2020-11-10 WHSSC Joint Committee (Public)

10 November 2020, 13:30 to 15:20
Teams Meeting - Details in Calendar Invite

Agenda

1. PRELIMINARY MATTERS — 15 minutes

- 00 Agenda (Eng).pdf (2 pages)
- 00 Agenda (Eng) -en Cy-C.pdf (2 pages)

1.1. Welcome, Introductions and Apologies

- To open the meeting with any new introductions and to **note** and record any apologies — Chair

1.2. Declarations of Interest

Chair

- To **note** and record any declarations of interest outside of WHSSC Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for the meeting

1.3. Minutes of the Meetings held on 08 September 2020 and 13 October 2020

- To **approve** the minutes of the last meeting — Chair

- 1.3.1 Unconfirmed JC (Public) Minutes 08.09.2020 v0.1.pdf (5 pages)
- 1.3.2 Unconfirmed JC (Public) Minutes 13.10.20.pdf (5 pages)
- Agenda Item 1.3 Q&A 10 November 2020.pdf (1 pages)

1.4. Action Log and Matters Arising

- To **review** the actions and consider any matters arising not included within the action log. — Chair

No open actions

2. ITEMS FOR CONSIDERATION AND/OR DECISION — 80 minutes

2.1. Report from the Chair

Attached

Chair

- 2.1.1 Report from the Chair.pdf (3 pages)
- 2.1.2 Report from the Chair - Appendix.pdf (2 pages)

2.2. Report from the Managing Director

Attached

Managing Director

- 2.2 Report from the Managing Director.pdf (4 pages)
- Agenda Item 2.2 Q&A 10 November 2020.pdf (1 pages)

2.3. Neonatal Transport - Update

Attached

Director of Planning

2.3 Neonatal Transport - update.pdf (7 pages)

Agenda Item 2.3 Q&A 10 November 2020.pdf (1 pages)

2.4. Integrated Commissioning Plan - Principles

Presentation

Director of Planning

2.4 Developing the Integrated Commissioning Plan 2021.pdf (11 pages)

2.5. Future of the All Wales Gender Identity Partnership Group (AWGIPG)

Attached

Director of Nursing

2.5 Future of AWGIPG.pdf (7 pages)

2.6. Way Forward - All Wales Individual Patient Funding Request (IPFR) Panel

Attached

Director of Nursing

2.6 Way Forward - All Wales IPFR Panel.pdf (15 pages)

2.7. Quality & Patient Safety Committee - Revised Terms of Reference

Attached

Committee Secretary

2.7.1 QPS Committee Terms of Reference.pdf (4 pages)

2.7.2 QPS Committee ToR v2.1.pdf (8 pages)

2.8. NCCU - Continuation of Framework for Care Homes

Attached

Director of Quality & Mental Health/Learning Disabilities - NCCU

2.8.1 NHS Wales National Framework for Care Home- Invest to save summary.pdf (2 pages)

2.8.2 NHS Wales National Framework for Care Home- Invest to save conclusion 6th Aug 2020.pdf (11 pages)

3. ROUTINE REPORTS AND ITEMS FOR INFORMATION

15 minutes

3.1. Financial Performance Report

Attached

Director of Finance

3.1 Financial Report Month 6 20-21 WHSSC.pdf (11 pages)

3.2. Reports from the Joint Sub-Committees

3.2.1. Management Group Briefings

Attached

3.2.1 MGM Core Brief 22.10.20 v1.0.pdf (3 pages)

3.2.2. All Wales Individual Patient Funding Request Panel

Attached

3.2.2 IPFR Chair's report - Oct 2020.pdf (2 pages)

3.2.3. Quality & Patient Safety Committee

Attached

3.2.3 QPS Chair's Report October 2020.pdf (11 pages)

4. CONCLUDING BUSINESS

4.1. Any Other Business

Oral

Chair

4.2. Date of Next Meeting (Scheduled)

26th January 2021 @9.30am

Oral

Chair

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

WHSSC Joint Committee Meeting held in public
Tuesday 10 November 2020 at 13:30 hrs

Microsoft Teams

Agenda

Item		Lead	Paper / Oral	Time
1.	**Preliminary Matters**			
1.1	Welcome, Introductions and Apologies	Chair	Oral	13:30 – 13:45
1.2	Declarations of Interest	Chair	Oral	
1.3	Accuracy of the Minutes of the Meetings held on 8 September and 13 October 2020	Chair	Att.	
1.4	Action Log and Matters Arising – No open actions	Chair	Att.	
2.	**Items for Consideration and/or Decision**			
2.1	Report from the Chair	Chair	Att.	13:45 – 13:50
2.2	Report from the Managing Director	Managing Director	Att.	13:50 – 14:00
2.3	Neonatal Transport - Update	Director of Planning	Att.	14:00 – 14:15
2.4	Integrated Commissioning Plan - Principles	Director of Planning	Pres.	14:15 - 14:25
2.5	Future of the All Wales Gender Identity Partnership Group	Director of Nursing	Att.	14:25 – 14:35
2.6	Way Forward – All Wales Individual Patient Funding Request Panel	Director of Nursing	Att.	14:35 – 14:45
2.7	Quality & Patient Safety Committee - Revised Terms of Reference	Director of Nursing	Att.	14:45 – 14:55
2.8	NCCU - Continuation of Framework for Care Homes	Director of Quality & Mental Health/ Learning Disabilities - NCCU	Att.	14:55 - 15:05
3.	**Routine Reports and Items for Information**			
3.1	Financial Performance Report Month 6 2020-21	Director of Finance	Att.	15:05 – 15:15

Item	Lead	Paper / Oral	Time
3.2 Reports from the Joint Sub-Committees i. Management Group Briefings ii. Individual Patient Funding Request Panel iii. Quality & Patient Safety Committee	Joint Sub-Committee Chairs	Att.	15:15 – 15:20
4. Concluding Business			
4.1 Any Other Business	Chair	Oral	
4.2 Date of next meeting (Scheduled) - 26 January 2021 at 09:30 hrs	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)".

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

Cyd-bwyllgor ar y Cyd PGIAC a gynhelir yn gyhoeddus
Dydd Mawrth 10 Tachwedd 2020 am 13:30

Microsoft Teams

Agenda

Eitem		Arweinydd	Papur/ Ar Lafar	Amser
1.	**Materion Rhagarweiniol**			
1.1	Croeso, Cyflwyniadau ac Ymddiheuriadau	Y Cadeirydd	Ar Lafar	13:30 – 13:45
1.2	Datganiadau o Fuddiannau	Y Cadeirydd	Ar Lafar	
1.3	Cywirdeb Cofnodion y Cyfarfod a gynhaliwyd ar 8 Medi a 13 Hydref 2020	Cadeirydd	Atodiad	
1.4	Cofnodion Gweithredu a Materion sy'n Codi - dim gweithredoedd agored	Cadeirydd	Atodiad	
2.	**Eitemau i'w hystyried a/neu eu penderfynu**			
2.1	Adroddiad gan y Cadeirydd	Y Cadeirydd	Atodiad	13:45 – 13:50
2.2	Adroddiad gan y Rheolwr Gyfarwyddwr	Y Rheolwr Gyfarwyddwr	Atodiad	13:50 – 14:00
2.3	Trafnidiaeth Newyddenedigol - Diweddariad	Y Cyfarwyddwr Cynllunio	Atodiad	14:00 – 14:15
2.4	Y Cynllun Comisiynu Integredig - Egwyddorion	Y Cyfarwyddwr Cynllunio	Cyflwyniad	14:15 - 14:25
2.5	Dyfodol Grŵp Partneriaeth Hunaniaeth o ran Rhywedd i Gymru Gyfan	Y Cyfarwyddwr Nyrsio	Atodiad	14:25 – 14:35
2.6	Y Ffordd Ymlaen – Panel Ceisiadau Cyllido Cleifion Unigol Cymru	Y Cyfarwyddwr Nyrsio	Atodiad	14:35 – 14:45
2.7	Y Pwyllgor Ansawdd a Diogelwch Cleifion - Cylch Gorchwyl Diwygiedig	Y Cyfarwyddwr Nyrsio	Atodiad	14:45 – 14:55
2.8	Yr Uned Comisiynu Cydweithredol Genedlaethol - Parhad y Fframwaith ar gyfer Cartrefi Gofal	Y Cyfarwyddwr Ansawdd a Iechyd Meddwl/ Anableddau Dysgu - Yr Uned Comisiynu Cydweithredol Genedlaethol	Atodiad	14:55 - 15:05

Eitem		Arweinydd	Papur/ Ar Lafar	Amser
3.	**Adroddiadau Rheolaidd ac Eitemau er Gwybodaeth**			
3.1	Adroddiad Perfformiad Ariannol Mis 6 2020-21	Y Cyfarwyddwr Cyllid	Atodiad	15:05 – 15:15
3.2	Adroddiadau'r Is-bwyllgorau ar y cyd i. Briffiadau'r Grŵp Rheoli ii. Panel Ceisiadau Cyllido Cleifion Unigol iii. Y Pwyllgor Ansawdd a Diogelwch Cleifion	Cadeiryddion yr Is-bwyllgorau ar y cyd	Atodiad	15:15 – 15:20
4.	**Dod â'r busnes i ben**			
4.1	Unrhyw faterion eraill	Y Cadeirydd	Ar Lafar	
4.2	Dyddiad y cyfarfod nesaf (wedi'i gynllunio) - 26 Ionawr 2021 am 09:30	Cadeirydd	Ar Lafar	

Argymhellir bod y Cyd-bwyllgor yn cymryd y penderfyniad canlynol:
"Dylid eithrio cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd am weddill y cyfarfod o ystyried natur gyfrinachol yr hyn a drafodir, lle byddai rhoi cyhoeddusrwydd i'r hyn a drafodir yn niweidiol i fudd y cyhoedd"
(Adran 1 (2) Deddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd) 1960)".

Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 8 September 2020 by MS TEAMS

Members Present:

Vivienne Harpwood	(VH)	Chair
Stuart Davies	(SD)	Director of Finance, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Gill Harris	(GH)	Interim Chief Executive, BCUHB
Sian Lewis	(SL)	Managing Director, WHSSC
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB

Deputies:

Iolo Doull	(ID)	Deputy Medical Director, WHSSC
Martin Driscoll	(MD)	Deputy CEO & Director of Workforce, CVUHB
Hannah Evans	(HE)	Director of Transformation, SBUHB
Nick Lyons	(NL)	Deputy CEO & Medical Director, Cwm Taf Morgannwg UHB

Apologies:

Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Paul Griffiths	(PG)	Independent Member, CTMUHB
Jason Killens	(JK)	Chief Executive Officer, WAST
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay UHB
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Jenny Thomas	(JT)	Medical Director, WHSSC

In Attendance:

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

The meeting opened at 08:30 hrs.

JC20/034	**Welcome, Introductions and Apologies** The Chair welcomed Members to the meeting and reminded them that, due to the COVID-19 pandemic, the meeting was being held via MS Teams on a quorum basis with a consent agenda. It was noted that a quorum had been achieved. Apologies were noted as above. Written questions from members and answers had been published in advance of the meeting and would be embedded within the meeting papers.
JC20/035	**Declarations of Interest** The Joint Committee noted the standing declarations. No additional declarations were made.
JC20/036	**Minutes of previous meeting** The Joint Committee approved the minutes of the meetings held on 14 July 2020 as true and accurate record.
JC20/037	**Action Log and Matters Arising** Members noted there were no outstanding actions or matters arising.
JC20/038	**TAVI Management of Severe Aortic Stenosis during the COVID-19 Pandemic** Members received a paper outlining the current situation and the impact of the COVID-19 pandemic on the management of severe aortic stenosis and the evidence to support the short term commissioning arrangements for TAVI for the intermediate patient group during the pandemic, together with proposed funding arrangements. HE explained that the south Wales providers had expressed a reluctance to support the proposal on funding grounds because it was felt that any slippage on the current block contracts would be used to finance COVID-19 specific expenditure but they would now be providing the estimated device pass through costs in their month 6 forecast to Welsh Government if the proposal received Joint Committee support. It was generally noted that some flexibility would be necessary to deal with issues of this nature until the pandemic was over. The Joint Committee consented to the Recommendation set out in the paper, namely to: • **Support** the recommendation that WHSSC formally changes the commissioning policy to include intermediate risk patients but

	allows decision making on individual cases to be taken by clinical discretion through the MDT process; and • **Approve** the WHSSC position regarding funding in that payments under the block contract and pass through arrangements for TAVI devices will be limited up to 2019-20 outturn levels.
JC20/039	**Options Appraisal for a Permanent Perinatal Mental Health In Patient Mother and Baby Unit (MBU) in Wales** Members received a paper that informed them of the options appraisal exercise and scoring of the short listed options for a permanent perinatal mental health in patient MBU in Wales. CS, as chair of the Mental health Network, confirmed that this was a key, high profile, development required to meet unmet need. EE noted the continued importance of community based care for those patients who did not want to be admitted to the unit. It was reported that a letter from the Board of Community Health Councils in Wales had been received that was supportive of the options appraisal process but noted that more further formal public engagement was expected on the options once a preferred option was identified. The Joint Committee consented to the Recommendation set out in the paper, namely to: • **note** that both options meet the WHSSC service specification; • **support** the recommendation from the non-financial options that Neath Port Talbot Hospital is the preferred location of a permanent mother and baby unit; and • **note** that the final preferred option will be subject to the usual business case process to access Welsh Government capital.
JC20/040	**Chair's Report** The Chair's Report referred members to a Chair's Action taken on 14 July 2020 to approve temporary amendments to the WHSSC Standing Orders, which members consented to ratify. The Chair reported that, as planned, this would be her last meeting and that the Minister had appointed her replacement, the details of which would be announced shortly.
JC20/041	**Managing Director's Report** The Managing Director's report, including updates on a new commissioning assurance framework and Radio-frequency Ablation for Barrett's Oesophagus, was taken as read.

JC20/042	**Major Trauma Network Readiness Assurance Update** Members received a paper that provided final assurance that the South Wales Trauma Network is ready to go live on 14th September 2020. The Joint Committee consented to the Recommendation set out in the paper, namely to **receive final assurance** that following a robust assessment process by the Trauma Network Team and as recommended by the Trauma Network Implementation Board all components parts of the Trauma Network are ready and the Network can proceed to launch on 14 September 2020.
JC20/043	**Welsh Renal Clinical Network 2019-20 Annual Report** The Welsh Renal Clinical Network 2019-20 Annual Report was taken as read.
JC20/044	**Financial Performance Report – Month 4 2020-21** A paper that set out the financial position for WHSSC for month 4 of 2020-21, including a forecast under spend of £6m at year end, was taken as read. The under spend related mainly to months 1-4 underspend on the pass through elements of Welsh provider SLA's, COVID-19 block arrangements with NHSE for Q1 and Q2 below the plan baseline and Q1 2020-21 development slippage. The Director of Finance reported that, while the full month 5 report was not yet available, the position had continued to improve. The Joint Committee consented to the Recommendation set out in the paper, namely to **note** the current financial position and forecast year end position.
JC20/045	**Reports from the Joint Sub-Committees** The Joint Committee received the reports from the Joint Sub-Committees. In relation to the Integrated Governance Committee, VH referred to the highlighted paragraphs in the report: • Members requested that Joint Committee members be briefed on the heightened level of risk to patient harm experienced in specialised services during the pandemic and that Chief Executives be encouraged to brief their Boards of Directors on this. • Members also noted that it was important to ensure lessons learned from the pandemic were captured to inform any future event and that shared ownership was important amongst Welsh Government, providers and commissioners.

	In relation to the Quality & Patient Safety Committee report, EE referred to the presentation delivered by Shane Mills, Clinical Director for Collaborative Commissioning, NCCU, which highlighted how a CAMHS community support initiative had reduced inpatient admissions. SD confirmed that this was a strategy supported by WHSSC that had been facilitated by diversion of funding from inpatient to community care. VH noted, in relation to, Individual Patient Funding Requests, a robust process had been put in place during the pandemic with more regular, weekly, meetings considering requests. The Joint Committee consented to the Recommendation to **note** the content of the reports from the Joint Sub-Committees.
JC20/046	**All Wales Traumatic Stress Quality Improvement Initiative** SL reported that a letter from Welsh Government confirming funding for the initiative had been received and that Joint Committee now needed to approve commissioning of the initiative by WHSSC. This would be addressed by Chair's Action later in the week.
JC20/047	**Date and Time of Next Scheduled Meeting** The Joint Committee noted the next scheduled meeting would take place on 10 November 2020.

The meeting ended at 09:25 hrs.

Chairman .....

Date.....

Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 13 October 2020 by MS TEAMS

Members Present:

Kate Eden	(KE)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Emrys Elias	(EE)	Vice Chair
Paul Griffiths	(PG)	Independent Member, CTMUHB
Sian Lewis	(SL)	Managing Director, WHSSC
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay UHB
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member, PTHB
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB

Deputies:

Iolo Doull	(ID)	Deputy Medical Director, WHSSC
Mandy Rayani (part)	(MR)	Director of Nursing, Quality and Patient Experience, Hywel Dda UHB
Iain Wilkie	(IW)	Acting Director of Mental Health and Learning Difficulties, Betsi Cadwalader UHB

Apologies:

Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Jenny Thomas	(JT)	Medical Director, WHSSC

In Attendance:

Adrian Clark	(AC)	Assistant Director of Nursing and Quality, NCCU
Kieron Donovan	(KD)	Affiliate Member/ Chair, Welsh Renal Clinical Network
Shane Mills	(SM)	Clinical Director for Collaborative Commissioning, NCCU
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

Minutes:

Michaella Henderson	(MH)	Corporate Governance Officer, WHSSC

The meeting opened at 16:05 hrs.

JC20/048	**Welcome, Introductions and Apologies** KE introduced herself as the newly appointed Chair of WHSSC. The Chair thanked Professor Vivienne Harpwood, Interim Chair of WHSSC for the past three years, for her service to the organisation and to specialised services. The Chair noted she was looking forward to working side-by-side with her Co-Members of the Joint Committee and the staff of WHSSC to ensure equitable access to safe, effective and specialised services for the people of Wales. KE welcomed Members to the meeting and reminded them that, due to the COVID-19 pandemic, the meeting was being held via MS Teams on a quorum basis with a consent agenda. It was noted that a quorum had been achieved. Apologies were noted as above.
JC20/049	**Declarations of Interest** The Joint Committee noted the standing declarations. No additional declarations were made.
JC20/050	**Reducing harm due to COVID-19: Stereotactic Ablative Radiotherapy and Brachytherapy** Members received and considered a paper the purpose of which was to request approval for in-year funding to expand the commissioned indications for Stereotactic Ablative Radiotherapy (SABR) and Brachytherapy in order to provide additional, evidence based, treatment options to support the reduction of harm related to the COVID-19 pandemic. KP reported the paper had previously been considered by Management Group who were supportive of the proposals contained therein but had agreed that, because in-year funding was required, it should be referred to Joint Committee for the approval. KP further noted that, as WHSSC was forecasting a significant underspend for the financial year, funding for the proposals would be allocated entirely from that underspend. KP highlighted from the paper that both SABR and Brachytherapy had been considered via the Clinical Impact Assessment Group (CIAG) process in October 2019 but their relative scores and priority ranking fell below the cut off that was determined for inclusion as funded schemes within the ICP 2020-23. Members sought assurances that SABR and Brachytherapy would not be funded to the exclusion of any scheme that was prioritised higher in the CIAG process and the WHSS Team provided those assurances to the satisfaction of Members.

	TM explained that SBUHB had submitted a proposal to provide SABR for south west Wales' patients. The WHSS Team acknowledged that this would be considered at an appropriate time. Members noted the WHSS Team had already discussed the proposed arrangements with all providers involved in the proposals. Members consented to the recommendations set out in the paper, namely to: • **Note** that clinical evidence favours the routine commissioning of SABR to treat patients with Oligometastatic cancer and Hepatocellular carcinoma; • **Note** treating patients with SABR helps to reduce COVID-19 related harm since the relative benefits of SABR compared with alternative treatment modalities (surgery or systemic therapy) increase when there is risk of infection with COVID-19; • **Note** clinical evidence favours the routine commissioning of Brachytherapy to treat patients with intermediate and high risk localised prostate cancer; • **Note** by substituting for a proportion of external beam radiotherapy, the provision of Brachytherapy for intermediate and high risk prostate cancer patients will allow increased radiotherapy throughput, reducing COVID-19 related harm by increasing the ability to treat backlog and manage any future surge of previously suppressed demand; • **Approve** commissioning SABR for patients with Oligometastatic cancer and Hepatocellular carcinoma in line with WHSSC's draft commissioning policies as in-year service developments on an interim basis for 6 months; • **Approve** commissioning Brachytherapy in line with WHSSC's draft commissioning policy as an in-year service development on an interim basis for 6 months; and • **Note** recurrent funding for SABR for Oligometastatic cancer and Hepatocellular carcinoma, and Brachytherapy for intermediate and high risk prostate cancer, will be considered through the WHSSC ICP process for 2021-24.

JC20/051	**Any Other Business** No other business was raised.
JC20/052	**Date and Time of Next Scheduled Meeting** Members noted that the next scheduled meeting would take place on 10 November 2020.

The meeting ended at 16:25 hrs.

Chair .....

Date.....

QUESTIONS RAISED FROM JOINT COMMITTEE MEMBERS FOR PUBLIC MEETING ON 10 NOVEMBER 2020

Agenda Item	Raised By	Question	WHSSC Response
1.3	Paul Griffiths, Independent Member	**Minutes of 8th September Meeting** Page 4: Do we know if all Chief Executives have informed their Boards of the heightened level of risk to patient harm?	Due to the timing of health board meetings we might not expect to see this in board papers until November however CEO colleagues may be able to provide an update in the meeting.

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

		Agenda Item	2.1
Meeting Title	**Joint Committee**	Meeting Date	10/11/2020
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 issues considered by the Chair since the last Joint Committee meeting.			
RATIFY ☒	APPROVE ☐	SUPPORT ☐	ASSURE ☐	INFORM ☒

		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the contents of the report; and • **Ratify** the Chair's Action.		

Considerations within the report (tick as appropriate)

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

1.0 SITUATION

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

2.0 BACKGROUND

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

3.0 ASSESSMENT

3.1 Chair's Action

Professor Vivienne Harpwood wrote to Joint Committee Members on 11 September 2020 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Emrys Elias, an Independent Member of WHSSC, she had taken Chair's Action to approve the commissioning of the All Wales Traumatic Stress Quality Improvement Initiative by WHSSC.

A copy of the letter is attached, for information, as an appendix.

Members are asked to ratify the Chair's action.

4. RECOMMENDATIONS

Members are asked to:

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

5. APPENDICES/ ANNEX

Letter approving the commissioning of the AWTSQII dated 11 September 2020.

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		

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

Your ref/eich cyf:
Our ref/ein cyf: VH.KS
Date/dyddiad: 11th September 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") – Commissioning the All Wales Traumatic Stress Quality Improvement Initiative

In 2019, Welsh Government agreed to indicative recurrent funding of £1.13m per annum and asked WHSSC to formally commission the AWTSQII on behalf of the seven Health Boards in Wales. Welsh Government re-confirmed commitment to funding the AWTSQII in May 2020. Discussions with Welsh Government indicated the AWTSQII is seen as an ongoing initiative beyond 2022, subject to satisfactory progress against key performance indicators.

Joint Committee received a paper at its meeting on 14 July 2020 that set out the commissioning arrangements for the AWTSQII and informed members of a further informal confirmation of funding from Welsh Government for the initiative.

Welsh Government has now confirmed funding for the AWTSQII.

As explained at the Joint Committee meeting on 8 September 2020, the Joint Committee now needs to formally approve the commissioning of the AWTSQII by WHSSC.

Chair's Action

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 approve the commissioning of the AWTSQII by WHSSC.

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

Welsh Health Specialised Services Committee
Unit G1, The Willowford,
Treforest,
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

Professor Vivienne Harpwood
Chair

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

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

		Agenda Item	2.2
Meeting Title	**Joint Committee**	Meeting Date	10/11/2020
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	Public

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

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

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

Considerations within the report (tick as appropriate)

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

1. SITUATION

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

2. UPDATES

2.1 Independent Hospitals Commissioning

Members are asked to note that further to agreement with Chief Executives about the options for securing capacity until the end of December 2020, WHSSC has successfully secured agreed signed heads of terms for variations to the contracts with the remaining four independent hospitals.

Under the terms of the variation a firm end date of 31st December 2020 has been agreed, together with a phased reduction in NHS utilisation in steps to the end of October and then to the end of December. These arrangements have been approved by Welsh Government and resources fully secured for the contract period.

The respective health boards have been engaged throughout and full details shared directly with the health boards' representatives at weekly meetings.

Detailed activity, financial and value monitoring reporting remains in place. Activity levels delivered by health boards through their capacity has so far been maintained by more efficient working with the independent hospitals. Financial value to the NHS has improved significantly with operating costs offset by materially increased private patient income.

All contracts have appropriate surge clauses to cover the eventuality of the NHS needing to revert to 100% utilisation as a direct result of specified COVID-19 surge conditions.

In order to learn from the recent field hospital reviews of health boards, WHSSC will be undertaking a self-assessment against the key themes identified in these reviews and will report these to the WHSSC Audit Committee in order to provide additional assurance regarding the commissioning arrangements.

2.2 CAMHS

Developing and enhancing CAMHS services remains a key priority for WHSSC. Whilst there is considerable activity in this area including the implementation of a new service specification, a recently developed bed bureau/bed management panel, work on the Forensic Adolescent Consultation and Treatment Service (FACTS), reviews by the Quality Assurance and Improvement Service (QAIS), there remain concerns about improvement and, in particular, how children and

young people in crisis are supported. This was raised at the recent Quality and Delivery Board at Welsh Government by the Delivery Unit.

The Welsh Government policy lead requested that WHSSC co-ordinate the various strands of work and so the WHSS Team will develop a paper that brings together the different streams of work underway in this area, including that being undertaken by QAIS and will involve the Delivery Unit in this so that Joint Committee are fully briefed. The paper will be circulated to Joint Committee in the next month so that a fuller discussion can take place at Joint Committee in January 2021.

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		

QUESTIONS RAISED FROM JOINT COMMITTEE MEMBERS FOR PUBLIC MEETING ON 10 NOVEMBER 2020

Agenda Item	Raised By	Question	WHSSC Response
2.2	Paul Griffiths, Independent Member	**Managing Directors Report** Page 2: Independent Hospitals Commissioning The variation to the contract has a firm end date of 31st December. Does this mean that there is no possibility of extending the contract beyond the end of the year irrespective of conditions prevailing at that time and the possible urgent requirement for further independent hospital support. If that is the case, do we have a fall back position?	There is no possibility of extending the contract in its current form beyond 31st December 2020 as the enabling competing order will also come to an end at that point. All new arrangements will then need to be fully competition compliant via the use of the Shared Services Framework agreement enacted by the individual health boards. Until the end of December the NHS is though able to trigger "surge conditions" and switch back to using full capacity if the conditions are met. The new health board contracts for post 31st December 2020 will need to consider whether they are able to include similar surge conditions via their tender processes.

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

		Agenda Item	2.3
Meeting Title	**Joint Committee**	Meeting Date	10/11/2020
Report Title	Neonatal Transport		
Author (Job title)	Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	This paper aims to update Joint Committee on progress to establishing a 24/7 neonatal transport service in accordance with the agreement made by Joint Committee at the meeting in March 2020 and to seek agreement on the next steps.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☒	☐	☒

Sub Group /Committee This links to additional information provided on last page	Corporate Directors Group Board	Meeting Date	20/10/2020
	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	Members are asked to: • **Note** the information presented within the report and progress to establish a 24/7 neonatal transport service in both the interim and as a permanent solution; • **Reaffirm their Support** that the service should be delivered by a Lead Provider; • **Approve** the next steps, that is that WHSSC will write to all Health Boards in south and west Wales, WAST and EMRTs to seek applications to become the lead provider. However if no applications are received from organisations within Wales, WHSSC will seek a lead provider from outside Wales.		

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

This paper provides an update on progress to establish a 24/7 neonatal transport service in accordance with the agreement at Joint Committee in March 2020. It also highlights where progress has been difficult and requests Joint Committee guidance on the next steps.

2. Background

Following receipt of the review undertaken by Dr G Fox to determine recommendations for the establishment of a 24/7 neonatal transport service for south and west Wales, Joint Committee at its meeting on 10th March 2020 agreed to;

- **Support** 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;
- **Support** Management Group recommendations that the future model will be commissioned from a lead provider;
- **Support** the establishment of a Task and Finish Group to develop a service specification for the service and implementation process for a 24/7 model;
- **Support** 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 to be undertaken by the WHSSC Finance Working Group but that the principle will be that the commissioning of a 24 hour service will not de-stabilise the current neonatal intensive care units;
- **Support** 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
- **Approve** 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).

3. Assessment

The table below provides a position on each of the points agreed by Joint Committee towards the development of a 24/7 services

	Current Position	**Next Steps**
The future model will be commissioned from a lead provider	The clinicians at the Task and Finish Group are not supportive of a lead provider model	Discuss at Joint Committee November 2020

Establishment of a Task and Finish Group to develop a service specification for the service and implementation process for a 24/7 model	Task Group established and has met on 3 occasions. Service specification agreed and will be published once it has been signed off through the WHSSC Policy Group (in line with agreed process) Process to select a lead provider discussed but not signed off as clinicians on Task and Finish Group not supportive of a lead provider	Further work required by Task and Finish Group will be dependent upon discussion on next steps at Joint Committee meeting
The Finance Sub Group to define and clearly set out the funding of the clinical components of a 24 hours service with the principle that the commissioning of a 24 hour service will not de-stabilise the current neonatal intensive care units	Work has commenced and a proposal discussed that will need to be refined and signed off at the next Finance Sub Group	Final agreement at Finance Sub Group once the service model has been finalised.
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;	Maternity and Neonatal Network team reported that they do not have the capacity or skills to lead this work.	WHSSC will lead this work with the support of the Maternity and Neonatal Network Team
Approve 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).	The Neonatal Network Transport Group have proposed an interim model which is a duplicate of the current service into the overnight period. The three Health Boards and WAST have been asked to confirm their commitment, operational plan and	Returns have been requested by the end of October and will go to the Management Group meeting in November. Possible start date in December but will need to be confirmed by the Health Boards and WAST.

	costs and then this service can be commissioned as an interim following scrutiny or the operational plans and costs by Management Group.	

Lead Provider
The Lead Provider requirement is the major blockage to agreement of a 24/7 permanent service and without this agreement the WHSS Team can make no further progress. Although the Neonatal Transport Group had previously supported the lead provider requirement they now feel it is unnecessary. At the Joint Committee meeting in March 2020 members noted that the lead provider was an essential part of the service model and that from a Commissioning perspective this model would:

- provide a single governance framework with clear lines of accountability;
- give assurance of systems management for the service; and
- allow for further development of the Neonatal Transport service through a defined processes of engagement.

Joint Committee is asked to reaffirm its support for a lead provider model to enable progress to be made on this service. The next steps would be that WHSSC write to all potential providers of the service in south and west Wales, this would include all Health Boards, WAST and EMRTs, asking for applications to become the lead provider of neonatal transport services. If no applications were received from organisations within Wales, WHSSC would seek a lead provider from outside Wales

4. Recommendations

What you want the Joint Committee/Group to approve/action from this report.

Members are asked to:

- **Note** the information presented within the report and progress to establish a 24/7 neonatal transport service in both the interim and as a permanent solution;
- **Reaffirm their Support** that the service should be delivered by a Lead Provider; and
- **Approve** the next steps, that is that WHSSC will write to all Health Boards in south and west Wales, WAST and EMRTs to seek applications to become the lead provider. However if no applications are received from organisations within Wales, WHSSC will seek a lead provider from outside Wales.

5. Appendices / Annexes

None.

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) 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**
Corporate Directors Group Board	20/10/2020	
Choose an item.		

QUESTIONS RAISED FROM JOINT COMMITTEE MEMBERS FOR PUBLIC MEETING ON 10 NOVEMBER 2020

Agenda Item	Raised By	Question	WHSSC Response
2.3	Paul Griffiths, Independent Member	**Neonatal Transport** Page 5: Why are clinicians on the Neonatal Transport Group no longer supportive of the lead provider model and believe it to be unnecessary?	They do not see the need for a Lead Provider and feel that the model as currently delivered simply needs to be replicated into the remaining 12 hours.

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Developing the Integrated Commissioning Plan 2021/22 and Beyond
Principles and Priorities

WHSSC

"On behalf of Health Boards, to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales."

