Joint Committee - In Public

Tue 19 September 2023, 09:30 - 11:30

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

0.0 JC Public Agenda 19 September 2023.pdf (2 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Minutes of the Meetings held on 18 July 2023, 1 August 2023 and Matters Arising

Att. *Chair*

1.4 Unconfirmed JC (Public) Minutes 18 July 2023 v9.pdf (19 pages)
1.4.1 Unconfirmed Extraordinary JC (Public) Minutes 1 August 2023.pdf (4 pages)

1.5. Action Log

Att. *Chair*

1.5 JC Action Log - September 2023.pdf (4 pages)

09:30 - 09:30
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2. PRESENTATIONS

2.1. Genomics Update

Presentation *Sian Morgan*

To Follow

09:30 - 09:30
0 min

3. ITEMS FOR CONSIDERATION AND/OR DECISION

3.1. Chair’s Report

Att. *Chair*

3.1 Chair's Report.pdf (4 pages)

3.2. Managing Director’s Report

Att. *Managing Director*

3.2 Managing Director's Report.pdf (4 pages)
3.2.1 Appendix 1 - SWSN Update for WHSSC Joint Committee v3.pdf (9 pages)

3.3. Development of the Integrated Commissioning Plan (ICP) 2024/25

Att. *Director of Planning & Performance*

3.3 Development of the Integrated Commissioning Plan 2024-25 V5.pdf (6 pages)

3.4. South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Briefing Paper

Att. *Programme Director*

3.4 SW SARC Regional Model Implementation Briefing Paper (003).pdf (4 pages)
3.4.1 Appendix 1 - SARC Chair's Letter.pdf (1 pages)
3.4.2 Appendix 2 - SARC South Wales Regional Model Implementation.pdf (6 pages)
3.4.3 Appendix 3 - SARC South Wales Regional Model Report 2019.pdf (60 pages)

3.5. Welsh Government National Commissioning Review Update

Oral *Programme Director*

3.6. Single Commissioner for Secure Mental Health Service Project Initiation Document (PID)

Att. *Director of Mental Health*

3.6 Single Commissioner for Secure Mental Health Services PID.pdf (4 pages)
3.6.1 Appendix 1 - Project Initiation Document v0.4.pdf (11 pages)
3.6.2 Appendix 2 - Single Commissioner Terms of Reference.pdf (2 pages)

3.7. Revision to Financial Delegated Limits

Att. *Director of Finance*

3.7 Revision to financial delegated limits.pdf (4 pages)

3.8. WHSSC Model Standing Orders - Governance and Accountability Framework

Att. *Committee Secretary*

3.8 WHSSC Model Standing Orders – Governance and Accountability Framework.pdf (7 pages)
3.8.1 Appendix 1 - Updated Standing Orders September 2023 tracked changes.pdf (59 pages)
3.8.2 Appendix 2 WHSSCS SFIs September 2023 tracked changes.pdf (34 pages)

09:30 - 09:30
0 min

4. ROUTINE REPORTS AND ITEMS FOR INFORMATION

4.1. WHSSC Performance Report – June 2023

Att. *Director of Planning and Performance*

4.1 WHSSC Performance Report - June 2023.pdf (35 pages)

4.2. Financial Performance Report Month 4 2023-2024

Att. *Director of Finance*

4.2 Financial Report Month 4 2023-2024 WHSSC.pdf (10 pages)

4.3. South Wales Neonatal Transport Delivery Assurance Group Report (April 2023 - June 2023)

Att. *Director of Planning & Performance*

4.3 Q1 Neonatal Transport DAG report.pdf (4 pages)

4.4. South Wales Trauma Network Delivery Assurance Group Report (Q1)

Att. *Director of Planning & Performance*

- 4.4 South Wales Major Trauma Network DAG report.pdf (6 pages)
- 4.4.1 Appendix 1 - MTN Delivery Assurance Group Report August.pdf (19 pages)

4.5. Specialised Paediatric Services Strategy – Implementation Board Highlight Report

Att. *Director of Planning & Performance*

- 4.5 Paediatric Strategy Implementation Board Highlight Report.pdf (3 pages)
- 4.5.1 Appendix 1 - Implementation Board Highlight Report.pdf (1 pages)

4.6. All Wales PET Programme Progress Report

Att. *Managing Director*

- 4.6 All Wales PET Programme Progress Report_v1.0 September 2023.pdf (6 pages)

4.7. Corporate Governance Matters Report

Att. *Committee Secretary*

- 4.7 Corporate Governance Report.pdf (4 pages)
- 4.7.1 WHSSC Joint Committee Forward Work Plan 2023-2025.pdf (10 pages)

4.8. Reports from the Joint Sub-Committees

Att. *Joint Sub- Committee Chairs*

1. Audit and Risk Committee (ARC) Assurance Report
2. Management Group Briefing
3. Individual Patient Funding Request (IPFR) Panel
4. Integrated Governance Committee (IGC)
5. Quality & Patient Safety Committee (QPSC)

- 4.8.1 Audit and Risk Committee Assurance Report 16 August 2023.pdf (2 pages)
- 4.8.2a MG Core Brief 27 July 2023.pdf (4 pages)
- 4.8.2b MG Core Brief 24 August 2023.pdf (3 pages)
- 4.8.3 IPFR Chair Report - September 2023.pdf (2 pages)
- 4.8.4 IGC Chair's Report August 2023.pdf (3 pages)
- 4.8.5 Quality Patient Safety Committee Chairs Report August 2023.pdf (7 pages)
- 4.8.5a Appendix 1 - Summary of Services in Escalation.pdf (8 pages)
- 4.8.5b Appendix 2 - WHSSC Newsletter Spring-Summer 2023.pdf (10 pages)
- 4.8.5c Appendix 3 - WHSSC Newsletter Spring-Summer 2023 Welsh.pdf (10 pages)

09:30 - 09:30
0 min

5. CONCLUDING BUSINESS

5.1. Any Other Business

Oral *Chair*

5.2. Date of Next Meeting (Scheduled)

Oral *Chair*

- 21 November 2023 at 13.30hrs

5.3. In Committee Resolution

Oral *Chair*

The Joint Committee is recommended to make the following resolution: “That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings)

Act 1960)".

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

WHSSC Joint Committee Meeting held in public
Tuesday 19 September 2023 at 09:30hrs

Microsoft Teams

AGENDA

ITEM		LEAD	PAPER / ORAL	TIME
1.0	**PRELIMINARY MATTERS**			
1.1	Welcome and Introductions	Chair	Oral	09:30 - 09:35
1.2	Apologies for Absence	Chair	Oral	
1.3	Declarations of Interest	Chair	Oral	
1.4	Minutes of the Meetings held on 18 July 2023 & 1 August 2023 and Matters Arising	Chair	Att.	
1.5	Action Log	Chair	Att.	
2.0	**PRESENTATIONS**			
2.1	Genomics Update	Sian Morgan	Pres	09:35 - 09:55
3.0	**ITEMS FOR CONSIDERATION AND/OR DECISION**			
3.1	Chair's Report	Chair	Att.	09:55 - 10:00
3.2	Managing Director's Report	Managing Director	Att.	10:00 - 10:05
3.3	Development of the Integrated Commissioning Plan (ICP) 2024/25	Director of Planning & Performance	Att.	10:05 - 10:15
3.4	South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Briefing Paper	Programme Director (NCCU)	Att.	10:15 - 10:20
3.5	Welsh Government National Commissioning Review Update	Programme Director	Oral	10:20 - 10:25
3.6	Single Commissioner for Secure Mental Health Service Project Initiation Document (PID)	Director of Mental Health	Att.	10:25 - 10:35
3.7	Revision to Financial Delegated Limits	Director of Finance	Att.	10:35 - 10:40

ITEM		LEAD	PAPER / ORAL	TIME
3.8	WHSSC Model Standing Orders – Governance and Accountability Framework	Committee Secretary	Att.	10:40 - 10:45
4.0	**ROUTINE REPORTS AND ITEMS FOR INFORMATION**			
4.1	WHSSC Performance Report	Director of Planning & Performance	Att.	10:45 - 10:50
4.2	Financial Performance Report Month 4 2023-2024	Director of Finance	Att.	10:50 - 10:55
4.3	South Wales Neonatal Transport Delivery Assurance Group Report (April 2023 - June 2023)	Director of Planning & Performance	Att.	10.55 - 11:00
4.4	South Wales Trauma Network Delivery Assurance Group Report (Q1)	Director of Planning & Performance	Att.	11:00 - 11:05
4.5	Specialised Paediatric Services Strategy – Implementation Board Highlight Report	Director of Planning & Performance	Att.	11:05 - 11:10
4.6	All Wales PET Programme Progress Report	Managing Director	Att.	11:10 - 11:15
4.7	Corporate Governance Matters Report	Committee Secretary	Att.	11:15 - 11:20
4.8	Reports from the Joint Sub-Committees 4.8.1 Audit and Risk Committee (ARC) Assurance Report 4.8.2 Management Group Briefings 4.8.3 Individual Patient Funding Request (IPFR) Panel 4.8.4 Integrated Governance Committee (IGC) 4.8.5 Quality & Patient Safety Committee (QPSC)	Joint Sub-Committee Chairs	Att.	11:20 - 11:25
5	**CONCLUDING BUSINESS**			
5.1	Any Other Business	Chair	Oral	
5.2	Date of Next Meeting (Scheduled) - 21 November 2023 at 13.30hrs	Chair	Oral	
5.3	In Committee Resolution 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)".	Chair	Oral	11:25 - 11:30

Unconfirmed Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 18 July 2023 via MS Teams

Members:

Kate Eden	(KE)	Chair, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing & Quality
Stuart Davies	(SD)	Director of Finance, WHSSC
Carolyn Donoghue	(CD)	Independent Member, WHSSC
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Chantal Patel	(ChP)	Independent Member, WHSSC
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
Steve Spill	(SS)	Independent Member, WHSSC
Hayley Thomas	(HTh)	Interim Chief Executive Officer, Powys teaching HB

Deputies:

Rob Holcombe	(RH)	Director of Finance, Aneurin Bevan UHB
Nick Lyons	(NL)	Executive Medical Director, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Associate Director of Corporate Services, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Nicola Johnson	(NJ)	Director of Planning, WHSSC
James Leaves	(JL)	Assistant Director of Finance, WHSSC
Ian Phillips	(IP)	Independent Chair, Welsh Kidney Network (WKN)
Andrea Richards	(AR)	Senior Project Manager, WHSSC
Dai Roberts	(DR)	Director for Mental Health & Vulnerable Groups, WHSSC
Helen Tyler	(HT)	Head of Corporate Governance, WHSSC
Nick Wood	(NW)	Deputy CEO NHS Wales, Welsh Government

Observing

Kerry Broadhead	(KB)	Assistant Director of Strategy, Swansea Bay UHB
Anne Simpson	(AS)	Head of Strategic Commissioning, Hywel Dda UHB

Apologies:

Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Interim Chief Executive Officer, Betsi Cadwaladr UHB

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Minutes:
Gemma Trigg (GT) Corporate Governance Officer, WHSSC

Min Ref	Agenda Item
JC23/82	**1.1 Welcome and Introductions** The Chair welcomed Members in Welsh and English and stated that meetings would continue to be held virtually via MS Teams. She reminded Members of the purpose of the Joint Committee and the WHSSC values of respect, partnership, improvement and innovation. There were no objections to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved. Members noted the changes to the agenda due to time constraints: • The Genomics Service Update had been deferred to 18 September 2023; and • The WHSSC Annual Report would be shared via email and will be ratified at the next meeting. The Chair welcomed Carolyn Donoghue, Independent Member (IM) at CTMUHB, recently appointed as the new WHSSC IM to her first Joint Committee, and Anne Simpson, in attendance as an observer, to the meeting.
JC23/83	**1.2 Apologies for Absence** Apologies for absence were noted and listed as above.
JC23/84	**1.3 Declarations of Interest** The Joint Committee (JC) noted the standing declarations and there were no additional declarations of interest made relating to the items for discussion on the agenda.
JC23/85	**1.4 Minutes of the meetings held on 16 May and Matters Arising** The minutes of the JC meeting held on 16 May 2023, were **received** and **approved** as a true and accurate record of discussions. There were no matters arising.

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JC23/86	**1.5 Action Log** The action log was received, and members noted the progress on the open actions which were not due until September and approved the actions that had been closed.
JC23/87	**2.1 Genomics Service Update** Members noted that the presentation had been deferred to the Joint Committee meeting scheduled for September.
JC23/88	**NHSE Funding Growth / Impact on Providers** The presentation outlining the variation in growth in specialised services across the UK compared to other services was received. Stuart Davies (SD) led the presentation and shared the evidence from a detailed report prepared for NHS England (NHSE) specialised commissioners setting out the factors that are influencing a consistent net growth in average annual cost increases of 8% per annum. SD advised that discussions held at the JC meetings around the ICP recognised the investment in Welsh specialised services is typically significantly less that the levels made in England and hence there is a need to evaluate the drivers of these cost increases in order to provide a balanced context for future ICP rounds, whilst recognising the systemic HB affordability constraints. Members **noted** that work had been undertaken to analyse the variation in growth relating to specialised services across the different NHS sectors. The Joint Committee had requested that the work be undertaken to gain a benchmark of how Welsh services performed in comparison with those in England and ideally the other UK health systems in Scotland and Northern Ireland. Chantal Patel (CP) advised that costs were rising for Health Boards (HBs) and queried how the costs were apportioned and whether the detail around cost increases would be shared with HBs and how it would be managed. SD responded and advised that the situation did not change the availability to HBs, and that the money allocated to Welsh Government (WG) for health services within their overall settlement from Treasury hadn't always been spent on core health services.

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	SD advised the way that these pressures come through the WHSSC Integrated Commissioning Plan (ICP) is different – in England the pressures generally automatically come through PBR pricing and charging mechanism – whereas in Wales the pressures come through stepped investment in agreed components of cost based on business cases either for new things or in service sustainability pressures to deliver standards and keep services going. Suzanne Rankin (SR) advised that it was an important piece of work and asked how we could work together to ensure that safe services were delivered to patients. Under the current arrangements HBs are involved more in the NHSE system which do not provide a discount for Wales. SR advised there was a need to consider academic work to analyse the relative cost of delivery in Wales against the other benefits HBs would receive by local provision such as the consideration for workforce expertise and the knock on impact on other services within the HB. SD advised that while the gap in underinvestment over the last 10 years decreased in some years any move to increase outsourcing services to NHSE would not provide improved value for money as it tended to be at close to full unit cost. SD advised the underlying cost drivers were the same in NHSE as they were in Wales but the mechanism for recognising those costs is different. SD advised that if we outsource more to NHSE the 8% increase cost will come through the PBR mechanism. SR advised that a conversation was required on how to calculate this for Wales, and SD advised that the English data reported it was approximately 8% per annum over a 6 year review period. Paul Mears (PM) advised that the issues had been discussed previously in the JC in relation to economic value of providing services in wales, the planning of specialised services and that there was a need for a degree of realism. PM advised there was a need to consider if we are delivering on specialised services and that radical thinking was required on the future of specialised services in Wales, including financial sustainability, workforce sustainably and trying to subsidise high cost solutions.

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	Nick Wood (NW) agreed that a review of the costs associated with the whole pathway of services should be considered in order to understand how economic they are and whether or not they should be commissioned another way. NW advised that a lot of services were pseudo specialist carried out across multiple HBs and there was a need to look at the viability on how specific services were being delivered as the current financial constraints were not viable and could be categorised as specialist and sub-specialist. SD advised that the one advantage of the Welsh approach was that it was slightly cheaper as overheads were spread more, and HBs get more specific and visible improvements in service for any investment. Hayley Thomas (HTh) highlighted the importance of getting the relationship right with service providers across the border, particularly when looking at service specification standards, and that specific needs needed to be managed carefully. Members noted that consideration around adapting contract frameworks would take place during the 2024/2025 ICP process with an aim to optimise the value of services commissioned. During the next ICP process the value of the work that is currently undertaken will be shared in more detail to ensure it is clearly visible to the JC. Robert Holcombe (RH) advised that an analysis of referral routes, criteria threshold and commissioned services would be beneficial to understand the costs and then consider what the next steps are. Sian Lewis (SL) highlighted that there would be opportunities as well as strategic challenges as the service evolves in to the role of a Single National Commissioner and that while this is the first step in these discussions a report will be brought back to JC in September to start to inform the next round of the ICP. SL encouraged members to engage with WHSSC on any potential ideas they may have. The Joint Committee resolved to: • **Note** the presentation.
JC23/89	**3.1 Chair's Report** The Chairs report was received and members **noted**:

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	• **Chairs Action** - The Chair's action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial 2 year term from 1 July 2023 until 30 June 2025 in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SOs). • Key meetings attended The Joint Committee resolved to: • **Note** the report; and • **Ratify** the Chair's action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial two year term from 1 July 2023 until 30 June 2025.
JC23/90	**3.2 Managing Director's Report** The Managing Director's Report was received and members **noted** the following updates: • **Hosting Agreement with CTMUHB – Statutory Duty of Candour and the Duty of Quality -** Cwm Taf Morgannwg Cwm Taf Morgannwg (CTMUHB), acting as Host HB, requires WHSSC to use its reasonable endeavours to comply with this legislation in its activities where appropriate. WHSSC had written to CTMUHB to confirm WHSSC were aware of its duties and to advise that we will report on compliance with the duties within the Annual Governance Statement (AGS), • **Memorandum of Understanding (MoU) with BCUHB -** WHSSC and Betsi Cadwaladr UHB (BCUHB) have developed a joint Memorandum of Understanding (MoU) to set out the arrangements for the management of contracts and commissioning for the population of North Wales from English providers. The MoU clearly describes the arrangements and responsibilities if a serious quality concern or risk materialises. The MoU has been signed by both parties and is operational with immediate effect, • **Requests for WHSSC to Commission New Services – WHSSC has received requests to commission new services for NHS Wales** ○ Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales; and ○ Neurophysiology The workload associated with the adoption of new services during 2023-24 will be absorbed into the existing WHSSC Team capacity. A review of the longer-

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	term workload impact, including the potential commissioning of Hepato-Pancreao- biliary (HPB) Surgery Services will be undertaken and will inform the 2024-25 ICP, • **Fertility Update - WHSSC Policy development: - CP37 Pre- implantation Genetic Testing-Monogenic Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy -** The WHSSC team have been in discussion with Llais, regarding issues raised during the stakeholder engagement exercise on the above policies. In response to feedback, WHSSC will revise its Policy for Policies, and a paper describing the proposed approach is on the agenda for the July JC meeting. There is ongoing dialogue regarding the individual policies (CP37 and CP38) and a key issue to be resolved is the sequencing on any requirement for public consultation for policies, deemed to represent a significant service change which may have a budget impact, and therefore, require incorporation into the WHSSC prioritisation and ICP approval processes. August to agree the next steps. • **Neonatal Cot Configuration Project -** At the March 2023 meeting the JC requested that the WHSSC Director of Planning sought advice from the NHS Wales Directors of Planning (DoPs) Executive Peer Group on the best approach to the strategic planning for the second phase of the neonatal cot review to ensure that the review fully addresses the interdependencies with non-WHSSC commissioned services such as maternity, and the Clinical Services Plans of HBs. A positive discussion was held with the DoPs in May where it was agreed that WHSSC should lead this planning, and that the DoPs should be involved in the design of Phase 2. This had been followed up with a factual briefing to the DoPs on Phase 1. SR thanked the team for the update around Neonatal Cots and asked the team to ensure that Clinicians were involved in discussions to ensure strategic clinical engagement during the regional reconfiguration. Steve Spill (SS) requested clarification around the Memorandum of Understanding (MoU) with BCUHB which set out the arrangements for the management of contracts and commissioning for the population of North Wales from English providers and whether it was a replacement of a previous MoU.

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	NJ advised that this MoU was developed from the lessons learned following an incident which highlighted the need for more clarity around responsibilities in reporting and acting on quality issues. The Joint Committee resolved to: • **Note** the report.
JC23/91	**3.3 Future Commissioning of the Wales Neurophysiology Service** The report outlining the process and timeline of work that would be undertaken for WHSSC to return to commissioning Neurophysiology services in Wales if approved by JC Committee was received. Members noted that the NHS Wales Health Collaborative Executive Group (CEG) had formally requested that WHSSC return to commissioning Neurophysiology services in Wales. Nicola Johnson (NJ) highlighted the background to the request and the next steps to transfer resources and commissioning responsibility on 1 April 2024. Members noted that future funding requirements would be taken through the normal ICP processes. CP queried how the service would be improved if commissioned by WHSSC and NJ provided an assurance that WHSSC had a robust commissioning process and that the transfer of resources would enable a coordinated approach to be taken across the currently fragmented elements of the service enabling WHSSC to complete a gap analysis against the service specification and to make recommendations to the MG and JC. RH suggested taking a full pathway analysis approach on this service as part of the future commissioning discussions held earlier and NJ confirmed that all work would be looked at through a values based lens. The Joint Committee resolved to: • **Note** the report, • **Approve** the request for WHSSC to return to commissioning neurophysiology services from April 2024 onwards; and • **Support** the proposed next steps and the work that will be undertaken to take this forward.

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JC23/92	**3.4 Sacral Nerve Stimulation (SNS) for Faecal and Urinary Incontinence in South Wales** The report outlining the process and timeline of the work for WHSSC to take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales was received. Members noted the formal request by the NHS Wales Health Collaborative Executive Group (CEG) to take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales. RH highlighted that any changes to access for patients following the review could lead to a public consultation and asked that WHSSC take that into consideration as part of the process. Members of the Joint Committee resolved to: • **Note** the report, • **Approve** the request for WHSSC to commission Sacral Nerve Stimulation (SNS); and • **Support** the proposed process and timeline of the work that will be undertaken to take this forward.
JC23/93	**3.5 Update on Welsh Kidney Network (WKN) Governance Review** The report presenting an update on the Welsh Kidney Network (WKN) Governance Review was received and members noted the potential future direction for the network based on considered discussions at the WKN Board meetings. Ian Phillips (IP) highlighted the key points within the report and the proposed next steps to increase focus on strategy and planning to support the prevention of kidney disease and the aims avoid patients developing a chronic kidney disease. Members noted that more detailed future plans will be brought to JC for consideration. RH queried a point within the report which stated there was 'seemingly confusion within LHBs and, to some extent within the Network, about what its scope and role is and what it isn't'. SL confirmed that there had been good progress made against the action plan and agreed to share the report on the action plan following the meeting today for further assurance.

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	ACTION: SL/IP to share the WKN action plan report with RH for further assurance. Members noted that the full plan had been submitted and reviewed by the Information Governance Committee (IGC) and were assured by the level of oversight the network had to resolve the issues. The Chair thanked IP for the leadership provided across stakeholders and for bringing them together through a challenging governance review. The Joint Committee resolved to: • **Note** the update on the Welsh Kidney Network (WKN) governance review.
JC23/94	**3.6 WHSSC Policy for Policies Review** The report outlining the implications of issues raised during the WHSSC stakeholder consultation on Clinical Commissioning Policies CP37 (Pre-implantation Genetic Testing) and CP38 (Specialist Fertility Services: Assisted Reproductive Medicine) in relation to the WHSSC 'Policy for Policies' and wider policy development in NHS Wales was received. SL outlined the background to the report and actions that had been taken to resolve the issues raised by Llais regarding the use of the policy for policies; • Legal advice was sought, • A desktop exercise reviewing the types of clinical access policy engagement by other UK NHS bodies was undertaken, • A review was undertaken of the 'Policy for Policies' used by HBs across NHS Wales; and • Advice was sought from NHSE and NICE regarding their approach to determining when a new policy or update may be considered as a service change, and therefore be subject to the requirements of the guidance on changes to NHS services in Wales. Members noted the next steps to review the WHSSC Policy for Policies to ensure it aligns with the updated guidance on changes to NHS services in Wales and the development of an assessment form to support decision making in the event of any wider consultation processes required. The Joint Committee resolved to: • **Note** the report; and

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	• **Support** and **agree** the next steps.
JC23/95	**3.7 IPFR Engagement Update – All Wales Policy** A recommendation was made and approved that this item would not be discussed following communication that had been received challenging the integrity of the previous approval process. Members noted that the IPFR was currently the highest scoring organisational risk for WHSSC. However, the ongoing lack of clarity around the governance arrangements has meant that is not possible to take this forward at this time. WHSSC officers will work through the issues raised around governance and bring an update back to the JC to be considered in September. Members noted the urgent issue to appoint a new Chair in September when the current Chair will be standing down and agreed to hold an Extraordinary JC meeting before the next JC meeting to try find an interim solution. **ACTION:** An extraordinary Joint Committee meeting to be arranged to consider options to appoint a new Chair. The Joint Committee resolved to: • **Note** the verbal update.
JC23/96	**3.8 Appointment Process for the Individual Patient Funding Request (IPFR) Panel** A recommendation was made and approved that this item not be discussed. The Joint Committee resolved to: • **Note** the verbal update.
JC23/97	**3.9 Corporate Risk Assurance Framework (CRAF)** The report presenting the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers was received. Jacqui Evans (JE) presented the report and members noted the key changes within the CRAF and the 17 risks attributed to commissioning and organisational risks as at 30 June 2023 and provided assurance that the management of risks aligned with the processes adopted and agreed.

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	During the JC meeting on 16 May 2023, members raised concerns over the risk scoring for some of the top risks outlined within the Annual Governance Statement 2022-2023. Verbal assurance was given that WHSSC had undertaken a desktop benchmarking exercise to compare and contrast risks scores across HBs and WHSSC and the findings indicated that the WHSSC risk scoring levels were unique to WHSSC and were appropriate. It was recognised that the WHSSC scores may appear higher than HB scores, however this was deemed relevant to the nature of the WHSSC business. PM suggested that it may be helpful to have a discussion concerning whether we need to be clear around the recording of HB; provider or commissioner, or both, risks and advised he would raise this with the Director of Corporate Governance at CTMUHB. JE assured members that the risk information was regularly shared with HB Secretaries and discussions around risks and the escalation framework take place during regular one to one meetings. The Joint Committee resolved to: • **Note** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 30 June 2023, • **Approve** the CRAF as at 30 June 2023, • **Note** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group meetings; and • **Note** that a Risk Benchmarking exercise was undertaken and the results were discussed at the Integrated Governance Committee meeting on 13 June 2023.
JC23/98	**3.10 Annual Committee Effectiveness Self-Assessment Results 2022-2023** The report presenting the actions from the Annual Committee Effectiveness Self-Assessment undertaken in 2021-2022 and the results of the Annual Committee Effectiveness Self-Assessment 2022-2023 was received and members noted the overall finding of the survey had been positive and that the sub-Committees are effectively supporting the Joint Committee in fulfilling its role.

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	JE presented the report and informed members that the development plan to map out the way forward in response to the feedback will be provided to JC in September. The Joint Committee resolved to: • **Note** the completed actions made against the Annual Committee Effectiveness Survey 2021-2022 action plan, • **Note** the results from the Annual Committee Effectiveness Survey for 2022-2023, • **Note** that an update on the survey findings was presented to the Integrated Governance Committee (IGC) Committee on the 13 June 2023, • **Note** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2023-2024; and • **Note** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.
JC23/99	**3.11 WHSSC Annual Report 2022-2023** Members noted that the report presenting the Annual Report for 2022-2023 will be shared with all members via correspondence for comment, and subject to any further amendments, for virtual approval. The document will be brought back to the September meeting under the Corporate Governance Report to confirm approval. The Joint Committee resolved to: • **Note** the verbal update.
JC23/100	**3.12 Declarations of Interest, Gifts, Hospitality and Sponsorship 2022-2023** The report presenting an update on detail of the Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship activities for the financial year 2022-2023 was received. Members noted that the team are still working on the format of the report for consistency and will be updated for the next report. The Chair highlighted that the figures presented are available publicly. Joint Committee resolved to: • **Note** the Declarations of Interest Register for 2022-2023,

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Min Ref	Agenda Item
	• **Note** the Gifts, Hospitality and Sponsorship register for 2022-2023, • **Note** that the Registers were presented and discussed at the Integrated Governance Committee meeting on 13 June 2023; and • **Receive** assurance regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.
JC23/101	**4.1 WHSSC Integrated Performance Report April 2023** The report presenting Integrated Performance Report was received. Members noted the new format of the report providing additional information on Mental Health data, recovery rates and services in escalation measured against the WG performance measures aiming to provide an overall context to help develop understanding as the year progresses. Members noted that the updated format had received positive feedback however further work concerning how the information concerning services in escalation was needed. Members noted that a detailed report on services in escalation was presented to and scrutinised by each Quality Patient and Safety Committee (QPSC) meeting for assurance. SR advised that the report was good and easy to navigate, and queried if work could be undertaken on service escalation, especially paediatrics as demand was continuing to rise at a rate that was unclear. SR suggested that a strategic conversation was required to consider the picture in 12 months' time. HTh advised that she had reviewed the integrated performance report for Powys tHB and queried if the expected timetable for projected quality improvement could be improved. SL responded and advised that a detailed report on the services in escalation under the WHSSC escalation framework was submitted to each QPSC meeting, this report included timetables for projected quality improvement. Also Professor Ceri Phillips, during his time as Chair of the QPSC had invested a lot of time in supporting and strengthening this report. The Joint Committee resolved to: • **Note** the report.

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JC23/102	**4.2 Financial Performance Report Month 2 2023-2024** The financial performance report setting out the financial position for WHSSC for month 2 2023-2024 was received and members noted the year to date financial position reported at Month 2 for WHSSC was at an underspend of (£0.021m) and a break even forecast year-end position. Members noted that WHSSC was working with the Mental Health teams to address concerns around the escalation in high cost placements out of area and the increase in the number of Adult Eating Disorders out of area placements to investigate the causes and ensure the care pathways were functioning as they should be. The Joint Committee resolved to: • **Note** the contents of the report including the year to date financial position and forecast year-end position.
JC23/103	**4.3 Financial Assurance Report** A verbal update on the financial assurance report following the approval of the Scheme of Delegation in January was received. Members noted that the full written report was provided under the JC In Committee meeting papers due to the potential patient identifiable information provided within the report. The Joint Committee resolved to: • **Note** the verbal update.
JC23/104	**4.4 South Wales Neonatal Delivery Assurance Group (DAG) Update Report** The summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) Annual Report for 1 April 2022 – 31 March 2023 was received and members noted: • There had been an increase in total transfers undertaken since the previous year, • Quality indicators benchmarked well against other national services, • An update on the progress of the ODN will be presented to JC in September; and • The full Neonatal DAG report was presented to the JC "In Committee" session due to the patient identifiable information provided within the report. The Joint Committee resolved to:

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	• **Note** the report; and • **Receive assurance** that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).
JC23/105	**4.5 Major Trauma Network Delivery Assurance Group Quarter 4 Update Report** The report of the Quarter 4 2022-23 Delivery Assurance Group (DAG) of the South Wales Major Trauma Network (SWTN) was received and members noted: • The Network Interim Clinical Director's term has been extended by an additional six months since the Quarter 3 update, • Good assurance continues around operational delivery and implementation of the network, • The Gateway 5 Review will be going ahead, timescales were to be confirmed by the WG review team; and • A new risk had been identified concerning landing pads and work was being undertaken to define what landing pads needed to look like HB by HB to support timely repatriation. Members noted the ongoing work with NHSE to build on delivery assurance and implementation, commissioning requirements and JC reporting now that the network was more firmly embedded. Members noted that the recommendations from the work will be submitted to the MG in September. The Joint Committee resolved to: • **Note** the South Wales Major Trauma Network (SMMTN) Delivery Assurance Group (DAG) Report.
JC23/106	**4.6 All Wales PET Programme Progress Report** The report providing an update on the progress made by the All Wales Positron Emission Tomography (PET) was received. Members noted the progress made and the ongoing issue with WG capital funding for project 2 (BCUHB) and project 3 (SBUHB). WG were undertaking a prioritisation process which should be completed by September 2023. NW referred to the prioritisation process and advised that at a recent infrastructure investment board meeting it had been set out for all bids for capital expenditure will be prioritised and that a review of all capital funding bids should be completed by the next meeting in September 2023.

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Min Ref	Agenda Item
	The Joint Committee resolved to: • **Note** the progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams.
JC23/107	**4.7 Efficiency and Recommissioning Programme Update** The highlight report providing an update on the Efficiency and Recommissioning programme to realise the 1% savings as agreed with JC during the ICP sign off was received. Members noted the progress that had been made to deliver against the savings already identified and the ongoing scoping work around further saving opportunities. Carolyn Donoghue (CD) thanked the team for the detailed plan and level of confidence presented against the savings achievement. The Joint Committee resolved to: • **Note** the report and the progress made.
JC23/108	**4.8 Corporate Governance Report** The report providing an update on corporate governance matters that had arisen since the previous meeting was received. Members noted that a full progress report on the Audit Wales WHSSC Committee Governance Arrangements report would be presented to the JC in the Autumn and that Andrew Doughton, Audit Wales Lead would be in attendance. The Joint Committee resolved to: • **Note** the report.
JC23/109	**4.9 Reports from the Joint Sub-Committees** The Joint Committee Sub-Committee reports were received as follows: **4.9.1 Audit and Risk Committee (ARC) Assurance Report** The JC noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on 21 June 2023. **4.9.2 Management Group Briefings**

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Min Ref	Agenda Item
	The JC noted the core briefing documents from the meetings held on 25 May 2023 and 22 June 2023. **4.9.3 Individual Patient Funding Request (IPFR) Panel** The JC noted the Chair's report from the meeting held on 15 June 2023. The report highlighted issues in achieving quoracy. **ACTION:** A chairs reminder around quoracy to be issued. **4.9.4 Integrated Governance Committee (IGC)** The JC noted the Chair's report from the meeting held on 13 June 2023. **4.9.5 Quality & Patient Safety Committee (QPSC)** The JC noted the Chair's report from the meeting held on 14 June 2023 and the summary of services in escalation which was attached as an appendix. **4.9.6 Welsh Kidney Network (WKN)** The JC noted the Chair's report from the meeting held on 31 May 2023. The report highlighted the current risk that all Clinical Leads within the WKN currently shared the same contract termination date and that the WKN Board had proposed and approved to extend the contracts of existing Clinical Leads in a staggered approach as set out in the appendix of the report to ensure business continuity. The Joint Committee resolved to: • **Note** the reports.
JC23/110	**5.1 Any Other Business** • **Retirement of WHSSC Director of Finance** – members noted that it was Stuart Davies' , Director of Finance & Information last JC meeting following the announcement of his retirement. Members thanked him for his stalwart contribution and commitment to developing specialised commissioning in Wales and wished him every success in future.
JC23/111	**5.2 Date of Next Meeting** The JC noted that the next scheduled meeting would be on 19 September 2023, in person at the WHSSC offices in Treforest. There being no other business other than the above the meeting was closed.

