage 2 of the escalation process and joint performance meetings with BCUHB take place bi-monthly. Over the last few months the number of breaches reported each month remain due to late referrals from BCUHB.

Plastic Surgery

Patients continue to breach maximum waiting times for hand and breast surgery at SBUHB. In August, there were 214 patients waiting in excess of 36 weeks, 58 of whom were in excess of 52 weeks. One room in the Plastic Surgery Treatment Centre which will provide increased day case capacity and will support an increase in throughput, treating cases under local anaesthetic that are currently being undertaken in theatre is now operational. A second room is expected to come on line within the next two months. It is also exploring options through SBUHB's outsource contract arrangements to help address the backlog through outsourcing clinically appropriate cases.

Thoracic Surgery

SBUHB continues to meet RTT targets for Thoracic Surgery. In August there was 0 breaches of the 36 week target at CVUHB. Lung cancer breach position has deteriorated in August. WHSSC continues to hold performance meetings with both south Wales providers on a bi-monthly basis. There were no breaches at LHCH.

Lymphoma

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

Neurological & Chronic Conditions

Neurosurgery: <5 patients were waiting over 36 weeks at the end of August with all breaches attributed to pressures in the service due to the long term sickness of one of

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

Posture & Mobility: Adult & Paediatric

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

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

CAMHS

CAMHS Out of Area (OoA) performance is much improved over the last year and following a spike in the Summer has returned below target. This is likely to reflect the issues of both NHS services being at level 3 escalation which had been offset by the new investment and increased capacity and capability of the intensive community support teams. The North Wales unit is still working its way back towards full commissioned capacity and the recent escalation of Ty Llidiard has led to short term pressure on new OoA referrals. Despite this the total number of OoA placements at the end of July (10) remains comfortably below the target (14). A review of gatekeeping will take place shortly and incorporate the changes to Consultant staffing in our Tier 4 units.

Women & Child

Paediatric Surgery: The service reported an increased number of breaches over 36 weeks at the end of August. Bi-monthly meetings continue to be held with the service until it is consistently meeting the 36 week RTT target.

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

IVF

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

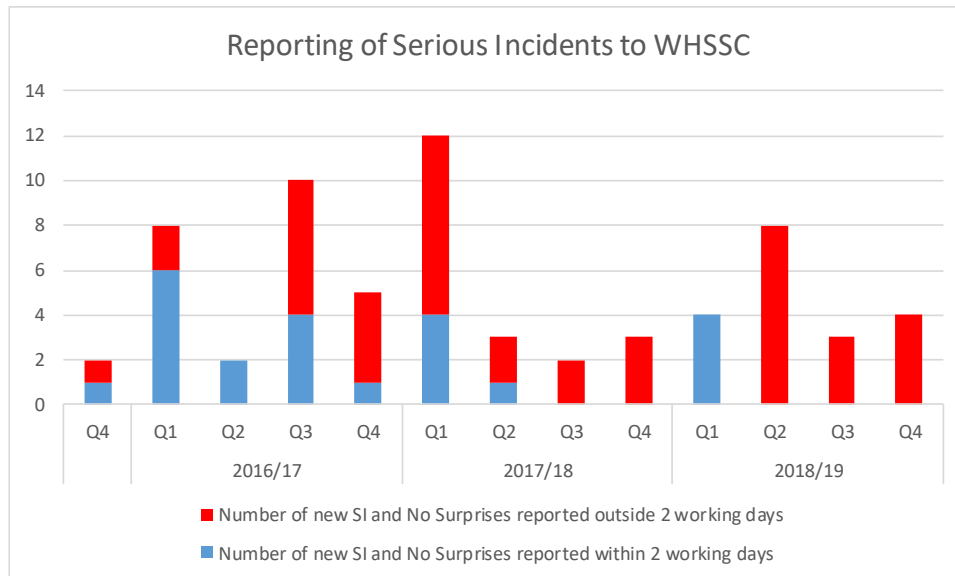
Cochlear and BAHA

The assurance of delivery of the 26 week RTT target will be achieved by 31st March 2020 is under doubt whilst arrangements for managing the patients awaiting surgery at CTMUHB is agreed.

4.3 Section 2 Individual Services

S01: SERIOUS INCIDENTS

Current Trend



Current Performance

During 2018/19 there have been 19 incidents. 15 have been reported outside the 48 hours, with 4 reported within 48 hours.

What actions are WHSSC taking?

E01: CARDIAC SURGERY

Provider(s): C&VUHB; SBUHB; Liverpool Heart & Chest

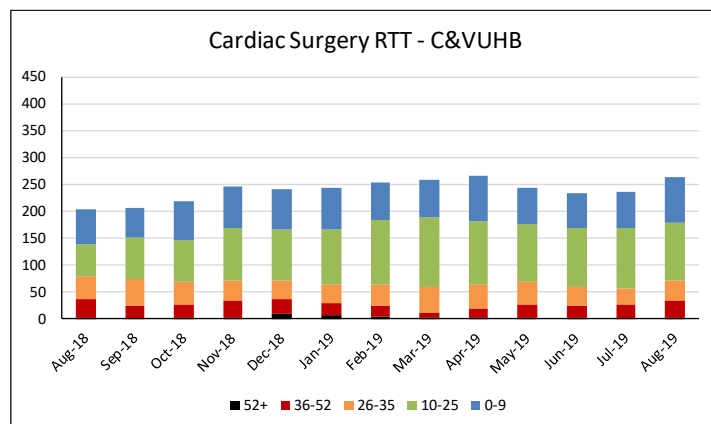
Current Trend – RTT Performance

C&VUHB:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
C&VUHB	Cardiac surgery patients to be waiting < 26 weeks	75%	76%	73%	↓

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
C&VUHB	Cardiac surgery patients to be waiting < 36 weeks	90%	89%	87%	↓

C&VUHB Cardiac Surgery Waiting list analysis:



Residing LHB Split August >36 cohort:

Residing LHB	C&VUHB >36 week breaches
Swansea Bay University Local Health Board	0
Aneurin Bevan Local Health Board	14
Betsi Cadwaladr University Local Health Board	0
Cardiff and Vale University Local Health Board	8
Cwm Taf Morgannwg Local Health Board	10
Hywel Dda Local Health Board	0
Powys Teaching Local Health Board	1

Current Performance

The total patient cohort has increased with a total patient cohort of 263 at the end of August. The Health Board reported 38 patients waiting over 26 weeks, 31 waiting over 36 weeks and 2 patient waiting over 52 weeks (71 breaches).

The cardiac surgery activity at C&VUHB continues to underperform against planned activity.

C&VUHB continue to report ongoing issues with late referrals changes, scrub staff and pressures on ITU beds as the main areas impacting on performance.

What actions are WHSSC taking?

C&VUHB:

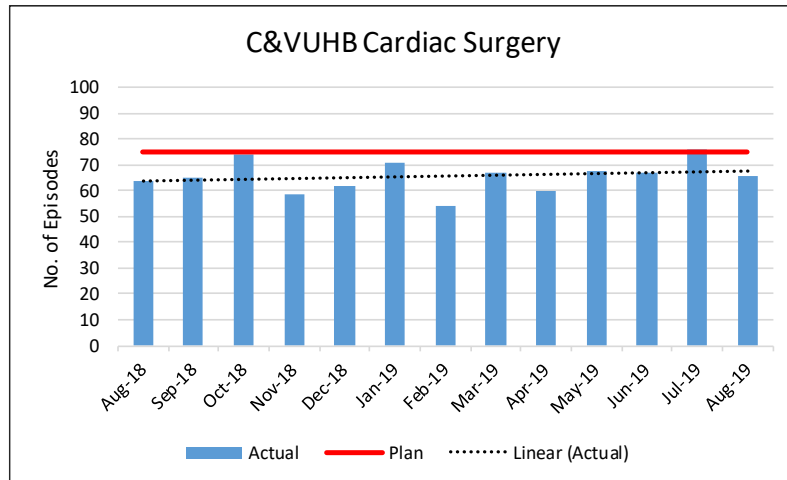
- Continued implementation of enhanced monitoring of the service with monthly submission of waiting list profile and activity performance against the weekly delivery plan.
- Continued implementation of monthly executive level performance management meetings for C&VUHB.
- C&VUHB have been placed into stage 3 of the escalation process.
- A follow up Commissioning quality visit will take place in October to review progress on the agreed actions. The action plan has been developed and delivery of the actions are monitored in the monthly performance meetings with the Health Board.
- Meeting to be held in August between C&V, SB and WHSSC

What are the main areas of risk?

C&VUHB:

- Theatre staff capacity (nurses and ODAs).
- These constraints lead to a poorer patient experience due to the impact on waiting times and increased burden of morbidity on the waiting list.
- Failure to achieve maximum waiting times target.

C&VUHB activity:



The activity at C&VUHB illustrates that there is significant under performance against the profile. The 12 month trend shows a slight increase in activity through the year.

E01 (cont'd): CARDIAC SURGERY

Provider(s): C&VUHB; SBUHB; Liverpool Heart & Chest

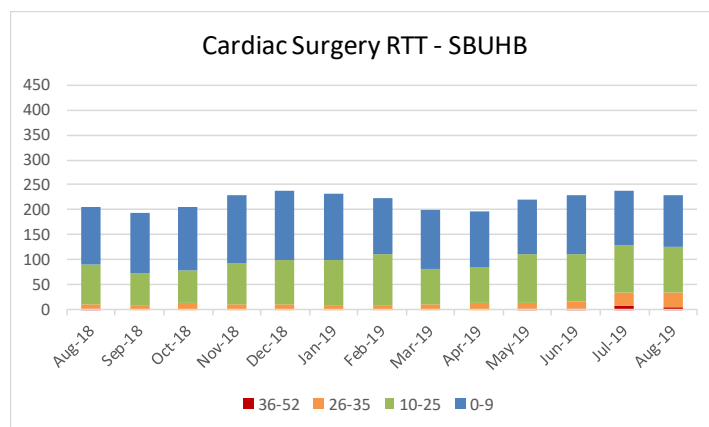
Current Trend – RTT Performance

SBUHB:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
SBUHB	Cardiac surgery patients to be waiting < 26 weeks	93%	86%	85%	↓

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
SBUHB	Cardiac surgery patients to be waiting < 36 weeks	99%	97%	97%	↓

SBUHB Cardiac Surgery Waiting list analysis:



Residing LHB Split August >36 cohort:

Residing LHB	SBUHB >36 week breaches
Swansea Bay University Local Health Board	3
Aneurin Bevan Local Health Board	0
Betsi Cadwaladr University Local Health Board	0
Cardiff and Vale University Local Health Board	0
Cwm Taf Morgannwg Local Health Board	0
Hywel Dda Local Health Board	3
Powys Teaching Local Health Board	0

Current Performance

SBUHB reported a total patient cohort of 231 for August a decrease of 9 patients. The Health Board reported 29 patients waiting over 26 weeks, 4 patients waiting over 36 weeks, and 2 patients waiting over 52 weeks. This is a slight improvement from July's position.

SBUHB are currently below planned activity.

What actions are WHSSC taking?

SBUHB:

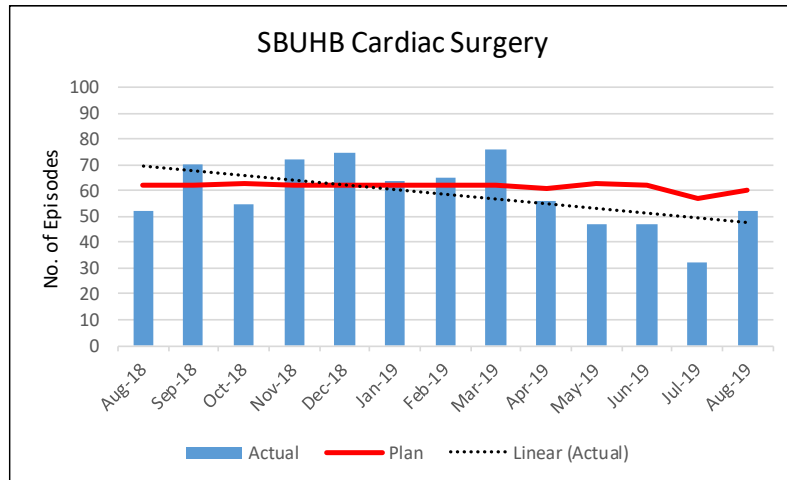
- Continued implementation of enhanced monitoring of the service with monthly submission of waiting list profile and activity performance against the weekly delivery plan.
- Continued implementation of bi-monthly executive level performance management meetings.

What are the main areas of risk?

SBUHB:

- Key constraints to delivery: consultant anaesthetic capacity and theatre staff capacity (nurses).

SBUHB activity:



The activity at SBUHB illustrates that within the last 4 months there is significant under performance against the profile. The 12 month trend shows a decrease in activity through the year.

