

2021-05-11 WHSSC Joint Committee (Public)


Tue 11 May 2021, 11:15 - 12:30

Teams Meeting - Details in Calendar Invite

Agenda

11:15 - 11:20
5 min

1. PRELIMINARY MATTERS

 00 Agenda (Eng).pdf (2 pages)

1.1. Welcome, Introductions and Apologies

Oral *Chair*

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

1.2. Declarations of Interest

Oral *Chair*

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

11:20 - 11:50
30 min

2. PRESENTATION - South Wales Major Trauma Network

To follow *Dinendra Gill*

11:50 - 11:55
5 min

3. FURTHER PRELIMINARY MATTERS

3.1. Minutes of the Meeting of 09 March 2021

Att. *Chair*

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

 1.3 Unconfirmed JC Minutes 09.03.21.pdf (7 pages)

3.2. Action Log and Matters Arising - No open actions

Chair

- To **note** that there are no open actions on the Action Log.


11:55 - 12:20
25 min


4. ITEMS FOR CONSIDERATION AND/OR DECISION

4.1. Report from the Chair

Att. *Chair*

- To **note** the content of the report.

 2.1.1 Report from the Chair.pdf (4 pages)

 2.1.2 Chair's Action - Appointment of IM v1.0.pdf (1 pages)

4.2. Report from the Managing Director

Att. *Managing Director*

- To **note** the content of the report

 2.2 Report from the Managing Director v0.2.pdf (5 pages)

4.3. Neonatal Transport Service for South and Mid Wales

To follow *Director of Planning*

4.4. WHSSC Risk Management Strategy

Att. *Committee Secretary*

- To **approve** the revised Risk Management Strategy; and
- To **note** the latest version of the Corporate Risk Register; and
- To **note** that further work is on-going to develop risk reporting in line with the RMS.

 4.4.1 WHSSC RMS cover paper for JC.pdf (4 pages)

 4.4.2 Appendix 1 Draft WHSSC Risk Management Strategy v0.3.pdf (24 pages)

 4.4.3 Appendix 2 Current Planning Risks Over 15.pdf (11 pages)

12:20 - 12:20
0 min

5. ROUTINE REPORTS AND ITEMS FOR INFORMATION

5.1. Activity Report Month 11 COVID-19 Period

Att. *Director of Finance*

 5.1.1 COVID Period Activity Report Month 11.pdf (20 pages)

 5.1.2 COVID Period Activity Report Month - Appendix 1.pdf (14 pages)

5.2. Financial Performance Report

Att. *Director of Finance*

 5.2 Financial Report Month 12 20-21.pdf (11 pages)

5.3. Reports from the Joint Sub-Committees

5.3.1. Management Group Briefings


Committee Secretary

 5.3.1 2021-03-25 - MGM Core Brief v1.0.pdf (3 pages)

 5.3.2 2021-04-22 - MGM Core Brief v1.0.pdf (3 pages)

5.3.2. All Wales Individual Patient Funding Request Panel

Att.

 5.3.2 IPFR Panel Chair's Report - May 21.pdf (2 pages)

5.3.3. Quality & Patient Safety Committee

Att. *Director of Nursing*

 5.3.3 QPS Chair's Report - May 21.pdf (7 pages)

5.3.4. Integrated Governance Committee

Att.

 5.3.4 IGC Chair's Report March 2021.pdf (2 pages)

12:20 - 12:20
0 min

6. CONCLUDING BUSINESS

6.1. Any Other Business

Chair

6.2. Date of Next Meeting (Scheduled)

Chair

13 July 2021 at 13:30



WHSSC Joint Committee Meeting held in public

Tuesday 11 May 2021 at 11:15 hrs

Microsoft Teams

Agenda

| Item | Lead | Paper / Oral | Time | |
|--|---|----------------------------|------------|---------------|
| 1. Preliminary Matters | | | | |
| 1.1 | Welcome, Introductions and Apologies | Chair | Oral | 11:15 |
| 1.2 | Declarations of Interest | Chair | Oral | 11:20 |
| 2. Presentation | | | | |
| 2.1 | South Wales Major Trauma Network | Dinendra Gill | To follow | 11:20 – 11:50 |
| 3. Further Preliminary Matters | | | | |
| 3.1 | Accuracy of the Minutes of the Meetings held on 09 March 2021 | Chair | Att. | 11:50 – 11:55 |
| 3.2 | Action Log and Matters Arising – No open actions | Chair | Att. | |
| 4. Items for Consideration | | | | |
| 4.1 | Report from the Chair | Chair | Att. | 11:55 – 12:00 |
| 4.2 | Report from the Managing Director | Managing Director | Att. | 12:00 – 12:05 |
| 4.3 | Neonatal Transport Service for South and Mid Wales | Director of Planning | To follow. | 12:05 – 12:15 |
| 4.4 | WHSSC Risk Management Strategy | Committee Secretary | Att. | 12:15 – 12:20 |
| 5. Routine Reports and Items for Information | | | | |
| 5.1 | Activity Report Month 11 COVID-19 Period | Director of Finance | Att. | 12:20 – 12:30 |
| 5.2 | Financial Performance Report Month 12 2020-21 | Director of Finance | Att. | |
| 5.3 | Reports from the Joint Sub-Committees | Joint Sub-Committee Chairs | Att. | |
| | i. Management Group Briefings ii. Individual Patient Funding Request Panel iii. Quality & Patient Safety Committee iv. Integrated Governance Committee | | | |
| 6. Concluding Business | | | | |
| 6.1 | Any Other Business | Chair | Oral | |

| Item | Lead | Paper / Oral | Time |
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| | | | |
| 6.2 Date of next meeting (Scheduled) - 13 July 2021 at 13:30 hrs | Chair | Oral | |

The Joint Committee is recommended to make the following resolution:

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

Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 9 March 2021 by MS Teams

Members Present:

| | | |
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| Kate Eden | (KE) | Chair |
| Carole Bell | (CB) | Director of Nursing and Quality Assurance, WHSSC |
| Stuart Davies | (SD) | Director of Finance, WHSSC |
| Emrys Elias | (EE) | Independent Member/ Q&PS Committee Chair |
| Mark Hackett | (MH) | Chief Executive Officer, Swansea Bay UHB |
| Sian Lewis | (SL) | Managing Director, WHSSC |
| Steve Moore | (SM) | Chief Executive Officer, Hywel Dda UHB |
| Judith Paget | (JP) | Chief Executive Officer, Aneurin Bevan UHB |
| Len Richards | (LR) | Chief Executive Officer, Cardiff & Vale UHB |
| Carol Shillabeer | (CS) | Chief Executive Officer, Powys THB |
| Jo Whitehead | (JW) | Chief Executive Officer, Betsi Cadwaladr UHB |

Deputies:

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| Steve Webster | (SW) | Finance Director, Cwm Taf Morgannwg UHB (deputising for Paul Mears) |
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Apologies:

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| Iolo Doull | (ID) | Acting Medical Director, WHSSC |
| Kieron Donovan | (KD) | Affiliate Member/ Chair, Welsh Renal Clinical Network |
| Jason Killens | (JK) | Chief Executive Officer, WAST |
| Paul Mears | (PM) | Chief Executive Officer, Cwm Taf Morgannwg UHB |
| Ian Phillips | (IP) | Independent Member |

In Attendance:

| | | |
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| Claire Harding | (CH) | Assistant Director of Planning, WHSSC |
| Karen Preece | (KP) | Director of Planning, WHSSC |
| Kevin Smith | (KS) | Committee Secretary & Head of Corporate Services, WHSSC |

Minutes:

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| Helen Tyler | (HT) | Corporate Governance Manager, WHSSC |
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Public Observer:

A member of the public

The meeting opened at 09:30hrs.

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| JC20/074 | <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 virtually via MS Teams.</p> <p>The Chair noted that there was a member of the public observing the public meeting.</p> <p>It was noted that a quorum had been achieved.</p> <p>Apologies were noted as above.</p> |
| JC20/075 | <p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p> |
| JC20/076 | <p>Minutes of Previous Meetings</p> <p>Members approved the minutes of the meetings held on 10 November and 15 December 2020 as a true and accurate record.</p> |
| JC20/077 | <p>Action Log & Matters Arising</p> <p>The action log was taken as read and it was noted that there were no outstanding actions.</p> <p>No further matters arising were raised.</p> |
| JC20/078 | <p>Chair's Report</p> <p>The Chair referred members to Chair's Actions taken to approve proposals to utilise forecast underspend in 2020-21. In response to a question, SD explained that none of the proposals created any new recurrent liabilities as any related schemes were already included within the WHSSC approved ICP. The providers had also been asked to report back on activity and outcomes related to the approved proposals. Members consented to the Recommendation set out in the report, namely to ratify the Chair's Actions to approve the underspend proposals.</p> <p>The Chair also referred members to a Chair's Action taken to approve the conversion of a locum plastic consultant surgeon post in the South Wales Trauma Network to a substantive post. The Joint Committee also ratified this Chair's Action.</p> <p>In addition, the Chair reported that Ian Phillips has agreed to stand for a further two years as an Independent Member, in accordance with the WHSSC Standing Orders. His initial term would expire on 31 March 2021. The Chair recommended his re-appointment with effect from 1 April 2021 which was supported by members.</p> |

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| | <p>The Chair also updated members that WHSSC is still actively looking for a further independent member but none of the Health Boards' Chairs were able to support WHSSC with nominations at this time.</p> |
| JC20/079 | <p>Managing Director's Report</p> <p>The Managing Director's report, including updates on the PET CT Programme Business Case and the revised WHSSC Risk Management Strategy, was taken as read. Members received an explanation as to why the PET CT Programme Business Case would be signed off at the NHS Wales Health Collaborative's Chief Executive Group's meeting on 16 March 2021 rather than at the WHSSC Joint Committee.</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to note the content of the report.</p> <p>In addition, an oral report was given on UHW2, explaining that, on 23 February, the CEO and representatives from CVUHB met with the WHSSC Executive team to present an overview of their programme business case for the development of a new strategic model for services, including specialised services, in Cardiff including the redevelopment of hospital based services. The current proposal does not set a physical location for hospital services but rather the key elements of the service model. The CVUHB team emphasised that core to the development of the case has been partnership working with other Welsh providers and commissioners. In addition they emphasised the opportunities of strengthening and building upon academic partnerships and business partners in the field of biotechnology. Following on from the meeting the team from CVUHB have agreed to extend the scope of the engagement to NHSE providers where synergies may exist or be developed.</p> <p>The WHSSC Executive team support the scope and approach to the development of the UHW2 programme business case which was submitted to Welsh Government on 01 March 2021.</p> |
| JC20/080 | <p>CAMHS Tier 4 Services</p> <p>Members received a paper that sought to inform them of the current Tier 4 Child and Adolescent Mental Health Services (CAMHS) commissioning issues and risks. It also highlighted a number of wider pathway concerns that are having an impact on Tier 4 and the actions being proposed to address them.</p> <p>Members acknowledged that this was a high profile and a high priority area. It was noted that despite all the work being undertaken in this area including early intervention, demand for these services had continued to grow.</p> |

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| | <p>CB highlighted that all three of the commissioned services were in the WHSSC escalation process due to a variety of issues including capacity, workforce and environment. However, the escalation process ensured enhanced monitoring of the services. CB noted that the bed management panel had provided additional support to the inpatient units and enabled wider discussions about complex cases especially during a period of severe bed shortages across the UK.</p> <p>CB reported that the implementation of the revised service specification would require additional resources and this had been highlighted in the WHSSC Annual Plan as a Strategic Priority.</p> <p>LR noted that this was a very important piece of work and supported the wider considerations of all areas but requested specific consideration of the capacity issues for Tier 4 services.</p> <p>EE noted that the role and function of Tier 4 units was often influenced by patient behaviour and not necessarily illness. Appropriate care models across the system were therefore necessary.</p> <p>Members were advised that a progress update would be provided to the May Joint Committee meeting.</p> <p>The Joint Committee consented to the Recommendations set out in the report, namely to:</p> <ul style="list-style-type: none"> • Note the current Tier 4 CAMHS commissioning issues affecting service delivery outlined in the report; and • Support the proposed actions to address these issues including the wider pathway concerns. |
| JC20/081 | <p>Assurance Report on Commissioning of Independent Hospitals.</p> <p>The Assurance Report on Commissioning of Independent Hospitals was deferred to the "in committee" session.</p> |
| JC20/082 | <p>Disestablishment of the All Wales Posture and Mobility Partnership Board</p> <p>Members received a paper that provided a brief overview of the work that had been undertaken to improve the Posture and Mobility Service in Wales and sought support to disband the All Wales Posture and Mobility Service Partnership Board and its sub-groups as they have served their purpose. The proposal included a move to managing the service with Stakeholder and Partnership Engagement events continuing twice yearly under 'business as usual' arrangements.</p> <p>The Joint Committee consented to the Recommendations set out in the report, namely to:</p> |

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| | <ul style="list-style-type: none"> • Note the work undertaken by the Posture and Mobility Service and the Partnership Board; and • Support the proposal to disband the All Wales Posture and Mobility Service Partnership Board along with the sub-groups; and • Support the recommendation to hold Stakeholder and Partnership Engagement events twice yearly. |
| JC20/083 | <p>Socio-economic Duty</p> <p>Members received a paper that briefed them on the new Socio-economic Duty that comes into effect from 31 March 2021 and the work done by the WHSS Team to prepare for compliance with the Duty.</p> <p>Members noted the content of the report.</p> |
| JC20/084 | <p>WHSSC Joint Committee Annual Business Cycle 2021-22</p> <p>Members received a paper that provided them with the Draft Joint Committee Annual Business Cycle 2021-22.</p> <p>Members noted and supported the content of the report, including the schedule of meetings for 2021-22.</p> |
| JC20/085 | <p>Integrated Commissioning Plan 2021-22 (ICP)</p> <p>Members received and supported the final version of the ICP that reflected the changes agreed by the Joint Committee on 16 February 2021.</p> |
| JC20/086 | <p>Activity Report for Month 9 2020-21</p> <p>Members received a paper that highlighted the scale of the decrease in activity levels during the COVID-19 period, and whether there were any signs of recovery in specialised services activity. These activity decreases were shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.</p> <p>The rate of recovery in England had slowed down and recovery of Welsh providers had stalled further in month 9 due to the second wave of COVID-19. However, some speciality areas, such as Neurosurgery, were not as badly impacted as others. Cardiac surgery was noted as an area of concern and work with south Wales' providers on recovery had already began.</p> <p>Paediatric Surgery had continued to recover even during this second wave.</p> <p>Members noted the information presented in the report and the overall summary.</p> |

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| | <p>SD assured Members that the performance data had been reflected in the ICP 2021-22 discussions concerning the waiting list position and required investment.</p> <p>Members commented that overall the second wave had been much more demanding than the first wave and the impact of the 'Kent variant' could not be underestimated in terms of the challenges that faced hospital settings from December onwards. However, LR noted that activity levels had picked up from February and recovery plans from providers would demonstrate this.</p> |
| JC20/086 | <p>Financial Performance Report – Month 10 2020-21</p> <p>Members received a paper that set out the financial position for WHSSC for month 10 of 2020-21, including an under spend to Month 10 of £16.7m and a forecast under spend of £14.7m at the year end.</p> <p>The under spend related mainly to months 1-10 underspend on the pass through elements of Welsh provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1 – Q3 2020-21 development slippage.</p> <p>SD noted clawback arrangements for NHS England providers were uncertain at the current time and would need to be carefully monitored.</p> <p>Members consented to the Recommendation set out in the paper, namely to note the current financial position and forecast year end position.</p> |
| JC20/087 | <p>Other reports</p> <p>The Joint Committee received reports from the following Joint Sub-Committees.</p> <ul style="list-style-type: none"> • Management Group; • All Wales Individual Patient Funding Request Panel; • Quality & Patient Safety Committee; and • Integrated Governance Committee. <p>The Joint Committee consented to the Recommendation to note the content of the reports from the Joint Sub-Committees.</p> |
| JC20/088 | <p>Any Other Business</p> <p><i>South Wales Neonatal Transport</i></p> <p>Members received a letter from clinicians working in the south Wales Neonatal Transport Service expressing their concerns with the current proposal to commission a permanent 24/7 service based on a lead provider model. Members were advised that the WHSS Team had agreed the next steps in commissioning the service in discussion with C</p> |

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| | Shillabeer and the Director of the NHS Wales Health Collaborative, whereby a paper outlining the issues would be taken to the NHS Wales Health Collaborative Executive Group meeting on the 16 March 2021. |
| JC20/089 | <p>Chair of Welsh Renal Clinical Network (WRCN)</p> <p>The Chair reported that Dr Kieran Donovan had signalled his intention to retire as Chair of the WRCN and from his clinical role as a consultant nephrologist with CVUHB. A vote of thanks was recorded for KD's work with the WRCN over the previous ten years, first as Clinical Lead, then as Chair, and for his massive contribution to the very successful development of the service.</p> |
| JC20/090 | <p>Date and Time of Next Scheduled Meeting</p> <p>Members noted that the next scheduled meeting would take place on 11 May 2021.</p> <p>There being no other business other than the above the meeting closed.</p> |

The meeting closed at 10:50hrs

Chair's Signature:

Date:

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| | | Agenda Item | 2.1 |
| Meeting Title | Joint Committee | Meeting Date | 11/05/2021 |
| Report Title | Report from the Chair | | |
| Author (Job title) | Chair | | |
| Executive Lead (Job title) | | Public / In Committee | Public |

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| Purpose | The purpose of this paper is to provide Members with an update of the issues considered by the Chair since the last Joint Committee meeting. | | | |
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| RATIFY <input checked="" type="checkbox"/> | APPROVE <input type="checkbox"/> | SUPPORT <input type="checkbox"/> | ASSURE <input type="checkbox"/> | INFORM <input checked="" type="checkbox"/> |
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| | | Meeting Date | |
| Recommendation(s) | <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the contents of the report; • Ratify the appointment of Jacqueline Evans as Committee Secretary with effect from 1 June 2021; and • Ratify the Chair's Action. | | |

Considerations within the report (tick as appropriate)

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

1.0 SITUATION

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

2.0 BACKGROUND

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

3.0 ASSESSMENT

3.1 Committee Secretary

After four and a half years at WHSSC, Kevin Smith has decided to take early retirement on 31 May and return part time for around six weeks from 7 June, finally finishing on 9 July, so this will be his last Joint Committee meeting.

We have conducted an open and transparent recruitment process to find a successor, which has led to us appointing Mrs Jacqueline Evans as Committee Secretary & Head of Corporate Services with effect from 1 June 2021. Jacqui is well known to the Welsh Board Secretaries Group, having served in various corporate governance roles at NWSSP, CTUHB and SBUHB over the last seven years. Prior to that she held a complementary role in the Fire & Rescue Service.

I would like to take this opportunity on behalf of the WHSS team to formally thank Kevin – he has been an exemplary Committee Secretary and a much valued colleague and member of the Executive team. We wish him a very happy retirement and are grateful to him for extending his time with us through the coming few months.

Members are asked to ratify Jacqui's appointment as Committee Secretary.

3.2 Chair's Action

I wrote to Joint Committee Members on 26 April 2021 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Ian Phillips, an Independent Member of WHSSC, that I have taken Chair's Action to approve the appointment of Professor Ian Wells as an Independent Member of the Joint Committee with effect from 1 May 2021 for an initial term of two years, otherwise in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders.

A copy of the letter is attached, for information.

Members are asked to ratify the Chair's Action.

3.3. Audit Wales Review of WHSSC Governance Arrangements

Members will be aware of the Audit Wales review of WHSSC Governance Arrangements which took place during 2020. It is our understanding that the final Report is likely to be published on or around 11 May, and WHSSC will be asked to submit its management response by end of May.

4. RECOMMENDATIONS

Members are asked to:

- **Note** the contents of the report;
- **Ratify** the appointment of Jacqueline Evans as Committee Secretary with effect from 1 June 2021; and
- **Ratify** the Chair's Action.

5. APPENDICES/ ANNEX

Appendix 1 – Letter appointing Professor Ian Wells as an Independent Member of the Joint Committee with effect from 01 May 2021.

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



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

Your ref/eich cyf:
Our ref/ein cyf: KE.KS
Date/dyddiad: 26th April 2021
Tel/ffôn: 01443 443 443 ext. 8131
Email/e-bost: Kevin.Smith3@wales.nhs.uk

WHSSC Joint Committee Members

Dear Colleague

Re: Welsh Health Specialised Services Committee ("WHSSC") – Appointment of Independent Member to Joint Committee

Members will recall that Paul Griffiths retired as an Independent Member of the Joint Committee on 31st December 2020 and that he was the Audit Committee representative nominated by CTMUHB (in its capacity as host health board).

The Chair of CTMUHB has nominated Professor Ian Wells, an Independent Member of CTMUHB and a member of its Audit Committee, to succeed Paul Griffiths as an Independent Member and Audit Committee representative at WHSSC.

Chair's Action

I therefore confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Ian Phillips, an Independent Member of WHSSC, that I have taken Chair's Action to approve the appointment of Professor Ian Wells as an Independent Member of the Joint Committee with effect from 1st May 2021 for an initial term of two years, otherwise in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders.

This matter will be reported on to the 11th May Joint Committee meeting for ratification.

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

Yours sincerely

Kate Eden
Chair

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

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

Chair/Cadeirydd: *Kate Eden*

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



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| | | Agenda Item | 2.2 |
| Meeting Title | Joint Committee | Meeting Date | 11/05/2021 |
| Report Title | Report from the Managing Director | | |
| Author (Job title) | Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales | | |
| Executive Lead (Job title) | Managing Director, Specialised And Tertiary Services Commissioning | Public / In Committee | Public |

| | | | | |
|------------------------------------|--|-------------------------------------|------------------------------------|---|
| Purpose | The purpose of this report is to provide the Members with an update on key issues that have arisen since the last meeting. | | | |
| RATIFY <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 Interim Mother & Baby Unit Opening

Joint Committee members will be pleased to note that the interim Mother and baby Unit, Uned Gobaith, opened at Tonna Hospital on 19 April 2021. The 6 bedded unit is being provided by Swansea Bay University Health Board and can be accessed from any woman in Wales. However women in north Wales and mid and north Powys will still have the option of accessing units in England as they do now.

Discussions continue with NHS England regarding a unit in the north west of England in the Wirral/Chester area that once opened will provide more local access for women from the BCU and north Powys area. As plans advance, Joint Committee will be updated.

2.2 Thoracic Surgery Strategic Outline Case (SOC)

Work continues through the Thoracic Surgery Implementation Board (led and chaired by Swansea Bay University Health Board) to develop a SOC for the new surgical centre at Morriston Hospital. It is anticipated that the SOC will be finalised by the Thoracic Surgery Implementation Board in May prior to sign off at SBUHB, individual Health Boards and Joint Committee.

It is expected that the SOC will detail a range of options with estimated costs of capital and revenue. All parties are working together to reduce the current revenue gap and gain assurance to the level needed for the SOC stage. Work continues with SBUHB and Cardiff and the Vale University Health Board to ensure that the revenue implications of the options are clearly understood.

2.3 PET Programme Business Case

At the last meeting of the Committee we indicated that the PBC would be submitted to the Collaborative Executive Group in mid-April. This timeline has slipped due to a number of different issues and the planned submission date is now mid-May. As outlined previously although the programme is hosted in WHSSC, it reports into the National Imaging Programme Strategy Board and therefore needs to be endorsed by the Collaborative Executive Group (CEG). The Capital, Estates and Facilities team at WG have indicated that they are willing to accept the PBC immediately following this endorsement but would subsequently expect letters of support from each of the Health Boards. In addition we will be requesting the PBC is formally considered by the Board of Velindre NHS Trust.

Our proposed time line is as follows:

- PET Strategic Programme Board review and endorse the Programme Business Case – 05 May
- NHS Wales Collaborative Executive review the Programme Business Case – 18 May
- Submission to WG 20 May

We understand however from feedback from the CEG that HBs will need to take the PBC to their Board and this will not be possible until their July meeting. We would therefore like to draw to the attention of the Joint Committee the impact of such a delay, first for the BCUHB Nuclear Medicine Consolidation Programme which is interdependent and therefore potentially delays the development of wider radio isotope service delivery in North Wales where equipment is already past its useful age. And secondly to PETIC, where the PET scanner is now in a critical state and service failure is becoming an increasing risk.

We would also reassure the Committee that there has been wide engagement on the Programme and there is representation from each Health Board and Velindre NHS Trust on the PET Strategic Programme Board in addition to regular updates at the NIPSB. There will be no fundamental change to any referral pathways and the revenue costs required to fund the increase in PET scanning capacity in the future, set out in the business case, will be funded by the commissioning health boards through the usual Integrated Commissioning Plan process.

We will therefore ask the CEG to consider whether it is possible to expedite the formal letters of support when the PBC is considered on 18 May.

2.4 Status Report on Annual Audit of Accounts

The WHSSC/EASC Annual Accounts have been prepared and submitted to CTMUHB ahead of time to enable consolidation by the CTMUHB. All financial duties have been fully met and the WHSSC team has worked closely with all Health Boards to meet their individual needs. It is very pleasing to note that despite the challenges of the pandemic working environment, the finance team has achieved exceptional prompt payment performance for NHS bodies of 100% by value and 98.5% by number, and for non-NHS bodies of 100% by value and 99.7% by number. In addition there are no debtors outstanding over three months.

2.5 De-escalation TAVI

In February 2020 the TAVI service in Swansea Bay UHB was escalated to Stage 3 of the WHSSC Escalation process due to a number of patient quality and safety concerns. These concerns had led to SBUHB Medical Director commissioning the Royal College of Physicians to undertake both a case note review of patients who had died, whilst being assessed or waiting for TAVI and to undertake an Invited Review. SBUHB developed a comprehensive action plan based on the recommendations from the case note review and site visit. Over the last year the WHSSC Team have held regular Commissioning Quality meetings with the SBUHB

Clinical and Executive team to monitor progress against the action plans. Significant improvements have been made and all actions against the recommendations have been completed. In light of the improvements made and the assurance provided to the WHSS team the service has been de-escalated to Stage 2.

2.6 De-escalation PIC

Paediatric Intensive Care services at the Children's Hospital for Wales have been in escalation since December 2017. The reason for escalation was the refusal of children due to lack of capacity. Additional investment was made in the service and an additional bed, along with associated staffing commissioned. Monitoring has been in place since this time. The number of refusals has fallen significantly over the past three years, and agreement has been reached to move the service out of escalation subject to on-going assurance regarding staffing levels at the unit, which will continue to be monitored through the Women and Children's commissioning assurance meetings with Cardiff and Vale University Health Board.

2.7 De-escalation of the South Wales Soft Tissue Sarcoma Service

The south Wales soft tissue sarcoma service was placed at level 2 in the escalation framework in March 2018 due to a number of quality and sustainability issues, including dependence on a single surgeon, unsustainable radiology model, concerns regarding the functioning of the MDT and access to a key worker for south east Wales. These issues have now been resolved, in particular: a second sarcoma surgeon has recently commenced in post, a new radiology model has been implemented under which all radiology input to the MDT is provided from Swansea (this will be supported by additional funding through the ICP 2021/22), changes made to the functioning of the MDT (with support from the sarcoma service at the Royal Orthopaedic Hospital, Birmingham), and the appointment of an additional CNS with cross cover among the CNS team. Given these issues have now been resolved, WHSSC's Corporate Directors Group Board has approved the removal of this service from escalation.

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 | | |



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

| | | | |
|---|--|-------------------------------------|---|
| | | Agenda Item | 4.4 |
| Meeting Title | Joint Committee | | Meeting Date 11/05/2021 |
| Report Title | Revised Risk Management Strategy (RMS) for WHSSC | | |
| Author (Job title) | Corporate Governance Manager/Risk and Assurance Officer | | |
| Executive Lead (Job title) | Committee Secretary WHSSC | Public / In Committee | Public |
| Purpose | The purpose of this paper is to present the revised Risk Management Strategy (RMS) for WHSSC for approval and to share the latest version of the Corporate Risk Register for information. | | |
| RATIFY <input type="checkbox"/> | APPROVE <input checked="" type="checkbox"/> | SUPPORT <input type="checkbox"/> | ASSURE <input checked="" type="checkbox"/> |
| INFORM <input checked="" type="checkbox"/> | | | |
| Sub Group /Committee | Corporate Directors Group Board | Meeting Date | 28/04/2021 |
| Recommendation(s) | <p>Members are asked to:</p> <ul style="list-style-type: none"> • Approve the revised Risk Management Strategy; • Note the latest version of the Corporate Risk Register; and • Note that further work is on-going to develop risk reporting in line with the RMS. | | |

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

Provider Health Board affected (please state below)

1.0 SITUATION

The purpose of this paper is to present a revised WHSSC Risk Management Strategy (RMS) for approval together with a new Corporate Risk Register (CRR).

2.0 BACKGROUND

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

3.0 ASSESSMENT

The revised RMS is included at Appendix 1. The key changes are identified below:

- A revised Risk Matrix – we have moved away from scoring across three domains to a single domain in common with other local Health Boards;
- Principal risks and organisational risks are defined; and
- Aspirational statement added in relation to the development of a Joint Committee Assurance Framework.

The proposed RMS aligns to the recently revised CTMUHB risk management strategy to give greater clarity to risk identification, measurement and monitoring.

The latest version of the Corporate Risk Register (CRR) is attached for information and assurance at Appendix 2. The risks on a page reports and risk reporting will also continue to be developed.

The new approach to risk management within WHSSC has resulted in a review and refresh of all commissioning team risks. Some risks have been removed and those which require escalation have been highlighted. There are 24 risks currently scoring 15 or above. In contrast there were 43 risks on the previous CRR.

All operational risks will continue to be reviewed and updated on a monthly basis and commissioning teams will review their risk registers at each commissioning meeting. Going forward it is planned to utilise the Datix system for all open and current risks.

4.0 RECOMMENDATIONS

Members are asked to:

- **Approve** the Risk Management Strategy; and
- **Note** the latest version of the Corporate Risk Register; and
- **Note** that further work is on-going to develop risk reporting in line with the RMS.

5.0 APPENDICES / ANNEXES

Appendix 1 – WHSSC Risk Management Strategy

Appendix 2 – Corporate Risk Register



| Link to Healthcare Objectives | | |
|---|---|--------------------------|
| Strategic Objective(s) | Governance and Assurance Choose an item. Choose an item. | |
| Link to Integrated Commissioning Plan | Implementation of the agreed ICP | |
| Health and Care Standards | Safe Care Effective Care Governance, Leadership and Accountability | |
| Principles of Prudent Healthcare | Only do what is needed Reduce inappropriate variation 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 | Robust risk management arrangements are a requisite to the assurance of quality of care, patient safety and the patient experience. | |
| Resources Implications | Some improvement actions may require the application of additional resources. | |
| Risk and Assurance | This report and the CRAF constitute integral elements of WHSSC’s risk and assurance arrangements. This work continues to develop. | |
| Evidence Base | The CRAF is based on the extreme risks recorded within the Directorate and Programme risk registers. | |
| Equality and Diversity | There are no equality and diversity implications. | |
| Population Health | There are no immediate population health implications. | |
| Legal Implications | It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications. | |
| Report History: | | |
| Presented at: | Date | Brief Summary of Outcome |
| Corporate Directors Group Board | 28/04/2021 | Discussed and Approved |



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

WHSSC

Risk Management Strategy

| | |
|--------------------------------|---------------------|
| <i>Document Author:</i> | Committee Secretary |
| <i>Executive Lead:</i> | Committee Secretary |
| <i>Approved by:</i> | Joint Committee |
| <i>Issue Date:</i> | |
| <i>Review Date:</i> | |
| <i>Document No:</i> | |

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1. INTRODUCTION AND AIMS

WHSSC is committed to developing and implementing a Risk Management Strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Integrated Commissioning Plan (ICP). It will be applied alongside other key management tools, such as performance, quality and financial reports, to give Joint Committee a comprehensive picture of the organisational risk profile.

The WHSSC Risk Management Strategy is based on the Risk Management Strategy agreed by Cwm Taf Morgannwg University Health Board (CTMUHB) (WHSSC's host organisation) so that there is alignment between approaches.

It aims to:

- set out respective responsibilities for strategic and -operational risk management for Joint Committee and staff throughout the organisation;
- set out responsibility for WHSSC sub-committees;
- set out WHSSC's relationship with the CTMUHB Audit and Risk Committee (as WHSSC's host organisation);
- describe the procedures to be used in identifying, analysing, evaluating and controlling risks to the delivery of strategic objectives and delivering against its ICP.