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Min Ref	Agenda Item
JC23/112	**5.3 In Committee Resolution** The Joint Committee 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)".

Chair's Signature: .....

Date:.....

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Unconfirmed Minutes of the Extraordinary Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 1 August 2023 via MS Teams

Members:

Kate Eden	(KE)	Chair, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Carolyn Donoghue	(CD)	Independent Member, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
James Leaves	(JL)	Interim Director of Finance and Information, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Chantal Patel	(ChP)	Independent Member, WHSSC

Deputies:

James Calvert	(JL)	Executive Medical Director, Aneurin Bevan UHB
Greg Dix	(GD)	Executive Nurse Director, Cwm Taf Morgannwg UHB
Nick Lyons	(NL)	Executive Medical Director, Betsi Cadwaladr UHB
Stephen Powell	(SP)	Director of Performance & Commissioning
James Quance	(JQ)	Interim Board Secretary, Cardiff and Vale UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Associate Director of Corporate Services, WHSSC
Nicola Johnson	(NJ)	Director of Planning, WHSSC
Andrea Richards	(AR)	Senior Project Manager, WHSSC
Dai Roberts	(DR)	Director for Mental Health & Vulnerable Groups, WHSSC
Helen Tyler	(HT)	Head of Corporate Governance, WHSSC

Apologies:

Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Interim Chief Executive Officer, Betsi Cadwaladr UHB
Steve Spill	(SS)	Independent Member, WHSSC
Hayley Thomas	(HTh)	Interim Chief Executive Officer, Powys teaching HB

Minutes:

Gemma Trigg	(GT)	Corporate Governance Officer, WHSSC

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Min Ref	Agenda Item
JC23/113	**1.1 Welcome and Introductions** The Chair welcomed Members in Welsh and English and stated that meetings would continue to be held virtually via MS Teams. She reminded Members of the purpose of the Joint Committee and the WHSSC values of respect, partnership, improvement and innovation. There were no objections to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved.
JC23/114	**1.2 Apologies for Absence** Apologies for absence were noted and listed as above.
JC23/115	**1.3 Declarations of Interest** The Joint Committee (JC) noted the standing declarations and there were no additional declarations of interest made relating to the items for discussion on the agenda.
JC23/116	**2.1 All Wales Individual Patient Funding Request (IPFR) Panel Recruitment** The report providing the JC with a proposal regarding the recruitment of a WHSSC IPFR Panel Chair in line with the WHSSC IPFR Panel Terms of Reference (ToR), agreed in March 2023, was received. Members noted that: • JC had approved changes to the WHSSC IPFR panel ToR in March 2023 in accordance with the WHSSC governance arrangements and a letter from the Chief Pharmaceutical Officer from July 2022, • The ToR sit within the All Wales IPFR Policy, which was due to be considered at the July 2023 meeting of the JC, however it was deferred due to issues raised immediately prior to the meeting by the NHS Wales Board Secretaries Peer Group regarding their perception of the integrity of the previous approval process. This matter is now being taken forward outside the JC, • Whilst the policy discussion continued there was still an urgent need to progress the recruitment process for the Chair of the WHSSC IPFR Panel as the current Chair would no longer be eligible for the role in September 2023 and the current Vice Chair, who had previously undertaken the role, stepped down from the acting Chair role because she did not have sufficient time or capacity to fulfill the role,

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Min Ref	Agenda Item
	• There would be no Chair of the IPFR Panel from September 2023 if no action was taken. SL advised that to support the appointment process and strengthen the Panel the JC were asked to approve the additional annual cost of remunerating the Chair and two lay member positions and approve an uplift to the Direct Running Costs (DRC) budget of £10,080 to enable a financial pool of resource to recurrently fund the positions. If approved the additional cost would be added to the approved Integrated Commissioning Plan (ICP) for completeness. James Calvert (JC) queried the WHSSC DRC budget, which was approximately £4.5m (which includes non-staff costs), and asked if the expenditure could be taken from that as opposed to increasing HB contributions due to the current financial pressures. SL advised that WHSSC already had a commitment of a 5% Cost Improvement Programme (CIP) against the DRC but agreed to review further options if it was felt necessary. SL highlighted the critical element of the request to agree that the recruitment process could be taken forward. Steve Moore (SM) questioned the mitigations in place should the recruitment process fail. The JC were advised that other solutions would be considered including the possibility of the Chair of WHSSC stepping in to the role on a temporary basis. The JC were in support of the recommendations outlined within the report and had no further questions. The Chair thanked the JC for their contributions and suggested putting forward nominations for any potential candidates that could be suitable for the role. The Joint Committee resolved to: • **Note** the rationale for the eligibility requirements of the role of WHSSC IPFR Panel Chair contained within the ToR agreed in March 2023,**Note** that the current Chair will no longer be eligible for the role in September 2023 and the urgent need to proceed with a recruitment process, • **Support** WHSSC to take forward the urgent recruitment of an IPFR Panel Chair; and • **Approve** the associated remuneration package for both the Chair and Lay Members.
JC23/117	**3.1 Any Other Business** No additional items of business were raised.

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Min Ref	Agenda Item
JC23/118	**3.2 Date of Next Meeting (Scheduled)** The Joint Committee noted that the next scheduled meeting would be held on 19 September 2023 and a Development Session had been scheduled for 11 September 2023. There being no other business other than the above the meeting was closed at 13.11hrs.

Chair's Signature: .....

Date:.....

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

JOINT COMMITTEE MEETING
2023 Action Log – 19 September 2023

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
8 November 2022					
JC23/001	**JC23/31 Integrated Commissioning Plan (ICP) 2023-2024** **ACTION:** NHSE funding growth approach to be considered at a future JC session with a discussion on the variation and impact of investment between Scotland, England and Wales.	SD/NJ	July 2023	**04.07.2023** - On the July Joint Committee Agenda as Agenda Item 2.2 for presentation. Action Completed.	**CLOSED**
	ACTION: A review of the potential impacts on providers in Wales on strategic reinvestment, disinvestment and any subsequent reconfiguration to be discussed at a future JC meeting.	SD/NJ	July 2023	**04.07.2023** - On the July Joint Committee Agenda as Agenda Item 2.2. Action Completed.	**CLOSED**
14 March 2023					
JC23/004	**JC23/43 Eating Disorder In-Patient Provision for Adults** CS advised it was important to ensure that patients did not need to travel long distances for treatment, and queried the weighting criteria and	DR	November 2023	**27.04.2023 –** Due to the NHS Wales Shared Services Partnership (NWSSP) encountering delays associated with the specification of a Welsh location within the procurement tender, an	**OPEN**

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
	asked if there were measures to monitor outcomes and the difference that had been achieved by the providers with experience of improvement in the facilities. DR responded and advised that it may not be possible to run a unit within Wales due to the specialist skills required and therefore the patient need was balanced against access and proximity together with the skills and expertise of the relevant independent sector provider. **ACTION:** DR will circulate the proposed weighting criteria to members following the meeting.			update will now be given in the Summer. **13.06.2023** - WHSSC are pursuing two avenues in order to secure an Inpatient Eating Disorders Service in Wales, one involving an independent provider being placed on the NCCU Framework and the second via a tendering process currently being developed and supported by Legal Advisors. A further update will be provided in September 2023. **30.08.2023** - Independent sector providers are being placed on the NCCU framework. The tender process is currently on hold subject to legal advice. Discussions are ongoing to secure provision with a new independent sector provider within the Welsh border. **07.09.2023** – Discussions are ongoing – moved to November 2023.	
18 July 2023					
JC23/006	**JC23/93 Update on Welsh Kidney Network (WKN) Governance Review**	SL / IP	September 2023	**25.08.2023 –** SL shared the WKN Action Plan with Rob Holcombe. **Action Completed.**	**CLOSED**

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
	Robert Holcombe (RH) queried a point within the report which stated there was 'seemingly confusion within LHBs and, to some extent within the Network, about what its scope and role is and what it isn't'. SL confirmed that there had been good progress made against the action plan and agreed to share the report on the action plan following the meeting today for further assurance. **ACTION:** SL/IP to share the WKN action plan report with RH for further assurance.				
JC23/007	**JC23/95 IPFR Engagement Update – All Wales Policy** Members noted the urgent issue to appoint a new Chair in September when the current Chair will be standing down and agreed to hold an Extraordinary JC meeting before the next JC meeting to try find an interim solution. **ACTION:** An extraordinary Joint Committee meeting to be arranged to consider options to appoint a new Chair.	GT	August 2023	**21.07.2023** – An extraordinary Joint Committee meeting took place on 1 August 2023. **Action completed.**	**CLOSED**

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
JC23/008	**JC23/109 Reports from the Joint Sub-Committees** • **Individual Patient Funding Request (IPFR) Panel** The JC noted the Chair's report from the meeting held on 15 June 2023. The report highlighted issues in achieving quoracy. **ACTION:** A chairs reminder around quoracy to be issued.	KE	November 2023	**25.08.2023 -** Actioned deferred as a new member has been appointed from Powys and attendance from other HBs improved in August. This will be kept under close review. **07.09.2023** – Update to be provided at November 2023 meeting.	**OPEN**

Report Title	**Chair's Report**	**Agenda Item**	3.1
Meeting Title	**Joint Committee**	**Meeting Date**	19/09/2023
FOI Status	Public		
Author (Job title)	Chair of WHSSC		
Executive Lead (Job title)	Committee Secretary and Associate Director of Corporate Services		

Purpose of the Report	The purpose of this report is to provide Joint Committee members with an update of the issues considered by the Chair since the last Joint Committee meeting, and to request that the Joint Committee consider and to approve the appointment of a Vice Chair of the WHSSC Joint Committee.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s)

Members are asked to:

- **Note** the report,
- **Note** the update on the recruitment of the Chair of the Independent Patient Funding Request (IPFR) Panel; and
- **Approve** the appointment of Chantal Patel as Vice Chair of the WHSSC Joint Committee.

CHAIR'S REPORT

1.0 SITUATION

The purpose of this report is to provide Joint Committee members with an update of the issues considered by the Chair since the last Joint Committee meeting, and to request that the Joint Committee consider and to approve the appointment of a Vice Chair of the WHSSC Joint Committee.

2.0 BACKGROUND

At each Joint Committee (JC) meeting, the Chair presents a report on key issues that have arisen since its last meeting.

3.0 ASSESSMENT

3.1 Appointment of a Vice Chair

To ensure effective business continuity for WHSSC and the Joint Committee it is proposed that Chantal Patel, Independent Member (IM), WHSSC is appointed to the unremunerated role of Vice Chair for the Joint Committee, in accordance with the WHSSC Standing Orders (SOs) which states:

1.4.3 The appointment process for the Vice Chair and the two other Independent Members shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers.

Chantal Patel has been an IM with WHSSC since 1 December 2023, and has extensive knowledge and experience of the breadth of the work undertaken by the NHS in Wales, WHSSC and the Joint Committee. In accordance with the SOs the Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed. The Vice-Chair is accountable to the Chair for their performance as Vice Chair.

3.2 Chair of the Individual Patient Funding Request (IPFR) Panel

The Extraordinary Joint Committee meeting held on 1 August 2023 supported the request to take forward the urgent recruitment of the WHSSC Individual Patient Funding Request **(**IPFR) panel Chair and approved the proposed remuneration package. Delays were experienced in the recruitment process but the post is now live, with the aim to appoint a substantive IPFR Chair by the end of October 2023. The team are currently exploring options to cover the chair in an interim capacity through October.

3.3 Key Meetings

I have attended the following meetings:

- Regular catch up meetings with WHSSC IMs and WKN Chair,
- Integrated Governance Committee,
- Facilitated discussion with NHS Wales Chairs and Steve Combe on Welsh Government (WG) review of national commissioning functions,
- National Commissioning Oversight Board; and
- NHS Wales Chairs Peer Group Meeting.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the update on the recruitment of the Chair of the Independent Patient Funding Request Panel; and
- **Approve** the appointment of Chantal Patel as Vice Chair of the WHSSC Joint Committee.

Governance and Assurance	
Link to Strategic Objectives	
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	All
Institute for HealthCare Improvement Quadruple Aim	Not applicable
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the Joint Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	There is no direct financial/resource impact from this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications relating to any of the issues outlined within this report.
Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome	**-**
Appendices	-

Report Title	**Managing Director's Report**	**Agenda Item**	3.2
Meeting Title	**Joint Committee**	**Meeting Date**	19/09/2023
FOI Status	Public		
Author (Job title)	Managing Director, Specialised and Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised and Tertiary Services Commissioning		

Purpose of the Report	The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.				
Specific Action Required	RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s):

Members are asked to:

- **Note** the report; and
- **Note** that the South Wales Spinal Network (SWSN) will go live on 25 September 2023.

MANAGING DIRECTOR'S REPORT

1.0 SITUATION

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

2.0 BACKGROUND

At each Joint Committee meeting, the Managing Director presents a report on key issues that have arisen since its last meeting. The purpose of the Managing Director's report is to keep the Joint Committee up to date with important matters related to WHSSC. A number of issues raised within this report may also feature in more detail within the Executive Directors' reports as part of the Joint Committee's business.

3.0 ASSESSMENT

3.1 Progress on South Wales Neonatal ODN

Funding for the South Wales Neonatal Transport Operational Delivery Network (ODN) was agreed at the 14 March 2023 Joint Committee meeting and funding has been released. However, the recruitment process has not yet taken place and therefore in line with our approach for other, as yet uncommitted investments, we have suspended implementation for this financial year. We will review the need and/or different options for delivering the scheme in 2024-2025.

This scheme will now be considered within our process for prioritisation of all uncommitted expenditure and we have requested further information from Swansea Bay UHB (SBUHB), the provider Health Board (HB) to inform this evaluation.

3.2 Fertility Update - WHSSC Policy development: - CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy

The WHSSC team met with Llais on 31 August 2023 to discuss the next steps regarding the policy development. WHSSC informed Llais that because of the uncertainty surrounding the budget impact of any policy changes, the current financial challenges for the NHS in Wales meant that policy development has been halted. Colleagues in Llais understood the financial challenge and the difficult choices faced by WHSSC and HBs. A further update meeting is planned for late September 2023.

3.3 South Wales Spinal Network (SWSN)

Following discussion at the NHS Wales Health Collaborative Executive Group (CEG), the Cardiff and Vale UHB (CVUHB) and SBUHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) set up a project to develop a new service model, to clarify the regional model for South East and South West Wales respectively, as well as the supra-regional model for South Wales, West Wales and South Powys.

The project was launched in October 2020, with the aim of developing recommendations for delivering a safe, effective and sustainable model for spinal surgery in South and West Wales.

The final report was presented to the NHS Wales Health CEG on the 6 April 2021.

The recommendation was accepted by the CEG, and the responsibility for commissioning the ODN was delegated to the Welsh Health Specialised Services Committee (WHSSC).

The service specification for the ODN (CP241, Spinal Services Operational Delivery Network) was approved and published by WHSSC in June 2022.

The South Wales Spinal Network (SWSN) Implementation Board proposed and agreed at the meeting held on 6 June 2023 that the SWSN will launch in September 2023 - see briefing at ***Appendix 1.*** The network team are continuing to work with all HBs and pre-hospital providers to ensure that each component part of the network will be ready to go live on 25 September 2023.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Note** that the South Wales Spinal Network (SWSN) will go live on 25 September 2023.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
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 Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Care for those with the greatest health need first Only do what is needed Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.
Finance/Resource Implications	There is no direct financial/resource impact from this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc.)	There are no specific legal implications relating within this report.
Long Term Implications (incl. WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome	**-**
Appendices	Appendix 1 – Briefing on the South Wales Spinal Network (SWSN)

Rhwydwaith yr Asgwrn Cefn De Cymru
South Wales Spinal Network

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

South Wales Spinal Network

Update to WHSSC Joint Committee

Authors: Scott Hurford, Network Operational Manager, South Wales Spinal Network	
Date: August 2023	**Version:** 0.1
Purpose and Summary of Document: The purpose of this document is to provide an update on the South Wales Spinal Network (SWSN) readiness position to Welsh Health Specialised Services Committee (WHSSC) Joint Committee and to note that the Network will go live on 25th September.	
Review History:	

Draft Number & version		Author/ Editor	Date
0.1	1st Draft	Scott Hurford	August 2023

1. Background

Spinal surgery is a high-risk specialty, provided by orthopaedic surgeons and neurosurgeons. To ensure patients have the best possible experiences and outcomes, services need to be appropriately configured and resourced. This should allow seamless access to both non-surgical management and the development of effective care pathways to facilitate admission to a designated surgical centre, within an appropriate timeframe. After the reorganisation of neurosurgery services in South and West Wales in 2010, a number of attempts were made to further improve the organisation and delivery of spinal surgery services. Unfortunately, for a variety of reasons, none of these initiatives were successful, and there remained a lack of clarity around the pathway for elective and emergency spinal care.

Following discussion at the NHS Wales Health Collaborative Executive Group, the Cardiff and Vale UHB and Swansea Bay UHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) set up a project to develop a new service model, to clarify the regional model for South East and South West Wales respectively, as well as the supra-regional model for South Wales, West Wales and South Powys.

The project was launched in October 2020, with the aim of developing recommendations for delivering a safe, effective and sustainable model for spinal surgery in South and West Wales.

The final report was presented to the NHS Wales Health Collaborative Executive Group (CEG) on the 6th of April 2021. It included the recommendation to establish an Operational Delivery Network with the operational authority to:

- maintain and coordinate patient flow across the spinal surgery pathway;
- lead the development, and coordinate implementation and delivery of standards and pathways;
- promote and support cross-organisational and clinical multi-professional collaboration.

The recommendation was accepted by the CEG, and the responsibility for commissioning the ODN was delegated to the Welsh Health Specialised Services Committee (WHSSC).

The service specification for the ODN (CP241, Spinal Services Operational Delivery Network) was approved and published by WHSSC in June 2022. The service specification sets out the following aim for the ODN:

To improve the experience and outcomes of patients, who require elective or emergency spinal surgery.

Underpinned by the following objectives:

- To develop a whole pathway service specification for an All Wales Spinal and Surgery Services, in collaboration with the NHSE Spinal Networks that support the North Wales services.
- To foster and promote a collaborative approach to improve patient experience, and outcomes across the network, and at an intra-network level.
- To embed the principles of Value-Based healthcare within the spinal surgery pathways.
- To develop and implement a network wide continuous process of system evaluation, governance, performance and quality improvement.
- To maintain patient flow across South Wales, West Wales and South Powys, ensuring timely and equitable access to local and specialist care, including supraregional services and spinal injury rehabilitation.
- To develop and deliver a network-wide multi-disciplinary training and education programme across Spinal Hubs, Spinal Partners, and Non-Spinal Partners, and to work with other networks to identify opportunities to deliver cross network training
- To support research on the management of spinal conditions
- To develop and implement a network-wide audit programme and support the submission of data into national registries and audit databases.
- To facilitate benchmarking with NHS England (NHSE) spinal surgery networks and identify and disseminate best practice.
- To promote service improvement and identify opportunities for innovation in the management of spinal conditions.
- To lead the development of a network wide workforce and service development plan to maintain the resilience and sustainability of spinal surgery services in line with best practice, evolving pathways, techniques and technologies.
- To develop a collaborative working relationship with NHSE Spinal Networks and North Wales.

- To provide advice on future service provision to commissioners and providers, including the designation of regional and supraregional services, e.g. in response to changes in legislation or guidance, emerging published evidence or technological developments
- To facilitate the delivery of the commissioning framework.

Funding was allocated to support the establishment of the Spinal Services ODN in the WHSSC Integrated Commissioning Plan (ICP) 2022 – 2025. Swansea Bay UHB is the host Health Board for the ODN on behalf of the six Health Boards in Mid, South and West Wales and a MoU is in place with each Health Board to lay out the governance and operation of the Network. The Operational Delivery Network (ODN) team is now established, including the newly appointed Clinical Lead and deputy Clinical Lead. A new SRO has been appointed from SBUHB (Raj Krishnan) due to the change in post of the previous SRO (Richard Evans).

The Spinal Network Implementation Board will stand down in September and will be replaced by the Spinal Network Clinical and Operational board and a WHSSC-led Delivery Assurance Group.

2. Summary

The SWSN Implementation Board proposed and agreed at the meeting held on Tuesday 6th June that the SWSN will launch in September 2023 and the network team are continuing to work with all health boards and pre-hospital providers to ensure that each component part of the network will be ready to go live on September 25th, 2023.

The ODN team have met virtually with all organisations to undertake the following:

1. Provide an update on the current service developments.
2. Requested nominated clinical and operational leads to be the point of contact to the ODN.
3. Requested nominated representatives from each organisation and provider to be involved in the following workstreams:
    a. Cauda Equina Syndrome Radiology Pathway Task & Finish Group
    b. Front of Pathway Task & Finish Group
    c. Paediatric Task & Finish Group
    d. Spinal Bracing Task & Finish Group
    e. Service Specification Task & Finish Group
4. Update on network activities - publication of the operational policies, clinical guideline, alongside all other network guidelines and Spinal Incident Database (spinal DATIX).
5. Where outstanding issues remain, seek necessary assurances that these will be met by go live. This forms part of the evidence that gives the network confidence that it is ready to go live as planned on September 25th, 2023.

The ODN is in the in the process of developing a key performance indicators self-assessment document for organisations and providers to submit to the Network. This document will be utilised as a baseline document that will provide the Network with assurance that the indicators are being met. This exercise will be undertaken annually.

3. Action

The progress on the actions that were required prior to the Network go live date are as follows and it has been agreed that the Network is ready to go live.

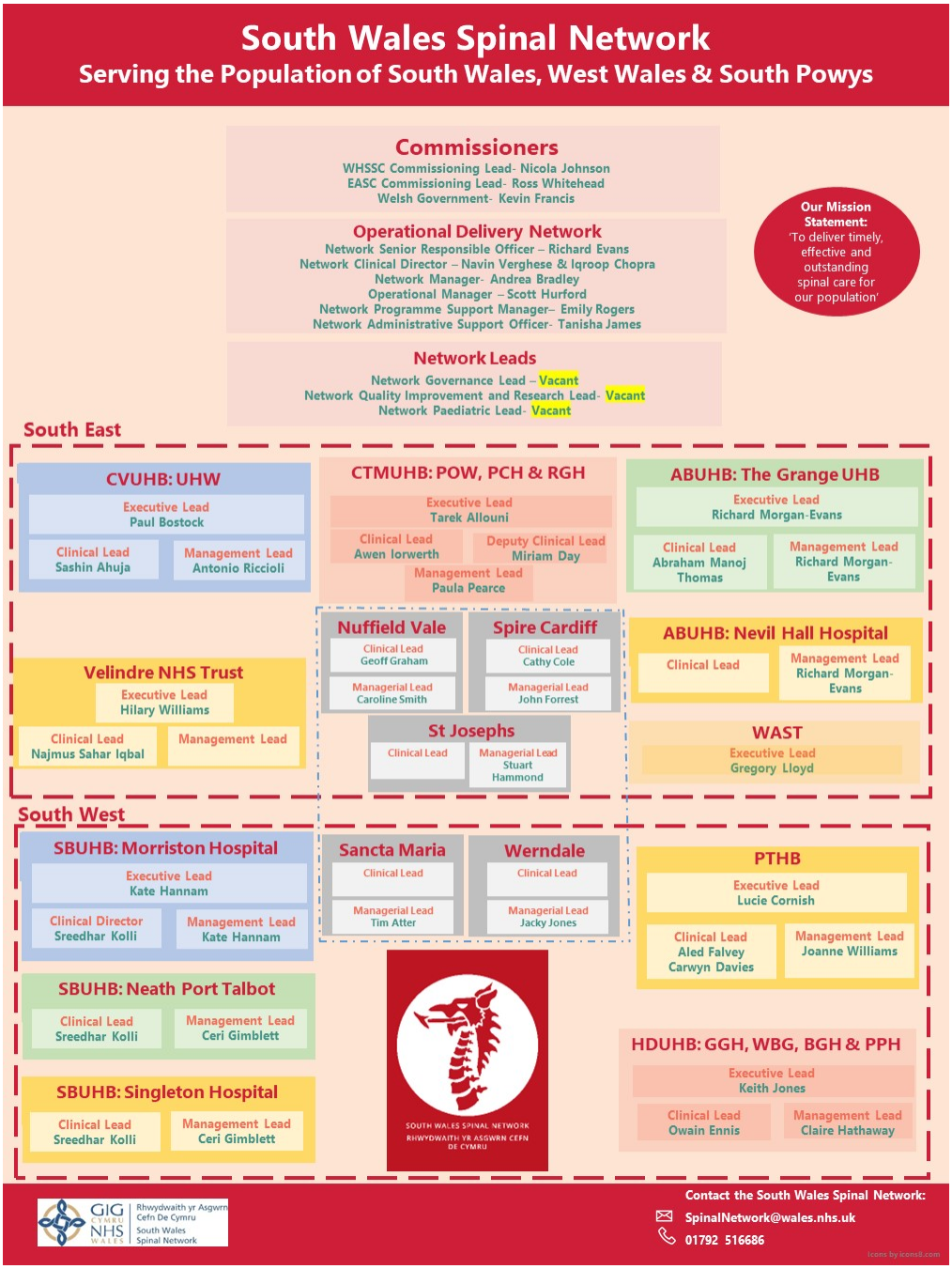
Ref no.	Recommendation	Target Date	Action
1	Nominated Senior Responsible Officer (SRO) from each organisation and provider	March 2023	Complete (Appendix 1)
2	Nominated clinical and managerial from each organisation and provider	March 2023	Complete (Appendix 1)
3	Operational policies to be completed and approved by SWSN Implementation Board prior to go live: • Automatic Acceptance & Transfer Policy • Automatic Repatriation Policy	April 2023	Complete
4	Network clinical guidelines in place and endorsed prior to go live: • Cauda Equina Syndrome (CES) • Spinal Trauma • Metastatic Spinal Cord Compression	April 2023	Partially Complete
5	Network reporting arrangements to hosting organisation and commissioners to be agreed	April 2023	Complete
6	MOU agreement to be signed by all organisations prior to go live	May 2023	Complete (Appendix 2)
9	DPIA agreement to be signed by all organisations prior to go live	May 2023	Complete
10	Network Data Collection Strategy to be signed off	May 2023	Partially Complete
11	Establish SWSN governance structure	By go live	Complete (Appendix 3)
12	Development of incident reporting system (Spinal Incident Database 'SID')	March 2023	Complete (Appendix 4)
13	Digital referral form to be completed and approved by SWSN Implementation Board	April 2023	Complete (Appendix 5)
14	Network directory of services	By go live	Complete (Appendix 6)
15	Spinal Partner and Spinal Hub service specifications established, consulted, and approved	By go live	Ongoing
16	Handover from SWSN Implementation Board to SWSN Clinical & Operational Board	By go live	Ongoing- Scheduled to take place on 24th October
17	Benefits Realisation Plan	By go live	Ongoing
18	Engagement events and roadshows prior to launch	May-June 2023	Complete (Appendix 7)
19	Establish a Spinal Network educational training package	Sept 2024	Ongoing- Awaiting appointment of Network Training & Education Lead
20	Additional Network clinical guidelines in place: • Non specialised degenerative lumbar & cervical • Paediatric • Primary sarcoma • Intradural pathology • Adult deformity and specialised orthopaedic spine • Spinal cord injury specialist rehabilitation • Infection	April 2024	Ongoing

Members of the Joint Committee are asked to:

1. Note the content of this paper and supporting documents/appendices.
2. Note that the South Wales Spinal Network will go live on Monday 25th September 2023.

Appendices

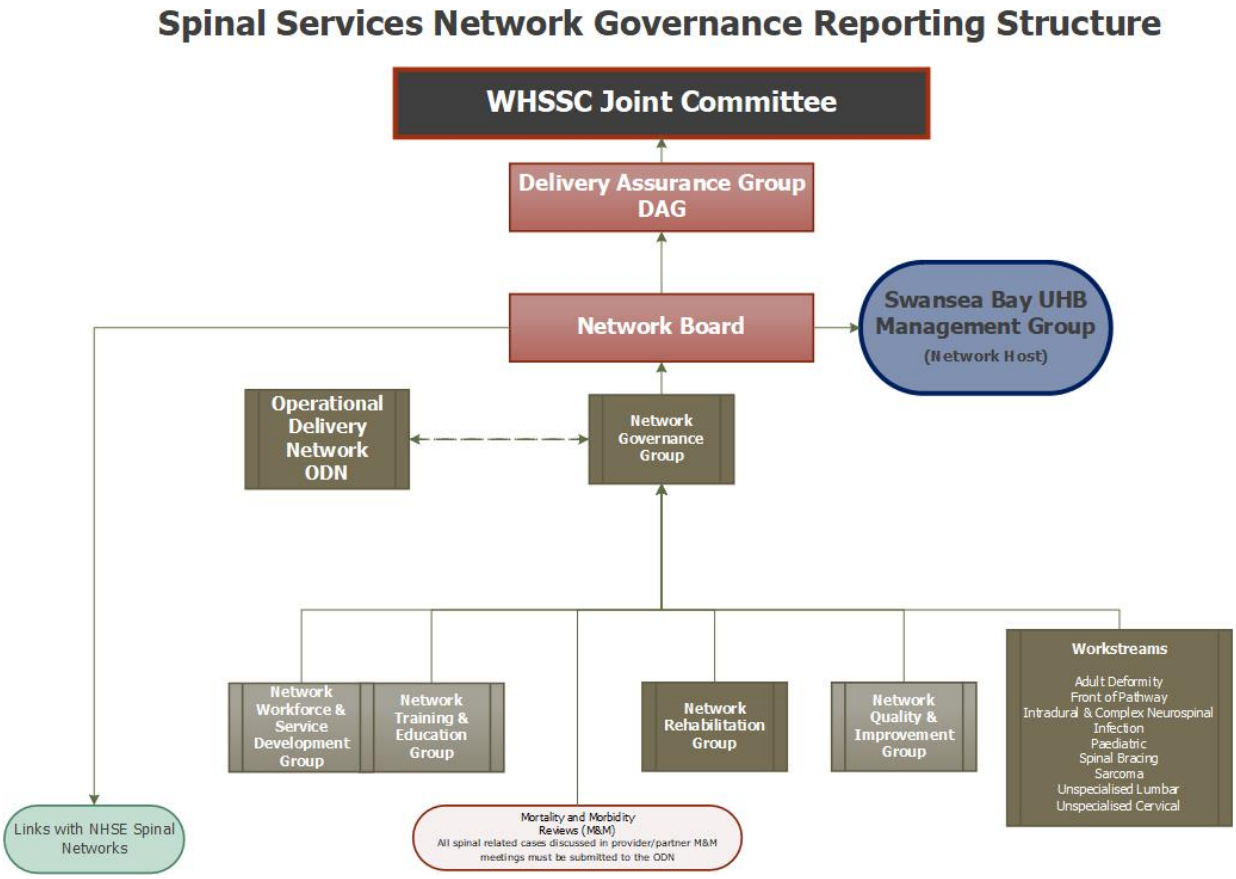
Appendix 1- South Wales Spinal Network Point of Contact Structure



Appendix 2- South Wales Spinal Network Memorandum of Understanding Responses

Memorandum of Understanding							
	Aneurin Bevan	Cardiff and Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay	WAST
Name	Nicola Prygodzicz	Suzanne Rankin	Paul Mears	Steve Moore	Carol Shillabeer	Mark Hackett	Brendan Lloyd
Designation	Chief Executive Officer	Chief Executive Officer	Chief Executive Officer	Chief Executive Officer	Chief Executive Officer	Chief Executive Officer	Executive Medical Director
Date	29/03/2023	04/05/2023	18/04/2023	12/06/2023	13/04/2023	26/04/2023	25/04/2023
Response Received	30/03/2023	04/05/2023	18/04/2023	30/06/2023	14/04/2023	24/04/2023	25/04/2023

Appendix 3- South Wales Spinal Network Governance Reporting Structure



Appendix 4- South Wales Spinal Network Spinal Incident Database (SID)

South Wales Spinal Network Incident Re

Appendix 5- South Wales Spinal Network Digital Referral Form

SWSN Digital Referral Form.pdf

Appendix 6- South Wales Spinal Network Directory of Services

Directory of Services v4.pdf

Appendix 7- South Wales Spinal Network Engagement Events schedule

South Wales Spinal Network ODN Engagement Events			
Organisation	**Sub Group**	**Date**	**Time**
ABUHB		Awaiting date	
C&VUHB		Friday 15th September 2023	08:30-9:30
CTMUHB	POW	Tuesday 11th July 2023	10:30-11:00
	PCH	Wednesday 13th Sept 2023	9:00-12:00
	RGHP	Tuesday 11th July 2023	9:30-10:30
HDUHB	Therapies Directorate	Wednesday 9th August 2023	15:00-16:00
	All	Friday 26th June 2023	9:30am
PTHB	MSK Redesign	Thursday 27th July 2023	12:00-12:30
SBUHB	Spinal Team	Friday 16th June 2023	9:00-10:00
	T&O Team	Friday 16th June 2023	11:00-12:00
	Oncology Department	Tuesday 13th June 2023	13:00-14:00
WAST		Tuesday 8th August 2023	12:00-12:30
VNHST		Awaiting date	
Wales Cancer Network	Clinical Reference Group	Friday 30th June	8:30-9:30
Regional Engagement Event	All	Friday 23rd June 2023	13:00-16:00
	All	Tuesday 19th September 2023	12:30-14:00

Report Title	Development of the Integrated Commissioning Plan 2024/25	**Agenda Item**	3.3
Meeting Title	**Joint Committee**	**Meeting Date**	19/09/2023
FOI Status	Open		
Author (Job title)	Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning and Performance		

Purpose of the Report	The purpose of this report is to offer assurance regarding the development of the 2024/2025 Integrated Commissioning Plan (ICP) and the approach to its development within wider NHS Wales situational context.				
Specific Action Required	RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s):

Members are asked to:

- **Note** the report,
- **Receive** assurance on the planning process to date which is in line with timeline received by the Joint Committee in May 2023; and
- **Note** the approach being taken to respond to the NHS Wales situational context, including an enhanced risk assessment.

DEVELOPMENT OF THE INTEGRATED COMMISSIONING PLAN (ICP) 2024/25

1.0 SITUATION

The purpose of this report is to offer assurance regarding the development of the 2024/2025 Integrated Commissioning Plan (ICP) and the approach to its development within wider NHS Wales situational context.