E01 (cont'd): CARDIAC SURGERY

Provider(s): C&VUHB; SBUHB; Liverpool Heart & Chest

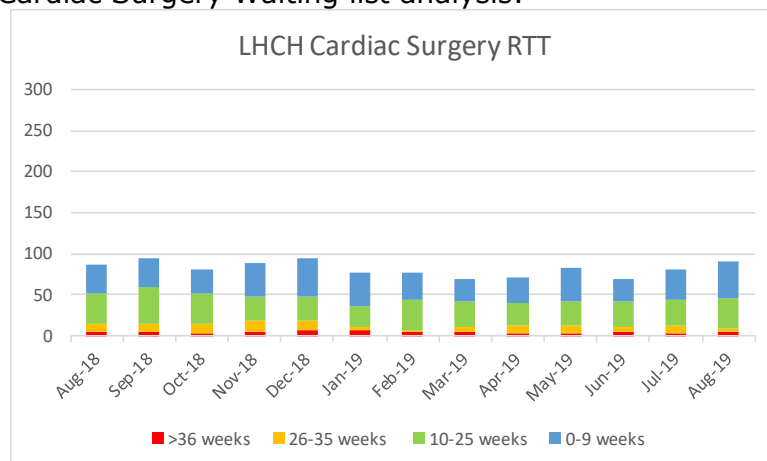
Current Trend – RTT Performance

LHCH:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
LHCH	Cardiac surgery patients to be waiting < 26 weeks	86%	84%	90%	↑

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
SBUHB	Cardiac surgery patients to be waiting < 36 weeks	99%	97%	97%	↓

LHCH Cardiac Surgery Waiting list analysis:



Residing LHB Split August >36 cohort:

Residing LHB	LHCH >36 week breaches
Swansea Bay University Local Health Board	0
Aneurin Bevan Local Health Board	0
Betsi Cadwaladr University Local Health Board	5
Cardiff and Vale University Local Health Board	0
Cwm Taf Morgannwg Local Health Board	0
Hywel Dda Local Health Board	0
Powys Teaching Local Health Board	0

Current Performance

LHCH reported a total patient cohort of 91 in August. 9 patients were reported waiting over 26 weeks of which 5 patients waiting over 36 weeks, so a slight increase in 36 week breaches.

LHCH have reported that the ongoing issue of late referrals from BCUHB is impacting on performance.

What actions are WHSSC taking?

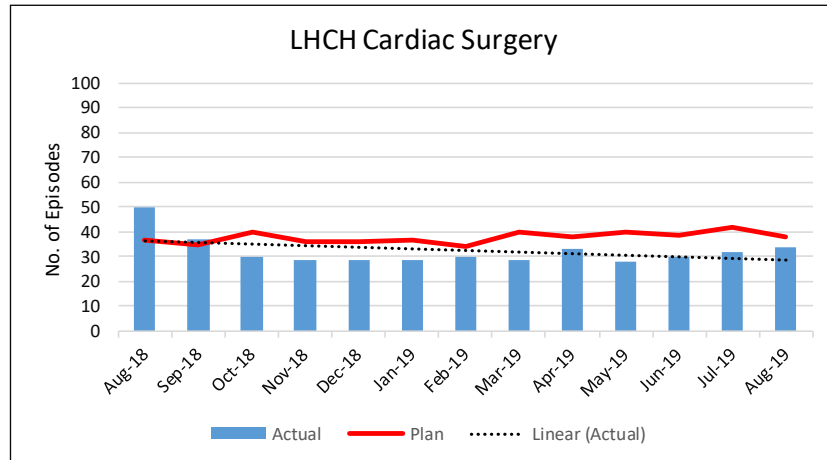
North Wales

- LHCH has reported that late referrals from BCUHB remains the principle cause of the recent increase in breaches. BCUHB is currently experiencing constraints in capacity which have increased out-patient waiting times which is in turn affecting waiting times performance.
- Continued implementation of bi-monthly executive level performance management meetings for LHCH and BCUHB.

What are the main areas of risk?

- Failure to achieve waiting times target.

LHCH activity:



Cardiac surgery activity remains low and LHCH report that referrals for cardiac surgery have decreased over the last few months

E02: THORACIC SURGERY

Provider(s): CVUHB, SBUHB & Liverpool Heart & Chest

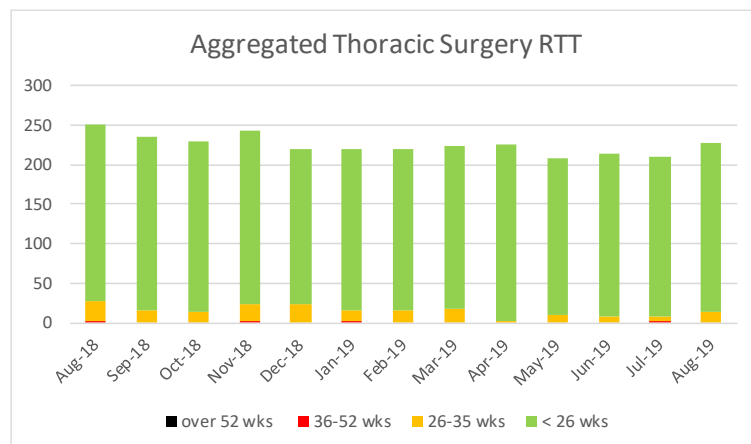
Current Trend – RTT Performance

All provider for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
C&VUHB	Thoracic surgery patients to be waiting < 26 weeks	95%	94%	91%	↓
SBUHB	Thoracic surgery patients to be waiting < 26 weeks	99%	100%	98%	↓
LHCH	Thoracic surgery patients to be waiting < 26 weeks	92%	94%	100%	↑

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
C&VUHB	Thoracic surgery patients to be waiting < 36 weeks	100%	99%	100%	↓
SBUHB	Thoracic surgery patients to be waiting < 36 weeks	100%	100%	100%	→
LHCH	Thoracic surgery patients to be waiting < 36 weeks	100%	100%	100%	→

Aggregated Thoracic Surgery Waiting list analysis:



Current Performance

The total waiting list at CVUHB in August was 129 cases, compared to 118 in July. The cohort under 26 weeks increased; 12 patients have been waiting over 26 weeks, but no patients have been waiting over 36 weeks.

The waiting list at SBUHB and LHCH remains stable with 2 patients waiting longer than 26 weeks at SBUHB and none at LHCH.

What actions is WHSSC taking?

SBUHB:

- Bi-monthly performance meetings remain in place at the current time.

CVUHB:

- Bi-monthly performance meetings remain in place.

What are the main areas of risk?

- Previously long waits for cohort of elective patients waiting for surgery at CVUHB (mostly pectus). At the current time, this has mostly resolved although occasional breaches still occur.
- CVUHB - Risks to delivery plan:
 - Additional theatre list that was agreed as part of the 2016/17 investment is yet to be implemented due to theatre staff availability.

Residing LHB Split August >36 cohort:

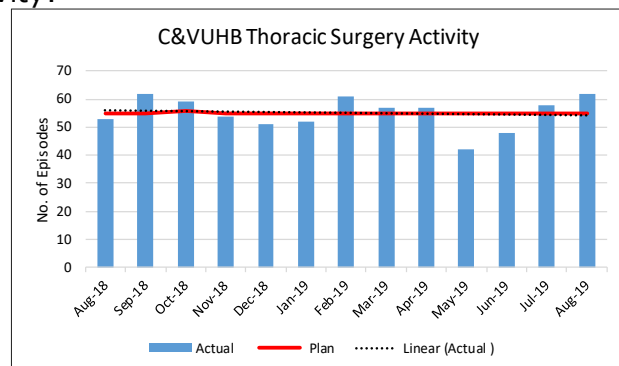
Residing LHB	C&VUHB >36 week breaches	ABMUHB >36 week breaches	LHCH >36 week breaches
Swansea Bay University Local Health Board	0	0	0
Aneurin Bevan Local Health Board	0	0	0
Betsi Cadwaladr University Local Health Board	0	0	0
Cardiff and Vale University Local Health Board	0	0	0
Cwm Taf Morgannwg Local Health Board	0	0	0
Hywel Dda Local Health Board	0	0	0
Powys Teaching Local Health Board	0	0	0

E02: THORACIC SURGERY (cont'd)

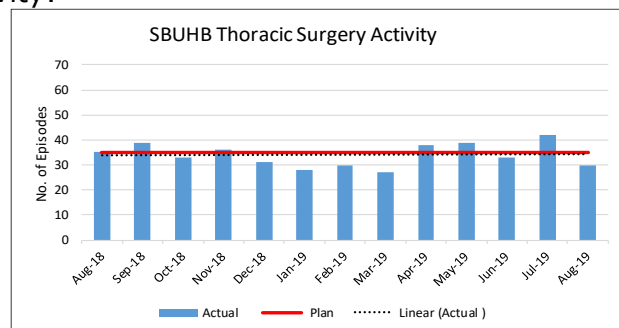
Provider(s): CVUHB, SBUHB & Liverpool Heart & Chest

Current Trend – Activity

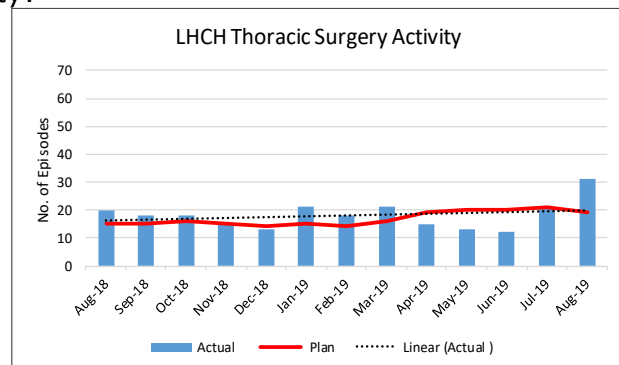
CVUHB activity:



SBUHB activity:



LHCH activity:



Current Performance

Overall contract performance is on a slight decreasing trend at CVUHB. SBUHB activity has stabilised, whilst LHCH are on an increasing trend.

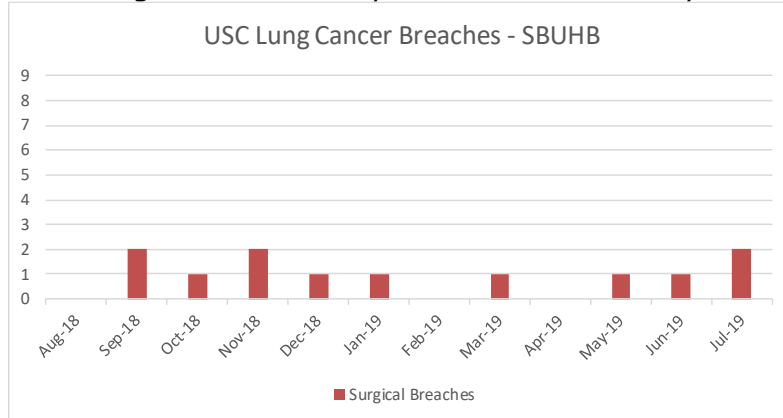
E02D: THORACIC SURGERY – PRIMARY LUNG CANCER - URGENT SUSPECTED CANCER (USC)

Provider(s): CVUHB, SBUHB, LHCH

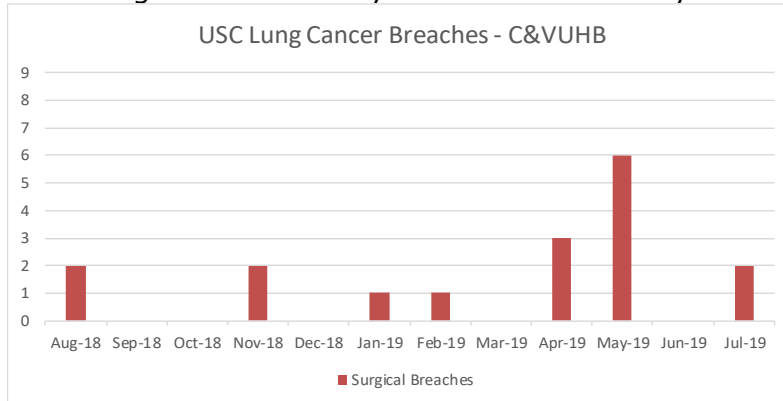
Current Trend – Cancer Pathway Performance

All providers for Welsh patients:

USC Lung Cancer Pathway for South West – July 2019



USC Lung Cancer Pathway for South East – July 2019



Current Performance

Validated Cancer Breach Reporting:

(Data provided by Welsh Government. Available to July.)

There were 3 USC breaches attributed to surgical delays reported in July at SBUHB and 4 at CVUHB. 2 breaches were due to a complex pathway, 2 due to diagnostic delays and the remainder were due to delays in surgery. Total waits for patients whose targets were breached ranged from 69 to 139 days.

What actions are WHSSC taking?

- Bi-monthly thoracic surgery performance meetings with SBUHB and CVUHB.

What are the main areas of risk?

- Having sufficient capacity to sustainably manage demand and fluctuations in referrals to maintain achievement of targets.