The objectives of WHSSC's Risk Management Strategy are to:

- minimise impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment and management;
- ensure that risk management is an integral part of WHSSC's culture;
- maintain a risk management framework, which provides assurance to Joint Committee that strategic and operational risks are being managed effectively;
- maintain a cohesive approach to corporate governance and effectively manage risk management resources;
- minimise avoidable financial loss;
- ensure that WHSSC meets its obligations in respect of health and safety and quality and safety; and
- manage all potential risks WHSSC is exposed to.

2. SCOPE

The Risk Management Strategy covers the management of principal and organisational risks and the process for the escalation of risks for inclusion on the Corporate Risk Register.

A risk can be defined as: "the chance of suffering harm caused by a hazard, loss or damage or the possibility that the organisation will not achieve an objective".

Risk is the uncertainty surrounding events and their outcomes that may have a significant effect, either enhancing or inhibiting:

- Achievement of aims and objectives
- Performance
- The meeting of stakeholder expectations

Principal Risks: are significant risks that have the potential to impact upon the delivery of strategic objectives and are raised and monitored by the WHSSC Corporate Directors Group and Joint Committee.

Organisational Risks: are key risks that affect individual directorates or commissioning teams (in relation to commissioned services) and are managed within individual directorates or commissioning teams and, if necessary, escalated through the risk reporting structure.

The Corporate Risk Assurance Framework (CRAF) is an integral part of the system of internal control and defines the extreme potential risks listed on the Corporate Risk Register (scored 15 or above) which may impact upon the delivery of strategic objectives. It also summarises the controls and assurances that are in place or plans to mitigate them. The CRAF aims to align principal risks, key controls and assurances on controls alongside each of WHSSC's strategic objectives.

Gaps are identified where key controls and assurances are insufficient to reduce the risk of non-delivery of objectives. This enables the development of an action plan for closing the gaps and mitigating the risks which is subsequently monitored by Joint Committee for implementation.

Levels of assurance are applied to each of the controls and the assurance on controls as follows:

- (1) Management Reviewed Assurance
- (2) Joint Committee or Sub Committee Reviewed Assurance
- (3) External Reviewed Assurance

This provides an overall assurance level on each of the Principal Risks.

This Strategy applies to those members of staff that are employed by or on behalf of WHSSC. However, the culture of risk management and discussion of risk with partners and stakeholders, where appropriate should be encouraged.

The Risk Management Strategy is intended to cover all the potential risks that the organisation could be exposed to.

3. RISK MANAGEMENT ORGANISATIONAL STRUCTURE

WHSSC is a joint committee of each of the seven health boards in Wales and is hosted by CTMUHB.

3.1 Joint Committee

Members of the WHSSC Joint Committee share responsibility for the effective management of risk and compliance with relevant legislation. In relation to risk management, Joint Committee is responsible for:

- articulating the strategic objectives of WHSSC;
- articulating the Principal Risks of WHSSC;
- protecting the reputation of WHSSC;
- providing leadership on the management of risk;
- approving the risk appetite for WHSSC;
- ensuring the approach to risk management is consistently applied;
- ensuring that assurances demonstrate that risk has been identified, assessed and all reasonable steps taken to manage it effectively and appropriately;
- reviewing risks scored 15 and above;
- endorsing risk related disclosure documents.

3.2 Integrated Governance Committee

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

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

- it maintains an oversight of the work of the Quality and Patient Safety Committee and CTMUHB Audit & Risk Committee. The Sub-committee will ensure integration of the governance work, addressing issues which fall outside or between the work of the these sub-committees, ensuring no duplication and coordinating those issues which need the attention of all three sub-committees;
- appropriate mechanisms are in place to manage risk issues, identifying and reviewing the top level risks and ensuring that plans are in place to manage those risks;
- it oversees the ICP, scrutinising the delivery and performance of the ICP; and it maintains an oversight of the work of the Welsh Renal Clinical Network addressing issues which fall outside or between the work of the network and the Welsh Health Specialised Services Team.

3.3 Quality and Patient Safety Committee

The purpose of the WHSSC Quality and Patient Safety Committee, a sub-committee of the Joint 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 local health board 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).

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

- joint planning and co-ordination of the Joint Committee and sub-committee business; and
- sharing of information.

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

3.4 Corporate Directors Group Board

The Corporate Directors Group Board (CDGB) undertakes the following duties:

- promotes a culture within WHSSC which encourages open and honest reporting of risk with local responsibility and accountability;
- provides a forum for the discussion of key risk management issues within WHSSC;
- ensures appropriate actions are applied to commissioning risks;
- enables risks which cannot be dealt with locally to be escalated, discussed and prioritised;
- ensures Directorate and Commissioning Team risk registers are appropriately rated and action plans agreed to control them;
- reviews the risks on the Commissioning Team risk registers scored 15 or above to determine whether any of them will impact on the local health boards' strategic objectives;
- reviews the CRAF prior to its presentation to Joint Committee;
- advises Joint Committee of exceptional risks to WHSSC and any financial implications of these risks;
- reviews and monitors the implementation of the Risk Management Strategy; and
- provides assurance to Joint Committee that there is an effective system of risk management across the organisation.

3.5 Commissioning Teams

The Commissioning Teams are responsible for Organisational Risks within their areas of operation and providing assurance to CDGB on those risks and any support required in relation to the management of risk.

The Commissioning Teams will review and update existing risks, consider new risks for inclusion and escalate any extreme risks. These are presented to the CDGB by the relevant Commissioning Team representative.

3.6 CTMUHB Audit and Risk Committee

As a hosted organisation WHSSC has a governance relationship with the CTMUHB Audit and Risk Committee.

In relation to WHSSC, the CTMUHB Audit and Risk Committee's role is to review and receive assurance on the adequacy of an effective system of internal control and risk management at WHSSC.

WHSSC's risk reporting structure is attached at Appendix 3.

4. DUTIES

The following paragraphs set out the respective risk management duties and responsibilities for individual staff members.

4.1 All Staff

All members of staff are accountable for maintaining risk awareness, and identifying and reporting risks as appropriate to their line manager.

In addition, they will ensure that they familiarise themselves and comply with all the relevant risk management strategies and procedures for WHSSC and attend/complete risk management training as appropriate.

They will:

- accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety and all others that may be affected by WHSSC's business;
- report all incidents/accidents and near misses;
- comply with WHSSC's incident and 'near miss' reporting procedures;
- be responsible for attending mandatory and relevant education and training events;
- participate in the risk management system, including the risk assessments within their area of work and the notification to their line manager of any perceived risk which may not have been assessed; and

- be aware of WHSSC's Risk Management Strategy and processes and procedures and comply with them.

4.2 Line Managers

The identification and management of risk requires the active engagement and involvement of staff at all levels, as staff are best placed to understand the risks relevant to their areas of responsibility and must be supported and enabled to manage these risks, within a structured risk management framework.

Managers at all levels of the organisation are therefore expected to take an active lead to ensure that risk management is embedded into the way their service/team/area operates. Managers must ensure that their staff understand and implement this Strategy and supporting processes, ensuring that staff are provided with the education and training to enable them to do so.

Managers must be fully conversant with WHSSC's approach to risk management and governance. They will support the application of this Strategy and its related processes and participate in the monitoring and auditing process.

Specifically they will:

- promote a culture which encourages open and honest reporting of risk with local responsibility and accountability;
- ensure a forum for discussing risk and risk management is maintained within their area which will encourage integration of risk management;
- co-ordinate the risk management processes which includes risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in this document;
- update Corporate Directors Group Board on the management and mitigation of risk for their area;
- provide reports to the appropriate sub-committee of Joint Committee that will contribute to the monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting.

4.3 Executive Directors

Executive Directors are accountable and responsible for ensuring that their areas of responsibility are implementing this Strategy and related policies. Each Director is accountable for the delivery of their particular area of responsibility and will therefore ensure that the systems, policies and people are in place to manage, eliminate or transfer the key risks related to WHSSC's strategic objectives.

Specifically they will:

- communicate to their staff WHSSC's strategic objectives and ensure that Directorate and Commissioning Team and individual objectives and risk reporting are aligned to these;
- ensure that a forum for discussing risk and risk management is maintained within their area which will encourage the proactive management of risk;
- co-ordinate the risk management processes which include: risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in this document;
- provide reports to the appropriate sub-committee of Joint Committee that will contribute to the monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting;
- ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post and those key objectives are reflected in the individual performance review/staff appraisal process; and
- ensure that the CRAF and the risk management reporting timetable are delivered to WHSSC processes.

4.4 Managing Director

The Managing Director is effectively the Accountable Officer of WHSSC and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of governance. This responsibility encompasses risk management, health and safety, finance, and organisational control and governance.

The Managing Director has overall accountability and responsibility for:

- ensuring WHSSC maintains an up-to-date Risk Management Strategy and CRAF endorsed by Joint Committee;
- promoting a risk management culture throughout WHSSC;
- ensuring that there is a framework in place which provides assurance to the Joint Committee in relation to the management of risk and internal control; and
- putting in place and maintaining an effective system of risk management and internal control.

4.5 Internal Audit

Internal Audit Services, provided by NHS Wales Shared Services Partnership will, through a risk based programme of work, provide WHSSC with independent assurance in respect of the adequacy of the systems of internal control across a range of financial and business areas in accordance with the standards and good

practice contained within the NHS Internal Audit Manual. They will also review the effectiveness of risk management arrangements as part of their programme of audits and reviews, reporting findings to the CTMUHB Audit and Risk Committee, as appropriate.

5. RISK MANAGEMENT PROCESS

WHSSC is committed to developing a pro-active and systematic approach to risk management.

Appendix 2 sets out an outline of the risk management process.

A monthly reporting process is facilitated through the Corporate Risk Assurance Framework (CRAF), which comprises the Corporate Risk Assurance Report (CRAR), Corporate Risk Register (CRR) and Risks on a Page reports. Appendix 3 sets out the CRAF risk reporting structure.

5.1 Risk Assessment and Scoring

Each Directorate and Commissioning Team will identify organisational risks through the completion of risk assessments. Any risks identified and evaluated as having a low/moderate rating, i.e. a score of between one and six, can be managed locally within the relevant Directorate and Commissioning Team. These risks can typically be resolved quickly and relatively easily if the correct actions are identified, completed and become controls under business as usual. These risks are recorded locally in the local risk register within each Directorate and Commissioning Team.

Appendix 1 sets out the risk register content and definitions.

Risk assessments should be completed by the Directorates and Commissioning Teams in line with the agreed approach to assessing risk (Appendix 5).

Risks scoring 8 or above are added to the Directorate and Commissioning Team risk register for monitoring of actions. Each Directorate and Commissioning Team will review its risk register on a monthly basis.

All types of risks are to be included i.e. financial, corporate, clinical, operational, commissioning and reputational risks.

All local risks should be reviewed and updated monthly at a minimum. This may need to be more frequently if circumstances require.

If it is felt that the risk can no longer be managed locally and requires more senior input and support then it will be escalated up through the Directorate and Commissioning Team to CDGB and all the way to Joint Committee if required.

A risk score is achieved by multiplying an individual likelihood (probability) score with an individual severity (impact) score:

$$\text{Likelihood} \times \text{Impact} = \text{Risk Score}$$

The risk matrices for calculating an overall risk score can be found below and in further detail in Appendix 5.

| Grade | Definition | Risk Score |
|--------|---------------|------------|
| Red | Extreme Risk | 15-25 |
| Amber | High Risk | 8-12 |
| Yellow | Moderate Risk | 4-6 |
| Green | Low Risk | 1-3 |

Risks which attract the highest scores are therefore graded 'red' and warrant immediate attention by relevant personnel.

6. JOINT COMMITTEE ASSURANCE FRAMEWORK (JAF)

WHSSC aspires to establish a JAF (often referred to in local health boards as a Board Assurance Framework or BAF), whilst not yet established the planned approach for developing the JAF is outlined in the following paragraphs.

The JAF will detail the principal risks faced by the organisation in meeting its strategic objectives and provides Joint Committee with a comprehensive method of describing its objectives, identifying key risks to their achievement and the gaps in assurances on which WHSSC relies.

The JAF will be developed through the following key steps:

- a. Joint Committee annually agree the Strategic Objectives as part of the business planning cycle (ICP process).
- b. CDGB will identify the principal risks that may threaten the achievement of the WHSSC’s strategic objectives; these risks will then be discussed and approved by Joint Committee.
- c. For each principal risk the Executive Lead will:
 - give an initial (inherent) risk score, by determining the consequence and likelihood of the risk being realised; and
 - link the risk to the strategic objectives.
- d. Risks from the previous year’s JAF will be reviewed and a decision made whether to:
 - transfer the risk on to the JAF for the current year;

- move the risk to the Corporate Risk Register and nominate a risk owner; or
 - close the risk.
- e. The Executive Lead will then:
- identify the key controls in place to manage the risks and achieve delivery of the strategic objective;
 - identify the arrangements for obtaining assurance on the effectiveness of key controls across all the areas of principal risk;
 - evaluate the assurance across all areas of principal risk, i.e. identifying sources of assurance WHSSC is managing the risks to an acceptable level of tolerance;
 - identify how / where / when those assurances will be reported;
 - identify areas where there are gaps in controls (where WHSSC is failing to implement controls or failing to make them effective);
 - identify areas where there are gaps in assurances (where WHSSC does not have the evidence to assure that the controls are effective);
 - develop an action plan to mitigate the risk; and
 - agree a current (residual) risk rating for the first quarter of the financial year which is determined by the consequence and likelihood of the risks.
- f. The JAF will be presented to the first meeting, in the financial year, of the Corporate Directors Group Board. It will moderate the risk scores and ensure there are appropriate controls and assurances, gaps in control and assurances with associated action plans in place for each risk.
- g. Each month the Executive lead will for each of the risks for which they are responsible, review and monitor the controls and reported assurances and update the risk score and action plans.
- h. The Executive will review and monitor all of the risks on the JAF each month prior to presentation to Joint Committee. In particular, the Corporate Directors Group Board will ensure that progress is being made to reduce or eliminate the impact of the risk.
- i. Once agreed by Corporate Directors Group Board the completed JAF will be presented to Joint Committee for scrutiny and approval not less than twice a year.

The IGC, has oversight of the processes through which Joint Committee gains assurance in relation to the management of the JAF.

7. RISK APPETITE

At its simplest, risk appetite can be defined as the amount of risk that an organisation is prepared to accept in the pursuit of its strategic objectives.

Decisions on accepting risks may be influenced by the following:

- the likely consequences are insignificant
- a higher risk consequence is outweighed by the chance of a much larger benefit
- occurrence is rare
- the potential financial costs of minimising the risk outweighs the cost consequences of the risk itself
- reducing the risk may lead to further unacceptable risks in other ways

Therefore a risk with a high numerical value may be acceptable to the organisation, but that decision would be taken at an appropriate level.

Joint Committee will assess its risk appetite using the Good Governance Institute Matrix for NHS Organisations (Appendix 4). Joint Committee will review its risk appetite on an annual basis to ensure that progress is being made toward the 'risk appetite' WHSSC wishes to achieve.

8. INFORMATION/SUPPORT

Support and guidance is available from the Corporate Governance Manager or Committee Secretary.

Risk Assessment templates and training information is available from the Corporate Governance Manager.

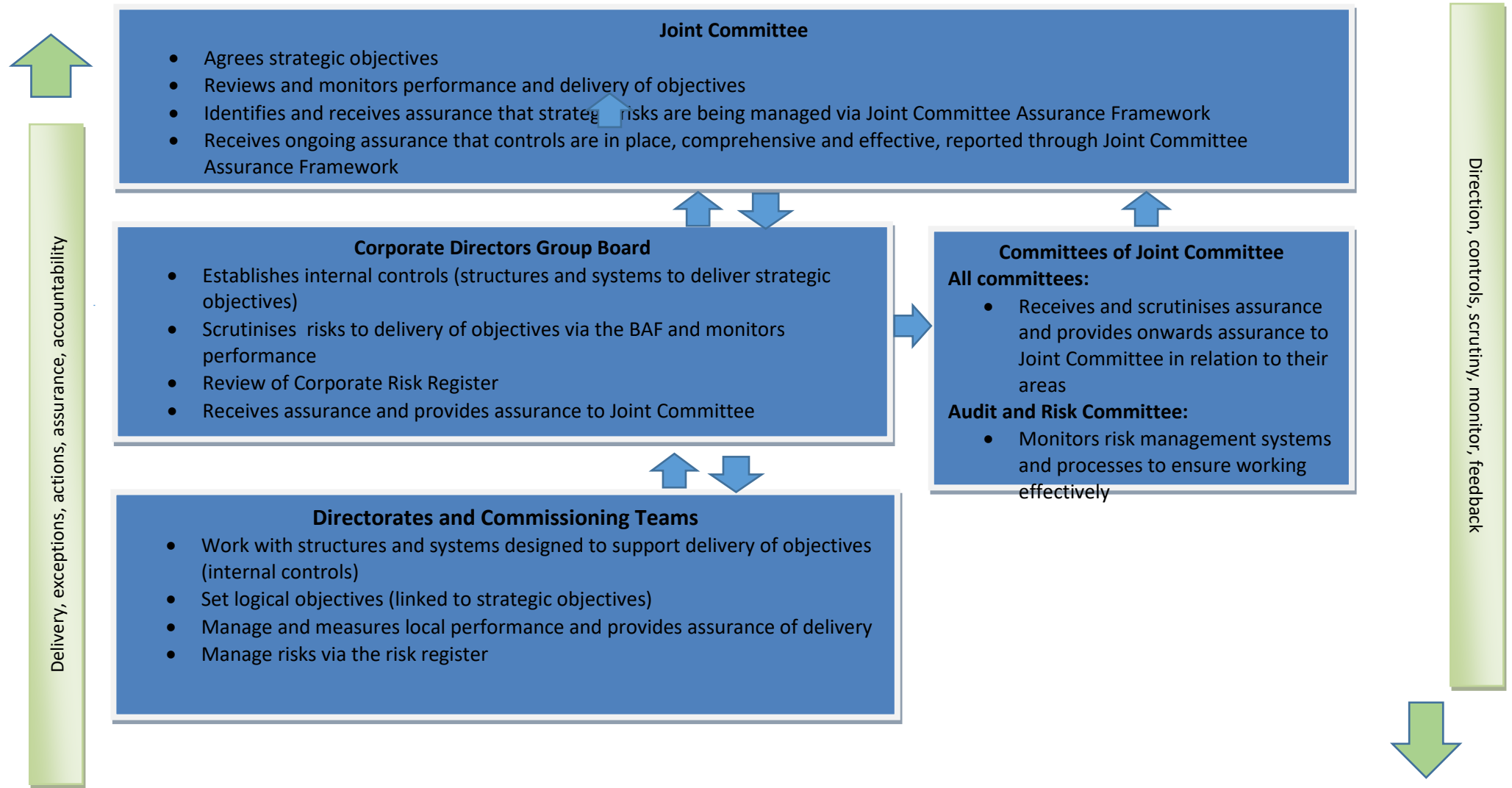
RISK REGISTER CONTENT AND DEFINITIONS

| Ref. | Column Heading | Information Required |
|------|---|--|
| 1. | Date Opened | Date the risk was added to the Risk Register. |
| 2. | Risk Description | <p>A structured statement describing the risk usually containing the following elements: sources, events, causes and consequences / impact.</p> <p>A well-written risk statement contains three main parts;</p> <ol style="list-style-type: none"> 1. Explain risk- Summarise the relevant background facts. These may include prior decisions, assumptions, dependencies and relevant objectives, i.e. introduce the area / topic. <i>Start by writing "There is a risk that....."</i> 2. Source(s) of uncertainty / Cause / Event - The conditions that currently exist that create the risk i.e. the factors that may cause the risk to occur and/or influence the extent of its effect. <i>Start by writing "Due to....."</i> 3. Consequence / Impact - The impact to the Programme / Organisation in the event of the risk occurring. Consequence could also result in opportunities that may surface in correcting the problems. <i>Start by writing "Resulting in"</i> |
| 3. | Risk Rating | This is calculated by multiplying consequence x likelihood (impact x probability). |
| 4. | Impact / Consequence (see separate risk scoring matrix document) | This is the outcome of an event that has an effect on objectives. A single event can generate a range of consequences which can have both positive and negative effects on objectives. Initial consequences can also escalate through knock-on effects. |
| 5. | Probability / Likelihood (see separate risk scoring matrix document) | This is the chance that something might happen. Likelihood can be defined, determined, or measured objectively or subjectively and can be expressed either qualitatively or quantitatively. |
| 6. | Initial Risk Rating | The risk rating before any controls have been put in place. |
| 7. | Current Risk Rating | The risk rating whilst risk responses are in the process of being implemented. Some controls are probably in place but others required are still being actioned & will be shown as gaps in control & actions until implemented. |

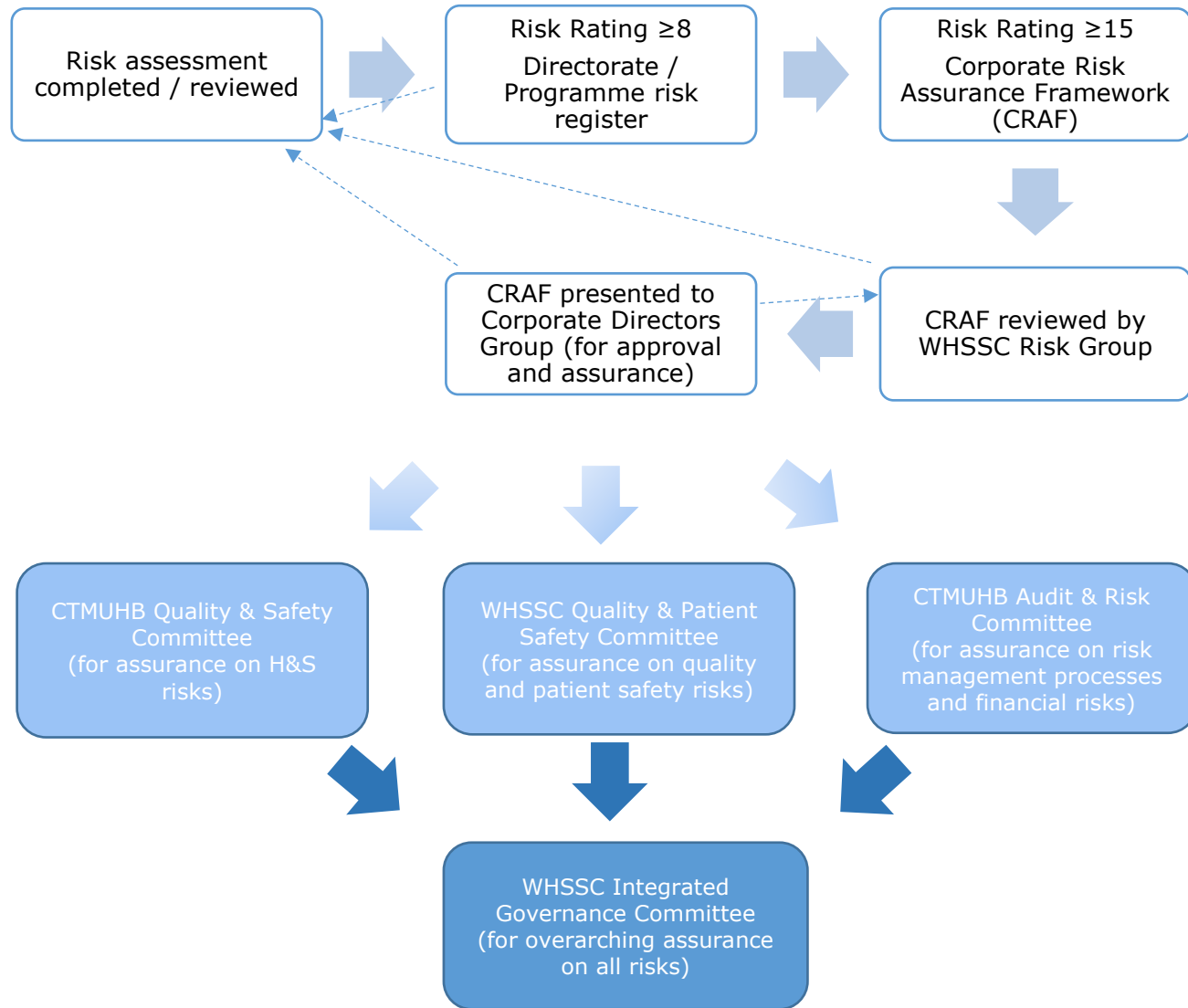
| | | |
|-----|------------------------------------|---|
| 8. | Target risk rating / Residual Risk | <p>When action is taken to treat risks, it may eradicate the possibility of the risk occurring. However, actions are often more likely to reduce the probability of the risk occurring, leaving the residual risk. The remaining level of risk after all treatment plans have been implemented is the residual risk.</p> <p>Generally the target level is the level at which the organisation is saying it's happy to live with. All agreed controls are in place & assurance is being provided that controls are working as planned. At this point the risk should be closed unless further actions are deemed required.</p> |
| 9. | Controls | <p>A control is any measure or action that modifies risk. Controls include any policy, procedure, practice, process, technology, technique, method, or device that modifies or manages risk.</p> <p>Risk treatments become controls, or modify existing controls, once they have been implemented.</p> |
| 10. | Gaps in Controls | <p>A gap in control implies a measure or action that would help modify or control the risk is missing / yet to be implemented.</p> <p>Gaps result from failure to put in place sufficiently effective policies, procedures, practices or organisational structures to manage risks and achieve objectives</p> |
| 11. | Assurance | <p>Confidence gained, based on sufficient evidence, that internal controls are in place and are operating effectively, and that objectives are being achieved.</p> <p>Sources of assurance include; reviews, audits, inspections both internal & external.</p> |
| 12. | Gaps in assurance | <p>Gaps in assurance imply that insufficient evidence is available that controls are in place & operating effectively & that the risk is being actively managed & controlled. Work is required to fill gaps & enable assurance to be obtained.</p> |
| 13. | Actions | <p>Actions required to mitigate the risk. Actions should be SMART & have clear owners assigned. This will allow action progress to be tracked & monitored & issues with action completion to be visible & dealt with.</p> |
| 14. | Risk Owner | <p>Senior person best placed to keep an eye on the risk with decision making authority. This person is accountable for the Risk & should be aware of its current status.</p> |
| 15. | Action Owner | <p>Person responsible for implementing the risk response / actions, providing updates on action progress & flagging issues relating to action completion.</p> |
| 16. | Risk treatment / Risk response | <p>This is a risk modification process. It involves selecting & implementing one or more treatment options. Once a treatment has been implemented, it becomes a control or it modifies existing controls.</p> |

| | | |
|-----|------------------|--|
| | | <p>Treatment options include;</p> <ul style="list-style-type: none">• Avoidance / Remove the source of the risk• Reduction• Transference• Retain / Accept the risk• Also known as the four T's – Treat, Transfer, Tolerate & Terminate |
| 17. | Assurance rating | <p>This is the rating which has been given regarding the level of assurance:</p> <ul style="list-style-type: none">• (1) = CDGB Reviewed Assurance• (2)= Joint Committee Reviewed Assurance• (3)= External Reviewed Assurance |

RISK MANAGEMENT PROCESS



RISK REPORTING STRUCTURE



Matrix to support better risk sensitivity in decision taking

| Risk levels | | | | | | |
|-----------------------------|---|---|---|--|--|--|
| | 0 | 1 | 2 | 3 | 4 | 5 |
| Key elements | Avoid Avoidance of risk and uncertainty is a Key Organisational objective | Minimal (ALARP) (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential | Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward. | Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VFM) | Seek Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk). | Mature Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust |
| Financial/VFM | Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VFM is the primary concern. | Only prepared to accept the possibility of very limited financial loss if essential. VFM is the primary concern. | Prepared to accept possibility of some limited financial loss. VFM still the primary concern but willing to consider other benefits or constraints. Resources generally restricted to existing commitments. | Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities. | Investing for the best possible return and accept the possibility of financial loss (with controls may in place). Resources allocated without firm guarantee of return – "investment capital" type approach. | Consistently focussed on the best possible return for stakeholders. Resources allocated in "social capital" with confidence that process is a return in itself. |
| Compliance/regulatory | Play safe, avoid anything which could be challenged, even unsuccessfully. | Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances. | Limited tolerance for sticking our neck out. Want to be reasonably sure we would win any challenge. | Challenges would be problematic but we are likely to win it and the gain will outweigh the adverse consequences. | Chances of losing any challenge are real and consequences would be significant. A win would be a great coup. | Consistently pushing back on regulatory burden. Front foot approach informs better regulation. |
| Innovation/Quality/Outcomes | Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems/technology developments. | Innovations always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations. | Tendency to stick to the status quo, innovations in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations. | Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery. Responsibility for non-critical decisions may be devolved. | Innovation pursued – desire to "break the mould" and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control. | Innovation the priority – consistently "breaking the mould" and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice. |
| Reputation | No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern. | Tolerance for risk taking limited to those events where there is no chance of any significant repercussions for the organisation. Senior management distance themselves from chance of exposure to attention. | Tolerance for risk taking limited to those events where there is little chance of any significant repercussions for the organisation should there be a failure. Mitigations in place for any undue interest. | Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Proactive management of organisation's reputation. | Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation. | Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions for the right reasons with benefits outweighing the risks. |
| APPETITE | NONE | LOW | MODERATE | HIGH | SIGNIFICANT | |

APPROACH TO ASSESSING RISK

Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1–5 to determine the consequence score, which is the number given at the top of the column.

| | Consequence score (severity levels) and examples of descriptors | | | | |
|---|---|---|---|--|--|
| | 1 | 2 | 3 | 4 | 5 |
| Domains | Negligible | Minor | Moderate | Major | Catastrophic |
| Impact on the safety of patients, staff or public (physical/psychological harm) | Minimal injury requiring no/minimal intervention or treatment No time off work | Minor injury or illness, requiring minor intervention Requiring time off work for <3 days Increase in length of hospital stay by 1–3 days | Moderate injury requiring professional intervention Requiring time off work for 4–14 days Increase in length of hospital stay by 4–15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients | Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects | Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients |
| Population Health | Managed according to standard response protocols, routine control programmes, and regulation (e.g. monitoring through routine surveillance systems) | Managed according to standard response protocols, routine control programmes, and regulation (e.g. monitoring through routine surveillance systems) | Roles and responsibility for the response must be specified. Specific monitoring or control measures required. (e.g. enhanced surveillance additional vaccination campaigns) | Senior Trust Officers Attention needed. There may be a need to establish command and control structures; a range of additional control measures will be required some of which may have significant consequences | Immediate response required even if reported out of normal working hours. Immediate Senior Trust Officer attention needed. (e.g. the command and control structure should be established within hours); the implementation of control measures with serious consequences is highly likely. |

| | | | | | |
|---|---|---|--|---|--|
| Quality/complaints/audit | Peripheral element of treatment or service suboptimal Informal complaint/inquiry | Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved | Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on | Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report | Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards |
| Human resources/organisational development/staffing/competence | Short-term low staffing level that temporarily reduces service quality (< 1 day) | Low staffing level that reduces the service quality | Late delivery of key objective/service due to lack of staff Unsafe staffing level or competence (> 1 day) Low staff morale Poor staff attendance for mandatory/key training | Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (> 5 days) Loss of key staff Very low staff morale No staff attending mandatory training | Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis |
| Statutory duty/inspections | No or minimal impact or breach of guidance/statutory duty | Breach of statutory legislation Reduced performance rating if unresolved | Single breach in statutory duty Challenging external recommendations/improvement notice | Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report | Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report |

| | | | | | |
|---|---|--|---|---|---|
| Adverse publicity/ reputation | Rumours Potential for public concern | Local media coverage – short-term reduction in public confidence Elements of public expectation not being met | Local media coverage – long-term reduction in public confidence | National media coverage with <3 days service well below reasonable public expectation | National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence |
| Business objectives/ projects | Insignificant cost increase/ schedule slippage | <5 per cent over project budget Schedule slippage | 5–10 per cent over project budget Schedule slippage | Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met | Incident leading >25 per cent over project budget Schedule slippage Key objectives not met |
| Finance including claims | Unplanned financial impact under 0.1% of budget Risk of claim remote | Unplanned financial impact between 0.1% and 0.25% of budget Claim less than £10,000 | Unplanned financial impact between 0.25% and 0.5% of budget Claim(s) between £10,000 and £100,000 Purchasers failing to pay on time | Unplanned financial impact between 0.5% and 1% of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time | Unplanned financial impact > 1% of budget Failure to meet specification/ slippage Claim(s) >£1 million Purchasers failing to pay on time |
| Service/business interruption Environmental impact | Loss/interruption of >1 hour Minimal or no impact on the environment | Loss/interruption of >8 hours Minor impact on environment | Loss/interruption of >1 day Moderate impact on environment | Loss/interruption of >1 week Major impact on environment | Permanent loss of service or facility Catastrophic impact on environment |

Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

| | | | | | |
|--|---------------------------------------|--|------------------------------------|---|--|
| Likelihood score | 1 | 2 | 3 | 4 | 5 |
| Descriptor | Rare | Unlikely | Possible | Likely | Almost certain |
| Frequency How often might it/does it happen | This will probably never happen/recur | Do not expect it to happen/recur but it is possible it may do so | Might happen or recur occasionally | Will probably happen/recur but it is not a persisting issue | Will undoubtedly happen/recur, possibly frequently |

Risk scoring = consequence × likelihood (C × L)

| | | | | | |
|----------------|------------|----------|----------|--------|----------------|
| | Likelihood | | | | |
| Consequence | 1 | 2 | 3 | 4 | 5 |
| | Rare | Unlikely | Possible | Likely | Almost certain |
| 5 Catastrophic | 5 | 10 | 15 | 20 | 25 |
| 4 Major | 4 | 8 | 12 | 16 | 20 |
| 3 Moderate | 3 | 6 | 9 | 12 | 15 |
| 2 Minor | 2 | 4 | 6 | 8 | 10 |
| 1 Negligible | 1 | 2 | 3 | 4 | 5 |

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

- 1–3 Low risk
- 4–6 Moderate risk
- 8–12 High risk
- 15–25 Extreme risk

Instructions for use

Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

Determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

Determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.

