



## WHSSC Joint Committee Meeting held in public Tuesday 12 May 2020 at 09:30

Virtual Quorum Basis Meeting

### Consent Agenda

Item	Lead	Paper / Oral	Time
<b>1. Preliminary Matters</b>			
<b>1.1</b> Welcome, Introductions and Apologies	Chair	Oral	09:30 – 09:40
<b>1.2</b> Declarations of Interest	Chair	Oral	
<b>1.3</b> Accuracy of the Minutes of the Meeting held 10 March 2020	Chair	Att.	
<b>1.4</b> Action Log and Matters Arising – <b>No open actions</b>	Chair	Att.	
<b>1.5</b> Report from the Chair	Chair	Att.	09:40 – 09:50
<b>1.6</b> Report from the Managing Director	Managing Director	Att.	09:50 – 10:00
<b>2. Items for Consideration and/or Decision</b>			
<b>2.1</b> Independent Sector Hospital Services	Director of Finance	Att.	10:00 – 10:20
<b>2.2</b> Delivering Specialised Services during Covid-19 Outbreak	Director of Planning.	Att.	10:20 – 10:40
<b>2.3</b> Thoracic Surgery Update – Details of Decisions Taken	Managing Director	Att.	10:40 – 11:00
<b>3. Routine Reports and Items for Information</b>			
<b>3.1</b> Corporate Risk Assurance Framework	Committee Secretary	Att.	11:20 – 11:30
<b>3.2</b> Financial Performance Report – M12 2019/20	Director of Finance	Att.	11:30 – 11:40
<b>3.3</b> Reports from the Joint Sub-Committees	Joint Sub-Committee Chairs	Att.	11:40 11:45
i. Management Group Briefings			
ii. Individual Patient Funding Request Panel			
iii. Quality and Patient Safety Committee			
iv. Integrated Governance Committee			

<b>4. Concluding Business</b>			
<b>4.1</b>	Any Other Business	Chair	
<b>4.2</b>	Date of next meeting (Scheduled) <ul style="list-style-type: none"> <li>- 14 July 2020 at 13:30</li> <li>- Conference Room, WHSSC, Unit G1 The Willowford, Main Avenue, Treforest, CF37 5YL</li> </ul>	Chair	
		Oral	

**The Joint Committee is recommended to make the following resolution:**

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

**Minutes of the Meeting of the  
WHSSC Joint Committee Meeting held in public on  
Tuesday 10 March 2020  
at Charnwood Court Heol Billingsley,  
Parc Nantgarw, Cardiff CF15 7QZ**

**Members Present:**

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair (part)
Paul Griffiths	(PG)	Independent Member/Audit and Risk Committee Representative
Sharon Hopkins	(SH)	Interim Chief Executive Officer, Cwm Taf Morgannwg UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay UHB
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Jenny Thomas	(JT)	Medical Director, WHSSC

**Deputies Representing Members:**

Glyn Jones	(GJ)	Deputy Chief Executive Officer, Aneurin Bevan UHB
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**Apologies:**

Simon Dean		Interim Chief Executive Officer, Betsi Cadwaladr UHB
Steve Ham		Trust Chief Executive, Velindre NHS Trust
Steve Moore		Chief Executive Officer, Hywel Dda UHB
Judith Paget		Chief Executive Officer, Aneurin Bevan UHB

**In Attendance:**

Kieron Donovan	(KD)	Affiliate Member/ Interim Chair, Welsh Renal Clinical Network
Andrew Doughton	(AD)	Wales Audit Office (Observer)
Rob Mahoney	(RM)	Assistant Director of Finance, Cardiff and Vale UHB
Urvisha Perez	(UP)	Wales Audit Office (Observer)
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

**Minutes:**

Michaela Henderson (MH) Corporate Governance Officer, WHSSC

The meeting opened at 13:30hrs

UNCONFIRMED

JC19/083	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC19/084	<p><b>Declarations of Interest</b></p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC19/085	<p><b>Minutes of the meetings held 28 January 2020</b></p> <p>The Joint Committee <b>approved</b> the minutes of the meetings held on 28 January 2020 as a true and accurate record.</p>
JC19/086	<p><b>Action Log and Matters Arising</b></p> <p>The Joint Committee noted there were no outstanding actions and no matters arising not dealt with elsewhere on the agenda.</p>
JC19/087	<p><b>Report from the Chair</b></p> <p>The Joint Committee received a report from the Chair.</p> <p>The Chair reported Kieron Donovan had been appointed as Chair of the Welsh Renal Clinical Network for three years commencing 1 April 2020. Members offered their congratulations to KD.</p> <p>The Chair reported that she would be asking Emrys Elias to become Vice Chair of the WHSSC Joint Committee with immediate effect.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report.</li> </ul>
JC19/088	<p><b>Report from the Managing Director</b></p> <p>The Joint Committee received a report from the Managing Director.</p> <p>Members noted the key recommendations set out in guidance issued by the Society of Cardiothoracic Surgeons on the management of thoracic trauma that would be reflected in both the Thoracic Surgery and Major Trauma Service Specifications that were due to go out to consultation.</p> <p>SL reminded Members that the Joint Committee had previously decided that the position, with regard to the additional two consultant posts for the running of the Thoracic Surgery Unit, would be reviewed prior to the appointment of those two surgeons and noted that the guidance would be one piece of evidence that would feed into that review and any subsequent decisions. KP noted that, through the Thoracic Surgery Implementation Board and with input from a number of consultants and the CVUHB Medical Director, a set of matrices to be used to assess the locum consultant position through the first year of operation of the Major</p>

	<p>Trauma Centre, as previously agreed by Joint Committee, had been agreed. SL noted both the Thoracic Surgery Implementation Board and the Major Trauma Network already had sight of the guidance.</p> <p>Members noted the original Joint Committee decisions regarding thoracic surgery cover for the Major Trauma Network had been made on the basis that there would be Thoracic Surgery on-site at CVUHB Monday to Friday during daytime hours and that there would be a Thoracic Surgeon call out facility available. SL and KP both emphasised that the implementation of the guidance would not change that decision.</p> <p><b>ACTION:</b> It was agreed the detail of the original decisions made by Joint Committee around Thoracic Surgery cover to the Major Trauma Centre would be brought back to the May meeting for clarification.</p> <p>Members noted the Service Specification consultation process would allow for feedback from all stakeholders.</p> <p>JT confirmed the guidance had no impact on the operation of the relevant Standards or the ability of the Major Trauma Desk to send a Thoracic Surgeon to the Major Trauma Centre to treat a patient in person should it be required.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report.</li> </ul>
JC19/089	<p><b>Major Trauma Commissioning Assurance and Governance Arrangements</b></p> <p>The Joint Committee received a report providing a description of the proposed commissioning governance structure and interfaces with operational delivery for the South Wales Trauma Network.</p> <p>KP reported the Major Trauma Implementation Board had already had sight of the proposed assurance and governance arrangements and had discussed them at their last meeting. KP further reported that Stephen HARRY, Chief Ambulance Service Commissioner, was supportive of the proposed arrangements.</p> <p>Members were supportive of the arrangements and noted they would be kept under review. Members discussed the role of the Management Group in the proposed arrangements and noted that initially the scrutiny role, including operational performance and clinical governance, would sit with the Delivery Assurance Group but that resource requirements would remain within Management Group's remit.</p>

	<p>Members agreed further consideration would be given to the role of Management Group in the ongoing commissioning assurance and governance structure.</p> <p>Members noted the WHSSC Q&amp;PS Committee was the only scrutiny committee in the commissioning governance structure with Independent Members as committee members and it was agreed consideration would be given to an Independent Member being appointed as Chair of the Delivery Assurance Group. Members agreed that whilst they supported the proposed arrangements they should eventually normalise and mirror those of other specialised services without a specific Network Board and fall under the scrutiny of Management Group.</p> <p><b>ACTION:</b> It was agreed the proposed assurance and governance arrangements would be implemented but with a view to transitioning into normalised arrangements as soon as possible and a review undertaken at 12 months.</p> <p>It was noted the Operational Delivery Network ('ODN') Memorandum of Understanding would be considered by the Board of each individual affected Health Board.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the information presented within the report; and</li> <li>• <b>Approve</b> the proposed commissioning governance structure for the South Wales Trauma Network subject to a review at 12 months.</li> </ul>
JC19/090	<p><b>Value Based Commissioning Plan</b> (the 'Plan')</p> <p>The Joint Committee received a report advising them of the efficiency savings achieved in 2019-20, describing the approach and process WHSSC followed to develop the value based commissioning plan 2020-23 and outlining the priority initiatives within the value based commissioning plan identified for 2020-21 and how these initiatives would provide value to patients, families and the health service.</p> <p>EE joined the meeting.</p> <p>SD noted the report provided was a progress report to date and not the end result of the work being undertaken. SD further noted that the values presented for 2020-23 were at the low end of a potential range and that the WHSS Team had been extremely prudent in terms of stating minimum savings achievable.</p> <p>SD reported the Plan had been tested at a recent Management Group workshop and had been well received.</p>

	<p>Members discussed the possibility of expanding the Plan to look at entire pathways and agreed that seeking patient input would be important and would influence the direction of travel of the work. To that end SL reported that CB's team were supporting the process and developing Patient Reported Outcome Measures and Patient Reported Experience Measures.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the efficiency savings achieved in 2019-20;</li> <li>• <b>Note</b> the efficiency savings already incorporated within the ICP 2020-23;</li> <li>• <b>Note</b> the approach and process WHSSC has followed to develop the value based commissioning plan 2020-23;</li> <li>• <b>Note</b> that at this point only provisional highly prudent values have been assigned to these schemes pending further detailed examination by the WHSSC team;</li> <li>• <b>Support</b> the priority value based commissioning initiatives identified for implementation in 2020-21;</li> <li>• <b>Support</b> that the WHSSC team progress enabling actions including necessary contracting changes via the Finance Sub Group.</li> </ul>
JC19/091	<p><b>Neonatal Transport Review Recommendations</b></p> <p>The Joint Committee received a report setting out the key recommendations from the Review of the South Wales Neonatal Transport Service and seeking support for the implementation process to commission a permanent 24 hour neonatal transport service.</p> <p>Members noted the final report had been discussed with both Management Group and the Neonatal Transport Sub-Group at the end of February. KP reported that Management Group had supported the Lead Provider proposal and had stressed the need for a sensible neonatal transport budget that would not destabilise the three neonatal intensive care units but had expressed concern over the single site model which they believed would potentially disenfranchise the workforce.</p> <p>KP reported that, given it would take nine months to implement a permanent solution, the Neonatal Transport Sub-Group had been asked to provide a proposal for an interim model solution, as required by Welsh Government, by the end of March 2020.</p> <p>KP informed Members that a combined paediatric intensive care / neonatal intensive care solution had not been recommended in the Report nor was it supported by the wider neonatal community.</p> <p>Members noted that Management Group had delegated authority to approve an interim model solution but it was agreed that if there was no</p>



	<p>clear consensus by Management Group the matter would be referred back to Joint Committee for consideration.</p> <p>Members noted that work on workforce implications, both current and future, was ongoing. JT reported that all neonatal intensive care units had the ability to stabilise patients on-site without having to rely on the mobilisation of consultants around the system and would have access to immediate advice while they waited for specialised transport to arrive.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the Independent Review of the South Wales Neonatal Services; and</li> <li>• <b>Support</b> the recommendations made by Management Group at the extraordinary meeting on 27 February 2020 (Appendix 2).</li> </ul> <p>Specifically Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Support</b> the requirement for a 24/7 neonatal transport service for south and west Wales, noting that residents from the BCU Health population already have a 24/7 service;</li> <li>• <b>Support</b> Management Group recommendations that the future model will be commissioned from a lead provider;</li> <li>• <b>Support</b> the establishment of a Task and Finish Group to develop a service specification for the service and implementation process for a 24/7 model;</li> <li>• <b>Support</b> further work to be undertaken by the Finance Sub Group to define and clearly set out the funding of the clinical components of a 24 hours service on the principle will be that the commissioning of a 24 hour service will not de-stabilise the current neonatal intensive care units;</li> <li>• <b>Support</b> the request that in parallel, the Maternity and Neonatal Network undertake demand and capacity modelling of both the number of maternity beds and cots required across the region; and</li> <li>• <b>Approve</b> delegated authority to Management Group to agree an interim solution on the basis that this will be within the resource identified within the 2020/21 Integrated Commissioning Plan (ICP).</li> </ul>
JC19/092	<p><b>Annual Cycle of Business</b></p> <p>The Joint Committee received a report providing Members with the Draft Joint Committee Annual Business Cycle 2020-21.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> and <b>support</b> the content of the report, including the schedule of meetings for 2020-21.</li> </ul>

JC19/093	<p><b>Integrated Performance Report – December 2019</b></p> <p>The Joint Committee received a report which provided members with a summary of the performance of services commissioned by WHSSC for December 2019 and detailed the action being undertaken to address areas of non-compliance.</p> <p>KP reported CVUHB Cardiac Surgery outsourcing to Stoke was progressing well and that CVUHB surgeons had identified a potential cohort of patients suitable for outsourced procedures although some had already declined the offer made.</p> <p>KP reported that Plastic Surgery performance at SBUHB was still a cause for concern but that SBUHB had made three permanent and one locum appointments to support Major Trauma work. KP further reported there were very few outsourcing options for the service.</p> <p>Members noted the Lymphoma Standards had now been published and work was ongoing with CVUHB to assist them in achieving these.</p> <p>KP noted two services had been de-escalated since the report had been written – North Wales Adolescent Service and Thoracic Surgery at SBUHB.</p> <p>PG commented that the new style of summary at the beginning of the report was helpful.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> December 2019 performance and the actions undertaken to address areas of non-compliance.</li> </ul>
JC19/094	<p><b>Finance Report Month 10 2019-20</b></p> <p>The Joint Committee received a report setting out the financial position for WHSSC for the tenth month of 2019-20.</p> <p>Members noted the financial position reported at Month 10 for WHSSC was a year to date underspend of £7,391k with a forecast year end underspend of £4,384k.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the current financial position and year end forecast.</li> </ul>
JC19/095	<p><b>Reports from the Joint Sub-Committees</b></p> <p><b>Management Group</b></p> <p>The Joint Committee received the 23 January and 27 February 2020 briefings.</p>

	<p><b>All Wales Individual Patient Funding Request Panel</b></p> <p>The Joint Committee received the report of the 22 January and 25 February 2020 meetings.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the content of the reports from the Joint Sub-Committees.</li> </ul>
JC19/096	<p><b>Any Other Business</b></p> <p>There being no other business, the meeting closed.</p>
JC19/097	<p><b>Date and Time of Next Scheduled Meeting</b></p> <p>The Joint Committee noted the next scheduled meeting would take place at 09:30hrs on 12 May 2020 in the Conference Room, WHSSC, Unit G1 The Willowford, Treforest Industrial Estate, CF37 5YL.</p>

The meeting ended at 14:35hrs.

**Chairman** .....

**Date**.....



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

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

		Agenda Item	1.5
Meeting Title	<b>Joint Committee</b>	Meeting Date	12/05/2020
Report Title	Report from the Chair		
Author (Job title)	Chair		
Executive Lead (Job title)		Public / In Committee	Public

Purpose	The purpose of this paper is to provide Members with an update of the key issues considered by the Chair since the last report to Joint Committee.		
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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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		Meeting Date	
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Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report; and</li> <li>• <b>Ratify</b> the Chair's Actions; and</li> <li>• <b>Approve</b> the appointment of Emrys Elias as Vice Chair.</li> </ul>		
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#### Considerations within the report (tick as appropriate)

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

## 1.0 SITUATION

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

## 2.0 BACKGROUND

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

## 3.0 ASSESSMENT

### 3.1 Chair and Vice-Chair

I have been asked by Welsh Government to continue in my post as Interim Chair of WHSSC through to December 2020 because of the COVID-19 pandemic and have agreed.

I am pleased to announce that, in accordance with the WHSSC Standing Orders, and following discussion at the last meeting, Emrys Elias had agreed to take up the post of Vice-Chair of WHSSC with immediate effect.

### 3.2 Chair's Action 1

I wrote to Joint Committee Members on 30 March 2020 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Emrys Elias, an Independent Member of WHSSC, I had taken Chair's Action to act in accordance with the attached letter from Dr Andrew Goodall.

### 3.3 Chair's Action 2

I wrote to Joint Committee Members on 21 April 2020 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Paul Griffiths, an Independent Member of WHSSC, I had taken Chair's Action to vary elements of the Governance and Accountability Framework and, in particular, (1) the requirement in the WHSSC Standing Orders to hold Joint Committee meetings in public, and (2) the Sub-committee Terms of Reference, to temporarily relax the frequency and remove any minimum number of meetings required of the Sub-committees or Groups, during the COVID-19 crisis.

## 4. RECOMMENDATIONS

Members are asked to:

- **Note** the contents of the report;
- **Ratify** the Chair's Actions; and
- **Approve** the appointment of Emrys Elias as Vice Chair with immediate effect.

## **5. APPENDICES/ ANNEX**

Chair's Action 1

Chair's Action 2

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



GIG  
CYMRU  
NHS  
WALES

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

Your ref/eich cyf:  
Our ref/ein cyf: VH.KS  
Date/dyddiad: 30<sup>th</sup> March 2020  
Tel/ffôn: 01443 443 443 ext. 8131  
Email/ebost: Kevin.Smith3@wales.nhs.uk

WHSSC Joint Committee Members

Dear Colleague

**Re: Welsh Health Specialised Services Committee ("WHSSC") - COVID-19  
Urgent Action – Commissioning of Additional Services from the Private Sector**

I am writing in relation to the attached letter from Dr Andrew Goodall that requests WHSSC to commission certain services from the private sector because of the COVID-19 pandemic.

The background to this is that Stuart Davies has been assisting Welsh Government by negotiating independent sector capacity (including non-hospital based cancer care capacity) to assist the Welsh NHS in the current COVID-19 crisis. The next step will involve WHSSC signing up to contracts with the independent sector providers and that requires us to put in place the necessary delegated authority and governance wrap around. This can be done by the Joint Committee including the services as 'relevant functions' (as defined in the Welsh Health Specialised Services Committee (Wales) Directions 2009) and because this needs to be done urgently I will be doing so by way of Chair's action in accordance with the WHSSC Standing Orders.

I confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Emrys Elias, an Independent Member of WHSSC, I have taken Chair's Action to act in accordance with the attached letter from Dr Andrew Goodall.

This matter will be reported on at the next Joint Committee meeting for ratification.

If you require further information or clarification regarding this matter, please contact Kevin Smith, Committee Secretary, in the first instance.

Yours sincerely

**Professor Vivienne Harpwood  
Chair**

**Welsh Health Specialised Services  
Committee**  
Unit G1, The Willowford,  
Trefforest,  
Pontypridd  
CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru  
Uned G1, The Willowford,  
Trefforest,  
Pontypridd  
CF37 5YL

**Chair/Cadeirydd:** *Professor Vivienne Harpwood*  
**Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr  
Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol:** *Dr Sian Lewis*



Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/  
Prif Weithredwr GIG Cymru  
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group



Llywodraeth Cymru  
Welsh Government

Sian Lewis  
Managing Director  
Welsh Health Specialised Services  
[Sian.Lewis100@wales.nhs.uk](mailto:Sian.Lewis100@wales.nhs.uk)

30 March 2020

Dear Sian

**Welsh Health Specialised Services Committee (“WHSSC”) - COVID-19 Urgent Action – Commissioning of Additional Services from the Private Sector**

I am writing to you to request that WHSSC commissions the following services from the private sector, by including them as ‘relevant functions’ (as defined in the Welsh Health Specialised Services Committee (Wales) Directions 2009), as a matter of urgency, because of the COVID-19 pandemic.

The services are:

- Procurement of Welsh Independent Sector Hospital capacity (including non-hospital based cancer care capacity)

I anticipate that you will seek authority from the Joint Committee to do this via ‘Chair’s action’ in accordance with WHSSC’s Standing Orders.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Goodall'.

Dr Andrew Goodall



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

Your ref/eich cyf:  
Our ref/ein cyf: VH.KS  
Date/dyddiad: 21<sup>st</sup> April 2020  
Tel/ffôn: 01443 443 443 ext. 8131  
Email/ebost: Kevin.Smith3@wales.nhs.uk

WHSSC Joint Committee Members

Dear Colleague

**Re: Welsh Health Specialised Services Committee ("WHSSC") - COVID-19 – Corporate Governance Arrangements**

**Background**

This letter sets out WHSSC's approach to ensuring the appropriate level of Joint Committee oversight and scrutiny to discharge its responsibilities effectively, whilst recognising the reality of executive focus for Joint Committee members and WHSSC Officers, and time constraints, during the current COVID-19 crisis. Part of our approach is about ways of working, which of course can and must adapt continually during the crisis, but part of the approach requires temporary variation from the WHSSC governance and accountability framework ("GAF").

The approach set out in this letter, which is understood to be consistent with the approaches being taken by local health boards, will remain under constant review by the Chair, Managing Director and Committee Secretary. It takes into account the work done by the Board Secretaries Group, in conjunction with Welsh Government, in developing a number of governance principles that are designed to help focus consideration of governance matters over coming weeks and months during the COVID-19 crisis. It also takes into account Welsh Government's recently published COVID-19 guidance on ethical values and principles for a healthcare delivery environment.

Any further variations to the GAF, whether as a result of further reflection, or in response to direction from Welsh Government, will be brought to the attention of the Joint Committee, as appropriate.

The governance principles developed by the Board Secretaries Group are:

- **Public interest and patient safety** - We will always act in the best interests of the population of Wales and will ensure every decision we take sits in this context taking into account the national public health emergency that COVID-19 presents.
- **Staff wellbeing and deployment** – we will protect and support our staff in the best ways we can. We will deploy our knowledge and assets where there are identified greatest needs.

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**Welsh Health Specialised Services Committee**  
Unit G1, The Willowford,  
Treforest,  
Pontypridd  
CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru  
Uned G1, The Willowford,  
Treforest,  
Pontypridd  
CF37 5YL

**Chair/Cadeirydd:** *Professor Vivienne Harpwood*

**Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol:** *Dr Sian Lewis*

- **Good governance and risk management** – we will maintain the principles of good governance and risk management ensuring decisions and actions are taken in the best interest of the public, our staff and stakeholders ensuring risk and impact is appropriately considered.
- **Delegation and escalation** – any changes to our delegation and escalation frameworks will be made using these principles, will be documented for future record and will be continually reviewed as the situation unfolds. Boards and other governing fora will retain appropriate oversight, acknowledging different arrangements may need to be in place for designated officers, deputies and decisions.
- **Departures** - where it is necessary to depart from existing standards, policies or practices to make rapid but effective decisions - these decisions will be documented appropriately. Departures are likely, but not exclusively, to occur in areas such as standing orders (for example in how the Board operates), Board and executive scheme of delegation, consultations, recruitment, training and procurement, audit and revalidation.
- **One Wales** – we will act in the best interest of all of Wales ensuring where possible resources and partnerships are maximised and consistency is achieved where it is appropriate to do so. We will support our own organisation and the wider NHS to recover as quickly as possible from the national public health emergency that COVID-19 presents returning to business as usual as early as is safe to do so.
- **Communication and transparency** - we will communicate openly and transparently always with the public interest in mind accepting our normal arrangements may need to be adapted, for example Board and Board Committee meetings being held in public.

## Decision Making

In principle, the current scheme of delegation and specifically the matters the Joint Committee reserves for its own decision will remain. In the event of critical or urgent decisions needing to be made, we will use Chair's action in line with the current provisions in the WHSSC Standing Orders ("WHSSC SOs").

WHSSC Executive Directors and Officers have been delegated certain responsibilities and decision making powers through the Joint Committee's Scheme of Reservation and Delegation of Powers. These arrangements will remain in place with regard to the ongoing functioning of the organisation.

## Financial Guidance

Welsh Government has issued financial guidance to NHS Wales Organisations given the immediate challenges presented by the COVID-19 crisis, recognising that routine financial arrangements and disciplines are disrupted and need to adapt on an interim basis. The guidance has been developed to support organisations and provide clarity on expectations for this disrupted period and until organisations return to business as usual arrangements. WHSSC Executive Directors and Officers are aware of the guidance and the need to follow it.

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### Welsh Health Specialised Services Committee

Unit G1, The Willowford,  
Treforest,  
Pontypridd  
CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru  
Uned G1, The Willowford,  
Treforest,  
Pontypridd  
CF37 5YL

**Chair/Cadeirydd:** *Professor Vivienne Harpwood*

**Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol:** *Dr Sian Lewis*

## Joint Committee Meetings

Joint Committee meetings will be held, only if required, but potentially with a shortened 'consent agenda' and on a 'quorum basis' in line with the current WHSSC SOs.

Given that the Joint Committee will not meet in person for some time, virtual meetings and electronic communication will be the key to the Joint Committee's functionality. As a result of this, members of the public will be unable to attend or observe.

To facilitate as much transparency and openness as possible, WHSSC will undertake to:

- Publish Joint Committee agendas as far in advance as reasonably possible.
- Publish Joint Committee papers as far in advance as reasonably possible – recognising that some may be tabled and therefore published after the event. We will also increase our use of oral reporting which will be captured in the meeting minutes.
- Produce a written briefing of the key components of the meeting to be made public within, ideally, 2 business days of meetings.
- Provide for written questions to be taken at Joint Committee meetings and responses provided immediately following meetings.
- As well as an action log, a pending log will be kept of actions that will not be progressed during the crisis.

We will also amend the website (which constitutes our official notice of Joint Committee meetings) and explain why the Joint Committee is not meeting in public.

