



WHSSC Joint Committee Meeting held in public Tuesday 14 July 2020 at 13:30

Virtual Quorum Basis Meeting

Consent Agenda

Item	Lead	Paper / Oral	Time
1. Preliminary Matters			
1.1 Welcome, Introductions and Apologies	Chair	Oral	13:30 – 13:40
1.2 Declarations of Interest	Chair	Oral	
1.3 Accuracy of the Minutes of the Meeting held 12 May 2020	Chair	Att.	
1.4 Action Log and Matters Arising – No open actions	Chair	Att.	
1.5 Report from the Managing Director	Managing Director	Att.	13:40 – 13:55
2. Items for Consideration and/or Decision			
2.1 Paediatric Ketogenic Diet for South Wales	Director of Planning	Att.	13:55 – 14:10
2.2 All Wales Traumatic Stress Quality Improvement Initiative	Director of Planning.	Att.	14:10 – 14:20
2.3 Integrated Commissioning Plan 2020-23	Director of Planning	Att.	14:20 – 14:30
2.4 Risk Assessment of the Provision of Specialised Services during the Covid-19 Pandemic	Director of Planning	Att.	14:30 – 14:40
2.5 Independent Sector Commissioning	Director of Finance	Att.	14:40 – 14:50
2.6 Major Trauma Go-Live Update	Director of Planning	Att.	14:50 – 15:00
2.7 Concerns and Complaints Policy Protocol	Committee Secretary	Att.	15:00 – 15:10
2.8 Sub-Committee 2019-20 Annual Reports <ul style="list-style-type: none"> i. Management Group ii. Quality & Patient Safety Committee iii. Integrated Governance Committee iv. Individual Patient Funding Request Panel v. Welsh Renal Clinical Network (To follow) 	Committee Secretary	Att.	15:10 – 15:20

2.9	Sub-Committee Self-Assessments	Committee Secretary	Att.	15:20 – 15:30
3.	Routine Reports and Items for Information			
3.1	Financial Performance Report – M2 2020/21	Director of Finance	Att.	15:30 – 15:40
3.2	Reports from the Joint Sub-Committees <ul style="list-style-type: none"> i. Management Group Briefings ii. Integrated Governance Committee iii. Quality and Patient Safety Committee iv. Individual Patient Funding Request Panel v. Welsh Renal Clinical Network 	Joint Sub-Committee Chairs	Att.	15:40 15:45
4.	Concluding Business			
4.1	Any Other Business	Chair	Oral	
4.2	Date of next meeting (Scheduled) <ul style="list-style-type: none"> - 08 September 2020 at 09:30 - To be confirmed 	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 12 May 2020
by SKYPE**

Members Present:

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Simon Dean	(SmD)	Interim Chief Executive Officer, Betsi Cadwaladr UHB
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Sharon Hopkins	(SH)	Interim Chief Executive Officer, Cwm Taf Morgannwg UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay UHB
Steve Moore	(JP)	Chief Executive Officer, Hywel Dda UHB
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys UHB
Jenny Thomas	(JT)	Medical Director, WHSSC

In Attendance:

Kieron Donovan	(KD)	Affiliate Member/ Interim Chair, Welsh Renal Clinical Network
Helen Fardy	(HF)	Associate Medical Director, WHSSC
Urvisha Perez	(UP)	Wales Audit Office (Observer)
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

Minutes:

Michaela Henderson	(MH)	Corporate Governance Officer, WHSSC
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The meeting opened at 09:30hrs

JC20/001	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed Members to the meeting and reminded them that, due to the COVID-19 pandemic, the meeting was being held via Skype on a quorum basis with a consent agenda. It was noted that a quorum had been achieved.</p> <p>Apologies were noted as above.</p>
JC20/002	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC20/003	<p>Minutes of previous meetings</p> <p>The Joint Committee approved the minutes of the meetings held on 10 March 2020 as true and accurate records.</p>
JC20/004	<p>Action Log and Matters Arising</p> <p>The Joint Committee noted there were no outstanding actions and no matters arising not dealt with elsewhere on the agenda.</p>
JC20/005	<p>Report from the Chair</p> <p>The Joint Committee received a report from the Chair.</p> <p>The Joint Committee consented to the Recommendations set out in the paper, namely to:</p> <ul style="list-style-type: none"> • Note the content of the report; • Ratify the Chair's Actions; and • Approve the appointment of Emrys Elias as Vice Chair.
JC20/006	<p>Report from the Managing Director</p> <p>The Joint Committee received a report from the Managing Director.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the content of the report.</p>
JC20/007	<p>Independent Sector Hospital Services</p> <p>The Joint Committee received a paper that provided an update on the progress made in commissioning Welsh independent sector hospitals capacity on behalf of Health Boards for the period of the COVID-19 pandemic. This covered (1) capacity, (2) governance, (3) organisation responsibilities, (4) financial arrangements, (5) operational arrangements, and (6) next steps.</p> <p>Members noted the matter would be discussed further at an 'In Committee' session of the Joint Committee.</p>

	<p>The Joint Committee consented to the Recommendations set out in the paper, namely to:</p> <ul style="list-style-type: none"> • Ratify the actions taken by WHSSC to commission whole hospital capacity with effect from 6 April 2020; • Receive assurance that there are robust processes in place to ensure delivery of the arrangements for the period required; and • Note the current position, the guidance issued to health boards and the planned actions including formal contracts as set out in the report.
JC20/008	<p>Delivering Specialised Services during Covid-19 Outbreak</p> <p>The Joint Committee received a report providing a description of the proposed WHSS Team approach to commissioning specialised services during the next phase of the COVID-19 pandemic. This approach reflected the Welsh Government Framework for Recovery; Leading Wales Out of the Coronavirus Pandemic, the joint CMO/CNO Framework of Ethical Values and Principles for Healthcare Delivery as well as the output of the CEO group provided to the NHS CEO.</p> <p>SL noted the paper was intended to develop a process whereby the specialised services that need to be maintained in the overarching essential services agenda could be highlighted.</p> <p>KP reported the WHSS Team were working with providers, including those based in England, across all contracts to ensure essential specialised services continue and to ensure that specialised services were being given the treated with the same level of priority as local services. KP noted the WHSS Team were working with providers to prioritise services on a whole system basis.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the content of the report.</p>
JC20/009	<p>Adult Thoracic Surgery for South Wales – Consultant Workforce Cover for the Major Trauma Centre – Detail of Joint Committee Decisions</p> <p>The Joint Committee received a report providing Members with the detail of the decisions made at the July 2019 Joint Committee meeting regarding thoracic surgery consultant workforce cover for the major trauma centre and to clarify the agreed handling of the expected Society of Cardiothoracic Surgery (SCTS) Guidelines on the management of thoracic trauma.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the decisions made at the July 2019 Joint Committee meeting regarding thoracic surgery consultant workforce</p>

	cover for the major trauma centre and that these took into account the anticipated SCTS guidance.
C20/010	<p>Corporate Risk Assurance Framework</p> <p>The Joint Committee received a report providing an update on the WHSSC risk management framework as at 29 February 2020 and the approach being taken to risk management during the COVID-19 pandemic.</p> <p>The Joint Committee consented to the Recommendations set out in the paper, namely to:</p> <ul style="list-style-type: none"> • Note the update provided within the report and that this describes the risks being managed in WHSSC commissioned services prior to the COVID-19 outbreak; • Note the approach being taken to risk management during the COVID-19 pandemic; and • Receive assurance that risks are being appropriately assessed and managed.
JC20/011	<p>Financial Performance Report</p> <p>The Joint Committee received a report setting out the financial position for WHSSC for Month 12 of 2019-20.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the current financial position and forecast year-end position.</p>
JC20/012	<p>Reports from the Joint Sub-Committees</p> <p>The Joint Committee received the reports from the Joint Sub-Committees.</p> <p>The Joint Committee consented to the Recommendation to note the content of the reports from the Joint Sub-Committees.</p>
JC20/013	<p>Any Other Business</p> <p>There being no other business the meeting closed.</p>
JC20/014	<p>Date and Time of Next Scheduled Meeting</p> <p>The Joint Committee noted the next scheduled meeting would take place on 14 July 2020 in the Conference Room, WHSSC, Unit G1 The Willowford, Treforest Industrial Estate, CF37 5YL.</p>

The meeting ended at 09:40hrs.

Chairman

Date.....

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

		Agenda Item	1.5
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	Report from the Managing Director		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	

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

Sub Group /Committee	Not applicable	Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> • 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 Mother and Baby Unit

This remains a high priority programme for WHSSC. There are two elements to this programme an interim service at Tonna hospital and the development of a business case for a permanent solution. The interim service is being led by Swansea Bay UHB and WHSSC will continue as members of the project group leading this process. The first step of the permanent solution is for WHSSC to lead an option appraisal. In the early stages of the COVID-19 response a meeting was held with Swansea Bay UHB when they felt that they did not have sufficient capacity to continue with the planning for the long term MBU solution. Work on the interim solution had progressed and was ready to go to tender however this was delayed because at the time, many construction companies were no longer working and therefore unlikely to participate in a tender process. However at a meeting on 14 May 2020, Swansea Bay confirmed that tenders would be sent out by the end of May with a 12 week return. Dialogue continues with Welsh Government capital planning to keep them informed and in particular with regard to the budget allocated for the unit. A new programme timeline is being constructed and will be circulated once available. Indicative timeline would anticipate the unit being live by spring 2021 but this is subject to further confirmation. However Swansea Bay have completed their workforce plan and this will be discussed at WHSSC Management Group with a view to a funding release being approved. This will enable Swansea Bay to start the recruitment process. At this same meeting Swansea Bay also confirmed that they now had capacity to take part in the option appraisal process for the permanent solution. WHSSC will now commence this process with a view to completion by the end of July 2020.

2.2 IVF

The Human Fertilisation and Embryology Authority announced at the beginning of May that providers could apply to resume IVF services. All three commissioned providers for Welsh patients have been approved to resume however only two of the three providers are currently seeing patients (The Shropshire and Mid-Wales Fertility Centre, Shrewsbury and the Hewitt Fertility Centre, Liverpool). The Wales Fertility Institute (WFI) are planning to begin virtual consultations with patients at the start of July and treatments from the end of July. The WHSS team has further considered the All Wales Fertility Policy (CP38) that has clear guidelines around age and has suggested two short term changes in light of Covid-19. The interim arrangements will request that providers prioritise women over the age of 40 that have had delays in accessing services due to Covid-19 and allow any patients to delay treatment for a period

of three months if they feel anxious about starting treatment in the current climate. Providers will be informed via letter from the WHSSC Director of Planning and detailed information returns will be required to ensure equitable access is maintained across all providers.

2.3 Swansea Bay UHB Mobile PET Unit

A programme of work was started in January 2020 to establish an additional interim mobile PET unit in South Wales. Following a tendering process, Swansea Bay UHB were identified as the preferred provider and the unit based at Singleton hospital is due to scan its first patient on 02 July 2020. The unit will take referrals for patients living in south west Wales.

2.4 PET International Webinar

As part of the development of the Welsh PET strategy a forum was setup with NHS England and Cancer Research UK to build a platform for joint working and to share best practice. This took the form of a webinar and key members of the International Cancer Benchmarking Partnership were included. The session was chaired by Steve Moore, Chair of the National Imaging Programme Board and representatives attended from NHS Wales, NHS England, NHS Northern Ireland and Canada. The session received excellent feedback and agreement was reached on establishing future events with expansion to other countries including Denmark and Norway. The next session will take place in September 2020 and will again be led by WHSSC.

2.5 NCCU Expenditure on Mental Health Services for COVID Period

The purpose of this note is to inform members of the work that the National Collaborative Commissioning Unit (NCCU) are undertaking and the role of WHSSC is ensuring the financial arrangements are appropriately transacted and accounted for in support of the NCCU.

In March 2020, in response to the Covid 19 pandemic, Shane Mills, Director for Quality and Patient Experience at the NCCU was requested by Joanna Jordan National Programme Director for Mental Health, to produce a business case for the purchase of spare capacity of independent and third sector beds for Welsh Mental Health and Learning Disabilities patients. The governance arrangements were established by the Covid 19 Mental Health Incident Group (MHIG) at Welsh Government, which was facilitated by the National Collaborative Commissioning Unit. Regular weekly updates have been provided by the NCCU into the MHIG with regards to the usage of the surge capacity beds. The initial tranche of funding, based on the business case, was approved with a value of £2m on 30 March 2020 by Welsh Government, with subsequent full business case approval for up to £6m of funding provided on 15 April 2020.

Monitoring arrangements were established by Chris Moreton, Head of Finance for National Commissioning Frameworks at NCCU, in line with the WG request and in collaboration with WHSSC finance colleagues and NHSWSSP Procurement. The arrangements ensured that there was a clear end to end

audit trail in place from the contracts and invoices being sent to NHSWSSP Procurement through to the reporting of total surge bed spend to Welsh Government, which enabled the drawdown of the required government funds. To date, £1.975m of invoices have been authorised and the arrangement is now expected to finish on 04 July with any contracts for placements made in the surge beds being novated to individual Health Boards. The funds to cover invoice authorisation was verified against the formal letter approving funding received from Welsh Government. The accounting arrangements for this initiative are that all expenditure will be reported via the WHSSC financial position as a new service line. This will ensure that all service related expenditure remains accounted for in one place. This treatment distinguishes the expenditure from the normal NCCU running cost budget reporting arrangements. All expenditure is matched by income from Welsh Government and hence there will be no net additional cost to health boards for the contract period.

The only expected usage of the available funding post 04 July is for 3 beds relating to CAMHS services. The financial arrangements for this are now being managed by the WHSSC team under Carl Shortland.

3. RECOMMENDATIONS

Members are asked to:

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

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

QUESTIONS RAISED FROM JOINT COMMITTEE MEMBERS FOR MEETING ON 14 JULY 2020

Agenda Item	Raised By	Question	WHSSC Response
1.5	Tracy Myhill, SBUHB	<p>Report of the Managing Director</p> <ul style="list-style-type: none"> • Have the letters to the Fertility services gone out? • What are the financial arrangements for the 3 CAMHS beds going forward? 	<p>Letter to providers confirming the continuation of a temporary policy on age limits and allowing women the option of a delay in starting treatment for 3 months because of the impact of Covid-19 was sent out on the 09 July.</p> <p>The original 'surge bed' capacity ceased on 05 July and any remaining patients were transferred onto framework arrangements. There were 4 such WHSSC funded patients (1 adult MS & 3 LS CAMHS). Each of the patients reviewed continues to need specialist care. For funding purposes they revert to normal WHSSC risk share arrangements for the appropriate Out of Area pool.</p> <p>Welsh Government have agreed to fund 2 new 'surge beds' for WHSSC for LS CAMHS. These beds are available at Regis Healthcare and WHSSC will be reimbursed by WG for the full costs for up to 3 months. It is assumed the same process will be followed as the original cohort at the end of this period.</p>



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

		Agenda Item	2.1
Meeting Title	Joint Committee	Meeting Date	04/06/2020
Report Title	Paediatric Ketogenic Diet for south Wales		
Author (Job title)	Specialised Planner for Neurosciences		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	This paper describes the current concerns and risks associated with the implementation of the Integrated Commissioning Plan scheme for the Paediatric Ketogenic Diet service at Cardiff and Vale UHB, as a result of a funding shortfall on one of the key posts for the service.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the concern and risks associated with not implementing the Ketogenic Diet service in south Wales and that the investment was supported in principle by Management Group; and Approve the funding of the dietitian element to allow the Ketogenic Diet service to be developed in NHS Wales. 		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

Aneurin Bevan	✓	Betsi Cadwaladr		Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓
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Provider Health Board affected Cardiff and Vale UHB

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1.0 SITUATION

This paper describes the current concern and risks associated with the implementation of the Integrated Commissioning plan scheme for the Paediatric Ketogenic Diet service at Cardiff and Vale UHB.

The scheme was to develop a Ketogenic Diet service in south Wales through the appointment of a number key staff with one post being supported for an initial two years by a charitable sponsor; The Dairy Garland Charity. This would allow patients to be considered for and start the Diet in a timely and supported manner as Bristol as the current provider of the service for patients in south Wales has advised that it does not have the capacity to treat welsh patients and there are currently waits of close to twelve months for an initial appointment.

The scheme was approved by Management Group in February 2020. However, in light of the current pandemic, WHSSC has recently been informed that the Daisy Garland Charity are not currently in a position to commit to the two year funding for the Dietitian post due the impact that the Covid 19 outbreak is having and will continue to have on the charity for the foreseeable future. They advise that this position will be reviewed at its next Board meeting in August.

Without investment, there is no mitigation for this service – Bristol have advised that they are unable to increase their support to welsh patients due to the demand already on the service and more recently have flagged recruitment and retention issues within their service which leading to reduced service provision.

The repatriation and establishment of the service is an important element of the stabilisation and strengthening of the Paediatric Neurology service in south Wales. The service is known to be particularly fragile due to the small number of medical staff running the service and a vacant consultant post. The lack of access to Ketogenic diet services is putting significantly increased strain on the service.

This proposal was considered by Management Group on the 4 June 2020 and supported in principle. They were however unable to approve because this was not included in the 2020/21 ICP.>

2.0 BACKGROUND

WHSSC have been working for several years with the Paediatric Neurology service based in the Children's Hospital for Wales within the Cardiff and Vale University Health Board (C&V UHB) to develop a sustainable Paediatric Ketogenic Dietetic service in South Wales.

Funding was agreed for the scheme on the proviso there would be a review of activity undertaken at 12 months following implementation with a view to feeding

into the planning cycle for the consideration of Year 3 funding. Full details of the scheme is attached in Appendix 1.

Following the approval from Management Group, a funding release proposal was submitted to the Daisy Garland Charity. The proposal was considered at the Charity Trustee's Board meeting in April.

WHSSC were recently informed by the charity that they are still keen to fund the dietitian's post in Wales but are not currently in a position to commit to the funding until the long term impact of Covid-19 is known, particularly as the charity relies heavily on charitable donations from fundraising which is currently severely restricted. The charity have indicated that there will be an opportunity for the proposal to be considered again in August 2020.

3.0 ASSESSMENT

With the proposed funding solution from the Daisy Garland Charity to pump prime the dietitians post having now been withdrawn; the implementation of this scheme is in jeopardy and requires an alternative funding stream on a potentially short term basis. The risks associated with not proceeding with this scheme are outlined below.

3.1 Assessment of Risks

3.1.1 Patient

There is significant clinical risk to patients if the service is not provided by way of increased attendances to Accident and Emergency Departments, and admission to hospital. Children will experience repeated seizures, as they are unable to tolerate Anti-Epileptic Drugs (AED), and consequently will require frequent and prolonged hospital admissions, with the potential for intensive care stays for status epilepticus.

Lack of access to the diet where it is deemed appropriate as a treatment, affects a patient's quality of life with potentially experiencing unnecessary longer term neurological damage and developmental delay. Children with intractable epilepsy which cannot be controlled often experience an inability to enjoy 'normal' social interactions with peers, join in with social activities, impacting on attendance at school resulting in considerable stress placed on families and siblings.

Wales has some of the most highly deprived areas in the UK, particularly in the south Wales Valleys and west Wales. These areas all refer their patients to Bristol for treatment. One of the issues associated with undertaking the Ketogenic Diet is difficulty in maintaining compliance particularly in more deprived areas, where it is evidenced that there are lower compliance rates.

Frequent and careful nutritional assessment is required to avoid complications and to optimise the child's growth and development. Due to the remote and partial service provision it is difficult for local professionals to maintain communication and continuity. There have been instances of families initiating changes to the diet and medications without appropriate discussion giving rise to safeguarding concerns.

3.1.2 Provider

The table below provides a summary of the concerns and associated risks from a provider perspective. This also serves to highlight the inequity in service provision across Wales.

Risks	North Wales Provider: (Alder Hey Children's Hospital, Liverpool)	South Wales Provider: (University Hospitals Bristol NHS Trust (UHB))	South Wales Provider: Cardiff and Vale UHB
Service Provision	A comprehensive Paediatric Ketogenic diet service provided for the North Wales Region	Limited service provision due to capacity issues	No local Paediatric Ketogenic Diet service provision at the Children's Hospital of Wales (CHfW); inequity between the north and south wales region. The lack of dietetic expertise and knowledge of the Ketogenic Diet within Wales increases the risks of managing patients on the diet during acute admissions to the Children's Hospital for Wales (CHfW), Cardiff, due to the distance of off-site service provision and lack of immediate access.
Capacity	No capacity issues but there are concerns on access rates from North Wales to the specialist centre.	Concerns with the capacity for the South Wales patients. Often patients receiving a dietetic consultation, only by telephone	The CHfW offers a suitable location for children and families to access this service and receive the necessary quality, monitoring and follow up care providing there is additional investment to develop a safe and sustainable service.

Growth in the Service	There is a low number of Paediatric referrals to Alder Hey from North Wales. WHSSC will work with the Betsi Calawald UHB to establish the reasons for the low referral rates.	The baseline number of referrals per year has been exceeded for the south Wales cohort but the provider is not in a position to increase capacity due to recruitment and retention issues.	Current Paediatric patient numbers can be treated in Cardiff however growth in the service will require close monitoring.
Paediatric Neurology Service Provision	A comprehensive Paediatric Service provision is provided for children in North Wales.	This provider is not the designated centre for the provision of a Paediatric Neurology service.	Cardiff and Vale and Swansea Bay UHB are the designated centres for Paediatric Neurology services. Failure to implement the KD service could lead to the collapse of a Paediatric Neurosciences service in south Wales. The service was planned to be incorporated within the Specialist Paediatric Neurology portfolio to strengthen the Paediatric Neurology pathway across the south Wales region

3.1.3 Commissioner

Without investment, there is no mitigation for this service – Bristol have advised that they are unable to increase their support to Welsh patients due to the demand already on the service and more recently have flagged recruitment and retention issues within their service which leading to reduced service provision.

Data obtained from Great Ormond Street Hospital, which has 80 referrals per year and have a maximum of 55 children on a Ketogenic Diet report that they have 10 patients on their waiting list with a 12 week wait. In Wales, there are 10 patients waiting to commence Ketogenic Diet Therapy (KDT) in University Hospitals Bristol NHS Trust with an estimated minimum 10 month wait.



3.2 Quality and Patient Safety

The National Institute for Health and Care Excellence (NICE) updated their Paediatric Epilepsy management guidelines, adding that patients who had not responded to appropriate anti-epileptic drugs should be referred to a tertiary centre to be considered for Ketogenic Diet Therapy. A recent patient story shared with WHSSC highlights the difficulties experienced by children and families in managing a child with refractory epilepsy and the clinical risk to patients if no service is available to these patients.

3.3 Financial Risks

The dietitian posts are integral to the implementation of the scheme and this unavoidable decision by the charity has resulted in a worst case scenario deficit of £62,300 full year effect, approximately £5,192 on a monthly basis, recognising that we are into the year and the post has yet to be recruited to.

All other costs associated with the development of the scheme were approved for funding, as part of the ICP 19-22 process.

The table below illustrates the cost of the scheme that was approved for 2020/21 by Management Group compared to the actual cost of the scheme following the withdrawal of funding from the Daisy Garland Charity.

Staff	Requirement	Approved funding 2020/21	Actual Cost 2020/21 fye
		£	£
Specialist Dietitian	1.2 WTE Band 7 (TOS)	-	62,300
Specialist Nurse	0.5WTE Band 6 Nurse	19,000	19,000
Consultant Neurologist	0.1 WTE	12,000	12,000
Administration	0.2 WTE Band 3	4,500	4,500
Pay Total		35,000	97,000

Although the cost of the actual scheme has increased, the benefits for implementing the scheme far outweigh the clinical risks of not providing a Ketogenic Diet service for paediatric patients and helping to support the Paediatric Neurology service.

There are potential savings along the clinical pathway from the reduction in costs from extended hospital admissions, visits and reduced medication costs. This could possibly result in a saving in the region of £3,000 per year per patient just from the reduction in use of two Anti-epileptic Drugs.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the concerns and risks associated with not implementing the Ketogenic Diet service in south Wales and that the investment was supported in principle by Management Group; and
- **Approve** the funding of the dietitian element to allow the Ketogenic Diet service to be developed in NHS Wales.



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Organisation Development Choose an item.	
Link to Integrated Commissioning Plan	Ketogenic Diet was considered in the CIAG process in 2019-22 and it was agreed that due to the limited resources required alongside repatriation of the services from Bristol, this would be included as a scheme.	
Health and Care Standards	Effective Care Timely Care Staying Healthy	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	Funding seeks to improve the delivery of the paediatric ketogenic diet service and improve quality, safety and patient experience and outcomes.	
Resources Implications	The resource implications are outlined in the paper.	
Risk and Assurance	Risks are included on the commissioning team risk register and included in the paper as a result of the funding shortfall.	
Evidence Base	NICE Guidance (CG137) states that children and young people who are unresponsive to AED should be referred to a tertiary paediatric epilepsy specialist for consideration of the use of a ketogenic diet.	
Equality and Diversity	This will ensure that paediatric patients in south Wales have access to a safe and sustainable Ketogenic Diet service.	
Population Health	Population health issues are outlined in the paper.	
Legal Implications	There are no legal implications included in the report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group	22/05/20	Proceed to Management Group

QUESTIONS RAISED FROM JOINT COMMITTEE MEMBERS FOR MEETING ON 14 JULY 2020

Agenda Item	Raised By	Question	WHSSC Response
2.1	Paul Griffith, Independent Member	<p>Paediatric Ketogenetic Diet for South Wales</p> <ul style="list-style-type: none"> Page 3 - I don't know where this issue sits in terms of the Joint Committee's priorities. However, given the assessed health benefits for children and the potential savings along the clinical pathway, as referred to in the report, this looks like a worthwhile scheme. Understandably, funding from all quarters in 2020 and beyond is likely to be in very short supply. In these unprecedented circumstances, is there any possibility that health boards could be approached to provide financial support from their non-dedicated, charitable funds to help offset the withdrawal of the Dairy Garland Charity (DGC) funding. The funding could always be returned to health boards should the DGC come good with any financial support later in the year. 	<p>Thank you for this helpful suggestion. We have investigated this option and understand that charitable funds are only available for use within the health board in which they were donated. This means that the funds would have to be provided by Cardiff and Vale University Health Board who have indicated that, unfortunately at present, they do not have sufficient funds to support this proposal.</p>



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

		Agenda Item	2.2
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	All Wales Traumatic Stress Quality Improvement Initiative		
Author (Job title)	Specialised Services Planning Manager – Vulnerable Groups		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	This paper seeks to inform members of the confirmation of funding from Welsh Government for the All Wales Traumatic Stress Quality Improvement Initiative (AWTSQII).			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the commissioning arrangements for the AWTSQII; • Note the attached final proposal for the AWTSQII; and • Note the confirmation of funding letter from Welsh Government. 		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

This service is an all Wales service including participation by all health boards.

1.0 SITUATION

In recognition of its contribution to the COVID-19 mental health response, Welsh Government has confirmed funding for the All Wales Traumatic Stress Service Quality Improvement Initiative (AWTSQII) for 2020-22. This confirmation includes permission to proceed with time critical procurement linked to website content in support of the COVID-19 pandemic.

2.0 BACKGROUND

Welsh Government asked WHSSC to commission services for Vulnerable Groups on a national basis. In 2019, Welsh Government agreed to indicative recurrent funding of £1.13m per annum and asked WHSSC to formally commission AWTSQII on behalf of the seven Health Boards in Wales. Welsh Government re-confirmed commitment to funding the AWTSQII on 22nd May 2020. Discussions with Welsh Government indicated the AWTSQII is seen as an ongoing initiative beyond 2022, subject to satisfactory progress against key performance indicators.

2.1 Current Services

The C&VUHB Traumatic Stress Service is the only specialist non-veteran service in Wales for people with post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (CPTSD). In addition to providing expert assessments and evidence-based treatments for PTSD and CPTSD, it provides training, consultation and supervision locally, and a second opinion service for out of area referrals. In other areas of Wales, provision varies; some people with PTSD/CPTSD receive and benefit from appropriate treatments but disparities in workforce skills, funding, service prioritisation and service provision (including culturally appropriate service provision) have led to inequity of access to evidence-based treatments for people with PTSD/CPTSD across Wales.

2.2 Proposed Service

In response to the fragmented picture outlined above, Welsh Government invited a proposal for an *All Wales Traumatic Stress Quality Improvement Initiative* that takes a whole system, consistent approach, and is informed by the current evidence-base and the experiences of the C&VUHB and the Veterans' NHS Wales services. In addition to generic provision for the whole adult population, Welsh Government requires an initiative that supports the wider mental health agenda, in particular:

- perinatal mental health
- refugees and asylum seekers
- victims of sexual assault
- transition from child and adolescent mental health services (CAMHS)
- prison-based care and



- providing capacity and resilience to support the Welsh Government response to potential major disasters involving Welsh Citizens

The initiative has been developed through extensive consultation with key stakeholders, including people with PTSD/CPTSD, carer representatives, policy officials, mental health professionals, researchers, social care providers and the third sector, with the oversight of a national steering group. Additionally, Dr Sian Lewis has been invited to join the national steering group.

The AWTSQII seeks to improve the quality of Traumatic Stress Services across Wales, thereby driving up standards of service delivery and levels of patient experience for people with PTSD or CPTSD.

2.3 Evidence Base

Traumatic events are common with over a third of the UK population having been exposed to actual or threatened death, serious injury, or sexual violence at some point in their lives¹. Traumatic event exposure increases vulnerability to most psychiatric disorders (it is estimated that over 50% of individuals in contact with mental health services report a history of trauma exposure²) and is a requirement for a diagnosis of post-traumatic stress disorder.

PTSD can develop after individuals have been exposed to a single traumatic event, or from prolonged exposure to trauma such as child sexual abuse. It is characterised by symptoms of re-experiencing (nightmares and flashbacks), avoidance (of thoughts and reminders) and increased arousal (hypervigilance and increased startle reaction)³. The recently published 11th edition of the International Classification of Diseases introduced Complex PTSD (CPTSD) as a parallel diagnosis to PTSD³. CPTSD requires presence of the symptoms of PTSD but also difficulties regulating emotions, negative self-concept and interpersonal relationship difficulties related to the traumatic event(s).

Up to 3% of adults in England and Wales have PTSD at any one time¹, and lifetime prevalence rates are estimated to be between 1.9% and 8.8%. These rates double in populations affected by conflict, and rates increase to more than 50% in survivors of rape⁴. CPTSD is slightly more common than PTSD⁵ and both cause significant distress to people with PTSD/CPTSD and those around them, and increase the risk of experiencing poor physical health⁶. They are also associated with substantial psychiatric co-morbidity and considerable economic burden⁷. Despite the clear need to provide effective services for people with PTSD and CPTSD, they are under-detected⁸ and many individuals, once diagnosed, do not receive evidence-based treatments⁹.

3.0 ASSESSMENT

3.1 Role of the National Hub

It has been agreed that WHSSC will host the National Hub which will oversee the initiative and provide the following support:

- Adoption of a quality improvement framework, which will consist of education and training, research and development, clinical audit and improvement methodology (e.g. plan, do, study, act cycles).
- Facilitation and coordination of a national network, which will agree service standards to provide assurance and improvement. A clinical audit model will be embedded within a peer-review network, informed by the work of the Royal College of Psychiatrists' Quality Improvement Centre.
- An all Wales consultation/second opinion service. This will be provided by experts in the assessment of traumatised individuals and in the delivery of psychological and pharmacological treatments to people with PTSD and CPTSD. Times will be made available for service providers across sectors to speak to an expert about a specific individual or issue. This may result in one-off advice, advice with follow-up consultation and/or a second opinion assessment being undertaken. Second opinion assessments will be provided face-to-face or through video link to avoid people with PTSD/CPTSD having to travel unnecessarily. It is recognised that WHSSC are unable to provide clinical governance and as such, arrangements will be made on an individual basis to cover this work.
- Development of a communication plan including a NHS Wales traumatic stress website. Communication initiatives will include raising public awareness about PTSD and CPTSD and how to seek help for this, and the development of decision aids to allow true co-production of treatment plans with people with PTSD/CPTSD.
- Develop standardised national leaflets to provide accurate, up to date information about PTSD, CPTSD, their prevention, management and services available. These will be personalised for individual health boards and individual groups (e.g. perinatal, refugees and asylum seekers, victims of sexual assault, prisoners). Early work will focus on provision of information about psychosocial responses to Covid-19, for professionals and the public.
- Link closely with the National Centre for Mental Health to ensure research and development is a central pillar of the *Initiative*. Users of the services will be routinely invited to join the National Centre for Mental Health and become members of the National PTSD Registry to contribute to a greater understanding of the nature and causes of PTSD/CPTSD and the development of new treatments. This will also allow people with

PTSD/CPTSD across Wales to become aware of and be offered the opportunity to take part in research trials, for example of novel interventions that have the potential to improve outcomes.