Calculate the risk score the risk multiplying the consequence by the likelihood:

$$C \text{ (consequence)} \times L \text{ (likelihood)} = R \text{ (risk score)}$$

Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

WHSSC REVISED RISK REGISTERS

APPENDIX A

RISKS WITH A SCORE OF 15 AND ABOVE

| No. | Risk | Date entered | Likelihood | Impact | Risk score | Risk Owner | Managed | Mitigation |
|----------------------|---|--------------|------------|--------|------------|---------------------|---------|---|
| Mental Health | | | | | | | | |
| MH/21/01 | <i>There is a risk</i> that tier 4 providers for CAMHS cannot meet the service specification <i>due to</i> environmental and workforce issues, <i>with a consequence that</i> children could abscond/come to harm. (NWS) | 25/02/21 | 4 | 4 | 16 | Director of Finance | MHVGCT | Use of CNS, ANPs, and psychology to address workforce issues Check service specification to ensure relevant information is contained and monitor this with the provider Monitor training status of the staff QAIS regular review |
| MH/21/02 | <i>There is a risk</i> that tier 4 providers for CAMHS cannot meet the service specification <i>due to</i> environmental and workforce issues, <i>with a consequence that</i> children could abscond/come to harm. (Ty Llidiard) | 25/02/21 | 4 | 4 | 16 | Director of Finance | MHVGCT | Check service specification to ensure relevant information is contained and monitor this with the provider Monitor training status of the staff QUAIS regular review |
| MH/21/05 | <i>There is a risk</i> to the appropriate commissioning of a FACTs service in Wales <i>Due to</i> fragility to the staffing model, | 25/02/20 | 4 | 4 | 16 | Director of Finance | | Regular meetings with provider – action and improvement. |

| | | | | | | | | |
|--------------------|--|----------|---|---|----|----------------------|---|---|
| | which, as a consequence may result in inadequate services for children. | | | | | | | Development of services specification |
| MH/21/08 | There is a risk that <u>adults</u> with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care | 25/02/21 | 5 | 3 | 15 | Director of Planning | MHVGCT Entered onto CRAF and reported to QPS | Case managers in place Consistent dialogue with NHS England about beds QAIS support |
| MH/21/09 | There is a risk that <u>children</u> with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care | 25/02/21 | 5 | 3 | 15 | Director of Planning | MHVGCT Entered onto CRAF and reported to QPS | Case managers in place Consistent dialogue with NHS England about bed capacity QAIS support |
| Paediatrics | | | | | | | | |
| P/21/03 | There is a risk for patients requiring access to paediatric Gastroenterology services in south Wales that due to limited specialist nurse and dietetic | 24/02/21 | 4 | 4 | 16 | Director of Planning | W&CCT | <ul style="list-style-type: none"> In year investment in 20/21 provided to increase nursing and dietician to support short term sustainability |

| | | | | | | | | |
|---------|--|----------|---|---|----|----------------------|-------|--|
| | support through the current commissioning arrangements there is a consequence that care will be delayed and will be without full MDT input. | | | | | | | <ul style="list-style-type: none"> Investment committed through WHSSC 2021/24 ICP to increase infrastructure Development of service specification with clear quality outcome measures |
| P/21/04 | There is a risk that babies who require transfer to a neonatal unit for a higher level of care out of hours, will not have access to a neonatal transport team due to the existing service only being operational 12 hours. There is a consequence that a baby will be cared for in an inappropriate area, where the necessary skills or equipment are not available or the patient being transferred out of Wales. | 24/02/21 | 4 | 4 | 16 | Director of Planning | W&CCT | <ul style="list-style-type: none"> Interim 24 hour service in place until June 2021 Task and Finish Group taking forward development of permanent 24 hour model |
| P/21/05 | There is a risk within the paediatric rheumatology service in south Wales due to the commissioned service currently being delivered by a single handed consultant. The consequence is an unsustainable service that is insufficient in size to meet the needs of the population. | 24/02/21 | 4 | 4 | 16 | Director of Planning | | <ul style="list-style-type: none"> Phase 1 of investment implemented Phase 2 of investment has been supported in the WHSSC 2021/24 ICP Service specification recently been for consultation |

| | | | | | | | | |
|---------|---|----------|---|---|----|----------------------|-------|--|
| P/21/07 | There is a risk that the current governance processes for the neonatal service in south Wales are not sufficiently escalating areas of concerns to all relevant health boards due to the current split model (1 in 3). The consequence is that through existing arrangements not all three providers are aware of risks and incidents in the system. | 25/02/20 | 4 | 4 | 16 | Director of Planning | | <ul style="list-style-type: none"> • WHSSC attending the monthly Transport Sub-Group • Development of permanent model; governance a key criteria |
| P/21/08 | There is a risk that the current paediatric Inherited Metabolic Disease service for south Wales is no longer sustainable due to the impending retirement of the single handed consultant. The consequence is a service collapse for the south Wales population. | 25/02/21 | 5 | 5 | 25 | Director of Planning | W&CCT | <ul style="list-style-type: none"> • Permanent model being progressed with Bristol • Business cases in process for the release of investment for increased infrastructure in the Cardiff service. • Discussions for 'bridging model' with alternative providers for the interim / transition period |
| P/21/10 | There is a risk that paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog. | 24/02/21 | 4 | 4 | 16 | Director of Planning | W&CCT | <ul style="list-style-type: none"> • Working with HB on post covid-19 recovery plans • Quarterly commissioning assurance meetings taking place with provider |

| | | | | | | | | |
|---------|--|----------|---|---|----|----------------------|-------|--|
| P/21/12 | There is a risk that patients requiring surgery for Cleft Lip and Palate in south Wales are unable to have treatment within the recommended timeframes due to difficulties accessing theatre capacity to ensure the timely surgery of patients on the waiting list. The consequence of patients not being operated on within the required window could impact on their suitability for future surgery. | 24/02/21 | 4 | 5 | 20 | Director of planning | W&CCT | <ul style="list-style-type: none"> Working with service on contingency planning Outsourcing arrangements with C&V being put in place Regular monitoring of waiting list |
| P/21/13 | There is a risk that patients are not able to access the Ketogenic Diet service effectively due to current commissioning arrangement with Bristol. The consequence of not implementing the Diet effectively mean patients have a greater risk of not being able to control their Epilepsy and in the worst case scenario, this has resulted in a Critical Care admission. | 24/02/21 | 4 | 4 | 16 | Director of Planning | W&CCT | <ul style="list-style-type: none"> Service in process of transitioning from Bristol to Cardiff Robust transition arrangement being monitored by WHSSC |
| P/21/14 | There is a risk within the paediatric neurology service in south Wales due to its overall fragility with a consequence for | 24/02/21 | 5 | 5 | 25 | Director of Planning | W&CCT | <ul style="list-style-type: none"> Investment supported through WHSSC 2021/24 ICP Working with C&V service to develop pan-south Wales model |

| | | | | | | | | |
|------------------------------------|--|----------|---|---|----|----------------------|-----|--|
| | patient access and waiting times. | | | | | | | |
| Cardiac | | | | | | | | |
| CT045 | There is a risk that patients requiring weight loss surgery will have their treatment delayed or not provided due to the service being categorised as P4 (non-urgent) surgery with a consequence of disease progression of existing morbidities | 24/02/21 | 5 | 3 | 15 | Director of Planning | CCT | <ul style="list-style-type: none"> Service asked to review all patients on the waiting list and categorise according to the British Obesity and Metabolic Medicine Society guidance. Meeting to take place with service to understand and agree a recovery plan |
| CT046 (Previously CT037 and 38) | There is a risk that people waiting for Cardiac Surgery will have their treatment delayed due to long waiting times with a consequence of deteriorating condition and disease progression | 24/02/21 | 5 | 4 | 20 | Director of Planning | CCT | <ul style="list-style-type: none"> Weekend working Extended day time lists Potential to outsource South Wales patients to Stoke post pandemic Temporary change to TAVI policy to enable patients at intermediate risk to access TAVI instead of SAVR |

| | | | | | | | | |
|---------------------------|---|---|---|---|----|----------------------|------|--|
| CT047 | <p>There is a risk to the appropriate commissioning of Tier 4 Obesity Surgery for Wales due to:</p> <ul style="list-style-type: none"> The current commissioning policy does not meet NICE guidance. There are inadequate primary and secondary care pathways in place to support referral for surgery The current South Wales provider has historically been unable to meet the current commissioned activity <p>with a consequence that patients who would fit the criteria for surgery will not be able to access the service</p> | 24/02/21 | 5 | 3 | 15 | Director of Planning | CCT | <ul style="list-style-type: none"> WHSSC Commissioning Policy and service specification have been reviewed and updated to reflect the current evidence and guidance. Currently being reviewed by key clinicians before WHSSC have commissioned PHW to undertake a review and identify the barriers to accessing the service (work has been delayed due to Covid pandemic) WHSSC to undertake further work with current providers and consider if additional or alternative provider is required to meet the population needs. |
| Cancer & Blood | | | | | | | | |
| CB02 (formerly CH020) | There is a risk that patients referred to thoracic surgery may breach cancer waiting times due to delays in the surgical component of the pathway. This is caused by loss of | 12/02/21 (first identified 10/12/17) | 3 | 5 | 15 | Managing Director | CBCT | TREAT: A fortnightly joint thoracic surgery prioritisation meeting is in place between CVUHB, SBUHB and WHSSC to assess capacity and refer patients accordingly to |

| | | | | | | | | |
|--------------------------|--|---|---|---|----|----------------------|-------|---|
| | throughput/capacity due to infection control measures. This would lead to risk of poorer patient outcomes. | | | | | | | equalise waiting times across the two sites. |
| CB03 (formerly CH018) | There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service. | 26/02/21 (first identified 17/03/14) | 5 | 3 | 15 | Director of Planning | CBCT | TREAT: Request recovery plan from SBUHB and monitor progress against it. |
| Neurosurgery | | | | | | | | |
| NCC012 | There is a risk that the providers for south Wales neurosurgery cannot met the waiting times target due to environmental and workforce issues, with a consequence that patients in south Wales are waiting in excess of the agreed waiting times for Neurosurgery which has the risk of them having to undergo unnecessary repeated radiological scans. | 25/02/21 | 4 | 4 | 16 | Director of Finance | NCCCT | <p>Confirm if the risk is to be entered on the Covid risk register or Corporate's Covid risk register.</p> <p>Clinical reviews to be undertaken by the Clinical Director for Neurosciences of all patients who are waiting over 52 weeks for surgery.</p> <p>Develop an Adult service specification to ensure the can be monitored against national standards</p> |

| | | | | | | | | |
|--------|---|----------|---|---|----|----------------------|-------|--|
| | | | | | | | | Service to remain in escalation until there is an improvement. NCCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings |
| NCC048 | There is a risk that with the reduction of core surgical trainee posts the Neurosurgery service in south Wales could potentially collapse due to insufficient trainee middle grades to support the service, which as a consequence may result in inadequate services for patients | 25/02/21 | 4 | 5 | 20 | Director of Planning | NCCCT | Develop an Adult service specification to ensure the service can be monitored against national standards NCCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings |
| NCC049 | There is a risk that patients are waiting for treatment in excess of RTT targets, due to a lack of additional capital investment to increase theatre capacity to support the level of referrals into the service as a consequence the service will not meet the national standards for the population of south wales and patients will not receive timely access to procedures and care. | 25/02/21 | 4 | 4 | 16 | Director of Planning | NCCCT | Develop an Adult service specification to ensure the service can be monitored against national standards NCCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings |
| NCC050 | There is a risk that patients will not be able to be admitted due to a lack of additional capital | 25/02/21 | 4 | 5 | 20 | Director of Planning | NCCCT | Develop an Adult service specification to ensure the service |

| | | | | | | | | |
|--------|--|----------|---|---|----|----------------------|-------|--|
| | investment to increase bed capacity to align with the increase in theatre capacity, to support the level of referrals into the service and meet national standards for the population of south wales. An additional 20 Neurosurgical beds are required and 4 level 3 neurosurgical intensive care beds - equivalent to 10 staffed ICU Beds) as a consequence the service will not meet the national standards for the population of south wales and patients will not receive timely access to procedures and care. | | | | | | | can be monitored against national standards NCCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings |
| NCCO51 | There is a risk that the south Wales Neuro oncology provider cannot address the concerns of the independent peer review regarding the lack of consultant sub specialisation for the Neuro oncology service with a consequence of not being able to meet cancer services strategic priorities and sustainability of the south wales service. | 25/02/21 | 4 | 5 | 20 | Director of Planning | NCCCT | Develop an Adult service specification to ensure the service can be monitored against national standards NCCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings |
| NCC046 | There is a risk that Patients will not be able to be treated in a timely manner with the appropriate therapy support. | 25/02/21 | 4 | 5 | 20 | Director of Planning | NCCCT | NCCCT to monitor the recovery plan and continuing meeting with the team at the performance meetings |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | due to staffing issues. The consequence patients will have long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays. | | | | | | | |
|--|--|--|--|--|--|--|--|--|



GIG
CYMRU
NHS
WALES

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

| | | | |
|----------------------------|---|-----------------------|------------|
| | | Agenda Item | 5.1 |
| Meeting Title | Joint Committee | Meeting Date | 11/05/2021 |
| Report Title | Activity Report for Month 11 2020/21 COVID Period | | |
| Author (Job title) | Director of Finance | | |
| Executive Lead (Job title) | Director of Finance | Public / In Committee | Public |

| | | | | |
|------------------------------------|---|-------------------------------------|------------------------------------|--------------------------------------|
| Purpose | The purpose of this report is to highlight the scale of the decrease in activity levels during the peak COVID period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements. | | | |
| RATIFY <input type="checkbox"/> | APPROVE <input type="checkbox"/> | SUPPORT <input type="checkbox"/> | ASSURE <input type="checkbox"/> | INFORM x <input type="checkbox"/> |

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

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

| Commissioner Health Board affected | | | | | | | | | | | | | |
|---|---|---------------|---|-----------------|---|------------------|---|---------|---|-----------|---|-------|---|
| Abertawe Bro Morgannwg | ✓ | Aneurin Bevan | ✓ | Betsi Cadwaladr | ✓ | Cardiff and Vale | ✓ | Cwm Taf | ✓ | Hywel Dda | ✓ | Powys | ✓ |
| Provider Health Board affected (please state below) | | | | | | | | | | | | | |
| Cardiff and Vale UHB; Swansea Bay UHB; | | | | | | | | | | | | | |

1.0 SITUATION

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

2.0 BACKGROUND

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

3.0 ASSESSMENT

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

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

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

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

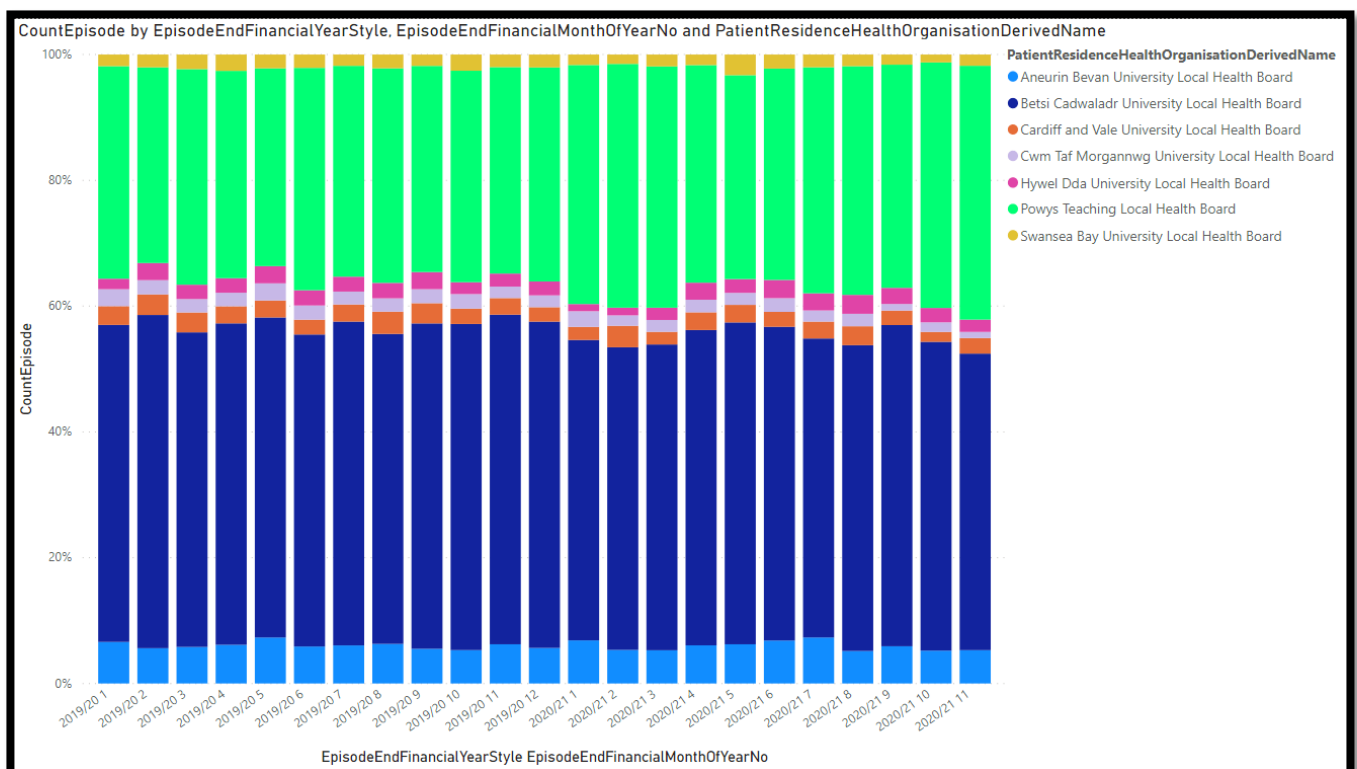
3.1 NHS England Providers

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

3.1.1 Analysis by Provider

Tables 1 to 3 of Appendix A details the trend in admitted patient care activity levels across the 2019/20 and 2020/21 financial years for the first 11 months to date (Table 1 analyses the activity by English provider, Table 2 analyses the activity by resident Health Board, and Table 3 analyses the activity by Specialty). To aid in comparison, monthly activity varied over 2019/20 averaged 3,157 per month. There was some drop off in activity in March 2020 as the start of the lockdown began to impact, but specialised services activity fell materially during April down to 1,135 episodes and increased only marginally to 1,297 in May. June data shows a higher increase to 1,771 episodes, with July increasing again to 2,054. However, this remained static in August with 2,035, but increased to 2,466 in September, 2,684 in October, 2,514 in November. Activity then decreased to 2,527 episodes in December, 2,010 episodes in January and 1,906 in February. The overall activity comparison compared to this point (Month 11) the last financial year is a total 36% decrease, which is the same as to Month 10.

It is worth noting that the overall split across resident Health Boards is relatively unchanged, with inpatient access rates close to the same percentages as before Covid-19, with the exception of Powys, whose share has increased slightly. The following chart shows the shares since April 2019. The actual episode counts can be found in Appendix A, Table 2.



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

3.1.2 Analysis by Specialty

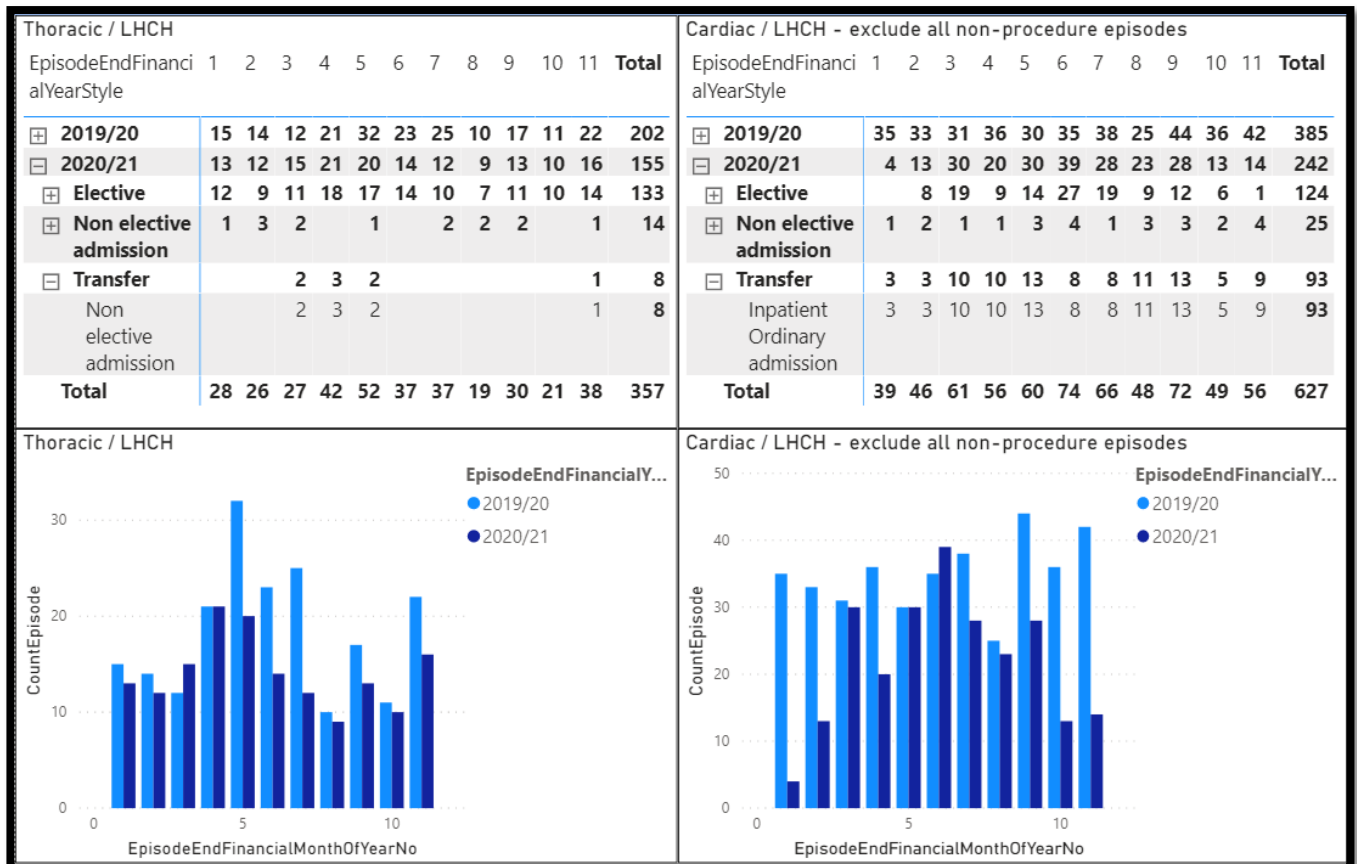
Tables 4.1-4.8 show the actual inpatient episodes by specialty for all-Wales and each Health Board individually, with last year's figures as a comparator.

3.1.3 Adult Specialties

The results of a number of core adult specialties of concern are set out below to illustrate the position. These are highlighted in the Table 3 of the appendix:

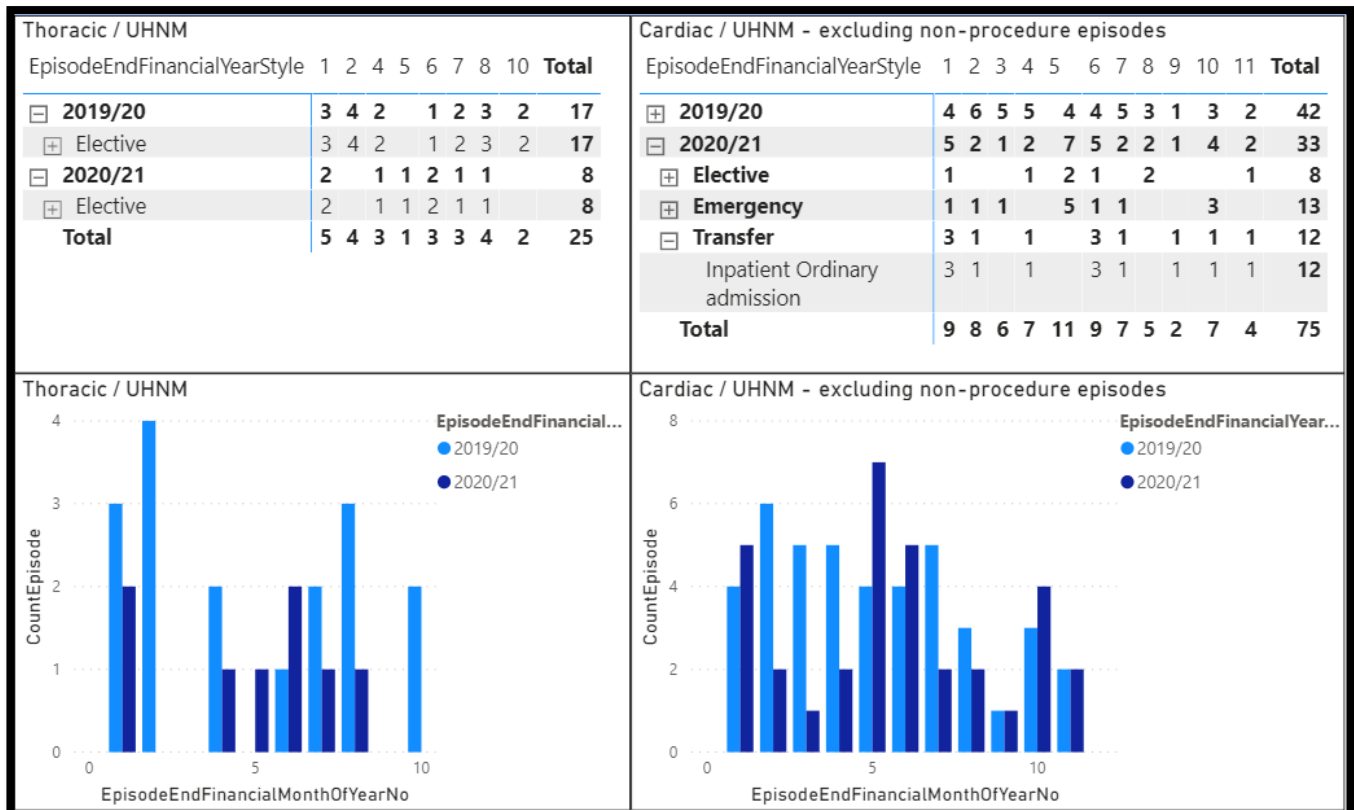
- **Cardiac Surgery** – there was a concerning drop in the volume of Cardiac inpatient activity reported during the period, which is recovering and currently stands at 40% less activity overall to date compared to 2019/20. Historically, cardiac surgery is seen as an urgent elective specialty with high levels of emergency and inter hospital referrals and lower levels of elective referrals. The decrease is therefore of concern and indicative of a significant risk of harm during the highest Covid-19 period. The risk of COVID infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor. However, given the seriousness of the impact of non-intervention it is essential that activity levels and the associated referral pathways are reinstated as soon as possible. There has been some proactive switching into TAVI for selected sub groups of patients but numbers are not material.

In addition to the information in Appendix 1, WHSSC has reviewed the contract monitoring information for Liverpool Heart & Chest Hospital and University Hospital of North Midlands to examine the pattern of cardiac and thoracic surgery, comparing months 1 to 11 of 2020/21 with 2019/20. This analysis is illustrated in the tables below and show that after the material fall in months 1 and 2 for Cardiac Surgery, the activity levels for months 3 onwards have recovered well particularly in LHCH, although this started to fall in the winter months alongside increasing Covid-19 cases. Comparative activity relative to the same months of last year show a delivery of only 36% and 33% for cardiac surgery for months 10 and 11 respectively, with a total of 63% to date. Thoracic surgery levels are 91% and 73% for months 10 and 11 respectively, but is 77% cumulatively.



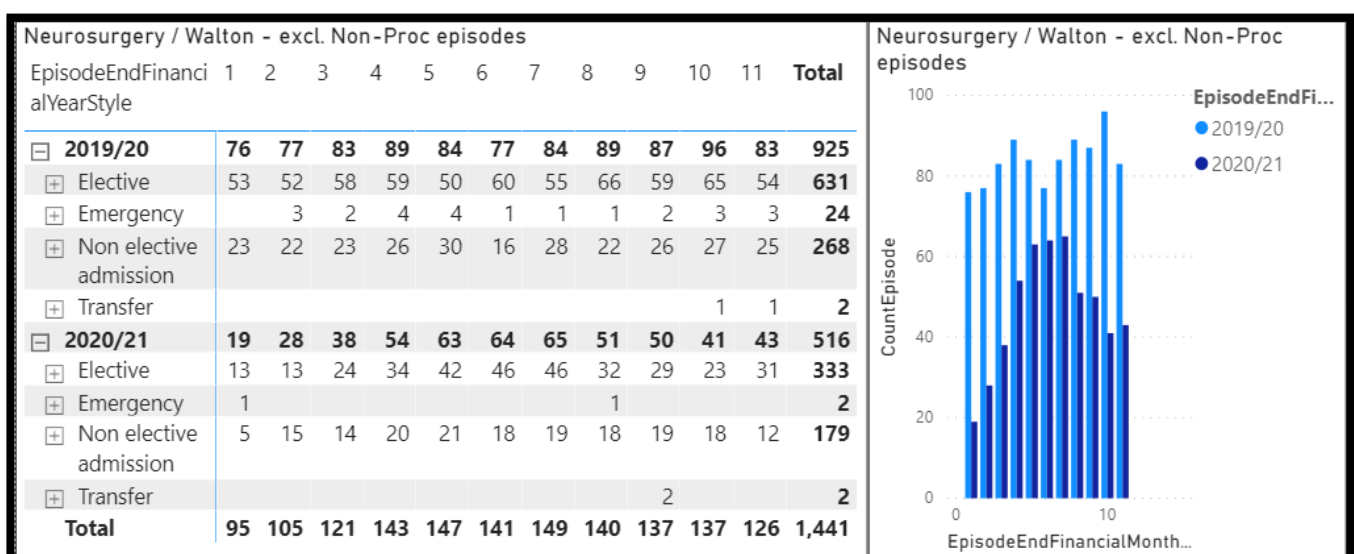
Data source: NWIS central data warehouse; all inpatient activity excl non-procedure (minor) episodes

The activity levels in UHNM appear to show a return to last year levels but need to be interpreted with additional caution given the low baseline volumes arising from the smaller population served. However, the position of UHNM is supported by contact from them regarding an offer to re-commence a cardiac waiting list initiative. This apparent rate of recovery is noticeably in contrast with the proportionate levels of activity in our Welsh cardiothoracic centres, with 79% Cardiac Surgery cumulative activity compared to last year.