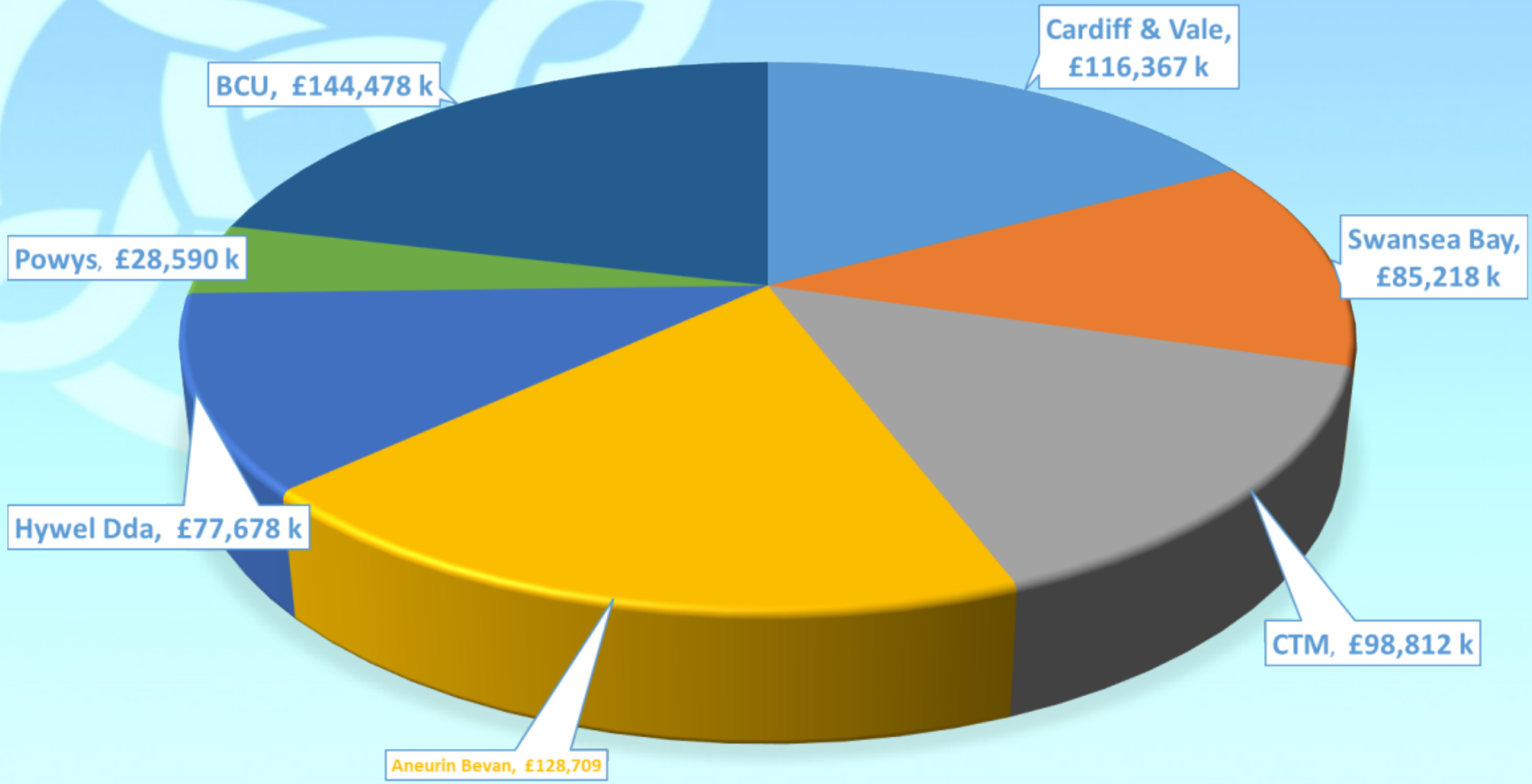
Welsh Health Specialised Services Committee

WHSSC Planned Income 20/21

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)



Responding to Covid-19…..

- Temporary changes to our policies:
  - Transcutaneous Aortic Valve Implantation (TAVI)
  - IVF
  - Positron Emission Topography (PET) scans
  - Stereotactic Ablative Radiotherapy (SABR)
- Changes to the way we do business:
  - Consent agendas
  - Prioritisation
  - New IPFR process
  - 2020/21 service developments
- Refocussed our strategy development:
  - Performance framework underpinned by strong information analysis
  - Fragile services and supporting the Covid-19 response

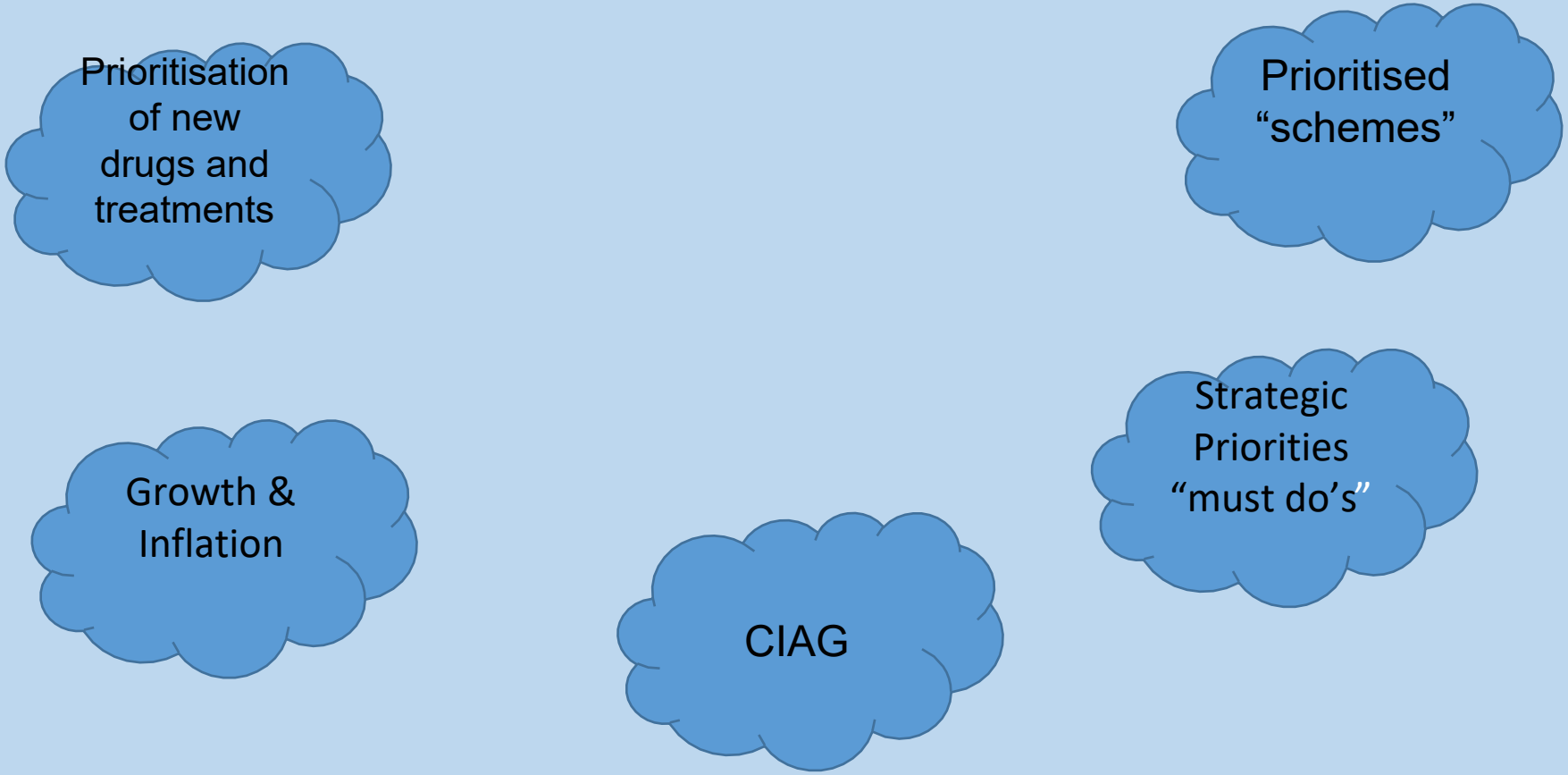
Gaining Assurance

Throughout the pandemic WHSSC has applied a light touch commissioning process

Now an opportunity to reset and develop a commissioner assurance process that is

- clear and transparent,
- provides the appropriate level of assurance,
- measures what matters
- supports the continued development and improvement of specialised services.

Integrated Commissioning Plan



Priorities and Principles

The overarching priority for WHSSC remains

> **“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”**

However, the unprecedented challenge which has resulted from the Covid-19 pandemic requires a specific focus and level of pragmatism now and during the period of recovery which will follow.

Principles

A key element will be to develop a framework for providing commissioner assurance with

- An increased focus on identifying **patient outcomes**
- Support to optimise **patient benefit** and minimise harm
- Influencing the whole of the **patient pathway**
- Supported by effective information systems across the patient pathway
- Assurance on risk and patient prioritisation

Priorities

Investment will need to be focused in those areas the most likely to have a positive impact on patient outcomes in an environment dominated by the effects of the Covid-19 pandemic whilst ensuring that opportunities for service recovery and improved outcomes for the future are not missed.

Specifically:

a. The implementation of innovative technologies which will in the longer term deliver significantly improved patient outcomes
b. Undertaking strategic planning around services where there are service sustainability issues – “Fragile Services”

Definition of a Fragile Service

- Service is at imminent risk of failure – usually due to the loss of key staff through sickness, retirement etc. that means the service is no longer viable in its current form.

- Services which are a future high risk- these services may be able to operate adequately for short periods but would not be viable were there to be any further reductions or changes in key staff because staffing structures or configurations are not sustainable.

WHSSC will need to take a view, where appropriate, on the longer term viability of some services and strategic alternatives including the development of networked arrangements outside of Wales.

Forward Look 2021/22

Integrated Commissioning Plan

- WHSSC's "IMTP"
- Sets out detail of plans for the year with a 3 year forward look
- Prioritisation
  - fragile services
  - Reducing covid harm
- Sign off at JC in January (hopefully!)

Key Questions

- Are the principles the right ones?
  - Focus on patient outcomes, optimisation of benefit minimisation of harm
  - Understanding the whole of the pathway
- Priorities? – investment targeted at
  - Fragile services – imminent and in the longer term
  - Services that reduce harm from covid – alternative treatments for example
  - Strategic priorities e.g mental health
- How do we plan for recovery in specialised services?
  - Delivery in Wales or do we look outside?

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

		Agenda Item	2.5
Meeting Title	**Joint Committee**	Meeting Date	10/11/2020
Report Title	Future of the All Wales Gender Identity Partnership Group (AWGIPG)		
Author (Job title)	Director of Nursing and Quality		
Executive Lead (Job title)	Director of Nursing and Quality	Public / In Committee	Public

Purpose	The aim of this report is to give a brief overview of the work undertaken by the AWGIPG to date and proposals for the next phase of service development.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☐	☒

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	12/10/2020
Recommendation(s)	Members are asked to: • **Note** the information presented within the report; • **Support** the proposal to disband the AWGIPG; and • **Support** the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC.		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

Provider Health Board affected (please state below)

All health boards affected as it is an all Wales service.

1.0 SITUATION

In April 2016, the All Wales Gender Identity Partnership Group, (formally known as the All Wales Gender Dysphoria Partnership Board) was set up to advise the Joint Committee on the development of a NHS Wales Strategy for Gender Dysphoria Services. In 2019, key elements of the strategy were realised, with the commencement of an interim all Wales Welsh Gender Service hosted by Cardiff & Vale University Health Board (CVUHB), supplemented by local gender teams in each health board and a Direct Enhanced Service issues by Welsh Government to General Practice. As this graduated model of care is now in place, the focus needs to shift to the co-ordination and consistency in development of the pathway across primary, secondary and tertiary care to move to a longer term integrated model.

This paper sets out the rationale for standing down the WHSSC AWGIPG and a proposal for the next stages to recommend the development of a managed clinical network hosted outside of WHSSC to address the gaps identified above.

2.0 BACKGROUND

The purpose of the All Wales Gender Identity Partnership Group, as set out in its terms of reference is to advise the Joint Committee on the following:

- The model for Gender Identity Services;
- The lifespan clinical pathway for individuals with gender variance;
- Gaps in provision of locally delivered services, for example, endocrinology;
- Meaningful engagement with service users, gender identity support groups and providers;
- The quality of care and patient experience; and
- Development of quality indicators and key performance indicators for Gender Identity Services.

The scope of the Group extends beyond the services commissioned by WHSSC, including:

- Working with Gender Identity Support Groups;
- Reviewing primary and secondary care services provided and commissioned by Local Health Boards;
- Advising on service provision and support for children and young people;
- Identifying gaps in data around the health needs and experiences; and
- Exploring innovative ways in current business models.

In November 2016, a preferred interim model for the delivery of an adult gender identity service in Wales was identified through a non-financial option appraisal process. The interim model was comprised of a gradual model of care including:

- A multi-disciplinary Welsh Gender Team providing specialist assessment, treatment plans including hormone prescribing and onward referral of Complex cases and those requiring surgical assessment to the Gender Identity Clinic within NHS England.
- Local Gender Teams to prescribe, initiate and monitor hormone therapy in line with specialised guidance.
- GP Enhanced Service to prescribe and monitor service users in the long term.

The interim aspect of the model relates to the Welsh Gender Team, as over time, the expertise of the team will allow more complex patients to be seen as well as increasing the capacity and expertise of the local gender teams. This will allow for the extension of the role and responsibility of the local gender teams resulting in less reliance on a centralised assessment service and provide services closer to home.

A Project Lead was appointed by WHSSC in January 2018 to take forward the AWGIPG work plan which was completed in March 2019. This included the establishment of a communications plan and a number of task & finish groups such as the implementation of the service, education and training and key performance indicators for the service specification.

Current Position
Following stakeholder consultation, the WHSSC Service Specification for the all Wales Adult Gender Identity Service was published in September 2019 and the Welsh Gender Service, hosted by Cardiff & Vale University Health Board (CVUHB) opened its doors in October 2019.

As the AWGIPG has achieved its purpose and completed the agreed work plan, it is proposed that the AWGIPG is stood down and a recommendation made for it to be replaced by a Managed Clinical Network (MCN) hosted outside of WHSSC. The main focus of the MCN will be to ensure a consistent approach and co-ordinate the development of the pathway across primary, secondary and tertiary care. The proposed MCN would also focus on the development of skills and expertise in primary and secondary care to support the longer term aim of delivering more of the service locally through the local gender teams.

Next Steps
In order to move to the next phase of the work, it is proposed that the discussion to develop a Managed Clinical Network is considered by the Chief Executives Group and a task and finish group is created in order to:

- Identify a host health board for the MCN

- Identify the most appropriate MCN configuration (Steering group/project board/sub groups)
- Establish appropriate membership for the MCN (Clinicians, health board representatives, General Practitioner and partner organisation representatives)
- Confirm the scope/terms of reference
- Develop an overarching work plan
- Identify and confirm resources required

3.0 CURRENT RISKS/ISSUES

- The AWGIPG has achieved its purpose and is unable to deliver the next phase of development required in terms of co-ordinating and developing the clinical pathway across primary, secondary and tertiary care. It is therefore proposed that the next phase of work if driven by a Managed Clinical Network that can provide governance and authority across the pathway in its entirety.

- There is a risk that the disbanding of the AWGIPG is perceived negatively by the members. Therefore careful consideration needs to be given to future stakeholder and service user input into the MCN. CVUHB as host of the Welsh Gender Service currently holds stakeholder events every 6 months which have been received positively.

- WHSSC is only responsible for commissioning the tertiary level service provide by CVUHB; the primary and secondary care components of the pathway currently stand alone. The proposed MCN will provide oversight across the full pathway, presenting a mechanism for all health boards to share risk and ensuring equity of service.

- The Gender Identity Wales website, currently hosted by WHSSC on behalf of the AWGIPG is not compliant with the Public Sector (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018 and will no longer be accessible from 23rd September 2020. It is proposed CVUHB and the proposed MCN work together to agree a replacement information resource for Gender Identity Services in Wales.

3.1 Proposed further actions

It is proposed that further discussions are moved into the Chief Executives Group.

4.0 RECOMMENDATIONS

Members are asked to:

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

- **Support** the proposal to disband the AWGIPG; and
- **Support** the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC.