## Meetings of Sub-committees and Groups

- **Audit Committee**  
Participation in the Cwm Taf Morgannwg UHB (acting as the host organisation) Audit Committee meetings will be maintained, subject to any arrangements made by the Board of CTMUHB or Chair of the Audit Committee.
- **Individual Patient Funding Request Panel (WHSSC)**  
A Standard Operating Procedure has been developed for the WHSSC IPFR Panel, setting out how it will take decisions during the crisis. This is based on Chair's Actions, as set out in the Panel's Terms of Reference. It is therefore unlikely that the Panel will hold any meetings during the crisis.
- **Integrated Governance Committee**  
The WHSSC Integrated Governance Committee continues to have an important role during the emergency to ensure an integrated approach to risk and governance matters but may not need to meet as frequently as provided in its Terms of Reference.

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### Welsh Health Specialised Services Committee

Unit G1, The Willowford,  
Treforest,  
Pontypridd  
CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru  
Uned G1, The Willowford,  
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CF37 5YL

**Chair/Cadeirydd:** *Professor Vivienne Harpwood*

**Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol:** *Dr Sian Lewis*

- **Management Group**

The WHSSC Management Group is unlikely to be required to deploy its intended role during the emergency and is therefore unlikely to meet as frequently as provided in its Terms of Reference. However, regular briefings are being provided to Management Group members.

- **Quality and Patient Safety Committee**

The WHSSC Quality and Patient Safety Committee has a critical role during the emergency to ensure actions are quality and risk assessed and organisations act in the best interest of patients but may not need to meet as frequently as provided in its Terms of Reference.

- **Welsh Renal Clinical Network Board**

The WRCN Board has (and its sub-groups have) a critical role during the emergency to ensure that the all-Wales integrated renal service continues to be delivered and appropriately governed but may not need to meet as frequently as provided in its Terms of Reference.

This list summarises the principal Sub-committees and Groups, it is not intended to be exhaustive.

Any meetings of the Sub-committees or Groups during the crisis are likely to be held as virtual meetings with a shortened 'consent agenda' and on a 'quorum basis'.

### **Chair's Action**

I confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Paul Griffiths, an Independent Member of WHSSC, I have taken Chair's Action to vary elements of the GAF and, in particular, (1) the requirement in the WHSSC SOs to hold Joint Committee meetings in public, and (2) the Sub-committee Terms of Reference, to temporarily relax the frequency and remove any minimum number of meetings required of the Sub-committees or Groups, during the COVID-19 crisis.

It is anticipated that the UK Government will determine when the COVID-19 crisis ends and make a public announcement that there is no longer a significant disruption or a threat of significant disruption to the provision of health services to patients in Wales as a result of COVID-19.

This matter will be reported on at the next Joint Committee meeting for ratification.

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**Welsh Health Specialised Services Committee**

Unit G1, The Willowford,  
Trefforest,  
Pontypridd  
CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru  
Uned G1, The Willowford,  
Trefforest,  
Pontypridd  
CF37 5YL

**Chair/Cadeirydd:** *Professor Vivienne Harpwood*

**Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol:** *Dr Sian Lewis*

If you require further information or clarification regarding this matter, please contact Kevin Smith, Committee Secretary, in the first instance.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'V Harpwood', with a long, sweeping horizontal line extending to the right.

**Professor Vivienne Harpwood**  
**Chair**

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**Welsh Health Specialised Services  
Committee**  
Unit G1, The Willowford,  
Trefforest,  
Pontypridd  
CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru  
Uned G1, The Willowford,  
Trefforest,  
Pontypridd  
CF37 5YL

**Chair/Cadeirydd:** *Professor Vivienne Harpwood*  
**Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr**  
**Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol:** *Dr Sian Lewis*



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

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

		Agenda Item	1.6
Meeting Title	<b>Joint Committee</b>	Meeting Date	12/05/2020
Report Title	Report from the Managing Director		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	

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

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

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

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

## **1. SITUATION**

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

## **2. UPDATES**

### **2.1 Meetings**

Following the publication of Welsh Government's advice regarding social distancing, the following meetings of WHSSC Sub-committees have gone ahead, or been arranged, using Skype:

- Integrated Governance Committee - 8 April 2020
- Quality & Patient Safety Committee - 14 April 2020
- Weekly IPFR Panel meetings
- Management Group - scheduled for 4 May

### **2.2 Written Briefings**

To ensure contact with commissioning health boards, the following written briefings have been provided:

- Management Group - 30 March and 14 April 2020
- Joint Committee - 24 April 2020

### **2.3 South Wales Major Trauma Network - Update**

The WHSSC Response Plan to the COVID-19 outbreak stated that due to the outbreak the go live date for the Major Trauma Network had been deferred, however the work on readiness assurance would be concluded and a report produced ready for Joint Committee scrutiny once normal business resumes. This work has concluded with the outcome that the system was ready, however there will be a further review and check on the state of readiness prior to a report being brought to Joint Committee with a revised 'go live' date.

The management of the Network Team currently remains with the NHS Wales Health Collaborative and this will continue, however the Network Team will progress working with health boards to establish a memorandum of understanding, data sharing agreements and governance structures to maintain momentum and make progress in advance of the revised start date.

The Implementation Board will be reinstated from June/July, dependent on availability of health board/WAST representatives

### **2.4 ATMPs - Update**

The 2020-21 Integrated Commissioning Plan included a material planned increase of more than £20m in ATMP costs related to the full year impact of 2019-20 approvals and a forecast of new approvals that were scheduled to be considered by NICE in 2020. The Plan included a small number of high impact indications including treatments for spinal muscular atrophy type 1, Beta



thalassaemia major, mantle cell leukaemia and acute lymphoblastic leukaemia. In response to the COVID-19 crisis NICE has reviewed its plans for 2020-21 evaluations and has paused indications which are not deemed as therapeutically critical to enable a focus on those which are.

The consequence of this is that the high financial impact ATMPs, such as spinal muscular atrophy and beta thalassaemia, have been paused and are at this point unlikely to have any spend in 2020-21. Indications which have been prioritised include those for mantle cell leukaemia and for recurrent glioblastoma. The net result is that there will be material financial slippage from 2020-21 into 2021-22 estimated to be between £16.2m and £17.2m on new ATMPs.

In addition to the above provision in the plan was made for the implementation of an ATMP approved in 2019-20 for inherited vision loss estimated at around £2.8m. Whilst this remains approved the level of activity has been slow to come through so far given the elective nature of the intervention and the degree of caution in the system. It is unlikely that this full provision will be required with estimated slippage of around £1.2m to £1.6m.

The WHSS Team has also prepared a detailed analysis of the impact of changes across the wider NICE programme including the above ATMPs and will be sharing the conclusions of this work with Management Group in due course. The WHSS Team will evaluate the impact of the current year experience on the forecast for 2021-22 to 2023-24 as part of the annual planning process and will be keeping Welsh Government informed for budget planning purposes.

### **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	<b>Joint Committee</b>	Meeting Date	12/05/2020
Report Title	Commissioning Welsh Independent Sector Hospitals Capacity		
Author (Job title)	Director of Finance		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Choose an item.

Purpose		To update the Joint Committee of the progress in commissioning Welsh independent sector hospitals capacity on behalf of Health Boards for the period of the COVID-19 situation.		
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Ratify</b> the actions taken by WHSSC to commission whole hospital capacity with effect from 06 April 2020; and</li> <li>• <b>Receive assurance</b> that there are robust processes in place to ensure delivery of the arrangements for the period required; and</li> <li>• <b>Note</b> the current position, the guidance issued to health boards and the planned actions including formal contracts as set out in the report.</li> </ul>		

Considerations within the report (tick as appropriate)													
Strategic Objective(s)		YES	NO	Link to Integrated Commissioning Plan		YES	NO	Health and Care Standards		YES	NO		
		✓											
Principles of Prudent Healthcare		YES	NO	IHI Triple Aim		YES	NO	Quality, Safety & Patient Experience		YES	NO		
Resources Implications		YES	NO	Risk and Assurance		YES	NO	Evidence Base		YES	NO		
Equality and Diversity		YES	NO	Population Health		YES	NO	Legal Implications		YES	NO		
Commissioner Health Board affected													
Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓
Provider Health Board affected (please state below)													

## **1. SITUATION**

WHSSC was asked to commission the whole hospital capacity on behalf of health boards via a letter of instruction from Andrew Goodall enabling WHSSC to take it under formal governance arrangements via by Chair's Action. This action is complete.

## **2. BACKGROUND**

WHSSC was requested to commission Welsh independent hospitals capacity by Welsh Government on 20 April 2020. The aim of the initiative as to be able to provide additional hospital capacity to enable the NHS to continue to perform urgent elective and cancer activities in a planned COVID-free environment. WHSSC worked quickly with Welsh Government colleagues, the Finance Delivery Unit, Shared Services Partnership and the Independent Hospitals Provider Network (IHPN) to deliver an approved solution within two weeks. The independent hospital capacity was made available to Health Boards to commence operating on 06 April 2020. All the arrangements have the appropriate level of Ministerial approvals.

The overall governance risks associated with the initiative were mitigated as WHSSC mirrored much of the approach implemented by NHS England for their capacity which went operational in the last week of March.

The WHSSC leads of the commissioning of the capacity are Stuart Davies for the finance and legal agreements and arrangements and Karen Preece for the operational arrangements.

## **3. ASSESSMENT**

### **3.1 Capacity**

The capacity secured for Wales is summarised as:

- Aneurin Bevan UHB – St.Joseph's hospital, Newport – 32+4 beds; 2 theatres including endoscopy
- Cardiff & Vale UHB – Spire, Cardiff – 28 beds+11 day case; 3 theatres including endoscopy; 1 catheter lab;
- Cwm Taf Morgannwg UHB – Nuffield, Vale – 27 beds; 2 theatres including endoscopy
- Swansea Bay UHB – Sancta Maria, Swansea – 18 beds; 2 theatres including 1 day case theatre
- Hywel Dda HB – Werndale, Carmarthen – 15 beds; 2 theatres including 1 day case theatre and endoscopy

- Betsi Cadwaladr UHB – Vale Spire, Wrexham – 19+4 ambulatory beds; 2 theatres

### **3.2 Governance**

- The full operating capacity of the 6 independent hospitals in Wales was commissioned on 06 April 2020 using the same process as for NHS England via the use of Heads of Terms of Agreement agreed with the providers, acting through the Independent Hospitals Providers Network (IHPN). Health Board Chief Executives and Directors of Finance were formally notified of this in advance and confirmed on 07 April 2020.
- Formal approval to commission the capacity was delivered by Welsh Government via an approved MA. This covered the full capacity estimated at up to 152 beds from 6 hospitals for an initial period of 14 weeks. The anticipated cost based on IHPN estimates and bottom up data was £10,000 per bed per week and total estimated cost of £21.280m for the initial period plus the cost of audit arrangements via KPMG.
- WHSSC/SSP have prepared draft individual contracts to replace the Heads of Terms. The draft is with the IHPN for review and comment. It is hoped to complete signed contracts in the next week subject to agreement by the IHPN.
- WHSSC/SSP working with the FDU have worked with the approved auditor for the arrangement KPMG to agree a contract for their work. A draft contract has been prepared and is back with KPMG for final agreement subject to confirmation on pricing details. It is expected that this contract will be signed within the next week.

### **3.3 Organisational Responsibilities**

- WHSSC is the responsible commissioner and is responsible for delivering the capacity to the NHS and concluding the agreement and contract. WHSSC is responsible for monitoring and delivering the agreement working with KPMG to ensure appropriate costs are measured and transacted. WHSSC is holding the budget and is funding the contract on behalf of health boards with funding provided by Welsh Government.
- Health Board are responsible for utilising the capacity in the best way to support their services over the period of the agreement. Health boards direct the activities of the hospitals and work in an integrated way to deliver services to meet local needs including appropriate transfers of staff, equipment and supplies. Each health board has a nominated operational lead and finance lead. The detailed responsibilities of the local leads is set out in more detail in the Independent Hospitals (IH) Guidance Document.
- KPMG are the appointed auditors for the agreement. Their role is to ensure that the NHS only pays for approved actual operating costs of service. The detail of this work is set out in the IH Guidance Document and summarised below.

### 3.4 Summary of Financial Arrangement

The financial arrangements are detailed in the IH Guidance Document but the key points include:

- The capacity is paid for on a block booking basis for the whole hospital capacity including beds, theatres, equipment, staff and supply chain.
- The basis of payment is on an actual cost of service basis and is not dependent on the volume of activity undertaken, although this will influence costs at a marginal level.
- Payments for service will be weekly in advance determined by a KPMG review of hospital costs from based on submissions from providers adjusted for permissible costs.
- Payments for service will then be adjusted on a monthly basis by a more detailed review by KPMG of actual management accounting information that takes account of actual usage for the period.
- A final adjustment is made at the end of the period informed by a detailed "true up" in depth accounting review by KPMG. There are provisions in the contract covering the eventuality of any disagreements including a disputes resolution process and timetable.

To date KPMG has provided their first assessments of eligible costs of service and WHSSC has paid the appropriate invoices up to date. The assessed costs to date provided by KPMG have been £1.4m equivalent to an average of £9,881 per bed per week for circa 143 beds, hence are currently within original desktop estimates.

### 3.5 Operational Arrangements

The WHSSC Director of Planning has led the process of consulting with health board operational leads to agree the local appropriate use of each hospital. The planned utilisation is detailed in the IH Guidance Document in order that health boards can learn from one another and adapt as the process evolves and the phases of surge and return change.

The predominant use of the hospitals is to keep them as much as possible as COVID-free spaces to enable the continuation of urgent elective activities including cancer surgery. As well as cancer surgery some health boards are using the capacity for ophthalmology and urgent out-patient activity in an environment that keeps vulnerable patients out of a DGH hospital space in order to manage clinical risks.

### 3.6 Next Phase Actions

Now that the main enabling activities for WHSSC regarding the availability and the contracting formalities are completing their initial phase, WHSSC will be turning its attention to tracking how the hospitals are being utilised and practice shared. This will include weekly data collection and comparison with hospital provided data.

A finance sub group is being established to provide a simple forum to respond to any questions that arise from health boards. As indicated in the IH Guidance Document the role of the local health board finance representatives is limited to ensuring there are systems in place for the recording of asset and supplies transfers but they will also have a role in ensuring the local use of the hospitals delivers value for money appropriate to the context of COVID-19 support.

Operational discussions on sharing practice and experience will be directed via the Chief Operating Officers weekly meetings in order not to create a separate forum given the existing pressure on this group of staff.

## 4. RECOMMENDATIONS

Members are asked to:

- **Ratify** the actions taken by WHSSC to commission whole hospital capacity with effect from 06 April 2020; and
- **Receive assurance** that there are robust processes in place to ensure delivery of the arrangements for the period required; and
- **Note** the current position, the guidance issued to health boards and the planned actions including formal contracts as set out in the report.



Link to Healthcare Objectives		
Strategic Objective(s)	Choose an item. Choose an item. Choose an item.	
Link to Integrated Commissioning Plan		
Health and Care Standards	Choose an item. Choose an item. Choose an item.	
Principles of Prudent Healthcare	Choose an item. Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Choose an item. Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience		
Resources Implications		
Risk and Assurance		
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		
Choose an item.		





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**NHS**  
WALES

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

		Agenda Item	2.2
Meeting Title	<b>Joint Committee</b>	Meeting Date	12/05/2020
Report Title	Commissioning Specialised Services During COVID-19 Pandemic		
Author (Job title)	Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this paper is to provide a description of the proposed WHSS Team approach to commissioning specialised serviced during the next phase of the COVID-19 pandemic. This approach reflects the Welsh Government Framework for Recovery; Leading Wales Out of the Coronavirus Pandemic, the joint CMO/CNO Framework of Ethical Values and Principles for Healthcare Delivery as well as the output of the CEO group provided to the NHS CEO.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM X

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> <li><b>Note</b> the content of the report.</li> </ul>		

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

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

#### Commissioner Health Board affected

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

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## 1. SITUATION

This is a description of the proposed WHSS Team approach to commissioning specialised services during the next phase of the COVID-19 pandemic. This approach reflects the Welsh Government Framework for Recovery; Leading Wales Out of the Coronavirus Pandemic, the joint CMO/CNO Framework of Ethical Values and Principles for Healthcare Delivery as well as the output of the CEO group provided to the NHS CEO.

## 2. BACKGROUND

Throughout the first phase of delivery of services during the pandemic Health Boards and Trusts in Wales and England have been permitted to stand down routine non-urgent care. However, urgent lifesaving care has been expected to continue. The expectation is that this equally applied to WHSSC commissioned services. The work of the Essential Services Group has defined the list of services. During this first phase the WHSS Team has been trying to maintain communication with providers in Wales and through regular meetings with NHS England, providers in England as well as weekly meeting with Specialised Commissioners from the four nations.

The spreadsheet at appendix 1 gives the template for information we are collating.

The NHS in England through the recently issued letter from the CEO of NHSE has signalled a move to increased delivery of healthcare into this so called second phase of response.

<https://www.england.nhs.uk/coronavirus/publication/second-phase-of-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/>

Similarly in Wales the work that the Chief Executives are leading with Welsh Government is developing a new Operational Framework to steer the NHS and service delivery through the next phase of the pandemic.

This means that WHSSC will also need to consider its commissioning framework to ensure that policies and service specification remain applicable during this next phase of delivery and are agile enough to deal with waves of the pandemic. This includes a robust risk assessment of services and a clear prioritisation process so that the most impactful services are maintained and the harm to patients is at the absolute minimum.

### 3. AN ADAPTED WHSSC COMMISSIONING FRAMEWORK

WHSSC strategic aim still applies:

***On behalf of the Health Boards, to ensure that there is equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources.***

#### 3.1 Aim of the Framework

The aim of an adapted commissioning framework is therefore:

- to maximise equitable access for Welsh patients to specialised services;
- to ensure access to routine treatments which do not impact negatively on the COVID-19 response;
- to maintain wherever possible specialised service delivery for Welsh residents within the operating framework in Wales and supporting the phase 2 delivery in England (for Welsh residents);
- supporting fragile services which are strategically important in Wales to ensure that they remain viable; and
- to ensure that the quality of commissioned services from a patient outcome and experience perspective are maintained to a high standard.

#### 3.2 Approach

The basic principles of WHSSC's usual approach to commissioning will be maintained that is:

- Risk assessment;
- Prioritisation;
- Policy Development; and
- Service specification.

This approach is built on a risk assessment which reflects the domains of harm identified in the Framework for Recovery i.e.



1. Direct harm to individuals from SARS-CoV2 infection and complications including for those who develop severe disease and, in some cases may die as a result;
2. The harm caused if services including the NHS became overwhelmed due to any sudden large spike in demand from patients with COVID-19 on hospitals, critical care facilities and other key services;

3. Harm from non-COVID illness, for example if individuals do not seek medical attention for their illness early and their condition worsens, or more broadly from the necessary changes in NHS service delivery made during the pandemic in Wales to pause non-essential activity; and
4. Socioeconomic and other societal harms such as the economic impact on certain socioeconomic groups of not being able to work, impacts on businesses of being closed or facing falling customer demand, psychological harms to the public of social distancing and many others.

The first three types of harm will shape the approach to commissioning specialised services so that when services are re-established they can respond to sudden spikes in demand from patients with COVID-19, that direct harm to patient groups is minimised when they require specialised services because of the risk of infection and finally ensuring that services resume whenever possible to those patients who might otherwise come to harm and, if necessary, are reshaped to ensure service resilience.

### 3.3 Process

**3.3.1 The first step** in this approach is to identify the priority areas for service planning based on the third domain of harm. This involves an assessment of risk to the patient if they are unable to access specialised services. This prioritisation process will also include an assessment of services with key interdependencies with other lifesaving life changing treatments. To do this we will:

- 3.3.1.1** Assess feedback from providers of the impact of the current measures in place to increase capacity to manage patients infected with COVID-19;
- 3.3.1.2** Consider the NHSE Specialised Commissioning Prescribed Services list and "second phase" list;
- 3.3.1.3** Consider the NHS Wales Essential Services List;
- 3.3.1.4** Use WHSSC intelligence on fragile services with key interdependencies with other life-saving or life changing services; and
- 3.3.1.5** Use the Delivery Unit risk assessments on essential service delivery.

**3.3.2 The second step** is, having identified the priority list of services, to assess them against current mitigation and the other domains of harm if the service is reinstated.



Thoracic surgery in south Wales is used as an example:

<b>Thoracic surgery</b>				
<b>Risk</b>	<b>Evidence of risk</b>	<b>Current mitigation</b>	<b>Domain 1- direct harm</b>	<b>Domain 2- ability of service to increase capacity for Covid-19</b>
Patients may die of potentially curable cancer because of a lack of access to surgery.	Written feedback from clinicians that patients in S W Wales are unable to access surgery. Confirmation of reduction in consultant numbers from Exec Team in both providers. Routine surgery cancelled in both providers. PPE requirements reducing through put.	Some patients suitable for alternative treatment with radiotherapy or chemotherapy	Patients at high risk if they contract Covid-19 peri-operatively	WHSSC not aware of a surge plan
<b>Action required</b>	Further clarification required on patient access.  Demand and capacity plan required from providers.	Capacity assessment of alternative treatment.  Consider amendment to current policy to reflect change in practice	Consider amendment to current policy to reflect change in practice	Develop surge plan if needed  Amend service specification if required

**3.3.3 The third step** is to reduce the risk of harm in domain 3 by working with the provider to assess the potential capacity available and for fragile services the opportunities for increasing service resilience. This will need to consider regional service delivery and the impact on other priority activities of that provider. Thoracic surgery for example would benefit from co-operative working between providers to ensure that services can be maintained across south Wales

The Commissioning Teams have already started identifying priority services where we need to start work urgently with providers to maximise access for the population and reduce harm. Work will continue with input from the quality team to ensure that the service specification are aligned to the standards and patient related outcomes and experience. This will include the reporting of serious untoward incidents and concerns in line with the quality assurance framework and service level agreements with providers.

Alongside this 4 step process WHSSC will continue with the regular dialogue with NHS England and will support BCUHB and PTHB in particular with contract discussions given their significant flows into NHS England.

## **4. CLINICAL LEADERSHIP AND ENGAGEMENT**

A key component of developing the actions required in step 2 and the subsequent work required in step 3 will be the role of our clinical leaders and our ability to support a meaningful process of clinical engagement. Current developments in thoracic surgery exemplify how this work can be undertaken at pace. In this instance clinical leadership was provided by the Cancer Network Lung Cancer Lead and has provided in less than two weeks a clinical consensus around a new pathway of care. Similar agility has been shown by the WHSS Team who have supported the NICE COVID-19 policy development work and now have significant experience of high-speed policy development with consultation turnaround times of less than 24 hours.

## **5. PATIENT ENGAGEMENT**

Evidence suggests that behaviours of the public and patients have changed significantly during the first phase of the pandemic with, for example, dramatic falls in the number of A&E attendance and first presentations of cancer. Shaping services will need to take into account these new patient behaviours and preferences. This will have implications for way services are delivered with an anticipated preference for remote delivery of services, and increased complexity around the process of consent process which will overlap with new screening for inpatient interventions. This will undoubtedly influence step 3 of our approach. Pro-active engagement maybe possible in some highly specialised services



which are primarily outpatient based and ambulatory and WHSST is establishing an engagement meeting with the UK Genetic Alliance however in some more acute service a more agile response to patients' behaviours will be necessary.

## 6. FINANCIAL FRAMEWORK

The current financial framework agreed on a national level is that financial flows within NHS Wales will be based on block contract amounts. Where there is a need for a change in regional responsibilities, for example in the event that one health board provider wishes not to provide a service which is then transferred to another, there will need to be an adjustment in financial flows. Health boards will need to agree in advance the principles behind the funding of any such flows. The options are:

- Option 1 - Agree that there will no changes in the block payments and receiving providers will need to accommodate within their existing funding;
- Option 2 – Agree that there will be a financial flow valued at a rate of pro-rata share of total service contract to exclude fixed costs – for example 65% or
- Option 3 – Agree that there will be a financial flow based on activity x contract price at an agreed marginal rate – for example 65%.

The preferred option will depend on the materiality of the service flow, the anticipated duration and the extent to which there may be other two way flows of services during the period of disruption.

## 7. CONCLUSIONS

This process will then lead to an adaption to the Commissioning Policy, if required, and the service specification to enable providers to work together to deliver services differently, if required.

Significantly this process will mean that there remains clarity on WHSSC commissioned services, what is commissioned and accessibility criteria.

It will also ensure that this is an agile and swift process, recognising often fast changing situations. Clinical engagement is key and WHSSC intends to use established Networks and Clinical Leads to provide rapid advice.

During this process the quality and safety of commissioned services remains really important. The standards and patient outcomes will be jointly agreed, reported and monitored as they are now.

Providers will be given a commissioning framework to enable regional/supra regional working which may be different from current models of delivery with a financial framework that supports new models.

Prioritises services so that providers are not expected to return to pre-COVID business as usual but are delivering those services that are needed to minimise harm.

Protects and supports fragile specialised services in Wales.

Maintains clear dialogue with NHS England to ensure clear understanding of flows into services in English providers.

Provides clarity and builds confidence with patients.



## Appendix 1 - Risk Assessment Process during COVID-19

Commissioning Team	Service	Provider	Current contracting/Baseline	Waiting list position	Provider position (from their Corporate plans)	Service position (if provided their own assessment to you)	Unintended consequence	Critical Care beds required?	Part of a pathway that starts in Wales but ends in England?	Policy position (evidence base)	Recovery plan	Monitoring arrangements	Opportunities	Current risk rating - April 2020

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Implementation of the Plan Development of the Plan	
Link to Integrated Commissioning Plan		
Health and Care Standards	Governance, Leadership and Accountability Safe Care Effective Care	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience		
Resources Implications		
Risk and Assurance		
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		
Choose an item.		