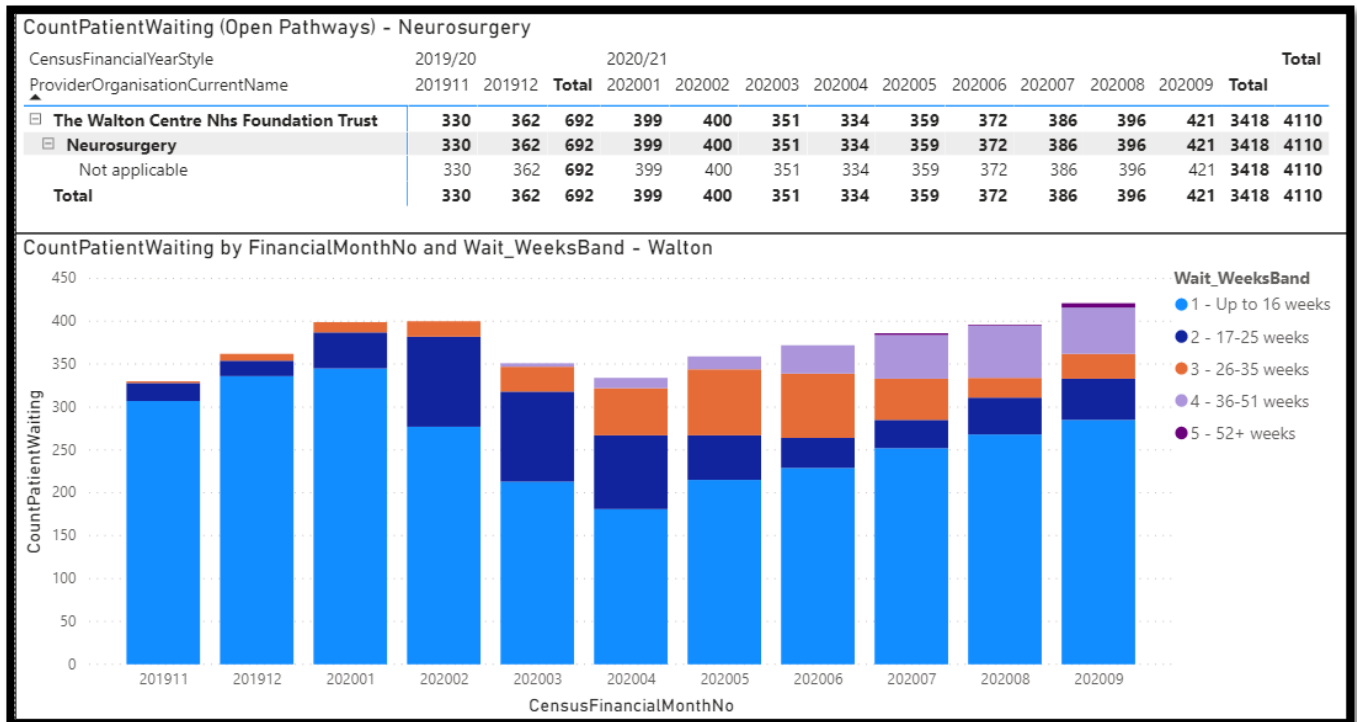
Data source: NWIS central data warehouse; all inpatient activity excl non-procedure (minor) episodes

- Neurosurgery – this specialty has been highlighted as one which typically has a high proportion of emergency and urgent activity. The rate of decrease was material at between 25% and 36% in April/May compared to 2019/20 activity, but recovered to 75% by August at The Walton, our biggest Neurosurgery provider. Disappointingly, activity has dipped again since November, with a total of 56% to date.



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

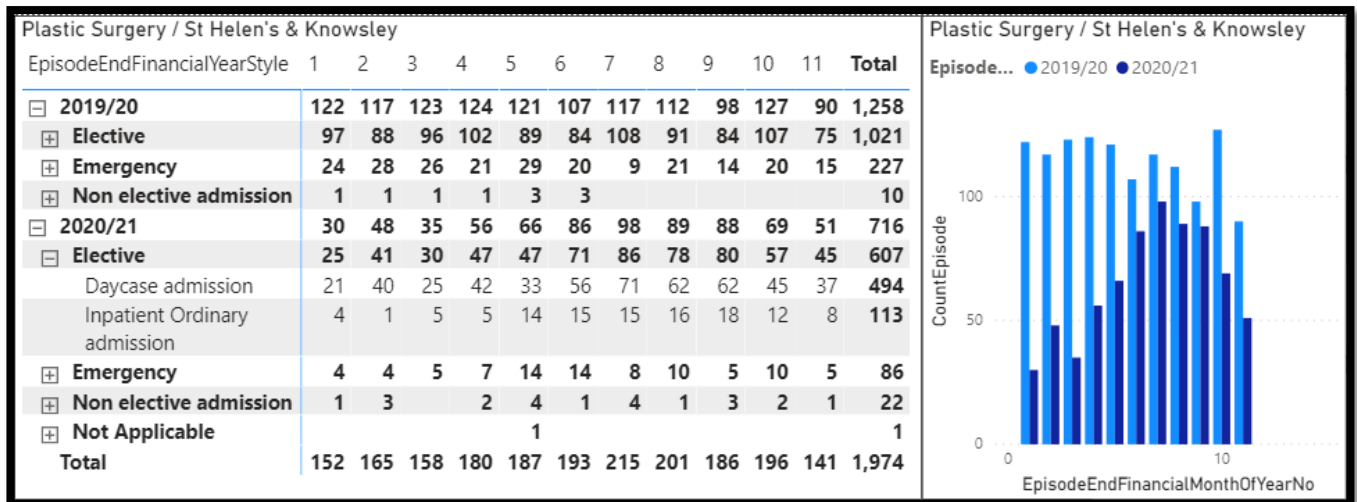
However, the amount of waiting patients has followed the common theme of actually reducing in the early pandemic months, then starting to increase as patients began to present again. Whilst the total waiting patients are not dissimilar to April levels, the chart below shows that more patients are now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



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

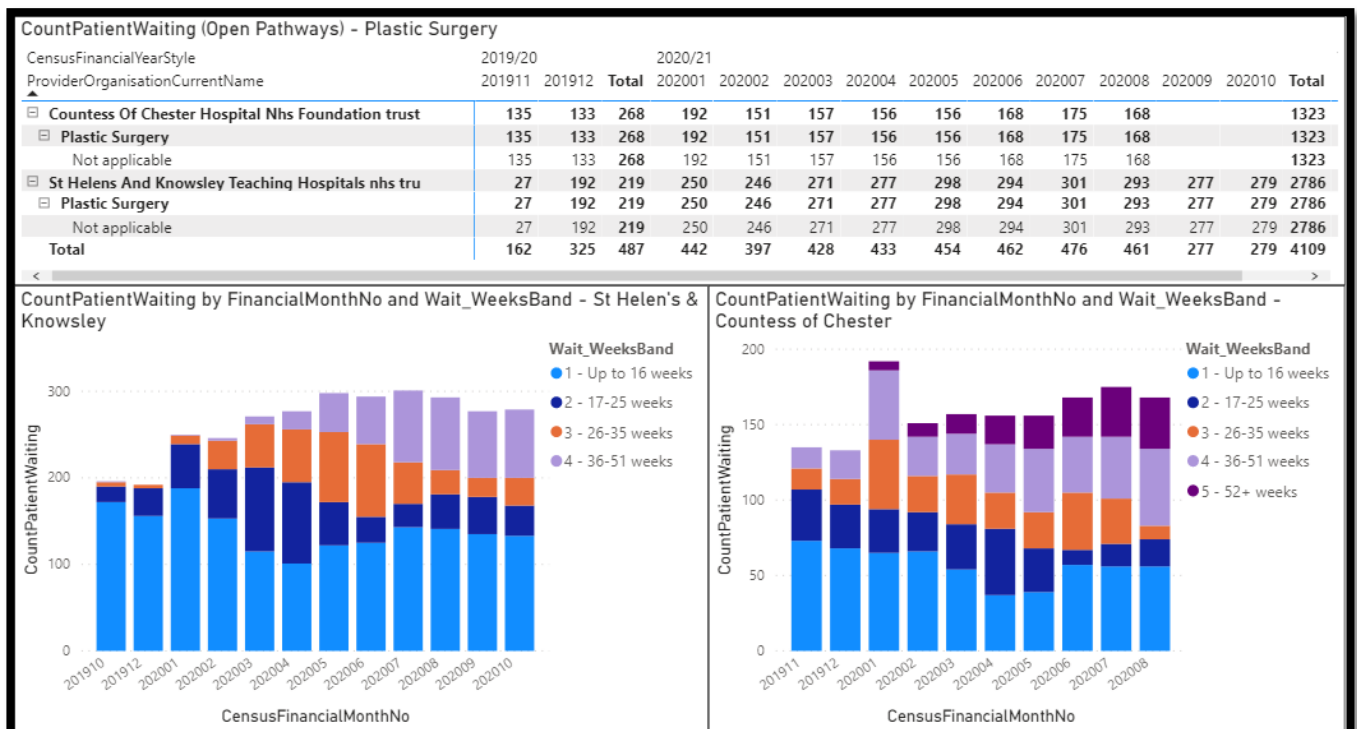
- Plastic Surgery – this specialty has been highlighted as it represents a mix of high volume elective activity together with an urgent cancer component. The rate of decreased delivery across English contract providers has improved from 25% of last year's activity in April up to 89% in December, but then deteriorated since then (57% to date), at St.Helen's & Knowsley, a supra-regional specialised provider. Most of the inpatient episodes performed are Elective Daycases.

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



Data source: NWIS central data warehouse; all inpatient activity

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

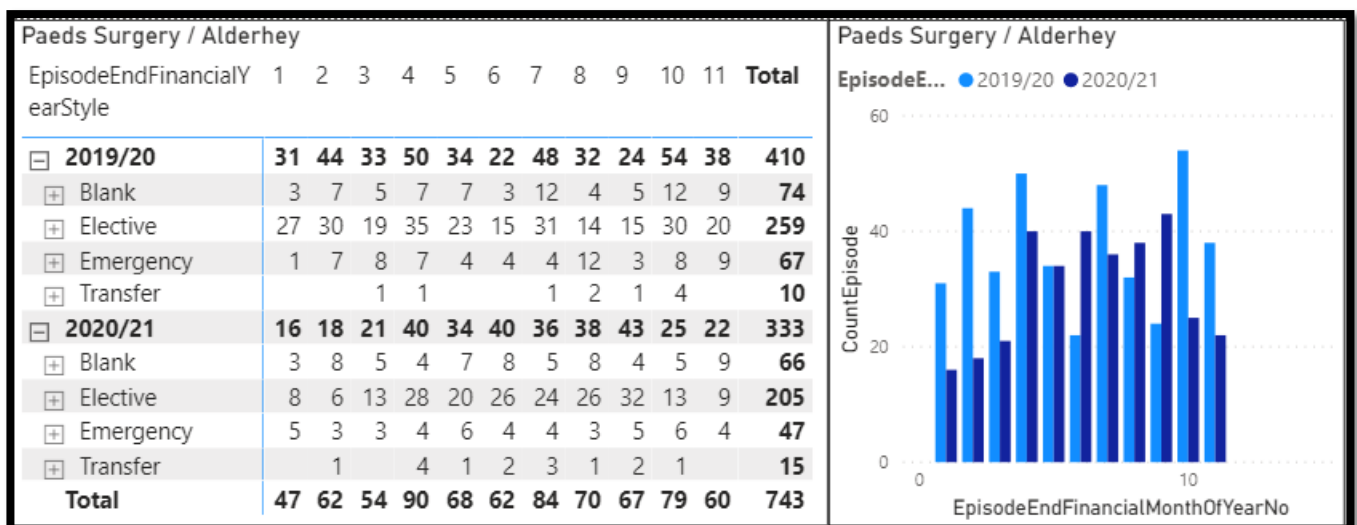


Data source: NWIS central data warehouse; all patients waiting with an open pathway

3.1.4 Paediatric Specialties

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

- Paediatric Cardiac Surgery – case volumes are traditionally small but with high importance in terms of outcomes. Encouragingly the data shows an immaterial reduction of 135 inpatient episodes to date in 2020/21, compared to 140 episodes to the same point last year.
- Paediatric Surgery – specialist paediatric surgery covers a wide spectrum of activity from highly complex and urgent to elective. Previous experience emphasizes the importance of maintaining elective waiting lists delivered on a timely basis, given the qualitative impact on the development of children. The rate of decrease at Alderhey, our major provider for North Wales, was initially high at 51% in April compared to 2019/20 activity, but has increased steadily to a recovery of 81% to date, although activity has dropped again since December.

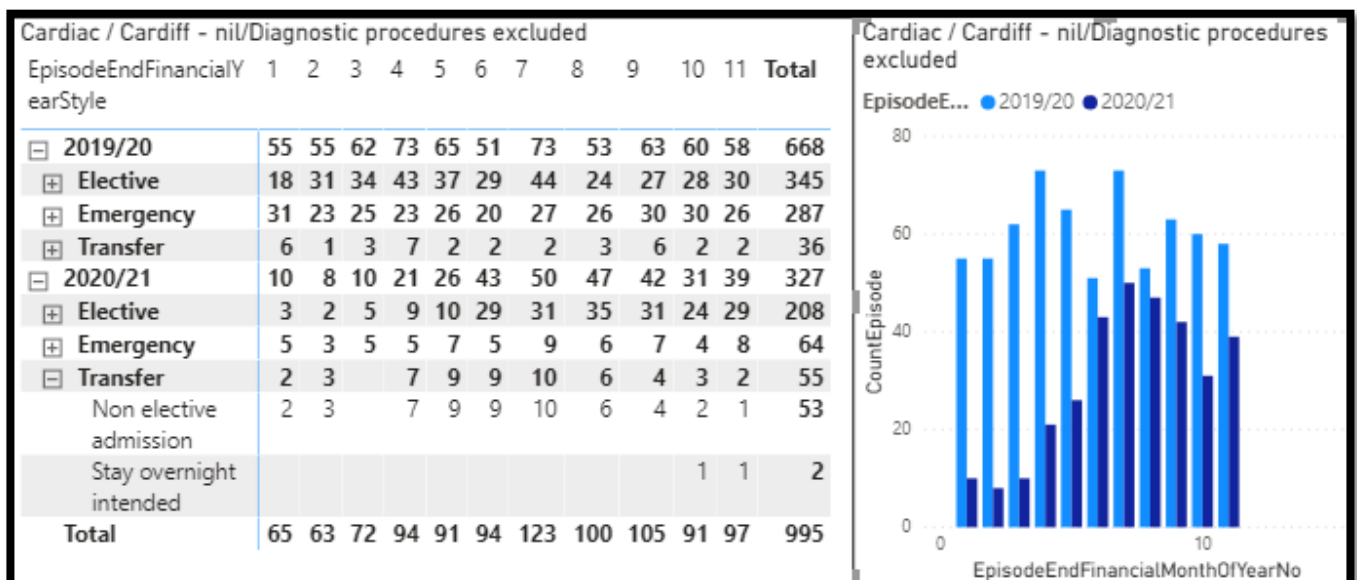


Data source: NWIS central data warehouse; all inpatient activity

3.2 Wales Provider Activity

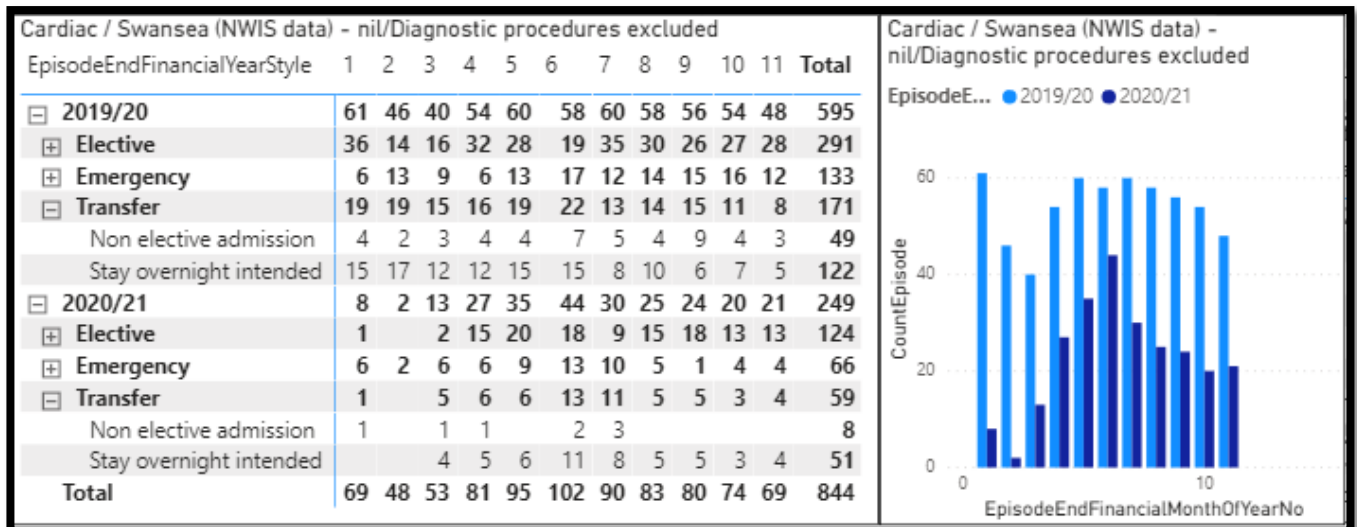
3.2.1 Adult Specialties

- Cardiac Surgery – the levels of activity in cardiac surgery remain a concern, although activity has increased steadily:
 - CVUHB – When adjusted for minor procedures, the monthly levels of cardiac surgery have progressively increased from 10(15%); 8(12%); 10(15%); 21(31%); 26(39%); 43(64%); 50(75%); 47(70%); then reducing to 42(63%), 31(46%) and 39(58%) compared to the commissioned level of 800 for the year. The following summary tables compare performance on a month by month basis. The cumulative performance is 45% of the contract baseline to M11.



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

- SBUHB – When adjusted for minor procedures, monthly activity levels were only 8(13%); 2(3%); increasing to 13(21%); 27(44%); 35(57%); 44(72%); then decreasing to 30(49%); 25(41%), 24(39%), 20(33%) and 21(34%)(draft M11) compared to the commissioned level of 728 for the year. Overall inpatient activity was starting to recover until September's activity, as shown in the following summary tables on a month by month basis. The cumulative performance is 37% of the contract baseline to M11.

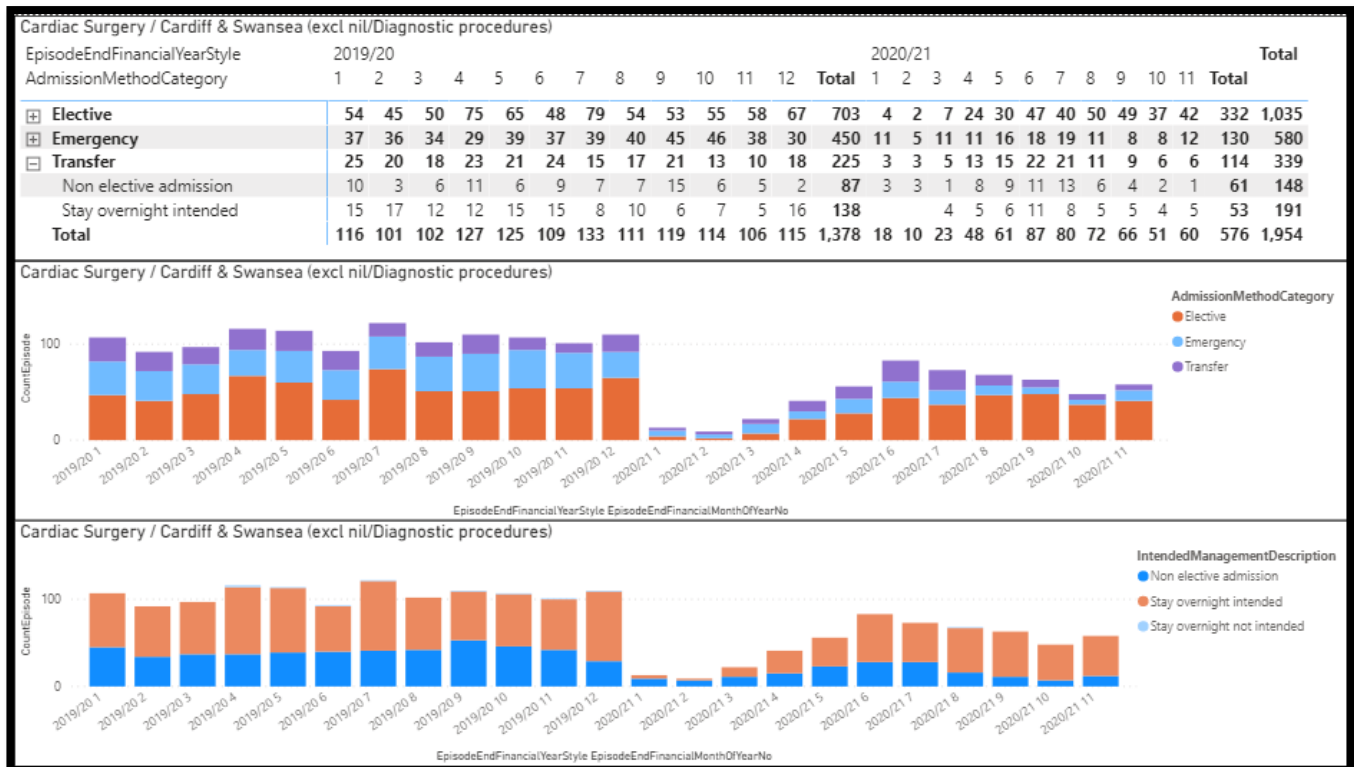


Data source: NWIS central data warehouse; all inpatient activity (excludes minor surgery)

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

In the earlier monthly versions of this report, it was noted that over the early pandemic months elective activity was much reduced but has increased over the months. However, by month 11, the elective/non-elective split has come to a similar split as last year - 67% elective/expected episodes and 33% emergency/non-elective.

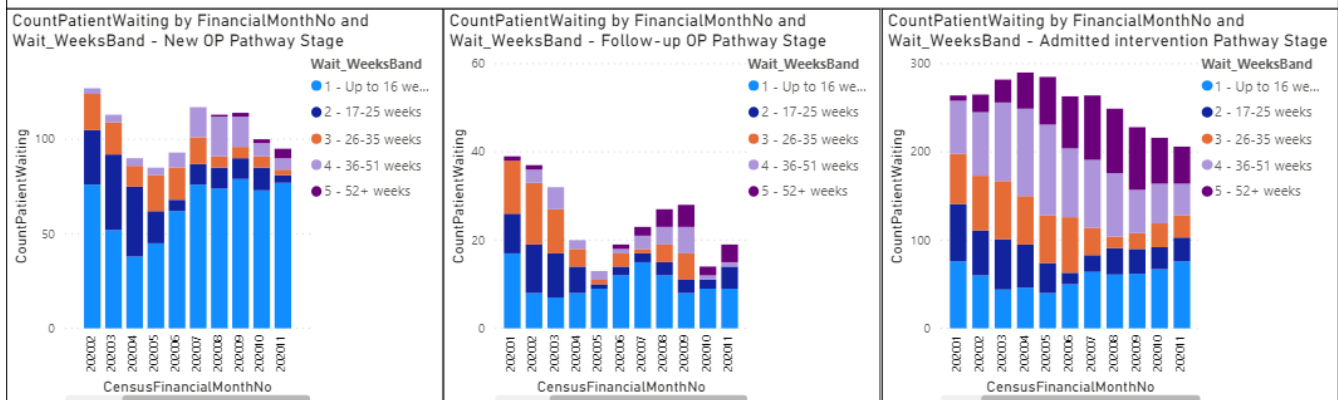
Whilst percentages of delivery appears similar in percentage terms, in quantum terms emergency activity is significantly down compared to 2019/20. This indicates that there may be a problem in the referral pathway with new emergencies not being identified at the same rate as before, with 31% of last year's levels to M10, with transfers down to 55%, although Non elective transfers are at 72% compared to last year. As emergency and transfer referrals start to return to normal there will be significant pressure on waiting lists unless total capacity returns to previous levels. There is therefore a need for a faster paced return to near normal capacity matching the levels being seen in NHS England providers as indicated earlier in this report.



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

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

| CountPatientWaiting (Open Pathways) - Cardiac Surgery | | | | | | | | | | | | | | | | | |
|---|---------|--------|-------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--|-------|
| CensusFinancialYearStyle | 2019/20 | | | 2020/21 | | | | | | | | | | | | | Total |
| ProviderOrganisationCurrentName | 201911 | 201912 | Total | 202001 | 202002 | 202003 | 202004 | 202005 | 202006 | 202007 | 202008 | 202009 | 202010 | 202011 | Total | | |
| Cardiff and Vale University Local Health Board | 236 | 237 | 473 | 248 | 245 | 248 | 234 | 219 | 206 | 216 | 210 | 199 | 166 | 153 | 2344 2817 | | |
| Cardiac Surgery | 236 | 237 | 473 | 248 | 245 | 248 | 234 | 219 | 206 | 216 | 210 | 199 | 166 | 153 | 2344 2817 | | |
| Admitted diagnostic intervention | 164 | 160 | 324 | 161 | 164 | 183 | 197 | 195 | 177 | 166 | 156 | 141 | 127 | 115 | 1782 2106 | | |
| Diagnostic | 12 | 12 | 24 | 10 | 5 | 5 | 5 | 1 | 1 | 3 | 2 | 5 | 3 | 4 | 44 68 | | |
| FUP OP appointment | 32 | 41 | 73 | 34 | 34 | 29 | 16 | 4 | 9 | 13 | 18 | 19 | 6 | 9 | 191 264 | | |
| New OP appointment | 28 | 24 | 52 | 43 | 42 | 31 | 16 | 19 | 19 | 34 | 34 | 34 | 30 | 25 | 327 379 | | |
| Swansea Bay University Local Health Board | 200 | 214 | 414 | 206 | 199 | 195 | 180 | 172 | 179 | 200 | 188 | 184 | 170 | 177 | 2050 2464 | | |
| Cardiac Surgery | 200 | 214 | 414 | 206 | 199 | 195 | 180 | 172 | 179 | 200 | 188 | 184 | 170 | 177 | 2050 2464 | | |
| Admitted diagnostic intervention | 96 | 92 | 188 | 103 | 101 | 99 | 93 | 90 | 86 | 98 | 93 | 87 | 89 | 91 | 1030 1218 | | |
| Diagnostic | 16 | 14 | 30 | 12 | 10 | 11 | 9 | 7 | 9 | 9 | 7 | 8 | 3 | 6 | 91 121 | | |
| FUP OP appointment | 9 | 13 | 22 | 5 | 3 | 3 | 4 | 9 | 10 | 10 | 9 | 9 | 8 | 10 | 80 102 | | |
| New OP appointment | 79 | 95 | 174 | 86 | 85 | 82 | 74 | 66 | 74 | 83 | 79 | 80 | 70 | 70 | 849 1023 | | |
| Total | 436 | 451 | 887 | 454 | 444 | 443 | 414 | 391 | 385 | 416 | 398 | 383 | 336 | 330 | 4394 5281 | | |



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

3.2.2 Paediatric Specialties

- Paediatric surgery – an additional area of concern is paediatric surgery and the need to keep delivery to reasonable levels given the potential impact on the child of prolonged waits for surgery. Across the combined total for day cases and in-patient activity the performance at CVUHB for the South Wales region recovered progressively from April. This performance of 53% to date compared to 2019/20 (monthly comparisons range from 15% in April up to 77% in November) contrasts with the reported Alder Hey position of 81% to date detailed earlier.

Paeds Surgery / Cardiff

EpisodeEndFinancialYearStyle

2019/20

2020/21

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 2019/20 | 220 | 240 | 212 | 209 | 194 | 181 | 215 | 218 | 193 | 218 | 179 | 2,279 |
| Elective | 101 | 113 | 101 | 89 | 81 | 77 | 104 | 91 | 75 | 92 | 94 | 1,018 |
| Emergency | 106 | 110 | 99 | 103 | 100 | 96 | 104 | 121 | 112 | 113 | 81 | 1,145 |
| Maternity | 4 | 6 | 1 | 4 | 2 | 1 | 2 | 1 | 3 | 7 | 1 | 32 |
| Transfer | 9 | 11 | 11 | 13 | 11 | 7 | 5 | 5 | 3 | 6 | 3 | 84 |
| 2020/21 | 33 | 49 | 86 | 83 | 82 | 130 | 137 | 168 | 148 | 142 | 144 | 1,202 |
| Elective | 7 | 7 | 28 | 40 | 42 | 61 | 48 | 54 | 47 | 51 | 68 | 453 |
| Emergency | 23 | 37 | 49 | 37 | 36 | 62 | 71 | 100 | 88 | 74 | 65 | 642 |
| Maternity | | 1 | 4 | | 2 | 4 | 5 | 5 | 7 | 4 | 6 | 38 |
| Transfer | 3 | 4 | 5 | 6 | 2 | 3 | 13 | 9 | 6 | 13 | 5 | 69 |
| Total | 253 | 289 | 298 | 292 | 276 | 311 | 352 | 386 | 341 | 360 | 323 | 3,481 |

Paeds Surgery / Cardiff

EpisodeEn...

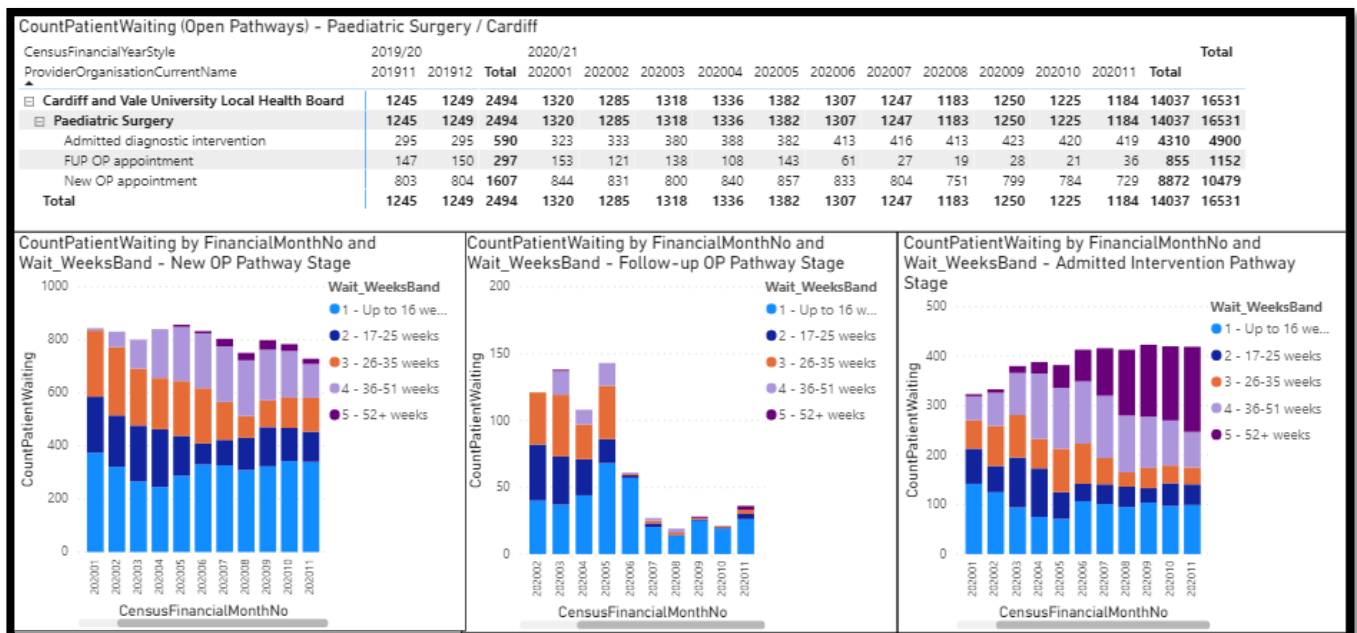
2019/20

2020/21

| Month | 2019/20 | 2020/21 |
|-------|---------|---------|
| 1 | 220 | 33 |
| 2 | 240 | 49 |
| 3 | 212 | 86 |
| 4 | 209 | 83 |
| 5 | 194 | 82 |
| 6 | 181 | 130 |
| 7 | 215 | 137 |
| 8 | 218 | 168 |
| 9 | 193 | 148 |
| 10 | 218 | 142 |
| 11 | 179 | 144 |

Data source: NWIS central data warehouse; all inpatient activity

It will be important to see a more rapid increase in activity if waiting times for children are to be kept to tolerable levels. Interestingly, the NWIS data warehouse of patients waiting shows that although the total number of waiters have actually decreased, this is due to a reduction of patients waiting for follow-up appointments, which can be done through the phone/video, (and it is good to see providers using this provision), but the patients on the waiting lists are waiting longer than before, and patients waiting for admitted treatments have increased by over 42% compared to last year. Meanwhile it will be essential for the provider to have in place appropriate systems to monitor the risk of these patients waiting for surgery.