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Not applicable
Health and Care Standards	Choose an item. Choose an item. Governance, Leadership and Accountability
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	No issues identified.
Resources Implications	Depending on the scope of the MCN, funding will be required for a post/posts to administer, co-ordinate and lead the MCN workplan.
Risk and Assurance	The Gender Identity Pathway now needs governance and assurance across all components in primary, secondary and tertiary care. As WHSSC is only responsible for commissioning the tertiary level service there is now a need for a network to provide oversight and shared risk for health boards across the pathway.
Evidence Base	Not applicable.
Equality and Diversity	No identified issues.
Population Health	No issues identified.
Legal Implications	No legal challenges identified.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	12/10/20	**Members support** the proposal to disband the AWGIPG and the recommendation for the Chief

		Executive Group to consider the development of a Managed Clinical Network hosted outside of WHSSC

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

		Agenda Item	2.6
Meeting Title	**Joint Committee**	Meeting Date	10/11/2020
Report Title	Way Forward – All Wales Individual Patient Funding Request (IPFR) Panel		
Author (Job title)	Patient Care Manager		
Executive Lead (Job title)	Director of Nursing and Quality Assurance	Public / In Committee	Public

Purpose	The purpose of the paper is to seek approval of the Joint Committee to the revised Terms of Reference of the All Wales (WHSSC) IPFR Panel.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	X	☐	X	☐

Sub Group /Committee	All Wales IPFR Panel	Meeting Date	Click here to enter a date.
	Corporate Directors Group Board	Meeting Date	12/10/2020
Recommendation(s)	Members are asked to: • **Receive assurance** that there are robust processes in place to ensure that prompt individual patient funding decisions are made in line with the All Wales IPFR policy; and • **Support** the proposed changes to the All Wales (WHSSC) IPFR Panel process including changes to the Terms of Reference as set out in Annex B.		

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)
N/A

Situation

During the COVID-19 lockdown, in line with the *WHSSC - COVID-19 – Standard Operating Procedure 02*, Individual Patient funding (IPFR) decisions have been taken via Chair's Action. However, as the COVID pandemic is likely have long-term impacts consideration has been given to the future All Wales (WHSSC) IPFR Panel membership by building on the current practice which has ensured prompt and robust IPFR Panel decision making in line with the All Wales IPFR policy.

Background

The Chair's Action Panel (comprising the all Wales Panel Chair, WHSSC Managing Director, Director of Nursing and Quality Assurance and Medical Director) has met virtually on a weekly basis to consider between 2 and 5 requests. More recently to strengthen the process a lay member has been included.

The weekly Panels have worked well with IPFR requests being processed far more quickly, as previously Panels were convened monthly. Positive feedback has been received from clinicians about the speed of decision-making and there has been an improvement in the quality of the IPFR applications with clinicians contacting the Patient Care Team before submitting applications.

The number of IPFR requests reduced at the start of the pandemic but latterly has increased with an increasing proportion being clinically urgent.

The Panel meets via Microsoft Teams and because the number of cases discussed each week is lower than for the previous monthly meetings members report they are able to undertake more thorough preparation prior to meetings and that each request can be discussed in greater depth. The decisions are then relayed, without delay, via email.

"As an IPFR Panel lay member I have found the new weekly Skype meetings to work very well. With a reduced number of cases each week it has been easier to scrutinise each application carefully. There has been full discussion and careful consideration of each case".

Professor Sheila Hunt, Lay Member, All Wales IPFR Panel

The latest IPFR Quality Assurance (QA) Group Audit - 31 July 2020 documents that during January – March 2020 the number of requests which requested urgent consideration was 68%. However, between the periods April to June 2020 the number requesting urgent review had gone up to 97%.

From report.....*"During the COVID-19 pandemic the majority of IPFRs have been considered by the Chair and met urgency timelines. The IPFR QA group expect WHSSC to re-instate monthly IPFR meetings using virtual meeting technology".*

Assessment

The following table shows the number of requests per month prior to and following the implementation of the COVID-19 measures. On average 5 requests are considered or reconsidered by the Chair's Action Panel each week.

Although, the weekly Chair's Action meetings have worked well, the current format does not comply with the All Wales IPFR policy as Chair's Actions are only intended to deal with urgent IPFR requests and as limitations related to the COVID-19 pandemic are likely to be required longer-term, consideration now has to be given to reinstating Panel meetings.

Existing Panel members have been canvassed for their thoughts about setting up twice monthly Panel meetings. The responses were generally supportive so long as on the same day and time each meeting. It was agreed that virtual meetings would provide a more efficient use of time and make attendance easier. However, it was also noted that the Panel members would like to meet face-to-face at least three times a year and if a particularly complex case is to be considered. Some members indicated that they may struggle to attend meetings every two weeks and that deputies would need to be appointed. It was acknowledged that Microsoft Teams is available to all members, including lay representatives, and the introduction of the Admincontrol document management system has supported Panel administration.

The opinions of the IPFR Network, health board Panel members and the All Wales Therapeutics and Toxicology Centre (AWTTC) have also been requested but to date only one response has been received which was supportive of the proposed changes. Any additional responses will be provided orally at the Joint Committee meeting.

The current All Wales (WHSSC) Panel Terms of Reference (**Annex A**), require an Independent Chair (or Vice Chair) and a minimum representation from 5 of the 7 Health Boards (3 of whom must be clinicians), and therefore sometimes it has been difficult achieving quoracy for monthly meetings and it would be unlikely that this format could be used to deliver two-weekly meetings even if they were held virtually.

Achieving this quoracy is significantly more demanding than the health board Panels, which require a Chair (or Vice Chair), who is usually a health board Medical Director, and just 2 clinicians (from its largely Executive Director membership). Therefore, it is proposed that a hybrid model be developed which builds on the strengths of the pre and post COVID-19 All Wales (WHSSC) IPFR Panel processes.

The proposed way forward will involve a change to the current Terms of Reference in terms of membership of the All Wales (WHSSC) Panel but will not affect the overall decision-making process and the decisions will continue to be made in line with the Policy criteria.

Previously the membership has been determined by the health board IPFR Panel chairs however as the All Wales (WHSSC) IPFR Panel acts as a Sub-committee of the WHSSC Joint Committee and holds delegated authority from the Joint Committee to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that health boards have agreed to routinely provide, its Terms of Reference, including its Panel membership, are being brought to the Joint Committee for approval.

Below is a summary of the elements of the process used prior to the COVID-19 pandemic, those currently in place and the proposed new approach.

Pre-COVID-19 process	Current process	Proposed way forward	Why change?
Panel administered by WHSSC IPFR.	Panel administered by WHSSC IPFR.	Panel administered by WHSSC IPFR.	No change proposed.
Use all Wales IPFR policy and procedure criteria (2017).	Use all Wales IPFR policy and procedure criteria (2017).	Use all Wales IPFR policy and procedure criteria (2017).	No change proposed.
Meeting in person and/or virtually via VC.	Meeting virtually via MS Teams.	Meeting virtually via MS Teams.	Allows social distancing. Easier for members to attend without travel requirements.
Frequency monthly.	Frequency weekly.	Frequency every 2 weeks - same day and time.	More frequent meetings allow faster turnaround of requests and lower numbers for Panel to consider at each meeting requiring less time.
Membership: Independent Chair, representatives of 7 health boards 3 of which are clinical and 2 lay members. Quoracy: Independent chairman, 5 health board representatives 3 of which are clinical and 1 lay member	Membership: Independent Chair, WHSSC Managing Director, 1 WHSSC clinical Director and 1 lay member. Quoracy: Independent chairman, WHSSC Managing Director, 1 WHSSC clinical Director	Membership: Independent Chair, representatives of 7 health boards -all clinical, 2 WHSSC Directors one of whom is clinical, 2 lay members. Quoracy: Independent Chair (or alternate Chair/ Clinical representative may deputise for Chair), 2 clinical health board representatives, 1 WHSSC director, one lay member.	Smaller membership allows more frequent meetings to be scheduled. Inclusion of WHSSC directors provides more relevant service knowledge. Increased proportion of clinical and lay members avoids potential criticism of "management-led" decisions.

Chair's Action process for PET and urgent requests only i.e. Independent Chair, Managing Director, 1 WHSSC clinical director.	Chair's action process for all requests (with addition of lay member).	Urgent requests remain as Chair's Action process.	Avoids any delays in handling urgent requests.
Chair's Actions reported at next Panel meeting	Chair's Actions reported at next Panel meeting.	Chair's Actions reported at next Panel meeting	No Change proposed
Meeting length - 3-4 hours.	Meeting length 30-60 minutes.	Meeting length 60-90 minutes.	More frequent meetings reduces the number of cases for consideration on each occasion.
Minutes available prior to next monthly meeting - often 30 pages long.	Each request generates its own electronic record, available within 24 hours for review.	Each request generates its own electronic record, available within 24 hours for review.	Improves record keeping.
Papers sent by email and iBabs.	Papers sent by email and iBabs.	Papers sent by Admincontrol board portal system	Facility to manage documentation and record keeping electronically. Members can access without papers having to be emailed out.
Monthly reports to Panel on clinical outcomes.	2 weekly updates as part of meeting.	2 weekly updates as part of meeting.	Increases frequency of reporting.

Quality of applications often variable.	Quality of applications improved as IPFR team are able to offer more support for clinicians with less pressure of deadlines.	Quality of applications improved as IPFR team are able to offer more support for clinicians with less pressure of deadlines.	Improves decision making.
Panel reports to Joint Committee.	Panel reports to Joint Committee.	Panel reports to Joint Committee.	No change proposed.
WHSSC (and Health Boards) maintain database of IPFR and report to AWTTC.	WHSSC (and Health Boards) maintain database of IPFR and report to AWTTC.	WHSSC (and Health Boards) maintain database of IPFR and report to AWTTC.	No change proposed.
Independent Reviews are conducted by Health Board of residence.	Independent Reviews are conducted by Health Board of residence.	Independent Reviews are conducted by Health Board of residence.	No change proposed.

Proposed Terms of Reference to support this model are included in **Annex B**

With the intention of securing an appropriate balance of health board clinical, lay and WHSSC clinical members, the main changes to the Terms of Reference are:

- Meetings will be held every two weeks via Microsoft Teams
- Independent Chair (or alternate Chair)
- Clinical representative may deputise for Chair
- Quoracy includes one lay member at each meeting (it is the intention to develop a pool of lay members to ensure quoracy at each meeting)
- Quoracy of health board representatives reduced to two, who must be senior clinicians within secondary, tertiary, primary care or public health. (with a named clinical deputy of appropriate seniority and experience who can operate in the capacity of the primary representative)
- WHSSC clinical directors are included in the membership

Urgent requests (decision within 24-48 hours) will still be considered as Chair's Action and other Panel members may still be co-opted on to the Panel at the Chair's discretion.

Recommendation

Members are asked to:

- **Receive assurance** that there are robust processes in place to ensure that prompt individual patient funding decisions are made in line with the All Wales IPFR policy; and
- **Support** the proposed changes to the All Wales (WHSSC) IPFR Panel process including changes to the Terms of Reference as set out in Annex B.

Annex A

EXTANT TERMS OF REFERENCE – ALL WALES (WHSSC) IPFR PANEL

To act as a Sub Committee of the Welsh Health Specialised Services Committee (the Joint Committee) and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The Panel will act at all times in accordance with the all Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support.

The Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	**MEMBERSHIP AND ATTENDANCE**
The IPFR Panel has delegated authority from the Joint Committee to consider requests and make decisions, limited to the purpose set out above. The IPFR Panel cannot make policy decisions for the Health Board. Any policy proposals arising from their considerations and decisions will be reported to the Management Group and/or Joint Committee for ratification. Financial authorisation is as follows: – The panel's authorisation limit is set at £300,000 for one-off packages and £1million for lifetime packages	• Independent Chair (who will be from existing members of the NHS organisations Boards) • Two Lay representatives • Nomination at Director level from each of the LHBs A named representative from each of the seven Health Boards who should be a Director or Deputy/Assistant Director, or named deputies of appropriate seniority and experience who can operate in the capacity of the primary representative. The intention will be to secure an appropriate balance of processional disciplines to secure an informed multi-disciplinary decision. A further two panel members may be appointed at the discretion of the Chair of the panel, for example a member of the Ethics Committee or a Senior Pharmacist. These members should come from outside the 7 Health Boards and one of which would be

– Any decisions resulting in a financial cost in excess of these limits must be reported to the Director of Specialised and Tertiary Services and the relevant Health Board for authorisation	nominated as the Vice Chair. The Chair of the panel will review the membership as necessary. In attendance from WHSSC • Medical Director or Deputy • Director of Nursing or Deputy • IPFR Co-ordinator • Finance Advisor (if required) • Other WHSSC staff as and when required.

Annex B

<u>PROPOSED</u> TERMS OF REFERENCE – ALL WALES (WHSSC) IPFR PANEL

To act as a Sub-committee of the Welsh Health Specialised Services Committee (the Joint Committee) and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The Panel will act at all times in accordance with the all Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support.

The Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	**MEMBERSHIP AND ATTENDANCE**
The IPFR Panel has delegated authority from the Joint Committee to consider requests and make decisions, limited to the purpose set out above. The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions will be reported to the Management Group and/or Joint Committee for ratification. Financial authorisation is as follows: – The panel's authorisation limit is	• Chair (will be an 'Independent Member' appointed from Welsh NHS organisations) • Two Lay representatives • A named representative from each of the seven Health Boards who is a senior clinician within secondary, tertiary, primary care or public health. A named clinical deputy of appropriate seniority and experience who can operate in the capacity of the primary representative. • Two Directors with a clinical background from WHSSC. The intention will be to secure an appropriate balance of Health Board clinical, lay and WHSSC clinical members.

set at £300,000 for one-off packages and £1million for lifetime packages – Any decisions resulting in a financial cost in excess of these limits must be reported to the Director of Specialised and Tertiary Services and the relevant Health Board for authorisation	Further members may be appointed at the discretion of the Chair of the Panel, for example a member of an Ethics Committee or a Senior Pharmacist. The Chair will review the membership as necessary. In attendance from WHSSC • IPFR Manager • IPFR Co-ordinator

PROCEDURAL ARRANGEMENTS

Quorum:

- Chair or Vice-Chair (Clinical representative can deputise for Chair).
- Representation from two of the seven Health Boards
- One lay member
- One WHSSC Clinical Director

Meetings:

At least twice a month with additional meetings held as required and agreed with the Panel Chair or Vice Chair. Microsoft Teams will be used for all meetings.

WHSSC will be responsible for organising the All Wales (WHSSC) Panel and will provide members with all relevant documentation.

Urgent Cases:

It is recognised that provision must be made for occasions where decisions may need to be made urgently (24-48 hours).

In these instances, the Managing Director of Specialised and Tertiary Services together with the WHSSC Medical Director or Director of Nursing & Quality Assurance and the Chair (or Vice Chair) of the All Wales (WHSSC) Panel are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

WHSSC will provide an update of any urgent decisions to the subsequent meeting of the Panel.

Recording: The WHSSC IPFR Co-ordinator will clerk the meetings to ensure proper records of the panel discussions and decisions are made. An electronic database of decisions will be maintained.

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	IPFR is an integral element of the Integrated Plan and is used to inform prioritisation and the horizon scanning process
Health and Care Standards	Effective Care Individual Care Timely Care
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Decisions made by the IPFR panel, as a Chair Action and during the prior approval process are based on clinical information and evidence provided by the referring clinician. Clinical outcomes are routinely requested where funding has been agreed by the All Wales Panel
Resources Implications	The Patient Care Team manage funding requests within the allocated resources.
Risk and Assurance	Adherence to the All Wales IPFR Policy supports the governance around IPFR decision making.
Evidence Base	N/A
Equality and Diversity	Individual patient funding decisions must be open, transparent and equitable to all Welsh patients. Ensuring that there is equitable access and consistency of decision making is essential and the monitoring of the IPFR process will ensure that assurance can be given to the organisation in achieving this aim
Population Health	The monitoring progress will enable the organisation to determine trends in population health, This will feed into the prioritisation and horizon scanning process as well as monitoring the financial commitments for long term planning.
Legal Implications	Funding decisions are at risk of judicial review if not made in line with All Wales policy and procedure
Report History:	

Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board		
Choose an item.		

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

		Agenda Item	2.7
Meeting Title	**Joint Committee**	Meeting Date	10/11/2020
Report Title	Review of Quality & Patient Safety Committee Terms of Reference		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Director of Nursing and Quality Assurance	Public / In Committee	Public

Purpose	The purpose of this report is to present members with a revised version of the Terms of Reference for the Quality & Patient Safety Committee for approval.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☐	☐	☐

Sub Group /Committee	Quality & Patient Safety Committee	Meeting Date	13/10/2020
Recommendation(s)	Members are asked to: • **Approve** the revised WHSSC Quality & Patient Safety Committee Terms of Reference.		

Considerations within the report (tick as appropriate)

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

1.0 SITUATION

The purpose of this report is to present members with a revised version of the Terms of Reference for the Quality & Patient Safety Committee (Q&PS Committee) for approval.

2.0 BACKGROUND

In accordance with WHSSC Standing Order 3, the Joint Committee shall establish a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the Local Health Boards jointly. As a minimum, it shall establish a joint sub-committee whose purpose is to provide advice and assurance on all matters of quality and patient safety relevant to the work of the Joint Committee.

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

Revised Terms of Reference were presented to the Q&PS Committee on 12 June 2018 for review and were subsequently approved by the Joint Committee on 11 September 2018.