2.0 BACKGROUND

In accordance with the WHSSC Standing Orders (SOs), and in response to the annual NHS Wales Planning Framework issued by Welsh Government (WG), WHSSC, on behalf of the 7 Health Boards (HBs) in Wales develops an ICP, establishing the priorities for the commissioning of tertiary services for the Welsh population.

The 2024/2025 ICP is being developed in the context of the unprecedented financial situation of NHS Wales, the agreement of significant savings targets in the ICP 2023/24, the softening of the Ministerial performance measures at the end of Q1 2023/24 and the implementation of the WG National Commissioning Review. In addition, it will respond to the agreed Specialised Services Strategy.

The learning from previous periods of financial austerity and the impact on the WHSSC ICP has been applied in this report. The implications of the changes to the Ministerial performance measures on provider performance in Wales will be taken into account in developing the plan baseline as well as the progress on delivery of the savings agreed in 2023/24.

With regard to the National Commissioning Review and the formation of a new Joint Committee from 1 April 2024, it has been recognised that the Emergency Ambulance Services Committee (EASC), WHSSC and the 111 service will develop separate annual plans for 2024/25 and the new single Joint Committee will provide oversight of their delivery.

3.0 ASSESSMENT

3.1 Progress with Development of the ICP 2024/25

The Joint Committee received the high-level timeline for the development of the ICP 2024/25 in May 2023 and the development of the Plan is proceeding in line with timeline to ensure that the ICP can be considered by the Joint Committee in November 2023 to allow sufficient time for agreement prior to inclusion in HB Integrated Medium Term Plans (IMTPs)/annual plans.

As planned, Commissioning Intentions were issued in May 2023. The technical horizon scanning prioritisation process took place in July 2023. The Clinical Impact Advisory Group (CIAG) prioritisation process on schemes that responded to the Commissioning Intentions took place in August 2023.

Following an enhanced risk assessment process (see section below) an initial draft of the plan will be developed in readiness for consideration through the Management Group in October and the Joint Committee in November. The plan will be developed in line with the recently approved WHSSC Strategy, utilising the approved strategic aims as the framework for its content:

- To ensure the provision of safe, high-quality services for the people of Wales,
- To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change,
- To provide an expert approach to national healthcare commissioning,
- To be an effective partner, supporting service and system transformation; and
- To maximise value and outcomes within available resources.

3.2 Responding to the Situational Context

As with the ICP 2023/24 the Plan will have a strong emphasis on recommissioning, value and transformation in line with Specialised Services Strategy. Within the boundaries of WHSSC's remit the Plan will respond to the NHS Wales Planning Framework when published, and will respond to the most serious risks on the WHSSC's Corporate Risk Assessment Framework (CRAF).

The financial context for the development of all organisational plans is extremely difficult this year. In line with all organisations WHSSC put forward Financial Improvement Options to WG in August which included (as well as other strategic commissioning options) recommendations for pausing or stopping investments and uncommitted expenditure which had been prioritised and agreed via the CIAG processes in the 2022/23 and 2023/24 ICPs as well as considering disinvestment options in existing elective services in a range of areas.

Feedback from the WG process is awaited but new expenditure has been paused where feasible in the meantime. It is important to note that in line with the WG ask the options submitted were confined to those deliverable in the immediate term without increasing the financial burden on provider HBs. Subsequent phases of recommissioning/disinvestment options that impact on service range, volume commissioned and/or service efficiency may have a financial impact on provider HBs and will therefore need to be carefully planned and agreed through the Joint Committee in order to avoid unintended consequences.

In discussing the challenges with the Management Group in August, it was agreed that a single enhanced risk assessment process would be undertaken across the 2022/23; 2023/24 and 2024/25 CIAG schemes (including those that have been signalled for stop/pause) in order to enable informed and balanced choices to be

made in the final plan. A joint HB and WHSSC risk assessment process has been used in previous difficult financial years through a triangulation of service risk, commissioner risk and provider risk, and this will take place again during September, to enable the results of the enhanced risk assessment process to be considered by Management Group along with the initial draft ICP prior to recommendation to the Joint Committee. The planning process will inevitably identify new risks presenting in specialised services in addition to the growing list of legacy service risks. The plan will therefore need to agree the mechanisms for managing and mitigating the accumulation of risks across the system.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Receive** assurance on the planning process to date which is in line with timeline received by the Joint Committee in May 2023; and
- **Note** the approach being taken to respond to the NHS Wales situational context, including an enhanced risk assessment.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan
Link to Integrated Commissioning Plan	
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome
Organisational Implications	
Quality, Safety & Patient Experience	The ICP is developed with quality and patient safety as an integral component
Finance/Resource Implications	There will be resource implications as a result of developing the plan
Population Health	Population health underpins the requirement for the ICP to ensure equitable access to specialist services provision for the welsh population
Legal Implications (including equality & diversity, socio economic duty etc)	Section 1.1.4 of the WHSSC Standing Orders (SOs) stipulate that the Joint Committee's role is to: *"Produce an Integrated Commissioning Plan, for agreement by the Committee in conjunction with the publication of the individual LHB's Integrated Medium Term Plans".* The approval of the ICP is a matter reserved for Joint Committee approval in accordance with the schedule of matters reserved to the Joint Committee in the scheme of delegation. The relevant legal requirements will be taken account through the development of the plan
Long Term Implications (incl WBFG Act 2015)	The ICP has a set time frame within which it is developed and implemented. Schemes and services referenced within it, have been developed with long term implications in mind

Report History (Meeting/Date/ Summary of Outcome	12 September 2023 - CDGB
Appendices	**-**

Report Title	**South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Briefing Paper**	**Agenda Item**	3.4
Meeting Title	**Joint Committee**	**Meeting Date**	19/09/2023
FOI Status	Open		
Author (Job title)	Joanna Williams, Programme Director Welsh Sexual Assault Services		
Executive Lead (Job title)	Chair Welsh Sexual Assault Services Programme/ Director National Commissioning Collaborative Unit		

Purpose of the Report	The purpose of this report is to provide an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019, to propose that the WHSSC Joint Committee fulfil the CEO reporting function at the request of the NHS Wales Chief Executives; and to a request that the Joint Committee give final approval for Phase 1 implementation of the Programme.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s):

Members are asked to;

- **Note** the report,
- **Approve** the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, prior to a report being issued to the seven HB's for approval,
- **Consider** and **approve** that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme from 1 April 2023, prior to a report being issued to the seven HB's for approval,
- **Approve** an in year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26 for phase 1 of the implementation of the SARC Regionalisation Programme; and
- **Approve** a continuation of funding for Phase 2 at the current level.

SOUTH WALES SEXUAL ASSAULT REFERRAL CENTRES (SARC) REGIONAL MODEL IMPLEMENTATION BRIEFING PAPER

1.0 SITUATION

The purpose of this report is to provide an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019, to propose that the WHSSC Joint Committee fulfil the CEO reporting function at the request of the NHS Wales Chief Executives; and to a request that the Joint Committee give final approval for Phase 1 implementation of the Programme.

As accountability for the delivery of the programme remains with the Chief Executives, it has been suggested that WHSSC Joint Committee fulfil the CEO reporting function as outlined in the attached letter to Chief Executives attached as ***Appendix 1.***

2.0 BACKGROUND

SARC services perform a vital role for victims of rape and sexual abuse, they provide acute medical examinations, therapeutic support, and gathering of forensic evidence and independent advocacy that supports victims through their journey of recovery.

Following a review conducted by Welsh Government (WG) in 2013, the current model for SARC services was recognised as being inadequate for delivering the standards of medical care and therapeutic support needed to empower survivors of serious sexual abuse to both go through the criminal justice system and to recover from their trauma. This was the basis on which the South Wales SARC Regionalisation Programme was formed in 2013 and the new Health Led collaborative model being agreed in 2019. This agreement included a financial model which would see a 50/50 split between Health and Police for the funding for SARC services.

In 2020 the programme governance was paused due to the COVID-19 pandemic, which delayed the implementation of the operational model. During this time, the significance of ISO accreditation requirements became apparent with the risk of failing to meet the October 2023 deadline being that evidence gathered from victims will come from unaccredited SARCs and potentially be inadmissible in court. This could jeopardise victims' chances of a successful legal outcome. This specifically relates to the Phase 1 (Acute) Forensic and Medical examination.

3.0 ASSESSMENT

The full details and financial modelling are contained in the attached Briefing Paper at ***Appendix 2***. The original report is presented at ***Appendix 3*** for reference.

Note that any changes to the service model and funding requirements will need to be considered by the individual commissioning organisations through their internal governance structures.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, prior to a report being issued to the seven HB's for approval,
- **Consider** and **approve** that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme from 1 April 2023, prior to a report being issued to the seven HB's for approval,
- **Approve** an in year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26
- **Approve** a continuation of funding for Phase 2 at the current level.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	-
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management The health and social care workforce is motivated and sustainable People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	-
Finance/Resource Implications	As identified in the report
Population Health	-
Legal Implications (including equality & diversity, socio economic duty etc)	Any changes to the service model or funding requirements will need to be considered by the individual commissioning organisations through their internal governance structures.
Long Term Implications (incl WBFG Act 2015)	-
Report History (Meeting/Date/ Summary of Outcome	-
Appendices	Appendix 1 – SARC Chair's Letter Appendix 2 - SARC South Wales Regional Model Implementation Report Appendix 3 - SARC South Wales Regional Model Report 2019

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

Eich cyf/Your ref:: SH/CD
Ein cyf/Our Ref: 24th March 2023
Ffôn/Tel:
Symudol/Mobile: 07713 864885
Ebost/Email: Stephen.harrhy@wales.nhs.uk
Adran/Dept: Corporate

Health Board Chief Executives.

Dear Colleague

The Welsh Sexual Assault Services (WSAS) programme is a multiagency partnership programme of work that comprises of Health Boards, Police Forces, Police and Crime Commissioners and third sector partners. It is responsible for taking forward a new service model for the delivery of sexual assault services across Wales and is hosted by the NHS Wales Collaborative soon to become the NHS Wales Executive.

As a part of the programme's agreed governance structure, the WSAS Board has provided scrutiny and assurance to the NHS Wales Chief Executives and Chairs via the NHS Wales Health Collaborative Leadership Group in relation to quality, sustainability, safety, and delivery of the Sexual Assault Service model for Wales. This line of accountability that the current NHS Wales Collaborative has to the Chief Executives and Chairs will not be part of the NHS Wales Executive's governance structure.

As that as the interest and accountability for the delivery of the programme remains with the Chief Executives, I would like to suggest that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme from April 1st, 2023.

Yours sincerely

Stephen Harrhy
Chair Welsh Sexual Assault Services Programme/ Director National Commissioning Collaborative Unit

Mark Dickinson
Director NHS Wales Collaborative

cc: Dr Sian Lewis, Managing Director, WHSSC
Joanna Williams, Programme Director WSAS

GIG CYMRU NHS WALES

Gwasanaethau Ymosodiad Rhywiol Cymru (GYRC)
Welsh Sexual Assault Services (WSAS)

SARC South Wales Regional Model Implementation Briefing Paper

Author: Joanna Williams, Programme Director Welsh Sexual Assault Services

Date: September 2023	**Version: 0.1**

Purpose and Summary of Document:

This paper is to provide an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019 and a request to give final approval for Phase one implementation of the Programme.

This will enable the acute hubs to be implemented and the transfer of all acute examinations to Cardiff, Swansea and Aberystwyth in order to meet the ISO accreditation deadline of October 2023.

The funding for the SARC Regional Model has been presented to the Collaborative Leadership forum in December 2022 and the Programme has been included in the NCCU plan through the WHSSC /EASC planning process.

The ask of the Joint Committee is to give final sign off for 50% of the funding for Sexual Assault Services with the other 50% of the funding being provided by the Police Forces and OPCCs in Gwent, South Wales and Dyfed Powys.

Situation

Following a review of Sexual Assault Referral Centres (SARC) across Wales, a new model for the delivery of these services across South Wales was considered and approved by the SARC Project Board on 1 August 2019 ***(Appendix 1).*** This report was then considered and approved by internal governance structures of the Health Boards, Police and OPCCs through the month of September 2019.

The model agreed for delivering Sexual Assault Services across South Wales consists of three adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs, one in Cardiff and the other in Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes located in Risca, Merthyr Tydfil, Newtown and Carmarthen. There was also a commitment to developing an NHS led forensic medical service and establishing an All-Wales Sexual Assault Service Network and commissioning framework.

It was agreed that the proposed model will be staged across three phases.

Phase 1
The implementation of the three adult SARC hubs in Cardiff, Swansea and Aberystwyth, and two paediatric SARC hubs in Cardiff and Swansea. The total costs of phase 1 will be split 50/50 between Health and Policing and has to be implemented by October 2023 in line with ISO accreditation timescales.

Phase 2
The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes located in Risca, Merthyr Tydfil, Newtown and Carmarthen. There are elements of the spoke model which are currently subject to review.

- **Counselling**
  A review will be commissioned into counselling services for victims by the regional programme with a target date of January 2024 for a service model paper to be submitted to the WSAS Programme Board. It is proposed that this would be funded by Health.
- **Crisis workers**
  The model for crisis workers is being reviewed by the programme and this includes hours worked and pay grades, due to the spoke crisis workers no longer providing the acute examination support for victims. It is recommended that the current provision remains in place whilst the review is conducted.
- **ISVAs**
  The ISVA service is currently funded entirely by MOJ funding streams. The review has identified the need for increased provision and standards to meet the increased demand which will inevitably lead to an additional funding requirement. OPCCs are planning on going out to tender for a provider for the new ISVA service model in September 2023, with a view of it starting April 2024.

Phase 3
The FME Service is two phases, the first is to rationalise the FME provider for the South Wales service and the second is for Health to provide the service. This element is complex due to the devolved legislation and there is currently legal and Welsh Government advice being sought.

In order to implement phase one of the model and to meet the ISO accreditation standards, there has been a new service model agreed that has been phased over a 3-year period and that identifies the uplift from the reported current baseline for Health's 50% of the total cost (full detail is contained in ***Appendix 2***).

Table One: Health phase one totals and uplift from baseline

Year	Health 50% funding £000's	Uplift from baseline (£000)
2023-24	1,149	347
2024-25	1,274	124
2025-26	1,308	35

It is anticipated that there will be elements of the model that will be provided by Health and elements that will be provided by independent/third sector providers, the phase one model has however been costed based on NHS pay scales. It should be noted that the composition of the funding contained within the baseline payment is not known. There are currently services contained within phases 2 and 3 which are additional and still need to be paid directly to providers until these costs and splits are agreed.

Background

SARCs perform a vital role for victims of rape and sexual abuse, they provide acute medical examinations, therapeutic support, gathering of forensic evidence and independent advocacy that supports victims through their journey of recovery.

Following a review conducted by Welsh Government in 2013, the current model for SARC services was recognised as inadequate for delivering the standards of medical care and therapeutic support needed to empower survivors of serious sexual abuse to both go through the criminal justice system and to recover from their trauma. This was the basis on which the South Wales SARC Regionalisation Programme was formed in 2013 and the new Health Led collaborative model being agreed in 2019. This agreement included a financial model which would see a 50/50 split between Health and Police for the funding for SARCs.

In 2020 the programme governance paused due to the COVID-19 pandemic, which delayed the implementation of the operational model. During this time the significance of ISO accreditation requirements became apparent with the risk of failing to meet the October 2023 deadline being that evidence gathered from victims will come from unaccredited SARCs and potentially be inadmissible in court. This could jeopardise victims' chances of a successful legal outcome. This specifically relates to the Phase 1 (Acute) Forensic and Medical examination.

Assessment

The financial modelling for the SARCs is based on a regional service model with three adult hubs and two paediatric hubs supported by four additional spokes, alongside the spokes in the hubs and a regional component.

The following principles underpin the finance modelling work:

- The model has been agreed collaboratively and will be a 50/50 split between health and police for Phase one
- The provision will be recharged based on the actual cost of the service and will be reviewed on an annual basis

- The funding for Phase two services will remain at the same level until the spoke model is agreed; this will be brought to respective Boards by December 2023
- The totality of the criminal justice ISVA costs will be met by policing colleagues from April 2024
- The counselling costs require further discussion, with a proposal that the current ISVA funding by health is repurposed to fund the counselling services currently funded through the Police.
- The crisis worker costs for the spokes would be split 50/50 between Health and Police
- Finance, Human Resources, Procurement and other corporate functions have been excluded and assumed to be absorbed within each organisation.
- The costs are based on Health pay scales, therefore some of the costs may be subject to change when services are openly procured

Finance

The table below shows the implementation of the programme over a three-year period with the declared baseline positions of the Health Boards (see Appendix 2 for full modelling). The Health Boards' 50% contribution to phase one of this model is an uplift of **£347k** in year one and **£506k** over the 3 years to the full implementation. The required funding contribution has been included in the NCCU plan through the WHSSC /EASC planning process. The 50% Police funding already having been agreed through their internal governance processes.

Table 2: The Health Board funding Splits and baseline expenditure

Commissioner Revenue Funding Model	HB Commissioner Split						
	AB UHB	C&V UHB	CTM UHB	HD UHB	Powys HB	SB UHB	Total HB
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Model Phasing 2023/24 - Year 1	278	233	210	184	60	184	1,149
Model Phasing 2024/25 - Year 2	308	259	233	204	66	204	1,274
Model Phasing 2025/26 - Year 3	317	266	239	209	68	209	1,308
Current Baseline Commissioned Expenditure in 2022/23	**140**	**273**	**98**	**70**	**52**	**169**	**802**
Uplift Required in 2023/24	138	(40)	112	113	7	15	347
Incremental Uplift Required in 2024/25	30	25	23	20	6	20	124
Incremental Uplift Required in 2025/26	8	7	6	6	2	6	35
Recurrent Commissioner Revenue Funding from 2025/26	**317**	**266**	**239**	**209**	**68**	**209**	**1,308**
Total uplift required over 3 years 2023/24 - 2025/26	**177**	**-** **7**	**141**	**139**	**16**	**41**	**506**

Capital Investment

Welsh Government Health Capital has agreed to fund the development of the new SARC buildings entirely and have funded most of the work required to develop the current estate to ISO accreditation standards. The investment to date includes:

- £538k in developing the current Cardiff and Bow Street SARCs to ISO accreditation standards and the building work is complete.
- £785k for the Swansea Paediatric SARC

There are also business cases for new purpose built SARCs in Cardiff and Aberystwyth that are being taken through the Health Capital processes in Welsh Government currently.

Strengths and opportunities

The objective of the regional programme is to provide a more integrated service that is driven by the needs of service users and ensures that the services meet the clinical and forensic standards, which will support victims of rape and serious sexual offences. There are some specific benefits to implementing this model.

- **Facilities -** The improved facilities will provide evidence-based environments that are conducive to supporting victims and obtaining forensic evidence to ISO accreditation standards.
- **Paediatric Provision -** Cardiff currently provides the only paediatric provision for acute examinations in the region. This is placing strain on the Cardiff SARC which is having an impact on children and young people in the three police force areas. In addition to this, children from South West Wales are having to travel significant distances to access the service. The regional programme plans to address this position by introducing a new Paediatric SARC in Swansea and increasing the workforce, with ambition to increase the age of children seen to up to 16-years-old instead of the current position of up to 14-years-old. This would bring Wales in line with the services available to young people in England.
- **Future Police and Health Collaboration -** Health and Policing collaborations in Wales have previously been challenging due to devolved legislation. Whilst this has presented challenges for the SARC programme, if this is successfully delivered it will provide the basis on which to collaborate again successfully in the future.

Risks

There is a risk that one or more of the partner agencies will withdraw from the collaboration. This is considered low due to the high importance of the service.

If any of the partners withdrew from the collaboration this will present a number of risks to the way in which SARC services are delivered.

- ISO accreditation deadline - The buildings, funding, legal arrangements, and management of the accreditation has been based on the regional model.

- Financial implications of Welsh Government withdrawing their commitment to provide capital funding and of the Police meeting 50% of the cost of SARC services.
- Political risks with Welsh Government and Police due to the investment they have made to develop SARC buildings to ISO accreditation standards.
- Risk to future collaborations between Policing and Health.
- Delay in funding decision will delay moving victims to ISO accredited facilities and potentially be detrimental to the outcome of legal proceedings.

When assessing the economic benefits of the regional SARC model, it is important to reflect that the programme started because of a shared recognition that the current model of provision is inadequate for meeting victims' needs. Therefore, further investment is required to improve the standards and effectiveness of the service and to meet the increasing demand.

The demand for services is increasing year on year, with a 7% increase in 2022-23 from the previous year. We are still only seeing approximately 10% of the total number of victims of sexual assault per year.

Whilst there will be an increased cost for to provide more effective services the model of collaboration presents economic opportunities and benefits.

The Phase 1 model (and investment) will enable the achievement of ISO accreditation by October 2023, the SARCs are currently on track to be the first accredited in the UK.

Recommendations

The recommendation in the paper is for the Health Boards to sign off the updated model and associated financial envelope for the implementation of **Phase One** of the SARC Regionalisation Programme and to provide a continuation of funding for Phase 2 at the current level. This has already been agreed by the Police forces across South Wales.

The ask of Health Boards is to fund an additional £506k over three years for phase one of the implementation of the SARC model in addition to the £802k that is currently funded.

Proposal for Regional Sexual Assault Referral Centre (SARC) Model for South, Mid and West Wales

Author:	Rachel Hennessy, Programme Director
Executive Lead:	Deputy Director Strategy and Planning, C&V UHB
Approved by:	SARC Project Board
Date document approved:	1st August 2019
Caring for People, Keeping People Well:	This proposal is key in delivering outcomes that matter to people and providing sustainable services through delivering care across sectors
Financial impact:	Section 6.
Quality, Safety, Patient Experience impact:	This proposal will provide a more accessible and sustainable service for some of the most vulnerable adults and children across South, Mid and West Wales
Health and Care Standard Number:	2.7 Safeguarding Children at Risk and 3.1 Safe and Clinically Effective Care
Equality Impact Assessment:	Section 7.

Assurance and Approval

- Financial scrutiny and assurance has been provided by the Chief Finance Officers for police and PCCs across South, Mid and West Wales July 2019
- Health boards have considered the financial proposal through their financial representation on the SARC Project and via CEO forum
- The SARC Project Board has approved the service model and costs associated with implementation of phase 1: adult and paediatric SARC hubs, commissioning and network on August 2019

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Executive Summary

This paper details the recommendations for the reconfiguration of Sexual Assault Referral Centres (SARCs) across South Mid and West Wales. This report is the culmination of work that commenced in 2013 in response to a Welsh Government review looking at the unmet need in SARC services and the lack of integration between services. Significant work has been undertaken in partnership with multiple agencies to develop a number of recommendations that together will significantly benefit the victims, survivors and their families who use SARC services across the region.

This Final Report was considered and approved by the SARC Project Board 1st August 2019. This report will considered and approved through internal governance structures of the commissioning organisations through the month of September 2019.

The proposed model will provide a more integrated service model that is driven by the needs of service users, supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures that robust governance arrangements are in place.

The proposed model is based on a hub and spoke approach with three adult SARC hubs in Cardiff, Swansea and Aberystywth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes presently located in Risca, Merthyr Tydfil, Newtown and Carmarthen. There is also a commitment to developing an NHS led forensic medical service and establishing an All Wales SARC Delivery Network and commissioning framework.

The proposed model will be staged across three phases.

Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles.

The total costs of phase 1 will be split 50:50 between health and police, with each sector required to contribute £578,159 per year.

Proposed model phase 1	
Health contribution	£581,909
Police contribution	£581,909
total	**£1,163,817**

Costs have been agreed in principle for recommendation to individual Boards, by representatives of the commissioning organisations, including Police Chief Finance Officers, to support moving forward with phase 1

Phase 2 and 3

- Phase 2 will look at the provision of the SARC spokes. £1,180,191 was allocated in the original modelling work to accommodate this area for ISVAs (£785,740) and counselling (£394,450). Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.

- Phase 3 will look at the forensic medical examination service. £666,619 was identified as the associated cost of the FME service in the original modelling work.

There is a collective agreement across the commissioning organisations that phases 2 and 3 will required detailed service modelling work and costing. It is anticipated that each of these proposals and associated costs will need to be considered and approved by the Boards of the commissioning organisations.

Assuming there are no further increases costs following the detailed work required in stage 2 and 3 this would result in a total model costing £3,034,713.

For comparative purposes, this would mean an additional investment in the region of £1,375,353 across the commissioning organisations.

Regional model	
Costs of current model	£1,659,360
Costs of proposed model	£3,034,713
Difference	**£1,375,353**

Based on 50:50 split, Health Boards and police would each be required to contribute around **£1,517,357.**

1. SITUATION

This paper provides an overview of Phase 2 of the Sexual Assault Referral Centre (SARC) project since its inception in June 2018. It provides an overview of progress and outlines the key areas for discussion. There remains a commitment from all agencies to the delivery of a service that is clinically safe, sustainable and meets the needs of the population of Wales. It must also demonstrate value for money.

Further integration between health and the police in the delivery of forensic services continues to be a priority, with a joint commitment to the delivery, in the future, of a public sector provided forensic medical service. This paper needs to be considered in conjunction with the proposed financial framework to support the model (attachment 1). An overarching proposed timeline is also attached (attachment 2.)

On approval of this report by the SARC Project Board, the recommendations will need to be considered through internal governance structures for health, police and Police and Crime Commissioners (PCC) as the commissioning organisations. Any further changes to the service model or funding requirements will also need to be considered by the individual commissioning organisations through their internal governance structures.,

2. BACKGROUND

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCs fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across Mid, South and West Wales, led by the National Health Service (NHS) Wales Health Collaborative (phase 1). A Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

Following an option appraisal process, a preferred model emerged which identified regional configuration of services comprising children's services located in two hubs at Cardiff and Swansea and adults services located in three hubs in Cardiff, Swansea and Carmarthen, supported by spokes in Risca, Merthyr Tydfil and Aberystwyth. Newtown was only established during the project phase. It was noted that it would be considered an additional spoke for the area of Dyfed Powys.

In December 2017, the model was agreed in principle, subject to a further review. Concerns were expressed by the Police and health organisations in Dyfed Powys that the proposed move to a single adult hub providing forensic examination services in Carmarthen would be detrimental to the population in the north of the region due to the geography.

In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

The remainder of this paper provides details on the service models and recommendations made by the Project to support a regional SARC service model.

3. ASSESSMENT AND ASSURANCE

The definition of a SARC hub and SARC spoke as agreed through the SARC project is as follows:

SARC Hub: **'**A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care'.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (with access to emergency Intrauterine Device (IUD) fitting) and Sexually Transmitted Infection (STI) risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

SARC Spoke: 'A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector but does not provide forensic medical examinations'. The spoke should also provide support for victims engaged in criminal justice proceedings. A hub would also house a spoke facility for the local community.

The table in attachment 3 provides a more detailed outline of the services available at the hub and spokes.

The work to develop a preferred service model for the region is underpinned by these definitions, a set of key principles and a baseline data set (attachment 4).

A series of multi-agency option appraisal workshops have taken place and the outcomes used to inform the final model. The finding of the Equality Impact Assessment (EIA) undertaken in Phase 1 has also been considered.

Childrens Services

There remains a commitment to the original modelling work (2015), which identified two paediatric SARC hubs (Swansea and Cardiff) to provide paediatric acute and historic services across the region – ongoing support will be provided from the more local SARC spokes.

However, difficulties with recruitment of paediatricians in Swansea in 2018 resulted in a proposal to move to an interim model where acute presentations of children under the age of 14 from across the region are being seen at Ynys Saff SARC, Cardiff. Prior to this, children under the age of 13 were seen at Abertawe Bro Morgannwg (ABM) University Health Board (UHB) in hours, including acute presentations, for the population of Swansea and Ceredigion, Carmarthenshire, Pembrokeshire and parts of Powys. Historic cases will continue to be seen in Swansea, Cardiff and Abergavenny. Out of Hours acute paediatric cases up to 14 years of age will continue to be referred to Cardiff.

Due to the challenges associated with providing a sustainable service in Swansea, it was important to review the proposal for a two-hub paediatric model in terms of feasibility and achievability. On review there was support to increase the age of the paediatric hub to children up to 16 years, in line with national guidance and services in North Wales and an option appraisal exercise took place, the outcome of which was support for a two-hub model across the region.

Following this recommendation, a focus group comprising paediatricians across the region was bought together to look at the feasibility of the model and the necessary actions to support implementation. In line with the service model in England, the paediatricians also felt there would be benefits to developing their role so that they could undertake forensic and health assessment single handed rather than requiring the presence of a forensic examiner as well as a Paediatrician.

The focus group also acknowledged that in order to deliver a future service for children in Swansea (which replicates the in-hours service in Cardiff), appropriate accommodation still needs to be identified, that will meet forensic standards and standards associated with the provision of children's services. A formal options appraisal will need to be undertaken and costed. The outcome will need to be considered by the commissioning organisations. Options may include developing a combined adult and child hub on health premises in Swansea, exploring the opportunity to 'lease' accommodation from the third

sector, or paediatrics remaining stand-alone in an improved environment within Singleton or Morriston Hospital. Benefits of a joint model include the ability to access counselling, and staff experienced in the court process and police interviews, so overall better support for families. A joint model would also provide the benefits of being able to integrate adolescents into SARC services without them having to choose between adult and children's services

Both the interim and proposed service model for children have been developed with the intention of minimizing the number of cases needing to be seen out of hours, although an out of hours service will continue to be available in line with the existing service model.

The proposed service model recognises the importance of having an experienced workforce to ensure the quality received by children is of the highest standard. In order to achieve this standard a critical mass is required to enable clinicians to see a minimum number of children to develop and retain the skills and competencies required to provide a high quality service. It is important a child is seen by the most appropriate individual as the trauma of being seen by the wrong person may be as bad as the assault. At present, the small number of children accessing the service means that it is only possible to achieve this at two sites across the region. The aim is for the majority of children to be seen during the day, and as a minimum, be able to offer a paediatric assessment within 24 hours of referral. This may include the opportunities to explore an out-of-hours rota, which flexes across sites (Swansea and Cardiff) in the future.

In drawing together the conclusions of this work, a number of recommendations are being made to the project board.

In hours: proposal

- *Two paediatric SARC hubs (Swansea and Cardiff) will provide services for children up to their 16th birthday. Children can expect a joint examination with a paediatrician and forensic examiner for acute presentations and a single examination by a paediatrician for historic presentation.*
- *Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the Forensic Medical Examiner (FME). Health needs will be considered at each SARC with appropriate signposting. This model will be subject to review and open to change following evaluation of the model for younger children.*

Delivery of the in-hours proposal will require:

- Training of consultant paediatric workforce to manage older children. In general, paediatricians across the NHS see children up to the age of 16 years, except in certain circumstances e.g. cardiac/renal/cystic fibrosis etc .
- Identification of accommodation for paediatric SARC hub to considered as part of a formal multi-agency costed option appraisal.
- Identified sessions in paediatrician's job plans for SARC clinical service provision, training and peer review
- Financial resources to support training and appointment of suitable workforce

Out of hours: proposal

- *One paediatric SARC hub (Ynys Saff SARC) will provide services for children across the whole region up to their 16th birthday. Children can expect a joint examination with a paediatrician and forensic examiner.*
- *Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the FME. Health needs will be considered at each SARC with appropriate signposting. This model will be subject to review and open to change following evaluation of the model for younger children.*

Delivery of the out of hours model will require:

- Training of consultant paediatric workforce to manage older children
- Consideration of a regional consultant paediatric rota for in and out of hours service at Cardiff, supported by a daily fixed clinic and European Working Time Directive (EWTD) compliant.

Forensic examinations for children: proposal

- *Paediatricians will be appropriately trained to undertake forensic medical examination for children presenting at the paediatric SARC hubs.*

Delivery of forensic examinations by paediatricians will require:

- Paediatricians committed to working towards The Faculty of Forensic & Legal Medicine (FFLM) qualification
- Development of a training programme, with time given to paediatricians to undertake the training required.
- Flexibility built into FME contracts in order to support paediatricians seeing sufficient cases to be deemed competent to take on the role.
- Clarification of legislation around paediatricians trained to undertake a combined health/forensic medical examination being able to do so. In

England this is a common model of care but may require support from Welsh Government in Wales to implement a similar model.

3.1.1. Children living in Powys

Powys covers a large geographical area in the middle of Wales. Services to support the population of Powys may be commissioned from Health Boards in both North and South Wales and from NHS England, taking into consideration the requirements of the population. Further consideration has been given to the proposed children's model, i.e. paediatric SARC Hubs in Swansea and Cardiff and the impact on children in North Powys. Since late 2016, when the SARC provision in Telford closed, there has been no formal pathway in place for children residing in North Powys. Betsi Cadwalader UHB have stepped in to support PTHB on an ad hoc informal basis in the interim.

When considering indicative travel times (Attachment 6) it was felt more equitable for children in North Powys to access SARC services in North Wales, rather than Cardiff or Swansea – ongoing support would be from the more local SARC spoke in Newtown. Whilst there has been no provision for North Powys resident requiring access to SARC services from North Wales previously, it is felt this would be the most beneficial model for children in this region requiring access to FME services. In concluding this the following recommendation is being made for children in North Powys:

- *There is a commitment to developing pathways for children up to their 16th birthday, who live in North Powys to access SARC services in Colwyn Bay, North Wales, if they require a forensic medical examination.*

Delivery of service for children in North Powys will require:

- Discussions with Betis Cadwalder/North Wales Police regarding the preferred model.
- Clear pathways to be developed
- A funding agreement to support cases being seen in North Wales

Timelines

The Interim children's model is for an initial period of twelve months. However, there are no plans to withdraw this service before the preferred service model is implemented.

On approval of the preferred model by the Project Board, work will commence immediately to put in place the enablers to support the implementation of the

full children's service model. It is anticipated implementation will be incremental with a lead in time of one to two years.

Further work is required to determine the time frame to support paediatricians undertaking forensic examinations of children.

3.2 Adults services

Services are currently provided by third sector across the region with the exception of in Cardiff and Vale where the service is provided by NHS Wales. All SARCs across the region currently offer the facility for adults to undergo a forensic examination. They are currently located in Merthyr Tydfil, Risca, Ynys Saff Cardiff, Swansea, Carmarthen, Newtown and Aberystwyth.

In Phase 1, the SARC project agreed the principle of a 'hub and spoke' service model, based on national guidance. This resulted in a model with three hubs (Cardiff, Swansea, Carmarthen) and four spokes (Merthyr Tydfil, Risca, Aberystywth and Newtown – towns with existing SARCs). The decision on a hub and spoke model and the number of hubs in the region was made following an extensive option appraisal process, where consideration was given to safety and quality, sustainability and future proofing (including the ability to meet critical mass and minimum caseload requirements), access, equity, achievability and acceptability.