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

4.0 RECOMMENDATIONS

Members are asked to:

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

5.0 APPENDICES / ANNEXES

Annex A – contract monitoring return activity CVUHB

Annex B – contract monitoring return activity SBUHB

Appendix 1

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



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



ANNEX A CVUHB – CONTRACT MONITORING RETURN - page 1 of 3

| | Financial (£) | | | | | | | | | | | | Activity | | | | | | | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------|--|--------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--|
| | April | May | June | July | August | September | October | November | December | January | February | | April | May | June | July | August | September | October | November | December | January | February | |
| CARDIOTHORACIC | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiology - Specialist | 754,747 | 659,813 | 796,514 | 924,516 | 917,709 | 920,905 | 877,872 | 880,202 | 1,188,068 | 1,852,275 | (58,071) | | 65 | 104 | 160 | 214 | 157 | 170 | 172 | 157 | 91 | 136 | 142 | |
| Cardiology - Aneurin Bevan | 162,180 | 166,344 | 158,016 | 139,278 | 149,688 | 149,688 | 141,360 | 158,016 | 280,852 | 146,565 | 115,336 | | 44 | 46 | 52 | 47 | 52 | 55 | 37 | 55 | 30 | 27 | 31 | |
| Cardiology - Cwm Taf | 19,590 | 38,505 | 10,133 | 19,590 | 29,048 | 38,505 | 38,505 | 38,505 | 19,590 | 78,699 | (11,146) | | 1 | 3 | 0 | 1 | 2 | 3 | 3 | 3 | 1 | 1 | 3 | |
| Cardiology - Swansea Bay | 2,711 | 2,711 | 2,711 | 2,711 | 3,598 | 2,711 | 2,711 | 2,711 | 8,982 | 80,134 | (74,713) | | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | |
| Transcatheter Aortic Valve Implantation (TAVI) | 234,455 | 216,420 | 504,980 | 270,525 | 198,385 | 360,700 | 216,420 | 252,490 | 180,350 | (1,082,100) | 1,442,800 | | 10 | 12 | 28 | 15 | 15 | 18 | 14 | 15 | 8 | 5 | 15 | |
| Adult Congenital Heart Disease (ACHD) | 37,080 | 37,080 | 37,080 | 37,080 | 175,968 | 64,857 | 64,857 | 64,857 | 64,857 | 64,857 | 64,857 | | 81 | 52 | 57 | 78 | 39 | 74 | 65 | 40 | 49 | 50 | 25 | |
| Cardiac Surgery | 1,094,162 | 959,051 | 974,258 | 990,422 | 1,052,155 | 1,109,518 | 1,190,598 | 1,198,396 | 1,154,374 | 2,484,159 | (120,854) | | 30 | 4 | 9 | 19 | 31 | 43 | 64 | 51 | 44 | 39 | 93 | |
| OP | | | | | | | | | | | | | 56 | 34 | 56 | 44 | 37 | 95 | 66 | 114 | 61 | 72 | 51 | |
| Thoracic Surgery | 118,792 | 198,112 | 168,109 | 210,652 | 212,134 | 254,238 | 259,615 | 226,193 | 220,415 | 1,572,072 | (1,044,693) | | 21 | 33 | 26 | 33 | 31 | 36 | 39 | 33 | 34 | 41 | 36 | |
| OP | | | | | | | | | | | | | 61 | 36 | 73 | 98 | 91 | 81 | 107 | 101 | 93 | 132 | 104 | |
| TOTAL | 2,423,715 | 2,278,036 | 2,651,800 | 2,594,774 | 2,738,685 | 2,901,122 | 2,791,937 | 2,821,369 | 3,117,488 | 5,196,660 | 313,516 | | 369 | 324 | 461 | 549 | 456 | 575 | 567 | 569 | 413 | 503 | 500 | |
| NEUROSCIENCES / ALAS | | | | | | | | | | | | | | | | | | | | | | | | |
| Neurosurgery | 1,386,334 | 1,404,709 | 1,478,284 | 1,478,518 | 1,467,744 | 1,471,674 | 1,490,684 | 1,476,471 | 1,514,066 | 2,082,185 | 838,831 | | 53 | 68 | 124 | 112 | 117 | 141 | 141 | 130 | 158 | 118 | 112 | |
| OP | | | | | | | | | | | | | 336 | 314 | 375 | 401 | 225 | 441 | 470 | 329 | 460 | 423 | 375 | |
| Spinal Implants | - | - | 9,446 | 9,446 | - | 142,751 | 19,411 | 153,384 | 106,471 | 590,710 | (540,102) | | 0 | 1 | 1 | 4 | 4 | 0 | 6 | 11 | 7 | 0 | 2 | |
| OP | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Intrathecal Pump Transfer from ABMU/SBU | 14,025 | 14,025 | 14,025 | 14,025 | 14,025 | 14,025 | 14,025 | 14,025 | 14,025 | 14,025 | 14,025 | | | | | | | | | | | | | |
| ISAT | 45,642 | 90,980 | 235,066 | 77,863 | 146,013 | 116,268 | 177,542 | 104,254 | 155,445 | 150,865 | 89,312 | | 6 | 14 | 20 | 8 | 13 | 11 | 18 | 17 | 16 | 12 | 14 | |
| Excess costs of INR outsourcing | 30,842 | 18,075 | (8,441) | 6,597 | (31,834) | 27,991 | 7,216 | 10,870 | 11,679 | 83,598 | (77,007) | | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| Epilepsy Surgery | (1) | (1) | (1) | 31,390 | (1) | 31,390 | (1) | (1) | (1) | 240,997 | (240,999) | | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |
| Spinal Injuries | 265,818 | 263,255 | 269,314 | 275,394 | 277,410 | 280,311 | 287,849 | 280,589 | 405,511 | 41,752 | 404,765 | | 440 | 413 | 434 | 487 | 506 | 528 | 583 | 534 | 521 | 576 | 565 | |
| OP | | | | | | | | | | | | | 0 | 20 | 84 | 65 | 56 | 54 | 60 | 44 | 62 | 54 | 62 | |
| Neuro Rehab | 265,580 | 272,797 | 270,473 | 275,750 | 284,580 | 324,822 | 286,986 | 283,924 | 278,620 | 463,521 | 107,005 | | 361 | 412 | 398 | 436 | 497 | 792 | 514 | 494 | 454 | 573 | 422 | |
| OP | | | | | | | | | | | | | 2 | 5 | 0 | 1 | 7 | 6 | 8 | 4 | 6 | 13 | 16 | |
| ALAS incl. AAC | 879,264 | 1,016,067 | 1,213,684 | 1,038,125 | 1,651,157 | 1,416,041 | 1,439,565 | 1,453,261 | 1,241,544 | 2,748,790 | (538,973) | | | | | | | | | | | | | |
| TOTAL | 2,887,503 | 3,079,907 | 3,481,851 | 3,207,108 | 3,809,095 | 3,825,272 | 3,723,278 | 3,776,777 | 3,727,360 | 6,416,443 | 56,857 | | 1,198 | 1,247 | 1,436 | 1,515 | 1,425 | 1,975 | 1,800 | 1,563 | 1,684 | 1,769 | 1,568 | |
| RENAL | | | | | | | | | | | | | | | | | | | | | | | | |
| Renal Surgery | 247,816 | 253,125 | 270,402 | 359,890 | 229,561 | 300,053 | 296,564 | 283,390 | 256,674 | 432,635 | 106,231 | | 23 | 33 | 49 | 81 | 56 | 71 | 61 | 47 | 26 | 33 | 54 | |
| OP | | | | | | | | | | | | | 95 | 127 | 253 | 247 | 252 | 281 | 323 | 332 | 206 | 308 | 296 | |
| Nephrology | 510,665 | 524,689 | 501,001 | 546,135 | 493,969 | 532,590 | 526,203 | 520,559 | 535,252 | 854,197 | 171,572 | | 108 | 125 | 66 | 81 | 150 | 114 | 109 | 67 | 138 | 87 | 84 | |
| OP | | | | | | | | | | | | | 153 | 196 | 530 | 557 | 567 | 647 | 588 | 684 | 667 | 466 | 665 | |
| Home Renal Dialysis | 122,389 | 122,389 | 128,174 | 122,389 | 118,716 | 122,113 | 127,164 | 122,756 | 130,562 | 28,131 | 225,417 | | 632 | 632 | 695 | 632 | 592 | 629 | 684 | 636 | 721 | 657 | 703 | |
| Renal CAPD (Dialysis) | 126,094 | 126,963 | 126,786 | 129,660 | 129,861 | 129,629 | 130,772 | 128,871 | 129,137 | 227,291 | 24,594 | | 1,779 | 1,825 | 1,788 | 1,897 | 1,906 | 1,898 | 1,956 | 1,878 | 1,983 | 1,957 | 1,768 | |
| Hospital Renal Dialysis | 1,083,993 | 1,111,296 | 1,120,245 | 1,144,787 | 1,107,163 | 1,112,766 | 1,153,753 | 1,129,704 | 1,067,883 | 1,532,998 | 638,585 | | 6,655 | 6,894 | 6,936 | 7,106 | 6,845 | 6,878 | 7,168 | 6,992 | 6,573 | 6,662 | 6,639 | |
| Renal Transplants | 363,979 | 393,741 | 372,451 | 484,476 | 593,593 | 471,697 | 382,813 | 463,665 | 426,345 | 1,101,597 | (223,559) | | 0 | 0 | 0 | 9 | 10 | 7 | 5 | 6 | 3 | 5 | 4 | |
| TOTAL | 2,454,935 | 2,532,204 | 2,519,060 | 2,787,337 | 2,672,863 | 2,668,849 | 2,617,270 | 2,648,945 | 2,545,852 | 4,176,849 | 942,840 | | 9,445 | 9,832 | 10,317 | 10,610 | 10,378 | 10,525 | 10,894 | 10,642 | 10,317 | 10,175 | 10,213 | |



CVUHB – Page 2 of 3

| | Financial (£) | | | | | | | | | | | Activity | | | | | | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | April | May | June | July | August | September | October | November | December | January | February | | May | June | July | August | September | October | November | December | January | February |
| HAEMATOLOGY | | | | | | | | | | | | | | | | | | | | | | |
| Haemophilia | 306,278 | 315,516 | 267,920 | 375,370 | 292,091 | 275,724 | 357,736 | 440,772 | 367,312 | 1,175,031 | (495,367) | 1,353,511 | 1,071,296 | 1,163,468 | 1,429,749 | 1,549,551 | 1,395,766 | 1,412,916 | 1,768,990 | 1,549,220 | 1,669,336 | 1,284,130 |
| IBD Transfer | 122,914 | 122,914 | 122,914 | 122,914 | 122,914 | 122,914 | 122,914 | 122,914 | 122,914 | 122,914 | 122,914 | | | | | | | | | | | |
| Haemophilia Reference Centre | 6,122 | 6,122 | 6,122 | 6,122 | 6,122 | 6,122 | 6,122 | 6,122 | 6,122 | 6,122 | 6,122 | | | | | | | | | | | |
| Blood and Marrow Transplantation (BMT) | 468,040 | 537,246 | 553,986 | 507,619 | 650,031 | 778,790 | 790,023 | 752,131 | 770,491 | 1,421,949 | (211,413) | | 0 | 3 | 4 | 4 | 11 | 12 | 11 | 8 | 10 | 7 |
| ATMP - CAR-T | 84,696 | 334,707 | 334,706 | 82,602 | 82,602 | 335,319 | 335,241 | 98,217 | 334,708 | (883,006) | 1,554,637 | | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 0 |
| All Wales Lymphoma Panel | 87,562 | 87,562 | 50,414 | 75,179 | 75,179 | 81,006 | 76,150 | 76,150 | 89,597 | 95,294 | 59,995 | | 114 | 113 | -52 | 58 | 59 | 84 | 63 | 62 | 123 | 69 |
| Clinical Immunology | 956,320 | 739,938 | 596,433 | 784,374 | 792,882 | 886,417 | 883,033 | 820,708 | 423,499 | 70,369 | 1,384,458 | | 157 | 222 | 242 | 244 | 247 | 253 | 251 | 254 | 275 | 274 |
| Hereditary Anaemia | | | | | | | | 241,333 | (170,083) | 7,917 | 7,917 | | | | | | | | | | | |
| TOTAL | 2,031,932 | 2,144,004 | 1,932,496 | 1,954,180 | 2,021,821 | 2,486,291 | 2,571,219 | 2,558,346 | 1,944,560 | 2,016,590 | 2,429,263 | 1,353,782 | 1,071,635 | 1,163,663 | 1,430,055 | 1,549,868 | 1,396,116 | 1,413,242 | 1,769,314 | 1,549,629 | 1,669,686 | 1,284,490 |
| PAEDIATRICS / NEONATAL | | | | | | | | | | | | | | | | | | | | | | |
| Paediatric Surgery | 444,866 | 456,778 | 481,278 | 474,546 | 472,053 | 508,401 | 513,043 | 534,450 | 521,182 | 1,099,853 | (68,520) | | 33 | 47 | 82 | 82 | 76 | 126 | 136 | 163 | 148 | 143 |
| OP | | | | | | | | | | | | | 134 | 168 | 219 | 169 | 166 | 246 | 218 | 240 | 169 | 199 |
| Paediatric Renal | 108,179 | 125,969 | 122,735 | 119,963 | 112,155 | 110,804 | 117,906 | 144,656 | 109,849 | 117,740 | 150,298 | | 42 | 59 | 52 | 60 | 17 | 10 | 17 | 45 | 65 | 81 |
| OP | | | | | | | | | | | | | 60 | 129 | 132 | 121 | 103 | 148 | 141 | 168 | 115 | 167 |
| Paediatric Oncology | 677,047 | 761,115 | 780,107 | 735,269 | 742,349 | 796,917 | 728,441 | 736,305 | 716,835 | 914,081 | 630,220 | | 156 | 162 | 207 | 184 | 249 | 223 | 234 | 269 | 237 | 256 |
| OP | | | | | | | | | | | | | 224 | 325 | 446 | 361 | 219 | 515 | 179 | 226 | 238 | 329 |
| Paediatric Neurology | 194,665 | 186,201 | 188,263 | 206,078 | 186,428 | 205,547 | 196,638 | 188,297 | 163,786 | 426,160 | (33,519) | | 16 | 13 | 18 | 17 | 12 | 25 | 16 | 12 | 16 | 19 |
| OP | | | | | | | | | | | | | 134 | 122 | 110 | 79 | 72 | 114 | 116 | 105 | 94 | 104 |
| Paediatric Ketogenic Diet | | | | 32,600 | 8,150 | 8,150 | 8,150 | 8,150 | (29,575) | 3,958 | 3,958 | | | | | | | | | | | |
| Paediatric Rheumatology Service | 22,199 | 22,199 | 22,199 | 22,199 | 22,199 | 22,199 | 22,199 | 22,199 | 22,199 | 22,199 | 22,199 | | | | | | | | | | | |
| Paeds Neuro Rehab | 21,829 | 21,829 | 21,829 | 21,829 | 21,829 | 21,829 | 21,829 | 21,829 | 21,829 | 21,829 | 21,829 | | | | | | | | | | | |
| Paediatric Gastroenterology | 72,064 | 72,365 | 81,815 | 86,687 | 95,910 | 82,964 | 92,768 | 94,719 | 95,721 | 13,437 | 177,748 | | 34 | 32 | 40 | 38 | 51 | 45 | 56 | 60 | 62 | 49 |
| OP | | | | | | | | | | | | | 80 | 79 | 103 | 70 | 47 | 97 | 87 | 61 | 79 | 84 |
| Paediatric ENT | 101,066 | 101,717 | 102,732 | 103,807 | 105,121 | 109,307 | 109,640 | 105,714 | 107,136 | 326,730 | (112,807) | | 9 | 11 | 11 | 15 | 18 | 29 | 26 | 19 | 21 | 17 |
| OP | | | | | | | | | | | | | 0 | 1 | 33 | 50 | 47 | 93 | 85 | 106 | 90 | 76 |
| Paediatric Cardiology | 178,546 | 210,948 | 213,773 | 197,062 | 185,784 | 195,961 | 195,199 | 222,277 | 332,747 | 318,505 | 103,118 | | 3 | 17 | 17 | 9 | 8 | 9 | 7 | 21 | 22 | 18 |
| OP | | | | | | | | | | | | | 157 | 202 | 246 | 241 | 156 | 230 | 269 | 282 | 268 | 254 |
| Fetal Cardiology | 25,262 | 25,262 | 25,261 | 25,261 | 25,262 | 25,261 | 25,261 | 25,261 | 25,262 | 25,253 | 25,270 | | 17 | 15 | 24 | 25 | 16 | 31 | 25 | 27 | 23 | 33 |
| Paediatric Cystic Fibrosis | 39,405 | 37,116 | 35,821 | 37,098 | 39,240 | 42,396 | 38,605 | 37,223 | 38,816 | 120,412 | (42,096) | | | | | | | | | | | |
| Paeds Respiratory Equipment / CNS | 16,192 | 10,736 | 14,543 | 11,246 | 16,742 | 20,056 | 22,886 | 20,990 | 20,499 | 80,423 | (53,246) | | | | | | | | | | | |
| Paediatric Endocrinology | 59,075 | 59,075 | 59,075 | 59,075 | 59,075 | 59,075 | 59,075 | 59,075 | 59,075 | 59,075 | 59,075 | | | | | | | | | | | |
| Foetal Medicine | 25,925 | 25,925 | 25,925 | 25,925 | 25,925 | 25,925 | 25,925 | 25,925 | 25,925 | 25,925 | 25,925 | | | | | | | | | | | |
| Children's Hospital for Wales | 104,770 | 104,770 | 104,770 | 104,770 | 104,770 | 104,770 | 104,770 | 104,770 | 104,770 | 104,770 | 104,770 | | | | | | | | | | | |
| PICU BH | 420,286 | 393,283 | 366,280 | 227,782 | 381,959 | 334,051 | 368,022 | 379,346 | 351,472 | 743,884 | (62,716) | | 31 | 63 | 54 | 82 | 92 | 37 | 76 | 89 | 57 | 49 |
| NICU BH | 839,208 | 844,114 | 740,023 | 981,763 | 845,916 | 865,891 | 817,632 | 810,024 | 542,536 | 560,164 | 940,585 | | 942 | 851 | 765 | 963 | 921 | 856 | 861 | 718 | 725 | 756 |
| Perinatal Pathology | 23,509 | 23,509 | 23,509 | 23,509 | 23,509 | 23,509 | 23,509 | 23,509 | 23,509 | 23,509 | 23,509 | | | | | | | | | | | |
| Paediatric MRI Investment | | | | 113,190 | 28,297 | 28,297 | 28,297 | 28,297 | (98,879) | 14,167 | 14,005 | | | | | | | | | | | |
| TOTAL | 3,374,092 | 3,482,911 | 3,409,938 | 3,609,659 | 3,502,673 | 3,591,311 | 3,519,798 | 3,593,018 | 3,154,694 | 5,022,073 | 1,929,604 | 2,072 | 2,296 | 2,559 | 2,566 | 2,270 | 2,834 | 2,549 | 2,611 | 2,429 | 2,631 | 2,630 |



CVUHB – Page 3 of 3

| | Financial (£) | | | | | | | | | | | Activity | | | | | | | | | | | |
|---------------------------------|---------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | April | May | June | July | August | September | October | November | December | January | February | | May | June | July | August | September | October | November | December | January | February | |
| ADULT CRITICAL CARE | | | | | | | | | | | | | | | | | | | | | | | |
| Adult ICU | 424,159 | 508,908 | 456,563 | 464,041 | 500,184 | 535,081 | 525,110 | 562,500 | 437,868 | 856,711 | 55,168 | | 181 | 249 | 207 | 213 | 242 | 270 | 262 | 292 | 192 | 181 | 232 |
| Adult HDU | 88,685 | (15,723) | 43,938 | 76,007 | 48,413 | 7,396 | 43,193 | 47,667 | 38,718 | 194,771 | (109,877) | | 79 | -61 | 19 | 62 | 25 | -30 | 18 | 24 | 12 | 10 | 24 |
| LTV Consultant Sessions | 3,184 | 3,184 | 3,184 | 3,184 | 3,184 | 3,184 | 3,184 | 3,184 | 3,184 | 3,184 | 3,184 | | | | | | | | | | | | |
| LTV Unit Development | 70,550 | 70,550 | 70,550 | 70,550 | 70,550 | 70,550 | 70,550 | 70,550 | 70,550 | 70,550 | 69,167 | | | | | | | | | | | | |
| TOTAL | 586,577 | 566,918 | 574,235 | 613,781 | 622,331 | 616,210 | 642,036 | 683,900 | 550,320 | 1,125,216 | 17,642 | | 260 | 188 | 226 | 275 | 267 | 240 | 280 | 316 | 204 | 191 | 256 |
| GENETICS / LTC | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Genetics | 1,069,459 | 1,063,937 | 1,073,510 | 1,132,776 | 1,073,174 | 1,088,188 | 1,079,890 | 1,076,985 | 1,103,589 | 1,142,445 | 1,052,167 | | 53 | 35 | 60 | 66 | 40 | 64 | 52 | 46 | 94 | 99 | 51 |
| Lynch Syndrome - (Genetics) | 24,837 | 24,837 | 24,837 | 24,837 | 24,837 | 24,837 | 24,837 | 24,837 | 24,837 | 24,837 | 24,837 | | | | | | | | | | | | |
| Genetic Counsellor 8a - £24,420 | | | | | | | | | | | | | | | | | | | | | | | |
| HD & £36,630 ABMU | 5,293 | 5,293 | 5,293 | 5,293 | 5,293 | 5,293 | 5,293 | 5,293 | 5,293 | 5,293 | 5,293 | | | | | | | | | | | | |
| Enzyme Replacement Therapy | 38,879 | 38,879 | 38,879 | 38,879 | 38,879 | 38,879 | 38,879 | 38,879 | 38,879 | 38,879 | 38,879 | | | | | | | | | | | | |
| Cystic Fibrosis | 443,817 | 445,413 | 496,571 | 466,244 | 498,090 | 483,551 | 501,189 | 760,851 | 462,878 | 351,488 | 740,455 | | | | | | | | | | | | |
| Home TPN | 55,223 | 49,452 | 100,560 | 119,519 | 71,709 | 108,391 | 115,398 | 123,229 | 145,897 | 383,807 | (138,998) | | 51 | 37 | 161 | 207 | 91 | 180 | 197 | 216 | 271 | 263 | 165 |
| TPN Exceptional Costs | 34,727 | 35,375 | 35,861 | 36,752 | 36,968 | 36,860 | 10,230 | 31,266 | 34,020 | (260,877) | 323,106 | | 107 | 111 | 114 | 116 | 112 | 129 | 114 | 124 | 113 | 110 | 108 |
| BAHAs & Cochlears | 402,508 | 402,508 | 402,508 | 402,508 | 402,508 | 402,508 | 402,508 | 855,363 | (210,788) | 545,123 | 224,240 | | | | | | | | | | | | |
| TOTAL | 2,074,743 | 2,065,695 | 2,178,019 | 2,226,809 | 2,151,459 | 2,188,508 | 2,178,224 | 2,916,704 | 1,604,606 | 2,230,995 | 2,269,979 | | 211 | 183 | 335 | 389 | 243 | 373 | 363 | 386 | 478 | 472 | 324 |
| OTHER | | | | | | | | | | | | | | | | | | | | | | | |
| Liver Surgery | 40,599 | 70,049 | 70,049 | 92,545 | 79,860 | 102,958 | 118,357 | 102,958 | 49,061 | 153,005 | 37,512 | | 3 | 8 | 8 | 11 | 9 | 12 | 14 | 12 | 5 | 9 | 13 |
| Major Trauma Centre | 389,793 | 389,793 | 1,865,164 | 881,583 | 881,583 | 881,583 | 881,583 | 881,583 | 881,583 | 881,583 | 881,583 | | | | | | | | | | | | |
| Gender Service | 42,500 | 42,500 | 42,500 | 42,500 | 42,500 | 42,500 | 86,583 | 48,798 | 48,798 | 48,798 | 42,964 | | | | | | | | | | | | |
| Radiofrequency Ablation (RFA) | - | - | 18,561 | 13,554 | 11,946 | 15,868 | 40,548 | 36,592 | (21,955) | (115,114) | 143,789 | | | | | | | | | | | | |
| Hepatology | 21,865 | 21,865 | 21,865 | 21,865 | 21,865 | 21,865 | 21,865 | 21,865 | 21,865 | 21,865 | 21,865 | | | | | | | | | | | | |
| Neuropsychiatry | 224,415 | 249,897 | 225,057 | 227,160 | 219,910 | 221,960 | 199,382 | 222,813 | 232,494 | 400,701 | 35,837 | | 240 | 253 | 270 | 279 | 291 | 313 | 334 | 327 | 381 | 304 | 291 |
| Regional Pharmaceutical Service | 61,851 | 61,851 | 61,851 | 61,851 | 61,851 | 61,851 | 61,851 | 61,851 | 61,851 | 61,851 | 61,851 | | | | | | | | | | | | |
| Pay Award | 441,050 | 441,050 | 441,050 | 441,050 | 441,050 | 441,050 | 441,050 | 441,050 | 441,050 | 441,050 | 441,050 | | | | | | | | | | | | |
| NICE / High Cost Drugs | 43,125 | (52,379) | (13,165) | 8,595 | 69,756 | 101,702 | 96,931 | 137,713 | 22,876 | (304,125) | 742,965 | | | | | | | | | | | | |
| Interstitial Lung Disease | 12,719 | 12,719 | 12,719 | 12,719 | 12,719 | 12,719 | 12,719 | 12,719 | 12,719 | 12,719 | 12,719 | | | | | | | | | | | | |
| Neuroendocrine Tumours | 33,826 | 33,826 | 33,826 | 33,826 | 104,659 | 47,993 | 47,993 | 47,993 | 47,993 | 47,993 | 47,993 | | | | | | | | | | | | |
| Rebasing Difference / Roundings | - | - | - | - | - | - | - | - | - | - | - | | | | | | | | | | | | |
| TOTAL | 1,311,743 | 1,271,170 | 2,779,476 | 1,837,248 | 1,947,698 | 1,952,049 | 2,008,861 | 2,015,934 | 1,798,335 | 1,650,325 | 2,470,128 | | 243 | 261 | 278 | 290 | 300 | 325 | 348 | 339 | 386 | 313 | 304 |
| Total | 17,145,241 | 17,420,846 | 19,526,877 | 18,830,896 | 19,466,624 | 20,229,613 | 20,052,623 | 21,014,993 | 18,443,216 | 27,835,151 | 10,429,828 | | 1,367,580 | 1,085,966 | 1,179,275 | 1,446,249 | 1,565,207 | 1,412,963 | 1,430,043 | 1,785,740 | 1,565,540 | 1,685,740 | 1,300,285 |



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

| | Financial (£) | | | | | | | | | | | Activity | | | | | | | | | | |
|---------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|
| | April | May | June | July | August | September | October | November | December | January | February | April | May | June | July | August | September | October | November | December | January | February |
| RENAL | | | | | | | | | | | | | | | | | | | | | | |
| Renal - Other | 604,395 | 648,827 | 756,633 | 665,582 | 733,321 | 684,730 | 685,200 | 675,701 | 655,208 | 645,211 | 680,899 | 244 | 256 | 494 | 591 | 696 | 850 | 787 | 727 | 599 | 3,448 | 942 |
| Hospital Dialysis | 446,680 | 465,465 | 500,353 | 514,869 | 503,280 | 521,090 | 540,852 | 501,329 | 500,108 | 476,811 | 462,293 | 2,506 | 2,660 | 2,946 | 3,065 | 2,970 | 3,116 | 3,278 | 2,954 | 2,944 | 2,753 | 2,634 |
| Home Dialysis | 95,797 | 95,797 | 95,797 | 107,772 | 103,781 | 99,789 | 95,797 | 99,789 | 77,836 | 97,794 | 97,793 | 48 | 48 | 48 | 54 | 52 | 50 | 48 | 50 | 39 | 49 | 49 |
| Renal Wales Contract | 267,929 | 272,549 | 223,064 | 191,464 | 172,708 | 263,726 | 293,895 | 268,290 | 291,602 | 281,666 | 269,500 | 2,107 | 2,144 | 2,165 | 2,289 | 2,183 | 2,169 | 2,288 | 2,087 | 2,270 | 2,192 | 2,018 |
| Total | 1,414,862 | 1,482,638 | 1,575,846 | 1,479,667 | 1,513,689 | 1,563,335 | 1,615,743 | 1,545,108 | 1,524,753 | 1,501,481 | 1,500,485 | 4,365 | 5,106 | 5,653 | 5,558 | 5,501 | 6,165 | 6,461 | 5,816 | 5,852 | 6,442 | 5,643 |
| CARDIOTHORACIC | | | | | | | | | | | | | | | | | | | | | | |
| Cardiac Surgery | 1,045,770 | 1,024,738 | 1,059,451 | 1,134,782 | 1,139,276 | 1,204,027 | 1,143,209 | 1,126,007 | 1,126,961 | 1,085,717 | 1,125,524 | 6 | 1 | 11 | 24 | 28 | 42 | 26 | 23 | 23 | 15 | 23 |
| OP | | | | | | | | | | | | 14 | 12 | 13 | 24 | 16 | 32 | 29 | 28 | 24 | 25 | 24 |
| TAVI | 97,159 | 184,409 | 484,390 | 512,229 | 280,939 | 378,579 | 202,969 | 344,789 | 252,858 | 377,855 | 387,485 | 2 | 7 | 21 | 21 | 12 | 16 | 7 | 13 | 11 | 16 | 16 |
| Cardiology | 520,284 | 736,749 | 884,914 | 989,945 | 767,058 | 956,050 | 808,798 | 849,248 | 785,488 | 895,406 | 923,400 | 63 | 115 | 154 | 206 | 149 | 175 | 146 | 142 | 141 | 150 | 175 |
| Bariatrics | 13,392 | 13,392 | 20,471 | 16,932 | 20,471 | 16,932 | 13,392 | 13,392 | 13,392 | 16,932 | 16,932 | 0 | 0 | 2 | 1 | 2 | 1 | 0 | 0 | 0 | 1 | 1 |
| Total | 1,676,605 | 1,959,288 | 2,449,226 | 2,653,687 | 2,267,744 | 2,555,585 | 2,168,368 | 2,333,436 | 2,178,766 | 2,375,911 | 2,453,342 | 85 | 135 | 261 | 276 | 267 | 266 | 268 | 266 | 155 | 267 | 235 |
| PAEDS / NEONATAL | | | | | | | | | | | | | | | | | | | | | | |
| CLP | 95,423 | 119,090 | 110,635 | 112,777 | 109,565 | 107,423 | 117,060 | 113,848 | 116,670 | 113,804 | 115,946 | 0 | 0 | 3 | 5 | 2 | 0 | 9 | 6 | 9 | 6 | 8 |
| NICU | 446,403 | 428,009 | 427,583 | 457,397 | 435,121 | 454,855 | 466,179 | 469,715 | 465,715 | 407,840 | 440,841 | 506 | 504 | 448 | 577 | 528 | 539 | 571 | 592 | 598 | 431 | 548 |
| BAHA | 5,193 | 5,193 | 5,193 | 5,193 | 5,193 | 5,193 | 5,193 | 5,193 | 5,193 | 5,193 | 5,193 | | | | | | | | | | | |
| Paeds Onc | 11,844 | 11,844 | 11,844 | 11,844 | 11,844 | 11,844 | 11,844 | 11,844 | 11,844 | 11,844 | 11,844 | | | | | | | | | | | |
| Total | 558,863 | 564,135 | 555,255 | 587,216 | 561,723 | 575,315 | 600,275 | 600,555 | 588,422 | 538,681 | 573,623 | 506 | 504 | 451 | 582 | 536 | 539 | 586 | 598 | 607 | 437 | 556 |
| CANCER & BLOOD | | | | | | | | | | | | | | | | | | | | | | |
| Plastics | 655,995 | 678,978 | 1,055,385 | 1,097,209 | 1,124,204 | 1,138,270 | 1,120,633 | 1,091,619 | 1,083,016 | 1,148,975 | 1,141,511 | 183 | 299 | 409 | 494 | 506 | 460 | 487 | 448 | 413 | 427 | 477 |
| OP | | | | | | | | | | | | 90 | 112 | 149 | 271 | 245 | 320 | 396 | 376 | 298 | 335 | 275 |
| Burns | 395,729 | 485,138 | 391,347 | 404,057 | 401,865 | 387,840 | 484,262 | 429,039 | 432,545 | 418,958 | 412,384 | 73 | 277 | 63 | 92 | 87 | 55 | 275 | 149 | 157 | 126 | 111 |
| Thoracic | 60,284 | 50,719 | 118,147 | 123,947 | 122,362 | 166,013 | 201,979 | 170,279 | 157,206 | 237,643 | 151,912 | 6 | 4 | 16 | 16 | 16 | 21 | 28 | 20 | 23 | 31 | 15 |
| OP | | | | | | | | | | | | 0 | 5 | 10 | 13 | 18 | 36 | 42 | 84 | 51 | 67 | 67 |
| SNB | 9,405 | 9,405 | 9,405 | 9,405 | 9,405 | 9,405 | 9,405 | 9,405 | 9,405 | 9,405 | 9,405 | | | | | | | | | | | |
| Haemophilia | 91,611 | 67,872 | 87,020 | 11,446 | 96,474 | 26,699 | 77,374 | 19,554 | 87,472 | 26,217 | 103,831 | | | | | | | | | | | |
| Sarcoma | 58,485 | 70,158 | 56,362 | 74,403 | 77,586 | 71,219 | 78,648 | 83,954 | 65,913 | 83,954 | 111,545 | 12 | 11 | 10 | 11 | 10 | 12 | 11 | 16 | 11 | 12 | 22 |
| Clinical Genetics | 5,177 | 5,177 | 5,177 | 5,177 | 5,177 | 5,177 | 5,177 | 5,177 | 5,177 | 5,177 | 5,177 | | | | | | | | | | | |
| Total | 1,276,685 | 1,367,447 | 1,722,643 | 1,725,643 | 1,637,674 | 1,664,623 | 1,577,477 | 1,568,626 | 1,646,733 | 1,538,325 | 1,535,764 | 364 | 708 | 687 | 857 | 882 | 964 | 1,228 | 1,053 | 953 | 958 | 967 |
| NEUROSCIENCES | | | | | | | | | | | | | | | | | | | | | | |
| ALAC | 158,277 | 158,277 | 158,277 | 158,277 | 158,277 | 158,277 | 158,277 | 158,277 | 158,277 | 158,277 | 158,277 | | | | | | | | | | | |
| Rehab | 157,936 | 160,333 | 156,938 | 151,217 | 154,122 | 156,873 | 154,199 | 150,787 | 150,634 | 132,033 | 139,229 | 327 | 298 | 312 | 332 | 340 | 297 | 283 | 234 | 182 | 117 | 166 |
| OP | | | | | | | | | | | | 15 | 25 | 16 | 1 | 5 | 19 | 16 | 18 | 28 | 3 | 8 |
| Total | 316,213 | 318,610 | 315,215 | 309,494 | 312,399 | 315,150 | 312,476 | 309,064 | 308,912 | 290,310 | 297,506 | 342 | 323 | 328 | 333 | 345 | 316 | 298 | 252 | 210 | 126 | 174 |
| OTHER | | | | | | | | | | | | | | | | | | | | | | |
| NICE | 28,993 | 32,123 | 68,802 | 31,650 | 26,124 | 69,755 | 76,024 | 42,928 | 40,317 | 73,999 | 38,322 | | | | | | | | | | | |
| East Forensics | 1,197,992 | 1,197,992 | 1,197,992 | 1,197,992 | 1,197,992 | 1,197,992 | 1,197,992 | 1,197,992 | 1,197,992 | 1,197,992 | 1,197,992 | | | | | | | | | | | |
| Devices | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 4 | 6 | | | | | | | | | | | |
| Academic Fee | 10,841 | 10,841 | 10,841 | 10,841 | 10,841 | 10,841 | 10,841 | 10,841 | 10,841 | 10,841 | 10,841 | | | | | | | | | | | |
| IVF | 24,151 | 24,451 | 26,553 | 25,953 | 39,291 | 129,806 | 182,675 | 243,859 | 173,134 | 226,739 | 179,951 | 80 | 82 | 88 | 87 | 98 | 142 | 139 | 185 | 156 | 170 | 155 |
| EMRTS | 265,774 | 265,774 | 406,523 | 312,690 | 312,690 | 312,690 | 312,690 | 312,690 | 312,690 | 312,690 | 312,690 | | | | | | | | | | | |
| Air Am | 65,110 | 65,110 | 65,110 | 65,110 | 65,110 | 65,110 | 65,110 | 65,110 | 65,110 | 65,110 | 65,110 | | | | | | | | | | | |
| Pay award 20/21 | 193,060 | 193,060 | 193,060 | 193,060 | 193,060 | 193,060 | 193,060 | 193,060 | 193,060 | 193,060 | 193,060 | | | | | | | | | | | |
| Total | 1,785,911 | 1,785,352 | 1,968,882 | 1,837,296 | 1,845,168 | 1,978,256 | 2,038,355 | 2,066,463 | 1,993,145 | 2,080,436 | 1,997,973 | 88 | 82 | 88 | 87 | 98 | 142 | 138 | 185 | 156 | 170 | 155 |
| Total | 7,029,079 | 7,481,470 | 8,587,268 | 8,593,218 | 8,277,137 | 8,803,268 | 8,712,735 | 8,663,717 | 8,445,668 | 8,717,148 | 8,758,892 | 6,282 | 6,860 | 7,378 | 8,174 | 7,963 | 8,352 | 8,856 | 8,152 | 7,977 | 10,374 | 7,734 |