3.2 The Role of Health Boards

As previously mentioned, disparities in workforce skills, funding, service prioritisation and provision have led to inequity of access to evidence-based treatments for people with PTSD/CPTSD across Wales.

Staff from the national hub will work with local *Initiative* leads within health boards to develop a locally led, nationally agreed implementation plan. This will include determination of the local pathway(s) and use of local *Initiative* funding. It is anticipated that development work will be staggered and that by April 2021, all Health Boards will have an agreed local implementation plan, staff roles amended/created to deliver the local implementation plan and staff appointed to all positions associated with the *Initiative*. It is envisaged that early adopter Health Boards will have started the full implementation phase of the *Initiative* by April 2021.

The AWTSQII provides each health board with funding to employ a 0.5 wte Band 7 member of staff and further support adjusted to population size, to ensure they are equipped to deliver to the AWTSQII specification/quality improvement framework document. All seven health boards are represented on the AWTSQII national steering group and have agreed to the allocations within the funding proposal outlined in section 3.3.3.

Health Boards have also agreed to respond to the specification/quality improvement document setting out what funding they require, specifying the resource it will be spent on and how it will help them deliver to the AWTSQII specification/quality improvement framework. It is recognised that some health boards are more advanced than others with the required psychologist resource in place and may use the funding to develop other areas in line with the AWTSQII specification/quality improvement framework such as trauma informed services for asylum seekers and refugees or other vulnerable groups identified by the AWTSQII.

3.3 Supporting the COVID-19 Mental Health Response

It is anticipated that many people will experience post-traumatic stress disorder in response to the COVID-19 pandemic. As cited in the recent United Nations Policy brief 'COVID-19 and the need for action on mental health,' when crises affect people's lives and communities, high levels of stress are expected. Research on past epidemics has highlighted the negative impact of outbreaks of infectious diseases on people's mental health (Shultz 2015, Tsang et al 2014, Yipet al 2010).

The 2020-21 funding request includes non-recurrent costs that will directly support the national response as agreed with Welsh Government, using slippage

from delayed recruitment timescales in 2020/21. The specification/quality improvement framework is integral to the Welsh Government's Mental Health Response to COVID-19, ensuring primary and secondary care services are supported through improved access to education, training and resources and are prepared for future pandemics.

The COVID-19 priorities agreed with Welsh Government include:

- **Training and supervision** - the delivery of evidence-based interventions remotely and an emotional stabilisation training package aimed at staff working in primary care, social services and the third sector. E-training modules/information packages that incorporate videos/animations are planned.
- **All Wales plan for psychosocial responses to disasters** – AWTSQII will revisit the existing plan and work with WG, HBs and other stakeholders to make it fully fit for purpose, with a particular focus on the COVID-19 response.
- **Online guided self-help treatment programmes** – These can be delivered remotely, guided by a therapist to use a self-contained web-based treatment programme that is also available through an app.
- **Specialist work-streams** – The specialist work stream meetings will ensure effective service delivery for priority groups, namely: children and young people; people in the perinatal period; people in prison; refugees, asylum seekers and other people seeking sanctuary; and survivors of sexual assault and gender-based violence.

3.4 Financial arrangements and requirements

3.4.1 Year 0 (2019/20)

In 2019/20, WHSSC received £61k to support the pre-implementation stage of the AWTSQII allowing recruitment of the following posts to the AWTSQII National Hub:

- 0.2 WTE Director
- 0.8 WTE Psychological Therapies Lead

WHSSC also received funding for two posts to support the wider commissioning of vulnerable groups services (separate to the AWTSQII funding):

- 1.0 WTE Specialised Services Planning Manager – Vulnerable Groups
- 0.2 WTE Assistant Medical Director

3.4.2 Year 1 (2020/21)

It is proposed that Welsh Government will release all of the funding to WHSSC via usual Health Board processes. WHSSC will then release the funding to Health Boards following their submission against the specification/quality improvement framework document setting out their costs within the funding envelope in Table 2. Formal documentation of their costs will provide a baseline for monitoring how the funding is utilised and provide assurance that it is being used as intended.

Table 1 outlines the pay costs of the staff who will be employed by the national hub and non-pay costs. The posts marked with a * will be accommodated in the WHSSC offices.

It also sets out the devolved funding for Health Boards with part year funding of 3 months of service delivery by potential early adopters and full year funding forecast for all Health Boards in 2021/22. The health board funding was agreed by a National Task & Finish Group and informed by the Veterans Service. It is based on a standard allocation of a band 7 0.5 WTE required to ensure every health board has sufficient funding to be meaningful. Table 2 illustrates how the standard allocation plus an additional population weighting has been applied.



Table 1 Pay and Non Pay Costs

WTE	Post	Band	Gross	2020-21	2021-22
0.20	Director	Dr	154,497	30,899	31,517
0.80	Lead for Psychological Therapies*	8b	62,873	62,873	64,131
0.10	Children & Young People Consultant Psychiatrist (Interim to support set up)	Dr	128,747	9,656	
0.20	Assessment & Pharmacological Treatment Lead	Dr	128,747	12,875	26,264
1.00	Lead for Children & Young People*	8b	78,592	39,296	80,164
1.00	Children & Young People Therapist*	7	56,075	28,038	57,197
1.00	Administrator*	4	29,894	22,421	30,492
0.50	Data Analyst*	6	47,566	17,837	24,258
	PC & Software			252	252
	Telephony (Land & Mobiles)			554	554
	Travel & Subsistence			20,000	30,000
	COVID-19 - Online training modules			10,000	
	Online training modules maintenance (annual)			2,000	2,000
	COVID-19 – Guided Self Help			75,000	
Total Hub costs				347,419	362,862
	Health Board devolved funding			199,499	797,997
Total Initiative costs				546,918	1,160,859

Table 2 Health Board Funding Allocations

Health Board	Direct Need Target Share (%)	Standard Allocation	Population Weighted Allocation (£)	Total Allocation
Aneurin Bevan UHB	19.132%	28,038	115,124	143,161
Betsi Cadwaladr UHB	21.256%	28,038	127,905	155,942
Cardiff & Vale UHB	14.395%	28,038	86,620	114,657
Cwm Taf Morgannwg UHB	16.072%	28,038	96,711	124,748
Hywel Dda UHB	12.128%	28,038	72,978	101,016
Powys THB	4.069%	28,038	24,485	52,522
Swansea Bay UHB	12.948%	28,038	77,912	105,950
Total	100.000%	196,263	601,734	797,997

3.5 Contract Monitoring and Reporting

The AWTSQII national hub Administrator and Data Analyst will collect and analyse information against the following key performance indicators (KPIs) detailed in the service specification/Quality Improvement Framework:

- Number diagnosed with PTSD/CPTSD
- Number who were offered, received and completed evidence-based treatment
- Number who had baseline and post-treatment agreed outcome measures collected
- Pre-post treatment wellbeing outcome measure scores
- Pre-post treatment goal-based outcome scores
- Number who reported good/very good satisfaction with the service at the point of discharge
- Number who prematurely dropped out of treatment
- Number of therapists able to provide evidence based psychological treatments for PTSD/CPTSD in primary and secondary care based mental health services

The national hub will work with the WHSSC contract management team to ensure any additional information required for commissioning purposes is also collected and reported as appropriate.

3.6 Service Specification/Quality Improvement Framework

A specification for the Traumatic Stress Initiative has been developed on the WHSSC service specification template. As Welsh Government have reiterated that this is an improvement initiative it has been agreed that the document will be referred to as a 'service improvement specification'.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the commissioning arrangements for the AWTSQII; and
- **Note** the attached proposal for the AWTSQII; and
- **Note** the confirmation of funding letter from Welsh Government.

5.0 APPENDICES

Appendix 1: Final proposal for the AWTSQII

Appendix 2: Confirmation of funding letter for the AWTSQII from Welsh Government



Link to Healthcare Objectives		
Strategic Objective(s)	Choose an item. Choose an item. Governance and Assurance	
Link to Integrated Commissioning Plan	Not currently in the ICP	
Health and Care Standards	Safe Care Timely Care Effective Care	
Principles of Prudent Healthcare	Reduce inappropriate variation Care for Those with the greatest health need first Public & professionals are equal partners through co-production	
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction) Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	The initiative seeks to improve patient experience and outcomes.	
Resources Implications	The resource implications of developing the hub and providing resources for staffing for the Initiative within Health Boards are outlined in this paper.	
Risk and Assurance	The only risk is that health boards will not utilise the uplift funding appropriately. The AWTSQII Hub will require regular reporting on staff levels to mitigate this risk.	
Evidence Base	The Initiative requires the use of evidence based intervention standards.	
Equality and Diversity	No specific implications	
Population Health	N/A	
Legal Implications	There are no specific legal implications	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	23/06/20	Supported and paper to be presented to Joint Committee for information
Choose an item.		

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9. Kazlauskas E. Challenges for providing health care in traumatized populations: barriers for PTSD treatments and the need for new developments. *Global Health Action*. 2017; 10(1): 1322399.

All Wales Traumatic Stress Quality Improvement Initiative Proposal

1. Background

- 1.1. Traumatic events are common and affect people of all ages. Over a third of the UK population having been exposed to actual or threatened death, serious injury, or sexual violence at some point in their lives¹. Traumatic event exposure increases vulnerability to most psychiatric disorders (it is estimated that over 50% of individuals in contact with mental health services report a history of trauma exposure²) and is a requirement for a diagnosis of posttraumatic stress disorder.
- 1.2. Posttraumatic stress disorder (PTSD) can develop after individuals have been exposed to a single traumatic event, or from prolonged exposure to trauma such as child sexual abuse. It is characterised by symptoms of re-experiencing (nightmares and flashbacks), avoidance (of thoughts and reminders) and increased arousal (hypervigilance and increased startle reaction)³. The recently published 11th edition of the International Classification of Diseases introduced Complex PTSD (CPTSD) as a parallel diagnosis to PTSD³. CPTSD requires presence of the symptoms of PTSD but also difficulties regulating emotions, negative self-concept and interpersonal relationship difficulties related to the traumatic event(s).
- 1.3. Up to 3% of adults in England and Wales have PTSD at any one time¹, and lifetime prevalence rates are estimated to be between 1.9% and 8.8%. These rates double in populations affected by conflict, and rates increase to more than 50% in survivors of rape⁴. A recently published study of a population-representative birth-cohort of children born in England and Wales in the mid nineties found that 7.8% had experienced PTSD by the age of 18⁵. CPTSD is slightly more common than PTSD⁶ and both cause significant distress to people with PTSD/CPTSD and those around them, and increase the risk of experiencing poor physical health⁷. They are also associated with substantial psychiatric co-morbidity and considerable economic burden⁸. Despite the clear need to provide effective services for people with PTSD and CPTSD, they are under-detected⁹ and many individuals, once diagnosed, do not receive evidence-based treatments¹⁰.
- 1.4. The Cardiff and Vale UHB Traumatic Stress Service is the only specialist non-veteran service in Wales for people with PTSD/CPTSD. In addition to providing expert assessments and evidence-based treatments for PTSD and CPTSD, it provides training, consultation and supervision locally, and a second opinion service for out of area referrals. In other areas of Wales, provision varies; some people with PTSD/CPTSD do receive and benefit from appropriate treatments but disparities in workforce skills, funding, service prioritisation and service

provision (including culturally appropriate service provision) have led to inequity of access to evidence-based treatments for people with PTSD/CPTSD across Wales.

- 1.5. The current fragmented picture led the Welsh Government to invite a proposal to be developed for an *All Wales Traumatic Stress Quality Improvement Initiative* that takes a whole system, consistent approach, and is informed by the current evidence-base and the experiences of the Cardiff and Vale UHB and the Veterans' NHS Wales services. In addition to generic provision for the whole population, Welsh Government requires an initiative that supports the wider mental health agenda of the WG, particularly in the areas of: perinatal mental health; refugees, asylum seekers (including unaccompanied asylum seeking children) and other vulnerable groups; victims of sexual assault; child and adolescent mental health services (CAMHS) and the transition from these to adult services; prison-based care; and providing capacity and resilience to support the Welsh Government response to potential major disasters involving Welsh Citizens. It should also interface with on-going national work with respect to adverse childhood experiences and increasing the availability of services in the Welsh and other languages.
- 1.6. This document describes a proposal that has been developed through extensive consultation with key stakeholders, including people with PTSD/CPTSD, carer representatives, policy officials, mental health professionals, researchers, social care providers and the third sector, with the oversight of a national steering group.

2. The Evidence Base

- 2.1. Research into how best to prevent and treat PTSD and CPTSD has increased dramatically in recent years and led to the development of evidence-based guidelines for people of all ages, including recently updated ones from the National Institute of Health and Care Excellence (NICE)¹¹ and the International Society for Traumatic Stress Studies (ISTSS)¹². There is now clear evidence regarding which interventions should be delivered shortly after traumatic events to prevent PTSD/CPTSD and which interventions should be delivered to provide the best treatment outcomes.
- 2.2. With respect to prevention, there is not enough evidence to suggest that provision of a specific, early psychosocial intervention(s) to everyone involved in a traumatic event will improve outcomes. Practical pragmatic support provided in an empathic manner and based on the principles of psychological first aid has, however, become a widely advocated and evidence-informed initial approach to those affected by traumatic events¹³. In addition, the early detection and proper assessment of those individuals with problematic symptoms and provision of trauma-focused psychological treatment if PTSD/CPTSD is present, is the best supported approach at present¹⁴.

- 2.3. Individual trauma-focused psychological interventions, specifically different types of trauma-focused cognitive behavioural therapy (TFCBT) and eye movement desensitisation and reprocessing (EMDR), are the best evidenced treatments of PTSD, with TFCBT for caregiver and child being as strongly recommended as TFCBT and EMDR for children and adolescents^{11,12}. Evidence also supports briefer forms of delivery, for example through guided self-help based on TFCBT, for the treatment of milder forms of PTSD^{11,12,14}. Other treatments, including some drugs when appropriately prescribed, have also been shown to help people with PTSD^{11,12,15}.
- 2.4. Unfortunately, the treatments for PTSD, whilst partially effective, are less effective for CPTSD^{16,17}. People with CPTSD and other individuals who present in a more complex manner (e.g. as a result of co-morbidity or unresolved social issues) often require stabilisation work before being able to engage with and benefit from trauma-focused therapy, and may require a longer course of treatment^{16,17}.
- 2.5. Guidance in *Matrics Cymru* specifies the need to ensure Service User experience of therapy is comprehensively collected and audited, which can further inform the evidence base and has the potential to enhance the services available in Wales. This may usefully include celebrating personal resilience, community support and 'normal life' approaches to support the existing evidence base.

3. Initiative Principles

- 3.1. The following principles will underpin the *All Wales Traumatic Stress Quality Improvement Initiative*:
 - a. The *Initiative* will adhere to Welsh Government policy.
 - b. Everyone with PTSD/CPTSD in Wales will have equitable access to evidence-based services through the medium of a language they can fully understand.
 - c. Care will be provided through a network of easily accessible, locally based services, which adhere to a nationally agreed model of care and practice framework.
 - d. Service provision will be people with PTSD/CPTSD centred with care pathways being as streamlined and lean as possible to avoid unnecessary repeated referral and assessment, and to ensure smooth, bi-directional transition between primary care and services provided under Part 1 and Part 2 of the Mental Health (Wales) Measure 2010.
 - e. A national system of clinical governance, that is integrated with those of individual services, will be adopted to deliver a continuously improving all Wales approach.
 - f. A national minimum dataset will be routinely collected and analysed to monitor and facilitate service improvement.
 - g. A national hub will be responsible for overarching leadership, co-ordination, communication, knowledge management, all

- Wales materials, data processing and reporting, benchmarking, training, supervision and a consultation/second opinion service.
- h. Functions and outcomes will be consistent across Wales but form of service provision may be different to allow optimal integration with local services.
- i. Local service configuration will be based on mapping work and a joined up approach between local services and the national hub.
- j. The *Initiative* will be co-produced, co-owned and co-delivered by all relevant stakeholders.

4. Relevant Policy and Mental Health Initiatives in Wales

- 4.1. The proposal is set within the context of relevant Welsh Government policy and other mental health initiatives in Wales, as described below.

*Prosperity for All*¹⁸

- 4.2. The Welsh Government's key strategy document stresses the importance of innovative and effective, continuously improving services. The *All Wales Traumatic Stress Quality Improvement Initiative* will require engagement between the NHS, social care, the third sector, universities and industry through applied research and innovation to effect improvement. It will be an exemplar of NHS Wales innovating all the time, leading cutting-edge service development and research, and adapting to Wales' changing health needs. Our ambition is for the provision of a service delivery approach that is internationally recognised for its excellence and showcases Wales as an engaged and leading European and global nation.

*A Healthier Wales*¹⁹

- 4.3. The ten-year health and social services strategy emphasises the importance of an effective knowledge management system. Knowledge needs to be mobilised to have value and, despite some good examples, knowledge mobilisation is poor and scaling limited in many areas of health and social care. The *Initiative* will bring research, innovation and improvement together in a seamless manner that fully exploits their complementarity in a strategic approach for Wales.
- 4.4. The *Initiative* will facilitate *Evidence and Value Based Decision Making* by ensuring that people with PTSD/CPTSD are fully informed about the strength of evidence, the probability and magnitude of both risks and benefits of options being considered and are helped to reflect on, clarify and express their preferences based on the value they place on the possible benefit, the possible harm and on the risk they are taking.
- 4.5. The *Initiative* will simultaneously pursue the quadruple aim of improving the people with PTSD/CPTSD's experience of care, improving the

health of the population of Wales, reducing per capita cost of effective treatment, and improving the working lives of staff.

- 4.6. The *Initiative* and service delivery will adhere to the principles of *Prudent Healthcare*²⁰: public and professionals will be equal partners through co-production; those with the greatest health need will be cared for first; only what is needed and no harm will be done; and inappropriate variation will be reduced through evidence-based practice. People with PTSD/CPTSD will receive the right level of input, at the right time by the right person.

*Together for Mental Health*²¹

- 4.7. The *Initiative* will help the Welsh Government to deliver key outcomes of its Mental Health Strategy. People with PTSD/CPTSD will experience a more integrated, co-produced approach to the support and treatment they receive, resulting in an increased sense of control. Staff development will be a major priority to improve the values, attitudes and skills of those treating or supporting people with PTSD/CPTSD. The provision of evidence-based preventative and treatment interventions, delivered as early as possible, will result in less people developing PTSD/CPTSD, more people recovering and mental health improving.
- 4.8. The *Initiative* will ensure robust links between primary care, mental health and social care services. All people with PTSD/CPTSD, including vulnerable groups, will experience equitable access to high-quality services. For example, the *Initiative* will develop a care pathway to ensure equitable access for refugees, asylum seekers and other vulnerable groups to specialist PTSD/CPTSD provision. Inequalities, stigma and discrimination suffered by people experiencing PTSD/CPTSD, other mental health problems and mental illness will be reduced. The *Initiative* will develop high-quality services for people of all ages and also ensure the transition for children and young people to adult services is seamless to provide continuity of care for young people with PTSD/CPTSD.

*Matrics Cymru*²²

- 4.9. The aims of *Matrics Cymru* will be supported by the *Initiative*. The development of more staff to expertly deliver evidence based psychological treatments, including in the Welsh language, will improve service users' experiences of psychological therapies, increase access to effective psychological therapies, and allow people with PTSD/CPTSD to access evidence-based psychological treatment in a timely manner. The *Initiative* will work with *Matrics Cymru* to update its evidence tables according to the latest evidence and to facilitate the provision of core psychological therapies and interventions in every Health Board. The *Initiative's* all Wales approach, with its focus on quality improvement and detailed attention to training, practice

standards, supervision, routine data collection, audit and benchmarking, will minimise wasteful and harmful variations in practice, and enhance the effectiveness of future practice.

5. Mapping Work

- 5.1. Mapping work has confirmed the lack of a consistent approach to the management of people with PTSD and CPTSD across Wales. It became evident that numerous different care pathways were being followed, often several within the same Health Board. It was also evident that a number of people with PTSD and CPTSD do benefit from current pathways and that caution is required to build on existing effective service provision rather than to impose a single solution that would be unlikely to be fit for purpose for the whole of Wales.
- 5.2. Discussion with key representatives of the seven Health Boards in Wales, along with other key stakeholders, led to agreement that function and form should be separated. The functions and desired outcomes should be clearly articulated as a first step and then further work undertaken within each Health Board to determine bespoke service configurations that optimally link with local primary mental health support services and generic secondary mental health services. This approach will result in the development of easily accessible, locally based services, which adhere to a nationally agreed model of care and practice framework, and provide the greatest benefit to people with PTSD and CPTSD.

6. Improving Quality, Safety and Value

- 6.1. We will adopt a quality improvement framework that introduces a clinical governance system using a variety of approaches associated with safety and quality improvement. Service standards (indicators) will be developed, data collected to measure against these and then benchmarking undertaken against other services (initially in Wales with the aim of being part of national and international networks to drive forward improvement). A risk management system will be adopted with untoward incident reviews and lessons learnt meetings with an emphasis on openness and continuous learning. A system will be developed to ensure that outcome measures and service user satisfaction data is fed into the system to enhance services.
- 6.2. The national hub will oversee the *Initiative* and facilitate and co-ordinate a national network. Education and training, research and development, clinical audit and improvement methodology (e.g. plan, do, study, act cycles) will be used to drive a continuously learning and increasingly effective system. Informed by the work of the Royal College of Psychiatrists' Quality Improvement Centre²³, a clinical audit model will be embedded within a peer-review network. The network will agree service standards to provide assurance and improvement. All Health Boards will have an annual on-site audit, undertaken by

another network member, and learning will be used to scale up good practice across Wales.

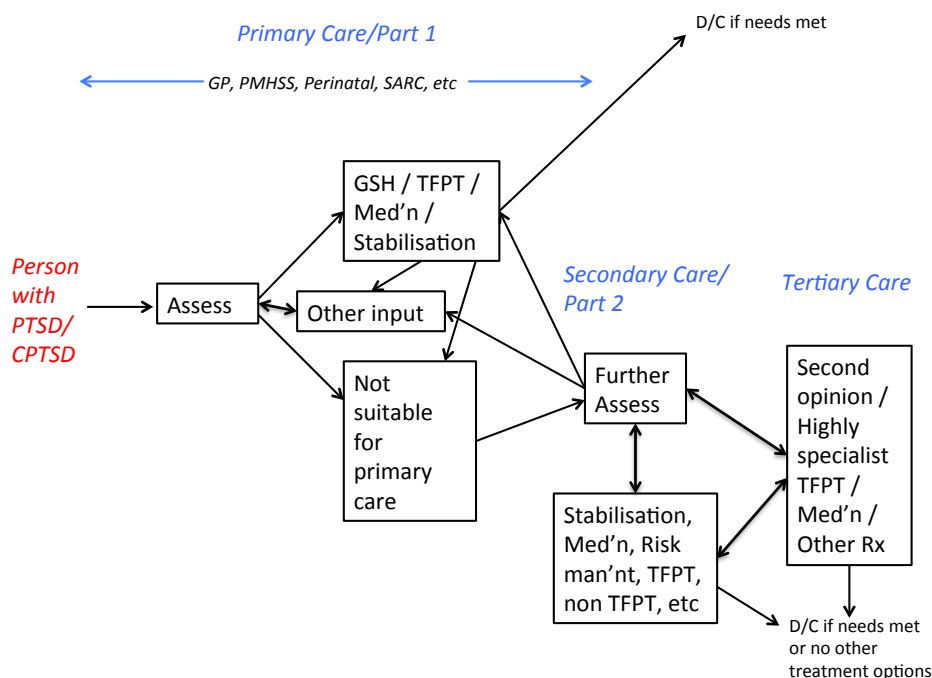
- 6.3. A National Steering Group will be established to oversee the work of the *Initiative* and to provide strategic direction to its development. The group will include people with PTSD/CPTSD, carer representation, policy officials, mental health professionals, researchers, social care providers and representatives of the third sector.

7. People with PTSD/CPTSD and Carer Involvement

- 7.1. The Cardiff University Traumatic Stress Research Group's Patient and Public Involvement Group will extend its remit to ensure appropriate adults with PTSD/CPTSD and carer involvement. The Chair of the Group will sit on the National Steering Group and appropriate involvement of children and young people with PTSD/CPTSD will also be ensured. This will allow the co-production of new initiatives, all Wales materials, communications, etc., in addition to allowing appropriate scrutiny of functioning and performance from the patient and carer perspective.
- 7.2. While respecting at all times the wishes of the person with PTSD/CPTSD and maintaining confidentiality, carers can often make an invaluable contribution to treatment, including through their knowledge of how the person with PTSD/CPTSD was prior to their traumatic experience, and through supporting the person with PTSD/CPTSD during treatment and their journey to recovery. Approaches to support carers in their role and how best to facilitate their input will be developed.

8. Clinical Pathway

- 8.1. The figure below illustrates the agreed exemplar clinical pathway. The overarching mission of the *Initiative* is to effectively deliver this pathway or a locally adapted version of it to improve outcomes for all people with PTSD and CPTSD across Wales.



GSH = Guided Self Help; PMHSS = Primary Mental Health Support Service; TFPT = Trauma Focused Psychological Treatment

9. Intervention Standards

- 9.1. Evidence-based intervention standards will be developed for early intervention following traumatic events (including disasters, whatever their cause), psychological and pharmacological treatment of PTSD and CPTSD. These will be based on the 2018 updated NICE¹¹ and ISTSS¹² guidelines with an emphasis on delivering interventions in the real world setting to individuals with simpler and more complex presentations.
- 9.2. The national hub will work with the Matrics Cymru team to ensure the Matrics adopted psychological interventions for the treatment of PTSD and CPTSD are based on the very latest evidence. A prescribing algorithm based on the NICE and ISTSS guidelines is being developed and will be adopted. The all Wales plan for psychosocial responses to disasters will be revised in line with the current evidence base.

10. National Dataset

- 10.1. A common national dataset will be developed and used across Wales to facilitate effective delivery of services and to allow monitoring and

quality improvement. In order not to overburden services, the dataset will be kept to a minimum whilst allowing for meaningful analysis and contribution to continuous improvement. Standard socio-demographic, referral and service provision information will be extracted from UHB IT systems. Service users will be asked to complete a small number of well-validated, self-report measures at initial assessment, during treatment and at discharge, along with a satisfaction survey. Outcome measures will also be collected by post at three months following discharge. This data will be fully analysed and fed into the continuous improvement process.

10.2. Care will be taken to select measures that are age-appropriate. Work is underway to select candidate measures for children and adolescents. The following measures will be considered for routine use in adults:

- a. Life Events Checklist (LEC-R) – Widely used, 20-item, self-report measure to determine exposure to various traumatic events, including adverse childhood experiences. (This would only be administered at initial assessment and could be expanded to cover more ACEs.)
- b. International Trauma Questionnaire (ITQ) – Well-validated, 18-item, self-report measure of ICD-11 PTSD and CPTSD.
- c. PHQ-9 – Well-validated, nine-item, self-report measure of depression.
- d. WHO Well-Being Index (WHO-5) – Well-validated, five-item, self-report measure of well-being.
- e. Work and Social Adjustment Scale (WASAS) – Well-validated, five-item, self-report measure of functioning.
- f. Person with PTSD/CPTSD experience and satisfaction measure.
- g. Additional measures as indicated.

11. Assessment

11.1. A common approach to assessment will be agreed to maximise the appropriate exploration of trauma experiences, the presence of PTSD, CPTSD and other trauma-related conditions. Two forms of assessment will be developed:

- a. a screening assessment aimed at first point of contact with primary mental health services, and
- b. a specialist assessment for more complex presentations that may need secondary care management.

12. Training and Supervision

12.1. Once standards have been agreed, the national hub will develop or commission appropriate training required for delivery of the agreed care pathways. This will include, but not be limited to, training in assessment, delivery of key evidence-based psychological and

pharmacological interventions, administration and interpretation of clinical and satisfaction measures, and stabilisation work.

- 12.2. Training will be developed as a continuing process to avoid the issues associated with one-off trainings with no follow-up. For example, therapy training packages will include initial theoretical training and video/role-play work before taking on training cases under supervision.
- 12.3. Training and supervision will be adapted for the particular needs of different groups and range from enabling non health professionals to recognise PTSD/CPTSD, provide appropriate emotional stabilisation work and access further support, to training experienced psychological therapists in advanced trauma-focused psychological treatment techniques, and training general practitioners and psychiatrists in evidence-based prescribing for PTSD and CPTSD.
- 12.4. Training and supervision will be provided at different locations across Wales to ensure individuals have equitable access wherever they are based and will also involve the use of telephone and video conferencing to avoid unnecessary travel and to ensure training and supervision are time and cost-effective. Over time, it is anticipated that individuals across Wales will be trained as trainers and supervisors to allow scaling to occur at greater pace.

13. Consultation/Second Opinion Service

- 13.1. The national hub will provide an all Wales consultation/second opinion service. This will be provided by experts in the assessment of traumatised individuals and in the delivery of psychological and pharmacological treatments to people with PTSD and CPTSD. Times will be made available for service providers across sectors to speak to an expert about a specific individual or issue. This may result in one-off advice, advice with follow-up consultation and/or a second opinion assessment being undertaken. Second opinion assessments will be provided face-to-face or through video link to avoid people with PTSD/CPTSD having to travel unnecessarily.

14. National Hub

- 14.1. In addition to co-ordinating, overseeing, developing and delivering many of the elements described above, the national hub will oversee the development of a strategic approach to communication and a NHS Wales traumatic stress website. Communication initiatives will include raising public awareness about PTSD and CPTSD and how to seek help for this, and the development of decision aids to allow true co-production of treatment plans with people with PTSD/CPTSD. Standardised national leaflets will be developed to provide accurate, up to date information about PTSD, CPTSD, their management and services available. These will be personalised for individual health boards and individual groups (e.g. perinatal, refugees and asylum

seekers, victims of sexual assault, prisoners). The national hub will facilitate the development of the national network and co-ordinate an annual meeting that promotes innovative and good practice.

- 14.2. The national hub will also link closely with the National Centre for Mental Health to ensure research and development is a central pillar of the *Initiative*. Users of the services will be routinely invited to join the National Centre for Mental Health and become members of the National PTSD Registry to contribute to a greater understanding of the nature and causes of PTSD and the development of new treatments. This will also allow people with PTSD/CPTSD across Wales to become aware of and be offered the opportunity to take part in research trials, for example of novel interventions that have the potential to improve outcomes.