		Agenda Item	2.3
Meeting Title	<b>Joint Committee</b>	Meeting Date	12/05/2020
Report Title	Adult Thoracic Surgery for South Wales – Consultant Workforce Cover for the Major Trauma Centre – Detail of Joint Committee decisions		
Author (Job title)	Assistant Planning Manager (Cancer & Blood)		
Executive Lead (Job title)	Managing Director	Public / In Committee	Public
Purpose	To provide members with the detail of the decisions made at the July 2019 Joint Committee meeting regarding thoracic surgery consultant workforce cover for the major trauma centre and to clarify the agreed handling of the expected Society of Cardiothoracic Surgery (SCTS) Guidelines on the management of thoracic trauma.		
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"> <li><b>Note</b> the decisions made at the July 2019 Joint Committee meeting regarding thoracic surgery consultant workforce cover for the major trauma centre and that these took into account the anticipated SCTS guidance.</li> </ul>		

### Considerations within the report

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**

Further to the receipt in February 2020 of guidance from the Society of Cardiothoracic Surgeons (SCTS) on the management of thoracic trauma, the Managing Director provided an update to the Joint Committee in her report at the meeting held on 10 March 2020. The report provided the relevant recommendations and advised members that these would be reflected in the thoracic surgery and major trauma service specifications both of which were due to go out for consultation.

During the meeting, members were reminded that the Joint Committee had previously decided that the position with regard to the additional two consultant posts for the running of the thoracic surgery unit, would be reviewed prior to the appointment of the two surgeons and noted that the guidance from the SCTS would be one piece of evidence that would feed into that review and any subsequent decisions.

The detail of the original decisions made by the Joint Committee around thoracic surgery cover to the Major Trauma Centre was requested and is therefore provided in this report.

## **2.0 BACKGROUND**

At its meeting on 23 July 2019, the Joint Committee received a report which summarised the outstanding issues from the November 2018 Joint Committee meeting regarding the single site model for thoracic surgery based at Morriston Hospital, Swansea, and the progress in addressing those issues, and made recommendations regarding the future thoracic surgery consultant workforce model and emergency thoracic surgery cover for the Major Trauma Centre (MTC).

It was reported that the latest proposal had built on the consensus previously achieved regarding the appointment of a fourth consultant at University Hospital Wales (UHW) to support the opening of the MTC, that appointment being subject to ongoing evaluation including a 12 month review. Members noted that during that time the two thoracic centres would develop plans to work together developing a single emergency rota.

It was proposed that because of the uncertainty regarding the future consultant workforce requirements for the single thoracic surgery centre at Morriston Hospital, additional funding for two posts be allocated within the revenue requirements of year 3 of the MTC business case when it was considered in September 2019. This would be in addition to the existing establishment of six posts. However funding release would be dependent on assessment of real world experience, updated activity figures, a clearer understanding of the strategic issues highlighted above and the professional advice of the Society of Cardiothoracic Surgeons on emergency cover for major trauma centres.

Members noted this would ensure that a fully informed recommendation could be brought back to the Joint Committee for consideration well in advance of the move to a single site and that the new centre would open with the correct number of consultant thoracic surgeons to ensure a safe and sustainable service.

### **3.0 ASSESSMENT**

The minutes of the July 2019 Joint Committee meeting show that members resolved to “support the allocation of funding for an additional two consultant surgeons (in addition to the existing establishment of six) from the MTC business case when the new single centre at Morrison Hospital is opened – the funding release for which will be dependent on consideration by the Joint Committee of the real world experience of the MTC, updated activity figures, a clearer understanding of the strategic issues highlighted above and the formal professional advice of the SCTS on emergency cover for major trauma centres.” (Minute Ref: JC19/023).

### **4.0 RECOMMENDATIONS:**

Members are asked to:

- **Note** the decisions made at the July 2019 Joint Committee meeting regarding thoracic surgery consultant workforce cover for the major trauma centre and that these took into account the anticipated SCTS guidance.

### **5.0 APPENDICES / ANNEXES**

**Appendix A** Minutes from the Joint Committee meeting held on 23 July 2019

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Implementation of the Plan	
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	Safety is considered in the position paper from the SCTS.	
Resources Implications	The report reminds members that the release of funding for an additional two consultant surgeons (in addition to the existing establishment of six) from the MTC business case when the new single centre at Morrison Hospital is opened would be dependent on consideration by the Joint Committee of a number of factors including the formal professional advice of the SCTS on emergency cover for major trauma centres.	
Risk and Assurance	The report provides detail on previous decisions made by the Joint Committee.	
Evidence Base	Position paper from the SCTS on the Provision of Cardiothoracic Surgical Cover for Trauma in United Kingdom and Ireland	
Equality and Diversity	There are no equality and diversity implications associated with this report.	
Population Health		
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.		

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

held on 23 July 2019 at  
Education Centre, University Hospital Llandough,  
Penlan Road, Penarth, CF64 2XX

### Members Present:

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

### Deputies Representing Members:

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

### Apologies:

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

### In Attendance:

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

Andrew Champion

Iolo Doull

Rosemary Fletcher

Tom Kaijaks

Andrea Richards

Melanie Wilkey

Assistant Director, Evidence Evaluation,  
WHSSC

Deputy Medical Director

Director, NHS Wales Health Collaborative

Financial Management Graduate Trainee,

Hywel Dda UHB

Specialist Services Planning Manager, WHSSC

Head Of Outcomes Based Commissioning,  
CVUHB

**Minutes:**

Michaela Henderson (MH) Corporate Governance Officer, WHSSC

The meeting opened at 13:30hrs



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

	<p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the content of the Report.</li> </ul>
JC19/023	<p><b>Adult Thoracic Surgery for South Wales – Consultant Workforce</b></p> <p>The Joint Committee received a report which summarised the outstanding issues from the November 2018 Joint Committee meeting regarding the single site model for thoracic surgery based at Morriston Hospital, Swansea, and the progress in addressing those issues, and made recommendations regarding the future thoracic surgery consultant workforce model and emergency thoracic surgery cover for the Major Trauma Centre (MTC).</p> <p>SL reported the latest proposal built on the consensus previously achieved regarding the appointment of a fourth consultant at University Hospital Wales (UHW) to support the opening of the MTC, that appointment being subject to ongoing evaluation including a 12 month review. Members noted that during that time the two thoracic centres would develop plans to work together developing a single emergency rota.</p> <p>SL also reported that because of the uncertainty regarding the future consultant workforce requirements for the single thoracic surgery centre at Morriston Hospital, it was proposed that additional funding for two posts be allocated within the revenue requirements of year 3 of the MTC business case when it was considered in September 2019. This would be in addition to the existing establishment of six posts. However funding release would be dependent on assessment of real world experience, updated activity figures, a clearer understanding of the strategic issues highlighted above and the professional advice of the SCTC on emergency cover for major trauma centres. Members noted this would ensure that a fully informed recommendation could be brought back to the Joint Committee for consideration well in advance of the move to a single site and that the new centre would open with the correct number of consultant thoracic surgeons to ensure a safe and sustainable service.</p> <p>LR noted the fourth consultant post at UHW would be used to create better links between CVUHB and SBUHB and to that end the appointed consultant would hold a number of sessions at the new thoracic surgery centre as well as UHW.</p> <p>SHG reported the Implementation Board and a number of Task and Finish Groups were already up and running and working well with both managerial and clinical engagement and that the timeline was working towards inclusion in the 2020-21 IMTP process. Members noted there were a number of potential revenue and capital funding issues which would need to come back to Joint Committee for discussion.</p>



LR brought to Members attention the issue of how Junior Doctor's rotas would be disaggregated between thoracic surgery and cardiac surgery.

Members noted the Implementation Board Risk Register was drafted from the provider perspective and that it should be drafted from the commissioner perspective.

**ACTION:** It was agreed the Implementation Board Risk Register would be brought to the September meeting for discussion.

In respect of lessons learned, CJ noted the CHC's had questioned the openness of the Independent Panel. SL noted that the methodology had been approved by the Joint Committee and that the Joint Committee had previously complimented WHSSC on using the same internationally recognised methodology due to its robustness. Members agreed there were no concerns regarding the integrity of the process and that the issue was not so much the methodology employed but how outcomes could be shared more broadly and assistance given to the CHCs to help them understand the process.

Members resolved to:

- **Note** the work that has been undertaken by the medical directors of CVUHB and SBUHB as well as the WHSS Team to develop workforce proposals for the consultant thoracic surgical service; and
- **Support** the appointment of an additional consultant thoracic surgeon, funded through the MTC work stream, to support implementation of the MTC from April 2020 initially on an interim basis, pending clarity of level of need; and
- **Support** the allocation of funding for an additional two consultant surgeons (in addition to the existing establishment of six) from the MTC business case when the new single centre at Morrison Hospital is opened – the funding release for which will dependent on consideration by the Joint Committee of the real world experience of the MTC, updated activity figures, a clearer understanding of the strategic issues highlighted above and the formal professional advice of the SCTC on emergency cover for major trauma centres; and
- **Note** the information set out in the May Joint Committee paper which provided assurance around the caveats identified by the affected health boards and the requirement for a report on the lessons learned from the engagement and consultation exercise; and
- **Support** the recommendations going forward to the six affected health boards and agreed that they be asked to confirm their unconditional approval for a single adult Thoracic Surgery Centre based at Morriston Hospital, Swansea.



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

	<p>AR reported the WHSS Team, as instructed by the WHSSC Management Group, would be approaching Welsh Government under 'Healthier Wales' for funding for the Home IV service as an alternative to considering it under the 2020-21 ICP.</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><b>ACTION:</b> 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> <p>Members were assured that there was no concern over future revenue as the service was not taking beds out of the system and that there would be better clinical provision at new unit.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the information presented in the report; and</li> <li>• <b>Approve</b> the release of funding from the 2019-20 ICP slippage to recruit to the remaining posts in Phase 2 Part A to support the current cohort and the continued development of the satellite clinics; and</li> <li>• <b>Support</b> taking forward the case for a recurrent Home IV service and satellite clinic staff to the 2020-21 ICP, in the event that Welsh Government declined separate 'Healthier Wales' funding.</li> </ul>
JC19/026	<p><b>Integrated Performance Report</b></p> <p>The Joint Committee received the report which provided members with a summary of the performance of services commissioned by WHSSC for April 2019 and details the action being undertaken to address areas of non-compliance.</p> <p>KP reported that work was ongoing to provide a more up-to-date report with a better structure in due course.</p> <p>Members noted the services in escalation. KP reported that since the report had been written, the Bariatric Surgery service at SBUHB had been taken out of escalation.</p> <p>Members noted there had been no need to outsource patients from CVUHB to support the BMT service as previously anticipated, as CVUHB was managing those patients through dialogue and personalised management plans. Members further noted the newly refurbished Haematology Ward would be up and running within the next week or so.</p>



	<p>Members noted a full paper on the Sarcoma service was due to be presented at the September Management Group meeting.</p> <p>SD reported that data issues at NHS Wales Informatics Service had meant the WHSS Team was not receiving live RTT data but that work arounds had been put in place.</p> <p>GJ noted Welsh Government had made £50M available for performance management of RTT for specialised services and requested further information on the allocation of those funds. SD reported the WHSS Planning Team was committed to absolute transparency as to where those resources had been allocated to ensure no duplication and effective management of those resources going forward.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"><li>• <b>Note</b> the content of the performance report and the actions undertaken to address areas of non-compliance.</li></ul>
JC19/027	<p><b>Finance Report Month 3 2019-20</b></p> <p>The Joint Committee received the report the purpose of which was to set out the financial position for WHSSC for the third month of 2019-20.</p> <p>Members noted the financial position reported at Month 3 for WHSSC was an under spend of £600k and a forecast year end under spend of £2,831k.</p> <p>SD reported Welsh Government had reached an agreement with NHS England over the previous year's HRG4+ repricing and the 2019-20 tariff uplift and that Welsh Government had agreed to fund the £8-10M gap.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"><li>• <b>Note</b> the current financial position and year-end forecast.</li></ul>
JC19/028	<p><b>Reports from the Joint Sub-Committees</b></p> <p><b>Management Group Briefings</b> The Joint Committee <b>received</b> the Management Group Briefings from the meetings held on 23 May 2019 and 27 June 2019.</p> <p><b>All Wales Individual Patient Funding Request Panel</b> The Joint Committee <b>received</b> the July 2019 report.</p> <p><b>Integrated Governance Committee</b> The Joint Committee <b>received</b> the July 2019 report.</p> <p><b>Quality and Patient Safety Committee</b> The Joint Committee <b>received</b> the July 2019 report.</p>





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NHS

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

JC19/029

**Date and Time of Next Meeting**

The Joint Committee noted the next scheduled meeting would take place at 13:00 on 16 September 2019 at Conference Room, WHSSC, Unit G1 The Willowford, Main Avenue, Treforest, CF37 5YL

The meeting closed at 14:22

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

**Date:** .....





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

		Agenda Item	3.1
Meeting Title	Joint Committee	Meeting Date	12/05/2020
Report Title	WHSSC Corporate Risk and Assurance Framework		
Author (Job title)	Business Support Officer		
Executive Lead (Job title)	Committee Secretary	Public / In Committee	Public

Purpose	The purpose of this report is to provide Members with an update on the WHSSC risk management framework as at 29 February 2020 and the approach being taken to risk management during the COVID-19 pandemic.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee		Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the update provided within the report and that this describes the risks being managed in WHSSC commissioned services prior to the COVID-19 outbreak;</li> <li>• <b>Note</b> the approach being taken to risk management during the COVID-19 pandemic; and</li> <li>• <b>Receive assurance</b> that risks are being appropriately assessed and managed.</li> </ul>		

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

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



## **1.0 SITUATION**

The purpose of this report is to provide Members with an update on the WHSSC risk management framework as at 29 February 2020. Members will note that this describes the risks being managed prior to the COVID-19 outbreak. The report also describes the approach being taken to risk management of WHSSC commissioned services during the COVID-19 pandemic.

## **2.0 BACKGROUND**

The Corporate Risk and Assurance Framework (CRAF) summarises the key 'live' risks that WHSSC recognises and details actions being taken to mitigate and manage them. Due to reporting time lags the CRAF describes those risks being managed at February 2020, prior to the COVID-19 outbreak. Risks arising in services during the outbreak are being managed on a separate risk register as they are specific to the outbreak. There will be a process of review and correlation between the COVID-19 risk register and the CRAF so that any risks arising in services in the longer term will be assessed using the process described below and will be included on commissioning team risk registers and the CRAF, as appropriate.

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

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

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

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

The CRAF is considered at the WHSSC Internal Risk Management Group. This leads to an enhanced focus on risk management generally and an improved level of triangulation between provider performance and risk for commissioning risks.

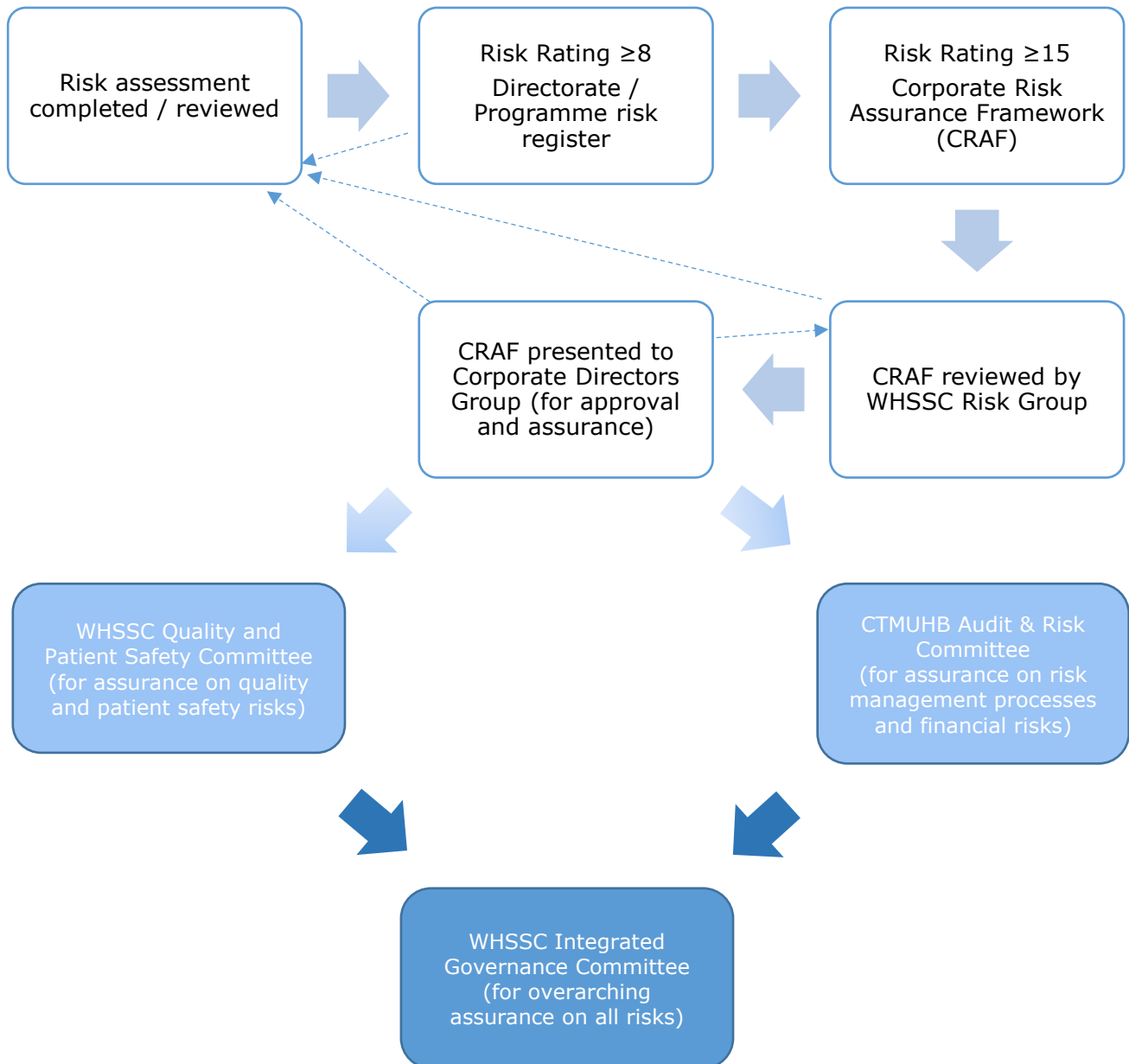
The CRAF is reported routinely to the WHSSC Corporate Directors Group, Integrated Governance Committee and the Quality and Patient Safety



Committee. The CRAF is also reported into the Cwm Taf Morgannwg UHB Audit & Risk Committee.

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

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





### 3.0 ASSESSMENT

3.1 There are currently **28** risks that attract a rating of 15 or above on the risk register.

3.2 Since the last report **3** risk has been added to the register, namely:

- NC/046 Specialised Neuropsychiatry
- CT/044 TAVI: SBUHB
- CH/030 All Wales Lymphoma Panel

3.3 Since the last report, **2** risks have been removed from the register; namely:

- WC/038 Baha and Cochlear
- CH/036 Sarcoma

### 4.0 RISK ASSESSMENT PROCESS DURING COVID-19

During this period of heightened risk associated with COVID-19, the WHSS Planning team have populated a risk assessment (outside of the normal CRAF process) of how essential specialised services are impacted by the pandemic.

The assessment sets out the providers of the services and the level of service currently being provided where known, the most recent waiting list position, the requirements for critical care and the unintended consequences of the service ceasing or being heavily reduced. This assessment is dynamic and continues to be updated as position statements are received from providers, allowing the team to continually monitor the changing position.

There is a designated contact within Cardiff and Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB) to whom specialised services queries are directed. This helps ensure that we do not take up the time of our usual clinical contacts. The health board contacts provide us with regular updates on services as they change. The Betsi Cadwaladr Health Emergency Control Centre is communicating any proposed changes to specialised services pathways that they instigate locally or are made aware of by English providers. Updates have directly been received from a number of English providers largely via the WHSSC contracting leads. These updates are also added to the risk assessment of specialised services.

The services have been RAG rated – five red rated services – Cardiac Surgery and Thoracic Surgery for which many surgeries are time critical, Home Parenteral Nutrition which if not provided would result in patients being admitted to hospital for feeding, CAMHS when there was the concern that the service was going to discharge patients to increase hospital capacity and the



Burns Service in Morriston Hospital when it had to close to admissions for a 36 hour period which had an effect on the National Burns capacity as the second step down facility for Burns patients from NHS England. A further 14 services have been rated as amber. These include services such as Cochlear Implants and Cleft, Lip and Palate where a delay in surgery would lead to developmental delays for children and those services such as Paediatric Surgery and Neurosurgery which were already experiencing significant waiting times for treatment.

## **5.0 SERVICES IN ESCALATION AT JANUARY 2020**

The table below shows the services that WHSSC has placed at stages 2 and above of the escalation process as at January 2020.

In accordance with instructions from Welsh Government and to support the NHS in Wales to plan for the response to the COVID-19 pandemic all routine meetings, including regular performance monitoring meetings, Service Level Agreement meetings and regular planning meetings between WHSSC and providers have been paused. This is described in the WHSSC Response Plan previously circulated to Joint Committee members.

Meetings are being held on an exception basis as required.



## 5.2 SERVICES IN ESCALATION AS AT JANUARY 2020

Speciality	Level of Escalation	Mitigating action[s]	Movement from previous month
<b>Cardiac Surgery</b>	2	Performance meetings continue bi-monthly with SBMUHB	→
	3	Monthly performance meetings continue with C&VUHB	→
	2	Performance meetings continue bi-monthly with LHCH	→
<b>Thoracic surgery</b>	2	Bi-monthly performance meetings continue with SBMUHB and C&VUHB.	→
<b>Lymphoma Panel</b>	2	Performance meetings are in place with the All Wales Lymphoma Panel (CVUHB and SBMUHB).	→
<b>Plastic Surgery</b>	2	Monthly performance meetings continue with SBMUHB	→
<b>Neurosurgery</b>	2	The zero breaches over 36 weeks continues to be maintained for a 3rd month and we will be looking to de-escalate the service if improvements continue to be made in reducing the number of patients waiting over 26 weeks	→
<b>CAMHS</b>	3	An action plan has been developed with BCUHB and significant improvements to workforce issues have been made in last 3 months.	→
	3	The CAMHS service in South Wales at Ty Llidiard was escalated straight to level 4 following inpatient incident leading to a temporary closure of the unit. Site visit and findings from QAIT report led to unit being reopened to admissions on case by case basis and de-escalated to Level 3 with action plan developed.	→
<b>Paediatric Surgery</b>	2	The service has reported 48 breaches over 36 weeks. The service remains at escalation level 2	→
<b>Paediatric Intensive Care</b>	2	The 7th bed has now opened within the unit. The service remains at level 2 and will continue to be monitored until the effects of the additional capacity is noted.	→
<b>Sarcoma</b>	2	WHSSC has arranged weekly input into MDT from surgeon at Royal Orthopaedic. WHSSC is coordinating discussions with health board leads for cancer and radiology to reach an agreement on the diagnostic pathway in south east Wales.	→
<b>Alternative Augmentive Communication (AAC)</b>	2	Bi-monthly meetings being re-instated with the service from December 2019 to understand the reasons why patients are waiting in excess of the 26 weeks RTT target.	→
<b>CTMUHB Cochlear Service</b>	4	There has been a temporary suspension of the cochlear services in CTMUHB which has been made by the commissioner, as a result of staffing shortfalls. There have been a series of discussions between the CTM and Cardiff and Vale UHB regarding the future short and medium term delivery plan for the service	↓

## Key

→	Level of escalation remains the same as previous month
↓	Level of escalation has increased from previous month
↑	Level of escalation has decreased from previous month



## 6.0 RECOMMENDATIONS

Members are asked to:

- **Note** the update provided within the report and that this describes the risks being managed in WHSSC commissioned services prior to the COVID-19 outbreak;
- **Note** the approach being taken to risk management during the COVID-19 pandemic; and
- **Receive assurance** that risks are being appropriately assessed and managed.