This model was agreed in principle subject to a further review following concerns raised by Dyfed Powys Police regarding access to forensic services for the population in the north of their region.

Phase 2 reviewed the model, activity, service specification and associated costs. The Project recognized the challenges associated with the geography of Dyfed Powys and the necessity for a model reflective of the needs of the local population. Therefore, after extensive discussion and review of the supporting information, a revised service model was agreed. The revised model supports the principles in Phase 1 - a single SARC hub for the Dyfed Powys region, supported by two spokes. However, it is proposed the SARC Hub is located in Aberystywth, with the two spokes in Newtown and Carmarthen. In this model, access to forensic services for the north of the region would be retained. Clients in the south of the region, would access the nearest SARC Hub at either Swansea or Aberystywth depending on where they are resident. This model will support the holistic needs of the clients, increased sustainability and the opportunity for greater integration between sectors, including a closer alignment with the sexual health services. It would also provide more equitable coverage as part of a strategic model of sexual assault services across South,

Mid and West Wales, with SARC hubs located in, Cardiff, Swansea and Aberystywth.

Data used to underpin the service planning process suggest there are approximately 1654 over 16 year olds with an initial presentation at a SARC across the region (2017/18). Of this figure only 306 underwent a forensic medical examination and therefore would be required to attend the SARC Hub in the recommended model.Tthe remaining 1348 would receive service from their nearest SARC spoke. Individuals presenting at the SARC Hub (306 cases) would return to their nearest SARC spoke or health board providing sexual health services, for follow-up support after the acute examination.

Table 1 gives an overview of how activity levels (The number of individuals presenting for a forensic and health examination, would change based on the introduction of three SARC hubs in Aberysywth, Cardiff and Swansea.

Table 1. changes in activity levels based on 2017/18 data

Region	**SARC**	**Current number requiring FME**	**Proposed number requiring FME**
Mid and West Wales	Aberystwyth*	13	24
	Newtown	11	0
	Carmarthen	30	0
South West Wales	Swansea*	**53**	**83****
South East Wales	Ynys Saff Cardiff*	86	199
	Risca	67	0
	Merthyr	46	0
	Grand total	**306**	**306**

*will be SARC hubs providing forensic and health examinations in the proposed model
** It is recognised that individual in the south of the region are more likely to attend Swansea SARC.

Whilst the preferred model clearly offers a number of benefits for clients accessing the service, there are a number of areas, which need to be considered when moving forward with implementation of the recommended service model.

Support will need to be provided for those who may incur longer travel times, when compared with the current model. Attachment 6 provides indicative travel

times from various parts of the region to their nearest Hub. However, it also needs to be recognised that some individuals may chose not to be seen at their nearest SARC hub. The commissioning framework needs to address this and ensure that individuals are able to access services at any SARC Hub they choose across Wales without complications.

Concerns have been expressed that at times there could be multiple cases attending a single SARC Hub. This is not a unique situation and there are examples across the country where SARCs have multiple cases presenting at the same time. In these circumstance cases will be assessed, managed and prioritised based on the needs of victim rather than by the area in which they reside. This service will need to be supported by clear operational protocols and performance monitored closely. During phase 1 (2015/16) modelling work looking at a service model with three SARC hubs, calculated that based on current demand, very few days of the year would have more than one case presenting at the same time.

Welsh Government has also given approval for redevelopment of the SARC in Cardiff, which will have additional capacity to accommodate the increase in demand from Risca and Merthyr Tydfil SARCs resulting from the change in model as well as having the ability to accommodate potential increase in demand.

South East Wales proposal:

- *A single adult hub to support South East Wales, at Ynys Saff SARC, Cardiff (which will also provide spoke services to Cardiff and Vale population) supported by spokes in Risca and Merthyr Tydfil.*

South West Wales proposal:

- *A single adult hub to support South West Wales (will also support a proportion of Hywel Dda population) provided in Swansea, which will also provide spoke services to Swansea population.*

Mid and West Wales Proposal:

- *A single adult hub to support Mid and West Wales provided in Aberystwyth, (which will also provide spoke services), supported by additional spokes in Newtown and Carmarthen.*

When considering the overall model for the provision of adult services there are a number of other areas for consideration, which may help to address concerns relating to governance and access to services:

- Alignment of SARC hubs with health boards, allowing for strengthened governance processes.
- Services (both hub and spoke) may continue to be provided by the third sector, however, operational lines of governance and accountability for SARC provision would be through a health board for the SARC hub service, via the commissioning infrastructure.
- This model would provide the professional and clinical governance structure to support the appointment of clinical coordinators in each centre, alongside the third sector, creating a more integrated service. At present with the exception of Ynys Saff SARC Cardiff, there is no clinical input (with the exception of visiting FMEs) to provide a link between the SARCs and the health service requirements of the individual client accessing the service.
- Future opportunities may exist to provide outreach provision using health premises for follow up medical treatment and psychological support.
- Further consideration needs to be given to the benefits and opportunities for developing local SARC spokes in other areas of the region.
- Spokes continue to be provided by the third sector where appropriate. Whilst there will be a core service specification within a spoke, local police forces/PCCs may choose to commission additional services from the third sector/health to meet the requirements of the local population. That would be at the discretion of the local police force/PCC and outside the remit or costings of this proposal.
- A task & finish group will need to be established to develop the detailed work, including costs associated with the ‘spokes’ to support the SARC hubs. This will also need to consider therapeutic required.

Timelines

On approval of the proposed models, work will commence immediately to progress with the procurement process to support implementation of the new model. It is anticipated that elements of the new model would be in place 2020/21 but it will take up to three years to fully implement the ‘hub and spoke’ model.

3.3 Forensic Examination Service

This project promotes a Health delivered Forensic Medical Examination (FME) service as the preferred means of delivery in Wales, and has the commitment and support from Police and Health Services to achieve this. However, it is realised the transition time may take five to ten years dependant on current contracts and the training of health professionals to undertake the roles.

Currently commissioned by individual police forces across the region: Gwent Police; South Wales Police and Dyfed Powys Police. Three private providers are commissioned alongside a number of self-employed doctors in Gwent. There are concerns with the current model regarding sustainability, clinical governance and limited engagement with local health services.

The proposed model to move towards and NHS provided FME service, if agreed, will require further work to develop a detailed costed model which will independently of this report need to be considered and agreed by the individual commissioning organisations.

In the interim, there is clear agreement that Health and the Police will take an integrated approach to developing and monitoring existing forensic services and wherever appropriate, as existing contracts end, there is a collective agreement to move forward with implementing the principles of the agreed model.

FME Proposal

- *'Two private providers for South Wales Police/Gwent Police and Dyfed Powys Police, with a move to single provider once current contractual arrangements come to an end.*
- *There is a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales.*

Delivery of the FME proposal will require:

- Identification of a lead commissioning police force to support the implementation of a single provider.
- A phased approach due to differing lengths of existing contracts.
- Establishing a task and finish (T&F) group comprising health and police organisations, to develop a detailed service model and associated costs, which addresses both health and forensic needs of the client and ensures standards and guidelines are met.
- Development of a clear model to support an NHS provided FME service, including training requirements which will need to be fully costed and appropriate funding streams identified if required. Due to time needed to train clinicians to carry out a forensic medical examination competently and to national standards, training may need to start before current contracts have expired.
- Health to support police forces in monitoring and managing existing FME contracts.

- As current legislation stands there would need to be an open and transparent procurement process, which would require Health to tender for the service.

Timeline

On approval of the proposed models, work will commence to establish a joint health/police task and finish group to take forward the work required to move to a fully costed and detailed service model. It is anticipated that elements of the new model would be in place 2020/21 as forces move towards a single private provider for the region. However, it is anticipated it may take up to ten years to fully implement the preferred NHS provided FME services. This will also be subject to approval of funding by individual organisations.

4. COMMISSIONING INTENTIONS

As public bodies providing the funding to SARC services, there is a statutory obligation on health and the police to account for their spend and a requirement to go through an open and transparent public procurement process where a commercial contract is required, which in the current and proposed service model is the case. The exception to this will be the service at Cardiff and Vale (C&V) UHB and children's services at Swansea Bay UHB, which, as existing NHS services currently funded by NHS and Police, provides for the local population (and will not change), can be excluded from a procurement process. This exemption would be based upon case law & codified under the Public Contracts Regulations (Reg 12(7)) where public-to-public collaboration, which is purely in the public interest can be exempt from the regulations. This exemption would need to ensure it meets the tests required under law.

As health is the assumed lead commissioning organisation, following recommendation in phase 1, guidance has been sought from NHS Wales Shared Services regarding any formal processes required to formally appoint contracts between health as the lead organisation and the service provider/s. NHS Wales Shared Services are the All Wales organisation, which supports procurement of contracts, which cross several health regions. Shared Services will need to lead the procurement process and a procurement board established under the wider SARC project structure.

Currently the SARC services are provided predominantly by third sector and funded by the regional police and PCCs. The costing of the preferred model in phase 1 identified a significant increase in funding required. Forensic services are currently commissioned by the police due to legal requirements, which will need to continue based on their current financial commitment to the provision of FME services.

Contracts that are currently in place with third sector are limited and agreements in the main are extended year on year with majority of agreements/contracts currently to April 2020.

Proposal

- *A formal procurement process, led by NHS Wales to appoint the hubs and spokes across the regional service model.*

This will require:

- Joint collaboration between health and the police to develop a clear service specification and in taking forward the procurement process.
- Development of a clear commissioning and procurement process to address separately the requirement for SARC hubs and spokes in line with agreed phasing of the service model. There will need to be a level of flexibility to ensure local needs are considered and additional finance streams can be accessed, alongside meeting core service requirements.
- Support from Welsh Government to manage any concerns associated with taking forward the process
- Resources from NHS Wales Shared Services to lead the procurement process.
- Agreement on the financial model to support the approved service model and appropriate funding identified. This funding will need to be ring-fenced once approved in order to account for the time it will take to go through the procurement process, award contracts and implement the model.
- Additional detailed assessment, legal input, a governance process/board in place, a definitive statement of service requirements and a panel of end users/stakeholders to assist with any evaluative work.

Timeline

It is anticipated that the actual procurement will take several months to complete, with non-FME contracts awarded and services in place by April 2020.

5. ESTABLISHING A SARC DELIVERY NETWORK AND A COMMISSIONING FRAMEWORK

It is recommended an All Wales SARC Welsh Delivery Network , comprising a multi-agency Operational Deliver Network alongside the joint commissioning board and lead commissioning organisation should be established. Unlike the SARC Project, the network would include north Wales.

The SARC Network would be a multiagency forum and provide a platform to engage with third sector and the public, as well as linking the different strands (health and Violence Against Women Domestic Abuse Sexual Violence (VAWDASV) in Welsh Government. It would lead the development and implementation of an All Wales service strategy and act as a specialist point of contact. It would provide evidence based and timely advice to the Welsh Government and the lead commissioner to assist the service in discharging its functions and meeting their responsibilities. It would also be responsible for undertaking planning for the development and delivery of an integrated SARC service on an all Wales basis and determine services to be procured in Wales, advise, audit and monitor performance and clinical governance and lead in the development of care pathways and service specifications.

The SARC Network will also be the vehicle through which specialised SARC services for adults and children can be planned and commissioned on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework with clear remit, responsibility and accountability. This will include the management of a ring-fenced budget.

The Network will also support the development, implementation and monitoring of a single database across the region which will monitor activity, performance, delivery against standards, outcome measures and support future service planning.

Phase 1 (2015/16) of the SARC Programme identified the need for an independent lead commissioning organisation from health, a joint commissioning board and a move to develop pooled budgets. In line with phase 1 (2015/16) recommendations, Phase 2 (2018/19) has looked further at developing the model needed to support the delivery of the SARC service for the region. The SARC model appears unique in that there does not appear to any other clear examples in Wales where funding is provided across health and another public body (other than local authority). It is recognised that to deliver this model, a formal commissioning structure is required, including a lead commissioning organisation, and a joint commissioning board.

The lead commissioning organisation will be responsible for develop the detailed service specification to support the procurement process, the service planning and contracting and commissioning of SARC services across the region. There will need to be an agreement on a form of collaborative commissioning, rather than pooled budgets (policy does not currently allow for pooled budgets to be established between health and the police).

Some resource to support both the Network and the commissioning organisation have been identified in the workforce modelling (attachment 1a).

Once the service model has been agreed and a lead commissioner identified, a commissioning framework will be developed and an Delivery Network established. As previously noted in section 3.3, the police will need to retain the commissioning lead for FME services.

As the host organisation for delivery of the SARC programme of work and as the largest service provider it is also recommended C&V UHB is appointed to host the Operational Delivery Group as part of the overarching Delivery Network.

Proposal
• *An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation A lead commissioning organisation is identified*
• *C&V takes on the role as lead provider organisation*

This will require:

- Formal recognition by Welsh Government of a SARC Welsh Delivery Network as the specialist advisory body on SARC services for Wales
- Support from Welsh Government, including finances for establishing a SARC Welsh Clinical Network including regional clinical leads and a network manager.
- Engagement from commissioners, providers and service users as appropriate
- Health Boards to identified a lead commissioning organisation

Timeline

Further discussions are required with the commissioning organisations to identify a lead commissioning organisation and develop the commissioning framework with clear governance structures and terms of reference. The appointment of the lead commissioning organisation needs to take place as a priority.

It is proposed that the Project Board will formally close and handover to the Network once the relevant lead organisations have been identified and the supporting structure established. A 6-12 month leading time is anticipated.

6. FINANCES

6.1 Financial assumptions

The financial model in phase 1 was based on a regional service model with three adult hubs and two paediatric hubs supported by four additional spokes alongside the spokes in the hubs and a regional component. The revised model retains a commitment to this service model. In addition, agreements supported by the project board in phase 1 have been upheld throughout phase 2. In line with this the following assumptions underpin the finance modelling work:

- Finance, Human Resources, Procurement and other corporate functions have been excluded and assumed to be absorbed within each organisation.
- Clinical supervision is managed within the resources identified in the proposed model.
- Cardiff infrastructure costs have been excluded.
- Out of Hours referrals will reduce due to extended opening times and proposed expansion to daily clinics.
- Paediatrician out of hours are minimal, and costs are based on the current model in Cardiff and Vale

The costs for the current model for comparative purposes have been reviewed and updated and are provided in detail in attachment 1a. The costs, including grants, which have been factored into the model, are those provided by representatives from health, police and third sector as nominated, who are member of the SARC finance T&F group.

Funding streams included relate only to those in health and police allocated to SARC services. They do not include any additional grants received by New Pathways for other service provision, which may or may not relate to SARC services

Management of the finances will be through the lead commissioner and associated joint commissioning board. The payment process will need to be determined once the lead commissioner and joint commissioning board is in place.

6.1 Revised Costs and Phasing

Following discussions between the commissioning organisations, an agreement has been reached to consider the implementation of the overall model through a number of stages and align costs accordingly. This acknowledges that further detailed work to develop the model and associated costs for the ‘spokes’ and the FME services needs to be undertaken to ensure that each component accurately reflects the needs of the service. This

programme of work is seen as a ten-year transformational programme of change.

Delivery of the service model has been split into three distinct stages:

- Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network
- Phase 2: Implementation of SARC Spokes
- Phase 3: Implementation of FME model.

Costs have been agreed in principle for recommendation to individual Boards, by representatives of the commissioning organisations to support moving forward with phase 1

Attachment 1a shows the detailed costs associated with phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network and the proposed phasing of those costs in line with the agreed model for this part of the work (attachment 1b).

It is proposed that the implementation of Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network will costs £1,163,817.

6.2 Financial Impact for commissioning organisations of Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network

It was and continues to be acknowledged that the financial situation for the NHS and for the police service is increasingly challenging and, likewise, third sector organisations are at risk due to uncertainties in respect of funding from statutory bodies, grant funding and charitable funding.

In line with the financial modelling in Phase 1 (2015/16), costs have been spilt 50:50 between health boards and the police forces/police and crime commissioner offices. It was acknowledged that there is no specific guidance on the respective responsibilities of statutory partners for sexual assault services and services provided within SARCs other than responsibility for forensic medical examination within Wales, which remains with police forces. In light of this the Phase 1 Project Board agreed to take a pragmatic approach to recommendations for a future funding model. Thiswas a shared funding model, with a 50:50 split between the NHS and the police/PCCs that would then be further split based on population shares.

Table 2. Distribution of Costs based on 50:50 split

Proposed model phase 1 (2015/16)	
Health contribution	£581,909
Police contribution	£581,909
total	**£1,163,817**

The costs currently incurred by Health Boards to support the interim children's model will be consider as part of the contribution by Health Boards to the final model and not as a cost they will incur in addition to that of the final model.

As identified in Phase 1 (2015/16), costs incurred by each Health Board will be based on a split by resident population. Table 3 outlines these anticipated costs by Health Board, based on the boundary changes, which came into being 1st April 2019. A similar pragmatic approach has been taken to the split by police force region. However, this is for visual purposes only and is only notional. Further work will be required by the police organisations to determine an appropriate proportional split of their funding contribution.

A more detailed piece of work will need to be undertaken led by the lead commissioning organisations and joint commissioning board to determine the final commissioning model.

Table3. Distribution or costs phase 1.

Estimated health board split*:-			phase 1
(based on population shares)	Resident populations	%	£
Cardiff & Vale	493446	20%	118,219
Aneurin Bevan	587743	24%	140,811
Cwm Taf Morgannwg	443368	18%	106,222
Swansea Bay	387570	16%	92,854
Hywel Dda	384239	16%	92,056
Powys	132515	5%	31,748
Total Health Boards	**2428881**	**100%**	**581,909**

Estimated police force region split*:-			phase 1
(based on population shares)	Resident populations	%	£
Dyfed Powys Police	516754	21%	122,201
Gwent Police	587743	24%	139,658

South Wales Police	1324384	55%	320,050
Total police region	**2428881**	**100%**	**581,909**

- **Revenue costs**

The workforce model has been develop in line with the principles of the service specification developed in Phase 1 (2015/16) and reviewed with existing SARC managers.

As advised by the finance team in Phase 1 (2015/16), the cost of the workforce are based on NHS Wales Agenda for Change (A4C) pay scale (mid-point and including on-costs). There was recognition that the pay structures differ in the public sector to the third sector and that there was no standard pay structure across the third sector. It is acknowledged, however, that these costs only apply to NHS provided services and therefore are notional as a procurement process will need to take place for SARC services outside those currently provided by the NHS.

- **Non pay costs**

Non-pay costs comprise all costs not associated with payment of the workforce. This includes general consumables, drugs, travel, ISO accreditation etc. Costs to support the non-pay have been identified in the financial model.

To support the deliver of Phase 1 (Implementation of SARC Hubs for adults and children and establishing the commissioning framework and network), the non-pay cost included in the financial case is based on the current non-pay costs incurred by Ynys Saff SARC as the only existing integrated SARC hub for the region providing health and forensic assessment. There is also an additional £20,000 included to reflect the anticipated increase in travel costs for service users associated with a move to three hubs. A clear operating policy will need to be developed to support this. The non-pay costs will need to be monitored closely by the joint commissioning board.

Costs associated with the three-yearly assessment for ISO accreditation are recognised in the financial case. Any work required to meet accreditation standards for Ynys Saff SARC, Cardiff will be included within the C&V UHB major capital business case currently going through the All Wales planning process. Costs associated with relocation of Aberystywth will need to be included in any appropriate capital bid for Hywel Dda UHB as referenced above, as will those for the children's SARC hub in Swansea, led by Swansea Bay UHB. Further, discussions will need to take place regarding Swansea adult hub as the premises are owned outright by the third sector and have recently been subject to complete refurbishment. Clarification will need to be sought regarding the level of involvement by the police in developing the

forensic requirements of the new build and assurance from the third sector that ISO requirements have been addressed

The police throughout the UK have always provided specialist forensic consumables to allow for quality assurance from suppliers. No changes to this model have been considered to date.

- **Capital Costs**

Capital costs have not been included in phase 1 or 2 as the focus of the project has been on reconfiguration of existing services.

Therefore, there is an assumption that equipment including scopes, consumables etc. that currently support forensic service at the SARC sites, that will no longer host a forensic facility, will be transferred to the new SARC Hubs.

Whilst it is not possible to go into significant detail regarding capital costs at this stage, it is possible to clarify some high level principles associated with management of capital costs. There is also an assumption that existing funding streams will continue until a formal change to the commissioning model is in place. Any changes to revenue and capital responsibilities outside those agreed by Boards in September, will also need to be agreed through a clear joint commissioning framework and will be developed through the proposed joint commissioning and procurement board, with representatives from health, police forces and police and crime commissioners

Where a SARC hub is located on health premises and requires capital investment, a business case for capital costs, which may collectively include the costs of equipment, fixtures, fittings and inclusion of examination facilities to meet ISO standards, would be developed by the Health Board hosting the SARC Hub and considered through existing NHS capital planning processes. Development of the business case would require endorsement from police colleagues.

There are currently two capital planning streams in the NHS. The process followed will depend on the level of investment required. Each Health Board has a discretionary capital programme, which addresses smaller capital requirements. This would also be available to apply for replacement equipment. In addition, where major capital investment is required, it would be necessary to develop a formal business case by the hub host provider for consideration through the All Wales Capital Planning Programme.

Where a SARC hub is located on an NHS site, ongoing responsibility associated with the maintenance of the site will also be the responsibility of the host Health Board.

- **Transitional Costs**

Transitional costs to support the implementation of the recommended service model e.g. commissioning and Network development, have been built into the overarching finances. Health Boards will continue to support a Programme director to lead the work. Police forces have indicated a commitment to identifying resource to support the Programme Director in the next phase of the work.

- **Additional costs**

It is recognised that the costs associated with the recommended model are only those identified as 'direct costs'. Both health and the police incur significantly more costs associated with SARC service provision, as part of their wider service delivery.

Consideration will need to be given to how any unforeseen costs will be accommodated. This will need to be considered by the joint commissioning board.

6.3 Future costs associated with Phase 2 and Phase 3.

It is acknowledged that further work is required to develop detailed models and associated costs of delivery for the 'spoke' services and FME services. It is recognised that each proposed phase can be considered independently. Each phase will require a separate business case and approval from individual organisations to proceed with implementation. An organisation which currently incurs the costs associated with providing the services to be considered in phases 2 and 3, will continue to do so until a detailed model and financial framework has been agreed and the new model commissioned and implemented.

Phase 2 will look at the provision of the SARC spokes. £1,180,191 was allocated in the original modelling work to accommodate this area for ISVAs (£785,740) and counselling (£394,450) (figures have been uplifted for agenda for change banding and inflationary increases). Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.

Phase 3 will look at the forensic medical examination service. £666,619 (figure has been uplifted for inflation) was identified as the associated cost of the FME service in the original modelling work.

Assuming there are no further increases costs following the detailed work required in stage 2 and 3 this would result in a total model costing £3,034,713.

For comparative purposes, this would mean an additional investment in the region of £**1,432,995** across the commissioning organisations.

Table 4. Differences between current and proposed costs

Regional model	
Costs of current model	£1,601,758
Costs of proposed model	£3,034,713
Difference	**£1,432,995**

There is no additional funding identified to support the proposed increase in costs above the current service level at present. However, following the work of the NHS Wales Health Collaborative (2016), the Cabinet Secretary for Health wrote to Health Boards outlining his intention that future funding requirements as detailed in the NHS Wales Health Collaborative financial assumptions should be ring-fenced from 2016/17 onwards. This equals £1,684,453.

7. EQUALITY IMPACT ASSESSMENT

An EIA was undertaken in phase 1 (2015/16) of the project, which was used to inform the initial recommendation to the SARC Project Board. This work included review of national evidence and formal engagement with key stakeholders to identify the potential impact on protected characteristic groups The EIA has been updated to reflect the work in Phase 2 (2018/19) (attachment 6). As Phase 2 continues to follow the principles in Phase 1, the EIA continues to underpin the recommendations in this paper.

It is anticipated that further formal engagement will be required. This will need to be proportional and undertaken in collaboration between health organisations and police organisation. Advice is also being sought from the Community Health Councils in Wales, who had been engaged at the earlier stages of the Project in Phase 1.

8. RECOMMENDATIONS TO THE SARC BOARD

Significant work has taken place with partner agencies over the last 12 months in order to bring forward proposals for a regional SARC service model.

The Project Board are now asked to approved the following recommendations:

Recommendation 1.	There should be two paediatric hubs *(Swansea and Cardiff) providing in-hours services for children up to their 16th birthday.* *Training and recruitment of staff will be required and a costed optional appraisal to identify appropriate accommodation in Swansea that meets forensic standards and standards for children's services.*
Recommendation 2.	*There will be one paediatric hub (Ynys Saff SARC) that will provide services out of hours for children across the region up to their 16th birthday,*
Recommendation 3.	*Children 16-17 will have their forensic examination undertaken by an FME at the appropriate local SARC Hub at all times.* This will be subject to evaluation and review moving forward.
Recommendation 4.	*There will be a commitment to developing appropriately trained paediatricians to undertake forensic medical examination for children presenting at the paediatric SARC hubs.* *It is anticipated this will take 3-5 years due to training requirements.*
Recommendation 5.	*There is a commitment to developing pathways for children up to their 16th birthday, who live in North Powys to attend for service in Colwyn Bay, North Wales, if they require a forensic medical examination.*

Recommendation 6.	*There will be a single adult hub in South East Wales, at Ynys Saff SARC, Cardiff which will provide services to the populations of South East Wales* *SARC Spokes for the region will be in Risca and Merthyr Tydfil.* *Ynys Saff SARC Hub will also act as a spoke for Cardiff and Vale region.*
Recommendation 7.	*There will be a single adult SARC hub in South West Wales provided in Swansea, which will provide services to the population of South Dyfed Powys region and Swansea.* *Swansea SARC Hub will also act as a SARC spoke for the Swansea region.*
Recommendation 8.	*There will be a single adult SARC hub in Dyfed Powys provided in Aberystywth, which will provide service to the population of Mid and West Wales.* *SARC Spokes for the region will be in Newtown and Carmarthen.* *Aberystywth SARC Hub will also act as a SARC spoke for the Aberystywth region.*
Recommendation 9.	*There will be a commitment from Police organisation to move towards a single provider for FME services across the region.* *This will be phased over 3-5 years due to existing contractual arrangements.*
Recommendation 10.	*There will be a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales.*

	This will require a commitment to formal training of healthcare professionals and recognition within job plans for trainers and trainees on a regional basis. This will also require commitment to management of new/existing contracts with private providers to support the training of clinicians. *Funding will need to be clearly identified to support the training and running of an NHS provided model.* *It is anticipated this will take 5-10 years due to training requirements.*
Recommendation 11.	*There will be a formal joint procurement process (health and police), led by NHS Wales to appoint the hubs and spokes across the regional service model.* *Consideration will need to be given to ensuring there is flexibility in the process to meet local population needs alongside the core requirements of the new service model.*
Recommendation 12.	*An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation.*
Recommendation 13.	*A Lead commissioning organisation from health is appointed to establish and manage the contracts and commissioning framework as part of the Delivery Network*
Recommendation 14.	*C&V UHB is formally appointed to host the Operational Delivery Group as part of the Delivery Network*

Attachment 1 Proposed Financial Framework May 2019

	JULY 19 VERSION PHASE1 COSTS Proposed		
	wte	**band**	**£000s**
Adult SARC HUB			
Sarc Manager	2	8a	114,579
Regional SARC Co-ordinator - South East Wales, South West, Mid & West Wales	2	6	78,575
Crisis worker	5	4	132,797
clinical lead/nurse	2	6	78,575
Crisis workers on call out of hours (adults)	2.5	4	66,399
Children's SARC hub-			
Consultant	2		257,142
Crisis worker	2	4	53,118
clinical coordinator	1.32	4	35,058
Paediatric/sexual health nurse	1.64	6	64,430
Paediatrician on call costs (intensity banding)			41,606
Crisis workers on call (children)	1	4	26,559
Clinical Network/regional costs:-			
Clinical Lead (Adult)	0.2		25,714
Clinical Lead (Children)	0.2		25,714
Network Manager	0.5	8c	40,462
Network/Data support (inc in above)	0.5	5	15,945
Commissioning lead	0.5		28,644
Non pay spend			78,500
Total	**53.86**		**1,163,817**

Attachment 1b. staging of costs associated with implementation of the SARC hubs for adults and children

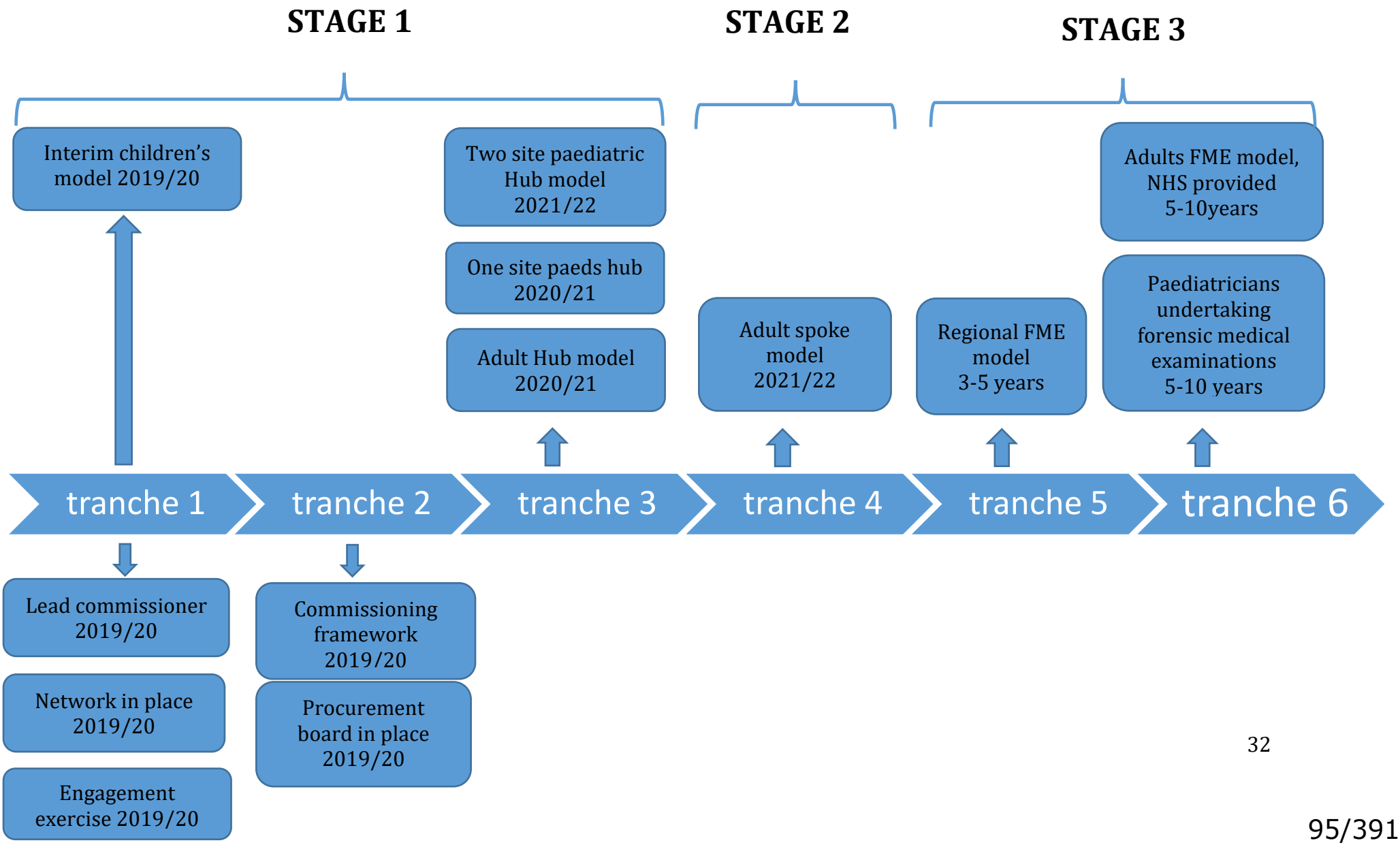
- This phasing excludes costs for ISVAs, Counselling and FME services.
- These costs will be in addition to the costs below and will continue to be paid by the current service contractor until the detailed costed models have been agreed and approved by each commissioning board.
- In the event that the service model for 'spokes' (ISVAs, Counselling) is agreed for implementation prior to 21/22, this figure may change.

phase 1 SARC hubs	**19/20 £**	**20/21 £**	**21/22**
Current costs	510,467		
Interim Children's Model	219,633		
Revised Hub Model (Adults)		470,925	470,925
Revised Children's Model		273,039	477,913
Lead Commissioner	14,322	28,644	28,644
Network	53,917	107,835	107,835
Non pay	58,176	78,500	78,500
Total	**856,515**	**958,943**	**1,163,817**
Current costs	510,467	510,467	510,467
Increased costs	**346,048**	**448,476**	**653,350**

Financial contribution based on population. Appropriate proportionality split to be further determined by police organisations.