15. Timeline and Deliverables

- 15.1. Subject to approval from the Welsh Government, the *Initiative* will commence on 1 April 2019. The first priorities will be to appoint staff to the national hub and identify an *Initiative* lead for every Health Board. The first year will focus on creating the national hub and ensuring it is fully functional, along with pre-implementation and early implementation work in every Health Board.
- 15.2. Staff from the national hub will work with local *Initiative* leads and local stakeholders to develop a locally led, nationally agreed implementation plan. This will include determination of the local pathway(s) and use of the local *Initiative* funding. It is anticipated that development work will be staggered and that by 1 April 2020, all Health Boards will have an agreed local implementation plan, staff roles amended/created to deliver the local implementation plan and staff appointed to all positions associated with the *Initiative*. It is envisaged that early adopter Health Boards will have started the full implementation phase of the *Initiative* by 1 April 2020.
- 15.3. In addition to its work with individual Health Boards, by 1 April 2020, the national hub will have overseen the delivery of/delivered the following:
 - a. Regularly meeting National Steering Group
 - b. All Wales Traumatic Stress website
 - c. Evidence-based intervention standards
 - d. Prescribing algorithm
 - e. Revised all Wales plan for psychosocial responses to disasters
 - f. Standardised screening and specialist assessments for PTSD/CPTSD
 - g. Roll-out of the national minimum dataset
 - h. Central system for data analysis, data reporting and benchmarking against agreed indicators (including service user experience)

- i. Clinical audit model embedded within a peer-review network
- j. Risk management system
- k. Communication plan and all Wales materials
- l. Training and supervision to ensure the workforce develops and maintains the necessary skills to deliver the *Initiative*
- m. Development of an emotional stabilisation training package aimed at staff working in primary care, social services and the third sector
- n. Creation of specialist work-streams to ensure effective service delivery for key groups such as children and young people, perinatal, prisoners, refugees, asylum seekers and other people seeking sanctuary, and survivors of sexual assault and gender based violence.
- o. Creation of a consultation/second opinion service
- p. The first annual meeting of the National Traumatic Stress Network
- q. Access to involvement with and participation in high quality research

16. Resource Requirements

16.1. The Steering Group acknowledges that there is limited resource available and, therefore, two options have been developed. The first is based on a budget of £830,221. This is considered to be the minimum required to commence the initiative and would likely result in sub-optimal delivery in some areas. Additional funding would be likely to make a real difference and improve outcomes. The second option is based on a budget of £1,130,221 and would offer significantly better value than the £830,221 budget as critical mass would be established across Wales. Given the time taken to appoint staff within NHS Wales, the figures shown are likely to be required from Year 2 of the *Initiative* with an estimated underspend of up to 50% in Year 1. Part of this will be used to fund non-capital start-up costs, e.g. computers, printers and office furniture.

£830,221 Option:

16.2. The national hub would comprise the following funded staff:

Position	Grade	Annual Cost (£)
Initiative Director	0.1 wte Consultant Psychiatrist	12,561
Psychological Therapies Lead	1.0 wte Band 8b	75,999
Children and Young People Lead	1.0 wte Band 8b	75,999
Assessment and Pharmacological Treatment Lead	0.2 wte Consultant Psychiatrist	25,121
Children and Young	1.0 wte Band 7	54,222

People Therapist		
Data Manager and Analyst	0.5 wte Band 7	27,111
Administrator	0.5 wte Band 5	18,469
Training and travel	N/A	30,000
	Total	319,482

16.3. The funding required for individual Health Boards is based on a formula agreed by the Steering Group, whereby every Health Board is provided with funding sufficient to employ a 0.5 wte Band 7 member of staff and additional funding is split according to population size as shown below. It is expected that this funding will be used to fund posts to develop services for adults with PTSD/CPTSD with the specialist national hub posts complementing existing resources within CAMHS to develop services for children and young people with PTSD/CPTSD.

Health Board	Direct Needs Target Share (%)*	Standard Allocation (£)	Population Weighted Allocation (£)	Total Allocation (£)
Aneurin Bevan	19.132	27,111	61,406	88,517
Betsi Cadwaladr	21.257	27,111	68,227	95,338
Cardiff and Vale	14.395	27,111	46,202	73,313
Cwm Taf Morgannwg	16.072	27,111	51,585	78,696
Hywel Dda	12.128	27,111	38,926	66,037
Powys	4.069	27,111	13,060	40,171
Swansea Bay	12.948	27,111	41,558	68,669
Total	100	189,777	320,964	510,741

*Figures obtained from Welsh Government

£1,130,221 Option:

16.4. The national hub would comprise the following funded staff:

Position	Grade	Annual Cost (£)
Initiative Director	0.2 wte Consultant Psychiatrist	25,121
Psychological Therapies Lead	1.0 wte Band 8b	75,999
Children and Young People Lead	1.0 wte Band 8b	75,999
Assessment and Pharmacological Treatment Lead	0.2 wte Consultant Psychiatrist	25,121
Children and Young	1.0 wte Band 7	54,222

People Therapist		
Data Manager and Analyst	0.5 wte Band 7	27,111
Administrator	1.0 wte Band 5	36,937
Training and travel	N/A	30,000
	Total	350,510

16.5. The funding required for individual Health Boards is based on a formula agreed by the Steering Group, whereby every Health Board is provided with funding sufficient to employ a 0.5 wte Band 7 member of staff and additional funding is split according to population size as shown below. It is expected that this funding will be used to fund posts to develop services for adults with PTSD/CPTSD with the specialist national hub posts complementing existing resources within CAMHS to develop services for children and young people with PTSD/CPTSD.

Health Board	Direct Needs Target Share (%)*	Standard Allocation (£)	Population Weighted Allocation (£)	Total Allocation (£)
Aneurin Bevan	19.132	27,111	112,866	139,977
Betsi Cadwaladr	21.257	27,111	125,402	152,513
Cardiff and Vale	14.395	27,111	84,920	112,031
Cwm Taf Morgannwg	16.072	27,111	94,814	121,925
Hywel Dda	12.128	27,111	71,546	98,657
Powys	4.069	27,111	24,003	51,114
Swansea Bay	12.948	27,111	76,384	103,495
Total	100	189,777	589,935	779,712

*Figures obtained from Welsh Government

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16. Position Paper on Complex PTSD in Adults -
<https://www.istss.org/treating-trauma/new-istss-prevention-and-treatment-guidelines.aspx>
17. Position Paper on Complex PTSD in Children and Adolescents -
<https://www.istss.org/treating-trauma/new-istss-prevention-and-treatment-guidelines.aspx>
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Hello Krysta,

Once again my sincere apologies but I will miss our deadline as the formal funding letter is not likely to make it to you by Tuesday.

To complete the funding confirmation letter, I need to define the mechanisms and split for this model of service improvement. I understand this varies, dependent on the nature of the allocation being issued. The letter will be with you in the next week or so.

In the interim, I can confirm Welsh Government will be providing funding to the level outlined in the table below:

AWTSQII	2020-21	2021-22
National Hub Costs	347,419	362,862
Funding -> Health boards	199,499	797,997
Total	546,918	1,160,859

Please come back to me should you need anything further.

Jo Maddaford

Pennaith Iechyd Meddwl Plant a Grŵpiau Agored i Niwed / Head of Children's Mental Health & Vulnerable Groups

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol / Health and Social Services Group

Llywodraeth Cymru / Welsh Government

Ffôn - Tel: 0300 025 9361

E-bost - Email: joanne.maddaford@gov.wales

Os bydda i'n anfon e-byst y tu allan i'r oriau gwaith 'arferol', mae'n bosib mai gweithio'n hyblyg fydda i. Cofiwch nad ydw i'n disgwyl ichi ymateb y tu allan i'ch oriau gwaith chi.

If I am sending emails out of 'normal' working hours, I may be working flexibly. Please be assured I do not expect a response outside of your own working hours.

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn annog y defnydd ohoni. Gofynnwn I chi gadarnhau a ydych yn dymuno gohebu â ni yn y Gymraeg neu'r Saesneg fel y gallwn gofnodi eich dymuniadau.

Correspondence in Welsh is welcomed and we encourage the use of the Welsh language. Please confirm if you would prefer to correspond in Welsh or English so your wishes can be recorded.

		Agenda Item	2.3
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	Integrated Commissioning Planning 2020-2023		
Author (Job title)	Managing Director		
Executive Lead (Job title)	Managing Director	Public / In Committee	Public

Purpose	<p>To present a suite of documents describing the WHSS Team approach to the 2020-2022 Integrated Commissioning Plan for specialised services during the Covid-19 pandemic. The following documents are included:</p> <ol style="list-style-type: none"> 1. Approach to the implementation of the schemes within the 2020-23 WHSSC Integrated Commissioning Plan which was supported by Management Group on 4 June 2020. 2. Development of the WHSSC 2021-24 Integrated Commissioning Plan. A new paper which will be considered by Management Group on 16 July 2020. 3. Prioritisation of new interventions during the Covid-19 pandemic. A new paper which will be considered by Management Group on 16 July 2020. <p>To highlight that work is underway to understand the potential for in-year service development of new interventions which may offer alternative treatment options for patients which reduce the risks of Covid-19 harm.</p>			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	



Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the information presented within the document and consider the individual papers presented. Specifically: <ul style="list-style-type: none"> • Note the approach to new investment agreed for 2020-21 by Management Group • Support the revised process for the development of the WHSSC 2021-24 Integrated Commissioning Plan. • Support the revised process for the prioritisation of new interventions during the Covid-19 pandemic • Note the work underway regarding new interventions which may offer alternative treatment options for patients which reduce the risks of Covid-19 harm
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Considerations within the report (tick as appropriate)

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

1.0 SITUATION

The Covid-19 pandemic has had a significant impact on the delivery of NHS services and the impact is likely to last at least during 2021-22. This suite of papers describes the proposed WHSS Team approach to implementation and development of the 2020-2023 ICP in the light of the service impact and Welsh government guidance regarding new investment.

2.0 BACKGROUND

On the 24th April 2020 Welsh Government published their framework 'Leading Wales out of the Covid-19 pandemic: A framework for recovery'¹ which included an explicit directive that new investment is to only be committed to those areas that directly impact on the Covid-19 response.

This framework requires that the previously agreed commissioning intentions for 2020-23 and the 2020-21 investment proposals will therefore need to be revisited.

3.0 ASSESSMENT

The following documents have been developed:

1. Approach to the implementation of the schemes within the 2020-23 WHSSC Integrated Commissioning Plan which was supported by Management Group on 4 June 2020.
2. Development of the WHSSC 2021-24 Integrated Commissioning Plan. A new paper which will be considered by Management Group on 16 July 2020.
3. Prioritisation of new interventions during the Covid-19 pandemic. A new paper which will be considered by Management Group on 16 July 2020.

In addition work is underway to understand the potential for in-year service development of new interventions which may offer alternative treatment options for patients which reduce the risks of Covid-19 harm.

¹ <https://gov.wales/leading-wales-out-coronavirus-pandemic>

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the document and consider the individual papers presented. Specifically:
 - **Note** the approach to new investment agreed for 2020-21 by Management Group
 - **Support** the revised process for the development of the WHSSC 2021-24 Integrated Commissioning Plan.
 - **Support** the revised process for the prioritisation of new interventions during the Covid-19 pandemic
 - **Note** the work underway regarding new interventions which may offer alternative treatment options for patients which reduce the risks of Covid-19 harm



Link to Healthcare Objectives		
Strategic Objective(s)	Integrated Commissioning Plan	
Link to Integrated Commissioning Plan	Yes	
Health and Care Standards	Staff and Resourcing Safe Care Timely Care	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	To effectively prioritise the delivery of specialised services	
Resources Implications	Cost of the 2020-21 ICP and the need for future investment	
Risk and Assurance	This paper outlines a transparent approach to the prioritisation of investment in specialised services.	
Evidence Base	WHSSC is committed to providing a robust evidence base to all its commissioning decisions	
Equality and Diversity	Equality impact assessments are built into our processes	
Population Health	Takes into account the Welsh Government Framework for Recovery April 2020	
Legal Implications	There are no legal implications in this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome



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

		Agenda Item	2.4
Meeting Title	Management Group	Meeting Date	04/06/2020
Report Title	Approach to the implementation of the schemes within the 2020-23 WHSSC Integrated Commissioning Plan		
Author (Job title)	Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Choose an item.

Purpose	This paper describes the approach being taken to implementing the schemes included within the 2020-23 WHSSC Integrated Commissioning Plan in light of the Covid-19 pandemic.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Support the approach being taken to implementing the schemes included within the 2020-23 WHSSC Integrated Commissioning Plan in light of the Covid-19 pandemic. 		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

Betsi Cadwaladr, Cardiff and Vale and Swansea Bay University Health Boards

1.0 SITUATION

This paper outlines the proposed approach to implementing the schemes included within the 2020-23 WHSSC Integrated Commissioning Plan (ICP) in light of the Covid-19 pandemic.

2.0 BACKGROUND

There are a number of schemes within the WHSSC ICP which were identified to receive new investment during 2020-21. These includes schemes prioritised by the Management Group and Clinical Impact Assessment Group (CIAG), treatments and interventions prioritised by the WHSSC Prioritisation panel and a number of services that were highlighted as service risks that were likely to require an element of investment within 2020-21 to mitigate them.

The usual process would now be for members of the WHSSC Planning and Finance teams work with the providers who submitted the proposals of the schemes in order for greater detail to be provided on how the funding will be utilised and monitored. This information forms the basis of the funding release request that is presented to Management Group for approval.

This usual process is now affected by the Covid-19 pandemic, not just due to the disruption in service delivery, but the directive received from Welsh Government for new investments to only be committed to those areas that directly impact on the Covid-19 response.

The Welsh Government framework 'Leading Wales out of the Covid pandemic: A framework for recovery' circulated on 24th April 2020, set out the following four ways in which Covid-19 related impact or harm could affect the people of Wales:

1. Direct harm to individuals from SARS-CoV2 infection and complications including for those who develop severe disease and, in some cases may die as a result;
2. The harm caused if services including the NHS became overwhelmed due to any sudden large spike in demand from patients with COVID-19 on hospitals, critical care facilities and other key services;
3. Harm from non-COVID illness, for example if individuals do not seek medical attention for their illness early and their condition worsens, or more broadly from the necessary changes in NHS service delivery made during the pandemic in Wales to pause non-essential activity;
4. Socioeconomic and other societal harms such as the economic impact on certain socioeconomic groups of not being able to work, impacts on businesses of being closed or facing falling customer demand, psychological harms to the public of social distancing and many others.

3.0 ASSESSMENT

It is proposed that for each of the schemes for planned investment, it should be established:

- Whether funding has already been committed

This should be an unusual scenario because for the majority of schemes funding is only released following approval through the Management Group (MG) process. We are aware that one of the schemes within the ICP – Fetal Medicine, received non-recurrent funding as a service risk in 2019/20 but following inclusion in the 2020-23 ICP for recurrent funding, was able at the end of March to substantively appoint to a Consultant post. The funding release for this scheme was presented and approved at the April Management Group meeting.

- Whether the scheme mitigates any one of the four areas of Covid harm outlined previously.
- Whether the proposal or intervention could be implemented if funding was released after satisfying one of the previous bullet points.

3.1 Meetings with Providers

A number of meetings are scheduled with the providers of the schemes in order to establish the position of the schemes in relation to the above questions.

The meeting with C&VUHB took place on 20th May which considered the majority of schemes within the ICPs. A number of service positions were confirmed within the meeting and where this was not possible C&VUHB committed to report back to WHSSC when complete. A further meeting is planned at the beginning of July for updates on progress of both positions on schemes and how tertiary services are being delivered during the pandemic.

The monthly contracting meeting with Betsi Cadwaladr University Health Board (BCUHB) is due to take place on 27 May and a meeting with Swansea Bay University Health Board (SBUHB) is planned for June.

3.2 Schemes included for funding

The below section outlines the areas where provision of funding has been made within the current or preceding WHSSC ICP and the actions currently being taken to establish whether they should proceed for release of funding within 2020-21.



3.2.1 Schemes not implemented from 2019-22

Title of scheme	Action
Adult Congenital Heart Disease	C&VUHB highlighted that sustainability of the service remains an issue with the current service reliant on an individual Consultant. The SBUHB element needs to be confirmed before a funding recommendation can be made.
Paediatric MRI	C&VUHB confirmed that Paediatric MRI has implications for avoiding Covid harm and able to continue. The financial queries previously raised by MG have been answered. WHSSC to proceed with release of funding paper.

3.2.2 CIAG schemes in 2020-23 ICP

Title of scheme	Action
PET indications	None required. PET is important in patient selection and therefore can reduce Covid harm. As demand is currently down, no new funding will be required this year to implement this scheme.
Prolonged Disorders of Consciousness (PDOC)	Lead Clinician has confirmed that the introduction of a dedicated team would address three of the four areas of Covid harm. C&VUHB to proceed with writing business case for consideration by WHSSC.
Fetal Medicine	No action required. Scheme approved for funding release in April MG for reasons outlined previously.
Inherited Metabolic Disease service development BCUHB	Further information required. C&VUHB Lead Clinician to confirm status of scheme. Also to be raised in the BCUHB contracts meeting.
Neuro-Endocrine Tumours	Further information required. C&VUHB to confirm status of scheme.
Paediatric Congenital Heart Disease standards	Further information required. C&VUHB to confirm status of scheme.
Hereditary Anaemias	Further information required but service may reduce harm in BAME communities. C&VUHB to confirm status of scheme.

3.2.3 Prioritisation schemes in 2020-23 ICP

Title of scheme	Action
Percutaneous Mitral Valve leaflet repair	Further information required to understand whether procedure reduces harm due to Covid i.e. is less invasive than usual surgery so more likely to be undertaken during Covid.
Temozolomide for newly diagnosed anaplastic astrocytoma	Patients numbers small and likely to access drug through IPFR, therefore does not represent a new financial commitment. Policy required, highlighted to Cancer and Blood Commissioning Team to complete.
Allogenic HCST for primary Immunodeficiency	Patient numbers small and already being considered through IPFR. Policy required, highlighted to Cancer and Blood Commissioning Team to complete.
Canakinumab for periodic fever syndrome	Treatment of increased benefit during Covid. Policy urgently required, highlighted to Neurosciences and LTC Commissioning Team to complete.
Lung volume reduction by surgery or endobronchial valve for severe emphysema	Further information required. Intervention may increase Covid harm.
HIPEC for peritoneal carcinomatosis secondary to ovarian cancer	Further information required. Intervention may increase Covid harm.

3.2.4 Service risks highlighted in 2020-23 ICP

Service risk	Action
Intestinal Failure	C&VUHB confirmed that this scheme does reduce Covid harm. SBAR submitted and further questions for clarification answered. Paper to be progressed by WHSSC.
Home Parenteral Nutrition	Further information required. C&VUHB to confirm continued arrangements for internal HPN provision.
Paediatric Gastroenterology	Further information required. C&VUHB to share paper outlining immediate requirements of Band 7 Nurse and Band 7 Dietician for consideration.
Immunology Growth	Growth in primary immune deficiency continues to be monitored monthly by Finance team.

3.2.5 Other developments

Cystic Fibrosis	Development likely to reduce Covid harm. C&VUHB confirmed that the CF build is progressing and will be complete by the end of Quarter 4.
Clinical Immunology QPIDS Inspection	C&VUHB confirmed that the QPIDS re-inspection had been delayed due to Covid-19 but that capital work had progressed so the changed model of delivery which requires additional nursing staff will be required in year.

4.0 RECOMMENDATIONS

Members are asked to:

- **Support** the approach being taken to implementing the schemes within the 2020-23 Integrated Commissioning Plan in light of the Covid-19 pandemic.



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	Links with all schemes within the ICP that require investment.	
Health and Care Standards	Safe Care Effective Care Timely Care	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation Only do what is needed	
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	To ensure sustainability and deliverability of WHSSC services that were prioritised to receive funding with the 2020-23 ICP.	
Resources Implications	There are no direct resource implications within this paper.	
Risk and Assurance	The approach described in this paper aims to mitigate the risks for services that were prioritised to receive funding if they are affected by the categories of Covid-19 harm.	
Evidence Base	WG Framework for Leading Wales out of the Covid pandemic.	
Equality and Diversity	There are no direct implications for equality and diversity in this paper.	
Population Health	None identified.	
Legal Implications	None identified.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	22/05/2020	Proceed to Mgt Group
Choose an item.		

QUESTIONS RAISED FROM JOINT COMMITTEE MEMBERS FOR MEETING ON 14 JULY 2020

Agenda Item	Raised By	Question	WHSSC Response
2.3.1	Tracy Myhill, SBUHB	<p>Approach to the implementation of the schemes within the 2020-23 WHSSC Integrated Commissioning Plan</p> <ul style="list-style-type: none"> • Support the approach being proposed but we obviously need to be flexible as events unfold. • Would be useful to also understand in each funding release if the service an Essential Service as defined by the WG guidance. • Have we (SBUHB) been asked for the information on Adult Congenital Heart Disease? 	<p>Yes, we agree.</p> <p>We can of course ensure that any funding release is checked against the essential services list. Importantly however we have designed a process which assesses investments against Covid19 harm as defined in the Framework for Recovery, this will ensure that the impact of specialised and highly specialised which might not be included on the list can be fully understood.</p> <p>Yes and this position has now been updated.</p>



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

		Agenda Item	2.3.2
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	Development of the WHSSC 2021-24 Integrated Commissioning Plan		
Author (Job title)	Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Choose an item.

Purpose	This paper describes a proposed approach to developing the WHSSC 2021-24 Integrated Commissioning Plan in light of the Covid-19 pandemic.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Approve the approach for developing the 2021-24 Integrated Commissioning Plan in light of the Covid-19 pandemic 		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

Potentially all Provider Health Boards

1. SITUATION

This paper outlines the proposed approach to the undertaking the 2021-24 WHSSC Integrated Commissioning Plan (ICP) in light of the Covid-19 pandemic.

2. BACKGROUND

2.1 Timetable for developing the ICP

A timetable for developing the ICP is usually set out, working backwards from the deadline set by Welsh Government for submission. This takes into account the Joint Committee and Management Group meetings that it will need to be presented at for support and approval, prior to being submitted.

2.2 Commissioning Intentions

The commissioning intentions of the WHSSC ICP were re-designed in the development of the 2019-22 Plan to include more explicit, measurable intentions to measure achievement against.

The current commissioning intentions and their measures of achievement updated for the 2020-23 ICP are set out in the below table.

Table 1: 2020-23 Integrated Commissioning Plan Commissioning Intentions

Intention	Measure of Achievement
1. Equitable access to safe, sustainable and effective specialist services as close to patients' homes as possible	<ul style="list-style-type: none"> - Implementation of Referral Management (RM) System - Reduction in the number of contracts with NHS England Trusts consolidating activity where possible nearer to patients' homes
2. Improving the experience and quality of care for individuals and families	<ul style="list-style-type: none"> - Waiting lists for specialised services should not grow and the number of patients waiting over 36 weeks RTT should reduce - Building on the development of new information systems to clearly identify services where there is inequity of access and have effective risk arrangements in place to manage risk - The Quality Team being in place and assessing the performance of services against national standards



3. Increasing the value achieved from funding of health and care through improvement, innovation, use of best practice and eliminating waste	<ul style="list-style-type: none">-Achieving Financial Balance-Evaluating all investments over the last five years to identify if intentions of funding have been met and if not look at options to withdraw and re-invest funding in other schemes-Reduction in spend on non-specialised particularly in London contracts- Specific work on PHT and Inherited Bleeding Disorders
4. Improving information on services in order to drive service change and improve quality of services	<ul style="list-style-type: none">-Implementation of the WHSSC database-Access to the NHS England Specialised Services Dashboard-Access to the NWIS Commissioning Intelligence Portal
5. Evidencing proactive management of new treatments and services	<ul style="list-style-type: none">- Re-consideration of all schemes considered medium priority since current Prioritisation process introduced in 2016 and risk rated on the Risk Management Framework- Assessment of evidence base of new treatments identified in year to be presented at Independent Prioritisation Panel.-Continue to commission evidence reviews from CEDAR, Cardiff University and Health Technology Wales.

2.3 Clinical Impact Assessment Group process

For the last few years a joint Clinical Impact Assessment Group (CIAG) and Management Group meeting has been held to determine the relative priority of schemes submitted for inclusion in the ICP both clinically and managerially, against available resource. Improvements have been made to this group since it was introduced in 2017/18, which include ensuring that there is a balance of clinical and managerial opinion and updating the pre-determined criteria that the schemes are scored against. The results from the Group is then presented at the following Management Group and Joint Committee meetings and used in the development of final recommendations regarding schemes for inclusion in the ICP.

2.4 Prioritisation Panel Process

The WHSSC Prioritisation Panel is well established and provides a robust and evidence based process for assessing new interventions. The propositions assessed by the panel are identified through a horizon scanning process and include those considered by NHS England in their bi-annual meetings to look at new interventions.

3. ASSESSMENT

3.1 ICP Process 2021

It remains unclear whether or not three year IMTPs will be required from Health Boards next year, with suggestions that an annual plan may be more appropriate. It is therefore proposed that WHSSC develop a one year plan with a forward look for 2022 – 24 and clarity on the full year impact on any investment made during 2021.

3.2 Commissioning Intentions

The Covid-19 pandemic has had a significant impact on the delivery of specialised services and the impact is likely to last at least during 2021-22. The commissioning intentions as set out above will therefore need to be revisited.

On the 24 April 2020 Welsh Government published their framework 'Leading Wales out of the Covid-19 pandemic: A framework for recovery'¹ which included an explicit directive that new investment is to only be committed to those areas that directly impact on the Covid-19 response.

The Framework consists of three pillars (or principles). The third 'pillar' sets out how [they] 'will enhance our public health surveillance and response system to enable us to closely track the virus as restrictions are eased, and how this system will protect people's health'. It describes how Covid-19 related-harm to the people of Wales can occur in four key ways:

1. Direct harm to individuals from SARS-CoV2 infection and complications including for those who develop severe disease and, in some cases may die as a result;
2. The harm caused if services including the NHS became overwhelmed due to any sudden large spike in demand from patients with Covid-19 on hospitals, critical care facilities and other key services;
3. Harm from non-Covid illness, for example if individuals do not seek medical attention for their illness early and their condition worsens, or more broadly from the necessary changes in NHS service delivery made during the pandemic in Wales to pause non-essential activity;
4. Socioeconomic and other societal harms such as the economic impact on certain socioeconomic groups of not being able to work, impacts on businesses of being closed or facing falling customer demand, psychological harms to the public of social distancing and many others.

The WHSSC commissioning intentions will be to:

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.

¹ <https://gov.wales/leading-wales-out-coronavirus-pandemic>

2. Ensuring that strategically important fragile services delivered by Welsh providers remain viable during the pandemic and that full recovery of these services is possible.

3.2 2021 CIAG

It is proposed that the Joint CIAG and Management meeting takes place in late September/early October. We are already aware of a number of schemes that were due to be considered for prioritisation of funding, because of inherent risks within the services. The arrangements for holding the meeting have yet to be confirmed.

The criteria underpinning the prioritisation process are listed below and will reflect the commissioning intentions:

- Does the service development mitigate any one of the four areas of Covid harm outlined in the Welsh Government Framework?
- Does the service development enable a strategically important fragile service to be stabilised?
- Could the service development be implemented given the constraints brought on by Covid?
- Has funding already been committed to any of the service developments?

3.3 2021 Prioritisation Panel

A separate paper has been drafted by the Assistant Director for Evidence and Evaluation to outline the proposed approach to assessing new interventions for 2021-24.

3.4 Timetable for ICP

Whilst the submission date for Plans has not been recently confirmed by Welsh Government, we are still working to the previously announced submission date of the end of December 2020.

The following timeline shows the meetings currently scheduled or planned and will be amended as necessary following further confirmation when Welsh Government information is available.



4. RECOMMENDATIONS

Members are asked to:

- **Approve** the approach for developing the 2021-24 Integrated Commissioning Plan in light of the Covid-19 pandemic.



Link to Healthcare Objectives		
Strategic Objective(s)	Development of the Plan Implementation of the Plan Governance and Assurance	
Link to Integrated Commissioning Plan	This paper sets out the proposed timelines for developing the 2021-24 ICP	
Health and Care Standards	Staff and Resourcing 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	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	The Commissioning Intentions outline WHSSC’s continued focus on Quality, Safety & Patient Experience.	
Resources Implications	There are no resource implications in this paper.	
Risk and Assurance	Risk registers of both providers and WHSSC underpins the commissioning intentions and are assurance mechanism for managing risks.	
Evidence Base	Evidence base is a key commissioning intention referenced within this report.	
Equality and Diversity	Equality issues will be addressed through the commissioning intentions of providing safe and equitable services.	
Population Health	The implications for Population Health are outlined in this report.	
Legal Implications	There are no legal implications in this paper.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		
Choose an item.		

QUESTIONS RAISED FROM JOINT COMMITTEE MEMBERS FOR MEETING ON 14 JULY 2020

Agenda Item	Raised By	Question	WHSSC Response
2.3.2	Tracy Myhill, SBUHB	<p>Development of the WHSSC 2021-24 Integrated Commissioning Plan / Prioritisation of new interventions during the Covid-19 pandemic</p> <p>I am unsure if this will be supported by Chief Execs outside of the all-Wales IMTP/Annual Plan process being reactivated. If it is:</p> <ul style="list-style-type: none"> • The Commissioning Intentions / prioritisation questions need to include whether the service is in the Essential Services Guidance as well as the 4 harms - with very constrained capacity it may be unethical for HBs to prioritise WHSSC-commissioned non-essential services over locally-commissioned essential services • How will the ICP process prioritise existing commissioned services that need to recover versus new developments – ie funding backlog removal for waiting lists etc – as this is likely to require significant resource over several years? 	<p>The development of a specialised service ICP will allow health boards to make an informed decision regarding the relative prioritisation of health board commissioned and provided services and ensure they fund the most important services for their population. This approach has been supported both by Welsh Government and in the recent All Wales Directors of Planning Meeting</p> <p>Firstly we will need to understand when elective care will return back up to contracted volumes and then what the recovery plans look like and over what period. It is likely that some of the higher volume specialties will take more than one year to recover unless the system is able embark on large scale waiting list initiatives. It is not envisaged that the</p>

		<ul style="list-style-type: none"> • Timeline – while it is not clear if/when there will be second wave of Covid, Winter usually hits HBs/Trust in early October so undertaking the prioritisation in Sept would be prudent if information is required from clinical teams 	<p>nature of the block contracts are intended to cover the responsibility of Welsh providers to make good backlog elective cases and clear waiting lists within block resources. The block resources are there to cover the temporary need for resources to be redeployed flexibly across different programmes to deal with the COVID response. WHSSC will be expecting the providers to cover all specialised services costs during the time of the block including new issues that come to light that need addressing during the block period. In looking at prioritisation WHSSC will need to take a view on the merits of an early clearance of waiting list backlogs against the risks presented in new service issues, particularly when considering service sustainability matters. It is unclear whether there will be any centrally directed waiting list funds provided direct to HBs to aid in clearing backlogs. If this is the case WHSSC would expect Welsh providers to equitably prioritise the specialised services for which they are responsible. In prioritising between new and backlog WHSSC will take a risk and evidence-based approach.</p> <p>Our timeline suggests doing the prioritisation panels in September and CIAG early October. The comments regarding winter have been noted however we also need to allow sufficient time for Health Boards to develop cases with sufficient detail to enable CIAG to make an informed decision. If we pull CIAG too far</p>
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		<ul style="list-style-type: none"> How is the ICP going to be signed off if HBs are not doing Annual Plans/IMTPs to the same deadlines – ie financially? 	<p>forward this reduces the time available to work up cases. This timeline has been chosen to try to balance these competing issues.</p> <p>As stated in the paper we are not clear at this point what the planning timetable will be but from discussion with the Planning Team in Welsh Government we do believe that there will be a requirement for an annual plan for next year as a minimum. It would therefore seem prudent to develop the specialised services plan in the timeline we have described and we can agree exactly how and when the plan gets signed off once there is further information from Welsh Government.</p>
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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

		Agenda Item	2.3.3
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	Prioritisation of new interventions during the Covid-19 pandemic		
Author (Job title)	Assistant Director, Evidence Evaluation and Effectiveness		
Executive Lead (Job title)	Managing Director	Public / In Committee	Public

Purpose	This paper sets out an approach to the selection and assessment of new interventions for funding within the 2021-24 WHSSC Integrated Commissioning Plan in light of the Covid-19 pandemic			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Not applicable	Meeting Date	
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Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> Note the information presented within the document; and Approve the revised process for the prioritisation of new interventions during the Covid-19 pandemic 		
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Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

All Health Boards

1.0 SITUATION

This paper outlines the proposed approach to the selection and assessment of new interventions for funding within the 2021-24 WHSSC Integrated Commissioning Plan (ICP) in light of the Covid-19 pandemic.

2.0 BACKGROUND

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.

NHS Wales and WHSSC must then ensure that any new investment decisions are:

- affordable and offer value for money
- supported by convincing evidence of safety and effectiveness, and
- made using a process that is consistent and transparent.

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. Since the prioritisation process was revised in 2016 a total of 54 new propositions have been assessed by the WHSSC Prioritisation Panel.

This usual process is now affected by the Covid-19 pandemic. On the 24th April 2020 Welsh Government published their framework 'Leading Wales out of the Covid-19 pandemic: A framework for recovery'¹ which included an explicit directive that new investment is to only be committed to those areas that directly impact on the Covid-19 response.

