2021-03-09 WHSSC Joint Committee (Public)

Tue 09 March 2021, 09:30 - 12:00

Teams Meeting - Details in Calendar Invite

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

00 Agenda (Eng).pdf (2 pages)

1.1. Welcome, Introductions and Apologies

Chair

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

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 of 10 November 2020 and 15 December 2020

Chair

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

1.3.1 Unconfirmed JC (Public) Minutes 10.11.2020.pdf (8 pages)
1.3.2 Unconfirmed JC (Public) Minutes 15.12.2020.pdf (3 pages)

1.4. Action Log and Matters Arising - No Outstanding Actions

N/A *Chair*

09:30 - 09:30
0 min

2. ITEMS FOR CONSIDERATION AND/OR DECISION

2.1. Report from the Chair

Att. *Managing Director*

- To **note** the information presented within the report

2.1.1 Report from the Chair.pdf (4 pages)
2.1.2 Chair's Action - Utilisation of underspend - Batch 01.pdf (3 pages)
2.1.3 Chair's Action - Utilisation of underspend - Batch 02.pdf (3 pages)
2.1.4 Chair's Action - Utilisation of underspend - Batch 03.pdf (3 pages)
2.1.5 Chair's Action - Utilisation of underspend - Batch 04.pdf (3 pages)
2.1.6 Chair's Action - Utilisation of underspend - Batch 05.pdf (3 pages)
2.1.7 Chair's Action - SWTN - Consultant Plastic Surgeon Proposal.pdf (2 pages)

2.2. Report from the Managing Director

Att. *Managing Director*

- To **note** the information presented within the report

2.2 Report from the Managing Director v0.1.pdf (4 pages)

2.3. CAMHS Tier 4

Att. *Managing Director*

- To **note** the current Tier 4 CAMHS commissioning issues affecting service delivery outlined in this report; and
- To **support** the proposed actions to address these issues including the wider pathway concerns.

2.3.1 201109 - SL to HB CEOs and MDs - CAMHS Tier 4.pdf (2 pages)
2.3.2 CAMHS T4 Update Paper v7.pdf (11 pages)

2.4. Assurance Report on Commissioning of Independent Hospitals

Director of Finance

- To to be discussed during the in-committee meeting
- To **receive assurance** that there are robust arrangements in place to ensure delivery of the commissioning of independent sector hospital capacity which mitigate or avoid many of the potential issues identified in the reports on field hospitals.

2.5. All Wales Posture and Mobility Partnership Board

Att. *Committee Secretary*

- To **note** the work undertaken by the Posture and Mobility Service and the Partnership Board;
- To **support** the proposal to disband the All Wales Posture and Mobility Service Partnership Board along with the sub-groups; and
- To **support** the recommendation to hold Stakeholder and Partnership Engagement events twice yearly.

2.5.1 Posture and Mobility Service Partnership Board.pdf (6 pages)
2.5.2 Appendix 1 Posture Mobility ToR.pdf (6 pages)

2.6. Socio-economic Duty

Att. *Committee Secretary*

- To **note** the information presented within the report

2.6.1 Socio-economic Duty.pdf (4 pages)
2.6.2 Appendix 1 -Welsh Government Factsheet.pdf (4 pages)
2.6.3 Appendix 3 - Welsh Government Socio-economic Duty Non-statutory Guidance.pdf (17 pages)

2.7. Joint Committee Annual Cycle of Business 2021-22

Att. *Committee Secretary*

- To **note** and **support** the information presented within the report, including the schedule of meetings for 2021-22

2.7.1 JC Annual Cycle of Business 2021-22.pdf (5 pages)
2.7.2 2021-22 Schedule of Meeting Dates.pdf (1 pages)
2.7.3 JC and Sub Committee Work Plans 2021-22.pdf (4 pages)

2.8. Integrated Commissioning Plan 2021-22

Att. *Director of Planning*

2.8 Final Approved ICP 202122.pdf (46 pages)

09:30 - 09:30
0 min

3. ROUTINE REPORTS AND ITEMS FOR INFORMATION

3.1. Activity Report Month 9 COVID-19 Period

Att. *Director of Finance*

- To **note** the information presented within the report

3.1.1 Activity Report Month 9.pdf (20 pages)
3.1.2 Appendix 1 Activity Report Month 9.pdf (14 pages)

3.2. Financial Performance Report - Month 10

Att. *Director of Finance*

- To **note** the current financial position and forecast year-end position.

3.2 FInancial Performance Report Month 10.pdf (11 pages)

3.3. Reports from the Joint Sub-Committees

Att. *Chair*

- To **note** the content of the reports

3.3.1. Management Group Briefings

3.3.1 2020-11-26 - MGM Core Brief v1.0.pdf (5 pages)
3.3.1 2020-12-17 - MGM Core Brief v1.0.pdf (4 pages)
3.3.1 2021-01-21 - MGM Core Brief v1.0.pdf (3 pages)

3.3.2. Quality & Patient Safety Committee

3.3.2 QPS Chair's Report and Escalation Table January 2021.pdf (11 pages)

3.3.3. All Wales Individual Patient Funding Request Panel

3.3.3 IPFR Panel Chair Report - Feb 2021.pdf (2 pages)

3.3.4. Integrated Governance Committee

3.3.4 IGC Chair's Report January 2021.pdf (2 pages)

09:30 - 09:30
0 min

4. CONCLUDING BUSINESS

4.1. Any Other Business

Att. *Chair*

To discuss neo-natal transport

4.1 Urgent Letter - The Joint Committee - WHSSC-Ref- 24 hour CHANTS Service (002).pdf (2 pages)

4.2. Date of Next Meeting (Scheduled)

Chair

11 May 2021 at 09:30

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

WHSSC Joint Committee Meeting held in public
Tuesday 09 March 2021 at 09:30 hrs

Microsoft Teams

Agenda

Item		Lead	Paper / Oral	Time
1.	**Preliminary Matters**			
1.1	Welcome, Introductions and Apologies	Chair	Oral	09:30 – 09:45
1.2	Declarations of Interest	Chair	Oral	
1.3	Accuracy of the Minutes of the Meetings held on 10 November 2020 and 15 December 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.	09:45 – 09:50
2.2	Report from the Managing Director	Managing Director	Att.	09:50 – 10:00
2.3	CAMHS Tier 4	Managing Director	Att.	10:00 – 10:15
2.4	Assurance Report on Commissioning of Independent Hospitals – to be discussed during the in-committee meeting	Director of Finance	Oral	10:15 – 10:30
2.5	All Wales Posture and Mobility Partnership Board	Committee Secretary	Att.	10:30 – 10:45
2.6	Socio-economic Duty	Committee Secretary	Att.	10:45 – 11:00
2.7	Joint Commmittee Annual Cycle of Business 2021-22	Committee Secretary	Att.	11:00 - 11:15
2.8	Integrated Commissioning Plan 2021-22	Director of Planning	Att.	11:15 – 11:30
3.	**Routine Reports and Items for Information**			
3.1	Activity Report Month 9 COVID-19 Period	Director of Finance	Att.	11:30 – 11:35
3.2	Financial Performance Report Month 10 2020-21	Director of Finance	Att.	11:35 – 11:45

Item	Lead	Paper / Oral	Time
3.3 Reports from the Joint Sub-Committees i. Management Group Briefings ii. Individual Patient Funding Request Panel iii. Quality & Patient Safety Committee iv. Integrated Governance Committee	Joint Sub-Committee Chairs	Att.	11:45 – 12:00
4. Concluding Business			
4.1 Any Other Business	Chair	Oral	
4.2 Date of next meeting (Scheduled) - 11 May 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)".

Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 10 November 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
Iolo Doull	(ID)	Interim Medical Director, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Paul Griffiths	(PG)	Independent Member
Sian Lewis	(SL)	Managing Director, WHSSC
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB (for part)

Deputies:

Hannah Evans	(HE)	Director of Transformation (SBUHB, deputising for Tracy Myhill)

Apologies:

Jason Killens	(JK)	Chief Executive Officer, WAST
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive, Swansea Bay UHB

In Attendance:

Kieron Donovan	(KD)	Affiliate Member/ Chair, Welsh Renal Clinical Network
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Shane Mills	(SM)	Clinical Director for Collaborative Commissioning, NCCU
Adrian Tompkins	(AT)	Associate Director Of Healthcare Contracting Betsi Cadwaladr UHB
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

The meeting opened at 13:30 hrs.

JC20/051	**Welcome, Introductions and Apologies** The Chair welcomed Members in both Welsh and English 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. The Chair welcomed ID to the meeting, his first Joint Committee meeting as Interim Medical Director, as Dr J Thomas was currently on secondment. 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 embedded within the meeting papers.
JC20/052	**Declarations of Interest** The Joint Committee noted the standing declarations. No additional declarations were made.
JC20/053	**Minutes of previous meeting** The Joint Committee approved the minutes of the meetings held on 8 September and 13 October 2020 as a true and accurate record.
JC20/054	**Action Log and Matters Arising** Members noted there were no outstanding actions. In response to a written question from PG, KE asked Chief Executives present to confirm how their health boards were responding and recognising potential harm to patients as a result of COVID-19. Those health boards represented at the meeting confirmed that their Boards were aware of the heightened level of risk to patient harm brought about by the COVID-19 pandemic hindering patient access to specialised services and explained the various meetings and committees where these issues were discussed and noted. KE asked PG whether he was satisfied with the response and he confirmed that the response was acceptable and he was satisfied that specialised services were being treated with a similar level of priority to other services. No further matters arising were noted.
JC20/055	**Chair's Report** The Chair's Report referred members to a Chair's Action taken on 11 September 2020 to approve the commissioning of the All Wales Traumatic Stress Quality Improvement Initiative (AWTSQII) by WHSSC.

	The Joint Committee consented to the Recommendation set out in the report, namely to **ratify** the Chair's Action to approve the commissioning of the AWTSQII.
JC20/056	**Managing Director's Report** The Managing Director's report, updated members on Independent Hospitals Commissioning through to 31 December 2020. SL reported that all contracts had appropriate surge clauses. Health boards would be able to trigger the surge clauses when all of their non-urgent capacity was utilised. SD explained that 10 days' notice was required to trigger the surge clause. Members questioned whether there was any possibility of these contracts being extended beyond December 2020. SD confirmed that this would not be possible, as all new arrangements from 1 January 2021 would need to be fully competition compliant. SD recommended that all health boards incorporate a suitable surge clause into their post December 2020 arrangements through their local contracts with Independent Sector providers. SL reported that WHSSC would be undertaking a self-assessment of the Independent Sector contracts against the key themes identified in the review of the Field Hospitals. The Managing Director's report also noted that the WHSS Team would prepare a paper on all of the work streams currently under way to develop and enhance the Welsh Child and Adolescent Mental Health Service (CAMHS). The Joint Committee consented to the Recommendation set out in the report, namely to **note** the content of the report.
JC20/057	**Neonatal Transport** Members received a paper that provided an update on progress made in establishing a 24/7 neonatal transport service for south and west Wales in accordance with the agreement made by Joint Committee at its meeting in March 2020 and sought agreement on next steps. Members were advised that a proposal had been received from the three provider health boards for an interim 24/7 model and that a formal response was awaited from WAST in support of this model. It was anticipated that the interim model would commence from January 2021 and run for six months. An update would be provided to Management Group on the interim model at its meeting on 26 November. *CS joined the meeting.*

	KP explained that progress had been more challenging on the permanent solution. A number of members queried whether there was still a need for a lead provider as there appeared to be resistance to this from a number of clinicians. Members expressed concern that insisting on a lead provider model may result in a loss of support from the clinical teams and some of the issues may remain unresolved even if the lead provider model is adopted. KP repeated the rationale for a lead provider model. Concerns had been raised with the current model as there was no clear governance and there was a lack of standardisation in some procedures and processes leading to patient safety issues. SL reminded members that standardising processes and introducing standard operating procedures, which were identified as immediate actions at a previous meeting of the Joint Committee in Autumn 2018, had not been achieved to date. Clinical risks and concerns with the current model remained. SL reported that the progress on the interim model had alleviated some anxiety and there was now better engagement. After protracted discussion it was agreed that the preferred way forward was to reaffirm support for the lead provider model but alongside this to ensure there was collaborative work, undertaken at pace, to address the current concerns and clinical risks. The Joint Committee consented to the Recommendation 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 through a lead provider model; and • **approve** the next steps, that is for WHSST to write to the clinical leads of the current providers confirming the Joint Committee's continued support for a lead provider model and its desire for them to work collaboratively to resolve the clinical risks and concerns concurrent with utilisation of the interim model.
JC20/058	**Developing the Integrated Commissioning Plan 2021-22 and Beyond Principles and Priorities** Members received a presentation that explored the principles and priorities to be applied to development of the ICP 2021-22 and beyond. It was noted that the ICP was scheduled to be developed in collaboration with Management Group and brought to Joint Committee in January 2021 for approval. KP asked members to provide their views and feedback on the key questions. Members confirmed their agreement at a strategic level that

	the principles detailed in the presentation were the right ones. The focus on outcomes, optimisation of benefit, minimisation of harm and the whole pathway approach were supported. Members questioned whether the principles were intended for all services or just for new investments. KP explained that the principles should apply to everything that WHSSC does but how that could be achieved was more challenging. It would be sensible to try the whole pathway approach on a specific area to test how this could be achieved. Members committed to discussing this and looking at areas to trial this at a later date. Members **confirmed** their support for the principles and priorities as described in the presentation.
JC20/059	**Future of the All Wales Gender Identity Partnership Group (AWGIPG)** Members received a paper that gave a brief overview of the work undertaken by the All Wales Gender Identity Partnership Group (AWGIPG) since its inception in April 2016 to date and detailed proposals for the next phase of service development. The Joint Committee consented to the Recommendations set out in the report, namely 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.
JC20/060	**Way Forward – All Wales Individual Patient Funding Request (IPFR)** Members received a paper that sought approval of revised Terms of Reference (ToR) for the All Wales (WHSSC) IPFR Panel, a sub-committee of the Joint Committee. The paper explained how the frequency of IPFR meetings had increased due to an increase in volume of applications during the COVID-19 pandemic and explained that the only significant proposed changes were in terms of membership and quorum. These changes would not affect the overall decision making process and decisions would continue to be made in line with the policy criteria. It was noted that consultation on the changes had been through the IPFR Policy Implementation Group and that the WHSS Team had only recently received feedback on the consultation. Some members had not yet seen the feedback. KS explained to members that the governance arrangements for the WHSSC Panel remained with the Joint Committee and it is clear that Joint Committee retained overall responsibility for the All Wales (WHSSC) IPFR

	Panel, as it is a Sub-committee of the Joint Committee. Therefore approval of the ToR was reserved to the Joint Committee. Some members had been made aware of the feedback from the IPFR Policy Implementation Group and there was a request that all members have sight of this before approving the revised ToR. **ACTION:** SL to circulate the responses to the consultation exercise and the WHSS Team comments on those responses. Once this information had been circulated, subject to no objections being received, the revised ToR would be approved via Chair's Action. The Joint Committee consented to the Recommendation set out in the paper, namely 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, noting that once the responses to the consultation exercise and the WHSS Team comments on those responses had been circulated, and subject to no objections being received, the revised Terms of Reference would be approved via Chair's Action.
JC20/061	**Quality & Patient Safety Committee Terms of Reference** Members received a paper that presented them with a revised version of the Terms of Reference (ToR) for the Quality & Patient Safety (Q&PS) Committee for approval. CB reported that these had been discussed at a recent Q&PS development day and the revised ToR had been presented at the October WHSSC Q&PS Committee meeting. The Joint Committee consented to the Recommendation set out in the paper, namely to: **Approve** the revised WHSSC Quality & Patient Safety Committee Terms of Reference.
JC20/062	**NCCU – Continuation of Framework for Care Homes** Members received a paper that set out the case for continuation of the NCCU National Framework Agreement for Care Homes (the Framework) after expiry of the current 'Invest to Save' scheme on 31 March 2021. This matter had been brought to WHSSC as a facilitator for recharging the cost of maintaining the scheme from 1 April 2021 through the WHSSC risk share mechanism and to seek approval of an annual budget of £480k for

	NCCU maintaining the Framework. The health board repayment schedule of the 'Invest to Pay' funds of £1.6m over three years from 1 April 2021 was also noted. The Joint Committee approved the following: • the £480k annual budget for NCCU maintaining the Framework; and • utilisation of the WHSSC risk share mechanism to re-charge the funding to health boards.
JC20/063	**Financial Performance Report – Month 6 2020-21** The paper that set out the financial position for WHSSC for month 6 of 2020-21, including a forecast under spend of around £10m at year end, was taken as read. SD reported that, while the full month 7 report was not yet available, the position had continued to improve with a forecast under spend at year end of around £13.7m. A financial recovery was also likely in relation to underperformance between M7-12 on certain English block contracts. It was agreed that consideration should be given to whether some of the forecast under spend should be deployed to support critical performance and sustainability issues in 2020-21. The Joint Committee consented to the Recommendation set out in the paper, namely to **note** the current financial position and forecast year end position.
JC20/064	**Reports from the Joint Sub-Committees** The Joint Committee received reports from the following Joint Sub-Committees. • Management Group; • All Wales Individual Patient Funding Request Panel; and • Quality & Patient Safety Committee. The Joint Committee consented to the Recommendation to **note** the content of the reports from the Joint Sub-Committees.
JC20/065	**Any other business - Standards of Behaviour Policy** Members were advised that work was under way to adapt the all Wales model template developed by the Deputy Board Secretaries Group to suit the needs of WHSSC and that this would be taken forward by Chair's Action ahead of the next scheduled meeting.

JC20/066	The Chair explained that PG was attending his last scheduled Joint Committee meeting and thanked him for his valuable contribution to the work of WHSSC over the last few years and wished him well for his retirement.
JC20/067	**Date and Time of Next Scheduled Meeting** Members noted that the next scheduled meeting would take place on 26 January 2021. There being no other business other than the above the meeting closed.

The meeting ended at 15.15 hrs.

Chairman .....

Date.....

Minutes of the Extraordinary Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 15 December 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
Iolo Doull	(ID)	Interim Medical Director, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Ian Phillips	(IP)	Independent Member
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB

Deputies:

Darren Griffiths	(DG)	Interim Director of Finance, Swansea Bay UHB (deputising for Tracy Myhill)
Sue Hill	(SH)	Finance Director, Betsi Cadwaladr UHB (deputising for Gill Harris)
Glyn Jones	(GJ)	Finance Director, Anuerin Bevan UHB (deputising for Judith Paget)
Nick Lyons	(NL)	Medical Director, Cwm Taf Morgannwg UHB (deputising for Paul Mears) (part meeting)

Apologies:

Kieron Donovan	(KD)	Affiliate Member/ Chair, Welsh Renal Clinical Network
Paul Griffiths	(PG)	Independent Member
Gill Harris	(GH)	Chief Executive Officer, Betsi Cadwaladr UHB
Jason Killens	(JK)	Chief Executive Officer, WAST
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
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB

In Attendance:

Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

The meeting opened at 15:30 hrs.

JC20/068	**Welcome, Introductions and Apologies** The Chair formally opened the meeting and welcomed members. Apologies were noted as above. It was noted that a quorum had been achieved.
JC20/069	**Declarations of Interest** The Joint Committee noted the standing declarations. There were no additional declarations to note.
JC20/070	**Managing Director's Report** The Managing Director's report included a report from the Operational Delivery Network and the Major Trauma Centre on the key highlights from the first six weeks of operation of the south Wales major trauma network, which was based on the report presented to the first South Wales Major Trauma Network Commissioning Delivery Assurance Group (DAG) meeting that was held on 25 November 2020. KP reported that DAG members were pleased with the level of repatriation achieved in the first six weeks of operation and that some aspects of the report were under development and/or subject to review. In addition, KP had asked for future reporting on benefits realisation. It was noted that participation in the UK-wide TARN system would drive outcome related performance data. Members resolved to **note** the content of the report.
JC20/071	**Resource Utilisation for Value - Options 2020-21** Members received a paper that provided an update on the improving financial position of WHSSC for 2020-21 and the options to deploy a proportion of the forecast surplus to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation. SD reported that the additional savings over the M7 forecast of £13.2m were likely to be in the range of £2-4m. In addition SD described some of the likely opportunities that could be deployed. [NL joined the meeting.] The importance of not committing to schemes that would incur recurrent expenditure beyond 31 March 2021 without full ICP scrutiny was noted; as was the importance of trying to achieve equality of access for Welsh patients.

	In response to questions, SL confirmed that work on risk stratification, mental health services and potential outsourcing to English providers were all within scope. Members resolved to **approve** authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction. Members **agreed** that in the interests of time these plans will be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.
JC20/072	**Tavistock & Portman NHS Trust (T&P) – Legal decision** CB gave an oral report on the recent Judicial Review involving T&P in relation to prescription of puberty suppressing drugs, sometimes referred to as 'puberty blockers' (PBs), for patients aged under 16 years, who were judged to lack competence to give consent for this type of treatment. T&P had until 22 December to appeal the Judgement. In the absence of an appeal, if a clinician understands that a child wishes to continue with PBs they will need to seek a Court order on a case by case basis. In the meantime all under sixteens on PBs will need a clinical assessment. The numbers affected weren't yet clear but it was estimated that there were around 6-10 in Wales.
JC20/073	**Date and Time of Next Scheduled Meeting** Members noted that the next scheduled meeting would take place on 26 January 2021. There being no other business other than the above the meeting closed.

The meeting closed at 16:20hrs

Chair's Signature: .....

Date: .....

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

		Agenda Item	2.1
Meeting Title	**Joint Committee**	Meeting Date	09/03/2021
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 Actions.		

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 Actions

I wrote to Joint Committee Members on 12, 13 and 22 January, and 4 and 10 February 2021 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and an Independent Member of WHSSC that I had taken Chair's Action to approve proposals for the utilisation of forecast underspend, based on the Joint Committee's decision taken on 15 December 2020.

A copy of the letters and supporting schedules are attached, for information, as an appendix.

I also wrote to Joint Committee Members on 11 February 2021 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Ian Phillips, an Independent Member of WHSSC that I had taken Chair's Action to approve the conversion of the locum plastic consultant surgeon post in South Wales Trauma Network to a substantive post.

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

Members are asked to ratify the Chair's Actions.

4. RECOMMENDATIONS

Members are asked to:

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

5. APPENDICES/ ANNEX

Appendix 1 – Letters and supporting schedules approving proposals for the utilisation of forecast underspend.
Appendix 2 - Letter approving the conversion of the locum plastic consultant surgeon post in South Wales Trauma Network to a substantive post.

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: KE.KS
Date/dyddiad: 12th January 2021
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") – Proposals for Utilisation of Forecast Underspend – Batch 01

Joint Committee received a paper at its meeting on 15th December 2020 that that provided an update on the improving financial position of WHSSC for 2020-21 and the options to deploy a proportion of the forecast surplus to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation.

In that context members approved authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction.

Members agreed that in the interests of time these plans would be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.

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 proposals set out on the attached schedule.

This matter will be reported on to the next Management Group meeting for scrutiny and to the next Joint Committee meeting for ratification.

Welsh Health Specialised Services Committee
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CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
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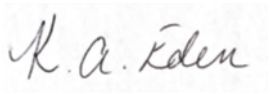
Trefforest,
Pontypridd
CF37 5YL

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

Yours sincerely



Kate Eden
Chair

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

Proposal for Utilisation of WHSSC Forecast 2020-21 Underspend

No.	Provider	Proposal	Estimated cost (£000)	Funding source
01	CVUHB	Paediatric ECHO scans - weekend clinics to reduce backlog	14.0	WHSSC forecast under spend
02	CVUHB	Paediatric waiting list - case validation & management	7.5	WHSSC forecast under spend
03	CVUHB	Paediatric surgery O/P - weekend/evening clinics to reduce backlog	21.0	WHSSC forecast under spend
04	CVUHB	Cystic fibrosis Vertex drug support & monitoring to clear backlog	26.5	WHSSC forecast under spend
05	CVUHB	Re-establish fortnightly tuberous sclerosis clinics to undertake patient reviews, based on clinical priority, preventing patients from having to travel to Bristol.	15.9	WHSSC forecast under spend
06	SBUHB	Plastics - Burns waiting list initiative utilising private provider capacity (proposal includes £41k of revenue spend for vital equipment)	147.5	WHSSC forecast under spend
07	SWTN	Nurse educator to develop and roll out training to trauma units	15.1	MTN slippage
08	SWTN	Training across trauma units for 'trauma care after resus'/'paediatric care after resus'	10.0	MTN slippage

Schedule – Batch 01

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

Your ref/eich cyf:
Our ref/ein cyf: KE.KS
Date/dyddiad: 13th January 2021
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WHSSC Joint Committee Members

Dear Colleague

Re: Welsh Health Specialised Services Committee ("WHSSC") – Proposals for Utilisation of Forecast Underspend – Batch 02

Joint Committee received a paper at its meeting on 15th December 2020 that that provided an update on the improving financial position of WHSSC for 2020-21 and the options to deploy a proportion of the forecast surplus to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation.

In that context members approved authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction.

Members agreed that in the interests of time these plans would be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.

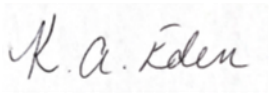
Chair's Action

I confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Ian Phillips, an Independent Member of WHSSC, I have taken Chair's Action to approve the proposals set out on the attached schedule.

This matter will be reported on to the next Management Group meeting for scrutiny and to the next Joint Committee meeting for ratification.

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

Yours sincerely



Kate Eden
Chair

Welsh Health Specialised Services Committee
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Chair/Cadeirydd: *Kate Eden*
Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol: *Dr Sian Lewis*

Proposal for Utilisation of WHSSC Forecast 2020-21 Underspend

No.	Provider	Proposal	Estimated cost (£000)	Funding source
09	SBUHB	Welsh Fertility Institute – extra consultant anaesthetist sessions to 31 March to reduce backlog	12.6	WHSSC forecast under spend
10	SBUHB	Cardiac – ACHD extra O/P clinics to reduce backlog	6.9	WHSSC forecast under spend
11	SBUHB	Cardiac – ICC extra O/P clinics to reduce backlog	8.7	WHSSC forecast under spend
12	SBUHB	Cardiac – outsource PCI to Spire to reduce backlog – supported subject to receipt of costed proposal	tbc	WHSSC forecast under spend
13	SBUHB	Cardiac – rental of two extra echocardiogram machine to 31 March to reduce backlog	4.1	WHSSC forecast under spend
14	SBUHB	Cleft Lip & Palate – extra lists at SBUHB, CVUHB and outsourcing to Newcastle per proposal discussed with WHSSC and WG on 8 Jan 21 - supported subject to receipt of costed proposal	tbc	WHSSC forecast under spend
15	SBUHB	Neonatal – new born life support training – supported subject to confirmation of how this will be delivered prior to 31 March 21 in current environment	3.0	WHSSC forecast under spend
16	SBUHB	PET/CT – commission ten additional scanning days by 31 March to reduce backlog	115.2	WHSSC forecast under spend
17	CVUHB	Genomics – project to facilitate establishment of a test evaluation commissioning model	50.0	WHSSC forecast under spend

Schedule – Batch 02

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

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WHSSC Joint Committee Members

Dear Colleague

Re: Welsh Health Specialised Services Committee ("WHSSC") – Proposals for Utilisation of Forecast Underspend – Batch 03

Joint Committee received a paper at its meeting on 15th December 2020 that that provided an update on the improving financial position of WHSSC for 2020-21 and the options to deploy a proportion of the forecast surplus to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation.

In that context members approved authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction.

Members agreed that in the interests of time these plans would be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.

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 proposals set out on the attached schedule.

This matter will be reported on to the next Management Group meeting for scrutiny and to the next Joint Committee meeting for ratification.

Welsh Health Specialised Services Committee
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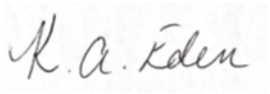
Yours sincerely



Kate Eden
Chair

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

Proposal for Utilisation of WHSSC Forecast 2020-21 Underspend

No.	Provider	Proposal	Estimated cost (£000)	Funding source
18	CVUHB	Cochlear & BAHA – extra lists to reduce backlog	377.0	WHSSC forecast under spend
19	Various	Forensic Mental Health & Learning Disability - training session (one day) delivered by remote specialist speakers	2.5	WHSSC forecast under spend
20	CVUHB	Welsh Gender Service – production of four educational films	2.4	WHSSC forecast under spend
21	CVUHB	Welsh Gender Service – CPD sessions delivered by remote specialist speakers	1.5	WHSSC forecast under spend

Schedule – Batch 03

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

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WHSSC Joint Committee Members

Dear Colleague

Re: Welsh Health Specialised Services Committee ("WHSSC") – Proposals for Utilisation of Forecast Underspend – Batch 04

Joint Committee received a paper at its meeting on 15th December 2020 that that provided an update on the improving financial position of WHSSC for 2020-21 and the options to deploy a proportion of the forecast surplus to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation.

In that context members approved authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction.

Members agreed that in the interests of time these plans would be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.

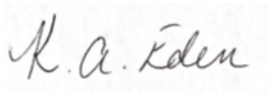
Chair's Action

I confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Ian Phillips, an Independent Member of WHSSC, I have taken Chair's Action to approve the proposals set out on the attached schedule.

This matter will be reported on to the next Management Group meeting for scrutiny and to the next Joint Committee meeting for ratification.

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

Yours sincerely



Kate Eden
Chair

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

Proposal for Utilisation of WHSSC Forecast 2020-21 Underspend

No.	Provider	Proposal	Estimated cost (£000)	Funding source
22	CVUHB	Nueroradiology – Staffed mobile MRI scanner at UHW to reduce waiting list backlog.	134.0	WHSSC forecast under spend
23	SBUHB	Thoracic surgery – South Wales Adult Thoracic Surgery Programme Implementation: Fixed term Project Manager to support planning for the implementation of the new pattern of services to support the Adult Thoracic Surgery service specification and related new service model across 6 Health Boards in South Wales and WAST.	71.6	WHSSC forecast under spend

Schedule – Batch 04

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

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WHSSC Joint Committee Members

Dear Colleague

Re: Welsh Health Specialised Services Committee ("WHSSC") – Proposals for Utilisation of Forecast Underspend – Batch 05

Joint Committee received a paper at its meeting on 15th December 2020 that that provided an update on the improving financial position of WHSSC for 2020-21 and the options to deploy a proportion of the forecast surplus to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation.

In that context members approved authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction.

Members agreed that in the interests of time these plans would be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.

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 proposals set out on the attached schedule.

This matter will be reported on to the next Management Group meeting for scrutiny and to the next Joint Committee meeting for ratification.

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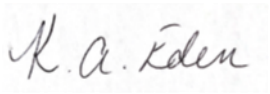
If you require further information or clarification regarding this matter, please contact Kevin Smith, Committee Secretary, in the first instance.

Yours sincerely



Kate Eden
Chair

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

Proposal for Utilisation of WHSSC Forecast 2020-21 Underspend

No.	Provider	Proposal	Estimated cost (£000)	Funding source
24	SBUHB	Cardiology – additional CT & MRI lists to reduce the backlog of patients waiting by undertaking additional activity within the health board and/or outsourcing activity to the private sector – collective commissioning activity supported by Management Group.	17.6	WHSSC forecast underspend
25	WRCN	Initiatives to increase access to home dialysis via e-learning aids, training aids, basic self-management equipment and training and use of Patient Activation Measure tools to support shared decision making as to patients readiness to participate in self-care.	35.8	WHSSC forecast under spend

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

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Date/dyddiad: 11th February 2021
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WHSSC Joint Committee Members

Dear Colleague

Re: Welsh Health Specialised Services Committee ("WHSSC") – Proposal for conversion of locum post to substantive consultant plastic surgeon post in South Wales Trauma Network ("SWTN")

At its meeting on 16 September 2019 Joint Committee received a presentation entitled Major Trauma update and Tranche two funding request, together with a summary of the outputs from the latest Gateway Review on the SWTN project. Amongst other things that were considered by members was that the Peer Group ESG Report recommended three plastic consultant surgeons but the SBUHB ODN business case requested four plastic consultant surgeons and cited the unlikelihood of The Royal College signing off a three consultant model.

Joint Committee noted that the WHSS Team would discuss the various outstanding issues further with CVUHB and take the conclusions of those discussions to the Management Group meeting on 26 September 2019 for scrutiny. The output from this was approval to recruit a fourth, locum, plastic consultant surgeon and that conversion of this locum post to a substantive post would be subject to further evaluation after the initial 12 months of operation of the SWTN.

On 19 October 2019 The Royal College confirmed that a three plastic consultant model would be inadequate.

The WHSS Team has now received a request to convert the fourth, locum, plastic consultant surgeon post to a substantive post based on the 'lived experience' since the locum commenced service in June 2020 and the SWTN went live in September 2020. This request is supported by the level of activity undertaken by the locum consultant since his appointment, being around double what was anticipated in the business model. In addition, the Clinical Lead for the south Wales MTC plastic surgeons has written to the SWTN Clinical Director making it clear that the orthoplastic service in the SWTN could not run without a fourth

consultant surgeon. The proposal is unanimously supported by the SWTN Clinical and Operational Board.

The WHSS Team has been asked to expedite the proposal because it is understood that a number of large providers are about to advertise substantive consultant surgeon posts and it is anticipated there is very likely to be a workforce recruitment issue in the near future.

The WHSS Team is satisfied that recurrent funding has been included in the business case for a fourth plastic consultant.

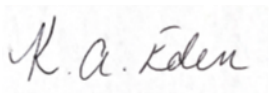
In this context the WHSS Team supports the proposal.

Chair's Action
I therefore confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Ian Phillips, an Independent Member of WHSSC, that I have taken Chair's Action to approve the conversion of the locum plastic consultant surgeon post to a substantive post.

This matter will be reported on to the 9 March Joint Committee meeting for ratification.

If you require further information or clarification regarding this matter, please contact Karen Preece, Director of Planning, in the first instance.

Yours sincerely



Kate Eden
Chair

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

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

		Agenda Item	2.2
Meeting Title	**Joint Committee**	Meeting Date	09/03/2021
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)

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

1. SITUATION

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

2. UPDATES

2.1 PET-CT Programme Business Case Update:

The Programme Business Case is being written in accordance with the requirements of the HM Treasury Five Case Business Model: Better business cases: investment decision-making framework. In January 2021 WHSSC secured the services of an external consultancy firm (Archus) to assist with the Economic and Financial Cases. Archus' input has resulted in accelerating the work programme and this is progressing well.

The plan for the Programme will see several tranches or projects split out within the programme for delivery, with timings for implementation aligned with clinical demand, workforce levels and accounting for local issues e.g. BCUHB Nuclear Medicine Consolidation. Iterations of the PBC are now being shared and discussed with key representatives at Welsh Government.

All the key Groups within the programme consist of clinical and non-clinical individuals from across the three existing PET sites in Wales. Their input and participation in particular has been outstanding. In addition to Programme Group membership, additional stakeholders have been involved and include: HEIW; NIAW; IWEG; All Wales PET Advisory Group (AWPET); WHSSC Colleagues, NHS Capital, Estates & Facilities, Welsh Government; Economic Advice Division, Treasury, Welsh Government; Head of Sourcing – Commissioning, Capital & IMT, NWSSP - Procurement Services; NWSSP – Estates Development; SES Estates Development, NWSSP; Members of the Velindre Transformation team; NWIS; the International Cancer Benchmarking Partnership (ICBP), Cancer Research UK; Life Sciences Hub Wales. Both the NHS Health Collaborative RISP and Imaging Workforce Programmes have been identified as dependencies for the All Wales PET Programme.

Key Timelines

- Chief Executives Group (CEG) 16th February – Update was provided as an AOB
- National Imaging Programme Board (NIPSB) 15th March – update paper on progress
- CEG 16th March – submit draft version of PBC for review/comment
- CEG 13th April – submit final version for review/comment
- NIPSB 19th April – update paper on progress
- Submit to WG mid-April.

2.2 WHSSC Risk Management Strategy

A revised risk management strategy (RMS) has been developed by the WHSS Team and discussed with Integrated Governance Committee, Quality and Patient Safety Committee and the CTMUHB (as host organisation) Audit and Risk Committee. The proposed revised RMS was supported by all three of these committees.

The proposed RMS aligns to the recently revised CTMUHB risk management strategy to give greater clarity to risk identification, measurement and monitoring. In particular the RMS proposes a revised scoring system for risks at WHSSC, moving from the current scoring system, which uses a three domain system and therefore each risk has three scores, to a system that is more akin to that being used in health boards whereby each risk will be attributed a single score. Commissioning Teams are in the process of identifying and scoring risks using the new scoring system. This is particularly timely as we start to recover from COVID-19. The RMS and revised risks will be brought to the Joint Committee in May for consideration and approval.

2.3 UHW2

Managing Director to provide oral update.

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		

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

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CEOs and Med Directors BCUHB and CTM UHB

Dear Colleague,

Re: Tier 4 CAMHS

As you will be aware there are a number of issues affecting both our Tier 4 CAMHS units. Both units sit within the WHSSC escalations processes and have done for some time, WHSSC has recently agreed a new service specification and there are challenges for both units in meeting that specification. In addition the pandemic has led to an increased demand for the service and a reduction in capacity across the UK. The latter issue has led to the development of a regular bed management meeting which has also high- lighted issues with the patient pathway. In response to these challenges WHSSC, working with the Quality Assurance and Improvement Service (QAIS) of the National Collaborative Commissioning Unit (NCCU), has agreed the following approach which will provide an increased level of support to the units. Their work will be supported by the WHSSC Associate Medical Director for Mental Health.

1. **Implementation of the new Service Specification**: QAIS to extend their already commissioned review of Secure Mental Health Services to both CAMHS units and to report to WHSSC in December for incorporation into 2021/21 Integrated Commissioning Plan. This will include a benchmarking exercise regarding staffing and patient acuity.
2. **Escalation processes:**
    a. QAIS will provide an advisory service for estate management to specify and advise on the environmental changes needed immediately and as a programme of improvement.
    b. QAIS will have full access to the units to carry out a service review of CAMHS to help improve service effectiveness.

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3. **Patient pathway:**
    a. QAIS will work with both units to ensure effective bed management i.e. QAIS will have full oversight of the process.
    b. WHSSC have written to Welsh Government regarding the potential for a review of the use of age appropriate beds and to expedite the work on community crisis teams.

I hope that you feel that these steps will be helpful for the units which are working hard under difficult and challenging circumstances. If there are any issues you would like to raise regarding the approach then please do not hesitate to get in touch with me.

Yours sincerely,

Dr. Sian Lewis
Managing Director

cc. Shane Mills, Clinical Director for Collaborative Commissioning, CTMUHB.
Carole Bell, Director of Nursing & Quality, WHSSC.
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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

		Agenda Item	2.3
Meeting Title	**Joint Committee**	Meeting Date	09/03/2021
Report Title	Tier 4 Children & Adolescent Mental Health Services (CAMHS) Update		
Author (Job title)	Senior Planning Manager – Mental Health		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	This paper seeks to inform members of the current Tier 4 CAMHS commissioning issues & risks. It also highlights a number of wider pathway concerns that are having an impact on Tier 4 and the actions being proposed to address them.			
RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☐	INFORM X

Sub Group /Committee	Choose an item.	Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the current Tier 4 CAMHS commissioning issues affecting service delivery outlined in this report; and • **Support** the proposed actions to address these issues including the wider pathway concerns.		

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)

The Tier 4 inpatient CAMHS units are provided by BCUHB and CTMUHB for all Wales

1.0 SITUATION

A number of commissioning issues have been identified regarding the delivery of the Tier 4 Children & Adolescent Mental Health Services (CAMHS). Welsh Health Specialised Services Committee (WHSSC) on behalf of the Local Health Boards (LHBs) commission all Tier 4 CAMHS inpatient care. In addition WHSSC also commission the specialist National Team that provides the Forensic Adolescent Consultation Treatment Service (FACTS).

Two of the LHBs are commissioned to provide general & acute beds at 2 purpose built inpatient CAMHS units. The units are located in the North at Abergele Hospital (North Wales Adolescent Service provided by BCUHB) and in the South at Princess of Wales Hospital (Ty Llidiard provided by CTMUHB). CTMUHB also host the national FACTS service with offices at both inpatient units.

This update highlights the fact that all 3 of the commissioned services are in the WHSSC escalation process. The challenges faced by each of the services is highlighted in the following section along with the actions being taken/proposed.

2.0 BACKGROUND

As highlighted above WHSSC are experiencing an increasing number of commissioning challenges across all services that make up the CAMHS Tier 4 provision. There are a number of strands of work underway to address these concerns and this paper will set out the actions being taken to support more effective pathways for children and young people. This will ensure that Health Boards are fully aware of the collective challenges and recent developments as they are a key enabler in resolving a number of the wider pathway issues.

The issues across the system can be broken down into 3 key parts as follows:-

1) UK system wide issues

2) NHS Wales services commissioned by WHSSC

3) Pathways into Tier 4 services and the interface with other services including local authority care and criminal justice system.

Each of these areas will be explored in greater detail in the following sections.

3.0 ASSESSMENT OF ISSUES & RISKS

3.1 UK System Wide Access Issues

Prior to the pandemic the number of out of area placements for children requiring general in-patient services had fallen significantly from a peak in 2016. Almost all placements were for children requiring low secure care or specialist placements. In 2019/20 WHSSC placed 7 children in Out of Area (OoA) beds (4 secure, 1 U12, 1 PICU & 1 General/Acute) and in 2020/21 to end of October there were 9 OoA placements (6 secure, 2 U12 & 1 PICU).

The pandemic has had a profound impact on the workforce, an increase in demand and a reduction in capacity across the UK. Increasing demand appears to relate to the negative impact on support services such as schools, social care and community and primary care. The funding of surge beds by Welsh Government has significantly mitigated this issue but it is becoming increasingly difficult to procure any such beds. The opening of a new PICU service at Cygnet Coventry did briefly bring new beds into the system and NHS Wales managed to secure 3 new PICU surge beds from 2 November. The UK capacity situation is actively monitored by the NCCU (QAIS) who continue to explore opportunities to secure surge capacity and this is reported into the Mental Health Incident Group (MHIG). Such is the demand referrals for 2 of the surge beds had already been made to Cygnet Coventry prior to the service becoming operational.

Due to the capacity pressures within the system and the need to improve patient flow a weekly bed management meeting has been established involving, NCCU (QAIS), WHSSC, the 2 T4 CAMHS units (NWAS & Ty Llidiard) and their respective LHB management (BCUHB & CTMUHB). This process has been operational for approximately two months and has significantly improved our understanding of the systems and our ability to ensure children in crisis can access the right type and level of care. It has however also identified new issues of concern regarding admissions processes and wider pathway issues which will be addressed in a later section.

3.2 National Framework Review

A National Framework Agreement for Low Secure & General/Acute CAMHS was established in April 2015 following the success of a similar arrangement for adults. Whilst the framework has worked well there have been challenges due to exclusion of very specialist services e.g. Medium Secure, Learning Disability, etc. and the lack of UK wide capacity particularly in Low Secure & PICU provision. This has led to an increasing use of off framework and even bespoke placements that are difficult to quality assure and very expensive. The National Framework Agreements are due to be renewed in April 2022 and the intention is to merge all Frameworks into single overarching one. The addition of very specialist beds and potential alternatives to cost per case basis will be considered as part of the process including the potential of hybrid models which guarantee a level of access. This could work on similar lines to surge capacity but be permanent

feature of new system. This issue will be considered further and informed by the Secure Care review being undertaken by QAIS.

3.3 NHS Wales Services Commissioned by WHSSC

3.3.1 Welsh In-Patient Units

There are short-term and long-term strategic issues affecting both inpatient units. Both of the Tier 4 inpatient services have been in escalation for some-time because of a variety of both similar and different issues including capacity, workforce & environment.

3.3.1.1 North Wales Adolescent Unit (NWAS)

The unit was placed into the WHSSC escalation process at level 3 in 2017 due to the high levels of out of area placements. The underlying problem was one of recruitment and retention with challenges in both the medical and nursing workforces. The Health Board was innovative and introduced a new model of care with integration between Psychology and the local area community tier 3 Consultant Psychiatrists. In addition, they developed a new approach to nurse recruitment and retention that was successful in increasing and retaining qualified nursing staff. This resulted in a significant improvement in out of hours' placements and a de-escalation of the service to level 2 in January 2020. Unfortunately, more recently, recruitment problems in the local area tier 3 Consultant workforce have become an issue. Plans to address this are picked up below in the section related to longer term strategic issues.

3.3.1.2 Ty Llidiard

The unit was placed in level 3 of the WHSSC escalation in March 2018 following a serious incident (SI). The reasons underlying the incident related to the model of care and issues with the estate. An action plan was put in place which included less permissive admission criteria and the actions were largely completed with the exception of the introduction of an emergency response team to the unit. It was anticipated the unit would have its level of escalation reduced however, a second SI occurred in September 2020. The investigation is being undertaken independently and will be part of a Child Practice Review as required by the Safeguarding Children Board. The Health & Safety Executive also commenced an investigation.

3.3.2 Quality Assurance & Improvement Service (QAIS)

Whist these investigations are underway, in order to provide assurance to WHSSC the QAIS team, who have considerable expertise in this area, were asked to undertake a visit to Ty Llidiard unit. At the same they were also asked to provide advice and support to the unit/Health Board. For consistency a similar visit was undertaken to the unit in North Wales and a short report was received into WHSSC on both units. A number of actions were agreed following a meeting between QAIS and the WHSS Team, which are summarised below:

- To complement the bed management process WHSSC as commissioner will provide QAIS with the authority to work with both units to ensure effective bed management/patient flow i.e. QAIS will have oversight of the process. The WHSSC Associate Medical Director will support the process. This builds on the expertise within QAIS and their experience of service models outside Wales.

- For consistency and to support the implementation of the service specification and any new proposed developments, QAIS will provide an advisory service for estate management for both sites to specify and advise on the environmental changes needed immediately and as a programme of improvement.

- QAIS will have full access to both units to carry out the service review of CAMHS and the associated benchmarking to improve service effectiveness and inform the WHSSC ICP (deadline Jan 2021- see below).

A letter was sent from the WHSSC Managing Director to CEO Health Boards on 9 November following a meeting with the QAIS team outlining the agreed support (see Appendix 1).

3.3.3 Strategic Issues – Inpatient Services

There are a number of strategic issues that affect both inpatient units. WHSSC had previously identified the need to review the service specification and models of care delivered by the units to reflect the changing cohort of children now requiring in-patient care. Specifically there has been a reduction in the numbers of children with eating disorders requiring in-patient care and an increase in more challenging children with emotional dysregulation. To do this a new Service Specification was developed and has been consulted upon. The new Service Specification allows children with higher levels of acuity to be safely managed in the units in line with their individual care and treatment plans. It is important to note however this Service Specification is not designed to meet the needs of those children identified in the safe accommodation review without primary mental health issues nor does it meet the specification for a Psychiatric Intensive Care Unit (PICU). Both units have been asked to carry out a gap analysis between their current service and that described in the Service Specification. The response has not yet been received from Ty Llidiard. The lack of a Tier 4 Consultant Psychiatrist at NWAS means that they currently are unlikely to be in a position to meet the Specification without successful recruitment. Due to the latter two issues WHSSC has asked the QAIS team to visit both units to advice WHSSC on the requirements for the 2021 ICP (see action above). The findings from these visits will be considered alongside the Secure Care review and will be reflected in revised service specification if appropriate.

3.3.3.1 Strategic Issues

NWAS: WHSSC has met with the Executive team at BCUHB regarding recruitment and they have agreed to explore 3 areas:

1) Physical location of the unit and whether moving away from the current isolated position is possible
2) Opportunities to develop academic links
3) Regional working with NHSE providers Strategic Issues affecting

Ty Llidiard: WHSSC has met with the new CEO of CTMUHB and raised this issue of whether in the longer term they wish to remain a specialist FACTS provider given the other priorities of the Health Board. This will be picked up with the provider early in 2021.

3.3.4 Forensic Adolescent Consultation Treatment Service

The overarching aim of FACTS is to provide a highly specialist consultation, assessment, training and intervention service to agencies managing and caring for young people who, in the context of mental health issues and / or complex needs present a significant risk to others. The purpose is to achieve effective engagement with agencies to improve outcomes for the young people and reduce the risk of harm to others, taking into account their specific cultural and individual diversity needs.

A number of recent issues have been identified regarding the delivery of the Forensic Adolescent Consultation and Treatment Service that require escalation. A key area of concern pertains to ongoing recruitment and retention difficulties, compounded by the recent resignation of another senior member of the FACTS team, raising concern over the capacity of the remaining team to deliver the service. This is against a backdrop of significant concerns raised by the clinical team over the past 2 years. Recruitment issues have recently worsened and currently only the direct clinical service (which is 1 of 4 responsibilities commissioned by WHSSC see below) is being delivered as required.