	Population	%	year 1 19/20	Year 2 - 20/21	Year 3 - 21/22
Aneurin Bevan	587743	24%	61,409	114,249	140,825
Cardiff & Vale	493446	20%	51,557	95,919	118,231
Cwm Taf Morgannwg	443368	18%	46,325	86,184	106,232
Hywel Dda	384000	16%	40,122	74,644	92,007
Powys	132515	5%	13,846	25,759	31,751
Swansea Bay	387570	16%	40,495	75,338	92,863
Total Health Boards	**2428642**	**100%**	**253,753**	**472,092**	**581,908**
	Population shares	%	year 1 19/20	Year 2 - 20/21	Year 3 - 21/22
South Wales Police	1283000	54%	18,432	255,029	314,353
Gwent police	577000	24%	8,289	114,694	141,373
Dyfed Powys Police	515000	22%	7,399	102,369	126,182
total police	**2375000**	**100%**	**34,120**	**472,092**	**581,908**
grand total			**287,872**	**944,184**	**1,163,817**

Attachment 2. DRAFT TIMELINE



Attachment 3: Hub and Spoke service specification

Service Specification	Hub	Spoke
Twenty-four hour access to crisis support, first aid, safeguarding, specialist clinical and forensic care and ongoing support in a safe place	X	
The SARC has a core team to provide 24/7 cover for a service which meets NHS standards of clinical governance, the European Working Time Directive and agreed forensic standards	X	
Dedicated forensically approved premises and a facility with decontamination protocols following each examination to ensure high quality forensic integrity and a robust chain of evidence	X	
Access to forensic medical examiners (FME) and other practitioners who are appropriately qualified, trained and supported and who are experienced in sexual offences examinations for adults and children. Clients should also be able to choose the gender of the forensic examiner for their clinical examination.	X	
The forensic practitioners should be managed by health with joint funding from Health and Police to meet both health and forensic needs of the victim	X	
The medical consultation including risk assessment of self harm, together with an assessment of vulnerability and sexual health.	X	
There is immediate access to emergency contraception, post- exposure prophylaxis (PEP) or other acute, mental health or sexual health services. Follow-up as needed is coordinated through the spokes to local services	X	
Appropriately trained crisis workers to provide immediate support to the victim and significant others where relevant	X	X
Co-ordinated interagency arrangements are in place, including local third sector service organisations supporting victims and survivors.	X	X
Safeguarding boards (for children and adults) through will work with the Commissioning bodies to support the delivering of appropriate care pathways and standards across the service model.	X	X
Minimum dataset and appropriate data collection procedures in each SARC to ensure quality improvement and service user safety (including involvement with audit and risk management)	X	X
Access to support, advocacy and follow up through an independent sexual violence advisor (ISVA) service, to all victims, locally based, including support throughout the criminal justice process, should the victim choose that route		X
Access to appropriate therapeutic support for adults and children to support recovery from the trauma and trauma responses, provided by suitably qualified therapeutic professionals e.g. counsellors		X

Attachment 4: Key Principles underpinning service modelling

Childrens services

- National guidance (FFLM/ Royal College of Paediatric and Child Health (RCPCH) 2015) recommends that the service for the clinical evaluation of children will ideally see children up to the age of 18, but definitely up to their 16th birthday.
- Assessments for children must be undertaken by a qualified medical practitioner with appropriate competences (FFLM/ RCPCH 2012). Where one doctor does not have all the competences for an acute presentation, joint assessment with a paediatrician and forensic examiner is required.
- Paediatricians need to undertake a minimum of 20 forensic examinations per year, in order to maintain their skills. Consideration needs to be given as to how competencies can be maintained due to low numbers e.g. peer review.

Adult services

The option appraisal workshop in 2015, which looked at the service model for adults appraised options based on the following benefit criteria: safety and quality, sustainability and future proofing, access, equity, achievability, acceptability. The principles of this criteria have been considered when making the final recommendation for adult services,

Each SARC hub needs to:

- Be clinically safe and sustainable.
- Have clear clinical governance structures in place and lines of accountability
- Meet the service specification for a Hub
- Meet national guidance and standards associated with providing a SARC hub.

In addition to the above, each SARC spoke needs to:

- Meet the service specification for a spoke.

FME services

- Clinically safe and sustainable
- Forensic nurses are not able to examine children on their own
- FME practitioners cannot be directly employed by health, SLA will be required with police
- Any private contract arrangements will need to require the provider to identify a specific rota for FME SARC services.
- FME practitioners are able to prescribe Emergency Contraception (EC), human immunodeficiency virus (HIV), postexposure prophylaxis (PEP) etc on site (this excludes follow up treatment at present)
- Clear clinical governance structure in place

Each FME service must meet:

- service specification
- FFLM national guidance on training and supervision and provide evidence of doing so
- Minimum caseload requirements - FFLM recommends 20 cases per year
- European working time directive (EWTD) rota compliance minimum 1:6 non resident on call

Attachment 5: Baseline data set (2017/18) to underpin planning process

Table 1. Total number of cases and demographics

Age	<16	16-17	18+	total
No. individuals attending SARC	**440**	**170**	**1484**	**2094**

Table 2. Total number of cases and demographics

Age	<16	16-17	18+	total
Male	57	9	205	**271**
Female	382	160	1275	**1817**
Trans	1	1	4	**6**
Other	0	0	0	**0**
Prefer not to say	0	0	0	**0**
Total	**440**	**170**	**1484**	**2094**

Table 3. Assault type

Age	<16	16-17	18+	total
Acute	130	51	472	**653**
Non acute	210	76	338	**624**
Historic	100	43	672	**817**
total	**440**	**170**	**1484**	**2094**

Table 4. Breakdown by area of residency by health board *

	Health Bord	<16	16-17	18+	total
Area of residency by health board	Abertawe Bro Morgannwg UHB	106	40	236	**382**
	Aneurin Bevan UHB	70	30	354	**454**
	C&V UHB	120	32	424	**576**
	Cwm Taf UHB	60	36	172	**268**
	Hywel Dda UHB	53	21	187	**261**
	Powys HB	27	10	78	**115**
	other	4	1	33	**38**
Total		**440**	**170**	**1484**	**2094**

Table 5. Breakdown by area incident took place by police force

	Police Force	<16	16-17	18+	total
area incident took place:	Gwent police	69	32	317	**418**
	South Wales Police	282	104	825	**1211**
	Dyfed Powys Police	79	29	242	**350**
	other	10	5	100	**124**
total		**203**	**170**	**1484**	**2094**

Table 6. Acute Forensic medical examination undertaken

		<16	16-17	18+	total
forensic medical examination undertaken:	Yes	77	34	272	383
	No	240	101	1116	1457
	declined	114	35	15	164
	other	9	0	28	37
	unknown			53	53
Total		**440**	**170**	**1484**	**2094**

Table 7. Acute Forensic medical examinations undertaken by region by SARC

Region	SARC	<16*	16 - 17	18+	total
Mid and West Wales	Aberystwyth	0	1	12	13
	Newtown	2	0	11	13
	Carmarthen	3	6	24	33
	total	**5**	**7**	**47**	**59**
South West Wales	Swansea	5	7	46	71
	Sapphire Suite, Singleton Hospital	18	0	0	18
	total	**23**	**7**	**46**	**89**
South East Wales	Ynys Saff Cardiff,	33	5	81	119
	Risca	11	6	61	78
	Merthyr	5	9	37	51
	total	**49**	**20**	**179**	**248**
	Grand total	**77**	**34**	**272**	383

*Data is based on flows as health boards prior to new boundaries coming into place 1st April 2019. Prior to this date Bridgend residents flow to Ynys Saff SARC CandV UHB. There is no change intended to this flow at present. However, this activity will need to be acknowledged under Cwm Taf Morgannwg UHB post 1st April 2019 rather than Swansea Bay UHB (formerly ABM UHB).

**It is assumed that figures for SARCs other than Ynys Saff relate to children 14-16 as current model of care enables children >14 to have a forensic examination at a local SARC. Under the preferred model all children up until the age of 16 will be seen at a paediatric SARC hub.

NB: minimum caseload requirements are 20 cases per annum for a forensic examiner.

Attachment 6a: Indicative travel times; theaa.com

	Aberystwyth	Brecon	Cardiff	Carmarthen	Colwyn Bay	Fishguard	Haverford West	Llandrindod Wells	Merthyr	Machynllaeth	Newtown	Pembroke Dock	Risca	Swansea	Welshpool
Aberystwyth	0	1h 43	2h 33	1hr 20	2hr 19	1hr 28	1hr 43	1hr 08	2hr	32min	1hr 08	1hr 57	2hr 32	1hr 55	1hr 26
Brecon	1hr 43	0	1h 02	1h 13	4h 59	2h 08	1h 51	43min	30 min	1h 41	1hr 23	1hr 51	59min	1hr 04	1hr 40
Cardiff	2hr 33	1h 02	0	1hr 17	4hr 01	2hr 11	1hr 54	1hr 37	35min	2hr 34	2hr 16	1hr 50	25min	56min	2hr 34
Carmarthen	1hr 20	1h 13	1hr 17	0	3hr 35	59min	41min	1hr 22	1hr	1hr 48	1hr 59	41min	1hr 22	40min	2hr 16
Colwyn Bay	2hr 19	4h 59	4hr 01	3hr 35	0	3hr 42	3hr 56	2hr 30	3hr 36	1hr 47	1hr 54	4hr 11	3hr 53	4hr	1hr 35
Fishguard	1hr 38	2h 08	2hr 11	59min	3hr 42	0	25min	2hr 57	1hr 53	1hr 55	2hr 29	40min	2hr 14	1hr 32	2hr 47
Haverford West	1hr 43	1h 51	1hr 54	41min	3hr 56	25min	0	2hr	1hr 38	2hr 09	2hr 37	20min	2hr	1hr 18	2hr 55
Llandrindod Wells	1hr 08	43min	1hr 37	1hr 22	2hr 30	2hr 57	2hr	0	1hr 05	1hr 07	39min	2hr	1hr 33	1hr 41	57min
Merthyr	2hr	30 min	35min	1hr	3hr 36	1hr 53	1hr 38	1hr 05	0	2hr 02	1hr 44	1hr 34	36min	43min	2hr 02
Machynllaeth	32min	1h 41	2hr 34	1hr 48	1hr 47	1hr 55	2hr 09	1hr 07	2hr 02	0	45min	2hr 20	2hr 31	2hr 22	55min
Newtown	1hr 8	1hr 23	2hr 16	1hr 59	1hr 54	2hr 29	2hr 37	39min	1hr 44	45min	0	2hr 33	2hr 12	2hr 20	21min
Pembroke Dock	1hr 57	1hr 51	1hr 50	41min	4hr 11	40min	20min	2hr	1hr 34	2hr 20	2hr 33	0	2hr	1hr 18	2hr 54
Risca	2hr 32	59min	25min	1hr 22	3hr 53	2hr 14	2hr	1hr 33	36min	2hr 31	2hr 12	2hr	0	1hr 02	2hr 31
Swansea	1hr 55	1hr 04	56min	40min	4hr	1hr 32	1hr 18	1hr 41	43min	2hr 22	2hr 20	1hr 18	1hr 02	0	2hr 35
Welshpool	1hr 26	1hr 40	2hr 34	2hr 16	1hr 35	2hr 47	2hr 55	57min	2hr 02	55min	21min	2hr 54	2hr 31	2hr 35	0

Proposed pathways for Childrens Services - In-hours		
Paediatric Hub Cardiff	**Paediatric Hub Swansea**	**North Wales SARC**
Cardiff	Swansea	Machynllaeth
Merthyr	Aberystywth	Newtown
Risca	Carmarthen	Welsh Pool
Brecon	Fishguard	
Llandrinod Wells	Haverfordwest	
	Llandrindod Wells	
	Pembroke Dock	

Proposed Pathways for Adult services		
Cardiff SARC Hub	**Swansea SARC Hub**	**Aberystyth SARC Hub**
Cardiff	Swansea	Aberystwyth
Merthyr	Carmarthen	Fishguard
Risca	Fishguard	Llandrindod Well
Brecon	Haverfordwest	Machynllaeth
	Haverfordwest	Newtown
	Pembroke Dock	Welsh Pool

Proposed pathways based on indicative travel times

SEXUAL ASSAULT SERVICES PROJECT, SOUTH, MID AND WEST WALES - Phase 2
EQUALITY IMPACT ASSESSMENT EVIDENCE DOCUMENT
March 2018

About this document

This technical document has been produced to provide background evidence to support information provided within proposal for the reconfiguration of regional sexual assault services referral centre (SARC) model across South, Mid and West Wales.

This document is meant as a reference guide, it does not provide exhaustive detail. It aims to provide an overview of how the proposals for reconfiguration of SARC services may affect different groups within our population. It is a living document and will be added to by information gathered through all stages up to and including delivery of services where actual impact will be monitored.

This document builds on the initial EIA developed in Phase 1 of the Project, which includes evidence collected through engagement with clients of the SARCs, carers, equality groups and stakeholders

1. Background

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCS fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across mid, south and west Wales, led by the NHS Wales Health Collaborative (phase 1) - a Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

In Phase 1, the SARC project developed a 'hub and spoke' service model, based on national guidance. This resulted in a model with three hubs (Cardiff Swansea, Carmarthen) and four spokes (Merthyr Tydfil, Risca, Aberystywth and Newtown) – towns where SARCs already existed.. The decision on a hub and spoke model and the number of hubs in the region made following an extensive option appraisal process, where consideration was given to safety and quality, sustainability and future proofing (including the ability to meet critical mass and minimum caseload requirements), access, equity, achievability and acceptability.

This model was agreed in principle subject to a further review following concerns raised by Dyfed Powys Police regarding access to forensic services for the population in the north of their region. In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project

Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

2. Case for Change

Sexual assault referral centres (SARCs) were created in 2007/08 through a Home Office funded initiative to improve the public service response to victims of rape and sexual abuse. There is a wide range of publications setting out legislation, standards and guidance which is relevant to the development of a holistic sexual assault service.

Within Wales, in 2010, Welsh Government published service specifications, developed by Public Health Wales, for services for adults and children who have or may have been sexually abused. In 2013, Welsh Government commissioned a review to examine the extent to which SARCs fulfil the requirements of the Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services.

The Wales Sexual Assault Referral Centre Review 2013 found that:

- The service provided to services users across Wales is inconsistent due to varying resources and service provision
- The national service guidelines, issued by Public Health Wales, state that "SARCs should be accessible to victims of recent rape or serious sexual assault" but there was also a view from frontline staff that the provision should be available to all victims (historic, acute, serious and less-serious assaults)
- Provision for child victims is inconsistent with variations in access to forensic medical examiners (FMEs) and paediatricians
- Preventative and education work is dependent on the commitment of staff over and above their case load
- There is good evidence of benefits to the criminal justice process but no evaluation of benefits to health services of the SARC provision
- The identified cost of the SARC service is supplemented by ad hoc funding from public agencies and services provided in kind (e.g. estate, equipment)
- There are inefficiencies in the processes relating to interdependencies with follow on services which are navigated by independent sexual violence advocates (ISVAs) on behalf of clients
- Demand is highly likely to increase over and above the increase experienced since the introduction of SARCs in Wales
- Regional centres were recommended in the Public Health Wales' service specifications, which is supported by the numbers of forensic examinations required

The 2013 review highlighted the lack of sustainable funding as an issue affecting:

- Impact on range of services available
- Retention of staff
- Efforts to raise funding (some funding streams are not available to all agencies)
- Capacity and capability to raise funds exists in all lead agencies

- Fairness of funding provision
- Reliance on shortfalls in funding being covered by police, Welsh Government and lead health boards on an ad hoc basis

'An Overview of Sexual Offending in England and Wales' published in January 2013 suggested that 15% of adult victims of serious sexual offences report the incident to the police which indicates potential additional demand for services. There is no comparable data for child victims.

2.1 The SARC Project and the service model

The overarching aim of the Project is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

The sexual assault service for South, Mid and West Wales serves the populations of Aneurin Bevan University Health Board (UHB), Abertawe Bro Morgannwg UHB, Cardiff and Vale UHB, Cwm Taf UHB, Hywel Dda UHB and Powys teaching Health Board (THB). This includes the police forces, local authority and third sector partners who serve that population. Close alignment between the NHS, police and third sector is necessary to deliver specialist SARC services that are equitable, meet health needs, support forensic enquiry for any criminal investigation, address safeguarding issues (children and adults), and support the wider recovery and safety needs of victims and families.

North Wales have not been part of the initial service development work, but it is recognised that there are significant benefits from working across Wales and there should be a move to developing an All Wales networked service.

The service model addresses the needs of men, women and children of all age groups, but differentiates between children less than 16 years of age, those aged 16 to 17 years of age and adults (18+ years of age). It has be driven by the needs of the victims and provides assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model, has considered the acute phase (delivered by Sexual Assault Referral Centres (SARCs) and follow up (sexual assault services), as defined in the initial phase of the SARC project.

Options for the future configuration of SARCs were initially considered in Phase 1 of the project and a hub and spoke model was agreed as the preferred solution, with three adult SARC hubs and two paediatric SARC hubs supported by spokes, being the preferred configuration.

The definition of a SARC hub and SARC spoke as agreed through the SARC project is as follows:

SARC Hub: 'A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care'.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (including emergency IUD fitting) and STI risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

SARC Spoke: 'A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector but does not provide forensic medical examinations'. The spoke should also provide support for victims engaged in criminal justice proceedings. A hub would also house a spoke facility for the local community

2.2 Impact on Workforce

Proposals to reconfigure SARCs may affect staff as the final configuration may require staff to have to travel to new workplaces and work more flexibly across health board, police and local authority boundaries. Consideration will also need to be given to the potential impact on workforce associated with an open and transparent procurement process for both the overarching SARC services and the forensic medical examination services.

Appropriate advice will need to be sought from specialists where necessary including, legal, Human Resources, trade unions etc. to achieve an effective transition to any new arrangements. Individual organisations will be responsible for engaging with staff on proposals and agency specific policies. A partnership approach with trade union colleagues will be ensured

3. Equality and Human Rights

Under the Equality Act 2010 there is a legal duty to pay due regard to duties to eliminate discrimination, advance equality and foster good relations between those who share protected characteristics and those who do not. This means the needs of people from different groups must be considered and reasonable and proportionate steps wherever possible to eliminate or mitigate any identified potential or actual negative impact or disadvantag
e. The Equality Act 2010 gives people protection from discrimination in relation to the following "protected characteristics"[1]

- Age
- Disability

[1] Race; Sex; Gender Reassignment; Disability; Religion; belief/non belief; Sexual orientation; Age; Pregnancy and Maternity; and Marriage and Civil Partnerships: Equality Act 2010

- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

The Human Rights Act 1998 also places a positive duty to promote and protect rights for all. In Wales, we also have a responsibility to comply with the Welsh Language (Wales) Measure 2011 and All Wales Sensory Loss Standards for Accessible Communication and Information for People with Sensory Loss. We will take all our legal duties into consideration when we make decisions around reconfiguration of sexual assault service across the region.

This document is not intended to be a definitive statement of the potential impact of reconfiguration of sexual assault services and SARCs on protected characteristic groups. The document's purpose is to describe our understanding at this point in the EIA process of the likely impact of the service proposals and to take this into account in making recommendations and decision-making.

4. Equality Impact Assessment

EIA is an ongoing process running throughout the course of the decision making process, from the start through to implementation and review. It requires us to consider how the proposed reconfiguration of SARC services may affect a range of people in different ways. The EIA will help answer the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential, or evidence that the proposed changes will promote equality?
- Is there potential for, or evidence that the proposed changes will affect different groups differently? Is there evidence of negative impact on any groups of people?
- If there is evidence of negative impact, what alternatives are available? What changes are possible?
- How will we monitor impact in the future?

Looking at a range of national research evidence and engagement with key stakeholders has helped us to consider the potential impact. In particular, we are aware that many people who share certain protected characteristics such as disability, older age, younger people and some minority ethnic groups also face social and or economic disadvantage.

While socio-economic status is not a protected characteristic under the Equality Act 2010, there is a strong correlation between the protected characteristics and low socio-economic status, demonstrated by the findings of numerous research studies.

The report Transport and Social Exclusion: Making the Connections (Social Exclusion Unit, 2003) highlighted the current challenges faced by socially excluded groups in accessing health and other services. They found people who are socially excluded are more likely to experience a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age, coupled with poor transport provision or services sited in inaccessible locations. It also found that the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups.

Looking at socio-economic disadvantage goes some way to showing due regard to equality considerations. There will also be other distinct areas that are not driven by socio-economic factors but which relate directly to people with different protected characteristics.

A literature review was carried out as a first stage of gathering evidence to inform the EIA, which identified potential impacts of the proposal on protected characteristic groups. During Phase1 of the Project, there was also formal engagement with stakeholders to develop the service model. The outcome of this work is available in a separate report.

There was general acknowledgement of the case for change and the feedback gathered fell within a number of key themes:

- Structure / continuity of care - general support for a hub and spoke model but there must be clear and effective working relationships between the hubs and spokes and support groups to ensure continuity of care
- Service model – importance of self-referral and holistic provision
- Information / communication – need for improved communication and information mechanisms for survivors which will improve service awareness and trust
- Funding – needs sustainable funding and development should not damage funding opportunities
- Access to support services – the requirement for support through independent sexual violence advisors (ISVAs) and counsellors, and referral on to continuing support services, was strongly emphasised
- Access - timeliness of access to the right person and the need for trust in the service
- Workforce – capacity to meet the needs of each victim, support for staff and taking opportunities to improve joint working across related services, e.g. sexual assault and domestic violence

United Nations Convention on the Rights of the Child

Children under the age of 18 are protected by the United Nations Convention on the Rights of the Child (UNRNC). Providers have a duty to protect, promote and fulfil the rights of the child. The UNRNC should be considered in conjunction with the Human Rights Act and the duty to promote fairness, respect, equality, dignity and autonomy. Due regard must be given to the specific needs of a person of his/her age, and in particular the right to maintain contact with family members. The convention recognises that children themselves, not adults, are entitled to be involved in decisions that affect them.

4.1 Potential impact on protected characteristic groups

This section of the document, recognises the potential impact on protected characteristic groups as identified in Phase 1 of the Project and incorporates the views collected through engagement with clients of the SARCs, carers, equality groups and stakeholders.

4.1.1. Gender

There is evidence from the Crime Survey for England and Wales (CSEW 2013/14) and research papers to show that women and girls are at greater risk than men in terms of sexual assault and are more likely than men to have experienced intimate violence[2] across all headline types of abuse. The 2013/14 CSEW report found that overall 19.9% of women and 3.6% of men having experienced sexual assault (including attempts) since the age of 16.

Though women make up the larger portion of sexual violence, the Report of the Independent Review into the Investigation and Prosecution of Rape in London, 2015, (Angiolini)[3] suggests that men feel a sense of isolation in being able to report such crimes, due to the emphasis placed on "violence against women and girls." There may be some hesitation from men in accessing services which are traditionally focused towards women and girls, and therefore put men who have been victims of sexual violence at a disadvantage in access to SARCs.

4.1.2 Age

Age is a risk factor for sexual assault. The CSEW found that, among both men and women, the prevalence of intimate violence was higher for younger age groups. Young women were more likely to be victims of any sexual abuse in the last year; 6.7% of women aged between 16 and 19 compared with all older age groups (for example, 2.0% of women aged between 25 and 34). In considering children, more than one third of all rapes recorded by the police are committed against children under 16 years of age[4].

Potential impact: Young people may have different needs and will require a joint assessment with a paediatrician and forensic examiner. When treating children, the service model will additionally follow the standards and criteria outlined for children's services[5].

[2] Intimate violence is the collective tem used by the CSEW to describe domestic abuse, sexual assault and stalking
[3] Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini
[4] Crime in England and Wales 2005/06 Home Office Statistical Bulletin (via Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government)
[5] http://www.england.nhs.uk/wp-content/uploads/2014/04/d15-major-trauma-0414.pdf).

There is a need to consider further the transitional needs of young adults aged between 16 and 18 to ensure that they receive appropriate care, an age-appropriate setting. Whilst they will be treated as adults for examination purposes, legally they are still considered children and it is important to ensure that their holistic needs are considered within this context.

4.1.3. Race

Ethnicity can increase vulnerability due to the isolated nature of some communities, cultural expectations and issues such as lack of appropriate interpretation facilities.
Women and girls from a black, minority-ethnic (BME) background may find it more difficult to leave an abusive situation due to cultural beliefs or a lack of appropriate services. Forced marriages, Female Genital Mutilation (FGM) (see detail under 'gender' on previous page) and so called 'honour'-based violence are more likely to be prevalent in (although not limited to) certain communities, although the data on these crimes is limited[6].

Research found around BME women's experience of sexual violence services is not tailored well to the needs of the communities, and should be thought about locally and to specifically develop practice which meets the needs of BME women and girls (Between the Lines, 2015, Thiara, Roy and Ng[7]). This research further suggests a number of gaps existing within service responses to BME women experiencing sexual violence, suggesting engagement with these communities in the delivery of SARC services. The research itself identified the current engagement with BME women as generally inaccessible, making it even more difficult for BME women to access services and disclose pertinent information in an already difficult and complex situation. Services should not be "one size fits all," but meet the needs of the locally identified groups, in order to ensure SARCs are accessible for the at risk populations in that area.

The Between the Lines (2015) report also addresses the cultural barriers between service professionals and the communities, including; cultural taboos, stigma, and language. It is crucial that those professionals responsible for sexual assault services and the SARCs are appropriately educated on the specific cultural practices or beliefs which may impact on Black and Minority Ethnic (BME) women and girls' access to services, and what may prevent them from accessing such services. The research suggests, although this research is women specific, knowledge gained around the need of culturally sensitive services can be effectively transferred to the larger BME groups.

Potential Impact - there is a need to consider requirements of those clients who may require translation or interpretation services, and access to volunteers or staff who can converse in their first language. Cultural issues are also important to take into account.
There is also a need for support and training for staff in SARCs to develop expertise in responding to the needs of BME community. Overall, it is important that the local community is adequately engaged in order to determine which services and professional practice best suits the needs of the

[6] Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government
[7] Between the Lines: Service Responses to Black and Minority Ethnic (BME) Women and Girls Experiencing Sexual Violence, May 2015 by Dr. Ravi K. Thiara, Sumanta Roy and Dr. Patricia Ng

BME women and girls in that area, as needs are diverse and accessible services is of the upmost importance in the safety and lives of those accessing SARCs across South, Mid, and West Wales.

4.1.4. Disability

The Looking into Abuse (2013)[8] report states that sexual abuse is prevalent among people with learning disabilities and that it is commonly linked with other physical and psychological abuse. Disabled women may be around twice as likely to be assaulted or raped, and more than half of all women with a disability may have experienced some of form of domestic violence in their lifetime[9].

Potential impact - people with learning disabilities should have a greater access to safety/abuse awareness courses that are developed specifically to meet their needs. Information and services provided in SARCs needs to be evaluated and made accessible to people with learning disabilities. The report

As well as physical disability, there is a need to consider learning disabilities and mental health. Communication needs in these client groups may be more challenging and care should be adapted accordingly, for example, where there is a need for BSL interpretation services.
There are specific standards under the All Wales Standards for Communication and Information for People with Sensory Loss[10] that apply directly to emergency and unscheduled care (in addition to primary care and other secondary care services) and these outline the staff training requirements, communication systems and equipment and patient needs information which should be provided by health boards. BSL interpreters will be required for the deaf community.

4.1.5. Marriage and civil partnership

The CSEW reported that women who were separated had the highest prevalence of any domestic abuse in the last year (22.1%) compared with all other groups by marital status (such as married (3.7%), cohabiting (8.9%) or divorced (15.5%). Married men experienced less domestic abuse (2.1%) compared with all other groups by marital status except widowed (3.9%, difference not statistically significant).

The pattern was slightly different for sexual assault with single women (4.1%) being more likely to be victims compared with those who were married (1.0%), cohabiting (1.6%), divorced (2.6%) or widowed (0.3%). This is likely to be strongly related to age.

4.1.6. Pregnancy and maternity

Evidence has shown many victims of domestic abuse experience such abuse whilst pregnant. Studies show 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth[11].

[8] Looking into Abuse: research by people with learning disabilities, Looking into Abuse Research Team (2013) University of Glamorgan, Rhondda Cynon Taff People First and New Pathways

[9] Hague, G. Thiara, R. K. Magowan, P. (2008) *Disabled Women and Domestic Violence Making the Links* Women's Aid (via Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government)

[11] EqIA Part 1 – Gender-based violence, domestic abuse and sexual violence (Wales) Bill (June 2014) Welsh Government

4.1.7. Religion or belief (including lack of belief

Certain types of violence disproportionately impact on women from some communities and these have been noted under 'race'.

Potential impact - staff need to consider and recognise that patients' personal beliefs may lead them to ask for a procedure for mainly religious, cultural or social reasons or refuse treatment that you judge to be of overall benefit to them[12]. There are also many issues in relation to prayer, diet, death and dying rituals that would have to be considered. As previously a comprehensive cultural awareness toolkit is available for this purpose.

4.1.8. Sexual orientation

UK surveys have found that the prevalence of violence in intimate Lesbian, Gay, Bisexual, Transgender (LGBT) relationships usually mirrors that in heterosexual relationships, with approximately one in four to one in three individuals in LGBT relationships experiencing domestic abuse at some point. Men are more likely to report violence than women[13].

Research for the South Wales Police and Crime Commissioner found that the SARCs appeared to be accessible for LGB communities with 7% of adult referrals coming from LGB communities. Research by Angiolini in 2015[14] further suggests that gay men face greater barriers in reporting than their heterosexual counterparts, and that SARCs may not be well enough equipped to address these cases. A specialist LGBT service in London urged that there is a wider recognition and discussion around LGBT reporting and need for a greater understanding around the barriers they face in accessing SARCs.

The Unhealthy Attitudes report by Jones and Somerville[15] provides some clear statistics and information about views and attitudes among health and social care staff which may lead to improper treatment of LGBT people, further emphasizing the need for training on LGBT issues among the workforce. The report states that "Almost three in five (57 per cent) of health and social care practitioners in Wales with direct responsibility for patient care don't consider sexual orientation to be relevant to an individual's health needs." It further reports that "Just one in twenty patient-facing staff said they have received training on the health needs of lesbian, gay and bisexual people or trans people's health needs (both four per cent)."

Potential impact: Professionals and staff should be trained to appropriately meet the needs of LGBT groups, as well as people with other protected characteristics.

*4.1.9. Trans**

Trans* is an umbrella term used to describe the whole range of people whose gender identity/or gender expression differs from the gender assumptions made at birth.

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[12] http://www.gmc-uk.org/guidance/ethical_guidance/21179.asp

[13] EqIA Part 1 – Gender-based violence, domestic abuse and sexual violence (Wales) Bill (June 2014) Welsh Government

[14] Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

[15] Unhealthy Attitudes: The treatment of LGBT people in health and social care organisations in Wales, Stonewall Cymru, November (2015)

As a group which already experiences disproportionate levels of mental ill-health it is vitally important that matters of sexual assault are handled appropriately as to not cause further avoidable mental health issues.

The Trans Mental Health Study (2012[17]) provided data on participant experiences of sexual violence. 17% of participants reported they had experienced domestic violence as a result of their trans identity, 11% stating they had experienced reoccurring domestic violence. The study also stated that 14% of participants had been sexually assaulted due to their gender identity, and 6% of participants reported being raped as a result of being trans. It was also noted in this study that a large proportion of trans people worry about being sexually assaulted or abused in the future, further impacting on their overall mental health

The 2015 report by Angiolini[16] also suggests that trans individuals face great obstacles in reporting sexual violence, and that services are ill-informed and ill-equipped to understand and handle these crimes. There is a lack of understanding and knowledge around trans issues generally, which transfers into the realm of sexual violence. It is important that these gaps in knowledge are addressed as to allow for proper case handling around sexual violence in the trans community

Potential Impact - In 'It's just Good Care: A guide for health staff caring for people who are Trans' 2015[19] Trans* people must be accommodated in line with their gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans* person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. The wishes of the trans* person must be taken into account rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times. It also states that breaching privacy about a person's Gender Recognition Certificate or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements. All these issues, as well as others, could be mitigated through training.

4.1.10. Welsh Language

Public services have a responsibility to comply with the Welsh Language (Wales) Measure 2011. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. Whilst we recognise that Welsh and English are Wales' official languages, Wales has many different voices. Like two-thirds of the world's population many people in Wales are bilingual or multilingual. This is particularly important in traumatic situations where people are more likely to need to communicate in their first language.

Potential impact - Service users who prefer to communicate in the medium of Welsh may be required to access specialist services which do not have sufficient Welsh speaking staff (this may also be the case for languages other than English). This could affect the service user's ability to

[16] Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

communicate with service providers in their preferred language. Meeting the information and communication needs of victims who speak Welsh will need to be taken into account.

The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. However it is important to recognise groups of other individuals who have suffered life changing conditions that may benefit from community through the medium of welsh. Research has shown these groups cannot be treated safely and effectively except in their first language (Welsh Language Services in Health, Social Services and Social Care, 2012)[17]. Our consideration of equality takes account of this.

- Training – consistency of training for all staff including in relation to the needs of those with protected characteristics to ensure awareness of and responsiveness to cultural differences
- Children and young people – need to ensure equity of access to sexual assault services and health needs
- Equality impact assessment - must promote equality, ensure services are inclusive and services are known as being inclusive and services must make reasonable adjustments to meet needs of those with protected characteristics, regardless of service structure

4.2 Summary of findings to support Phase 1.

Sexual assault tends to be closely associated with gender and age with women and girls at greater risk of sexual abuse than men. However, victims of sexual abuse can be from across the whole spectrum of society, from all age groups, all ethnicities, religions and beliefs, people with disabilities and people from the LGBT community. The research suggested cultural barriers to accessing services for BME women and girls and, also, barriers for LGBT communities requiring wider recognition and discussion around LGBT reporting. The model and configuration of sexual assault services proposed aims to support anyone affected by sexual abuse.

There is a correlation between the evidence from research and from the feedback from engagement. Whilst some protected groups are more at risk than others, no negative impacts on the protected groups are anticipated from the proposed service development. It is anticipated that the work through the project has served to raise awareness of the needs of protected groups which can be used to inform current services and the proposals for the future configuration. They can also be shared with related policy developments, in particular implementation in Wales of the Violence against Women, Domestic Abuse and Sexual Violence (2015) Act. There was recognition that sexual assault services need to be properly resourced to respond to growing demand and to ensure services across the whole pathway of care can be planned on a sustainable basis. Also, the need for equality training for staff, information and signposting, was frequently highlighted through the engagement process.

The service proposals do not introduce any additional obstacles; improving standardisation for access and specialist treatment should improve outcomes across all social groups.

[17] More than just words: Strategic Framework for Welsh Language Services in Health, Social Services and Social care (2012)

The impact on protected groups will continue to be assessed following decision making and through implementation, and continuing engagement to identify any negative effects that may arise and associated mitigation measures.

5. Phase 2. Implementation Planning Phase 2018-2019

In June 2017, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service model taking into consideration the impact on the population, whilst also considering work previously undertaken in phase 1, which included the EIA.

Phase 2 reviewed the model, activity, service specification, victim and family needs, expected standards of care including clinical governance and associated costs. The Project recognized the challenges associated with the geography of Dyfed Powys and the necessity for a model reflective of the needs of the local population. It also acknowledged that, due to the small number of cases in the region, it would be difficult forthree SARC Hubs to develop a critical mass required to support the workforce in retaining their knowledge, skills and competencies necessary to maintain safe standards of care. Therefore, after extensive discussion and review of the supporting information, a revised service model has been agreed. The revised model supports the principles in Phase 1 - a single SARC hub for the Dyfed Powys region, supported by two spokes. However, it is proposed the SARC Hub is located in Aberystwyth, with two additional spokes in Newtown and Carmarthen.

As a result, in the revised model access to forensic services in the north of the region would be retained including clients from the Powys area. Clients in the south of the region, would access forensic services from the SARC hub in Swansea.