The Framework consists of three pillars (or principles). The third 'pillar' sets out how [they] 'will enhance our public health surveillance and response system to enable us to closely track the virus as restrictions are eased, and how this system will protect people's health'.

It describes how Covid-19 related-harm to the people of Wales can occur in four key ways:

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

¹ <https://gov.wales/leading-wales-out-coronavirus-pandemic>



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Welsh Health Specialised
Services Committee (WHSSC)

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

Therefore when considering treatment options we must factor in the risk of acquiring Covid during treatment, the patients' needs and wishes, their risk of mortality and the ability of the treating centre to treat Covid.

A good example of where these principles can be applied is for maintaining cancer treatment. Andrew Goodall has advised that urgent cancer diagnosis, treatment and care continue during the Covid pandemic to avoid preventable mortality and morbidity. He asked if cancer specialists could discuss with their MDTs and patients if it was riskier for patients to undergo or delay treatment at this time. This will apply to other services where in a Covid-19 era the risk benefit of high risk procedures may be markedly different.

To address these challenges NHS England² and the Royal College of Radiologists³ have issued guidance recommending alternative treatments and regimen for people with cancer thus reducing harm and risk of Covid. NHS England have approved the use of certain cancer drugs on a temporary basis, where the increased cost is thought to be offset by the decreased need for hospital admission².

This paper sets out how WHSSC plan to implement the pillars (principles) described in the Framework for the selection and prioritisation of new topics for funding in 2021. A parallel process for new service requirements/developments usually considered through the CIAG prioritisation process for 2021-24 is being developed separately.

NHS England are still planning to hold their Clinical Prioritisation Assessment Group (CPAG) meetings for new treatments in July 2020. Several of the topics identified by WHSSC for prioritisation (Table 1) are also being assessed by CPAG next month. There is no information published to date to indicate if NHS England will be changing their prioritisation methodology.

² <https://www.nice.org.uk/guidance/ng161/resources/interim-treatment-change-options-during-the-covid19-pandemic-endorsed-by-nhs-england-pdf-8715724381>

³ <https://www.rcr.ac.uk/college/coronavirus-covid-19-what-rcr-doing/clinical-information/coronavirus-covid-19-cancer>

3.0 ASSESSMENT

The dual processes of horizon scanning followed by prioritisation helps to ensure that the NHS in Wales effectively commissions clinical and cost effective services. Topics are ranked according to a set of pre-determined criteria, including their benefit to patients, quality of clinical evidence, cost effectiveness and the potential for reducing inequalities of access. The scoring and ranking of new interventions against these criteria is carried out by the WHSSC Prioritisation Panel

WHSSC are also committed to regularly reviewing topics on their 'static list'. These are topics scored by the Prioritisation Panel as either medium priority the year before or low priority topics that are assessed every three years. Topics on the static list may be transferred back to the active list for further appraisal if new evidence becomes available that is likely to have a material effect on their priority.

3.1 Topics identified via horizon scanning [2020]

The horizon scanning process for 2020 so far has identified a list of seven new interventions for potential prioritisation. These are presented in Table 1.

Topics that were discussed by the Prioritisation Panel in 2019 and were scored as *medium* priority are presented in Table 2. Usual WHSSC process would be to update the supporting evidence for these topics and present back to the Prioritisation Panel.

Low priority topics that have been on the WHSSC 'static list' are reviewed every three years. These are presented in Table 3. Usual WHSSC process would be to update the supporting evidence for these topics and present back to the Prioritisation Panel.

3.2 Criteria for including new topics for prioritisation in 2020 (see Table 1)

WHSSC has carefully assessed the Welsh Government Framework in the context of new investments in specialised services for the Welsh population in 2021-22. The following key principles should be considered when selecting an intervention for assessment by the WHSSC Prioritisation Panel in 2020.

Principles:

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

If the response is 'Yes' to any of the above then they should be considered for prioritisation. If not then the intervention should be deferred and considered in the development of the 2022-25 ICP.

By applying these principles to the list of new interventions identified via horizon scanning, WHSSC has determined if they should be included or excluded from any prioritisation process for 2020 (Table 1).

3.3 Topics on the WHSSC static list that are due to be reviewed

WHSSC are proposing that all topics on the static list and due for evidence update and subsequent review and prioritisation are deferred until 2021 (Tables 2 and 3). The reason for this decision is twofold. We have decided to only focus on those *new* interventions which support the Welsh Government Framework. Secondly, as these topics were previously assigned as either medium or low priority by the WHSSC Prioritisation Panel their unavailability at this time only carries a small risk to patients and the NHS in Wales.

However WHSSC reserve the right to review this decision should any of the on-going evidence updates indicate a need for a topic to be reintroduced into the prioritisation process, for example greater certainty of clinical effectiveness or changes to overall costs of the intervention.

3.3.1 Methodology for prioritising new interventions

Under normal circumstances WHSSC would follow existing methodology to prioritise new interventions for inclusion within the ICP⁴. These methods were due to be reviewed in 2020 and a workshop had been planned for March 2020 with Prioritisation Panel and CIAG members. Unfortunately this was postponed following the outbreak of Covid-19 and will now be rearranged for later in 2020 or early 2021.

Therefore we are proposing to develop a bespoke and less onerous prioritisation methodology for this year. Membership of the Prioritisation Panel will also be reduced to ease the workload on current members and provide a simplified process with fewer meetings.

This methodology will be developed separately but only if the recommendations to run a prioritisation process with the topics in Table 1 are agreed. Timelines for the overall process would be developed at the same time.

⁴ WHSCC Prioritisation Process for the 2020/23 Integrated Commissioning Plan (ICP). Available from WHSSC on request

Table 1: New interventions identified for prioritisation [2020]

Intervention	Source	Decision and rationale
Allogeneic Haematopoietic Stem Cell Transplantation for adults with sickle cell disease	NHS England ⁵	INCLUDE <ul style="list-style-type: none"> Treatment is potentially curative and patients with sickle cell disease are at increased risk from Covid-19.
Use of defibrotide in severe veno-occlusive disease following stem cell transplant	NHS England ⁶	INCLUDE <ul style="list-style-type: none"> There is increasing evidence that thromboembolic disease is a major cause of morbidity and mortality in Covid-19 disease, and this is a potentially fatal complication with no existing treatment. <i>Intervention to be presented at CPAG (July 2020)</i>
Maternal intravenous immunoglobulin (IVIg) for the prevention of allo-immune fetal and neonatal haemochromatosis	NHS England ⁷	EXCLUDE <ul style="list-style-type: none"> Estimated number of eligible patents in Wales = 1 every 2 years. Small numbers – therefore recommend for IPFR
Ultrasound-enhanced catheter-directed thrombolysis (ueCDT) for intermediate (submassive) and high-risk (massive) pulmonary embolism (PE)	WHSSC Cardiac Commissioning Team	INCLUDE <ul style="list-style-type: none"> There is increasing evidence that thromboembolic disease is a major cause of morbidity and mortality in Covid-19 disease. <i>Evidence review being undertaken by Cedar</i>

⁵ <https://www.england.nhs.uk/publication/allogeneic-haematopoietic-stem-cell-transplantation-for-adults-with-sickle-cell-disease/>

⁶ <https://www.engage.england.nhs.uk/consultation/defibrotide-in-severe-veno-occlusive-disease/>

⁷ <https://www.engage.england.nhs.uk/consultation/maternal-intravenous-immunoglobulin-ivig/>

gammaCore for cluster headache	NICE Medical Technologies Guidance ⁸	INCLUDE <ul style="list-style-type: none"> NICE have determined this treatment to be clinically effective and cost saving
Sapropterin for Phenylketonuria (all ages)	NHS England	EXCLUDE <ul style="list-style-type: none"> Pending publication of NICE TA guidance⁹ expected during 2020-21 <i>Interim policy to be presented at CPAG (July 2020)</i>
Transcranial magnetic resonance guided focused ultrasound thalamotomy for treatment of medication-refractory essential tremor (adults)	NHS England ¹⁰	EXCLUDE <ul style="list-style-type: none"> Relatively small number of patients, and the intervention is unlikely to impact on Covid-19 harms. <i>To be presented at CPAG (July 2020)</i>
Vonicog alfa for the treatment and prevention of bleeding in adults with von Willebrand disease	NHS England ¹¹	EXCLUDE <ul style="list-style-type: none"> Blood product on UK framework – WHSSC routinely adopt NHS England guidance for these products <i>To be presented at CPAG (July 2020)</i>

⁸ <https://www.nice.org.uk/guidance/mtg46/chapter/1-Recommendations>

⁹ <https://www.nice.org.uk/guidance/indevelopment/gid-ta10378>

¹⁰ <https://www.engage.england.nhs.uk/consultation/ultrasound-thalamotomy/>

¹¹ <https://www.engage.england.nhs.uk/consultation/vonicog-alfa-revention-of-bleeding/>

Table 2: Interventions scheduled to be assessed for a second time in 2020 in line with WHSSC methodology (all topics that are score as a *medium* priority in 2019)

Intervention	Notes	Decision
Total pancreatectomy with islet auto transplant for chronic pancreatitis (adults)	WHSSC doing evidence update NHS England policy published June 2018 ¹²	Defer to 2021 prioritisation process*
Selective Dorsal Rhizotomy (SDR) for the treatment of spasticity in Cerebral Palsy (children aged 3 – 9 years)	Final Commissioning through Evaluation report now published NHS England policy published April 2020 ¹³	Defer to 2021 prioritisation process*
Ruxolitinib for the treatment of chronic graft-versus-host disease (cGvHD)	Cedar doing update of evidence review	Defer to 2021 prioritisation process*
Cholic acid and chenodeoxycholic acid for treating inborn errors of bile acid synthesis (all ages)	WHSSC doing evidence update NHS England policy published July 2019 ¹⁴	Defer to 2021 prioritisation process*
Mercaptamine hydrochloride for corneal cystine deposits in people aged older than 2 years	NHS England draft policy <i>To be presented at CPAG (July 2020)</i>	Defer to 2021 prioritisation process*
Dexrazoxane for preventing cardiotoxicity in children and young people (<25 years) receiving high-dose anthracyclines or related drugs for the treatment of cancer	Up to date evidence review available NHS England policy published March 2020 ¹⁵ .	Defer to 2021 prioritisation process*

***Unless new evidence is identified that may materially affect their impact**

¹² <https://www.england.nhs.uk/wp-content/uploads/2018/07/1670-total-pancreatectomy.pdf>

¹³ <https://www.england.nhs.uk/publication/selective-dorsal-rhizotomy-for-treatment-of-spasticity-in-cerebral-palsy/>

¹⁴ <https://www.england.nhs.uk/commissioning/publication/cholic-acid-and-chenodeoxycholic-acid-for-treating-inborn-errors-of-bile-acid-synthesis-all-ages/>

¹⁵ <https://www.england.nhs.uk/publication/dexrazoxane-for-preventing-cardiotoxicity-in-children-and-young-people-under-25-years-receiving-high-dose-anthracyclines-or-related-drugs-for-the-treatment-of-cancer/>

Table 3: Interventions currently on the WHSSC 'static' list and scheduled for review in 2020.

Intervention	Notes	Decision
Robotic assisted surgery for kidney cancer	WHSSC doing evidence update NHS England policy published August 2016 ¹⁶	Defer to 2021 prioritisation process*
Rituximab for immunoglobulin G4 related disease	WHSSC doing evidence update NHS England policy published December 2016 ¹⁷	Defer to 2021 prioritisation process*
Non-surgical bracing techniques for pectus excavatum and pectus carinatum in children	Cedar doing evidence update	Defer to 2021 prioritisation process*
Electro-chemotherapy for the treatment of basal cell carcinoma, squamous cell carcinoma and metastases from a melanoma	Cedar doing evidence update	Defer to 2021 prioritisation process*
Laser treatment (+/-) photodynamic therapy (PDT) for nodular basal cell carcinoma	Cedar doing evidence update	Defer to 2021 prioritisation process*
Bevacizumab (Avastin) for the treatment of vestibular schwannoma in neurofibromatosis type 2	AWMSG doing evidence update	Defer to 2021 prioritisation process*
Stereotactic radiosurgery/ radiotherapy for the treatment of pituitary adenomas (adults)	WHSSC doing evidence update NHS England policy published April 2018 ¹⁸	Defer to 2021 prioritisation process*

***Unless new evidence is identified that may materially affect their impact**

¹⁶ <https://www.england.nhs.uk/wp-content/uploads/2018/07/Robotic-assisted-surgery-for-kidney-cancer.pdf>

¹⁷ <https://www.england.nhs.uk/wp-content/uploads/2016/12/clin-comm-pol-16057P.pdf>

¹⁸ <https://www.england.nhs.uk/publication/clinical-commissioning-policy-stereotactic-radiosurgery-and-radiotherapy-for-pituitary-adenomas-rc/>

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the document; and
- **Approve** the revised process for the prioritisation of new interventions during the Covid-19 pandemic



Link to Healthcare Objectives

Strategic Objective(s)	Governance and assurance
Link to Integrated Commissioning Plan	Not applicable
Health and Care Standards	Effective Care Safe Care Timely Care
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.

Organisational Implications

Quality, Safety & Patient Experience	To manage the risk in maintaining essential specialised services during the Covid-19 pandemic.
Resources Implications	None
Risk and Assurance	This paper outlines an approach to ensure essential treatments that reduce patient risk are prioritised during Covid-19 pandemic.
Evidence Base	WHSSC is committed to providing a robust evidence base to all its commissioning decisions
Equality and Diversity	There are no implications for equality and diversity in this report.
Population Health	The report seeks to address the balance of maintaining essential specialised services whilst in the Covid-19 pandemic affecting the population health.
Legal Implications	There are no legal implications in this report.

Report History:

Presented at:	Date	Brief Summary of Outcome



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

		Agenda Item	2.4
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	Risk Management during the Covid-19 pandemic		
Author (Job title)	Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Choose an item.

Purpose	This paper describes the risk management approach being taken by WHSSC during the COVID-19 outbreak.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Support the approach being taken to risk management during the COVID-19 period • Note that the CRAF continues to be monitored • Note that risk assurance being undertaken on individual services • Note the additional strategic risks detailed above and their link to the risk appetite statement 		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

Betsi Cadwaladr, Cardiff and Vale University, Cwm Taf Morgannwg and Swansea Bay University Health Boards



1.0 SITUATION

This paper describes the risk management approach being taken by WHSSC during the COVID-19 outbreak.

2.0 BACKGROUND

During usual business risks are monitored using the corporate risk assurance framework (CRAF). Although monitoring on the CRAF continues these risks represent those that were identified during “business as normal”. Throughout the pandemic outbreak the WHHS Team has developed a risk assessment of all specialised services and continues to contact all providers to ensure that we have as much clarity as possible on the provision of specialised services. Information is not however always readily provided but from the information available it is clear that many specialised services are not being delivered in the same way as they were prior to the COVID-19 outbreak. Additionally there is a broader system risk of equity of access to services and the breakdown of pathways through primary and secondary care meaning that patients are not flowing into tertiary care in the same way that they were prior to the pandemic. Although this is not a risk that WHSSC can manage it is a clear concern about how patients access specialised services. The financial framework mandated across both NHS Wales and England and the standing down of non-urgent services and performance reporting means that WHSSC now has to consider how it manages a new range of risks. To this extent a COVID-19 risk register has been developed and this is detailed below.

3.0 ASSESSMENT

Joint Committee has agreed its risk appetite and reviews this annually. The current agreed **Risk Appetite Statement** is provided below. This was agreed prior to the COVID-19 outbreak so the reference to “business as usual” refers to the pre-COVID environment. The strategic risks that are now faced during the COVID-19 outbreak are detailed below. These strategic risks are linked back to the risk appetite statement

Welsh Health Specialised Services is working toward an ‘open’ risk appetite.

1. Welsh Health Specialised Services has a **low** appetite for risk in support of obtaining assurance of commissioned service quality and are aiming to embed quality into every aspect of “business as usual”.
2. Welsh Health Specialised Services has **no** appetite for fraud/financial risk and has zero tolerance for regulatory breaches. We will take considered risks where the long term benefits outweigh any short term losses.
3. Welsh Health Specialised Services has **no** appetite to any risk that prevents the WHSS demonstrating the highest standards of governance,

accountability and transparency in accordance with the Citizen Centred Governance Principles.

Considering the risk appetite statement and the current position the new strategic risks that are now being faced during the COVID-19 pandemic are listed below:

Link to Risk Appetite Statement	Risk	Likelihood	Consequence	Risk Score	Management
1	There is a risk that WHSSC commissioned services are not being delivered in line with policies and service specifications. This is caused by non-essential services not being delivered during the COVID-19 outbreak or being delivered differently due to the need to manage the risk of infection. The effect of this is that patients are not receiving specialised services at all or in line with the specification.	5	4	20	The WHSS Team has developed a risk assessment process on an individual service basis. Information is being sought regularly from providers to understand the position. The Commissioning Framework agreed by Joint Committee provides the approach to prioritisation of services so that the most urgent services are maintained. Policies and service specifications are being amended as appropriate to ensure that providers are clear of commissioner requirements.
1	There is a risk that specialised services capacity is significantly reduced. This is caused by an overall reduction in capacity related to infection control requirements and because of the competing priority for	4	4	16	The WHSS Team has developed a risk assessment process on an individual service basis. Information is being sought regularly from providers to understand the position. The



	health boards of delivering local services. The effect of this is that access to specialised services is reduced				Commissioning Framework agreed by Joint Committee provides the approach to prioritisation of services so that the most urgent services are maintained.
1	There is a risk that there is increased inequity of access to specialist capacity. This is caused by different capacity amongst providers and different clinical risk appetites. The effect is that patients in different locations will have different access to services	4	3	12	Through monitoring and discussion with providers, if it becomes apparent that there is differential access to services WHSSC works with affected providers to develop solutions such as changes to referral pathways or regional solutions.
1	There is a risk that the quality of specialised services being delivered are not meeting the required standards within service specifications. This is caused by providers delivering services differently and not in accordance with the service specification due to the need to manage infection control. The effect is that quality standards are being compromised.	3	5	15	Regular discussions with provider including notification when serious events occur. To maintain governance the Quality and Patient Safety Committee continues to meet with any issues being reported to them.



1	There is a risk that during the COVID-19 outbreak providers that have services in escalation will find it more difficult to improve their level of escalation and deliver on their action plans. This is caused by services being stretched and delivering differently. The effect is that services will remain in escalation longer than anticipated.	3	3	9	WHSSC will continue to meet with providers where there is a service in escalation and will work with them to progress action plans to reduce the level of escalation on services. Where the level of escalation cannot be reduced WHSSC will consider the need to commission with an alternate provider.
1	There is a risk that information on quality of services will be reduced. This is caused by Regulators not undertaking routine inspections. The effect is that WHSSC may not be as informed about service quality issues that would be identified during inspection.	3	5	15	The quality team will continue to work with providers in particular to discuss incidents and will maintain their involvement in root cause analysis. Concerns will continue to be reported to the Quality and Patient Safety Committee.
2	There is a risk that the block contract financial framework currently being mandated means that specialised services are not being delivered with the usual cost effective test. This is caused	4	3	12	Continuing dialogue with Welsh Government finance department to highlight the concerns and to ensure that WHSSC contracting remains consistent with policy.



	by the requirement to block contract with the effect that financial risk is increased.				
2	There is a risk that providers will increase activity in the latter part of the year causing an over performance in quarter 3 or 4. This is caused by block contracts in quarter 1 and possibly quarter 2 with usual contractual arrangements in q3 and q4. The effect is that providers may be expecting additional resources in q3 and q4. It is understand for example that there is a predicted rise in the demand for mental health services as a direct result of COVID and that is a potential risk from a financial and capacity perspective	3	4	12	Continuing dialogue with Welsh Government finance department to highlight the concerns and to ensure that WHSSC contracting remains consistent with policy. Also activity information is being collated from providers along with quarter 1 and 2 plans to maintain an understanding of service delivery.
2	There a risk that patients may require increased access to specialised services. This is caused by people presenting late for treatments and may therefore as a result require	3	4	12	WHSSC will continue to monitor service provision and activity where information is available and also to continue to work with providers as quarter 2 and beyond



	access to more specialised services than if treated earlier. The effect is that there could be an increase in demand				plans are available. These plans will need to include demand modelling.
1	There is a risk that patients will be waiting considerably increased times for routine treatment. This is caused by non-urgent treatment being suspended with the effect that waiting times will be breached.	4	4	16	Activity information is being collated where it is being recorded. WHSSC is working with Welsh Government to ensure that the policy position on non-urgent treatment applies equally to specialised services.
3	There is a risk that WHSSC will not be able to monitor performance of specialised services. This is caused by a standing down of usual performance management procedures and a lack of information being submitted by providers. The effect is that WHSSC will not have sufficient information to monitor performance and will not be able to hold providers to account on contract delivery.	4	3	12	Activity information is being collated where it is being recorded. WHSSC is working with Welsh Government and NHS England to ensure that the policy position on performance monitoring applies equally to specialised services. WHSSC will include the policy position on performance monitoring into a new assurance framework which is being developed.

3	There is a risk that good governance and transparency of decision making cannot be maintained during the COVID-19 outbreak. This is caused by a lack of the usual routine reporting and an inability to run committee meetings in the usual way. The effect of this is that WHSSC reputation and decision making is affected.	2	5	10	All committees including Joint Committee are continuing with a consent agenda. Papers continue to be distributed in line with terms of reference for the committees and decisions are recorded as usual. WHSSC is considering how it can make Joint Committee publically accessible. The papers for Joint Committee continue to be made available on the WHSSC web page.
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4. **RECOMMENDATIONS**

Members are asked to:

- **Support** the approach being taken to risk management during the COVID-19 period; and
- **Note** that the CRAF continues to be monitored; and
- **Note** that risk assurance is being undertaken on individual services; and
- **Note** the additional strategic risks detailed above and their link to the risk appetite statement.



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	Not applicable	
Health and Care Standards	Safe Care Timely Care Effective Care	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation Public & professionals are equal partners through co-production	
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	To manage the risk in maintaining essential specialised services during the COVID-19 pandemic.	
Resources Implications	There are no resource implications associated with this report.	
Risk and Assurance	This paper looks to outline the approach being taken to ensure that essential specialised services are maintained during COVID-19 and the risks associated with this.	
Evidence Base	The paper refers to guidance that has been issued by the WHO and NHS England.	
Equality and Diversity	This report references the inequalities in provision of and access to specialised services.	
Population Health	The report seeks to address the balance of maintaining essential specialised services whilst in the COVID pandemic affecting the population health.	
Legal Implications	There are no legal implications associated with this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Management Group	04.06.2020	
Choose an item.		



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

		Agenda Item	2.5
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	Independent Hospitals Commissioning		
Author (Job title)	Director of Finance		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Choose an item.

Purpose	The purpose of this report is provide an update on the commissioning of independent hospitals in Wales for the initial three month period to 06 July 2020 and the extension period to 6 th September 2020.			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
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Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Receive assurance that there are robust processes in place to ensure delivery of effective commissioning arrangements for independent hospitals capacity; and • Note the progress to date and the indications for the remaining contract period. 		
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Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

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1. SITUATION

As outlined at the 12 May Joint Committee WHSSC is currently commissioning Welsh independent hospitals capacity on behalf of NHS Wales. The Joint Committee agreed that the initial contract period would be three months which would then be reviewed and extended on an individual contract basis. This reports sets out the actions taken to agree and manage the required contracts, performance to date and the plans for the remaining contract period.

2. BACKGROUND

WHSSC commissioned independent hospital capacity from 6 Welsh providers commencing on 06 April 2020. The nature of the agreements mirrored that the national process agreed between the independent sector and NHS England which has also been used in Northern Ireland and Scotland. Initially services were commenced based on an agreed heads of terms of agreement which set out the expected key terms of business which would subsequently be replaced by contracts. The contract agreement phase has been completed and details are outlined in the next section.

The basis of the agreements in place were to procure the whole hospital capacity at approved qualifying cost of service on a cost not profit basis.

WHSSC put in place detailed weekly monitoring arrangements to ensure utilisation could be tracked, lessons shared between health boards and value for money assessed. The outcome from this monitoring process are set out in the next section.

In addition a contract has been put in place by WHSSC working with the Finance Delivery Unit for KPMG to provide the financial assessment service to ensure that only qualifying costs of service are reported and approved. A central allocation has also been made to cover this cost.

WHSSC has been supported in the contracting and legal process by Shared Services Partnership and their legal advisors Blake Morgan solicitors.

3. ASSESSMENT

This section details the progress over the initial contract period and the plans for the remaining period.

Provider Contract Position

Following contract agreements being completed between UK providers and NHS England WHSSC were able to complete and sign contracts with the 6 providers as follows:

- Betsi Cadwaladr UHB – Spire Yale, Wrexham
- Aneurin Bevan UHB – St.Joseph’s Hospital, Newport
- Cardiff & Vale UHB – Spire, Cardiff
- Cwm Taf Morgannwg UHB – Nuffield Vale, Vale of Glamorgan/Cardiff
- Swansea Bay UHB – Sancta Maria Hospital, Swansea
- Hywel Dda HB – Werndale BMI Hospital, Carmarthen

In completing the contracts WHSSC and Shared Services ensured that the key contractual risks were comprehensively covered including the specification of all qualifying costs consistent with the NHS England contract to ensure consistency and effective contract management via KPMG. There were extensive discussions with providers to derive an appropriate balance of risk in respect of levels of indemnity.

All contracts agreed were individual contracts for a minimum period of three months terminable by notice of one month. WHSSC reviewed the performance against each of the hospitals working with health boards via weekly meetings. In preparation for the first possible notice period in early June it was agreed that notice would be given to two hospitals given the relatively low utilisation possible at both sites. Notice was given on 05 June 2020 to St.Joseph’s Hospital, Newport and to Sancta Maria Hospital, Swansea.

The remaining four contracts were continued for a further period of up to two months on the basis that the use of these hospitals were integral to the plans of the respective health boards (cross referenced to Q1 plans and further dialogue with health boards) and utilisation was at levels which represented reasonable value for money. The plan is that the health boards will take this time to agree new local contracts that can replace the whole hospital contract in a way that can best fit their local needs. WHSSC is supporting health boards with this by sharing intelligence on new national contracts.

The first three month phase of the WHSSC contract was directly funded by Welsh Government. It is WHSSC’s understanding that the remaining two month period from 06 July 2020 to 05 September 2020 must be provided for by the individual health boards and reported via their respective COVID financial returns to ensure greater consistency and fit with local plans. WHSSC will therefore be drawing down funds from the four health boards for the remaining two months.

The comparative position for NHS England is similar in that contracts have been extended in most cases until September. The plan is for there to be a new national contract to be agreed with national terms but for local determination of

capacity requirements. As at the time of writing options are still being evaluated in NHS England as to how a new contract can be constructed with the intention of continuing until at least the end of the financial year. One of the constraints faced is the scale of the uncertainty regarding any fee for service prices owing to the new operating environment which has effectively significantly reduced throughput. This means that historic cost and volume arrangements based on national tariff will be difficult to agree. Hybrid arrangements are the more likely scenario where partial fixed capacity will be contracted for a specified service cost or cost plus based on local demand with the independent sector retaining the risk and reward on their private patient income.

Contract for KPMG Services

A contract for the KPMG accounting service has been agreed with the involvement of Shared Services Partnership. Given its nature this contract closely mirrors the NHS England contract as all core rules regarding qualifying costs are common and KPMG are dealing with group companies who are responsible for providers in England and in Wales.

WHSSC continues to have regular engagement with KPMG to review actual cost of delivery of providers to ensure weekly payments remain in line with cost of service. A comprehensive process is in place at KPMG to ensure appropriate assurance can be given. The recent monthly detailed cost assessment has substantially re-aligned weekly payments to actual run-rate costs.

KPMG have also provided a detailed risk assessment and process regarding how the final true-up costs of service will be determined. This follows earlier consultation with NHS England including the counter fraud team. WHSSC will be sharing the full results of this work as it emerges but is assured regarding the comprehensive nature of the assessment and preparation. KPMG will commence work shortly in applying this process to the two Welsh providers which come out of contract on 05 July 2020.

Monitoring and Performance

WHSSC established a comprehensive weekly monitoring process which commenced reporting in week 4 on all activity since the start date of 6th April 2020. The process includes detailed monitoring of a number of key aspects of performance including activity (in patients, day cases and out-patients) and utilisation (theatre utilisation and bed occupancy). At the start of the project the numbers of beds were initially thought to be an important currency it has become evident that this measure is less much relevant given the planned use of the capacity which has been for urgent surgery with a short length of stay.

Activity to the end of week commencing 15 June illustrated that health boards achieved a significant milestone in the utilisation of the independent hospitals:



- The total in patient and day case activity now totalling 1,193 since the start date of 6th April 2020. This included 961 cancer surgery cases requiring urgent intervention.
- Additionally 214 endoscopies have been undertaken.
- Out-patient activity rose to 2,847 attendances including 1,454 ophthalmology attendances, a significant proportion of which will have involved a procedure.
- Diagnostic capacity remains an important feature for some health boards with activity now reaching 1,900 scans.
- Theatre utilisation is mostly high between 57% to 76% for the higher utilisation providers and between 37% to 43% for two lower utilisation providers which have been given notice.
- Bed utilisation is typically at a low level of between 5% to 20% with most surgical activity being either day case or a single overnight stay.

The weekly performance reports are discussed at a weekly Friday afternoon meeting which has been used to share common issues including the impact of PPE and testing regimes on throughput. A weekly summary report is then sent out by close of play on the Friday.

Table 1 Activity and Utilisation Summary by Health Board - 11 Weeks Commencing 06/04/20 - week commencing 15/6/20

	ABUHB	BCUHB	CTMUHB	CVUHB	HDHB	SBUHB	TOTAL
ACTIVITY							
<u>Treatments- numbers</u>							
<i>Inpatients</i>	61		103	307	150	28	649
<i>Daycase</i>	59	272	173			40	544
<i>Endoscopy</i>				214			214
<i>Outpatients</i>	239			1,498	1,077	33	2,847
<u>Diagnostics- numbers</u>							
<i>MRI (body parts)</i>	433	45		13	4		495
<i>CT</i>	1,000	7		5	2		1,014
<i>Ultrasound</i>		51		334	1		386
<i>Digital X-ray</i>					5		5
							1,900
UTILISATION							
Available beds	2,240	n/r	2,123	2,268	n/r	1,386	
<i>Occupied Beds</i>	142	n/r	394	449	n/r	68	
<i>% Usage</i>	6%	n/r	19%	20%	n/r	5%	
Theatre Sessions							
<i>Available</i>	128	184	209	286	n/r	104	
<i>Utilised</i>	55	140	119	194	n/r	38	
<i>% Usage</i>	43%	76%	57%	68%	n/r	37%	



The activity analysis by specialty illustrates the potential high patient value of the work undertaken as there is high proportion of cancer activity which is urgent by nature. Health boards have reported that it has been particularly beneficial being able to carry out this activity in a “green” environment reducing the cross infection risk to this vulnerable group of patients.

Table 2 - Health Board Patient Activity by Specialty

	ABUHB	BCUHB	CTMUHB	CVUHB	HDHB	SBUHB	TOTAL
Inpatients & Day case Activity							
Cancer/suspected cancer							
Gynaecology	62	49	63	52	48		274
Urology	47	114	122	18	45	10	356
ENT	1	10		28	15		54
Colorectal cancer				53		8	61
General surgery - vascular		15					15
General surgery - breast	4	28	86	39	42	2	201
Non-Cancer							-
General	6	19	1	42			68
Pain management		37					37
Dermatology			4				4
AV Fistula				17			17
Cataracts				33			33
Orthopaedics inc Spines				21			21
Plastic surgery						48	48
Oral Maxillofacial surgery (OMFS)				4			4
Inpatients/Day case total	120	272	276	307	150	68	1,193
Endoscopy				214			
Outpatients:							
Neurology	24						24
Gynaecology	190				67		257
Breast cancer				390			390
Urology					168		168
Colorectal					93		93
Ophthalmology				781	673		1,454
Dermatology	25						25
Haematology						33	33
Other				327			327
Out-patient total	239	-	-	1,498	1,001	33	2,771
Urology CNS Clinic					76		76
Out-patient CNS total					76		76

In order to provide additional context to utilisation WHSSC has developed a methodology which places a financial value on the activity delivered using the benchmark of Welsh costing returns unit costs. This has then been compared to the weekly cost of the contract to derive a basic indication of financial efficiency.