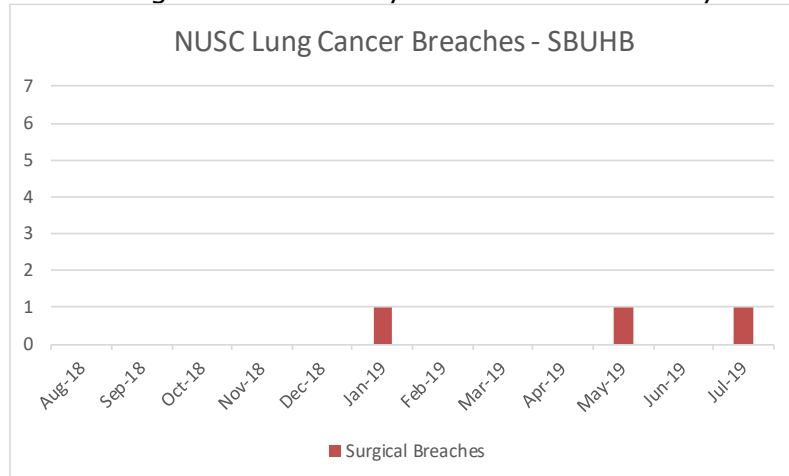
E02E: THORACIC SURGERY – PRIMARY LUNG CANCER – NON-URGENT SUSPECTED CANCER (NUSC)

Provider(s): CVUHB, SBUHB, LHCH

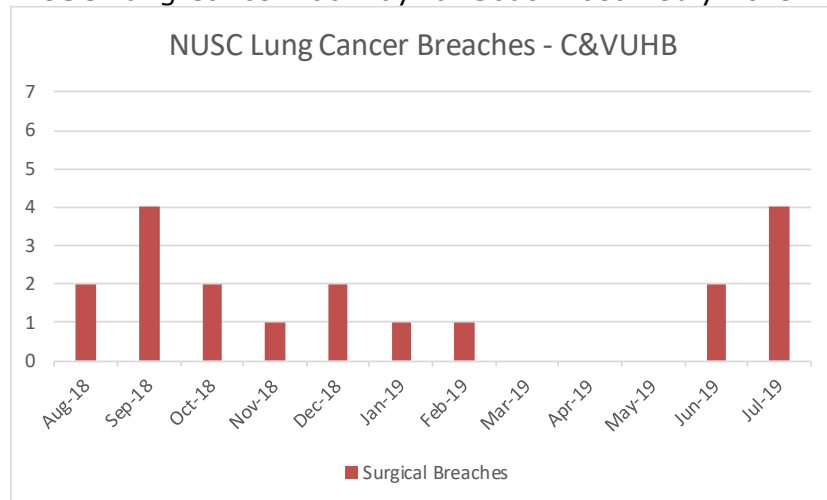
Current Trend – Cancer Pathway Performance

All providers for Welsh patients:

NUSC Lung Cancer Pathway for South West – July 2019



NUSC Lung Cancer Pathway for South East – July 2019



Current Performance

Validated Cancer Breach Reporting:

(Data provided by Welsh Government. Available to July.)

There were 4 NUSC breaches attributed to surgical delays reported in July at CVUHB and 1 at SBUHB.

What actions is WHSSC taking?

- Bi-monthly thoracic surgery performance meetings with SBUHB and CVUHB.
- Data submissions: While information requirements have been sent to Health Boards to request surgical lung cancer breach data is submitted directly to WHSSC, this has been unsuccessful to date. Data has been provided by Welsh Government, but this is often delayed. Further escalation to CEOs will be now be undertaken to request that lung cancer breach data for surgical patients is submitted to WHSSC as part of routine cancer reporting.

What are the main areas of risk?

- Having sufficient capacity to sustainably manage demand and fluctuations in referrals to maintain achievement of targets.

E03: BARIATRIC SURGERY

Provider(s): SBUHB; Salford Royal

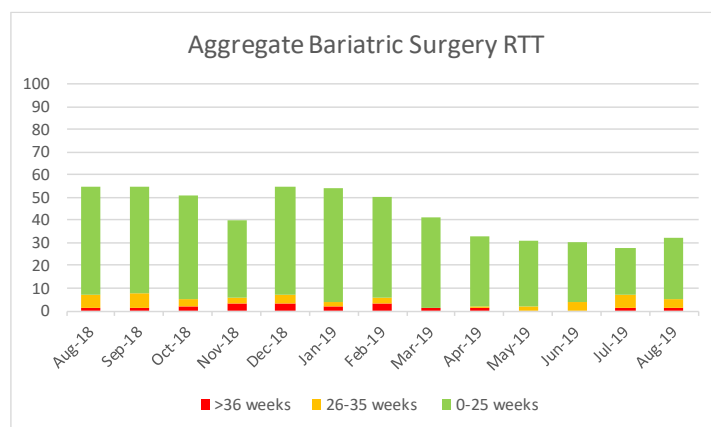
Current Trend – RTT Performance

All provider for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
SBUHB	Bariatric surgery patients to be waiting < 26 weeks	89%	78%	87%	↑
Salford Royal	Bariatric surgery patients to be waiting < 26 weeks	82%	70%	78%	↑

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
SBUHB	Bariatric surgery patients to be waiting < 36 weeks	100%	94%	96%	↓
Salford Royal	Bariatric surgery patients to be waiting < 36 weeks	100%	100%	100%	→

Aggregated Waiting list analysis:



Residing LHB Split August >36 weeks:

Residing LHB	SBUHB >36 week breaches	Salford >36 week breaches
Swansea Bay University Local Health Board	0	0
Aneurin Bevan Local Health Board	0	0
Betsi Cadwaladr University Local Health Board	0	0
Cardiff and Vale University Local Health Board	0	0
Cwm Taf Morgannwg University Local Health Board	0	0
Hywel Dda Local Health Board	1	0
Powys Teaching Local Health Board	0	0

Current Performance

SBUHB reported 23 patients in the total waiting list cohort; SBUHB reported 2 patients waiting over 26 weeks and 1 patient waiting over 36 weeks for August.

Salford have 9 patients in the total waiting list cohort for August, The reported position for August was 2 patient waiting over 26 weeks with 0 over 36 weeks.

What actions are WHSSC taking?

SBUHB

SBUHB was de-escalated from stage 4 to stage 3 in April 2018 due to the improvement in performance. SBUHB have continued to maintain their 0 breach position for several months and the service was further de-escalated to stage 2 in November 2018. The level of escalation has been reviewed and the service will be de-escalated in June 2019.

Salford

There has been an improvement in waiting times at Salford following a small number of breaches over the last year following resolution of staffing issues. Regular contact is maintained with Salford team

What are the main areas of risk?

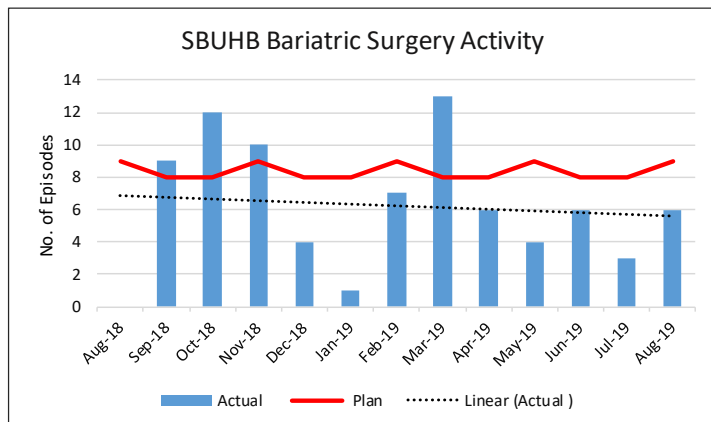
- Low levels of patient referrals for bariatric surgery to meet the commissioning intentions and contracting arrangements.

E03: BARIATRIC SURGERY (cont'd)

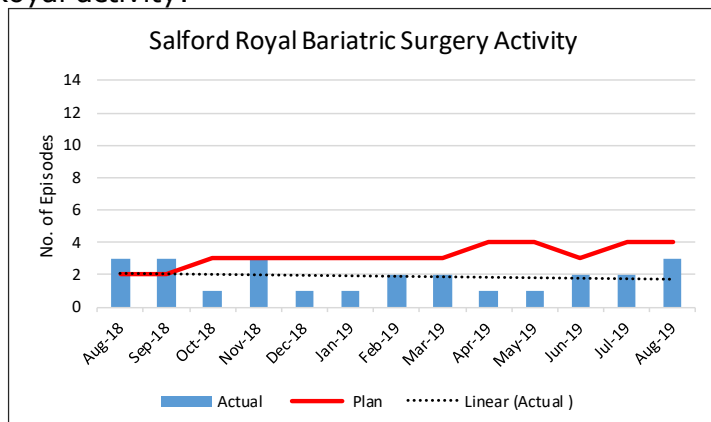
Provider(s): SBUHB; Salford Royal

Current Trend – Activity

SBUHB activity:



Salford Royal activity:



Current Performance

The activity at SBUHB illustrates that there is under performance against the profile. The 12 month trend shows a decrease in activity through the year but overall remains under profile

The activity at Salford also illustrates that there is under performance against the profile. The 12 month trend shows a decrease in activity through the year.

E04: PET SCANS – CANCER PATIENTS

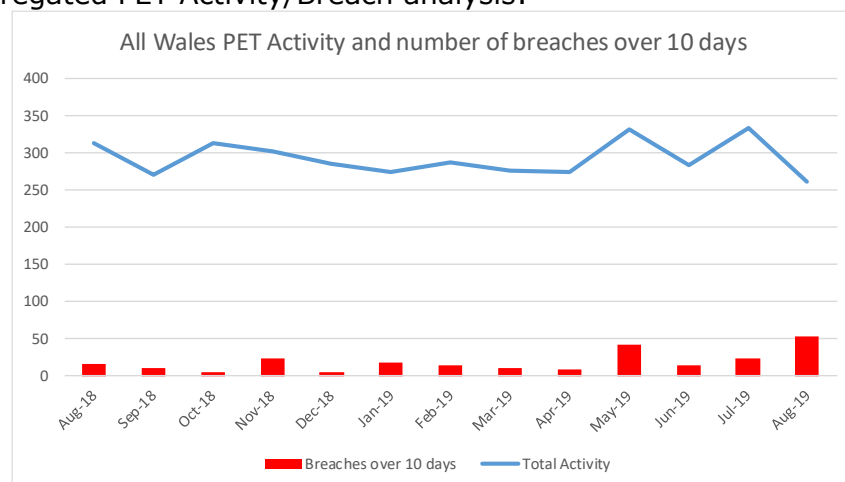
Provider(s): CVUHB & SBUHB (Combined); BCUHB

Current Trend – Activity

All provider for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
PETIC	Cancer patients to receive a PET scan within 10 days from referral to electronic receipt of image and report by the referring clinician - South Wales	95%	94%	82%	↓
BCUHB	Cancer patients to receive a PET scan within 10 days from referral to electronic receipt of image and report by the referring clinician - North Wales	96%	88%	72%	↓

Aggregated PET Activity/Breach analysis:



Residing LHB Split August >10 days:

Residing LHB	PETIC >10 days	BCUHB >10 days
Swansea Bay University Local Health Board	3	0
Aneurin Bevan Local Health Board	4	0
Betsi Cadwaladr University Local Health Board	0	8
Cardiff and Vale University Local Health Board	3	0
Cwm Taf Morgannwg Local Health Board	2	0
Hywel Dda Local Health Board	3	0
Powys Teaching Local Health Board	1	0

Current Performance

There were 13 breaches at BCUHB in August meaning that 72% of patients received a PET scan within 10 days of referral.

There were 39 breaches at PETIC in August. This was month saw a significant increase in demand. In order to try to manage this, PETIC extended their clinic hours, which meant that a further 28 scanning slots were created during August. Despite this initiative being in place, 21 slots were lost due to scanner maintenance and 17 due to clinical staff availability. 11 patients had to be cancelled on the day of their appointment due to external production failures and a further 4 as the patients did not attend their appointment, which were mainly attributed to the patient being too unwell to be scanned. All patients have been given another convenient appointment for their PET CT Scan.

What actions are WHSSC taking?

Plans are being prepared to provide interim capacity.

What are the main areas of risk?

No risk identified for delivery in the very short term. However, the expansion in commissioned indications is expected to reach the capacity of the current south Wales service within the medium term. In addition, the PET scanner is coming to the end of its life, increasing the risk of breakdown. These issues are being addressed through the PET strategy developed by the All Wales PET Advisory Group.

E05: PLASTIC SURGERY

Provider(s): SBUHB; Birmingham Children's; Royal Free; Wye Valley; St Helens

Current Trend – RTT Performance

All provider for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
SBUHB	Plastic surgery patients to be waiting < 26 weeks	83%	85%	84%	↓
Birmingham Children's	Plastic surgery patients to be waiting < 26 weeks	100%	100%		→
Royal Free	Plastic surgery patients to be waiting < 26 weeks	-	-		
Wye Valley	Plastic surgery patients to be waiting < 26 weeks	71%	-		↓
St Helens	Plastic surgery patients to be waiting < 26 weeks	100%	99%		↓
Alder Hey	Plastic surgery patients to be waiting < 26 weeks	100%	100%		→
Manchester	Plastic surgery patients to be waiting < 26 weeks	75%	-		↑
North Midlands	Plastic surgery patients to be waiting < 26 weeks	100%	-		→

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
SBUHB	Plastic surgery patients to be waiting < 36 weeks	94%	93%	92%	↓
Birmingham Children's	Plastic surgery patients to be waiting < 36 weeks	100%	100%		→
Royal Free	Plastic surgery patients to be waiting < 36 weeks	-	-		
Wye Valley	Plastic surgery patients to be waiting < 36 weeks	88%	-		↓
St Helens	Plastic surgery patients to be waiting < 36 weeks	100%	100%		→
Alder Hey	Plastic surgery patients to be waiting < 36 weeks	100%	100%		→
Manchester	Plastic surgery patients to be waiting < 36 weeks	100%	-		↑
North Midlands	Plastic surgery patients to be waiting < 36 weeks	100%	-		→

Current Performance

The waiting list at SBUHB has increased between July and August, with 2690 waiting in July and 2733 in August. The number of over 36 week breaches has increased to 214 of which 58 have been waiting in excess of 52 weeks.

No data received for Royal Free, Wye Valley, Manchester University or UH North Midlands.