The Terms of Reference approved by the Joint Committee in 2018 were circulated and discussed during the Q&PS Committee Development Day on 15 September 2020. Members and attendees were asked to consider the Terms of Reference and to suggest any amendments. Some minor changes have been proposed to reflect current practice.

These amended Terms of Reference were discussed and reviewed during the 13 October 2020 Q&PS Committee meeting. The revised Terms of Reference are now presented to the Joint Committee for approval.

3.0 ASSESSMENT

Attached as **Appendix 1** is a mark-up of the proposed revised version of the Q&PS Committee Terms of Reference for approval by members.

4.0 RECOMMENDATIONS

Members are asked to:

- **Approve** the revised Q&PS Committee Terms of Reference.

5.0 APPENDICES / ANNEXES

Appendix 1 – Q&PS Committee Terms of Reference – Mark-up

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

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Quality & Patient Safety Committee	13/10/2020	Terms of Reference approved for onward recommendation to the Joint Committee

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

Quality and Patient Safety Committee

Terms of Reference

Document Author:	Corporate Governance Manager
Executive Lead:	Director of Nursing and Quality Assurance
Approved by:	Joint Committee
Issue Date:	~~25 July 2018~~
Review Date:	~~July 2019~~

1.0 Constitution and Purpose

1.1 In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the Local Health Boards (LHBs) jointly or the Welsh Government must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each Local Health Board (LHB) and/or its other committees).

These may consist wholly or partly of Joint Committee members or LHB members or of persons who are not LHB members or Board members of other health service bodies.

The Joint Committee shall establish a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the LHBs jointly. As a minimum, it shall establish a joint sub-committee whose purpose is to provide advice and assurance on all matters of quality and patient safety relevant to the work of the Joint Committee. This sub-committee will be known as the **Quality and Patient Safety Committee** (**the sub-committee).**

1.1. Purpose

The purpose of the Welsh Health Specialised Services Committee (Joint Committee) Quality and Patient Safety Committee is to provide timely assurance to the Joint Committee that it is commissioning high quality and safe services. This will be achieved by:

- Providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the Joint Committee;
- Addressing concerns delegated by the Joint Committee; and
- Ensuring that LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of specialised service may impact on primary and secondary and vice versa (whole pathway).

1.2. Relationships and accountabilities

Although the Joint Committee has delegated authority to the sub-committee for the exercise of certain functions as set out within these terms of reference, in accordance with legislation, the LHBs retain overall responsibility and accountability for ensuring the quality and safety of care to their citizens.

The sub-committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these terms of reference.

The sub-committee through its Chair and Members shall work closely with the Joint Committee's other joint sub-committees and groups to provide advice and assurance to the Joint Committee through the:

- Joint planning and co-ordination of the Joint Committee and sub-committee business; and

- Sharing of information.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Joint Committee's overall risk and assurance framework.

The sub-committee through its Chair and Members shall work closely with LHB Quality and Safety Committees to ensure that LHB Boards are informed of any issues relating to their population recognising that concerns of specialised services may impact on primary and secondary services and vice versa (i.e. the whole pathway).

The sub-committee shall embed the Joint Committee's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

2.0 Delegated Powers and Authority

2.1 The Quality and Patient Safety Committee will, in respect of its provision of advice to the Joint Committee:

- Oversee the development of a quality assurance framework for the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the implementation of the quality assurance framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Oversee the development of a patient engagement framework for the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the implementation of the patient engagement framework ensuring that there is continuous improvement in the commissioning of specialised services for the people of Wales;
- Consider the quality and patient safety implications arising from the development of commissioning strategies, including developments included in the Integrated Commissioning Plan;
- Ensure that all commissioning teams, through regular reporting to the sub-committee consider quality and safety as part of service commissioning;
- Receive from the commissioning teams, when required, items for urgent consideration and escalation;
- Receive regular updates on the development of commissioning policies and any implications for the quality and safety of commissioned services;
- Oversee the development and implementation of the risk management systems for WHSSC, ensuring that quality and safety of specialised services are priority for the organisation;
- Monitor and scrutinise risk management and assurance arrangements from the perspective of clinical and patient safety risks;
- Monitor and scrutinise concerns management arrangements ensuring that patient safety and safeguarding is paramount within WHSSC; and

- Ensure that lessons are learnt from patient safety incidents, complaints and claims (within specialised services) and that all such lessons are disseminated to all providers of services commissioned by the Joint Committee.

2.2 **Authority**

The Quality and Patient Safety Committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.

The sub-committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with WHSSC's procurement, budgetary and other requirements.

The sub-committee will ensure that it is aware of and receives relevant reports on the activities and reports of external independent regulators and agencies, such as Health Inspectorate Wales, Care Quality Commission, National Audit Office and Wales Audit Office, that relate to the commissioning and delivery of specialised services.

2.3 **Access**

The Head of Internal Audit of the host LHB shall have unrestricted and confidential access to the Chair of the Quality and Patient Safety Committee.

The sub-committee will meet with Internal Audit without the presence of WHSSC officials on at least one occasion each year.

The Chair will also meet with nominated representatives of Healthcare Inspectorate Wales without the presence of officials on at least one occasion each year.

The Chair of the Quality and Patient Safety Committee shall have reasonable access to the Directors and other relevant senior staff within the Welsh Health Specialised Services Team.

3.0 Sub-groups

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

4.0 Membership

The membership of the sub-committee shall be determined by the Joint Committee, based on the recommendation of the Chair of WHSSC, taking account of the balance of skills and expertise necessary to deliver the sub-committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Chair of the Joint Committee and the Chair of the sub-committee shall select prospective members, from nominations from the Local Health Boards, Welsh NHS Trusts or other NHS Wales organisations. This selection will provide as wide a representation across Wales as possible.

The sub-committee shall consist of not less than five Independent Members drawn from Local Health Boards, Welsh NHS Trusts or other NHS Wales organisations. The sub-committee Chair and sub-committee Vice Chair will be appointed from the Independent Members or will be an independent external advisor (as appropriate).

The sub-committee may also co-opt up to two further additional independent members from outside of the organisation to provide specialist knowledge and skills. These members will not count toward the quorum.

The committee will be supported by the following:

- The WHSSC Medical Director;
- The WHSSC Director of Nursing and Quality Assurance;
- The WHSSC Director of Planning; and
- The WHSSC Committee Secretariat.

A representative of the Community Health Council (Wales) will be invited to attend sub-committee meetings as an observer.

The sub-committee Chair may extend invitations to other persons to attend sub-committee meetings, as appropriate.

5.0 Quorum

At least two members must be present to ensure the quorum of the sub-committee, one of whom should be the sub-committee Chair or sub-committee Vice Chair.

6.0 Frequency and Attendance

The sub-committee will hold a minimum of five meetings per year.

Additional meetings may be called as appropriate with agreement of all members.

Additional meetings may be held with the chairs of the LHB's Quality and Safety Committees where there is urgent business for escalation.

Members will be required to attend a minimum of 75% of all meetings.

7.0 Dealing with Members' interest during meetings

Declarations of interest will be a standing agenda item for all meetings**.**

Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other

matter that is the subject of consideration on any item on the agenda for a meeting.

Interests declared at the start of, or during a meeting will be managed in accordance with section 7.3 of the WHSSC Standing Orders.

8.0 Decision Process

Decisions can only be made in line within the parameter of the sub-committee's functions and the delegated powers and authority of the group as set out in section 2.0.

This sub-committee is an assurance committee and therefore where a decision is required the matter will be referred to the WHSS Team or Joint Committee, as appropriate.

9.0 Administrative Support

The sub-committee will be supported by WHSSC Corporate Secretariat, whose duties and responsibilities include:

- Arranging meetings and issuing invites for each meeting;
- Agreement of agendas with the Chair and preparation, collation and circulation of papers;
- Taking minutes;
- Ensuring that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points;
- Maintaining records of members' appointments and renewal dates; and
- Maintaining the register of interests for the sub-committee.

10.0 Support to Sub-Committee Members

The Committee Secretary, on behalf of the Chair of WHSSC, shall:

- Arrange the provision of advice and support to the sub-committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of organisational development for sub-committee members as part of any overall OD programme developed by the Joint Committee.

11.0 Circulation of papers

The Committee Secretariat will ensure that all papers are distributed at least five clear working days in advance of any meeting.

Items for information will not be considered by the sub-committee in accordance with the Business Framework 4.1.7. These items may be circulated outside of the meeting.

12.0 Circulation of minutes

The Committee Secretariat will ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting.

The Committee Secretariat will ensure that a Chair's brief is shared with members, where practicable, within five working days following the meeting.

13.0 Reporting and Assurance Arrangements

The sub-committee Chair will:

- Report formally, regularly and on a timely basis to the Joint Committee on the sub-committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports as well as the presentation of an annual report;
- Bring to the Joint Committee's attention any significant matters under consideration by the sub-committee;
- Ensure appropriate escalation arrangements are in place to alert the WHSSC Chair, WHSSC Directors or chairs of other relevant sub-committees of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee;

The Joint Committee may also require the Sub-Committee Chair to report upon the committee's activities at public meetings or to partners and other stakeholders including Local Health Boards where this is considered appropriate.

The Committee Secretariat or Director of Nursing and Quality Assurance will, on behalf of the sub-committee Chair, will share the QPS Chair report to the QPS Chair and Quality lead from each of the LHB's. ~~submit written reports to the LHB Board Secretaries for consideration the LHB Quality and Safety Committees.~~

14.0 Training, Development and Performance

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

An induction process will be established for new members and any training and development sessions will be managed by the sub-committee Chair and the Committee Secretary.

The Quality Patient Safety Committee shall organise a development day on an annual basis for its members to undertake a self assessment and any other identified developmental needs of the committee.

15.0 Review

The sub-committee membership will be reviewed every two years.

Members of the sub-committee will be appointed for a period of two years but should serve no more than four consecutive years. During this time a member may resign or be removed by WHSSC.

These terms of reference shall be reviewed annually by the sub-committee with reference to the Joint Committee.

National Framework Agreement for Care Homes: Continuation after 'Invest to Save' SUMMARY

1. Situation

The National Framework for Adult MH & LD Care Homes has been in place since October 2017. It was initially developed following the success of two other Mental Health and Learning Disabilities Hospitals Frameworks one for adults (spend £51m/Activity 700 placements p.a.), launched in 2012, and one for CAMHS (spend £1.2m/activity 18 placements p.a.) launched in 2015. There are currently **276 individual Care Homes** under the National Framework and **251 residents** placed. Annual spend on the Care Home Framework is **£26m** and we forecast spend to be circa **£59m** in 2023 with circa 570 placements.

2. Background

Benefits in Quality- The NCCU Quality Assurance Improvement Services consists of MH & LD Nurses and Social Workers as well as performance and information staff. The QAIS monitor all providers who supply services via these frameworks and in turn offer assurances to commissioners in relation to the quality and safety of these services. Last year the QAIS undertook **241 quality audits** during which we reviewed 17,775 standards and issued correction plans containing 1,413 remedial actions. We recorded 291 complaints, 566 safeguarding concerns and 16,732 incidents. We review areas such as patient outcomes, restraint and use of medication to ensure patients receive the best care we can commission. We liaise with CQC, HIW, CIW and NHS England on safety matters.

Benefits in value-We work to ensure high quality and good value. Costs across the three frameworks are now 11% lower than England (£12m of savings over 9 years). All providers are subject to an established financial due diligence approach. We also check support received by each resident, with their level of acuity and their personal outcomes and goals to highlight opportunities where residents may be able to step out of health provided placements into community provision. Over last 7 years length of stay in medium secure reduced from 54 to 37 months (avoiding £220k per patient) and low secure from 35 to 25 months (avoiding £130k per patient). We aim to do the same with care homes were length of stay is approximately 6 years, if we reduced this by 10% (7 months) for 10% of patients (23) we would avoid £724k and people would live more independent lives.

3. Assessment

The Care Home National Framework has been set up and run through an invest-to-save scheme which ends in March 2021. The team is currently staffed by secondments and fixed term staff. The invest-to-save was £767k a year and we have reduced these costs by merging auditors and managers of all three frameworks and by internal funding of procurement and legal by NWSSP.

In order to continue to deliver these benefits Health Boards are requested to approve the recurrent investment of £480,000 per annum commencing in 2021/22. Individual contributions under the agreed risk shares are set out in the table below.

In addition, Health Boards are asked to note that under the agreed Invest to Save repayment schedule there will be a requirement to repay Welsh Government over a three year period as set out in the table below using the same risk shares. The mechanism for this repayment will be directly between the health boards and Welsh Government, it is assumed via allocation adjustment. The

approved Invest to Save scheme identified that the expected minimum annual savings from placement costs would be at least £1,027,000 per annum.

	Wales	ABUHB	BCU	CVUHB	CTUHB	HDUHB	PTHB	SBUHB
New Investment from Health Boards to NCCU via WHSSC Process								
% Split	**100.00%**	21.60%	19.93%	18.77%	17.83%	8.05%	4.71%	9.30%
Recurrent Cost Per Annum (£m)	**0.480**	0.104	0.096	0.090	0.086	0.039	0.023	0.044
Health Board Invest to Save Repayment Schedule - Direct from Health Board to Welsh Government								
Year 2021/22	**0.533**	0.115	0.106	0.100	0.095	0.043	0.025	0.050
Year 2022/23	**0.533**	0.115	0.106	0.100	0.095	0.043	0.025	0.050
Year 2023/24	**0.534**	0.115	0.106	0.100	0.095	0.043	0.025	0.050

4. Recommendation

Directors of Finance supported in principle the continuation of the Framework and proposed that this is funded through the WHSSC risk share mechanism subject to Joint Committee approval. We ask the Joint Committee to consider approving **£480k** a year to continue the Care Home Framework and corresponding robust quality and compliance oversight, failure to do so will result in the Care Home Framework ending in March 2021.

Appendix: National Collaborative Framework Agreement for Care Homes: Continuation after 'Invest to Save' Closure report.

Shane Mills-Director of Quality & Mental Health/Learning Disabilities, NCCU

Uned Gomisiynu Cydweithredol Cenedlaethol
National Collaborative Commissioning Unit

National Collaborative Framework Agreement for Care Homes:

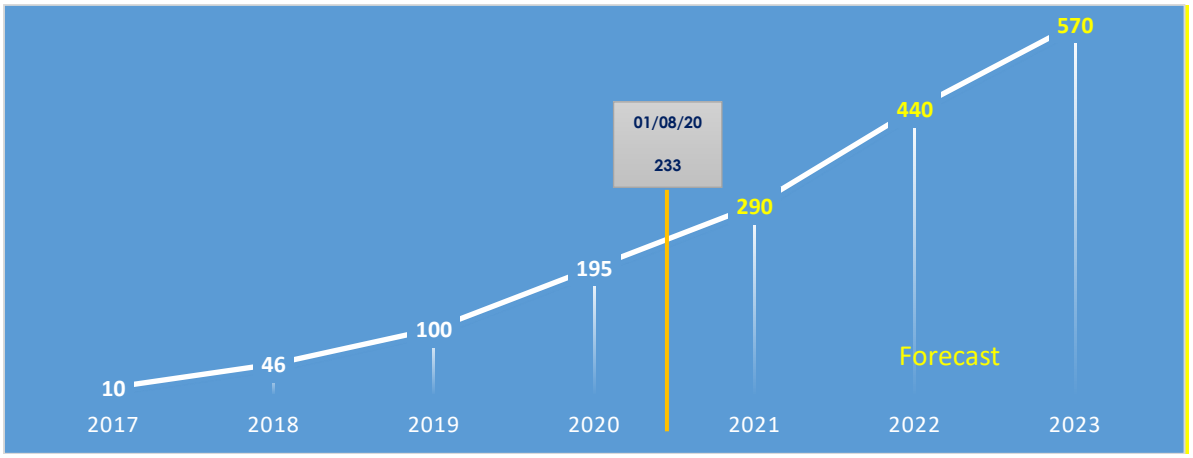
Continuation after 'Invest to Save' Closure

1. Background

The National Collaborative Framework Agreement for Adult Mental Health and Learning Disabilities Care Homes has been in place since October 2016. It was initially developed following the success of two other Mental Health and Learning Disabilities Hospitals Frameworks one for adults, launched in 2012, and one for CAMHS launched in 2015.

The National Framework is an example of a 'Once for Wales' project. The Care Homes Framework is in place for adults who require residential or nursing support for their Mental Health and/or Learning Disability.

There are currently **276** individual Care Homes under the National Framework. After starting in October 2017 there are now (at 1st August 2020) **233** residents placed. The graph below shows the growth of the Framework and forecast over the next 3 years.