Summary of Financial Value of Utilisation Movements						
10 week activity - costed using 18/19 WCR	AB	BC	C&V	CTM	HD	SB
Week 10 Costed Utilisation Vs Contract Capacity Costs	31%	69%	48%	37%	41%	16%
Week 9 Costed Utilisation Vs Contract Capacity Costs	27%	62%	41%	35%	41%	14%
Change in utilisation rate from week 9 - Improvement	4%	7%	7%	2%	0%	2%
Percentage Reduction in Cost Per Week from Week 9 Calculations	-6%	-11%	-9%	-3%	-2%	-10%

The results indicate that the health boards using the four retained providers are delivering financial value of between 37% and 69%. This compares to the two contracts that have lower value of 16% to 31%. A significant proportion of the financial value generated by the ABUHB contract has been in out-patient and diagnostic work but the overall benchmark for this contract is adversely impacted by it being a relatively large capacity provider but with limitations on how the capacity can be utilised. It is noted that plans are in place to continue utilising the provider under a different contracting model that can best match local needs.

The above table also illustrates the improvement in value that occurred as weekly costs decreased from the detailed monthly review that has been completed by KPMG as part of the validation process. All costs and payments are expected to be aligned by the end of week commencing 29 June 2020.

Financial Cost

The total cost of the contracts for the six provider from 06 April to 05 July are estimated to be £12.280m. Expected costs for the remaining four contracts from 6th July to 5th September are estimated to be a further £6.199m. Total provider costs are therefore forecast to be £18.479m – plus any costs of alternative contract arrangements put in place by SBUHB and ABUHB.

4. RECOMMENDATIONS

Members are asked to:

- **Note** the progress to date and the indications for the remaining contract period
- **Receive assurance** that there are robust processes in place to ensure delivery of effective commissioning arrangements for independent hospitals capacity



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.		

QUESTIONS RAISED FROM JOINT COMMITTEE MEMBERS FOR MEETING ON 14 JULY 2020

Agenda Item	Raised By	Question	WHSSC Response
2.5	Paul Griffiths, Independent Member	<p>Independent Hospitals Commissioning</p> <ul style="list-style-type: none"> Page 3 - In the 2 month period commencing 6th July, the 4 health boards who wish to continue with the private hospital contract have to fund the costs in full. Have I read this correctly? Page 7 - I recognise that the different circumstances facing each health board and the different facilities provided within the independent hospitals does not make it entirely straightforward to draw firm conclusions from the analysis. In the circumstance, how confident are we that the financial efficiency calculations, which are indicating that only one health board has delivered a 'financial value' above 50%, is both meaningful and reliable? 	<p>Yes, individual health boards will have to provide the funding for the extension period directly. In practice they will be including these costs within their respective COVID financial returns to Welsh Government in order to distinguish these from normal operating costs. Some or all of these costs may therefore be ultimately funded but including them in local costs ensures that they are considered in the round alongside other local priorities.</p> <p>The financial value method is meaningful in that it provides a common mechanism to place a cost of delivery on the activity delivered if it had been delivered by the HB locally using published Welsh reference costs. WHSSC explored the use of English national tariff as an alternative methodology. The issue with use of tariff is that it includes cost components not applicable to the Welsh financial regime in the same way and applies prices at a more detailed level (HRG4+) meaning further approximations would be needed to apply to the available data. For information applying English tariff prices typically derives lower percentage utilisation values (circa -10%). The majority of care</p>

			<p>provided has been urgent and cancer treatment in nature and hence would have had to be provided in some form. The use of standard costs increases consistency. The other variables are the data quality, which has been provided by individual HBs. The only additional point to note in assessing the results is that some HBs will have supplemented the staffing of the independent hospitals with their own staff to varying degrees and the costs of this component is not reported or included. In interpreting the results it is important to note that the new operating environment post-COVID is much less efficient in terms of lower throughput and additional cost (from cleaning and PPE). The scale of these new inefficiencies has been estimated to be up to 50%. For this reason NHS England is unlikely to be returning to tariff for the whole of this financial year and is reviewing how to proceed.</p>
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2.5	Tracy Myhill, SBUHB	Independent Hospitals Commissioning <ul style="list-style-type: none"> Has the WHSS Team been involved with any discussions about 'Green' surgical centres for Cancer in Wales? 	<p>WHSSC is aware that HBs have prioritised the use of a significant proportion of the independent hospitals capacity for cancer surgery and this is consistent with the data which shows that 1,000 of the 1,300 inpatient/day case operations have been for cancer surgery (06 April to 28 June). HBs have been using the independent hospitals as green sites and this remains their plan for the remainder of the central contracts to 05 September. HBs are working to renegotiate contracts with the independent hospitals beyond September and the ability to maintain green site status will be a key part of any such arrangement.</p>
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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

		Agenda Item	2.6
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	Trauma Network "Go Live" Update		
Author (Job title)	Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this paper is to update Joint Committee on the progress made to determine readiness of the South Wales Trauma Network and to recommend a "Go Live" date for the Network.			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the information presented within the report; and • Receive assurance that the Trauma Network is ready to go live as presented in the attached report (appendix 1); and • Approve that the network should go live on Monday 14 September 2020. 		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

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1.0 SITUATION

Joint Committee members will be aware that it is their decision to determine the “Go Live” date for the major trauma network. This paper provides an assurance report from the Network Team together with a recommendation from the Major Trauma Implementation Group, supporting the proposal that the Network goes live on 14 September 2020.

2.0 BACKGROUND

Joint Committee approved the programme business case for the Trauma Network for South Wales at its meeting on 12 December 2019, although there were a number of caveats that needed to be addressed and an update on these were provided and noted at Joint Committee on 28 January 2020. The approval of the programme business case concluded the work of the Major Trauma Programme Board and the Major Trauma Implementation Board was formed to steer the assurance and implementation process for the network. The Implementation Board is chaired by the Chief Executive of Swansea Bay University Health Board and comprises all key partners in the Network at both a clinical and managerial level. It is supported by the Programme Team and the Operational Delivery Network (ODN).

The intention was for the network to go live in spring 2020 and an assurance process was agreed to work to that timeline. Unfortunately due to the COVID-19 outbreak it was agreed to postpone this date to allow all Health Boards to respond to the pandemic.

Now that all organisations are moving from the immediate response phase it was felt appropriate to re-instate the Implementation Board and re-engage the assurance and implementation process for the Network. The Implementation Board met on 15 June and 01 July 2020 where they discussed the assurance report (attached at appendix 1) and considered the recommendations within that report in order to be able to propose to Joint Committee that the Network is ready to commence.

3.0 ASSESSMENT

Prior to the COVID-19 outbreak the Major Trauma Programme team undertook assurance visits with all the major trauma units (MTU), the major trauma centre (MTC) and the ODN. The conclusion at the time was that the Network was ready to go live. This was reported to Joint Committee at its meeting on 12 May 2020 where it was noted that prior to a final recommendation being made on a go live date a re-check on readiness would be made by the programme team.

The report attached at appendix 1 is the readiness report produced by the network programme team. This report was discussed by the Implementation Board at its meeting on 01 July and the Implementation Board specifically considered the recommendations made in the report, namely;

1. Note the content of this paper and supporting documents/appendices.
2. Support the view that the revised assessments provide assurance in relation to a state of readiness by go live.
3. Support a recommendation that the network should go live on Monday 14th September 2020.
4. Note that if a recommendation is made that this will need to be considered for approval by WHSSC Joint Committee on the 14th July.
5. Reinstate Health Board trauma implementation boards (or equivalent) virtually as soon as it is practicable to do so and if not already in place.
6. Confirm support for timely repatriation of patients, irrespective of their COVID-19 status, to their local health board as per agreed policy.

The Implementation Board noted the readiness report and were assured that each component of the network was ready. In particular the Implementation Board were assured by the presentation made by Cardiff and the Vale University Health Board with regards to the MTC readiness and noted the sterling effort made by the Health Board to ensure that all components of the programme business case pertaining to the MTC would be delivered even though, in the short term, this would not be exactly as envisaged in the business case. This particular reference relates to the location of the poly trauma unit which would be temporarily relocated within the University Hospital of Wales site. The Implementation Board discussed this and felt that it did not significantly impact on the delivery of the MTC.

All Health Boards agreed to recommendation 5 and 6 above, that is they agreed to reinstate their local trauma implementation boards and they also confirmed their support for the timely repatriation of patients, irrespective of their COVID-19 status, as per the agreed policy.

At the meeting on 15 June 2020 the Implementation Board had the benefit of a discussion with the National Clinical Director for Major Trauma for NHS England, who impressed upon the group the benefits for going live with the network even in the current circumstances.

A major trauma surge plan was presented to the group which sets out an operational policy for all organisations to apply if the capacity to manage moderate and major trauma patients is compromised by a surge in admissions due to the pandemic. This plan was approved by the group and importantly the National Clinical Director for Major Trauma for NHS England also confirmed that the South Wales Trauma Network would form part of the UK network and as such mutual aid would be offered in the event that the surge plan needed to be enacted.

Finally the Implementation Board, taking into consideration the comments from the National Clinical Director for Major Trauma for NHS England, the assurance readiness report and the impact of COVID-19, supported recommendation 2 above that they should recommend to Joint Committee that the network should go live on Monday 14 September 2020.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report
- **Receive assurance** that the Trauma Network is ready to go live as presented in the attached report
- **Approve** that the network should go live on Monday 14th September 2020.

5.0 APPENDICES / ANNEXES

Appendix 1: South Wales Trauma Network Assurance report for go live readiness



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.	
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Organisational Implications		
Quality, Safety & Patient Experience		
Resources Implications		
Risk and Assurance		
Evidence Base		
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Population Health		
Legal Implications		
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		
Choose an item.		



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Serving the population of South
Wales, West Wales and South
Powys

Assurance report for go live
readiness

1st July 2020

For reporting to Implementation
Board

Reference Number	SWTN Assurance for State of Readiness Update Report
Application	All Health Board providers and Commissioned services (WAST and EMRTS)
Version	2.0
Replaces	N/A
Issue date	July 2020
Review date	N/A

Author(s)	Miss Rachel Taylor (Network Manager)
Internal reviewer(s)	Dindi Gill (network clinical lead)

DRAFT

1.0 Background

Between February and March 2020, the network team undertook assurance visits to each organisation, to assess the state of readiness for go live. Due to the COVID-19 pandemic, the report generated from these visits was not reviewed at implementation at the end of March 2020. The implementation board was reinstated on the 15th June 2020, where board members recognised that pre-COVID-19, the major trauma system was ready to go live, but given that there had been significant organisational change during the COVID-19 surge, there was a requirement to check back in with all organisations.

Over the last month, the network team have met virtually with all organisations to undertake the following:

1. Update on network activities (development of the COVID-19/major trauma surge plan/clinical guideline, SITREP, training and education plan).
2. A review of the assurance matrix for each organisation to understand what has changed and impact on major trauma patients within the network.
3. Where outstanding issues remain, seek necessary assurances that these will be met by go live.

This forms part of the evidence, in order to make a recommendation on a revised go live date for the network, outlined in this report. To support this, in a recent Welsh Government circulation major trauma has been recognised as an essential service and guidance issued in relation to 'implementation of plans for the South Wales Trauma Network by early autumn.'

Key organisational changes

The main changes and outstanding issues are:

- Changes within the University Hospital of Wales site due to COVID-19 that affects the ability to run as a major trauma centre (MTC). This includes a single point of access of paediatric admissions at the Children's Hospital, loss of the planned location of the polytrauma ward, reduction in theatre availability and movement of cardiothoracic surgery to the Llandough site. Mitigations against these issues are described in the MTC update.
- Nevill Hall Hospital will no longer become a trauma unit (TU) due to the transfer of emergency surgery and trauma to the Royal Gwent Hospital. The Royal Gwent Hospital will therefore be the only Trauma Unit for ABUHB. This service will then transfer to the new Grange University Hospital when it opens later in 2020.
- Changes in the ability to provide access to Rehabilitation Medicine sessions across the network. Mitigations provided in the embedded paper.

- A delayed 24/7 EMRTS start date. Now commencing by road in South Wales from 1st July 2020, with the addition of an air based service later in 2020. This continues to be aligned with the proposed timescales for the SWTN

Despite a delay to go live in April 2020 due to the COVID-19 pandemic, the network remains ready to go live during Quarter 2 of 2020/2021.

Dates of readiness visits and follow ups

The network undertook a series of state of readiness visits in February and March 2020. A repeat visit was then arranged (either physically or via teleconference) to ensure the critical and essential recommendations had been met. Further follow-ups have taken place during June 2020 to assess readiness for go live following the initial peak of COVID-19 and the challenges that brought.

Visit	Date 1 st visit	2 nd visit / follow up call	Post COVID follow up call
Prince Charles Hospital	03/02/2020		8/6/2020
Royal Gwent Hospital	10/02/2020	9/3/2020	10/6/2020
Nevill Hall Hospital	12/02/2020	9/3/2020	10/6/2020
Princess of Wales Hospital	17/02/2020	16/3/2020	17/6/2020
Morriston Hospital (Trauma Unit and Specialist Services)	24/02/2020	16/3/2020	26/6/2020
WAST & EMRTS	26/02/2020	19/3/2020	26/6/2020 (WAST)
Hywel Dda (Glangwilli, Withybush and Bronglais Hospitals)	02/03/2020		29/6/2020
Royal Glamorgan Hospital (Landing Pad)	09/03/2020		29/6/2020
Powys Teaching Health Board	12/03/2020		29/6/2020
University Hospital of Wales – MTC (via Skype)	17/03/2020		30/6/2020
Operational Delivery Network	20/03/2020		N/A, as all components in place



2.0 Summary

		Assured?
ODN	Network	✓
UHW	Major Trauma Centre	✓
Morrison Hospital	Trauma Unit with Specialist services	✓
Royal Gwent Hospital	Trauma Unit	✓
Nevill Hall Hospital	Trauma Unit – will not open as a TU	X
Prince Charles Hospital	Trauma Unit	✓
Princess of Wales Hospital	Trauma Unit	✓
Glangwili General Hospital	Trauma Unit	✓
Bronglilas General Hospital	Rural Trauma Facility	✓
Withybush General Hospital	Rural Trauma Facility	✓
Royal Glamorgan Hospital	Local Emergency Hospital	✓
Powys Health Board	No Acute Hospitals	✓
WAST / EMRTS		✓

The recent review of all component parts of the network as summarised above gives assurance that the network will be ready for a new go live date during quarter 2 of 2020/2021. There are aspects that are not presently in place, but organisations have assured the network team that these will be in place for go live. A detailed breakdown is provided in the appendix below.

3.0 Repatriation

The repatriation policy of Care with Treatment Closer to Home (CwTCH) has been agreed as a workable solution to the concerns around the repatriation of patients from the MTC to their local Health Board. The implementation board approved the automatic repatriation policy at the meeting in June 2020. Interestingly the repatriation of patients during the recent COVID-19 pandemic has not been an issue, owing to the improved bed capacity within health boards. As an addendum to the automatic repatriation policy, any changes required to the flow of patients around the network due to any further surges of COVID-19, or the COVID-19 status of the patient, will not impact on the requirements to repatriate patients within the agreed timescale to their local HB, aligned with the processes in NHSE. This will be closely monitored and supported by the ODN.

4.0 Rehabilitation

A paper outlining the changes in the delivery of rehabilitation medicine across the network is attached. Whilst the overall rehabilitation model has not changed, the delivery has changed. Solutions and mitigations are presented in the paper. Furthermore, rehabilitation has been recognised as an essential service during the

COVID-19 pandemic, thus an opportunity exists to improve therapy services across the system, with added benefit to major trauma patients.



Rehabilitation
Update July 2020.doc

5.0 Covid-19 surge plan

The COVID-19 pandemic resulted in the requirement for all Health Board and commissioned services aligned to the SWTN to take action, resulting in the focus of the NHS shifting to an emphasis being placed on responding to the unprecedented situation.

The ODN has continued to work in the background to ensure momentum has been maintained throughout the programme.

During the COVID-19 pandemic, Major trauma was established as one of 14 essential services in healthcare. NHSE developed "cells" in order to ensure essential services were maintained alongside the COVID-19 response, therefore a national major trauma cell was developed, of which the SWTN ODN has been involved on a regular basis.

The actions instigated at the start of the pandemic by the national trauma cell has meant that to date, no MTC within the UK has had to cease accepting major trauma patients who are most in need of the specialist care provided within the MTC environment.

The ODN have therefore developed a surge plan specifically for the SWTN that aligns with the work undertaken in NHS England to ensure that the network will be equipped to deal with any further surges in COVID-19 admissions and also any other epidemic / pandemic going forward.

6.0 Programme risks and mitigations.

The programme business case outlined the risks involved in not having a major trauma network for the south wales, west wales and south Powys region. These risks remain and it is therefore imperative that a new go live date is agreed so that the patients within the region are not disadvantaged by not having access to the specialist care a major trauma network provides.

As stated, the ODN has developed a surge plan based on evidence from NHSE that will protect the MTC from becoming overwhelmed whilst also ensuring expert advice remains available to the TU's. The decision to enact this plan will be with the SRO of the ODN, in discussion with stakeholders.

7.0 Conclusion

Statement for readiness and go live

Based on the revised assessment of readiness, assurances received from organisations in relation to the delivery of service specification by go live and the utilisation of the network – COVID-19 surge plan, the implementation board are being asked to set a revised go live date for the South Wales Trauma Network.

An assessment for determining a go live has been based on the following factors:

- Following discussions with Public Health Wales, it predicted that a second wave of COVID-19 might occur in early July 2020.
- Predicted increase in major trauma presentations will likely to occur over summer.
- EMRTS go 24/7 by road in July and air later in year, so flow into UHW will increase from that point onwards.
- Gives organisations a sufficient period to prepare, but recognising the significant progress that had been made pre-COVID-19.
- Avoids commencing the network during winter pressures on the unscheduled care system.
- Support from Welsh Government issuing guidance in relation organisational quarter two plans and implementation of the network in early Autumn.

Based on the above, **Monday 14th September 2020**, appears to be a preferred revised go live date, subject to there being no significant regional surges of COVID-19 and impact on system capacity across South Wales, West Wales and South Powys. This will allow a period of 10 weeks for final preparations to be made, before go live.

Members of the Implementation Board are asked to:

1. Note the content of this paper and supporting documents/appendices.
2. Support the view that the revised assessments provide assurance in relation to a state of readiness by go live.
3. Support a recommendation that the network should go live on Monday 14th September 2020, subject to the above conditions.
4. Note that if a recommendation is made that this will need to be considered for approval by WHSSC Joint Committee on the 14th July.
5. Reinstate Health Board trauma implementation boards (or equivalent) virtually as soon as it is practicable to do so and if not already in place.
6. Confirm support for timely repatriation of patients, irrespective of their COVID-19 status, to their local health board as per agreed policy.

8.0 Appendix – Details of all organisational site visits

8.1 Major Trauma Centre Findings

See separate MTC update paper.

In addition to the above, following assurances have been followed up on:

Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Comments
1	Clinical Leads to be appointed and confirmation of revised structure to be given by go live	A - Assured	By go live	Assured	
2	A plan to mitigate the major trauma database not being ready at go live	A - Assured	Do now	Assured	
3	To identify the requirements for paediatric psychology support	R - Recommended	Year 1	Year 1	Not required for go live
4	To review the capacity within the pain team to provide specific support for chest injuries and paediatrics through the gathering of data over year 1	R - Recommended	Year 1	Year 1	Not required for go live
5	To review the impact of the ability for radiological reporting for paediatrics on a weekend	R - Recommended	Year 1	Year 1	Not required for go live
6	To continue to provide level 1 and specific skills training for nurses	R - Recommended	Year 1	Year 1	Not required for go live
7	To develop the silver trauma service (to include orthogeriatricians and clinical frailty scoring)	R - Recommended	Year 1	Year 1	Not required for go live

8.2 Trauma Unit / Rural Trauma Facilities / Local Emergency Hospital Findings

Swansea Bay University Health Board

Morriston Hospital – Trauma Unit with Specialist Services

Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Comments 26 th June 2020
1.	TU to provide a table of evidence for TTL training and education compliance (e.g. ATLS, APLS, ETC) for consultants, current trainees and non-trainee grades, who provide a TTL role in the ED. Confirmation that paediatric middle grades on trauma team have an APLS or equivalent qualification	E - Essential	By go live	Assured	Awaiting formal summary of named trained individuals. To be provided to ODN but assured.
2.	Confirmation as to Level 1 nursing competencies compliance should be provided - Letter of confirmation provided. Will require detailed evidence before go live	Complete		Assured	Completed as noted previously.
3.	Confirmation that clinical guidelines have been endorsed by the Health Board Quality and Safety Committee and implemented. Q&S committee March 24th 2020	Complete		Assured	Noted & approved in March 2020 Q&S meeting.
4.	Requirement for extra orthopaedic trauma list per day to be formally established, based on understanding of changes in flow for major trauma	R – Recommended	Year 1	Assured	Plans in place - currently running 3 lists per day due to theatre configurations, plans being developed for future strengthening of service – year 1 objective.
5.	Confirmation of named contingencies for the Major Trauma Practitioner and Rehabilitation Coordinators	Assured	By go live	Assured	2 rehab coordinators already appointed Trauma pracs – not in place but out to advert, ODN to be updated. Assurance that not an issue for September go live.
6.	Evidence of improved case accreditation following submission of additional data	Complete		Assured	Assured as previous.
7.	Evidence of how the clinical governance structure is organised (in line with the network M&M process) and how it report into the Health Board and ODN structure in the operational policy. Terms of reference of the TU committee and M&M meetings. - Work is being undertaken. Will require final documents prior to go live	E - Essential	By go live	Assured	Formal document to be produced locally - ODN to be updated.



Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Comments 26 th June 2020
8.	The TU needs to include within the TU operational policy an agreed pathway for the repatriation of major trauma patients from the MTC. This should include confirmation of the following: - Predefined specialties for patients. - Wards for repatriated patients. Agreements agreed for all specialties except TBI patients. This will need to be resolved prior to go live. Formal SOP documentation to be developed.	E - Essential	By go live	Assured	SB UHB imminently working through locally. Relocation of areas due to COVID-19 response has altered original plans. Update to be provided to ODN. Assurance that this will not be an issue for September go live
9.	Rehabilitation Medicine Consultant sessions. The TU should formally confirm the availability of 4 sessions for the rehabilitation medicine consultant sessions (ASAP) and support from HR to ensure appropriate change to job plans for cover in SBUHB and HDUHB Now assured	A - Assured			ODN rehabilitation lead redeveloping Network plan to work alongside SB UHB commitment of 4 sessions. Virtual support to be considered & implemented if required in the first instance.
10.	Requirement to develop a clear admission pathway for patients with chest wall injuries supported by the network	R - Recommended	Year 1	N/A	Year 1 requirement
11.	Confirmation of outcome of meeting between SBUHB and WHSSC to outline the impact of the plastics contingency plan on RTT and ability to proceed with contingency All posts appointed to	A - Assured		Assured	2 consultants in post currently. Further 2 to start Aug. Clinical Fellows - Originally 5 appointed however current position- 2 appointed 3 to be re advertised- concern around lead in time. Mitigation plan in place to resolve utilising current registrar team.
12.	A contingency paper outlining provision of plastics cover at the MTC (i.e. consultant and middle grade rota with sample job plan) All posts appointed to	A - Assured		As above	As above
13.	Single point of access for orthopaedic referrals to SBUHB	R - Recommended	By 6mths	N/A	In Progress, year 1 objective
14.	Upskilling of some existing T&O surgeons in supporting combined complex orthopaedic cases	R - Recommended	By 6mths	Assured	New appointments made
15.	Confirmation of the interim solution for spinal trauma (without neurology) requiring operative fixation for the following: - All Hywel Dda patients - SBUHB patients (when no orthopaedic surgeon is rostered) This recommendation is applied to SBUHB and C&VUHB Workload from Hywel Dda quantified. Discussions ongoing between medical	E - Essential	By go live	Partially assured	Significant progress made with discussions between HD & C&V. Confident to be in place by Go Live date in September. ODN to be updated.



Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Comments 26 th June 2020
	directors. Regional and specialist services group meeting planned 27th March between C&V, SBUHB and HDUHB				
16.	Assurance around the support for the existing SBUHB traumatic injury spinal service (for patients who are operated on locally) See above	E - Essential	By go live	As above	As Above

DRAFT

Aneurin Bevan University Health Board

Royal Gwent Hospital – Trauma Unit (Nevill Hall will no longer become a TU. The TU for ABUHB will transfer to the Grange University Hospital when it opens later in 2020)

Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Update 10 th June 2020
1.	The TU need to include within the TU operational policy an agreed pathway for the repatriation of major trauma patients from the MTC.	A - Assured		Assured	Pre-defined specialities to remain the same RGH floor 5- to remain as originally planned landing pad GUH - to be determined
2.	Confirmation of the HB rehabilitation model in the interim recognising the lack of rehabilitation medicine input and unfilled post previously filled by a stroke physician	A - Assured		Assured	. Engagement required with network rehabilitation lead for detailed discussion and site visit to MTC. This should cover the model for repatriated and acute TU admitted patients. ODN to be updated
3.	The key enabling posts (Trauma Practitioners and Rehabilitation Co-ordinators)	Complete		Assured	Rehab Coordinator - appointed Trauma Practitioners - appointed
4.	TU operational policy to include a statement that ED consultant on call to be contacted about all trauma calls if not onsite by TTL in ED.	Complete		Assured	Previously submitted by HB and accepted by network
5.	TU operational policy to include a statement that emergency theatre is put on standby is critically injured patients attends and as declared by the ED TTL.	Complete		Assured	Previously submitted by HB and accepted by network - sentence to reflect this to be added to SOP
6.	Confirmation that clinical guidelines to be endorsed by the Health Board Quality and Safety Committee and implemented.	Complete		Assured	Taken to local Q&S and approved
7.	Confirmation of courses undertaken by TTLs	Complete		Assured	Assured as previous. ODN to notify when eLearning platform available.
8.	TU operational policy to describe managerial structure of the TU team with lines of accountability and responsibility.	Complete		Assured	Previously submitted by HB and accepted by network - RGH will remain the same
9.	Further work required to ensure that full dataset of 80% of case ascertainment available for go live for one year of backdated data.	Complete		Partially assured	Overall improving picture, but further work to do to have 95% case accreditation TARN to be notified AB UHB happy to take part in TARN dashboard
10.	Development of a rehabilitation model to ensure that both repatriated and acute admitted TU patients have access to a rehabilitation medicine consultant.	R - Recommended	Year 1	N/A	For year 1
11.	Health Board-wide provision of out of hour's emergency MRI.	R - Recommended	Year 2	N/A	For year 2

Cwm Taf Morgannwg University Health Board

Prince Charles Hospital – Trauma Unit

Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Update 08/06/2020
1.	Provide evidence of a ST3/equivalent or above for out of hours and weekend cover of Trauma Team Leader role, particularly focussing on where this cannot be delivered by Emergency Medicine.	complete		Assured	Formal notification that Anaesthetics will provide trauma team lead role for TU, if ED unable to provide. Further recruitment of ED consultants in HB will support.
2.	ED nursing training and education – compliance for 70% Level 1 nursing needs to be achieved.	Complete		Assured	
3.	Confirmation that clinical guidelines to be endorsed by the Health Board Quality and Safety Committee and implemented.	E – Essential	By go live	Assured	Same position, but need to ensure visibility of guidelines locally (on portal) and through network APP
4.	Share operational policy process for theatre cases to include: 1) Critically injured patients where emergency theatre is put on standby based on pre-hospital/ED information. 2) Prioritisation of orthopaedic trauma on emergency theatre list.	Complete		Assured	Previously submitted by HB and accepted by network
5.	Internal Trauma Unit and Health Board organisational structure required for go live phase. To include clinical governance arrangements. Evidence reflected in TU operational policy and terms of reference – copies of which to be provided.	E - Essential	Do by go live	Assured	HB in process of confirming governance structure in line with overarching HB governance structure - will share with ODN
6.	Key enabling posts (Trauma Practitioners and Rehabilitation Co-ordinators) to have named mitigations while recruitment is completed and posts filled substantively. To feature in operational policy.	E-Essential	Do now.	Assured	Major Trauma Practitioner - HB progressing HR queries locally. In the meantime have a contingency plan.
7.	Further work required to ensure that full dataset of 80% of case ascertainment available for go live for one year of backdated data. Evidence required in form of TARN update.	E – Essential		Assured	TARN Coordinators working through historic data and will link in with network data analyst. Overall improving picture, but further work to do to have 80% case ascertainment
8.	Communication to staff internally	E – Essential	Do by go live	Assured	ODN to support with this when HB ready.
9.	Confirmation that essential trauma equipment in place in emergency department (e.g. pelvic binders, trauma lines, CAT tourniquets).	Complete		Assured	
10.	The current availability of dedicated orthopaedic trauma theatre lists covers five days of the week and Saturday morning. The health board should be working towards a seven day service.	R-Recommended	Do by peer review (end of year 1)	Year 1	T&O capability is limited due to COVID-19, will place operational pressures on general T&O work

11.	A replacement of the second CT scanner is recommended with associated resource requirements.	Complete	Year 2	Year 2	Second CT scanner due in October 2020
12.	Health Board-wide provision of out of hours emergency MRI	R-Recommend ed	Year 2	Year 2	For year 2

Princess of Wales Hospital – Trauma Unit

Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Comments
1.	Provide evidence of a ST3/equivalent or above for out of hours and weekend cover of Trauma Team Leader role, particularly focussing on where this cannot be delivered by Emergency Medicine. This must be rostered	E - Essential	By go live	Require assurance	Gen Surg not happy to cover – still requires confirmation of process
2.	TU operational policy to include a statement that ED consultant on call to be contacted about all trauma calls if not onsite by TTL in ED.	A - Assured		Assured	Assured
3.	TU to provide assurance that it has in place pre-defined roles and responsibilities for trauma teams based on pre-existing HB guidance and supported by network guidance	Complete		Assured	Training undertaken and within guidelines
4.	Confirmation that clinical guidelines to be endorsed by the Health Board Quality and Safety Committee and implemented.	A - Assured		Assured	Need to go through HB Q&S
5.	Share agreed operational policy (that is currently in development) for prioritisation of theatre cases to include: 1) Critically injured patients where emergency theatre is put on standby based on pre-hospital/ED information. 2) Prioritisation of orthopaedic trauma on emergency theatre list.	A - Assured		Assured	5 day dedicated theatre list. Joint with CEPOD on weekends
6.	Internal Trauma Unit and Health Board organisational structure required for go live phase. To include clinical governance arrangements. Evidence reflected in TU operational policy and terms of reference – copies of which to be provided.	A - Assured		Assured	Currently being reorganised. Will inform network of structure
7.	Key enabling posts (Trauma Practitioners and Rehabilitation Co-ordinators) to have named mitigations while recruitment is completed and posts filled substantively. To feature in operational policy.	A - Assured		Assured	2.8 rehab coordinators recruited at Royal Glam. Trauma pracs – re advertising. 2 in post, 3 more to recruit
8.	The TU need to include within the TU operational policy an agreed pathway for the repatriation of major trauma patients from the MTC as some may	E - Essential	By go live	Assured	Waiting for confirmation of pre defined specialties - need to clarify with RGH. Pts being repatriated to POW - ? under medicine



Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Comments
	return to POW. This should include confirmation of the following: - Predefined specialties for patients. - Wards for repatriated patients.				
9.	Further work required to ensure that full dataset of 80% of case ascertainment available for go live for one year of backdated data. Evidence required in form of TARN update.	Complete		Assured	Now at 100%. Case accreditation 88% - work in progress to increase
10.	Interim solution to minimise delay to mobilisation of CT radiographer (capable of undertaking a Whole Body CT)	A - Assured		Assured	Funding approved for second radiographer for OOH. Confirmed use of bastion protocol.