For some of the population in the Dyfed Powys region, the transfer of forensic services from Newtown to Aberystwyth, may result in an increased journey if a forensic examination is required. However, travel times have been evaluated and would be maintained within a 2-hour timeframe for most residents in the north Dyfed-Powys region. Similarly, for individuals in the south of Dyfed Powys who would be travelling to Swansea for a forensic examination, travel time would be maintained within a two hour time frame, as far as possible, with the advantage of having more robust transport infrastructure. To address travel around the region, appropriate arrangements will need to be made, in conjunction with the local police force, to support the client to attend the SARC Hub where necessary. . Follow up therapeutic support would continue to be provided from the spoke services within Newtown SARC and Carmarthen SARC, and Aberystwyth, which will also act as a spoke. Any follow-up required with regard to sexual health will be managed by pathways to one of the eight Sexual and Reproductive Health clinics within HDUHB and close to the clients home.

Stakeholders from Dyfed-Powys Police and HDUHB feel that this model provides equitable, safe and sustainable services to their clients and will future proof care in an unpredictable financial climate.

The benefits for an individual living in the north of the Dyfed-Powys region with the placement of the Hub in Aberystwyth, include:

- minimal travel time for the population compared to the model in Phase 1 where forensic examinations would be provided from Carmarthen for the whole of the region;
- The service will be holistic, providing a more complete forensic examination with health assessment to be undertaken in line with FFLM guidance and best practice standards;
- The service will have better links with local services such as sexual health and third sector.
- The service will be more likely to attract the specialist workforce required to run a safe and sustainable service.
- A critical mass of individuals will create more opportunities for the workforce to develop and retain necessary skills and competencies
- Greater opportunity for integration between sectors, including health, resulting in a more seamless service for the individual

The recommendation for the SARC adult hub in Dyfed Powys being in Aberystywth, supports the development of an overarching strategic picture of sexual assault referral centers across Wales with proposed SARC Hubs located in Colwyn Bay, Cardiff, Swansea and Aberystywth, supported by more local SARC spokes.

6. Next Steps

The needs of protected groups will continue to be an ongoing consideration during the implementation phase of the project and Health boards, Police and third sector will need to ensure that stakeholders are engaged throughout, venues are accessible and information is provided in a variety of required alternative formats in order to maximise opportunities for participation wherever required.

Attachment 8: GLOSSARY

ABM	Abertawe Bro Morgannwg
BME	Black and Minority Ethnic
C&V	Cardiff and Vale
CSEW	Crime Survey for England and Wales
EC	Emergency Contraception
EIA	Equality Impact Assessment
EWTD	European Working Time Directive
FFLM	Faculty of Forensic & Legal Medicine
FGM	Female Genital Mutilation
FME	Forensic Medical Examiner
HIV	human immunodeficiency virus
ISVA	Independent Sexual Violence Advisor
IUD	Intrauterine Device
LGBT	Lesbian, Gay, Bisexual, Transgender
NHS	National Health Services
PCC	Police and Crime Commissioners
PEP	post-exposure prophylaxis
SARC	Sexual Assault Referral Centre
STI	Sexually transmitted infection
THB	Teaching Health Board
UHB	University Health Board
VAWDASA	Violence Against Women Domestic Abuse Sexual Assault
WHSSC	Welsh Health Specialist Services Committee

WSAS Regional Funding Model for 2023/24 - 2025/26

Summary of planned South Wales funding flows

Provider Service Funding Model - Phase 1 only

	Hub							Spoke					
	Acute Adult			Paeds		Programme Costs	Sub Total	Merthyr	Risca	Camarthen	Newtown	Sub Total	Total
	Cardiff	Swansea	Aberyswyth	Cardiff	Swansea								
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Model Phasing 2023/24 - Year 1	709	497	259	323	63	448	2,298	-	-	-	-	-	2,298
Model Phasing 2024/25 - Year 2	687	530	371	323	188	448	2,547	-	-	-	-	-	2,547
Model Phasing 2025/26 - Year 3	687	519	371	323	268	448	2,616	-	-	-	-	-	2,616

Commissioner Revenue Funding Model

	HB Commissioner Split							Police Commissioner Split				
	AB UHB	C&V UHB	CTM UHB	HD UHB	Powys HB	SB UHB	Total HB	Dyfed Powys	Gwent	South Wales	Total Police	Total HB & Police
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Model Phasing 2023/24 - Year 1	278	233	210	184	60	184	1,149	292	312	545	1,149	2,298
Model Phasing 2024/25 - Year 2	308	259	233	204	66	204	1,274	324	345	604	1,274	2,547
Model Phasing 2025/26 - Year 3	317	266	239	209	68	209	1,308	333	355	621	1,308	2,616

Current Baseline Commissioned Expenditure in 2022/23	**140**	**273**	**98**	**70**	**52**	**169**	**802**	**182**	**575**	**358**	**1,116**	**1,918**
Uplift Required in 2023/24	138	(40)	112	113	7	15	347	110	(264)	187	33	380
Incremental Uplift Required in 2024/25	30	25	23	20	6	20	124	32	34	59	124	249
Incremental Uplift Required in 2025/26	8	7	6	6	2	6	35	9	9	16	35	69
Recurrent Commissioner Revenue Funding from 2025/26	**317**	**266**	**239**	**209**	**68**	**209**	**1,308**	**333**	**355**	**621**	**1308**	**2,616**
Total uplift required over 3 years 2023/24 - 2025/26	**177**	**-** **7**	**141**	**139**	**16**	**41**	**506**	**151**	**-** **221**	**262**	**192**	**698**

*Current Baseline Commissioner Contributions based on commissioner confirmation or 19/20 declared estimates with inflation applied to 2022/23

Upon final approval of the financial model the existing baselines will be transferred in from HBs to NCCU so the whole funding is aligned to commissioning responsibility

Assumption is NCCU (health) will invoice the relevent Police Commissioner for the agreed funding share

Implementation will be monitored and funded on an actual costs incurred basis not above the agreed plan levels

																									Police Commissioner Split			
																									Dyfed Powys	Gwent	South Wales	Total Police
																								Population	21.0%	24.0%	55.0%	100.0%
	Hub					Programme Office		Spoke						Allocation Split			HB Commissioner Split							Demand	22.0%	24.0%	54.0%	100.0%
	Acute Adult			Paeds				Feb-23	Jun-23	Sep-23	Aug-23	Spoke	Model	Health	Police	AB UHB	C&V UHB	CTM UHB	HD UHB	Powys HB	SB UHB	Total HB	Equal Shares	33.3%	33.3%	33.3%	100.0%
	Cardiff	Swansea	Aberyswyth	Cardiff	Swansea		Hub	Merthyr	Risca	Camarthen	Newtown	Sub Total	Total	50%	50%	24.2%	20.3%	18.3%	16.0%	5.2%	16.0%	100.0%	**Weighted Police %**	**25.4%**	**27.1%**	**47.4%**	**100.0%**
Post	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	£000's	£000's	£000's	£000's	£000's	£000's	£000's		£000's	£000's	£000's	£000's
Phase 1																												
Consultant				140	14		**154**					**0**	**154**	77	77	19	16	14	12	4	12	77		20	21	37	77
Consultant Lead	28	28	14				**70**					**0**	**70**	35	35	8	7	6	6	2	6	35		9	9	17	35
OOH Regional Consultant rota				70			**70**					**0**	**70**	35	35	8	7	6	6	2	6	35		9	9	17	35
SARC Manager	61	61					**122**					**0**	**122**	61	61	15	12	11	10	3	10	61		15	16	29	61
SARC Deputy Manager	27	53	53				**133**					**0**	**133**	66	66	16	13	12	11	3	11	66		17	18	31	66
Paediatric Sexual Health Nurse				32			**32**					**0**	**32**	16	16	4	3	3	3	1	3	16		4	4	8	16
Paediatric Crisis Worker				33			**33**					**0**	**33**	17	17	4	3	3	3	1	3	17		4	4	8	17
Day Crisis Worker	161	97	33				**291**					**0**	**291**	145	145	35	30	27	23	8	23	145		37	39	69	145
Out of Hours Crisis Worker	56	15	15				**86**					**0**	**86**	43	43	10	9	8	7	2	7	43		11	12	20	43
Supervision Crisis Worker	6	6	6				**18**					**0**	**18**	9	9	2	2	2	1	0	1	9		2	2	4	9
Medical Secretary / Admi Support				19			**19**					**0**	**19**	10	10	2	2	2	2	0	2	10		2	3	5	10
Receptionist	34	34	34				**102**					**0**	**102**	51	51	12	10	9	8	3	8	51		13	14	24	51
Non Pay							**0**																					
Non Pay inc Travel/training	56	15	15				**86**					**0**	**86**	43	43	10	9	8	7	2	7	43		11	12	20	43
Consumables	35	25	10				**70**					**0**	**70**	35	35	8	7	6	6	2	6	35		9	9	17	35
Contingency/Risks (10%)	50	30	17		43		**140**					**0**	**140**	70	70	17	14	13	11	4	11	70		18	19	33	70
Colposcopy contract	20	3	3				**26**					**0**	**26**	13	13	3	3	2	2	1	2	13		3	4	6	13
Forensic cleaning	25	5	5				**35**					**0**	**35**	18	18	4	4	3	3	1	3	18		4	5	8	18
Leasing / Accomodation Costs	56	50					**106**					**0**	**106**	53	53	13	11	10	8	3	8	53		13	14	25	53
ISO Accreditation initial costs	30	30	30				**90**					**0**	**90**	45	45	11	9	8	7	2	7	45		11	12	21	45
Programme Costs																												
Programme Director						119	**119**					**0**	**119**	60	60	14	12	11	10	3	10	60		15	16	28	60
Clinical Lead						70	**70**					**0**	**70**	35	35	8	7	6	6	2	6	35		9	9	17	35
Senior Project Manager						60	**60**					**0**	**60**	30	30	7	6	5	5	2	5	30		8	8	14	30
Senior Project Support						42	**42**					**0**	**42**	21	21	5	4	4	3	1	3	21		5	6	10	21
Programme Administrator						34	**34**					**0**	**34**	17	17	4	3	3	3	1	3	17		4	5	8	17
ISO Project Manager (1 year Oct23-24)						32	**32**					**0**	**32**	16	16	4	3	3	3	1	3	16		4	4	8	16
Non Pay																												
Non Pay - Travel/training etc						50	**50**					**0**	**50**	25	25	6	5	5	4	1	4	25		6	7	12	25
10% Inflation Contingency	64	45	24	29	6	41	**209**					**0**	**209**	104	104	25	21	19	17	5	17	104		27	28	50	104
Total Phase 1	**709**	**497**	**259**	**323**	**63**	**448**	**2,298**	**0**	**0**	**0**	**0**	**0**	**2,298**	**1,149**	**1,149**	**0**	**278**	**233**	**210**	**184**	**60**	**184**	**1,149**	**0**	**292**	**312**	**545**	**1,149**

Phase 2																												
Sexual Violence Advocate CJ												**0**	**981**	0	981	0	0	0	0	0	0	0		250	266	465	981
Theraputic Counselling												**0**	**466**	233	233	56	47	43	37	12	37	233		59	63	111	233
Paediatric Advocacy Support Worker												**0**	**0**	0	0	0	0	0	0	0	0	0		0	0	0	0
Day Crisis Worker B3								50	68	45	43	**206**	**206**	103	103	25	21	19	17	5	17	103		26	28	49	103
Other Community based services									53																			
Total Phase 2	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**50**	**68**	**45**	**43**	**206**	**1,653**	**336**	**1,317**	**0**	**81**	**68**	**62**	**54**	**17**	**54**	**336**	**0**	**335**	**357**	**625**	**1,317**
	645	452	235	294	57	407																						

																										Police Commissioner Split			
																									Population	Dyfed Powys 21.0%	Gwent 24.0%	South Wales 55.0%	Total Police 100.0%
	Hub					Programme Office	Hub	Spoke				Spoke	Model	Allocation Split		HB Commissioner Split								Demand	22.0%	24.0%	54.0%	100.0%
	Acute Adult			Paeds				Feb-23	Jun-23	Sep-23	Aug-23			Health	Police	AB UHB	C&V UHB	CTM UHB	HD UHB	Powys HB	SB UHB	Total HB	Equal Shares	33.3%	33.3%	33.3%	100.0%
	Cardiff	Swansea	Aberyswyth	Cardiff	Swansea			Merthyr	Risca	Camarthen	Newtown			50%	50%	24.2%	20.3%	18.3%	16.0%	5.2%	16.0%	100.0%	**Weighted Police %**	**25.4%**	**27.1%**	**47.4%**	**100.0%**
Post	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	£000's	£000's	£000's	£000's	£000's	£000's	£000's		£000's	£000's	£000's	£000's
Phase 1																													
Consultant				140	70		**210**					**0**	**210**	105	105	25	21	19	17	5	17	105		27	28	50	105
Consultant Lead	28	28	14				**70**					**0**	**70**	35	35	8	7	6	6	2	6	35		9	9	17	35
OOH Regional Consultant rota				70			**70**					**0**	**70**	35	35	8	7	6	6	2	6	35		9	9	17	35
SARC Manager	61	61					**122**					**0**	**122**	61	61	15	12	11	10	3	10	61		15	16	29	61
SARC Deputy Manager	27	53	53				**133**					**0**	**133**	66	66	16	13	12	11	3	11	66		17	18	31	66
Paediatric Sexual Health Nurse				32	32		**64**					**0**	**64**	32	32	8	6	6	5	2	5	32		8	9	15	32
Paediatric Crisis Worker				33	16		**49**					**0**	**49**	25	25	6	5	4	4	1	4	25		6	7	12	25
Day Crisis Worker	161	97	33				**291**					**0**	**291**	145	145	35	30	27	23	8	23	145		37	39	69	145
Out of Hours Crisis Worker	56	15	15				**86**					**0**	**86**	43	43	10	9	8	7	2	7	43		11	12	20	43
Supervision Crisis Worker	6	6	6				**18**					**0**	**18**	9	9	2	2	2	1	0	1	9		2	2	4	9
Medical Secretary / Admi Support				19	10		**29**					**0**	**29**	15	15	4	3	3	2	1	2	15		4	4	7	15
Receptionist	34	34	34				**102**					**0**	**102**	51	51	12	10	9	8	3	8	51		13	14	24	51
Non Pay							**0**					**0**	**0**																
Non Pay inc Travel/training	56	15	15				**86**					**0**	**86**	43	43	10	9	8	7	2	7	43		11	12	20	43
Consumables	35	25	10				**70**					**0**	**70**	35	35	8	7	6	6	2	6	35		9	9	17	35
Contingency/Risks (10%)	50	30	17		43		**140**					**0**	**140**	70	70	17	14	13	11	4	11	70		18	19	33	70
Colposcopy contract	20	3	3				**26**					**0**	**26**	13	13	3	3	2	2	1	2	13		3	4	6	13
Forensic cleaning	25	5	5				**35**					**0**	**35**	18	18	4	4	3	3	1	3	18		4	5	8	18
Leasing / Accomodation Costs	56	100	122				**278**					**0**	**278**	139	139	34	28	25	22	7	22	139		35	38	66	139
ISO Accreditation ongoing costs	10	10	10				**30**					**0**	**30**	15	15	4	3	3	2	1	2	15		4	4	7	15
Programme Costs																													
Programme Director						119	**119**					**0**	**119**	60	60	14	12	11	10	3	10	60		15	16	28	60
Clinical Lead						70	**70**					**0**	**70**	35	35	8	7	6	6	2	6	35		9	9	17	35
Senior Project Manager						60	**60**					**0**	**60**	30	30	7	6	5	5	2	5	30		8	8	14	30
Senior Project Support						42	**42**					**0**	**42**	21	21	5	4	4	3	1	3	21		5	6	10	21
Programme Administrator						34	**34**					**0**	**34**	17	17	4	3	3	3	1	3	17		4	5	8	17
ISO Project Manager (1 year Oct23-24)						32	**32**					**0**	**32**	16	16	4	3	3	3	1	3	16		4	4	8	16
Non Pay																													
Non Pay - Travel/training etc						50	**50**					**0**	**50**	25	25	6	5	5	4	1	4	25		6	7	12	25
10% Inflation Contingency	62	48	34	29	17	41	**232**					**0**	**232**	116	116	28	24	21	19	6	19	116		29	31	55	116
Total Phase 1	**687**	**530**	**371**	**323**	**188**	**448**	**2,547**	**0**	**0**	**0**	**0**	**0**	**2,547**	**1,274**	**1,274**	**0**	**308**	**259**	**233**	**204**	**66**	**204**	**1,274**	**0**	**324**	**345**	**604**	**1,274**
Phase 2																													
Sexual Violence Advocate CJ												**0**	**981**	0	981	0	0	0	0	0	0	0		250	266	465	981
Theraputic Counselling												**0**	**466**	233	233	56	47	43	37	12	37	233		59	63	111	233
Paediatric Advocacy Support Worker												**0**	**0**	0	0	0	0	0	0	0	0	0		0	0	0	0
Day Crisis Worker B3								50	68	45	43	**206**	**206**	103	103	25	21	19	17	5	17	103		26	28	49	103
Other Community based services									53																				
Total Phase 2	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**50**	**121**	**45**	**43**	**206**	**1,653**	**336**	**1,317**	**0**	**81**	**68**	**62**	**54**	**17**	**54**	**336**	**0**	**335**	**357**	**625**	**1,317**
	625	482	337	294	171	407																							

	Hub					Programme Office		Spoke						Allocation Split	
	Acute Adult			Paeds			Hub	Feb-23	Jun-23	Sep-23	Aug-23	Spoke	Model	Health	Police
	Cardiff	Swansea	Aberyswyth	Cardiff	Swansea		Sub Total	Merthyr	Risca	Camarthen	Newtown	Sub Total	Total	50%	50%
Post	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Phase 1															
Consultant				140	140		**280**					**0**	**280**	140	140
Consultant Lead	28	28	14				**70**					**0**	**70**	35	35
OOH Regional Consultant rota				70			**70**					**0**	**70**	35	35
SARC Manager	61	61					**122**					**0**	**122**	61	61
SARC Deputy Manager	27	53	53				**133**					**0**	**133**	66	66
Paediatric Sexual Health Nurse				32	32		**64**					**0**	**64**	32	32
Paediatric Crisis Worker				33	33		**66**					**0**	**66**	33	33
Day Crisis Worker	161	97	33				**291**					**0**	**291**	145	145
Out of Hours Crisis Worker	56	15	15				**86**					**0**	**86**	43	43
Supervision Crisis Worker	6	6	6				**18**					**0**	**18**	9	9
Medical Secretary / Admi Support				19	19		**38**					**0**	**38**	19	19
Receptionist	34	34	34				**102**					**0**	**102**	51	51
Non Pay															
Non Pay inc Travel/training	56	15	15				**86**						**86**	43	43
Consumables	35	15	10				**60**						**60**	30	30
Contingency/Risks (10%)	50	30	17		20		**117**						**117**	59	59
Colposcopy contract	20	3	3				**26**						**26**	13	13
Forensic cleaning	25	5	5				**35**						**35**	18	18
Leasing / Accomodation Costs	56	100	122				**278**					**0**	**278**	139	139
ISO Accreditation ongoing costs	10	10	10				**30**					**0**	**30**	15	15
Programme Costs															
Programme Director						119	**119**					**0**	**119**	60	60
Clinical Lead						70	**70**					**0**	**70**	35	35
Senior Project Manager						60	**60**					**0**	**60**	30	30
Senior Project Support						42	**42**					**0**	**42**	21	21
Programme Administrator						34	**34**					**0**	**34**	17	17
ISO Project Manager (1 year Oct23-24)						32	**32**					**0**	**32**	16	16
Non Pay															
Non Pay - Travel/training etc						50	**50**					**0**	**50**	25	25
10% Inflation Contingency	62	47	34	29	24	41	**238**					**0**	**238**	119	119
Total Phase 1	**687**	**519**	**371**	**323**	**268**	**448**	**2,616**	**0**	**0**	**0**	**0**	**0**	**2,616**	**1,308**	**1,308**
Phase 2															
Sexual Violence Advocate CJ												**0**	**981**	0	981
Theraputic Counselling												**0**	**466**	233	233
Paediatric Advocacy Support Worker												**0**	**0**	0	0
Day Crisis Worker B3								50	68	45	43	**206**	**206**	103	103
Other Community based services									53						
Total Phase 2	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**50**	**68**	**45**	**43**	**206**	**1,653**	**336**	**1,317**
	625	472	337	294	244	407									

										Police Commissioner Split			
										Dyfed Powys	Gwent	South Wales	Total Police
									Population	21.0%	24.0%	55.0%	100.0%
		HB Commissioner Split							Demand	22.0%	24.0%	54.0%	100.0%
		AB UHB	C&V UHB	CTM UHB	HD UHB	Powys HB	SB UHB	Total HB	Equal Shares	33.3%	33.3%	33.3%	100.0%
		24.2%	20.3%	18.3%	16.0%	5.2%	16.0%	100.0%	**Weighted Police %**	**25.4%**	**27.1%**	**47.4%**	**100.0%**
Post		£000's	£000's	£000's	£000's	£000's	£000's	£000's		£000's	£000's	£000's	£000's
Phase 1													
Consultant		34	28	26	22	7	22	140		36	38	66	140
Consultant Lead		8	7	6	6	2	6	35		9	9	17	35
OOH Regional Consultant rota		8	7	6	6	2	6	35		9	9	17	35
SARC Manager		15	12	11	10	3	10	61		15	16	29	61
SARC Deputy Manager		16	13	12	11	3	11	66		17	18	31	66
Paediatric Sexual Health Nurse		8	6	6	5	2	5	32		8	9	15	32
Paediatric Crisis Worker		8	7	6	5	2	5	33		8	9	16	33
Day Crisis Worker		35	30	27	23	8	23	145		37	39	69	145
Out of Hours Crisis Worker		10	9	8	7	2	7	43		11	12	20	43
Supervision Crisis Worker		2	2	2	1	0	1	9		2	2	4	9
Medical Secretary / Admi Support		5	4	3	3	1	3	19		5	5	9	19
Receptionist		12	10	9	8	3	8	51		13	14	24	51
Non Pay													
Non Pay inc Travel/training		10	9	8	7	2	7	43		11	12	20	43
Consumables		7	6	5	5	2	5	30		8	8	14	30
Contingency/Risks (10%)		14	12	11	9	3	9	59		15	16	28	59
Colposcopy contract		3	3	2	2	1	2	13		3	4	6	13
Forensic cleaning		4	4	3	3	1	3	18		4	5	8	18
Leasing / Accomodation Costs		34	28	25	22	7	22	139		35	38	66	139
ISO Accreditation ongoing costs		4	3	3	2	1	2	15		4	4	7	15
Programme Costs													
Programme Director		14	12	11	10	3	10	60		15	16	28	60
Clinical Lead		8	7	6	6	2	6	35		9	9	17	35
Senior Project Manager		7	6	5	5	2	5	30		8	8	14	30
Senior Project Support		5	4	4	3	1	3	21		5	6	10	21
Programme Administrator		4	3	3	3	1	3	17		4	5	8	17
ISO Project Manager (1 year Oct23-24)		4	3	3	3	1	3	16		4	4	8	16
Non Pay													
Non Pay - Travel/training etc		6	5	5	4	1	4	25		6	7	12	25
10% Inflation Contingency		29	24	22	19	6	19	119		30	32	56	119
Total Phase 1	**0**	**317**	**266**	**239**	**209**	**68**	**209**	**1,308**	**0**	**333**	**355**	**621**	**1,308**
Phase 2													
Sexual Violence Advocate CJ		0	0	0	0	0	0	0		250	266	465	981
Theraputic Counselling		56	47	43	37	12	37	233		59	63	111	233
Paediatric Advocacy Support Worker		0	0	0	0	0	0	0		0	0	0	0
Day Crisis Worker B3		25	21	19	17	5	17	103		26	28	49	103
Other Community based services													
Total Phase 2	**0**	**81**	**68**	**62**	**54**	**17**	**54**	**336**	**0**	**335**	**357**	**625**	**1,317**

	Hub					Programme Office	Hub	Spoke						Allocation Split			HB Commissioner Split								Police Commissioner Split			
	Acute Adult			Paeds				Feb-23	Jun-23	Sep-23	Aug-23	Spoke	Model	Health	Police										Dyfed Powys	Gwent	South Wales	Total Police
	Cardiff	Swansea	Aberyswyth	Cardiff	Swansea		Sub Total	Merthyr	Risca	Camarthen	Newtown	Sub Total	Total	50%	50%		AB UHB	C&V UHB	CTM UHB	HD UHB	Powys HB	SB UHB	Total HB					
																	24.2%	20.3%	18.3%	16.0%	5.2%	16.0%	100.0%	Population	21.0%	24.0%	55.0%	100.0%
																								Demand	22.0%	24.0%	54.0%	100.0%
																								Equal Shares	33.3%	33.3%	33.3%	100.0%
Post	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**		£000's	£000's	£000's	£000's	£000's	£000's	£000's	**Weighted Police %**	**25.4%**	**27.1%**	**47.4%**	**100.0%**
Phase 2																												
Sexual Violence Advocate CJ												**0**	**981**	0	981		0	0	0	0	0	0	0		250	266	465	981
Theraputic Counselling												**0**	**466**	233	233		56	47	43	37	12	37	233		59	63	111	233
Paediatric Advocacy Support Worker												**0**	**0**	0	0		0	0	0	0	0	0	0		0	0	0	0
Day Crisis Worker B3								50	68	45	43	**206**	**206**	103	103		25	21	19	17	5	17	103		26	28	49	103
Other Community based services									53																			
Total Phase 2	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**50**	**68**	**45**	**43**	**206**	**1,653**	**336**	**1,317**	**0**	**81**	**68**	**62**	**54**	**17**	**54**	**336**	**0**	**335**	**357**	**625**	**1,317**

Assumptions

1. Staffing for Cardiff SARC has been agreed by the service and the recruitment has started. There costs will start to be incurred in approximately 3 months
2. The costs for the Swansea and Aberystwyth adult hubs are based on the Cardiff staffing compliment and reduced (in consultation with clinicians and providers) to reflect the predicted demand at each site
3. The childrens hubs in Cardiff and Swansea have the same staffing compliments with the addition of the additional cost of the regional rota being hels in Cardiff.
4. The timescales for the Swansea and Aberystwyth hubs have not been finalised as yet
5. There will need to be more work done on the roles to be included in the spokes - including the role of the crisis workers, ISVA's and counselling - with the latter 2 being take forward by separate task and finish groups
6. Crisis workers in the spokes will be available 8am-8pm (as agreed with police)
7. The Swansea Manager will also cover Aberystwyth
8. The ISVA & CYPISVA costs will be picked up by the Police and therefore not included in the model assumptions
9. The counselling costs are to be agreed
10. The staffing models have been agreed with clinicians and service providers as the staff required to run the services as part of the new model.
11. Salary Scale is NHS
12. Crisis workers 2 different JD's - Hubs B4 & Spokes B3

Report Title	**Single Commissioner for Secure Mental Health Services Project Initiation Document**	**Agenda Item**	3.6
Meeting Title	**Joint Committee**	**Meeting Date**	19/09/2023
FOI Status	Open/Public		
Author (Job title)	Senior Specialised Services Planning Manager		
Executive Lead (Job title)	Director of Mental Health		

Purpose of the Report	The purpose of this report is to present the Project Initiation Document (PID) for the Single Commissioner Model for Secure Mental Health Services.				
Specific Action Required	RATIFY ☐	APPROVE ☐	SUPPORT ☒	ASSURE ☒	INFORM ☒

Recommendation(s):

Members are asked to:

- **Note** the report; and
- **Support** the recommendation to initiate the project to develop a Single Commissioner Model for Secure Mental Health Services.

SINGLE COMMISSIONER FOR SECURE MENTAL HEALTH SERVICES PROJECT INITIATION DOCUMENT

1.0 SITUATION

The purpose of this report is to present the Project Initiation Document (PID) for the Single Commissioner Model for Secure Mental Health Services.

2.0 BACKGROUND

The "Making Days Count" review for secure services conducted by the National Collaborative Commissioning Unit (NCCU) published in April 2022 made a recommendation for the consideration of a single commissioner for secure services in Wales:

"Welsh Government, WHSSC and Health Boards should consider the benefits of a single national organisation commissioning integrated secure services."

On the 19 January 2023 the Joint Committee received a report presenting the feedback received from Health Boards (HBs) on the options assessment for a single national organisation to commission integrated secure mental health services for Wales and which requested support for the recommended course of action to be given to Welsh Government (WG) to achieve a single commissioner for secure mental health services in Wales.

On 31 March 2023, WG upheld this recommendation and directed WHSSC to proceed with the development of an integrated single commissioner approach to secure mental health services for Wales. The Terms of Reference (ToR) are presented at ***Appendix 1*** for information.

3.0 ASSESSMENT

The PID establishes the work to be undertaken for the Single Commissioner Project. The full PID is presented at ***Appendix 2.***

The PID addresses the following fundamental aspects of the programme:

- the stages and phasing of the programme,
- the aims and objectives of the programme,
- the expected benefits and outcomes of the programme; and
- the roles and responsibilities of those involved in managing the programme.

The project aims to provide a single commissioner system for secure mental health services in NHS Wales which delivers improvements to the patients by improving flow through levels of security, ensuring patients' needs are met by the right level of security, reducing delays in transfer, removing perverse

incentives for change, taking a more strategic view of capacity across the secure services system.

In scope
High, medium and low secure services

Out of scope
Non-secure mental health services and locked rehabilitation

The project objectives include:

- To remove a significant impediment to the effective use of resources,
- To improve, and expedite, the patients journey through secure care,
- To ensure patients' needs are met by the right level of security,
- To reduce delays in transfer,
- To remove perverse incentives for change; and
- To take more of a strategic view of capacity across the secure services system.

The following are the high level deliverables within the programme:

- Demand and capacity modelling across all services to be completed to help inform the work,
- Secure care service from end to end which would result in a seamless approach to care,
- Ensuring a cohesive pathway for service users to follow,
- Regular monitoring against quality and key performance indicators to ensure the services are performing to the required standards,
- A reduction of transition between services resulting in patients flowing more smoothly through the system,
- Demand and capacity modelling across all services to be completed to help inform the work,
- Integrated system across the whole pathway promoting collaboration and better integration of care,
- Development of policies and service specifications in line with the single commissioner approach; and
- Development of staffing structure in line with organisation change policy and the TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) arrangements.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Support** the recommendation to initiate the project to develop a Single Commissioner Model for Secure Mental Health Services.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Implementation of the Plan
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Governance, Leadership and Accountability Timely Care Safe Care
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation Only do what is needed
NHS Delivery Framework Quadruple Aim	People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome The health and social care workforce is motivated and sustainable Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The National Review "Making Days Count" was commissioned to achieve greater understanding of the issues relating to secure mental health hospital care.
Finance/Resource Implications	Financial assessments will be considered for each option to include resource requirements and the possible efficiency savings. It also identifies a need to renegotiate contracts.
Population Health	-
Legal Implications (including equality & diversity, socio economic duty etc.)	Supports compliance with the provisions of the Mental Health Act, The Mental Health (Wales) Measure 2010.
Long Term Implications (incl. WBFG Act 2015)	Ensuring patients physical and mental well-being is maximised in which choices that will benefit future health.
Report History (Meeting/Date/ Summary of Outcome	12 July 2023 - CDGB supported the recommendation 27 July 2023 – MG supported the recommendation
Appendices	Appendix 1 – Single Commissioner for Secure Mental Health Services Project Board Terms of Reference Appendix 2 – Single Commissioner for Secure Mental Health Services PID

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

PROJECT INITIATION DOCUMENT

Project name: **Single Commissioner for Secure Services Project**

Version: 0.3

Date: 30th May 2023

Author:	Emma King, Senior Specialised Services Planning Manager for Mental Health and Vulnerable Groups, WHSSC
Owner:	David Roberts, Director of Mental Health and Vulnerable Groups, WHSSC
Document Number:	

Document History

Revision History

Revision date	Previous revision date	Summary of Changes
3/5/23		Document initial development
30/05/23		Updated following CDBG

Approvals This document has been approved by:

Name	Date of Issue	Version
CDGB	12/07/2023	0.3
Management Group	27/07/2023	0.3
Joint Committee		

Distribution This document has been distributed to:

Name	Date of Issue	Version
Members of the planning team		
Members of the mental health planning team		
Director of Mental Health		
CDG		
CDGB		
Management Group		
Joint Committee		

CONTENTS		

APPENDICES

1. Purpose

This Programme Initiation Document (PID) establishes the work to be undertaken for the Single Commissioner Project.

The PID addresses the following fundamental aspects of the programme:

- the stages and phasing of the programme
- the aims and objectives of the programme
- the expected benefits and outcomes of the programme
- the roles and responsibilities of those involved in managing the programme

2. Background & Drivers for change

The "Making Days Count" review for secure services conducted by the National Collaborative Commissioning Unit (NCCU) published in April 2022 made a recommendation for the consideration of a single commissioner for secure services in Wales:

"Welsh Government, WHSSC and Health Boards should consider the benefits of a single national organisation commissioning integrated secure services."

The commissioning organisational infrastructure in NHS Wales differs from other areas of the UK as NHS Wales low secure hospitals are managed by individual Health Boards and not as part of an integrated pathway with medium and high secure hospitals. This fragmented approach also applies to the commissioning of placements external to NHS Wales, which is split nationally and locally dependent on the level of security. The amalgamation of commissioning responsibilities within a single organisation may remove a significant impediment to the effective use of resources and improve, and possibly expedite, the patient's journey through secure care. The approach may also enable a collaborative and joined up approach to commissioning and could break down significant barriers within the patient pathway that are currently in place with multiple commissioners

The Welsh Health Specialised Services Joint Committee met on 10th January 2023. Members received a report presenting the feedback received from Health Boards (HBs) on the options assessment for a single national organisation to commission integrated secure mental health services for Wales and to request support for the recommended course of action to be given to Welsh Government (WG) to achieve a single commissioner for secure mental health services in Wales.

On 31st March 2023, Welsh Government upheld this recommendation and directed WHSSC to proceed with the development of an integrated single commissioner approach to secure mental health services for Wales.