FACTS commissioned responsibilities include:

- Direct clinical services
- Consultation, training and advice to Tier 3 Child and Adolescent Mental Health Service
- Facilitating and overseeing the pathway for young people requiring admission to medium secure inpatient services
- Consultation, advice and training to multiagency partners for the development and governance of services related to the adolescent forensic population.

Due to the above a decision was made by CAMHS in October indicating that the service was to be placed into level 3 escalation. An initial Commissioning Quality meeting was arranged for 6 November and an action plan is being developed.

The service is also subject to a wider Strategic Review that considers roles and functions and how best to deliver seamless multiagency care to some of the most vulnerable children & adolescents. This was put on hold during the COVID-19 pandemic and discussions are continuing with other agencies about next steps in the context of the 'Safe Accommodation for Children with Complex Needs Report' (Straw and Evans March, 2020) which will impact on the group's intention for multi-agency commissioning and ability to address the gap in service for some of the most vulnerable children.

In November 2019, a strategic workshop was held in Cardiff City Stadium attended by a range of stakeholders from health, local authorities and the justice system. The aim of the day was to provide background on FACTS, discuss the vision for the future and invite feedback on FACTS role in managing complex young people.

In response to the workshop, WHSSC identified a phased approach to developing the services and the escalation process will be used to continue to develop support phase 1 of the agreed priority areas:

Phase 1 - Stabilisation of current services including innovative recruitment model. Need to fully understand the use of funding and reconsider the current commissioning/funding model

Phase 2 - 2 elements

- *Community outreach and development* - this will involve strengthening the core team and developing in tandem a community outreach model and training and development for community teams in particular trauma informed practice.

- *Residential care* – the group felt that there were opportunities for joint commissioning between health and social care, providing an acute setting where children could be assessed by a MDT and a care plan agreed. It could also provide a step down facility for children returning to community care from secure residential services outside Wales. It is recognised however this may link with work now being undertaken by RPBs and will need further consideration in the light of the RPB proposals, some of which are awaited.

3.4 Pathways into Tier 4 Services

The recently developed bed management process has provided increased insight and identified a number of separate pathway issues which affect the tier 4 service but which are separate from it.

- The lack of services for children with complex social issues that need joined up health and social care working has led to Tier 4 being asked to respond to a gap in provision. These admissions are not aligned to recovery values and a community first approach.

- There is wide variation in the provision of age appropriate beds across Wales. The function of these beds and support provided during these admissions are inconsistent. The system would benefit from robust national oversight and monitoring of these beds which can be shared with WHSSC.
- The different availability to, working hours and operation of, intensive community support teams across Wales. These teams are the responsibility of LHBs. Such services are vital in manging children in crises but are not normally available 24/7. A review of these services is currently underway by the Delivery Unit but we understand has been delayed by the pandemic. Lack of community services can lead to inappropriate admissions and also delayed transfers of care back into the community.
- Variations in gatekeeping thresholds for the Welsh inpatient units due to environmental issues, staffing levels and the approach to acuity assessments.
- Lack of local authority placements resulting in either unnecessary admission or delayed transfer for discharges out of the unit.
- Health Board expectations that Tier 4 services should accept children immediately even though the Welsh Government Admissions Guidance states that referral to an in- patient unit should only be considered:
    - If there is no viable alternative within the local provision pf mental health care and all other options have been exhaustively considered.
    - Inpatient care is the least restrictive and most effective and safe option available to manage the clinical situation.
    - The patient meets the referral criteria for the service.

To summarise there are a range of different issues and whilst WHSSC is taking steps to address those areas which are within its commissioning responsibilities, including gatekeeping, there are a number of issues which lie within the remit of Health Boards and Local Authorities. With regards the work of WHSSC the team are in increasingly close collaboration with QAIS with plans to better align roles and responsibilities in the future. Following a letter from Welsh Government received on 8 October offering support to the challenges outlined above WHSSC has asked Welsh Government for support in the following areas:-

1) Review of the use of "age appropriate beds", including length of stay and outcomes

2) A short review of the level and type of activity with the community teams, this would not replace the more comprehensive Review being carried out by the DU but would provide helpful information in a more timely manner. The QAIS team may be able to undertake this work if approached although they may require a small amount of additional resource.

3) The inter-relationship with the outcome of the Safe Accommodation Review cannot be under-estimated and we would emphasise the importance of the

development of the new RPB models of care and would value the opportunity to input into this process.

4.0 CONCLUSIONS

The level and complexity of challenge facing Tier 4 CAMHS services is highlighted above. It is important to acknowledge the UK system wide and pathway issues are having a knock on effect on the capacity and limitations of the current Tier 4 services in Wales.

The escalation of all Tier 4 services into WHSSC process ensures enhanced monitoring and regular discussions with BCUHB & CTMUHB senior management as well as the services.

The availability to and use of surge beds has partially enabled Out of Area placements to continue during period of severe bed shortages across the UK. The introduction of the bed management panels have provided additional support to the inpatient units and enabled wider discussions to take place about complex cases.

The review and potential expansion of the National Frameworks will be important in improving access to very specialist beds that are not available in NHS Wales. The implementation of the revised service specification for inpatient care will require additional resources and be highlighted in WHSSCs Annual Plan as a Strategic Priority. The agreed expansion of support to WHSSC from QAIS will be vital in reviewing the gap analysis and understanding the clinical and environmental issues raised by the provider LHBs. Workforce will continue to be a major limiting factor to the planned expansion & development of services.

Pathways into and out of Tier 4 services continue to be challenging and health cannot be expected to fill all the gaps in the wider system. WG/LHB support is being requested in reviewing existing arrangements for age appropriate beds, crises & intensive community care and safer accommodation.

5.0 RECOMMENDATIONS

Members are asked to note the issues outlined in this report and actions being taken. LHBs are asked to support the reviews of any non T4 services that are impacting on the pathway.

Members are asked to:

- **Note** the current Tier 4 CAMHS commissioning issues affecting service delivery outlined in this report; and
- **Support** the proposed actions to address these issues including the wider pathway concerns

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan Implementation of the Plan
Link to Integrated Commissioning Plan	Revised service specification and additional enhanced beds are strategic priority
Health and Care Standards	Safe Care Timely Care Effective Care
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Reducing the per capita cost of health care Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Issues with timely access to services and patients being placed out of area with extended lengths of stay
Resources Implications	Increased funding will be required to expand commissioned capacity including enhanced beds
Risk and Assurance	Patients will continue to need out of area placements in system with capacity constraints
Evidence Base	CAMHS Network audit of placements
Equality and Diversity	No specific implications
Population Health	Equitable access to appropriate services across Wales
Legal Implications	Potential for inappropriate use of Mental Health act in order to access beds

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Choose an item.		
Choose an item.		

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

		Agenda Item	2.5
Meeting Title	**Joint Committee**	Meeting Date	09/03/2021
Report Title	Disestablishment of the All Wales Posture and Mobility Service Partnership Board		
Author (Job title)	Assistant Planning Manager for Cardiac and Neurosciences		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this paper is to provide a brief overview of the work that has been undertaken to improve the Posture and Mobility Service in Wales and seek support to disband the All Wales Posture and Mobility Service Partnership Board.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☒	☐	☒

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	09/02/2021
Recommendation(s)	Members are asked to: • **Note** the work undertaken by the Posture and Mobility Service and the Partnership Board; • **Support** the proposal to disband the All Wales Posture and Mobility Service Partnership Board along with the sub-groups; and • **Support** the recommendation to hold Stakeholder and Partnership Engagement events twice yearly.		

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

Abertawe Bro Morgannwg	✓	Aneurin Bevan	✓	Betsi Cadwaladr		Cardiff and Vale	✓	Cwm Taf	✓	Hywel Dda	✓	Powys	✓

Provider Health Board affected (please state below)

All Health Boards affected as it is an all Wales service.

1.0 SITUATION

The All Wales Posture and Mobility Service Partnership Board was set up in 2011 as one of the key recommendations from the Welsh Assembly Government Review of Wheelchair Services.

This paper sets out the rationale for standing down the WHSSC All Wales Posture and Mobility Service Partnership Board, Stakeholder Group and Technical Group Meetings and a proposal for the development of Stakeholder and Partnership Engagement Events to replace these meetings, together with regular meetings with the three service providers in line with the WHSSC Commissioning Assurance Framework.

2.0 BACKGROUND

2.1 All Wales Posture and Mobility Review

In May 2008, the Welsh Government announced a review of wheelchair provision in Wales. The review encompassed long and short-term loans, adult and paediatric wheelchair services.

2.2 Posture and Mobility Service Improvement Programme

In 2010, the Posture and Mobility Services across Wales commenced a service improvement programme, with the support of the National Leadership and Innovation in Healthcare Agency (NLIAH) and the Delivery and Support Unit (DSU). The purpose of this programme was to implement specific recommendations of the Review.

2.3 All Wales Posture and Mobility Partnership Board

Following the release of the final report of the All Wales Posture and Mobility Review and significant financial investment in the service, Welsh Government asked WHSSC to establish the All Wales Posture and Mobility Partnership Board to focus on the auditing of quality standards and delivery of the key performance indicators, as a measure of the quality service delivery.

The purpose of the Partnership Board, as set out in the Terms of Reference (Appendix 1) was to advise the Joint Committee on the following:

- To monitor the services delivery against the key performance and quality indicators, in order to provide assurance to the Joint Committee that the service is delivering in line with the All Wales Service Specification.
- To review and refresh the indicators on an annual basis.
- To advise the Joint Committee on the Commissioning Strategy for Posture and Mobility Services, including identification of, and supporting opportunities for embedding coproduction as a core principle of the commissioning strategy.

2.3.1 Establishment of Sub Groups

The scope of the Partnership Board extended beyond this group with the establishment in 2014 of a sub-group, the Stakeholder Reference Working group, which included stakeholder representation. The Stakeholder Reference Working group provided advice on such issues as improving communication with service users, identifying opportunities for coproduction with service users, and to assist in the development of policy proposals and service specifications.

In 2016 a second sub group was established, the Technical working group which was accountable to the All Wales Posture and Mobility Service Partnership Board. The group membership was made up of primarily clinical staff, who would provide a review of the Posture and Mobility Service Specification, the (Referral to Treatment) RTT rules, as relating to wheelchair services and the key performance indicators.

2.3.2 Development of a Service Specification

Following stakeholder consultation, the WHSSC All Wales Posture and Mobility Service specification was published in April 2017, detailing quality indicators and the key performance indicators, which the service was required to achieve. Every month since the inception of the service specification, all three centres have continued to submit their performance data to WHSSC.

2.3.4 Challenges and Changes to the meeting Structure

Service User recruitment to the Partnership Board has proved to be a challenge in recent years. Service users have previously questioned the value in continuing with these meetings in the current format due to poor representation and attendance. Over the last few years attendance at both the Partnership Board and Stakeholder Meetings has been variable and the Partnership Board has not met since 2018. The Stakeholder Reference Group meetings ceased after November 2018, due to the Chair of the group being unavailable to Chair the meetings and then later resigned from the post.

In March 2018, the Chair of the Partnership Board agreed that there needed to be a review of the current meeting structure of the All Wales Posture and Mobility Service to address the issues previously raised by both the Partnership Board and Technical Working Group. This concerns the duplication of attendance of members at both groups and the repetition of information being reported in Partnership Board and the two sub group meetings.

3.0 ASSESSMENT

3.1 Current Position

In line with the Terms of Reference, the Partnership Board met twice a year since its inception up until March 2018. In undertaking its role, the Board has:

- Reviewed and agreed the action plan developed by the Posture and Mobility Service to implement the quality indicators.
- Monitored the services delivery of the agreed quality and key performance indicators.
- Monitored the referral to waiting times target for the service with the development of robust performance management reports.
- Overseen the development and implementation of the All Wales Posture and Mobility Service Specification.
- Supported coproduction as core principle of the commissioning strategy and provided a forum for communication and discussion between providers of the service and its stakeholders.

The work undertaken has demonstrated that the required improvements have been made by the service and signify that the majority of the performance and quality indicators have been met.

There has also been a significant improvement in the waiting times position. Prior to the Covid-19 pandemic, all three Posture and Mobility services within Wales, as at the end of February 2020 were complying with the waiting list target of >90% of patients seen within 26 weeks, for both adult and paediatric wheelchairs.

3.2 Current Meeting Structure

Since the onset of the Covid-19 pandemic, WHSSC has set up Risk, Assurance and Recovery meetings with all the services and these meetings reflect the new WHSSC Commissioning Assurance framework. The group continue to monitor the services' performance and delivery of the quality indicators. This approach has eliminated the duplication that was previously experienced with the three groups running concurrently.

3.3. Summary and Next Steps

Following the Posture and Mobility Review, a significant amount of work has been undertaken by the service in implementing the recommendations of the review. The effect of which has been to transform the way in which the posture and mobility services are delivered, most notably through improved data management processes which together with the additional funding from the Welsh Government has resulted in sustained reductions in waiting times.

The Partnership Board has made significant progress to support the completion of the work required as outlined by the service review. The development of the Partnership Board has provided the framework and foundation to ensure that

the service can continue to be audited against the delivery of the quality standards and the key performance indicators going forward.

It is recommended that the All Wales Posture and Mobility Service Partnership Board, Stakeholder Group and Technical Group is formally disbanded as the Board has achieved its purpose. In order to move to the next phase of the work it is proposed that the Posture and Mobility Service providers across Wales and WHSSC continue to engage with local user groups and third sector partners, when appropriate, to support service developments. In order to ensure that this continues, WHSSC will organise twice yearly Stakeholder and Partnership Engagement events to supplement the Risk, Assurance and Recovery meetings. Over the course of the next few months WHSSC will work towards establishing appropriate invitees for the stakeholder events and confirm the scope and remit of these meetings and develop an overarching work plan.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the work undertaken by the Posture and Mobility Services and the Partnership Board;
- **Support** the proposal to disband the All Wales Posture and Mobility Service Partnership Board Stakeholder Group and Technical Group; and
- **Support** the recommendation to hold Stakeholder and Partnership Engagement events twice yearly.

5.0 APPENDICES / ANNEXES

Appendix 1 - The Posture and Mobility Service and the Partnership Board Terms of Reference

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
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	
Risk and Assurance	
Evidence Base	Commissioning intention is evidence based
Equality and Diversity	No specific implications
Population Health	There are no population health issues
Legal Implications	There are no specific legal implications

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Choose an item.		
Choose an item.		

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

All Wales Posture and Mobility Service Partnership Board

Terms of Reference

1.0 Introduction

The **Joint Committee** hereby resolves to establish an advisory group of the **Joint Committee** to be known as the All Wales Posture and Mobility Service Partnership Board (hereafter referred to as the Partnership Board).

The Partnership Board has no executive powers, other than those specifically delegated in these Terms of Reference.

2.0 Accountability

The Partnership Board will be accountable to WHSSC and will advise the Joint Committee on the commissioning strategy for Posture and Mobility services.

3.0 Purpose

The Posture and Mobility Service is planned and funded by the Local Health Boards through the Welsh Health Specialised Services Committee (Joint Committee).

The establishment of the Partnership Board was a specific recommendation of the Welsh Assembly Government review of wheelchair services (All Wales Posture and Mobility Service Review, October 2010).

The purpose of the Partnership Board is:

- to monitor the service's delivery against the key performance and quality indicators, in order to provide assurance to the Joint Committee that the service is delivering in line with the All Wales Service Specification.

- to review and refresh the indicators on an annual basis

- to advise the Joint Committee on the commissioning strategy for Posture and Mobility services, including identification of, and supporting opportunities for embedding coproduction as a core principle of the commissioning strategy

4.0 Terms of Reference

The Terms of Reference of the Partnership Board are as follows:

- To advise the Joint Committee with regard to the Quality Standards and Key Performance Indicators
- To review performance against the agreed Quality Indicators and Key Performance Indicators, and report to LHBs through the Joint Committee
- To revise, as the Board deems appropriate, the nature and target levels of the Quality and Key Performance Indicators, and to advise the Joint Committee of any changes proposed
- To advise the Joint Committee on the scope and eligibility criteria for the Posture and Mobility Service
- To provide advice to the Joint Committee on the specification for the Posture and Mobility Service
- To provide a forum for communication and discussion between the providers of the service and its stakeholders
- To promote understanding between the Posture and Mobility Service and its stakeholders
- To support the provision of a high quality and responsive Posture and Mobility Service for Wales within current NHS Wales funding parameters

5.0 Equality and Human Rights

The Public Sector Equality Duty, UN Convention on the Rights of Disabled People, and Human Rights Act will be taken into account at all stages of policy development and review.

The decisions made by the Partnership Board will be subject to equality impact assessment as required by the Public Sector Equality Duty in Wales.

The Partnership Board will be supported by the NHS Centre for Equality and Human Rights.

6.0 Sub Groups

The Partnership Board may establish sub-groups or task and finish groups to carry out on its behalf specific work. Where appropriate such groups will include stakeholder representation.

7.0 Membership

The Partnership Board will be chaired by the Director of Planning. In the event that the Chair is not available to chair a meeting of the Partnership Board he may temporarily appoint another member of the board to undertake this role on his behalf for the duration of that meeting.

Membership will be drawn from across the wide range of stakeholders of the Posture and Mobility Service (service leads, Service Users, Carers, Third Sector groups, Social Services, Education Authorities, and Local Health Boards).

Service user/carer representatives are required to demonstrate the ability to represent a constituency of users. This may be through, for example:

- Membership and active involvement in relevant voluntary sector organisations
- Demonstrating informal links and networks with service users

Where the Chair considers that it would facilitate the business of the group, the Partnership Board has the authority to co-opt non-members to attend for either part or the whole of any meeting.

Title	Role	Organisation
WHSSC / LHB Non Executive Director	Chair	WHSSC
Planning lead for Neurosciences & Complex Conditions	Secretary	WHSSC
Directorate Manager – Cardiff Posture and Mobility Service	Service Lead	Cardiff and Vale UHB
Clinical Director – North Wales Posture and Mobility Service	Service Lead	Betsi Cadwaladr UHB
Head of Rehabilitation Engineering	Service Lead	Abertawe Bro Morgannwg UHB
Clinical Director of Medical Physics	Service Lead	Betsi Cadwaladr UHB
Director of Therapies and	Representative of the	Health Board

Health Science	Director of Therapies and Health Science	
Service User / Carer x 5	Service Users/Carers' Representative	N/A
(Title of Post)	Third Sector Representative	Wales Neurological Alliance
(Title of Post)	Third Sector Representative	Children in Wales
(Title of Post)	Third Sector Representative	Spinal Injuries Association
Director of Education	Representative of the Directors of Education	Local Authority
Director of Social Services	Representative of the Directors of Social Services	Local Authority
Director of Housing	Representative of the Directors of Housing	Local Authority
Senior Equality Manager	Equality and Human Rights Representative	NHS Centre for Equality and Human Rights
Administration Officer	Meeting administration	WHSSC
In attendance		
Policy Lead	Welsh Government Policy Lead	Welsh Government

8.0 Members Appointments

Service user/carer representatives will be appointed as members for a period of two years and may serve a further two years up to a maximum of four consecutive years if successful following a further subsequent nomination to the board. During this time a member may resign or be removed by the Joint Committee.

Nominations for service user/carer representatives will be sought on a biennial basis. Individuals may self-nominate or be nominated by third parties (e.g. Voluntary Sector Organisations)

Nominations will be assessed by a Panel comprising the Chair of the Partnership Board and the Chair of WHSSC.

All Members are expected to adhere to the Welsh Government's *Citizen-Centred Governance Principles* and to the Joint Committee Standards of Behaviour Policy.

9.0 Expenses

Members of the Partnership Board who are employees of statutory and third sector organisations, and who attend the Partnership Board meetings as part of their normal working role, should apply

to their own organisations for payment of expenses.

Members of the Partnership Board who are not employees of statutory or third sector organisations may apply to WHSSC for reimbursement of out of pocket expenses such as travelling expenses, or other agreed costs, incurred in attending Partnership Board meetings.

10.0 Partnership Board Meetings

10.1 Frequency of meetings

Meetings shall be held at least twice a year and otherwise as the Chair of the Partnership Board deems necessary. Arrangements will be made to ensure that any access requirements of members are met.

10.2 Quorum

At least five members must be present to ensure the quorum of the Partnership Board. The Partnership Board will be considered quorate when 51% of total membership, of whom at least 3 are user representatives, are present.

10.3 Withdrawal of individuals in attendance

The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate 'in committee' discussions of sensitive issues.

10.4 Secretariat

The function of secretariat to the Partnership Board will be undertaken by the Welsh Health Specialised Services Committee through the Planner for the Neurosciences and Complex Conditions Programme.

The secretary will ensure that all papers are distributed at least five working days prior to the meeting. All Papers will be provided in formats that meet members' access requirements.

10.5 Engagement

The Chair must ensure that the Partnership Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual members must

demonstrate, through their actions, that their contribution to the Partnership Board's decision making is based upon the best interests of service users and the NHS in Wales.

Members of the Board must demonstrate a personal commitment to the principles of equality and human rights and to ensuring that decisions made by the Board promote fair and equal outcomes for everyone.

11.0 Reporting

The Chair shall:

- Report formally to the Joint Committee on the Partnership Board's activities. This includes updates on activity, the submission of Partnership Board minutes and written reports as well as the presentation of an annual report.
- Bring to Joint Committee's attention any significant matters under consideration by the Partnership Board.

Ensure appropriate escalation arrangements are in place to alert the Director of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee.

12.0 Review

These terms of reference shall be reviewed annually by the Partnership Board.

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

		Agenda Item	2.6
Meeting Title	**Joint Committee**	Meeting Date	09/03/2021
Report Title	Socio-economic Duty		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services	In Committee/ Public	Public

Purpose	The purpose of this report is to brief members on the new Socio-economic Duty.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	18/12/2020
Recommendation(s)	Members are asked to: • **Note** the content of the 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	✓	

1.0 SITUATION

The purpose of this report is to brief members on the new Socio-economic Duty.

2.0 BACKGROUND

The Socio-economic Duty, under the Equality Act 2010, requires relevant public bodies in Wales, which include local health boards, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions.

The overall aim of the duty is to deliver better outcomes for those who experience socio-economic disadvantage. The duty will support this through ensuring that those taking strategic decisions:

- take account of evidence and potential impact;
- participate in consultation and engagement;
- understand the views and needs of those impacted by the decision, particularly those who suffer socio-economic disadvantage;
- welcome challenge and scrutiny; and
- drive change in the way that decisions are made and the way that decision makers operate.

The duty is targeted at:

- Strategic decision makers - board and committee members, executive and non-executive directors and elected members;
- Senior leaders - chief executives, chairs and heads of service; and
- Governance and compliance leads.

There is no reporting requirement under the duty, however it is a statutory duty and relevant public bodies will be required to demonstrate how they have discharged it. It is recommended that all public bodies should evidence a clear audit trail for all decisions made that are caught by the duty, using existing processes, such as engagement processes and impact assessments.

The duty will come into force on the 31 March 2021. Decisions taken prior to its commencement are not caught by the duty.

3.0 ASSESSMENT

Welsh Government has produced several aids to support decision makers in discharging their responsibility to have due regard to the socio-economic duty. These include a Factsheet, a Scrutiny Framework and Non-statutory Guidance.

The WHSS Team has begun considering how to address and embed the duty into its Integrated Commissioning Plans (ICP) and consider its application to other activities such as Clinical Commissioning Policies. The current thinking is that the Duty will be dealt with in a similar way to other protected characteristics under the Equality Act 2010, using impact assessment methodology. The Duty has been referenced in the ICP for 2021-22.

The WHSS Team has also begun considering how it obtains evidence on socio-economic disadvantage.

Training has been arranged for relevant members of the WHSS Team to enable them to fulfil the requirements of the Duty.

Joint Committee and Management Group members need to be aware of the Duty and provide challenge and scrutiny in relation to strategic decisions brought before them.

Given that the Duty applies to the health boards, it has been assumed that Chief Executive Members and Independent Members of the Joint Committee will have received training on the Duty in their health boards to equip them for their obligations.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the content of the report.

5.0 APPENDICES/ ANNEXES

Appendix 1 - Welsh Government Socio-economic Duty Factsheet.
Appendix 2 - The Welsh Government Socio-economic Duty Scrutiny Framework is available via the following link and offers a good summary of the duty:
https://gov.wales/socio-economic-duty-scrutiny-framework-html
Appendix 3 - Welsh Government Socio-economic Duty Non-statutory Guidance.

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Statutory duty in relation to strategic decision making.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	
Institute for HealthCare Improvement Triple Aim	
Organisational Implications	
Quality, Safety & Patient Experience	Governance: to be a well-governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services to improve patient outcomes.
Resources Implications	Training implications to make staff aware of the new Duty.
Risk and Assurance	Governance: to be a well-governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services to improve patient outcomes.
Evidence Base	
Equality and Diversity	There may be an adverse effect on the organisation if there are no arrangements to demonstrate compliance with the Duty.
Population Health	
Legal Implications	There may be an adverse effect on the organisation if there are no arrangements to demonstrate compliance with the Duty.

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

Llywodraeth Cymru
Welsh Government

A More Equal Wales

Commencing the Socio-Economic Duty

Factsheet

Factsheet

Welsh Government has published guidance to support relevant public bodies in preparing for the duty, this paper should be considered alongside the guidance (https://gov.wales/socio-economic-duty).

BACKGROUND AND POLICY INTENT

The UK's exit from the European Union continues to bring immense uncertainty, particularly in relation to equality and human rights. Covid-19 will most certainly impact on the lives of those who already experience inequalities for example, people living in poverty and on low incomes, women, racial and ethnic minorities, children, single parents, and disabled people.

The Welsh Government plans to commence the Socio-economic Duty ("the duty"). In summary, the statutory requirement of the duty places a legal responsibility on relevant bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

The duty will be a key mechanism in supporting the most vulnerable in our society and something which will be extremely important when we recover from the current crisis.

REQUIREMENTS OF THE DUTY

The duty requires specified public bodies, when making strategic decisions such as deciding priorities and setting objectives, to consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage.

The duty does not require public bodies to consider how to reduce inequalities experienced by a person as a result of being a person subject to immigration control[1].

In general, strategic decisions will be those which affect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. Page 6 of the guidance (https://gov.wales/socio-economic-duty) provides examples of strategic decisions relevant to public bodies.

1 Within the meaning given by section 115(9) of the Immigration and Asylum Act 1999.

WG41005 Digital ISBN: 978-1-80038-879-6

Involving communities in decision-making is key to getting decisions right and making sure they achieve positive outcomes.

Relevant public bodies need to consider how their strategic decisions can improve inequality of outcome for people who suffer socio-economic disadvantage.

THE OVERALL AIM OF THE DUTY

The overall aim of the duty is to deliver better outcomes for those who experience socio-economic disadvantage.
The Socio-economic Duty will support this through ensuring that those taking strategic decisions:

- **Take account of evidence and potential impact.**
- **Through consultation and engagement, understand the views and needs of those impacted by the decision, particularly those who suffer socio-economic disadvantage.**
- **Welcome challenge and scrutiny.**
- **Drive a change in the way that decisions are made and the way that decision makers operate.**

BODIES THAT ARE EXPECTED TO BE COVERED BY THE DUTY

The following Welsh public bodies are expected to be subject the duty, as they are deemed to meet the test set out in section 2(6) of the Equality Act 2010:

- **the Welsh Ministers**
- **a local authority**
- **a local health board**
- **an NHS trust**
- **special health authorities (operating on a Wales-only basis)**
- **a fire and rescue authority**
- **a National Park authority**
- **the Welsh Revenue Authority.**

A confirmed list of relevant public bodies will be published in the Regulations and corresponding statutory guidance (https://gov.wales/socio-economic-duty), to be issued alongside commencement of the duty.

EVIDENCING COMPLIANCE WITH THE DUTY

Although there is no reporting requirement associated with the duty, it is for relevant bodies to evidence how they are meeting the statutory requirement. It is recommended that relevant public bodies should evidence a clear audit trail for all decisions made under the 2010 Act, using existing processes, such as impact assessment processes and systems for engagement. Examples of how a public body may demonstrate due regard is contained within page 7 of the guidance (https://gov.wales/socio-economic-duty).

PUBLIC BODIES NOT LISTED WITHIN THE REGULATIONS

A key theme arising from the consultation A More Equal Wales – Commencing the Socio-economic Duty[2], was for all public bodies, including those who are not listed within the Regulations, to act in the spirit of the duty. Therefore, whilst only those public bodies specified in the regulations will be under a statutory duty to comply with it and take account of any guidance issued, we would encourage all other public bodies to consider the resources made available to support them in their decision-making. This includes the guidance (https://gov.wales/socio-economic-duty) which has already been issued, to help prepare relevant public bodies for the commencement of the duty.

COMMENCEMENT

Although the Deputy Minister and Chief Whip indicated that the duty was to be commenced on the 29 September, the Welsh Government has reprioritised its business to reflect the unprecedented nature of the Coronavirus (COVID 19) crisis. The duty will now come into force on the 31 March 2021.

To support relevant public bodies in preparing for the future commencement of the duty, the Welsh Government published non-statutory guidance (https://gov.wales/socio-economic-duty) on the 1st April. The guidance was developed taking careful account of the feedback received through consultation and the engagement events held across Wales. It has been co-produced with representatives of the bodies expected to be captured by the duty, the TUC, the Welsh Local Government Association and the Equality and Human Rights Commission.

The Welsh Government will develop statutory guidance to coincide with the commencement of the duty.

2 https://gov.wales/sites/default/files/consultations/2019-11/a-more-equal-wales-commencing-the-socio-economic-duty.pdf

Llywodraeth Cymru
Welsh Government

A More Equal Wales

Preparing for the commencement of the Socio-economic Duty

Non-Statutory Guidance

 WG41004 Digital ISBN: 978-1-80038-878-9
Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh

Introduction

The Duty will encourage better decision making and ultimately deliver better outcomes for those who are socio-economically disadvantaged.

This guidance is aimed at helping public bodies who are expected to be captured by the duty ("relevant public bodies") prepare for this date. The consultation A More Equal Wales – Commencing the Socio-economic Duty[1] sought views on those public bodies captured by the duty. Chapter 5 contains a proposed list of relevant public bodies. A final list of relevant public bodies will be published in the Regulations and corresponding statutory guidance, to be issued alongside commencement of the duty.

The Welsh Government recognises that relevant public bodies operate differently and therefore wants to encourage innovation in preparing to meet the duty, welcoming different approaches. We know that there is a lot of good work already underway to reduce inequality across the public sector and it is the aim of the Welsh Government and this guidance to build on this strong foundation.

This guidance is non-statutory and has been informed through feedback received through the consultation and the engagement events held across Wales. It has been co-produced with representatives of the bodies to be captured by the duty, the TUC, the Welsh Local Government Association and the Equality and Human Rights Commission.

Thank you to everyone who has contributed.

The Welsh Government will continue to work with relevant public bodies, the Welsh Local Government Association (WLGA) the TUC, the Equality and Human Rights Commission (EHRC), third sector bodies and those who have experience of socio-economic disadvantage to develop statutory guidance to coincide with the commencement of the duty.

In particular this document should be considered by:

Strategic decision makers: board and committee members, executive and non-executive directors;

Senior leaders: chief executives, chairs and heads of service;

Managers of systems: impact assessment, project development, procurement, governance, finance and engagement;

Governance and compliance leads and **policy leads.**

1. https://gov.wales/sites/default/files/consultations/2019-11/a-more-equal-wales-commencing-the-socio-economic-duty.pdf

Policy context

The UK's exit from the European Union continues to bring immense uncertainty, particularly in relation to equality and human rights. Decades of EU membership has produced a legacy of benefits covering many aspects of daily life in Wales. Examples being employment rights, environmental rights and health and safety regulations.

In response to calls from many stakeholders for the Welsh Government to take action to safeguard equality and human rights, particularly in the context of EU withdrawal, several pieces of work are being taken forward – commencing the duty is one aspect. In broad terms, this means that in Wales we will be using our powers to reduce inequalities resulting from socio-economic disadvantage.

The First Minister made a commitment to commence Part 1, Sections 1 to 3 of the Equality Act 2010[2] ("the 2010 Act") – the duty, at the time of his appointment in December 2018. On 11 June 2019, the Deputy Minister and Chief Whip gave an oral statement to Plenary about advancing equality and human rights in Wales. She said:

> **"To demonstrate and reaffirm Welsh Government's commitment to the principles of advancing equality and human rights in Wales, Welsh Government will be taking forward work to explore options to safeguard equality and human rights in Wales. This work would begin with commencing the Socio-economic Duty in Wales, as well as working with the Equality and Human Rights Commission to review and strengthen the Welsh regulations for the public sector equality duty.**

A consultation ran for eight weeks, closing on 17 January 2020. The consultation gathered views on the Welsh Government's proposal to commence the duty, asked which public bodies should be captured by the duty and how the duty should be delivered.

The Welsh Government received a total of 98 responses and there were more than 140 attendees at the engagement events held across Wales. The responses showed significant support for the duty and the notion of bodies not listed within the legislation "honouring the spirit of the duty" also emerged as a prominent idea.

However, some respondents raised concerns regarding the time they had to prepare for the implementation of the duty – initially planned for 1 April 2020, with several requests seeking a longer 'lead-in time'.

The Deputy Minister and Chief Whip has listened to the views of stakeholders and wants to ensure relevant public bodies are as prepared as possible before the duty comes into effect. In recognition of this, and in response to the **unprecedented nature of the Coronavirus (COVID 19)** crisis a revised date for the duty coming into force has been agreed. The duty will now come into force on the **31 March 2021**.

2. http://www.legislation.gov.uk/ukpga/2010/15/contents

Legislative background

The Equality Act 2010 is a legal framework, which aims to harmonise and strengthen discrimination law, supporting progress towards equality. It brings together and re-states a number of enactments, including the Equal Pay Act 1970[3], the Race Relations Act 1976[4] and the Disability Discrimination Act 1995[5]. It makes it unlawful to discriminate against those with a protected characteristic under the Act. The 2010 Act also places a 'due regard' duty (public sector equality duty[6]) on public bodies, to ensure that advancement of equality of opportunity is a key consideration for relevant public bodies when carrying out their functions.

Despite the 2010 Act coming into force on 8th April 2010, Part 1 – the duty, lay dormant on the statute book, as neither the UK Government, nor the devolved legislatures elected to commence it.

The Wales Act 2017 legislated for a new model of Welsh devolution, which included fully devolving the power to commence the duty in Wales. Section 45 of the Wales Act 2017[7], amends Part 1 of the 2010 Act[8] to achieve this. The Welsh Ministers intend to use this power to commence Sections 1 to 3 of the 2010 Act in Wales – the Socio-economic Duty.

SECTION 1

requires relevant public bodies, when taking strategic decisions, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage.

It lists the bodies that will be covered by the duty, and includes a provision for Ministers to issue guidance for public bodies in regard to it.

SECTION 2

confers a power on the Welsh Ministers to make regulations, naming those relevant public bodies to which the duty will apply. In determining which bodies are 'relevant authorities' the Welsh Ministers must consider whether each authority meets the criteria specified in section 2(6) of the 2010 Act.

SECTION 3

makes clear that the duty will not create any new justiciable rights for individuals.

In summary, the statutory requirement of the duty places a legal responsibility on relevant bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Please note section 1(6) of the 2010 Act states that there is no requirement for relevant bodies to consider inequalities experienced by those persons subject to immigration control.

The duty is intended to complement and not compete with, or override, other statutory duties incumbent upon relevant public bodies, for example the Public Sector Equality Duty, or the Well-being of Future Generations (Wales) Act 2015. Please see Chapter 11 for more detail relating to other relevant statutory duties.

There is no reporting duty attached to the duty, however, it is a statutory duty and relevant bodies should be able to demonstrate how they have discharged it. Once the duty is commenced, if an individual or group whose interests are adversely affected by a relevant public body's decision, in circumstances where that individual or group feels the duty has not be properly complied with, they may be able to bring a judicial review claim against that authority. (See section on Due Regard below).

3. http://www.legislation.gov.uk/ukpga/1970/41/pdfs/ukpga_19700041_en.pdf
4. http://www.legislation.gov.uk/ukpga/1976/74/enacted
5. https://www.legislation.gov.uk/ukpga/1995/50/contents
6. http://www.legislation.gov.uk/ukpga/2010/15/section/149
7. http://www.legislation.gov.uk/ukpga/2017/4/contents/enacted
8. http://www.legislation.gov.uk/ukpga/2010/15/contents

Defining the key terms

The text below explores various definitions of the key terms from Section 3.

THESE ARE:

1. **Decisions of a strategic nature;**
2. **Due regard;**
3. **Socio-economic disadvantage;**
4. **Inequalities of outcome.**

These definitions have been developed from policy work undertaken by the Welsh Government, through discussion with key stakeholders and consideration of relevant guidance from other parts of the UK. They will be used within the statutory guidance, which will be produced by Welsh Ministers to support relevant public bodies discharge their duty under this proposed legislation.

DECISIONS OF A STRATEGIC NATURE

DEFINITION:
In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions.

For some relevant public bodies, such decisions may only be taken annually, in other cases, they will come up more often.

The duty will apply to both new **strategic decisions** and when reviewing previous strategic decisions. Note, the duty is not retrospective, which means relevant public bodies do not have to give due regard to decisions which have been made before commencement.

Below are some examples (not an exhaustive list) of strategic decisions for relevant public bodies:

- ✓ Strategic directive and intent
- ✓ Strategies developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions
- ✓ Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
- ✓ Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)
- ✓ Changes to and development of public services
- ✓ Strategic financial planning
- ✓ Major procurement and commissioning decisions
- ✓ Strategic policy development.

DUE REGARD

DEFINITION:
Giving weight to a particular issue in proportion to its relevance.

Due regard is an established legal concept in equalities law. The concept of due regard should be well understood by relevant public bodies in relation to the public sector equality duty. It means giving weight to a particular issue in proportion to its relevance. We would expect the same principles to apply to this duty.

The Welsh Government would encourage relevant public bodies to be able to evidence a clear audit trail for all decisions made under the duty and should fully understand the likely impact of such decisions in order to pay due regard to reducing inequalities of outcome caused by socio-economic disadvantage.

Existing practice for demonstrating evidence should be used, this might include impact assessment processes, systems for engagement and community involvement and use of local evidence and data.

As with the public sector equality duty, an individual or group may bring judicial review proceedings against a public body which is covered by the duty, if they believe the public body has not considered socio-economic disadvantage when taking decisions of a strategic nature. It is for relevant bodies to evidence how they are meeting the statutory requirement and therefore it is recommended that relevant public bodies should evidence a clear audit trail for all decisions made under the 2010 Act. Demonstrating due regard – six useful questions to ask:

1. **What evidence has been considered in preparing for the decision, are there any gaps in the evidence?**
2. **What are the voices of people and communities telling us? (Including those with lived experience of socio-economic disadvantage).**
3. **What does the evidence suggest about the decision's actual or likely impacts regarding inequalities of outcome as a result of socio-economic disadvantage?**
4. **Are some communities of interest or communities of place more affected by disadvantage in this case than others?**
5. **What does our impact assessment tell us about gender, race, disability and other protected characteristics that we may need to factor into our decisions alongside those suffering socio-economic disadvantage?**
6. **What existing evidence do we have about the proposal being developed, including what could be done differently?**

USEFUL REFERENCES:

The Brown Principles[9] can be used to determine whether due regard has been given. Making Fair Financial Decisions[10] (EHRC, 2019) provides useful information about the 'Brown Principles'. In addition, Welsh Government Guidance on Making Good Decisions[11] refers to the principle of due regard and assists relevant public bodies to make good decisions that are lawful and comply with the rule of law. Key components of the Brown Principles include the following:

1. **Decision-makers must be made aware of their duty to have 'due regard' to the aims of the duty.**
2. **'Due regard' is fulfilled before and at the time a particular policy that will or might affect people with protected characteristics is under consideration as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.**
3. **Attempts to justify a decision as being consistent with the exercise of the duty, when it was not considered before the decision are not enough to discharge the duty.**
4. **The duty must be exercised in substance, with rigour, and with an open mind in such a way as it influences the final decision. The duty has to be integrated, it is not a question of ticking boxes.**
5. **The duty cannot be delegated and will always remain with the body subject to it.**
6. **The duty is a continuing one.**
7. **It is good practice for those exercising public functions to keep an accurate record showing that they had actually considered the duty. If records are not kept it may make it more difficult, evidentially, for a public body to persuade a court that it has fulfilled the duty.**

9. R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158.
10. https://www.equalityhumanrights.com/en/advice-and-guidance/making-fair-financial-decisions
11. https://law.gov.wales/constitution-government/public-admin/intro-admin-law/welsh-government-guidance-on-making-good-decisions/?lang=en#/constitution-government/public-admin/intro-admin-law/welsh-government-guidance-on-making-good-decisions/?tab=overview&lang=en

The Gunning Principles[12] as shown below, set out four principles for appropriate consultation and can be used to support public bodies in applying fairness in its engagement and consultation.

PRINCIPLE 1
Consultation must take place when the proposals are still at a formative stage.

You must not have already made up your mind.

PRINCIPLE 2
Sufficient reasons must be put forward to allow for intelligent consideration and response.

Have people been given the information and opportunity to influence?

PRINCIPLE 3
Adequate time must be given for consideration and response.

Is the consultation long enough bearing in mind the circumstances?

PRINCIPLE 4
The product of consultation must be conscientiously taken into account when finalising the decision.

SOCIO-ECONOMIC DISADVANTAGE

DEFINITION:
Living in less favourable social and economic circumstances than others in the same society.

Socio-economic disadvantage can be disproportionate in both **communities of interest and communities of place**, leading to further inequality of outcome, which can be further exasperated when considering **intersectionality**

Communities of interest
those who share one or more of the protected characteristics listed in the Equality Act 2010 can be considered communities of interest.

Groups of people who share an experience, for example, people who have experienced homelessness, the health and social care system or a local service. Accordingly, it is likely that people will reflect several communities of interest

Those who share an identity can similarly be communities of interest too, for example, lone parents and carers.

Communities of place
refers to people who are linked together because of where they reside, work, visit or otherwise spend a substantial portion of their time.

Intersectionality
The Gender Equality Review[13] defines intersectionaility in the following way- recognising the way in which power structures based on factors such as gender, race, sexuality, disability, class, age and faith interact with each other and create inequalities, discrimination and oppression. Crucially, it is about understanding the way in which characterictics such as gender, race or class, can interact and produce unique and often multiple experience and disadvantage in specific situation.

One single form of discrimination cannot and should not be understood in isolation from one another. A truly intersectional approach ensures that this does not happen.

Socio-economic disadvantage
doesn't respect urban and rural boundaries, disadvantage can be exacerbated by many factors of daily life, here's some examples:

Poverty is often hidden in smaller
communities – the cost of living and accessibility of transport, education and employment can impact more negatively on rural populations.[14] Research has found that rural areas are at a higher risk of deprivation if access to services are included as a measure of poverty[15].

12. https://www.local.gov.uk/sites/default/files/documents/The%20Gunning%20Principles.pdf
13. https://chwaraeteg.com/projects/gender-equality-review/#phase-two
14. https://www.equalityhumanrights.com/sites/default/files/is-britain-fairer-2018-is-wales-fairer.pdf
15. https://gov.wales/sites/default/files/statistics-and-research/2019-02/national-survey-wales-2017-18-poverty-deprivation.pdf

The National Survey for Wales states:

> **In general, areas that are built-up or urban have a higher proportion of people in material deprivation than other areas: 18% of people living in urban areas (defined as areas with more than 10,000 residents) are deprived compared with 13% in rural areas.[16]**

Regional variations reveal the extent of low-paid work in rural areas, and some industrial areas in the South Wales Valleys. In five Welsh local public bodies – Blaenau Gwent, Pembrokeshire, Gwynedd, Anglesey and Conwy – more than 30% of workers are paid less than the voluntary Living Wage. At the other end of the spectrum, around 20% of workers in Caerphilly, Cardiff and Neath Port Talbot are paid less than the voluntary Living Wage.[17]

Sources of data and research on socioeconomic disadvantage are included in the next section.

INEQUALITIES OF OUTCOME

DEFINITION:
Inequality of outcome relates to any measurable differences in outcome between those who have experienced socio-economic disadvantage and the rest of the population.

Relevant public bodies will be in a position to influence specific socio-economic inequalities – they should understand where they can have the greatest positive impact.

There are a range of ways in which relevant public bodies can build this awareness as they will already have access to a wide range of relevant quantitative data and other evidence including:

- **Annual employment data published under the public sector equality duty[18]**
- **The Equality and Human Rights Commission's report Is Wales Fairer?**
- **The Equality and Human Rights Commission measurement framework for equality and human rights[19], setting the indicators for Is Wales Fairer?**
- **The Welsh Government's Future Trends report[20]**
- **Statistics available from StatsWales[21] and the Office for National Statistics[22]**
- **The Welsh Government's Well-being of Wales Report[23]**
- **Chwarae Teg's Gender Equality Review [24]**
- **Older Peoples Commissioner for Wales State of The Nation Report.[25]**

Some relevant public bodies will be able to gather evidence via their membership of Public Services Boards established under the Well-being of Future Generations (Wales) Act 2015, to undertake assessments of local well-being to inform the development of local well-being plans.

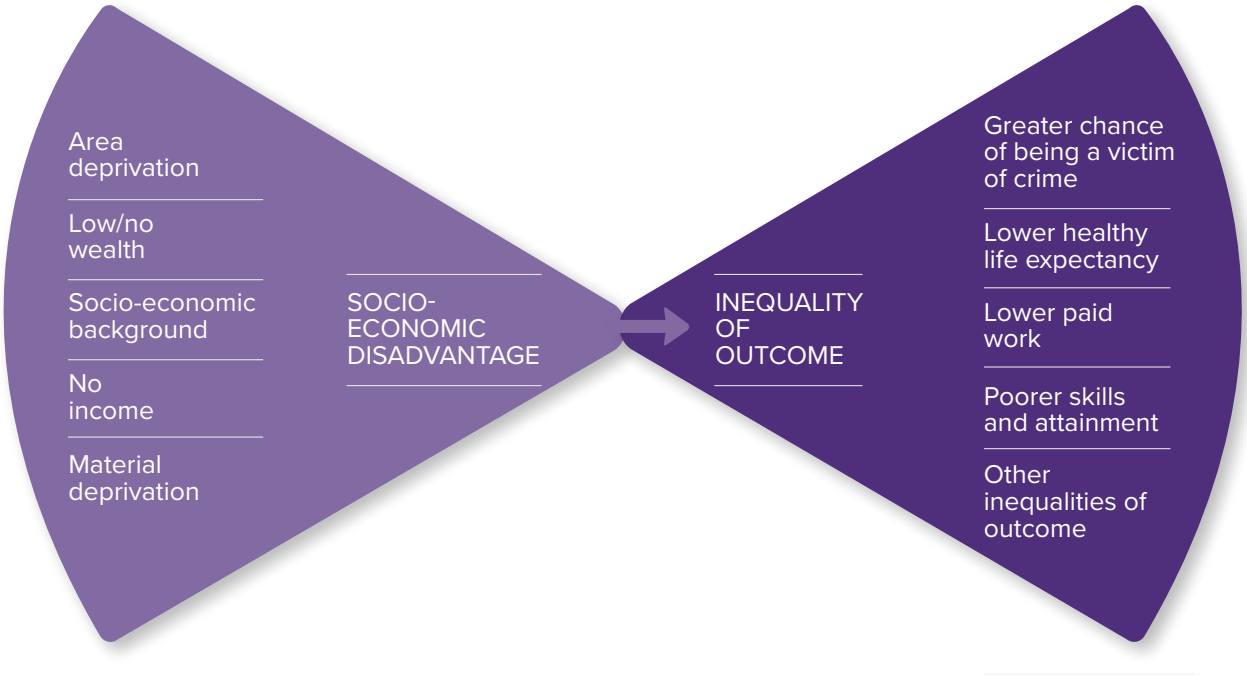
Some relevant public bodies also have a duty under the Children and Families (Wales) Measure 2010 to set objectives for tackling child poverty. They will be able to draw on evidence of what works well in tackling those inequalities associated with poverty as well as those measures which help prevent and tackle disadvantage.

Separately, relevant public bodies can engage directly with individuals and communities affected by socio-economic disadvantage to inform strategic decision making, for example through consultation and engagement events.

16.https://gov.wales/sites/default/files/statistics-and-research/2019-02/national-survey-wales-2017-18-poverty-deprivation.pdf
17. https://gov.wales/sites/default/files/statistics-and-research/2019-02/national-survey-wales-2017-18-poverty-deprivation.pdf
18. https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Public-Sector-Equality-Duty .
19. https://www.equalityhumanrights.com/en/publication-download/measurement-framework-equality-and-human-rights
20. https://gov.wales/future-trends-2017
21. https://statswales.gov.wales/Catalogue
22. https://www.ons.gov.uk/
23. https://gov.wales/well-being-wales-2019
24. https://chwaraeteg.com/projects/gender-equality-review/#phase-two
25. https://www.olderpeoplewales.com/en/reviews/SOTN.aspx

Involving communities in decision-making is key to getting decisions right and making sure they achieve positive outcomes.