Royal Glamorgan Hospital – Local Emergency Hospital

Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Comments 29 th June 2020
1.	Confirmation that clinical guidelines to be endorsed by the Health Board Quality and Safety Committee and implemented.	E - Essential	By go live,	Assured	To link within HB and provide feedback to ODN
2.	Confirmation that network policies have been approved by Exec team or agreed HB process and implemented. Health Board approval gained	complete		Assured	As per overall HB plans- RGH to have site of and agree from rehabilitation point of view
3.	Confirmation of named clinical leadership at the Royal Glamorgan Hospital (to cover both LEH and SRC) Name:	A - Assured			Dan Lewis who will then work through locally
4.	Confirmation of named Executive SRO for the Health Board. To confirm that each hospital internal structures will report into a HB trauma committee with reporting into HB and ODN structures. to the MTC/nearest TU.	E - Essential	By go live –	Assured	Will link in with PCH & POW to confirm governance process > To be shared with ODN.
5.	Named contingencies for the Rehabilitation Coordinator role needs to be confirmed	Complete	By go live –	Assured	3 posts appointed



Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Comments 29 th June 2020
	until the substantive post-holders are in place.				All will be in place by end of September HB to share names with ODN
6.	Operational policy should describe the following: <ul style="list-style-type: none"> - Single point of access for repatriation to the HB through the rehabilitation coordinator service at the Specialist Recovery Centre (SRC). - 	E - Essential	By go live -	Assured	As previous and will be in operational policy
7.	Operational policy to describe reporting measures from the LEH and SRC to include TARN/TARN PROMS/PREMS and metrics as defined in network clinical governance policy.	E - Essential	By go live –	Assured	Accreditation to improve- RGH to improve over next 6 months
8.	To support the repatriation process the following needs urgent clarification for the SRC, PCH and POW as a joint up approach: <ul style="list-style-type: none"> - Predefined specialties. - Wards. - Mitigation plans for supporting wards. 	Assured	By go live	Assured	To be confirmed by HB
9.	Confirmation of funding for 4 sessions of rehabilitation consultant Confirmed	A - Assured		Assured	Network rehab lead to support
10.	Therapy lead to work with network rehabilitation lead to formalise job plan for rehabilitation medicine consultant (incl. ward reviews, MDTs and OP) incl. any support structures.	E - Essential	By go live –	Assured	As above

Hywel Dda University Health Board

Glangwili General Hospital – Trauma Unit

Bronglais General Hospital – Rural Trauma Facility

Withybush General Hospital – Rural Trauma Facility

Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Comments 29 th June 2020
1.	TU operational policy to confirm that general surgical registrar will be alerted at the start of shift that they will be TTL on any given shift	Complete		Assured	Same as previously- Assured
2.	TU to provide a table of evidence for TTL training and education compliance (e.g. ATLS, APLS, ETC) for consultants, current trainees and non-trainee grades, who will provide a TTL role in the ED and evidence of how this will be improved in year 1	Assured	By go live	Assured	Will share for ED- SpR's imminently To collate & share surgical SpR's asap
3.	Confirmation that TU ED Level 1 nursing competencies compliance will be at 70%	Complete		Assured	Assured 71% completed with a training programme in place to progress further.
4.	Confirmation that clinical guidelines have been endorsed by the Health Board Quality and Safety Committee and implemented	Complete	By go live	Assured	Confirmation received that has been through local Q&S structure
5.	Confirmation as to the named contingency for the Major Trauma Practitioner and Rehabilitation Coordinators (until all are substantively in post) needs to be provided	A - Assured		Assured	Both roles out to advert with interest. Individuals to be in post by September.
6.	Assurance in writing that mitigation plan for prioritisation of cases will be sufficient to meet extra demand from Day 1 due to change of flows within the Health Board and given that the extra half day weekend theatre list will not be in place from the outset	A - Assured		Assured	Received from Mark Henwood- DG confirmed. Progress being made with list.
7.	A timeline for implementation for the extra half day weekend theatre list will need to be provided, although should be implemented within 6mths of go live	E - Essential	Timeline before go live	Assured	Detail regarding timeline will be available & shared with ODN within the 6month timeline.



Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	Comments 29 th June 2020
8.	A cross check of the HB 'draft' guidelines/policies and internal sign off process before go live, specifically: HB TU operational policy H DUHB guidelines Theatre SOPs H DUHB rural trauma facilities (see below)	E - Essential	By go live	Assured	All have been through Scheduled Care Q&S
9.	HB to confirm the following in addition to existing structures: <ul style="list-style-type: none">- Relationship to ODN (and reporting)- SRO for HB for go live- Nominated clinical and managerial lead for WGH and BGH	A - Assured		Assured	-Contained within operational policy -SRO- Andrew Caruthers -Nominated clinical lead- GGH to be confirmed WGH- Nicola Drake BGH- to be confirmed
10.	Finalise H DUHB Rural Trauma Facility and share with network team and WAST (trauma desk operational policy)	A - Assured		Assured	As Above
11.	Month by month reporting of 1 year of retrospective and prospective case TARN ascertainment to QI/audit lead	E - Essential	By go live	Assured	As previously- with further improvement
12.	Progress update on appointment of additional therapists as outlined in PBC	R - Recommended	6mths post go live	Assured	Currently being progressed locally
13.	Consider protected time for ED nursing education leads for GGH, WGH and BGH	R - Recommended	6mths post go live	Assured	Completed in GGH Currently being progressed locally fir WGH & BGH
14.	Consider provision of a second CT scanner	R - Recommended	Year 2	Assured	Being progressed locally- recommended for year 2
15.	Health Board-wide provision of out of hour's emergency MRI	R - Recommended	Year 2	Assured	Being progressed locally- recommended for year 2

Powys

Powys has no acute hospitals, but commissions acute beds from neighbouring health boards. Powys will have rehabilitation coordinator contacts and will support the transfer of patients from the MTC, through to their most appropriate acute hospital prior to transfer into a Powys community hospital if required. Powys now has a 7 day single point of access for repatriations.



Pre Hospital Findings

Welsh Ambulance Service NHS Trust and EMRTS

Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date	comments
1.	To provide confirmation of the date for roll-out of online learning.	Assured	Pre go live	Assured	Platform ready to be released
2.	To ensure that evidence is provided for triage tool training to CTLs (i.e. number trained against totality), that significant progress is made against this before next meeting and complete by go live.	A - Assured		Assured	Due to delay with go live – time available to adequately train road staff
3.	To ensure that online training is completed within 3mths of the new "restart" date for 70% of staff.	E - Essential	December 2020	Assured	Regular updates required to network team on progress.
4.	Confirmation that all staff are in receipt of the triage tool (i.e. communication plan) for WAST (pocket guide) and EMRTS.	E - Essential	By go live	Assured	As above
5.	Confirmation of progress with some face-to-face training prior to go live in particular for rural areas (e.g. Hywel Dda and South Powys).	E - Essential	By go live	Assured	Unable to do face to face so online and virtual training to be planned
6.	WAST and EMRTS to share the training programme for staff on the trauma desk to include a scenario based training half day supported by the network team	Complete		Assured	Ongoing training sessions in place
7.	Finalisation of the WAST/EMRTS trauma desk operational policy incl. consideration of comments from network team and discussions at the readiness visit.	E - Essential	By go live	Assured	To be shared with ODN
8.	To ensure the operational policy reflects the requirement for a 30 minute response for hyperacute and emergency transfers by WAST, and to identify an escalation process if this response time cannot be met, particularly at times of high demand.	E- Essential	By go live		WAST to confirm
9.	In conjunction with the network to produce guidance as to the level of staff required to undertake repatriations depending on the complexity of the patient and to identify which patients will require the HB to provide an escort.	E - Essential	By go live	Assured	
10.	To provide the network with a copy of the WAST transfer policy for repatriation with assurances around transfer from the NEPT Delivery Assurance Group.	E - Essential	By go live	Assured	ODN to be provided with policy prior to go live



11.	WAST and EMRTS to confirm the details of how they will run the pre hospital governance process and agree some network reporting measures (incl. response times for transfers and repatriations). This may include a separate governance policy.	A - Assured			To be shared with ODN
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Operational Delivery Network

Ref no.	Recommendation	Urgency (A/C/E/R)	Target Date	Network Assurance of Progress against Target Date
1	Operational policy to be completed prior to go live	A - Assured	By go live	Assured
2	Organisational governance arrangements including hosting and commissioning arrangements signed off	E-Essential	By go live	Assured
3	MOU agreement to be signed by all organisations prior to go live	Complete		
4	All ODN staff in place incl. contracts	Complete		
5	ODN staff office and necessary infrastructure	Complete		
6	Policies completed	A - Assured		See appendix 2 and attached documents ***
7	Network clinical guidelines in place and endorsed prior to go live	E-Essential	By go live	Assured
8	Network rehabilitation prescription and network directory of rehabilitation services	Complete		
9	Network training and education deliverables pre-go live	A - Assured	By go live	e-learning platform being developed
10	Informatics requirements in place pre-go live	A - Assured	By go live	Assured
11	Communication strategy in place with key pre-go live deliverables	E-Essential	By go live	Assured
12	Ensure link between MTN and mass casualty/major incident plans.	A - Assured		
13	Assurance process	E-Essential	By go live	Assured
14	Handover from NHSWC to SBUHB	E-Essential	By go live	Assured



GIG
CYMRU
NHS
WALES

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

**PROTOCOL FOR DEALING WITH (1) CONCERNS, UNDER THE
NATIONAL HEALTH SERVICE (CONCERNS, COMPLAINTS AND
REDRESS ARRANGEMENTS) (WALES) REGULATIONS 2011,
WHICH RELATE TO SPECIALISED SERVICES WITHIN WALES
AND (2) CONCERNS REGARDING THE FUNCTION OF THE
WHSS TEAM**

Approved by:	Joint Committee
Issue Date:	[14 July 2020]
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Document History

Revision History			
Version No.	Revision date	Summary of Changes	Updated to version no.:
1.0	21/07/16	Reviewed and updated to reflect revised WHSSC Executive responsibilities	1.1
1.1	22/11/2016	Approved by Joint Committee	2.0
2.0	[14/07/2020]	Reviewed and updated to reflect revised WHSSC structure including addition of the Quality Assurance team. Also to reflect clarity around process for concerns regarding the function of the WHSS Team.	3.0
Date of next revision		June 2023, or earlier if required.	

Consultation		
	Date of Issue	Version Number
Committee Secretary, WHSSC	11/01/2012	0.1
Committee Secretary, WHSSC	13/04/2012	0.2
Wales PTR Implementation Group	01/05/2012	0.3
Management Team	14/05/2012	0.3
Quality and Patient Safety Committee	05/07/2012	0.4
Joint Committee	25/09/2012	0.5
Corporate Directors Group	01/08/2016	1.1
Joint Committee	22/11/2016	2.0
Corporate Directors Group Board	29/06/2020	3.0

Approvals		
Name	Date of Issue	Version Number
Joint Committee	25/09/2012	1.0
Joint Committee	22/11/2016	2.0
Joint Committee	[14/07/2020]	3.0

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1. INTRODUCTION

- 1.1 Each Local Health Board (LHB) is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of primary, community, in-hospital care services and specialised services for their population. For a number of national services, this can only be achieved by working collaboratively with all LHBs. **Welsh Health Specialised Services Committee (WHSSC or the Joint Committee)** is established on this basis of a shared, national approach to the joint planning of specialised and tertiary services on behalf of each LHB to which the Joint Committee is ultimately accountable. For a list of specialised services delegated to WHSSC please see the WHSSC website www.whssc.wales.nhs.uk
- 1.2 NHS organisations in Wales are committed to high standards in the management of concerns, which are fundamental to ensuring that service users and patients who notify either to the LHB or WHSSC are provided with a prompt, systematic and consistent response.
- 1.3 Concerns notified about care and treatment will be dealt with by the organisation providing the treatment. Concerns will be considered under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Provider organisations must, as part of the contractual agreement, advise the LHB in which the patient is resident that a complaint has been made and the LHB will ensure that this is reviewed in conjunction with the WHSSC Quality and **Patient** Safety Joint Sub Committee.
- 1.4 Concerns notified about individual patient funding decisions will be handled by the LHB **that covers the area** in which the patient **is resident**, in accordance with the Individual Patient Funding Policy agreed **by** Welsh Government.
- 1.5 Concerns notified about the function of the **WHSS Team (for these purposes including Joint Committee members and WHSS staff)**, if not resolved internally, will be dealt with by the Host LHB on behalf of all LHBs in Wales. A flowchart which outlines the WHSSC internal process to be used when dealing with concerns relating to the function of the **WHSS Team** can be found in Annex (i).
- 1.6 In recognition of the potential for confusion arising from the range of health organisations with which people might be in contact this protocol aims to provide an effective means of bringing together the

organisations in the interest of providing a responsive and effective service for concerns.

2. PURPOSE

- 2.1 In a complicated healthcare service environment, the more general benefits of a joint organisation protocol will be measured in terms of:
- Reduction of confusion for service users and patients about how concerns will be dealt with, and by whom;
 - Clarify about the respective roles and responsibilities of organisations; and
 - Enhancement of inter-organisation co-operation.
- 2.2 This protocol seeks to clarify responsibilities across the organisations and to set out a framework for inter-organisation collaboration in the handling of concerns to ensure:
- A single consistent and agreed contact point for individuals notifying of a concern;
 - Regular and effective liaison and communication between concerns managers; and
 - That learning points arising from concerns, covering more than one body, are identified and addressed by each organisation.

3. AIM

- 3.1 To provide a framework for dealing with concerns involving WHSSC and LHBs in Wales to ensure that concerns notified receive a seamless, effective service regardless of the organisations involved within the health economy.

4. DEFINITIONS

- 4.1 A "concern" ("*pryder*") means any complaint; notification of an incident concerning patient safety or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation.
- 4.2 Signatory Organisations – means all organisations listed in Appendix A
- 4.3 "Responsible Body" is defined as an NHS body, a primary care provider or an independent provider.

5. ROLES AND RESPONSIBILITIES

5.1 Designated Independent Member

The designated Independent Member is responsible for the strategic overview of WHSSC arrangements for dealing with **patient safety** concerns, compliance with the arrangements and to ensure that there is learning from concerns.

The designated Independent Member within WHSSC is the Chair of the WHSSC Quality and Patient Safety Joint Sub Committee.

5.2 Responsible Officer Member

The designated senior lead officer is responsible for the effective day to day operation of the arrangements for dealing with **patient safety** concerns in an integrated manner.

The designated senior lead officer within WHSSC is the Director of Nursing & Quality Assurance.

5.3 Senior Investigations Manager

The senior investigations manager is responsible for the handling and consideration of **patient safety** concerns notified in accordance with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 - Putting Things Right.

The Senior Investigation Manager within WHSSC is the **Head of Quality & Patient Care**.

5.4 Signatory Organisation's **Patient Safety Concerns Managers**

- 5.4.1 For each signatory organisation, the designated **patient safety** concerns manager is responsible for co-ordinating whatever actions are required or implied by this protocol.
- 5.4.2 The designated concerns manager is responsible for ensuring that there is appropriate communication and co-operation with other concerns managers. The concerns manager is responsible for ensuring that an agreement is reached with regards to who will take the lead role for individual concerns notified relating to specialised services.
- 5.4.3 The lead concerns manager is responsible for actions to be taken under the Regulations and this protocol when a concern is notified.
- 5.4.4 The designated concerns manager is responsible for ensuring arrangements are in place for cover should a

- concern arise when he/she is on leave. The details of the suggested second contact are given in appendix B.
- 5.4.5 In the unlikely event that concerns managers are unable to reach agreement about any matter covered by this protocol, they should each refer the matter promptly to the relevant **LHB** directors/senior managers in their respective organisations for resolution.

5.5 Lead Organisation's Patient Safety Concerns Administration Teams

- 5.5.1 The Concerns Administration Teams are responsible for maintaining a record of the following matters:
- 5.5.1.1 Each **patient safety** concern notified to the Health Board
- 5.5.1.2 The outcome of each concern
- 5.5.1.3 Where the responsible body informed the person who notified the concern of:
- (i) the likely period within which a response would be issued: or
 - (ii) any extension to that period, whether a response detailing the outcome of the investigation of the concern was sent to the person who notified the concern within that period, or any extended period.
- 5.5.2 The Concerns Administration Team of the lead organisation is responsible for ensuring that the following information is filed within the investigation folder:
- Any communication (verbal or written) with the individual who notified the concern
 - Any communication relating to the concern notified
 - Copies of expert opinions (if received/requested)
 - Copy of the relevant medical records (this maybe an electronic copy e.g. CD)
 - Statements received as part of the investigation
 - The final investigation report

6. FACTORS TO DETERMINE THE LEAD ORGANISATION

- 6.1 The following factors should be taken into account when determining which organisation will take the lead role with any **patient safety** concerns relating to specialised services:
- 6.1.1 Concerns about care and treatment will be dealt with by the organisation providing the treatment;

- 6.1.2 If a disproportionate number of the issues in the concern relate to one organisation compared to the other organisation(s);
- 6.1.3 The organisation that originally receives the concern (should the seriousness and number of concerns prove broadly equivalent);
- 6.1.4 If the individual notifying the concern has a clear preference for which organisation takes the lead;
- 6.1.5 If it clear from the outset that there is proven qualifying liability in tort that may attract financial compensation then the investigation must be led by the LHB;
- 6.1.6 The organisations can agree separately from the above should other factors be pertinent. For example, if they impact on the individual organisation's governance arrangements.

7. PROCESS

- 7.1 A flowchart which outlines the WHSSC internal process to be used when dealing with **patient safety** concerns relating to specialised services can be found in Annex (ii).
- 7.2 It is desirable, where possible, for all responses to be provided to the individual notifying the concern as a composite, or at least to be delivered within a single cover. The Concerns Managers will need to co-operate closely for this purpose, in agreement with the individual.

8. PATIENT SAFETY CONCERNS ABOUT ONE ORGANISATION WHICH ARE NOTIFIED TO ANOTHER ORGANISATION

8.1 NHS Wales Arrangements

- 8.1.1 On occasions an individual may notify a LHB of a **patient safety** concern which in its entirety relates with WHSSC or visa versa. This may be due to lack of understanding of which body is responsible for which service or because the individual notifying the concern chooses to entrust the information to a professional person with whom s/he has a good relationship.
- 8.1.2 When a **patient safety** concern regarding a LHB is notified to WHSSC the **Head of Quality & Patient Care** of WHSSC should contact the individual notifying the concern within two working days. They should seek consent to share and

forward the concern to the LHB as they are responsible for responding to the concern.

- 8.1.3 When a **patient safety** concern regarding a specialised service, for which WHSSC is responsible, is notified to a LHB the Concerns Manager of the LHB should contact the individual notifying the concern within two working days. They should seek consent to share and forward the concern to WHSSC to enable a joint investigation to be undertaken.
- 8.1.4 When a concern (including a serious incident) involving a specialised service delegated to WHSSC is reported to the Improving Patient Safety Team at the Welsh Government, a copy of the report must be shared with WHSSC. This will enable WHSST to provide assurance to the responsible committee.
- 8.1.5 In the event of several organisations receiving the concern as an apparent original, contact will be made, on receipt of the individuals consent, with the other organisations. A decision will be made as to which will be the 'lead organisation'. The lead organisation will acknowledge within two working days on behalf of all organisations involved and will clarify the concern and explain the role of the other organisations.

8.2 Cross Border Arrangements

- 8.2.1 On occasions an individual may notify a healthcare provider outside of Wales of a **patient safety** concern which in its entirety relates to WHSSC or vice versa. This may be due to lack of understanding of which body is responsible for which service or because the individual notifying the concern chooses to entrust the information to a professional person with whom s/he has a good relationship.
- 8.2.2 When a concern regarding a healthcare provider outside of Wales is notified to WHSSC the **Head of Quality & Patient Care** of WHSSC should contact the individual notifying the concern within two working days. They should seek consent to share and forward the concern to the healthcare provider for investigation and provision of a response to the person raising the concern.
- 8.2.3 When a concern (including a serious incident) involving a specialised service, provided outside of NHS Wales which is

commissioned by WHSSC, is reported to a foundation trust, trust, clinical commissioning group, regulatory body, or NHSLA, a copy of the report must be shared with WHSSC. This will enable WHSST to provide assurance to the responsible committee.

- 8.2.4 The concern should be dealt with in accordance with the relevant concerns procedure which applies to that organisation. However this does not prevent the person notifying the concern seeking advocacy assistance from their local CHC.

9. CONSENT FROM THE INDIVIDUAL NOTIFYING THE CONCERN TO THE SHARING OF INFORMATION BETWEEN AGENCIES

- 9.1 Nothing in this protocol removes the obligation to ensure that information relating to individual service users and patients is protected in line with the requirements of the General Data Protection Regulation, Data Protection Act, Caldicott Principles and the confidentiality policies of each signatory organisation. It is for this reason that the consent of individual notifying the concern must always be sought before information relating to the concern is passed between organisations. Moreover, the individual notifying the concern is entitled to a full explanation as to why his/her consent is being sought.
- 9.2 Consent to the passing on or sharing of information under this protocol should be obtained, in writing.
- 9.3 If the individual notifying the concern withholds consent to the concern being passed to the other organisation, the Concerns Manager of the organisation receiving the concern will seek to engage with him/her to resolve any issues or concerns about remit and responsibility and offer any liaison which could contribute to the resolution of the matter of concern. The individual notifying the concern should be reminded of his/her entitlement to contact the other organisation direct.
- 9.4 The only circumstances where consent is not required to share a concern is where the concerns contains information which needs to be passed on in accordance with Safeguarding Children or Protection of Vulnerable Adults procedures or other service user safety issues. In such cases, the individual notifying the concern would be entitled to a full written explanation as to the organisation's Duty of Care and its obligation to pass on the information.

- 9.5 A template is available from the WHSSC **Head of Quality & Patient Care**, which records the consent of individual notifying the concern for their case records to be disclosed for the purpose of concerns investigations.
- 9.6 Close co-operation between Concerns Managers will be crucial in ensuring that confidential case file information is shared appropriately, and that the necessary safeguards are put in place. Information exchanged under this protocol must be used solely for the purpose for which it was obtained.

10. CONCERNS GRADING

- 10.1 It will be the responsibility of the lead organisation to ensure that an assessment is undertaken in order to determine the seriousness/urgency of the concern. This assessment will require communication with personnel in all affected organisations. Contact is to be made by the relevant Concerns Manager.
- 10.2 The assessment will be undertaken within Wales using the concerns grading agreed by NHS Wales.
- 10.3 The individual professional remains accountable within his/her relevant organisation for the information pertaining to the initial assessment.
- 10.4 When direct contact is made with the individual notifying the concern then it is the responsibility of the individual undertaking the investigation to be satisfied with the information pertaining to the initial assessment and make any necessary arrangements in response to any factors identified.
- 10.5 Where a concern might be shared, the lead organisation will confirm to the individual notifying the concern a named person, address and telephone number and identify each part of the concern is being investigated. This letter will also confirm registration of the concern and will be copied to other organisations involved in the concern.

11. ARRANGEMENTS FOR FINANCIAL COMPENSATION UNDER NHS REDRESS

- 11.1 If it clear from the outset, or if it is established during the investigation, that there is proven qualifying liability in tort that may

attract financial compensation the LHB of residence will make the required arrangements under NHS Redress.

12. LEARNING FROM CONCERNS

- 12.1 All concerns services are fully committed to facilitating organisational learning and development through resolution of the concerns raised. Resolving the individual concern is only part of the process.
- 12.2 Taking positive steps to identify communication, procedural, operational or strategic issues within and across each agency is a vital role in ensuring a relevant and positive concerns service.
- 12.3 All concerns services will use the process of at least quarterly and annual reporting to support effective communication between organisations and share learning. These will include any findings and recommendations that have an inter-organisational impact.
- 12.4 When an investigation report, action plan or closure form is shared with the Improving Patient Safety Team at the Welsh Government or the relevant organisation in England and where it relates to a concern involving a specialised service for which responsibility has been delegated to WHSSC, a copy of the shared document must be provided to WHSSC. This will enable WHSSC to provide assurance to the responsible committee.
- 12.5 Concerns activity will be reported separately by the **Head of Quality & Patient Care** to the WHSSC Quality and Patient Safety Joint Sub Committee quarterly.

13. IMPLEMENTATION

- 13.1 The principles outlined within this protocol are in place and therefore it is not envisaged that there will be any difficulty implementing this protocol.

14. REVIEW

- 14.1 The operation of the protocol will be reviewed at least every three years or when statutory changes dictate.

15. RESOURCES

- 15.1 NHS Redress and the principles of NHS Redress has to be embedded within WHSSC and become an integral part of all roles. However, it is equally important to understand that effective concerns management requires resources, people, time and funding.

Management of concerns must achieve sustained high performance against mandatory standards which will translate into improved quality of care.

16. TRAINING

- 16.1 Line Managers must ensure that new starters are aware of this protocol, induction arrangements and of their individual departmental processes.
- 16.2 It is the responsibility of individual Line Managers to inform the **Head of Quality & Patient Care** of the requirement where specific staff training needs are identified, particularly in relation to the implementation of new or updated documents.

17. EQUALITY

- 17.1 The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable WHSSC to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).
- 17.2 This protocol has been subjected to an EQIA. The Assessment has shown that there will be no adverse effect or discrimination made on any individual or particular group.

18. REFERENCES / FURTHER INFORMATION

Welsh Government (2011) *2011 No. 704 (W.108) National Health Services Wales: The National Health Services (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011*; accessed 1st May 2012 from <http://howis.wales.nhs.uk/sites3/Documents/932/The%20NHS%20Concerns%2C%20Complaints%20and%20Redress%20Arrangement%20Wales%20Regulations%202011%20Inc%20SI%20Number.pdf>

Welsh Government (2012) *Putting Things Right – Guidance on dealing with concerns about the NHS from 1 April 2011*; accessed 1st May 2012 from

<http://howis.wales.nhs.uk/sites3/Documents/932/Guidance%20for%20dealing%20with%20concerns%20about%20the%20NHS%20-%20Version%202%20April%202012%20MASTER.pdf>

Welsh Government (2011) *Guidance on the Reporting and Handling of Serious Incidents and other Patient Related Concerns / No Surprises*; accessed 1st May 2012 from

<http://www.nhswalesgovernance.com/Uploads/Resources/TCGvNYS Hz.pdf>

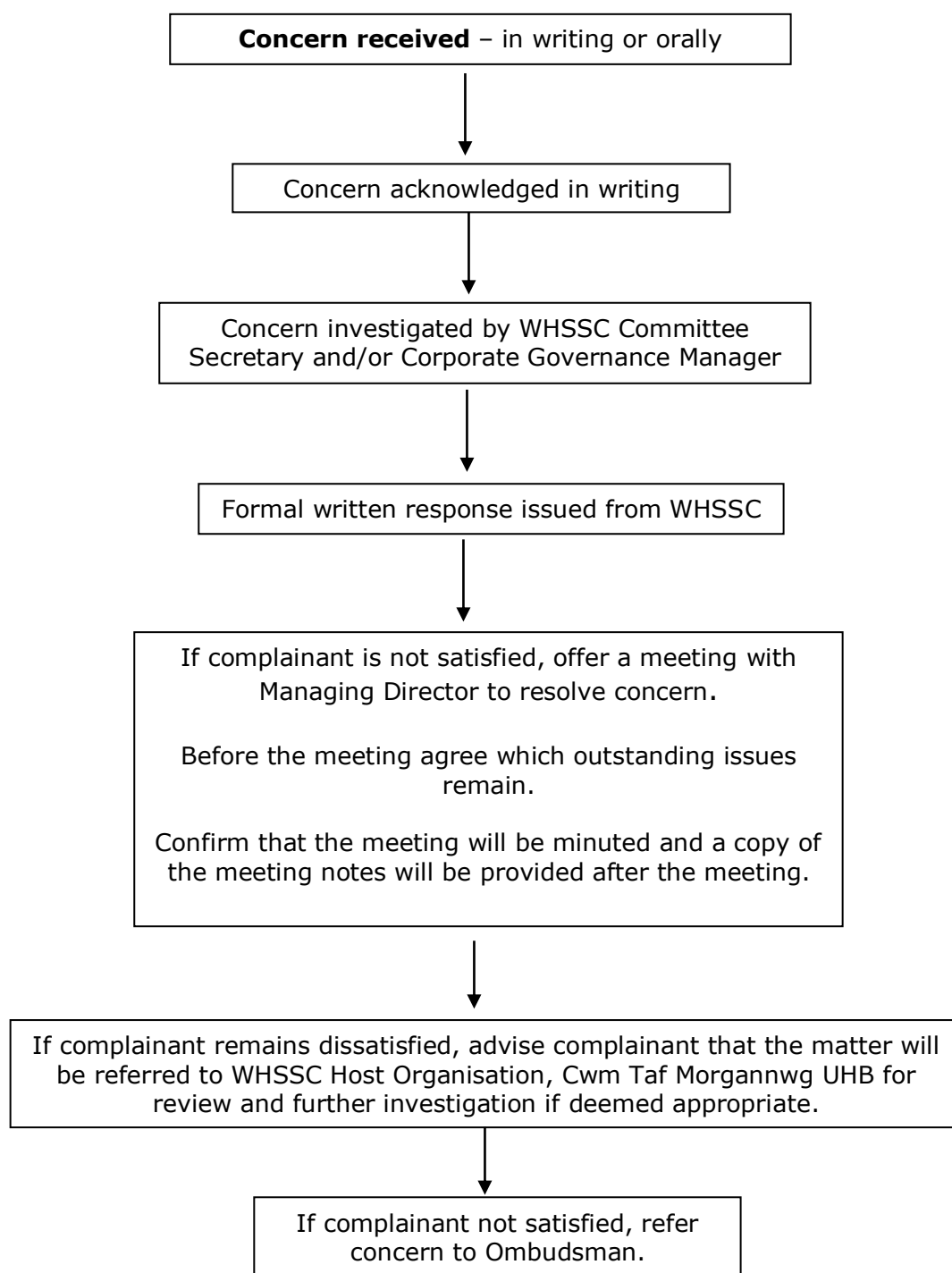
Signatory Organisations

Aneurin Bevan University Local Health Board
Betsi Cadwaladr University Local Health Board
Cardiff and Vale University Local Health Board
Cwm Taf Morgannwg University Local Health Board
Hywel Dda University Local Health Board
Powys Teaching Local Health Board
Swansea Bay University Local Health Board

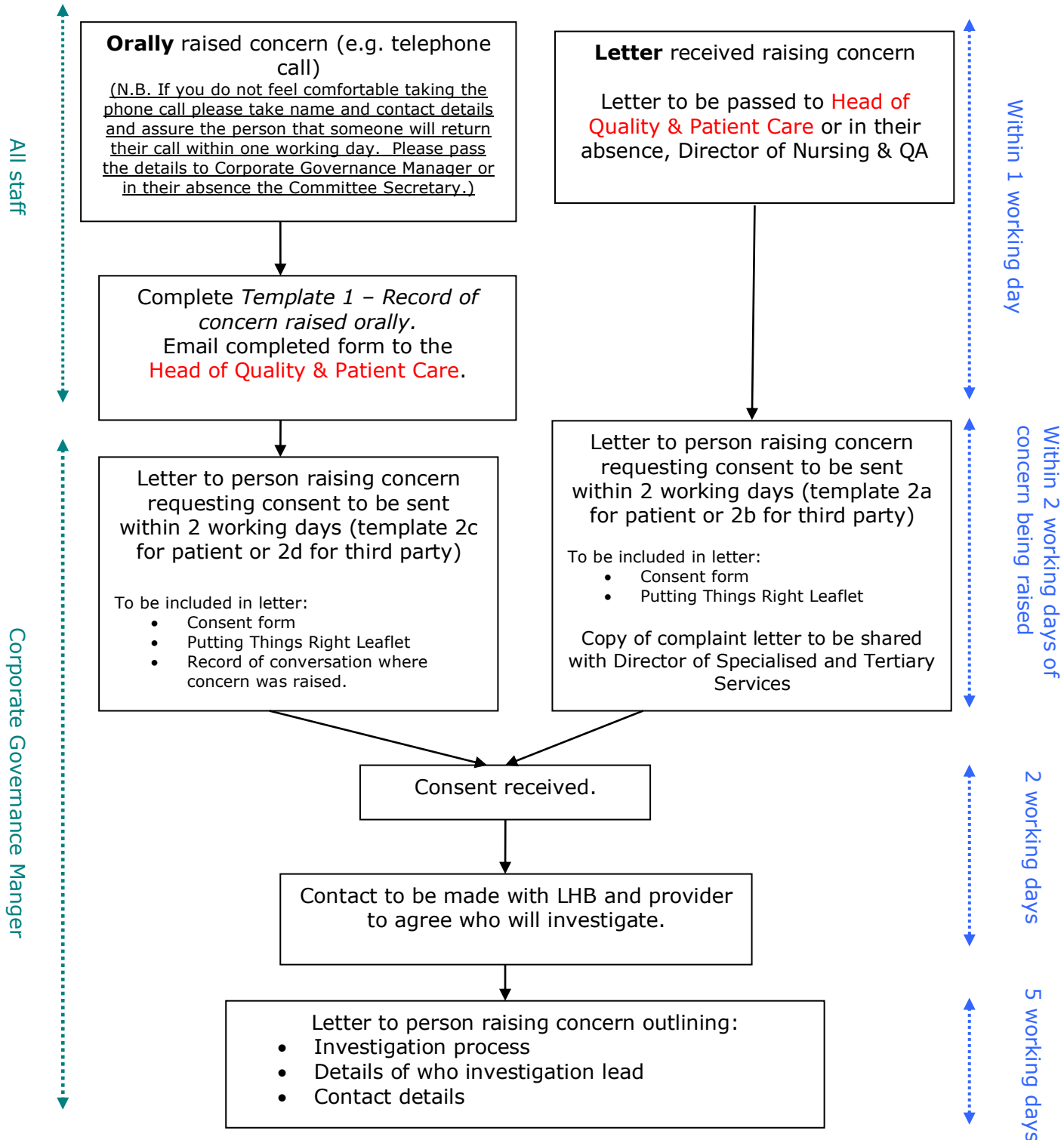
Appendix B

Organisation	Contact details
Aneurin Bevan UHB	[TBA]
Betsi Cadwaladr UHB	[TBA]
Cardiff and Vale UHB	[TBA]
Cwm Taf Morgannwg UHB	[TBA]
Hywel Dda UHB	[TBA]
Powys THB	[TBA]
Swansea Bay UHB	[TBA]
Welsh Health Specialised Services Committee	WHSSC.generalenquiries@wales.nhs.uk

Flowchart for concerns notified about the function of the **WHSS Team**.