External

- Together for Mental Health *(Welsh Government, 2012)*
- Making Days Count: National Review of Patients Cared for in Secure Mental Health Hospitals *(National Collaborative Commissioning Unit, 2021)*
- Service Review: NHS Wales Children and Adolescent Mental Health Inpatient Services *(National Collaborative Commissioning Unit, 2021)*
- Improving Care, Improving Lives *(National Collaborative Commissioning Unit, 2021)*
- NHS Wales Report on Eating Disorders Phase 1 *(National Collaborative Commissioning Unit, 2021)*

Internal

- Integrated Care Plan (WHSSC)
- Specialised Services Strategy for Mental Health (WHSSC)

3. Project Definition

To provide a single commissioner system for secure mental health services in NHS Wales which delivers improvements to the patients by improving flow through levels of security, ensuring patients' needs are met by the right level of security, reducing delays in transfer, removing perverse incentives for change, taking a more strategic view of capacity across the secure services system.

4. Project Scope

In scope:
High, medium and low secure services

Out of scope:
Non-secure mental health services and locked rehabilitation

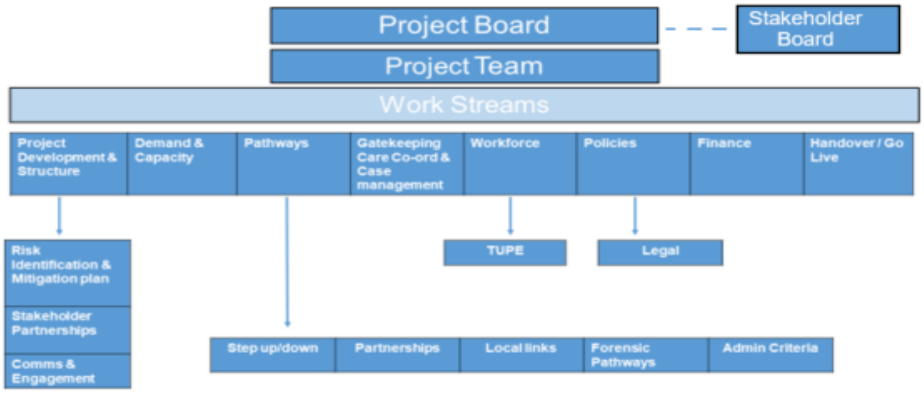
5. Programme Aim and Objectives

Project Aim:
The project aims to provide a single commissioner system which delivers improvements to the patients by improving flow through levels of security, ensuring patients' needs are met by the right level of security, reducing delays in transfer, removing perverse incentives for change, and taking a more strategic view of capacity across the secure services system.

Project Objectives:

- To remove a significant impediment to the effective use of resources
- To improve, and expedite, the patients journey through secure care
- To ensure patients' needs are met by the right level of security
- To reduce delays in transfer
- To remove perverse incentives for change
- To take more of a strategic view of capacity across the secure services system

6. Project Organisation



Work stream groups are likely to be in the following areas:

- Demand and Capacity
- Pathways
- Gatekeeping, Care Co-ordination & Case Management
- Workforce
- Policies
- Finance

7. Deliverables

The following are the high level deliverables within the programme:

- Demand and capacity modelling across all services to be completed to help inform the work
- Secure care service from end – end which would result in a seamless approach to care
- Ensuring a cohesive pathway for service users to follow

- Regular monitoring against quality and key performance indicators to ensure the service are performing to the required standards
- A reduction of transition between services resulting in patients flowing more smoothly through the system
- Demand and capacity modelling across all services to be completed to help inform the work
- Integrated system across the whole pathway promoting collaboration and better integration of care
- Development of policies and service specifications in line with the single commissioner approach
- Development of staffing structure in line with organisation change policy and TUPE arrangements

8. Project Timeline

2023/24	
Quarter 1	Demand and Capacity, Risk Identification and Mitigation Plan
Quarter 2-4	Scoping exercises (See annex 1 for further information)
2024/25	
Quarter 1	Project Development
Quarter 2	Series of workshops to lead on key workstreams to include stakeholders
Quarter 3	Continuation of workshops Development of pathways, services, policies and service specifications
Quarter 4	Stakeholder engagement and ratification of pathways, services, policies and service specifications Implementation at the end of Q4

The following offers an indicative timeframe for the completion of the Single Commissioner for Secure Mental Health Services Project:

Deliverable	**Date**
Demand and capacity modelling across all services to be completed to help inform the work	Yr 1 - Quarter 1
Development of policies and service specifications in line with the single commissioner approach	Yr 2 - Quarter 3
Ensuring a cohesive pathway for service users to follow	Yr 2 - Quarter 3
Integrated system across the whole pathway promoting collaboration and better integration of care	Yr 2 - Quarter 2
Development of staffing structure in line with organisation change policy and TUPE arrangements	Yr 2 - Quarter 3

A reduction of transition between services resulting in patients flowing smoother through the system	Yr 2 - Quarter 4
Secure care service from end – end which would result in a seamless approach to care	Yr 2 - Quarter 4
Regular monitoring against quality and key performance indicators to ensure the service are performing to the required standards	Yr 2 - Quarter 4

9. Constraints

- Reliant on Demand and Capacity data to provide modelling for low secure provision
- Demand and capacity may not highlight the number of patients in a medium secure placement who may be more suitable for low secure provision
- Limited options for low secure provision across Wales particularly for North Wales
- Number of low secure places in independent sector provision
- Current service levels may not meet the needs of our patient cohort resulting in a number of out of area placements
- Current estates capacity may be limited for both medium and low secure
- Current estates capacity may need upgrading for both low and medium secure provision
- Current NHS Wales capacity for medium and low secure limited
- Unavailable or limited capital investment.

10. Assumptions

Assumptions made in the planning of this project are:

- Current medium and low secure placements are appropriate as low secure requirements may be underestimated if they currently sit in a medium secure placement.
- Capital investment is unavailable or limited
- Staffing levels remain the same
- TUPE arrangements may be put in place for staff requiring a change of employer (e.g. case managers and gatekeepers).

11. Risk / Risk Tolerances

A risk register has been established capturing risks, issues and associated mitigations. Risks for escalation will be captured on the monthly highlight report, project team highlight reports and the monthly project board report.

The initial risks associated with the project have been identified as:

Risks	Mitigation
• Without a single commissioner approach in place patients may not be able to be cared for close to home	• Implementation of the project would mitigate this risk and provide an All Wales approach for secure mental health placements
• There could be delays to admissions for patients on a care pathway requiring treatment on an acute wards	• To ensure pathways are in place as part of this project
• Without moving the interface and commissioning responsibility to earlier in the pathway the flow of patients between locked rehab and low secure services do not flow through the pathway easily resulting in service users not accessing appropriate care	• To ensure pathways are in place and patient flow is at the centre of service development
• Single commissioning could potentially make the service less responsive to local need resulting in less accountability to each Health Board	• Stakeholder engagement and active participation in the project would ensure a collaborative approach and outline accountability for each section of the pathway
• The current gatekeeping policy would not be in line with the new single commissioner process	• Gatekeeping policy to be reviewed as part of the project and in collaboration with other service areas

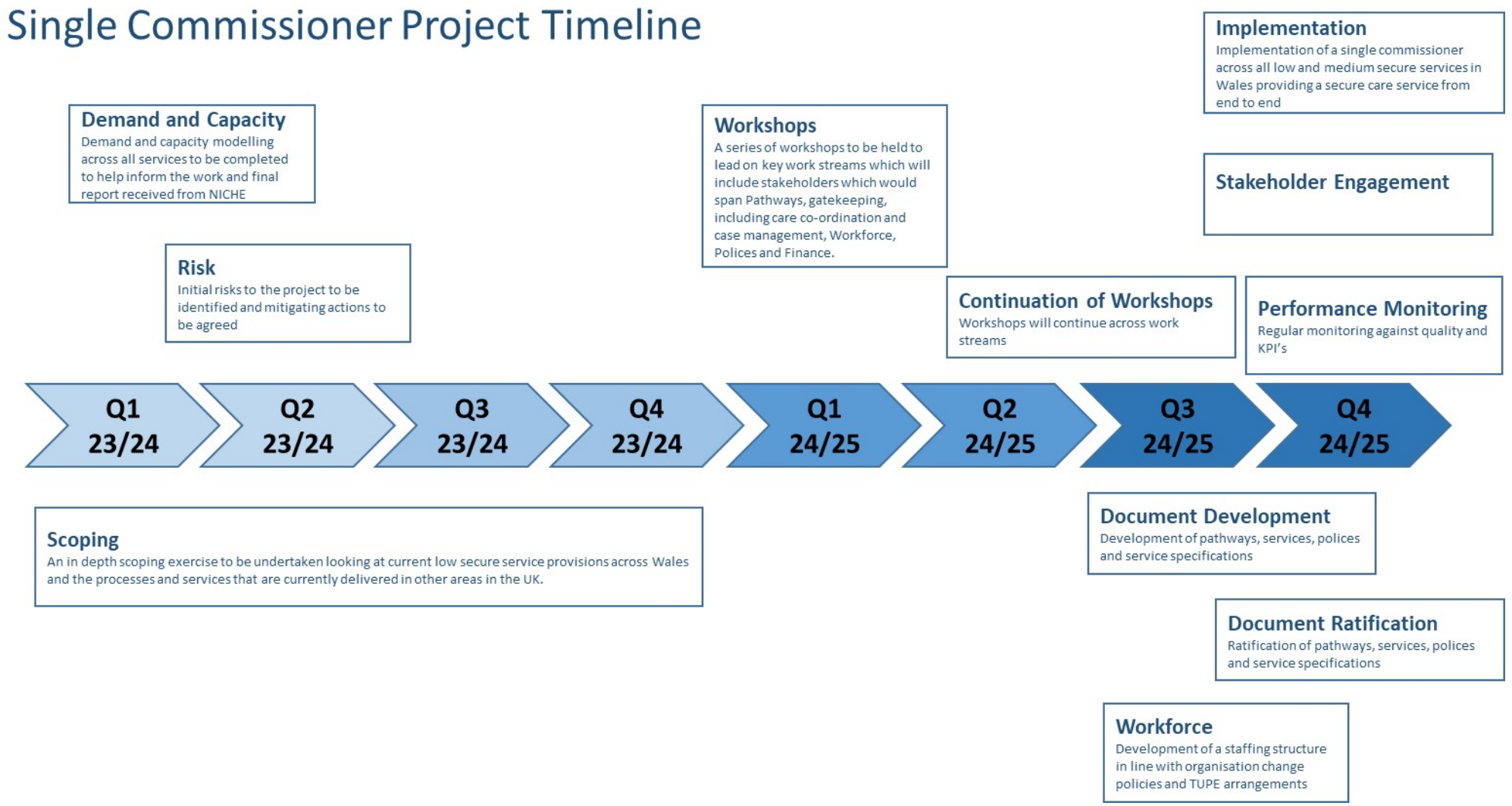
12. Reporting

A single commissioner project team will be established to take forward the work. All of the individual work streams for the project will feed into the project team which will be accountable to the project board.

13. Resources

Role	WTE	Cost	Current Resource/or New
Programme Director	0.1		Current
Senior Specialised Services Planning Manager	0.1		Current
Specialised Services Assistant Planning Manager	0.1		Current
Planning Support Officer	0.2		Current
Project Manager	1.0	£55,653 plus £5000 travel expenses and additional costs	New

Annex 1


Single Commissioner Project Timeline
Implementation
Implementation of a single commissioner across all low and medium secure services in Wales providing a secure care service from end to end
Demand and Capacity
Demand and capacity modelling across all services to be completed to help inform the work and final report received from NICHE
Workshops
A series of workshops to be held to lead on key work streams which will include stakeholders which would span Pathways, gatekeeping, including care co-ordination and case management, Workforce, Polices and Finance.
Stakeholder Engagement
Risk
Initial risks to the project to be identified and mitigating actions to be agreed
Continuation of Workshops
Workshops will continue across work streams
Performance Monitoring
Regular monitoring against quality and KPI's
Q1 23/24
Q2 23/24
Q3 23/24
Q4 23/24
Q1 24/25
Q2 24/25
Q3 24/25
Q4 24/25
Scoping
An in depth scoping exercise to be undertaken looking at current low secure service provisions across Wales and the processes and services that are currently delivered in other areas in the UK.
Document Development
Development of pathways, services, polices and service specifications
Document Ratification
Ratification of pathways, services, polices and service specifications
Workforce
Development of a staffing structure in line with organisation change policies and TUPE arrangements

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

Single Commissioner for Secure Mental Health Services Project Board

Terms of Reference

1.0 Introduction

This document sets out the terms of reference for the development of the Single Commissioner Project.

2.0 Accountability

The Single Commissioner Project Board will report through the WHSSC accountability structure to the Joint Committee of the 7 Health Boards in Wales.

3.0 Terms of Reference

The purpose of the Project Board is to oversee the process for the development and implementation of the Single Commissioner for Secure Mental Health Services Project and to report to the Joint Committee.

The terms of reference of the Single Commissioner Project Board are to:

- Agree the Project Initiation Document and Governance Structure for the project.
- Set the direction of the development and implementation of the Single Commissioner Project.
- Act as escalation point for the established Working Groups.
- Manage the risks escalated through the project risk register.
- Approve the strategic decisions taken throughout the project.
- Agree the delivery plan for the Single Commissioner Project.

4.0 Membership

The Project Board will be chaired by the Director of Mental Health, WHSSC.

The membership is comprised of the following:

- WHSSC Director of Mental Health and Vulnerable Groups (Chair)
- WHSSC Finance Lead
- WHSSC Director of Nursing
- WHSSC AMD for Mental Health
- NCCU Lead
- SBUHB Strategic Lead
- CTMUHB Strategic Lead
- BCUHB Strategic Lead
- ABUHB Strategic Lead
- Powys THB Strategic Lead
- HDUHB Strategic Lead
- C&VUHB Strategic Lead
- Llais Lead
- HEIW Lead
- WHSSC Senior Planning Manager for Mental Health and Vulnerable Groups

5.0 Frequency of meetings

Meetings will occur on a monthly basis for the duration of the project.

6.0 Recommendations

Quorum

The Project Board will be quorate when the following are present:

- Chair
- 2 Strategic Leads
- Minimum of 5 members.

Agreeing Advice to Joint Committee

Recommendations from the Project Board to the Joint Committee will wherever possible be based on consensus (Standing Orders of the WHSSC Joint Committee). Where there are differing views, these will be made clear within the reports to Joint Committee. Final decisions will be made by the Joint Committee.

Report Title	**Revision to Financial Delegated Limits**	**Agenda Item**	3.7
Meeting Title	**Joint Committee**	**Meeting Date**	19/09/2023
FOI Status	Open		
Author (Job title)	Financial Accountant		
Executive Lead (Job title)	Interim Director of Finance		

Purpose of the Report	The purpose of this report is to request changes to the financial limits for Individual Patient Funding Request (IPFR) approvals.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☒	INFORM ☐

Recommendation(s)

Members are asked to:

- **Note** the report, and
- **Approve** the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals.

REVISION TO FINANCIAL DELEGATED LIMITS

1.0 SITUATION

The purpose of this report is to request changes to the financial limits for Individual Patient Funding Request (IPFR) approvals.

2.0 BACKGROUND

Currently under the scheme of delegation, IPFR funding requests require a two level authorisation process. There is a requirement for both a medical and a financial authorisation.

Currently the authorisation limits, as listed below, were reviewed during the COVID-19 pandemic, were ratified by the CTMUHB Audit and Risk Committee, and are as follows:

Clinical Delegated Limits	
Medical Director	£500,000
Nurse Director	£500,000
Head of Quality & Patient Care	£50,000
IPFR Manager	£10,000
Financial Delegated Limits	
Director of Finance	£1,000,000
Director of Planning	£500,000
Assistant Director of Finance	£250,000
Assistant Director of Planning	£250,000
Financial Accountant	£50,000
Head of Contracting (Vacancy)	£50,000
Head of Financial Planning	£50,000

Note all funding requests over £1m have to be authorised by the Managing Director.

3.0 ASSESSMENT

With the retirement of the Director of Finance and the Assistant Director of Finance acting up, all IPFR funding requests valued above £50,000 will have to be authorised by the Assistant Director of Finance.

An analysis of funding requests approved in 2022-2023 shows that 243 fell into this category.

In the absence of the IPFR manager, the Head of Quality and Patient Care will have to provide clinical approval for all IPFR funding requests to the value of £50,000. In 2022-2023 there were 1482 requests in this category.
Given the constraints of staff availability at this current time, it is highly likely that there will be delays in obtaining either financial or clinical authorisation for IPFR funding requests. With so many requests falling to a limited number of authorisers, those that are available are likely to have to deal with a higher volume of requests and more needing urgent sign off because of a lack of alternative authorisers.

It must also be noted that in the current climate of financial cost increases, it is also likely that the numbers of requests falling into the higher categories will also increase. IPFR funding requests are likely to cost more.

Therefore, the following amendments to the delegated limits are being requested. Given the cost increases expected to happen in the coming year it is also requested that these changes be made permanent.

Clinical Delegated Limits	
IPFR Senior Project Manager (new)	£50,000
IPFR Manager (increase)	£50,000
Financial Delegated Limits	
Financial Accountant (increase)	£100,000
Head of Financial Planning (increase)	£100,000

This will put more authorisers into the system and also increase limits for authorisers so that no one person becomes overwhelmed by volume.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report, and
- **Approve** the requested changes to the financial limits for IPFR approvals.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Organisation Development Choose an item.
Link to Integrated Commissioning Plan	N/A This is core business
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Only do what is needed Reduce inappropriate variation
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care
Organisational Implications	
Quality, Safety & Patient Experience	
Finance/Resource Implications	In line with SFI's. SFI's allow for the delegation of budgets.
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc)	In line with SFI's. SFI's allow for the delegation of budgets.
Long Term Implications (incl WBFG Act 2015)	Not applicable
Report History (Meeting/Date/ Summary of Outcome	4 September - CDGB
Appendices	-

Report Title	**WHSSC Model Standing Orders – Governance and Accountability Framework**	**Agenda Item**	3.8
Meeting Title	**Joint Committee**	**Meeting Date**	19/09/2023
FOI Status	Open		
Author (Job title)	Committee Secretary		
Executive Lead (Job title)	Committee Secretary & Director of Finance		

Purpose of the Report	The purpose of this report is to provide an update on the WHSSC Model Standing Orders and Governance and Accountability Framework.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s):

Members are asked to:

- **Note** the report,
- **Approve** the proposed changes to the WHSSC Standing Orders (SOs), prior to being issued to the seven HB's for approval and inclusion as schedule 4.1 within their respective HB SO's,
- **Approve** the proposed changes to the WHSSC Standing Financial Instructions (SFIs) prior to being issued to the seven HB's for approval and inclusion as schedule 4.1 Annex 2.1 within their respective HB SO's; and
- **Note** that there are no changes to the Memorandum of Agreement (MoA).

WHSSC MODEL STANDING ORDERS – GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

1.0 SITUATION

The purpose of this report is to provide an update on the WHSSC Model Standing Orders and Governance and Accountability Framework.

2.0 BACKGROUND

2.1 Model Standing Orders and Standing Financial Instructions

In accordance with the WHSSC Regulations 2009, each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders form a schedule to each LHB's own standing orders, and have effect as if incorporated within them. Together with the adoption of the Scheme of Decisions Reserved to the Joint Committee; the Scheme of Delegations to Officers and Others; and the Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a Hosting Agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (as the Host LHB), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed.

Revised Governance and Accountability Framework documents, including the SOs, SFIs MoA and Hosting Agreement for WHSCC were last approved by the Joint Committee on 14 March 2023 and were subsequently taken forward for approval by the seven LHBs for inclusion as schedule 4.1 within their respective LHB SOs. The changes related to bespoke elements required for WHSSC.

To ensure effective governance and to comply with the provisions of the WHSSC Standing Orders (SOs) it is important that the SOs and Standing Financial Instructions (SFIs) are kept up to date to comply with the need for:

- The Joint Committee to take appropriate action to assure itself that all matters delegated are effectively carried out, and that
- The framework of delegation is kept under active review and, where appropriate, is revised to take account of organisational developments, review findings or other changes.

3.0 SUMMARY OF PROPOSED CHANGES

Welsh Government published updated Model Standing Orders and Model Standing Financial Instructions for WHSSC in correspondence received on the 12 June 2023 and 28 June 2023 respectively. The updated SOs and SFIs are presented at ***Appendices 1 and 2*** for information. The only changes relate to the WG model guidance element of the SOs and SFIs.

The main changes WG have made to the SOs relate to:

a) reflecting the provisions of the Health and Social Care (Quality and Engagement) Act 2020 specifically the introduction of the duty of quality and duty of candour; and
b) Changes linked to the establishment of Llais and the dissolution of the Community Health Councils and the Board of Community Health Councils.

The main changes to the SFIs are administrative updates and are detailed in Table 1. For further assurance, a summary of all updates made are also outlined in Table 1 below:

Table 1 - Summary of Proposed Changes to the WHSSC Governance and Accountability Framework

Standing Orders – see *Appendix 1*	
Page 4	Contents Page 6.2 Working with Llais (Llais replaced Community Health Councils).
Page 7 – new section added	**The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for: • Ensuring NHS bodies and ministers think about the quality of health services when making decisions (the Duty of Quality); • Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour); • The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and • The appointment of statutory vice-chairs for NHS Trusts. The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023. Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.

	The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. WHSSC shall ensure they consider these responsibilities in the discharge of their duties. The Duty of Quality statutory guidance 2023 can be found at https://www.gov.wales/duty-quality-healthcare The NHS Duty of Candour statutory guidance 2023 can be found at https://www.gov.wales/nhs-duty-candour
Page 8 slight change to the wording	The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
Page 23 New sub-sections added	**6.2 Working with Llais** 6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs in relation to the engagement and involvement of Llais in their operations. 6.2.2 The 2020 Act places a statutory duty on LHBs to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered. The Statutory Guidance on Representations made by the Citizen Voice Body can be found at https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf 6.2.3 The 2020 Act also places a statutory duty on LHBs to make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. LHBs must also have regard to the Code of Practice on access to premises when it comes into effect in June 2023. 6.2.4 The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning and commissioning services.

	6.2.5 The Joint Committee shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.
Standing Financial Instructions – see ***Appendix 2***	
Page	3.1.1 PDF file included instead of hyperlink
Page	4.1.2 PDF file included instead of hyperlink
Page	4.3.2 Annual IMTP hyperlink deleted
Page	5.5.1 link to monitoring returns deleted

The Memorandum of Agreement which includes the Hosting Agreement were last updated and approved in March 2023, and no changes have been made to these documents.

4.0 GOVERNANCE & RISK

To ensure effective governance the WHSSC Governance and Accountability Framework is reviewed annually, and the Integrated Governance Committee were informed of proposed changes received from WG on 15 August 2023.

Once the Joint Committee approve the updated governance and accountability framework documents they will then be taken forward for approval by the Boards of the seven HBs for inclusion as schedule 4.1 within their respective HB SOs. Thereafter, a report will be taken to the CTMUHB ARC for hosted bodies for assurance.

5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the proposed changes to the WHSSC Standing Orders (SOs), prior to being issued to the seven HB's for approval and inclusion as schedule 4.1 within their respective HB SO's,
- **Approve** the proposed changes to the WHSSC Standing Financial Instructions (SFIs) prior to being issued to the seven HB's for approval and inclusion as schedule 4.1 Annex 2.1 within their respective HB SO's; and
- **Note** that there are no changes to the Memorandum of Agreement.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	A strong financial governance framework is essential to ensuring patients experience the greatest possible levels of safety and quality in the services commissioned by WHSSC Informed decisions within the environment of a clear financial governance framework are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	The WHSSC Standing Financial Instructions (SFI's) outline the financial scheme of delegation, non-pay expenditure limits and accountability arrangements.
Population Health	There are no specific population health implications related to the activity outlined in this report.
Legal Implications (including equality & diversity, socio economic duty etc)	The Model Standing Orders, Reservations and Delegation of Powers (SO's) were last issued by Welsh Government in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). They were reviewed by officials in association with representatives of the NHS Wales Board Secretaries and the NHS Wales Directors of Finance group. The revised model documents are issued in accordance the Ministerial direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special Health Authorities) of the National Health Service (Wales) Act 2006.
Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/	15 August 2023 – Integrated Governance Committee – verbal update on progress

Summary of Outcome	5 September 2023 – Corporate Directors Group Board
Appendices	Appendix 1 – Updated WHSSC Standing Orders (SOs) (tracked changes version) Appendix 2 – Updated WHSSC Standing Financial Instructions (SFIs) (tracked changes version)

Schedule 4.1

STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders

Foreword

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

These documents, together with the Memorandum of Agreement dated made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated between the Joint Committee and Cwm Taf Morgannwg University LHB (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee. Further information on governance in the NHS in Wales may be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/.

1 Reference Part 3, Regulation 12 of WHSSC Regulations 2009 and Regulation 14(b) and 15(5) of the LHB Regulations 2009.
2 (2009/3097 (W.270)

Contents

Section: A – Introduction

Statutory framework

i) The Welsh Health Specialised Services Committee (the Joint Committee) is a joint committee of each Local Health Board (LHB) in Wales, established under the **Welsh Health Specialised Services Committee (Wales) Directions 2009** (the WHSSC Directions). The functions and services of the Joint Committee are listed in Annex 1 of the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee**.** Annex 1 was amended by the **Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014** following the establishment of the Emergency Ambulance Services Committee. The Joint Committee is hosted by the host LHB on behalf of each of the seven LHBs.

ii) The principal place of business of the WHSSC is Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd CF37 5YL.

iii) All business shall be conducted in the name of the Welsh Health Specialised Services Committee on behalf of LHBs.

iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006**[3] which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006**[4] applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.

v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.

vi) However in some cases the relevant function may be contained in other legislation.

vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The WHSSC

3 c.42
4 c.41

Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and will establish the joint committee for the purpose of jointly exercising those functions.

viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009**[5] (the WHSSC Regulations) which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009**[6] (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.

ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.

x) **The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for:

- Ensuring NHS bodies and ministers think about the quality of health services when making decisions (the Duty of Quality);
- Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour);
- The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and
- The appointment of statutory vice-chairs for NHS Trusts.

The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.

Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.

The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. WHSSC shall ensure they consider these responsibilities in the discharge of their duties.

The Duty of Quality statutory guidance 2023 can be found at https://www.gov.wales/duty-quality-healthcare

5 (2009/3097 (W.270)
6 (2009/779 W.67)

The NHS Duty of Candour statutory guidance 2023 can be found at https://www.gov.wales/nhs-duty-candour

~~x)~~xi) The Host LHB shall issue an indemnity to the Chair, on behalf of the LHBs

NHS framework

~~xi)~~xii) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.

~~xii)~~xiii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.

~~xiii)~~xiv) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; ~~the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework~~, the Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

~~xiv)~~xv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.

~~xv)~~xvi) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.

~~xvi)~~xvii) Full, up to date details of the other requirements that fall within the

NHS framework – as well as further information on the Welsh Ministers' Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/..Directions or guidance on specific aspects of Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Joint Committee Framework

~~xvii)~~xviii) The specific governance and accountability arrangements established for the Joint Committee are set out within:

- These WHSSC SOs and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others;
- The WHSSC SFIs;
- A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
- A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.

~~xviii)~~xix) Annex 2 to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework. These documents must be read in conjunction with the WHSSC SOs.

~~xix)~~xx) The Joint Committee may from time to time, subject to the prior approval of each LHB's Board, agree operating procedures which apply to Joint Committee members and/or members of the WHSST and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these WHSSC SOs and SFIs. Details of the Joint Committee's key operating procedures are also included in Annex 2 of these SOs.

Applying WHSSC Standing Orders

~~xx)~~xxi) The WHSSC SOs (together with the WHSSC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups. The WHSSC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on joint sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these WHSSC SOs, respectively.

~~xxi)~~xxii) Full details of any non-compliance with these WHSSC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members and Joint Committee officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with WHSSC SOs is a disciplinary matter.**

Variation and amendment of WHSSC Standing Orders

~~xxii)~~xxiii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:

- Each of the seven LHBs are in favour of the amendment; or
- In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

~~xxiii)~~xxiv) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the WHSSC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.

~~xxiv)~~xxv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these WHSSC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

~~xxv)~~xxvi) The WHSSC SOs form a schedule to each LHB's own SOs, and shall have effect as if incorporated within them.

The role of the Committee Secretary

~~xxvi)~~xxvii) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and

Joint Committee members. Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups;
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, WHSSC SOs and the framework set by the LHBs and Welsh Ministers.

~~xxvii)~~xxviii) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committee's operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

Section: B – WHSSC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions[7]

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area.

1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

1.1.4 The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee in conjunction with the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the

7 The WHSSC (Wales) Directions 2009 and The WHSSC (Wales) Regulations 2009

contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;

- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.

1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the Management Team undertaken at the direction of the Joint Committee.

1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the Joint Committee[8]

1.2.1 The membership of the Joint Committee shall be 15 voting members and three associate members, comprising the *Chair* (appointed by the Minister for Health and Social Services) and the *Vice-Chair* (appointed by the Joint Committee from existing non-officer members of the seven LHBs)[9], together with the following:

Non-Officer Members [known as Independent Members] [10]

1.2.2 A total of 2, appointed by the Joint Committee from existing non-officer members of the seven LHBs.

8 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009, 5(1) and Welsh Health Specialised Services Committee (Wales) Regulations 2009, Part 2
9 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(1) & 4(2)
10 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(3)

Chief Executives

1.2.3 A total of 7, drawn from each Local Health Board in Wales.

Officer Members [known as WHSST Directors]

1.2.4 A total of 4, appointed by the Joint Committee, consisting of a Director of Specialised and Tertiary Services[11]; a Medical Director of Specialised and Tertiary Services; a Finance Director of Specialised and Tertiary Services, and a Nurse Director of Specialised and Tertiary Services. These officer members may have other responsibilities as determined by the Joint Committee and set out in the scheme of delegation to officers. These officer members comprise the Management Team.

1.2.5 Where a post of WHSST Director is shared between more than one person because of their being appointed jointly to a post:

i. Either or both persons may attend and take part in Joint Committee meetings;
ii. If both are present at a meeting they shall cast one vote if they agree;
iii. In the case of disagreement no vote shall be cast; and
iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

1.2.6 The following Associate Members will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:

- Chief Executive of Velindre NHS Trust
- Chief Executive of the Welsh Ambulance Services NHS Trust
- Chief Executive of Public Health Wales NHS Trust.

In attendance

1.2.7 The Joint Committee Chair may invite other members of the WHSST or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

Use of the term 'Independent Members'

1.2.8 For the purposes of these WHSSC SOs, use of the term 'Independent Members' refers to the following voting members of the Joint Committee:

11 The Director of Specialised and Tertiary Services is also known as the Managing Director of Specialised and Tertiary Services Commissioning

- Chair
- Vice-Chair
- Non-Officer Members

unless otherwise stated.

1.3 Member Responsibilities and Accountability

1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.

1.3.2 Independent Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.

1.3.3 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

1.3.4 The Chair is responsible for the effective operation of the Joint Committee:

- Chairing Joint Committee meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with WHSSC SOs; and
- Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.

1.3.5 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.3.6 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

The Vice-Chair

1.3.7 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed[12].

1.3.8 The Vice-Chair is accountable to the Chair for their performance as Vice Chair.

Non-Officer Members

1.3.9 Non-Officer members are accountable to the Chair for their performance as Non-Officer members.

WHSST Director of Specialised and Tertiary Services

1.3.10 The WHSST Director of Specialised and Tertiary Services (Lead Director), as head of the Management Team reports to the Chair and is responsible for the overall performance of the WHSST. The Lead Director is accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee. The Lead Director is also accountable to the Chief Executive of the host LHB in respect of the administrative arrangements supporting the operation of the team.

WHSST Directors (excluding the WHSST Director of Specialised and Tertiary Services)

1.3.11 The Medical Director of Specialised and Tertiary Services, the Finance Director of Specialised and Tertiary Services, and the Nurse Director of Specialised and Tertiary Services are accountable to the Joint Committee and the Chief Executive of the host LHB through the Lead Director.

1.4 Appointment and tenure of Joint Committee members

1.4.1 The ***Chair,*** shall be appointed by the Minister for Health and Social Services for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term[13].

1.4.2 The ***Vice-Chair*** and two other ***Independent Members*** shall be appointed by the Joint Committee from existing Independent Members of the seven

12 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 3, Regulation 13
13 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term[14].

1.4.3 The appointment process for the Vice Chair and the two other Independent Members shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:

- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
- That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
- Potential conflicts of interest are kept to a minimum.

1.4.4 The ***WHSST Directors*** shall be appointed by the Joint Committee[15], and employed by the host LHB in accordance with the eligibility requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the employment policies of the host LHB, as appropriate. The appointments process shall be in accordance with the workforce policies and procedures of the host LHB and any directions made by the Welsh Ministers.

1.4.5 WHSST Directors tenure of office as Joint Committee members will be determined by their contract of employment.

1.4.6 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they are applicable, and as specified in the relevant regulations. Any member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office[16].

2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS[17]

2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally

14 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7
15 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 4(3)
16 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 6,7,8 and 11
17 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009 3(4)

accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.

2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of specialised services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the WHSST acts in accordance with its administrative policies and procedures.

2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.

2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.

2.0.5 The LHB Chairs *[through the lead Chair]* shall put in place arrangements to meet with the Joint Committee Chair on a regular basis to discuss the Joint Committee's activities and operation.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

3.0.1 Within the framework approved by each LHB Board and set out within these WHSSC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.

3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

i. Schedule of matters reserved to the Joint Committee;
ii. Scheme of delegation to joint sub-Committees and others; and
iii. Scheme of delegation to Officers.

all of which must be formally adopted by the Joint Committee.

3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

3.1 Chair's action on urgent matters

3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.

3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Lead Director has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or another WHSST Director acting on behalf of the Lead Director will take a decision on the urgent matter, as appropriate.

3.2 Delegation to joint sub-Committees and others

3.2.1 The Joint Committee shall agree the delegation of any of its functions to joint sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers.

3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted or to others.

3.3 Delegation to Officers

3.3.1 The Joint Committee will delegate certain functions to the Lead Director. For these aspects, the Lead Director, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Lead Director will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.

3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Lead Director may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.

3.3.3 Individual Directors are in turn responsible for delegation within their own teams in accordance with the framework established by the Lead Director

and agreed by the Joint Committee.

4. JOINT SUB-COMMITTEES

4.0.1 In accordance with WHSSC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

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

4.0.3 The Joint Committee shall establish a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum, it shall establish joint sub-Committees which cover the following aspects of Joint Committee business:

- Quality and Safety
- Audit

4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own joint sub-Committees or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).

4.0.5 Full details of the joint sub-Committee structure established by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in Annex 3 of these WHSSC SOs.

4.0.6 Each joint sub-Committee established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;

- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.