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

February 2020									
Risk Reference	Description of risk identified	Score (last reported) JAN 20			Current Score FEBRUARY 2020			Overall Trend	Last Review By Directorate/ Programme Team
		Safe	Sustainable	Effective	Safe	Sustainable	Effective		
<b>Lung Resection</b> CH/011	Risk to patient o/comes and quality of service due to insufficient capacity in South Wales service	9	16	6	9	16	6	→	13/03/2020
<b>PET-CT</b> CH/013	Capacity for PET-CT in south Wales - There is a risk that waiting times for PET-CT in south Wales will increase and exceed the target of 10 working days.	8	16	12	8	16	12	→	13/03/2020
<b>Plastic Surgery</b> CH/018	Failure to achieve the maximum waiting times target in ABMUHB	6	1	15	6	1	15	→	13/03/2020
<b>PET-CT POLICY</b> CH/024	Sub-optimal management of cancers excluded by current commissioning policy.	12	1	20	12	1	16	→	13/03/2020
<b>NETs</b> CH/028	Risk to sustainability of the service with respect to capacity; Inability to meet the T&F Group recommendations; Continued inequity between patients in N and S Wales	12	15	12	12	15	12	→	13/03/2020
<b>All Wales Lymphoma Panel</b> CH/030	Risk patients are not being treated in a timely way caused by not achieving turnaround times meeting required standards. This could lead to poorer patient outcomes.	6	8	8	6	8	15	↓	13/03/2020
<b>ACHD</b> CT/032	Delivery and sustainability of ACHD service South Wales.	16	16	16	16	16	16	→	24/02/2020
<b>CYSTIC FIBROSIS</b> CT/036 Formerly (WC/016)	Provision of Adult Cystic Fibrosis services.	8	20	16	8	20	16	→	24/02/2020

<b>CARDIAC SURGERY C&amp;VUHB</b>  <b>CT/037</b> (PREVIOUSLY CT/023)	Commissioning sufficient capacity for cardiac surgery to be delivered within waiting time standards.	10	9	20	10	9	20	→	24/02/2020
<b>PAEDIATRIC CHD</b>  CT/040	Delivery and sustainability of Paediatric CHD service South Wales.	16	16	16	16	16	16	→	24/02/2020
<b>TAVI: SBUHB</b>  CT/044	Delivery of a safe TAVI programme	0	0	0	15	12	12	↓	24/02/2020
<b>CAMHS</b>  MH/108	Limited current ability to manage funded capacity & case mix following a series of serious incidents and a sentinel event at the unit	20	20	20	20	20	20	→	04/03/2020
<b>Neuro rehabilitation</b>  NC/010	Patients not receiving their full potential due to lack of appropriate staff to support their rehabilitation.	16	12	16	16	12	16	→	28/02/2020
<b>Radiology</b>  NC/014	Interventional Radiology - Ability of Cardiff & Vale University Health Board to deliver the Interventional Radiology service at UHW.	20	20	20	16	16	12	→	28/02/2020
<b>Neuro-oncology</b>  NC/023	Delays in Neuro-oncology treatment due to the cancellation of MDT meetings if not all members are available or suitable cover in place. Inequitable care for patients in the North and the South and only 22% of patients are seen by a CNS	9	16	16	9	16	16	→	28/02/2020
<b>Posture and Mobility</b>  NC/026	Current arrangements are not conducive to ensuring a consistent and equitable service for	16	20	12	16	20	12	→	28/02/2020

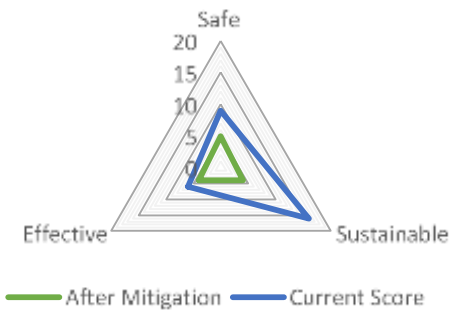
	the War Veterans and Civilians who require access to the CTM & BCU Prosthetics Service.								
<b>Ketogenic Diet</b> NC/031	The service was originally provided by North Bristol NHS Trust but ceased when Paed. Services in Bristol were consolidated into University Hospitals Bristol NHS Trust. Individual cases are currently funded through the IPFR system	16	16	12	16	16	12	→	28/02/2020
<b>Thrombectomy 4</b> NC/035	Safe and rapid transport to the specialist centre for patients who have been identified for this clinical treatment	20	20	16	20	20	16	→	28/02/2020
<b>Intestinal Failure</b> NC/043	There is a risk that patients who are already prescribed home parental nutrition are being hospitalised due to the HPN company suspending production of HPN due to an MHRA notice.	15	20	15	15	20	15	→	28/02/2020
<b>Neuroradiology - Service Development - Rapid Access to appropriate imaging</b> NC/044	Rapid access to appropriate imaging (Non contrast CT scan and CT Angiogram as a minimum)	20	20	16	20	20	16	→	28/02/2020
<b>ALAS Service - AAC</b> NC/045	AAC service - increase in waiting times and failure to deliver RTT along with the failure to provide timely waiting list and activity reports.	12	12	20	12	12	20	→	28/02/2020
<b>Specialised Neuropsychiatry</b> NC/046	Single handed Consultant and insufficient therapy staff i.e. no community SLT and Physiotherapy	0	0	0	12	20	20	↓	28/02/2020

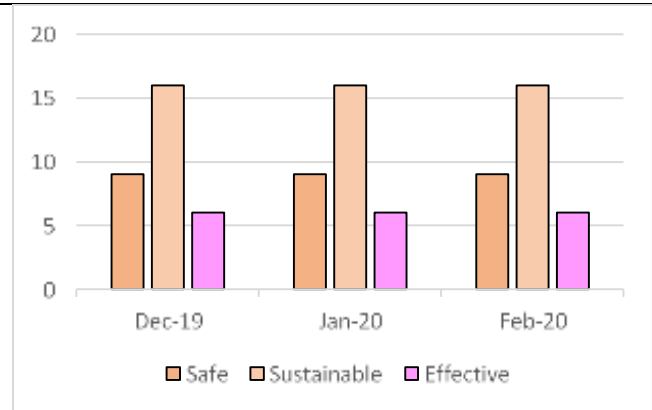
<b>Neonatal Transport</b> WC/018	Lack of 24/7 dedicated Neonatal transport in South Wales	12	4	16	12	4	16	→	04/03/2020
<b>Paediatric Endocrinology</b> WC/020	Inequitable service for Endocrinology patients in Wales.	6	20	16	6	20	16	→	04/03/2020
<b>Paediatric Rheumatology</b> WC/022	Limited service in South Wales high risk of unsustainability	9	20	16	9	20	16	→	04/03/2020
<b>Neonatal Transport</b> WC/037	Significant gaps in documentation kept and there is no clear governance lead which poses significant safety and effective risks.	16	4	12	16	4	12	→	04/03/2020
<b>BAHA and Cochlear CTM</b> WC/045	Serious concerns for the quality and patient safety of the service delivered in CTM UHB	25	25	20	25	25	20	→	04/03/2020
<b>Paediatric Surgery – Children’s Acute Theatre</b> WC/046	Paediatric Emergency surgery is undertaken in main theatres alongside adult patients resulting in a number of operational and quality issues.	9	20	20	9	20	20	→	04/03/2020

## Key

→	Level of escalation remains the same as previous month
↓	Level of escalation has increased from previous month
↑	Level of escalation has decreased from previous month

CH/011	<b>Thoracic Surgery</b> <b>Risk:</b> Sustainability of south Wales thoracic surgery service. There is a risk that the current service will not be able to meet the requirement for a dedicated thoracic surgery out of hours rota. This is caused by changes in cardiac and thoracic surgery training and practice (phasing out dual practice / thoracic only out of hours rota). This would lead to the inability to provide a 24/7 rota for thoracic surgery which would mean a safe service could not be sustained.	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 02/10/2013 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 13/03/2020
FEB 2020		

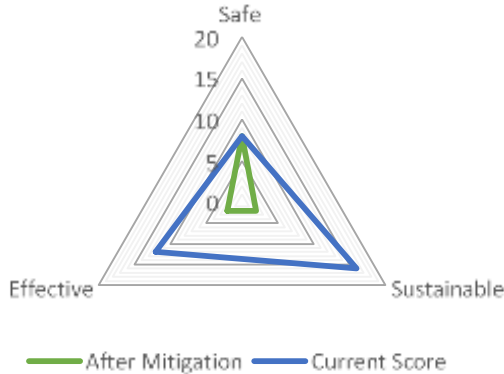
Risk Rating				WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective		
After Mitigation	5	4	4	 <p>Safe 20 15 10 5 0 Effective Sustainable</p> <p>— After Mitigation — Current Score</p>	
Current Score	9	16	6		

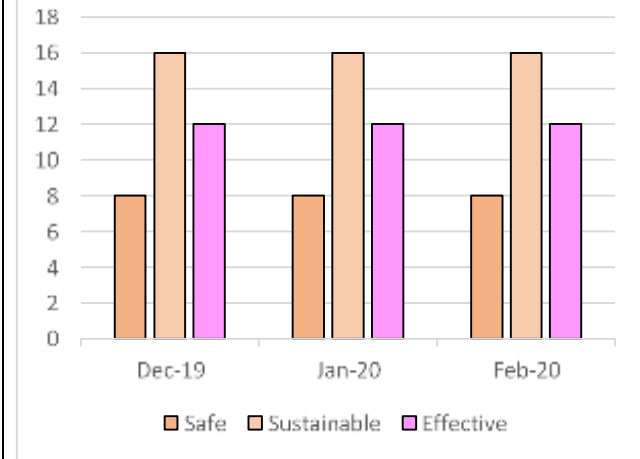


**Escalation Narrative:** Level 2. Bi-monthly performance meetings in place.

Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
i) Health Boards agreed the recommendation for a single centre at Morriston Hospital in Nov 2018; ii) Strategic review of the future service model for thoracic surgery is now in the implementation phase led by SBU (work currently being undertaken on the workforce model); iii) CVU: substantive third surgeon in post; iv) CVU additional theatre list is unlikely to become available but every opportunity to backfill cardiac surgery is taken. v) SBU: arrangements for weekend working in place; vi) Service Level Agreement activity is being delivered in both centres.	Implementation of Thoracic Surgery Review Recommendations	Managing Director	01/09/2021
	Monthly performance meetings with CV UHB	DoP	Next meetings: CV: 17/04/20
	Develop the consultant thoracic surgeon workforce requirement (to meet future demand, provide 24/7 on call, inc. cover for MTC) and make recommendation to Joint Committee	DoP	Complete
	Provide commissioner perspective and input to the Implementation Project Board led by Swansea Bay UHB to support the sustainability of the service through transition to the new centre s	DoP	Monthly meetings: on-going; next meeting 27/03/20

CH/013	<b>PET-CT</b> <b>Risk:</b> There is a risk that waiting times for PET-CT in south Wales will increase and exceed the target of 10 working days. This is caused by Increasing demand (current and new indications) relative to current capacity. This would lead to : i) Risk of delay to treatment leading to poorer patient outcomes (including disease progression affecting treatment choice and outcome; poorer survival); Failure to achieve cancer waiting times targets.	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
FEB 2020		<b>Date first assessed</b> 01/11/2016 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> C&B Commissioning 13/03/2020

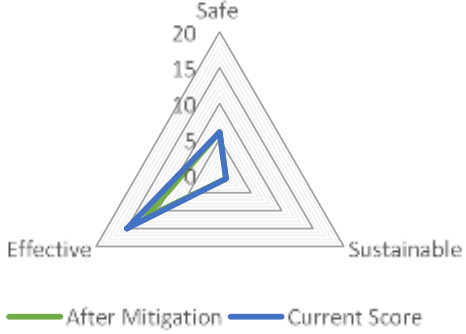
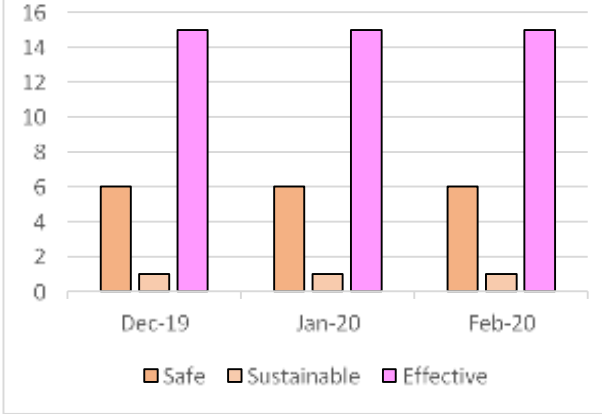
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	8	2	2	 <p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom-left), and 'Sustainable' (bottom-right). Concentric triangles represent score levels from 0 to 20. A green line represents 'After Mitigation' scores: Safe=8, Sustainable=2, Effective=2. A blue line represents 'Current Score' scores: Safe=8, Sustainable=16, Effective=12.</p>
Current Score	8	16	12	



#### Escalation Narrative:

Current Control Measures in Place	Description of further Control Measures Required		
WHSSC is taking steps to commission additional interim capacity via a mobile scanner. PETIC implementing contingency plans to maximise throughput to cope with increasing demand. WHSSC is leading the development of a PET strategy for increasing capacity in the short, medium and longer term to meet the expansion in clinical indications for PET over the next 10 years. WHSSC has appointed a PET programme manager. Mobile PET capacity commissioned and expected to commence in May 2020. (Risk will remain red until the mobile service starts).	Action	Lead	By when
	Agree the PET strategy	Managing Director	1-5 YEARS
	Commission mobile PET scanning capacity	Planning Manager	In Progress

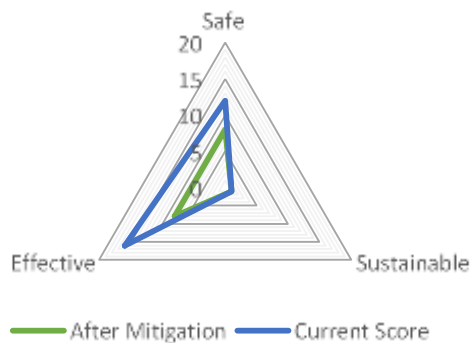
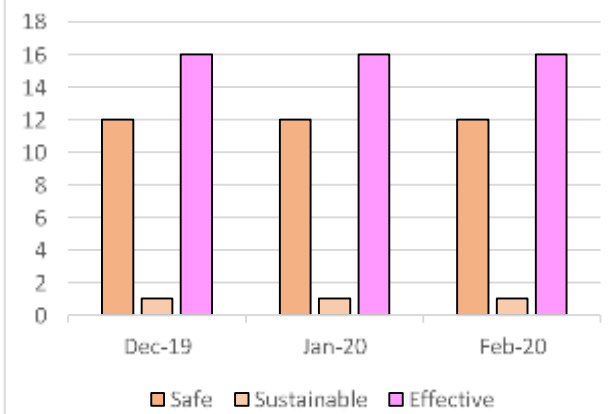
CH/018	<b>PLASTIC SURGERY</b>	<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
FEB 2020	<b>Risk:</b> There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.	<b>Date first assessed</b> 17/03/2014 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 13/03/2020

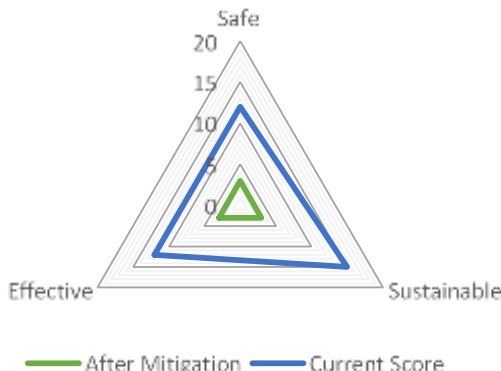
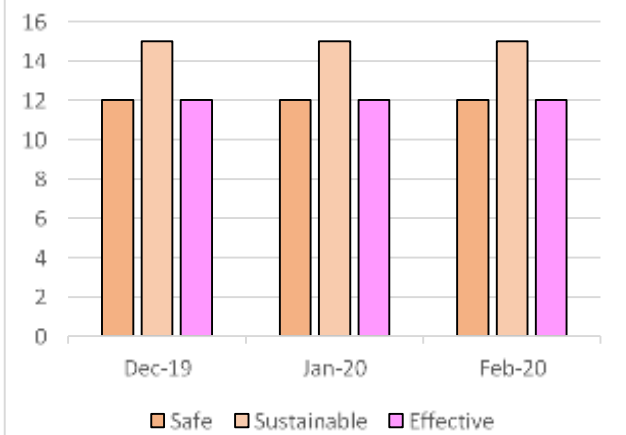
Risk Rating				WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective		
After Mitigation	6	1	12	 <p>— After Mitigation — Current Score</p>	
Current Score	6	1	15		
					

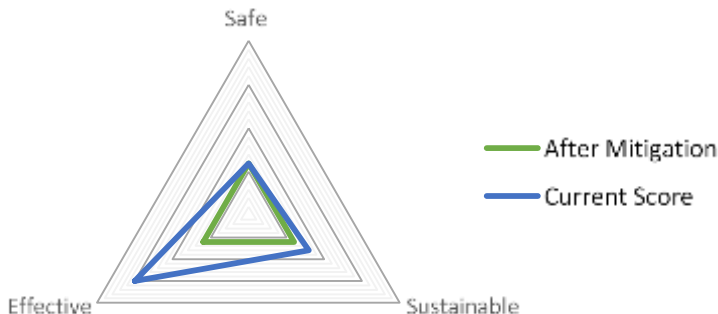
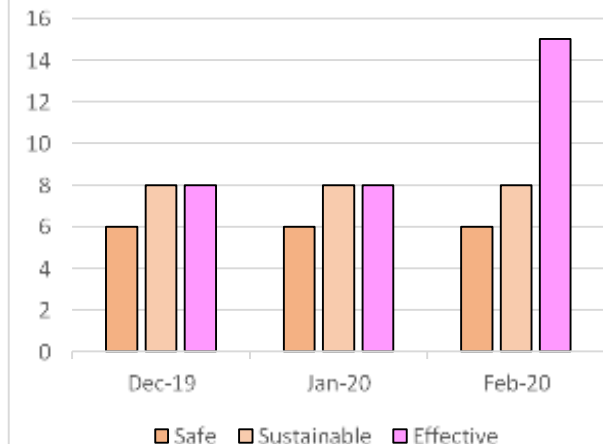
**Escalation Narrative:** Level 2. Monthly performance meetings in place.

Current Control Measures in Place		Description of further Control Measures Required		
i) Performance management arrangements escalated to monthly executive performance meetings. ii) Delivery plan implemented by SBUHB including hand locum appointed; outsourcing selected cases; balancing lists across surgeons. iii) New day case treatment centre opened since August currently treating 12 cases a day. However, waiting lists continue to increase due to anaesthetic constraints and unscheduled pressures on Morriston. Clinical meeting held in January 2020 to discuss options for treating patients with very long waits. WHSSC has written formally to request the health board's plan to the long waiters.		Action	Lead	By when
		Monthly performance management meetings	DoP	Next meeting: 27/04/20 TBC
		Clinically review list of long-waiting patients	Associate Medical Director	Ongoing
		Revise plastic surgery contract	DoF	Mar-20
		Develop commissioning policy to identify those specialised plastic surgery procedures that require the unique skills of plastic surgery	Planning Manager	Mar-20


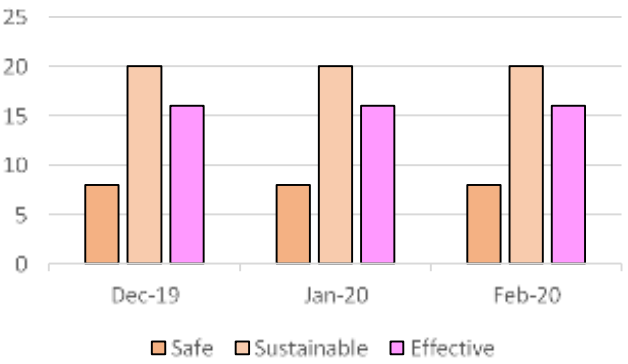



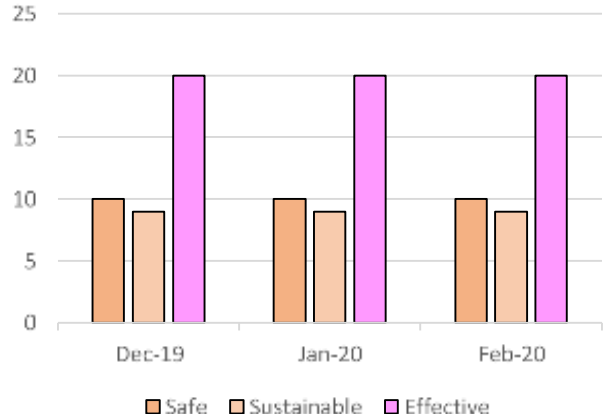
CH/024	<b>PET – CT POLICY</b> <b>Risk:</b> There is a risk of less than optimal clinical management decisions for patients in Wales and inequity with patients in others parts of the UK. This is caused by relatively limited access to PET-CT under the current commissioning policy. This leads to: <ul style="list-style-type: none"><li>- risk of sub-optimal management of indications excluded by the current commissioning policy;</li><li>- potential for sub-optimal patient outcomes;</li><li>- potential that patients receive unnecessary procedures or procedures of limited benefit;</li><li>- sub-optimal utilisation of scarce healthcare resources</li></ul> The reputation of WHSSC is also at risk as the current PET-CT policy excludes some of the indications included in the NHS England and NHS Scotland policies creating inequity of access across the UK.			<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 01/04/2017 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 13/03/2020			
FEB 2020							
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>			
	Safe	Sustainable	Effective				
After Mitigation	8	1	8				
Current Score	12	1	16				
<b>Escalation Narrative:</b> BMT service in escalation (level 2). The patient risks associated with inadequate facilities form part of the reason for escalation.							
<b>Current Control Measures in Place</b>				<b>Description of further Control Measures Required</b>			
Patients will continue to be managed via existing diagnostic pathways. As currently, the site specific MDTs will determine best management on the diagnostic and imaging information available. New indications have been agreed within the ICP 2020/21.				<b>Action</b>		<b>Lead</b>	<b>By when</b>
				Update policy with indications agreed for 20/21		ADEEE	May-20
				To implement the WHSSC ICP scheme for PET (new indications): request the release of funding		DoP	May-20
				To include further development of PET within WHSSC ICP 2021/22		DoP	July-20

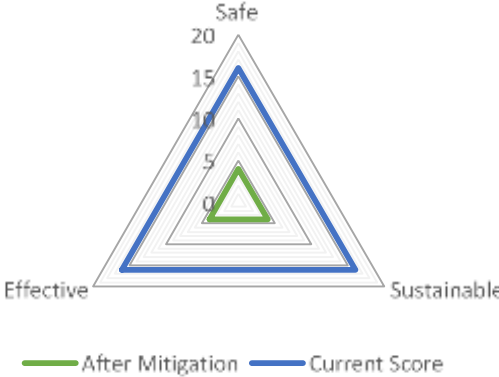
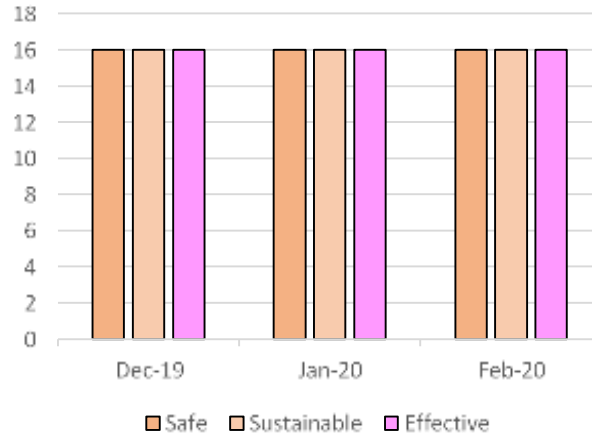
CH/028	<b>NETs – Sustainability of NETs south Wales service</b> <b>Risk:</b> There is a risk to NET service sustainability in south Wales. This is caused by dependence on a single NET consultant and rising patient demand relative to commissioned capacity. This would lead to: • Clinic capacity insufficient to meet demand (risk to the ability to monitor patients and manage their care appropriately and optimally through timely assessment) and intervention to treat this complex condition; inequity between north and south Wales; • An inability to meet the Task & Finish Group recommendations for the NET services in South Wales would lead to discontent amongst patient groups; • Failure to meet expectations that Welsh Government have made to patient groups; • Potential increase in patient complaints and litigation claims in terms of delay in diagnosis.			<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 01/04/2017 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 13/03/2020			
FEB 2020							
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>			
	Safe	Sustainable	Effective				
After Mitigation	3	3	3				
Current Score	12	15	12				
							
<b>Escalation Narrative:</b>							
<b>Current Control Measures in Place</b>				<b>Description of further Control Measures Required</b>			
ICP proposal funding was not approved in 2019-20; patients will be prioritised within available capacity according to clinical need. ICP proposal is funded in the ICP 20/21.				<b>Action</b>		<b>Lead</b>	<b>By when</b>
				To include in CIAG process for the ICP 2020-23.		DoP	Complete

CH/030	<b>All Wales Lymphoma Panel</b> <b>Risk:</b> Performance of All Wales Lymphoma Panel not achieving agreed KPI's. There is a risk that patients are not being treated in a timely way. This is caused by not achieving turnaround times that meet the required standards. This could lead to poorer patient outcomes.			<b>Director lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 22/11/2017 <b>Date last reviewed by Programme/Directorate:</b> C&B Commissioning 13/03/2020			
FEB 2020							
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>			
	Safe	Sustainable	Effective				
After Mitigation	6	6	6				
Current Score	6	8	15				
							
<b>Escalation Narrative:</b> Escalation level 2: not meeting KPIs							
<b>Current Control Measures in Place</b>				<b>Description of further Control Measures Required</b>			
Performance arrangements are in place, including submission of performance data and progress against the action plan, quarterly performance meetings between the directorate and the Cancer & Blood commissioning team. Formal letter has been sent from WHSSC to CVUHB to request explanation for poor performance and the plan to achieve the standard (80% reported within 8 days).				<b>Action</b>		<b>Lead</b>	<b>By when</b>
				Quarterly performance management meetings		DoP	Next meeting: 30/04/20
				Email CVUHB to request their plans regarding the imminent departure of one of the pathology consultants.		Planning Manager	Complete
				Write to CVUHB regarding the deterioration of KPIs		Planning Manager	Complete

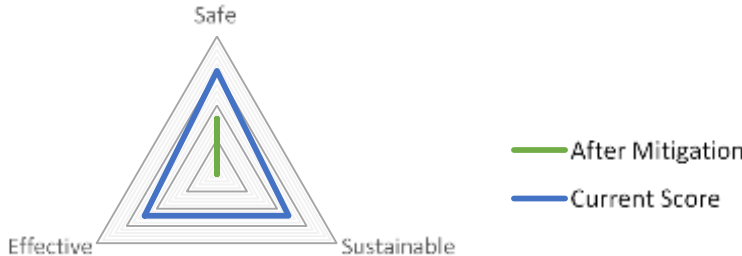
CT/032	<b>ACHD – Sustainability of the Adult Congenital Heart Disease Service</b> <b>Risk:</b> Inability to comply with national staffing levels. There is a risk that Adult patients with CHD are not receiving equitable and timely care due to lack of appropriate staff to support their needs. This could result in deterioration of condition.			<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 23/03/2018 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> Planning Mgr. 24/02/2020			
FEB 2020							
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>			
	Safe	Sustainable	Effective	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>			
After Mitigation	4	4	4				
Current Score	16	16	16				
				<p>18 16 14 12 10 8 6 4 2 0</p> <p>Dec-19 Jan-20 Feb-20</p> <p>Safe Sustainable Effective</p>			
<b>Escalation Narrative:</b>							
<b>Current Control Measures in Place</b>				<b>Description of further Control Measures Required</b>			
Phase 1 of the investment in ACHD fully implemented all staff are in post. Medical and nursing staff undertaking additional clinics to meet demand.				<b>Action</b>		<b>Lead</b>	<b>By when</b>
				Business Case received for funding release. Being reviewed by commissioning team before proceeding to funding release		Planning Manager	01 April 2020