WHSSC Flow Chart for the Management of **Patient Safety** Concerns



Templates are available on request from the **Head of Quality & Patient Care.**



GIG
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WALES

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

		Agenda Item	2.8
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	Sub-Committee 2019-20 Annual Reports		
Author (Job title)	Corporate Governance Officer		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services	In Committee	In Committee

Purpose	The purpose of this report is to present the Sub-Committee 2019-20 Annual Reports.			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee		Meeting Date	Click here to enter a date.
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Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note and receive the Sub-Committee 2019-20 Annual Reports. 		
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Considerations within the report (tick as appropriate)

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

1.0 SITUATION

The purpose of this report is to present the Sub-Committee 2019-20 Annual Reports.

2.0 BACKGROUND

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

Section 4.4.2 of the Standing Orders for the Welsh Health Specialised Services states:

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

3.0 ASSESSMENT

The Sub-Committee 2019-20 Annual Reports attached set out the activities of each Sub-Committee during the year.

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

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** and **receive** the Sub-Committee 2019-20 Annual Reports.

5.0 APPENDICES/ ANNEXES

Appendix 1: Management Group 2019-20 Annual Report

Appendix 2: Quality & Patient Safety Committee 2019-20 Annual Report

Appendix 3: Integrated Governance Committee 2019-20 Annual Report

Appendix 4: IPFR Panel 2019-20 Annual Report

Appendix 5: WRCN 2019-20 Annual Report (to follow)



Link to Healthcare Objectives		
Strategic Objective(s)		
Link to Integrated Commissioning Plan		
Health and Care Standards		
Principles of Prudent Healthcare		
Institute for HealthCare Improvement Triple Aim		
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
Management Group	04/06/2020	Approved for presentation to the Joint Committee
IPFR Panel	04/06/2020	Approved for presentation to the Joint Committee
Integrated Governance Committee	09/06/2020	Approved for presentation to the Joint Committee
Quality & Patient Safety Committee	16/06/2020	Approved for presentation to the Joint Committee

MANAGEMENT GROUP

ANNUAL REPORT 2019-20

1. BACKGROUND / INTRODUCTION

The purpose of the Management Group (*the "Group"*) is to make recommendations to the Joint Committee and be the Specialised Services Commissioning operational body responsible for the oversight of the development, scrutiny and implementation of the Specialised Services Strategy. It underpins the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

The Group is responsible for undertaking the following functions:

- a) To agree, make recommendations and monitor the Annual Plan for Specialised Services for sign off by the Joint Committee;
- b) To receive recommendations from Programme Teams and to make recommendations to the Joint Committee regarding service improvements including investments, disinvestments and other service change;
- c) To coordinate the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation;
- d) To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues;
- e) To undertake the role of Project Board for specific work streams and projects as approved by the Joint Committee and its Members and monitor their implementation;
- f) To consider consultation outcomes and recommended pathway changes before consideration by the Joint Committee;
- g) To ensure the development and maintenance of the needs assessment across Wales for Specialised Services; and
- h) To agree and recommend commissioning/service issues to the Joint Committee which are to be considered as part of the Integrated Plan. This will include issues that will have an impact on the plan raised by other subcommittees/advisory groups.

2. MEMBERSHIP

Members of the Group are appointed by the Joint Committee and derived from the 7 LHBs. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation. The 7 LHBs are required as a minimum to nominate a Member and a nominated Deputy to sit on the Group. Clinical representation is encouraged. The current membership is:

Members

Sian Lewis	Managing Director, WHSSC (Chair)
Shaun Ayres	Assistant Director of Value Based Contracting, HDUHB
Carole Bell	Director of Nursing and Quality Assurance, WHSSC
John Darlington	Assistant Director of Planning, BCUHB
Stuart Davies	Director of Finance, WHSSC
Rob Holcombe	Assistant Finance Director, ABUHB
Nicola Johnson	Interim Assistant Director of Strategy, SBUHB
Andrew Jones	Head of Finance – Financial Planning & Reporting, CTMUHB
Julie Keegan	Assistant Director of Commissioning, CTMUHB
Clare Lines	Assistant Director Commissioning Development, PTHB
Charlie Mackenzie	Head of SLR and External Commissioning, SBUHB
Robert Mahoney	Assistant Director of Finance, CVUHB
Phillip Meredith	Finance Business Partner, ABUHB
Rob Nolan	Finance Director - Commissioning & Strategy, BCUHB
Sian Passey	Director of Nursing Assurance & Safeguarding, HBUDB
Karen Preece	Director of Planning, WHSSC
Kevin Smith	Committee Secretary & Head of Corporate Services, WHSSC
Jenny Thomas	Medical Director, WHSSC
Melanie Wilkey	Head Of Outcomes Based Commissioning, CVUHB

Deputies

Greg Chambers	Locality Finance and Performance Manager <i>(Deputy to Clare Lines)</i>
Catherine Dew	Individual Patient Funding Manager, WHSSC <i>(Deputy to Carole Bell)</i>
Iolo Doull	Deputy Medical Director, WHSSC <i>(Deputy to Jenny Thomas)</i>
James Leaves	Finance Manager, WHSSC <i>(Deputy to Stuart Davies)</i>
Chris Stevens	PFM - Commissioned Services, SBUHB <i>(Deputy to Charlie Mackenzie)</i>
Christopher Markall	Principal Finance Manager, CVHB <i>(Deputy to Rob Mahoney)</i>

Nigel McCann	Assistant Director of Finance, BCUHB <i>(Deputy to Rob Nolan)</i>
Gill Milne	Finance Officer, BCUHB <i>(Deputy to John Darlington)</i>
Alison Moroz	Finance Manager – Commissioning, CTUHB <i>(Deputy to Andrew Jones)</i>
Claire Nelson	Assistant Director of Planning, WHSSC <i>(Deputy to Karen Preece)</i>

3. MEETINGS

The Group met on the following dates during 2019/20. Each meeting was quorate.

25 Apr	23 May	27 June	18 July	22 Aug	26 Sept
24 Oct	28 Nov	12 Dec	23 Jan	20 Feb	27 Feb

The meeting scheduled for 26 March 2020 was cancelled due to the COVID-19 pandemic.

4. MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into eight main parts:

- Preliminary Matters
- Strategy Development
- Development of the Integrated Commissioning Plan
- Implementation of the Integrated Commissioning Plan
- Finance and Performance
- Governance and Assurance
- Items for Information
- Concluding Business

5. SUB GROUPS

During 2019-20 the Group held a number of workshops on the development of the Integrated Commissioning Plan for 2020-23.

6. LINKS WITH SUB COMMITTEES

WHSSC Directors on the Group provide linkage with the Joint Committee, its joint sub-Committees and the advisory groups, such as the WHSSC Quality and Patient Safety Committee, Audit Committee (of host organisation) and clinical networks. LHB Members of the Group provide a link to each LHB and the LHB Board and sub-committees of the LHB Board.

The Group direct specific patient risks to the Quality and Patient Safety Committee and the link for this is the Director of Nursing and Quality.

7. WORK PROGRAMME

In order to monitor progress and any necessary follow up action, the Group has developed an Action Log that captures all agreed actions. This has provided an essential element of assurance to the Group and from the Group to the Joint Committee.

Following each meeting, a briefing is provided to Members capturing the main decisions made at the meeting. The briefings are available on the WHSSC website <http://www.whssc.wales.nhs.uk/management-group-confirmed-minutes-2019->

The confirmed minutes of the Group are available on the WHSSC website <http://www.whssc.wales.nhs.uk/management-group-confirmed-minutes>

8. ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Group provides an essential element of the overall governance framework for the organisation. It has operated within its Terms of Reference and in accordance with the Governance and Accountability Framework.

The Group will undertake its annual self-assessment covering the 2019-2020 financial year in June 2020.

9. ASSURANCE TO THE JOINT COMMITTEE

The Group wishes assure the Joint Committee that, based on the work completed by the Committee during 2019-20, there are effective measures in place. There are no outstanding issues that the Group wishes to bring to the attention of the Joint Committee.

10. CONCLUSION AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2020-21 in respect of the:

- Completion of the self-assessment for the Committee;
- Review of the Terms of Reference and Membership of the Management Group.

Quality and Patient Safety Committee

Annual Report

2019/20

QUALITY AND PATIENT SAFETY COMMITTEE ANNUAL REPORT

Sub-Committee/Group Chair: Emrys Elias

Report Approved by Sub-Committee: 16 June 2020

1. BACKGROUND / INTRODUCTION

In line with section 4.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Quality and Patient Safety Committee produces and Annual Report to the Joint Committee setting out how the Committee has met its Terms of Reference during the financial year.

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

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

To achieve this, the Sub-Committee's programme of work is designed to support and enable the Joint Committee to implement systems that:

- Oversee the development of a quality assurance framework for the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the implementation of the quality assurance framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Oversee the development of a patient engagement framework for the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the implementation of the patient engagement framework ensuring that there is continuous improvement in the commissioning of specialised services for the people of Wales;
- Consider the quality and patient safety implications arising from the development of commissioning strategies, including developments included in the Integrated Commissioning Plan;
- Ensure that all commissioning teams, through regular reporting to the sub-committee consider quality and safety as part of service commissioning;

- Receive from the commissioning teams, when required, items for urgent consideration and escalation;
- Receive regular updates on the development of commissioning policies and any implications for the quality and safety of commissioned services;
- Oversee the development and implementation of the risk management systems for WHSSC, ensuring that quality and safety of specialised services are priority for the organisation;
- Monitor and scrutinise risk management and assurance arrangements from the perspective of clinical and patient safety risks;
- Monitor and scrutinise concerns management arrangements ensuring that patient safety and safeguarding is paramount within WHSSC; and
- Ensure that lessons are learnt from patient safety incidents, complaints and claims (within specialised services) and that all such lessons are disseminated to all providers of services commissioned by the Joint Committee.

2. MEMBERSHIP

The membership of the Sub-Committee takes into account the balance of skills and expertise necessary to deliver the Sub-Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Membership will provide as wide a representation across Wales as possible and consists of no less than five Independent Members drawn from Health Boards.

Membership during 2019-20 was as follows:

Charles Janczewski	Independent Member from Cardiff and Vale University Health Board (Chair until September 2019 and no longer a member – yet to nominate a replacement)
Emrys Elias	Independent Member from Aneurin Bevan University Health Board (Chair) appointed September 2019
Delyth Raynsford	Independent Member from Hywel Dda University Health Board
Dilys Jouvenat	Independent Member from Cwm Taf Morgannwg University Health Board
Trish Buchan	Independent Member from Powys Teaching Health Board

Lyn Meadows	Independent Member from Betsi Cadwaladr University Health Board (no longer a member – replaced by below)
Lucy Reid	Independent Member from Betsi Cadwaladr University Health Board
Maggie Berry	Swansea Bay University Health Board (no longer a member – replaced by below)
Martyn Waygood	Swansea Bay University Health Board

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Other attendees include:

- The WHSSC Medical Director;
- The WHSSC Director of Nursing and Quality Assurance;
- The WHSSC Director of Planning;
- The WHSSC Committee Secretariat; and
- Community Health Council Representative

3. MEETINGS

The *Quality and Patient Safety Committee* met on the following dates during 2019-20 and was quorate on all occasions.

11 June 2019	13 August 2019
29 October 2019	21 January 2020

Due to COVID-19 the meeting scheduled for March was cancelled but this was re-arranged and the meeting took place on 14 April 2020.

4. MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into 6 main parts:

Preliminary Matters

This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising.

Patient Story

This section of the meeting was added in 2019 and reports on individual patient experience providing a real-life dimension to reporting.

Items for Decision and Consideration

This section of the meeting includes update reports from the networks and WHSSC commissioning teams highlighting all commissioned services that are in escalation and the actions taken.

Routine Reports

This section of the meeting includes update reports from the WHSSC Policy Group and summary updates on SUIs, complaints, CQC and HIW, and Ombudsman reports. It also includes the monthly Corporate Risk Assurance Framework report highlighting risk issues.

Items for Information

This section of the meeting includes reports which will be of interest to the committee that are not usually for discussion.

Concluding Business

This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

5. QPS DEVELOPMENT DAYS

QPS Development Days were introduced in 2019 and are currently held on a bi-annual basis. Development Days are all-day sessions in which members attend workshops and discussion groups centred on learning and sharing good practice.

6. LINKS WITH OTHER COMMITTEES

The Chair links with other committees such as Joint Committee and Integrated Governance Committee. It is the role, assurance, and outcomes from the QPS Committee that link to these committees. A Chair's report is provided to the Joint Committee and sent to the Chairs of each of the Quality Patient Safety Committees and Quality Leads in the Local Health Boards.

Directors and other Members of the Committee provide linkage with other committees such as the Audit Committee and Clinical Networks.

7. THE QUALITY ASSURANCE TEAM

2019 saw the recruitment of a team of staff to strengthen the focus on quality monitoring and improvement on all of our commissioned services. The Quality Assurance team has a pivotal role in the co-ordination of operational quality monitoring and interventions within commissioned services and help build upon the work of the specialised commissioning *Quality Assurance Framework (QAF)* (July 2014).

The QAF was designed to establish the basic infrastructure to support driving assurance and improvement of quality for specialised

commissioned services. As such it sets out the systems and processes that needed to be in place, the roles and responsibilities of key staff in delivering these systems and processes and the tools that would be developed to support staff to deliver their responsibilities. Specialised commissioning can now move beyond the basic infrastructure to the next stage of driving quality assurance and improvement in our specialised commissioned services.

The Quality Assurance team plays a pivotal role working closely with the Medical Directorate and Commissioning Teams and monitor quality activities such as:

- management and learning from serious incidents and never events;
- co-ordination of investigations and responses to complaints and reported near misses;
- contribution to the commissioning cycle including planning, contracting and quality assurance of provider services;
- contribution to and being the specialised commissioning local representative for the agreed escalation process of quality concerns within their geographical area;

compliance with key legislation such as the *Nurse Staffing Levels (Wales) Act 2018* which although it does not have a direct impact on many of the WHSSC commissioned services with its focus on acute medical and surgical staffing levels, has key principles that can be applied.

8. WORK PROGRAMME

In order to monitor progress and any necessary follow up action the Committee was supported by the Business Support Officer and Corporate Governance Manager in developing a work log that captured all agreed actions. This provides an essential element of assurance both to the Committee and from the Committee to the Integrated Governance Committee and the Joint Committee.

Following each meeting, a Chairs report together with the summary of services in escalation is sent to the Joint Committee Meeting.

The following areas were reported to the Joint Committee in the Chair's report over the past year:

- Home Parenteral Nutrition (HPN) and required action following a Medicines and Healthcare Products Regulatory Agency (MHRA) inspection of Calea;
- Regulation 28 request for a new system of Neurology referrals into UHW;
- Cardiac Surgery performance monitoring of the services provided by C&VUHB. Escalation of the TAVI service in SBUHB.
- Escalation to the Cochlear service in CTMUHB.
- Updates on the Sarcoma service.
- Updates on the implementation of a revised Tier 4 Service Specification.
- Updates on disruptions to Proton Beam planned treatments at the Rutherford Centre.
- Regular updates on progress with Major Trauma.
- Updates on Neonatal Transport
- Update on COVID-19 contingency planning

The confirmed minutes of the Group are available on the WHSSC Website [here](#).

9. ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Quality Patient Safety Committee provides an essential element of the overall governance framework for the organisation and has primarily operated within its Terms of Reference and in accordance with the Governance and Accountability Framework. The Committee undertakes a self-assessment and this is currently being undertaken and any actions will be picked up as part of the work plan for 2020-21.

10. ASSURANCE TO THE BOARD

The Quality Patient Safety Committee wishes to assure the Joint Committee that on the basis of the work completed during 2019-20, there are measures in place to monitor the quality and safety of commissioned services. There are no outstanding issues that the Group wishes to bring to the attention of the Joint Committee.

Work remains ongoing on the Corporate Risk Assurance Framework (CRAF) and the alignment to the Escalation Process. The appointment of a Quality Assurance Team to support the Director of Nursing in 2019 has resulted in significant progress being made in terms of the reporting and monitoring of quality indicators.

11. CONCLUSION AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2020-21 in respect of the following work plan:

- Further development of the committee members by completion of the self-assessment and development day[s];
- Continue to strengthen the relationship and reporting into Local Health Boards QPS;
- Further development of reporting and monitoring of quality indicators;
- Work with WHSSC QPS committee members to develop an integrated assurance report to monitor the quality and outcomes for specialised services;
- Ongoing work to improve the monitoring and reporting of untoward incidents and concerns;

Further development of the corporate risk, escalation and assurance mechanisms.

INTEGRATED GOVERNANCE COMMITTEE

ANNUAL REPORT

2019-20

Sub-Committee Chair:

**Professor Vivienne
Harpwood**

Report Approved by Sub-Committee: 09 June 2020

INTEGRATED GOVERNANCE COMMITTEE

ANNUAL REPORT 2019-20

1. BACKGROUND / INTRODUCTION

In line with section 4.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Integrated Governance Committee produces an Annual Report to the Joint Committee setting out how the Sub-committee has met its Terms of Reference during the financial year.

The purpose of the Integrated Governance Committee (IGC) is to scrutinise evidence and information brought before it in relation to activities and potential risks which impact on the services commissioned by WHSSC. IGC also provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

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

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

2. MEMBERSHIP

The Committee membership consists of the four WHSSC Independent Members.

The Chair of the Joint Committee is also Chair of the Integrated Governance Committee. If the Chair is absent, the Vice-chair will deputise.

In addition to the membership, the meetings are also attended by the Committee Secretary. Other WHSSC Executives/deputies are required to attend, as appropriate, to provide further detail and information and to answer specific questions from the members.

The current membership is:

Member	Role
Professor Vivienne Harwood	Chair
Emrys Elias	Vice Chair
Paul Griffiths	Independent Member
Ian Phillips	Independent Member

3. MEETINGS

The Committee met on the following dates during 2019-20. This is in line with the Terms of Reference which specifies that the Committee should meet at least three times per year. Each meeting was quorate.

26 June	13 August	29 October
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The meeting scheduled for 21 January 2020 was cancelled. The meeting scheduled for 17 March 2020 was postponed and re-arranged for 8 April 2020.

4. MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into four main parts:

- Preliminary Matters
This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising.
- Items for Information and Support
This section includes reports which will be of interest to the committee.
- Routine Reports

Standing Agenda Items discussed at every Committee meeting, in line with the Terms of Reference.

- **Concluding Business**

This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

The IGC considered the following key items at its meetings throughout the year:

- Reviewed and updated the Committee's Terms of Reference and produced a supplementary guidance note;
- Reviewed and updated WHSSC Standing Orders based on the Model Standing Orders issued by Welsh Government
- Received regular updates on the ICP process to provide assurance on the delivery and performance of the current ICP and on the development of the forthcoming ICP;
- Received regular updates on the CRAF; and
- Received a comprehensive briefing on the work of the WRCN.

5. LINKS WITH SUB COMMITTEES

The Chair of IGC is also the Chair of the Joint Committee. Following each meeting a Chair's report is provided to the Joint Committee.

The Vice Chair is also Chair of the Quality and patient Safety Committee. Mr Griffiths is also chair of the CTMUHB Audit Committee.

WHSSC Directors also provide linkage with other assurance committees in their Executive Lead roles.

6. WORK PROGRAMME

In order to monitor progress and any necessary follow up action, the Committee has developed an Action Log that captures all agreed actions. This has provided an essential element of assurance to the Committee and from the Committee to the Joint Committee.

The confirmed minutes of the Committee are available by request from the Committee secretary or the Corporate Governance Manager.

7. ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Committee provides an essential element of the overall governance framework for the organisation. The Terms of Reference were reviewed and refreshed during 2019-20. The Committee has operated within its Terms of Reference and in accordance with the WHSSC Governance and Accountability Framework.

The Sub-committee will undertake its annual self-assessment covering the 2019-2020 financial year during the first quarter of 2020.

8. ASSURANCE TO THE JOINT COMMITTEE

The IGC wishes to assure the Joint Committee that, based on the work completed during 2019-20, there are effective measures in place. The IGC is well established with a clearly defined role and remit and work programme. Attendance at committee meetings has been satisfactory and the Independent Members demonstrate the appropriate scrutiny required. There are no outstanding issues that the members wishes to bring to the attention of the Joint Committee.

9. CONCLUSION AND LOOK FORWARD

The Committee is fulfilling its role as set out within the recently updated Terms of Reference and is committed to continuing to develop its function and effectiveness.

The focus of the IGC in 2020-21 will be to:

- Complete the self-assessment for the Committee and to embed the process of self-assessment across all of the sub-committees.
- Ensure the continued development and improvement of effective risk management and governance arrangements, drawing on good practice from both within and outside WHSSC, such as feedback from the self-assessment.

INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL

Annual Report 2019/2020

Sub-Committee/Group Chair:	All Wales Individual Patient Funding Request (IPFR) Panel
Report Approved by Sub-Committee:	

Individual Patient Funding Request (IPFR) Panel ANNUAL REPORT

1. BACKGROUND / INTRODUCTION

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

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

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

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

2. MEMBERSHIP

The membership of the Committee comprises of 10 members, enabling the Committee to operate independently of the management decision-making processes. Membership during 2017/18 was as follows:

- Independent Chair
- Two Lay representatives
- Nomination at Director level from each of the 7 LHBs

The Chair of the all Wales IPFR Panel is Professor Vivienne Harpwood and the Vice Chair is Dr Chris DV Jones.

A further two panel members may be appointed at the discretion of the Chair of the panel, for example a member of the Ethics Committee or a Senior Pharmacist.

In addition to the members, the following also attended the committee meetings during the year:

- WHSSC Medical Director or Deputy
- WHSSC Director of Nursing or Deputy

- WHSSC IPFR Co-ordinator
- WHSSC IPFR Manager

3. MEETINGS

The Panel meetings are scheduled for members to meet in person every month.

In 2019/2020 the Panel met on 10 occasions. 9/10 of these meetings were quorate (The Chair or Vice-Chair and representation from five of the seven Health Boards, three of which must be clinical representatives). Where the Panel was not quorate the Panel made recommendations which were then ratified by absent members.

The Panel meeting in November 2019 was cancelled and the cases rescheduled for the December meeting. The meeting in March 2020 was cancelled due to the COVID-19 pandemic and decisions taken by Chair action using video and telephone conferencing facilities.

During the COVID lockdown, WHSSC has continued to make IPFR decisions via Chair Action which will be reported on a regular basis to the Joint Committee and a summary will be provided to the IPFR Panel members when they next meet post-COVID.

Due the number and often urgent nature of requests for PET scans, all PET scan requests which are not covered by policy have been managed as Chair actions during 2019/2020.

4. MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format which is broken down into:

Preliminary matters

This section of the meeting covers off standard issues such as apologies, welcome, declarations of interest, minutes of the last meeting, reports on clinical outcomes received, reports on virtual Panels and Chair actions held in the previous month, action log updates and matters arising.

Items for discussion and consideration

This section covers IPFR Requests for discussion.

The requests are anonymised. In 2019/2020 the IPFR Panel considered 78 new requests. 14 of these requests were deferred and discussed at more than one meeting. The Panel considered on average 8 requests per Panel. 50 requests were approved and 28 declined funding.

The IPFR Panel cannot make policy decisions. Any policy proposals arising from their considerations and decisions are reported to the WHSSC programme teams.

The Panel have financial authorisation to agree funding up to a set limit of £300,000 for one-off packages and £1million for lifetime packages.

Authorisation for any decisions resulting in a financial cost in excess of this limit must be obtained from the relevant Health Board and reported to the Managing Director of Specialised and Tertiary Services.

PET Scan requests are managed as Chair actions. In 2019-2020, 51 IPFR PET scans were considered of which 45 were approved and 6 declined.

In financial year 2019/2020, the IPFR Panel committed £427,554.69 funding (this figure does not include PET Scans or 10 approved treatments which were absorbed under existing service level agreements).

Any Other Business

The Panel are provided with a monthly PET report which documents the indication for PET scan and decision.

Where funding has been approved, clinical outcomes are routinely requested and the Panel is updated on a monthly basis. These outcomes are also relayed to the WHSSC programme teams to inform future revision and development of WHSSC commissioning policies.

5. LINKS WITH OTHER COMMITTEES

The WHSSC Director of Nursing and Quality Assurance and Medical Directors have provided a connection with other committees such as the Quality and Patient Safety Committee, Integrated Governance Committee, Clinical Networks and WHSSC Performance and Risk Group.

6. WORK PROGRAMME

In order to monitor progress and any necessary follow up action the Committee was supported by the WHSSC IPFR Coordinator in developing a work log that captured all agreed actions. This has provided an essential element of assurance both to the Committee and from the Committee to the Integrated Governance Committee and the Joint Committee.

7. ASSESSMENT OF GOVERNANCE AND RISK ISSUES

IPFR decisions are at risk of judicial review if not made in line with All Wales policy and procedure. Therefore, the All Wales IPFR Panel provided an essential element of the overall governance framework for the organisation and has operated within its Terms of Reference and in accordance with the Governance and Accountability Framework.

The Panel plans to undertake a self-assessment in the coming months and any actions will be picked up as part of the work plan for 2020/2021.

8. ASSURANCE TO THE BOARD

The All Wales IPFR Panel wishes to assure the Board that on the basis of the work completed by the Committee during 2019/2020, there are effective measures in place. A Chairs report is submitted to the Joint Committee on a bi-monthly basis.

The Committee wishes to bring to the attention of the Joint Committee the possibility of a Judicial Review of the process followed by the Panel when considering an IPFR which was consequently declined funding. The Joint Committee will be kept up to date via the regular Chair reports.

9. CONCLUSION AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2020/2021 in respect of:

- Compliance with the All Wales IPFR Policy (June 2017) and decision making criteria during the COVID pandemic.
- Continuing to work closely with the Health Boards and the All Wales Medicines Therapeutics and Toxicology Centre to share and promote consistency of best practice.



GIG
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NHS
WALES

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

		Agenda Item	2.9
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	Annual Self-Assessment Exercise 2019-20		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary	Public / In Committee	Public

Purpose	The purpose of this paper is to provide members with information and assurance relating to the Annual Self-assessment Exercise for 2019-20.			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Chair & Independent Member T&F Group	Meeting Date	01/07/2020
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Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the information presented within the report; and Receive assurance that the Annual Self-assessment Exercise for 2019-20 has been completed and appropriate actions have been agreed. 		
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Considerations within the report (tick as appropriate)

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

1.0 SITUATION

The purpose of this paper is to provide members with information and assurance relating to the Annual Self-assessment Exercise for 2019-20.

2.0 BACKGROUND

Section 8.3 of the WHSSC Standing Orders provides guidance in relation to reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panels and Advisory Groups in which it states that:

"The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, expert panels and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated."

The Integrated Governance Committee plays a central role in the scrutiny of a number of key governance mechanisms for which it provides assurances to the Joint Committee. One of these is agreeing an organisation wide approach to the annual self-assessment exercise.

WHSSC has undertaken, in the past, questionnaire style self-assessments. The anonymised responses have been used to produce a feedback report, reflecting the output from the self-assessment, to the relevant Sub Committee/Group. However, feedback received suggested that the questionnaires were difficult for some participants to understand and, in some cases, questions were felt to be irrelevant. On the basis of this feedback, WHSSC modified its approach and adopted a workshop approach last year.

Members generally preferred the workshop approach as a way of obtaining valuable feedback; however, due to the COVID-19 pandemic, we have been unable to arrange face-to-face workshops, within the allocated timeline, for members this year.

In light of the above, through the Integrated Governance Committee, the Chair and Independent Members of WHSSC formed a Task & Finish Group to deal with this year's Annual Self-assessment Exercise and decided to seek written feedback from Joint Committee and joint sub-Committee/Group members/attendees. This was followed by a T&F Group meeting on 1 July 2020 to review the responses, which were compiled by the Corporate Governance Manager, and to provide further input and comments.

The prompt sheet provided to participants was split into four areas: Composition, Establishment and Duties; Effectiveness; Compliance with the Law

and Regulations Governing the NHS; and, Individual Effectiveness. There was also an opportunity for participants to provide free text comments in relation to anything that worked well or required improvement/clarity.

3.0 ASSESSMENT

The request for feedback was circulated on 13 May 2020 with responses requested by 22 May 2020. The deadline was subsequently extended to 5 June 2020.

3.1 Response Rate

Five responses were received in total. Four responses were from members and one response was from a WHSSC Executive. Responses were received from two Joint Committee independent members, one Q&PS Committee independent member and one Welsh Clinical Renal Network Board member.

3.2 Composition, Establishment and Duties

This section of the assessment related to the structural framework of committees.

All responses agreed that the committees undertake a regular assessment of their effectiveness. However, rather than limit this to an annual exercise, one member helpfully noted that the Q&PS Committee customarily conducts a review at the end of each meeting, when the Chair asks for reflections on the meeting - as the year progressed, this feedback resulted in significant improvements to the papers submitted in terms of focus, relevance and length.

Responses in relation to the other questions were positive. However, one area that was worthy of reflection related to the induction and training for new members. One member commented that they had attended several training sessions including a Q&PS Committee induction session in June 2019. Another member commented that they received a very good induction. However, in relation to a new member of Management Group, there was a question as to whether this person had received any induction.

This is something that the Committee Secretary and Corporate Governance Manager have discussed. They have undertaken to compile and list a bundle of core documents which will be provided to any new committee members. In addition, they are also looking at what face-to-face meetings are appropriate to introduce new members to WHSSC officers and senior staff.

One member commented that whilst the Terms of Reference (for Q&PS Committee) are comprehensive and remain pertinent, they recommended that it would be useful to revisit these with current committee members and it would be helpful to reflect collectively on the form and function of the meetings in the context of the Terms of Reference.

The responses to all other statements were largely positive including operating within and familiarity of the guidelines set out in the Governance and Accountability Framework and the appropriateness of the knowledge and background of members.

3.3 Effectiveness

This section of the assessment related to the work carried out by the committees. The majority of responses were positive and the following areas of good practice were noted:

- Actions are increasingly more clearly defined during the meeting, the monitoring of follow up actions has been strengthened and long standing issues, (e.g. neonatal transport) have been escalated.
- Whilst there has been turnover in chairs, all chairs have managed meetings efficiently.
- Scrutiny and challenge from all members has strengthened during the course of the year.
- The papers for meetings are distributed in sufficient time.
- The sub-committees report regularly to the Joint Committee via the Chair's report. As the year progressed the Q&PS Committee chair's report has been strengthened to provide a critical review of the issues discussed rather than simply to list discussion points.
- Independent Members will speak up if they do not think they are getting the right information.
- There is no difficulty in obtaining further information if required.
- Members are free to challenge.