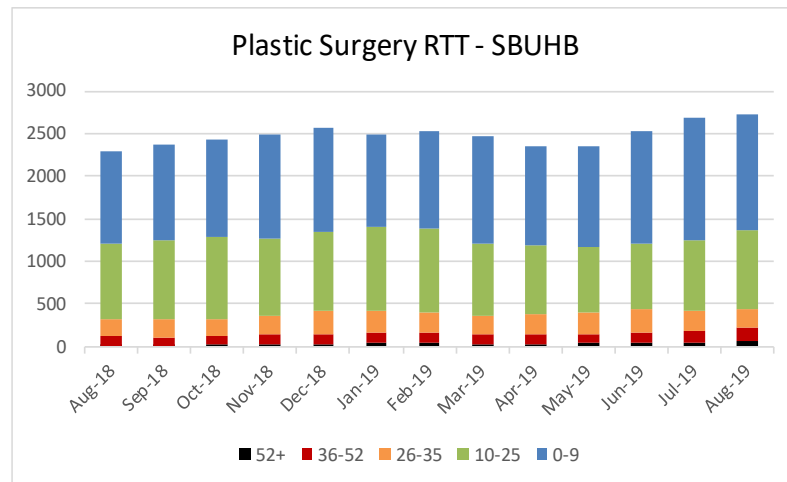
What actions is WHSSC taking?

- Performance meetings between WHSSC and SBUHB are in place.

What are the main areas of risk?

- Hand surgery: current dependence on an individual surgeon to treat the long waiters due to needs of patients and surgical skill mix.
- Minimal scope for catch up if the delivery plan for hand and breast surgery falls behind for any reason.

SBUHB Plastic Surgery Waiting list analysis:



Residing LHB Split August/July >36 cohort:

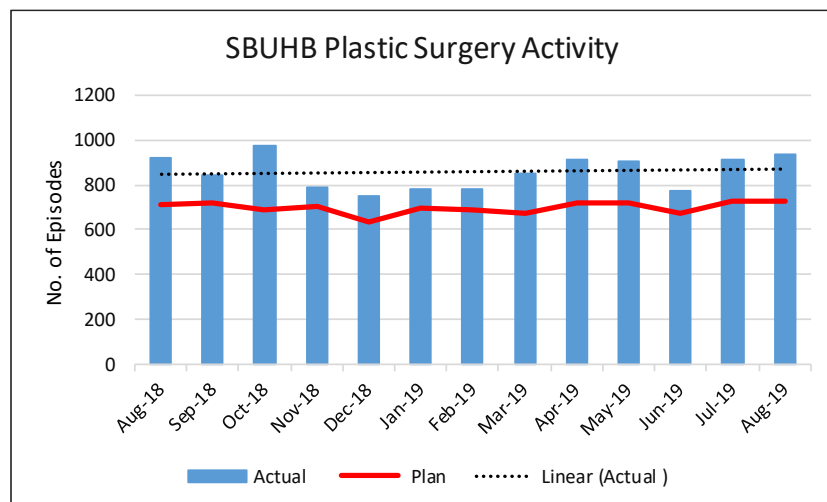
Residing LHB	SBUHB >36 week breaches	St Helen's & Knowsley >36 week breaches (July)	Manchester >36 week breaches (July)
Swansea Bay University Local Health Board	67	0	0
Aneurin Bevan Local Health Board	58	0	0
Betsi Cadwaladr University Local Health Board	2	0	0
Cardiff and Vale University Local Health Board	43	0	0
Cwm Taf Morgannwg Local Health Board	20	0	0
Hywel Dda Local Health Board	21	0	0
Powys Teaching Local Health Board	3	0	0

E05: PLASTIC SURGERY (cont'd)

Provider(s): SBUHB; Birmingham Children's; Royal Free; Wye Valley; St Helens

Current Trend – Activity

SBUHB activity:



Current Performance

The activity at SBUHB illustrates that there is over performance against the profile. The 12 month trend shows a slight decrease in activity through the year but overall remains above profile.

E06: LYMPHOMA

Provider(s): CVUHB / SBUHB

Current Trend	Current Performance
Target turnaround time: To be evaluated against new RCP quality indicators.	
	What actions is WHSSC taking?
	<ul style="list-style-type: none">• Lymphoma panel data will be reported to WHSSC quarterly.• Quarterly performance meetings are in place. What are the main areas of risk? <p>The current KPIs (turnaround times) are drawn from Royal College of Pathology (RCP) standards. These standards have been under review by the RCP since it is recognised that the current turnaround time targets are designed for general pathology tests and are not appropriate for the more complex testing undertaken by the lymphoma panel. New RCP standards are expected to be published shortly. At the last AWLP quarterly performance meeting in April 2019, it was agreed to assess the service against the new turnaround time targets once these are published. The next performance meeting is on 27th September 2019.</p>

E07: NEUROSURGERY

Provider(s): South Wales – CVUHB; North Wales – University Hospital of Birmingham, The Walton; Powys – CVUHB, UHB, Walton

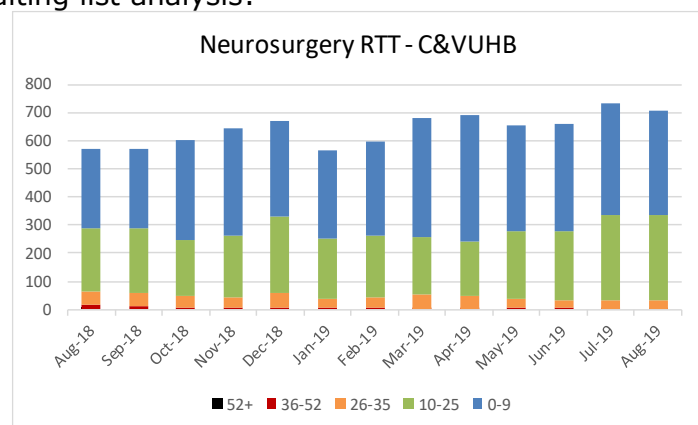
Current Trend – RTT Performance

All provider for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
C&VUHB	Neurosurgery patients to be waiting < 26 weeks	96%	95%	95%	→
UH Birm	Neurosurgery patients to be waiting < 26 weeks	93%	92%		↓
The Walton	Neurosurgery patients to be waiting < 26 weeks	95%	95%		→
North Midlands	Neurosurgery patients to be waiting < 26 weeks	100%	-		→

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
C&VUHB	Neurosurgery patients to be waiting < 36 weeks	99%	99%	99%	→
UH Birm	Neurosurgery patients to be waiting < 36 weeks	94%	100%		↑
The Walton	Neurosurgery patients to be waiting < 36 weeks	100%	100%		→
North Midlands	Neurosurgery patients to be waiting < 36 weeks	100%	-		→

C&VUHB Waiting list analysis:



Current Performance

The service reported that there were 1 patient waiting over 36 weeks and no patients waiting over 52 weeks at the end of August. There were continued pressures due to the absence of one of the Skull Base Surgeons.

UH Birmingham have 2 patients waiting in excess of 26 weeks.

Neuroradiology Service

At the end of August, 12 patients were awaiting a date for embolization and 22 patients were awaiting a date for angiogram which is a slight increase attributed to annual leave of the sole Consultant.

Devices for Intra cranial Aneurysms Policy – CP101

Work continues to be undertaken with Procurement regarding the range of devices currently being utilised and whether a more cost effective model can be implemented.

>36 cohort:

Residing LHB	C&VUHB >36 week breaches	UHNH >36 week breaches (July)	UH Birmingham >36 week breaches (July)
Swansea Bay University Local Health Board	0	0	0
Aneurin Bevan Local Health Board	1	0	0
Betsi Cadwaladr University Local Health Board	0	0	0
Cardiff and Vale University Local Health Board	0	0	0
Cwm Taf Morgannwg Local Health Board	0	0	0
Hywel Dda Local Health Board	0	0	0
Powys Teaching Local Health Board	0	0	0

Repatriation of patients from Neurosurgery, UHW to Health Boards and Rehabilitation Delayed Discharges from Specialised Centres to LHBs available on request.

What actions are WHSSC taking?

- Bi-monthly meetings with the service until the service is consistently meeting the RTT targets.
- Weekly Neuroradiology performance reports are sent to WHSSC from the Directorate to advise on waiting times and any patients that were required to be outsourced.
- Work continues with the Neuropsychiatry team to improve discharge times and access into the service.

What are the main areas of risk?

Neuroradiology:

- The service remains fragile with a sole Consultant undertaking the majority of activity with the second Consultant not due to start until October 2019.

Neurosurgery C&V UHB

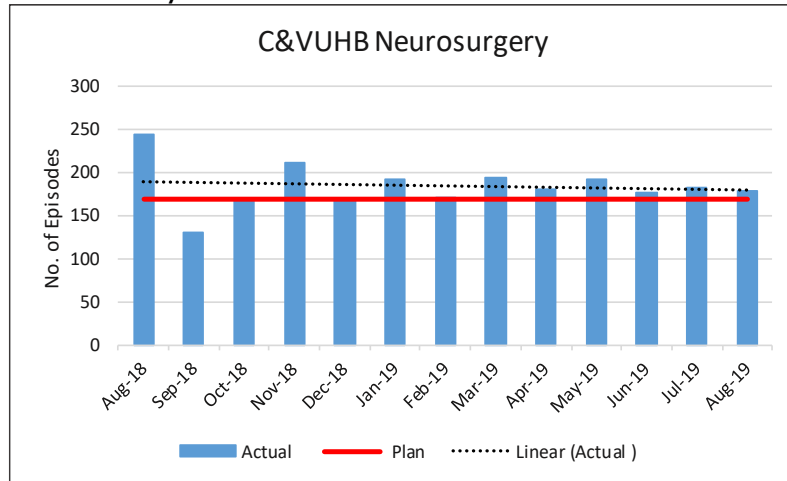
- We are continuing to commission inequitable Neurosurgery services for the population of Wales with longer waits than recommended guidance for patients in South and Mid Wales.

E07: NEUROSURGERY (cont'd)

Provider(s): South Wales – CVUHB; North Wales – University Hospital of Birmingham, The Walton; Powys – CVUHB, UHB, Walton

Current Trend – Activity

C&VUHB activity:



Current Performance

Performance against the LTA shows that Cardiff continues to underperform against elective and over-perform against emergency surgery. WHSSC are still looking to introduce a casemix contract in the near future.

E08: POSTURE & MOBILITY – ADULT

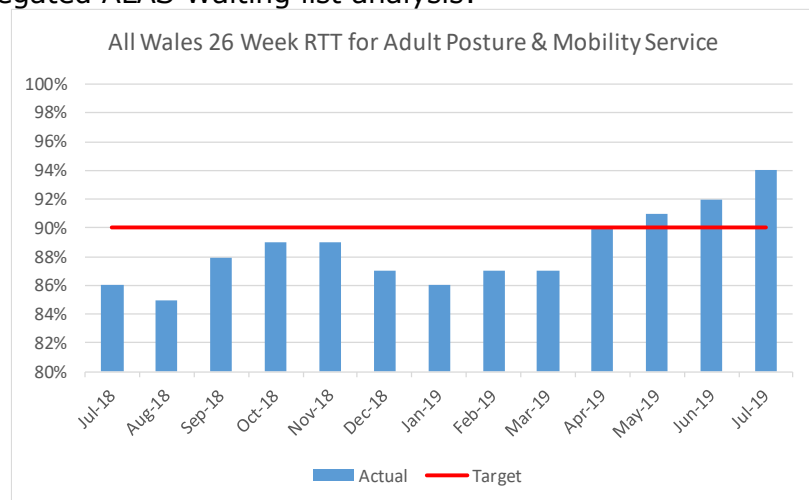
Provider(s): C&VUHB; BCUHB; SBUHB

Current Trend – RTT Performance

All providers for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
C&VUHB	Delivery of 26 week RTT target for adult posture & mobility service in Cardiff	94%	95%	95%	→
SBUHB	Delivery of 26 week RTT target for adult posture & mobility service in Swansea	98%	100%	100%	→
BCUHB	Delivery of 26 week RTT target for adult posture & mobility service in North Wales	88%	92%	92%	→

Aggregated ALAS Waiting list analysis:



Residing LHB Split >26 cohort:

Residing LHB	SBUHB >26 week breaches	C&VUHB >26 week breaches	BCUHB >26 week breaches
Swansea Bay University Local Health Board	0	5	0
Aneurin Bevan Local Health Board	0	13	0
Betsi Cadwaladr University Local Health Board	0	0	41
Cardiff and Vale University Local Health Board	0	3	0
Cwm Taf Morgannwg University Local Health Board	0	15	0
Hywel Dda Local Health Board	0	17	1
Powys Teaching Local Health Board	0	0	11

Current Performance

As of the end of August all services within Wales are complying with the waiting list targets for adult and paediatric wheelchairs.

BCUHB continues to meet the over 90% target.

What actions are WHSSC taking?

- Bi - monthly meetings take place with the three service providers to discuss performance against RTT and key performance indicators.
- The current risk associated with the North Wales service has been reviewed and remains in escalation 2, until the service is consistently meeting the 90% RTT target.

What are the main areas of risk?

The biggest risk within the ALAS service, continues to be the overspend within the C&VUHB service which is attributed to an increase in the complexity of chair required rather than increased activity.