Relevant public bodies need to consider how their strategic decisions can improve inequality of outcome for people who suffer socio-economic disadvantage.



The public bodies covered by the duty

The 2010 Equality Act enables Welsh Ministers to specify by regulations the relevant Welsh public bodies to be covered by the socio-economic duty.

SECTION 2 (4) STATES:

(4)...

Welsh Ministers may by regulations amend section 1 so as to:

- **add a relevant authority to the authorities that are subject to the duty under subsection (1) of that section;**
- **remove a relevant authority from those that are subject to the duty;**
- **make the duty apply, in the case of a particular relevant authority, only in relation to certain functions that it has;**
- **in the case of a relevant authority to which the application of the duty is already restricted to certain functions, remove or alter the restriction.**

However section 2(6) of the Act provides a test to determine which devolved Welsh authorities are eligible for inclusion in the list at section 1 (3) of the 2010 Act as relevant authorities to which the socio-economic duty will apply.

SECTION 2(6) OF THE 2010 ACT STATES:

(6)...

For the purposes of the power conferred by subsection (4) on the Welsh Ministers, "relevant authority" means [a devolved Welsh authority (within the meaning given by section 157A of the Government of Wales Act 2006) whose functions correspond] or are similar to those of an authority for the time being specified in subsection (3) of section 1 or referred to in subsection (4) of that section.

This means for a devolved public body to be captured under the duty in Wales, they must have functions, which correspond or are similar to those of an authority in subsection (3) of section 1.

The list of relevant public authorities set out in section 1 (3) of the 2010 Act1, covering England, originally specified the following:

- **a Minister of the Crown;**
- **a government department other than the Security Service, the Secret Intelligence Service or the Government Communications Head-quarters;**
- **a county council or district council in England;**
- **the Greater London Authority;**
- **a London borough council;**
- **the Common Council of the City of London in its capacity as a local authority;**
- **the Council of the Isles of Scilly;**
- **a Strategic Health Authority established under section 13 of the National Health Service Act 2006, or continued in existence by virtue of that section;**
- **a Primary Care Trust established under section 18 of that Act, or continued in existence by virtue of that section;**
- **a regional development agency established by the Regional Development Agencies Act 1998;**
- **a police authority established for an area in England.**

During its passage through the House of Commons, the Solicitor-General, Vera Baird said as follows in relation to section 1 (3) of the 2010 Act:

It is a new duty covering only a limited number of organisations [.....] and it is not a long list because it is intended to apply only to high level strategic bodies taking key decisions'[26].

26. Hansard, HC Public Bill Committee, 5th Sitting, col. 145 (June 11 2009).

The following Welsh public bodies are expected to be subject to the duty, as they are deemed to meet the test set out in section 2(6) of the 2010 Act:

- **The Welsh ministers**
- **A local authority**
- **A local health board**
- **An NHS trust**
- **Special health authorities (operating on a Wales-only basis)**
- **A fire and rescue authority**
- **A National park authority**
- **The Welsh revenue authority.**

As explained in Chapter 1, a confirmed list of relevant public bodies will be published in the Regulations and corresponding statutory guidance, to be issued alongside commencement of the duty.

Meeting the duty when commissioning and procuring services

As only identified public bodies are subject to the duty, the duty remains with that body. Therefore, the requirement to meet the duty does not pass to a third party through procurement, commissioning or outsourcing.

However, in circumstances where this activity is considered by a relevant public body to engage the duty, the relevant public body must consider how such arrangements reduce inequalities of outcome caused by socio-economic disadvantage.

Meeting the duty when working in partnership

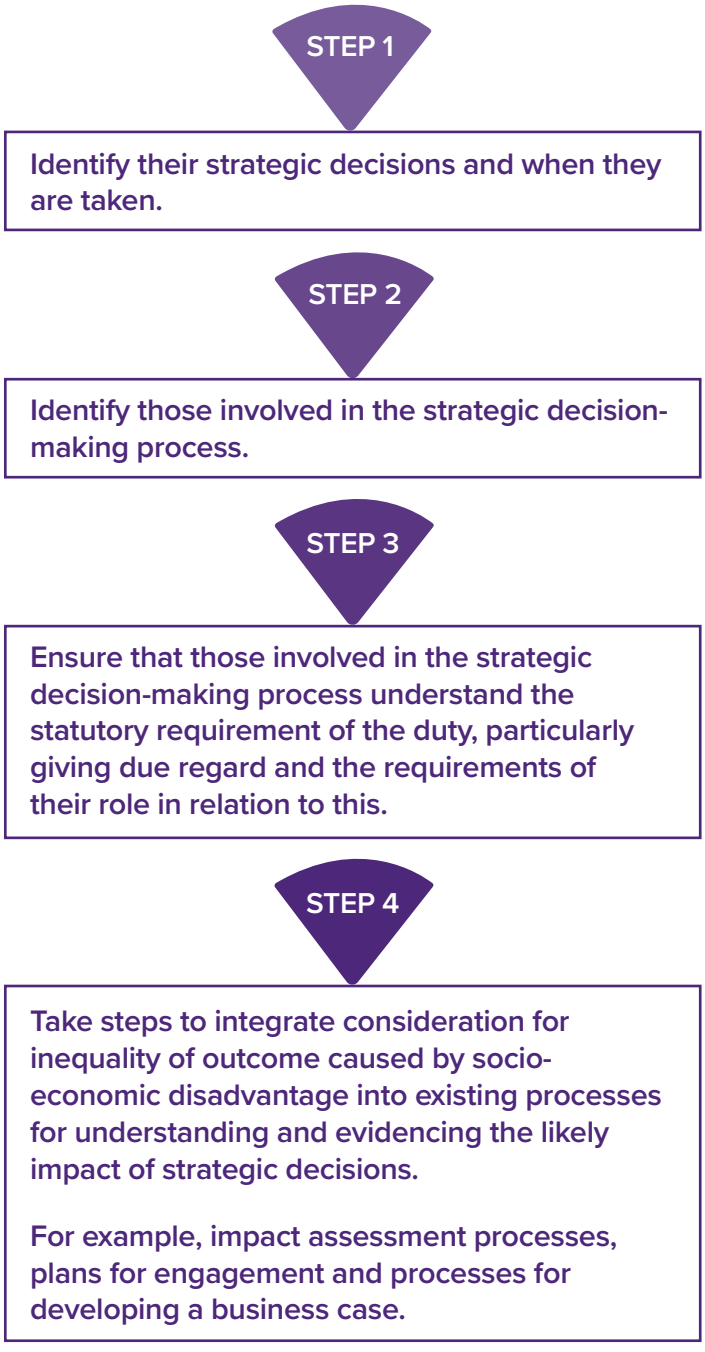
When a relevant body works in partnership with bodies not covered by the duty, the duty only applies to the relevant body.

For example, local well-being plans are developed and owned by a range of partners, however those relevant public bodies subject to the duty should ensure that they are discharging their duty though consideration of how the elements of the plan they have responsibility for will reduce inequalities of outcome caused by socio-economic disadvantage.

All public bodies in Wales are encouraged support the spirit of the duty.

Preparing to meet the duty

In preparing for the duty, it is recommended that relevant public bodies follow the steps below:



Meeting the duty on a day-to-day basis

An example of how relevant public bodies may meet the duty on a day-to-day basis is set out below in a five stage approach:

STAGE 1: PLANNING

Is the decision a strategic decision?

STAGE 2: EVIDENCE

What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this decision?

Have you engaged with those effected by the decision?

Have you considered communities and places of interest?

STAGE 3: ASSESSMENT AND IMPROVEMENT

What are the main impacts of the proposal?

How the proposal could be improved so it reduces inequalities of outcome as a result of socio-economic disadvantage?

STAGE 4: STRATEGIC DECISION MAKERS

This stage is for decision makers to confirm that due regard has been given, for example executives and non-executive directors, board and committee members. They should be satisfied that the body has understood the evidence and likely impact, and has considered whether the policy can be changed to reduce inequality of outcome as a result of socio-economic disadvantage.

STAGE 5:

This stage is the process of evidencing and recording how 'due regard' has been given. At this stage changes to the decision should be made and recorded.

Using existing process to meet the duty on a day-to-day basis

As referred to under due regard in section 4, relevant public bodies should consider how they integrate the socio-economic duty into existing processes, opportunity for this could be considered through the following:

- **Taking an integrated approach to impact assessment**
- **Taking a broader approach to engagement and involvement to include socio-economic disadvantage**
- **Developing scrutiny frameworks to include scrutiny of impact with respect to inequality of outcome that result from socio-economic disadvantage**
- **Taking an integrated approach to planning and reporting**
- **Developing integrated performance measures**
- **Considering prevention of inequalities of outcome caused by socio-economic disadvantage through application of the Well-being of Future Generations Act's five ways of working.**

Appendix

The following section is intended to provide a brief overview of duties under the Equality Act 2010, the Well-being of Future Generations (Wales) Act, 2015 and the Human Rights Act 1998.

The purpose of this is to ensure that, when preparing for the duty, relevant public bodies are mindful of the other equality and well-being duties which will co-exist alongside the duty.

It may be useful for relevant public bodies to start thinking about how these duties can be exercised with maximum efficiency, for example, to avoid duplication of work in circumstances where these duties overlap and to address them in an integrated way.

In addition to the main duties set out below, individual public bodies may also have other relevant duties which are specific to them, that they would wish to consider here.

It is envisaged that the statutory guidance to be issued alongside commencement of the duty, will contain further detail on the interaction between the duty and the other equality and well-being duties to assist public bodies in complying with the duty, whilst taking account of their wider statutory duties in relation to equalities and well-being in Wales.

The relevant main duties are as follows:

THE EQUALITY ACT 2010

Section 149 of the Equality Act 2010[27] ("the 2010 Act") sets out the public sector equality duty (PSED) which, in summary, places a general duty on public bodies to have due regard in exercising their functions of the need to:

- **Eliminate discrimination, harassment and victimisation;**
- **Advance equality of opportunity between those who share a relevant protected characteristic and persons who do not share it; and**
- **Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.**

The nine protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation; marriage and civil partnership

Building on the 2010 Act, distinctive Welsh regulations[28] laid specific duties in Wales to help listed bodies in their performance of the PSED. Under these specific duties, listed devolved public sector bodies must publish equality objectives and review these objectives at least every four years. In reviewing these objectives listed bodies should involve people who share one or more of the protected characteristics and have an interest in the way the public sector body carries out its functions.

The duty also requires listed bodies to report progress towards fulfilling each of their equality objectives annually, and to assess the likely impact of proposed policies and practices on its ability to comply with the general duty. From time to time, a listed body must carry out an assessment of their activities in relation to compliance with the general duty, publish a report and publish relevant equality information.

27. https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance
28. The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011

THE WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015

The Well-being of Future Generations (Wales) Act 2015[29] aims to improve the social, economic, environmental and cultural well-being of Wales.

It makes the 44 public bodies listed in the Act think more about the long-term, preventing problems occurring or getting worse through involving people and taking a more joined up approach.

To make sure that public bodies are all working towards the same vision, the Act puts in place seven well-being goals. This will help to create a Wales that we all want to live in, now and in the future.

THE SEVEN WELL-BEING GOALS

The Socio-economic Duty contributes mainly to A More Equal Wales:

A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).

The 2015 Act introduced the sustainable development principle which places an obligation on public bodies to make sure that when making their decisions they consider the impact they could have on people living in Wales now and in the future.

There are five things public bodies need to think about to show that they have applied the sustainable development principle known as the five ways of working.

COLLABORATION

Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.

INTEGRATION

Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.

INVOLVEMENT

The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

LONG TERM

The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.

PREVENTION

How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

29. https://futuregenerations.wales/about-us/future-generations-act/

Together, the seven well-being goals and five ways of working provided by the Act are designed to support and deliver a public service that meets the needs of the present without compromising the ability of future generations to meet their own needs.

THE HUMAN ACTS ACT 1998

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law.

The ECHR derives from the Council of Europe (not the European Union) and is based on the Universal Declaration of Human Rights, which was the first international agreement on the basic principles of human rights, accepted by nearly every state in the world. The UK remains a signatory to both the ECHR and the Universal Declaration.

Commencing the duty gives us an opportunity to do things differently in Wales, putting tackling inequality at the heart of strategic decision-making for relevant public bodies.

This work will ultimately build on the good work that public bodies are already doing to tackle inequality.

This work also links to plans to strengthen our social partnership arrangements and Fair Work agenda as both help to address inequality from different perspectives.

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

		Agenda Item	2.7
Meeting Title	**Joint Committee**	Meeting Date	09/03/2021
Report Title	WHSSC Joint Committee Annual Business Cycle 2021-22		
Author (Job title)	Corporate Governance Officer		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services	Public / In Committee	Public

Purpose	The purpose of the paper is to provide Members with the Draft Joint Committee Annual Business Cycle 2020-21.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☐	☒

Sub Group /Committee		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** and **support** the content of the report, including the schedule of meetings for 2021-22		

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 the draft Business Cycle for the Joint Committee covering the period 2021-22.

2.0 BACKGROUND

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

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

3.0 ASSESSMENT

In summary, the Joint Committee has three key functions;

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

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

3.1 Meeting Schedule

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

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

The schedule of WHSSC Joint Committee meeting dates for 2021-22 is as follows:-

Date	Time
11 May 2021	09.30
13 July 2021	13:30
07 September 2021	09:30
09 November 2021	13:30
02 December 2021	09:30
18 January 2022	09:30
15 March 2022	13:30

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

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

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

A schedule of meetings has been produced (Appendix 1) which includes dates for the following key meetings:

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

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

3.2 Joint Committee Work Plan

The Joint Committee Work Plan (Appendix 2) provides an overview of the scheduled items for 2021-22.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the content of the report content of the report, including the schedule of meetings for 2021-2022.

5.0 APPENDICES / ANNEXES

Appendix 1 – Schedule of WHSSC Meetings 2021-22
Appendix 2 – Joint Committee Work Plan 2021-22

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

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

	CWM TAF AUDIT COMMITTEE	Corporate Directors Group Board	Quality and Patient Safety Committee	Integrated Governance Committee	Management Group Workshop	Management Group	Joint Committee
Apr-21	13	06				22	
May-21		05				20	11 (AM)
Jun-21	15	07	08	08		24	
Jul-21		28/06				15	13 (PM)
Aug-21	17	02	10	10		19	
Sep-21		06				23	07 (AM)
Oct-21	04	04	12	12		21	
Nov-21		08				25	09 (PM)
Dec-21		29/11				16	02 (AM)
Jan-22		04	18	25		20	18 (AM)
Feb-22		07				24	
Mar-22		07	22	22		24	15 (PM)

Joint Committee		Quarter 1	Quarter 2		Quarter 3		Quarter 4		
Preliminary Matters	**Exec Lead**	**11-May**	**13-Jul**	**07-Sep**	**09-Nov**	**02-Dec (ICP Only)**	**18-Jan**	**15-Mar**	**Committee Notes**
Report from the Chair of WHSSC	CS	x	x	x	x		x	x	
Report from the Managing Director of WHSSC	MD	x	x	x	x		x	x	
Items for Decision and Consideration	**Exec Lead**	**11-May**	**13-Jul**	**07-Sep**	**09-Nov**	**02-Dec (ICP Only)**	**18-Jan**	**15-Mar**	**Committee Notes**
Stategy for Specialised Services	MD	x							
Integrated Commissioning Plan 2022/25	DoP				x	x			
Governance	**Exec Lead**	**11-May**	**13-Jul**	**07-Sep**	**09-Nov**	**02-Dec (ICP Only)**	**18-Jan**	**15-Mar**	**Committee Notes**
Corporate Risk and Assurance Framework	CS	x			x				
Annual Reports from the Chairs of the joint sub-committees and advisory Groups	CS		x						
Integrated Performance Report	DoP	x	x	x	x		x	x	
COVID-19 Period Activity Report	DoF	x	x	x	x	x	x	x	
Financial Performance Report	DoF	x	x	x	x		x	x	
Committee Governance	**Exec Lead**	**11-May**	**13-Jul**	**07-Sep**	**09-Nov**	**02-Dec (ICP Only)**	**18-Jan**	**15-Mar**	**Committee Notes**
WHSSC Joint Committee Annual Cycle of Business	CS							x	
Annual Self-assessment	CS		x						
Minutes of the last meeting held	CS	x	x	x	x		x	x	
Action log	CS	x	x	x	x		x	x	
Declarations of Interest	CS	x	x	x	x	x	x	x	
Reports from the Joint Sub-Committee Chairs	**Exec Lead**	**11-May**	**13-Jul**	**07-Sep**	**09-Nov**	**02-Dec (ICP Only)**	**18-Jan**	**15-Mar**	**Committee Notes**
Quality and Patient Safety Committee	DoN&QA	x	x	x	x		x	x	
Integrated Governance Committee	CS	x	x	x	x		x	x	
Management Group	CS	x	x	x	x		x	x	
All Wales Individual Patient Funding Request Panel	DoN&QA	x	x	x	x		x	x	
Welsh Renal Clinical Network	DoF	x	x	x	x		x	x	
Reports from the Joint Advisory Group Chairs	**Exec Lead**	**11-May**	**13-Jul**	**07-Sep**	**09-Nov**	**02-Dec (ICP Only)**	**18-Jan**	**15-Mar**	**Committee Notes**
All Wales Gender Identity Partnership Group	DoN&QA	x	x	x	x		x	x	
All Wales Mental Health and Learning Disabilities Collaborative	N/A	x	x	x	x		x	x	
All Wales Posture Mobility Partnership Board	DoP	x	x	x	x		x	x	

Legend

Managing Director	MD
Committee Secretary	CS
Director of Planning	DoP
Director of Nursing and Quality Assurance	DoNQ
Medical Director	MD
Director of Finance	DoF

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

Management Group		Quarter 1			Quarter 2			Quarter 3			Quarter 4			
Preliminary Matters	**Exec Lead**	**22-Apr**	**20-May**	**24-Jun**	**15-Jul**	**19-Aug**	**23-Sep**	**21-Oct**	**25-Nov**	**16-Dec**	**20-Jan**	**24-Feb**	**24-Mar**	**Committee Notes**
Report from the Managing Director of WHSSC	MD	x	x	x	x	x	x	x	x	x	x	x	x	
Items for Decision and Consideration	**Exec Lead**	**22-Apr**	**20-May**	**24-Jun**	**15-Jul**	**19-Aug**	**23-Sep**	**21-Oct**	**25-Nov**	**16-Dec**	**20-Jan**	**24-Feb**	**24-Mar**	**Committee Notes**
Integrated Commissioning Plan 2022/25	DoP		x	x					x	x				
Integrated Performance Report	DoP	x	x	x	x	x	x	x	x	x	x	x	x	
COVID-19 Period Activity Report	DoF	x	x	x	x	x	x	x	x	x	x	x	x	
Financial Performance Report	DoF	x	x	x	x	x	x	x	x	x	x	x	x	
Committee Governance	**Exec Lead**	**22-Apr**	**20-May**	**24-Jun**	**15-Jul**	**19-Aug**	**23-Sep**	**21-Oct**	**25-Nov**	**16-Dec**	**20-Jan**	**24-Feb**	**24-Mar**	**Committee Notes**
Annual Cycle of Business	CS												x	
Annual Management Group Report	CS			x										
Annual Self-assessment	CS	x												
Minutes of the last meeting held	CS	x	x	x	x	x	x	x	x	x	x	x	x	
Action log	CS	x	x	x	x	x	x	x	x	x	x	x	x	
Declarations of Interest	CS	x	x	x	x	x	x	x	x	x	x	x	x	
Items for information	**Exec Lead**	**22-Apr**	**20-May**	**24-Jun**	**15-Jul**	**19-Aug**	**23-Sep**	**21-Oct**	**25-Nov**	**16-Dec**	**20-Jan**	**24-Feb**	**24-Mar**	**Committee Notes**
Joint Committee Briefing / Minutes	CS	x	x	x	x	x	x	x	x	x	x	x	x	

Legend

Managing Director	MD
Committee Secretary	CS
Director of Planning	DoP
Director of Nursing and Quality Assurance	DoNQ
Medical Director	MD
Director of Finance	DoF

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

Quality and Patient Safety Committee		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Preliminary Matters	**Exec Lead**	**08-Jun**	**10-Aug**	**12-Oct**	**18-Jan**	**22-Mar**	**Committee Notes**
Patient Story / learning from serious incident /presentation	DoN&QA	x	x	x	x	x	
Items for Decision and Consideration	**Exec Lead**	**08-Jun**	**10-Aug**	**12-Oct**	**18-Jan**	**22-Mar**	**Committee Notes**
Update reports from programmes and network							
Cancer, Blood and Plastics	DoP	x	x	x	x	x	
Cardiac	DoP	x	x	x	x	x	
Mental Health	DoP	x	x	x	x	x	
Neurosciences	DoP	x	x	x	x	x	
Renal	DoF	x	x	x	x	x	
Women and Children	DoP	x	x	x	x	x	
Major Trauma	DoP	x	x	x	x	x	
Summary of services in escalation	DoP	x	x	x	x	x	
Governance, Leadership and Accountability							
Committee Work Plan (agree)	CS					2020-21	
Routine Reports	**Exec Lead**	**08-Jun**	**10-Aug**	**12-Oct**	**18-Jan**	**22-Mar**	**Committee Notes**
Corporate Risk and Assurance Framework	CS	x	x	x	x	x	
Serious incidents and Concerns report	CS	x	x	x	x	x	
Report from the WHSSC Policy Group	ADoEE	x	x	x	x	x	
Annual Quality Statement (summary of all Wales position)	DoN&QA		x				
Items for Information	**Exec Lead**	**08-Jun**	**10-Aug**	**12-Oct**	**18-Jan**	**22-Mar**	**Committee Notes**
Public Services Ombudsman for Wales - Casebook and Reports	CS	x	x	x	x	x	
Reports from Inspection Bodies e.g. HIW & CQC	DoN&QA	x	x	x	x	x	
National Quality and Safety Forum	DoN&QA	x	x	x	x	x	
Committee Governance	**Exec Lead**	**08-Jun**	**10-Aug**	**12-Oct**	**18-Jan**	**22-Mar**	**Committee Notes**
Minutes of previous meeting	CS	x	x	x	x	x	
Action Log	CS	x	x	x	x	x	
Committee Work Plan	CS					x	
Items for escalation to Joint committee through Chair's report	CS	x	x	x	x	x	
Items for escalation to LHB Quality and Patient Safety Committees through Chair's report	CS	x	x	x	x	x	
Review of Committee Effectiveness	CS					x	
Committee Annual Report	CS	x					
Terms of Reference Annual Review	CS	x					

Legend

Managing Director	MD	Medical Director
Committee Secretary	CS	Director of Finance
Director of Planning	DoP	
Director of Nursing and Quality Assurance	DON&Q	

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Integrated Governance Committee		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Preliminary Matters/Items for Decision and Consieration	**Exec Lead**	**08-Jun**	**10-Aug**	**12-Oct**	**25-Jan**	**22-Mar**	**Committee Notes**
Corporate Governance Report (incl Annual Governance Statement)	CS					x	
WRCN update	WRCN Chair			x		x	
ICP update	DoP	x	x	x	x	x	
Governance and Accountability Framework	CS					x	
Standing Orders							
Standing Financial Instructions							
Joint Sub-Committee Terms of Reference							
Memorandum of Understanding							
Hosting Agreement							
Routine Reports	**Exec Lead**	**08-Jun**	**10-Aug**	**12-Oct**	**25-Jan**	**22-Mar**	**Committee Notes**
Corporate Risk and Assurance Framework	CS	x	x	x	x	x	
Committee Governance	**Exec Lead**	**08-Jun**	**10-Aug**	**12-Oct**	**25-Jan**	**22-Mar**	**Committee Notes**
Committee Work Plans	CS					x	
Annual Terms of Reference Review	CS	x					
Committee Annual Report	CS	x					
Annual Self-assessment	CS	x					
Minutes of the last meeting held	CS	x	x	x	x	x	
Action log	CS	x	x	x	x	x	
Declarations of Interest	CS	x	x	x	x	x	

Legend

Managing Director	MD
Committee Secretary	CS
Director of Planning	DoP
Director of Nursing and Quality Assurance	DON&Q
Medical Director	MD
Director of Finance	DoF

WHSSC Commissioned Specialised Services
Integrated Commissioning Plan 2021 - 2022

WHSSC

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

Final Approved

26th February 2021

GIG CYMRU NHS WALES | Tîm Gwasanaethau Iechyd Arbenigol Cymru | Welsh Health Specialised Services Team

PARCH · RESPECT

PARTNERIAETH · PARTNERSHIP

GWELLA AC ARLOESI · IMPROVEMENT & INNOVATION

Contents

Foreword

2020 was a year like no other ever experienced in the lifetime of the NHS. The Covid-19 pandemic has had a significant impact on activity levels of specialised services and the impact is likely to last during 2021-22 and for some time to come.

Despite all the difficulties and challenges WHSSC has been able to largely deliver the planned activities and new prioritised services described within the 2020-21 ICP. Further detail is provided in appendix 1.

The staff in WHSSC, working with providers and the wider NHS must take the credit for this delivery.

When the first lockdown, including "-work from home where possible", was announced in March 2020 WHSSC quickly rolled out remote working for staff and with the support of the IT department at Cwm Taf Morgannwg University Health Board, virtual meetings became the norm. The corporate team ensured that the office remained open and accessible and the finance team ensured that the management accounting function was unaffected and the year-end accounts were delivered on time to the usual WHSSC high standard with an unqualified audit opinion.

Committee meetings continued, moving to on-line meetings with consent agendas but decision making and governance was preserved.

Performance monitoring and service development activities changed to take the pressure off operational delivery but commissioning was able to continue with the planning team ensuring that the schemes in the ICP were delivered.

Additionally, working with the Policy and Clinical Effectiveness Team, WHSSC published new policies and varied others to expand the accessibility criteria or bring on new treatments where there would be clear benefit in a COVID environment.

The Quality and Patient Care Team moved to a more agile IPFR process to facilitate swift response and the process became paperless too. Working with regulators and providers quality concerns were understood and acted upon.

Capacity in Mental Health and CAMHS services were considerably challenged but working with QAIS and Welsh Government surge beds were procured and a bed management panel implemented to manage flow.

The Welsh Renal Clinical Network supported Health Boards and other partners to ensure that all dialysis services across Wales remained opened ensuring uninterrupted to dialysis through the pandemic with a sustained focus on increasing access and maintenance of home therapy service across Wales. They also supported the proactive management of transplant programme including re-commencement of service following the UK wide pause of transplants during the first wave of the pandemic.

WHSSC led the work on procurement of the Independent Hospital Sector leading to access to significant additional capacity.

Workforce restructuring and development has continued to ensure the WHSS team can increases its future effectiveness.

WHSSC staff were redeployed to support Health Boards and Welsh Government, volunteering to add capacity to the system

WHSSC Commissioning Intentions Post Covid

WHSSC's commissioning intentions and associated performance monitoring were reset and described in the 2019-22 Integrated Commissioning Plan to include more explicit, measurable intentions to measure achievement against. However it was recognised that in the covid environment the commissioning intentions needed to be revisited, along with a new commissioner assurance framework, with revised quality and performance measures which in particular address the Welsh Government published framework 'Leading Wales out of the Covid-19 pandemic: A framework for recovery'.[1]

Joint Committee at its meeting on 14th July 2020 agreed to reset the WHSSC commissioning intentions to the following:

1. Reduce the harms related to Covid-19. Our key focus will be restoring access to specialised services which reduced during the early phases of the pandemic.
2. Ensuring that strategically important fragile services remain viable during the pandemic and that full recovery of these services is possible.

Additionally, Joint Committee further agreed that investment for 2021-22 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:

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

Although the year has been immensely challenging, WHSSC has continued with its usual prioritisation process to inform the 2021-22 plan. These prioritised schemes are described within this plan along with the key strategic priorities for WHSSC, aligning to the Ministerial priorities all with a specific focus on service recovery and improved outcomes.

[1] https://gov.wales/leading-wales-out-coronavirus-pandemic

1. WHSSC Profile

WHSSC is responsible, on behalf of the seven Local Health Boards, for commissioning a range of specialised services for the population of Wales.

Organisationally it is split into five Directorates; Corporate, Finance, Medical, Nursing and Quality and Planning and five cross directorate commissioning teams. The commissioning teams are;

- Cancer and Blood
- Cardiac Services
- Mental Health and Vulnerable Groups
- Neurosciences and Long Term Conditions
- Women and Children's Services

WHSSC also hosts the Welsh Renal Clinical Network (WRCN) and the key achievements and priorities for the WRCN priorities are also described in this plan

WHSSC aims to commission high quality specialised services that deliver good patient outcomes and experiences.

2. WHSSC Priorities 2021-22

The Principles and Priorities for WHSSC for 2021-22 were discussed and agreed by Joint Committee at its meeting in November 2020. Joint Committee agreed that 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, they also agreed that 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. They agreed that there needs to be a new 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

An interim framework (appendix 2) has been produced and is discussed in further detail in section 13, Commissioner Assurance.

Joint Committee further agreed that investment for 2021-22 needs to be focused in those areas 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:

- The implementation of innovative technologies which will in the longer term deliver significantly improved patient outcomes
- Undertaking strategic planning around services where there are service sustainability issues – "Fragile Services**"**

WHSSC continues to operate within the ***Wellbeing of Future Generations (Wales) Act 2015***. The Act's five ways of working are embedded within the intentions within and the work that underpins them.

3. Ministerial Priorities

The 2021-22 Planning Guidance identifies a number of Ministerial priorities.

Whilst WHSSC does not directly impact on a number of these priorities it clearly has an influence on many of them. A key aim of WHSSC is to ensure equal access to services across all of residents in Wales and to ensure clear pathways from primary care into WHSSC commissioned services. This plan specifically focusses on the Ministerial priorities concerning timely access to care and mental health. Mental Health has been identified as a key strategic priority for WHSSC along with planning for recovery to ensure timely access to care.

On the **decarbonisation** agenda, WHSSC will continue to take oportunities that contribute to reducing their carbon footprint. In particular during 2021 and beyond WHSSC will embed the working practices that were, by necessity, introduced in 2020. In particular WHSSC will continue a blended approach to office and remote working, reducing the need for travel, and will also run as many meetings as is practical using on line platforms such as Teams. Additionally during 2020-21, many of the WHSSC systems and processes moved to paperless and these have been proven to be both more efficient and environmentally friendly and will continue.

Part of WHSSC's overarching aim is to ensure services are commissioned "**as close to patients' homes as possible"**. This strategy remains and the majority of investments in 2020-21 and those planned for 2021-22 are in service provision within Wales. Additionally though, like other services, specialised service provision across both Welsh and English providers have successfully utilised remote delivery particularly for out-patient and follow up/review clinics. It is expected that this way of working will continue where it makes clincal sense to do so saving both travel and time for patients and clinicians and contributing to the decarbonisation target.

4. Strategic Priorities

A number of strategic priorities are highlighted within the 2021-22 WHSSC ICP. Strategic priorities are service developments which are either currently mandated by organisations such as the National Institute for Health and Care

Excellence (NICE) or they are Ministerial priorities or have already been agreed as service priorities through previous ICPs or through the CIAG process.

In 2021-22 the following are the key strategic priorities;

- Continued implementation of ATMPs (See section 8)
- Planning for Recovery (See section 9)
- Mental Health services in particular services for women and CAMHS (see section 12.1)
- Paediatric Specialist Services (See section 12.3)

5. Workforce Priorities 2021-22

Supporting and developing the WHSS Team remain key priorities for next year in particular;

1. Staff development and well-being support.
2. Future involvement in talent management succession planning
3. Restructuring to meet changing organisational needs

WHSSC will also continue supporting the wider NHS during remainder of pandemic and will redeploy staff to support operational needs as appropriate, balancing the business requirements of WHSSC with that of the wider organisation.

6. Prioritisation Process for the 2021-22 ICP

WHSSC has a robust prioritisation process and although this year has been particularly challenging due to the pandemic, the plan has at its core the usual prioritisation mechanism. The intention this year was to secure robust public health advice in particular to support needs assessment for specialised services. The pandemic has of course meant that public health resource has been stretched and it was not therefore possible to bring in additional resource. WHSSC therefore relies on the input of Health Boards through the process of developing and approving this plan to set the needs of patients for specialised services within the context and knowledge of the needs of their own populations.

The Joint Clinical Impact Assessment Group and Management Group process has taken place over a series of meetings this year due to the need to undertake the meeting virtually rather than face to face. 44 schemes were received for consideration. In advance of the CIAG meeting, the schemes were triaged by the WHSSC Commissioning teams against the following:

- The Covid-19 criteria described in '*Overview of the WHSSC Clinical Impact Assessment Group (CIAG) process 2020*'
- Schemes which demonstrated a strong rationale, including good evidence of a high quality service and patient safety and appropriate consideration of risk

The schemes were separated into those which met the criteria those which did not and those where there was uncertainty. The rationale for the sifting process

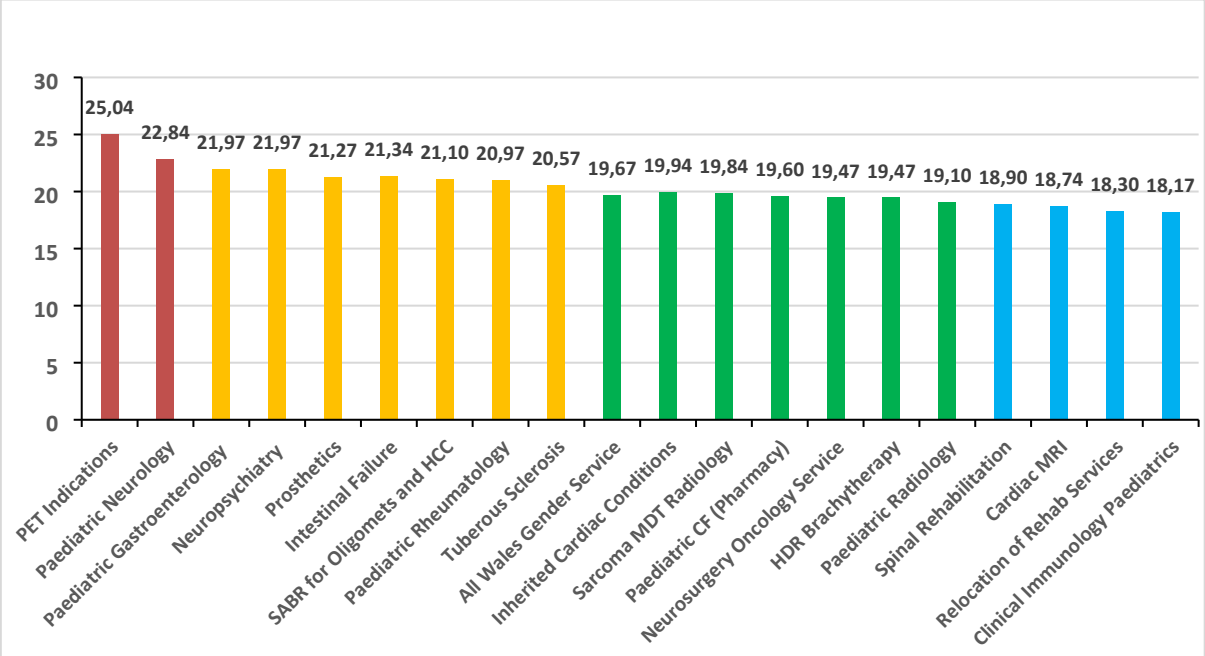
was discussed with Management Group where the following list of topics for prioritisation was agreed. This is prior sifting step is different to the usual process and hence all of the schemes put to the CIAG process were already of relatively high priority. The role of CIAG was therefore to assess their relative priorities to each other.

A simplified scoring protocol for prioritisation was introduced for 2020 using the following three criteria:

- Patient benefit (clinical impact)
- Burden of disease – population impact
- Potential for improving/reducing inequalities of access.

A review of results meeting was held on 26th November 2020. At this meeting the scores were discussed and agreement reached on the relative priorities of each of the schemes. Figure 1 shows the outcome of that discussion.

Figure 1 Total mean score (weighted) (n=9 participants)



The plan for 2021-22 includes financial support for all the schemes above. The schemes in the red and yellow bars will be fully funded on the receipt of an approval business case.

It is important to note that the prior sifting process means that even schemes which were not in the highest priority group may still represent a significant risk with a potential to emerge as an in-year cost pressure. There is a therefore a nominal allocation of c£1.5m for the remaining schemes in the green and blue categories. A further assessment has been made on each of these schemes on the probability that they will materialise in year and the WHSS Executive Team assessment is provided in the table below

	RISK BASED PRIORITY ORDER				Prob likely to occur	Prob spend in year
18.17	Clinical Immunology Paediatrics	0.070	0.140	0.140	9	50%
19.60	Paediatric Cystic Fibrosis (Pharmacy)	0.051	0.085	0.085	9	60%
19.84	Sarcoma MDT Radiology	0.036	0.051	0.051	8	70%
19.10	Paediatric Radiology	0.240	0.600	0.600	8	40%
19.47	HDR Brachytherapy	0.200	0.500	0.500	8	40%
18.74	Cardiac MRI	0.138	0.275	0.275	7	50%
19.94	Inherited Cardiac Conditions	0.146	0.291	0.291	7	50%
19.47	Neurosurgery Oncology Service	0.052	0.103	0.103	7	50%
18.30	Relocation of Rehabilitation Services	0.100	0.500	0.500	6	20%
	SUB TOTAL	1.031	2.545	2.545		
19.67	All Wales Gender Service	0.305	1.800	1.800	5	20%
19.10	Spinal Rehabilitation	0.164	0.963	0.963	3	20%
	TOTAL ALL CIAG SCHEMES	1.500	5.308	5.308		

Note amounts "below the line" for gender and spinal rehab have been further scaled back beyond the probability of spend

The additional £1.5m provided for within the financial plan will therefore be directed to these schemes as described above. The resources will be allocated either through a contracting mechanism or via a business case process depending upon the actual scheme.

Further detail on the output from this process and the allocation made to support the schemes above is detailed in the finance section of this plan and described in more detail in section 12, The Priorities for Commissioning Teams.

7. Horizon Scanning and Prioritisation

As part of a broader annual horizon scanning process, WHSSC identifies new and emerging health technologies that are likely to have a significant impact on the delivery of healthcare in Wales. To achieve this WHSSC has a well-established and evidence based process that enables it to compare competing proposals for new investment so that these can be prioritised and subsequently implemented.

The role of the WHSSC Prioritisation Panel is to prioritise requests for funding of new specialised services (services, treatments and technologies) which have been identified via the horizon scanning process. The Panel then issue their recommendations to WHSSC for consideration.

This year the Panel met 'virtually' over MS Teams on the 2nd September 2020. A horizon scanning exercise was carried out by the Medical Directorate at WHSSC between January and June 2020 to inform this process.

A total of nine technologies were identified for consideration, however the usual process was heavily affected by the Covid-19 pandemic. The following key principles were considered when selecting an intervention for assessment by the WHSSC Prioritisation Panel in 2020:

- Does the intervention mitigate any one of the four areas of Covid-19 harm outlined in the Welsh Government Framework?
- Could the new intervention be implemented within the current service given the constraints brought on by Covid-19?
- Has funding already been committed to any of the new interventions?

By applying these principles WHSSC determined the final list of new topics for prioritisation.

A simplified scoring protocol for prioritisation was introduced for 2020 using the following five criteria:

- Quality and strength of the evidence of clinical effectiveness
- Patient benefit (clinical impact)
- Economic assessment
- Burden of disease – population impact
- Potential for improving/reducing inequalities of access.

The information in the table below presents the final list of schemes identified via horizon scanning and their mean score agreed by the panel that are included in the 2021-22 WHSSC ICP.

Final list of topics for prioritisation

Intervention	Source	Total mean score
Allogeneic Haematopoietic Stem Cell Transplantation for adults with sickle cell disease	NHS England[2]. Published December 2019	32.81
gammaCore for cluster headache	NICE Medical Technologies Guidance[3] Published December 2019	32.69
Autologous haematopoietic stem cell transplantation for people with previously treated relapsing remitting multiple sclerosis	WHSSC Cancer and Blood Commissioning Team and Health Technology Wales[4] Published July 2020	32.10

8. Advanced Therapeutic Medicinal Products (ATMPs)

WHSSC has a robust horizon scanning process which shows that internationally there is a huge product development pipeline of circa 1,000 ATMPs. Research of international forecasts indicates that at least 40 ATMPs may be approved by 2022 hence, there is likely to be an acceleration at some point in the three year ICP cycle. In 2020, it was anticipated that ATMPs would be approved at a cost to the NHS in Wales of c£23m. This requirement was supported centrally by Welsh Government. The impact of the Covid pandemic meant that fewer products received NICE approval. However for 2021 it is expected that further products will receive NICE approval at an estimated value of £20m. Again in 2021 Welsh Government have confirmed that funding will be held centrally to recognise the impact of NICE mandated Advanced Therapeutic Medicinal Products.

[2] https://www.england.nhs.uk/publication/allogeneic-haematopoietic-stem-cell-transplantation-for-adults-with-sickle-cell-disease/
[3] https://www.nice.org.uk/guidance/mtg46/chapter/1-Recommendations
[4] https://www.healthtechnology.wales/reports-guidance/autologous-haematopoietic-stem-cell-transplantation/

9. Planning for Recovery

A key Ministerial priority which is also reflected in WHSSC's strategic priorities is timely access to care. Throughout the pandemic WHSSC has been reporting key activity information. Below is a synopsis of activity and waiting list information on some key services illustrating the impact that the pandemic has had on specialist services. This information is based on month 8 data 2020-21.

Clearly recovery back to pre-covid activity levels and waiting times will be a significant challenge and is unlikely to be delivered within one year. Additionally the activity and waiting list shows a differential position, some provider organisations managing to achieve higher levels of activity relative to others and as a consequence waiting lists for services differ. This raises a possible equity of access to service issue in this recovery phase.

WHSSC will work with all provider organisations to agree a recovery plan for each of the key specialties. The Commissioner Assurance Framework referred to later in this plan describes the range of indicators that WHSSC will monitor to provide assurance. Recovery plans will therefore need to describe expected performance across all indicators, waiting times and activity however will be key indicators. The expectation is that the provider organisation will develop the recovery plan which will need to be agreed with WHSSC. In agreeing the recovery plan for each specialty WHSSC will take into consideration the current contracted levels but also how each recovery plan compares relative to all providers. One of the key principles in agreeing each of the recovery plans will be to achieve equity of access to services for all residents in Wales.

Delivery of the recovery plan will be reported to Management Group and Joint Committee in line with the revised Commissioner Assurance Framework and process with the Escalation Process being implemented where needed should recovery not be delivered according to the plan.

9.1 Activity and Waiting List information

The impact of Covid-19 on the level of provision of healthcare has been felt across all levels of service, including specialised services which are generally regarded as essential services. WHSSC has used the national data sources from NWIS together with monthly contract monitoring information to inform this plan.

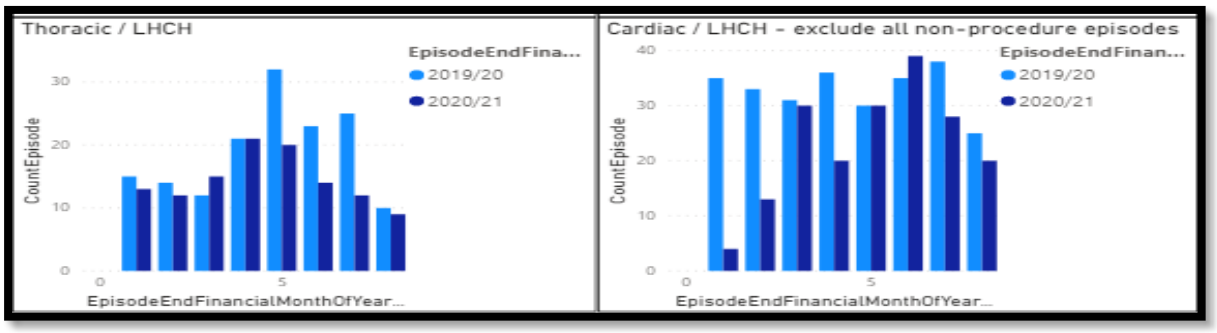
Across all specialised contracts there was a drop off in activity in March as the start of the lockdown began to impact, but specialised services activity fell materially during April. In English providers in particular there was some recovery over the summer, declining again in the autumn. The overall activity in English contracts compared to the last financial year is a 38% decrease. Welsh contracts have generally seen a steady increase but remain significantly below pre-covid levels and contracted activity

On waiting lists most specialties saw a reduced demand for new outpatient appointments at the start of the Covid-19 pandemic in spring 2020, with new referrals starting to increase again by the summer. The reduced activity has led to higher numbers of patients waiting, or increased patient waits than before the pandemic.

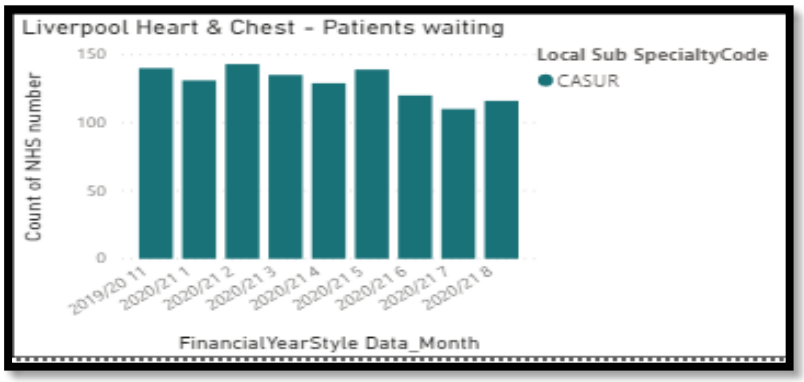
9.2 Adult Specialties

9.2.1 Cardiac and Thoracic Surgery

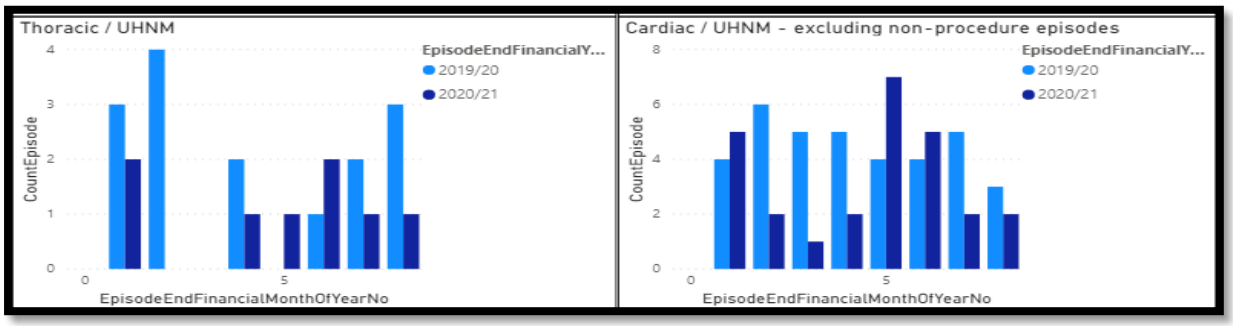
The graphs and tables below show the impact of the pandemic on activity and waits at Liverpool Heart and Chest Hospital (LHCH) for both thoracic and cardiac surgery. There was a concerning drop in the volume of Cardiac inpatient activity reported during the period, which is recovering and currently stands at 30% less activity overall to date compared to 2019-20. Thoracic surgery levels are 48% and 90% for months 7 and 8 respectively, but is 76% cumulatively.