APPENDIX 1

Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpec)
Table 1 – Analysis by NHS England Provider by Month (NB. Royal Brompton reporting delayed)

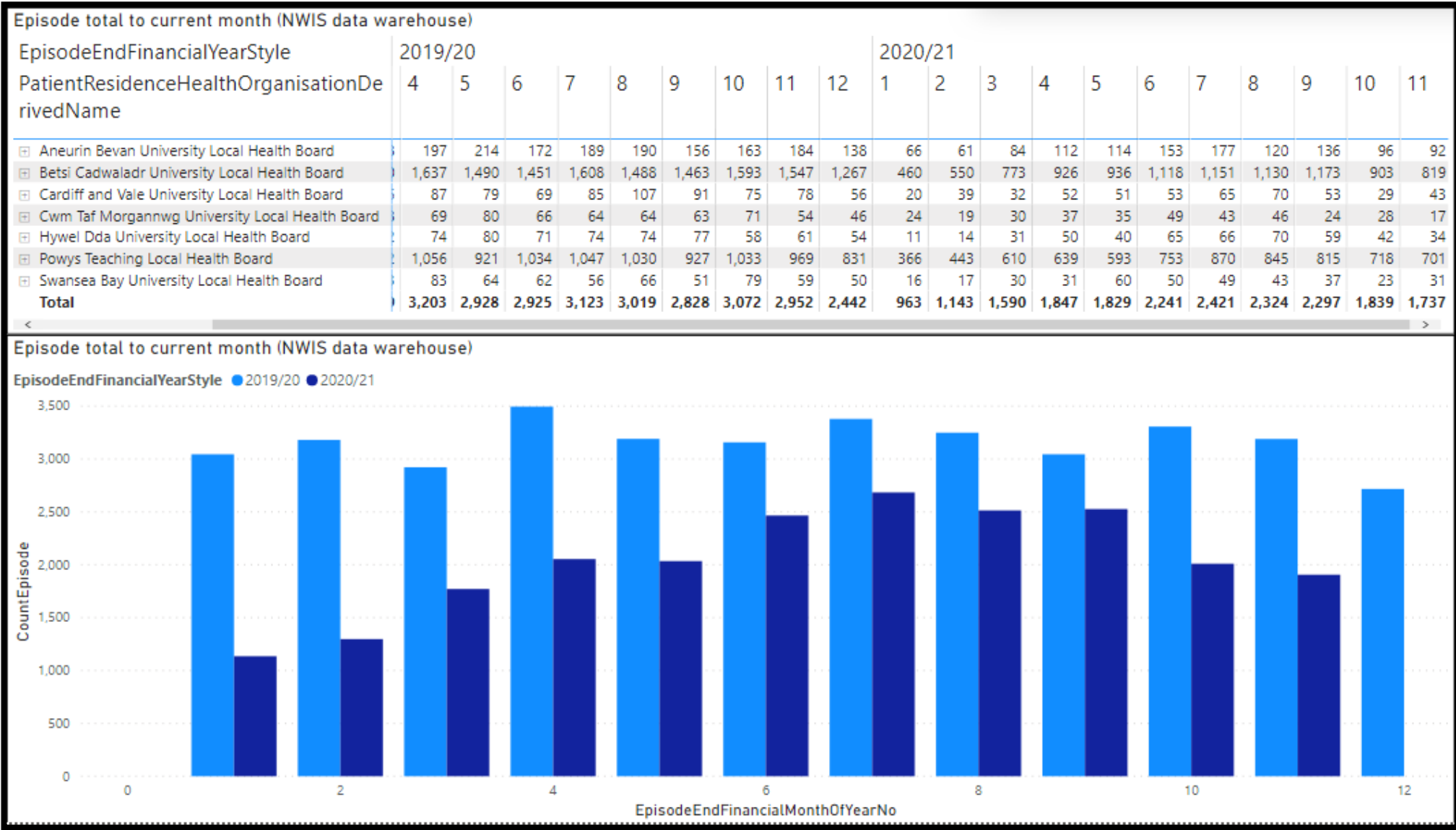
| EpisodeEndFinancialYearStyle | 2020/21 | | | | | | | | | | | Total | CountEpisode for 2020/21 (M1-11) | CountEpisode for 2019/20 (M1-11) | CountEpisode % diff 2020/21 to 19/20 |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--|---------------|----------------------------------|----------------------------------|--------------------------------------|
| ProviderOrganisationName | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | | | | |
| Alder Hey Children's Nhs Foundation Trust | 173 | 199 | 259 | 237 | 255 | 263 | 280 | 236 | 227 | 204 | | 2,487 | 2,487 | 3,462 | -28% |
| Birmingham Women's And Children's Nhs Foundation | 18 | 25 | 23 | 29 | 33 | 29 | 24 | 39 | 24 | 25 | | 284 | 284 | 398 | -29% |
| Cambridge University Hospitals Nhs Foundation Tru | 1 | 1 | 10 | 5 | 8 | 3 | 3 | 2 | 2 | 3 | | 38 | 38 | 93 | -59% |
| Great Ormond Street Hospital For Children nhs fou | 16 | 9 | 27 | 13 | 21 | 23 | 22 | 20 | 15 | 15 | | 186 | 186 | 327 | -43% |
| Guy's And St Thomas' Nhs Foundation trust | 10 | 7 | 10 | 18 | 17 | 16 | 16 | 14 | 8 | 8 | | 132 | 132 | 277 | -52% |
| Imperial College Healthcare Nhs Trust | 14 | 21 | 25 | 27 | 30 | 38 | 32 | 34 | 35 | 25 | | 284 | 281 | 306 | -8% |
| King's College Hospital Nhs Foundation Trust | | 2 | 4 | 17 | 7 | 5 | 8 | 4 | 2 | 6 | | 61 | 61 | 161 | -62% |
| Leeds Teaching Hospitals Nhs Trust | 1 | 10 | 3 | 7 | 2 | 3 | 6 | 5 | | 2 | | 40 | 40 | 87 | -54% |
| Liverpool Heart And Chest Hospital Nhs foundation | 50 | 89 | 101 | 94 | 107 | 119 | 102 | 107 | 75 | 108 | | 990 | 989 | 1,290 | -23% |
| Liverpool University Hospitals Nhs Foundation Tru | 66 | 117 | 127 | 129 | 167 | 179 | 138 | 159 | 115 | 121 | | 1,370 | 1,370 | 2,568 | -47% |
| Manchester University Nhs Foundation Trust | 31 | 37 | 48 | 46 | 75 | 78 | 61 | 66 | 57 | 48 | | 571 | 571 | 1,117 | -49% |
| Royal Brompton & Harefield Nhs Foundation trust | 10 | 9 | 7 | 9 | | | | 8 | | | | 45 | 45 | 209 | -78% |
| Royal Free London Nhs Foundation Trust | 3 | 7 | 12 | 32 | 14 | 7 | 26 | 13 | 7 | 5 | | 129 | 129 | 201 | -36% |
| Royal Papworth Hospital Nhs Foundation Trust | | 1 | 1 | 4 | 7 | 4 | 9 | 3 | 1 | 1 | | 33 | 33 | 99 | -67% |
| Salford Royal Nhs Foundation Trust | 10 | 12 | 20 | 12 | 10 | 1 | 2 | 15 | 13 | 8 | | 118 | 118 | 303 | -61% |
| Sheffield Teaching Hospitals Nhs Foundation Trust | 6 | 21 | 10 | 18 | 25 | 24 | 17 | 14 | 11 | 15 | | 211 | 211 | 215 | -2% |
| St Helens And Knowsley Teaching Hospitals nhs tru | 57 | 51 | 72 | 83 | 121 | 126 | 126 | 119 | 74 | 57 | | 928 | 928 | 1,579 | -41% |
| The Christie Nhs Foundation Trust | 34 | 49 | 52 | 44 | 54 | 57 | 40 | 48 | 56 | 51 | | 512 | 512 | 573 | -11% |
| The Clatterbridge Cancer Centre Nhs Foundation tr | 6 | 30 | 19 | 12 | 11 | 19 | 22 | 22 | 21 | 17 | | 193 | 193 | 356 | -46% |
| The Newcastle Upon Tyne Hospitals Nhs foundation | 9 | 8 | 9 | 23 | 8 | 11 | 12 | 22 | 26 | 15 | | 146 | 144 | 153 | -6% |
| The Robert Jones And Agnes Hunt Orthopaedic hospit | 51 | 113 | 142 | 128 | 199 | 258 | 326 | 337 | 215 | 162 | | 1,975 | 1,975 | 4,811 | -59% |
| The Royal Marsden Nhs Foundation Trust | 3 | 5 | 5 | 9 | 4 | 4 | 5 | 5 | 4 | 1 | | 46 | 46 | 57 | -19% |
| The Royal Orthopaedic Hospital Nhs Foundation tru | 6 | 7 | 8 | | 9 | 4 | 13 | 11 | 12 | 9 | | 87 | 86 | 142 | -39% |
| The Walton Centre Nhs Foundation Trust | 53 | 77 | 90 | 110 | 135 | 118 | 98 | 141 | 102 | 93 | | 1,067 | 1,067 | 1,783 | -40% |
| University College London Hospitals Nhs Foundatio | 12 | 21 | 21 | 17 | 29 | 45 | 37 | 27 | 7 | 10 | | 235 | 233 | 355 | -34% |
| University Hospitals Birmingham Nhs Foundation Tr | 59 | 76 | 94 | 96 | 102 | 101 | 74 | 83 | 44 | 44 | | 821 | 821 | 1,156 | -29% |
| University Hospitals Bristol And Weston Nhs found | 78 | 104 | 120 | 114 | 128 | 161 | 134 | 123 | 104 | 117 | | 1,261 | 1,261 | 1,879 | -33% |
| University Hospitals Of North Midlands Nhs trust | 43 | 46 | 83 | 78 | 88 | 73 | 45 | 62 | 75 | 79 | | 724 | 724 | 898 | -19% |
| Wirral University Teaching Hospital Nhs Foundation | 36 | 41 | 62 | 58 | 85 | 80 | 60 | 83 | 38 | 36 | | 618 | 618 | 964 | -36% |
| Wye Valley Nhs Trust | 441 | 576 | 590 | 566 | 715 | 835 | 776 | 705 | 640 | 621 | | 6,807 | 6,807 | 9,344 | -27% |
| Total | 1,297 | 1,771 | 2,054 | 2,035 | 2,466 | 2,684 | 2,514 | 2,527 | 2,010 | 1,906 | | 22,399 | 22,399 | 35,163 | -36% |

Major regional provider – BCUHB

Major regional provider – Powys THB

Major Regional Provider – South Wales HBs

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



Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpec)
Table 3 (4 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

| Episode total to current month (NWIS data warehouse) | | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| TreatmentSpecialtyDesc | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total |
| Accident & Emergency | 14 | 15 | 29 | 35 | 28 | 22 | 27 | 24 | 13 | 18 | 236 |
| Adult Cystic Fibrosis Service | 2 | 2 | 3 | 5 | 3 | 6 | 1 | 4 | 1 | | 30 |
| Allergy Service | | | 1 | 4 | 7 | 6 | 5 | 5 | 9 | 7 | 44 |
| Anaesthetics | | | 2 | 1 | | 1 | 1 | 2 | 1 | 2 | 10 |
| Blood And Marrow Transplantation | 8 | 5 | 9 | 5 | 7 | 9 | 13 | 7 | 6 | 2 | 80 |
| Breast Surgery | 2 | 3 | 2 | 6 | 4 | 8 | 6 | 12 | 6 | 6 | 58 |
| Burns Care | 6 | 4 | 4 | 2 | 11 | 11 | 11 | 13 | 2 | 2 | 69 |
| Cardiac Surgery | 20 | 36 | 38 | 44 | 54 | 40 | 31 | 33 | 15 | 20 | 336 |
| Cardiology | 51 | 99 | 129 | 103 | 138 | 135 | 136 | 134 | 121 | 128 | 1,222 |
| Cardiothoracic Surgery | 3 | 5 | 2 | 9 | 7 | 4 | 2 | 1 | 7 | 2 | 47 |
| Cardiothoracic Transplantation | 3 | 1 | 4 | 7 | 2 | 1 | | 3 | 2 | 1 | 24 |
| Chemical Pathology | | | | | | | | | | 1 | 2 |
| Child & Adolescent Psychiatry | | | | 1 | | | | | | | 1 |
| Clinical Haematology | 49 | 79 | 96 | 83 | 108 | 120 | 88 | 89 | 74 | 85 | 919 |
| Clinical Immunology | 1 | | | | | 1 | 1 | 2 | 1 | | 6 |
| Clinical Immunology And | | | 1 | | 1 | | 1 | 5 | 2 | 3 | 13 |
| Clinical Microbiology | | | 2 | | | | | | | | 2 |
| Clinical Oncology (previously Radiotherapy) | 13 | 51 | 44 | 18 | 38 | 45 | 32 | 34 | 58 | 32 | 387 |
| Clinical Pharmacology | | 1 | | 3 | 4 | 3 | | 3 | 1 | 1 | 17 |
| Colorectal Surgery | 3 | 11 | 13 | 10 | 14 | 35 | 24 | 16 | 35 | 17 | 185 |
| Community Paediatrics | | | | 1 | | | | | | | 1 |
| Congenital Heart Disease | 3 | 1 | 2 | 3 | 1 | 4 | | 3 | 2 | 8 | 27 |
| Critical Care Medicine | 7 | 11 | 6 | 6 | 12 | 14 | 14 | 17 | 4 | 7 | 104 |
| Dental Medicine Specialties | | | | | 1 | | | | | | 1 |
| Dermatology | 14 | 34 | 33 | 27 | 30 | 49 | 47 | 30 | 33 | 42 | 361 |
| Diabetic Medicine | 3 | | 2 | | 2 | 2 | 3 | 6 | 3 | 1 | 24 |
| Diagnostic Imaging | 12 | 14 | 20 | 13 | 9 | 20 | 23 | 13 | 14 | 15 | 158 |
| Endocrinology | 10 | 6 | 6 | 6 | 4 | 6 | 11 | 16 | 7 | 8 | 85 |
| ENT | 5 | 7 | 20 | 17 | 14 | 21 | 27 | 9 | 11 | 6 | 142 |
| Gastroenterology | 62 | 82 | 98 | 86 | 166 | 165 | 143 | 114 | 136 | 133 | 1,225 |
| General Medicine | 180 | 217 | 199 | 207 | 215 | 231 | 235 | 274 | 213 | 229 | 2,336 |
| Total | 1,297 | 1,771 | 2,054 | 2,035 | 2,466 | 2,684 | 2,514 | 2,527 | 2,010 | 1,906 | 22,399 |

| TreatmentSpecialtyDescription | CountEpisode for 2020/21 (M1-11) | CountEpisode for 2019/20 (M1-11) | CountEpisode % diff 2020/21 to 19/20 |
|---|----------------------------------|----------------------------------|--------------------------------------|
| Accident & Emergency | 236 | 443 | -47% |
| Adult Cystic Fibrosis Service | 30 | 55 | -45% |
| Allergy Service | 44 | 80 | -45% |
| Anaesthetics | 10 | 16 | -38% |
| Blood And Marrow Transplantation | 80 | 135 | -41% |
| Breast Surgery | 58 | 84 | -31% |
| Burns Care | 69 | 87 | -21% |
| Cardiac Surgery | 336 | 559 | -40% |
| Cardiology | 1,222 | 1,555 | -21% |
| Cardiothoracic Surgery | 47 | 62 | -24% |
| Cardiothoracic Transplantation | 24 | 66 | -64% |
| Chemical Pathology | 2 | 3 | -33% |
| Child & Adolescent Psychiatry | 1 | | |
| Clinical Haematology | 919 | 1,008 | -9% |
| Clinical Immunology | 6 | 11 | -45% |
| Clinical Immunology And | 13 | 12 | 8% |
| Clinical Microbiology | 2 | | |
| Clinical Oncology (previously Radiotherapy) | 387 | 471 | -18% |
| Clinical Pharmacology | 17 | 8 | 113% |
| Colorectal Surgery | 185 | 261 | -29% |
| Community Paediatrics | 1 | | |
| Congenital Heart Disease | 27 | 25 | 8% |
| Critical Care Medicine | 104 | 172 | -40% |
| Dental Medicine Specialties | 1 | | |
| Dermatology | 361 | 453 | -20% |
| Diabetic Medicine | 24 | 31 | -23% |
| Diagnostic Imaging | 158 | 186 | -15% |
| Endocrinology | 85 | 75 | 13% |
| ENT | 142 | 312 | -54% |
| Gastroenterology | 1,225 | 1,636 | -25% |
| General Medicine | 2,336 | 3,004 | -22% |
| Total | 22,399 | 34,624 | -35% |

Episode total to current month (NWIS data warehouse)

| TreatmentSpecialtyDesc | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| General Surgery | 54 | 84 | 94 | 100 | 118 | 151 | 120 | 100 | 74 | 83 | 1,020 |
| Geriatric Medicine | 37 | 38 | 36 | 37 | 34 | 39 | 22 | 32 | 35 | 23 | 352 |
| Gynaecological Oncology | 1 | | 1 | 1 | 2 | 3 | 2 | | 4 | | 16 |
| Gynaecology | 7 | 13 | 20 | 23 | 26 | 34 | 42 | 23 | 15 | 19 | 230 |
| Haemophilia Service | | 1 | | | | 4 | 1 | 1 | | | 7 |
| Hepatobiliary & Pancreatic Surgery | 9 | 19 | 15 | 16 | 13 | 15 | 15 | 25 | 14 | 17 | 171 |
| Hepatology | 10 | 16 | 14 | 16 | 15 | 31 | 21 | 29 | 14 | 9 | 178 |
| Infectious Diseases | | 1 | 2 | 3 | 2 | 3 | 2 | 4 | 4 | 3 | 24 |
| Interventional Radiology | 3 | 5 | 8 | 6 | 10 | 15 | 9 | 15 | 7 | 10 | 94 |
| Maxillo-Facial Surgery | 1 | 3 | 4 | | 8 | 7 | 2 | 2 | 2 | | 31 |
| Medical Oncology | 20 | 26 | 26 | 28 | 23 | 26 | 22 | 17 | 26 | 19 | 261 |
| Midwifery Service | 1 | 2 | 4 | 2 | 2 | 4 | 2 | 1 | 5 | 4 | 31 |
| Neonatology | 4 | 5 | 6 | 6 | 4 | 10 | 8 | 9 | 10 | 3 | 69 |
| Nephrology | 39 | 35 | 39 | 46 | 57 | 56 | 29 | 23 | 11 | 13 | 396 |
| Neurology | 30 | 52 | 38 | 58 | 77 | 63 | 53 | 60 | 56 | 57 | 588 |
| Neurosurgery | 40 | 48 | 92 | 94 | 95 | 94 | 62 | 83 | 57 | 65 | 767 |
| Nuclear Medicine | | 1 | 1 | | 1 | 1 | | 1 | | 1 | 6 |
| Obstetrics Hospital Bed | 25 | 37 | 35 | 23 | 41 | 41 | 49 | 35 | 39 | 34 | 387 |
| Ophthalmology | 28 | 46 | 62 | 78 | 80 | 86 | 72 | 67 | 33 | 45 | 615 |
| Oral Surgery | | 5 | 9 | 5 | 19 | 14 | 21 | 7 | 6 | 5 | 91 |
| Paediatric Audiological | | | | | | | 1 | | | | 1 |
| Paediatric Burns Care | 1 | 12 | 4 | 7 | 1 | 5 | 6 | 1 | 8 | 1 | 51 |
| Paediatric Cardiac Surgery | 11 | 17 | 13 | 15 | 17 | 12 | 19 | 8 | 9 | 2 | 135 |
| Paediatric Cardiology | 19 | 28 | 20 | 20 | 29 | 29 | 29 | 13 | 15 | 18 | 235 |
| Paediatric Clinical Haematology | 9 | 12 | 15 | 5 | 16 | 12 | 9 | 13 | 10 | 19 | 134 |
| Paediatric Clinical Immunology And Allergy Service | | | | 2 | 2 | 3 | 1 | 2 | 1 | 4 | 15 |
| Paediatric Dentistry | 3 | 2 | 3 | 7 | 5 | 2 | 1 | 2 | 1 | 1 | 27 |
| Paediatric Dermatology | 1 | 1 | 2 | 4 | | 3 | 2 | 4 | | 1 | 18 |
| Paediatric Diabetic Medicine | | | | | | 1 | | | | | 1 |
| Paediatric Ear Nose and Throat | 6 | 7 | 10 | 10 | 10 | 16 | 9 | 6 | 12 | 8 | 94 |
| Paediatric Endocrinology | 2 | 4 | 7 | 8 | 6 | 8 | 7 | 7 | 7 | 8 | 68 |
| Total | 1,297 | 1,771 | 2,054 | 2,035 | 2,466 | 2,684 | 2,514 | 2,527 | 2,010 | 1,906 | 22,399 |

| TreatmentSpecialtyDescription | CountEpisode for 2020/21 (M1-11) | CountEpisode for 2019/20 (M1-11) | CountEpisode % diff 2020/21 to 19/20 |
|--|----------------------------------|----------------------------------|--------------------------------------|
| General Surgery | 1,020 | 1,759 | -42% |
| Geriatric Medicine | 352 | 363 | -3% |
| Gynaecological Oncology | 16 | 6 | 167% |
| Gynaecology | 230 | 430 | -47% |
| Haemophilia Service | 7 | 2 | 250% |
| Hepatobiliary & Pancreatic Surgery | 171 | 274 | -38% |
| Hepatology | 178 | 205 | -13% |
| Infectious Diseases | 24 | 33 | -27% |
| Interventional Radiology | 94 | 130 | -28% |
| Maxillo-Facial Surgery | 31 | 104 | -70% |
| Medical Oncology | 261 | 436 | -40% |
| Midwifery Service | 31 | 17 | 82% |
| Neonatology | 69 | 70 | -1% |
| Nephrology | 396 | 410 | -3% |
| Neurology | 588 | 907 | -35% |
| Neurosurgery | 767 | 1,292 | -41% |
| Nuclear Medicine | 6 | 9 | -33% |
| Obstetrics Hospital Bed | 387 | 346 | 12% |
| Ophthalmology | 615 | 1,395 | -56% |
| Oral Surgery | 91 | 198 | -54% |
| Paediatric Audiological | 1 | | |
| Paediatric Burns Care | 51 | 55 | -7% |
| Paediatric Cardiac Surgery | 135 | 140 | -4% |
| Paediatric Cardiology | 235 | 326 | -28% |
| Paediatric Clinical Haematology | 134 | 305 | -56% |
| Paediatric Clinical Immunology And Allergy Service | 15 | 31 | -52% |
| Paediatric Dentistry | 27 | 47 | -43% |
| Paediatric Dermatology | 18 | 31 | -42% |
| Paediatric Diabetic Medicine | 1 | | |
| Paediatric Ear Nose and Throat | 94 | 197 | -52% |
| Paediatric Endocrinology | 68 | 113 | -40% |
| Total | 22,399 | 34,624 | -35% |

Episode total to current month (NWIS data warehouse)

| TreatmentSpecialtyDesc | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total |
|-------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Paediatric Epilepsy | | | 4 | 1 | | 2 | 2 | | 2 | | 11 |
| Paediatric Gastroenterology | 10 | 15 | 21 | 18 | 23 | 22 | 22 | 19 | 15 | 20 | 192 |
| Paediatric Intensive Care | 19 | 5 | 14 | 10 | 16 | 17 | 11 | 5 | 4 | 5 | 114 |
| Paediatric Interventional Radiology | 1 | 1 | 1 | 2 | 1 | | 1 | 1 | 1 | | 9 |
| Paediatric Maxillo-Facial Surgery | | | | | 1 | | | | | | 1 |
| Paediatric Medical Oncology | 50 | 47 | 56 | 42 | 49 | 44 | 45 | 54 | 43 | 38 | 521 |
| Paediatric Metabolic Disease | 1 | 1 | 3 | | 1 | 2 | 2 | | 3 | 1 | 14 |
| Paediatric Nephrology | 19 | 25 | 18 | 16 | 24 | 15 | 23 | 27 | 24 | 24 | 237 |
| Paediatric Neuro-Disability | | | 1 | | 1 | | | | | | 2 |
| Paediatric Neurology | 8 | 8 | 5 | 13 | 8 | 10 | 7 | 7 | 10 | 8 | 91 |
| Paediatric Neurosurgery | 12 | 11 | 15 | 12 | 15 | 14 | 19 | 12 | 11 | 8 | 134 |
| Paediatric Ophthalmology | 3 | 7 | 7 | 8 | 13 | 9 | 5 | 8 | 7 | 9 | 82 |
| Paediatric Plastic Surgery | 4 | 6 | 20 | 18 | 8 | 15 | 12 | 14 | 12 | 10 | 125 |
| Paediatric Respiratory Medicine | 2 | 2 | 10 | 6 | 13 | 12 | 15 | 11 | 9 | 9 | 91 |
| Paediatric Rheumatology | 4 | 4 | 7 | 10 | 10 | 2 | 6 | 16 | 11 | 6 | 83 |
| Paediatric Surgery | 27 | 28 | 45 | 42 | 52 | 38 | 44 | 51 | 34 | 25 | 406 |
| Paediatric Transplantation Surgery | | | | | 1 | | | 1 | | | 2 |
| Paediatric Trauma and Orthopaedics | 4 | 3 | 6 | 6 | 11 | 14 | 11 | 13 | 6 | 7 | 83 |
| Paediatric Urology | 10 | 14 | 17 | 20 | 14 | 21 | 33 | 22 | 25 | 27 | 210 |
| Paediatrics | 32 | 29 | 30 | 21 | 20 | 37 | 44 | 46 | 40 | 37 | 361 |
| Pain Management | | 1 | 3 | 5 | 15 | 15 | 3 | 36 | 18 | 1 | 98 |
| Palliative Medicine | | | | 1 | | 1 | | 1 | 2 | | 5 |
| Plastic Surgery | 56 | 53 | 70 | 82 | 101 | 118 | 98 | 101 | 76 | 55 | 849 |
| Podiatric Surgery | | | | | 4 | 4 | 6 | 3 | 5 | | 22 |
| Rehabilitation Service | 2 | 1 | | 2 | 2 | 4 | 4 | 5 | 1 | 2 | 29 |
| Respiratory Medicine | 37 | 49 | 43 | 33 | 42 | 37 | 44 | 60 | 47 | 43 | 476 |
| Respiratory Physiology | | | | 1 | | 2 | | 1 | | | 4 |
| Restorative Dentistry | 1 | | | | | 1 | 1 | | 1 | | 4 |
| Rheumatology | 14 | 39 | 28 | 36 | 59 | 55 | 76 | 59 | 51 | 61 | 490 |
| Spinal Injuries | 1 | 3 | 6 | 2 | 9 | 14 | 20 | 8 | 7 | 8 | 83 |
| Total | 1,297 | 1,771 | 2,054 | 2,035 | 2,466 | 2,684 | 2,514 | 2,527 | 2,010 | 1,906 | 22,399 |

| TreatmentSpecialtyDescription | CountEpisode for 2020/21 (M1-11) | CountEpisode for 2019/20 (M1-11) | CountEpisode % diff 2020/21 to 19/20 |
|-------------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| Paediatric Epilepsy | 11 | 24 | -54% |
| Paediatric Gastroenterology | 192 | 209 | -8% |
| Paediatric Intensive Care | 114 | 144 | -21% |
| Paediatric Interventional Radiology | 9 | 16 | -44% |
| Paediatric Maxillo-Facial Surgery | 1 | 1 | 0% |
| Paediatric Medical Oncology | 521 | 619 | -16% |
| Paediatric Metabolic Disease | 14 | 15 | -7% |
| Paediatric Nephrology | 237 | 347 | -32% |
| Paediatric Neuro-Disability | 2 | | |
| Paediatric Neurology | 91 | 138 | -34% |
| Paediatric Neurosurgery | 134 | 181 | -26% |
| Paediatric Ophthalmology | 82 | 78 | 5% |
| Paediatric Plastic Surgery | 125 | 177 | -29% |
| Paediatric Respiratory Medicine | 91 | 148 | -39% |
| Paediatric Rheumatology | 83 | 99 | -16% |
| Paediatric Surgery | 406 | 496 | -18% |
| Paediatric Transplantation Surgery | 2 | 5 | -60% |
| Paediatric Trauma and Orthopaedics | 83 | 137 | -39% |
| Paediatric Urology | 210 | 315 | -33% |
| Paediatrics | 361 | 661 | -45% |
| Pain Management | 98 | 124 | -21% |
| Palliative Medicine | 5 | 1 | 400% |
| Plastic Surgery | 849 | 1,416 | -40% |
| Podiatric Surgery | 22 | 107 | -79% |
| Rehabilitation Service | 29 | 40 | -28% |
| Respiratory Medicine | 476 | 838 | -43% |
| Respiratory Physiology | 4 | 5 | -20% |
| Restorative Dentistry | 4 | 2 | 100% |
| Rheumatology | 490 | 661 | -26% |
| Spinal Injuries | 83 | 231 | -64% |
| Total | 22,399 | 34,624 | -35% |