E09: POSTURE & MOBILITY – PAEDIATRIC

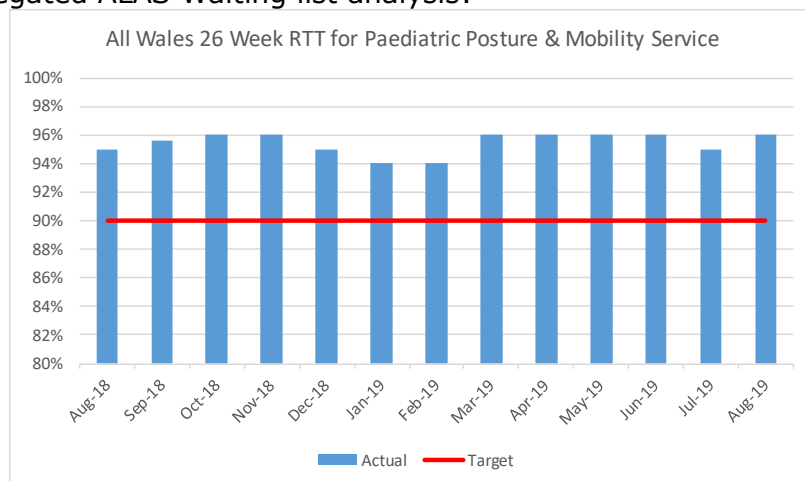
Provider(s): C&VUHB; BCUHB; SBUHB

Current Trend – RTT Performance

All providers for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
C&VUHB	Delivery of 26 week RTT target for paediatric posture & mobility service in Cardiff	95%	94%	94%	→
SBUHB	Delivery of 26 week RTT target for paediatric posture & mobility service in Swansea	100%	94%	100%	↑
BCUHB	Delivery of 26 week RTT target for paediatric posture & mobility service in North Wales	100%	100%	100%	→

Aggregated ALAS Waiting list analysis:



Residing LHB Split >26 cohort:

Residing LHB	SBUHB >26 week breaches	C&VUHB >26 week breaches	BCUHB >26 week breaches
Swansea Bay University Local Health Board	0	2	0
Aneurin Bevan Local Health Board	0	5	0
Betsi Cadwaladr University Local Health Board	0	0	0
Cardiff and Vale University Local Health Board	0	8	0
Cwm Taf Morgannwg University Local Health Board	0	2	0
Hywel Dda Local Health Board	0	1	0
Powys Teaching Local Health Board	0	0	0

Current Performance

Performance of the Paediatric ALAS service continues to be well within the 90% maximum waiting time of 26 weeks from receipt of referral to delivery of wheelchair.

What actions are WHSSC taking?

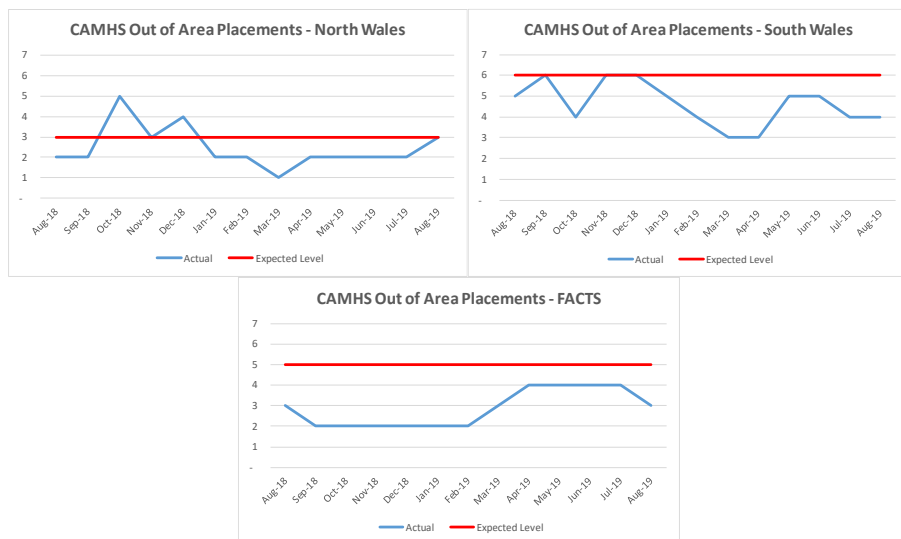
Continue to monitor RTT performance and KPIs through bi-monthly performance meetings with the three services.

E10: CAMHS - NHS & OUT OF AREA (OoA)

Provider(s): Cwm Taf UHB; BCUHB

Current Trend – Activity

September OoA placement trends by area:



NHS CAMHS Beddays as a percentage against planned:

Provider	Measure				Latest Movements
		Jun-19	Jul-19	Aug-19	
Cwm Taf	CAMHS NHS Beddays - South	71%	46%	62%	↑
Cwm Taf	CAMHS NHS Home Leave - South	31%	41%	41%	→
BCUHB	CAMHS NHS Beddays - North	95%	97%	97%	→
BCUHB	CAMHS NHS Home Leave - North	12%	18%	18%	→

Current Performance

OoA performance has been stable below target for an extended period and at end August there were 10 out of area placements. Of these 10 placements 3 patients are FACTS (all South) and 6 are CAMHS patients (4 South and 3 North). The workforce and capacity issues at the NHS units continues to be closely monitored on regular basis to get early warning of any detrimental effect on OoA referrals.

What actions are WHSSC taking?

The BCU service remains at Level 3 due to new medical staffing issues with no substantive Consultant cover (1 long term sick & 1 leaver). Interim solution is in place with non-medical clinical lead and will be monitored closely. There continues to be issue with ability of unit to admit more complex patients. The South Wales service was escalated straight to Level 4 following patient suicide but has subsequently been reduced to Level 3 following independent assessment report from QAIT. However additional individual risk assessments are being undertaken in regard to environmental concerns raised in report. New capital funding has been secured from WG to address the above. Environmental work is now progressing following the transfer of Bridgend assets to Cwm Taf from 1st April 19. Progress is being monitored through the escalation arrangements.

What are the main areas of risk?

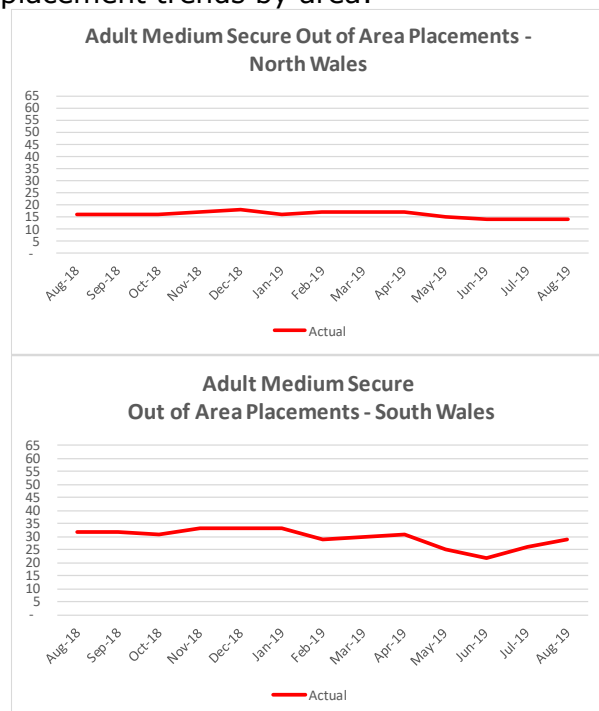
- Financial risk to all South Wales LHBs if OoA placements increase significantly due to restricted admissions. BCU stand own risk with different risk share arrangements.
- Clinical impact on patients and families being placed so far away from home area and/or outside Wales.

E11: ADULT MEDIUM SECURE - NHS & OUT OF AREA (OoA)

Provider(s): BCUHB; SBUHB

Current Trend – Activity

August OoA placement trends by area:



NHS MS Beddays as a percentage against planned:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
North	Adult Medium Secure NHS Beddays - Ty Llywelyn	92%	92%	90%	↓
South	Adult Medium Secure NHS Beddays - Caswell Clinic	95%	101%	100%	↓

Current Performance

Ty Llewelyn unit in North has increased capacity back to the commissioned 25 beds with additional access to seclusion. All patients placed OoA in North have been reviewed and repatriated where appropriate. Discussions are continuing with BCUHB on long term use of capacity and issues with medical and qualified nursing vacancies. A new clinical lead post for forensic services has been established.

The Caswell unit in South Wales continues to operate in line with agreed targets. The overall use of OoA placements continues to fall with significant input from the new case monitoring teams. This is due to both reductions in delayed discharges and overall lengths of stay particularly in South Wales.

What actions are WHSSC taking?

The issues in North have been discussed with BCU Director of MH and will be followed up as required.

The clinical lead has overseen the OoA reviews as agreed and repatriated patients if appropriate following increase in capacity.

What are the main areas of risk?

- Financial risk of over-performance on all Wales out of area risk share and potential of South Wales supporting North Wales reduced following reopening of full capacity in North.
- Temporary loss of LD gatekeeping expertise due to career break and previous interim plan of support from England reactivated.

E12: PAEDIATRIC SURGERY

Provider(s): CVUHB; Alder Hey

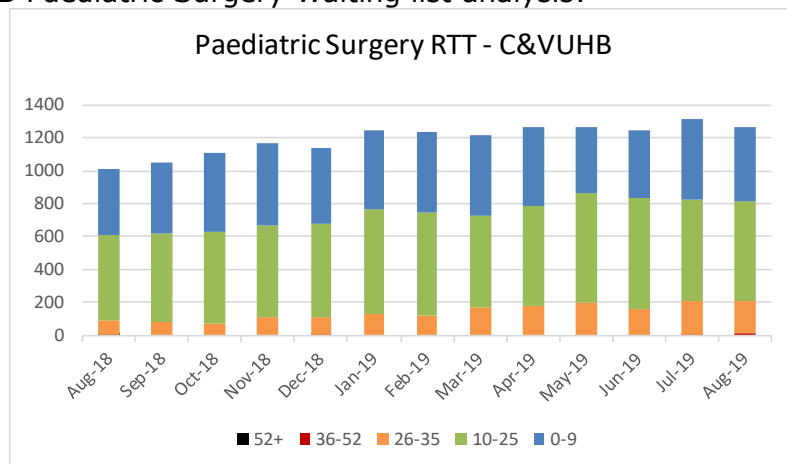
Current Trend – RTT Performance

All provider for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
C&VUHB	Paediatric surgery patients to be waiting < 26 weeks	87%	84%	84%	→
Alder Hey	Paediatric surgery patients to be waiting < 26 weeks	100%	100%		→
Birmingham Children's	Paediatric surgery patients to be waiting < 26 weeks	100%	100%		→
UH Bristol	Paediatric surgery patients to be waiting < 26 weeks	88%	67%		↓

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
C&VUHB	Paediatric surgery patients to be waiting < 36 weeks	100%	99%	99%	↓
Alder Hey	Paediatric surgery patients to be waiting < 36 weeks	100%	100%		→
Birmingham Children's	Paediatric surgery patients to be waiting < 36 weeks	100%	100%		→
UH Bristol	Paediatric surgery patients to be waiting < 36 weeks	88%	100%		↑

CVUHB Paediatric Surgery Waiting list analysis:



Current Performance

The end of August position was 12 patients waiting over 36 weeks. There had been difficulties this month with achieving a zero breach position due to the lack of anaesthetic cover. There were 11 sessions lost due to this issue and the service were working to prioritising patients for September. UH Bristol have 2 patients waiting in excess of 26 weeks.

Booking efficiency had improved significantly since the previous month with most weeks achieving 100% in July.

It was noted that 65% of Paediatric Surgery activity was undertaken in the CAT theatre, however there was a note of caution for the activity and booking performance in August, as one Surgeon was on leave and the anaesthetic cover was still an issue.

The service reported that they were continuing to work towards achieving the target of no patients waiting over 30 weeks. Two locum urology surgeons had just been appointed and would be starting in September supporting the sustainability of the urodynamics service.

	What actions are WHSSC taking?
	<ul style="list-style-type: none"> • Bi-monthly level performance meetings with CVUHB will continue until the 26 week target is consistently being achieved and there are no other service issues to report. • WHSSC are continuing to monitor the access for children to the Urodynamics service.
	What are the main areas of risk?
	<ul style="list-style-type: none"> • As with many other services, the lack of additional lists being staffed by Consultant Anaesthetists due to the changes in their contract is an area of risk.

E12: PAEDIATRIC SURGERY (cont'd)

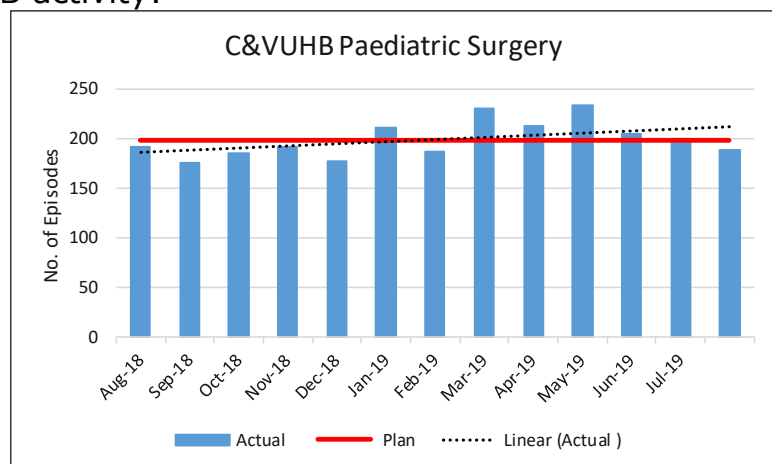
Provider(s): CVUHB, Alder Hey

Current Trend – Activity

Residing LHB Split C&VUHB >36 week cohort:

Residing LHB	C&VUHB >36 week breaches	Birm W&C >36 week breaches (July)
Swansea Bay University Local Health Board	0	0
Aneurin Bevan Local Health Board	3	0
Betsi Cadwaladr University Local Health Board	0	0
Cardiff and Vale University Local Health Board	6	0
Cwm Taf Morgannwg Local Health Board	1	0
Hywel Dda Local Health Board	2	0
Powys Teaching Local Health Board	0	0

CVUHB activity:



Current Performance

E13: IVF

Provider(s): SBUHB (Neath & Cardiff WFI); Liverpool Women's; Shrewsbury

Current Trend – RTT Performance

All providers for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
WFI Neath	IVF patients waiting for Outpatient Appointment	100%	100%	100%	→
WFI Neath	IVF patients waiting to commence treatment	60%	52%	69%	↑
WFI Neath	IVF patients accepted for 2nd cycle waiting to commence treatment	70%	47%	50%	↑
WFI Cardiff	IVF patients waiting for Outpatient Appointment	100%	100%	100%	→
WFI Cardiff	IVF patients waiting to commence treatment	78%	78%	76%	↓
WFI Cardiff	IVF patients accepted for 2nd cycle waiting to commence treatment	59%	67%	68%	↑
Liverpool	IVF patients waiting for Outpatient Appointment	67%	100%	82%	↓
Liverpool	IVF patients waiting to commence treatment	69%	21%	27%	↑
Liverpool	IVF patients accepted for 2nd cycle waiting to commence treatment	100%	0%	0%	→
Shrewsbury	IVF patients waiting for Outpatient Appointment	100%	100%	100%	→
Shrewsbury	IVF patients waiting to commence treatment	57%	50%	40%	↓
Shrewsbury	IVF patients accepted for 2nd cycle waiting to commence treatment	50%	55%	40%	↓

Current Performance

Delivery against the 26 week 1st outpatient appointment standard is being achieved at all centres.