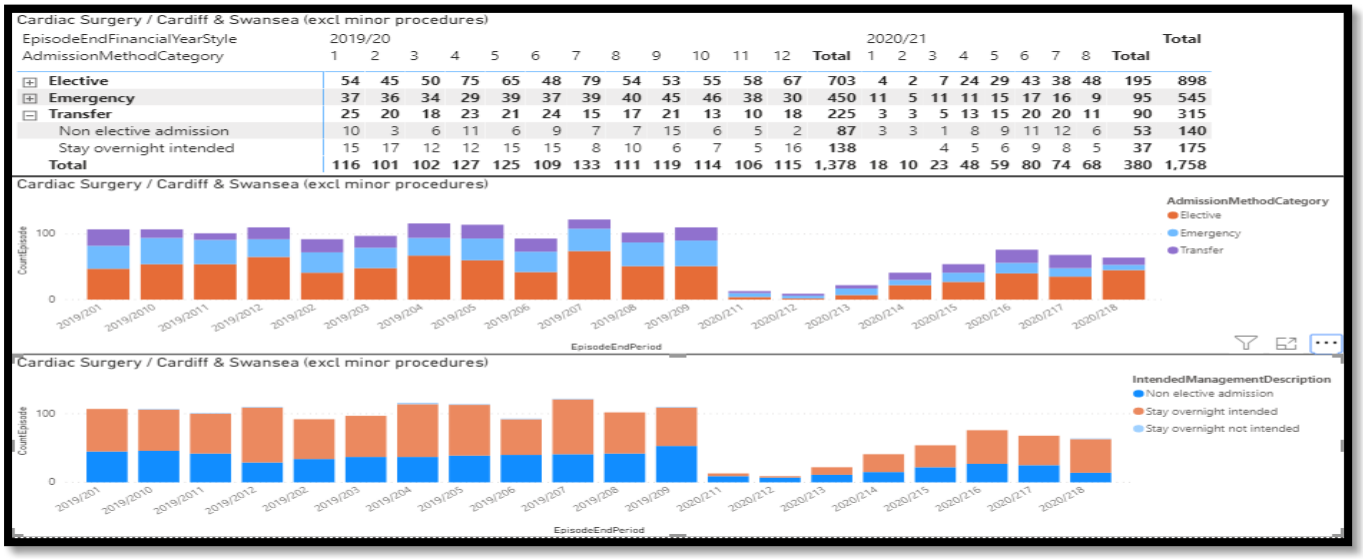
Waiting times for cardiac surgery at LHCH are shown in the graph below with fewer patients waiting for cardiac surgery compared to March 2020.



The activity levels in University Hospital North Midlands (UNHM) for both thoracic and cardiac surgery for Welsh residents appear to show a return to last year levels but need to be interpreted with additional caution given the low baseline volumes.



The tables below show activity at Cardiff and the Vale and Swansea Bay University Health Boards comparing the same period in 2019-2020. **T**he levels of activity in remain a concern, although activity has increased steadily.

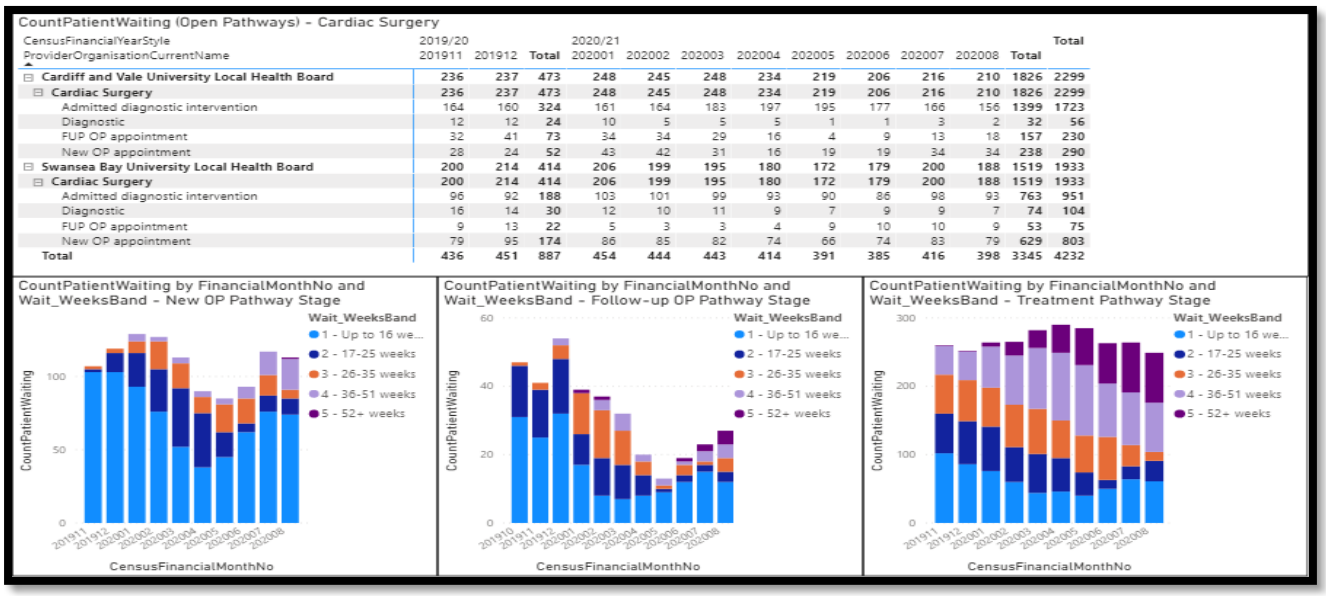


Cardiac Surgery / Cardiff & Swansea (excl minor procedures)

EpisodeEndFinancialYearStyle	2019/20													2020/21								Total
AdmissionMethodCategory	1	2	3	4	5	6	7	8	9	10	11	12	Total	1	2	3	4	5	6	7	8	Total	
⊞ Elective	54	45	50	75	65	48	79	54	53	55	58	67	703	4	2	7	24	29	43	38	48	195	898
⊞ Emergency	37	36	34	29	39	37	39	40	45	46	38	30	450	11	5	11	11	15	17	16	9	95	545
⊟ Transfer	25	20	18	23	21	24	15	17	21	13	10	18	225	3	3	5	13	15	20	20	11	90	315
Non elective admission	10	3	6	11	6	9	7	7	15	6	5	2	87	3	3	1	8	9	11	12	6	53	140
Stay overnight intended	15	17	12	12	15	15	8	10	6	7	5	16	138			4	5	6	9	8	5	37	175
Total	116	101	102	127	125	109	133	111	119	114	106	115	1,378	18	10	23	48	59	80	74	68	380	1,758

Data source: NWIS central data warehouse; all inpatient activity (excludes minor surgery)

Cardiac Surgery at Cardiff and Swansea show the same trajectories regarding patients waiting. Although patients waiting for treatment have not materially increased in number, more patients are waiting for longer, and the data regarding new outpatients shows that demand is now increasing again after the initial drop in April. This may lead to more emergency demand as patients become more serious after longer waits, compounded by a backlog of new patients presenting.

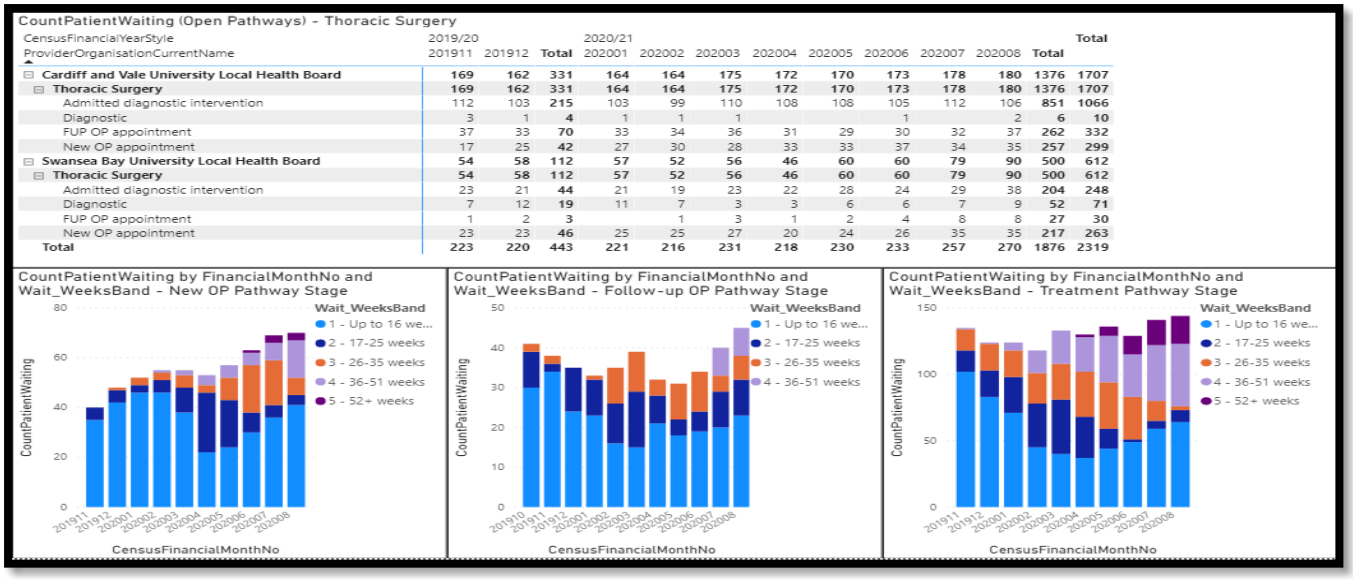


CountPatientWaiting (Open Pathways) - Cardiac Surgery

CensusFinancialYearStyle	2019/20			2020/21								Total
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	Total	
⊟ Cardiff and Vale University Local Health Board	236	237	473	248	245	248	234	219	206	216	210	1826	2299
⊟ Cardiac Surgery	236	237	473	248	245	248	234	219	206	216	210	1826	2299
Admitted diagnostic intervention	164	160	324	161	164	183	197	195	177	166	156	1399	1723
Diagnostic	12	12	24	10	5	5	5	1	1	3	2	32	56
FUP OP appointment	32	41	73	34	34	29	16	4	9	13	18	157	230
New OP appointment	28	24	52	43	42	31	16	19	19	34	34	238	290
⊟ Swansea Bay University Local Health Board	200	214	414	206	199	195	180	172	179	200	188	1519	1933
⊟ Cardiac Surgery	200	214	414	206	199	195	180	172	179	200	188	1519	1933
Admitted diagnostic intervention	96	92	188	103	101	99	93	90	86	98	93	763	951
Diagnostic	16	14	30	12	10	11	9	7	9	9	7	74	104
FUP OP appointment	9	13	22	5	3	3	4	9	10	10	9	53	75
New OP appointment	79	95	174	86	85	82	74	66	74	83	79	629	803
Total	436	451	887	454	444	443	414	391	385	416	398	3345	4232

Data source: NWIS central data warehouse

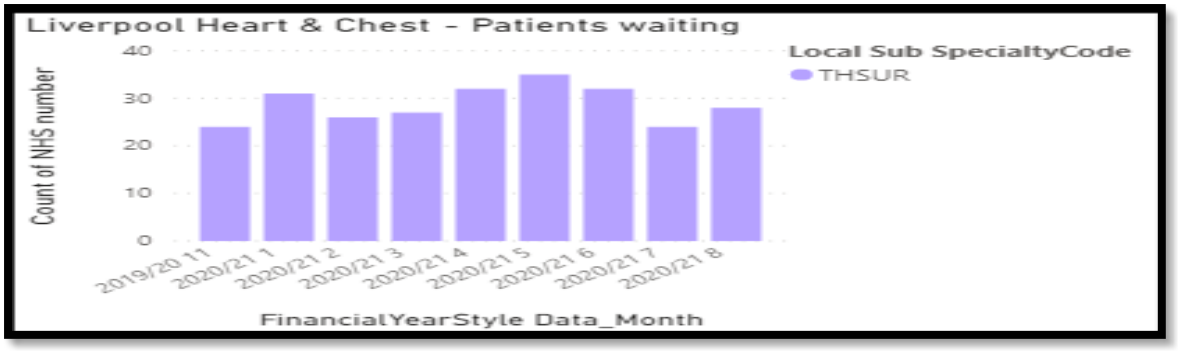
Thoracic surgery is showing pressure on all parts of the pathway at Cardiff and Swansea, with an increase in every section. New patients are now presenting again after the initial decrease in April, and all sections show patients that have been waiting over a year.



CensusFinancialYearStyle	2019/20			2020/21								Total	
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	Total	
Cardiff and Vale University Local Health Board	**169**	**162**	**331**	**164**	**164**	**175**	**172**	**170**	**173**	**178**	**180**	**1376**	**1707**
Thoracic Surgery	**169**	**162**	**331**	**164**	**164**	**175**	**172**	**170**	**173**	**178**	**180**	**1376**	**1707**
Admitted diagnostic intervention	112	103	**215**	103	99	110	108	108	105	112	106	**851**	**1066**
Diagnostic	3	1	**4**	1	1	1			1		2	**6**	**10**
FUP OP appointment	37	33	**70**	33	34	36	31	29	30	32	37	**262**	**332**
New OP appointment	17	25	**42**	27	30	28	33	33	37	34	35	**257**	**299**
Swansea Bay University Local Health Board	**54**	**58**	**112**	**57**	**52**	**56**	**46**	**60**	**60**	**79**	**90**	**500**	**612**
Thoracic Surgery	**54**	**58**	**112**	**57**	**52**	**56**	**46**	**60**	**60**	**79**	**90**	**500**	**612**
Admitted diagnostic intervention	23	21	**44**	21	19	23	22	28	24	29	38	**204**	**248**
Diagnostic	7	12	**19**	11	7	3	3	6	6	7	9	**52**	**71**
FUP OP appointment	1	2	**3**		1	3	1	2	4	8	8	**27**	**30**
New OP appointment	23	23	**46**	25	25	27	20	24	26	35	35	**217**	**263**
Total	**223**	**220**	**443**	**221**	**216**	**231**	**218**	**230**	**233**	**257**	**270**	**1876**	**2319**

Data source: NWIS central data warehouse

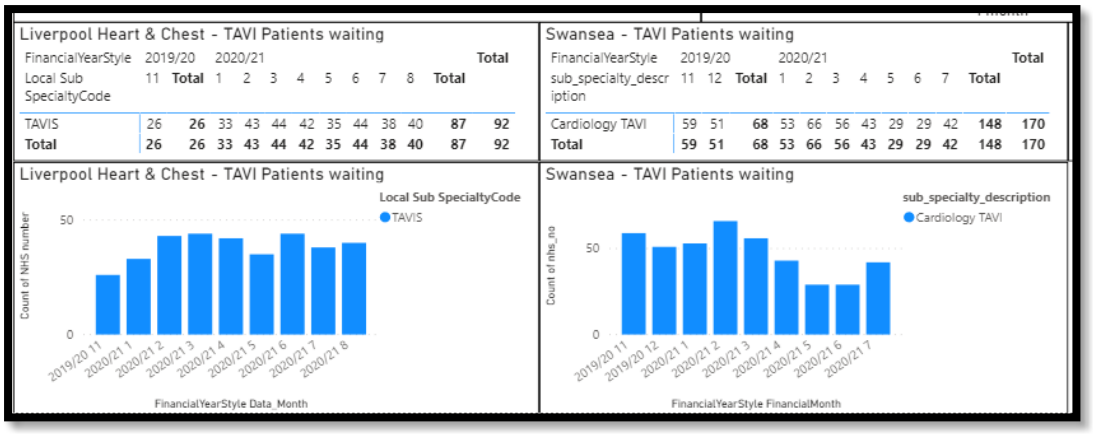
There has been a small increase in patients waiting at Liverpool Heart & Chest, but at a lower rate than the Welsh providers.



Data source: NWIS central data warehouse

9.2.2 Trans Aortic Valve Implants (TAVI)

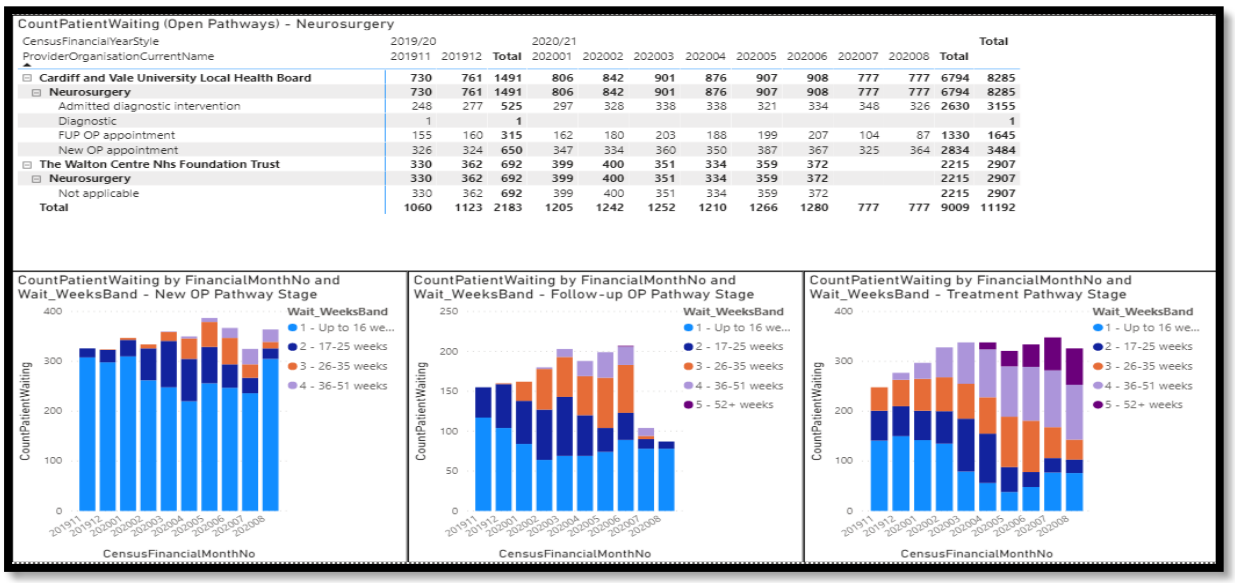
Patients waiting for Trans Aortic Valve Implants (TAVI) have actually reduced at Swansea Bay, but increased at Liverpool (no direct data currently received from Cardiff). However, it is good to note that activity at all centres has increased compared to 2019/20, as illustrated in the below charts.



Data source: NWIS central data warehouse, WHSSC contract monitoring received from providers

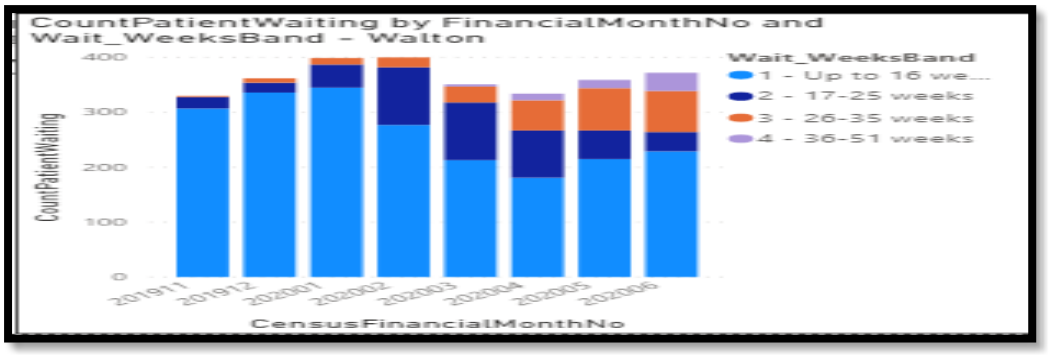
9.2.3 Neurosurgery

Neurosurgery data for Cardiff shows a much smaller drop-off in new outpatient waiters than other specialities, although the total new patients has not materially decreased. Follow up outpatients have been cleared well, but patients waiting for inpatient treatments has increased from 248 in February 2020 to 326 by November, showing a pressure of 31% more patients. These patients are also now seeing increased waiting times.



Data source: NWIS central data warehouse

Patient waits at the Walton are also showing a small increase, along with longer waits, although none over a year at the point of reporting.



Data source: NWIS central data warehouse

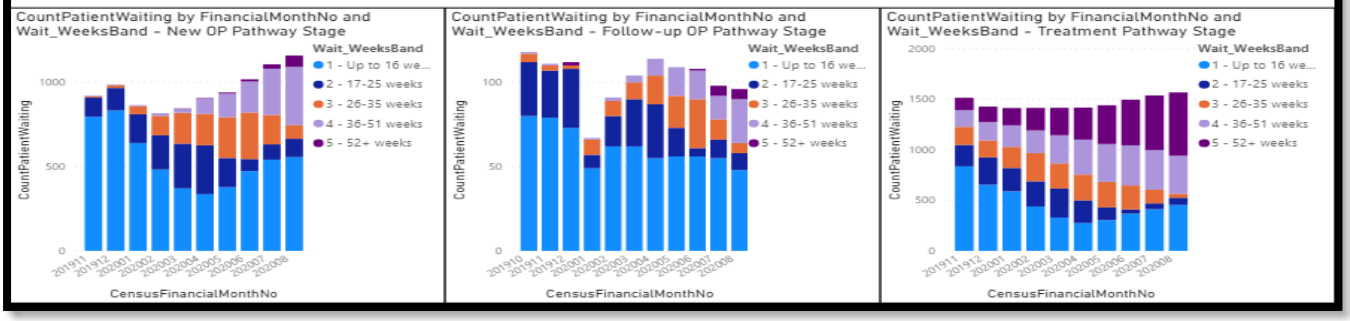
9.2.4 Plastic Surgery

Patients waiting for Plastic Surgery have increased overall. New patients waiting at Swansea Bay have increased and although patients waiting for treatments have not increased much in total, the backlog of new patients will lead to a significant pressure in the system.

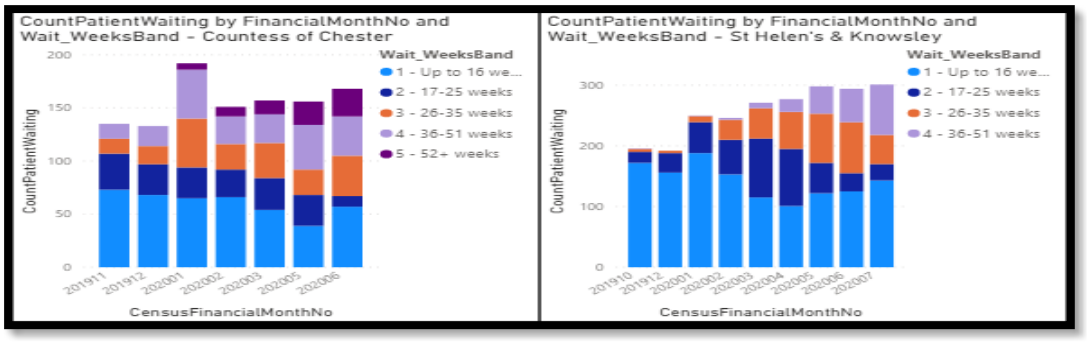
Whilst the breakdown of pathway stage is not included in English wait data, the overall pressure is also mirrored in the English providers of St Helen's & Knowsley and the Countess of Chester (note the Countess of Chester activity is paid for through Betsi Cadwaldr's local contract, and not through WHSSC). Both these providers are showing higher total patients, with longer waits.

CountPatientWaiting (Open Pathways) - Plastic Surgery

CensusFinancialYearStyle	2019/20			2020/21								Total	
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	Total	
Countess Of Chester Hospital Nhs Foundation trust	135	133	268	192	151	157		156	168			824	1092
Plastic Surgery	135	133	268	192	151	157		156	168			824	1092
Not applicable	135	133	268	192	151	157		156	168			824	1092
St Helens And Knowsley Teaching Hospitals nhs tru	27	192	219	250	246	271	277	298	294	301		1937	2156
Plastic Surgery	27	192	219	250	246	271	277	298	294	301		1937	2156
Not applicable	27	192	219	250	246	271	277	298	294	301		1937	2156
Swansea Bay University Local Health Board	2624	2610	5234	2424	2408	2421	2499	2544	2674	2796	2897	20663	25897
Plastic Surgery	2624	2610	5234	2424	2408	2421	2499	2544	2674	2796	2897	20663	25897
Admitted diagnostic intervention	1514	1427	2941	1413	1414	1415	1417	1440	1495	1537	1567	11698	14639
Diagnostic	78	84	162	79	86	57	62	55	53	54	75	521	683
FUP OP appointment	111	112	223	67	91	104	114	109	108	98	96	787	1010
New OP appointment	921	987	1908	865	817	845	906	940	1018	1107	1159	7657	9565
Total	2786	2935	5721	2866	2805	2849	2776	2998	3136	3097	2897	23424	29145



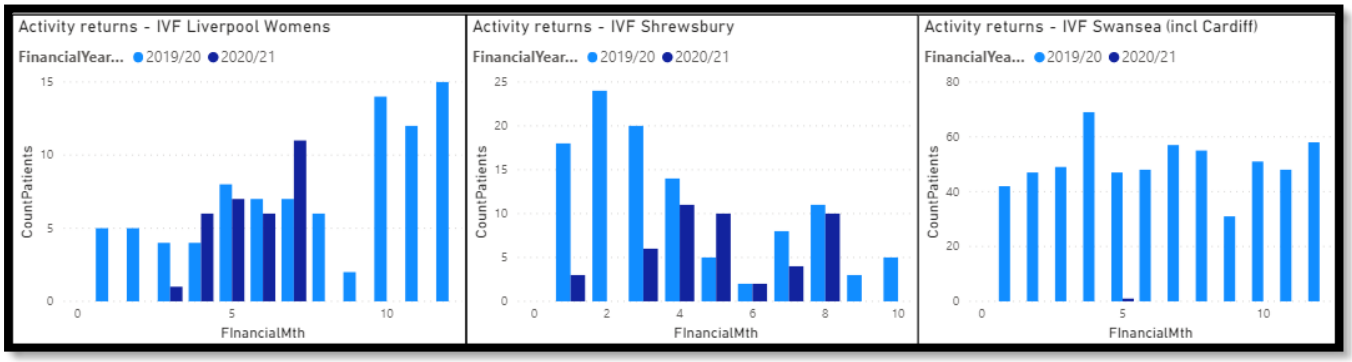
Data source: NWIS central data warehouse



Data source: NWIS central data warehouse

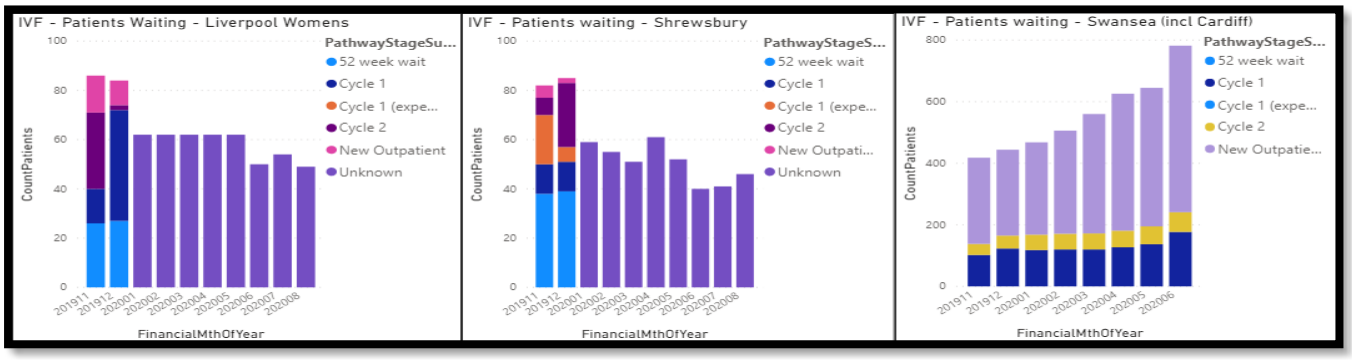
9.2.5 IVF

Data on IVF services is received direct from the providers, and shows a concerning drop in activity, along with an increase in patients waiting at all pathway stages. At the time of this report, the IVF service through Swansea had only performed one IVF cycle in the 5 months up to the end of August 2020, compared to 254 in the 5 months to August 2019. Shrewsbury and Liverpool are also much lower than last year, as shown below.



Data source: Inpatient activity data received monthly direct from the provider organisations

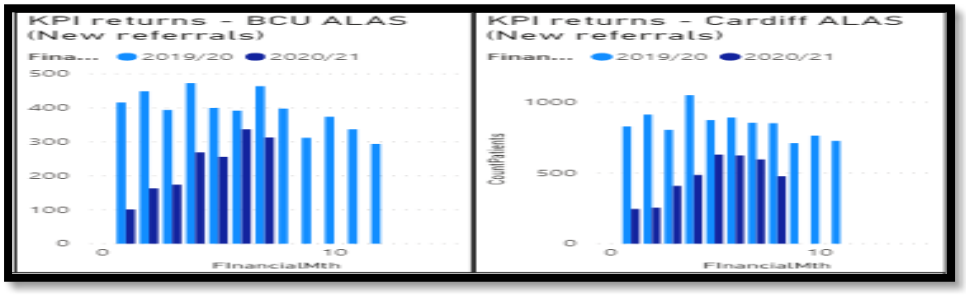
Waiting lists for IVF services show reductions at Shrewsbury and Liverpool Women's, although the breakdown across the pathway has not been provided this year. Swansea's service shows increases in all parts of the pathway, with patients almost doubling between February and September 2020.



Data source: Data on patients waiting received monthly direct from the provider organisations

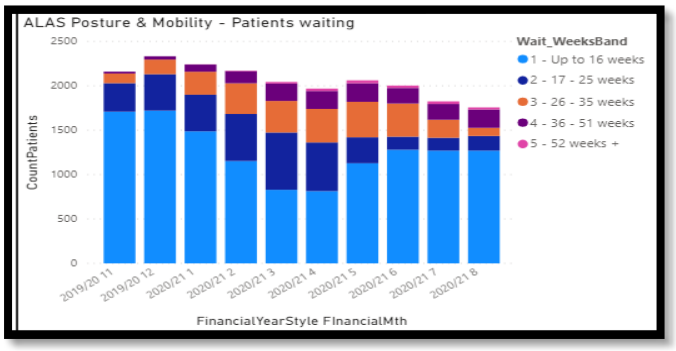
9.2.6 Artificial Limb and Appliance Service (ALAS) - Wheelchairs

New referral numbers dropped substantially at the start of the pandemic period at both of the main ALAS centres for Wales, but picked up across the summer months.



Data source: ALAS KPI's received monthly direct from the provider organisations

However, the overall numbers of patients waiting for wheelchairs have actually dropped over 2020 with a slight increase in North Wales, compared to a decrease at Cardiff. However, there are now some patients waiting over 36 and 52 weeks.

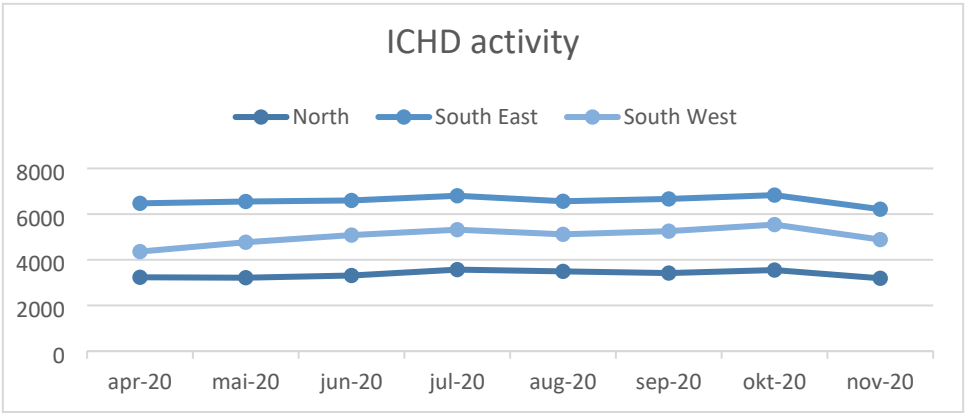


Data source: Data on patients waiting received monthly direct from the provider organisations

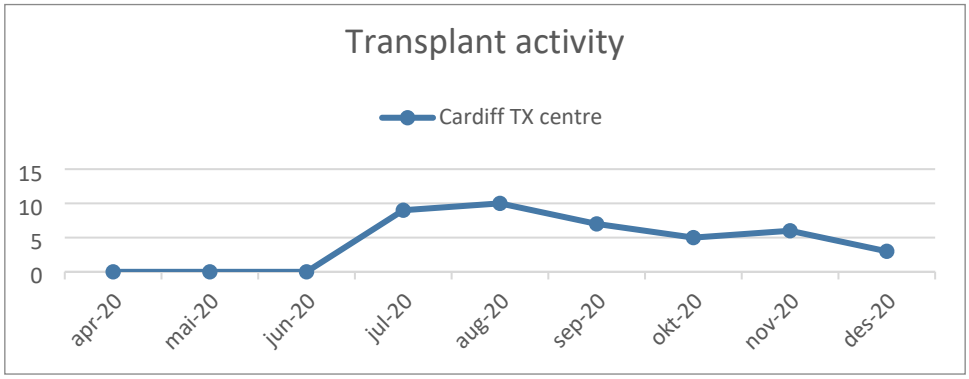
9.2.7 Renal Network

Haemodialysis Centre (ICHD) Activity Data for 2020 to Nov 20 by Region:

This shows a relative stable position throughout the pandemic.



Transplant Activity Data for Cardiff Transplant Centre April – Dec 2020
Three kidney transplants have also been under taken at Liverpool for north Wales patients.



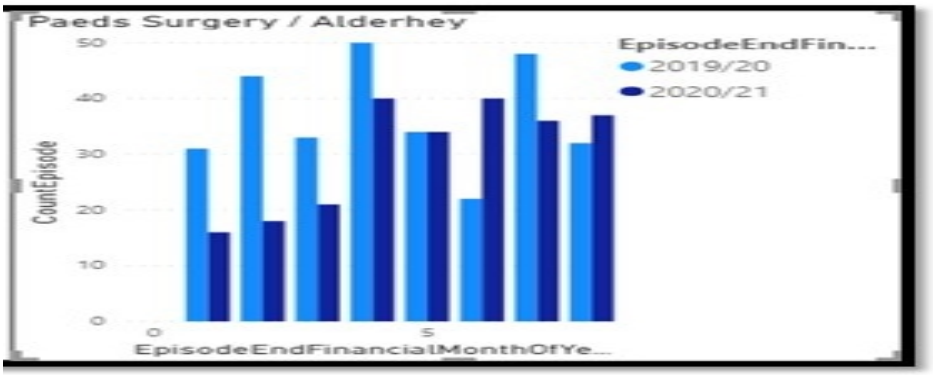
9.3 Paediatric Specialties

9.3.1 Paediatric Cardiac Surgery

Case volumes are traditionally small but with high importance in terms of outcomes. Encouragingly the data actually shows a small increase in activity of 115 inpatient episodes to date in 2020-21, compared to 105 episodes to the same point last year.

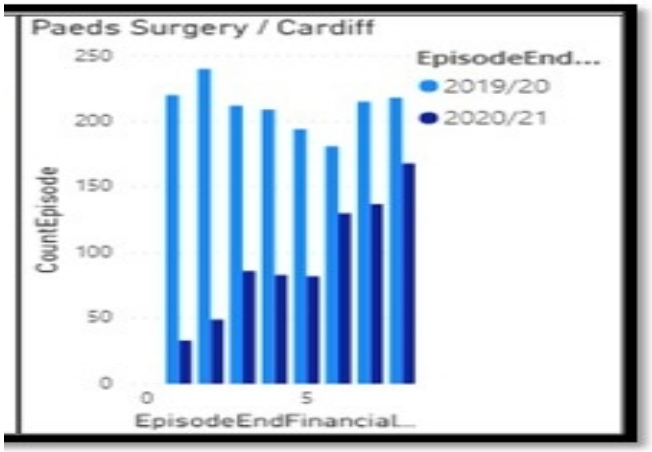
9.3.2 Paediatric Surgery

Specialist paediatric surgery covers a wide spectrum of activity from highly complex and urgent to elective. The rate of decrease at Alder Hey NHS Trust, our major provider for north Wales, has been high at 51% in April compared to 2019-20 activity, but with a recovery up to 115% by November (82% to date).



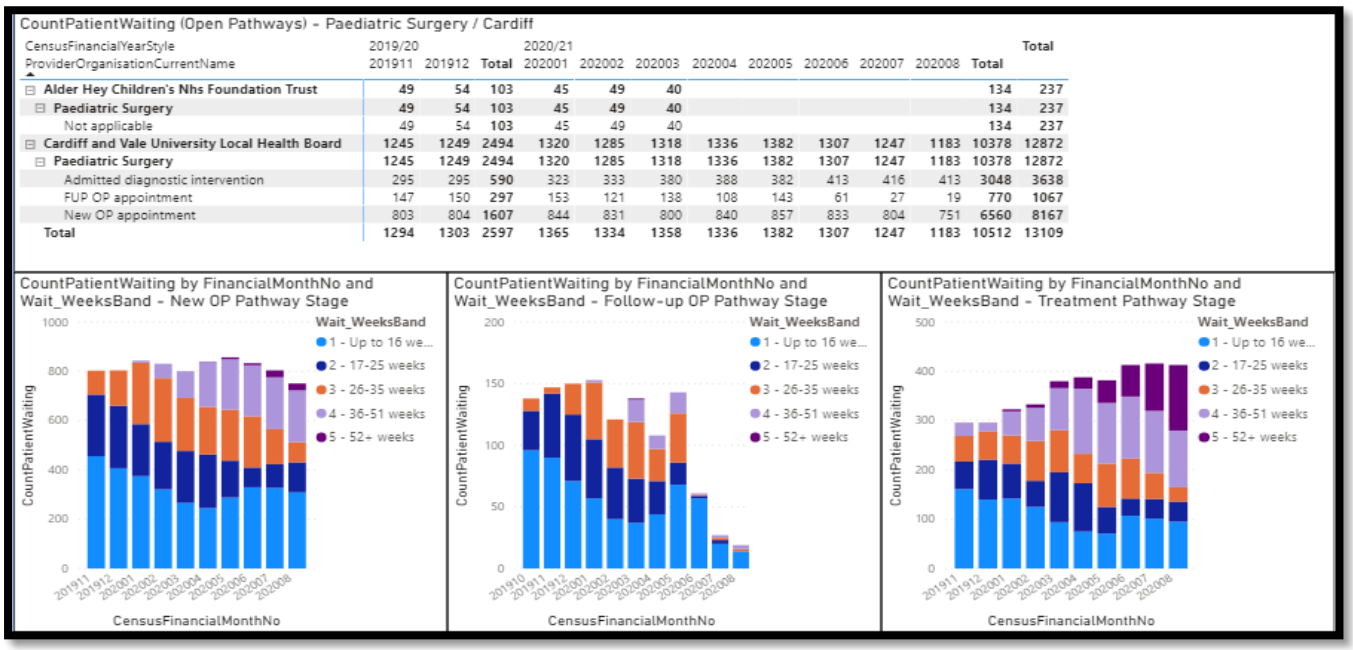
Data source: NWIS central data warehouse; all inpatient activity

The table below shows the activity for specialist paediatric surgery at Cardiff and the Vale University Health Board compared to the same period last year showing a reduction of around 50%.



Paediatric Surgery at Cardiff is showing concerning longer waits for new patients, along with a marked increase in patients waiting for inpatient treatments of 40% compared between February and November 2020, although follow-up patients have had attention and numbers have reduced.

Alderhey is also a specialist provider of Paediatric Surgery, but the total patients waiting had decreased from 49 in February 2020 to 40 by June (more recent months have not been submitted yet due to pandemic pressures). This is probably due to the quicker recovery by Alderhey in relation to inpatient treatments.

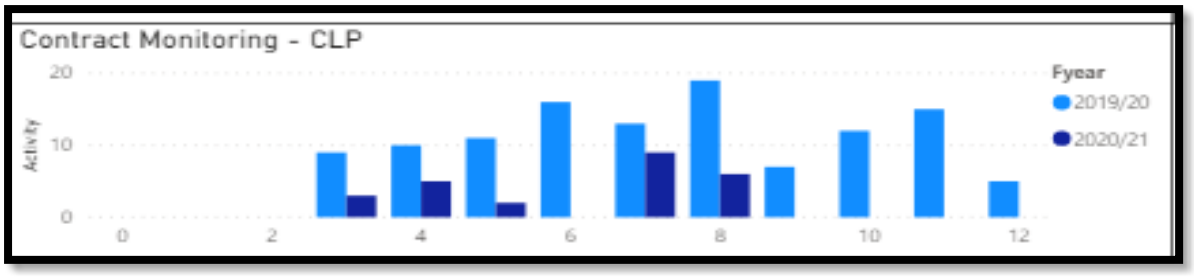


CensusFinancialYearStyle	2019/20			2020/21								Total
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	Total	
Alder Hey Children's Nhs Foundation Trust	49	54	103	45	49	40						134	237
Paediatric Surgery	49	54	103	45	49	40						134	237
Not applicable	49	54	103	45	49	40						134	237
Cardiff and Vale University Local Health Board	1245	1249	2494	1320	1285	1318	1336	1382	1307	1247	1183	10378	12872
Paediatric Surgery	1245	1249	2494	1320	1285	1318	1336	1382	1307	1247	1183	10378	12872
Admitted diagnostic intervention	295	295	590	323	333	380	388	382	413	416	413	3048	3638
FUP OP appointment	147	150	297	153	121	138	108	143	61	27	19	770	1067
New OP appointment	803	804	1607	844	831	800	840	857	833	804	751	6560	8167
Total	1294	1303	2597	1365	1334	1358	1336	1382	1307	1247	1183	10512	13109

Data source: NWIS central data warehouse

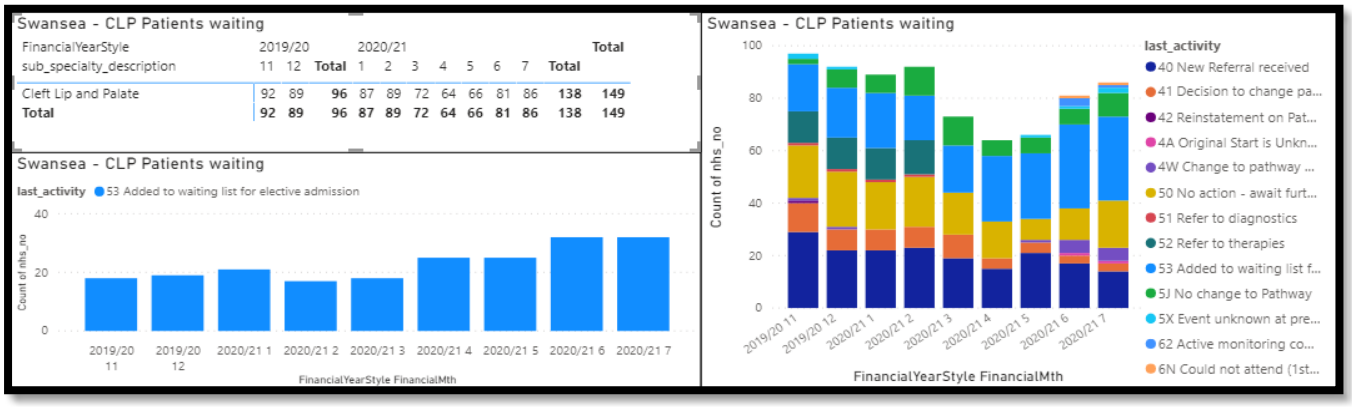
9.3.4 Cleft Lip Palette

Swansea Bay is the main provider in relation to Cleft Lip Palette services, and has shown a material reduction in inpatients compared to last year.



Data source: Inpatient activity data received monthly direct from Swansea Bay

Unsurprisingly, the lower activity has led to an increasing waiting list for inpatient treatments. The next chart shows both the overall waiting list figures for CLP services at Swansea, along with the inpatient element



Data source: Data on patients waiting received monthly direct from Swansea Bay

10. Planning assumptions

The impact on WHSSC commissioned services across all providers and services has been illustrated above. All providers are developing plans for services in 2021-22 but these are still in the early stages and set against a backdrop of Covid-19 still being a significant strain and pressure on the NHS and likely to be for some time. The following planning assumptions have therefore been used;

- Recovery is likely to take more than 1 year
- Growth over 2019-20 levels is unlikely, except in some small specialty areas
- At best providers will deliver contracted volumes
- Block contracting will cease at some point during the year although this is not expected to be in the first part of the year particularly for NHS England contracts. It is expected that the current financial agreement with NHS England will continue for at least quarters 1 and 2.

11. Interface with NHS England

Throughout the pandemic, WHSSC has maintained regular contact with NHS England through the specialist commissioners and joining a four nations call fortnightly. It is expected that these will continue during 2021-22. Additionally as Trusts start to recover from the pandemic and operational pressures start to ease, WHSSC will recommence contracting and performance meetings, probbaly from quarter 2 onwards.

12. Commissioning Team Priorities 2021-22

As previously described WHSSC is organised into commissioning teams and the Welsh Renal Clinical Network (WRCN) who are responsible for driving the commissioning across all services and providers.

Detailed below are the key priorities in each of the commissioning teams and the WRCN for 2021-22.

12.1 Mental Health & Vulnerable Groups

Following investment from Welsh Government the Mental Health portfolio has been expanded to incorporate Vulnerable Groups. These services are now included as part of the Mental Health & Vulnerable Groups Commissioning Team.

Vulnerable Group Portfolio

Gender Services for Adults

The all Wales Welsh Gender Service (WGS) was initially established in September 2019 as part of an integrated model of care alongside local gender teams (provided by LHBs) and a direct enhanced service through primary care. Despite the Covid-19 pandemic, the WGS has continued to provide video and telephone consultations, which will continue for the foreseeable future.

A key development for the all Wales adult gender identity service (non-surgical) for 2021-22 includes the peer support and information service, introduced to support service users whilst on the waiting list, funded by Welsh Government until the end of 2022. The WGS has also developed the expertise to support more complex cases and now also provide surgical assessment and signatures, meaning even less reliance on the London Gender Identity Clinic (LGIC) provided by Tavistock and Portman NHS Foundation Trust.

There continues to be a focus on the development of the service towards a longer term, sustainable model.

In 2020, Joint Committee supported the recommendation to stand down the All Wales Gender Identity Partnership Group (AWGIPG) as the terms of reference for the group, to support the development of a service in Wales had been met. The AWGIPG will be replaced by a Managed Clinical Network to review, develop and manage the end to end gender identity pathway across primary, secondary and tertiary care enabling a whole pathway approach.

WHSSC commissions the surgical gender identity service from NHS England. Waiting lists for surgery continue to build as procedures have been put on hold during the pandemic.

The following services have been supported for additional investment during 2021-22:

Scheme Title	Impact of Scheme	Timeline
Welsh Gender Service (Adult - non surgical)	Management and reduction of waiting list.	Quarter1-4

Key areas for action in 2021-22 include:

Issue	Action	Timeline
Evaluation of Peer Support Programme	A 12 month evaluation of the peer support and information service to be submitted by June 2021.	Quarter 1
Waiting List	Opportunities to increase activity to address the waiting list backlog whilst mindful of the capacity within local gender teams and delays to gender re-assignment surgery.	Quarter 2
Capacity of Local Gender Teams	Co-planning of capacity with LGTs and supporting with training and clinical supervision.	Quarter 3
Waiting List	Repatriating service users that remain on the London Gender Identity Clinic (LGIC) waiting list as expertise in the WGS increases.	Quarter 4
Equitable access for North Wales Services Users	Improving local access for north Wales service users.	Quarter 3

Gender Identity Development Service (GIDS) for Children and Young People

WHSSC currently commissions the Gender Identity Development Service through NHS England, provided by the only specialist provider of gender identity services for children and young people in the UK, Tavistock and Portman NHS Foundation Trust.

On the 25th September NHS England announced an Independent Review into Gender Identity Services for Children and Young People. Dr Hilary Cass OBE, former President of the Royal College of Paediatrics and Child Health, will lead the review which will be wide-ranging in scope looking into several aspects of

gender identity services. The independent review will present recommendations to NHS England and Improvement's Quality and Innovation Committee early in 2021 and any commissioning actions arising from this review will be taken by WHSSC in conjunction with NHS England.

A Judicial Review involving the Tavistock & Portman NHS Foundation Trust has recently been concluded. WHSSC are currently working with NHS England to understand the implications for the GIDS service.

Issue	Action	Timeline
Independent Review of GIDs	Develop action plan arising from the Independent Review with NHS England	Quarter 2

Traumatic Stress Wales

Traumatic Stress Wales, (previously known as the All Wales Traumatic Stress Quality Improvement Initiative) is a national quality improvement initiative which aims to improve the health and wellbeing of people affected by traumatic events. The Project Director and Lead for Psychological Therapies have been recruited to the national hub team based at WHSSC and recruitment continues for the remainder of the team. The national hub team will provide second opinion, monitor key quality indicators and provide training and resources to help improve the quality of local traumatic stress services and increase access to evidence based therapies. The Traumatic Stress Wales Service Improvement Specification went out for consultation earlier this year. All seven health boards have been invited to submit a request for funding for additional psychology resource and training to help deliver their traumatic stress services to the standards outlined in the service improvement specification. The hub team have already started delivering 'Guided Self Help' training called 'Spring' to health boards, targeted at people with mild to moderate PTSD. A website for Traumatic Stress Wales, containing resources and information on PTSD and CPTSD is in development and will be live early in 2021.

The Traumatic Stress Wales' national steering group, which includes representatives from the seven health boards, together with key stakeholders, continue to meet on a quarterly basis to oversee the development and implementation of the initiative. A number of work streams focusing on priority groups are also in development and will be fully established in 2021.

Issue	Action	Timeline
Full implementation of the TSW programme	All posts fully recruited Launch website Full implementation of service specification	Quarter 1 Quarter 1 Quarter 3

Forensic Adolescent Consultation Treatment Service (FACTS)

FACTS is a tier 4 CAMHS service, consisting of multi-professional team that provide comprehensive assessments with recommendations for

management/reduction of risk for some of the most vulnerable children in Wales.