It was suggested that the following areas could be improved:

- Work plans could be more detailed.
- Joint Committee is sometimes difficult as there is tension between provider and commissioner views.
- Timings of meetings – sometimes there has been some confusion which has impacted on members arriving late.
- Links with sub-groups could be strengthened.
- Since the COVID-19 pandemic began there has been a request for questions to be submitted prior to meetings. Some members find it difficult to respond in the timescales required for the submission of questions before the meeting.

3.4 Compliance with the Law and Regulations Governing the NHS

In this section participants were asked about the wider elements of the Joint Committee and sub-Committees' role, how it integrates with the wider WHSSC governance structure and the assurances it receives.

The responses received within this section highlighted a higher level of uncertainty than the previous sections.

Comments to consider included the following:

- The inherent time lag of the CRAF and Integrated Performance reports makes discussing up to date information difficult. The route reports take, through Management Group first, means that Joint Committee and joint sub-Committees are discussing out of date information and, as a result, oral updates are necessary. This makes scrutiny difficult.
- The diverse nature of WHSSC's work means that reporting can at times seem fragmented. The introduction of a single summary list of services in escalation has been helpful in giving the big picture. There is an opportunity to strengthen this assurance going forward.
- Where papers generate discussion the sub-Committees considers integration with other sub-Committees/Groups but it is not a systematic consideration. This may in part be due to the turnover of membership and chairs during the year.
- The sub-Committees receives assurance regarding compliance with the law and regulations. However, further reassurance that this always happens in a timely and systematic way would be useful.

In relation to CRAF and Integrated Performance reports, the Director of Planning has commenced a review which is expected to deliver output this autumn.

3.5 Individual Effectiveness

This section of the assessment sought to identify the individual's views regarding their own knowledge and skills relating to identification of issues and ability to challenge executives and management on critical and sensitive matters.

Overall members felt that they had sufficient knowledge and understanding of the organisation to identify issues appropriately and felt confident to challenge colleagues on critical and/or sensitive matters.

Comments included the following:

- My knowledge and understanding of the organisation has improved over the year.
- I feel more confident to challenge executives and management on critical and sensitive matters appropriately. They have responded with courtesy, patience and helpful explanations.
- I have been given a number of opportunities for development to support my effectiveness as a member of the sub-Committee.
- Further development was planned but has been postponed due to the COVID-19 pandemic.
- I would welcome feedback and development in order to be more effective.

3.7 Actions

The T&F Group meeting on 01 July 2020 noted the following actions:

1. In relation to induction of new members, the Corporate Governance Manager would be creating a formal induction pack that would comprise:
 - A menu of documents to be provided to new members, as appropriate; and
 - A list of potential face-to-face induction meetings with WHSSC officers and staff, also as appropriate.
2. In relation to CRAF and Integrated Performance reports, the Director of Planning has commenced a review which is expected to deliver output this autumn.
3. The Managing Director has previously agreed to host briefing meetings with the Chair and Independent Members on pertinent subjects, generally prior to Joint Committee meetings.
4. The Integrated Governance Committee will monitor the progress of these Actions.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report; and
- **Receive assurance** that the Annual Self-assessment Exercise for 2019-20 has been completed and appropriate actions have been agreed.



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Organisation Development	
Link to Integrated Commissioning Plan	Not applicable	
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	Strong governance mechanisms will indirectly improve quality of service and patient safety and experience.	
Resources Implications	Not applicable	
Risk and Assurance	In order for the Committee to carry out its duties in relation to scrutiny of potential risks which impact on services provided, it needs to consider its own effectiveness and ability to do this.	
Evidence Base	Appendix A – WHSSC Joint Committee Self –assessment 2015-16	
Equality and Diversity	Not applicable	
Population Health	Not applicable	
Legal Implications	Not applicable	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Chair & Independent Member T&F Group	01/07/2020	Paper



GIG
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NHS
WALES

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

		Agenda Item	3.1
Meeting Title	Joint Committee	Meeting Date	14/07/2020
Report Title	Financial Performance Report – Month 2 2020/21		
Author (Job title)	Finance Manager - Contracting		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	<p>The purpose of this report is to set out the financial position for WHSSC for the 2nd month of 2020/21.</p> <p>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.</p>			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	Click here to enter a date.
	Joint Committee	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the current financial position and forecast year-end position. 		

Considerations within the report (tick as appropriate)

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

1. 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 June 2020 and Joint Committee on 14 July 2020.

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 2 for WHSSC is a year-end outturn under spend of £1,974k.

The entirety of this under spend relates to new 20/21 developments and 19/20 developments or strategic priorities which did not get implemented in year, there is no spend reported to date and initial forecast of Q1 slippage is reflected.

4. RECOMMENDATIONS

Members are asked 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 2

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 2nd 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	666,211	111,035	109,663	(1,372)	(908)	(1,974)	(724)
EASC (WAST, EMRTS, NCCU)	170,541	28,424	28,424	0	0	0	0
Total as per Risk-share tables	836,753	139,459	138,087	(1,372)	(908)	(1,974)	(724)

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 2 is a year to date underspend of £1,372k and a forecast outturn underspend of £1,974k.

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 four months of this financial year, block arrangements will be 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 2019/20 contract values which have been transposed into the 2020/21 contract documents.

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

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

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Previous month Var to date	Current EOYF Variance	Previous month EOYF Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Wales							
Cardiff & Vale University Health Board	226,251	37,709	37,709	0	0	0	0
Swansea Bay University Health Board	104,777	17,463	17,463	0	0	0	0
Cwm Taf Morgannwg University Health Board	9,947	1,658	1,658	0	0	0	0
Aneurin Bevan Health Board	8,358	1,393	1,393	0	0	0	0
Hywel Dda Health Board	1,629	272	272	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	42,952	7,159	7,159	0	0	0	0
Velindre NHS Trust	48,656	8,109	8,109	0	0	0	0
Sub-total NHS Wales	442,571	73,762	73,762	0	0	0	0
Non Welsh SLAs	115,984	19,331	19,180	(150)	0	(301)	0
IPFR	39,056	6,509	6,429	(80)	0	0	0
IVF	4,841	807	807	0	0	0	0
Mental Health	31,344	5,224	4,945	(279)	0	(250)	0
Renal	4,789	798	875	77	0	(135)	0
Prior Year developments	2,628	438	438	0	0	0	0
2020/21 Plan Developments	21,097	3,516	2,575	(942)	(464)	(1,404)	(1,251)
Direct Running Costs	3,902	650	652	2	0	117	0
Reserves Releases 2019/20	0	0	0	0	0	0	0
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
Total Expenditure	666,211	111,035	109,663	(1,372)	(464)	(1,973)	(1,251)

The reported position is based on the following:

- NHS Wales activity – block basis on the agreed SLA value.
- NHS England activity – block basis for months 1-4 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

All NHS Wales contracts are reported as break even currently.

5.2 NHS England

All NHS England provider contracts have been calculated on the same basis with a block element covering months 1-4 of this financial year. The YTD position contains the first 2 months of the block calculation and the full year forecast contains the full 4 months of the block calculation. All trusts have been offered a block agreement for this 4 month period and WHSSC are awaiting a response from some trusts. The trusts that have agreed this block agreement are:

- Birmingham Women & Children
- Cambridge
- Manchester
- Christie
- Great Ormond Street
- Heart of England
- Leeds
- LHCH
- Royal Brompton
- Royal Free
- Royal Orthopaedic
- Sheffield
- University Birmingham
- Wye Valley

5.3 Individual Patient Commissioning

The month 2 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 2 there is a reported underspend of £80k resulting from lower utilisation of high cost drugs to date than plan baselines.

5.4 Mental Health

The month 2 Mental Health position is based on approved placements in High, Medium Secure and Specialist Mental Health providers.

The reported position of £279k underspent is a result of lower activity in eating disorders and out of area CAMHS placements in April and May.

5.5 Strategic IMTP Developments

For new 20/21 developments and 19/20 developments or strategic priorities which did not get implemented in year, there is no spend reported to date and initial forecast of Q1 slippage is reflected.

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

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 2 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 M2	(1,372)	(226)	(214)	(197)	(317)	(200)	(23)	(196)
Variance M1	(464)	(88)	(65)	(72)	(98)	(61)	(19)	(60)
Movement	(908)	(138)	(149)	(124)	(218)	(138)	(3)	(136)

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 M2	(1,974)	(342)	(296)	(281)	(461)	(271)	(40)	(284)
EOY forecast M1	(1,251)	(241)	(178)	(196)	(268)	(166)	(52)	(148)
EOY movement	(724)	(101)	(117)	(85)	(193)	(104)	12	(136)

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	100,593	16,766	16,838	(72)	0	16,766	(296)
Aneurin Bevan	154,357	25,726	26,081	(355)	0	25,726	(461)
Betsi Cadwaladr	187,813	31,302	30,196	1,106	0	31,302	(284)
Cardiff and Vale	134,566	22,428	22,634	(207)	0	22,428	(342)
Cwm Taf Morgannwg	119,478	19,913	19,934	(21)	0	19,913	(281)
Hywel Dda	99,025	16,504	16,388	116	0	16,504	(271)
Powys	40,920	6,820	6,800	20	0	6,820	(40)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	836,753	139,459	138,871	588	0	139,459	(1,974)

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

None

8. Overview of Key Risks / Opportunities

- There is a risk of additional COVID costs from agreeing block payments with English providers that adhere to the NHS England national guidance terms. The approved IMTP position is of 2% inflation uplift in line 20/21 tariff proposals. A number of providers have agreed to block payments within these baselines and negotiations are ongoing where there is a gap between the provider block proposal and the plan baseline.
- If the block arrangements are continued for the remainder of 20/21 and the cross border agreement is to pay a 2.8% uplift there would be a potential additional cost of £663k.

9. Public Sector Payment Compliance

This data is reported/updated quarterly and thus the next update will be contained in the month 3 report.

10. Responses to Action Notes from WG MMR responses

Action Point 1.1

This has been rectified for month 2 submission.

Action Point 1.2

Table B did not include any of the anticipated additional spend as a result of COVID-19. This has been rectified for month 2 submission.

Action Point 1.3

This has been rectified in the month 2 MMR return.

Action Point 1.4

This has been rectified in the month 2 MMR return.

Action Point 1.5

All NHS Wales Contracts are being paid on a block basis in line with the agreed SLA values. NHS England provider contracts are being calculated on the basis of a block basis for months 1-4 of this financial year. This does result in a variance to baseline which is reported in WHSSC month 2 risk share tables.

Action Point 1.6

All I&E variances have been discussed with relevant LHBs.

11. SLA 20/21 status update

All Welsh SLAs are signed. WHSSC are currently in discussions with all WHSSC NHS England providers to agree block funding arrangements for quarter 1 of 20/21 in line with direction received from Welsh Government and NHS England.

12. Confirmation of position report by the MD and DOF



**Sian Lewis,
Managing Director, WHSSC**



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



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 4 MAY 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 Skype on a quorum basis and with a consent agenda. It was noted that a quorum had been achieved.

2. Minutes from Previous Meeting and Action Log

The Minutes from the meetings held on 20 and 27 February 2020 were noted and approved. Members also noted the action log.

3. Fetal Medicine

Members received a paper that sought support for the release of funding to increase capacity within the fetal medicine service provided by CVUHB to ensure a safe and sustainable service for patients.

Members supported the release of funding to increase fetal medicine capacity in the long term.

4. Interim Mobile PET Unit

Members received a paper that provided them with (1) an update on the performance management of activity at PETIC during the COVID-19 pandemic; (2) an update on the process to develop additional PET capacity for patients in south Wales; (3) a description of the planned next steps for establishment of the interim mobile PET unit in SBUHB; (4) an outline of the proposed unit costs submitted by SBUHB and a recommendation regarding value for money; and (5) confirmation that the PETIC business case for a replacement scanner in Cardiff had been received and is currently under review.

Members:

- Noted the information presented within the report and provided feedback as deemed appropriate;
- Noted the performance management of activity at PETIC during the COVID-19 pandemic;

- Supported the process of the development of additional PET capacity for patients in south Wales;
- Supported the planned next steps for establishment of the interim mobile PET unit in SBUHB;
- Supported the outline proposed unit costs submitted by SBUHB and a recommendation regarding value for money; and
- Supported the process for the development of the PETIC business case.

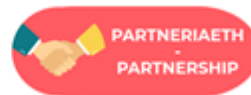
5. Update from the Cardiology to Cardiac Surgery Pathway Workshop

Members received a paper that provided an update on the work undertaken at the Cardiology to Cardiac Surgery Pathway workshop held on 13 February 2020 and the agreed next steps.

Members noted the information presented within the report.

6. Finance Report 2019-20 Month 12

Members received a report on the financial position for WHSSC for Month 12 2019-20, being an under spend of £6.5m for the full year.





CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 4 JUNE 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 on a quorum basis and with a consent agenda. It was noted that a quorum had been achieved.

2. Minutes from Previous Meeting

The Minutes from the meetings held on 4 May 2020 were noted and approved.

3. Inherited Cardiac Conditions

Members received a paper the purpose of which was to seek support to undertake a service review to inform the future commissioning intentions for the delivery of Inherited Cardiac Conditions (ICC) in Wales.

Members:

- Noted the information presented within the report; and
- Supported the WHSS team in undertaking a service review of the current clinical models for the delivery of ICC's to inform the future commission intentions for Inherited Cardiac Conditions across Wales.

4. Paediatric Radiology – Outcomes of Workshop

Members received a paper the purpose of which was (1) to inform them of the themes and proposed solutions and actions arising from the recent south Wales Paediatric Radiology Clinical Workshop and (2) to ask them to support WHSSC to continue proceeding with the collective commissioning approach to Paediatric Radiology.

Members:

- Noted the themes and proposed solutions and actions arising from the recent south Wales Paediatric Radiology Clinical Workshop; and
- Supported WHSSC to continue proceeding with the Collective Commissioning approach to Paediatric Radiology.

5. Health Board Stamps for Non-Specialist Activity on London Contracts

Members received a paper the purpose of which was to inform them of the risks and issues identified with the use of stamps by health boards on behalf of WHSSC for the referral of patients for non-specialised activity to specific London based providers (resource mapped contracts).

It was agreed more information would be provided and the paper would be considered again at the July meeting.

6. ICP Approach

Members received a paper the purpose of which was to describe the approach being taken to implement the schemes included within the 2020-23 WHSSC Integrated Commissioning Plan ('ICP') in light of the COVID-19 pandemic.

Members supported the approach being taken to implement the schemes included within the 2020-23 WHSSC Integrated Commissioning Plan in light of the COVID-19 pandemic.

7. Paediatric Ketogenic Diet for South Wales

Members received a paper the purpose to which was to describe the current concerns and risks associated with the implementation of the Integrated Commissioning Plan scheme for the Paediatric Ketogenic Diet service and CVUHB, as a result of a funding shortfall on one of the key posts for the service.

Members agreed the matter needed to be referred to Joint Committee for a final decision as it involved an agreement to funding not included in the ICP but supported a recommendation to Joint Committee to approve the service development set out in the paper.

8. COVID-19 Risk Assessment

Members received a paper the purpose of which was to outline the risk assessment of the current provision of specialised services during the COVID-19 pandemic.

Members noted the risk assessment of the current provision of specialised services during the COVID-19 pandemic.

9. Management Group Annual Report

Members received a paper the purpose of which was to present the draft Annual Report 2019-20 for consideration.

Members:

- Noted the content of the report; and
- Approved the Annual Report from the Chair of Management Group for presentation to the Joint Committee subject to the minor changes discussed in the meeting.

6. Finance Report 2020-21 Month 1

Members received a report on the financial position for WHSSC for Month 1 2020-21 and noted the current financial position and year-end forecast.



Reporting Committee	Integrated Governance Committee
Chaired by	WHSSC Chair
Lead Executive Director	Committee Secretary
Date of last meeting	9 June 2020
Summary of key matters considered by the Committee and any related decisions made.	
<p>9 June 2020</p> <p>The June 2020 IGC meeting was held by Teams.</p> <p>The main focus of the meeting was updating members on the WHSSC approach to Risk Management during COVID-19 and the approach to the implementation of the schemes within the 2020-2023 WHSSC Integrated Commissioning Plan.</p> <p>Members received a draft of the Annual Governance Statement (AGS). Members suggested some areas to reflect on and since the meeting the AGS has been amended to incorporate some of these suggestions. The AGS was sent to Cwm Taf Morgannwg Audit and Risk Committee and this has now been signed and approved by WHSSC.</p> <p>An update was provided on the Declarations of Interest and members received assurance that all JC members had responded. Responses were outstanding from only a small number of sub-committee members.</p> <p>The Integrated Governance Annual Report was approved.</p>	
Key risks and issues/matters of concern and any mitigating actions	
As recorded above	
Matters requiring Committee level consideration and/or approval	
As recorded above	
Matters referred to other Committees	
None	
Confirmed Minutes for the meeting on 8 April 2020 are available on request	
Date of next meeting	11 August 2020

Reporting Committee	Quality Patient Safety Committee
Chaired by	Emrys Elias
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	16 June 2020
Summary of key matters considered by the Committee and any related decisions made	
<p>1. Committee Arrangements</p> <p>John Union Independent Member for Cardiff & Vale University Health Board was welcomed as a newly appointed member on to the committee. It was pleasing to note that all Health Boards were represented at this meeting and were thanked for their commitment and attendance.</p> <p>2. Development Day</p> <p>Due to COVID-19 this event has been postponed. It was however agreed that a date would be arranged for September. This would coincide with the completion of the works being undertaken in the meeting rooms at WHSSC and for virtual access for others.</p> <p>3. COVID-19 contingency planning</p> <p>The committee received an update on the risk management approach taken by WHSSC during the COVID-19 outbreak. Members noted that whilst the current focus is on immediate risks, a Strategic Risk Management approach is being taken around capacity, quality, finance in respect of all commissioning risks. The CRAF will continue to be monitored but these strategic risks are the immediate overwhelming risks facing WHSSC at the moment. Members noted the response plan and acknowledged the work undertaken to develop a risk assessment of WHSSC commissioned services during the pandemic.</p> <p>4. Commissioning Team updates</p> <p>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:</p> <ul style="list-style-type: none"> Cancer and Blood <p>It was noted that the paediatric sarcoma service at Birmingham's Children Hospital was due to re-commence surgery on 20 April 2020 but this has been delayed because of COVID-19. Alternative arrangement are being made for these children at the current time.</p> 	

- **Cardiac**

The committee were made aware of a number of serious untoward incidents relating to cardiac surgery and COVID-19 which were retrospectively reported to WHSSC. These have been reported to Welsh Government and RCA's are in the process of being undertaken on these cases. Members noted that WHSSC has requested involvement in any future meetings to ensure that they can monitor action plans and lessons learned. There is likely to be important lessons learnt not just for cardiac surgery but surgery in general.

- **Mental Health & Vulnerable Groups**

Members noted ongoing work with CTHUB on securing emergency response arrangements for the Children's and Adolescent Mental health Unit on the Princess of Wales site. The Health Board has indicated that a new SOP should be in place by the end of June.

Members were updated on the complex MH case in St Andrews. They noted that WHSSC were undertaking a risk assessment exercise on the available options and this would be discussed at a future professionals meeting. WHSSC are also members of the NHS England Quality Assurance Board for St Andrews to gain oversight and assurance to address the issues identified in CQC inspection reports. Quality improvement plans are in place and monitored accordingly.

- **Women & Children's**

The Cochlear Service in CTMUHB remains in escalation level 4. A letter had been received from the health Board indicting their intention and a further meeting was required to discuss the next steps. CHC have been made aware of the discussions.

- **Neurosciences**

Members noted that the ALAC Service has had a number of challenges in light of flooding and COVID-19 but had been able to maintain essential services and had changed to a new model of working to streamline services.

5. Annual Report

Members endorsed the QPS Annual Report for 2019/2020.

The report highlights attendance and the main issues brought to the QPS Committee over the course of the year as well as the reporting arrangements to Joint Committee.

6. Other Reports received

Members received reports on the following:

- **CQC/HIW Summary Update**
- **WHSSC Policy Group**
- **Concerns and SUI report**

7. Items for information

Members received a number of documents for information only which members need to be aware of:

- Welsh Government guidance on QPS and Audit Committees
- Privacy Impact Assessment Once for Wales Concerns Management System
- In addition it was noted that the Health and Social Care Quality Engagement (Wales) Act became law from 1st June 2020.

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

Current arrangements and ongoing discussion re bespoke placement at St Andrews





Matters referred to other Committees



None


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




Date of next scheduled meeting:	11 August 2020
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

Services in Escalation


Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
April 2015 Escalated to Stage 3 December 2018	Cardiac Surgery	CVUHB	3	<ul style="list-style-type: none"> Failure to deliver and maintain the Referral to Treatment times targets 	Emergency and elective work being undertaken where possible for the south Wales region. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans	
April 2015	Cardiac Surgery	SBUHB	2	<ul style="list-style-type: none"> Failure to deliver the Referral to Treatment times targets 	Only emergency surgery being undertaken. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans	
March 2017	Thoracic Surgery	SBUHB & CVUHB	2	<ul style="list-style-type: none"> Failure to maintain cancer targets/capacity to meet patient need 	Emergency and Elective work only being undertaken in Cardiff for the south Wales region. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans	
March 2018	Sarcoma (South Wales)	SBUHB	2	<ul style="list-style-type: none"> Risks to service quality and sustainability 	Priority work being undertaken: 1. Biopsy Proven Sarcoma 2. Diagnostic biopsies for high 3. Lipomata with atypical features on US/MRI that have been discussed at MDT	

February 2018	Plastic Surgery (South Wales)	SBUHB	2	<ul style="list-style-type: none"> Failure to achieve maximum waiting times target 	No provider update on whether any surgery is going ahead during Covid although it is understood that all non-essential surgery has been cancelled. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans	
November 2017	All Wales Lymphoma Panel	CVUHB & SBUHB	2	<ul style="list-style-type: none"> Failure to achieve quality indicators (in particular, turnaround times) 	No provider update on service being delivered during Covid. SLA meeting to recommence this month to discuss recovery plans	

	North Wales Adolescent Service (NWAS)	BCUHB	3	<ul style="list-style-type: none"> • Medical workforce and shortages and operational capacity • Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of-Area admissions 	<p>Paper taken to CDG Board in April resulting in a reduction in escalation of service. Interim solution to medical workforce with non-medical clinical lead appointed supported by Consultants from Community Teams.</p> <p>Unit back operating at full commissioned capacity with fully recruited nurse establishment. This has led to sustained reduction in out of area placements. Introduction of central MH CAMHS bed management system to be introduced from this month to monitor patient flow and use of surge beds.</p>	
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March 2018	Ty Llidiard	CTMUHB	3	<ul style="list-style-type: none"> Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance 	<p>Quality escalation visit took place on 14th April 2020. One remaining area outstanding re the emergency response team for the unit. HB decision to develop SOP to support change of pathway which should be completed by middle June 2020. Will then consider reducing escalation level thereafter.</p> <p>Date for coroner's inquest remains outstanding</p>	
19 February 2016	Neurosurgery	C&VUHB	2	<ul style="list-style-type: none"> Failure to maintain <36 week Referral to Treatment target 	<p>Emergency and limited urgent elective (tumour) work being undertaken. A number of patients will be waiting in excess of 52 weeks for surgery by the end of June. Recovery plan to be discussed at next SLA meeting</p>	
June 2017	Paediatric Surgery	CVUHB	2	<ul style="list-style-type: none"> Failure to maintain <36 weeks Referral to Treatment times 	<p>Only emergency/ life threatening / urgent surgery is taking place, so the number of patients waiting over 36 weeks is increasing. Virtual clinical reviews of patients are being undertaken.</p>	

December 2017	Paediatric Intensive Care	CVUHB	2	<ul style="list-style-type: none"> Inadequate level of staffing to support the service 	No further update on PICU during Covid.	
September 2019	Cochlear Implant Service	South Wales	4	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> C&VUHB were able to treat all patients who required both urgent and routine surgery within 26 weeks by the end of March. Further correspondence has been received from CTMUHB setting out their position. A meeting is being arranged by WHSSC with them and C&VUHB to discuss these arrangements further. 	

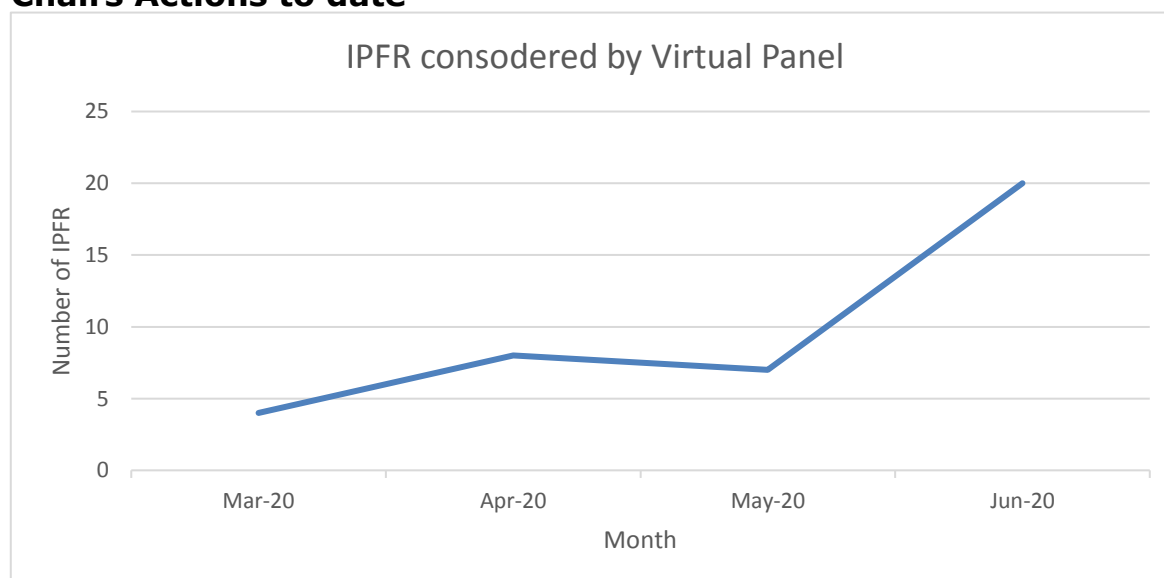
February 2020	TAVI	SBUHB	3	<ul style="list-style-type: none"> Quality and Patient Safety concerns due to the lack of assurance provided to the WHSS team regarding the actions taken by the HB to address 4 Serious Incidents relating to vascular complications. 	<ul style="list-style-type: none"> Escalation meeting took place on April 8th RCP report received and confirmation that a key issues paper has been taken to the SBUHB Board on the 26th March. A position statement is available on the Health Board internet. Letter and action card sent to HB on 14th April confirming position. Additional information requested which is outstanding at time of report 	
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Reporting Committee	All Wales Individual Patient Funding Request (IPFR) Panel
Chaired by	Professor Vivienne Harpwood
Lead Executive Director	Director of Nursing and Quality Assurance
Date of last meeting	Weekly Virtual Chairs actions – last meeting 25 June 2020

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

In the context of the current COVID-19 pandemic, decisions have been taken by 'Chair's action' in line with the All Wales IPFR Policy since March 2020 and The WHSSC - COVID-19 – Standard Operating Procedure 02.

Chairs Actions to date



The number of IPFR requests significantly increased in June 2020 where an average 5 requests were considered each week. 5 of the requests in June were for PET scan and 4 for Fertility related treatments outside policy.

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

Independent Review of IPFR case

As WHSSC is a collaborative committee to support all Health Boards in Wales, it is not be able to constitute a review panel. WHSSC therefore refers any requests it receives for an individual patient funding request (IPFR) review to the Health Board in which the patient resides. This patient is a resident in Neath, therefore it was for Swansea Bay University Health Board to consider the request for a review of the process followed by the All Wales IPFR Panel.

The request for a review of the process received from the patient's clinician was on the basis of the following three grounds:

Ground One: *The Health Board [WHSSC] has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests. – This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agreed is not necessarily unfair.*

Ground Two: *The Health Board has prepared a decision which is irrational in the light of the evidence submitted – the decision made is considered to be irrational or so unreasonable that no reasonable Health Board could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones or gave unreasonable weight to particular factors.*

Ground Three: *The Health Board has not exercised its powers correctly. The Health Board is a public body that carries out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the Health Board has acted outside its remit or has acted unlawfully in any other way.*

It was concluded that the All Wales Panel had acted in accordance with the All Wales IPFR Policy and had taken into account all of the written evidence that had been provided, including the request form itself and all other documentary evidence when reaching their decision.

If new or additional information is provided the All Wales IPFR Panel could reconsider this request.

Decision:

Ground 1 - Decision: Not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

Ground 2 - Decision: Not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

Ground 3 - Decision: Not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

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	02/07/2020

Reporting Committee	Welsh Renal Clinical Network
Chaired by	Interim Chair, Welsh Renal Clinical Network
Lead Executive Director	Director of Finance
Date of last meeting	Due on 03 June but cancelled due to COVID

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

- Board unable to meet in person due to COVID-19 restrictions
- **COVID-19 response and outcomes**
 - The WRCN led national meetings have now been stood down but they were widely received as being extremely helpful for all stakeholders
 - The direct effects of COVID-19 on the dialysis and Tx programmes are detailed below. Indirect impacts are being assessed.
 - Some Units are currently assessing the indirect collateral damage inflicted on services due to the effective annexation of healthcare facilities for the pandemic response.
 - The wider implications for the commissioned services remain unknown at this stage
- **Outcomes monitoring during pandemic**
 - Excess mortality seen in Wales dialysis population in March and April 2020 compared to historic averages. All excess can be explained by COVID related deaths.
 - Current estimates in SE Wales for the period Jan – July 2020 shows 14 excess deaths (76 v 62 on average) in the dialysis population. 14 deaths in this period were directly attributed to COVID-19.
 - National data being collated currently and to be presented to WRCN Board and WHSSC QPS & JC in near future
 - WRCN remain satisfied that there have no significant changes in commissioned and delivered dialysis practice.
- **Transplantation**
 - All transplantation in Cardiff and Wales was suspended due to published adverse outcomes for patients on immune suppression in the context of the COVID-19 pandemic
 - The Cardiff Tx unit is now open for some access to transplantation based on current clinical safety / risk assessments. Initially this is only for cadaveric donor transplants, with recipients being limited to those in the least clinically risky categories.

<ul style="list-style-type: none"> ○ Ongoing discussion about the pragmatics of opening the living donation programme ○ Donor activity is down across the UK to about 30% of normal, but is slowly increasing. ○ Recipient lists are likely to be about 35% of normal numbers, due to the clinical restrictions above, but as units gain experience, and the viral risk recedes, then this will be reviewed ○ It should be stressed that the Unit is very keen to 'get going' but will only do so when they (correctly) feel that it is clinically safe to do so and not for any contractual or political pressures. ○ This will likely translate into lower transplant activity for at least the remainder of this year, and will thus affect 'performance' for reasons that the unit and the WRCN are unable to influence ○ The NORS team continue to work, though with activity at lower levels. 	
<ul style="list-style-type: none"> ● Dialysis unit expansion BCUHB <ul style="list-style-type: none"> ○ This unit is now open and will facilitate the refurbishment of the main unit in Wrexham Maelor hospital 	
<ul style="list-style-type: none"> ● Water Treatment plant in Carmarthen Dialysis unit <ul style="list-style-type: none"> ○ This is now in place and thus removed as a risk on our RR 	
<ul style="list-style-type: none"> ● East of Swansea dialysis expansion <ul style="list-style-type: none"> ○ We have been unable to agree on site for unit(s) to date, but there are constructive ongoing discussions between WRCN, SBUHB, CTUHB. WRCN hoping to have sight of a new SBAR, and revised options appraisal w/c/ 06 July. 	
Matters requiring Committee level consideration and/or approval	
<ul style="list-style-type: none"> ● Nil 	
Matters referred to other Committees	
<ul style="list-style-type: none"> ● Nil 	
Annexes:	
Date of next meeting	09 October 2020