There is a notable improvement in the reported position from Shrewsbury with no patients waiting over 26 weeks for any stage of the pathway during July.

What actions are WHSSC taking?

- The Shrewsbury service is in escalation stage 2, with regular performance meetings taking place with the service with the next one scheduled for 19th September 2019.
- Shrewsbury have validated their waiting list and are confident they are now accurately recording RTT.
- Shrewsbury continue to provide demand capacity profile on a monthly basis.
- The Shrewsbury service is likely to be de-escalated in September 2019 if they are consistently meeting the waiting time targets and we are confident that the service has effective monitoring arrangements in place.

What are the main areas of risk?

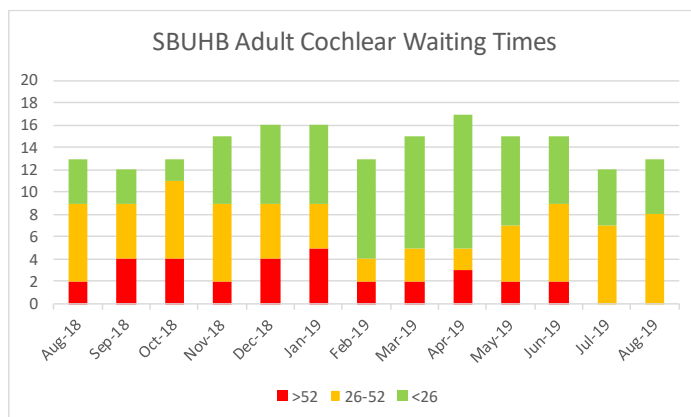
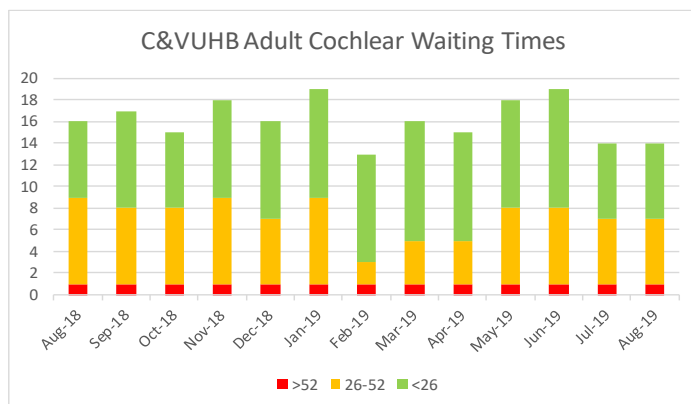
E14A: ADULT COCHLEAR IMPLANTS

Provider(s): C&VUHB; BCUHB

Current Trend – RTT Performance

All providers for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
North	Adult Cochlear Implant patients to be waiting < 26 weeks	80%	100%	100%	→
South	Adult Cochlear Implant patients to be waiting < 26 weeks	50%	46%	44%	↓



Current Performance

The South Wales service have reported that they will achieve 26 week RTT by 31st March 2020 and have submitted a demand capacity profile. There are 27 patients waiting on the waiting list for treatment with patients waiting over 26 weeks. – (6 UHW and 8 CTM UHB) – 5 of the patients in UHW have dates for surgery. There are 5 patients waiting over 36 weeks but these patients are unfit for surgery and their clocks will be stopped.

The North Wales service are reporting no breaches > 26 weeks.

What actions are WHSSC taking?

- Funding has been agreed for 2019/20 to target the outstanding 50% breached patients, this will ensure that the 26 week RTT target will be achieved by 31st March 2020. WHSSC will continue to monitor the performance of the service through regular performance meetings.
- A Business case for supporting the recurrent implementation of the revised NICE guidance will be submitted by the service for consideration in the 2020-23 ICP process by 6th September 2019.
- The revised policy is currently out for consultation.

What are the main areas of risk?

- Inequity for patients in the South Wales due to longer waiting times for patients that impacts directly on their quality of life.
- There has been an immediate withdrawal of the single handed audiologist at the Bridgend centre. This is a significant risk to continuing the CI surgery in the short term at the Bridgend centre. WHSSC are working with both the Cardiff and Bridgend centre to find resolution to the issue to

	ensure patients are treated safely and equitably. Further work will continue with the service to explore a long term solution.
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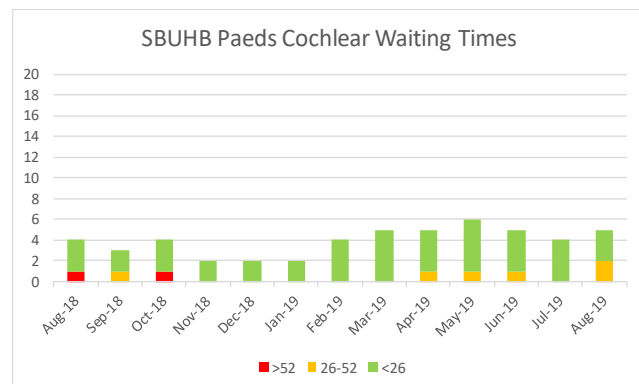
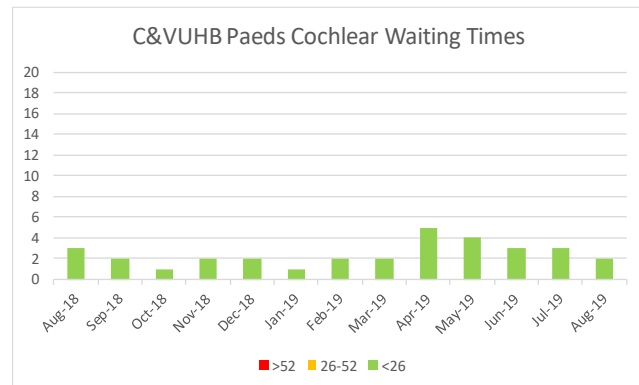
E14B: PAEDIATRIC COCHLEAR IMPLANTS

Provider(s): C&VUHB; BCUHB

Current Trend – RTT Performance

All providers for Welsh patients:

Provider	Measure	Jun-19	Jul-19	Aug-19	Latest Movements
North	Paediatric Cochlear Implant patients to be waiting < 26 weeks	-	-	-	
South	Paediatric Cochlear Implant patients to be waiting < 26 weeks	88%	100%	44%	↓



Current Performance

There are 2 paediatric patients currently breaching 26 weeks.

Patients in North Wales access services at Manchester Royal Infirmary. We do not currently receive data however we are unaware of any patients waiting in excess of 26 weeks for treatment.

What actions are WHSSC taking?

- The existing WHSSC policy for the use of Cochlear Implants for children and adults with severe to profound deafness (CP35) has been revised to incorporate the new NICE TA recommendations and is currently out for consultation.
- WHSSC have met with the Cochlear and BAHA services to discuss the inequity between them and potential for centralising as a minimum the surgical elements of the pathway.

What are the main areas of risk?

- Inequity for patients in the south Wales between centres in Bridgend and Cardiff and with north Wales.
- A single handed Audiologist in the Bridgend centre continues to be flagged as a risk by the Cardiff service.

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



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 26 SEPTEMBER 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 from Previous Meeting and Action Log

The Minutes from the meetings held on 18 July and 22 August 2019 were noted.

Members noted the action log and received updates on:

- MG157 – MG19/061 Hereditary Anaemias – The work is more complicated than originally envisaged the action is therefore deferred to November 2019.
- MG158 – MG19/064 Policy Group – Post Implementation Review of Policies - The September Policy Group meeting was been postponed the action is therefore deferred to November 2019.
- MG164 – MG19/076 Tier 4 Specialist Perinatal Mental Health in Wales – Clinical Model - The revised paper was only been received from SBUHB on 24 September, so the action is deferred to October 2019.
- MG168 – MG19/082 CVUHB Cardiac Surgery Waiting List - The WHSS Team had become concerned about the increasing number of patients waiting more than 36 weeks; the improvement expected in September 2019 had not materialised. The WHSS Team will be writing the COO at CVUHB, stressing the importance of agreeing a performance management plan.

3. Report from the Managing Director

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

- **IVF Shrewsbury** No patients are waiting more than 52 weeks and the previously discussed error in calculating waiting periods has been rectified. De-escalation is expected to take place after completion of the August data analysis.
- **Paediatric Imaging** Due to the complicated nature of the work involved, consideration of the business case is postponed from this financial year to the development of the WHSSC 2020-23 ICP.

- **Vulnerable Persons Resettlement Scheme** The Home Office has confirmed that the number of refugees taken in by Welsh local authorities is expected to remain at around four cases per month and the WHSS Team has resumed discussions with the Home Office, Welsh Strategic Migration Partnership and Welsh Government about a pilot project, proposing that the WHSS Team advises on cases with medical conditions to confirm if they can be treated in Wales to inform the resettlement process.
- **Critically Ill Implementation Group – Paediatric Critical Care Provision, Stabilisation and Retrieval** Welsh Government intends to undertake work relating to paediatric critical care provisions and the stabilisation and retrieval of paediatric patients including services commissioned by WHSSC.
- **WHSSC Office Move** IT connectivity was achieved on 18 September 2019 following initial difficulties after the move at the end of August.

Members noted the contents of the report.

4. Fetal Medicine

Members welcomed colleagues from CVUHB and received a presentation covering:

- Fetal Medicine Service
- Historical Perspective
- Existing Service and Infrastructure
- Service Shortfall
- Proposed Plans to Address Service Shortfall
- Benefits of Proposed Plan
- Patient Story
- Potential for Further Development

5. Sentinel Node Biopsy

Members welcomed colleagues from SBUHB and received a presentation on Sentinel Node Biopsy with slides covering:

- Recap of service
- Why we do it
- Recent changes
- Patient pathway
- Workload
- Tracer safety issues
- Sentinel Mode Biopsy in Melanoma

6. Interim Changes to the Delivery of the Cochlear Implant and BAHA Service for South Wales

Members received a paper the purpose of which was to provide an update on the interim changes to the delivery of Cochlear Implant and BAHA service for south Wales. The Cochlear service at Bridgend had been placed at Escalation Level 4 and suspended, pending further information and a meeting with the CTMUHB Executive Team to seek assurance around the areas of concern. It was reported that CTMUHB had worked

to source two audiologist in the past week and that a second ENT surgeon was being sought, all with a view to addressing the issues at Bridgend.

Members:

- Supported the interim changes that have been put in place to manage patients with immediate clinical need;
- Noted that until the management of patients requiring surgery was resolved, there was a risk that the south Wales Cochlear Implant programme would not meet the RTT waiting time target by 31 March 2020 and implement the NICE TA566;
- Noted that a letter had been sent to the Chief Operating Office at CTMUHB asking for plans to ensure that RTT could be achieved;
- Noted the options available for addressing the immediate commissioning concerns with the south Wales Cochlear Implant Programme; and
- Considered the long term solution that had been proposed by CVUHB.

7. Proposed Timelines for the Development and Submission of the 2020-23 WHSSC Integrated Commissioning Plan

A first draft of the 2020-23 WHSSC Integrated Commissioning Plan will be presented to members for consideration at the October meeting and the final version presented to the Joint Committee on 12 November 2019 for approval.

8. Funding Release for Neurosurgery Referral to Treatment

Members received a paper the purpose of which was to seek approval to release the funding allocated within the 2019-22 Integrated Commissioning Plan for the Neurosurgery Referral to Treatment scheme.

Members approved the release of the funding allocated within the 2019-22 Integrated Commissioning Plan for the Neurosurgery Referral to Treatment scheme.

9. Radiofrequency Ablation for Barrett's Oesophagus (RFA): CVUHB Business Case

Members received a paper the purpose of which was to confirm that the RFA business case provided assurance that a safe service that met the quality standards of the service specification can be provided for patients; outlined the value for money of the proposal described in the business case for a RFA service in Cardiff; outlined the implementation plan for CVUHB to deliver a RFA service; and provided an assessment to inform the commissioning arrangements for provision of RFA for the population of south Wales.