FACTS is currently under review, with the aim of developing a new service specification in 2021-22 to improve the patient pathway. A more joined up approach to commissioning between the health and justice system is being explored. Existing quality concerns are being addressed through the WHSSC escalation process.

Planned actions that should have full effect in Q1 include full recruitment to key vacant posts including medical, psychology and nursing. In addition the plan includes directed investment in service management to provide much needed direct management support. Further actions for Q1/Q2 will include agreement on the interim offer that YOT colleagues can expect from the FACTS service. In Q3/Q4 the plan is to have agreed service specifications, hosting intentions and the service structure to deliver subject to further resource discussions.

Issue	Action	Timeline
Stabilisation of the Service	WHSSC are working with CTM UHB on an improvement plan to address recruitment and retention issues • Recruitment to key vacant posts including, medical, psychology and nursing • Investment in service management	Quarter 1
Support to Youth Offending Team	Agreement on the offer to YOTs	Quarter 1
FACTS Specification	WHSSC are working with CTM UHB and key stakeholders on the development of a draft service specification.	Quarter 3

Mental Health Portfolio

Mental Health services are delivered for NHS Wales by HBs across various sites, NHS providers in England and independent providers in both Wales and England.

The development of a specialised Mental Health commissioning strategy is complex with a wide range of key drivers, some of which will be specific to a service area and others impacting across the full range of services. A project initiation document will be produced in quarter 1 of 2021-22 to steer the strategy development.

The secure care review currently being undertaken by the National Collaborative Commissioning Unit (NCCU) on behalf of Welsh Government will help inform the strategy development and it is expected that the written report will be available in May 2021.

The key enabler underpinning this work was the development of a formal SLA in April 2019 between WHSSC and the NCCU which is now being expanded to ensure the routine quality assessment of NHS Wales's inpatient providers is extended across WHSSC services. The team's expertise will be used to support WHSSC in its quality escalation processes, implementation of the new service specification and assessment of new providers.

Issue	Action	Timeline
Mental Health Programme	Develop a programme initiation document to pull all strands of the portfolio together	Quarter 1

The following areas have been identified as priority areas of the strategy:

Child & Adolescent Mental Health Services (CAMHS)
To make recommendations on the future in-patient capacity and the potential for widening the scope of services. This will be informed by the review of inpatient demand undertaken by a task and finish sub group of the CAMHS Network Board and the Quality Assurance Improvement Service of NCCU. It will also consider the potential for developing new workforce models and recruitment and retention strategies in conjunction with Health Education & Improvement Wales (HEIW)WHSSC has agreed, in principle, the development of an SLA with the QAIS section of NCCU to take forward a number of streams of work related to Child & Adolescent Mental Health Services (CAMHS):-

1. UK National Issues including capacity & access.
2. Strategic issues affecting Welsh in-patient units, both short and longer term including implementation of the new Service Specification:
3. Pathways into in-patient units and the interface with other services including local authority care and the criminal justice system.
4. WHSSC escalation processes - QAIS will provide an advisory service for estate management to specify and advise on the environmental changes needed immediately and as a programme of improvement
5. Supporting the recently developed Bed Management Panel for tier 4 inpatient CAMHS beds.

Issue	Action	Timeline
Implementation of Service Specification	Confirmation that the service specification remains preferred way forward following NCCU work Gap analysis and work force models Implementation and resourcing plan Agree with Welsh Government and Health Boards any further developments to inpatient services	Quarter 1 Quarter 1 Quarter 2 Quarter 3

Wider pathways issues including community intensive support	Work with the DU and QAIS to develop actions arising from the review of community intensive care teams and the implications for tier 4 services	Quarter 3
Access to T4 beds in medium secure	Work with QAIS to develop plans to improve access to tier 4 beds in NHS England in particular for medium secure	Quarter 2
Eating disorder services	Work with the Eating Disorders sub group to agree a plan for tier 4 inpatient services	Quarter 2
Bed Management	Further refine the bed management panel and actions required around use of age appropriate beds	Quarter 2

Secure Services: Learning Disability
The need to make recommendations on the development or otherwise of inpatient capacity for secure Learning Disability beds within Wales. This will take into account the findings of individual patient reviews report that was published by Welsh Government in February 2020.

Issue	Action	Timeline
Implementation of the recommendations from the individual patient reviews report	Develop an action plan to take forward the recommendations from the individual patient reviews report as appropriate to the WHSSC portfolio	Quarter 3
Secure inpatient capacity for patients with Learning Disabilities	Work with Welsh Government, QAIS and Health Boards to agree a plan for access to secure inpatient beds for Welsh Residents with a learning disability	Quarter 3

Secure Services: Women
The secure review being undertaken by QAIS will look at the need for more secure capacity for women's beds in Wales. WHSSC will consider the implications of this review and develop commissioning intentions for women's secure services.

Issue	Action	Timeline
Access to secure services for Women	Develop a commissioning strategy for women's secure services plus a resourcing plan	Quarter 3

Perinatal Mental Health Services - Mother and Baby Unit
The Minister for Health asked WHSSC to commission a mother and baby unit in south Wales and SBUHB identified an interim solution at Tonna Hospital. A major ward refurbishment programme is underway to provide an appropriate environment to deliver the new service which is expected to open in April 2021.

An option appraisal for a permanent MBU in south Wales has been completed and a programme to take this forward will be agreed with Welsh Government and Swansea Bay University Health Board as the provider of the service by end quarter 2.

WHSSC has also made considerable progress with NHS England for patients in north Wales to have access to a jointly planned development in the Cheshire & Mersey area. It is hoped that a site for this new service can be identified and agreed early in 2021 and that it is operational within a year of approval.

Issue	Action	Timeline
Interim MBU	Continue to work with SBUHB to ensure implementation of the service specification and opening of the unit in April 2021	Quarter 1

Permanent MBU	Continue to work with Welsh Government and SBUHB to progress the business case for the permanent MBU. Indicative resource plan to be agreed to inform the ICP for 2022-23	Quarter 3
Perinatal Mental Health services for north Wales residents	Working with NHS England, develop an implementation plan for a MBU that provides improved access for women from BCU and north Powys HBs	Quarter 3

12.2 Cardiac Commissioning Team

Aortic Stenosis Commissioning Strategy

The development of the Commissioning Strategy aims to address a number of challenges including the expected rise in prevalence as the population ages, the emerging new treatment option, and provide WHSSC and the Providers of specialised cardiac surgery and interventional cardiology services with the opportunity to steer how these services are commissioned, how patients receive treatments for Aortic Stenosis (AS), and in the long term provide a sustainable solution to meet current and future patient demand.

Action	Timeline
Agree a clinical pathway for AS with a maximum waiting time of 18 weeks but with a view to work towards a maximum 12 week wait for treatment Agree the AS Clinical Pathway Development and Implementation Plan	Quarter 2

Pulmonary Hypertension

In 2019-20 a review of current pathways and commissioning arrangements in place for Pulmonary Hypertension (PH) was undertaken. The main drivers for this work included:

- The delays that Welsh patients experience during the diagnostic and referral pathway for PH.
- The distance travelled by many Welsh patients to receive tertiary care.
- The recognition of a growing expertise base within Wales to manage these patients more locally.

A Clinical Working Group was established and the group developed a proposed streamlined PH pathway where diagnosis and investigations would be undertaken in a more timely way. A report has been completed.

Action	Timeline
Consider the options presented in the final project report 'A Pulmonary Hypertension Service for Wales' and develop a plan in conjunction with stakeholders to be able to take this work forward	Quarter 3

Inherited Cardiac Conditions (ICC)

At the current time WHSSC do not formally commission an Inherited Cardiac Conditions (ICC) service although Genetic testing for ICC conditions is commissioned through the All Wales Medical Genomics Service. To consider the future needs for the population of Wales it has been agreed that WHSSC will undertake a needs assessment and review of the current services for ICC's across Wales. Work has already commenced and a base line assessment has been completed.

Actions Required	Timeline
Establish a stakeholder working group.	Quarter 1
To understand the clinical models in place across Wales	Quarter 1
Develop an outline proposal for how the future ICC services should be delivered across Wales	Quarter 2

Obesity Surgery

The prevalence of obesity in Wales is increasing and it is estimated that around 600,000 adults aged over 16 in Wales are obese and 60,000 of those are severely obese, with a Body Mass Index (BMI) >40, with an estimated 10,000 more adults becoming obese each year. Referrals to the tier 4 Obesity Surgery services are lower than would be expected for the population of Wales and have been declining over the last two years and providers not delivering commissioned activity. A pathway review was undertaken by PHW on WHSSC's behalf – the final report has been delayed however the draft report highlights the variances in referral rates across the LHBs and the lack of tier 3 obesity services which impacts on the ability to refer patients to tier 4 services.

Actions Required	Timeline
Complete a review of the current Obesity Surgery Policy and Service Specification and undertake Key Stakeholder Consultation	Quarter 2
Undertake an assessment of any financial impact of the changes to the Commissioning Policy.	Quarter 2
Review the current arrangements for delivery of obesity surgery	Quarter 3

Cystic Fibrosis
Phase one investment was made to the service in 2019 to manage the Cystic Fibrosis patient cohort which had grown to in excess of 300. Phase 2 to support the inpatient service expansion to manage this increased patient cohort will need to be delivered in 2021 in line with the opening of the completed new capital build at University Hospital Llandough. This will need to take into account the emerging positive impact of new drug therapies (Kaftrio).

Actions Required	Timeline
Work with the provider to determine the exact inpatient capacity requirements. Determine the impact of Kaftrio on capacity requirements.	Quarter 1 Quarter 1

The following services have been supported for additional investment during 2021-22:

ICP Scheme	Actions to be taken	Timeline
Inherited Cardiac Conditions (SBUHB)	• Agree investments priority with SBUHB • SBUHB to submit business case for scrutiny by Management Group	Quarter 1 Quarter 2
Cardiac MRI for Adults with Congenital Heart Disease	• Agree investment priority with C&VUHB • SBUB to submit business case for scrutiny by Management Group	Quarter 2 Quarter 3

12.3 Women and Children Commissioning Team

The WHSS Team has committed to work with providers throughout 2021-22 to develop an all Wales Specialist Paediatric Strategy. The overall aim of the project is to undertake an assessment of the current provision of specialised Paediatric Services in Wales, taking account of future sustainability and access in order to inform the development of the strategy. The programme to deliver the strategy will commence in quarter 1 to inform next year's integrated commissioning plan.

Other Key Priorities

Paediatric Inherited Metabolic Disease – the service delivered from CVUHB is not sustainable. The Women and Children Commissioning Team are working at

pace with providers across the UK to implement a sustainable service from quarter 1 2021-22.

Neonatal Transport service – An interim 24 hour service commenced in south and mid Wales in January 2021 (north Wales and north Powys already have access to a 24/7 service). Work continues to agree the service model for a permanent service which will be in place by end quarter 1.

The following services have been supported for additional investment during 2021-22

Scheme Title	Impact of Scheme	Timeline
Paediatric Neurology	• Increase in workforce to ensure sustainability • Timely access to care • 24/7 access • Video telemetry to improve access to whole pathway	Quarter 1
Paediatric Cystic Fibrosis (Pharmacy)	• Manage the needs of people with CF • Ensure safe and cost effective use of new medications for CF	Quarter 1
Paediatric Clinical Immunology	• Meet demand for immunodeficient paediatric patients	Quarter 2
Paediatric Radiology	• Collective commissioning • 24/7 cover in the Children's Hospital • Support for all DGHs in hours	Quarter 2
Paediatric Gastroenterology	• Increase workforce to ensure sustainability • 24/7 cover • Will bring service in line with national standards	Quarter 3
Paediatric Rheumatology	• Sustainable MDT • Repatriation of patients from NHS England • Current unmet demand that will be met	Quarter 4

12.4 Cancer & Blood Commissioning Team

The following schemes have been prioritised for inclusion in the WHSSC ICP through the Clinical Impact Advisory Group process:

Scheme	Actions	Implementation Timeline
PET CT - new indications (inc. colorectal cancer, cholangiocarcinoma, dementia, gastrointestinal	• Complete stakeholder consultation and publish commissioning policy updated with new indications.	Quarter 1

stromal tumours, lymphoma, prostate cancer).		
Stereotactic Ablative Body Radiotherapy (SABR) for oligometastatic cancer and hepatocellular carcinoma	• Commissioning policies for both oligometastatic cancer and HCC are already developed. • Scrutiny of business case via Management Group.	Quarter 2
Tuberous Sclerosis Complex specialist service	• Scrutiny of business case via Management Group.	Quarter 1
Sarcoma radiology service	• Scrutiny of business case via Management Group.	Quarter 1
Brachytherapy for prostate cancer	• Commissioning policy already developed. • Scrutiny of business case via Management Group.	Quarter 2

In addition, 2 further schemes were included following assessment of the clinical and cost effectiveness evidence by the Prioritisation Panel:

Scheme	Actions	Implementation Timeline
Allogeneic Haematopoietic Stem Cell Transplantation for adults with sickle cell disease	• Complete stakeholder consultation and publish commissioning policy updated with new indication.	Quarter 1
Autologous Haematopoietic Stem Cell Transplantation for people with previously treated relapsing remitting multiple sclerosis	• Complete stakeholder consultation and publish commissioning policy updated with new indication.	Quarter 1

Thoracic surgery

WHSSC will continue to provide commissioner support to the implementation project board for the future single thoracic surgery service for south west, mid and south east Wales based at Morriston Hospital, Swansea. This will include input and support as required to business case development for capital and revenue implications to deliver the service model.

Specialist Radiotherapy

WHSSC will develop a strategy and commissioning intentions for specialised radiotherapy for Wales to ensure patients have equitable access to sustainable,

high quality radiotherapy services as locally as possible. These services include Stereotactic Ablative Body Radiotherapy (SABR), Radioligand Therapy, Proton Beam Therapy (PBT), Brachytherapy and Paediatric Radiotherapy. The strategy will set out the key drivers (including population need, the evidence base and horizon scanning) and WHSSC's commissioning intentions across the various areas of service delivery.

Specific areas for the work programme in 2021-22 include:

Issue	Action	Timeline
Strategy for specialised radiotherapy	To develop the strategy for specialised radiotherapy for Wales	Quarter 3
SABR: designation of additional provider/s	To consider commissioning a second SABR provider in south Wales (in accordance with WHSSC's designation process). To engage and explore the potential for considering repatriation of SABR to north Wales.	Quarter 2 Quarter 3
Radioligand therapy: designation and repatriation	To consider commissioning a provider within south Wales to repatriate the service for patients with NETs (in accordance with WHSSC's designation process).	Quarter 3
Paediatric radiotherapy	To engage with stakeholders in Wales and NHS England with regard to a sustainable service model for paediatric radiotherapy as locally as possible.	Quarter 3

Hepato-Pancreato-Biliary Service

WHSSC will continue to engage during 2021-22 with the strategic work currently in progress, led by the NHS Collaborative, on the provision and commissioning arrangements for hepato-pancreato-biliary (HPB) services for the population of Wales. WHSSC will also work with health boards on a collective commissioning basis with regard to the sustainability of tertiary hepatology provision for the population of south west, mid and south east Wales.

Other Service Developments

- Teenage and Young Adult Cancer Service

WHSSC will commence work with stakeholders to map provision and patient need for specialised cancer services for teenagers and young adults to inform the direction of future service development.

- PET-CT Programme Business Case

The All Wales PET-CT Programme Business Case continues to be developed – encapsulating both PET-CT scanner and supporting infrastructure requirements for the next ten years and beyond. The Programme Business Case will be submitted to Welsh Government in early Q1. Subsequent actions for this programme will depend on the outcome of the submission to Welsh Government.

12.5 Neurosciences and Long Term Conditions Commissioning Team

There are three key strategic priorities during 2021/22 for the Neurosciences Commissioning Team.

Neurosciences Service Gateway Review

WHSSC will continue to support the delivery plan developed in 2018 for the five year strategy for Specialised Neurosciences.

The gateway review will seek to explore whether the priorities identified within the first two years of initiating the strategy have been met with the investments made and the future plan to achieve all the remaining key strategic priorities.

Tertiary Thrombectomy Services for south Wales

WHSSC will continue to provide commissioner support to further develop thrombectomy services across south Wales, particularly with the appointment of a Thrombectomy Project Manager to initiate the development of a business case for the Thrombectomy centre in the south Wales region. In conjunction with this proposal the commissioning team will support the work of the Stroke Implementation Group in the development of and commissioning arrangements for regional Hyper Acute Stroke Units (HASU's).

Relocation of Rehabilitation Services from Rookwood Hospital

Rehabilitation Services based a Rookwood Hospital will be transferring to a state of the art building based in Llandough Hospital during 2021/22. The facilities for the new unit have been designed to enable patients to spend their day time hours in a specially designed area of the ward, which supports the provision of therapeutic support. WHSSC commissioning intentions is to ensure that the service is sustainable, equitable and continues to strive towards achieving the national standards for Rehabilitation.

Title	Scheme Objectives	Timeline
Neurosurgery Service Gateway Review	• To provide a sustainable and equitable service model • To work towards achieving national standards • Develop and publish the Adult Neurosurgery Service Specification	Quarter 3

Tertiary Thrombectomy Services in south Wales and development of HASUs	• Address long term commissioning arrangements • Ensure sustainability, deliverability and access of the Mechanical Thrombectomy service • Improve patient outcomes with the development of a more local regional centre.	Quarter 2
Relocation of Rehabilitation services	• To provide a sustainable and equitable model. • To work towards achieving national standards • Review the business case for Prolonged disorders of Consciousness (PDOC) – ICP20/21	Quarter 2-4

The following schemes have been supported through the Clinical Impact Advisory Group (CIAG) process for additional investment during 2021/22.

Scheme Title	Scheme Proposal	Timeline
Prosthetics Service Swansea Bay UHB	• To stabilise the service • Increase in the workforce to ensure sustainability • Addressing inequity	Quarter 1
Neuro Oncology	• Addressing inequity • Increase in workforce – consultant and AHP support • To stabilise the service currently single handed consultant • Improve access and outcomes	Quarter 1
Spinal Injuries Rehabilitation	• Increase in workforce to support patients to use therapy space • Address inequity • Delivering a sustainable model • To bring the service closer to meeting national standards	Quarter 3-4
Relocation of Rehabilitation Services	• Increase in workforce to support patients to use therapy space • Address inequity • Delivering a sustainable model • To bring the service closer to meeting national standards	Quarter 3-4

The following schemes were not progressed through to the CIAG prioritisation process but are key priorities in the work plan for the Neurosciences Commissioning Team during 2021/22. WHSSC will consider the implications of these schemes and develop commissioning intentions either by reviewing the contracting model or the development of a scheme proposal for consideration for the next ICP 22-25.

Scheme Title	Scheme Proposal	Timeline
Neurosurgery	• Include on the gateway review • Equitable access and sustainability and improve the delivery model • Increase theatre capacity and address workforce gaps • Improve access and outcomes • Review commissioning arrangements of some services	Quarter 3
Stereotactic Radiosurgery (SRS)	• Review the current contract model	Quarter 3
Neuro-rehabilitation – Swansea Bay UHB	• Addressing inequity • Increase in workforce to address the issue of the increase in acuity of patients • Strengthen the model of care • Review of the contracting model	Quarter 2
Clinical Gait Analysis	• Currently not designated as a WHSSC commissioned service. • Work with service in 2021-22 to understand interdependencies of service with existing WHSSC Prosthetic services	Quarter 3
Functional Electrical Services	• Not currently designated as a WHSSC commissioned service. • Work with service in 2021-22 to understand interdependencies of service with existing WHSSC services and supra-regional nature of the service currently.	Quarter 3

12.6 Welsh Renal Clinical Network

The Welsh Renal Clinical Network continues to successfully commission a full range of renal replacement therapy and associated services via an integrated and clinically led process involving senior renal clinicians from across Wales. Core commissioned services include renal transplantation, haemodialysis (unit HD and home HD) and peritoneal dialysis.

Priorities 2021-22

- Plans in train to further develop unit dialysis facilities notably completing North Wales refurbishment and procurement of a sustainable high quality service in South West Wales, including geographical and capacity expansion to include Neath Port Talbot and Bridgend localities.
- Further development of the Wales transplantation service to include innovative technology such as ANRP (Abdominal Normothermic Regional Profusion) to deliver better usage of organs and improve patient outcomes.

- Further improvements to access to home therapies utilising the learning gained and the findings from the research (Dialysis Choices) study led by WRCN Clinical Lead.
- To realise the benefits and complete the delivery of the Transformation Fund projects to digitise kidney care in Wales. Of note this will enhance patient safety by full roll-out of EPMA and make more efficient use of pharmacy resources. Patient education and training to be linked to the findings of the Dialysis Choices study to maximise impact.
- Roll-out across Wales of the digital solution to auditing staff to patient ratio's for both dialysis units and home therapies to gain assurance of patient safety.

13. Commissioner Assurance (see appendix 2)

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning.

During 2021-22 a new Commissioning Assurance Framework will be introduced. The aim of this framework is to move beyond the basic infrastructure to the next stage of driving quality assurance and more importantly improvement in our specialised commissioned services. The introduction of the Commissioning Assurance Framework (CAF) is supported by a suite of documents and designed to support this ambition.

An implementation plan will also be developed to ensure that the CAF is delivered. Fundamental principles underpinning the Commissioning Assurance Framework Implementation.

Central to our approach is to develop open and transparent relationships with our providers, to engage and involve the clinicical teams and and work in partnership with stakeholders when planning and commissioning services

Where concern regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner.

13.1 Performance Assurance (see appendix 3)

As a subset of the CAF a new commissioning performance assurance framework for WHSSC, has also been developed. This includes a reset commissioner relationship with commissioner Health Boards in Wales and a provider relationship across all the WHSSC contracts, performance assurance measurements and a revised performance assurance process.

As services move into recovery and to reflect the revised commissioning intentions a new performance assurance process has been developed to provide assurance on WHSSC commissioned service.

14. Financial Plan 2021-22 to 2023-24

This section sets out the financial plan for the period of the ICP:

- Current and forecast financial planning environment.
- Key assumptions and forecast financial model for 2021/22 and beyond.
- Residual risks and uncertainties.

Current and forecast financial planning environment

The impact of COVID-19 has materially changed the financial planning environment for WHSSC impacting on the 2020/21 financial year and the outlook for 2021/22 and beyond.

The annual financial plans for specialised services have historically included the following consistent themes:

- Demand increases from Welsh providers coming through as contract over-performance at marginal cost and via planned developments.
- Demand increases from English providers coming through as contract over-performance at full cost using the national tariff system.
- An ambitious development programme of investment in Welsh services to ensure demand is met and service sustainability is delivered.
- A consistent trend of growth in expenditure on high cost drugs and new interventions from a growing patient cohort and the introduction of new and often high unit cost therapeutics mandated via NICE and other approval processes.
- Investment in capacity to achieve performance against formal waiting list targets, particularly for a range of specialised surgical interventions.

The experience of 2020/21 was significantly different resulting in a non-recurring material underspend against the budget arising from:

- Significant under-delivery against both Welsh and English provider contracts. The financial impact of this was initially flat against baseline budgets owing to the implementation of block contracts to stabilise the financial position of providers. However, the forecast growth in costs did not materialise resulting in a non-recurrent underspend.
- Contractual mechanisms for the second half of the year for English providers have transitioned to a mixed contracting approach of block payments offset by partial recovery of under-performance of between 10% and 20% depending on the level of delivery. The severe impact of the second wave is likely to result in significant cost recovery for some contracts.
- The first phase of COVID resulted in material reductions in activity across specialised services. The rate of recovery between providers has varied significantly. The second phase has seen initially been mitigated by the actions taken by providers to reorganise provision using green zones etc. However, as the second phase has become more acute the impact on specialised services is likely to have a material adverse impact on activity in the last quarter.
- Most high cost drug expenditure materialises as pass-through payments to providers. Significant underspending occurred as a result of lower

patient volumes and a pause in the approval of new high cost medicines from the NICE process. High cost cancer treatment costs were down owing to the need to delay some treatments associated with immunosuppression and consequent COVID risk. The spend on some highly specialised and costly medicines including enzyme replacement therapies also decreased as some patients chose treatment holidays as a means of managing their risks of COVID exposure.

- Whilst activity and expenditure has been lower in 2020/21 the impact has also been to create material waiting lists which will take time to reduce once performance returns to normal levels.
- The planned increase in ATMPs valued at circa £20m did not materialise owing to the pause in new approvals by NICE and funding was not drawn down from Welsh Government. This was notified early in the year to government to enable better planning of resources.

Key Assumptions for 2021/22

The financial planning outlook and planning assumptions for 2021/22 is summarised as:

- Budgets will be re-set to the opening 2020/21 position.
- The growth provisions incorporated into the 2020/21 budget will be used to cover the forecast growth that will happen in 2021/22 after a year of flat growth in 2020/21.
- The provision for new medicines and growth for 2020/21 will be applied to meet the cost of forecast new growth for 2021/22.
- The majority of planned developments in service stabilisation did proceed in 2020/21 with some non-recurring slippage but the recurrent funding originally approved will be required as planned for 2021/22.
- Baseline budgets have been reviewed on a line by line basis and where possible budgets reduced and returned to health boards – for example in respect of cystic fibrosis.
- Provider inflation will be planned at 2% and reviewed in the light of final settlements of pay, prices and efficiency.
- The contracting framework with providers will be:
    - England – will revert to the national tariff framework with full cost rates for performance variation.
    - Wales – will revert to the cost and volume framework with marginal rates for performance variation.
- Activity levels will return to contracted levels by the end of quarter 1 but it is not expected that over-performance levels will return to historic levels and is more likely to be flat in practice.
- New medicines will be approved via NICE at the same rate as historic levels and expenditure on cancer medicines and high unit cost packages will return to normal.
- ATMPs will be approved NICE who will be working through a backlog of evaluations. It is assumed that the original 2020/21 requirement will be deferred to 2021/22. This planning assumption has been agreed with Welsh Government with funding drawn down only as required.
- Investment will be required to plan for recovery and tackle the waiting times backlog over a period of three years. A planning assumption limited

to 0.5% of allocation has been provided as capacity will continue to be constrained by the new post-COVID operating environment.
- Limited strategic investment will be required for a number of key strategic priorities including secure mental health, CAMHS and specialised paediatric services. These strategic investments will be required to meet government policy objectives, service specifications and service sustainability.

Residual Risks and Uncertainties

The impact of COVID on specialised services delivery is still developing and there remains a number of key uncertainties which will need to be managed including:

- Contracting frameworks – at this point no decision has been taken on whether contracting frameworks will return to their previous structures or at what point any return may happen. A continuation of block contracting would increase initial cost certainty but decrease value for money and incentives to manage waiting times.
- Rate of recovery – the timing of recovery to full operating activity levels is uncertain at this point. Whilst it is reasonable to assume that this will happen during 2021/22 the pace of return may vary by provider and specialty.
- Operating efficiency – the post-COVID operating environment will have had some longer term impact on efficiency and throughput. It is unclear the extent of this impact and whether it will impact on contract prices.
- System capacity – the risks are the extent to which capacity will return to normal and then whether there will be sufficient additional capacity to address waiting times.
- Demand backlog – there is uncertainty as to the scale of the demand backlog and at what pace demand will present at historic levels.
- New medicines backlog – there is uncertainty regarding the rate at which the medicines approval backlog will clear through the system and how approvals will be prioritised by regulators. This will have an impact on specialised services for AMTPs, high cost medicines and cancer therapies.
- Innovation pace – it is likely that the pace of innovation in specialised services both in therapeutics and services will continue at a higher pace than general services. There will continue to be limit on resources, affordability and relative prioritisation.

WHSSC 2021-22 ICP Financial Summary

	Commissioning HB Breakdown							
	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2021/22 WHSSC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2020/21 Opening Income	**128.918**	**144.748**	**116.630**	**99.069**	**77.829**	**28.722**	**85.332**	**681.247**
Utilisation Rebasing (2018 - 2020 average)	(0.102)	(0.262)	(0.048)	0.018	(0.604)	0.212	0.786	-
Utilisation Adjusted Income	**128.816**	**144.485**	**116.582**	**99.087**	**77.226**	**28.933**	**86.118**	**681.247**
Recurrent Adjustments	0.236	(0.556)	0.152	(0.038)	0.031	(0.095)	0.011	(0.259)
Re-stated Rollover Requirement	**0.134**	**(0.818)**	**0.104**	**(0.020)**	**(0.572)**	**0.117**	**0.797**	**(0.259)**
Full Year Effect of Prior Approved Commitments	1.112	0.273	0.943	0.802	0.710	0.153	0.761	4.754
Unavoidable Growth & Cost Pressures	1.385	1.151	1.158	1.039	0.878	0.272	0.894	6.777
New VBC Workstreams	(0.112)	(0.130)	(0.095)	(0.085)	(0.074)	(0.025)	(0.075)	(0.595)
Underlying Rollover & Growth	**2.518**	**0.476**	**2.111**	**1.736**	**0.941**	**0.516**	**2.378**	**10.677**
CIAG & Prioritisation Schemes	**0.506**	**0.208**	**0.733**	**0.403**	**0.218**	**0.068**	**0.192**	**2.329**
CIAG - medium priority schemes < 20	0.304	0.156	0.289	0.261	0.219	0.045	0.227	1.500
Strategic Specialist Priorities	0.338	0.401	0.285	0.256	0.221	0.076	0.224	1.800
Collective Commissioning TBC	0.074	-	0.063	0.056	0.049	0.008	0.049	0.300
NHS England Provider 2% Inflation	0.358	1.484	0.250	0.244	0.199	0.196	0.215	2.945
NHS Wales Provider 2% Inflation	2.329	1.090	2.059	1.769	1.096	0.279	1.258	9.881
Activity Recovery Fund	0.750	0.892	0.633	0.568	0.491	0.168	0.497	4.000
ICP Investment 2021/22	**7.179**	**4.708**	**6.422**	**5.293**	**3.435**	**1.357**	**5.039**	**33.432**
Total WHSSC Requirement 2021/22	**136.097**	**149.456**	**123.052**	**104.361**	**81.265**	**30.078**	**90.371**	**714.678**
% Uplift Required	**5.57%**	**3.25%**	**5.51%**	**5.34%**	**4.41%**	**4.72%**	**5.91%**	**4.91%**

Financial Planning Summary 2021/22

The financial planning forecast for 2021/22 is detailed in the table above.

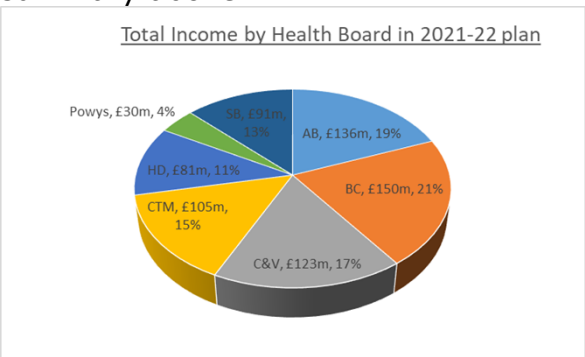
The core components are described as:

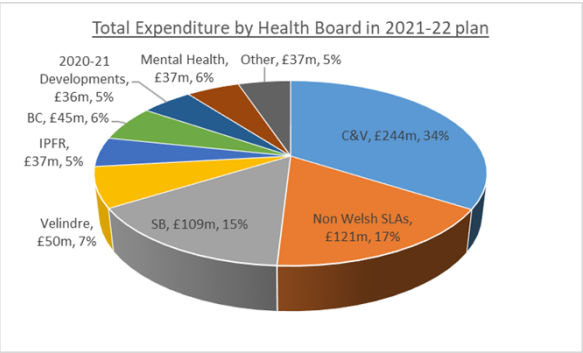
- Opening baseline – the starting point for the budget is the opening agreed budget for 2020/21 of £681.247m
- Risk sharing utilisation adjustment – the relative shares by health board have been adjusted based on the agreed risk sharing framework. Overall there is a zero impact of this adjustment but with redistribution between health boards. The maximum adverse movement is limited to 0.9%.
- Recurrent adjustments – recurrent adjustments to the baseline totalling -£259k have been included to reduce the net rollover requirement
- Full year effect of prior year commitments – the impact of these commitments is £4.754m
- Unavoidable growth and cost pressures – the impact assessment totals £6.777m
- New value based workstreams – the net cost is offset by value based schemes totalling £0.595m. This excludes provider efficiency requirements.
- CIAG and prioritisation requirements – the cost of CIAG and prioritisation schemes is £2.329m comprised of £2.027m high priority CIAG schemes and £0.302m prioritisation schemes.
- In addition CIAG medium risk schemes have been assessed totalling a further £2.654m. It is important to note that the prior sifting process means that even schemes which were not in the highest priority group may still represent a significant risk with a potential to emerge as an in-year cost pressure. There is a therefore a nominal allocation of c£1.5m for the remaining schemes
- Strategic provision for mental health services – CAMHS and Secure Mental Health of £1.8m.

- Collective Commissioning initiative amounting to £0.3m.
- Provider inflation provision – provisional provider inflation has been provided for at 2% totalling £2.945m for English providers and £9.881m for Welsh providers
- Activity recovery fund – a provisional sum of £4.m (equivalent to circa 0.5%) has been set aside for a phased recovery of performance including addressing waiting list issues over a three year period

Income and Expenditure Analysis

The contribution by Health Board towards the total plan is shown below. Betsi Cadwaladr make the biggest contribution (21%) and Powys the smallest (4%). The additional £35m investment by each Health Board is shown in the plan summary above.





CVUHB provides 34% of specialised services with 17% being provided outside Wales. 3 Welsh Health Boards contracts (shown in the other category) are less than £10m. SBUHB is 2nd largest Welsh provider.

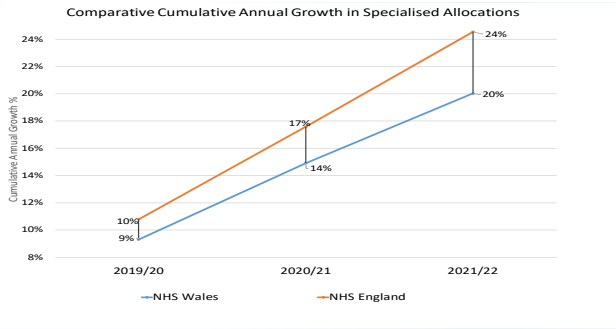
A detailed Financial Plan is attached in Appendix 4

Specialised Services Allocation Context

In order to provide a sense check for the ICP the WHSSC plans for the last 5 years have tracked growth in income against the NHS England Specialised Services uplifts. Prior to 2020/21 this illustrated a gap of circa 8% over the period. This gap was partially reduced following central funding from Welsh Government to cover the material increase in costs arising from cross border tariff changes including pay awards and HRG4+ reform.

This plan revisits this analysis from a starting point of the finalised 2019/20 allocations, which includes recurrent uplifts for HRG4+ and the wage award. This illustrates that if the current 2021/22 requested ICP uplift of 5.11% is approved, then the cumulative Welsh specialised growth over the last 3 years still lags behind the current NHS England published allocation growth by more than 4%.

The Welsh comparator figures includes significant top sliced investments in the genetic test directory, precision medicine strategy and the 20/21 baseline commissioner investments in Mechanical Thrombectomies and Advanced Therapeutical Medicinal Products. It is important to ensure that the gap does not widen following further planned increases in England of at least 7.5% per annum.



	Finalised Growth		Published Planned Growth		
	2019/20	2020/21	2021/22	2022/23	2023/24
NHS Wales Specialised Services	8.81%	5.60%	5.11%	TBC	TBC
NHS England Specialised Services	10.29%	6.79%	6.95%	7.44%	7.68%

15. Risk Management

Risk Management is embedded in the activities of WHSSC through a number of processes.

A new Risk Management Strategy was developed and will be proposed for approval by the Joint Committee early in 2021.

The new Risk Management Strategy brings the assessment of risk into line with CTMUHB as its host organisation so that in the future reporting of risk will be based on one risk score likelihood X consequence moving from the current situation of risks beings assessed against multiple domains.

16. Corporate Risk Assurance Framework (CRAF)

The Corporate Risk and Assurance Framework (CRAF) forms part of the WHSSC approach to the identification and management of risk.

The CRAF details the highest risks faced by the Health Board in meeting its strategic objectives and provides Joint Committee with a comprehensive method of describing its objectives, identifying key risks to their achievement and the gaps in assurances on which WHSSC relies. The framework is subject to continuous review by the relevant Executive leads, the Corporate Directors Group Board, the Joint Committee and the joint sub-committees.

The CRAF is informed by risks identified by the Commissioning Teams, Networks and Directorates. Each risk is allocated to an appropriate sub-committee for assurance and monitoring purposes, for example the Audit Committee or the Quality and Patient Safety Committee. The CRAF is received by the sub-committees as a standing agenda item. The Joint Committee receives the CRAF twice yearly.

In Quarter 1 of 2021 each commissioning team will reassess the risks which seems prudent as hopefully services move out of pandemic response and into recovery. A new Corporate Risk Assurance Framework will be developed and presented to Joint Committee by end quarter 1. The CRAF will be continuously reviewed in line with the Risk Management Strategy.

17. Socio Economic Duty

WHSSC recognises that the Socio-economic Duty, under the Equality Act 2010, requires relevant public bodies in Wales, which include local health boards, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions and that the duty comes into force on 31 March 2021. As a Joint Committee of the local health boards, this duty will be taken into account when planning and commissioning specialised services including evidencing a clear audit trail for all decisions made that are caught by the duty. This will be discharged by using existing processes, such as engagement processes and impact assessments.

Training on the Duty has been arranged for relevant staff

Appendices

Appendix 1 Key Achievements 2020-21

Appendix 2 Commissioner Assurance Framework

Appendix 3 Performance Assurance Framework

Appendix 4 Detailed Financial plans

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

		Agenda Item	3.1
Meeting Title	**Joint Committee**	Meeting Date	09/03/2021
Report Title	Activity Report for Month 9 2020/21 COVID Period		
Author (Job title)	Director of Finance		
Executive Lead (Job title)	Director of Finance	Public / In Committee	In Committee

Purpose	The purpose of this report is to highlight the scale of the decrease in activity levels during the peak COVID period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	x☐

Sub Group /Committee	Management Group	Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the information presented within the 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			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

Abertawe Bro Morgannwg	✓	Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf	✓	Hywel Dda	✓	Powys	✓

Provider Health Board affected (please state below)

Cardiff and Vale UHB; Swansea Bay UHB;

1.0 SITUATION

This report sets out the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The context for this report is to illustrate the decrease during the peak COVID period to inform the level of potential harms to specialised services patients, and also the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability.

2.0 BACKGROUND

The impact of COVID on the level of provision of healthcare has been felt across all levels of service, including specialised services which have traditionally been assumed to be essential services. WHSSC has used the national data sources from NWIS together with monthly contract monitoring information to inform this report. Members are asked to note that the NWIS data for Admitted Patient Care and Patients Waiting includes all Welsh activity at providers with a WHSSC contract, and also includes non-specialist activity that may be included in local Health Board contracts. There are immaterial gaps in the data submissions from some minor NHS England providers for the most recent months due to their operational constraints.

3.0 ASSESSMENT

There are two main sections to this report. The first deals with the information from NHS England providers of specialised services commissioned by WHSSC. The impact of this is mostly on Betsi Cadwaladr UHB and Powys UHB for their regional specialised services, but also in part for South Wales health boards for more highly specialised services. Specialties covered in this report include:

- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Cardiac Surgery
- Paediatric Surgery

The second deals with the information from the two main providers of supra-regional specialised services for the south Wales population. This impacts mainly on the south Wales health boards and southern Powys. Specialties covered in this section include:

- Cardiac Surgery
- Paediatric Surgery
- Annex A – summary of Cardiff & Vale and Swansea Bay contracts

3.1 NHS England Providers

The key summaries and analysis relating to English providers are set out in Appendix A.

3.1.1 Analysis by Provider

Tables 1 and 2 of Appendix A details the trend in admitted patient care activity levels across the 2019/20 and 2020/21 financial years for the first 9 months to date. To aid in comparison, monthly activity varied over 2019/20 but averaged 3,157 per month. There was some drop off in activity in March 2020 as the start of the lockdown began to impact, but specialised services activity fell materially during April down to 1,135 episodes and increased only marginally to 1,295 in May. June data shows a higher increase to 1,771 episodes, with July increasing again to 2,050. However, this remained static in August with 2,032, but increased to 2,465 in September, 2,683 in October, 2,530 in November, with a small decrease back to 2,380 in December. The overall activity comparison compared to this point (Month 9) the last financial year is a total 36% decrease.

Table 3 highlights the key regional providers by Welsh region for ease of review.

3.1.2 Analysis by Specialty

Tables 4.1-4.8 show the actual inpatient episodes by specialty for all-Wales and each Health Board individually, with last year's figures as a comparator.

3.1.3 Adult Specialties

The results of a number of core adult specialties of concern are set out below to illustrate the position. These are highlighted in the Table 2:

- Cardiac Surgery – there was a concerning drop in the volume of Cardiac inpatient activity reported during the period, which is recovering and currently stands at 32% less activity overall to date compared to 2019/20. Historically, cardiac surgery is seen as an urgent elective specialty with high levels of emergency and inter hospital referrals and lower levels of elective referrals. The decrease is therefore of concern and indicative of a significant risk of harm during the highest Covid-19 period. The risk of COVID infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor. However, given the seriousness of the impact of non-intervention it is essential that activity levels and the associated referral pathways are reinstated as soon as possible. There has been some proactive switching into TAVI for selected sub groups of patients but numbers are not material.

  In addition to the information in Appendix 1, WHSSC has reviewed the contract monitoring information for Liverpool Heart & Chest Hospital and University Hospital of North Midlands to examine the pattern of cardiac and thoracic surgery, comparing months 1 to 9 of 2020/21

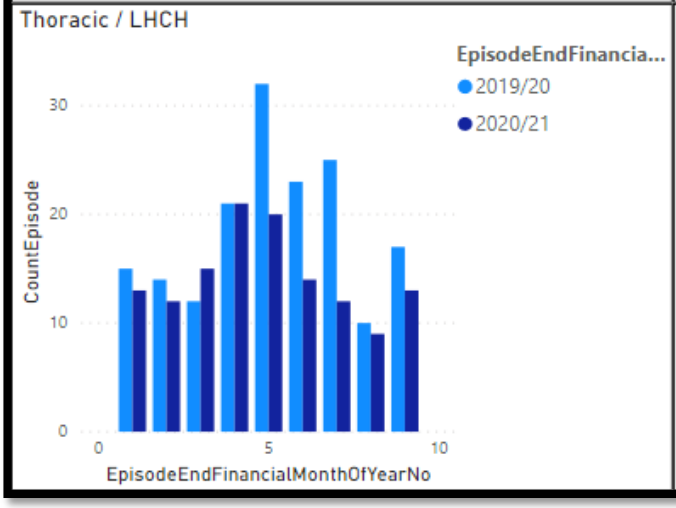
with 2019/20. This analysis is illustrated in the tables below and show that after the material fall in months 1 and 2 for Cardiac Surgery, the activity levels for months 3 onwards have recovered well particularly in LHCH, although this fell a little in October alongside increasing Covid-19 cases. Comparative activity relative to the same months of last year show a delivery of 92% and 61% for cardiac surgery for months 8 and 9 respectively, with a total of 70% to date. Thoracic surgery levels are 90% and 76% for months 8 and 9 respectively, but is 76% cumulatively.

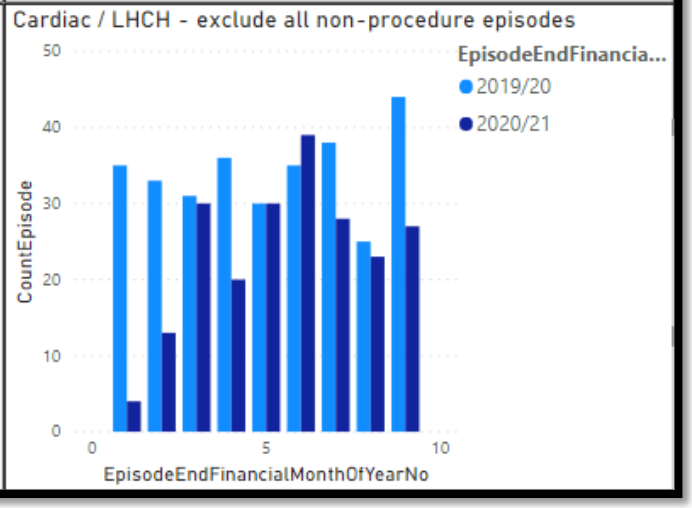
Thoracic / LHCH

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	Total
2019/20	**15**	**14**	**12**	**21**	**32**	**23**	**25**	**10**	**17**	**169**
2020/21	**13**	**12**	**15**	**21**	**20**	**14**	**12**	**9**	**13**	**129**
Elective	**12**	**9**	**11**	**18**	**17**	**14**	**10**	**7**	**11**	**109**
Non elective admission	**1**	**3**	**2**		**1**		**2**	**2**	**2**	**13**
Transfer			**2**	**3**	**2**					**7**
Non elective admission			2	3	2					**7**
Total	**28**	**26**	**27**	**42**	**52**	**37**	**37**	**19**	**30**	**298**

Cardiac / LHCH - exclude all non-procedure episodes

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	Total
2019/20	**35**	**33**	**31**	**36**	**30**	**35**	**38**	**25**	**44**	**307**
2020/21	**4**	**13**	**30**	**20**	**30**	**39**	**28**	**23**	**27**	**214**
Elective		**8**	**19**	**9**	**14**	**27**	**19**	**9**	**12**	**117**
Non elective admission	**1**	**2**	**1**	**1**	**3**	**4**	**1**	**3**	**3**	**19**
Transfer	**3**	**3**	**10**	**10**	**13**	**8**	**8**	**11**	**12**	**78**
Inpatient Ordinary admission	3	3	10	10	13	8	8	11	12	**78**
Total	**39**	**46**	**61**	**56**	**60**	**74**	**66**	**48**	**71**	**521**





Data source: NWIS central data warehouse; all inpatient activity excl non-procedure (minor) episodes

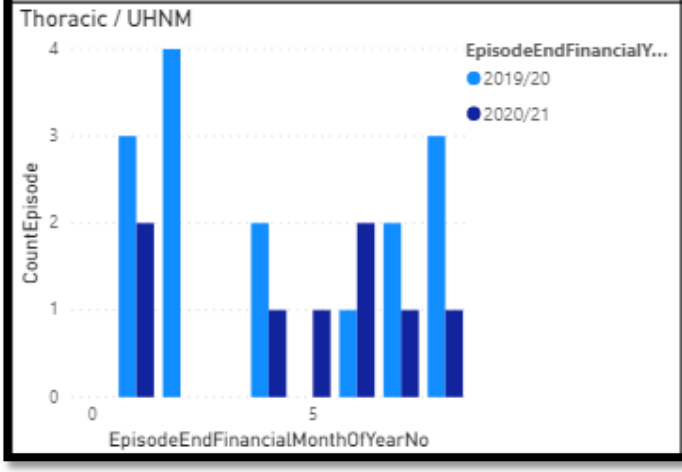
The activity levels in UHNM appear to show a return to last year levels but need to be interpreted with additional caution given the low baseline volumes arising from the smaller population served. However, the position of UHNM is supported by contact from them regarding an offer to re-commence a cardiac waiting list initiative. This apparent rate of recovery is noticeably in contrast with the proportionate levels of activity in our Welsh cardiothoracic centres, with 73% Cardiac Surgery cumulative activity compared to last year.