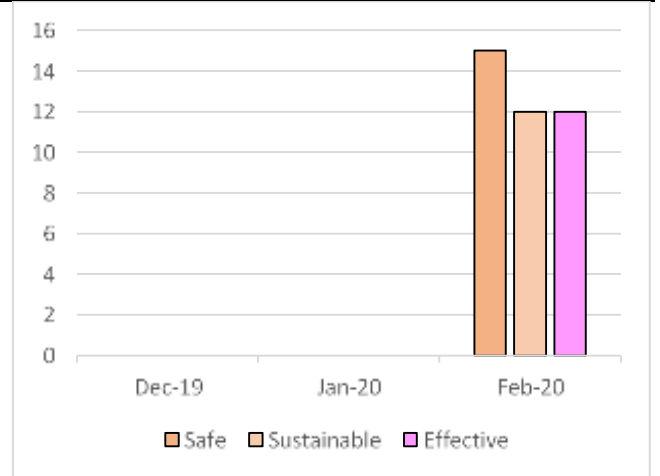
CT/036 (formerly WC/016)  FEB 2020	<b>CYSTIC FIBROSIS</b> <b>Risk:</b> There is a risk that patients with CF will not be able to access inpatient care in a timely manner due to insufficient numbers of beds. This could result in patients' condition deteriorating.			<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee			
				<b>Date first assessed</b> 17/03/2017 <b>Date last reviewed by Programme/Directorate:</b> Planning Mgr. 24/02/2020			
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>			
	Safe	Sustainable	Effective				
After Mitigation	3	3	3				
Current Score	8	20	16				
<b>Escalation Narrative:</b>							
<b>Current Control Measures in Place</b>				<b>Description of further Control Measures Required</b>			
<ul style="list-style-type: none"><li>•Capital business case under development by C&amp;VUHB for additional inpatient beds.</li><li>•Phase 1 of the CF investment for MDT and part year effect of the Premixed IV Antibiotic Service approved in July 2018.</li><li>•ICP funding for Phase 2 cannot be progressed until the capital case and timeline has been provided by the Health Board/Welsh Government.</li><li>•Additional MDT staffing proposal and the full proposal for the IV service agreed through the ICP 2020/21 planning and investment cycle.</li></ul>				<b>Action</b>		<b>Lead</b>	<b>By when</b>
				Capital business case to be submitted to Welsh Government by C&VUHB.		C&VUHB	Ongoing
				Recurrent Funding released for Home IV antibiotic service and satellite clinic staff which supports the lack of available in-patient capacity. Further funding release paper to be presented to Management group in April for release of funding to increase in-patient capacity		Planning Manager	April 2020

CT/037 (formerly CT/023)	<b>CARDIAC SURGERY C&amp;VUHB</b>			<b>Executive lead:</b> Director of Planning	
FEB 2020	<b>Risk:</b> There is a risk of patients waiting in excess of the agreed waiting times for Cardiac Surgery which could result in their condition deteriorating whilst on the waiting list or having poorer outcomes.			<b>Assuring Committee:</b> Quality and Patient Safety Committee	
				<b>Date first assessed</b> 09/07/2018	
				<b>Date last reviewed by</b> <b>Programme/Directorate:</b> Planning Manager 24/02/2020	
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>	
	Safe	Sustainable	Effective		
After Mitigation	5	2	2		
Current Score	10	9	20		
<b>Escalation Narrative:</b> The service has been escalated to Stage 3 and a performance quality visit took place on the 19th February. Ongoing Monitoring of additional actions are ongoing					
<b>Current Control Measures in Place</b>			<b>Description of further Control Measures Required</b>		
Regular monitoring of data and monthly meetings with C&VUHB.			<b>Action</b>		<b>Lead</b>
			Implementation of performance management arrangements, with providers to ensure delivery of contracted levels of operating.		Planning Manager
			Outsourcing arrangements being taken forward by Cardiff and Vale UHB to reduce the number of long waiting patients		Planning Manager
					<b>By when</b>
					On-going
					1 April 2020

CT/040	<b>PAEDIATRIC CONGENITAL HEART DISEASE (CHD)</b> <b>Risk:</b> Delivery and sustainability of Paediatric CHD service South Wales. Children are waiting in excess of the agreed waiting times for cardiology follow up which has the risk of their condition deteriorating whilst on the waiting list or poorer outcomes.			<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 13/07/2018 <b>Date last reviewed by</b> <b>Programme/Directorate:</b> Planning Manager 24/02/2020			
FEB 2020							
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>			
	Safe	Sustainable	Effective				
After Mitigation	4	4	4				
Current Score	16	16	16				
<b>Escalation Narrative:</b>							
<b>Current Control Measures in Place</b>				<b>Description of further Control Measures Required</b>			
Paediatric CHD risk highlighted as part of the business case submitted by C&VUHB in 2016. Funding was provided for C&VUHB Paeds Cardiology to address RTT further business case awaited to address the regional service.				<b>Action</b>		<b>Lead</b>	<b>By when</b>
				C&VUHB Consultants are undertaking additional clinics to support and manage the risk from long waiting times.		C&VUHB	On-going
				Funding proposal agreed via CIAG for implementation in the 2020/23 ICP. HB to agree with WHSSC date for submission of fully worked up business case		Planning Manager	01 April 2020

CT/044	<b>TAVI: SBUHB</b> <b>Risk:</b> Delivery of safe TAVI programme. There is potential risk to patients following 4 SI's relating to vascular complications. There is a lack of assurance regarding the quality of the TAVI service at SBUHB following the SI's due to insufficient information provided by the HB regarding actions taken.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
FEB 2020		<b>Date first assessed</b> 24/02/2020 <b>Date last reviewed by Programme/Directorate:</b> Planning Manager 24/02/2020

Risk Rating				WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	 <p>Safe</p> <p>Effective</p> <p>Sustainable</p> <p>— After Mitigation</p> <p>— Current Score</p>	
After Mitigation	4	4	4		
Current Score	16	16	16		

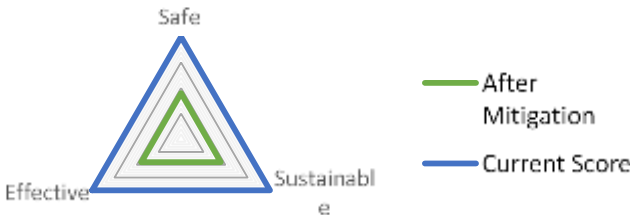
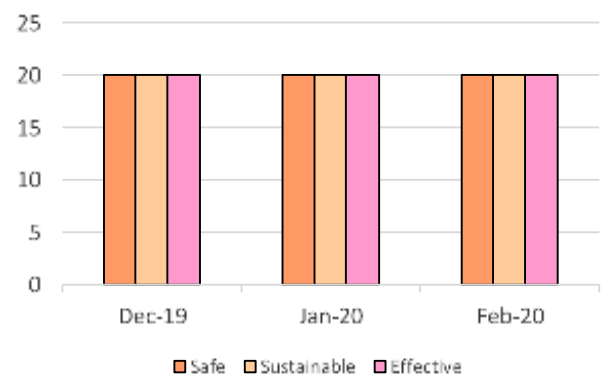


**Escalation Narrative:** The service is in escalation following a number of SI's and insufficient assurance received from the HB regarding the actions taken to address the issues

Current Control Measures in Place	Description of further Control Measures Required		
Service escalated to Stage 3, WHSSC Escalation process. Quality Visit to take place in March 2020	Action	Lead	By when


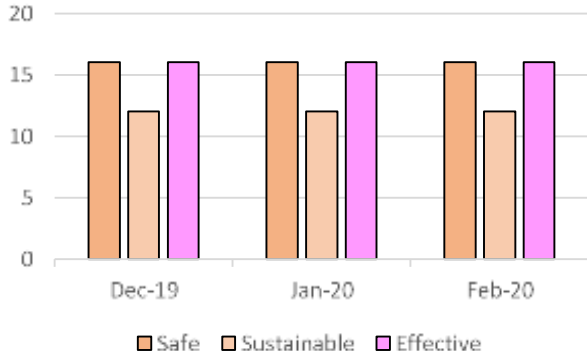


MH/108	<b>CAMHS</b>	<b>Director lead:</b> Director of Planning
FEB 2020	<b>Risk:</b> Ty Llidiard Capacity Issues. Reduced ability to manage funded capacity & case mix following a series of serious incidents and a sentinel event at the unit. Changes to environment have been completed and progress made against action plan. Unit operating normally subject to enhanced patient acuity levels.	<b>Assuring Committee:</b> Quality and Patient Safety Committee
		<b>Date first assessed</b> 10/11/2017
		<b>Date last reviewed by</b> 04/03/2020
		<b>Programme/Directorate:</b> Carl SHORTLAND

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

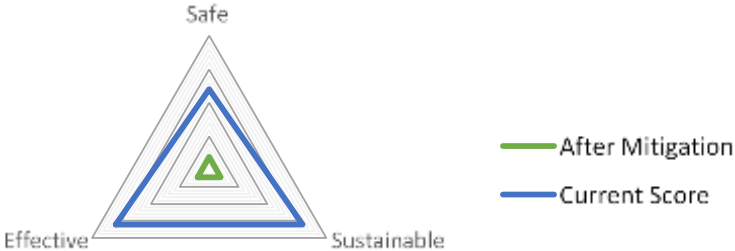
**Escalation Narrative:** Service is at Level 3 escalation and WHSSC/Cwm Taf are holding regular action planning meetings. Review of estate environment completed and funding secured from WG but progress delayed due to LHB changes. All admissions to unit continue to be risk assessed on individual needs basis.

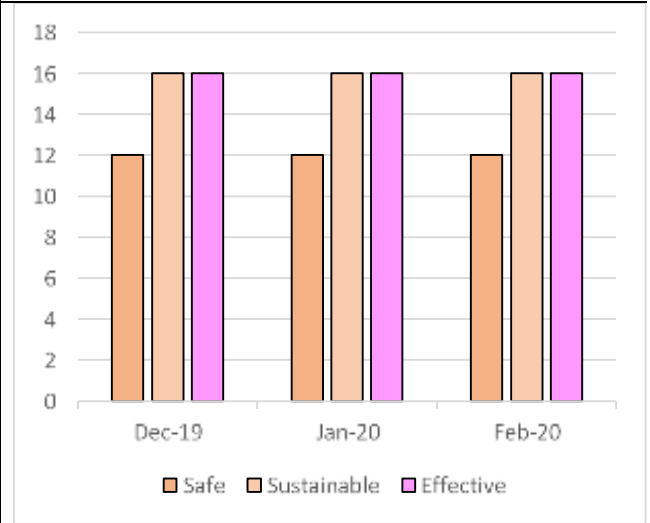
Current Control Measures in Place	Description of further Control Measures Required		
Unit was temporarily closed to new admissions pending quality review by Quality Assurance & Improvement Team. Individual risk assessments updated and shared with patients LHBs. Service placed into stage 4 escalation by WHSSC with enhanced monitoring and support arrangements. Service de-escalated to level 3 following receipt of QAIT report with all issues incorporated into wider summary action plan that is regularly monitored by WHSSC and updated at escalation meetings.	Action	Lead	By when
	Audit Visit & Report	QAIT	w/c 26/03/2018
	De-escalated following receipt and evaluation of QAIT review and feedback with Cwm Taf at Visit on 5th April 2018	WHSSC DoN	De-escalated following receipt and evaluation of QAIT review and feedback with Cwm Taf at Visit on 5th April
	Stage 3 Escalation. Commissioning Quality Visit completed & regular action planning meetings being held. Environmental changes have been complete and new access arrangements implemented.	CTUHB DPCMH/WHSSC DoN	Ongoing
	Meetings to discuss number of serious incidents held with LHB and progress reported. This work will continue with Quality team until all incidents on log are closed. .	Cwm Taf/ WHSSC	Ongoing
	Consultation closed on draft service specification for enhanced care services including outcome measures. WHSSC to engage with providers re: development of business cases for new capacity/service. Escalation level to be reviewed after follow up visit by QAIS.	Cwm Taf/WHSSC	Ongoing

NC/010	<b>NEURO REHABILITATION</b> <b>Risk:</b> There is a risk that patients within the neuro rehabilitation setting are not receiving their full potential due to lack of appropriate staff to support their rehabilitation.			<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee		
FEB 2020				<b>Date first assessed</b> 25/04/2017 <b>Date last reviewed by Programme/Directorate:</b> Sp. Planning Mgr. 28/02/2020		
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>		
	Safe	Sustainable	Effective			
After Mitigation	4	9	4			
Current Score	16	12	16			
						
<b>Escalation Narrative:</b>						
<b>Current Control Measures in Place</b>		<b>Description of further Control Measures Required</b>				
Funding to address the most concerning of staffing deficits and provide an MDT Co-ordinator to allow the service to input data into the national UKROC database was approved in June 2019. The Band 7 OT and SLT posts have been appointed to and will start in April 2020. Job matching the admin post. A member of staff is working part time to support the team. The service are aiming to start using UKROC from April 2020.		<b>Action</b>			<b>Lead</b>	<b>By when</b>
		Scheme submitted for ICP but not agreed for funding in 2018-21. Resubmitted for 2019-22 funding agreed. Cardiff and Vale to submit a business case			Planning Manager	Complete
		Proforma completed Oct 18. Rated 15th in prioritisation process. Funding agreed ICP 19-22			Planning Manager	Complete
		£150k agreed funding ICP 19-22 to fund outreach service and coordinator. Funding release letter to service.			Planning Manager	Complete
		Update from service Nov 2019 that they were still recruiting to the posts. Another scheme for a Prolonged Disorders of Consciousness service which would improve the staffing further against the BSRM standards within the Neuro-rehabilitation service at Rookwood was considered as part of the 2020-23 ICP prioritisation and we await to see if it is supported as part of the overall ICP in Joint Committee, 6th January 2020.				



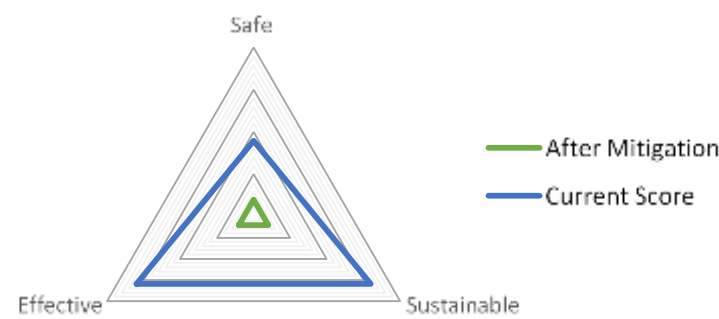
NC/014	<b>RADIOLOGY - INTERVENTIONAL RADIOLOGY</b> <b>Risk:</b> There is a risk to patients of not being able to receive INR treatment locally due to the south Wales service only having one Interventional Neuro Radiologist.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
FEB 2020		<b>Date first assessed</b> 01/03/2017 <b>Date last reviewed by Programme/Directorate:</b> Sp. Planning Mgr. 28/02/2019

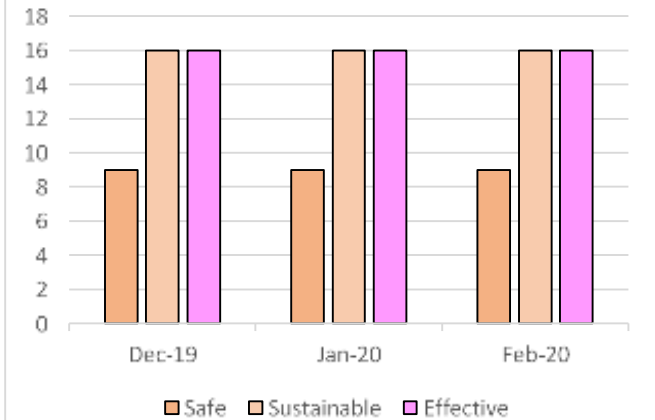
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	2	2	2	
Current Score	12	16	16	



Escalation Narrative:			
Current Control Measures in Place		Description of further Control Measures Required	
Supporting arrangements have been put in place with North Bristol NHS Trust. 2nd Consultant Radiologist commenced in October 19. New Consultant, mentorship arrangements are in place for 6 months with the expectation of Bristol to support, when the other Consultant is away. Increase in activity prior to new Consultant joining the team but there has been a 'cleansing' of the waiting lists for both angiograms and DSAs and these are continuing to improve.		Action	Lead
		Informal arrangements in place with North Bristol to provide support. Additional WLI planned for Aug 18. No further WLI's have been identified. Waiting times are increasing. Monitoring the position via the Neurosurgery Performance meeting.	Planning manager
		Interviews for 3rd Consultant Radiologist held and appointed. 3rd Consultant Radiologist to start in October 19	Planning Manager
		2nd Consultant Radiologist commenced in October 19. As new Consultant, mentorship arrangements in place for 6 months and expectation of Bristol to support when other Consultant is away.	Planning Manager

NC/023	<b>NEUROSURGERY – NEURO-ONCOLOGY</b> <b>Risk:</b> There is a risk to patients of a delay in Neuro-oncology treatment due to the cancellation of MDT meetings if not all members are available or suitable cover in place and of not receiving the most optimum treatment available to to lack of Radiological input. Inequitable care for patients in the North and the South with only 22% of patients are seen by a CNS.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
FEB 2020		<b>Date first assessed</b> 05/04/2017 <b>Date last reviewed by Programme/Directorate:</b> Sp. Planning Mgr. 28/02/2020

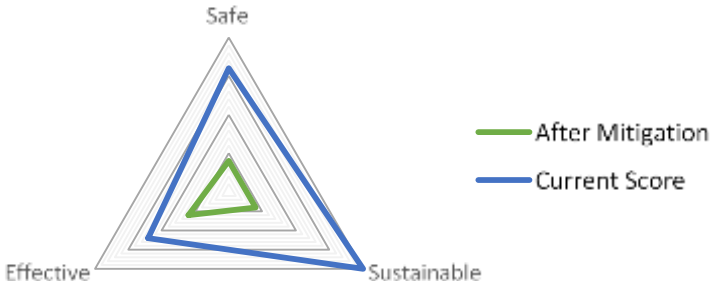
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	2	2	2	
Current Score	9	16	16	

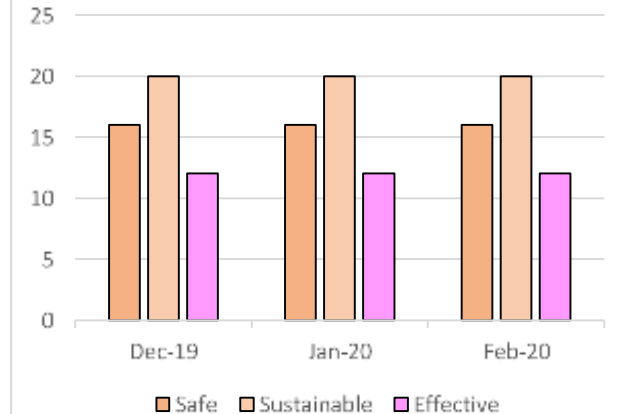


#### Escalation Narrative:

Current Control Measures in Place	Description of further Control Measures Required		
Funding to address the serious concerns raised in the peer review has been allocated within the 2019-22 ICP and will be released to the service by the end of Sept 2019 to allow for recruitment. Await appointment of staff before closing risk.	Action	Lead	By when
	Scheme submitted for ICP but not agreed for funding in 2018-21. Discussed at management group workshop 6/9/18. To be considered as part of the ICP 19-22 planning process.	Planning Manager	Complete Complete
	Funding of £150k has been set aside for the development of this scheme. A planned approach to delivering the scheme will be developed.	Planning Manager	Complete
	Scheme agreed by Management Group Sept 2019 for serious concerns identified by Peer Review. Funding released to service. Await appointment of staff before closing risk.		

NC/026	<b>Posture &amp; Mobility – Swansea Bay &amp; BCU - Prosthetics</b> <b>Risk:</b> There is a risk that civilian patients requiring are not receiving equitable access to the Prosthetics service due to the priority given to War Veterans. This is due to staffing levels and non pay funding not being increased to meet the expected KPIs for War Veterans.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
FEB 2020		<b>Date first assessed</b> 03/07/2017 <b>Date last reviewed by Programme/Directorate:</b> Sp. Service Planner 28/02/2020

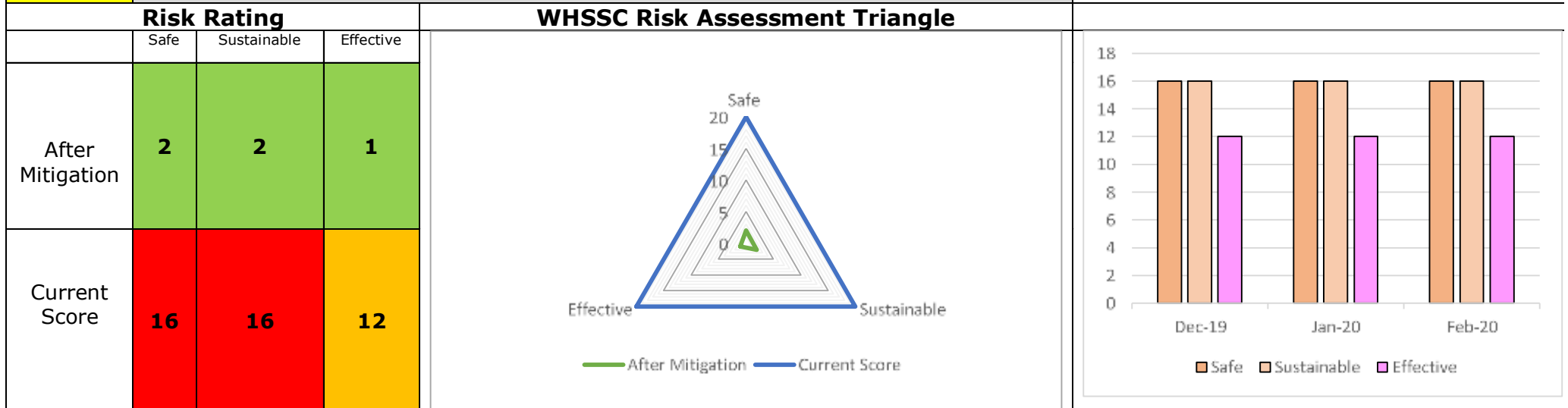
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	4	4	6	 <p>Safe</p> <p>Effective</p> <p>Sustainable</p> <p>— After Mitigation</p> <p>— Current Score</p>
Current Score	16	20	12	



#### Escalation Narrative:

Current Control Measures in Place	Description of further Control Measures Required		
Service are working increased overtime hours to meet the current levels of demand and as a consequence are significantly overspending against the budget. WHSSC are meeting regular with the prosthetic service to kept up to date of any new and emerging issues as well as current performance. A proposal to address the staffing and non pay shortfalls was submitted for inclusion in the 2019-22 ICP but the scheme was deemed as a low priority and funding was not allocated to this proposal. Will need to be re-considered in the 2020-23 ICP process and will be managed via the Risk Management Framework.	Action	Lead	By when
	Scheme submitted for ICP but not agreed for funding in 2018-21. To be included in the ICP 19-22. Policies are in the process of being updated. Rated 6th in the prioritisation process.	Planning Mgr	Complete
	Proforma completed by service with additional information on staff/patient ratios for the three services.	Planning Manager	Complete
	Considered in 2020-23 CIAG process. Scored as a low priority, further evidence from service on risks to consider inclusion in ICP as a service risk if not all CIAG schemes are funded.	Planning Manager	Ongoing
	The Swansea Bay Prosthetics as a service risk within our 2020-23 ICP and whilst we only have limited funding in our reserves which could be called on by a number of specialties, we are expecting an element funding to be provided to this service as some of the mitigations which were suggested when the scheme was submitted for inclusion in the previous year's ICP have been shown to not be deliverable i.e. such as transferring patients to Cardiff and risks have continued to increase. A paper will be submitted to MG.		