Episode total to current month (NWIS data warehouse)

| TreatmentSpecialtyDesc | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Spinal Surgery Service | | 1 | 8 | 5 | 2 | 2 | 4 | 3 | 5 | 3 | 33 |
| Stroke Medicine | 14 | 14 | 13 | 17 | 12 | 17 | 13 | 23 | 9 | 11 | 150 |
| Thoracic Surgery | 13 | 17 | 23 | 23 | 21 | 15 | 13 | 15 | 10 | 18 | 183 |
| Transplantation Surgery | 6 | 14 | 7 | 21 | 27 | 21 | 10 | 14 | 8 | 9 | 142 |
| Trauma & Orthopaedics | 86 | 113 | 158 | 154 | 227 | 259 | 295 | 324 | 202 | 124 | 2,003 |
| Upper Gastrointestinal Surgery | 2 | 2 | 8 | 6 | 10 | 2 | 5 | 3 | 1 | 4 | 45 |
| Urology | 27 | 51 | 55 | 75 | 50 | 83 | 90 | 97 | 53 | 81 | 682 |
| Vascular Surgery | | 2 | 6 | 4 | 10 | 12 | 8 | 8 | 3 | 2 | 56 |
| Well Babies | | 1 | 1 | 1 | 1 | 1 | 2 | | 2 | 2 | 11 |
| Total | 1,297 | 1,771 | 2,054 | 2,035 | 2,466 | 2,684 | 2,514 | 2,527 | 2,010 | 1,906 | 22,399 |

| TreatmentSpecialtyDescription | CountEpisode for 2020/21 (M1-11) | CountEpisode for 2019/20 (M1-11) | CountEpisode % diff 2020/21 to 19/20 |
|--------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| Spinal Surgery Service | 33 | 23 | 43% |
| Stroke Medicine | 150 | 129 | 16% |
| Thoracic Surgery | 183 | 283 | -35% |
| Transplantation Surgery | 142 | 219 | -35% |
| Trauma & Orthopaedics | 2,003 | 5,038 | -60% |
| Upper Gastrointestinal Surgery | 45 | 85 | -47% |
| Urology | 682 | 1,054 | -35% |
| Vascular Surgery | 56 | 106 | -47% |
| Well Babies | 11 | 11 | 0% |
| Total | 22,399 | 34,624 | -35% |

Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpec)
Table 4 (8 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21 (All-Wales and each Health Board of residence)

4.1 All-Wales:

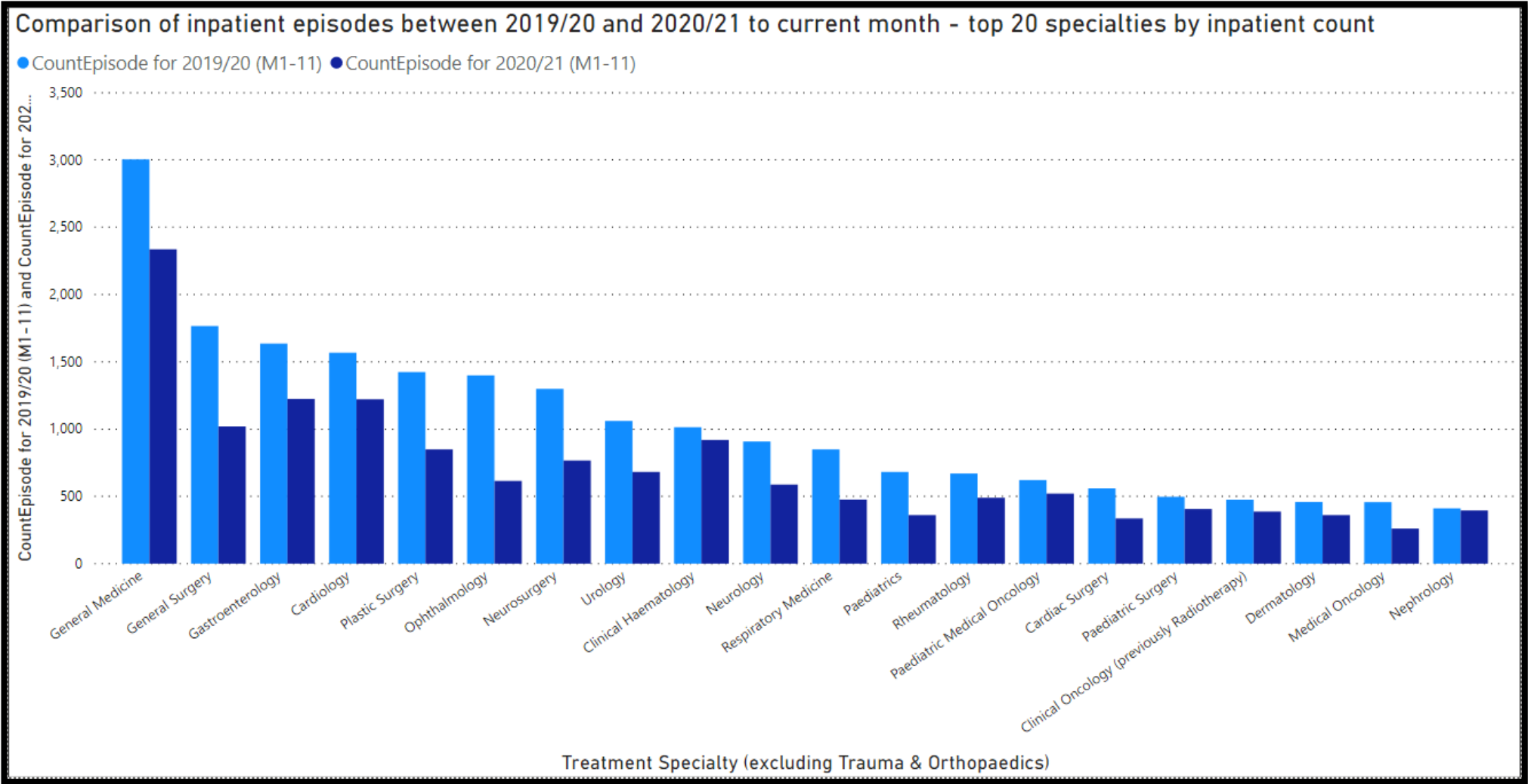


Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

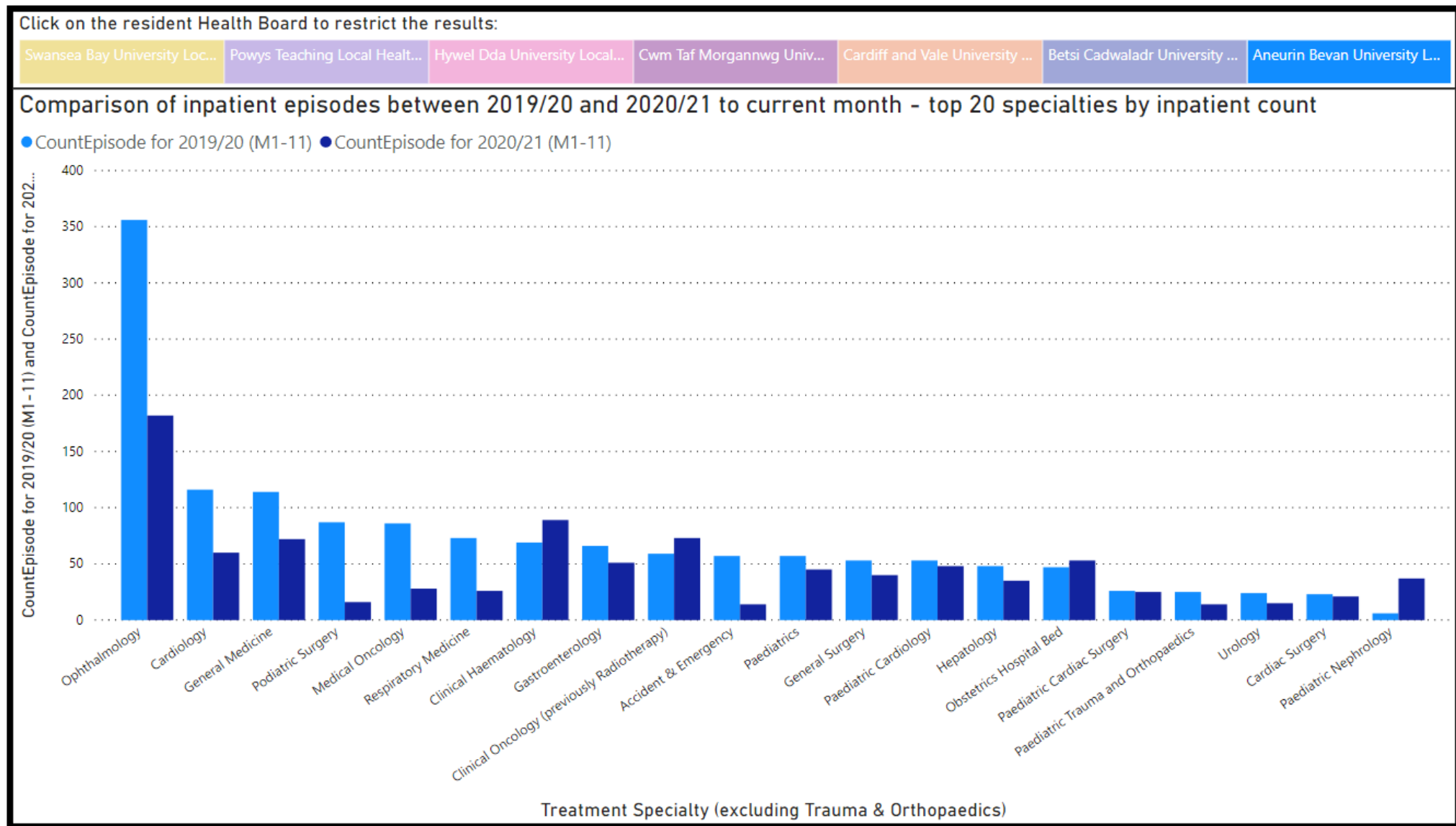


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

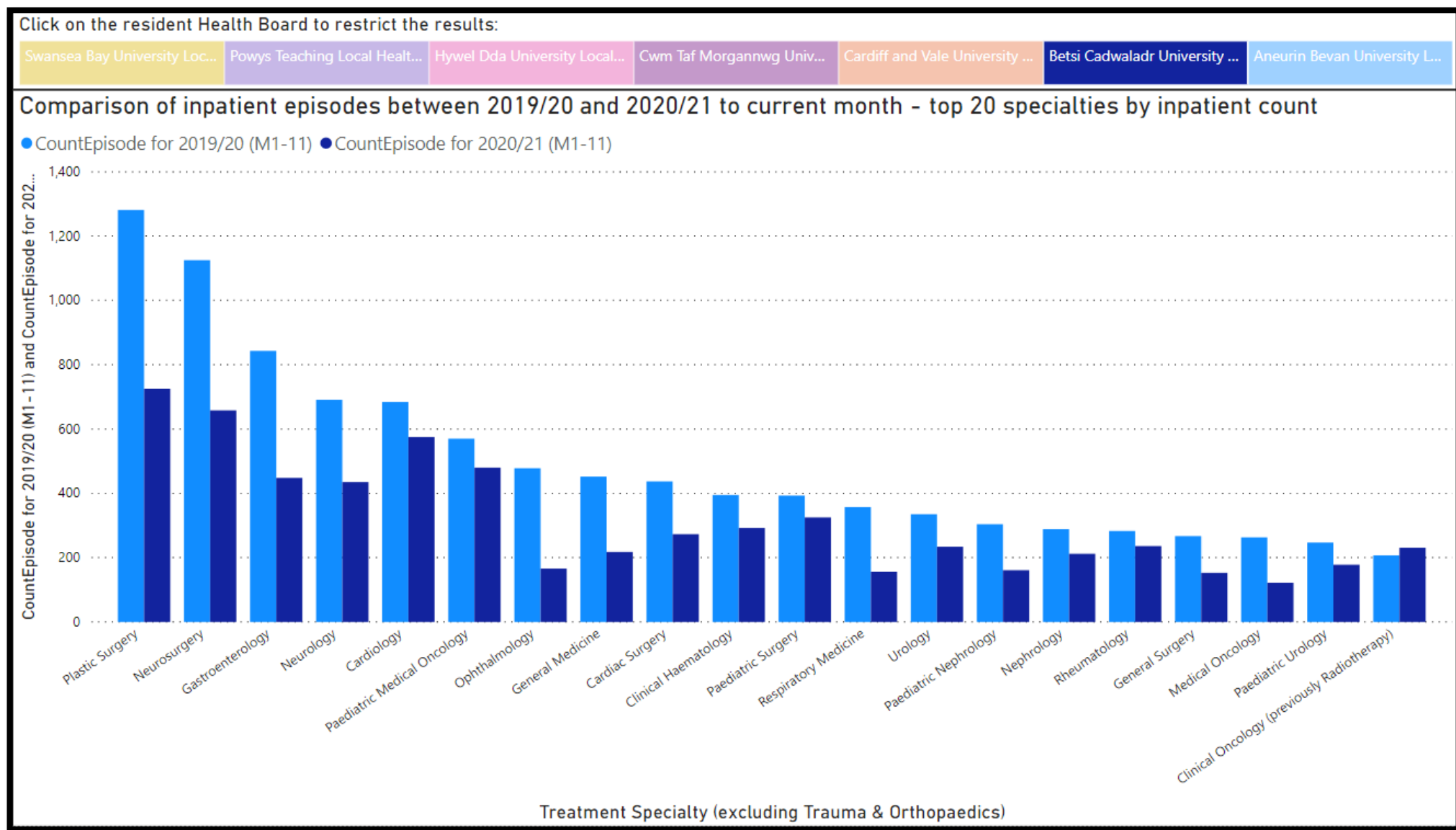


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

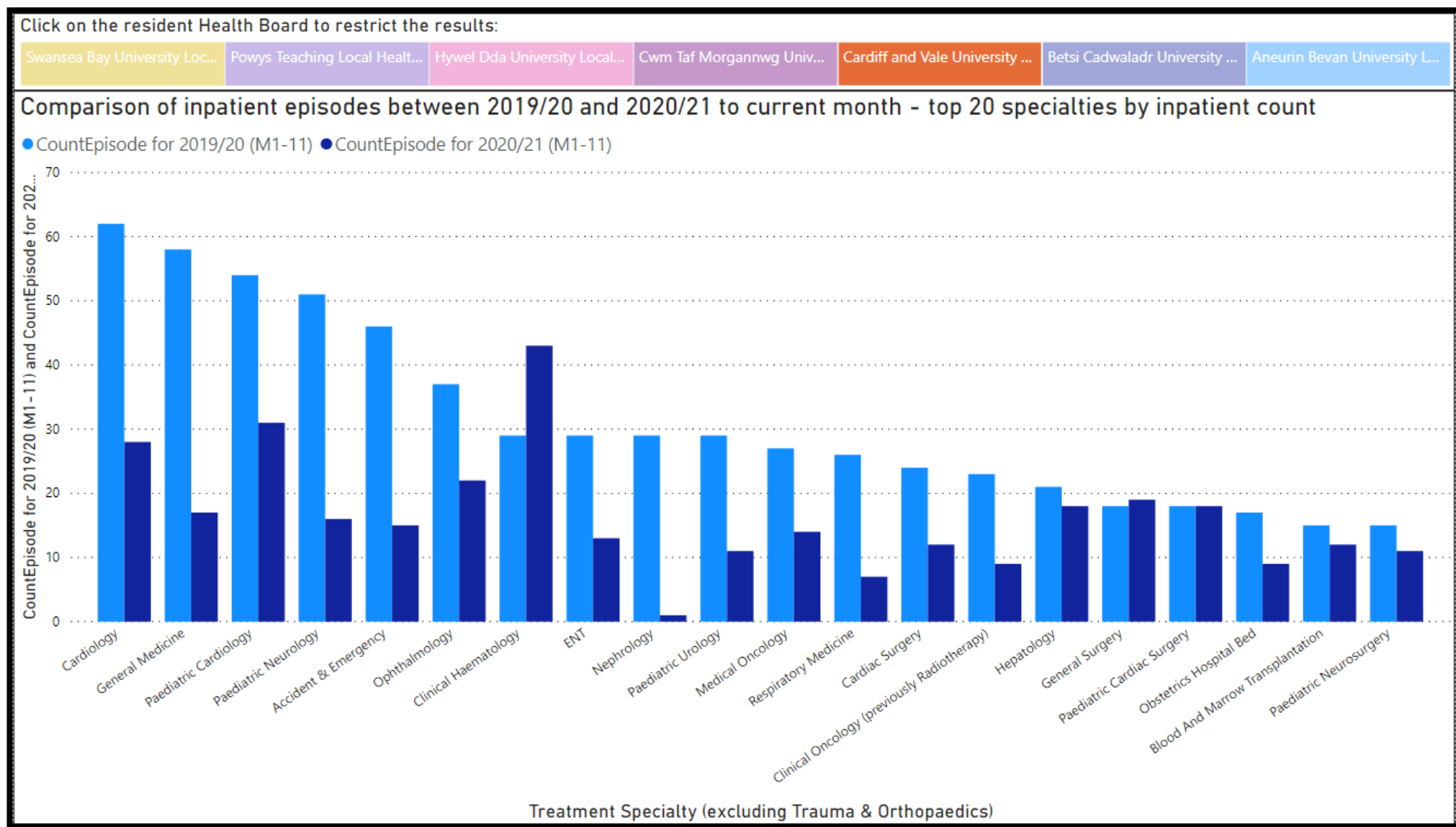


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

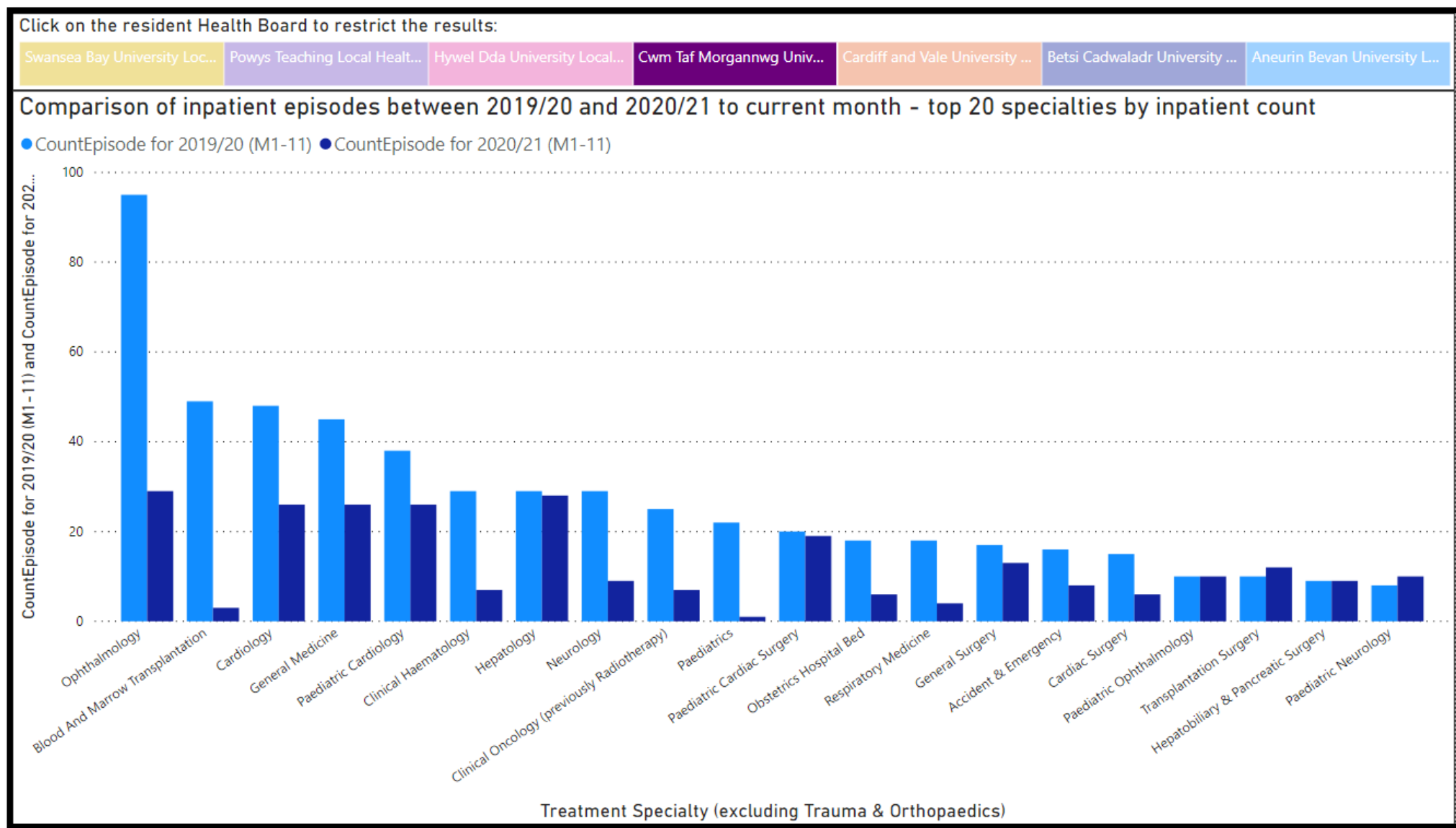


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

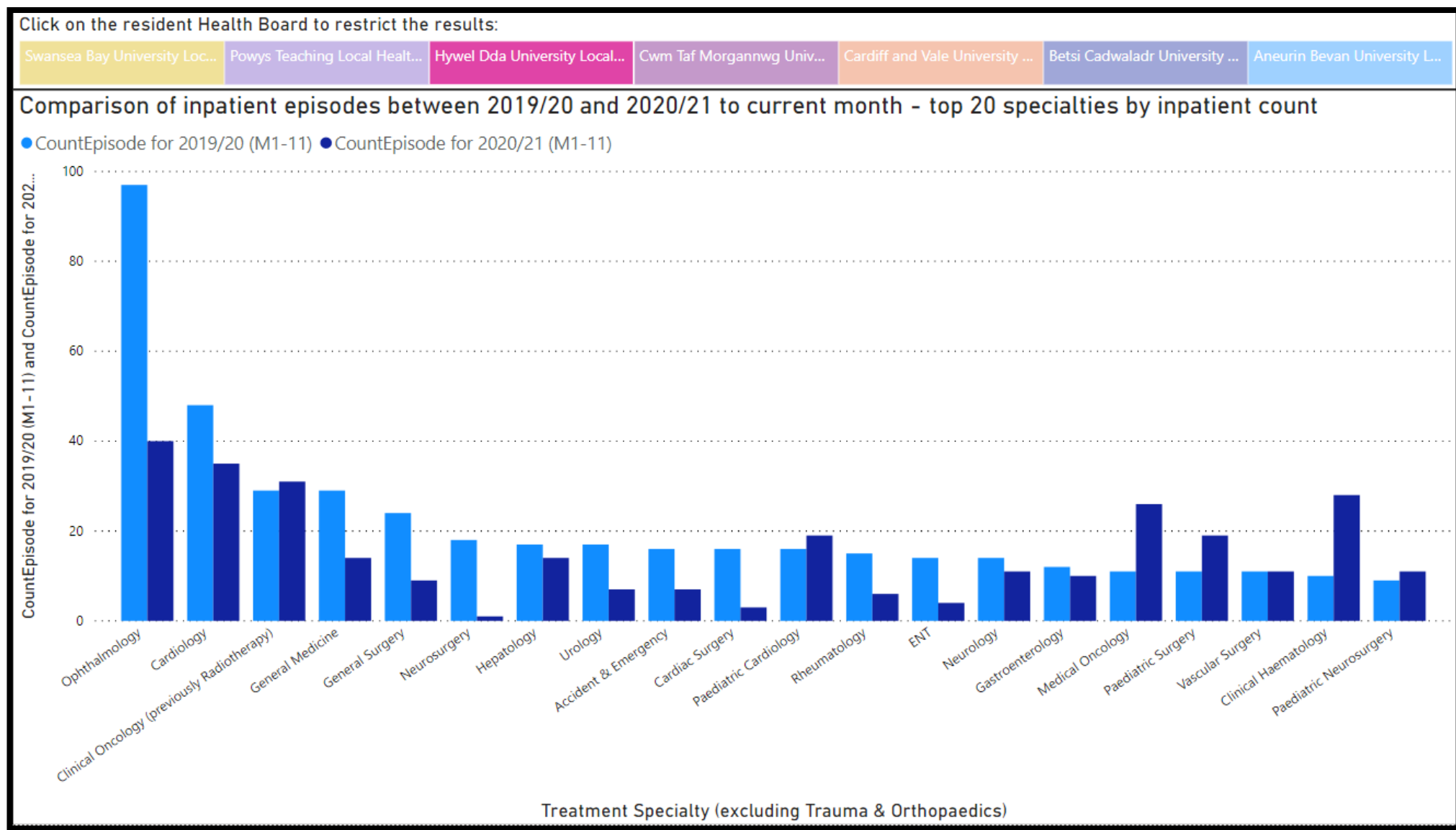


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

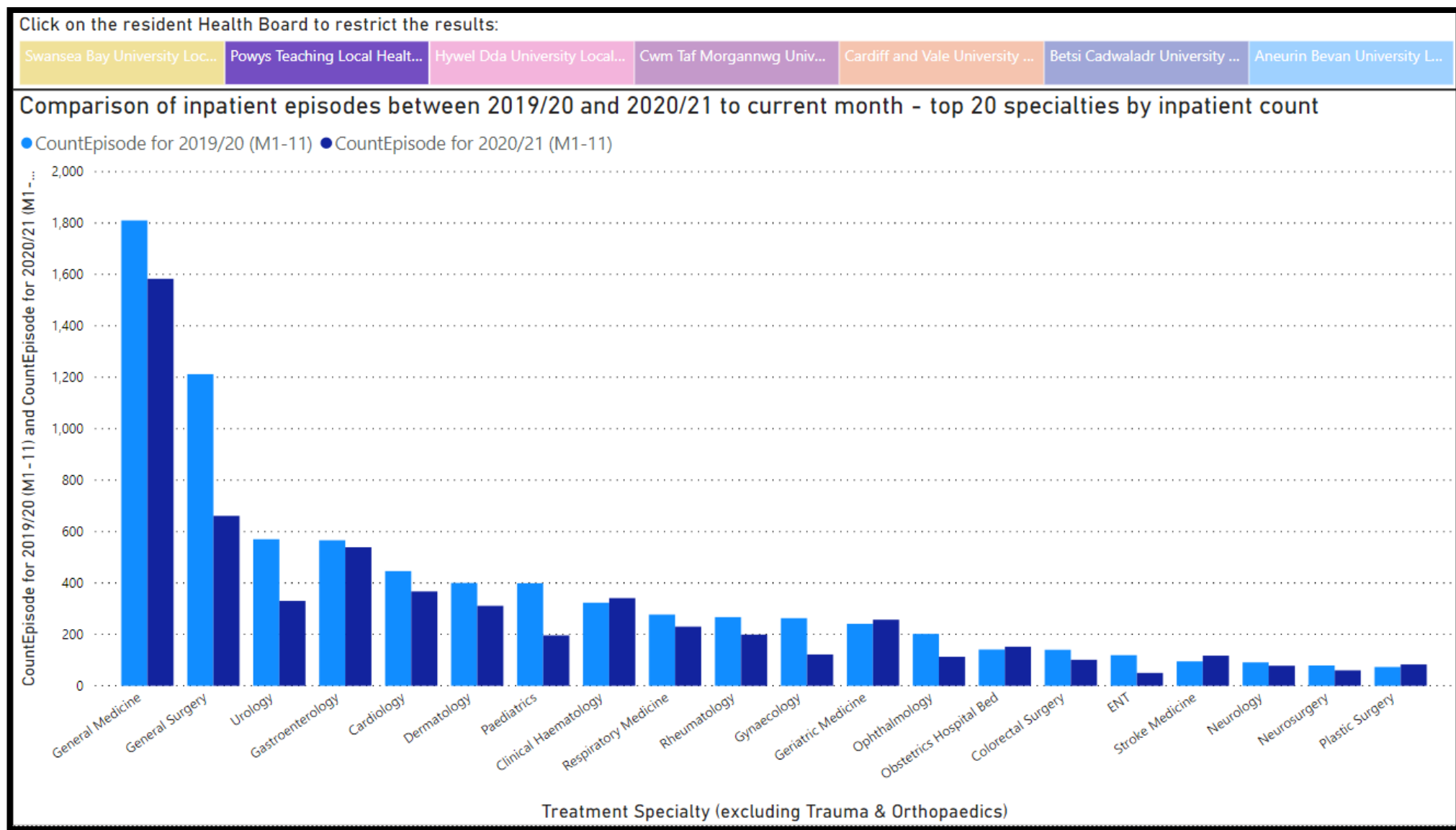
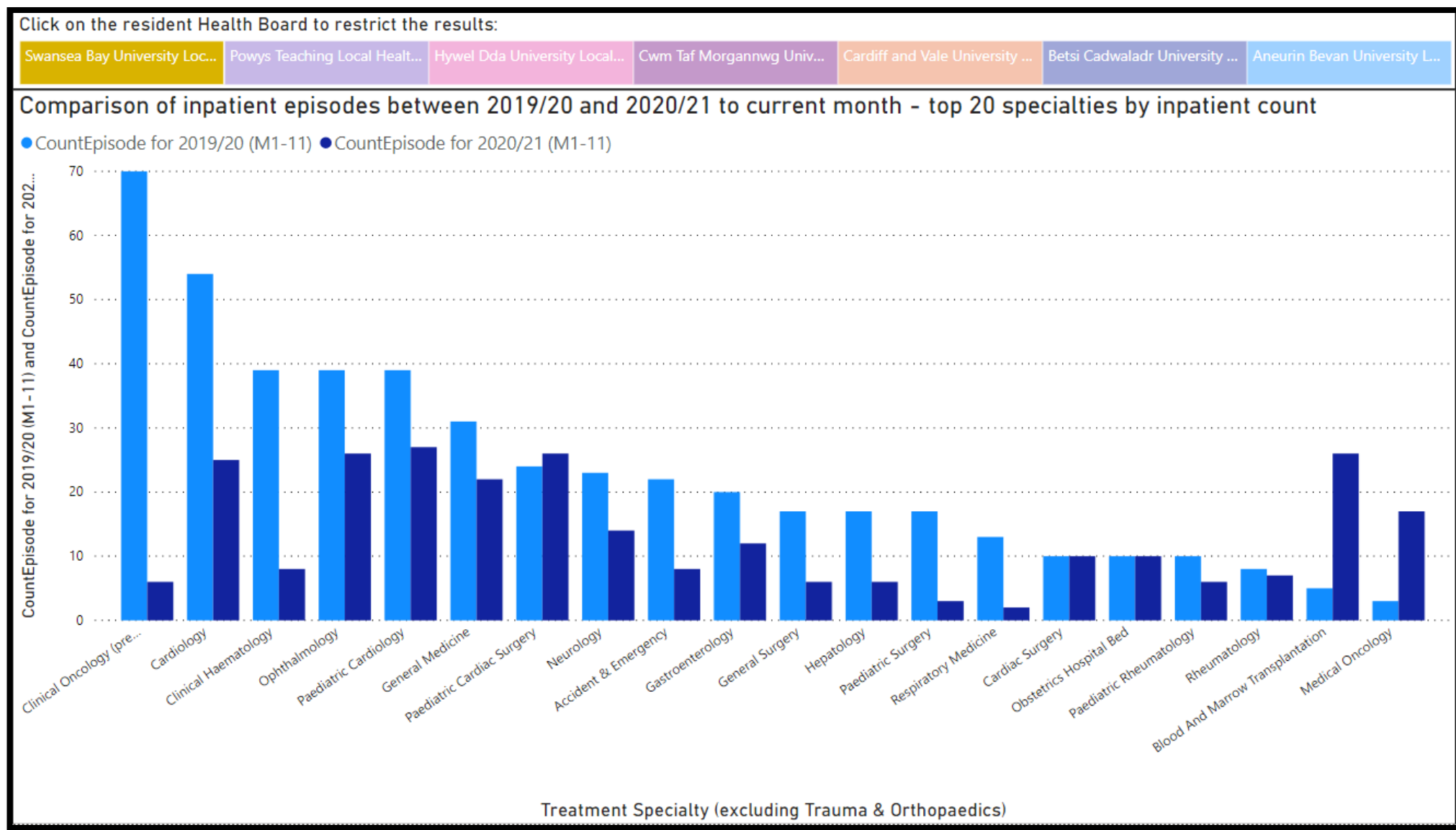


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21





| | | | |
|----------------------------|---|-----------------------|-----------------|
| | | Agenda Item | 5.2 |
| Meeting Title | Joint Committee | Meeting Date | 11/05/2021 |
| Report Title | Financial Performance Report – Month 12 2020/21 | | |
| Author (Job title) | Finance Manager - Contracting | | |
| Executive Lead (Job title) | Director of Finance | Public / In Committee | Choose an item. |

| | | | | |
|------------------------------------|---|-------------------------------------|------------------------------------|---|
| Purpose | <p>The purpose of this report is to set out the financial position for WHSSC for the 12th month of 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 | Management Group | Meeting Date | 22/04/2021 |
| Recommendation(s) | <p>Members are asked to:</p> <ul style="list-style-type: none"> Note the current financial position and forecast year-end position. | | |

Considerations within the report (tick as appropriate)

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

1.0 SITUATION

The purpose of this report is to provide the final outturn for the financial year.