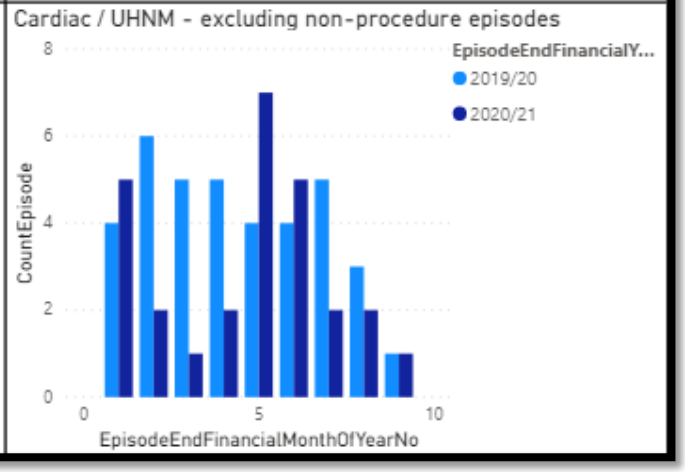
Thoracic / UHNM

EpisodeEndFinancialYearStyle	1	2	4	5	6	7	8	Total
2019/20	3	4	2		1	2	3	15
Elective	3	4	2		1	2	3	15
2020/21	2		1	1	2	1	1	8
Elective	2		1	1	2	1	1	8
Total	5	4	3	1	3	3	4	23

Cardiac / UHNM - excluding non-procedure episodes

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	Total
2019/20	4	6	5	5	4	4	5	3	1	37
2020/21	5	2	1	2	7	5	2	2	1	27
Elective	1			1	2	1		2		7
Emergency	1	1	1		5	1	1			10
Transfer	3	1		1		3	1		1	10
Inpatient Ordinary admission	3	1		1		3	1		1	10
Total	9	8	6	7	11	9	7	5	2	64



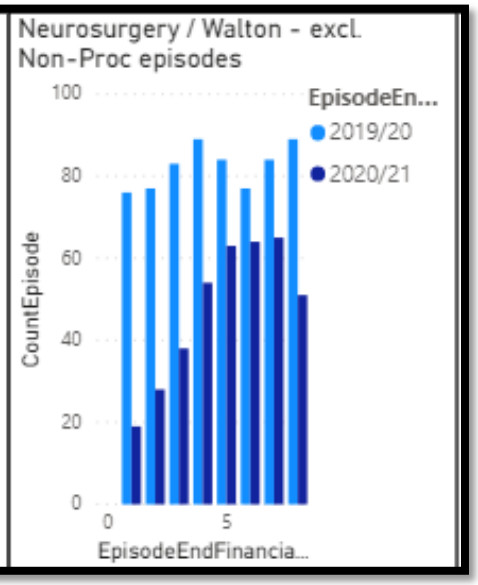


Data source: NWIS central data warehouse; all inpatient activity excl non-procedure (minor) episodes

- Neurosurgery – this specialty has been highlighted as one which typically has a high proportion of emergency and urgent activity. The rate of decrease was material at between 25% and 36% in April/May compared to 2019/20 activity, but recovered to 57% by November at The Walton, our biggest Neurosurgery provider, with a total of 57% to date.

Neurosurgery / Walton - excl. Non-Proc episodes

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	Total
2019/20	76	77	83	89	84	77	84	89	87	746
Elective	53	52	58	59	50	60	55	66	59	512
Emergency		3	2	4	4	1	1	1	2	18
Non elective admission	23	22	23	26	30	16	28	22	26	216
2020/21	19	28	38	54	63	64	65	51	45	427
Elective	13	13	24	34	42	46	46	32	29	279
Emergency	1							1		2
Non elective admission	5	15	14	20	21	18	19	18	14	144
Transfer									2	2
Total	95	105	121	143	147	141	149	140	132	1,173

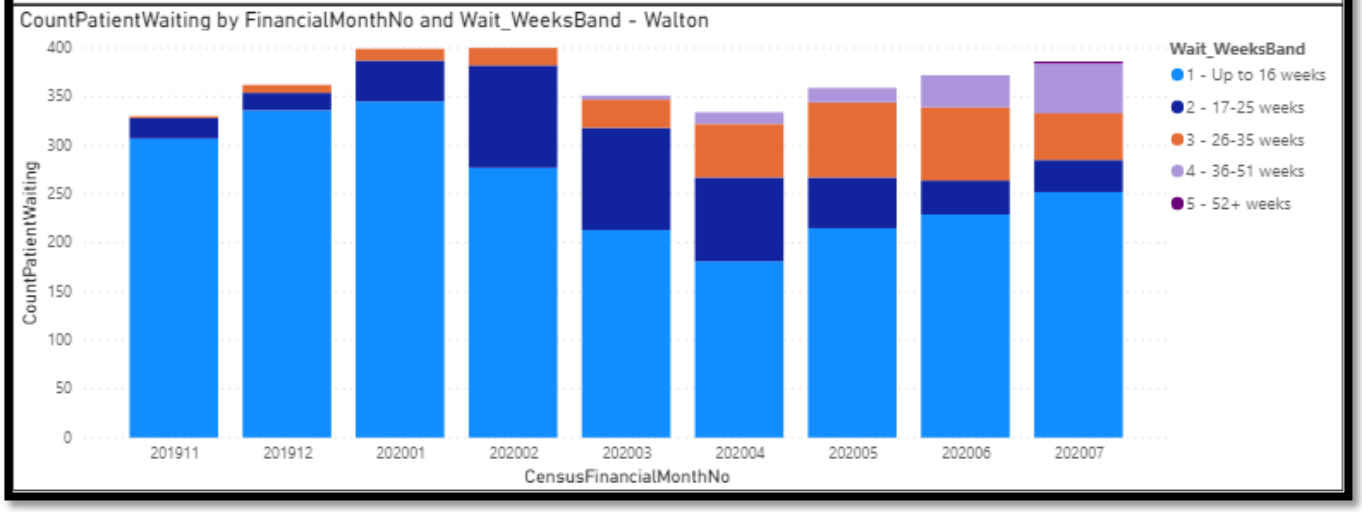


Data source: NWIS central data warehouse; all inpatient activity excl. non-procedure episodes

However, the amount of waiting patients has followed the common theme of actually reducing in the early pandemic months, then starting to increase as patients began to present again. Whilst the total waiting patients are not dissimilar to April levels, the chart below shows that more patients are now waiting longer than before.

CountPatientWaiting (Open Pathways) - Neurosurgery

CensusFinancialYearStyle	2019/20			2020/21							Total
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	Total	
The Walton Centre Nhs Foundation Trust	330	362	692	399	400	351	334	359	372	386	2601	3293
Neurosurgery	330	362	692	399	400	351	334	359	372	386	2601	3293
Not applicable	330	362	692	399	400	351	334	359	372	386	2601	3293
Total	330	362	692	399	400	351	334	359	372	386	2601	3293



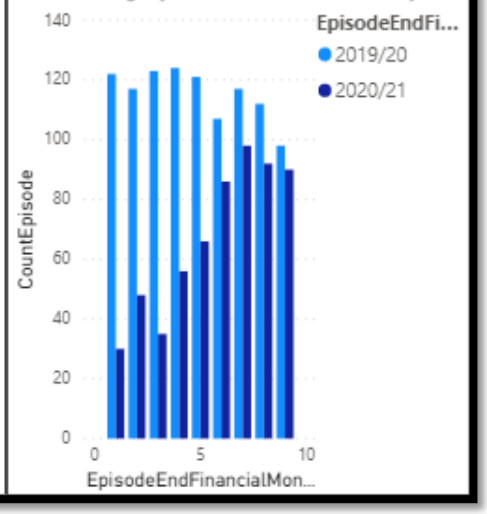
Data source: NWIS central data warehouse; all patients waiting with an open pathway

- Plastic Surgery – this specialty has been highlighted as it represents a mix of high volume elective activity together with an urgent cancer component. The rate of decreased delivery across English contract providers has improved from 25% of last year's activity in April up to 92% in December (58% to date), at St.Helen's & Knowsley, a supra-regional specialised provider. Most of the inpatient episodes performed are Elective Daycases.

  Please note that Plastic Surgery for North Wales residents is also performed under their local Countess of Chester contract, which does not flow through WHSSC.

Plastic Surgery / St Helen's & Knowsley

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	Total
2019/20	122	117	123	124	121	107	117	112	98	1,041
Elective	97	88	96	102	89	84	108	91	84	839
Emergency	24	28	26	21	29	20	9	21	14	192
Non elective admission	1	1	1	1	3	3				10
2020/21	30	48	35	56	66	86	98	92	90	601
Elective	25	41	30	47	47	71	86	78	79	504
Daycase admission	21	40	25	42	33	56	71	62	61	411
Inpatient Ordinary admission	4	1	5	5	14	15	15	16	18	93
Emergency	4	4	5	7	14	14	8	13	8	77
Non elective admission	1	3		2	4	1	4	1	3	19
Not Applicable					1					1
Total	152	165	158	180	187	193	215	204	188	1,642

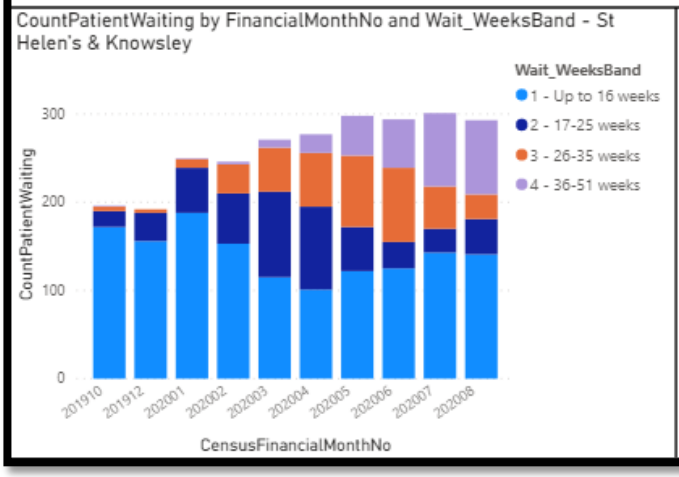


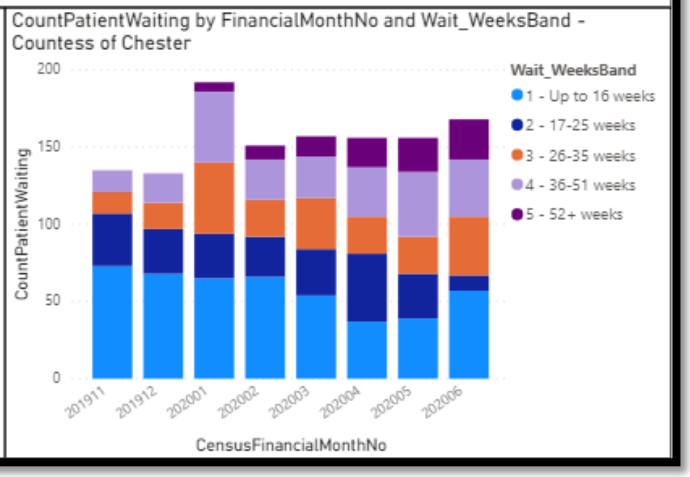
Data source: NWIS central data warehouse; all inpatient activity

In line with the reduced activity, numbers of patients waiting at St Helen's & Knowsley have been increasing, with patients also waiting longer, as shown in the below charts. Given the expected prioritisation weighted towards cancer work, it is likely that there will be a legacy of non-cancer elective waiting list cases, although the available data does not give the cancer breakdown. Countess of Chester wait data is also shown to give a complete English picture, although a smaller provider, and the increase in patients waiting is smaller.

CountPatientWaiting (Open Pathways) - Plastic Surgery

CensusFinancialYearStyle	2019/20			2020/21								Total
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	Total	
Countess Of Chester Hospital Nhs Foundation trust	135	133	268	192	151	157	156	156	168			980	1248
Plastic Surgery	135	133	268	192	151	157	156	156	168			980	1248
Not applicable	135	133	268	192	151	157	156	156	168			980	1248
St Helens And Knowsley Teaching Hospitals nhs tru	27	192	219	250	246	271	277	298	294	301	293	2230	2449
Plastic Surgery	27	192	219	250	246	271	277	298	294	301	293	2230	2449
Not applicable	27	192	219	250	246	271	277	298	294	301	293	2230	2449
Total	162	325	487	442	397	428	433	454	462	301	293	3210	3697





Data source: NWIS central data warehouse; all patients waiting with an open pathway

3.1.4 Paediatric Specialties

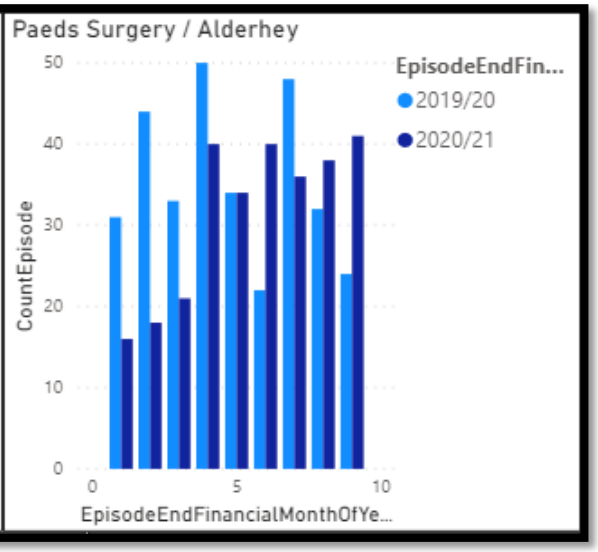
This report also highlights a number of key paediatric sub-specialties which include inherent risk. It is encouraging to see that recovery in these specialties is high, with the following examples:

- Paediatric Cardiac Surgery – case volumes are traditionally small but with high importance in terms of outcomes. Encouragingly the data actually shows a small increase in activity of 123 inpatient episodes to date in 2020/21, compared to 116 episodes to the same point last year.

- Paediatric Surgery – specialist paediatric surgery covers a wide spectrum of activity from highly complex and urgent to elective. Previous experience emphasizes the importance of maintaining elective waiting lists delivered on a timely basis, given the qualitative impact on the development of children. The rate of decrease at Alderhey, our major provider for North Wales, was initially high at 51% in April compared to 2019/20 activity, but with a recovery up to 170% by December (89% to date).

Paeds Surgery / Alderhey

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	Total
2019/20	**31**	**44**	**33**	**50**	**34**	**22**	**48**	**32**	**24**	**318**
Blank	3	7	5	7	7	3	12	4	5	**53**
Elective	27	30	19	35	23	15	31	14	15	**209**
Emergency	1	7	8	7	4	4	4	12	3	**50**
Transfer			1	1			1	2	1	**6**
2020/21	**16**	**18**	**21**	**40**	**34**	**40**	**36**	**38**	**41**	**284**
Blank	3	8	5	4	7	8	5	8	4	**52**
Elective	8	6	13	28	20	26	24	26	31	**182**
Emergency	5	3	3	4	6	4	4	3	5	**37**
Transfer		1		4	1	2	3	1	1	**13**
Total	**47**	**62**	**54**	**90**	**68**	**62**	**84**	**70**	**65**	**602**



Data source: NWIS central data warehouse; all inpatient activity

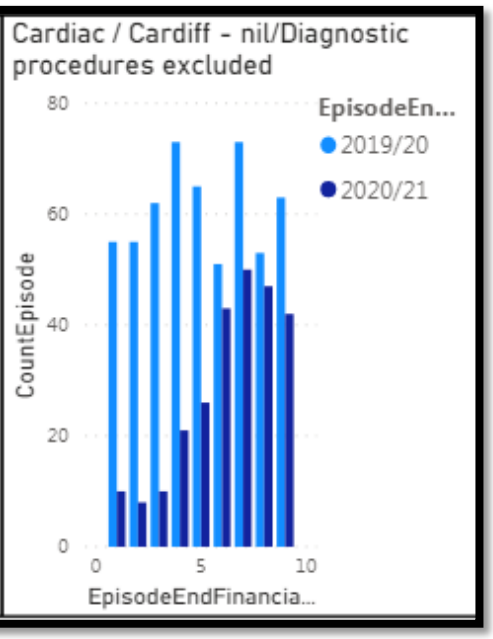
3.2 Wales Provider Activity

3.2.1 Adult Specialties

- Cardiac Surgery – the levels of activity in cardiac surgery remain a concern, although activity has increased steadily:
  - CVUHB – When adjusted for minor procedures, the monthly levels of cardiac surgery have progressively increased from 10(15%); 8(12%); 10(15%); 21(31%); 26(39%); 43(64%); 50(75%):47 (70%) to 42(63%) compared to the commissioned level of 800 for the year. The following summary tables compare performance on a month by month basis.

Cardiac / Cardiff - nil/Diagnostic procedures excluded

EpisodeEndFinancial YearStyle	1	2	3	4	5	6	7	8	9	Total
2019/20	55	55	62	73	65	51	73	53	63	550
Elective	18	31	34	43	37	29	44	24	27	287
Emergency	31	23	25	23	26	20	27	26	30	231
Transfer	6	1	3	7	2	2	2	3	6	32
2020/21	10	8	10	21	26	43	50	47	42	257
Elective	3	2	5	9	10	29	31	35	31	155
Emergency	5	3	5	5	7	5	9	6	7	52
Transfer	2	3		7	9	9	10	6	4	50
Non elective admission	2	3		7	9	9	10	6	4	50
Total	65	63	72	94	91	94	123	100	105	807

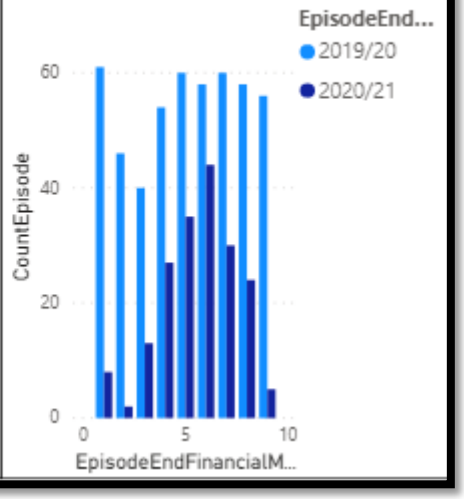


Data source: NWIS central data warehouse; all inpatient activity (excludes minor surgery)

  - SBUHB – When adjusted for minor procedures, monthly activity levels were only 8(13%); 2(3%); 13(21%); 27(44%); 35(57%); 44(72%); 30(49%); 24(39%) and 5(8%) compared to the commissioned level of 728 for the year. However, overall inpatient activity was starting to recover until September's activity, as shown in the following summary tables on a month by month basis.

Cardiac / Swansea (NWIS data) - nil/Diagnostic procedures excluded

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	Total
2019/20	61	46	40	54	60	58	60	58	56	493
Elective	36	14	16	32	28	19	35	30	26	236
Emergency	6	13	9	6	13	17	12	14	15	105
Transfer	19	19	15	16	19	22	13	14	15	152
Non elective admission	4	2	3	4	4	7	5	4	9	42
Stay overnight	15	17	12	12	15	15	8	10	6	110
2020/21	8	2	13	27	35	44	30	24	5	188
Elective	1		2	15	20	18	9	14	4	83
Emergency	6	2	6	6	9	13	10	5	1	58
Transfer	1		5	6	6	13	11	5		47
Non elective admission	1		1	1		2	3			8
Stay overnight			4	5	6	11	8	5		39
Total	69	48	53	81	95	102	90	82	61	681



Data source: NWIS central data warehouse; all inpatient activity (excludes minor surgery)

Historically both centres have not delivered contracted activity levels, leading to higher elective waiting lists than should result from commissioned activity. An additional concern is that the reported pattern of activity is historically different between Wales and England with England reporting typically higher proportions of elective/transferred expected overnight stay activity (53%Cardiff and 74%Swansea v 87%LHCH - full year 2019/20 data. The two Welsh providers totalled 61% elective/expected episodes and 39% emergency/non-elective episodes). Welsh centres have reported that the pressure from transfers squeezes capacity available for elective cases with resulting adverse impact on the waiting list.

In the earlier monthly versions of this report, it was noted that over the early pandemic months elective activity was much reduced but has increased over the months. However, by month 9, the elective/non-elective split has come to a similar split as last year - 62% elective/expected episodes and 38% emergency/non-elective.

Whilst percentages of delivery appears stable in percentage terms, in quantum terms emergency activity is significantly down compared to 2019/20. This indicates that there may be a problem in the referral pathway with new emergencies not being identified at the same rate as before, with 33% of last year's levels to M9, with transfers down to 53%, although Non elective transfers are at 78% compared to last year. As emergency and transfer referrals start to return to normal there will be significant pressure on waiting lists unless total capacity returns to previous levels. There is therefore a need for a faster paced return to near normal capacity matching the levels being seen in NHS England providers as indicated earlier in this report.

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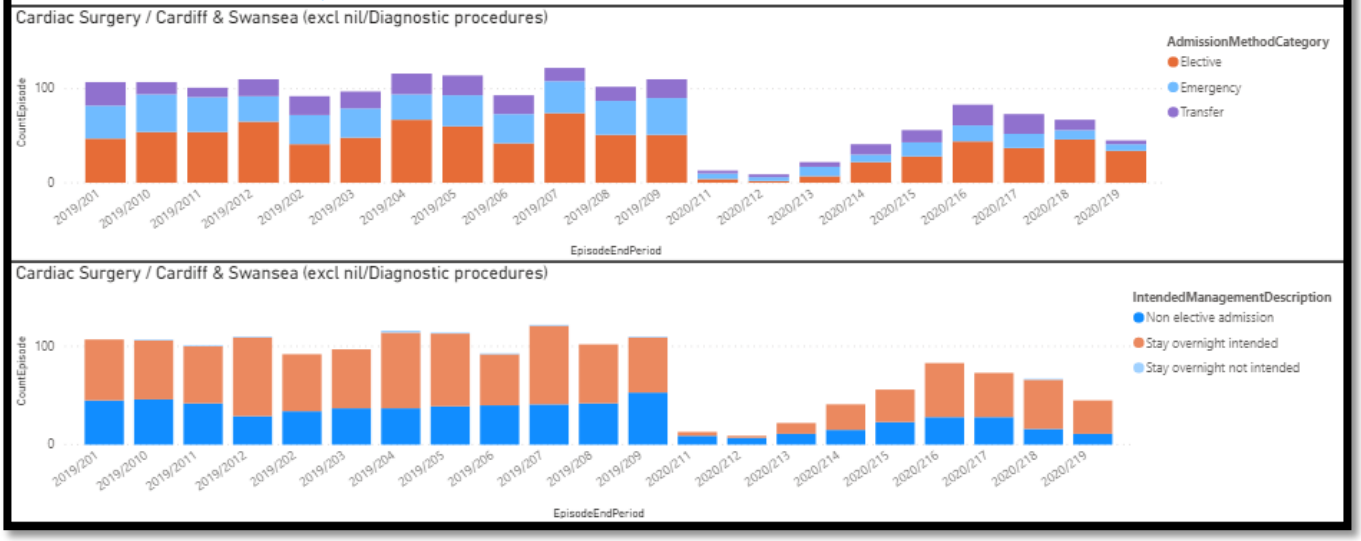
Cardiac Surgery / Cardiff & Swansea (excl nil/Diagnostic procedures)

EpisodeEndFinancialYearStyle	2019/20													2020/21									Total
AdmissionMethodCategory	1	2	3	4	5	6	7	8	9	10	11	12	Total	1	2	3	4	5	6	7	8	9	Total	
⊞ Elective	54	45	50	75	65	48	79	54	53	55	58	67	703	4	2	7	24	30	47	40	49	35	238	941
⊞ Emergency	37	36	34	29	39	37	39	40	45	46	38	30	450	11	5	11	11	16	18	19	11	8	110	560
⊟ Transfer	25	20	18	23	21	24	15	17	21	13	10	18	225	3	3	5	13	15	22	21	11	4	97	322
Non elective admission	10	3	6	11	6	9	7	7	15	6	5	2	87	3	3	1	8	9	11	13	6	4	58	145
Stay overnight intended	15	17	12	12	15	15	8	10	6	7	5	16	138			4	5	6	11	8	5		39	177
Total	116	101	102	127	125	109	133	111	119	114	106	115	1,378	18	10	23	48	61	87	80	71	47	445	1,823

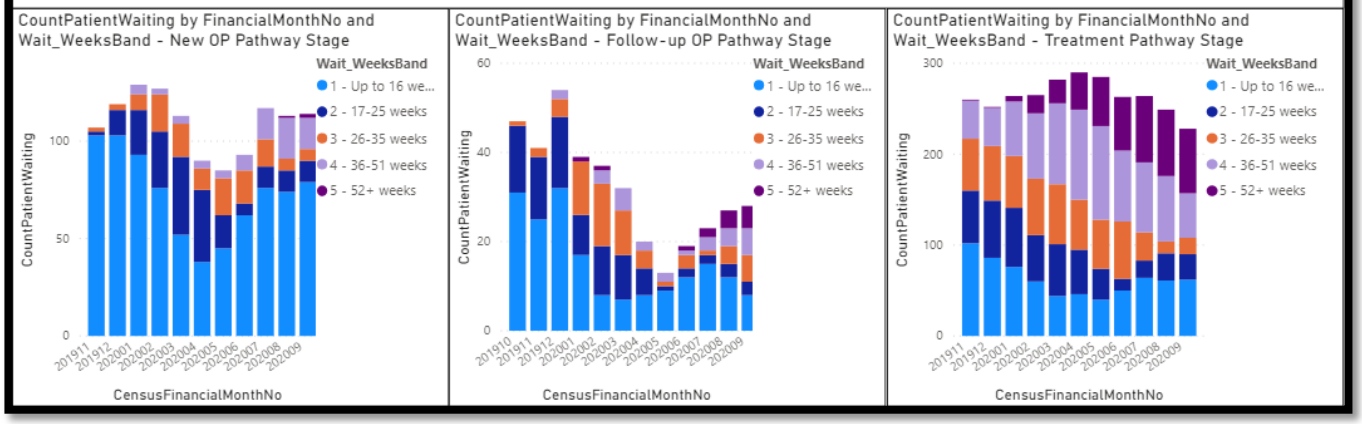


Data source: NWIS central data warehouse; all inpatient activity (excludes minor surgery)

Maybe surprisingly, it is worth noting that central NWIS data on patients waiting indicates that total patient numbers are actually decreasing, despite new referrals starting to increase again since the summer. It is unknown at this point what activity is yet to surface, or how the new increased wave of coronavirus pressure will affect the waiting lists, although the charts below do show that patients are now waiting longer in general, especially for admitted treatments.

CountPatientWaiting (Open Pathways) - Cardiac Surgery

CensusFinancialYearStyle	2019/20			2020/21									Total
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	202009	Total	
Cardiff and Vale University Local Health Board	236	237	473	248	245	248	234	219	206	216	210	199	2025	2498
Cardiac Surgery	236	237	473	248	245	248	234	219	206	216	210	199	2025	2498
Admitted diagnostic intervention	164	160	324	161	164	183	197	195	177	166	156	141	1540	1864
Diagnostic	12	12	24	10	5	5	5	1	1	3	2	5	37	61
FUP OP appointment	32	41	73	34	34	29	16	4	9	13	18	19	176	249
New OP appointment	28	24	52	43	42	31	16	19	19	34	34	34	272	324
Swansea Bay University Local Health Board	200	214	414	206	199	195	180	172	179	200	188	184	1703	2117
Cardiac Surgery	200	214	414	206	199	195	180	172	179	200	188	184	1703	2117
Admitted diagnostic intervention	96	92	188	103	101	99	93	90	86	98	93	87	850	1038
Diagnostic	16	14	30	12	10	11	9	7	9	9	7	8	82	112
FUP OP appointment	9	13	22	5	3	3	4	9	10	10	9	9	62	84
New OP appointment	79	95	174	86	85	82	74	66	74	83	79	80	709	883
Total	436	451	887	454	444	443	414	391	385	416	398	383	3728	4615



Data source: NWIS central data warehouse; all patients waiting with an open pathway

3.2.2 Paediatric Specialties

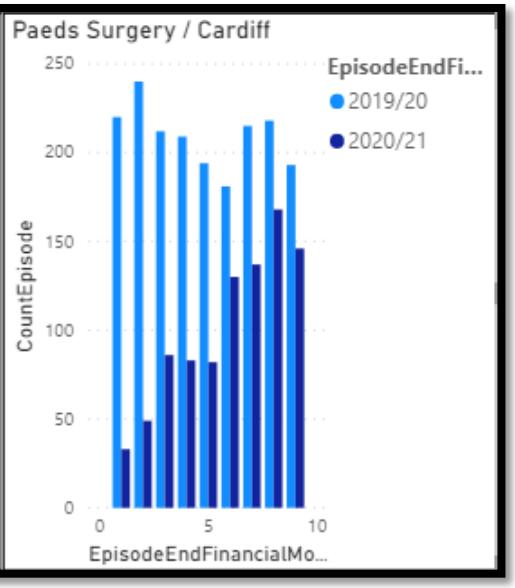
- Paediatric surgery – an additional area of concern is paediatric surgery and the need to keep delivery to reasonable levels given the potential impact on the child of prolonged waits for surgery. Across the combined total for day cases and in-patient activity the performance at CVUHB for the South Wales region recovered progressively from April.

  This performance of 49% to date compared to 2019/20 (monthly comparisons range from 15% in April up to 76% in December) contrasts with the reported Alder Hey position of 89% to date detailed earlier, with monthly activity levels now almost back to pre-COVID levels compared to 2019.

  It will be important to see a more rapid increase in activity if waiting times for children are to be kept to tolerable levels. Interestingly, the NWIS data warehouse of patients waiting shows that although the total number of waiters has actually decreased, this is due to a reduction of patients waiting for follow-up appointments, which can be done through the phone/video, (and it is good to see providers using this provision), but the patients on waiting lists are waiting longer than before, and patients waiting for admitted treatments has increased by over 40%. Meanwhile it will be essential for the provider to have in place appropriate systems to monitor the risk of these patients waiting for surgery.

Paeds Surgery / Cardiff

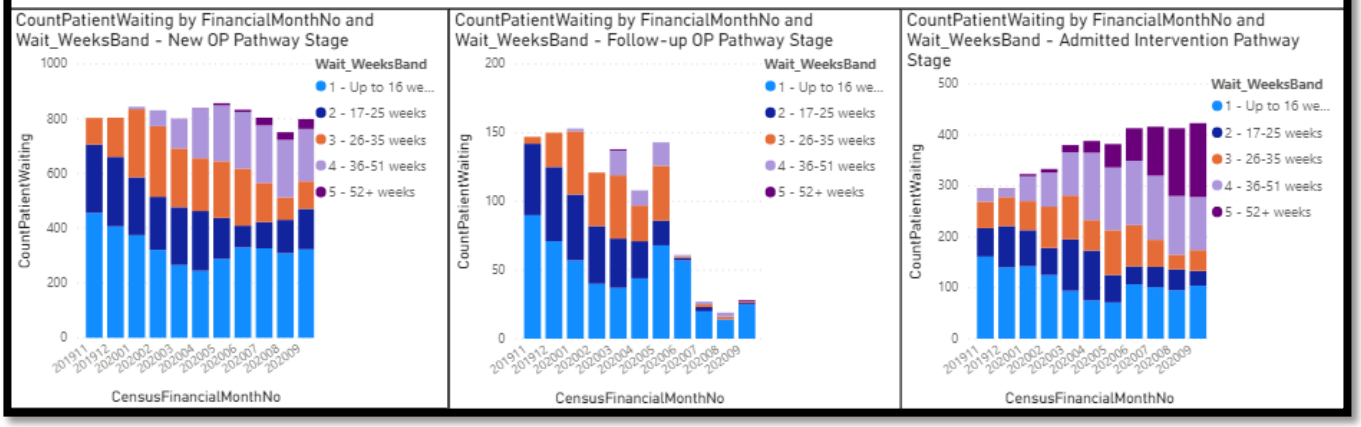
EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	Total
2019/20	**220**	**240**	**212**	**209**	**194**	**181**	**215**	**218**	**193**	**1,882**
Elective	101	113	101	89	81	77	104	91	75	**832**
Emergency	106	110	99	103	100	96	104	121	112	**951**
Maternity	4	6	1	4	2	1	2	1	3	**24**
Transfer	9	11	11	13	11	7	5	5	3	**75**
2020/21	**33**	**49**	**86**	**83**	**82**	**130**	**137**	**168**	**146**	**914**
Elective	7	7	28	40	42	61	48	54	47	**334**
Emergency	23	37	49	37	36	62	71	100	87	**502**
Maternity		1	4		2	4	5	5	6	**27**
Transfer	3	4	5	6	2	3	13	9	6	**51**
Total	**253**	**289**	**298**	**292**	**276**	**311**	**352**	**386**	**339**	**2,796**



Data source: NWIS central data warehouse; all inpatient activity

CountPatientWaiting (Open Pathways) - Paediatric Surgery / Cardiff

CensusFinancialYearStyle	2019/20			2020/21									Total
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	202009	Total	
Cardiff and Vale University Local Health Board	**1245**	**1249**	**2494**	**1320**	**1285**	**1318**	**1336**	**1382**	**1307**	**1247**	**1183**	**1250**	**11628**	**14122**
Paediatric Surgery	**1245**	**1249**	**2494**	**1320**	**1285**	**1318**	**1336**	**1382**	**1307**	**1247**	**1183**	**1250**	**11628**	**14122**
Admitted diagnostic intervention	295	295	**590**	323	333	380	388	382	413	416	413	423	**3471**	**4061**
FUP OP appointment	147	150	**297**	153	121	138	108	143	61	27	19	28	**798**	**1095**
New OP appointment	803	804	**1607**	844	831	800	840	857	833	804	751	799	**7359**	**8966**
Total	**1245**	**1249**	**2494**	**1320**	**1285**	**1318**	**1336**	**1382**	**1307**	**1247**	**1183**	**1250**	**11628**	**14122**



Data source: NWIS central data warehouse; all patients waiting with an open pathway

4.0 RECOMMENDATIONS

Members are asked to:

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

5.0 APPENDICES / ANNEXES

Annex A – contract monitoring return activity CVUHB
Annex B – contract monitoring return activity SBUHB

Appendix 1

- Table 1 – activity by provider
- Table 2 – activity by specialty
- Table 3 – activity by specialty graphs for all Wales
- Table 4 – activity by specialty graphs for each resident health board

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

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Choose an item.		
Choose an item.		

ANNEX A
CVUHB – CONTRACT MONITORING RETURN - page 1 of 4

	Financial (£)									Activity								
	April	May	June	July	August	September	October	November	December	April	May	June	July	August	September	October	November	December
CARDIOTHORACIC																		
Cardiology - Specialist	754,747	659,813	796,514	924,516	917,709	920,905	877,872	880,202	1,188,068	65	104	160	214	157	170	172	157	91
Cardiology - Aneurin Bevan	162,180	166,344	158,016	139,278	149,688	149,688	141,360	158,016	280,852	44	46	52	47	52	55	37	55	30
Cardiology - Cwm Taf	19,590	38,505	10,133	19,590	29,048	38,505	38,505	38,505	19,590	1	3	0	1	2	3	3	3	1
Cardiology - Swansea Bay	2,711	2,711	2,711	2,711	3,598	2,711	2,711	2,711	8,982	0	0	0	0	1	0	0	0	2
Transcatheter Aortic Valve Implantation (TAVI)	234,455	216,420	504,980	270,525	198,385	360,700	216,420	252,490	180,350	10	12	28	15	15	18	14	15	8
Adult Congenital Heart Disease (ACHD)	37,080	37,080	37,080	37,080	175,968	64,857	64,857	64,857	64,857	81	52	57	78	39	74	65	40	49
Cardiac Surgery	1,094,162	959,051	974,258	990,422	1,052,155	1,109,518	1,190,598	1,198,396	1,154,374	30	4	9	19	31	43	64	51	44
OP										56	34	56	44	37	95	66	114	61
Thoracic Surgery	118,792	198,112	168,109	210,652	212,134	254,238	259,615	226,193	220,415	21	33	26	33	31	36	39	33	34
OP										61	36	73	98	91	81	107	101	93
TOTAL	***2,423,715***	***2,278,036***	***2,651,800***	***2,594,774***	***2,738,685***	***2,901,122***	***2,791,937***	***2,821,369***	***3,117,488***	***369***	***324***	***461***	***549***	***456***	***575***	***567***	***569***	***413***
NEUROSCIENCES / ALAS																		
Neurosurgery	1,386,334	1,404,709	1,478,284	1,478,518	1,467,744	1,471,674	1,490,684	1,476,471	1,514,066	53	68	124	112	117	141	141	130	158
OP										336	314	375	401	225	441	470	329	460
Spinal Implants	-	-	9,446	9,446	-	142,751	19,411	153,384	106,471	0	1	1	4	4	0	6	11	7
OP										0	0	0	0	0	0	0	0	0
Intrathecal Pump Transfer from	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025									
ISAT	45,642	90,980	235,066	77,863	146,013	116,268	177,542	104,254	155,445	6	14	20	8	13	11	18	17	16
Excess costs of INR outsourcing	30,842	18,075	(8,441)	6,597	(31,834)	27,991	7,216	10,870	11,679	0	0	0	0	0	1	0	0	0
Epilepsy Surgery	(1)	(1)	(1)	31,390	(1)	31,390	(1)	(1)	(1)	0	0	0	1	0	1	0	0	0
Spinal Injuries	265,818	263,255	269,314	275,394	277,410	280,311	287,849	280,589	405,511	440	413	434	487	506	528	583	534	521
OP										0	20	84	65	56	54	60	44	62
Neuro Rehab	265,580	272,797	270,473	275,750	284,580	324,822	286,986	283,924	278,620	361	412	398	436	497	792	514	494	454
OP										2	5	0	1	7	6	8	4	6
ALAS incl. AAC	879,264	1,016,067	1,213,684	1,038,125	1,651,157	1,416,041	1,439,565	1,453,261	1,241,544									
ALAS - Exceptional Circumstances (Treforest Ind. Estate)	-	-	-	-	-	-	-	-	-									
TOTAL	***2,887,503***	***3,079,907***	***3,481,851***	***3,207,108***	***3,809,095***	***3,825,272***	***3,723,278***	***3,776,777***	***3,727,360***	***1,198***	***1,247***	***1,436***	***1,515***	***1,425***	***1,975***	***1,800***	***1,563***	***1,684***

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	Financial (£)									Activity								
	April	May	June	July	August	September	October	November	December	April	May	June	July	August	September	October	November	December
RENAL																		
Renal Surgery	247,816	253,125	270,402	359,890	229,561	300,053	296,564	283,390	256,674	23	33	49	81	56	71	61	47	26
OP										95	127	253	247	252	281	323	332	206
Nephrology	510,665	524,689	501,001	546,135	493,969	532,590	526,203	520,559	535,252	108	125	66	81	150	114	109	67	138
OP										153	196	530	557	567	647	588	684	667
Home Renal Dialysis	122,389	122,389	128,174	122,389	118,716	122,113	127,164	122,756	130,562	632	632	695	632	592	629	684	636	721
Renal CAPD (Dialysis)	126,094	126,963	126,786	129,660	129,861	129,629	130,772	128,871	129,137	1,779	1,825	1,788	1,897	1,906	1,898	1,956	1,878	1,983
Hospital Renal	1,083,993	1,111,296	1,120,245	1,144,787	1,107,163	1,112,766	1,153,753	1,129,704	1,067,883	6,655	6,894	6,936	7,106	6,845	6,878	7,168	6,992	6,573
Renal Transplants	363,979	393,741	372,451	484,476	593,593	471,697	382,813	463,665	426,345	0	0	0	9	10	7	5	6	3
TOTAL	***2,454,935***	***2,532,204***	***2,519,060***	***2,787,337***	***2,672,863***	***2,668,849***	***2,617,270***	***2,648,945***	***2,545,852***	***9,445***	***9,832***	***10,317***	***10,610***	***10,378***	***10,525***	***10,894***	***10,642***	***10,317***
HAEMATOLOGY																		
Haemophilia	306,278	315,516	267,920	375,370	292,091	275,724	357,736	440,772	367,312	1,353,511	1,071,296	1,163,468	1,429,749	1,549,551	1,395,766	1,412,916	1,768,990	1,549,220
IBD Transfer	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914									
Haemophilia Reference Centre	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122									
Blood and Marrow Transplantation (BMT)	468,040	537,246	553,986	507,619	650,031	778,790	790,023	752,131	770,491	0	3	4	4	11	12	11	8	10
ATMP - CAR-T	84,696	334,707	334,706	82,602	82,602	335,319	335,241	98,217	334,708	0	1	1	0	0	1	1	0	1
All Wales Lymphoma Panel	87,562	87,562	50,414	75,179	75,179	81,006	76,150	76,150	89,597	114	113	-52	58	59	84	63	62	123
Clinical Immunology	956,320	739,938	596,433	784,374	792,882	886,417	883,033	820,708	423,499	157	222	242	244	247	253	251	254	275
Herediatry Anaemia								241,333	(170,083)									
TOTAL	***2,031,932***	***2,144,004***	***1,932,496***	***1,954,180***	***2,021,821***	***2,486,291***	***2,571,219***	***2,558,346***	***1,944,560***	***1,353,782***	***1,071,635***	***1,163,663***	***1,430,055***	***1,549,868***	***1,396,116***	***1,413,242***	***1,769,314***	***1,549,629***

CVUHB – Page 3 of 4

	Financial (£)									Activity								
	April	May	June	July	August	September	October	November	December	April	May	June	July	August	September	October	November	December
PAEDIATRICS / NEONATAL																		
Paediatric Surgery	444,866	456,778	481,278	474,546	472,053	508,401	513,043	534,450	521,182	33	47	82	82	76	126	136	163	148
OP										134	168	219	169	166	246	218	240	169
Paediatric Renal	108,179	125,969	122,735	119,963	112,155	110,804	117,906	144,656	109,849	42	59	52	60	17	10	17	45	65
OP										60	129	132	121	103	148	141	168	115
Paediatric Oncology	677,047	761,115	780,107	735,269	742,349	796,917	728,441	736,305	716,835	156	162	207	184	249	223	234	269	237
OP										224	325	446	361	219	515	179	226	238
Paediatric Neurology	194,665	186,201	188,263	206,078	186,428	205,547	196,638	188,297	163,786	16	13	18	17	12	25	16	12	16
OP										134	122	110	79	72	114	116	105	94
Paediatric Ketogenic Diet				32,600	8,150	8,150	8,150	8,150	(29,575)									
Paediatric Rheumatology Service	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199									
Paeds Neuro Rehab	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829									
Paediatric Gastroenterology	72,064	72,365	81,815	86,687	95,910	82,964	92,768	94,719	95,721	34	32	40	38	51	45	56	60	62
OP										80	79	103	70	47	97	87	61	79
Paediatric ENT	101,066	101,717	102,732	103,807	105,121	109,307	109,640	105,714	107,136	9	11	11	15	18	29	26	19	21
OP										0	1	33	50	47	93	85	106	90
Paediatric Cardiology	178,546	210,948	213,773	197,062	185,784	195,961	195,199	222,277	332,747	3	17	17	9	8	9	7	21	22
OP										157	202	246	241	156	230	269	282	268
Fetal Cardiology	25,262	25,262	25,261	25,261	25,262	25,261	25,261	25,261	25,262	17	15	24	25	16	31	25	27	23
Paediatric Cystic	39,405	37,116	35,821	37,098	39,240	42,396	38,605	37,223	38,816									
Paeds Respiratory Equipment / CNS	16,192	10,736	14,543	11,246	16,742	20,056	22,886	20,990	20,499									
Paediatric	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075									
Foetal Medicine	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925									
Children's Hospital for Wales	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770									
PICU BH	420,286	393,283	366,280	227,782	381,959	334,051	368,022	379,346	351,472	31	63	54	82	92	37	76	89	57
NICU BH	839,208	844,114	740,023	981,763	845,916	865,891	817,632	810,024	542,536	942	851	765	963	921	856	861	718	725
Perinatal Pathology	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509									
Paedatric MRI Investment				113,190	28,297	28,297	28,297	28,297	(98,879)									
TOTAL	***3,374,092***	***3,482,911***	***3,409,938***	***3,609,659***	***3,502,673***	***3,591,311***	***3,519,798***	***3,593,018***	***3,154,694***	***2,072***	***2,296***	***2,559***	***2,566***	***2,270***	***2,834***	***2,549***	***2,611***	***2,429***

CVUHB – page 4 of 4

	Financial (£)									Activity								
	April	May	June	July	August	September	October	November	December	April	May	June	July	August	September	October	November	December
ADULT CRITICAL																		
Adult ICU	424,159	508,908	456,563	464,041	500,184	535,081	525,110	562,500	437,868	181	249	207	213	242	270	262	292	192
Adult HDU	88,685	(15,723)	43,938	76,007	48,413	7,396	43,193	47,667	38,718	79	-61	19	62	25	-30	18	24	12
LTV Consultant	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184									
LTV Unit Development	70,550	70,550	70,550	70,550	70,550	70,550	70,550	70,550	70,550									
TOTAL	*586,577*	*566,918*	*574,235*	*613,781*	*622,331*	*616,210*	*642,036*	*683,900*	*550,320*	*260*	*188*	*226*	*275*	*267*	*240*	*280*	*316*	*204*
GENETICS / LTC																		
Medical Genetics	1,069,459	1,063,937	1,073,510	1,132,776	1,073,174	1,088,188	1,079,890	1,076,985	1,103,589	53	35	60	66	40	64	52	46	94
Lynch Syndrome - (Genetics)	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837									
Genetic Counsellor 8a - £24,420 HD & £36,630 ABMU	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293									
Enzyme Replacement Therapy	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879									
Cystic Fibrosis	443,817	445,413	496,571	466,244	498,090	483,551	501,189	760,851	462,878									
Home TPN	55,223	49,452	100,560	119,519	71,709	108,391	115,398	123,229	145,897	51	37	161	207	91	180	197	216	271
TPN Exceptional Costs	34,727	35,375	35,861	36,752	36,968	36,860	10,230	31,266	34,020	107	111	114	116	112	129	114	124	113
BAHAs & Cochlears	402,508	402,508	402,508	402,508	402,508	402,508	402,508	855,363	(210,788)									
TOTAL	*2,074,743*	*2,065,695*	*2,178,019*	*2,226,809*	*2,151,459*	*2,188,508*	*2,178,224*	*2,916,704*	*1,604,606*	*211*	*183*	*335*	*389*	*243*	*373*	*363*	*386*	*478*
OTHER																		
Liver Surgery	40,599	70,049	70,049	92,545	79,860	102,958	118,357	102,958	49,061	3	8	8	11	9	12	14	12	5
Major Trauma Centre	389,793	389,793	1,865,164	881,583	881,583	881,583	881,583	881,583	881,583									
Gender Service	42,500	42,500	42,500	42,500	42,500	42,500	86,583	48,798	48,798									
Radiofrequency Ablation (RFA)	-	-	18,561	13,554	11,946	15,868	40,548	36,592	(21,955)									
Hepatology	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865									
Neuropsychiatry	224,415	249,897	225,057	227,160	219,910	221,960	199,382	222,813	232,494	240	253	270	279	291	313	334	327	381
Regional Pharmaceutical Service	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851									
Pay Award	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050									
NICE / High Cost Drugs	43,125	(52,379)	(13,165)	8,595	69,756	101,702	96,931	137,713	22,876									
Interstitial Lung Disease	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719									
Neuroendocrine Tumours	33,826	33,826	33,826	33,826	104,659	47,993	47,993	47,993	47,993									
Rebasing Difference / Roundings	-	-	-	-	-	-	-	-	-									
TOTAL	*1,311,743*	*1,271,176*	*2,779,476*	*1,837,248*	*1,947,698*	*1,952,043*	*2,008,861*	*2,015,934*	*1,798,335*	*243*	*261*	*278*	*290*	*300*	*325*	*348*	*339*	*386*
Total	17,145,241	17,420,846	19,526,877	18,830,896	19,466,624	20,229,613	20,052,623	21,014,993	18,443,216	1,367,580	1,085,966	1,179,275	1,446,249	1,565,207	1,412,963	1,430,043	1,785,740	1,565,540