Annual spend as of August 1st 2020 is £23.661m there are 233 placements with each placements costing an average of £101,551 per annum. We forecast spend to be circa £58m in 2023 with circa 570 placements. For noting: spend on the Hospital framework is £50.530m at 1st April 2020 and the CAMHS Framework is £0.543m.

2. Benefits

The National Framework was developed to enable;

- An approved list of suitably qualified, financially viable providers to meet NHS Wales' quality, service and cost criteria across Wales;
- The establishment of NHS Wales' care standards, standard contract terms/conditions and a transparent pricing framework;
- An improvement in relationships and communication with the care sector;
- Access to management information and the provision of clear and consistent resident level data to underpin a performance management framework;
- Consistent and sustainable high quality service provision and improved resident outcomes;
- Reduction in the cost of care whilst maintaining or improving quality

The benefits of the National Collaborative Framework Agreement have been well documented and shared with stakeholders via numerous engagement events and ongoing communications. An **Annual Position Statement** is produced each year to and the latest version accompanies this paper.

In terms of partnership working, the Framework is an exemplar of innovation and good practice to provide effective delivery of integrated services in Wales, as promoted in Part 9 of the Social Services and Well-being (Wales) Act 2014.

A comparative case study was conducted by Swansea University in May 2017. The report outlined the position of integrated health and social care commissioning within one region in Wales prior to the implementation of the Framework Agreement. Findings illustrated financial, qualitative and operational benefits that could be achieved through making placements under the terms and conditions of the Framework Agreement.

There are broadly three benefits for Health Boards in Commissiong from a National Framework, in **quality, compliance**, and **value**.

2.1. Benefits in Quality

The QAIS consists of Mental Health and Learning Disabilities Nurses and Social Workers as well as performance and information staff. The QAIS are responsible for developing and overseeing National Frameworks in partnership with NHSWSSP (procurement) and legal partners and in collaboration with all Health Boards and Local authorities.

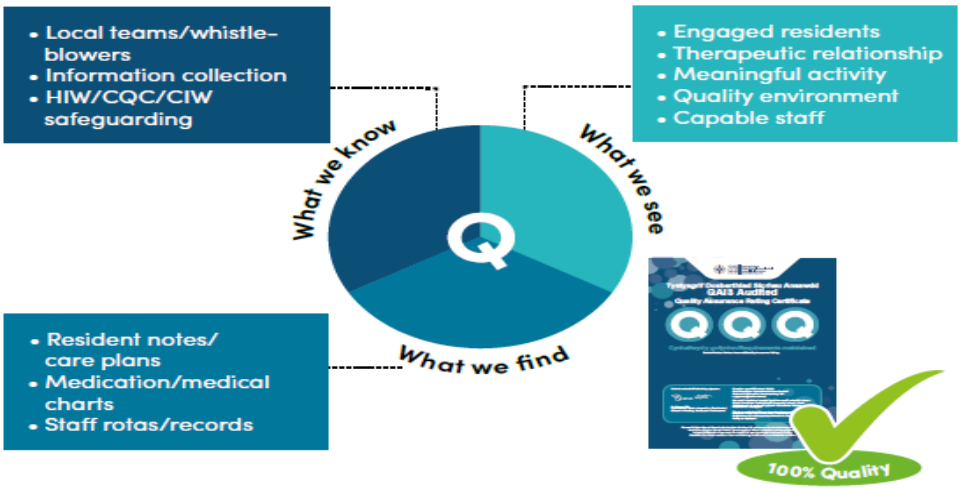
The QAIS monitor all providers who supply services via these frameworks and in turn offer assurances to commissioners in relation to the quality and safety of these services.

The Role of the QAIS is:

- Challenging substandard provider performance and advising on improvement through hospital assurance reviews

- Collating and analysing performance management information in line with the National Framework specifications, standards and contract conditions through the Commissioning Care Assurance & Performance System
- Ensuring providers reduce risk and dependency and promote hope, recovery and rehabilitation
- Ensuring all procured services are provided and present value for money
- Ensuring provider quality and safety concerns are raised, discussed and disseminated with commissioners and statutory agencies
- Facilitating collaborative working between providers and commissioners to ensure safe, effective and high quality care that improves resident experience including suspending or terminating providers if necessary

Every year the QAIS undertake over 200 quality audits across the three national frameworks. The figure overleaf shows what the QAIS looks at when one of these reviews are undertaken.



In 2019/2020 **a total of 6604** individual standards were reviewed by members of the QAIS in whilst undertaking reviews of **115** care homes. This included reviewing every care home where there was a Welsh resident placed.

The QAIS issued remedial action plans to **56** of those care homes due to issues raised in relation to non-compliance with one or more of the standards within the framework. Two care homes were suspended by the QAIS due to their inability to maintain an appropriate standard of care.

The Framework processes are supported by the QAIS Commissioning Care Assurance Performance System (CCAPS). CCAPS is an electronic system which collects data of all providers and residents relating to the three National Frameworks. All providers and residents who are part of the framework agreement are entered onto CCAPS. The system is also used to search for appropriate placements for people who need treatment and support. It can also be used to send alerts relating to providers and/or individual residents, store and share assurance reports undertaken by the QAIS etc.

CCAPS can be used to:

- Monitor the progress of residents on a monthly basis using a process developed by the QAIS. Providers can input directly into the system.
- Monitor activity across the different care settings described in the framework and can monitor bed availability and capacity across the care home system.
- Sort and rank care home provision by Quality (Q) rating
- Advise commissioners of price of placements
- Store QAIS reports relating to any reviews and action plans for any services
- Alert individual commissioners, care coordinators of any issues or potential issues relating to individuals placed within any of the services
- Monitor length of stay and up to date cost of all admissions for each resident placed via framework

Last year there were **2,304** incidents involving resident and **59** safeguarding referrals were raised. All of these were reported through CCAPS, followed up by the relevant clinician within QAIS and used to form part of a care home review.

These reporting mechanisms, along with regular monitoring by the QAIS, offer early insight into individual and thematic issues that may occur within Care Homes that supply services to Welsh residents. Operation Jasmine, which was initiated in 2013 was an investigation which was undertaken across a number of care homes in the Gwent area following concerns of abuse and neglect. Early warning systems were not in place to alert commissioners, care coordinators etc. and neglect was left unchecked for many years. The inquiry into this abuse cost **£11.6m** and a number of care home residents lost their lives. This framework, puts systems in place to minimise the risk of this happening in care homes again in Wales.

2.2. Benefits in compliance

The National Framework is a formal agreement that enables NHS organisations in Wales to collaboratively procure services under pre-agreed standards, terms and conditions of a contract in a compliant manner in accordance with EU and UK Procurement Regulations and LHB Standing Orders and Financial Instructions.

The National Framework provides the 'enacting mechanism' for the commissioning of services. These services are provided once a resident is placed through the Framework processes and an individual placement agreement is generated, and therefore a contract enacted, between the commissioner and provider.

The decision maker for each placement remains the commissioner.

The QAIS generate an individual contract for each resident which is signed off by Health Boards through their internal governance mechanisms.

Every provider is subject to an established financial due diligence approach, initially when applying to enter onto the framework and on subsequent occasions throughout the framework lifespan.

Framework Financial due diligence approach consists of Standard Financial tests through the procurement, utilising historic performance:

- EBIT
- Acid Test
- Dunn and Bradstreet Credit Check

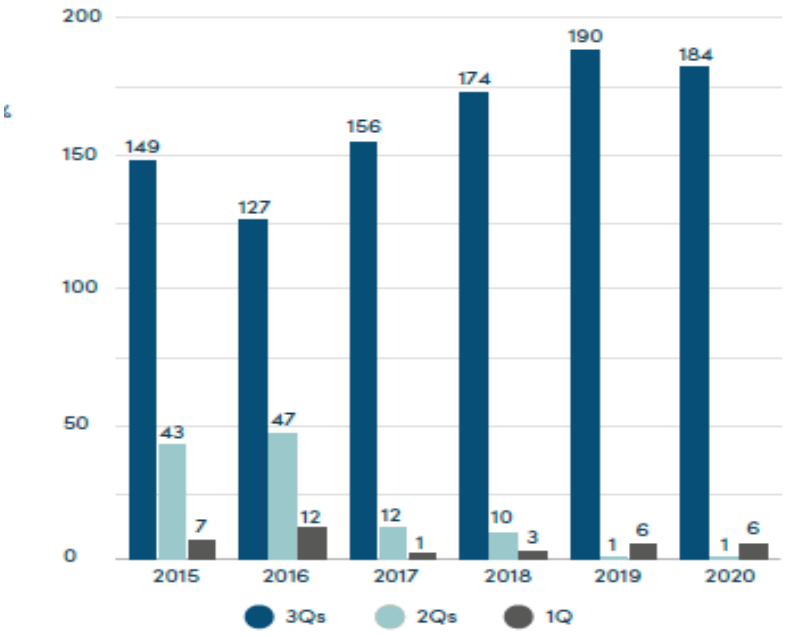
Plus assurance of Provider financial obligations through:

- Parent Company Guarantee
- Financial Bond

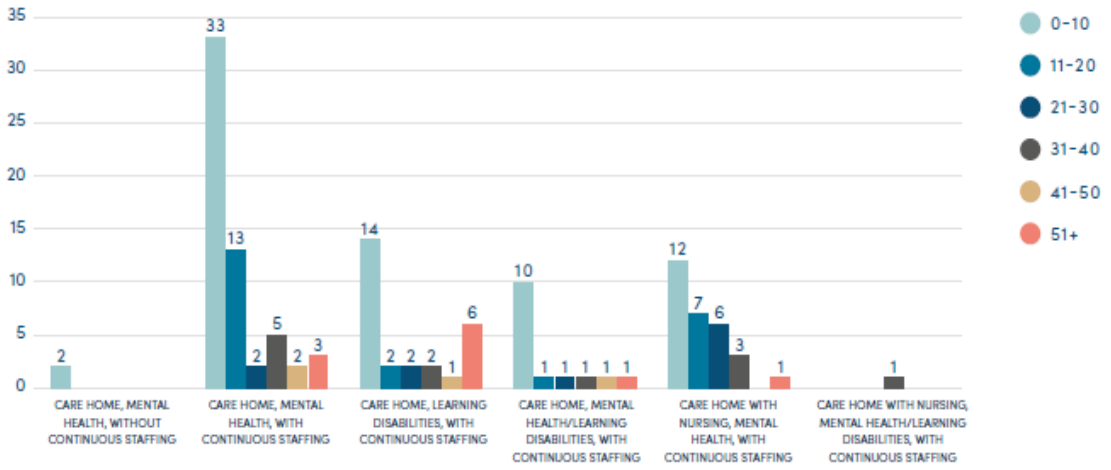
Plus forward looking due diligence provided through:

- Statement of Financial Viability

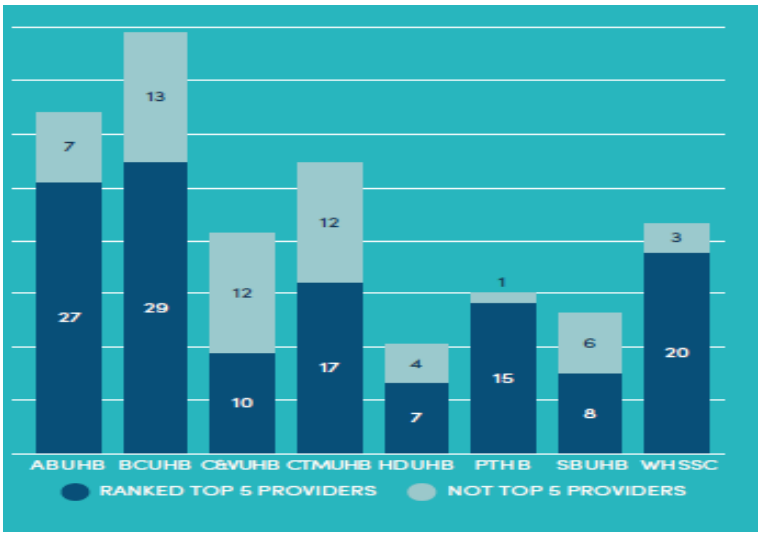
The framework also has a set placement process, which is led by a bespoke three tier Quality Assurance Rating System. The system ensures providers make every effort to maintain a rating of three quality marks ('Qs'), which in turn allows organisations to view any potential provider's overall quality rating when commissioning a placement. The figure below shows the placements by Q rating over the last six years on the hospital framework



The QAIS want to ensure that the Frameworks, wherever possible and with due regard for quality and value, provide placements that are as close as possible to the patients community of choice. This also allows us to look at service gaps and work with providers to shape the market.



In order to ensure that providers are incentivised to maintain quality and offer best value, the process of the Frameworks encourages commissioners, where clinically appropriate to do so, to place patients with the highest ranked provider. The figure below shows hospital placements by provider ranking. In 2020 **70%** of hospital placements were with top 5 ranked provider.



There is an opportunity for QAIS to work more closely with local Health Board finance colleagues to improve contractual compliance and act as a catalyst for following through with some opportunities detailed in the quality and value sections.

2.3. Benefits in Value

2.3.1. Quality=value

As well as undertaking quality audits the QAIS gather a wide range of intelligence to inform quality assurance oversight. We can also cross check the staff support received by each resident, with their level of acuity and their personal outcomes

and goals. The figure below shows the number and cost of staffing hours (above the core staff in the home) currently commissioned through the Framework for 233 residents. There is an opportunity for the QAIS to support commissioners to review and, if clinically appropriate, reduce these additional hours so that independency of residents is not comprised.

	Dedicated staffing included in day cost	Additional staffing not included in day cost	Total
Cost per annum	£3.512m	£2.257m	£5.770m
Hours per annum	292,737	188,100	480,837

There are also opportunities to highlight where residents may be able to step out of health provided placements into community provision. There have been a number of works streams over the last year that have highlight opportunities in this area as shown in the table below. The data generated by the National Frameworks have supported the analyses for all of these pieces of work, alongside further qualitative and quantitative input from LHB colleagues.

Initiative	QAIS Methodology Applied	Patients Reviewed	Annual Cost Saving Opportunities
CNO National Care Review of LD Inpatient Provision 2020	Individual Progress Reviews	166	£5.994m
Local Care Mapping 2019	Care Mapping	540	£1.3m
WG National Care Review of Secure Hospital Inpatient Provision 2020/21	Starting Autumn 2020 - concluding March 2021	340	TBD

There is an opportunity to develop a MH and LD section of the Efficiency Framework, working with the Finance Delivery Unit, to support knowledge sharing of this information with NHS Wales finance professionals.

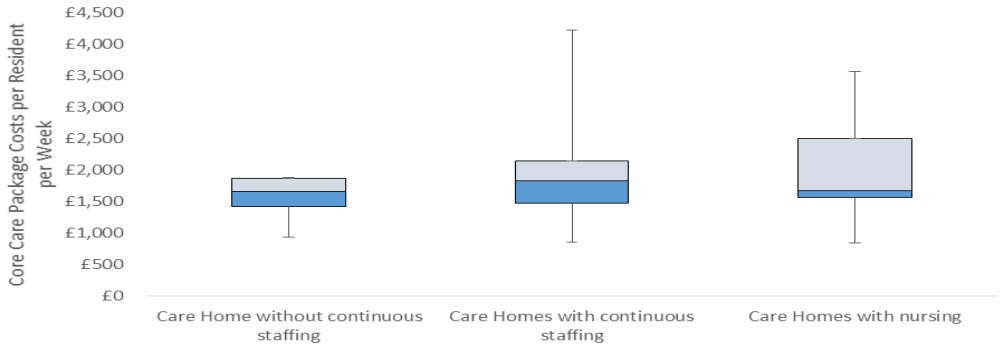
2.3.2. Costs Included In Price

The Framework includes a bespoke NHS Wales specification detailing the services to be provided at a set day price. This avoids any new costs being added by providers. On a number of occasions the QAIS has been involved in working with providers to ensure all costs for resident care are included.

2.3.3. Competitive Price Ranking

The Framework uses a 'quality then cost' approach to provide a competitive mechanism between providers of care who are meeting the quality standard. Providers all achieving the same quality assurance rating are then ranked by price, with the lowest price provider ranked above those with higher cost. This enables a highly competitive environment.

There continues to be opportunities for commissioners to utilise the Framework to ensure high quality, local providers that offer value are prioritised for placement. The figure below shows the significant variation in cost between providers, who all meet the quality standards of the National Framework for MH and LD Care Homes.