NC/031	<b>Ketogenic Diet – PAEDIATRIC NEUROLOGY</b> <b>Risk:</b> There is a risk that patients are not able to implement the Ketogenic Diet effectively due to lack of support from staff following the change of model when the service was transferred between providers and also that there is another cohort of patients not accessing the diet due to the distance to the specialist centre in Bristol. By not implementing the Diet effectively patients have a greater risk of not being able to control their Epilepsy and in the worst case scenarios, this has resulted in a Critical Care admission.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
FEB 2020		<b>Date first assessed</b> 15/01/2018 <b>Date last reviewed by Programme/Directorate:</b> Neuro 28/02/2020

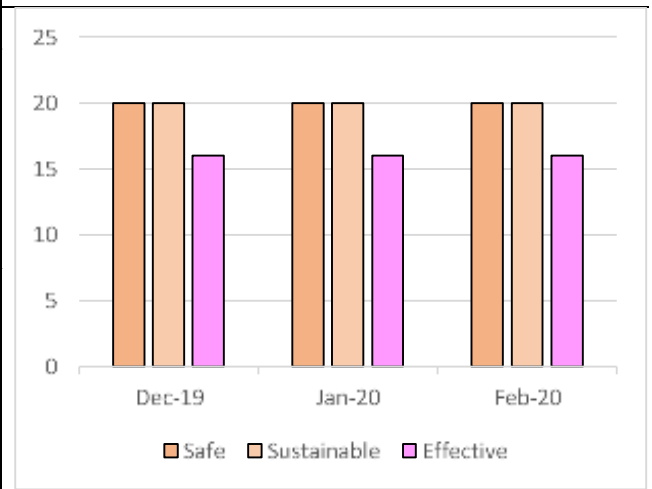


#### Escalation Narrative:

Current Control Measures in Place	Description of further Control Measures Required		
It was agreed as part of the development of the 2019-22 ICP that the service should be repatriated to the Children's Hospital of Wales and effectively staffed. Funding release paper submitted to February MG and approval was received. The service have been informed of the MG decision.	Action	Lead	By when
	Scheme to be submitted for ICP 19-22.	Planning Manager	Complete
	Proforma to be completed by Mid Oct 18. Rated 17th in the Prioritisation process. To be included in the ICP 19-22 as low cost, high gain.	Planning Manager	Complete
	Funding release paper to be submitted to Mgt Group. Query from service as to whether they could provide service due to shortages of Paediatric Neurology.	Planning Manager	Jan 20

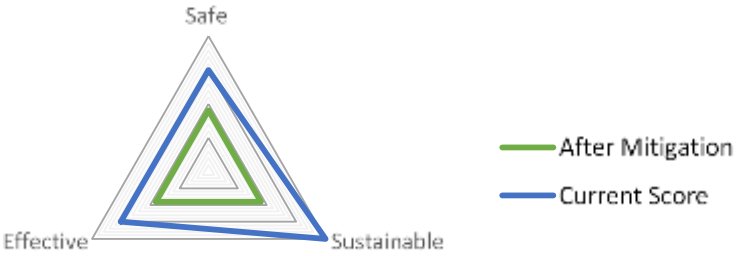
NC/035	<b>Thrombectomy - Neuroradiology - Service Development - Transport</b> <b>Risk:</b> Patients are at risk at not being able to access Thrombectomy treatment in NHS England until transport to repatriate patients following treatment is identified.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
FEB 2020		<b>Date first assessed</b> 01/04/2018 <b>Date last reviewed by Programme/Directorate:</b> Neuro 28/02/2019

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



Escalation Narrative:			
Current Control Measures in Place		Description of further Control Measures Required	
No current controls. WHSSC Managing Director is chasing EASC for written confirmation that they will repatriate Thrombectomy patients by private ambulance. EASC and Procurement have reported that there are two companies available to provide the service. Tenders have been rigorously assessed. Awarding of the contract should be completed by early March 2020.		Action	Lead
		Project Initiation Document and Service Specification completed and will be submitted to the weekly Corporate Directors meeting for discussion (Oct 18)	Planning Manager
		Proforma to be completed by Mid Oct 18. Was not prioritised in the Prioritisation process as WG/ JC had already agreed to support this service with a separate funding stream.	Planning Manager
		Arrangements in place with Walton, Stoke and Bristol to offer treatment until Cardiff service up and running. Repatriation arrangements to be formalised by EASC.	Planning Manager
			By when
			Complete
			Complete
			Ongoing

NC/043	<b>Intestinal Failure - Availability of Home Parental Nutrition</b> <b>Risk:</b> There is a risk that patients who are already prescribed home parental nutrition are being hospitalised due to the HPN company suspending production of HPN due to an MHRA notice. There is a risk to patients who are suitable but yet to access HPN that they are unable to be prescribed it resulting them only being able to access treatment in a hospital environment.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
FEB 2020		<b>Date first assessed</b> 31/07/2019 <b>Date last reviewed by Programme/Directorate:</b> Neuro 28/02/2020

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

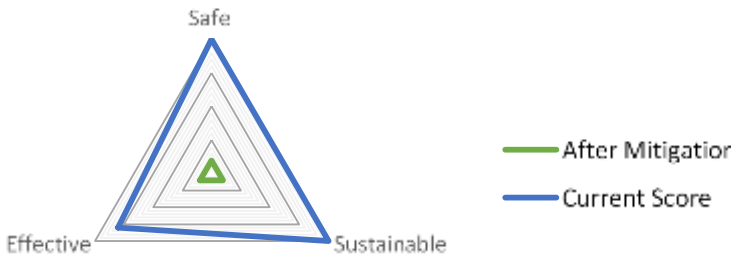
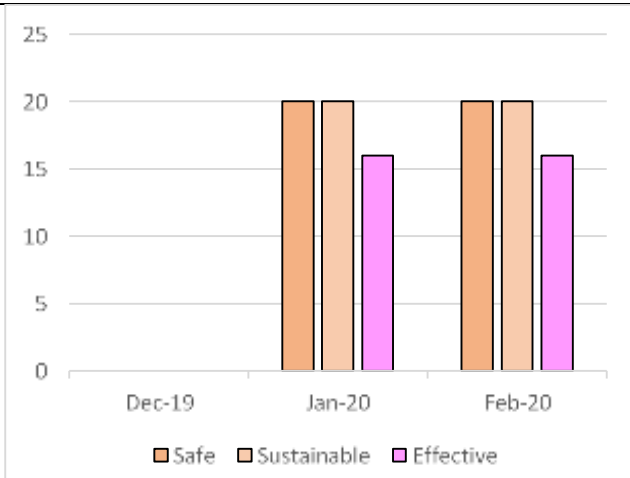
  

Category	Dec-19	Jan-20	Feb-20
Safe	15	15	15
Sustainable	20	20	20
Effective	15	15	15

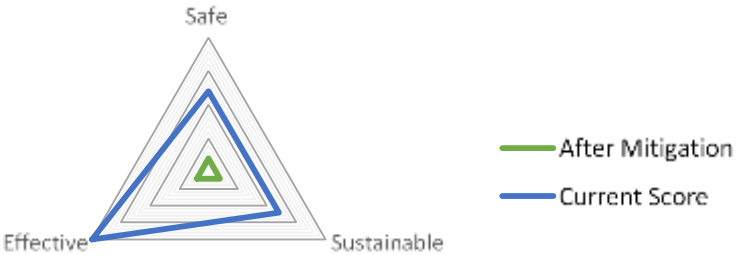
#### Escalation Narrative:

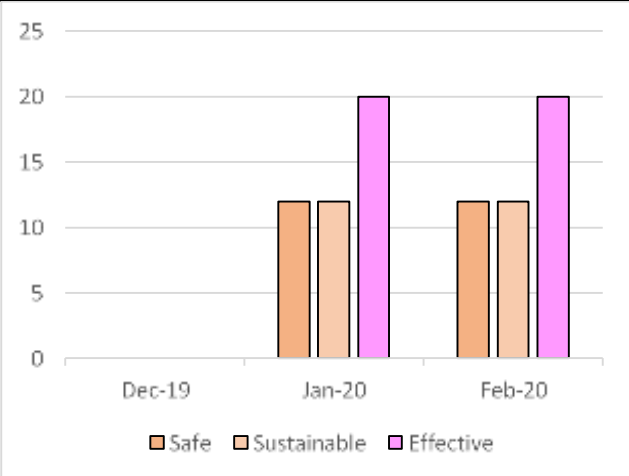
Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
Where possible local providers are making up HPN for patients or patients are being hospitalised where this is not possible. WHSSC Nurse Director is involved with daily calls with NHS England and Welsh Government who are trying to put solutions in place until the private company production issues are resolved. The Cardiff Pharmacy dept have an interim contingency plan in place to provide HPN to patients, if Calea are unable to do so. Following the ICP 20-23 prioritisation process this scheme was removed from the process however it was recognised that there were shortfalls in the Intestinal Failure service for south and parts of Mid Wales that were likely to require financial support in 2020-21 but a better understanding was required on the high level of growth in the service and the clear inequity in take up to commissioned service for patients in north Wales. Waiting for the service to provide an SBAR and business case. A meeting is scheduled on 4/3/20 with Procurement and Calea to discuss the ongoing operational issues.	SBAR constructed by service to Management Group		Jan 20



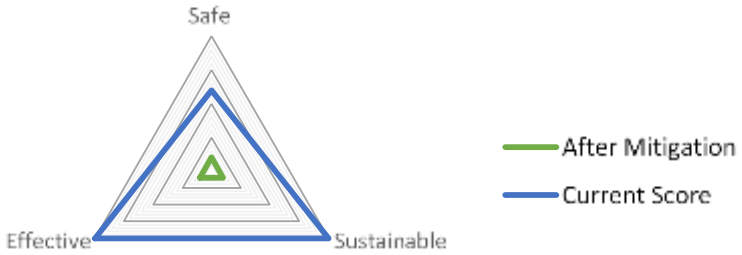
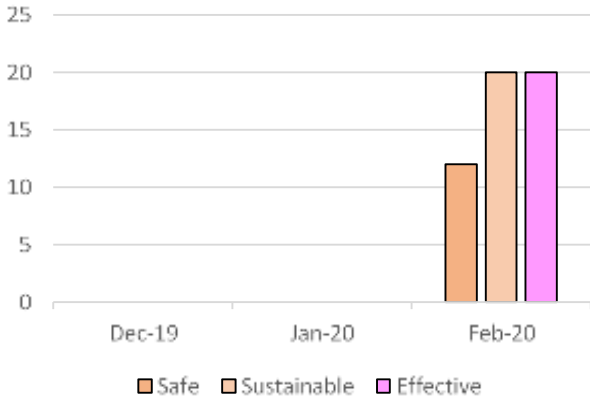
NC/044	<b>Neuroradiology - Service Development - Rapid Access to appropriate imaging</b>			<b>Executive lead:</b> Director of Planning			
	<b>Risk:</b> Rapid access to appropriate imaging (Non contrast CT scan and CT Angiogram as a minimum)			<b>Assuring Committee:</b> Quality and Patient Safety Committee			
FEB 2020				<b>Date first assessed</b> 16/01/2020			
				<b>Date last reviewed by Programme/Directorate:</b> Neuro 28/02/2020			
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>			
	Safe	Sustainable	Effective				
After Mitigation	2	2	2				
Current Score	20	20	16				
							
<b>Escalation Narrative:</b>							
<b>Current Control Measures in Place</b>				<b>Description of further Control Measures Required</b>			
4 Incidents reported to the Commissioning Team on 16/1/2020 of patients not being able to access Thrombectomy services due to the delay in images not being transferred in time from the South Wales Health Board to Bristol and patients missing the treatment window. An urgent call and email has been sent to Rommel Ravanan on 17/1/2020. Recommended for a consultant to consultant referral even before the images have been received by Bristol and Bristol to re- image the patient. Feb 20 two approaches to improve the PACS to PACS process and received quotes from Biotronics 3D the system used by Bristol.				<b>Action</b>		<b>Lead</b>	<b>By when</b>
				Work progressing to find a solution. Ongoing discussions with Bristol re PACS to Pacs or investing in 3D Biotronic.			Mar 20

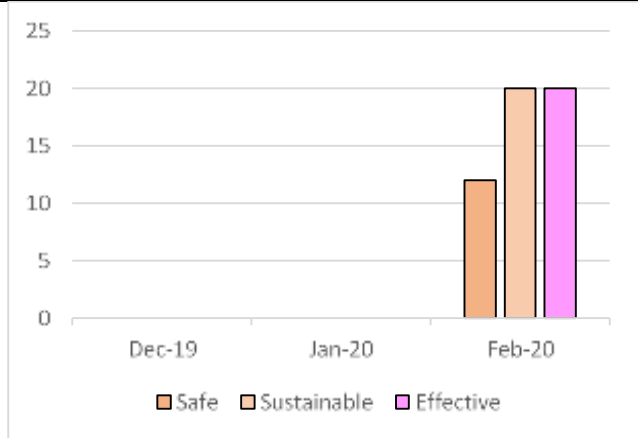
NC/045	<b>ALAS Service - AAC</b> <b>Risk:</b> AAC service - increase in waiting times and failure to deliver RTT along with the failure to provide timely waiting list and activity reports. The risk for WHSSC is that patients are not treated in a timely manner causing additional emotional stress and anxiety when their condition is life limiting e.g. Parkinson's, particularly as the service have received recurrent funding to deliver the service. Monitoring of performance i.e. waiting times and activity has been difficult due to the lack of information from the service.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee
FEB 2020		<b>Date first assessed</b> 27/11/2019 <b>Date last reviewed by Programme/Directorate:</b> Neuro 28/02/2020

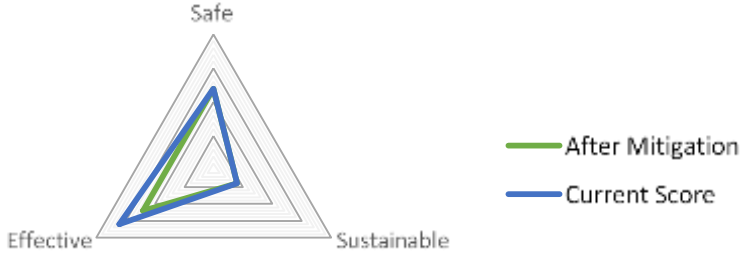
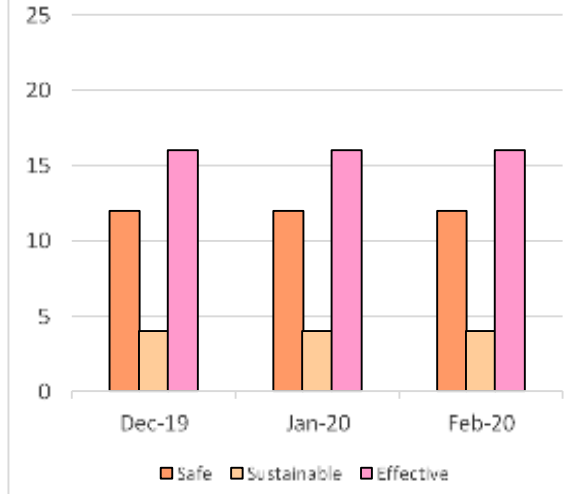
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	2	2	2	 <p>Safe</p> <p>Effective</p> <p>Sustainable</p> <p>— After Mitigation</p> <p>— Current Score</p>
Current Score	12	12	20	

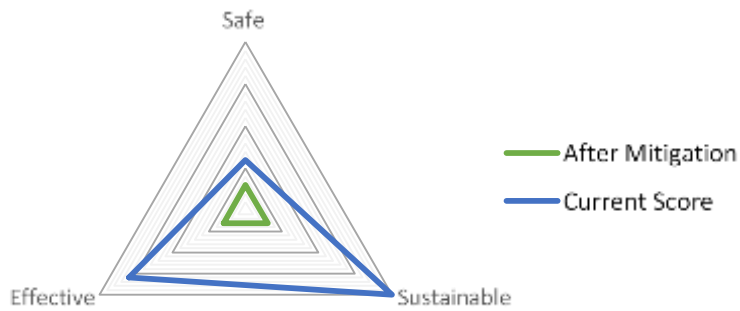
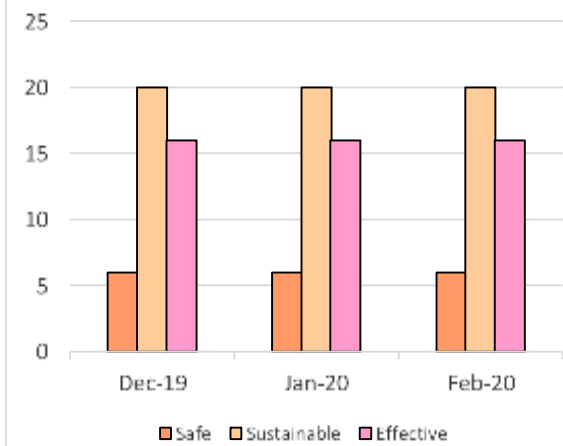


Escalation Narrative:			
Current Control Measures in Place		Description of further Control Measures Required	
AAC service has been placed in escalation level 2 and bi-monthly performance meetings have been arranged with the service. A second year review of the service is planned for 2020. WHSSC have made enquiries to find an external reviewer.	<b>Action</b>		<b>Lead</b>
	Bi monthly performance meetings have been instigated.		Planner
			<b>By when</b>

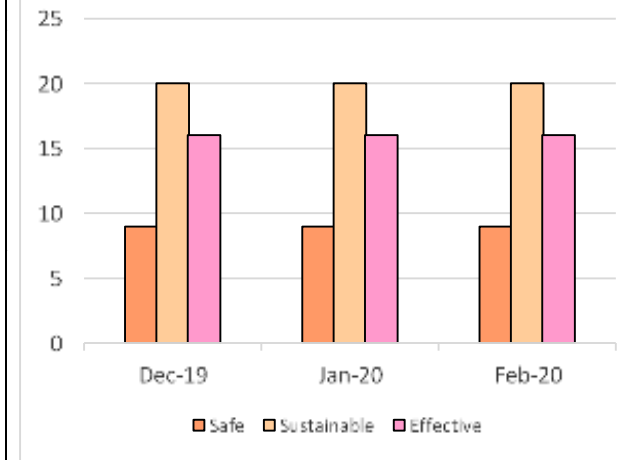
NC/046	<b>Specialised Neuropsychiatry</b> <b>Risk:</b> Single handed Consultant and insufficient therapy staff I.e. no community SLT and Physiotherapy. Patients not being able to be treated in a timely manner with the appropriate Therapy support. Long waiting times to access the service and lack of availability of step down facility to support the acute centre.			<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee			
FEB 2020				<b>Date first assessed</b> 12/02/2020 <b>Date last reviewed by Programme/Directorate:</b> Neuro 28/02/2020			
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>			
	Safe	Sustainable	Effective				
After Mitigation	2	2	2				
Current Score	12	20	20				
							
<b>Escalation Narrative:</b>							
<b>Current Control Measures in Place</b>				<b>Description of further Control Measures Required</b>			
The service have been requested to submit an SBAR to describe the risks in detail. A workshop is to be held to map the Neuropsychiatry pathway. Instigate a half yearly meeting with the service re performance. Develop engagement with the Neurorehabilitation service. Seek a representative for the Neurorehab meeting. Requested an SBAR and Business case from the service to outline the risks associated with this service.				<b>Action</b>		<b>Lead</b>	<b>By when</b>
				Met with the service on 12/2/20. Half yearly meeting to be arranged with the team. - June 2020. Requested an SBAR and Business Case from the service by the end of April 2020.		Planner and Quality Lead	30/04/2020

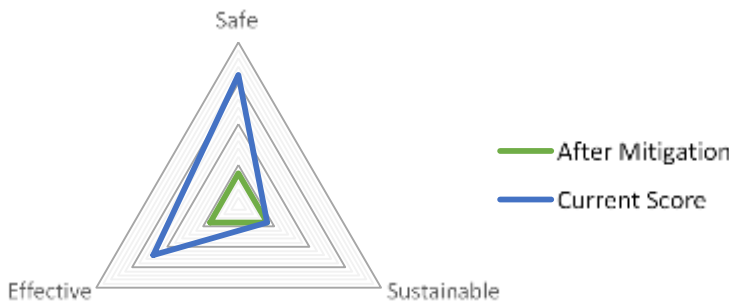
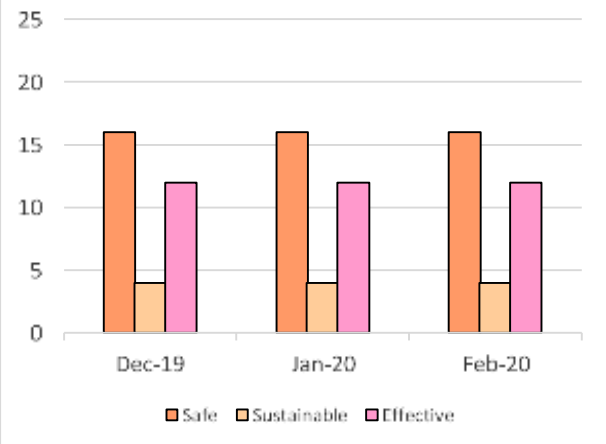


WC/018	<b>NEONATAL TRANSPORT</b>			<b>Executive lead:</b> Director of Planning		
FEB 2020	<b>Risk:</b> Lack of 24/7 dedicated Neonatal transport in South Wales. The risk is that babies who require transfer to another unit for a higher level of care during out of hours, will not have access to a neonatal transport team. This is caused by the fact that the commissioning of the neonatal transport service in South Wales is for Monday to Sunday 8am to 8pm. This may lead to neonates being cared for in appropriate area, where the necessary skills or equipment are not available or the patient being transferred out of Wales.			<b>Assuring Committee:</b> Quality and Patient Safety Committee		
				<b>Date first assessed</b> 26/04/2017		
				<b>Date last reviewed by</b> <b>Programme/Directorate:</b> KM 04/03/2020		
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>		
	Safe	Sustainable	Effective			
After Mitigation	12	4	12			
Current Score	12	4	16			
						
<b>Escalation Narrative:</b>						
<b>Current Control Measures in Place</b>			<b>Description of further Control Measures Required</b>			
Service review started 3rd July 2019 with external experts in the service, with a further meeting with key stakeholders on 31st July. The expert panel will produce a service review report by the end of August 2019. Revised Deadline for Review report November 2019.			<b>Action</b>		<b>Lead</b>	<b>By when</b>
			Action plan being monitored at monthly transport sub-group meetings.		Planner	ongoing
			Develop service specification for Neonatal Transport		Planner	May-20
			Implement interim solution for 24 hour service		Planner	May-20

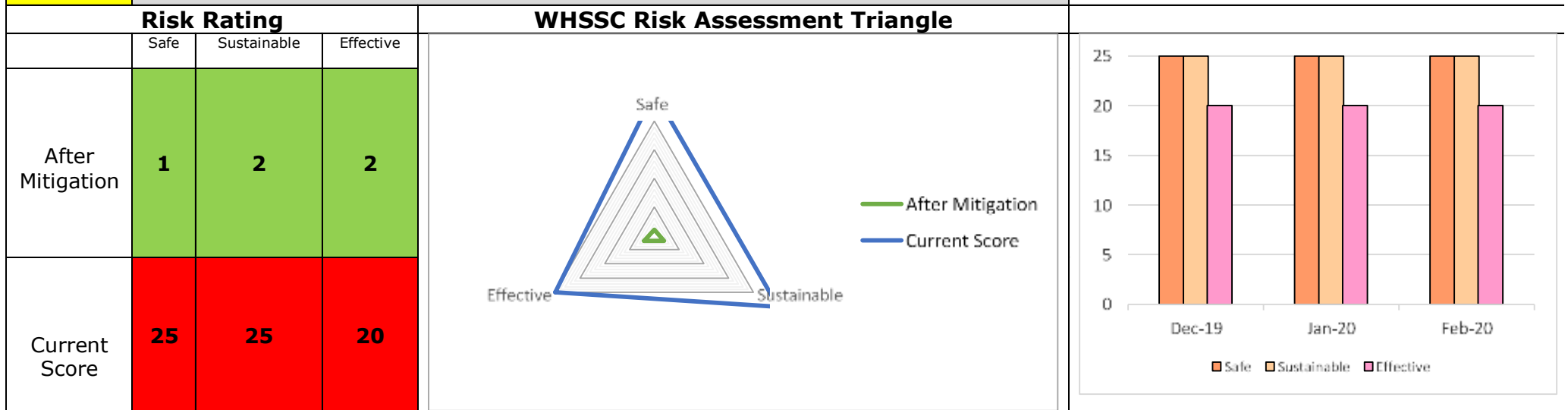
WC/020	<b>PAEDRIATRIC ENDOCRINOLOGY</b>			<b>Executive lead:</b> Director of Planning			
FEB 2020	<b>Risk:</b> Inequitable service for Endocrinology patients in Wales. The risk is the inequity of the Paediatric Endocrinology service in South Wales. This is caused by the implementation of the national standards. This may lead to patients not having access to a comprehensive Paed. Endocrinology service.			<b>Assuring Committee:</b> Quality and Patient Safety Committee			
				<b>Date first assessed</b> 25/04/2017			
				<b>Date last reviewed by Programme/Directorate:</b> KM 04/03/2020			
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>			
	Safe	Sustainable	Effective				
After Mitigation	3	3	3				
Current Score	6	20	16				
							
<b>Escalation Narrative:</b>							
<b>Current Control Measures in Place</b>				<b>Description of further Control Measures Required</b>			
Funding release paper approved at MG in June 19. Funding release paper sent to the service. Risk rating to be reduced when the service commence the implementation of the scheme. Recruitment of staff is in progress. First Performance meeting held on 18/11/19. Progressing with staff appointments. Interview for 1 Consultant post 25/11/19.				<b>Action</b>		<b>Lead</b>	<b>By when</b>
				Monitoring of implementation of scheme funded in 2019/20 on a regular basis.		Planner	May-20
				Monitor recruitment to invested posts to ensure sustainability of service.		Planner	ongoing

WC/022	<b>PAEDIATRIC RHEUMATOLOGY</b> <b>Risk:</b> Limited and unsustainable Paediatric Rheumatology service in South Wales. The Paediatric Rheumatology service in South Wales is currently delivered by an adult Rheumatologist that is due to retire within the next few years (no precise date as yet). It is very unlikely that their replacement will take on paediatric services therefore leaving a significant gap in service in South Wales. Further, the current service does not meet standards and has been identified by the National Rheumatoid Arthritis Association as an outlier within the UK. There is a risk to patients that they cannot currently access a full MDT and that the limited service that they can access is at risk when the Consultant currently delivering the service retires.			<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 24/04/2017 <b>Date last reviewed by Programme/Directorate:</b> KM 04/03/2020		
FEB 2020						
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>		
	Safe	Sustainable	Effective			
After Mitigation	2	2	2	<p>Safe</p> <p>Effective</p> <p>Sustainable</p> <p>— After Mitigation</p> <p>— Current Score</p>		
Current Score	9	20	16			
<b>Escalation Narrative:</b>						
<b>Current Control Measures in Place</b>			<b>Description of further Control Measures Required</b>			
Recruitment of the Consultant post has been done - Sept 19. In the progress of recruiting the other staff for the MDT. 1st Performance meeting scheduled for 18th November 2019. Consultant in post from 1st Oct. Other appointments are being progressed. Internal commissioning meeting to be held early Dec regarding the clarification of the current service provision and the uplift of staff.			<b>Action</b>		<b>Lead</b>	<b>TBC</b>
			Planning Team currently working on service specification		Assistant Planner	May-20
			Funding released in 2019/20 - monitoring impact of investment with regular dialogue with service.		Planner	ongoing