ANNEX B - SBUHB – CONTRACT MONITORING RETURN – Page 1 of 1

	Financial (£)									Activity								
	April	May	June	July	August	September	October	November	December	April	May	June	July	August	Septembe	October	Novembe	Decembe
RENAL																		
Renal - Other	604,395	648,827	756,633	665,582	733,321	684,730	685,200	675,701	655,208	244	256	494	591	696	850	787	727	599
Hospital Dialysis	446,680	465,465	500,353	514,869	503,280	521,090	540,852	501,329	500,108	2,506	2,660	2,946	3,065	2,970	3,116	3,278	2,954	2,944
Home Dialysis	95,797	95,797	95,797	107,772	103,781	99,789	95,797	99,789	77,836	48	48	48	54	52	50	48	50	39
Renal Wwales Contra	267,929	272,549	223,064	191,464	172,708	263,726	293,895	268,290	291,602	2,107	2,144	2,165	2,289	2,183	2,169	2,288	2,087	2,270
Total	***1,414,802***	***1,482,638***	***1,575,846***	***1,479,687***	***1,513,090***	***1,568,335***	***1,615,743***	***1,545,108***	***1,524,753***	***4,905***	***5,108***	***5,653***	***5,933***	***5,901***	***6,185***	***6,401***	***5,818***	***5,852***
CARDIOTHORACIC																		
Cardiac Surgery	1,045,770	1,024,738	1,059,451	1,134,782	1,139,276	1,204,027	1,143,209	1,126,007	1,126,961	6	1	11	24	28	42	26	23	23
OP										14	12	13	24	16	32	29	28	24
TAVI	97,159	184,409	484,390	512,229	280,939	378,579	202,969	344,789	252,858	2	7	21	21	12	16	7	13	11
Cardiology	520,284	736,749	884,914	989,945	767,058	956,050	808,798	849,248	785,488	63	115	154	206	149	175	146	142	141
Bariatrics	13,392	13,392	20,471	16,932	20,471	16,932	13,392	13,392	13,392	0	0	2	1	2	1	0	0	0
Total	***1,676,605***	***1,959,288***	***2,448,226***	***2,653,867***	***2,267,744***	***2,555,588***	***2,168,368***	***2,333,436***	***2,178,700***	***85***	***135***	***201***	***276***	***207***	***266***	***208***	***206***	***188***
PAEDS / NEONATAL																		
CLP	95,423	119,090	110,635	112,777	109,565	107,423	117,060	113,848	116,670	0	0	3	5	2	0	9	6	9
NICU	446,403	428,009	427,583	457,397	435,121	454,855	466,179	469,715	465,715	506	504	448	577	528	539	571	592	598
BAHA	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193									
Paeds Onc	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844									
Total	***558,863***	***564,135***	***555,255***	***587,210***	***561,723***	***578,315***	***600,275***	***600,595***	***599,422***	***506***	***504***	***451***	***582***	***530***	***539***	***580***	***598***	***607***
CANCER & BLOOD																		
Plastics	655,995	678,978	1,055,385	1,097,209	1,124,204	1,138,270	1,120,633	1,091,619	1,083,016	183	299	409	494	506	460	487	448	413
OP										90	112	149	271	245	320	386	376	298
Burns	395,729	485,138	391,347	404,057	401,865	387,840	484,262	429,039	432,545	73	277	63	92	87	55	275	149	157
Thoracic	60,284	50,719	118,147	123,947	122,362	166,013	201,979	170,279	157,206	6	4	16	16	16	21	28	20	23
OP										0	5	10	13	18	36	42	84	51
SNB	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405									
Haemophilia	91,611	67,872	87,020	11,446	96,474	26,699	77,374	19,554	87,472									
Sarcoma	58,485	70,158	56,362	74,403	77,586	71,219	78,648	83,954	65,913	12	11	10	11	10	12	11	16	11
Clinical Genetics	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177									
Total	***1,276,685***	***1,367,447***	***1,722,843***	***1,725,643***	***1,837,074***	***1,864,623***	***1,977,477***	***1,805,026***	***1,840,733***	***364***	***768***	***657***	***857***	***882***	***864***	***1,225***	***1,653***	***853***
NEUROSCIENCES																		
ALAC	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277									
Rehab	157,936	160,333	156,938	151,217	154,122	156,873	154,199	150,787	150,634	327	298	312	332	340	297	283	234	182
OP										15	25	16	1	5	19	16	18	28
Total	***316,213***	***318,610***	***315,215***	***309,494***	***312,398***	***315,150***	***312,476***	***308,064***	***308,912***	***342***	***323***	***328***	***333***	***345***	***316***	***298***	***252***	***210***
OTHER																		
NICE	28,983	32,123	68,802	31,650	26,124	69,755	76,024	42,928	40,317									
East Forensics	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992									
Devices	0	0	0	0	0	1	2	3	4									
Academic Fee	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841									
IVF	24,151	24,451	26,553	25,953	39,291	129,806	182,675	243,859	173,134	80	82	88	87	98	142	139	185	156
EMRTS	265,774	265,774	406,523	312,690	312,690	312,690	312,690	312,690	312,690									
Air Am	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110									
Pay award 20/21	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060									
Total	***1,785,311***	***1,785,352***	***1,968,882***	***1,837,296***	***1,845,108***	***1,979,256***	***2,038,395***	***2,066,483***	***1,993,145***	***80***	***82***	***88***	***87***	***98***	***142***	***139***	***185***	***156***
Total	7,029,079	7,481,470	8,587,268	8,593,218	8,277,137	8,803,268	8,712,735	8,663,717	8,445,668	6,282	6,860	7,378	8,174	7,963	8,352	8,856	8,152	7,977

APPENDIX 1

Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpc)

Table 1 – Analysis by NHS England Provider by Month (NB. Royal Brompton reporting delayed)

EpisodeEndFinancialYearStyle	2020/21										Total	CountEpisode for	CountEpisode for	CountEpisode % diff
ProviderOrganisationName	1	2	3	4	5	6	7	8	9	Total		2020/21 (M1-9)	2019/20 (M1-9)	2020/21 to 19/20
Alder Hey Children's Nhs Foundation Trust	154	173	199	259	237	255	263	280	229	**2,049**	**2,049**	2,049	2,839	-28%
Birmingham Women's And Children's Nhs Foundation	15	18	25	23	29	33	29	24	25	**221**	**221**	221	319	-31%
Cambridge University Hospitals Nhs Foundation Tru		1	1	10	5	8	3	3	2	**33**	**33**	33	80	-59%
Great Ormond Street Hospital For Children nhs fou	5	16	9	27	13	21	23	22	19	**155**	**155**	155	268	-42%
Guy's And St Thomas' Nhs Foundation trust	8	10	7	10	18	17	16	16	15	**117**	**117**	117	239	-51%
Imperial College Healthcare Nhs Trust	3	14	21	25	27	30	38	33	32	**223**	**223**	223	257	-13%
King's College Hospital Nhs Foundation Trust	6		2	4	17	7	5	8	4	**53**	**53**	53	134	-60%
Leeds Teaching Hospitals Nhs Trust	1	1	10	3	7	2	3	6	6	**39**	**39**	39	76	-49%
Liverpool Heart And Chest Hospital Nhs foundation	38	50	89	101	94	107	119	102	104	**804**	**804**	804	1,044	-23%
Liverpool University Hospitals Nhs Foundation Tru	52	66	117	127	129	167	179	134	137	**1,108**	**1,108**	1,108	2,110	-47%
Manchester University Nhs Foundation Trust	24	31	37	48	46	75	78	61	65	**465**	**465**	465	903	-49%
Royal Brompton & Harefield Nhs Foundation trust	2	10	9	7	9					**37**	**37**	37	186	-80%
Royal Free London Nhs Foundation Trust	3	3	7	12	32	14	7	26	11	**115**	**115**	115	166	-31%
Royal Papworth Hospital Nhs Foundation Trust	2		1	1	4	7	4	9	3	**31**	**31**	31	87	-64%
Salford Royal Nhs Foundation Trust	15	10	12	20	12	10	1	14	14	**108**	**108**	108	238	-55%
Sheffield Teaching Hospitals Nhs Foundation Trust	50	6	21	10	18	25	24	17	14	**185**	**185**	185	181	2%
St Helens And Knowsley Teaching Hospitals nhs tru	42	57	51	72	83	121	126	126	117	**795**	**795**	795	1,269	-37%
The Christie Nhs Foundation Trust	27	34	49	52	44	54	57	40	45	**402**	**402**	402	450	-11%
The Clatterbridge Cancer Centre Nhs Foundation tr	14	6	30	19	12	11	19	22	14	**147**	**147**	147	312	-53%
The Newcastle Upon Tyne Hospitals Nhs foundation	3	7	8	7	20	8	11	12	20	**96**	**96**	96	115	-17%
The Robert Jones And Agnes Hunt Orthopaedic hospit	44	51	113	140	128	199	258	324	334	**1,591**	**1,591**	1,591	3,877	-59%
The Royal Marsden Nhs Foundation Trust	1	3	5	5	9	4	4	5	4	**40**	**40**	40	47	-15%
The Royal Orthopaedic Hospital Nhs Foundation tru	8	6	7	8		9	4	13	11	**66**	**66**	66	121	-45%
The Walton Centre Nhs Foundation Trust	50	53	77	90	110	135	118	98	133	**864**	**864**	864	1,439	-40%
University College London Hospitals Nhs Foundatio	9	12	21	21	17	29	45	38		**192**	**192**	192	292	-34%
University Hospitals Birmingham Nhs Foundation Tr	48	59	76	94	96	102	101	76	85	**737**	**737**	737	925	-20%
University Hospitals Bristol And Weston Nhs found	78	78	104	120	114	128	161	134	121	**1,038**	**1,038**	1,038	1,551	-33%
University Hospitals Of North Midlands Nhs trust	52	43	46	83	78	88	73	45	58	**566**	**566**	566	748	-24%
Wirral University Teaching Hospital Nhs Foundatio	39	36	41	62	58	85	80	57	75	**533**	**533**	533	780	-32%
Wye Valley Nhs Trust	342	441	576	590	566	714	834	785	683	**5,531**	**5,531**	5,531	7,613	-27%
Total	**1,135**	**1,295**	**1,771**	**2,050**	**2,032**	**2,465**	**2,683**	**2,530**	**2,380**	**18,341**	**18,341**	**18,341**	**28,666**	**-36%**

Major regional provider – BCUHB

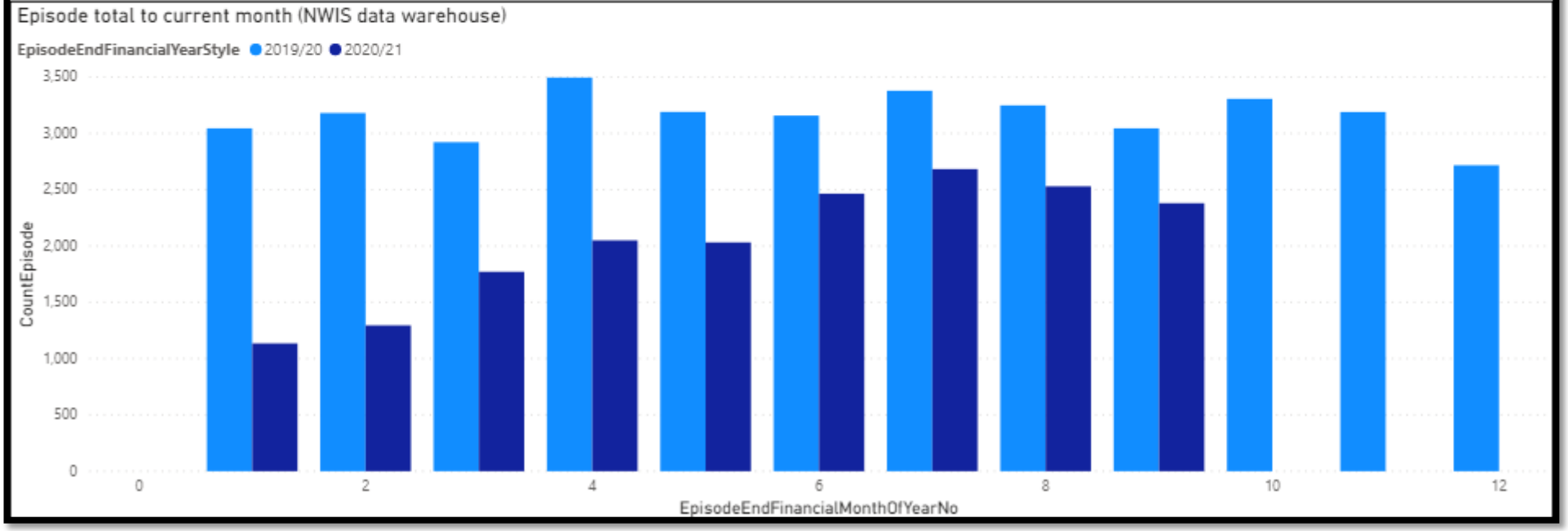
Major regional provider – Powys THB

Major Regional Provider – South Wales HBs

Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpc)
Table 2 – High level summary by LHB of residence (Note. Variance to the previous table relates to border residents)

Episode total to current month (NWIS data warehouse)

EpisodeEndFinancialYearStyle	2019/20											2020/21								
PatientResidenceHealthOrganisationDerivedName	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Aneurin Bevan University Local Health Board	163	158	197	214	172	189	190	156	163	184	138	66	61	84	112	114	153	177	121	130
Betsi Cadwaladr University Local Health Board	1,539	1,360	1,637	1,490	1,451	1,608	1,488	1,463	1,594	1,547	1,268	460	548	773	924	936	1,118	1,151	1,129	1,102
Cardiff and Vale University Local Health Board	95	86	87	79	69	85	107	91	75	78	56	20	39	32	52	51	53	65	70	45
Cwm Taf Morgannwg University Local Health Board	66	58	69	80	66	64	64	63	71	54	46	24	19	30	37	35	49	43	46	21
Hywel Dda University Local Health Board	79	62	74	80	71	74	74	77	58	61	54	11	14	31	50	40	65	66	68	53
Powys Teaching Local Health Board	904	932	1,056	921	1,034	1,047	1,030	927	1,033	969	831	366	443	610	637	593	752	869	852	792
Swansea Bay University Local Health Board	59	63	83	64	62	56	66	51	79	59	50	16	17	30	31	60	50	49	43	33
Total	**2,905**	**2,719**	**3,203**	**2,928**	**2,925**	**3,123**	**3,019**	**2,828**	**3,073**	**2,952**	**2,443**	**963**	**1,141**	**1,590**	**1,843**	**1,829**	**2,240**	**2,420**	**2,329**	**2,176**



Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpc)
Table 3 (4 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	1	2	3	4	5	6	7	8	9	Total
Accident & Emergency	11	14	15	29	35	28	22	28	25	**207**
Adult Cystic Fibrosis Service	3	2	2	3	5	3	6	1	4	**29**
Allergy Service				1	4	7	6	5	5	**28**
Anaesthetics				2	1		1	1	2	**7**
Blood And Marrow Transplantation	9	8	5	9	5	7	9	13	7	**72**
Breast Surgery	3	2	3	2	6	4	8	6	12	**46**
Burns Care	3	6	4	4	2	11	11	8	7	**56**
Cardiac Surgery	5	20	36	38	44	54	40	31	32	**300**
Cardiology	48	51	99	129	103	138	135	136	125	**964**
Cardiothoracic Surgery	5	3	5	2	9	7	4	2	1	**38**
Cardiothoracic Transplantation		3	1	4	7	2	1		1	**19**
Chemical Pathology	1									**1**
Child & Adolescent Psychiatry					1					**1**
Clinical Haematology	48	49	79	96	83	108	120	87	80	**750**
Clinical Immunology		1					1	1	2	**5**
Clinical Immunology And Allergy				1		1		2	5	**9**
Clinical Microbiology				2						**2**
Clinical Oncology (previously Radiotherapy)	22	13	51	44	18	38	45	32	29	**292**
Clinical Pharmacology	1		1		3	4	3		2	**14**
Colorectal Surgery	7	3	11	13	10	14	35	25	16	**134**
Community Paediatrics					1					**1**
Congenital Heart Disease Service		3	1	2	3	1	4		3	**17**
Critical Care Medicine	6	7	11	6	6	12	14	13	9	**84**
Dental Medicine Specialties						1				**1**
Dermatology	22	14	34	33	27	30	49	47	29	**285**
Diabetic Medicine	2	3		2		2	2	3	6	**20**
Diagnostic Imaging	5	12	14	20	13	9	20	23	13	**129**
Endocrinology	5	10	6	6	6	4	6	11	16	**70**
ENT	5	5	7	20	17	14	21	29	7	**125**
Gastroenterology	40	62	82	98	86	166	165	145	110	**954**
General Medicine	136	180	217	199	207	214	231	235	256	**1,875**
General Surgery	42	54	84	94	100	118	151	121	95	**859**
Total	**1,135**	**1,295**	**1,771**	**2,050**	**2,032**	**2,465**	**2,683**	**2,530**	**2,380**	**18,341**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-9)	CountEpisode for 2019/20 (M1-9)	CountEpisode % diff 2020/21 to 19/20
Accident & Emergency	207	376	-45%
Adult Cystic Fibrosis Service	29	49	-41%
Allergy Service	28	61	-54%
Anaesthetics	7	16	-56%
Blood And Marrow	72	110	-35%
Breast Surgery	46	60	-23%
Burns Care	56	67	-16%
Cardiac Surgery	300	438	-32%
Cardiology	964	1,268	-24%
Cardiothoracic Surgery	38	54	-30%
Cardiothoracic Transplantation	19	60	-68%
Chemical Pathology	1		
Child & Adolescent Psychiatry	1		
Clinical Haematology	750	803	-7%
Clinical Immunology	5	8	-38%
Clinical Immunology And Allergy	9	9	0%
Clinical Microbiology	2		
Clinical Oncology (previously Radiotherapy)	292	403	-28%
Clinical Pharmacology	14	7	100%
Colorectal Surgery	134	205	-35%
Community Paediatrics	1		
Congenital Heart Disease Service	17	15	13%
Critical Care Medicine	84	132	-36%
Dental Medicine Specialties	1		
Dermatology	285	345	-17%
Diabetic Medicine	20	24	-17%
Diagnostic Imaging	129	157	-18%
Endocrinology	70	60	17%
ENT	125	260	-52%
Gastroenterology	954	1,322	-28%
General Medicine	1,875	2,504	-25%
General Surgery	859	1,453	-41%
Total	**18,341**	**28,144**	**-35%**

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	1	2	3	4	5	6	7	8	9	Total
Geriatric Medicine	19	37	38	36	37	34	38	21	28	**288**
Gynaecological Oncology	2	1		1	1	2	3	2		**12**
Gynaecology	8	7	13	20	23	26	34	44	23	**198**
Haemophilia Service			1				4	1	1	**7**
Hepatobiliary & Pancreatic Surgery	13	9	19	15	16	13	15	14	20	**134**
Hepatology	3	10	16	14	16	15	31	21	24	**150**
Infectious Diseases			1	2	3	2	3	3	4	**18**
Interventional Radiology	6	3	5	8	6	10	15	9	10	**72**
Maxillo-Facial Surgery	2	1	3	4		8	7	2	2	**29**
Medical Oncology	28	20	26	26	28	23	26	23	13	**213**
Midwifery Service	4	1	2	4	2	2	4	2	1	**22**
Neonatology	4	4	5	6	6	4	10	10	11	**60**
Nephrology	48	39	35	39	46	57	56	29	23	**372**
Neurology	44	30	52	38	58	77	63	55	53	**470**
Neurosurgery	37	40	48	92	94	95	94	62	77	**639**
Nuclear Medicine			1	1		1	1		1	**5**
Obstetrics Hospital Bed	28	25	37	35	23	41	41	49	34	**313**
Ophthalmology	18	28	46	62	78	80	86	72	66	**536**
Oral Surgery			5	9	5	19	14	21	7	**80**
Paediatric Audiological Medicine								1		**1**
Paediatric Burns Care	5	1	12	4	7	1	5	6	1	**42**
Paediatric Cardiac Surgery	12	11	17	13	15	17	12	19	7	**123**
Paediatric Cardiology	15	19	28	20	20	29	29	29	13	**202**
Paediatric Clinical Haematology	14	9	12	15	5	16	12	9	11	**103**
Paediatric Clinical Immunology And Allergy Service					2	2	3	1	2	**10**
Paediatric Dentistry		3	2	3	7	5	2	1	2	**25**
Paediatric Dermatology		1	1	2	4		3	2	4	**17**
Paediatric Diabetic Medicine							1			**1**
Paediatric Ear Nose and Throat		6	7	10	10	10	16	9	6	**74**
Paediatric Endocrinology	4	2	4	7	8	6	8	7	7	**53**
Paediatric Epilepsy				4	1		2	2		**9**
Paediatric Gastroenterology	7	10	15	21	18	23	22	22	19	**157**
Total	**1,135**	**1,295**	**1,771**	**2,050**	**2,032**	**2,465**	**2,683**	**2,530**	**2,380**	**18,341**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-9)	CountEpisode for 2019/20 (M1-9)	CountEpisode % diff 2020/21 to 19/20
Geriatric Medicine	288	301	-4%
Gynaecological Oncology	12	5	140%
Gynaecology	198	351	-44%
Haemophilia Service	7		
Hepatobiliary & Pancreatic	134	222	-40%
Hepatology	150	162	-7%
Infectious Diseases	18	26	-31%
Interventional Radiology	72	104	-31%
Maxillo-Facial Surgery	29	84	-65%
Medical Oncology	213	370	-42%
Midwifery Service	22	16	38%
Neonatology	60	60	0%
Nephrology	372	341	9%
Neurology	470	728	-35%
Neurosurgery	639	1,038	-38%
Nuclear Medicine	5	9	-44%
Obstetrics Hospital Bed	313	280	12%
Ophthalmology	536	1,042	-49%
Oral Surgery	80	159	-50%
Paediatric Audiological Medicine	1		
Paediatric Burns Care	42	47	-11%
Paediatric Cardiac Surgery	123	116	6%
Paediatric Cardiology	202	275	-27%
Paediatric Clinical Haematology	103	237	-57%
Paediatric Clinical Immunology And Allergy Service	10	22	-55%
Paediatric Dentistry	25	37	-32%
Paediatric Dermatology	17	26	-35%
Paediatric Diabetic Medicine	1		
Paediatric Ear Nose and Throat	74	164	-55%
Paediatric Endocrinology	53	94	-44%
Paediatric Epilepsy	9	21	-57%
Paediatric Gastroenterology	157	167	-6%
Total	**18,341**	**28,144**	**-35%**

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	1	2	3	4	5	6	7	8	9	Total
Paediatric Intensive Care	8	18	5	13	9	16	17	11	2	**99**
Paediatric Interventional Radiology		1	1	1	2	1		1		**7**
Paediatric Maxillo-Facial Surgery						1				**1**
Paediatric Medical Oncology	53	50	47	56	41	49	44	45	53	**438**
Paediatric Metabolic Disease		1	1	3		1	2	2		**10**
Paediatric Nephrology	22	19	25	18	16	24	15	23	26	**188**
Paediatric Neuro-Disability				1		1				**2**
Paediatric Neurology	7	8	8	5	13	8	10	7	7	**73**
Paediatric Neurosurgery	5	12	11	15	12	15	14	19	12	**115**
Paediatric Ophthalmology	6	3	7	7	8	13	9	5	7	**65**
Paediatric Plastic Surgery	6	4	6	20	18	8	15	12	14	**103**
Paediatric Respiratory Medicine	2	2	2	10	6	13	12	15	10	**72**
Paediatric Rheumatology	7	4	4	7	10	10	2	6	16	**66**
Paediatric Surgery	20	27	28	45	42	52	38	44	48	**344**
Paediatric Transplantation Surgery						1				**1**
Paediatric Trauma and Orthopaedics	2	4	3	6	6	11	14	11	13	**70**
Paediatric Urology	7	10	14	17	20	14	21	33	21	**157**
Paediatrics	25	31	29	29	20	20	37	44	46	**281**
Pain Management	1		1	3	5	15	15	3	36	**79**
Palliative Medicine					1		1		1	**3**
Plastic Surgery	39	56	53	70	82	101	118	101	103	**723**
Podiatric Surgery						4	4	6	3	**17**
Rehabilitation Service	6	2	1		2	2	4	4	4	**25**
Respiratory Medicine	41	37	49	43	33	42	37	44	54	**380**
Respiratory Physiology					1		2		1	**4**
Restorative Dentistry		1					1	1		**3**
Rheumatology	12	14	39	28	36	59	55	76	59	**378**
Spinal Injuries	5	1	3	5	2	9	14	18	8	**65**
Spinal Surgery Service			1	8	5	2	2	4	3	**25**
Stroke Medicine	7	14	14	13	17	12	17	14	23	**131**
Thoracic Surgery	15	13	17	23	23	21	15	13	14	**154**
Transplantation Surgery	5	6	14	7	21	27	21	11	14	**126**
Trauma & Orthopaedics	61	86	113	157	154	227	259	294	317	**1,668**
Total	**1,135**	**1,295**	**1,771**	**2,050**	**2,032**	**2,465**	**2,683**	**2,530**	**2,380**	**18,341**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-9)	CountEpisode for 2019/20 (M1-9)	CountEpisode % diff 2020/21 to 19/20
Paediatric Intensive Care	99	119	-17%
Paediatric Interventional	7	12	-42%
Paediatric Maxillo-Facial Surgery	1	1	0%
Paediatric Medical Oncology	438	490	-11%
Paediatric Metabolic Disease	10	11	-9%
Paediatric Nephrology	188	303	-38%
Paediatric Neuro-Disability	2		
Paediatric Neurology	73	122	-40%
Paediatric Neurosurgery	115	153	-25%
Paediatric Ophthalmology	65	59	10%
Paediatric Plastic Surgery	103	151	-32%
Paediatric Respiratory Medicine	72	117	-38%
Paediatric Rheumatology	66	80	-18%
Paediatric Surgery	344	383	-10%
Paediatric Transplantation Surgery	1	4	-75%
Paediatric Trauma and Orthopaedics	70	107	-35%
Paediatric Urology	157	239	-34%
Paediatrics	281	507	-45%
Pain Management	79	102	-23%
Palliative Medicine	3	1	200%
Plastic Surgery	723	1,172	-38%
Podiatric Surgery	17	95	-82%
Rehabilitation Service	25	34	-26%
Respiratory Medicine	380	700	-46%
Respiratory Physiology	4	4	0%
Restorative Dentistry	3	2	50%
Rheumatology	378	551	-31%
Spinal Injuries	65	188	-65%
Spinal Surgery Service	25	21	19%
Stroke Medicine	131	116	13%
Thoracic Surgery	154	238	-35%
Transplantation Surgery	126	163	-23%
Trauma & Orthopaedics	1,668	4,070	-59%
Total	**18,341**	**28,144**	**-35%**

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	1	2	3	4	5	6	7	8	9	Total
Trauma & Orthopaedics	61	86	113	157	154	227	259	294	317	**1,668**
Upper Gastrointestinal Surgery	2	2	2	8	6	10	2	5	2	**39**
Urology	20	27	51	55	75	50	83	92	83	**536**
Vascular Surgery	1		2	6	4	10	12	8	9	**52**
Well Babies			1	1	1	1	1	5	2	**12**
Total	**1,135**	**1,295**	**1,771**	**2,050**	**2,032**	**2,465**	**2,683**	**2,530**	**2,380**	**18,341**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-9)	CountEpisode for 2019/20 (M1-9)	CountEpisode % diff 2020/21 to 19/20
Trauma & Orthopaedics	1,668	4,070	-59%
Upper Gastrointestinal Surgery	39	69	-43%
Urology	536	899	-40%
Vascular Surgery	52	83	-37%
Well Babies	12	8	50%
Total	**18,341**	**28,144**	**-35%**

Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpc)
Table 4 (8 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21 (All-Wales and each Health Board of residence)

4.1 All-Wales:

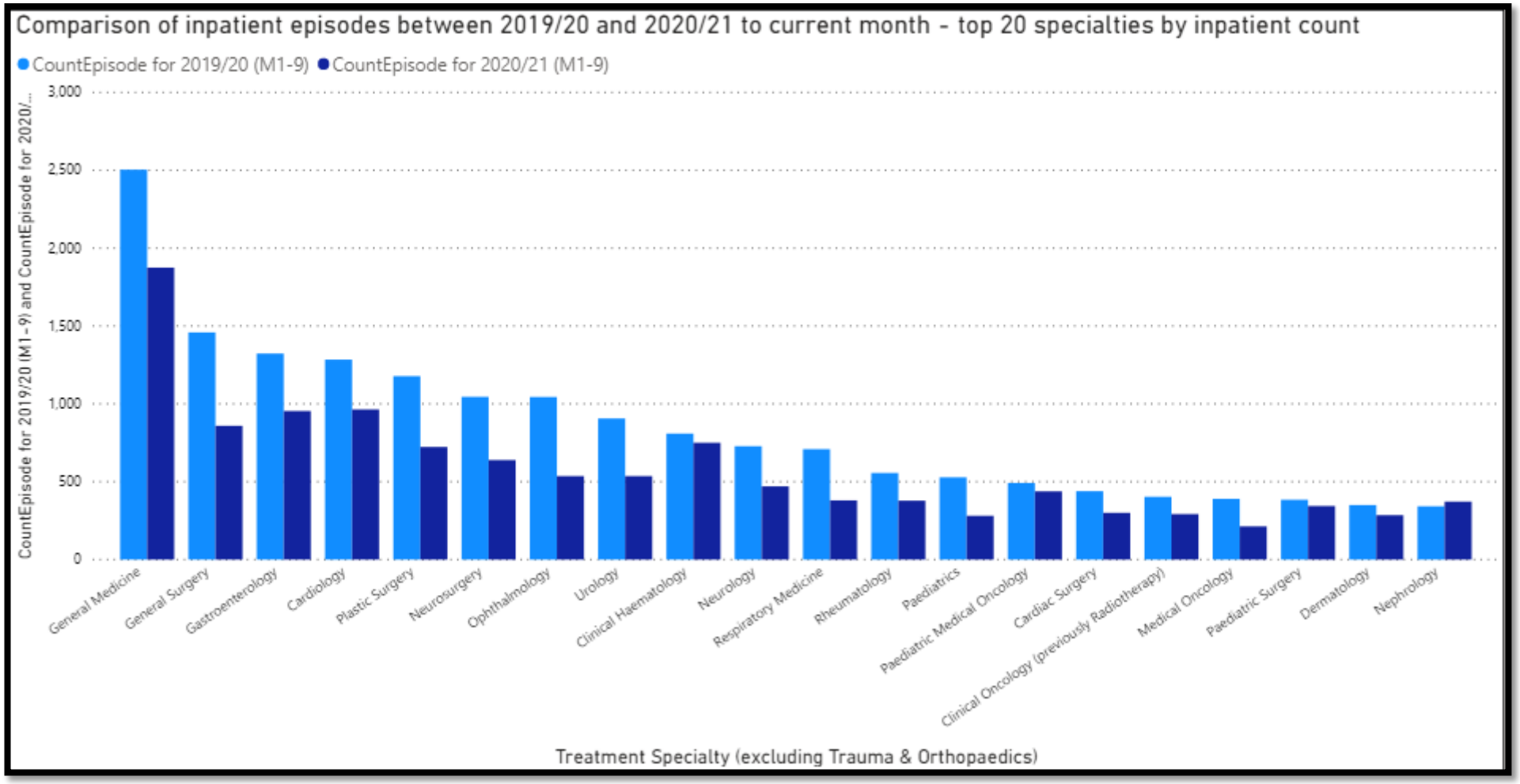


Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

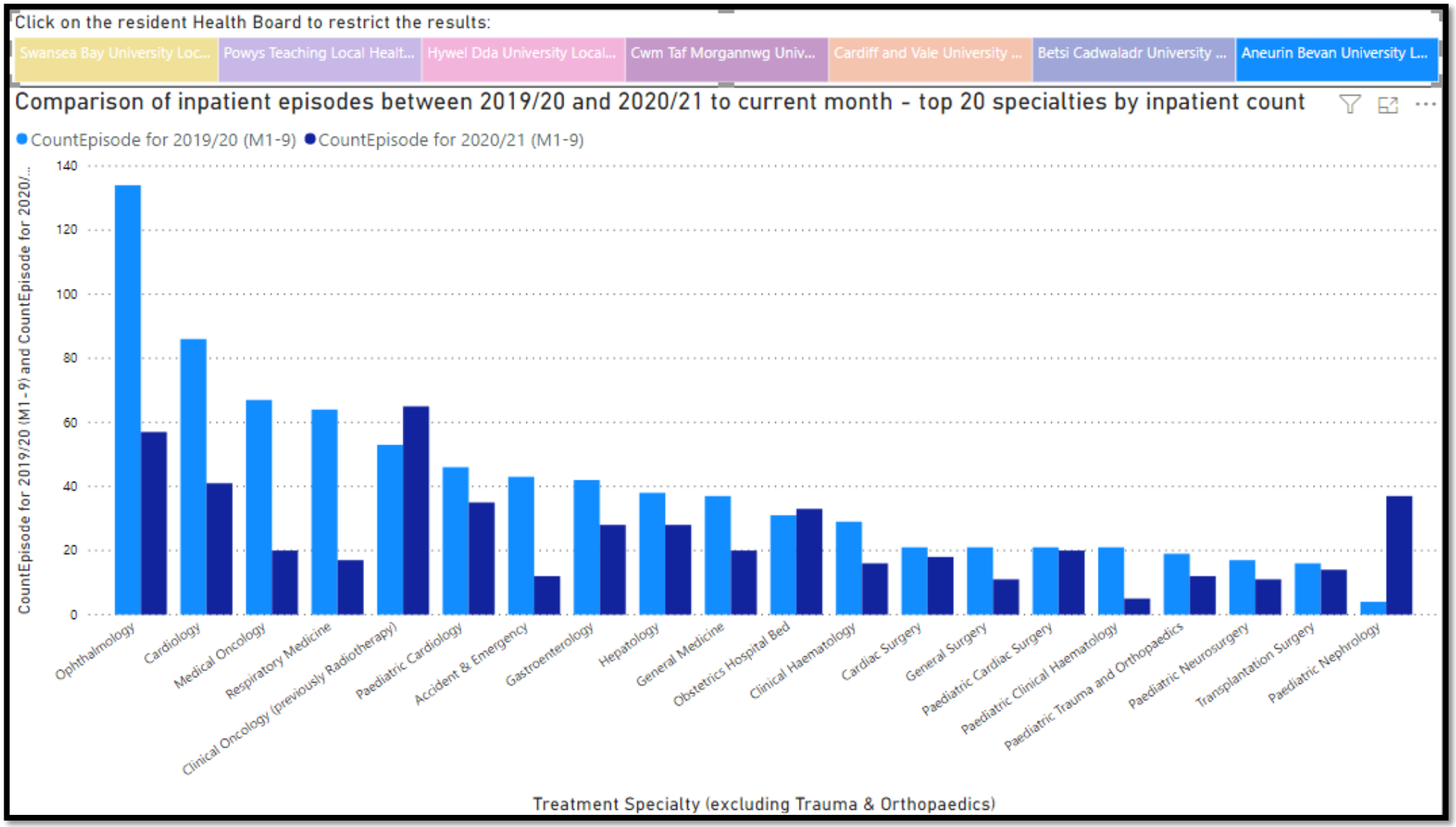


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

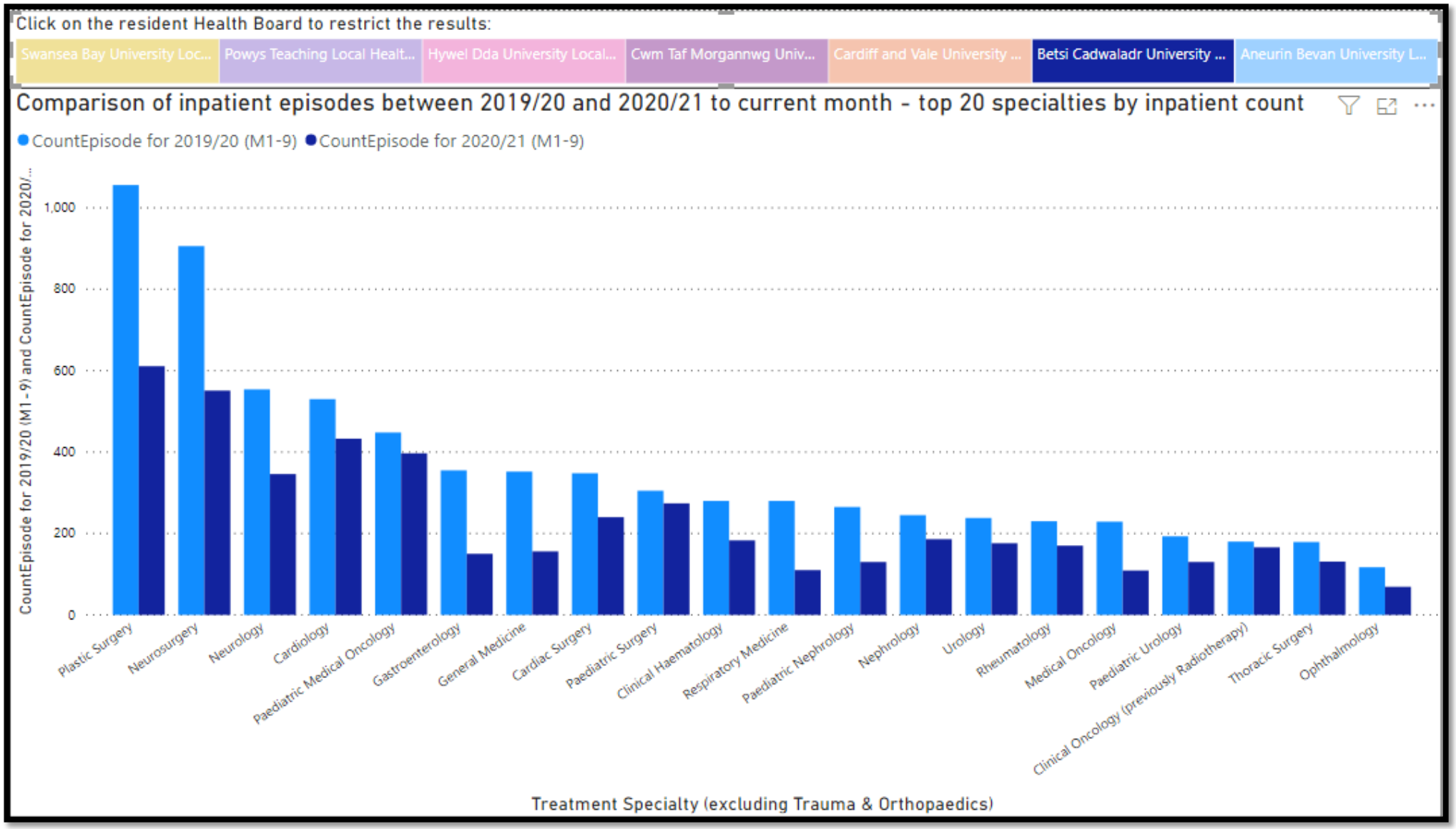


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

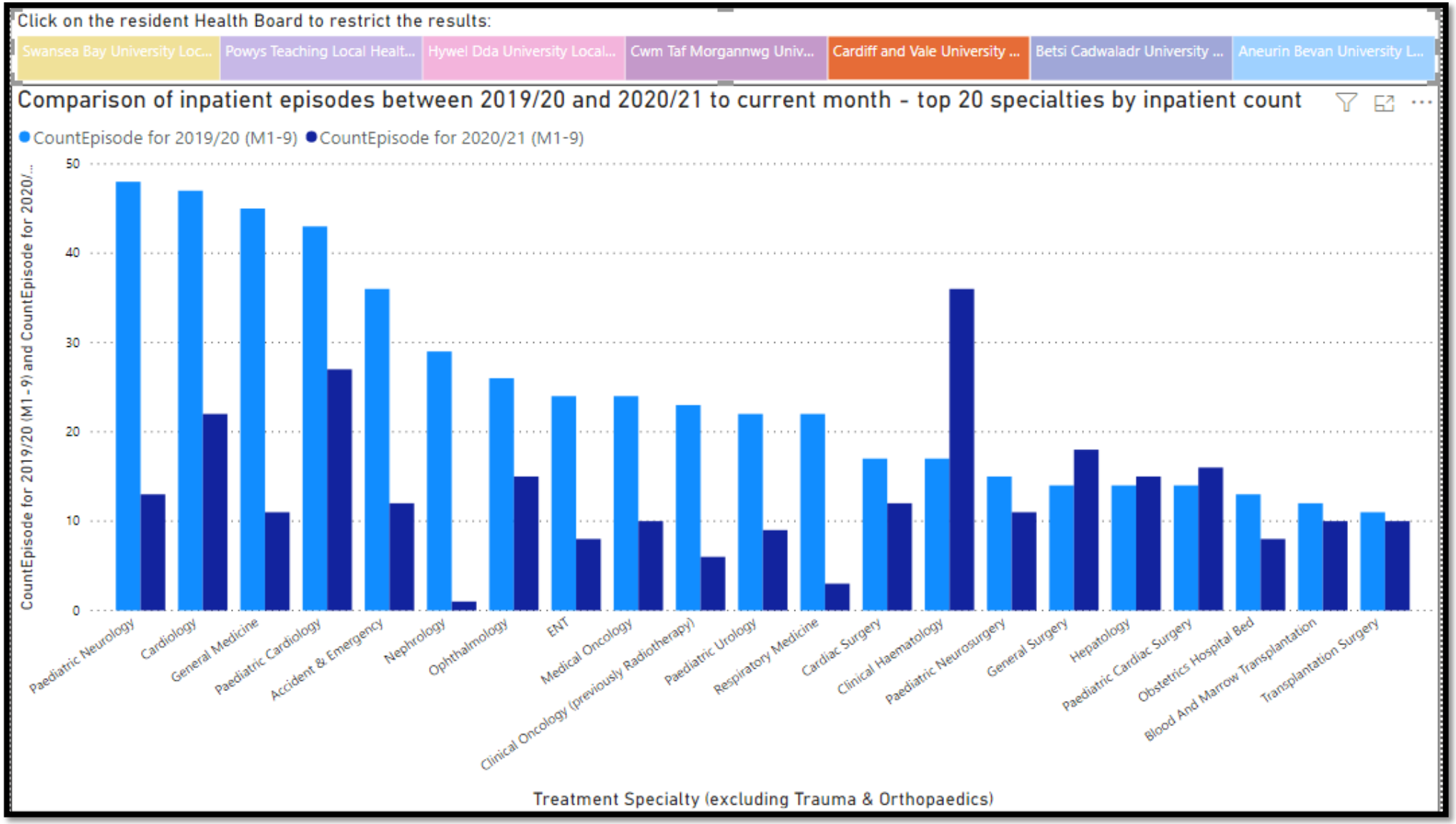


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

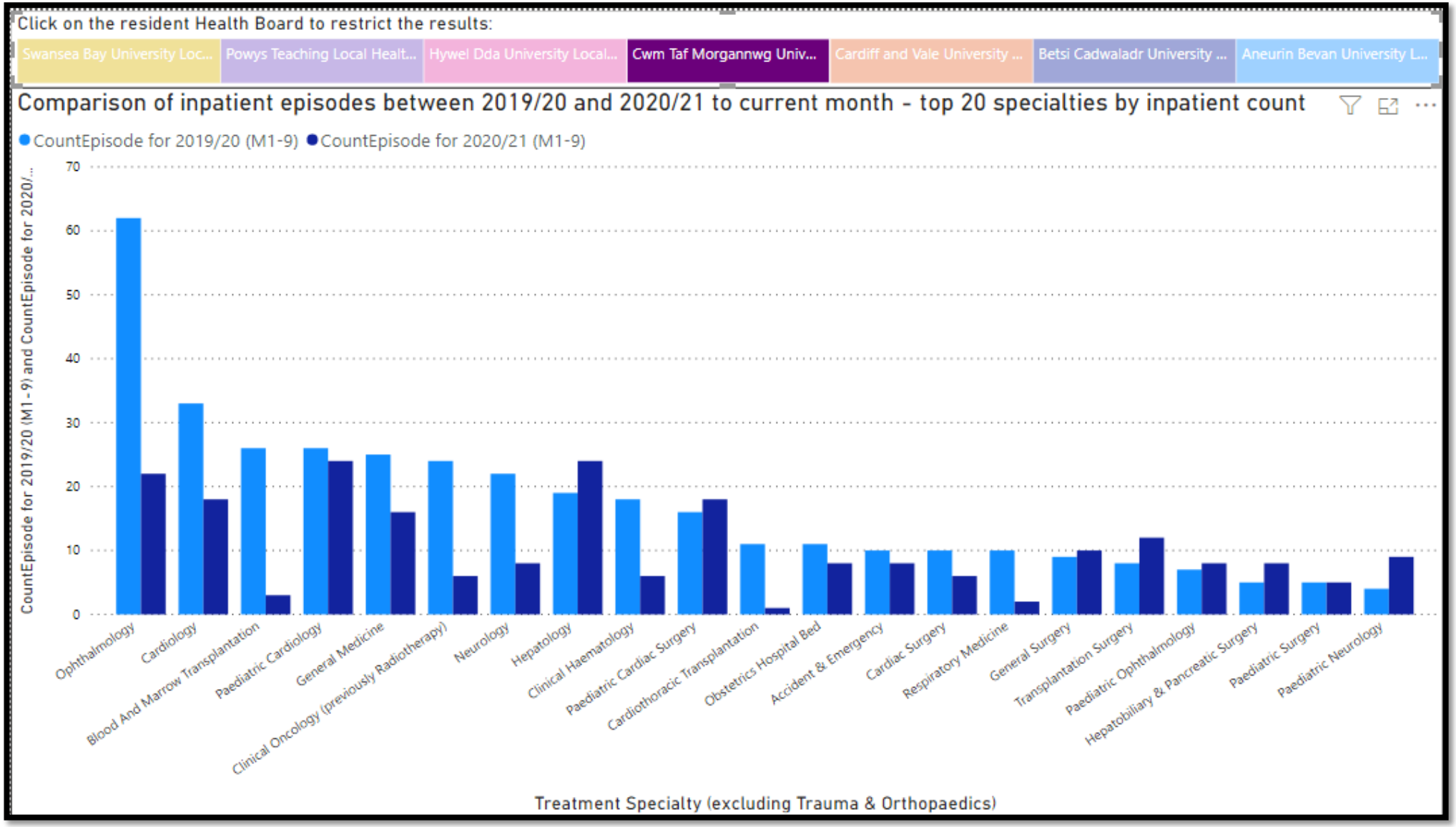


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

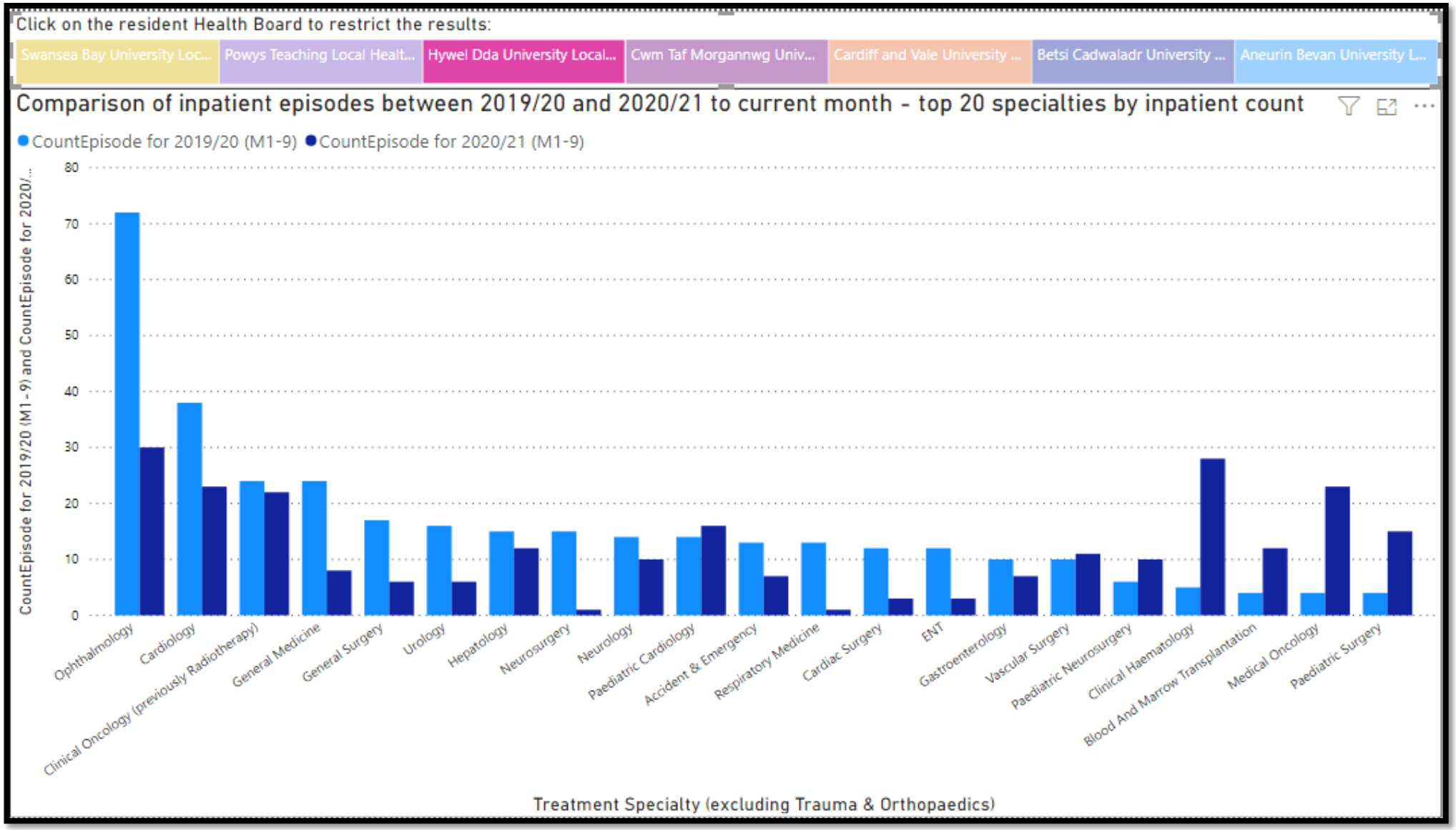


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

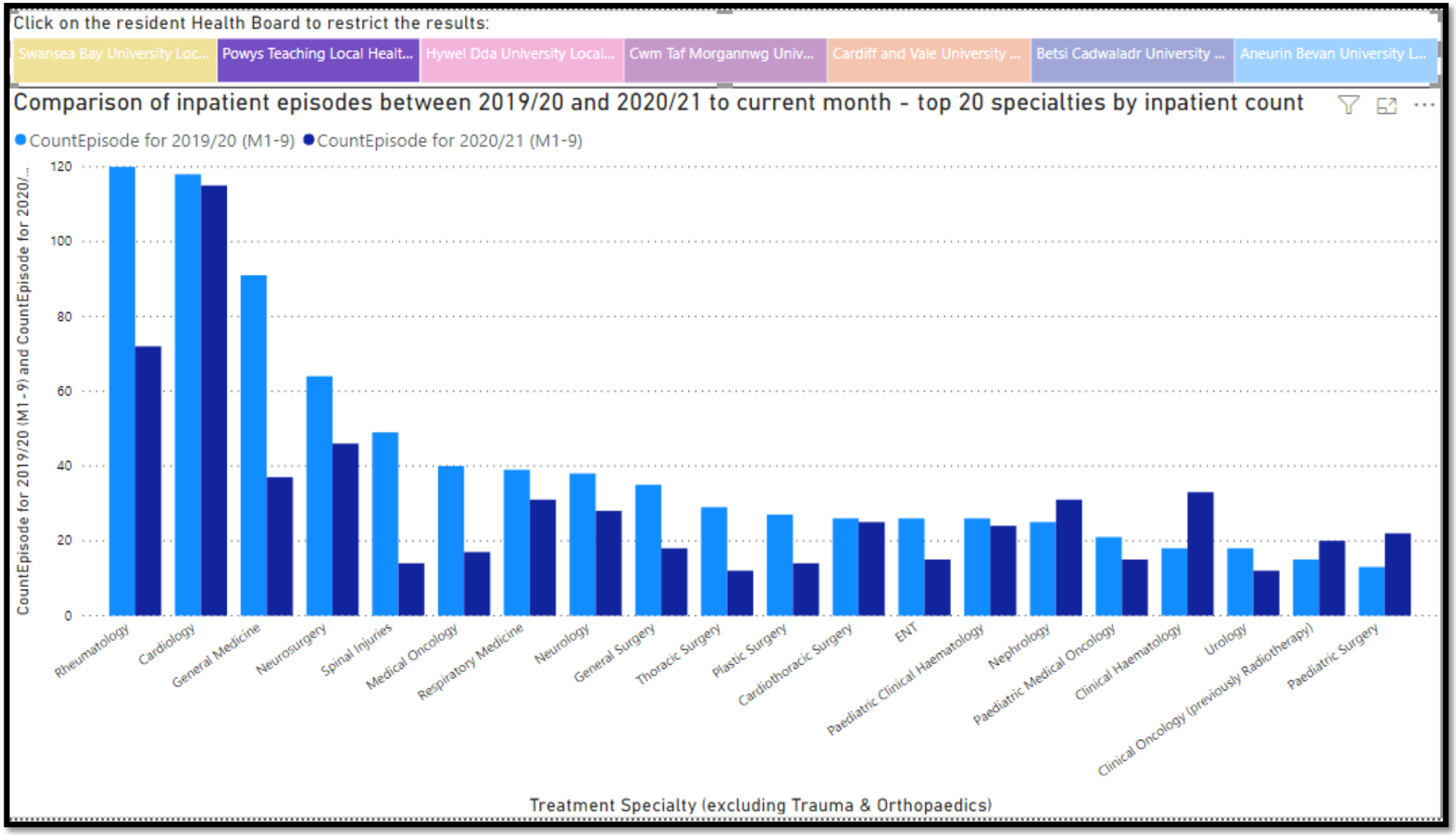
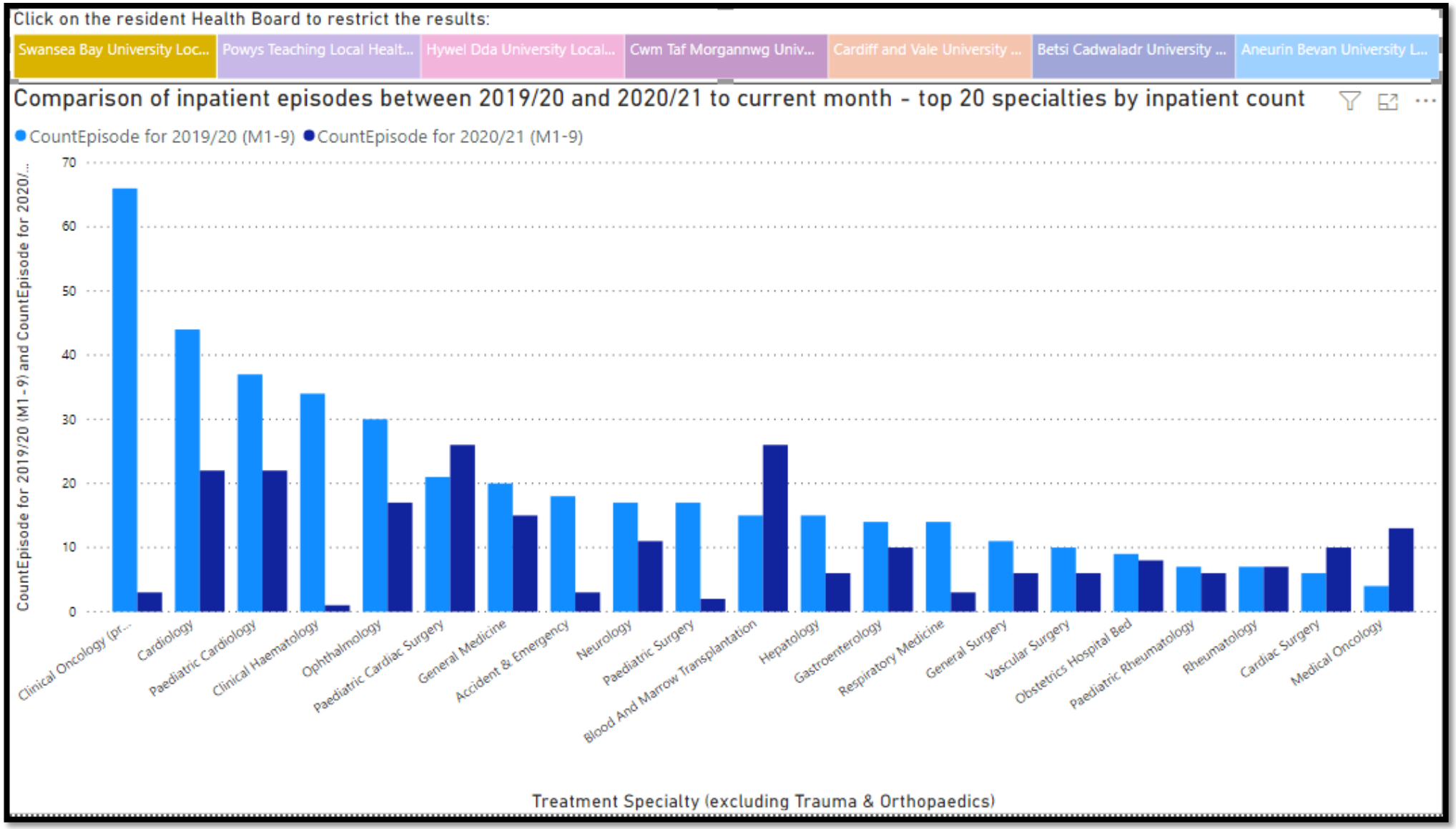