	Care Home w/o continuous staffing	Care Homes with continuous staffing	Care Homes with nursing
Min:	£935.90	£864.90	£850.00
Lower Quartile:	£1,427.50	£1,482.80	£1,575.00
Median:	£1,667.60	£1,834.10	£1,672.70
Upper Quartile:	£1,876.00	£2,149.20	£2,510.40
Max:	£1,890.00	£4,229.00	£3,572.60

There is an opportunity to use the pricing information and the national patient level costing database for independent providers to realise opportunities to place with best value providers and shape the market to reduce excessive price variation.

2.3.4. Regular Price Refreshes

The Framework has inbuilt periodic 'price refresh' points, where every 3 months providers can reduce prices and where every 12 months (in line with annual planning cycle) providers can adjust their prices upwards or downwards (with caveats). These points enable the regular request for price increases, normal to commissioned services, to be replaced with a continuous dialogue where, on behalf of NHS Wales the QAIS and Shared Services Procurement work with providers to understand market pressures, national and local cost demands and other cost influences to ensure providers understand the need to deliver care at best value and to ensure procured services are being delivered. This enables a competitive environment and latest projections show the Hospital Framework costs to be circa 11% lower than for other commissioners.

The latest Care Homes Framework price refresh was completed in October 2019, which resulted in price stability until the next price refresh, which is due in 2021.

There is an opportunity for greater collaboration with local finance and commissioning teams in price negotiations in order to reduce unwarranted local price variations from Providers.

2.3.5. Consistent Pricing

We have establish All Wales Patient Level Costing Database for MH and LD Care Homes, which has been used to develop over 500 individual Provider benchmark reports in addition to providing costing insight to commissioners.

All price changes apply to current as well as future placements. This enables real cash releasing savings to be delivered and 'loss leader' pricing to be discouraged,. The approach also protects against the chaos seen in other commissioned markets where there are numerous prices applied for placements, even on the same ward, due to the mix of historic and current applied prices making real price comparison unachievable.

2.3.6. Engagement with providers

Established in August 2019 in partnership with Care Forum Wales, the Future Pricing Support Network offers both commissioners and independent providers of mental health and learning disability care home services the opportunity to collaborate and explore the range of factors impacting on the cost and quality of service provision in the market. The group has met four times since this year and has discussed key areas such as workforce, accommodation, access to finance, risk sharing and productivity. The network offers the opportunity for providers and commissioners to share knowledge, good practice and innovative ideas and will continue to meet frequently over the forthcoming year.

Since the outbreak of the Covid-19 pandemic, the NCCU has supported Providers and Commissioners by providing advice on how to utilise the Framework pricing mechanisms to agree reimbursement for additional costs incurred in response to the pandemic.

3. Continuation after 'Invest to Save' Closure

3.1. Repayment of 'Invest to Save' Funding

At Directors of Finance meeting on 20th July 2018, it was agreed that the Care Homes Framework Invest to save project monies would be repaid by LHBs on a population % split basis. Given that since the 2018 period, there has been a boundary change, the repayment profile has been recalculated in line with the population statistics used by Welsh Government as part of the 2020/21 Health Allocation. This is shown in the table below. These figures should be factored into LHB plans going forwards.

	Wales	ABUHB	BCU	CVUHB	CTUHB	HDUHB	PTHB	SBUHB
Population*	3,155,871	598,145	706,173	426,165	477,524	407,021	131,565	409,279
% Split	**100%**	**18.95%**	**22.38%**	**13.50%**	**15.13%**	**12.90%**	**4.17%**	**12.97%**
Repayment per year 2021/22 to 2023/24 (£m)	0.533	0.101	0.119	0.072	0.081	0.069	0.022	0.069

3.2. Continuation after cessation of 'Invest to Save' Funding

On March 31st 2021 the current Framework delivery team finishes and all short term staff contracts or secondments come to an end. The costs during the initial period included legal costs and engagement with providers and commissioners. Ongoing costs post 'invest to save' will be lower due to efficiencies in sharing of IT systems, staff, clinical supervision and management and overhead costs (such as HR/Estates etc.) across all three national frameworks. The Table below shows the current and proposed post invest to save costs for delivery of this framework

	IS2 Outturn 2019/20	Proposal 2021/22	
Description	**£k**	**£k**	**Comments**
NCCU Staff Costs	340	344	
Team Travel Expenses	20	20	
Administrative Support	40	35	
Legal	20	0	To be funded by NWSS: Procurement
Market Engagement, Communications and Events	20	0	To be funded by Procurement
CCAPS	100	70	Will support both Hospitals, CAMHS and Care Home Frameworks
Finance Strategy/Benchmarking	35	11	
Overhead Costs	192	0	Overhead contribution from NCCU towards: e.g. Senior Management and Leadership overhead, Facilities, IT, HR Support
Total Annual Run Costs	**767**	**480**	

It is proposed to discuss with finance colleagues the most efficient and effective mechanism for the ongoing funding of this framework. The QAIS is currently funded through WHSSC using the risk sharing mechanism and the table below shows what this proposal would look like.

	Wales	ABUHB	BCU	CVUHB	CTUHB	HDUHB	PTHB	SBUHB
% Split	**100%**	21.60%	19.93%	18.77%	17.83%	8.05%	4.71%	9.3%
Costs (£m)	**0.480**	0.104	0.096	0.090	0.086	0.039	0.023	0.044

4. Recommendations

This paper is presented to Deputy Directors of finance for:

- Note the work to date on establishing this framework, including the role of the QAIS and the Framework as an enabler to delivering benefits of improved compliance, quality and value.
- Note the Invest to Save conclusion and repayment plan
- Consider how local LHB finance teams can engage more with QAIS in order to ensure that identified opportunities to create value are delivered locally
- Consider whether individual Health Boards or WHSSC mechanism is most appropriate for future funding of the Framework
- Consider the risks to quality, compliance and value of non-continuation of the Framework

Shane Mills

Director of Quality & Mental Health/Learning Disabilities, NCCU

Chris Moreton

Head of Framework Finance, NCCU

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

		Agenda Item	3.1
Meeting Title	**Joint Committee**	Meeting Date	10/11/2020
Report Title	Financial Performance Report – Month 6 2020/21		
Author (Job title)	Finance Manager - Contracting		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	The purpose of this report is to set out the financial position for WHSSC for the 6th month of 2020/21. The financial position is reported against the 2020/21 baselines following approval of the 2020/21 WHSSC Integrated Commissioning Plan by the Joint Committee in January 2020.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Management Group	Meeting Date	22/10/2016
	Corporate Directors Group Board	Meeting Date	12/10/2020
Recommendation(s)	Members are asked to: • **Note** the current financial position and forecast year-end position.		

Considerations within the report (tick as appropriate)

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

1. 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 was shared with WHSSC Management Group on October 22nd.

2. BACKGROUND

The financial position is reported against the 2020/21 baselines following approval of the 2020/21 WHSSC Integrated Commissioning Plan the Joint Committee in January 2020.

In line with the cross border agreement reached with NHS England, the English SLA position includes the HRG4+, CQUIN and 19/20 tariff uplift.

3. ASSESSMENT

The financial position reported at Month 6 for WHSSC is a year-end outturn under spend of £9,764k.

This under spend relates mainly to months 1-6 underspend on the pass through elements of welsh provider SLA's, COVID block arrangements with NHSE for Q1 and Q2 below the plan baseline, a baseline increase for NHSE providers for the additional 0.8% inflation and Q1 20/21 development slippage.

4. RECOMMENDATIONS

Members of the appropriate Group/Committee are requested to:

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

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

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board		
Joint Committee		

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 6th month of 2020/21 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	679,852	340,826	330,719	(10,107)	(2,575)	(9,765)	(3,663)
EASC (WAST, EMRTS, NCCU)	176,245	87,223	87,223	0	0	0	0
Total as per Risk-share tables	856,097	428,048	417,941	(10,107)	(2,575)	(9,765)	(3,663)

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 2020/21 baselines following approval of the 2020/21 ICP by the Joint Committee in January 2020. 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 financial position at Month 6 is a year to date underspend of £10,107k and a forecast outturn underspend of £9,764k.

NHS England is reported in line with the current IMTP. 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. For the first six months of this financial year, block arrangements have been agreed with NHS England providers due to the COVID-19 situation.

3. Governance & Contracting

All budgets have been updated to reflect the 2020/21 ICP, including the full year effects of 2019/20 Developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2020/21 contract values which have been agreed through the 2020/21 contract documents.

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

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

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget £'000	Budgeted to Date £'000	Actual to Date £'000	Variance to Date £'000	Previous month Var to date £'000	Current EOYF Variance £'000	Previous month EOYF Var £'000
NHS Wales							
Cardiff & Vale University Health Board	226,251	113,126	109,939	(3,187)	(3,293)	(3,287)	(3,293)
Swansea Bay University Health Board	104,919	52,460	52,583	124	85	124	85
Cwm Taf Morgannwg University Health Board	9,947	4,974	4,974	0	0	0	0
Aneurin Bevan Health Board	8,358	4,179	4,179	0	0	0	0
Hywel Dda Health Board	1,629	815	815	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	42,952	21,476	21,408	(68)	(62)	(68)	(62)
Velindre NHS Trust	48,656	24,328	23,281	(1,047)	(847)	(1,047)	(847)
Sub-total NHS Wales	**442,713**	**221,357**	**217,178**	**(4,178)**	**(4,117)**	**(4,278)**	**(4,117)**
Non Welsh SLAs	116,969	58,484	57,162	(1,322)	(702)	(1,209)	(297)
IPFR	39,056	19,528	19,119	(409)	(390)	(909)	(390)
IVF	4,841	2,421	2,261	(160)	0	(160)	0
Mental Health	31,468	15,734	15,907	173	(95)	1,923	1,178
Renal	4,789	2,394	2,294	(100)	(49)	(61)	(76)
Prior Year developments	2,628	1,314	1,524	210	160	500	400
2020/21 Plan Developments	32,940	15,769	12,583	(3,185)	(2,193)	(3,360)	(2,509)
Direct Running Costs	4,448	2,224	2,289	65	40	189	160
Reserves Releases 2019/20	0	0	(1,200)	(1,200)	(188)	(2,399)	(450)
Phasing adjustment for Developments not yet implemented ** see below	0	1,601	1,601	0	0	0	0
Total Expenditure	**679,852**	**340,826**	**330,719**	**(10,107)**	**(7,533)**	**(9,764)**	**(6,101)**

The reported position is based on the following:

- NHS Wales activity – block basis on the agreed SLA value with pass through elements reported as actuals.
- NHS England activity – block basis for months 1-6 of this financial year.
- 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

The Welsh provider position reflects months 1-6 performance variations on the pass through elements of the LTAs. Particularly material underspends exist for C&V relating to ALAS equipment, Haemophilia, Spinal Implants, INR Devices, Cystic Fibrosis, BMT, ATMP and Velindre NICE drugs. These are partially offset by overspends on Immunology issues and NICE High Cost Drugs for C&V. These variations have not been forecast past month 6 at this point until it is clear as to the extent of any activity recovery emerging in quarter two and beyond.

5.2 NHS England

All NHS England provider contracts have been calculated on the same basis with a block element covering months 1-6 of this financial year. This includes a 2.8% inflation uplift applied to baselines in line with the cross border arrangements agreed centrally for cross border providers for the full year. The YTD and forecast positions contain 6 months of the block calculation.

All trusts have been offered a block agreement for this 6 month period and WHSSC are awaiting a response from some trusts. These trusts are:

- University College London
- Newcastle
- Leeds
- Walton

5.3 Individual Patient Commissioning

The month 6 IPC position is based on known commitments for non-contract prior approved treatments, contract exclusions, IPFR approvals and an estimate of non-contract emergency activity.

At month 6 there is a net reported underspend of £390k resulting from a lower activity in high cost treatments such as proton beam therapy and Eculizumab.

5.4 Mental Health

The month 6 Mental Health position is based on approved placements in High, Medium Secure and Specialist Mental Health providers.
The reported YTD position of £173k overspent is a result of an exceptionally high cost medium secure patient. The full year forecast has increased to an overspend of £1,923k anticipating this patient remains within medium secure for the remainder of the year. There is a significant increase in CAMHS gender telephone assessments activity at Tavistock and Portman between April and July causing a £165k variance YTD.

5.5 Strategic IMTP Developments

For new 20/21 developments and 19/20 developments or strategic priorities which did not get implemented in year, there is no spend reported to date and initial forecast of months 1-6 slippage is reflected.

The exception is the Fetal Medicine service sustainability scheme which was committed in 19/20 and agreed as recurrent funding by management group in May.

There is a prudent position reported on The high cost drug horizon scanning provision forecast has been reported prudently with M7-12 assumption that this will be committed by a number of high cost NICE FADS that have recently been approved and patients will commence treatment throughout the second half of the year. This position will be reviewed when the level of PAS discount applied to the list prices is finalised.

5.6 WHSSC Direct Running Costs

The running cost budget at month 6 is currently £65k overspent with a forecast position of £189k overspent. This is mainly due to historic underfunding of the non-pay budgets which has continues into 20/21.

5.7 Renal

The month 6 YTD position is currently £100k underspent, this is an increase in the underspend of £52k compared to last month and is made up of a number of smaller, non material underspend increase across several contract lines. The full year forecast sits at £61k underspent which is a £15k deterioration in the position since month 5.

5.8 IVF

The YTD position has reduced to an underspend of £160k from the previous breakeven position. This reflects the COVID block arrangement with Guys and St Thomas, therefore there will be no additional charges for IPFR approved PGD activity. This forecast currently reflects this M6 position.

5.9 Reserves releases

The reserves release of £1.2m YTD are related to 19/20 commitments that are confirmed will not materialise in 20/21, a number of these are due to the exceptional settlements made with providers at year end means they will not make further recharges for 19/20activity. These releases total £2.4m and are phased in the position in 12ths.

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. The month 4 independent sector capacity additional costs are assumed to match WG income and therefore have no commissioner impact, we will continue to monitor and report these separately to WG through the COVID MMR.

Table 3 – Year to Date position by LHB

	Allocation of Variance							
	Total	Cardiff and Vale	SB	Cwm Taf Morgannwg	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Variance M6	(10,108)	(1,804)	(924)	(1,447)	(1,915)	(925)	(357)	(2,736)
Variance M5	(7,533)	(1,264)	(704)	(1,127)	(1,427)	(701)	(245)	(2,064)
Movement	(2,575)	(540)	(220)	(320)	(487)	(224)	(112)	(671)

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total	Cardiff and Vale	SB	Cwm Taf Morgannwg	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
EOY forecast M6	(9,765)	(1,914)	(832)	(1,360)	(1,797)	(816)	(366)	(2,680)
EOY forecast M5	(6,101)	(1,088)	(558)	(935)	(1,162)	(549)	(144)	(1,664)
EOY movement	(3,663)	(826)	(274)	(424)	(635)	(267)	(222)	(1,015)

7. Income / Expenditure Assumptions

7.1 Income from LHB's

The table below shows the level of current year outstanding income from Health Boards in relation to the IMTP and in-year Income adjustments.

There are no notified disputes regarding the Income assumptions related to the WHSSC IMTP.

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

Table 5 – 2020/21 Commissioner Income Expected and Received to Date

	2020/21 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	103,814	51,907	50,355	1,235	317	51,907	(832)
Aneurin Bevan	158,854	79,427	77,179	1,799	449	79,427	(1,797)
Betsi Cadwaladr	189,189	94,594	94,141	323	131	94,595	(2,680)
Cardiff and Vale	138,182	69,091	67,630	1,102	359	69,091	(1,914)
Cwm Taf Morgannwg	122,595	61,297	59,856	1,128	313	61,297	(1,360)
Hywel Dda	102,019	51,009	49,605	1,094	311	51,009	(816)
Powys	41,444	20,722	20,460	191	71	20,722	(366)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	856,097	428,048	419,225	6,872	1,952	428,049	(9,765)

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

None

8. Overview of Key Risks / Opportunities

There are no current risks to report.

9. Public Sector Payment Compliance

As at month 6 WHSSC has achieved 100% compliance for NHS invoices paid within 30 days by value and 98.8% by number.

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

This data is updated on a quarterly basis.

10. Responses to Action Notes from WG MMR responses

The I&E variance with Hywel Dda has been confirmed as an error by the LHB that will be rectified for month 6 MMR reporting.

11. SLA 20/21 status update

All Welsh SLAs are signed. WHSSC are currently in discussions with all WHSSC NHS England providers to agree block funding arrangements for quarter 1 and quarter 2 of 20/21 in line with cross border agreement. As per section 5.2, only a handful of providers are yet to agree.

12. Confirmation of position report by the MD and DOF

Sian Lewis,
Managing Director, WHSSC

Stuart Davies,
Director of Finance, WHSSC

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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 22 OCTOBER 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 noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams with a consent agenda. It was noted that a quorum had been achieved.