WC/037	<b>NEONATAL TRANSPORT</b>			<b>Executive lead:</b> Director of Planning																	
FEB 2020	<b>Risk:</b> Governance and subsequence safety issues with the 12 hour Neonatal Transport service. The current service is provided by three HB's on a one in three rota. The three providers are ABMU/C&V/ABU. It has become evident through carrying out a case note review that there are significant gaps in documentation kept and there is no clear governance lead which poses significant safety and effective risks. Due to the volume of the service the risk to sustainability is low.			<b>Assuring Committee:</b> Quality and Patient Safety Committee																	
				<b>Date first assessed</b> 23/07/2018																	
				<b>Date last reviewed by</b> <b>Programme/Directorate:</b> KM 04/03/2020																	
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>																	
	Safe	Sustainable	Effective	 <div>— After Mitigation — Current Score</div>																	
After Mitigation	4	4	4																		
Current Score	16	4	12																		
				 <table><thead><tr><th>Month</th><th>Safe</th><th>Sustainable</th><th>Effective</th></tr></thead><tbody><tr><td>Dec-19</td><td>16</td><td>4</td><td>12</td></tr><tr><td>Jan-20</td><td>16</td><td>4</td><td>12</td></tr><tr><td>Feb-20</td><td>16</td><td>4</td><td>12</td></tr></tbody></table>		Month	Safe	Sustainable	Effective	Dec-19	16	4	12	Jan-20	16	4	12	Feb-20	16	4	12
Month	Safe	Sustainable	Effective																		
Dec-19	16	4	12																		
Jan-20	16	4	12																		
Feb-20	16	4	12																		
<b>Escalation Narrative:</b>																					
<b>Current Control Measures in Place</b>			<b>Description of further Control Measures Required</b>																		
SMART action plan has been produced and shared with the Neonatal transport service. WHSSC to monitor the actions and request updates from the service. Last meeting 17/7/19, further updates to action plan required. Meeting arranged in Aug 19. Agreed not to submit scheme for ICP 20-23 due to the work up requirements and timescales too tight. Waiting for the neonatal transport report to plan a framework.			<b>Action</b>		<b>Lead</b>	<b>By when</b>															
			Action plan being monitored at monthly transport sub-group meetings.		Planner	ongoing															
			Develop governance arrangements with the neonatal network and attend transport sub-group to receive assurances.		Planner	ongoing															
			Implementation of recommendations from Dr Fox transport review.		Planner	ongoing															

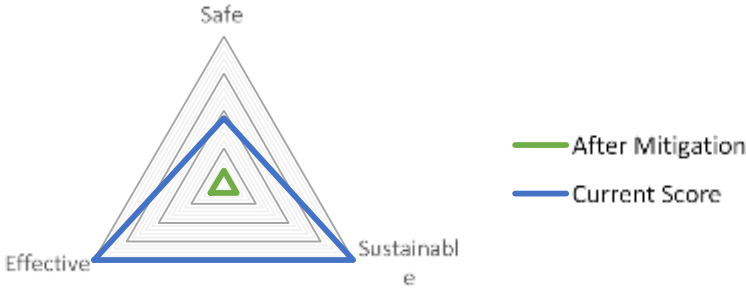
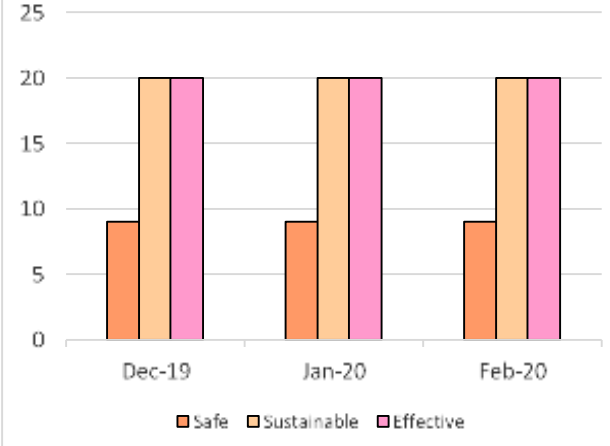
WC/045	<b>BAHA AND COCHLEAR - CTMUHB</b> <b>Risk:</b> Serious concerns for the quality and patient safety of the service delivered in CTM UHB. Paper presented at Sept MG outlining interim changes to the service. Service has been escalated to level 4. Summary of the risks- delivery of RTT, quality and patient safety concerns. Patients who have been transferred to UHW with immediate effect has resulted in concerns raised by the UHW service. 3 Datix completed for review by the Quality team.	<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 23/08/2019 <b>Date last reviewed by Programme/Directorate:</b> KM 04/03/2020
FEB 2020		



#### Escalation Narrative:

Current Control Measures in Place	Description of further Control Measures Required		
Service has been escalated to level 4. WHSSC MD written to Exec Lead in CTM regarding RTT and the capacity at UHW to start surgery on CTM patients at the latest 1st November. Awaiting a response from CTM regarding number of patients that need treating ie assessments and surgery and ongoing care. All patients have been transferred to UHW including new referrals. Awaiting the surgical plan from the Cardiff service.	Action	Lead	By when
	Monitoring of position with C&V to ensure all patients are being seen and treated	Planner	Ongoing
	Internal discussion to establish the future of the service in light of quality concerns.	Planner / Quality Lead	Ongoing



WC/046	<b>Paediatric Surgery - Children's Acute Theatre</b> <b>Risk:</b> Provision of a Children's Acute Theatre at the CHfW. Paediatric Emergency surgery is undertaken in main theatres alongside adult patients resulting in a number of operational and quality issues. National Guidelines and recommendations make it clear that children should be separated from adults. Lengthy waits for a theatre slot on the main adult CEPOD list. Cancellation of elective surgery to accommodate unscheduled care cases. Operating out of hours and children repeatedly starved and cancelled due to adult cases taking a priority.			<b>Executive lead:</b> Director of Planning <b>Assuring Committee:</b> Quality and Patient Safety Committee <b>Date first assessed</b> 06/09/2019 <b>Date last reviewed by Programme/Directorate:</b> KM 04/03/2020			
FEB 2020							
<b>Risk Rating</b>				<b>WHSSC Risk Assessment Triangle</b>			
	Safe	Sustainable	Effective				
After Mitigation	2	2	2				
Current Score	9	20	20				
							
<b>Escalation Narrative:</b>							
<b>Current Control Measures in Place</b>				<b>Description of further Control Measures Required</b>			
The service have undertaken a pilot to provide a CAT. This has worked extremely well. Patients have been treated in a timely manner and there have been less cancellations. RTT was achieved consistently for several months but the lack of anaesthetic cover has impacted on the service. A proposal was submitted to ICP 20-23 to establish a permanent CA Theatre. Currently 5 sessions are used. The scheme requested 15 sessions and was scored 19.77.				<b>Action</b>		<b>Lead</b>	<b>By when</b>
				Awaiting information from the service around activity data since the implementation of the CAT theatre		Planner	May-20
				Work with the HB to discuss wider work on emergency theatres. Aim to develop case for 2021/22 ICP		Planner	May-20



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

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

		Agenda Item	3.2
Meeting Title	<b>Joint Committee</b>	Meeting Date	12/05/2020
Report Title	Financial Performance Report – Month 12 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 12th 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	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the current financial position and forecast year-end position.</li> </ul>		

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

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

## 1. SITUATION

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

This report will be shared with WHSSC Management Group on 04 May 2020 and Joint Committee on 12 May 2020.

## 2. BACKGROUND

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

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

## 3. ASSESSMENT

The financial position reported at Month 12 for WHSSC is a year-end outturn under spend of £6,532k.

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

## 4. RECOMMENDATIONS

Members of the appropriate Group/Committee are requested to:

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



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

## Finance Performance Report – Month 12

### 1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 12<sup>th</sup> month of 2019/20 together with any corrective action required.

**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	634,044	634,044	627,512	(6,531)	708	(6,532)	(495)
EASC (WAST, EMRTS, NCCU)	166,000	166,000	165,999	(1)	(1)	(1)	(1)
Total as per Risk-share tables	800,044	800,044	793,512	(6,532)	707	(6,533)	(495)

**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.**

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 12 is an outturn underspend of £6,532k.

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
<b>NHS Wales</b>							
Cardiff & Vale University Health Board	211,385	211,385	215,190	3,806	3,703	3,806	4,798
Swansea Bay University Health Board	99,625	99,625	100,855	1,230	781	1,230	1,384
Cwm Taf Morgannwg University Health Board	9,639	9,639	9,103	(537)	(702)	(537)	(689)
Aneurin Bevan Health Board	8,147	8,147	8,419	272	247	272	263
Hywel Dda Health Board	1,581	1,581	1,615	33	28	33	28
Betsi Cadwaladr Univ Health Board Provider	41,108	41,108	40,632	(477)	(451)	(477)	(491)
Velindre NHS Trust	43,193	43,193	45,873	2,680	2,307	2,680	2,517
<b>Sub-total NHS Wales</b>	<b>414,679</b>	<b>414,679</b>	<b>421,687</b>	<b>7,008</b>	<b>5,913</b>	<b>7,008</b>	<b>7,810</b>
Non Welsh SLAs	112,958	112,958	113,556	599	(213)	599	(842)
IPFR	39,277	39,277	40,355	1,078	(619)	1,078	(101)
IVF	4,777	4,777	4,796	19	(144)	19	79
Mental Health	31,656	31,656	30,301	(1,355)	(1,444)	(1,355)	(1,363)
Renal	4,915	4,915	4,616	(300)	(298)	(300)	(263)
Prior Year developments	2,463	2,463	2,071	(392)	(511)	(392)	(526)
2019/20 Plan Developments	18,318	18,318	14,529	(3,789)	(1,742)	(3,789)	(1,570)
Direct Running Costs	5,001	5,001	5,003	2	123	2	139
Reserves Releases 2018/19	0	0	(9,401)	(9,401)	(8,305)	(9,401)	(9,401)
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
<b>Total Expenditure</b>	<b>634,044</b>	<b>634,044</b>	<b>627,512</b>	<b>(6,531)</b>	<b>(7,240)</b>	<b>(6,531)</b>	<b>(6,037)</b>

The reported position is based on the following:

- NHS Wales activity – based on Month 11 data or Month 12 where available.
- NHS England activity – based on Month 11 contract monitoring data or Month 12 where 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 11 data have been extrapolated or month 12 data for some services where available, to give a total reported year-end outturn of £3,806k over. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- TAVI – year-end outturn reduced by £71k this month with the total overspend totalling £266k. This is a result of activity for the last 3 months falling slightly below the 13 a month forecast. To month 11 there had been 122 procedures with a further 13 forecast for month 12.
- Thoracic – an £80k increase in the underperformance this month means the service outturn for the year is £130k below budget. Casemix is very sensitive in this hard to forecast service and the continued overperformance in complex procedures (15 over baseline to month 11) is outweighed by underperformance in all other areas.
- Neurosurgery – year-end outturn is £200k over budget which is a £100k decrease from the position reported last month. The total overperformance is driven by emergency activity that far outweighs the underperformance in elective procedures. The movement down in outturn is a result of slippage against business case funding declared this month.
- ALAS – overperformance in this service has reduced by £155k this month with year-end outturn sitting at £595k over budget. This downturn is a result of the flood damage that the services storage facility experienced in mid-February that resulted in the loss of a significant amount of stock and thus their ability to operate at the same levels experienced previously.
- Renal Transplants – year-end outturn underperformance increased by £108k to stand at £130k in total. This is a result of 104 procedures being the outturn figure, which although is above the contracted



baseline, is a different donor type mix which causes the financial fluctuation.

- Immunology – outturn overperformance increased by £138k to £838k. This is the result of anticipated spend increase in order to supply patient demand to remain at home during COVID-19 lockdown.
- Critical Care Long Term Vents – this funding was released late in the year and was used for overseas recruitment. The service have reported a £110k outturn underspend against this.
- UK GTN Send Out Tests – as a result of 90 more tests compared to a straight line trend at month 11, the year-end outturn increased by £84k and moved to an overspend position of £5k.
- Cystic Fibrosis – the year-end outturn position reduced by £93k and settled at a £22k underspend. This is the result of reported slippage against the approved business case funding for recruitment of certain posts.
- Neuropsychiatry – the outturn position has fallen back by £149k this month to stand at £54k over budget. This is due to a reporting error last month that double counted certain activity the service had carried out.

## 5.2 NHS Wales – Swansea Bay contract:

Various over and underspends from the month 11 data have been extrapolated or month 12 data for some services where available, to give a total reported year-end outturn of £1,230k over. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Thoracic – year-end outturn underspend increased by £45k to stand at £145k. The service has been in underspend for the vast majority of the year and this is more a result of a casemix shift rather than a fall in absolute numbers.
- ALAC – this month the baseline has increased by £63k as a result of a WG allocation of paediatric running blades. This funding has not been spent by the service resulting in a £63k underspending position for the year.

## 5.3 NHS Wales – Betsi Cadwaladr contract:

No material movement this month.

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

The year-end outturn underspend has reduced by £154k this month and stands at £537k for this LHB. The main movements that account for this are NICU with a £56k increase in underspend and the ICD service which has seen it's overspend grow by £214k to £369k. This is a result of the activity recorded at Princess of Wales hospital now being correctly attributed to Cwm Taf Morgannwg coupled with a general trend of increased overperformance throughout the year.

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

No material movement this month.

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

No material movement this month.

#### **5.7 NHS Wales – Velindre contract:**

The only material movement this month is in the figure for Cerebral Mets and IGBT which has increased by £153k based upon the figure provided by the service.

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

The month 12 position shows an overspend of £599k. The English position has been reported based on an extrapolation of month 11 reported actual data. This is a deterioration of £1,441k on the reported month 11 forecast position. CQUIN has been removed from the position. The reported position for the projected month 12 includes assessments of yearend agreements needed to be consistent with the NHS England guidance on how to deal with the expected month 12 decrease in actual activity via block contracting arrangements. This position has been adopted by NHS Wales.

The larger reported movements/variances are:

- Alder Hey – a final settlement for the year has been reached with the trust that has resulted in the outturn overspend increasing by £394k to finish the year at a total of £1,002k over budget.
- Birmingham Women & Children's – a £100k deterioration in the final outturn figure with this trust means the month 12 figure is reported at £253k over budget. The movement this month is largely the result of a paed's cardiology patient with PICU costs totalling nearly £80k.
- Manchester University – year-end outturn underspend has increased by £196k to stand at £1,005k. This is simply the result of lower than average activity in months 10 and 11 at the trust which is consistent with the trend that has been present throughout the year.

- GOSH – this month has seen a £160k increase in the outturn overspend which now stands at £802k. The main drivers behind this increase are a £37k neurosurgery patient and a £65k complex tracheal patient.
- Guy's & St Thomas – the year-end outturn position has continued to deteriorate this month. In total the position has moved by £173k to a £664k over spend. A general trend of increased activity throughout the year has continued this month coupled with a £90k complex emergency intestinal procedure.
- Imperial – the total outturn overspend position for the trust has increased by a further £122k this month mainly due to a £73k non elective neuro patient. The majority of the £624k year-end overspend relates to PHT spend at the trust which accounts for more than 85% of this figure.
- Liverpool Heart & Chest Hospital – a final settlement for the year has been reached with the trust that has resulted in the outturn underspend reducing by £317k to finish the year at a total of £1,717k under budget.
- St Helen's & Knowsley – a final settlement for the year has been reached with the trust that has resulted in the outturn overspend increasing by £192k to finish the year at a total of £640k over budget.
- University Hospital North Midlands – this month has seen an £86k reduction in the year end overspend position that now stands at £174k. This is a result of generally lower activity at the trust for the past few months of reporting.
- The Walton - a final settlement for the year has been reached with the trust that has resulted in the outturn overspend increasing by £251k to finish the year at a total of £553k over budget.

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 year end outturn overspend on the individually patient commissioned portfolio of services is £1,078k. This is a movement of £1,179k from the M11 forecast position and reflects the volume of additional patients starting on high cost Cystic Fibrosis drug treatments through February and March in line with the Vertex managed access agreement. These have been reported

through the WHSSC position in 19/20 but will form part of the managed access price cap calculations made in 20/21.

Other high cost treatments for Enzyme Replacement Therapy and Eculizumab costs are reported on actuals as providers were able to attain March incurred expenditure.

#### **5.10 IVF:**

The year-end outturn overspend has reduced by £59k and stands at £19k. There has been a £64k over spend increase due to IVF approvals via IPC and PGD approvals at Guy's Hospital, this has been more than offset by reductions in other English contracts for the service and an underperformance of 100 cycles for Welsh providers.

#### **5.11 Mental Health:**

The year-end position only moved by £8k this month and stands at an underspend of £1,355k.. High secure at Ashworth reduced by £138k which is offset by a £135k increase in Forensic Mental Health. The total position for the portfolio of mental health service remains in underspend but the last few months have seen an increase in costs.

#### **5.12 Renal:**

The year-end outturn underspend has increased by £37k and stands at £300k. Several areas account for the movement seen this month. Within Welsh contracts, a £44k decrease in the overspend in West Wales dialysis and a £65k underperformance increase in dialysis inflation are offset by £57k underspend decrease in Royal Liverpool and Broadgreen transplant activity and a £65k increase in LHB immunosuppression secondary care contributions in Swansea Bay.

#### **5.13 Reserves:**

A release of 18/19 non recurrent structural reserves was made into the position in month 3 totalling £2,927k. A further release relating to 18/19 HRG4+ settlement of £1,493k was released into the month 4 position and at month 6, further releases relating to NHS England contract settlements and IPFR high cost releases totalling £2,328k have been identified. Month 8 has seen a further release of £550k for Mental Health. A further reserve release of £2,103k was identified at month 10 relating to NHS England contracts. All reserves will be released evenly through the year.

#### **5.14 Developments:**

The development forecast position improved by £2,086k to £4,182k underspent. This can be attributed to recruitment slippage in recruitment for the Major Trauma Centre £289k, confirmed funding from Welsh Government for HPN excess costs related to the Calea shortages £346k. There is also a release of activity provisions for high cost treatments such as ATMPs £292k, Thrombectomy £899k and Cardiac Ablation £353k, now that final outturn positions have been confirmed with providers.

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

There has been a £138k reduction in the outturn overspend position. This is mostly a result of slippage against Major Trauma Network funding of £157k that is partially offset by small increase in hosting fees and core staffing. The final month 12 reported position is £2k over budget.

## 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 M12	(6,532)	387	(855)	329	(557)	(977)	(737)	(4,122)
Variance M11	(7,240)	49	(1,144)	(28)	(515)	(1,246)	(616)	(3,740)
Movement	708	338	289	357	(42)	269	(121)	(382)

**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 M12	(6,532)	387	(855)	329	(557)	(977)	(737)	(4,122)
EOY forecast M11	(6,037)	410	(792)	345	(213)	(948)	(685)	(4,154)
EOY movement	(495)	(23)	(62)	(16)	(344)	(29)	(52)	31

## 7. Income / Expenditure Assumptions

### 7.1 Income from LHB's

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

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

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

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

	2019/20 Planned Commissioner Income £'000	Income Expected to Date £'000	Actual Income Received to Date £'000	Accrued Income - WHSSC £'000	Accrued Income - EASC £'000	Total Income Accounted to Date £'000	EOY Comm'er Position £'000
SB	97,532	97,532	97,433	50	49	97,532	(855)
Aneurin Bevan	145,031	145,031	144,971	111	(51)	145,032	(557)
Betsi Cadwaladr	181,143	181,143	181,169	53	(78)	181,143	(4,122)
Cardiff and Vale	128,316	128,316	127,698	575	42	128,316	387
Cwm Taf Morgannwg	114,770	114,770	113,727	140	903	114,770	329
Hywel Dda	95,479	95,479	95,457	63	(42)	95,478	(977)
Powys	37,773	37,773	37,777	19	(22)	37,773	(737)
Public Health Wales						0	
Velindre						0	
WAST						0	
<b>Total</b>	<b>800,044</b>	<b>800,044</b>	<b>798,232</b>	<b>1,011</b>	<b>802</b>	<b>800,044</b>	<b>(6,533)</b>

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

None

## 8. Overview of Key Risks / Opportunities

None at month 12

## 9. Public Sector Payment Compliance

As at month 9 WHSSC has achieved 99.3% compliance for NHS invoices paid within 30 days by value and 94.5% by number.

For non NHS invoices WHSSC has achieved 97.6% in value for invoices paid within 30 days and 98.6% 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 will utilise this information to better improve the process.

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

### **Action Point 11.1**

All invoices noted in this action point are now cleared.

### **Action Point 11.2**

The I&E variance was confirmed as an error by BCU and they have provided email confirmation of this.

### **Action Point 11.3**

As at end of March, C&V provider had already begun the process of directly submitting a claim to WRP, therefore no provision is required from WHSSC.

## **11. SLA 19/20 status update**

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

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

**Sian Lewis,  
Managing Director, WHSSC**

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

## **Appendix 1**





PROVIDER	PROPOSAL RECEIVED FROM PROVIDER	DATE SLA SENT TO PROVIDER	SLA SIGNED & RECEIVED	Last SLA Meeting Date	Next Planned SLA Meeting	Reason for SLA not signed
Alder Hey Children's NHS Foundation Trust	Yes	01-Sep-19		20-May-19	Date to be confirmed	Discussions ongoing around level of PICU activity.
Birmingham Women's & Children's Hospital NHS Foundation Trust	Yes	30-Jul-19	12-Mar-20	10-Jul-19	July 20	
Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's)	No	30-Aug-19			Dealt with By E mail	CQUIN Has been agreed 19/11/19.
Manchester University NHS Foundation Trust (previously Central & South)	Yes	29-Oct-19		30-Oct-19	30-Oct-20	Discussions on going regarding data split now trusts have merged. Need to ensure specialist/non specialist split is correctly reported in proposal.
(The) Christie NHS Foundation Trust	Yes	01-Sep-19		20-Mar-19	TBC	Awaiting proposal that does not include CQUIN.
DDRC	No	30-Oct-19	24-Feb-20			
Great Ormond Street Hospital for Children NHS Foundation Trust	Yes	30-Jun-19	25-Mar-20	18-Jun-19	TBC 29/30 Jun 2020	
Guy's and St Thomas' NHS Foundation Trust	Yes	30-Jun-19		18-Jun-19	TBC 29/30 Jun 2020	No official communication from NHSI/E around CQUIN
Heart of England NHS Foundation Trust	Yes	30-Jul-19		10-Jul-19	01-Jul-20	No official communication from NHSI/E around CQUIN
Imperial College Healthcare NHS Trust	Yes	30-Jun-19		11-Nov-19	TBC 29/30 Jun 2020	No official communication from NHSI/E around CQUIN
King's College Hospital NHS Foundation Trust	Yes	30-Jun-19		17-Jun-19	TBC 29/30 Jun 2020	No official communication from NHSI/E around CQUIN
Leeds Teaching Hospitals NHS Trust	No	06-Nov-19		12-Mar-19	TBC	Awaiting response to SLA document sent to the trust.

<b>Liverpool Heart and Chest Hospital NHS Foundation Trust</b>	Yes	02-Jul-19	10-Sep-19	10-Dec-19	TBC	
<b>NHS Blood &amp; Transplant - National Organ Donation</b>	Yes	30-Apr-19	01-May-19	10-Oct-19	TBC	
<b>(The) Newcastle Upon Tyne Hospitals NHS Foundation Trust</b>		30-Sep-19			Dealt with By E mail	No Response
<b>Papworth Hospital NHS Foundation Trust</b>	Yes	30-Aug-19		18-Feb-19	Date to be confirmed	CQUIN Accepted working on the wording within the document
<b>(The) Robert Jones and Agnus Hunt Orthopaedic Hospital NHS Foundation Trust</b>	Yes	14-Aug-19	21-Oct-19	24-May-16	None planned	
<b>Royal Brompton &amp; Harefield NHS Foundation Trust</b>	Yes	30-Jun-19		18-Jun-19	TBC 29/30 Jun 2020	CQUIN Accepted working on the wording within the document
<b>Royal Free London NHS Foundation Trust (Hampstead)</b>	Yes	30-Jun-19		17-Jun-19	TBC 29/30 Jun 2020	No official communication from NHSI/E around CQUIN
<b>(The) Royal Liverpool and Broadgreen University Hospitals NHS Trust</b>	Yes	06-Nov-19		18-Jul-18	Date to be confirmed	Discussions ongoing re activity levles in SLA proposal.
<b>(The) Royal Marsden NHS Foundation Trust</b>	Yes	30-Jun-19		17-Jun-19	TBC 29/30 Jun 2020	CQUIN Accepted working on the wording within the document.
<b>(The) Royal Orthopaedic Hospital NHS Foundation Trust</b>	No	30-Aug-19		18-Jul-18	Date to be confirmed	Awaiting Official response
<b>Salford Royal NHS Foundation Trust</b>	No	03-Oct-19		30-Oct-19	30-Oct-20	Awaiting provider proposal.
<b>Sheffield Teaching Hospitals NHS Foundation Trust</b>	Yes	03-Oct-19		Audio 14/05/2019	Date to be confirmed	Wording differences within the SLA document are being discussed with the provider.
<b>St Helens and Knowsley Teaching Hospitals NHS Trust</b>	No	14-Oct-19		27-Nov-18	Date to be confirmed	Wording differences within the SLA document are being discussed with the provider.
<b>University College London Hospitals NHS Foundation Trust</b>	Yes	30-Jun-19		25-Jul-18	TBC 29/30 Jun 2020	CQUIN agreed in principle.
<b>University Hospitals Bristol NHS Foundation Trust</b>	Yes	30-Oct-19	13-Mar-20	07-Nov-19	TBC	



<b>University Hospitals Birmingham NHS Foundation Trust</b>	Yes	30-Jul-19		10-Jul-19	01-Jul-20	No official communication from NHSI/E around CQUIN
<b>University Hospitals of North Midlands NHS Trust</b>	Yes	30-Sep-19	31-Jan-20	26-Sep-19	TBC	
<b>(The) Walton Centre NHS Foundation Trust</b>	Yes	09-Aug-19		19-Nov-19	TBC	Awaiting response from provider regarding WHSSC SLA proposal.
<b>Wye Valley NHS Trust (Hereford)</b>	Yes	30-Aug-19	31-Jan-20		Dealt with By E mail	
<b>PETIC</b>	No	30-Oct-19				Private Provider



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

### **MEETING HELD ON 20 FEBRUARY 2020**

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 23 January 2020 were noted.