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21



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

		Agenda Item	3.2
Meeting Title	**Joint Committee**	Meeting Date	09/03/2021
Report Title	Financial Performance Report – Month 10 2020/21		
Author (Job title)	Finance Manager - Contracting		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Choose an item.

Purpose	The purpose of this report is to set out the financial position for WHSSC for the 10th 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	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	Members are asked to: • **Note** the current financial position and forecast year-end position.		

Considerations within the report (tick as appropriate)

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

1. SITUATION

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

This report will be shared with WHSSC Management Group on 25 February and Joint Committee on 09 March.

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 10 for WHSSC is a year-end outturn under spend of £14,737k.

This under spend relates mainly to months 1-10 underspend on the pass through elements of welsh provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1 – Q3 20/21 development slippage.

4. RECOMMENDATIONS

Members are requested to:

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

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

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

FINANCE PERFORMANCE REPORT – MONTH 10

1. SITUATION / PURPOSE OF REPORT

The purpose of this report is to set out the estimated financial position for WHSSC for the 10th 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	687,359	574,299	557,561	(16,738)	(2,635)	(14,737)	17
EASC (WAST, EMRTS, NCCU)	178,461	147,217	147,217	0	0	0	0
Total as per Risk-share tables	865,820	721,516	704,778	(16,738)	(2,634)	(14,737)	17

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 10 is a year to date underspend of £16,739k and a forecast outturn underspend of £14,737k.

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	226,651	188,876	186,946	(1,930)	(1,360)	(1,754)	(1,360)
Swansea Bay University Health Board	104,919	87,433	87,962	529	455	562	546
Cwm Taf Morgannwg University Health Board	9,947	8,289	8,289	0	0	0	0
Aneurin Bevan Health Board	8,358	6,965	6,965	0	0	0	0
Hywel Dda Health Board	1,629	1,358	1,358	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	42,952	35,794	35,551	(243)	(199)	(243)	(199)
Velindre NHS Trust	48,656	40,547	38,888	(1,659)	(1,687)	(2,212)	(2,249)
Sub-total NHS Wales	**443,113**	**369,261**	**365,958**	**(3,303)**	**(2,791)**	**(3,646)**	**(3,262)**
Non Welsh SLAs	116,969	97,474	93,365	(4,109)	(3,619)	(4,848)	(5,288)
IPFR	47,101	39,251	39,087	(164)	(686)	494	(548)
IVF	4,841	4,034	3,782	(252)	(215)	(252)	(215)
Mental Health	31,468	26,223	27,709	1,486	998	2,316	2,386
Renal	4,789	3,991	3,860	(130)	(86)	(128)	(30)
Prior Year developments	2,628	2,190	2,578	389	770	425	950
2020/21 Plan Developments	32,002	26,668	19,408	(7,260)	(5,831)	(5,025)	(5,217)
Direct Running Costs	4,448	3,707	3,711	4	38	5	46
Reserves Releases 2019/20	0	0	(3,398)	(3,398)	(2,683)	(4,078)	(3,577)
Phasing adjustment for Developments not yet implemented ** see below	0	1,500	1,500	0	0	0	0
Total Expenditure	**687,359**	**574,299**	**557,561**	**(16,738)**	**(14,104)**	**(14,736)**	**(14,754)**

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 1-10 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 month's 1-10 performance variations on the pass through elements of the LTAs. Particularly material underspends exist for C&V relating to ALAS equipment, Haemophilia, Renal Transplants, Spinal Implants, INR Devices, Cystic Fibrosis, BMT, ATMP and Velindre NICE drugs. These are partially offset by overspends on Immunology issues at Cardiff & Vale and NICE High Cost Drugs for both Cardiff & Vale and Swansea Bay. This forecast provider position at Cardiff & Vale and Swansea Bay UHB reflects the full year impact of Joint Committee agreement where TAVI over performance will be reimbursed at 19/20 outturn levels.

5.2 NHS England

All NHS England provider contracts have been calculated on the same basis with a block element covering months 1-10 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. Month 7-12 assumes continuation of the blocks at the months 1-6 agreed baselines. We are currently awaiting formal confirmation from NHS England of a proposed tiered performance reduction at material providers and undertaking an impact assessment of actual pass through drug & device hand backs if the English framework is adopted. The position reflects months 6-12 cross border agreement with anticipated underperformance against blocks where provider activity is forecast at > 20% below agreed baseline.

5.3 Individual Patient Commissioning

The month 10 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 10 there is a net reported underspend of £164k resulting from a lower activity in high cost treatments such as Enzyme Replacement therapy and Eculizumab. The long term high cost transplant patient at GOSH remains in the forecasted position and has risen to £1.6m which accounts for the majority of the reduction in the YTD and forecasted underspend positions.

5.4 Mental Health

The Mental Health position is based on approved placements in High, Medium Secure and Specialist Mental Health providers and is not materially different to that reported last month. The reported YTD position of £1,486k overspent is a result of an exceptionally high cost medium secure patient. The YTD increase is a result of an increase in the daily rate for this patient. The full year forecast is revised to an overspend of £2,316k anticipating this patient remains with the current provider for the remainder of the year.

5.5 Strategic IMTP Developments and Provisions

For new 20/21 developments and 19/20 developments or strategic priorities which did not get implemented in year, the current forecast slippage is reported. If schemes have been approved by management group as meeting direct avoiding COVID harm criteria, then the 20/21 part year forecasts are reported. The forecast slippage has increased by £567k in month 10 based on provider returns for month 9.

The ATMP position has been revised to an overspend of £1,998k against the 19/20 funded baseline, based on in year approvals. This variance can be managed within the overall WHSSC position and no call on central funding is required.

There is a £700k provision included for non recurrent slippage schemes that can be undertaken aimed at reducing specialised waiting lists ot improving activity flow.

5.6 WHSSC Direct Running Costs

The running cost budget at month 10 is currently £4k overspent with a forecast position of £5k overspent. This is mainly due to historic underfunding of the non-pay budgets which has continues into 20/21.

5.7 Renal

The month 10 YTD position is currently £130k underspent, this is an increase in the underspend of £45k compared to last month and is mainly the result of a 15% adjustment to the Royal Liverpool and Broadgreen position due to transplant inactivity which is partially offset by an increase in Swansea Bay dialysis overspend due to a COVID payment being made. The full year forecast sits at £30k underspent which is a £99k deterioration in the position

since month 10. This is a result of the Royal Liverpool issue above being forecast to year end.

5.8 IVF

The YTD position is an underspend of £252k. 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 month 10 YTD position.

5.9 Reserves releases

The reserves release of £3,398k 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 19/20 activity. This month, additional releases relating to Mental Health Perinatal placements have been identified. Total releases are £4,078k 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 9 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 £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Variance M10	(16,739)	(2,786)	(1,265)	(2,153)	(2,923)	(1,361)	(905)	(5,346)
Variance M9	(14,104)	(2,401)	(1,012)	(1,866)	(2,505)	(1,100)	(641)	(4,580)
Movement	(2,635)	(385)	(254)	(287)	(417)	(261)	(264)	(766)

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
EOY forecast M10	(14,737)	(2,493)	(850)	(1,835)	(2,472)	(940)	(758)	(5,388)
EOY forecast M9	(14,754)	(2,477)	(854)	(1,849)	(2,497)	(935)	(746)	(5,395)
EOY movement	17	(16)	4	14	24	(5)	(12)	8

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	104,615	87,179	87,205	0	(25)	87,180	(850)
Aneurin Bevan	162,576	135,480	134,392	1,089	0	135,480	(2,472)
Betsi Cadwaladr	190,903	159,086	159,148	0	(62)	159,086	(5,388)
Cardiff and Vale	139,251	116,043	116,072	0	(29)	116,043	(2,493)
Cwm Taf Morgannwg	124,175	103,479	103,366	146	(32)	103,479	(1,835)
Hywel Dda	102,697	85,581	86,093	(512)	0	85,581	(940)
Powys	41,601	34,668	34,668	0	0	34,668	(758)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	**865,820**	**721,516**	**720,943**	**722**	**(148)**	**721,517**	**(14,737)**

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

None

Our forecast balance sheet and cash flow assume cash funding returned to LHBs regarding their forecast risk sharing outturn. Currently 2 LHBS have informed us that they don't want the cash returned in this financial year. 2 have agreed to accept the cash back and we have not had a response from the remaining 3. (C&V, CTM and Powys)

8. OVERVIEW OF KEY RISKS / OPPORTUNITIES

The slippage identified by providers against the Major Trauma Centre, Critical Care LTV and Traumatic Stress allocations is not reported within the WHSSC position. The £3.9m surplus has been declared and will be recovered centrally by Welsh Government during M11.

9. PUBLIC SECTOR PAYMENT COMPLIANCE

As at month 9 WHSSC has achieved 100% compliance for NHS invoices paid within 30 days by value and 98% by number.

For non NHS invoices WHSSC has achieved 100% in value for invoices paid within 30 days and 99.6% by number.

This data is updated on a quarterly basis.

WHSSC has undertaken a self-audit of our PSPP results as provided by NHS WSSP and are content that they are accurate. Therefore we have updated our forecast end of year position.

10. RESPONSES TO ACTION NOTES FROM WG MMR RESPONSES

None

11. SLA 20/21 STATUS UPDATE

All Welsh SLAs are signed. WHSSC are currently awaiting formal confirmation from NHS England of a proposed tiered performance reduction at material providers and undertaking an impact assessment of actual pass through drug & device hand backs if the English framework is adopted.

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 26 NOVEMBER 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. It was noted that a quorum had been achieved.

2. Minutes from Previous Meeting and Action Log

The Minutes from the meetings held on 22 October 2020 were noted and approved.

Members noted the action log and received an update on:

- **MG209** - Transfer of Services. Carried forward to January 2021.

3. Managing Director's Report

The Managing Director's report proving an update on (1) Welsh Gender Service – Peer Support Programme Funding, (2) Valve in Valve TAVI, and (3) Neonatal ICU cot utilisation was taken as read.

Members were advised that the Valve in Valve TAVI review had been conducted by CEDAR rather than HTW as stated in the paper.

4. Congenital Heart Disease Networked Care

Members received a presentation from the CHD Network South Wales and South West that covered:

- Background & purpose Operational Delivery Networks (ODNs)
- Governance arrangements for ODNs
- Congenital Heart Disease Networks - South Wales and South West
- CHD standards
- For consideration/next steps

Members received a paper the purpose of which was to describe the importance of the network approach to the delivery of care for patients with Congenital Heart Disease and to highlight the concerns raised to WHSSC by the CHD Networks regarding Wales not formally adopting the CHD standards of care.

Members felt that a baseline review and gap analysis against the English standards should be undertaken as a first step and, if data was available from the all Wales commissioned service audit, this should be used to identify differential outcomes.

Members (1) noted the information in the report; and (2) supported the following recommendations, subject to undertaking a baseline review and gap analysis based on the English standards:

- consideration of the CHD standards and their adoption in Wales,
- consider if there is an opportunity to develop a Level 3 service specification under collective commissioning arrangements, and
- consider a Memorandum of Understanding between the Welsh centres and the CGD Networks.

5. Implementation of the Hereditary Anaemias 2020-21 ICP Scheme

Members received a paper the purpose of which was to request approval for the release of funding to enable the implementation of the Hereditary Anaemias 2020-21 ICP scheme, which will enable the implementation of a network model which will provide a sustainable, equitable service for patients across south Wales and support the response to harm caused by COVID-19.

It was reported that the services within the scheme would link into related local services across the region.

Members questioned whether social workers and youth workers could be funded from NHS funds, unless their work related to clinical activity. It was noted that youth workers were already engaged in the renal service and that their activities supported clinical compliance and outcomes.

It was agreed that the WHSS Team would undertake a project mapping the wider specialised services portfolio for optimisation of shared resources in areas such as pharmacy, psychology, physiotherapy, etc.

Members (1) approved the release of funding to enable the implementation of the Hereditary Anaemias 2020-21 ICP scheme, subject to the exclusion of the funding related to a social worker, (2) noted that the requested funding is within the provision for the hereditary anaemias scheme in the 2020-23 ICP, and (3) noted that the implementation of this scheme will support the response to COVID-19 harm as outlined in the paper.

6. Neonatal Transport Interim 24/7 Model

Members received a paper the purpose of which was to provide an overview of a service model proposal to extend the current 12-hour Neonatal Transport service to provide a 24-hour service for an interim period of six months, from 4 January 2021. The proposal had been provided by the Neonatal Network Transport Sub Group on behalf of

ABUHB, CVUHB and SBUHB. A separate submission had been provided by WAST.

Members (1) noted that there is £600,000 available funding [fye] for the model in the ICP for 2020-21, (2) noted that Joint Committee at its meeting in March 2020 delegated authority to Management Group to approve the case providing there is consensus on the proposal in Management Group, (3) noted the discussion at Joint Committee on 10 November 2020, and (4) supported the proposal to implement an interim 24/7 neonatal transport service for no more than 6 months pending implementation of a permanent service model.

7. South Wales Cleft Lip and Palate Service Update

Members received a paper the purpose of which was to inform them of the current Cleft Lip and Palate activity and waiting list position for patients across Wales and provide options for the future management of patients.

It was reported that the position in south Wales was that of an outlier compared to the English providers and that only a small amount of outsourcing to England was likely to be available.

The WHSS Team had asked CVUHB whether it could provide support and had received a promising response indicating that they might be able to provide theatre time based on clinical priority. It was also recognised that whilst these patients weren't suitable for surgery in independent sector hospitals it would be possible to shift other services into the independent sector freeing capacity for these patients within the NHS.

It was noted that the potential harms for these patients were related to the negative impact on their development and were time critical.

It was reported that the Joint Committee, at its November meeting, had indicated that it was prepared to consider re-allocating forecast underspend to commission extra capacity. Members were supportive, in principle, of this initiative.

Members (1) noted the current waiting times and activity levels in the South Wales Cleft Lip and Palate service, and (2) supported further exploration of options to mitigate the continued growth of the waiting list.

8. Proposal to appoint a Project Manager to develop a Thrombectomy service in South Wales

Members received a paper the purpose of which was to provide an update on the proposal to appoint a temporary dedicated Project Manager to plan and develop a Thrombectomy service across the south Wales region with the aim of submitting a formal business case to WHSSC.

It was noted that the responsibility for the appointment of the project manager would be with CVUHB.

Members (1) supported the appointment of a fixed term dedicated Project Manager to plan and develop a Thrombectomy service across south Wales, (2) supported the hosting arrangements for the Project Manager's post and funding release, and (3) noted the information presented within the report.

9. WHSSC Policy Group Report

Members received a paper the purpose of which was to update them on the work of the WHSSC Policy Group and, in particular, to provide an overview of all WHSSC commissioning policies and service specifications published since 1 April 2020 and the rationale for their development.

Members noted the information presented within the report.

10. Month 6 Activity Report

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 are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

The M6 activity levels were fundamentally similar to M5. Most NHSE providers had continued to improve to around 80% of pre-COVID levels and it was felt that they were unlikely to be impacted by the second surge of the pandemic. The message from this what could Welsh providers learn about protecting their specialised service activity in a similar way.

There had been improvements in Cardiac surgery in south Wales, particularly from CVUHB which had moved its Cardio-thoracic surgery to UHL, a COVID-free site. The WHSSC Team were trying to understand the backlog.

South Wales Paediatric surgery was increasing but was nowhere near the activity levels in Alder Hey Hospital.

Members noted the information presented within the report and confirmed that they wished to continue receiving this type of report.

11. 2020-21 Month 7 Finance Report

Members received a paper the purpose of which was to provide the current financial position of WHSSC together with the outturn forecast for the financial year.

The financial position at Month 7 is a year to date underspend of £12.0m and a forecast year end under spend of £13.2m.

Members were advised that the under spend relates mainly to months 1-7 underspend on the pass through elements of Welsh provider SLA's,

COVID block arrangements with NHSE for Q1–Q3 below the plan baseline, a baseline increase for NHSE providers for the additional 0.8% inflation and Q1–Q3 2020-21 development slippage. Members were asked to note that there is likely to be a further improvement following formal confirmation of revised financial arrangements with NHSE providers for the remainder of the financial year. The magnitude of this is difficult to quantify precisely but could be around £2-3m depending on delivery trajectory and the impact of COVID-19 for the remaining 5 months of the financial year.

The Joint Committee meeting held on 10 November was briefed on the improved financial position for Month 7 and supported the need for WHSSC to work through the Management Group to explore deployment of additional in year resources from the increased underspend to mitigate the risks in a number of critical areas including Cardiac surgery, Paediatric surgery and Cleft Lip and Palate.

Members noted the information presented in the paper.

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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 17 DECEMBER 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. 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 26 November 2020 were noted and approved.

Members noted the action log and received an update on:

- **MG202** - Replacement Wheelchair Programme for the Posture and Mobility Service in South Wales. An update was provided in the Managing Director's Report and the substantive matter was carried forward to January 2021.

3. Managing Director's Report

The Managing Director's report proving an update the replacement wheelchair programme was taken as read.

4. Update on the Collaborative Kidney Care project

Members received a paper that provided an update on the Collaborative Kidney Care project.

Members noted the information presented within the paper.

5. Augmentative and Alternative Communication (AAC) Service Review (Phase 1)

Members received a paper that described phase 1 of the second service review for the AAC service. It was reported that the author of the report was currently on sickness absence, so an updated version of the paper

that addressed additional questions would be brought to members in the New Year.

6. Tertiary Paediatric Cardiology – Sustainability and Standards of Care

Members received a paper that sought approval for the release of funding to implement the Integrated Commissioning Plan scheme for the development of Tertiary Paediatric Congenital Heart Disease - sustainability and standards of care in South Wales (ICP20-23).

Members (1) noted that the funding is within the provision for the Tertiary Paediatric Cardiology scheme 2020/23, (2) noted that the implementation of the ICP scheme supports the response to COVID harm as outlined in the paper, and (3) approved the release of funding to implement the Integrated Commissioning Plan scheme for the development of Tertiary Paediatric Congenital Heart Disease - sustainability and standards of care in South Wales (ICP20-23).

7. Month 7 Activity Report

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 are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Some English providers had continued to improve but with flattening of activity levels from others.

There had been further improvement in Cardiac surgery in south Wales, particularly from CVUHB, but with some negative impact from nosocomial infection. Paediatric surgery in south Wales was gradually improving.

There was concern that the latest surge in COVID-19 infection rates would adversely affect specialised services activity rates.

Members noted the information presented within the report and confirmed that they wished to continue receiving this type of report.

8. 2020-21 Month 8 Finance Report

Members received a paper the purpose of which was to provide the current financial position of WHSSC together with the outturn forecast for the financial year.

The financial position at Month 8 is a year to date underspend of £13.1m and a forecast year end under spend of £14.4m.

Members were advised that the under spend relates mainly to months 1-8 underspend on the pass through elements of Welsh provider SLA's, COVID-19 block arrangements with NHSE for Q1–Q3 below the plan

baseline, a baseline increase for NHSE providers for the additional 0.8% inflation and Q1–Q3 2020-21 development slippage.

Members were advised that Joint Committee had approved a proposal at its meeting on 15 December for the WHSS Team to deploy additional surpluses over and above the month 7 forecast surplus level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction. Also that, in the interests of time, these arrangements will be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.

Members noted the information presented in the paper.

9. Assistant Director of Planning

It was reported that Claire Harding, from ABUHB, had been appointed Assistant Director of Planning - WHSSC and would be joining the team in February 2021.

10. CAR-T Good News Story

Members were briefed on widely reported story of a mother of three from north Wales who had received CAR-T cell therapy treatment, the first Welsh patient for this treatment, and was now cured from her previous prognosis of terminal cancer.

11. Ockenden Review – First Report

Members were made aware of the publication, on 15 December, of the first report of the Independent Maternity Review at the Shrewsbury and Telford Hospital NHS chaired by Donna Ockenden. The report outlines the local actions for learning for the Trust and immediate and essential actions for the Trust and wider system that are required to be implemented now to improve safety in maternity services for the Trust and beyond.

12. January Meetings

Members were advised that WHSSC had received a communication on behalf of the Chief Executives' Group requesting Joint Committee and Management Group meetings scheduled for January to be stood down because of the anticipated operational challenges facing health boards as a result of the continuing increase in COVID-19 admissions.

It was noted that an alternative Joint Committee meeting would be scheduled for mid-February to consider the ICP 2021-22. Members considered the need to fulfil their scrutiny role of the ICP ahead of Joint Committee consideration and decided to proceed with the Management Group meeting scheduled for January.

13. 2020 Management Group Integrated Commissioning Plan (ICP) Prioritisation Report

Members received the following:

a. A paper that outlines the Clinical Impact Assessment process undertaken in 2020 for schemes received from service providers and the outcomes from the prioritisation of those schemes;
b. A paper that present the final, validated results from the Prioritisation Panel process from the horizon scanning process for new and emerging health technologies to inform development of the ICP for 2021-22; and
c. A presentation outlining the preliminary financial impact of the prioritised schemes and health technologies on the ICP for 2021-22.

These documents were considered in a workshop format following the meeting and it was noted that the draft ICP 2021-22 would be considered further at the January 2021 meeting.

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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 21 JANUARY 2021

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. 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. Action Log

Members noted the action log and received an update on:

- **MG180** - Specialised Haematology Commissioning: Report on work on BMT pathway. Indefinitely delayed by pandemic – carried forward.
- **MG202** - Replacement Wheelchair Programme for the Posture and Mobility Service in South Wales. Little has changed since previous paper presented to MG – carry forward to February 2021.
- **MG227** - Update on the Collaborative Kidney Care Project: PTHB issues. Action closed but noted that S Spence is dealing with issue at Llandrindod Wells dialysis unit.
- **MG228** - Augmentative and Alternative Communication (AAC) Service Review. The service has not yet moved to Phase 2; a report will follow in May 2021.

3. Utilisation of Forecast Underspend

Members received a paper that reported the WHSSC Chair's Actions taken to approve proposals for the utilisation of forecast underspend, based on the Joint Committee's decision taken on 15 December 2020 and asked members to consider the utilisation of forecast underspend for a CT-MRI proposal received from SBUHB.

It was noted that SBUHB could have proceeded with the CT-MRI proposal without referral to WHSSC but members were supportive of the proposal in any event.

Members (1) noted the list of proposals supported by WHSSC Corporate Directors Group Board and approved by WHSSC Chair's Action in line with the decision of Joint Committee taken on 15 December 2020; and (2) supported the use of the WHSSC forecast underspend to increase CT-MRI capacity at SBUHB, to reduce the backlog, on a non-recurrent basis until 31 March 2021.

4. Neonatal Transport Update

Members received an oral update and noted that the interim 24/7 model went live on 4 January but was only agreed for six months. Members of the Neonatal Transport Sub-group had previously been asked to consider the clinical model for the permanent solution but had recently indicated that they were too busy to do this. The WHSS Team was disappointed to hear this but would proceed with the commissioning process based on a lead provider model.

5. Integrated Commissioning Plan 2021-22 (ICP)

Members received the draft ICP. Following the formal meeting members received a presentation on the key features of the ICP and noted that the final version would be presented to Joint Committee on 16 February for approval.

6. All Wales Lymphoma Service (AWLS) Update

Members received a paper that provided an update on the AWLP service, in particular outlining:

- previous investment in the service;
- growth in demand and underlying drivers;
- current service model and capacity;
- performance against turnaround time targets;
- contracting arrangements;
- areas of risk in the service; and
- areas for future service improvement.

Members (1) noted the previous investment in the service and level of baseline activity; (2) noted the increasing demand for lymphoma pathology testing since investment in 2015-16 and the factors underlying this increase; (3) noted the performance against the revised turnaround time target to date in 2020-21 (in the context of reduced activity due to the pandemic); (4) noted that adjustments to the contract have been agreed to help manage increasing activity; (5) noted the work proposed by the cancer and blood commissioning team into 2021 to strengthen commissioning and assurance in relation to the quality of the AWLP service; and (6) supported WHSSC making a formal request that the AWLP service nominate a clinical lead.

7. Hepato-Pancreato-Biliary Surgery in South Wales

Members received a paper that sought support to include a provision for tertiary hepatology within the 2021-22 WHSSC financial plan, and to include as part of the collective commissioning framework of the 2021-22

WHSSC ICP. The paper also provided a briefing for the members, on the current status of Hepato-Pancreato-Biliary services in south Wales.

It was agreed that utilisation of the proposed provision in the ICP would be subject to approval of a business case and that the collective commissioning work would initially be exploratory in its nature.

It was agreed that the Associate Programme Director for Tertiary and Specialist Services Planning Partnership, CVUHB/SBUHB should be asked to address the sustainability issues.

Members (1) supported the inclusion of a provision for tertiary hepatology within the 2021-22 WHSSC financial plan; (2) supported inclusion of tertiary hepatology for the collective commissioning within the 2021/22 WHSSC ICP; and (3) noted the information presented within the report.

8. Month 8 Activity Report

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 are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

The rate of recovery in England had slowed down and recovery of Welsh providers had stalled in month 8.

The early month 9 data showed some erratic signs of recovery but the latest information from England suggested that elective capacity was being turned off.

Members noted the information presented within the report.

9. 2020-21 Month 9 Finance Report

Members received a paper the purpose of which was to provide the current financial position of WHSSC together with the outturn forecast for the financial year. The financial position at month 9 is a year to date underspend of £14.1m and a forecast year end under spend of £14.8m.

This under spend relates mainly to months 1-9 underspend on the pass through elements of Welsh provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at >20% below agreed baseline and Q1 – Q3 2020-21 development slippage.

Members noted the information presented in the paper.

Reporting Committee	**Quality Patient Safety Committee**
Chaired by	**Emrys Elias**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**19 January 2021**

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

1. Patient Story/video

The Committee received a patient video regarding a young amputee who had received paediatric blades and the positive impact it had on their life.

2. Renal Network

The Renal network had received confirmation from the Chief Nursing Officer that dialysis nurses were classed as highly skilled, specialist nurses and therefore should not be redeployed during the COVID pandemic to ensure the continuation of a safe service to patients. It was also noted that a local Renal Charity PPF, had been nominated for an award for "Providing Calm, Accurate and Consistent Messaging about COVID-19 to Kidney Dialysis Patients in Wales".

3. 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 informed that thoracic surgery provision for lung cancer patients in mid and south west was an ongoing concern with differential waiting lists between south Wales' providers compared to NHS England providers. As a result weekly meetings involving thoracic surgeons and service managers from both SBUHB and CVUHB had been put in place to review the patient tracker with the group including the ability to cross refer patients between the two centres, depending on capacity and the urgency of treatment.

- **Cardiac**

Members received an updated position regarding cardiac surgery services. It was noted that the plans described in previous reports for the outsourcing of cardiac surgery to Royal Stoke University Hospital had been put on hold due to the significant increase in COVID-19 cases and Tier four lockdown restrictions implemented by Welsh Government. Discussions would recommence subject to

an improvement in the COVID -19 situation and risk assurance being received from both C&VUHB and Royal Stoke University Hospital.

- **Mental Health & Vulnerable Groups**

The Committee received an update on the progress made by SBUHB in respect of the Mother & Baby Unit at Tonna Hospital which was on track to open in April 2021 as planned. Discussions were also ongoing with NHS England regarding another facility in the Chester / Wirral area for North & Mid Wales residents and noted the pathway for Powys patient's pathway would be to either Tonna Hospital or into the north Wales facility.

An update was received regarding the ongoing issues with the high cost complex mental health patient previously reported. It was hoped that transfer to the WEMHS service would take place in February.

Members were updated on the ongoing work and involvement of NCCU Quality Assurance Improvement Service (QAIS) re Tier 4 CAMHS Services.

- **Neurosciences**

Members noted the de-escalation of the Specialised Neurorehabilitation service at Neath Port Talbot Hospital (NPTH), Swansea Bay UHB.

- **Women & Children's**

Members were made aware of service risks associated with Paediatric Surgery. It was noted the Board of CHCs had written to WHSSC expressing concern over the length of the waiting list. Assurance was received that CVUHB waiting list position was improving but there were still some patients waiting >52 weeks and the WHSS Team continued to work closely with CVUHB to support them.

It was reported KP reported that WHSSC was embarking on a key strategic priority in the Integrated Commissioning Plan 2021/22 to develop an All Wales Paediatric Strategy including the Children's Hospital for Wales.

It was noted that the interim 24-hour Neonatal Transport service for south and mid Wales was now in place and would continue to run until the work to finalise the Lead Provider Service Model was completed.

4. Significant COVID-19 related issues not covered in Commissioning Team updates

It was reported that University Hospitals Birmingham NHS Foundation Trust had suspended all elective capacity until further notice as a result of the COVID-19 pandemic and that the WHSS Team was monitoring the situation for any impact on WHSSC commissioned services.

5. Other Reports received

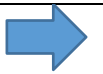
Members received reports on the following:

• **WHSSC Action Plan arising from HIW & WAO Review of Quality Governance at CTMUHB** • **CQC/HIW Summary Update** • **WHSSC Policy Group Report** • **Concerns and SUI Report** • **Risk Management Update** Risk management workshop 28 January, feedback to next meeting
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 Identification of Lead Provider for 24hr Neonatal Transport Service
Matters referred to other Committees Complex mental Health Case update to In-Committee Joint Committee

Date of next scheduled meeting:	23 March 2021

Summary of Services in Escalation

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

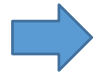
Date of Escalation	Service	Provider	Level of Escala-	Reason for Escalation	Current Position	Movement from last month
April 2015 Escalated to Stage 3 December 2018 October 2020	Cardiac Surgery	CVUHB	3	• Failure to deliver and maintain the Referral to Treatment times targets	Emergency and elective work being undertaken where possible for the south Wales region. Formal performance meetings halted due to COVID however a monthly meeting with C&VUHB has been confirmed for the 20th January 2021	
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 formal performance meetings temporarily halted due to Covid 19 but regular monthly meeting planned to restart in January. Dates for meetings are in the process of being finalised with the operational team.	
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	WHSSC met with LHB in October to discuss issues relating to gap analysis and new service specification. Sustainability of current interim model at risk due to gaps in community consultant workforce. Possible network arrangements with English providers to be explored further and recruitment to inpatient Consultant post to be revisited. In addition relocation of the service onto a main hospital site has also been raised with LHB to consider as strategic issue.	

March 2018 Sept 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 2020	Medical Emergency Response Team implemented Nov 20. Escalation meetings held 12th Nov, Dec 8th QAIS working with unit as part of review. Workshop to discuss gap analysis and model re Service Specification to be held 20th January. SBAR received from Health Board to recommence the use of Seren Ward. Approved by CDGB on the 18th Dec. Health Board informed. Draft investigation report received 8/12/20	
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	

27 Nov 2019	ALAC/AAC	CVUHB	2	• Increase in waiting times, failure to deliver Referral to Treatment target within 26 weeks and failure to provide timely waiting list and activity reports.	The phase 1 AAC Review report was presented to the December Management Group. There were a number of follow up questions raised, which will be discussed at the January meeting. A Performance Assurance meeting WAS to be held in January 2021, where de-escalation from Stage 2 of the escalation process will be reviewed	
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	

				• 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. Escalation meeting Jan 12th 21	

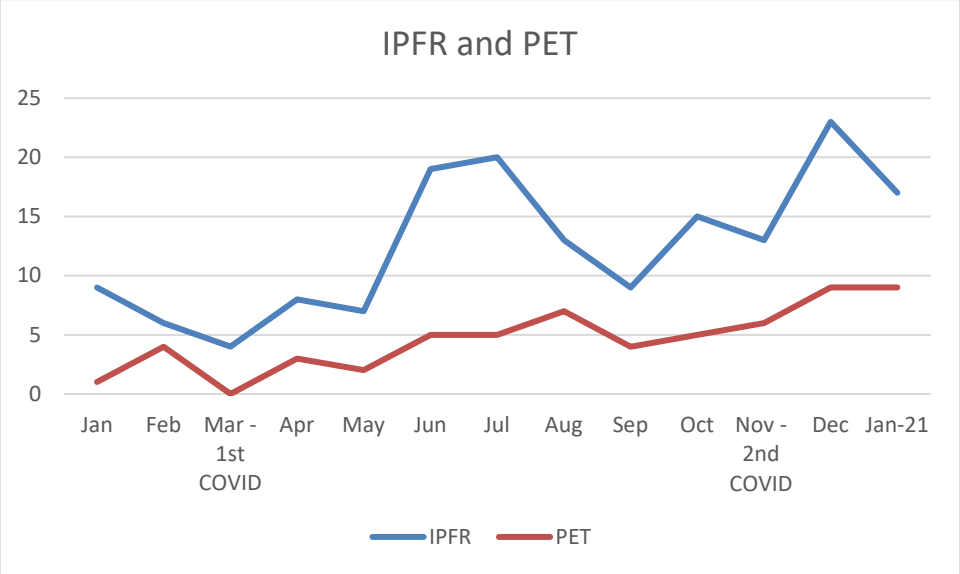
July 2020	Thoracic Surgery	SBUHB	3	• Failure to maintain cancer targets and undertake elective surgery cases	• Concerns raised around the monitoring of Thoracic patients during Covid period and lack of surgical activity	
September 2020	FACTS	CTMUHB	3	• Workforce issue	• 2 CQV's held in Dec. Critical appointment of Clinical Lead (Consultant Psychiatrist) on locum basis. Provider has submitted workforce overview (budget and actual) for review. Recruitment of Senior Psychologist (8c) is underway. Interim solution to address Psychology supervision in place. Provider preparing a performance improvement plan for next meeting on 25th January.	

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 18 February 2021**

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

IPFR decisions have continued to be made by 'Chair 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.

The number of requests considered per month has remained very high with over 130 new requests, plus requests for reconsideration of funding, since the beginning the first COVID outbreak in March 2020. The number of PET scans has also increased during the second outbreak. However, many of the indications where PET has been requested are likely to be included in the next revision of the PET policy in 2021.



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

Implementing bi-monthly Panel Meetings
On going discusions are taking place around amending the current All Wales Panel terms of reference to ensure quoracy is appropriate and able to support bi-monthly meetings.

The IPFR Quality Assurance Group Audit have advised that they expect WHSSC to re-instate monthly IPFR meetings using virtual meeting technology. All current Panel members have been canvasesd for a suitable day and time but it has been difficult to reach a consensus. Therefore, it is proposed that the meetings be held each Thursday of the first and third week of each month. Panel members have been given notice that these meetings will commence from March 2021.

Requesting clinical outcomes
To inform future policy development and monitor outcomes of treatments approved by the Panel. It is intended to actively request outcome data. These requests for feedback will commence with PET outcomes and evalution of patient experience of patient/s who have received a micro-processor knee.

Lay membership
WHSSC are in the process of identifying and recruiting a replacement Lay member.

Judicial Review – Kuvan
An application has been made to reconsider the case for a judicial review of the decision of the WHSSC IPFR panel and the Swansea Bay appeals committee over the decision to decline an application for Sapropterin (Kuvan). This is despite the time limit for application having passed in September 2020. The application invited WHSSC to withdraw its summary grounds for resistance to the claim, to apologise to the court for misleading it, and to concede the claimant's case. Having taken Counsel's advice, WHSSC has declined to take any of the proposed actions, and a letter of rebuttal has been sent by leading counsel on behalf of Welsh Legal and Risk.

Matters requiring Committee level consideration and/or approval	
• None	
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	**25 February 2021**

Reporting Committee	**Integrated Governance Committee**
Chaired by	**WHSSC Chair**
Lead Executive Director	**Committee Secretary**
Date of last meeting	**19 January 2021**

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

19 January 2021

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams.

The main focus of the meeting was (1) updating members on the work undertaken to develop a revised draft Risk Management Strategy for WHSSC, and (2) the process and progress being made to develop the Integrated Commissioning Plan 2021-22(ICP).

Members noted that an earlier version of the risk management paper had been presented to the Cwm Taf Morgannwg Audit & Risk Committee on 14th December 2020 which was chaired by P Griffiths, a former WHSSC IM. The papers were received by the Audit & Risk Committee and the WHSSC approach gained support from its committee members. The next steps in the development of the Corporate Risk Assurance Framework (CRAF) were noted.

Members were advised that the Risk Management Strategy was a document that would sit under the Commissioning Assurance Framework and this would be shared with members as it complements the Risk Management Strategy. Members were made aware of the WHSSC assurance map which provided a summary of the various assurance routes, such as the Corporate Directors Group Board, IGC and Q&PS. This provided a snap shot of how Joint Committee receives assurance. Members received an updated COVID-19 Risk Register for specialised services.

Independent Members and Executives had a lengthy discussion regarding risk and Independent Members noted the information contained within the papers and provided detailed feedback which would be taken into account as the revised strategy was developed.

Members received a paper which presented the process and progress being made to develop the Integrated Commissioning Plan 2021-22(ICP). Members noted the ICP was scheduled to be considered by the Joint Committee in February 2021 and the final version submitted to Welsh Government by 31

March 2021. This would allow sufficient time for health boards to incorporate the ICP's content into their own annual plans. Members also received an update on authorisation of the WHSS Team to deploy forecast underspend for 2020-21 towards mitigation of waiting lists, service improvement, innovation and risk reduction via Chair's Action.
Key risks and issues/matters of concern and any mitigating actions
As recorded above
Matters requiring Committee level consideration and/or approval
As recorded above
Matters referred to other Committees
None
Confirmed Minutes for IGC meetings are available on request

Date of next meeting	23 March 2021

25th February 2021

The Joint Committee
Welsh Health Specialised Services Committee
Unit G1, The Willowford, Main Avenue
Treforest Industrial Estate
Pontypridd
CF37 5YL

Urgent Letter- Re: Concerns about the future and process for commissioning a 24-hour neonatal transport service

We are writing directly to express our concerns related to the process and delay in commissioning the permanent model of the 24-hour Neonatal Transport Service in South Wales.

Following an external review in 2019, triggered by the clinical risk related to the lack of 24-hour neonatal retrieval service in South Wales, the Joint Committee approved funding in early 2020 to WHSSC to commission a permanent 24-hour service that was fit for purpose for the population of South Wales. A 'Task and Finish' group was created with support from the Wales Maternity and Neonatal Network to agree a service specification and commission a clinical model that was fit for purpose, embraced by the stakeholders, and delivered in a timely manner commensurate with the urgency of the situation.

Unfortunately, the commissioning process has been unnecessarily delayed not only by the pandemic but also by a clear discordance between WHSSC and the collaborating clinicians' view on the service model, financial flow, governance structure and other clinical and practical perspectives required to develop this service. It is only due to the goodwill and insistence of the clinical workforce that an interim model was finally operational in January 2021 for a maximum period of 6 months. However, this interim model is entirely dependent on existing clinicians' willingness to undertake ADHs and is not sustainable without permanent recruitment beyond the initial commitment. The provider health boards are understandably unwilling to commit to substantive recruitment without a concrete proposal of the structure of the permanent model and the financial framework and unfortunately this is still not forthcoming.

The existing CHANTS service (Cymru Inter-hospital Acute Neonatal Transport Service) is a 12-hour consultant delivered model that has been running an uninterrupted very successful day time service in South Wales for well over a decade. Its clinical outcomes have consistently benchmarked well with other transport services in the UK. It is a shared collaborative model run by three tertiary neonatal services of the Swansea Bay, Cardiff & Vale and the Aneurin Bevan Heath Boards. When CHANTS was commissioned in 2011, this was the only sustainable model identified through an option appraisal based on the unique challenges related to geography, recruitment prospects and existing infrastructure of neonatal services. There have been no major incidents or risks identified for the commissioned 12-hour service. However, there have been inevitable reported inefficiencies and risks inherent to the lack of an overnight service.

The governance of the current service rests with individual provider health boards through their internal Q&S processes with overarching expertise, assistance and scrutiny provided by the Network's Transport Subgroup. There is an overall Clinical Lead and a manager for the service, sitting within the network's infrastructure. This model has worked well and there is precedence of similar arrangements working safely and with good accountability for many years in the Kent-Surrey- Sussex (KSS) neonatal transport service. There is no reason why a similar model will not work for the 24 hour service. While

we appreciate that the external review argued for an ideal single centre delivery and governance model, this will lead to unnecessary reorganisation, internal competition, clinician disengagement and instability to existing services from staff movement. This will not be in the spirit of collaboration that has worked for many years and will further delay reaching an agreement on the permanent model for the 24-hr service.

The current accepted interim model for a 24-hour service was originally proposed by the network in 2015 and despite many reiterations remains the only viable model in use. None of the centres has the workforce and expertise to deliver this service on their own. Efforts to find an alternative model have been futile (including commissioning services from outside the region) and is testament to the challenges unique to the region. The insistence for change without stakeholder agreement risks delaying the permanent model and consequent disengagement of willing clinicians, jeopardising the sustainability of the interim service without an alternative in place.

We understand that a single centre governance model is a traditional framework for such services. However, the unique situation in South Wales merits an innovative and collaborative model that is inclusive of the views of the clinicians on the ground.

As clinical leads of current provider services we are willing to provide assurance to the Joint Committee that we will be able to provide governance and quality assurance within the existing model, if the interim model is made permanent. We believe this is the most practical and acceptable solution and we would be grateful if the Joint Committee considers the views of the clinicians (as described in this letter), before making a final decision.

Dr. Sunil Reddy
CHANTS Clinical Lead

Clinical Leads of Neonatal Services (Provider Units)

Dr. Sujoy Banerjee
Swansea Bay

Dr. Elisa Smit
Cardiff & Vale UHB

Dr. Susan Papworth
Aneurin Bevan UHB

Transport Leads of Provider units

Amit Kandhari
Swansea Bay UHB

Angela Hayward
Cardiff & Vale UHB

Sunil Reddy
Aneurin Bevan UHB