Written questions from members and answers had been published in advance of the meeting and had been embedded within the meeting papers.

2. Minutes from Previous Meeting and Action Log

The Minutes from the meetings held on 24 September 2020 were noted and approved.

Members noted the action log and received updates on:

- **MG180** – Specialised Haematology Commissioning. Carried forward to January 2021 when more capacity will be available to do the required work.
- **MG195** – CAMHS Tier 4 Inpatient Service Specification. Update expected from provider week commencing 26 October 2020. Carried forward to November 2020.
- **MG202** - Replacement Wheelchair Programme for the Posture and Mobility Service in South Wales. Service does not have the capacity currently to provide the information requested. Carried forward to November 2020.
- **MG209** - Transfer of Services. Carried forward to November 2020.
- **MG223** - Activity Report for Quarter 1 2020-21 – Report to be produced monthly to M6. Report now routinely presented to MG. Action closed.
- **MG224** - Policy Group Report – Summary paper showing changes during COVID period to be prepared. Work underway; carried forward to November 2020.

3. Managing Director's Report

The Managing Director's report proving an update on Neonatal Transport was taken as read.

Members were advised that an informal response had now been received from WAST confirming its capacity to deliver an interim 24/7 transport service from December 2020.

Given the lack of support from provider organisations represented on the Task and Finish Group for a lead provider model for the permanent solution (previously supported by Management Group and Joint Committee), the WHSS Team is taking the matter back to Joint Committee.

4. Development of a Tertiary Thrombectomy Service in South Wales

Members received a paper the purpose of which was to outline a proposal to appoint a temporary dedicated Project Manager to plan and develop a Thrombectomy service across the south Wales region.

Members supported the proposal to appoint a temporary Project Manager to plan and develop a Thrombectomy service across south Wales and strengthen links with the current service provision in North Bristol NHS Trust whilst the Cardiff service is developing; and considered the hosting arrangements for the Project Manager's post, concluding that the post might be situated in UHW (albeit potentially working remotely due to the COVID-19 pandemic) but accountable to WHSSC. It was agreed that the WHSS Team will progress the hosting arrangements with CVUHB.

5. Activity Report M5 2020-21

Members received a paper the purpose of which was to highlight the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity. Members noted these activity decreases were shown in the context of the potential risk of patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members observed that activity in English providers appeared to be recovering more quickly than in Welsh providers and that Welsh providers need to accelerate their recovery to catch up.

Members noted the information presented within the paper.

6. Policy Group Report

Members received a paper the purpose of which was to update them on the work of the WHSSC Policy Group.

Members noted a paper summarising the key changes made to each Commissioning Policy over the COVID-19 period would be presented at the meeting in November 2020.

7. 2020-21 Month 6 Finance Report

Members received a paper the purpose of which was to set out the financial position for WHSSC for month 6 of 2020-21. Members noted the financial position was reported against the 2020-21 baselines following approval of the 2020-21 WHSSC Integrated Commissioning Plan by the Joint Committee in January 2020.

The financial position at Month 6 is a year to date underspend of £10,107k and a forecast year end under spend of £9,764k.

Members were advised that discussions were ongoing with English providers in relation to a possible change to block contracts for M7-M12 that may allow some recovery on underperforming contracts.

Members noted the information presented in the paper.

8. Thoracic Surgery Strategic Outline Business Case

Members noted that SBUHB had circulated its Strategic Outline Business Case to affected health boards seeking their support and that this would be going to their Board meeting at the end of November. It was agreed to bring it to Management Group in November or December and that it would go to Joint Committee in January 2020.

9. Risk Share 2021-22

Members were advised that work was under way to understand the impact on the risk sharing mechanism for 2021-22.

10. All Wales IPFR Panel – Terms of Reference

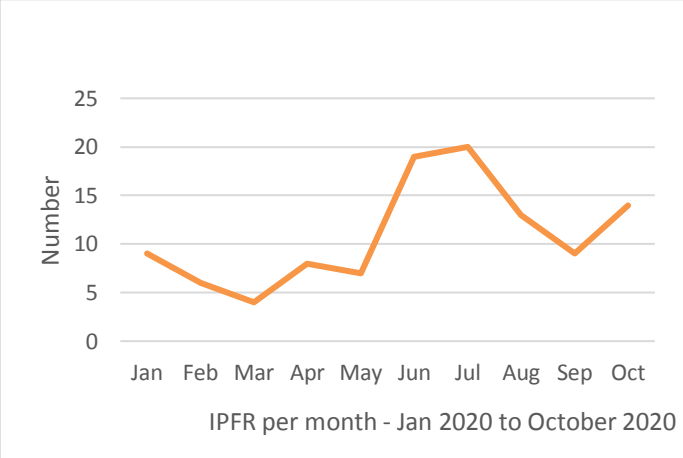
Members were advised that a proposal to revise the All Wales (WHSSC) IPFR Panel Terms of Reference was out for consultation with health board IPFR panels.

Reporting Committee	**All Wales Individual Patient Funding Request (IPFR) Panel**
Chaired by	**Professor Vivienne Harpwood**
Lead Executive Director	**Director of Nursing and Quality Assurance**
Date of last meeting	**Weekly Virtual – last meeting 25 October 2020**

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

Since March 2020 IPFR decisions have continued to be made by 'Chair's Action' in line with the All Wales IPFR Policy and the WHSSC - COVID-19 – Standard Operating Procedure 02. The Panels have been quorate and have included Lay membership.

On average 5 individual requests are considered each week with an average of 4 PET requests per month.



PET	Number
April	3
May	2
June	5
July	5
August	7
September	4
Total	**26**

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

The weekly Chair's Action process has worked very well as the numbers of IPFR remain high these frequent meetings have enabled requests to be managed and decisions relayed promptly in line with the All Wales IPFR policy.

Extract from the latest IPFR Quality Assurance Group Audit "*During the COVID-19 pandemic the majority of IPFRs have been considered by the Chair and met urgency timelines. The group expect WHSSC to re-instate monthly IPFR meetings using virtual meeting technology."* In response, WHSSC has given active consideration to the future Panel membership which builds on the current practice and ensures prompt and robust IPFR Panel decision making continues in line with the All Wales (WHSSC) IPFR policy. A separate paper will be presented to Joint Committee seeking approval for revised Terms of Reference for the All Wales (WHSSC) IPFR Panel.
Matters requiring Committee level consideration and/or approval
Separate paper entitled Way Forward – All Wales Individual Patient Funding Request (IPFR) Panel
Matters referred to other Committees
None
Confirmed Minutes for each of the virtual Chair Action Panel meetings are available on request.

Date of next meeting	**29 October 2020**

Reporting Committee	**Quality Patient Safety Committee**
Chaired by	**Emrys Elias**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**13 October 2020**

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

1. Development Day

Committee members received a summary of the development day which was held on 15 September. Feedback form the event had been positive and all Health Boards were represented. The event will be held on an annual basis.

2. Terms of Reference

Members received and considered a paper with revised Terms of Reference. Members noted the revisions to Sections 13 and 14 of the Terms of Reference presented and resolved to approve the revised Terms of Reference for recommendation to the Joint Committee for final approval.

3. Renal Network

The Chair of the Renal Network asked the committee to note that guidelines have been developed and approved regarding the use of PPE in renal dialysis and reminded Health Boards that it was their responsibility the ensure that the was an adequate supply available to support the guidelines.

4. 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**

Members were updated on the risks to thoracic surgery provision for lung cancer patients in mid and south west Wales as a result of COVID-19. A single prioritised waiting list and collaborative working will ensure equitable access to the available capacity in both centres based on clinical need regardless of the patient's area of residence. The single pathway has the ability to refer to other centres depending on capacity and the urgency of treatment.

- **Cardiac**

Members received an updated position regarding cardiac surgery services. It was noted that the WHSSC Corporate Directors Group had recognised the expertise of both the vascular and the TAVI team within SBUHB and given the assurance regarding the governance and safety aspects of recommencing this procedure received, they were able to recommence sub-clavian access. Ongoing work would continue to consider a longer term regional model.

Concern was raised regarding the length of time that cardiac services had been in escalation. Whilst assurance was given that a number of measures had been taken to address the issues within the given timeframe. Internal work was ongoing on reviewing the escalation process, performance framework and the impact of COVID-19 on RTT. That work would be presented at the next meeting on 19 January 2021.

Members were informed that there had been a COVID-19 outbreak on the cardiac ward at Morriston Hospital. All elective work would be suspended for a two week period as a consequence. Welsh Government and neighbouring Health Boards had been informed.

- **Mental Health & Vulnerable Groups**

A detailed summary of the services in escalation was received. It was noted that an enhanced recovery plan was required for this the Forensic Adolescent Consultation & Treatment Service (FACTS) and as a result was being placed into escalation level 3. The provider had been notified.

Members were made aware of a recent serious untoward incident in the South Wales Tier 4 CAMHS unit which was already in escalation level 3. In addition members were notified that the Health Board had also placed the serviced in enhanced monitoring with Executive oversight. The NCCU Quality Assurance Improvement Service (QAIS) has also joined the working party to consider some of the issues relating to concerns with the doors and would be undertaking a formal visit to the unit next week. HIW are also into the process of undertaking a Tier 1 quality check on the service and the report will be shared with WHSSC once available.

Members were informed that due to a National bed crisis in CAMHS a bed management bureau had been set up to coordinate admissions and discharges to facilitate patient flow and ensure a consistent approach.

Regis Healthcare has had a second outbreak of COVID-19 on the unit. Individual risk assessments are being undertaken prior to admission to balance the risk of admitting to the unit at this time. Public Health wales are involved in all discussions.

Members received a detailed update on the adult mental health complex case and recent developments.

On 22 September NHS England announced that they have commissioned an independent review of the Tavistock & Portman Foundation Trust Gender identity Development Service (GIDS). The findings will be presented to NHS England and Improvement's Quality and Innovation Committee at the end of the year. It will focus on how care can be improved for children and young people including key aspects of care such as how and when they are referred to specialist services, clinical decisions around how doctors and healthcare professionals support and care for patients with gender dysphoria. The Care Quality Commission (CQC) is due to carry out a focused inspection of The Tavistock and Portman NHS Foundation Trust, Gender Identity Services for children and young people, during the autumn. The inspection will cover parts of the safe, effective, caring, responsive and well-led key questions and will include feedback from people using the service, parents, relatives, carers, and staff. A Judicial Review involving the Tavistock & Portman is also currently ongoing.

- **Neurosciences**

Members received an update that since September 2019, the service had reported zero breaches >36 weeks due to the COVID-19 pandemic but that the situation had now changed and the WHSS Team was aware that patients were waiting in excess of 52 weeks.

- **Women & Children's**

It was reported that the Task and Finish Group set up to support the development of the service specification and process for selecting a Lead Provider to deliver a 24/7 service had met on three occasions. The service specification was complete and would be published once agreed through the WHSSC Policy Group. There was however a lack of support from some of the clinicians on the Task and Finish Group for the Lead Provider model, mandated by the Joint Committee decision in March 2020. As a consequence a discussion would be taken back to Joint Committee at its meeting in November. In the interim though all Health Board providers of neonatal transport and WAST had been asked to confirm their operational plans, timelines and costs to deliver an interim 24 hour service. Responses were due to be returned to WHSSC by the end of October with an anticipated start date within 3 months

Concern was expressed by the QPS Committee on the differential rates of recovery across providers in Wales and England and the impact this is having on access to specialised services and the potential inequity. The example of paediatric surgery was of particular concern to the Committee resulting in longer waiting times in Welsh providers than in English ones.

The Committee discussed the backlog in cleft surgery at Swansea Bay University Health Board and the impact that this could have on a child's development. It was noted that Health Boards are using the Royal College of Surgeon prioritisation process to manage surgical waiting lists but that this process did not always work well for children who need surgery at specific stages of their development rather than in a month, 3 months etc. The Committee noted that the WHSS Team had raised this with Welsh Government and Health Boards.

5. Other Reports received

Members received reports on the following:

- **CQC/HIW Summary Update**
- **WHSSC Policy Group Report**
- **Concerns and SUI Report**
- **Risk Management Update**
- **Safeguarding Report**

Key risks and issues/matters of concern and any mitigating actions
Summary of services in Escalation (Appendix 1 attached)
Matters requiring Committee level consideration and/or approval
1.Neonatal transport paper to be considered at next Joint Committee 2.Joint Committee already aware of high risk complex mental health case 3.Changes to services in escalation and further work required on processes
Matters referred to other Committees
Safeguarding Report to CTMUHB (host organisation) Executive Safeguarding Group
Confirmed Minutes for the meeting are available from http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee-con

Date of next scheduled meeting:	19 January 2021

Summary of Services in Escalation

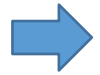
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Date of Escalation	Service	Provider	Level of Escala-	Reason for Escalation	Current Position	Movement from last month
April 2015 Escalated to Stage 3 December 2018 October 2020	Cardiac Surgery	CVUHB	3	• Failure to deliver and maintain the Referral to Treatment times targets	Emergency and elective work being undertaken where possible for the south Wales region. Current monitoring against RTT temporarily halted due to Covid 19	→
April 2015 October 7, 2020 2020	Cardiac Surgery	SBUHB	2	• Failure to deliver the Referral to Treatment times targets	Emergency surgery and elective been undertaken. Current monitoring against RTT temporarily halted due to Covid 19	→
March 2017	Thoracic Surgery	CVUHB	2	• Failure to maintain cancer targets/capacity to meet patient need	Emergency and Elective work only being undertaken in Cardiff for the south Wales region.	→
March 2018	Sarcoma (South Wales)	SBUHB	2	• Risks to service quality and sustainability	Priority work being undertaken: 1. Biopsy Proven Sarcoma 2. Diagnostic biopsies for high	→

					risk lesions. 3. Lipomata with atypical features on US/MRI that have been discussed at MDT	
February 2018 October 2020	Plastic Surgery (South Wales)	SBUHB	2	• Failure to achieve maximum waiting times target	Emergency surgery only being undertaken within the HB. No further update on plan for waiting times Current monitoring against RTT temporarily halted due to Covid 19	
November 2017	All Wales Lymphoma Panel	CVUHB & SBUHB	2	• Failure to achieve quality indicators (in particular, turnaround times)	No provider update on service being delivered during Covid.	

	North Wales Adolescent Service (NWAS)	BCUHB	2	• Medical workforce and shortages and operational capacity • Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of-Area admissions	Letter sent to CEO in July 20 in advance of meeting asking for updates on the medical workforce issues including sustainability of current interim model and possible network arrangements with English providers. In addition relocation of the service onto a main hospital site has also been raised as strategic issue.	
March 2018 September 2020	Ty Llidiard	CTMUHB	3	• Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance • SUI 11th September	Further Serious untoward incident occurred on 11th September. Paper to CDG Board on 21st September and decision to support escalation level with weekly Exec meetings. Health Board formally notified on September 25th. Notification received that CTUHB have also put the service into Internal Enhanced Monitoring & Support. Formal quality escalation meeting October 8th Implementation of the Medical Emergency Response Team remains outstanding	

19 February 2016	Neurosurgery	C&VUHB	2	• Failure to maintain <36 week Referral to Treatment target	Emergency and limited urgent elective (tumour) work being undertaken. A number of patients will be waiting in excess of 52 weeks for surgery at the end of June. Current monitoring against RTT temporarily halted due to Covid 19	
June 2017	Paediatric Surgery	CVUHB	2	• Failure to maintain <36 weeks Referral to Treatment times	Only emergency/ life threatening / urgent surgery is taking place, so the number of patients waiting over 36 weeks is increasing – 200 reported at the end of July. Virtual clinical reviews of patients are being undertaken. Current monitoring against RTT temporarily halted due to Covid 19	

December 2017	Paediatric Intensive Care	CVUHB	2	• Inadequate level of staffing to support the service	No further update on PICU during Covid.	

September2019	Cochlear Implant Service	South Wales	4	• Quality and Patient Safety concerns from C&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.	• C&VUHB were able to treat all patients who required both urgent and routine surgery within 26 weeks by the end of March. • Transfer of services to C&V going ahead awaiting feedback from CHC	
February 2020	TAVI	SBUHB	3	• 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.	• Action plan in place. Following approval at CDG planned access via subclavian route re commenced with support from MDT /Vascular team/ Senior anesthetic team. Ongoing monitoring	

July 2020	Thoracic Surgery	SBUHB	3	• Failure to maintain cancer targets and undertake elective surgery cases	• Concerns raised around the monitoring of Thoracic patients during Covid period and lack of surgical activity	
September 2020	FACTS	CTMUHB	3	• Workforce issue	• Paper received by CGD Board on 28th September. Formal letter being drafted to Health Board. Exec Lead identified. Raised at SLA meeting