This report will be shared with WHSSC Management Group on 22 April and Joint Committee on 11 May.

2.0 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.

3.0 ASSESSMENT

The financial position reported at Month 12 for WHSSC is a year-end outturn under spend of £12,417k.

This under spend relates mainly to months 1-12 underspend on the pass through elements of NHS Wales provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1 – Q4 20/21 development slippage. Owing to uncertainty regarding the pace of activity recovery and timing of information flows from NHS England providers, WHSSC has adopted a prudent approach to providing for expenditure reductions that may arise from under-performance.

4.0 RECOMMENDATIONS

Members of the appropriate Group/Committee are requested to:

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



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

Finance Performance Report – Month 12



1. Situation / Purpose of Report

The purpose of this report is to set out the final outturn position for WHSSC for the 12th 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 | 695,812 | 695,812 | 683,779 | (12,032) | 5,420 | (12,032) | 2,193 |
| EASC (WAST, EMRTS, NCCU) | 180,006 | 180,006 | 179,621 | (385) | (113) | (385) | (113) |
| Total as per Risk-share tables | 875,817 | 875,817 | 863,400 | (12,417) | 5,494 | (12,417) | 2,308 |

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 12 is an underspend of £12,417k.

NHS England is reported in line with the current IMTP. WHSSC continues to commission in line with the contract intentions agreed as part of the IMTP and historic standard PbR principles, and declines payment for activity that is not compliant with the business rules related to out of time activity. For the first six months of this financial year, block arrangements (with adjustment for pass-through payments) have been agreed with NHS England providers due to the COVID-19 situation. For the second six months block arrangements continued but with the addition of clawback arrangements for under/over performance above defined thresholds.

3. Governance & Contracting

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

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



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

Table 2 - Expenditure variance analysis

| Financial Summary (see Risk-sharing tables for further details) | Annual Budget | 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 | 226,242 | 226,242 | 223,976 | (2,266) | (2,089) | (2,266) | (2,498) |
| Swansea Bay University Health Board | 105,058 | 105,058 | 105,720 | 661 | 572 | 661 | 624 |
| Cwm Taf Morgannwg University Health Board | 9,947 | 9,947 | 9,947 | 0 | 0 | 0 | 0 |
| Aneurin Bevan Health Board | 8,358 | 8,358 | 8,358 | 0 | 0 | 0 | 0 |
| Hywel Dda Health Board | 1,629 | 1,629 | 1,629 | 0 | 0 | 0 | 0 |
| Betsi Cadwaladr Univ Health Board Provider | 43,091 | 43,091 | 42,893 | (198) | (181) | (198) | (198) |
| Velindre NHS Trust | 48,656 | 48,656 | 46,645 | (2,011) | (1,836) | (2,011) | (2,112) |
| Sub-total NHS Wales | 442,982 | 442,982 | 439,168 | (3,814) | (3,535) | (3,814) | (4,184) |
| Non Welsh SLAs | 116,969 | 116,969 | 113,757 | (3,211) | (4,475) | (3,211) | (4,654) |
| IPFR | 58,613 | 58,613 | 60,683 | 2,070 | 251 | 2,070 | 958 |
| IVF | 4,841 | 4,841 | 4,720 | (121) | (207) | (121) | (207) |
| Mental Health | 31,468 | 31,468 | 34,706 | 3,238 | 1,831 | 3,238 | 2,739 |
| Renal | 4,789 | 4,789 | 4,461 | (328) | (211) | (328) | (228) |
| Prior Year developments | 2,628 | 2,628 | 3,073 | 445 | 532 | 445 | 799 |
| 2020/21 Plan Developments | 29,067 | 29,067 | 23,137 | (5,930) | (7,577) | (5,930) | (5,145) |
| Direct Running Costs | 4,456 | 4,456 | 4,269 | (187) | (366) | (187) | (224) |
| Reserves Releases 2019/20 | 0 | 0 | (4,194) | (4,194) | (3,696) | (4,194) | (4,078) |
| Phasing adjustment for Developments not yet implemented ** see below | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditure | 695,812 | 695,812 | 683,779 | (12,032) | (17,453) | (12,032) | (14,225) |

The reported position is based on the following:

- NHS Wales activity – block basis on the agreed SLA value with pass through elements reported as actuals.
- NHS England activity – block basis for months 1-12 of this financial year.
- IVF – 2 NHS England and 1 NHS Wales contract provider, with some IPFR approvals.
- IPFR – reporting is based on approved Funding Requests; recognising costs based on the usual lead times for the various treatments, unclaimed funding requests are released after 36 weeks.
- Renal – a variety of bases; please refer to the risk-sharing tab for Renal for more details on the various budgets and providers.
- Mental Health – live patient data as at the end of the month, plus current funding approvals. This excludes High Secure, where the 2 contracts are based blocks based on 3 year rolling averages.
- Developments – variety of bases, including agreed phasing of funding.

** Please note that Income is collected from LHB's in equal 12ths, therefore there is usually an excess budget in Months 1-11 which

relates to Developments funding in future months. To keep the Income and Expenditure position equal, the phasing adjustment is shown on a separate line for transparency and is accrued to date to avoid a technical underspend.

5. Financial Position Detail - Providers

5.1 NHS Wales

The Welsh provider position reflects month's 1-12 performance variations on the pass through elements of the LTAs. Particularly material underspends exist for C&V relating to ALAS equipment, Haemophilia, Renal Transplants, Spinal Implants, INR Devices, Cystic Fibrosis, BMT, ATMP, BAHAs and Velindre NICE drugs. These are partially offset by overspends on Immunology issues and Home TPN at Cardiff & Vale and NICE High Cost Drugs for both Cardiff & Vale and Swansea Bay. This provider position at Cardiff & Vale and Swansea Bay UHB reflects the full year impact of Joint Committee agreement where TAVI over performance will be reimbursed at 19/20 outturn levels.

5.2 NHS England

All NHS England provider contracts have been calculated on the same basis with a block element covering this financial year. This includes a 2.8% inflation uplift applied to baselines in line with the cross border arrangements agreed centrally for cross border providers for the full year. Month 7-12 assumes continuation of the blocks at the months 1-6 agreed baselines. An agreement has been reached with NHS England of a tiered performance reduction at material providers. The position reflects months 6-12 of the cross border agreement with underperformance against blocks where provider activity is forecast at > 20% below agreed baseline. The performance of these contracts over the last 6 months of the year has been subject to considerable volatility. Performance was typically recovering strongly through the summer and autumn but then significantly fell away due to the impact of the second wave before recovering to varying degrees in February. It is expected that recovery will continue for March but at an uncertain pace. A number of providers are near the 20% under-performance level but a strong March performance could swing positions away from clawback trigger points. A prudent position had therefore been taken regarding provision for clawbacks to reflect the degree of uncertainty and direction of performance improvement.

5.3 Individual Patient Commissioning

The month 12 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. The yearend position is a net overspend of £2,070k. This is driven by an exceptional long stay transplant patient at GOSH £1,630k and the growth in prescribed Vertex products for cystic fibrosis £858k.

5.4 Mental Health

The Mental Health position is based on approved placements in High, Medium Secure and Specialist Mental Health providers with the yearend reported overspend being £3,238k. This is due to a number of high cost enhanced observation patients within forensic medium secure providers, and higher activity in gender assessments and CAMHS out of area placements.

5.5 Strategic IMTP Developments and Provisions

As anticipated in previous months forecasts there was significant slippage against the part year funding provisions for 2020/21 CIAG developments and prioritisation schemes. The final reported position was slippage of £4,018k. There was also slippage of £1,500k against the dialysis growth provision and £2,400k against the horizon scanning NICE provision due to a number of new drug appraisals being delayed.

The ATMP position has been revised to an overspend of £3,341k against the 20/21 funded baseline, based on in year approvals. This variance is managed within the overall WHSSC position and no central funding has been drawn from WG reserves to cover growth and new ATMPs.

The final spend on 'non recurrent underspend funded' schemes aimed at reducing specialised waiting lists and improving activity flow was £1,242k.

5.6 WHSSC Direct Running Costs

The running cost outturn at month 12 is £187k underspent. This is a very small movement of £36k in core staffing when compared to last month.

5.7 Renal

The yearend outturn is currently £328k underspent, this is an increase in the underspend of £100k compared to last month and is mainly the result of the release of drug accruals in Cardiff & Vale and a continued activity reduction in Royal Liverpool & Broadgreen that is partially offset by dialysis contract growth at Swansea Bay.

5.8 IVF

The month 12 outturn position is £121k underspent. The movement from last month is a result of additional approvals at providers not covered by block agreement, mainly Oxford.

5.9 Reserves releases

The reserves release of £4,194k are related to 19/20 commitments that are confirmed will not materialise in 20/21, a number of these are due to the exceptional settlements made with providers at year end means they will not make further recharges for 19/20 activity. The £116k movement this month relates to an additional release for Manchester University Trust for an SLA credit.



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 11 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 M12 | (12,032) | (2,243) | (563) | (1,882) | (1,923) | (500) | (479) | (4,442) |
| Variance M11 | (17,453) | (3,014) | (1,372) | (2,357) | (2,884) | (1,153) | (982) | (5,690) |
| Movement | 5,420 | 771 | 809 | 475 | 961 | 653 | 503 | 1,248 |

Table 4 – End of Year Forecast by LHB

| | Allocation of Variance | | | | | | | |
|------------------|------------------------|------------------------------|-------------|-------------------------------|---------------------------|--------------------|----------------|-----------------------------|
| | Total £'000 | Cardiff and Vale £'000 | SB £'000 | Cwm Taf Morgannwg £'000 | Aneurin Bevan £'000 | Hywel Dda £'000 | Powys £'000 | Betsi Cadwaladr £'000 |
| EOY forecast M12 | (12,032) | (2,243) | (563) | (1,882) | (1,923) | (500) | (479) | (4,442) |
| EOY forecast M11 | (14,225) | (2,516) | (842) | (1,881) | (2,183) | (657) | (770) | (5,376) |
| EOY movement | 2,193 | 273 | 278 | (1) | 260 | 157 | 292 | 934 |

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 | 105,148 | 105,148 | 105,165 | 0 | (17) | 105,148 | (564) |
| Aneurin Bevan | 163,682 | 163,682 | 161,669 | 2,013 | 0 | 163,682 | (2,299) |
| Betsi Cadwaladr | 194,037 | 194,037 | 191,000 | 3,082 | (45) | 194,038 | (4,445) |
| Cardiff and Vale | 140,088 | 140,088 | 139,286 | 889 | (87) | 140,088 | (2,244) |
| Cwm Taf Morgannwg | 127,819 | 127,819 | 126,753 | (16) | 1,082 | 127,819 | (1,883) |
| Hywel Dda | 103,134 | 103,134 | 102,127 | 1,030 | (23) | 103,133 | (502) |
| Powys | 41,909 | 41,909 | 41,563 | 360 | (13) | 41,909 | (480) |
| Public Health Wales | | | | | | 0 | |
| Velindre | | | | | | 0 | |
| WAST | | | | | | 0 | |
| Total | 875,817 | 875,817 | 867,563 | 7,358 | 897 | 875,817 | (12,417) |

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

None

8. Overview of Key Risks / Opportunities

None.

9. Public Sector Payment Compliance

As at month 12 WHSSC has achieved 100% compliance for NHS invoices paid within 30 days by value and 98.5% by number.

For non NHS invoices WHSSC has achieved 100% in value for invoices paid within 30 days and 99.6% by number.

This data is updated on a quarterly basis.

WHSSC has undertaken a self-audit of our PSPP results as provided by NHS WSSP and are content that they are accurate.

10. Responses to Action Notes from WG MMR responses

None

11. SLA 20/21 status update

All Welsh SLAs are signed.

WHSSC agreed a cross border framework with NHS England providers for months 7-12 based on the block contract baselines established in months 1-6 with tiered % performance adjustments if underperformance met specific levels. Drugs and devices will also be outside the blocks and reimbursed on actuals.

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 25 MARCH 2021

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

1. Welcome and Introductions

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams. It was noted that a quorum had been achieved.

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

2. Action Log

Members noted the action log and received an update on:

- **MG145** - Paediatric Endocrinology: Review of activity levels – carried forward to July 2021.
- **MG210** - Paediatric Ketogenic Diet – Change in Service Model: Review of activity levels – carried forward to July 2021.

3. Managing Director's Report

Members received a paper providing updates on (1) the PET-CT Programme Business Case; (2) the revised WHSSC Risk Management Strategy; (3) UHW2; (4) de-escalation of the SBUHB TAVI service; and (5) de-escalation of the Paediatric Intensive Care services at the Children's Hospital for Wales, which was noted.

4. PET New Indications for 2021-22

Members received a paper that sought approval for the release of funding in order to implement the new PET indications included within the 2021-22 ICP.

Members (1) approved the release of funding for implementation of the 2021-22 ICP scheme for new PET indications; (2) noted the scheme is within the funding provision approved in the 2021-22 ICP; (3) noted the revised PET policy has been developed with clinical advice from the All Wales PET Advisory Group and that routine commissioning of the new policy will commence following a period of stakeholder consultation during April 2021.

5. Aortic Stenosis Clinical Pathway Development and Implementation Plan

Members received a paper that sought support for the implementation of the Aortic Stenosis Clinical Pathway Development and Implementation Plan.

It was confirmed that the recently published NICE draft clinical guidelines on heart valve disease presenting in adults and the English referral to treatment 62-day target would be taken into consideration.

Members (1) noted the information presented within the report; and (2) supported the implementation of the Aortic Stenosis Clinical Pathway Development and Implementation Plan.

6. Tuberous Sclerosis Complex Specialist Clinic: Implementation of 2021-22 ICP scheme

Members received a paper that sought approval for the release of funding to enable the implementation of the 2021-22 ICP scheme for the Tuberous Sclerosis Complex Specialist Clinic.

Members (1) approved the release of funding for the 2021-22 ICP scheme for the Tuberous Sclerosis Complex Specialist Clinic; (2) noted that the requested funding is within the provision made for Tuberous Sclerosis within the 2021-22 ICP; and (3) noted the assessment that the business case provides value for money.

7. Proposal for Syndrome Without a Name (SWAN) service

Members received a paper that informed them that the WHSS team is supporting a Rare Diseases Implementation Group (RDIG) proposal to establish a SWAN service as a 3 year pilot, backed by Welsh Government funding. The main aim of the SWAN service is to reduce the burden of the “diagnostic odyssey” experienced by patients, which is a key action identified by the RDIG.

Members noted the WHSS team support for a RDIG proposal for a pilot children’s SWAN service.

8. Traumatic Stress Wales (TSW) – Hub Staffing

Members received a paper that informed them that, following confirmation of recurrent funding from Welsh Government, the TSW hub posts (filled and unfilled) are to be made permanent. This is a Welsh Government funded initiative.

Members noted the information presented within the report.

9. CIAG process for 2021-22

Members received a paper that outlined a proposed CIAG process for 2021-22.

Members (1) considered and discussed the process and associated timeline; and (2) supported the process and associated timeline.

10. Proposals for Utilisation of Underspend

Members received a paper that reported the WHSSC Chair's Actions taken to approve proposals for the utilisation of forecast underspend, based on the Joint Committee's decision taken on 15 December 2020.

Members noted the list of proposals supported by WHSSC Corporate Directors Group Board and approved by WHSSC Chair's Action in line with the decision of Joint Committee taken on 15 December 2020.

11. Activity Report for Month 10 2020-21 COVID-19 Period

Members received a paper that highlighted the scale of the decrease in activity levels during the peak COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted the information presented within the report.

12. 2020-21 Month 11 Finance Report

Members received a paper the purpose of which was to provide the current financial position of WHSSC together with the outturn forecast for the financial year. The financial position at month 11 is a year to date underspend of £17.5m and a forecast year end under spend of £14.2m.

This under spend under spend relates mainly to months 1-11 underspend on the pass through elements of welsh provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1-Q4 2020-21 development slippage.





CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 22 APRIL 2021

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

1. Welcome and Introductions

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams. It was noted that a quorum had been achieved.

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

2. Action Log

Members noted that there were no actions due on the action log.

3. Managing Director's Report

Members received a paper providing an update on removal of the south Wales Soft Tissue Sarcoma Service from escalation of, which was noted.

4. Project Initiation Document: Mental Health Strategy

Members received a paper that sought to initiate the development of a 'Specialist Mental Health Strategy' for the population of Wales.

Members noted the initiation of this work and commented as required.

5. Provision of Microprocessor Controlled Prosthetic Knees for Civilians

Members received a paper that informed them of the funding provided by Welsh Government for microprocessor controlled prosthetic knees for civilians and request approval for implementing the commissioning of this new prosthetic activity.

Members (1) noted the funding provided by Welsh Government for the establishment of a microprocessor controlled prosthetic knee service for the civilian population; and (2) approved the proposed commissioning arrangements for this additional prosthetic activity.

6. Funding Release for the Prosthetics Service - SBUHB

Members received a paper that sought approval for the release of funding for the prosthetics service provided by SBUHB to mitigate the workforce risks highlighted in the 2021-24 ICP.

Members (1) approved the request for the release of funding, which is fully provided for in the ICP 2021-22 for the prosthetic service, SBUHB, to mitigate the workforce risks to support equity of access, sustainability and quality of service provision.

7. Pulmonary Hypertension – Potential to develop an improved service for Wales

Members received a paper that provided a summary of the findings of the review and sought support to take forward the recommendations to improve pulmonary hypertension services across Wales.

Members (1) noted the information in the report; and (2) supported the WHSS team in taking forward the work required to determine what a local service could look like, to include:

- Revitalising the Clinical Working Group to support the ongoing work to develop the satellite model of care;
- Reviewing the findings/outcomes from the pilot being undertaken at SBUHB to provide further evidence of success of a satellite clinic;
- Undertaking further financial scrutiny; and
- Determining if this new model of care should be considered for prioritisation through the 2022-25 ICP, or if this could be achieved through repatriation of services.

8. Paediatric Inherited Metabolic Disease

Members received a paper that sought support for the proposed new arrangements for the south and west Wales' paediatric inherited metabolic disease population, following notification by CVUHB that they are unable to continue to deliver the service after the 31 March 2021.

Members (1) noted the cessation of the existing service; (2) supported the funding for the new integrated service between University Hospital Bristol and CVUHB; and (3) supported the increase in consultant provision at CVUHB until September 2021 to support the transition between the current and new model.

9. Activity Report for Month 11 2020-21 COVID-19 Period

Members received a paper that highlighted the scale of the decrease in activity levels during the peak COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted the information presented within the report.

10. 2020-21 Month 12 Finance Report

Members received a paper the purpose of which was to provide the final outturn for the financial year. The financial position at was an under spend of £12.03m after making prudent provisions.

The under spend relates mainly to months 1-12 underspend on the pass through elements of NHS Wales provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at >20% below agreed baseline and Q1 – Q4 2020-21 development slippage.



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WHSSC Joint Committee
11 May 2021
Agenda Item 5.3.2

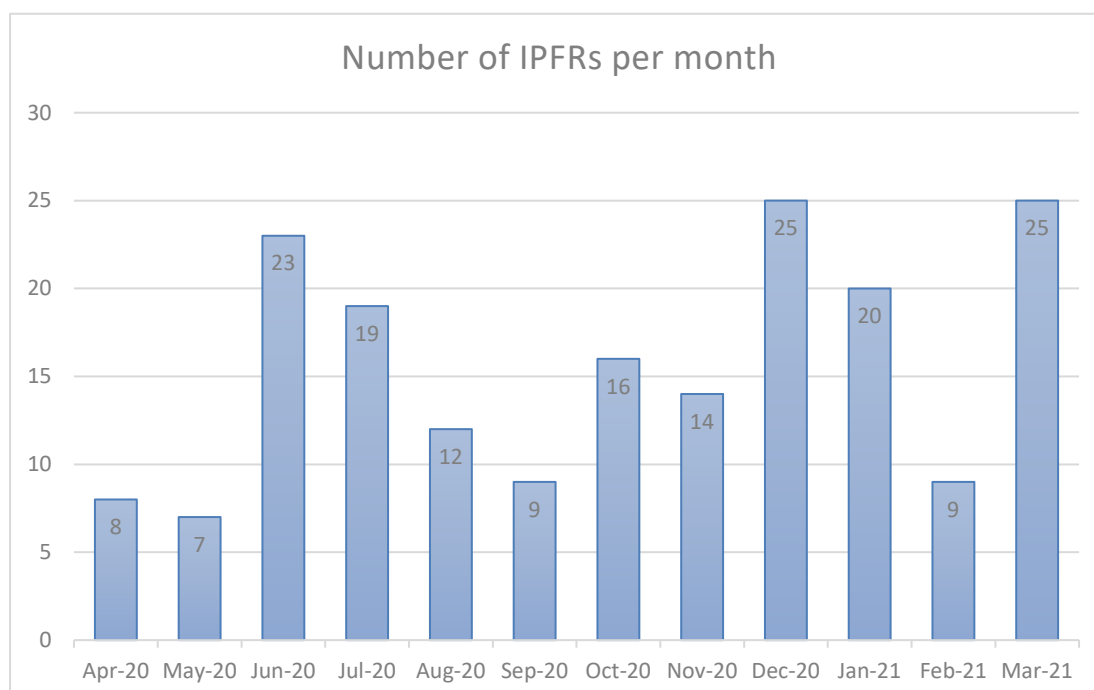
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|--------------------------------|---|
| Reporting Committee | All Wales Individual Patient Funding Request (IPFR) Panel |
| Chaired by | Professor Vivienne Harpwood |
| Lead Executive Director | Director of Nursing and Quality Assurance |
| Date of last meeting | Twice monthly - Virtual – last meeting 15 April 2021 |

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

As of March 2021, IPFR decisions have been made by the All Wales IPFR Panel as full meetings have now resumed, with twice monthly meetings being held virtually via MS TEAMS.

The number of requests considered per month has remained very high with over 187 new requests received between April 2020 and March 2021. 162 of these requests were discussed as Chairs Action, prior to the AW IPFR Panel being reinstated. A number of these requests were deferred and discussed at more than one meeting.

74 of these requests were for PET scans, many of the indications where PET has been requested are likely to be included in the next revision of the PET policy in 2021. On average, 16 IPFRs were considered per month.



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| Key risks and issues/matters of concern and any mitigating actions | |
| <p>Qoracy of AW IPFR Panel Meetings Although full All Wales IPFR meetings have resumed, quoracy still seems to be an issue with some Health Boards struggling to provide representation.</p> <p>Requesting clinical outcomes To inform future policy development and monitor outcomes of treatments approved by the Panel. It is intended to actively request outcome data. These requests for feedback will commence with PET outcomes and evaluation of patient experience of patient/s who have received a micro-processor knee.</p> <p>Lay membership WHSSC have now recruited a replacement Lay member. Faith Walker has now joined the AW IPFR Panel and is currently observing meetings as part of her induction.</p> | |
| Matters requiring Committee level consideration and/or approval | |
| <ul style="list-style-type: none"> • None | |
| Matters referred to other Committees | |
| None | |
| Confirmed Minutes for each of the virtual Chair Action Panel meetings or AW IPFR Panel meetings are available on request. | |
| Date of next meeting | |

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|---|--|
| Reporting Committee | Quality Patient Safety Committee |
| Chaired by | Emrys Elias |
| Lead Executive Director | Director of Nursing & Quality |
| Date of Meeting | 23 March 2021 |
| Summary of key matters considered by the Committee and any related decisions made | |
| <p>1. Commissioning Assurance Framework</p> <p>Members received an update regarding the review of the Quality Assurance Framework which has been renamed the Commissioning Assurance Framework and will be supported by the following suite of documents:</p> <ul style="list-style-type: none"> • Risk Management Framework; • Performance Framework; • Escalation Process; and • Patient Engagement & Experience Framework. <p>The Commissioning Assurance Framework was circulated to Joint Committee on 16 February 2021 as an appendix to the 2021-22 Integrated Commissioning Plan. Further work is on-going to finalise the appendices.</p> <p>2. Caswell Clinic Feedback from SUI</p> <p>The committee received a presentation for Swansea Bay University Health Board following an untoward serious incident that occurred on the unit. They were reassured by the robustness of the investigation and asked that any lessons learnt would be shared wider amongst the network.</p> <p>3. Risk Management</p> <p>Members were reminded of the changes to the way in which risk is monitored and scored across the organisation and would be more aligned to the risk management process within Health Boards. It was proposed that a new Risk Register would be created for the new financial year and that this would be presented at the next meeting. There was agreement that there were long standing fragilities within the system before and this had been compounded by the COVID-19 pandemic. A workshop was being held on 11 May 2021 to discuss the deliverability of the ICP and to establish key principles regarding equity of access to services.</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</p> | |

summary of the services in escalation is attached to this report. The key points for each service are summarised below:

- **Cancer and Blood**

It was noted that the collaborative working between the thoracic surgery services in SBUHB and CVUHB had resulted in patients moving across to receive their surgery in a different centre where the waiting time is shorter. The BMT service in CVUHB had recently received notification that they had received JACIE accreditation. Non-recurrent funding had been used to support the plastic surgery service in SBUHB to allow them to run more theatre sessions. A formal impact of investment report would be available in May 2021.

- **Cardiac**

The TAVI service in SBUHB had reduced to level 2 of the WHSSC escalation process. Further work was ongoing regarding a regional approach to subclavian access.

- **Mental Health & Vulnerable Groups**

An update of the complex mental health patient was provided to the committee. The increase in Eating disorder referrals was also noted and the committee were updated of the ongoing work led by Welsh Government to review the pathway. An update was provided on the two CAMHS inpatient units and the review undertaken by the NCCU Quality Assurance Improvement Service would be available for the next meeting.

- **Women & Children's**

It was reported the Women & Children's Team had been subject to review by Internal Audit and had received an audit opinion of Substantial Assurance. An engagement plan was in the process of being put in place with the BAHA and Cochlear service around Cochlear services so that a final decision as to lead provider can be made. The committee were updated regarding the ongoing work around neonatal transport service and were reassured that the Joint Committee would be considering the issue at an Extraordinary meeting in early April 2021. Members raised concerns about the harm to the personal development and wellbeing of the 55 patients waiting for Cleft Lip and Palate treatment given their young age. Members were assured that the SBUHB Cleft Lip and Palate team were assessing the children regularly and were treating in highest priority order. A full update was requested for the next meeting.

- **Neurosciences**

Access to Mechanical Thrombectomy for stroke patients remained the main concern noted within the report. Work was underway with CVUHB to develop a thrombectomy service within University Hospital Wales and that it was hoped significant progress would be made over the next 6 months. All Health Boards and The Stroke Network were aware of the issues regarding access to Mechanical Thrombectomy. Members wished the Joint Committee to be made aware of the concerns.

5. Services in Escalation Report

Members received and considered a report proposing changes to the reporting of services in escalation to reflect the performance monitoring expectation in light of COVID-19. It was acknowledged that the Minister for Health & Social Services had made a decision to suspend the monitoring of RTTs. As a result it was proposed and supported that those service in escalation as a result of breach of RTT would be temporarily removed and monitored to be monitored through the recovery plans with the providers. The remaining services in escalation are attached to this report. It should be noted that the movement of arrows down is an improving picture and an arrow upward a rise in the escalation level. This is further expanded in the revised escalation proves which will be considered at the next meeting.

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:

- Chair's Report and Escalation Summary to Joint Committee 09 March 2021
- Quality & Patient Safety Committee Annual Cycle of Business
- Health Board QPS Leads Contacts
- DOLS Replacement Arrangements
- Welsh Risk Pool Learning and Advisory Panel Newsletter

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




Matters referred to other Committees




None




Confirmed Minutes for the QPS meetings are available on request

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| Date of next scheduled meeting: | 08 June 2021 |
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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. GMOSS: Outreach clinics into Wales suspended. Phone appts in place. Surgery able to continue. |  |
| 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-19 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-19. SLA meeting to recommence this month to discuss recovery plans. |  |

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|----------------|---------------------------------------|-------------|---|--|---|---|
| | 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. 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> |  |
| 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-19. |  |
| 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 | <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. |  |

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| Reporting Committee | Integrated Governance Committee |
| Chaired by | WHSSC Chair |
| Lead Executive Director | Committee Secretary |
| Date of last meeting | 23 March 2021 |

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

23 March 2021

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams.

The main focus of the meeting was WHSSC governance matters including a briefing on the role, function and governance arrangements of the WRCN presented by SS. This annual briefing provided members with an update on the work of the Network. Members were advised that there had been no changes to the governance arrangements since the last briefing report presented to the Committee. SS reported the increased prevalence of home dialysis. COVID-19 had accelerated the need to provide this as an option for this very vulnerable group of patients, reducing their risk of infection. Currently around 24% of patients had home dialysis but the target was 30% by 2022. There had also been an expansion in the number of dialysis units in the south west Wales area, to meet the original National Service Framework standards of providing dialysis units within a 30 minute drive of each patient's home, and to cope with rising demand for dialysis (~4-5% compound growth each year) with the target of increasing by a further 2 units to 23 units across Wales by 2023.

The draft Annual Governance Statement was shared with members along with the Integrated Governance annual business cycle.

Members also received a further update on the work undertaken to develop a revised draft Risk Management Strategy (RMS) for WHSSC.

The extant CRAF was also presented to members as assurance that whilst work on finalising the revised RMS was ongoing, monitoring and updating the extant CRAF continued.

A revised Draft Mental Health Risk Register was presented to members as an illustration of how the new process worked. This demonstrated how the updated RMS aligns to the recently revised CTMUHB risk management strategy to give greater clarity to risk identification, measurement and monitoring. In particular the revised RMS proposes a revised scoring process for risks at WHSSC, moving from the current system, which uses a three domain process, to a system that is

more akin to that being used in health boards whereby each risk will be attributed a single score.

Members noted the information contained within the papers and provided feedback, including support for the Risk on a Page reports.

Members generally felt that this new system was an improvement and easier to understand. Also that the overall descriptions were an improvement and in terms of the Mental Health example, of the classification into different areas such as CAMHS/eating disorders were helpful.

KS explained that from April 2021, the remaining Commissioning teams will have completed their review of their risk registers. The finalised documents will be taken to Joint Committee in May 2021 for final approval and a further update will be presented at the next meeting of the Committee.

Members received a paper which confirmed approval of the 2021-22 Integrated Commissioning Plan. A final draft of the ICP was considered by Joint Committee at an Extraordinary Meeting on 16 February 2021 and it was approved subject to some amendments which were requested to strengthen section 9 of the ICP - Planning for Recovery.

Members were also advised that Welsh Government would be issuing updated model standing orders in the next few months. In view of this, the annual review of the WHSSC standing orders would be delayed until this revised guidance had been issued.

KS reported that a draft of the Audit Wales Report had been received to check for factual accuracy. The Chair noted that the draft Report recognised positive progress with governance arrangements at WHSSC and contained no surprises. It was currently unclear when the final Report would be issued.

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| Key risks and issues/matters of concern and any mitigating actions |
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| As recorded above |
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| Matters requiring Committee level consideration and/or approval |
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| As recorded above |
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| Matters referred to other Committees |
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| None |
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| Confirmed Minutes for IGC meetings are available on request |
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| Date of next meeting | 8 June 2021 |
|-----------------------------|-------------|