Members:

- Noted that the Joint Committee had confirmed that WHSSC would commission the RFA service;
- Noted that Joint Committee had supported implementation of the RFA service as an in-year development;

- Noted that the business case outlined a service model that had sufficient capacity to treat expected demand for the south Wales population under current indications;
- Noted that the proposed service would provide better value for money than the current service provider in NHS England;
- Noted while the business case demonstrated compliance with key aspects of the RFA service specification, CVUHB had been asked to complete an explicit assessment against each aspect of the service specification to ensure that all the requirements of the specification were met;
- Approved the business case from CVUHB to deliver RFA for the mid and south Wales population subject to submission of a completed self-assessment against the service specification; and
- Noted that health boards would need to give notice to the current provider, Gloucester.

10. Chimeric Antigen Receptor T Cell (CAR-T) Therapy: CVUHB Business Case

Members received a report the purpose of which was to notify Management Group that the additional information required from CVUHB for approval of the CAR-T business case had been submitted to WHSSC and to confirm that WHSSC Corporate Directors Group Board had approved the business case and released funding for the CAR-T service development at CVUHB.

Members noted the content of the report.

11. South Wales Sarcoma Service: Update on Action to Address Risks to Sustainability and Quality

Members received the paper the purpose of which was to provide a position report on the status of the risks in the south Wales Soft Tissue Sarcoma service and the actions being taken to address them. Members noted a business case for a second sarcoma specialist was being considered internally by SBUHB.

Members noted the status of the risks in the south Wales Soft Tissue Sarcoma service and the actions being taken to address them.

12. Funding Release for Neuro-Oncology

Members received a paper that sought approval for the release of funding allocated within the 2019-22 Integrated Commissioning Plan for the Neuro-oncology scheme.

Members approved the release of funding allocated within the 2019-22 Integrated Commissioning Plan for the Neuro-oncology scheme.

13. Major Trauma Centre: Tranche 2 Recruitment

Members received a paper the purpose of which was to provide an update on the discussion regarding tranche 2 early recruitment for the Major Trauma Network at Joint Committee on 16 September 2019 and further

action delegated to Management Group. The paper also provided a synopsis of further discussion with CVUHB and agreement to make further changes to the business case, subject to approval by health boards and recommended support for the remaining tranche 2 posts for early recruitment.

Members:

- Noted the information presented in the report;
- Noted the outcome from Joint Committee and the additional scrutiny of the MTC with the agreed position with CVUHB; and
- Approved the early recruitment to the remaining tranche 2 posts, with the caveat that appointments are not made until end of October 2019 at the earliest and when health boards had considered the programme business case.

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. 36 new clinical policies were in development.

15. Integrated Performance Report

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

16. Finance Report 2019-20 Month 5

Members received a report that set out the financial position for WHSSC for the fifth month of 2019-20, being an under spend of £455k and forecast underspend of £1,069k for the full year.

17. Any Other Business

- ***Advanced Therapy Medicinal Products ('ATMPs')***

It was reported that the long term financial forecast for ATMPs had been updated for Welsh Government.

- ***Commissioning & Value Based Procurement Workshop***

The WHSSC Planning Team will be presenting a masterclass at the workshop on 29 November 2019.

- ***Clinical Impact Assessment Group (CIAG)***

Papers for the CIAG meeting taking place on 3 October 2019 would be circulated later in the day.



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 24 OCTOBER 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 from Previous Meeting and Action Log

The Minutes from the meetings held on 26 September 2019 were noted.

Members noted that updates to the Action Log were covered in the Managing Director's Report.

3. Draft Integrated Commissioning Plan 2020-23 (ICP)

Members received a presentation and the Draft ICP. The Draft ICP had been shared with Welsh Government who would be providing feedback on 5 November. Members provided feedback and the WHSS Team undertook to circulate a list of actions the following day, which would need to be addressed in advance of the ICP being shared with Joint Committee for consideration at its meeting on 12 November.

4. Report from the Managing Director

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

- **WHSSC Assistant Director of Planning** Claire Nelson has been appointed to the substantive role.
- **Perinatal Mental Health - Mother and Baby Unit** Work is continuing with SBUHB in relation to the business case for a new MBU but Welsh Government has asked the WHSS Team to look at an interim solution at an existing facility that could be available from 2020-21, given that a new unit is unlikely to come online before 2021-22.
- **Shropshire and Mid Wales Fertility Centre Service De-Escalation** The service has been taken out of escalation having demonstrated that there were no patients waiting >26 weeks to start fertility treatment and that it is compliant with policy and RTT guidelines.
- **Vulnerable Person's Resettlement Scheme** The WHSS Team has resumed discussions with the Home Office, Welsh Strategic Migration Partnership and Welsh Government about a pilot project,

proposing that WHSSC advises on cases with complex medical conditions to confirm whether they can be treated in Wales.

- **Health Technology Wales and Policy Audits** The WHSS Team is discussing the possibility of a joint project with HTW to audit implementation and compliance of providers to all new WHSSC commissioning policies.
- **Funding Release for Neurosurgery Referral to Treatment** Due to cancellation of a scheduled meeting it had not been possible to obtain details of current demand and how investment was being used to address this. This would be brought back to a future meeting following an SLA meeting with the service.
- **Inherited Metabolic Disorders** A policy was being drafted which would strengthen the processes for the administering and stopping of the high cost therapies.
- **Blueteq** The Cell & Gene Therapy Team at Welsh Blood Service will be working with AWTTC and WHSSC on the phased roll out of the Blueteq package across all health boards and Velindre. The package will enable better management of high cost drugs.
- **Cardiac Surgery Waiting Times** The latest position had been reviewed at a recent joint meeting with CVUHB and SBUHB. Urgent work was required on pathway start dates at SBUHB to enable an understanding of the impact on RTT targets. A collaborative approach had been agreed to consider prioritisation and/or outsourcing of patients from both providers through a risk based process.
- **Vulnerable Groups Portfolio** At the request of Welsh Government WHSSC will be taking forward the commissioning of an All Wales Traumatic Stress Service and support the further development of the Gender Service, Forensic Adolescent Consultation and Treatment Service as well as refugee resettlement. WG will be providing funding for WHSSC to facilitate this for an initial 18 month project.

Members noted the contents of the report.

5. Adult Congenital Heart Disease (CHD)

Members received a paper that provided an update on the investment made in 2015 in Phase 1 Adult CHD.

Members:

- Noted the investment made for the Phase 1 Adult CHD service;
- Noted the benefits of the investments to date;
- Noted the risks around ongoing sustainability of the service; and
- Supported the development of a service specification for CHD.

6. Funding Release – Cochlear Implants and Bone Anchored Hearing Aids (BAHAs)

Members received a paper that requested the release of funding for replacement and upgrade of BAHAs and Cochlear Implants which was included in the ICP 2019-22 prioritisation process to ensure the provision

of a safe, sustainable and effective clinical service for patients in the south Wales region.

Members:

- Noted the information presented within the report; and
- Supported the proposed release of funding for the replacement and upgrade of BAHAs and Cochlear Implants.

7. WHSSC Policy Group Update

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

8. Integrated Performance Report

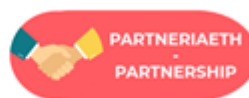
Members received a report on the performance of services commissioned by WHSSC for August 2019 and noted the services in escalation and actions being undertaken to address areas of non-compliance.

9. Finance Report 2019-20 Month 6

Members received a report that set out the financial position for WHSSC for the sixth month of 2019-20, following a full review and release of reserves, being an under spend of £2,048k and forecast underspend of £3,862k for the full year.

10. Any Other Business

- **CTMUHB Business Case for PCI** It was reported that the PCI Business Case had been approved by the CTMUHB Board and would now be forwarded to WHSSC.
- **PET Commissioning** It was noted that while BCUHB has commenced an engagement exercise on medical physics for north Wales, PET commissioning is an all Wales process led by WHSSC.



Reporting Committee	Integrated Governance Committee
Chaired by	WHSSC Chair
Lead Executive Director	Committee Secretary
Date of last meeting	13 August 2019 and 29 October 2019
Summary of key matters considered by the Committee and any related decisions made.	
<p>13 August 2019 Members further reviewed the Committee's Terms of Reference.</p> <p>Members discussed the Management of Risk, the delivery of the 2019-22 Integrated Commissioning Plan and the development of the 2020-23 Integrated Commissioning Plan</p> <p>29 October 2019 Members reviewed guidance on discharging their responsibilities and duties under the Terms of Reference.</p> <p>Members agreed to conduct the annual self-assessment at a private meeting of Independent Members following the January meeting.</p> <p>Members received an update on the development of the 2020-23 Integrated Commissioning Plan.</p> <p>Members discussed proposed amendments to the WHSSC Governance and Accountability Framework and approved it for recommendation to the Joint Committee for approval.</p> <p>Members received and considered the WHSSC Corporate Risk Assurance Framework.</p>	
Key risks and issues/matters of concern and any mitigating actions	
As recorded above	
Matters requiring Committee level consideration and/or approval	
As recorded above	
Matters referred to other Committees	
None	
Confirmed Minutes for the meeting on 13 August 2019 are available on request	
Date of next meeting	21 January 2019

Reporting Committee	Quality Patient Safety Committee
Chaired by	Delyth Rainsford
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	29 October 2019

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

1. Committee Chair

Some discussions have taken place however no firm commitment re a replacement chair has been secured to date. As a result the development day scheduled for October is needing be postponed.

2. Renal & Neonatal Network Report

Members received an update from the renal network and also from the neonatal network for the first time. Both reports provided a briefing on quality patient safety issues within each of the services. The chair has been asked to write to BCUHB expressing concerns that the neonatal transport data is not being shared with the network and hence a complete picture and benchmarking of the commissioned service is not possible.

3. Patient Story

Members received a patient story following surgery for Congenital heart disease. The story highlighted the importance of considering the interface between specialised services and Local health Board services from a life span perspective.

4. Updates from the Commissioning Teams

Updates were received from each of the commissioning teams. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service is summarised below:

- Cancer and Blood**

An update was provided from the Medical Director at SBUHB that the review of the two sarcoma cases were nearing completion and would be shared with WHSSC once they had been signed off internally. In addition concerns regarding the functioning of the MDT remain and is being performance managed on a monthly basis. If no progress is made then the level of escalation will need to be reviewed.

In addition it was reported that Birmingham Childrens Hospital had made a decision to suspend sarcoma services. A view would be taken by WHSSC CDG and the appropriate level of escalation agreed and added to the summary position thereafter. In the meantime WHSSC were in discussion with both the provider and

NHS England to ensure that appropriate actions were being taken to reinstate the service and provision made for an alternative provider to see the children to prevent any delay.

- **Cardiac**

Cardiac Surgery performance in South Wales remains a concern, particularly in regards to the service provided by C&VUHB. Monthly performance meetings with C&V and an action plan are in place.

Performance meetings have been held bi-monthly with SBUHB and whilst improvements had been made performance has deteriorated since May 2019.

On 16 October 2019 the WHSSC Team held a follow up joint meeting with cardiac surgery colleagues from SBUHB and CAVUHB to discuss alternative options for improving the long waiting times for patients, particularly at C&VUHB. It had previously been proposed that SBUHB would support a cohort of patients from Cardiff to mitigate the risks and reduce the numbers of 36week breaches. This is no longer a viable option due to a recent deterioration in the waiting times in SBUHB. A number of other options were in the process of being explored including outsourcing.

It is noted that very late referrals from Health Board cardiology services to cardiac surgery is having a significant impact on the waiting times and this needed to be addressed. Both Health Boards have agreed to shadow report component waiting times to WHSSC to gain a better understanding of the waits.

The Delivery Unit also reported that whilst improvements had been made in Health Boards applying the Pathway Start Date there is still limited assurance regarding the accuracy of these dates at some Health Boards. The Delivery Unit has also reported that whilst the Pathway Start Date at C&VUHB was 100% accurate, they had less assurance at SBUHB due to the number of missing Pathway Start Date from HDUHB. There is a risk that the current waiting times at SBUHB are understated and may result in a greater number of breaches that are currently being reported.

It has been reported that two water heater cooler units for the cardiac bypass machines at Alder Hey Cardiothoracic unit have grown the environmental mycobacteria *Mycobacterium chimaera*. Both machines were immediately withdrawn from service and replacement machines procured and monthly water testing is in place. No further evidence of contamination has been reported.

As a result a notification exercise for all patients who underwent cardiac surgery with cardiac bypass between November 2015 and January 2019 is being undertaken. Patient and GP letters will be sent and a helpline will be in place to support professionals and patients alike. The Directors of Nursing and Medical

Directors from the affected Health Boards have been notified. A quality visit is scheduled for the 18th November.

- **Mental Health & Vulnerable Groups**

A revised Tier 4 Service Specification has been published for consultation and WHSSC are in the process of collating the comments. WHSSC have been informed that Coroner's Inquest relating to a death in Ty Llidiard had been postponed until the New year. The service will remain in escalation level 3 until such time.

Following a discussion with Regis, QAIS, HIW and NHS England WHSSC have agreed that until the provider is able to join the framework next April off framework placements will be considered on an individual basis. Whilst they remains a service of concern with HIW WHSSC have been advised that they have made significant changes to their governance structures and have been granted registration to reopen the second ward. The WHSSC Quality Lead for Mental Health is working closely with the Health Board Care coordinator to oversee any placements from a quality perspective and participating in the quarterly oversight meetings in place.

It was noted that the Adult Welsh Gender Service saw its first patients in St David's Hospital Cardiff on the 20th September.

Members received the presentation on CAMHS SUI themes and these were circulated following the meeting.

- **Neurosciences and Complex Conditions**

The Regulation 28 briefing had been circulated and approved by Medical Directors. The final response had been submitted to the coroner.