Members noted the action log and received updates on:

- **MG172** – 2020-23 ICP: Public Health input – SL would be meeting with the local Directors of Public Health in March 2020 to look at what can be done to strengthen WHSSC needs assessments. SL reported the Public Health Wales trainee and a number of other Public Health colleagues would be attending the WHSSC Prioritisation Workshop and assisting with Public Health support around prioritisation.
- **MG179** – JK reported work was ongoing but that the action fits in with a wider piece of work and could be closed.

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

Members received the Managing Director's report and in particular noted that the North Wales Posture and Mobility service had been de-escalated as a result of an improvement in RTT performance, with the service consistently achieving 93% RTT since September 2019.

#### **4. Paediatric Radiology Services in South Wales**

Members received a paper providing a summary of the work to date and planned activity for the continued development of a collective commissioning framework for Specialised Paediatric Radiology Services and a description of the issues and risks associated with paediatric radiology services across south Wales.

The WHSS Team had developed a Service Specification in line with the Delivering Quality Imaging Services for Children description of a Level 1 (Top Tier) Paediatric Radiology service and completed a full consultation on the Service Specification that would inform the development of any commissioning framework and provider business case.

A workshop had been arranged for 25 February 2020 with representation from the radiology services and paediatric services from each affected health board to seek contributions to and support for the development of an appropriate service model and solutions to risks and issues across all levels of service provision. The work done so far seemed to indicate that there was a lack of capacity, capability or confidence to image children locally in certain situations which was creating an unnecessary flow into Cardiff.

Members noted the information presented.

## **5. Replacement Wheelchair Programme for the Posture and Mobility Service in South Wales**

Members received a paper providing an update on the investment made in the Wheelchair Replacement Programme for the Posture and Mobility Service in south Wales.

Members:

- Noted the investment made for the replacement wheelchair programme and the activity levels delivered against the plan at CVUHB Posture and Mobility Service;
- Noted the requirements for WHSCC to seek a more detailed financial summary of the planned and actual expenditure against the replacement programme including a robust minimum data set; and
- Received assurance that the service has a robust plan to ensure delivery of the expected number of replacement wheelchairs over the four year period and to provide a profile plan on how this would be achieved by end of March 2020.

## **6. Paediatric Ketogenic Diet – Change in Service Model**

Members received a paper seeking support for the release of funding to implement the Integrated Commissioning Plan scheme to establish a Paediatric Ketogenic Diet Service in south Wales. Members noted the scheme was prioritised by the Clinical Impact Assessment Group and subsequently approved for inclusion in the WHSSC ICP 2019-22.

It was agreed that an updated paper would be reconsidered at an Extraordinary Management Group meeting to be held week commencing 24 February 2020.

## **7. Paediatric MRI Capacity**

Members received a paper seeking approval for the release of funding to implement the WHSSC ICP 2019-22 scheme for Paediatric MRI Capacity. Members noted that the current model was not adequate to cope with the current waiting lists.

The scheme was aimed at addressing the excessively long waits for Paediatric MRIs in the south Wales service (waiting times of up to 16 months compared to 32 days in English centres). The scheme would

provide funding for the necessary staff to commission additional sessions of the MRI scanner in the Children's Hospital, CVUHB. Members noted that, as well as the additional sessions, the scheme would introduce, on a sustainable basis, a pre-operative assessment to increase productivity and efficiency.

It was proposed that demand and capacity would be managed via a contracting mechanism not currently in place, as WHSSC had not previously commissioned the service, and issues of risk share would be dealt with in the transfer of service process.

It was agreed the Finance Sub-group would be asked to scope the current mechanism for recharging Paediatric MRI activity and proposed contracting arrangements at their next meeting and the paper would be updated as necessary and presented for further consideration at the March meeting.

## **8. Interim ICP19/280 Inherited Bleeding Disorders: North Wales**

Members received a paper requesting approval for the release of funding to implement the Integrated Commissioning Plan scheme 19/280 Inherited Bleeding Disorders: North Wales.

Members approved the release of funding to implement the Integrated Commissioning Plan scheme 19/280 Inherited Bleeding Disorders: North Wales.

## **9. Renal Dialysis Growth Forecast**

Members received a paper the purpose of which was to provide an overview of the monitoring activities undertaken by the Welsh Renal Clinical Network to forecast growth in renal dialysis in Wales; to inform Members of current forecasts and outline additional developments in monitoring activity.

Members noted the information presented within the report; and received assurance that there are robust processes in place to ensure delivery of sustainable renal dialysis services in Wales.

## **10. Neonatal Transport Review Recommendations**

Members received a paper setting out the key recommendations from the Review of the South Wales Neonatal Transport Service and seeking support for the implementation timetable to commission a permanent 24 hour neonatal transport service. Members noted the recommendations in the Final Report, which had been circulated the previous day, had not changed from those presented at the meeting on 23 January 2020.

It was agreed the paper would be reconsidered at an Extraordinary Management Group meeting to be held week commencing 24 February 2020.

## **11. Integrated Performance Report**

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

The WHSS Team remained concerned about CVUHB Cardiac performance and noted that CVUHB were agreeing an outsourcing arrangement with Stoke Hospital.

## **13. Finance Report 2019-20 Month 9**

Members received a report on the financial position for WHSSC for Month 10 2019-20, being an under spend of £7.4M to date and forecast under spend of £4.4M for the full year.

## **14. Other business**

### ***Coronavirus (COVID-19)***

The WHSS Team was looking at the implications of a coronavirus outbreak on specialised services and would prepare a briefing paper on the implications.

### ***Cardiff PET Scanner***

Work was ongoing on the business case for the replacement PET scanner in Cardiff but that there were concerns around both timescales and content.



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IMPROVEMENT  
& INNOVATION



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

### **MEETING HELD ON 27 FEBRUARY 2020**

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

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

The Chair welcomed members to the meeting.

#### **2. Paediatric Ketogenic Diet – Change in Service Model**

Members received the paper, previously considered at the meeting of 20 February 2020, seeking support for the release of funding to implement the Integrated Commissioning Plan scheme to establish a Paediatric Ketogenic Diet Service in south Wales. Members noted the scheme was prioritised by the Clinical Impact Assessment Group and subsequently approved for inclusion in the WHSSC ICP 2019-22.

It was confirmed there were no Powys patients currently on the Ketogenic Diet but they were able to access the diet through Alder Hey Children's Hospital, Birmingham Children's Hospital or Bristol Royal Hospital for Children, as appropriate. An event could be organised with The Daisy Garland Trust to raise awareness of the Ketogenic Diet as a treatment option for children and the fact that the service was being established in Cardiff. The WHSS Team had attended an SLA meeting with Alder Hey Hospital on 25 February and had requested feedback on the low access to the Ketogenic Diet to them from north Wales.

Members were reminded that the repatriation of the Ketogenic Diet service to south Wales was part of a wider piece of work to stabilise the Paediatric Neurology service and noted that CVUHB were already familiar with all the patients being repatriated through their role as gatekeeper.

Members approved the release of funding to establish a Paediatric Ketogenic Diet service in south Wales, subject to a review of activity at 12 months with a view to feeding into the planning cycle for the consideration of Year 3 funding.

#### **3. Neonatal Transport Review Recommendations**

Members representing the six affected Health Boards, received the Final Report of the 'Independent Review of the south Wales Neonatal Transport Service (CHANTS) in order to recommend future models of delivery for a



24 hour transport service' and a paper setting out the key recommendations from the review and a proposed implementation timetable to commission a permanent 24 hour Neonatal Transport service in south Wales.

Members agreed that:

1. They were supportive of the direction of travel of the report and clearly endorse a 24/7 model.
2. They were looking to establish a Lead Provider for Neonatal Transport. From a Commissioning perspective this model would:
  - provide a single governance framework with clear lines of accountability; and
  - give assurance of systems management for the service; and
  - allow for further development of the Neonatal Transport service through defined processes of engagement.

Members noted that there were lead provider models already being utilised to manage services in Wales, including the established successful lead provider model for the Emergency Medical Retrieval Transport Services (EMRTS) and the Operational Delivery Network currently being developed for Major Trauma. Management Group wanted to understand what aspects of these models could be useful in the delivery of a lead provider model for neonatal transport services.

3. WHSSC will develop commissioning intentions and a service specification utilising the support of the Maternity and Neonatal Network as a source of professional advice. These documents will inform the development of an options appraisal stemming from the options set out in the Independent Review and any other options presented.
4. WHSSC will establish a Task & Finish Group with commissioning, clinical and managerial representatives. The Group will consider how best to utilise the existing workforce with the proposed delivery model and also outline developments required for the future workforce.
5. In parallel, the Maternity and Neonatal Network would undertake demand and capacity modelling of both the number of maternity beds and cots required across the region.
6. Further work to define and clearly set out the funding of the clinical components of a 24 hours service needs to be undertaken by the WHSSC Finance Working Group.



<b>Reporting Committee</b>	<b>Integrated Governance Committee</b>
<b>Chaired by</b>	<b>WHSSC Chair</b>
<b>Lead Executive Director</b>	<b>Committee Secretary</b>
<b>Date of last meeting</b>	<b>08 April 2020</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<p><b>08 April 2020</b></p> <p>The April 2020 IGC meeting was held by SKYPE and proceeded on a quorum only basis. A Consent Agenda was circulated to members in advance inviting the submission of any written questions.</p> <p>The main focus of the meeting was updating members on the WHSSC COVID-19 response.</p> <p>Members also received a paper detailing the process in place within WHSSC to maintain Essential Specialised Services.</p> <p>Members received a briefing and an update from the Renal Network.</p> <p>Members received an update on the approval of the 2020-23 Integrated Commissioning Plan.</p> <p>Members received the Joint Committee and Joint Sub-Committee Work Plans for 2020-2021 and resolved to support the Work Plans.</p> <p>Members received and considered the WHSSC Corporate Risk Assurance Framework.</p>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
As recorded above	
<b>Matters requiring Committee level consideration and/or approval</b>	
As recorded above	
<b>Matters referred to other Committees</b>	
None	
Confirmed Minutes for the meeting on 29 October 2019 are available on request	
<b>Date of next meeting</b>	9 June 2020

<b>Reporting Committee</b>	<b>Quality Patient Safety Committee</b>
<b>Chaired by</b>	<b>Emrys Elias</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>14 April 2020</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<p><b>1. Committee Arrangements</b></p> <p>Due to COVID-19 the original meeting 17 March was postponed on the day. All the papers were distributed to all members in preparation for the meeting. This Committee meeting was held with a shortened 'consent agenda' and on a 'quorum basis' in line with the current Terms of Reference and the WHSSC Standing Orders. The arrangements for the meeting reflected the work undertaken by the Board Secretaries Group, in conjunction with Welsh Government, developing a number of governance principles that are designed to help focus consideration of governance matters over coming weeks and months during the COVID-19 crisis. The Chair, Independent Member and 5 members from WHSSC were present to be quorate compliant.</p>	
<p><b>2. Development Day/Self-Assessment</b></p> <p>Due to COVID-19 this event has been postponed (Date TBC).</p>	
<p><b>3. COVID-19 contingency planning</b></p> <p>The committee received an update on the work that WHSSC had been doing in response to COVID-19. The response plan was shared with committee members who acknowledged the plan and the work being undertaken to develop a risk assessment of WHSSC commissioned services during the pandemic. Members were informed that ensuring accurate and up to date information from all providers in both Wales and England was proving difficult. Members noted that assurance was still being sought to ensure that an accurate understanding of commissioned services could be gained. Most importantly to ensure that essential, lifesaving treatments continued and to provide an accurate baseline for the re-establishment of specialised services when provider capacity allowed. Members also noted that in addition some members of the WHSSC were providing support outside of the organisation in both clinical and national policy development roles.</p>	
<p><b>4. Neonatal Review</b></p> <p>Members received a summary presentation as well as a copy of the full report which recommended the need for a 24-hr service. The Joint Committee had endorsed the recommendations on 10 March. Members were informed that the establishment of a 24/7 neonatal transport service remained a high priority for WHSSC and is one of the programmes that would continue during the COVID-19</p>	

outbreak, but it was recognised that this would be challenging. Members noted that a project initiation document had been produced for the planning and implementation of the permanent service and terms of reference developed for a task and finish group to take forward this work. The aim would be for this group to meet virtually to make progress. Members were also aware that Joint Committee had agreed to the commissioning of an interim 24/7 model however the committee was informed that both the current transport providers and WAST had notified WHSSC, via the Neonatal Transport sub group of the Maternity & Neonatal Network, that due to capacity constraints they would be unable to commit to an extension of the service at this time. They remained committed to engaging in the planning for the permanent 24/7 service.

## **5. Updates from the Renal & Trauma Network**

An update was received on both networks. The increased workload on the renal network was acknowledged and it was noted that transplant services were currently suspended.

## **6. Commissioning Team updates**

Reports from each of the Commissioning teams were received and taken by exception. 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 are summarised below:

### **• Cancer and Blood**

It was noted that the paediatric sarcoma service at Birmingham's Children Service was able to receive referrals from 24 February and the surgical service will recommence on 20 April. As a result, the service would be de-escalated and return to normal service provision. The position will be monitored through the commissioning team thereafter.

### **• Cardiac**

Members were reminded that the TAVI service in SBUHB was placed in escalation level 3 on 05 February. A copy of the Royal College report commissioned by SBUHB and a draft service visit report was received by WHSSC prior to the quality escalation meeting on 08 April. A key issues paper had been taken to SBUHB on 26 March and the action plan was being monitored by the Quality Patient Safety Committee. It was noted that vascular cut-down was currently suspended whilst a further review was being undertaken. It has been agreed that a detailed update will be provided to the committee by SBUHB representatives once the work had been completed.

### **• Mental Health & Vulnerable Groups**

Due to the COVID-19 situation a decision had been made to suspend the implementation of the revised Tier 4 Service Specification. An update was received that as a result of COVID-19 an NHS Wales National Mental Health Coordinating Centre had been set up and WHSSC were part of that group. Members of the committee received a detailed update on a high cost, complex case and received

assurance that plans were in place for the ongoing placement. The bespoke arrangements for the placement were exceptional and the Health Board had signed off the clinical agreement for the placement. There was however a need to progress with a contingency plan in the event of the current provider serving notice on the current arrangements.

- **Women & Children's**

The Cochlear Service in CTMUHB remains in escalation level 4. No further information had been received from the Health Board.

## **7. Other Reports received**

Members received reports on the following:

- **CRAF**
- **CQC/HIW Summary Update**
- **WHSSC Policy Group**

It was noted that the current circumstances would allow WHSSC to progress policy development and scope the clinical outcome and experience indicators.

- **Concerns and SUI report**

The report received highlighted a case that had been referred to the Public Services Ombudsman for Wales. Information had been sent back to them however a response had not yet been received from the PSOW whether they were going to investigate further.

### **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**

None

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

None

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





<b>Date of next scheduled meeting:</b>	09 June 2020
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## Summary of Services in Escalation



GIG  
CYMRU  
NHS  
WALES

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



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"> <li>Failure to deliver and maintain the Referral to Treatment times targets</li> </ul>	Health Board Action Plan in place. Monthly Performance Meetings between WHSSC and the provider. Quality Monitoring visit took place in November 2019 with future meeting planned in February 2020.	
April 2015	Cardiac Surgery	SBUHB	2	<ul style="list-style-type: none"> <li>Failure to deliver the Referral to Treatment times targets</li> </ul>	Bi-monthly performance meetings in place. Extraordinary performance meetings between WHSSC, CVUHB and SBUHB, in Aug Oct and Nov 2019, with a further meeting planned for February.	
March 2017	Thoracic Surgery	SBUHB & CVUHB	2	<ul style="list-style-type: none"> <li>Failure to maintain cancer targets/capacity to meet patient need</li> </ul>	Cancer waiting times monitored by Bi-Monthly Performance Meetings with both providers. Escalation status currently being re-considered following improved performance – paper going to the March Corporate Directors Group.	
March 2018	Sarcoma (South Wales)	SBUHB	2	<ul style="list-style-type: none"> <li>Risks to service quality and sustainability</li> </ul>	Additional Clinical Nurse Specialist has taken up post.	

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					Appointed to a second Sarcoma Consultant – likely to be a 12 month delay before they take up post. Mitigation is that links with Royal Orthopedic Hospital, Birmingham are still in place. Wales Cancer Network are continuing to work with MDT leads to develop diagnostic pathways for the single cancer pathway. Meeting in early March.	
February 2018	Plastic Surgery (South Wales)	SBUHB	2	<ul style="list-style-type: none"> <li>Failure to achieve maximum waiting times target</li> </ul>	Monthly Performance Meetings in place with WHSSC and the provider. The long waiters are being reviewed, looking at any clinic risk. 2020/21 Delivery Plan currently being written by HB and will be discussed with WG and WHSSC.	
November 2017	All Wales Lymphoma Panel	CVUHB & SBUHB	2	<ul style="list-style-type: none"> <li>Failure to achieve quality indicators (in particular, turnaround times)</li> </ul>	Reinstated quarterly performance meetings and monitoring against the new Royal College of Pathology updated standards on turnaround times.	

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	North Wales Adolescent Service (NWAS)	BCUHB	2	<ul style="list-style-type: none"> <li>Medical workforce challenges remain but interim non-medical lead model and improvement in nurse staffing levels have increased operational capacity</li> <li>Some improvements made in access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of-Area admissions reduced significantly over extended 12 month period</li> </ul>	<p>Mental Health Quality Lead to attend QPS Sub-Committee.</p> <p>Non-medical interim model to be reviewed as part of service specification implementation</p>	
March 2018	Ty Llidiard	CTMUHB	3	<ul style="list-style-type: none"> <li>Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance</li> </ul>	<p>Next Quality Escalation meeting March 24<sup>th</sup></p> <p>Appointment of Clinical Director Dr Krishna Menon in February</p> <p>Health Board decision to alter the Medical Emergency Response protocol to the unit. Some environmental changes required awaiting confirmation of new protocol in place.</p> <p>Estates work required on Seren ward following admission. Awaiting timeline for completion</p>	





## Summary of Services in Escalation



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19 February 2016	Neurosurgery	C&VUHB	2	<ul style="list-style-type: none"> <li>Failure to maintain &lt;36 week Referral to Treatment target</li> </ul>	Funding released Sept 2019 to support recurrent increase of capacity. No breaches >36 weeks reported since Sept 2019, but no. of breaches waiting over 26 weeks is still increasing – so service will not be de-escalated.	
June 2017	Paediatric Surgery	CVUHB	2	<ul style="list-style-type: none"> <li>Failure to maintain &lt;36 weeks Referral to Treatment times</li> </ul>	Bi-Monthly Performance Meetings remain in place. Position improved and then worsened due to tax issue limiting additional anaesthetic support. Service has recruited to substantive Surgeon posts.	

## Summary of Services in Escalation



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December 2017	Paediatric Intensive Care	CVUHB	2	<ul style="list-style-type: none"> <li>Inadequate level of staffing to support the service</li> </ul>	<p>7<sup>th</sup> bed opened Dec 2019 following increased but not full staffing levels recruited to.</p> <p>Bi-Monthly Performance Meetings in place to monitor activity and refusal of admissions which still occurred in Jan.</p>	
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## Summary of Services in Escalation



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September 2019	Cochlear Implant Service	South Wales	4	<ul style="list-style-type: none"> <li>Quality and Patient Safety concerns from C&amp;V Cochlear Implant team, from the patients who were immediately transferred to the service in Cardiff following the loss of audiology support from the Bridgend service.</li> </ul>	<ul style="list-style-type: none"> <li>WHSST have been advised informally by the COO of CTM that the HB will not look to re-provide Cochlear services. The WHSST Managing Director is chasing this position formally so that it formal commissioning arrangements can be put in place with C&amp;VUHB to deliver for the whole of south and mid Wales.</li> <li>C&amp;VUHB have taken on the care of all urgent patients and those who require surgery by the end of March 2020 in order to deliver RTT waiting times.</li> </ul>	
October 2019	Paediatric Sarcoma	South and parts of mid Wales	4	<ul style="list-style-type: none"> <li>Advised by the provider of the Paediatric Sarcoma service (Birmingham Children's Hospital) that they had temporarily suspended their service.</li> </ul>	<ul style="list-style-type: none"> <li>Birmingham service is back fully functioning so this has been de-escalated.</li> </ul>	

## Summary of Services in Escalation



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February 2020	TAVI	SBUHB	3	<ul style="list-style-type: none"> <li>Quality and Patient Safety concerns due to the lack of assurance provided to the WHSS team regarding the actions taken by the HB to address 4 Serious Incidents relating to vascular complications.</li> </ul>	<ul style="list-style-type: none"> <li>TAVI service escalated to Stage 3</li> <li>WHSS team to meet with SBUHB colleagues in March to discuss and agree the further actions required.</li> </ul>	
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<b>Reporting Committee</b>	<b>All Wales Individual Patient Funding Request ( IPFR) Panel</b>
<b>Chaired by</b>	<b>Professor Vivienne Harpwood</b>
<b>Lead Executive Director</b>	<b>Director of Nursing and Quality Assurance</b>
<b>Date of last meeting</b>	<b>25 February 2020</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<p>The Panel held on 25 February 2020 was quorate in terms of health board, clinical and lay representatives.</p> <p>The Panel considered 6 requests.</p> <p>In the context of the current COVID-19 pandemic, decisions have been taken by 'Chair's action' in line with the All Wales IPFR Policy since March 2020.</p> <p><i>Where possible, a "virtual panel" will be held to consider urgent cases. If this is not possible due to the urgency of the request, then the Director of Specialised and Tertiary Services together with the WHSSC Medical Director or Director of Nursing and the Chair of the WHSSC Panel (or Vice Chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.</i></p> <p>WHSSC will provide an update on decisions made during the period of the COVID-19 outbreak when the Panel next convene.</p> <p><b>Chairs Actions to date</b>          March 2020 - 4          April 2020 - 6</p>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
<p><b>Request for Independent Review of IPFR case</b></p> <p>WHSSC has received a request for an independent review of one IPFR case. The case has been referred to Swansea Bay University Health Board ,as the patient's health board of residency, in accordance with the All Wales IPFR Policy. The independent review has provisionally been scheduled for 5 May 2020.</p> <p><b>The Annual All Wales Therapeutics and Toxicology Centre (AWTTC) workshop</b></p> <p>The Workshop planned for 4 May 2020 at Cardiff City Stadium was cancelled due to COVID-19/ need for social distancing. The event will be re-scheduled in 2021.</p>	

**Individual Patient Funding Request (IPFR) Quality Assurance (QA)  
Group Audit 26 February 2020 - Welsh Health Specialised Services  
Committee (WHSSC) IPFR Panel**

*"The documentation provided by WHSSC continues to fulfil all assessment criteria. The proportion of requests meeting urgency timelines are greatly improved compared to previous quarters. Significant redaction to the documentation to remove patient identifiable information was required by AWTTC prior to paperwork being sent to group members".*

WHSSC are aware that the age of a patient should be redacted. However, in this case the age of the patient (adult and able to consent) and donor ( meets age criteria to donate ) was purposely made known to the Panel as relevant to the discussion and the decision.

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

- None

**Matters referred to other Committees**

None

Confirmed Minutes for the meetings held on 22 January 2020 and 25 February 2020 are available on request.

**Date of next meeting**

**To be confirmed**

<b>Reporting Committee</b>	<b>Welsh Renal Clinical Network</b>
<b>Chaired by</b>	<b>Interim Chair, Welsh Renal Clinical Network</b>
<b>Lead Executive Director</b>	<b>Director of Finance</b>
<b>Date of last meeting</b>	<b>08 April 2020</b>

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

- Board unable to meet in person due to social distancing rules – met using Skype and so interaction very difficult but ultimately successful
- **COVID-19 response and outcomes**
- WRCN taken lead in meeting with key stakeholders across Wales including PHW, WG, WAST, HBs, Independent dialysis sector, and the Critical care Network
  - Enabled early and efficient testing, tracking, isolation by working with PHW.
  - Close liaison with ITU about stepdown care and supplies for renal replacement therapy
  - Improvements and risk mitigation within patient transport to and from dialysis - single transport; patient reimbursement scheme
  - Meetings weekly for 6 weeks until April 23<sup>rd</sup>.
- **Outcomes monitoring during pandemic**
  - Excess mortality seen in SE Wales dialysis population in March and April 2020 compared to historic averages. All excess can be explained by COVID related deaths. National data being collated currently and to be presented to WRCN Board and WHSSC QPS & JC in near future
  - WRCN satisfied that no significant changes in commissioned and delivered practice.
- **Transplantation**
  - All transplantation in Cardiff and Wales suspended due to uncertainty about outcomes with immune suppression and COVID-19 pandemic
  - NHSBT reviewing this position frequently and it is discussed weekly within Transplant sector in UHW who feedback position to WRCN
- **Dialysis unit expansion BCUHB**
  - New unit in Mold area under construction. Due to be opened soon which will then allow remedial work on the unit in Wrexham Maelor to be started. All timescales erratic due to the COVID-19 pandemic.

<ul style="list-style-type: none"> <li>• <b>Water Treatment plant in Carmarthen Dialysis unit</b> <ul style="list-style-type: none"> <li>○ Funding secured via COVID monies to build this plant and mitigate risk of previous failing one. Work ongoing now.</li> </ul> </li> </ul>	
<b>Matters requiring Committee level consideration and/or approval</b>	
<ul style="list-style-type: none"> <li>• Nil</li> </ul>	
<b>Matters referred to other Committees</b>	
<ul style="list-style-type: none"> <li>• Nil</li> </ul>	
Annexes:	
<b>Date of next meeting</b>	<b>03 June 2020</b>