- **Women and Children's**





Cochlear Service in CTMUHB had been escalated to level 4 and temporarily suspended whilst further investigation work is taking place as a result of quality and patient safety concerns place. WHSSC were working closely with both providers to ensure that the delivery of the RTT times by 31st March 2020 are met and that the service is reinstated.




5. Other Reports received


Members received reports on the following:

- CQC/HIW Summary Update
- WHSSC Policy Group
- Concerns and SUI report

Key risks and issues/matters of concern and any mitigating actions	
Summary of services in Escalation (Appendix 1 attached)	
Matters requiring Committee level consideration and/or approval	
Need to confirm appointment of substantive Chair for the Committee	
Matters referred to other Committees	
3 safeguarding cases to be discussed at CTUHB Executive Safeguarding Group	
Confirmed Minutes for the meeting are available from http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee-con	
Date of next meeting:	21 January 2020

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
April 2015 Escalated to Stage 3 December 2018	Cardiac Surgery	CVUHB	3	<ul style="list-style-type: none"> Failure to deliver and maintain the Referral to Treatment times targets 	Health Board Action Plan in place. Monthly Performance Meetings between WHSSC and the provider. Quality Monitoring visit planned November 2019. Extraordinary performance meeting between WHSSC, CVUHB and SBUHB, Aug and Oct 2019.	
April 2015	Cardiac Surgery	SBUHB	2	<ul style="list-style-type: none"> Failure to deliver the Referral to Treatment times targets 	Bi-monthly performance meetings in place. Extraordinary performance meeting between WHSSC, CVUHB and SBUHB, Aug and Oct 2019.	
March 2018	Cardiac Surgery	Liverpool Heart and Chest	2	<ul style="list-style-type: none"> Failure to deliver the Referral to Treatment times targets 	Bi-Monthly Performance Meetings between WHSSC/BCUHB and the provider. Level of escalation to be reduced following formal paper to Nov CDGB.	
March 2017	Thoracic Surgery	SBUHB & CVUHB	2	<ul style="list-style-type: none"> Failure to maintain cancer targets/capacity to meet patient need 	Cancer waiting times monitored by Bi-Monthly Performance Meetings with both providers.	
March 2018	Sarcoma (South Wales)	SBUHB	2	<ul style="list-style-type: none"> Risks to service quality and sustainability 	Independent review of cases in SBUHB remains outstanding	

					Additional Clinical Nurse Specialist to increase support for patients in SE Wales currently advertised. Stakeholder meeting planned. Wales Cancer Network working with MDT lead to develop diagnostic pathways for Sarcoma single cancer pathway.	
February 2018	Plastic Surgery (South Wales)	SBUHB	2	<ul style="list-style-type: none"> Failure to achieve maximum waiting times target 	Monthly Performance Meetings in place between WHSSC and the provider. Performance has slipped against delivery plan, exploring options to outsource some specialist cases.	
May 2018	BMT (South Wales)	CVUHB	2	<ul style="list-style-type: none"> Risks to service quality 	IP&C issue on unit. Alternative providers for outsourcing explored but no take up from patients. Provider currently responding to JACIE Accreditation Report which will be shared with WHSSC as commissioners.	

	North Wales Adolescent Service (NWAS)	BCUHB	3	<ul style="list-style-type: none"> • Medical workforce and shortages and operational capacity • Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of-Area admissions 	WHSSC Medical Director to meet with Royal College Psychiatrists re non-medical clinical lead. OoA bed use remains low. Performance meetings continue	
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Reporting Committee	All Wales Individual Patient Funding Request (IPFR) Panel
Chaired by	Professor Vivienne Harpwood
Lead Executive Director	Director of Nursing and Quality Assurance
Date of last meeting	30 October 2019
Summary of key matters considered by the Committee and any related decisions made.	
<p><u>31 July 2019 – Panel considered 8 requests.</u></p> <p>1 Lay member in attendance. Due to technical difficulties 2 Panel members could not access the meeting through VC and the Panel was not quorate. The Vice Chair (Dr Chris DV Jones) spoke to both members following the meeting. The recommendations of those present was explained and the decisions were ratified.</p> <p><u>28 August 2019 – Panel considered 5 requests</u></p> <p>This meeting was quorate in terms of Health Board, clinical and Lay representation.</p> <p><u>25 September 2019- Panel considered 7 requests</u></p> <p>This meeting was quorate in terms of Health Board, clinical and Lay representation.</p> <p><u>30 October 2019 – Panel considered 9 requests</u></p> <p>This meeting was quorate in terms of Health Board, clinical and Lay representation.</p>	
Key risks and issues/matters of concern and any mitigating actions	
<p>Individual Patient Funding Request (IPFR) - Annual Report 2018/2019</p> <p>Copies of the report are available in hard copy and electronic copies can be accessed at :</p> <p>Welsh -https://openrepository.awttc.org/app/serve/resource/zjky0424 English - https://openrepository.awttc.org/app/serve/resource/wybg2755</p> <p>Main points</p> <ul style="list-style-type: none"> • The All Wales Therapeutics and Toxicology Centre continue to provide a supportive role to the NHS IPFR function and process. • There has been a continuing annual decline in the number of IPFRs across Wales. This reduction was mainly due to a decline in medicine-related 	

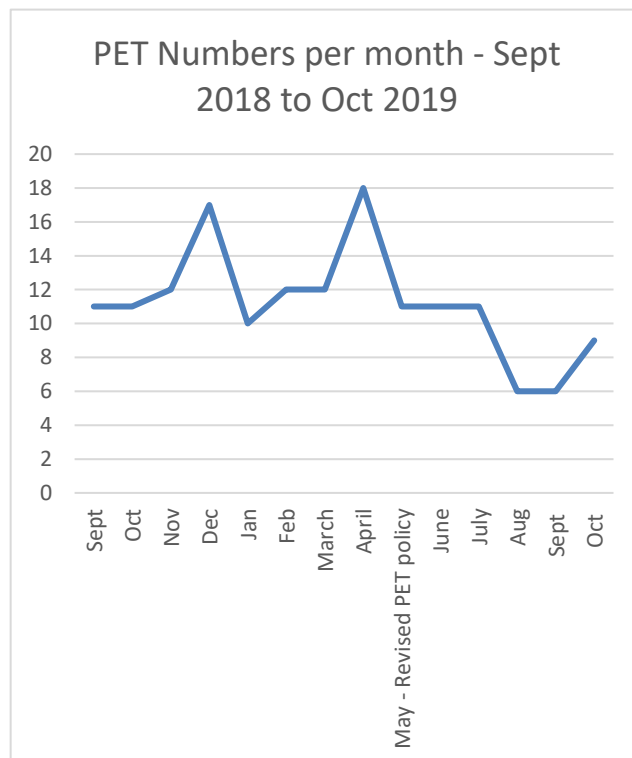
requests and One Wales Interim Pathways Commissioning decisions negating the need to submit an IPFR.

- More IPFRs were approved in 2018/2019 (68%) compared with the previous year (63%).
- Health boards approved a similar number of IPFRs for cancer medicines compared with previous years. Bevacizumab was the most commonly requested medicine.
- As in the previous year, the most common non-medicine requests were for positron emission tomography (PET) scans. The majority of these were for the detection or investigation of cancers.
- There needs to be improvement in receiving outcome data from clinicians.
- The Quality Assurance Advisory Group continue to be impressed with the documentation and adherence to processes by IPFR panels in Wales. Recommendations continue to be shared via the IPFR network to improve the consistency of the process across NHS Wales.
- The recommendations of the 2017 independent review report have been implemented

PET scans

The number of PET requests received by WHSSC has reduced since the introduction of the additional policy indications in May 2019.

Month	No
Sept	11
Oct	11
Nov	12
Dec	17
Jan 19	10
Feb	12
March	12
April	18
May - Revised PET policy	11
June	11
July	11
Aug	6
Sept	6
Oct	9
Total	157



Matters requiring Committee level consideration and/or approval	
<p>WHSSC have received a letter threatening Judicial Review in relation to an IPFR case. This is currently being considered by the legal team. The Panel were made aware at the last meeting.</p>	
Matters referred to other Committees	
<p>There have been two safeguarding concerns raised in conjunction with IPFR applications. These have been considered and assurance sought from the provider Health Board that the safeguarding process has been followed in line with the All Wales Child Protection Procedures (2008). WHSSC have received such assurance and will discharge its safeguarding responsibilities by taking a paper through the CTMUHB Executive Safeguarding Committee.</p>	
<p>Confirmed Minutes for the meetings held on 31 July 2019, 28 August 2019, 25 September 2019 and 30 October 2019 are available on request</p>	
Date of next meeting	27 November 2019

Reporting Committee	Welsh Renal Clinical Network
Chaired by	Interim Chair, Welsh Renal Clinical Network
Lead Executive Director	Director of Finance
Date of last meeting	25 September 2019
Summary of key matters considered by the Committee and any related decisions made.	
<ul style="list-style-type: none">• Appointment of a permanent Manager of the WRCN (Susan Spence)• Approval and support for (subject to detailed discussions with WG) of a Transformational Fund bid to augment and modernise Welsh Renal IT services.• Successful implementation of the HCV positive kidney transplant programme (8 to date)• Award of contract for the Development of dialysis unit capacity increase and refurbishment in BCUHB• Progress in identifying viable options for increasing dialysis capacity East of Swansea• Activity now recorded on a WHSSC tool that enable forward forecasting of dialysis and Transplant activity with confidence intervals to enable flexible financial planning• Forecasts for the year on year growth - 2019-20<ul style="list-style-type: none">○ HDSE+6.3%SW+6.7%North+1.2%Wales+5.3%○ PDNo significant changes in all regions○ Tx+5-10%	
Key risks and issues/matters of concern and any mitigating actions	
<ul style="list-style-type: none">• Consultant Staffing in North Wales – some locum recruitment and movement of staff. Risk lower than 1 year ago but still on our Risk Register	
Matters requiring Committee level consideration and/or approval	
<ul style="list-style-type: none">• Nil	
Matters referred to other Committees	
Nil	
Annexes:	
Date of next meeting	27 November 2019

Reporting Committee	NHS Wales Gender Identity Partnership Group
Chaired by	Tracy Myhill
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	13 September 2019
Summary of key matters considered by the Committee and any related decisions made	
<p>Terms of Reference</p> <p>Now that a new pathway and service has been agreed and is due to commence shortly, the ongoing purpose of the group was brought into question. A number of options were discussed with a view that the membership from a stakeholder perspective needed to be considered to ensure that there was representation from all groups across the trans community. It was felt that this needed to be considered by the Joint Committee and brought back to the next meeting for a fuller discussion in terms of proposals going forward.</p> <p>Stakeholder Event</p> <p>A second stakeholder event took place on 13 September 2019. Members reflected that it had been a positive event in preparation for the commencement of the new service. These events would continue on a 6 monthly basis to bring all key stakeholders together to have an update on progress and development of the service.</p> <p>All Wales Gender Variance Pathway: Progress Update</p> <p>This was covered in depth as part of the stakeholder event as above however key points summarised as follows:</p> <ol style="list-style-type: none"> 1. Welsh Gender Service (WGS) will see its first patients on 20 September 2019 2. Dr John Dean has been appointed as interim clinical lead for the new service 3. A peer support service has been secured from the start of the new service to support all patients regardless of location of appointment or geographical residence whilst on the waiting list. The link is as follows: https://gender.wales Umbrella Cymru have been awarded the contract. 4. Fortnightly calls in place between the WGS and Local Gender Teams (LGT) 5. Further training has been arranged for November for LGT's 6. Directed Enhanced Service has been issued by Welsh Government 7. The WHSSC approved Service Specification CP182a Gender Identity Service for Adults (non-surgical) http://www.whssc.wales.nhs.uk/policies-and-procedures-1ervice will be active from the commencement of the new service to support the changes to the referral route into the service. 8. There would be ongoing monitoring and reporting of the waiting list. 9. Official open day/launch will be organised once the service is established, 	

<p>Meeting with Health Board Chief Executives</p> <p>Whilst it was acknowledged that a number of the CEO's had been actively involved in recent developments a meeting remained an outstanding action from previous meetings. Stakeholders requested that this was still an action that they were keen to progress. The chair suggested that this would be arranged as part of the work programme for the forthcoming year.</p>	
<p>NHS England Gender Identity Programme Board</p> <p>An update was received by the group and informed that NHS England were in the final stages of the procurement of surgical providers. This will be followed by the procurement of the gender clinics. A date for the consultation for Childrens Gender Services is yet to be announced. Wales have agreed to be part of the joint consultation.</p>	
<p>BAGIS (British Association of Gender Identity Specialists)</p> <p>This year symposium is due to take place in Durham on 03 & 04 October. A number of the Welsh Gender Team clinicians are planning to attend.</p>	
<p>Data breach London Gender Identity Clinic (LGIC)</p> <p>It was reported that there had been a breach in data protection by the LGIC. WHSSC had been in contact with them following the public announcement and were assured that all appropriate actions had been taken by informing patients and a full investigation is being undertaken.</p>	
<p>Key risks and issues/matters of concern and any mitigating actions</p> <p>Ongoing evaluation and expansion of the new service</p>	
<p>Matters requiring Committee level consideration and/or approval</p> <p>Consideration needed to be given to the purpose and reporting of the group in the future to capture all of the elements of the pathway and future development of the service.</p>	
<p>Matters referred to other Committees</p> <p>None</p>	
<p>Unconfirmed Minutes for the meeting held on the 13 September are available on request.</p>	
<p>Date of next meeting</p>	<p>26 November 2019</p>