4.0.8 The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the joint sub-Committee's defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set in WHSSC Standing Order 4.0.9) or others.

4.0.9 WHSST Directors or officers should not normally be appointed as joint sub-Committee Chairs, nor should they be appointed to serve as members on any committee set up to review the exercise of functions delegated to officers. Designated WHSST Directors or officers shall, however, be in attendance at such joint sub-Committees, as appropriate.

4.1 Other Groups

4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

4.2 Reporting activity to the Joint Committee

4.2.1 The Joint Committee must ensure that the Chairs of all joint sub-Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint sub-Committee Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

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

5. EXPERT PANEL AND OTHER ADVISORY GROUPS

5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in Annex 4 of the WHSSC SOs.

5.0.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.0.3 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

5.1 Reporting activity

5.1.1 The Joint Committee shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Expert Panel or Advisory Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.1.2 Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has

established.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

6.2 Working with Llais ~~Community Health Councils~~

6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs in relation to the engagement and involvement of Llais in their operations.

6.2.2 The 2020 Act places a statutory duty on LHBs to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and

considered.

The Statutory Guidance on Representations made by the Citizen Voice Body can be found at https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf

6.2.3 The 2020 Act also places a statutory duty on LHBs to make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. LHBs must also have regard to the Code of Practice on access to premises when it comes into effect in June 2023.

6.2.4 The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning and commissioning services.

6.2.1 The Joint Committee shall make arrangements ensure arrangements are in place to engage and co-operate liaise with CHC members representatives of Llais as appropriate.

~~6.2~~6.3 Annual Plan of Committee Business

6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.

6.3.2 The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.

6.3.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of joint sub-Committees, Expert Panel and Advisory Groups.

6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisation's website.

~~6.3~~6.4 Calling Meetings

6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time.

Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

~~6.4~~6.5 Preparing for Meetings

Setting the agenda

~~6.4.1~~6.5.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Lead Director, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.

~~6.4.2~~6.5.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of Joint Committee business.

Notifying and equipping Joint Committee members

~~6.4.3~~6.5.3 Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 10[18] calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.

~~6.4.4~~6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within

18 See Schedule 3, 2(3) of the LHB (Constitution, Membership and Procedures) Regulations 2009

it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.

~~6.4.5~~6.5.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

~~6.4.6~~6.5.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

~~6.4.7~~6.5.7 Except for meetings called in accordance with WHSSC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

- On each LHB's website, together with the papers supporting the public part of the Agenda; as well as
- Through other methods of communication as set out in the Joint Committee's communication strategy.

~~6.4.8~~6.5.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

~~6.5~~6.6 Conducting Joint Committee Meetings

Admission of the public, the press and other observers

6.6.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services;

and should have appropriate facilities to maximise accessibility.

6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible[19]. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting a WHSST officer or a patient. In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

> *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].*

6.6.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

6.6.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.6.5 In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups

6.6.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups, and may change, alter or vary these terms

19 Schedule 3, 8 of the LHB(Constitution, Membership and Procedures) Regulations 2009

and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Community Health Councils) and to demonstrate openness and transparency in the conduct of business.

Chairing Joint Committee Meetings

6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice-Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.

6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

6.6.10 At least 8 voting members, at least 4 of whom are LHB Chief Executives and 2 are Independent Members, must be present to allow any formal business to take place at a Joint Committee meeting.

6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

6.6.12 If the Lead Director or another WHSST Director is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g., a person deputising for the Lead Director will usually be another WHSST Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

6.6.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their deputy disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

6.6.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member and seconded by another Joint Committee member (including the Joint Committee Chair).

6.6.15 **Proposing a formal notice of Motion –** Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee's business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.6.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.

6.6.17 **Amendments –** Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

6.6.18 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion

becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.6.19 **Motions under discussion –** When a motion is under discussion, any Joint Committee member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Joint Committee member may not be heard further;
- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.20 **Rights of reply to motions –** The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.21 **Withdrawal of Motion or Amendments –** A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.6.22 **Motion to rescind a resolution –** The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

6.6.23 A Motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a joint sub-Committee/WHSSC Director to which a matter has been referred.

Voting

6.6.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may

not vote in any meetings or proceedings of the Joint Committee.

6.6.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the Chairs of the LHB's Advisory Groups.

6.6.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.27 A nominated deputy of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of a WHSST member vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

~~6.6~~6.7 Record of Proceedings

6.7.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.7.2 Agreed minutes shall be circulated in accordance with Joint Committee members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act, the Joint Committee's Communication Strategy and the host LHB's Welsh language requirements.

~~6.7~~6.8 Confidentiality

6.8.1 All Joint Committee members (including Associate Members), together with members of any joint sub-Committee, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant joint sub-Committee or group, as appropriate, and in accordance

with any other requirements set out elsewhere, e.g., in contracts of employment, within the WHSSC Values and Standards of Behaviour (including Gifts and Hospitality) Policy or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, WHSST officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the WHSSC SOs.

7.1 Declaring and recording Joint Committee members' interests

7.1.1 **Declaration of interests –** It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.

7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.

7.1.3 **Register of interests –** The Lead Director, through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.

7.1.4 The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This may include publication on the Joint Committee's website.

7.1.6 **Publication of declared interests in Annual Report –** Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

7.2 Dealing with Members' interests during Joint Committee meetings

7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the Joint Committee and as a member of the Board of an LHB that provides specialised and tertiary services.

7.2.2 Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary, before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:

i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint Committee's discussion and decision, including voting.

ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;

iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;

iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.

7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice-Chair, on behalf of the Joint Committee.

7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 **Members with pecuniary (financial) interests –** Where a Joint Committee member, or any person they are connected with[20] has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

7.2.8 **The Local Health Boards (Constitution, Membership and Procedures) Wales Regulations 2009** define 'direct' and 'indirect' pecuniary interests

[20] In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

and these definitions always apply when determining whether a member has an interest. The WHSSC SOs must be interpreted in accordance with these definitions.

7.2.9 **Members with Professional Interests –** During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

7.3 Dealing with officers' interests

7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Lead Director, establishes and maintains a system for the declaration, recording and handling of WHSST officers' interests in accordance with the Values and Standards of Behaviour Framework.

7.4 Reviewing how Interests are handled

7.4.1 The Joint Committee's Audit Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts,[21] hospitality and sponsorship

7.5.1 The Standards of Behaviour (including Gifts and Hospitality) Policy adopted by the Joint Committee prohibits Joint Committee members and WHSST officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or WHSST officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or WHSST officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary

[21] The term gift refers also to any reward or benefit.

as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;

- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;

- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);

- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and

- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

7.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

7.6.2 All sponsorship must be approved prior to acceptance in accordance with the WHSSC Values and Standards of Behaviour (including Gifts and Hospitality) Policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, Hospitality and Sponsorship

7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Joint Committee members. WHSST Directors will adopt a similar mechanism in relation to WHSST officers working within their areas.

7.7.2 Every Joint Committee member and WHSST officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Lead Director, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.

7.7.3 When determining what should be included in the register with regard to gifts and hospitality, individuals must apply the following principles, subject to the considerations in WHSSC Standing Order 7.5:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.

- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate[22]' hospitality need not be included in the Register.

7.7.4 Joint Committee members and WHSST Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,

[22] Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

8.2 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups

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

8.2.2 Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Committee Development Programme, as part of an overall Organisation Development framework; and
- Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.3 External Assurance

8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.

8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.

8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

9.0.1 Taking account of the arrangements set out within these WHSSC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service

providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.

9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

9.0.3 The Joint Committee shall ensure that within the WHSST, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.1 Support to the Joint Committee

9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee;
- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;
- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and
- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

10. REVIEW OF STANDING ORDERS

10.0.1 The WHSSC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in WHSSC SOs, including the appropriate impact assessment.

Annex 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Introduction

As set out in WHSSC Standing Order 3, the Welsh Health Specialised Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

i. A sub-Committee of the Joint Committee, e.g., Audit Committee;

ii. A Group, Expert Panel or Advisory Group , e.g., with other LHBs established to take forward certain matters relating to specialist services; and

iii. Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to sub-Committees or sub-Groups and others; and
- Scheme of delegation to officers.

all of which form part of the WHSSC's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in WHSSC SOs or WHSSC SFIs*
- *The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management*
- *Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*
- *The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*
- *The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out*
- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*
- *The Joint Committee may delegate authority to act, but retains overall responsibility and accountability*
- *When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.*

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Joint Committee

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Lead Director

The Lead Director will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Lead Director will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in WHSSC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Lead Director may re-assume any of the powers they have delegated to others at any time.

The Committee Secretary

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Lead Director of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Lead Director is absent their nominated Deputy may exercise those powers delegated to the Lead Director on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Lead Director or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE[23]

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
1	FULL	GENERAL	The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with WHSSC SOs
2	FULL	GENERAL	The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are detailed below:
3	FULL	GENERAL	Approve the Joint Committee's Governance Framework
4	FULL	OPERATING ARRANGEMENTS	Vary, amend and recommend for approval to the Boards of the Local Health Boards: ▪ WHSSC SOs ; ▪ WHSSC SFIs; ▪ Schedule of matters reserved to the Joint Committee; ▪ Scheme of delegation to sub-Committees and others; and ▪ Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers.
5	FULL	OPERATING	Ratify any urgent decisions taken by the Chair and the Lead Director in accordance

[23] Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

		ARRANGEMENTS	with WHSSC Standing Order requirements
6	NO – Nominated Audit Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Committee Secretary on any non-compliance with WHSSC Standing Orders, making proposals to the Joint Committee on any action to be taken.
7	FULL	OPERATING ARRANGEMENTS	Receive report and proposals regarding any non-compliance with WHSSC Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's Values and Standards of Behaviour framework
9	NO - Chair on behalf of Joint Committee, Vice-chair on behalf of Joint Committee if Chair is declaring interest	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Joint Committee members' interests, in accordance with advice received, e.g. From Audit Committee or Committee Secretary.
10	FULL	STRATEGY & PLANNING	Determine the long term strategic plan for the development of specialised services and tertiary services in Wales, in conjunction with Welsh Ministers.
11	FULL	STRATEGY & PLANNING	Approve the Joint Committee's key strategies and programmes related to: ▪ Population Health Needs Assessment and Commissioning Plan

			▪ The development and delivery of patient and population centred specialised and tertiary services for the population of Wales ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
12	FULL	STRATEGY & PLANNING	Approve the Joint Committee's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
13	FULL	STRATEGY & PLANNING	Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
14	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's framework and strategy for performance management.
15	FULL	STRATEGY AND PLANNING	Approve the LHBs framework and strategy for risk and assurance
16	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with Putting Things Right and health and safety requirements.
17	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by Welsh Government, regulators, professional bodies/others, e.g., National Institute of Health and Care Excellence (NICE)
18	FULL	STRATEGY & PLANNING	Approve the Joint Committee's patient, public, staff, partnership and stakeholder engagement and co-production.
19	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines

			it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities
20	FULL	ORGANISATION STRUCTURE & STAFFING	Appointment, appraisal, discipline and dismissal of the officer members of the Joint Committee (Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions.
21	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Joint Committee level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Committee Secretary.
22	FULL	ORGANISATION STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the Joint Committee's top level organisation structure and Joint Committee policies
24	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Joint Committee sub-Committees, including any joint sub-Committees directly accountable to the Joint Committee
25	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the Joint Committee
26	FULL	ORGANISATION STRUCTURE &	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups

		STAFFING	
27	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the standing orders and terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the Joint Committee
28	FULL – except where Chapter 6 specifies appropriate to delegate to Officers.	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
29	FULL – except where Chapter 6 specifies appropriate to delegate to Officers.	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Lead Director and officers
30	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the Joint Committee
31	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Lead Director set out in the WHSSC SFIs
32	FULL	PERFORMANCE & ASSURANCE	Approve the Joint Committee's audit and assurance arrangements

33	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Joint Committee's WHSST Directors on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
34	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Joint Committee's sub-Committees, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans
35	FULL	PERFORMANCE & ASSURANCE	Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
36	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans
37	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Joint Committee's external auditor and approve action required, including improvement plans
38	FULL	PERFORMANCE & ASSURANCE	Receive assurance regarding the Joint Committee's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
39	FULL	REPORTING	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required.
40	FULL	REPORTING	Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE-CHAIR AND INDEPENDENT MEMBERS			
	Chair		Chair of the Integrated Governance Committee
	Independent Member or Vice-Chair		Audit Lead
	Independent Member or Vice-Chair		Chair of the Quality and Patient Safety Committee

DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS[24]

WHSSC Standing Order 3 provides that the Joint Committee may delegate powers to sub-Committees and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

- Audit & Risk Committee (of the host organisation)
- Quality and Patient Safety Committee
- Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Integrated Governance Committee
- Welsh Kidney Network (WKN)
- Management Group

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Committee terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to sub-Committees.

[24] As defined in Standing Orders.

SCHEME OF DELEGATION TO WHSST DIRECTORS AND OFFICERS

The WHSSC SOs and WHSSC SFIs specify certain key responsibilities of the Lead Director, the Director of Finance and other officers. The Lead Director's Job Description sets out their specific responsibilities, and the individual job descriptions determined for other WHSST Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the WHSSC SFIs form the basis of the Joint Committee's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Agreeing and signing Health Care Agreements and Contracts with service providers for health care services	Lead Director Director of Finance (Deputy)
Approval to commission Specialist healthcare services	Lead Director
Information Governance arrangements	Committee Secretary (in conjunction with the host LHB)
Management of Concerns	Director of Nursing & Quality Assurance
Health and Safety arrangements	Lead Director/ Committee Secretary (in conjunction with the host LHB)
Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with government directions.	Chair/ Lead Director Director of Finance (Deputy)
Issuing tenders and post tender negotiations.	Lead Director Director of Finance (Deputy)
Legal advice	Committee Secretary

Action on litigation	Lead Director/ Committee Secretary
Operation of detailed financial matters, including bank accounts and banking procedures	Director of Finance (in conjunction with the host LHB Director of Finance)
Workforce	Committee Secretary
Public consultation	Lead Director
Manage central reserves and contingencies	Director of Finance
Management and control of stocks other than pharmacy stocks	Lead Director
Management and control of computer systems and facilities	Committee Secretary
Monitor and achievement of management cost targets	Lead Director
Recording of payments under the losses and compensation regulations	Director of Finance
Individual Patient Funding Requests	Director of Nursing & Quality Assurance
Approve and ensure the publication of non-statutory Annual Report	Lead Director
Welsh Kidney Network (WKN)	Programme Director

This scheme only relates to matters delegated by the Joint Committee to the Lead Director and other WHSST Directors, together with certain other specific matters referred to in WHSSC SFIs.

Each WHSST Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Joint Committee framework

The Joint Committee's governance and accountability framework comprises these WHSSC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- ***WHSSC SFIs***
- ***Values and Standards of Behaviour Framework***
- ***Risk Management Strategy***
- ***Key policy documents***

agreed by the Joint Committee. These documents must be read in conjunction with the WHSSC SOs and will have the same effect as if the details within them were incorporated within the WHSSC SOs themselves.

These documents may be accessed from the Committee Secretary by written request.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/.Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

Annex 3

JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Management Group

Quality & Patient Safety Committee

Integrated Governance Committee

Welsh Kidney Network (WKN)

Annex 4

ADVISORY GROUPS AND EXPERT PANELS TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Annex 2.1

STANDING FINANCIAL INSTRUCTIONS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders and the Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).

Foreword

These Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. These WHSSC Standing Financial instructions (WHSSC SFIs) are an annex to the WHSSC Standing Orders (WHSSC SOs) which form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of a schedule of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and WHSSC Standing Orders, they provide the regulatory framework for the business conduct of the WHSSC.

These documents, together with a written Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg LHB (the host LHB), form the basis upon which the WHSSC's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Joint Committee members, host LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these WHSSC Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The WHSSC's Committee Secretary or the Director of Finance will be able to provide further advice and guidance on any aspect of the WHSSC SFIs or the wider governance arrangements for WHSSC. Further information on governance in the NHS in Wales may be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/

Contents

Welsh Health Specialised Services Committee

1. INTRODUCTION

1.1 General

1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. The Standing Financial Instructions shall apply equally to members and officers of the Joint Committee.

1.1.2 **These SFIs shall have effect as if incorporated in the WHSSC Standing Orders (SOs) (incorporated as Schedule 2.1of SOs), and both should be used in conjunction with the host LHB's SOs and SFIs**.

1.1.3 These SFIs detail the financial responsibilities, policies and procedures adopted by WHSSC. They are designed to ensure that the WHSSC's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Committee and the Scheme of delegation adopted by the WHSSC.

1.1.4 These SFIs identify the financial responsibilities which apply to everyone working for the Joint Committee, including its joint sub-Committees, staff of the host LHB and staff of WHSST. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes. All financial procedures must be approved by the Finance Director of Specialised and Tertiary Services (and referred to as the Director of Finance within these SFIs) and Audit Committee that deals with WHSSC matters.

1.1.5 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Committee Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the WHSSC SOs.

1.2 Overriding Standing Financial Instructions

1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Committee Secretary, who will ask the Audit Committee that deals with WHSSC matters to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members, members of joint sub-Committees, host LHB staff and WHSST staff have a duty to report any non compliance to the Director of Finance and the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported.

1.2.2 Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Joint Committee.

1.3 Financial provisions and obligations of LHBs and the WHSSC

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Joint Committee exists for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national All-Wales basis, on behalf of each of the seven LHBs in Wales. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. The Joint Committee must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the Joint Committee to plan and secure those services, including the running costs of WHSS. The Joint Committee will prepare an Integrated Medium Term Plan (IMTP) which shall outline the funding requirements in relation to the Relevant Services. The Joint Committee will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to any variation from the agreed Integrated Medium Term Plan.

2. RESPONSIBILITIES AND DELEGATION

2.1 The Joint Committee

2.1.1 The Joint Committee via WHSST exercises financial supervision and control by:

a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);

b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding;

c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and

d) Defining specific responsibilities placed on Joint Committee members and officers, and joint sub-Committees, as indicated in the Scheme of delegation document.

2.1.2 The Joint Committee has adopted the WHSSC SOs and resolved that certain powers and decisions may only be exercised by the Joint Committee in formal session. These are set out in the 'Schedule of matters reserved to the Joint Committee' section of the WHSSC SOs. The Joint Committee, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of WHSSC may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated in accordance with the 'Scheme of delegation' schedules in the WHSSC SOs.

2.2 The Managing Director and Director of Finance

2.2.1 The Managing Director and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Managing Director is ultimately accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee; and is also accountable to the host Chief Executive in respect of the administrative arrangements supporting the operation of the WHSST by ensuring that the Joint Committee meets its obligation to perform its functions within the available financial resources. The Managing Director has overall executive responsibility for WHSST's activities; is responsible to the Chair and the Joint Committee for ensuring that financial obligations and targets are met; and has overall responsibility for the WHSST's system of internal control.

2.2.3 It is a duty of the Managing Director to ensure that Joint Committee members, staff and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

a) Implementing the Joint Committee's financial policies and for co-coordinating any corrective action necessary to further these policies;

b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

c) Ensuring that sufficient records are maintained to show and explain the Joint Committee's transactions, in order to disclose, with reasonable accuracy, the financial position of the Joint Committee at any time; and

d) Without prejudice to any other functions of the Joint Committee, and employees of the host LHB and WHSST, the duties of the Director of Finance include:

(i) The provision of financial advice to other members of the Joint Committee, joint sub-Committees, Advisory Groups and officers;
(ii) The design, implementation and supervision of systems of internal financial control; and
(iii) The preparation and maintenance of such accounts, certificates, estimates, records and reports as the Joint Committee may require for the purpose of carrying out its statutory duties.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 Joint Committee members and officers, and joint sub-Committees

2.4.1 All members of the Joint Committee, its joint sub-Committees, employees of the host LHB (including those employed to perform WHSST functions), severally and collectively, are responsible for:

a) The security of the property of the Joint Committee and host LHB;

b) Avoiding loss;

c) Exercising economy and efficiency and sustainability in the use of

resources; and

d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Joint Committee members and officers, and joint sub-Committees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Joint Committee, joint sub-Committee and officers discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the host LHB to commit the Joint Committee to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Managing Director to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which the Joint Committee ensures effective internal control arrangements are in place. In addition, the Audit Committee that deals with WHSSC matters provides a form of independent check upon the executive arm of the Joint Committee. Detailed terms of reference and operating arrangements for the Audit Committee that deals with WHSSC matters are set out in Annex 3 to the WHSSC SOs. This Audit Committee will follow the guidance set out in the NHS Wales Audit Committee Handbook**.**

~~http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf~~

NHS Wales Audit Committee Handbook

3.2 Chief Executive

3.2.1 As Chief Executive of the host LHB, the Chief Executive is responsible for:

a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;

b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Joint Committee. The report must cover:

- A clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards;
- Major internal financial control weaknesses discovered;
- Progress on the implementation of Internal Audit recommendations;
- Progress against plan over the previous year;
- A strategic audit plan covering the coming three years; and
- A detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

b) Access at all reasonable times to any land or property owned or leased by the host LHB;

c) Access at all reasonable times to Joint Committee members and employees

of the host LHB and WHSST;

d) The production of any cash, stores or other property of the host LHB under a Joint Committee member or WHSSC official's control; and

e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within a Public Sector Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Internal Audit Standards. Standing Order 9.1 (of the host LHB's SOs) details the relationship between the Head of Internal Audit and the Joint Committee. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Annex 3 of the WHSSC SOs, and the Audit Committee Handbook.

3.3.2 The Chief Executive shall ensure that the annual plan of the Internal Auditor gives due regard to the activities of the Joint Committee in order to inform the audit opinion and the overall internal controls system.

3.4 External Audit

3.4.1 The Joint Committee is not itself a statutory body but is hosted by the host LHB on behalf of the seven LHBs in Wales.

3.4.2 The financial results of the Joint Committee will be separately identified when consolidated into the financial statements of the host LHB and therefore the host LHB must ensure that the Auditor General's representative, give due regard to the transactions and financial affairs of the Joint Committee, in its plan.

3.4.3 More detailed information about the purpose and responsibilities of external audit can be found in section 3.4 of the host LHB's SFIs.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, the Managing Director and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 The Managing Director and Director of Finance shall report to the Joint Committee and the host LHB's Local Counter Fraud Specialist any matters relating to fraud or corruption.

3.5.3 More detailed information about counter fraud can be found in section 3.5 of the host LHB's SFIs.

3.6 Security Management

3.6.1 Security matters are the responsibility of the Chief Executive of the host LHB but the Managing Director will ensure that adequate processes are in place to comply with the requirements.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

4.1.1 As the Joint Committee exists for the purpose of jointly exercising functions on behalf of each of the seven LHBs in Wales it must be cognisant of the Local Health Boards two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts." They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it of its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers

4.1.2 The details and requirements for the two duties for LHBs are set out in the Welsh Health Circular "WHC/2015/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."

~~http://www.wales.nhs.uk/sitesplus/documents/863/12b%29%20Statutory%20Duties%20of%20Welsh%20Health%20Boards.pdf~~

4.2 First Financial Duty – The Breakeven Duty

4.2.1 WHSSC has a duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years, that is to breakeven over a 3-year rolling period.

4.2.2 In accordance with the WHSSC SOs, the Joint Committee must agree the appropriate level of funding required from each LHB to fulfil its obligations. This will include the running costs of WHSST and will be separately identifiable.

4.2.3 WHSST must ensure the Joint Committee approve balanced revenue and capital plans in line with their notified funds before the start of each financial year. Each LHB will be required to make available to the Joint Committee the level of funds approved in the balanced plans which shall be drawn down in cash on a monthly basis from each of the LHBs as proposed by the Director of Finance and agreed by the Joint Committee.

4.2.4 The Director of Finance will:

a) Prior to the start of each financial year submit to the Joint Committee for approval a report showing the total funding to be received, including assumed in-year funding adjustments, and their proposed distribution to delegated budgets, including any sums to be held in reserve;

b) Be responsible for the development and operation of the risk sharing framework for any in year variations from the Medium Term Financial Plan. The Director of Finance will also provide monthly reports to the Joint Committee explaining any variations from the Integrated Medium Term Plan and the contributions from each of the LHB under this framework. In cases where the performance report highlights an adverse variance to the Integrated Medium Term Plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a financially balanced position is maintained. In cases where the performance report highlights a favourable variance to the Integrated Medium Term Plan the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement;

c) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;

d) Periodically review any assumed in-year funding to ensure that these are reasonable and realistic; and

e) Regularly update the Joint Committee on significant changes to the initial funding and the application of such funds.

4.2.5 The Chief Executive of the host LHB is not responsible for the outturn of WHSSC – this is the responsibility of the Joint Committee. Any variations to the Medium Term Financial Plan must be managed by the Joint Committee in accordance with the approved risk sharing framework. Each LHB will be responsible for its share under this risk sharing framework, and any consequent impact on their own LHB First Financial Duty.

4.3. **Second Financial Duty – The Planning Duty**

4.3.1 Health Boards have a statutory duty under section 175(2A) of the National Health Service (Wales) Act 2006 to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.3.2 To support the LHBs statutory duty the Joint Committee has a duty to prepare an Integrated Medium Term Plan. The Integrated Medium Term Plan(IMTP) must reflect longer-term planning and delivery objectives for the ongoing development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers. The Integrated Medium Term Plan should be continually reviewed based on latest Welsh Government policy and national and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

~~https://gov.wales/sites/default/files/publications/2019-09/nhs-wales-planning-framework-2020-23%20.pdf~~

4.3.3 The NHS Planning Framework directs NHS organisations to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must:

- describe the context, including population health needs, within which the Joint Committee will deliver key policy directives and operational targets from Welsh Government,
- demonstrate how the Joint Committee are:
  - delivering their well-being objectives, including how the five ways of

working have been applied,
- contributing to the seven Well-being Goals,
- establishing preventative approaches across all care and services,

- demonstrate how the Joint Committee will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services,
- demonstrate how the three-year rolling financial breakeven duty is to be achieved.

4.3.4 Integrated Medium Term Plans should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium Term Plan(including a balanced Medium Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.

4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the Joint Committee's response to delivering the

- NHS Planning Framework,
- Quality, governance and risk frameworks and plans, and
- Outcomes Framework

4.3.6 The Integrated Medium Term Plan will be developed in line with the Integrated Planning Framework and include:

- A statement of significant strategies and assumptions on which the plans are based;
- Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
- Profiled activity, service, quality, workforce and financial schedules
- Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures;

4.3.7 The Joint Committee will:

a) Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;

b) Develop national policies for the equitable access to safe and sustainable,

high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level; and

c) Agree annually those services that should be planned on a national basis and those that should be planned locally.

4.3.8 The Managing Director has overall executive responsibility to develop and submit to the Committee, on an annual basis, the rolling 3 year Integrated Medium Term Plan. The Committee approved Integrated Medium Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set out in the Integrated Planning Framework.

4.3.9 The Joint Committee will:

a) Approve the Integrated Medium Term Plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Committee approval the Plan will be submitted to Local Health Boards and Welsh Government prior to the beginning of the financial year of implementation;
b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements;
c) Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
d) Prepare and agree with the Local Health Boards a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the Committee plan is not in place or in balance.

4.3.10 The development, submission and approval of the Integrated Commissioning Plan will discharge the Joint Committee's Integrated Medium Term Plan responsibilities.

5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1 Budget Setting

5.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Managing Director, prepare and submit budgets for approval and delegation by the Joint Committee. Such budgets will:

a) Be in accordance with the aims and objectives set out in the Joint Committee Integrated Medium Term Plan, and Medium Term Financial Plan, and focussed on delivery of improved population health, safe patient centred quality services;

b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the Joint Committee approved balanced IMTP;

c) Take account of approved business cases and associated revenue costs and funding;

d) Be produced following discussion with appropriate Directors and budget holders;

e) Be prepared within the limits of available funds;

f) Take account of ring-fenced, specified and non-recurring allocations and funding;

g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents);

h) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and

i) Identify potential risks and opportunities.

5.2 Budgetary Delegation

5.2.1 The Managing Director may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

a) The amount of the budget;
b) The purpose(s) of each budget heading;
c) Individual or committee responsibilities;
d) Arrangements during periods of absence;
e) Authority to exercise virement;

f) Achievement of planned levels of service; and
g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

5.2.2 The Managing Director, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Joint Committee.

5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Managing Director, subject to any authorised use of virement.

5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Managing, as advised by the Director of Finance.

5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.

5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.

5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

5.3 Financial Management, Reporting and Budgetary Control

5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Joint Committee meeting. Any significant variances should be reported to Joint Committee as soon as they come to light and the Joint Committee shall be advised on any action to be taken in respect of such variances.

5.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:

a) Regular financial reports, for revenue and capital, to the Joint Committee in a form approved by the Joint Committee containing sufficient information for the Joint Committee to:
- Understand the current and forecast financial position

- Evaluate risks and opportunities
- Use insight to make informed decisions
- Be consistent with other Board reports, and as a minimum the reports will cover:
  - Details of variations from the medium term financial plan showing the contributions to be made by each LHB under the risk sharing framework;
  - Actual income and expenditure to date compared to budget and showing trends and run rates;
  - Forecast year end positions;
  - A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
  - Explanations of material variances from plan;
  - Capital expenditure and projected outturn against plan;
  - Investigations and reporting of variances from financial, activity and workforce budgets;
  - Details of any corrective action being taken as advised by the relevant budget holder and the Managing Director's and/or Director of Finance's view of whether such actions are sufficient to correct the situation,;
  - Statement of performance against savings targets;
  - Key workforce and other cost drivers;
  - Income and expenditure run rates, historic trends, extrapolation and explanations; and
  - Clear assessment of risks and opportunities;
- Provide a rounded and holistic view of financial and wider organisational performance.

b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;

c) An accountability and escalation framework to be established for the organisation to formally address material budget variances;

d) Investigation and reporting of variances from financial, activity and workforce budgets;

e) Monitoring of management action to correct variances;

f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Managing Director subject to the Joint Committee's scheme of delegation;

b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement; and

c) No permanent employees are appointed without the approval of the Managing Director other than those provided for within the available resources and workforce establishment as approved by the Joint Committee.

5.3.5 The Managing Director is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Integrated Medium Term Plan and medium term financial plans.

5.4 Capital Financial Management, Reporting and Budgetary Control

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Managing Director is responsible for ensuring that the appropriate monitoring returns for the Joint Committee are submitted to the Welsh Ministers in accordance with published guidance and timescales.

~~https://gov.wales/health-boards-and-trusts-financial-monitoring-guidance-2019-2020-whc-2019013~~

5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Managing Director. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

5.5.3 All information made available to the Welsh Ministers should also be made available to the Joint Committee. There must be consistency between the medium term financial plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Joint Committee reports.

6. ANNUAL ACCOUNTS AND REPORTS

6.1 The Joint Committee is not a corporate body and does not therefore have a statutory duty to prepare annual accounts and reports

6.2 However, the Joint Committee is hosted by the host LHB and therefore the Chief Executive of the host LHB is required to ensure that the financial results of the Joint Committee are consolidated into its own financial statements and disclosed as appropriate.

6.3 The Managing Director and Director of Finance shall be required to provide all relevant information, financial and non-financial, to the Chief Executive as he or she requires to enable the Chief Executive to fulfil his or her statutory reporting responsibilities.

7. BANKING ARRANGEMENTS

7.1 General

7.1.1 The Joint Committee is legally hosted by the host LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 7of the host LHB's SFIs.

8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

8.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any cash requirements for the Joint Committee is likely to be incidental to its main activities.

8.1.2 All aspect relating to the recording, handling and collection of cash will be the responsibility of the host LHB.

8.1.3 Further details of the processes and responsibilities can be found in section 8 of the host LHB's SFIs.

9. INCOME, FEES AND CHARGES

9.1 General

9.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any income generated by the Joint Committee is likely to be incidental to its main activities.

9.1.2 All aspect relating to the recording, handling and collection of income will be the responsibility of the host LHB.

9.1.3 Further details of the processes and responsibilities can be found in section 9 of the host LHB's SFIs.

10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

10.1.1 The Managing Director will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the Joint Committee's Scheme of Reservation and Delegation of Powers.

10.1.2 The Managing Director will set out in the operational scheme of delegation and authorisation:

a) The list of managers who are authorised to place requisitions for the supply of goods and services; and

b) The maximum level of each requisition and the system for authorisation above that level.

10.2 The Director of Finance's responsibilities

10.2.1 The Director of Finance will:

a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;

b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;

c) Ensure systems are in place for the authorisation of all accounts and claims;

d) Ensure Directors and officers strictly follow NHS Wales' system and procedures of verification, recording and payment of all amounts payable;

e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices;

f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed;

g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs; and

h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures.

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Director of Finance and that:

a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;

b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;

c) Contracts above specified thresholds are approved by Welsh Ministers prior to any commitment being made;

d) goods have been duly received, examined and are in accordance with specification and order;

e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;

f) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Joint Committee members or WHSST staff, other than:

(i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

(ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7. of the host LHB's SFIs.

g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Managing Director;

h) All goods, services, or works are ordered on official orders except works and services executed in accordance with a contract and purchases from petty cash;

i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

j) Goods are not taken on trial or loan in circumstances that could commit WHSSC to a future uncompetitive purchase;

k) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

10.3.2 The Managing Director and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. WHSSC must consult with NWSSP

Procurement Services, Director of Finance and Committee Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of WHSSC, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable.

10.6 Prepayments

10.3.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- It is in line with requirements of Managing Welsh Public Money;
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact;
- The prepayment is part of the routine cash flow system agreed by the Directors of Finance.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

a) The appropriate WHSST Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the host LHB or Joint Committee if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments;

b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold); and

c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Managing Director if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

11.1 Policies and procedures

11.1.1 The host LHB shall be responsible for all aspects of the procurement and non pay process on behalf of the Joint Committee. Further details can be found in section 11 of the host LHB's SFIs.

11.1.2 In particular, and where appropriate, the Joint Committee should follow the host LHB's SFIs with regards to obtaining consent to enter into contracts exceeding £1m and the monitoring arrangements for contracts below £1m. This is shown as Schedule 1 in the LHB SFI's.

11.2 Requisitioning

11.2.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Joint Committee. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

11.2.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with host LHB's SFI 11.11 thresholds.

11.2.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.3 No Purchase Order, No Pay

11.3.1 WHSSC will ensure compliance with the 'No Purchase Order, No Pay' policy. The All Wales policy was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.3.2 The new policy ensures that a purchase order is raised at the beginning of a purchase. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.4 Official orders

11.4.1 Official Orders must:

a) Be consecutively numbered; and

b) State the Joint Committee's terms and conditions of trade.

11.4.2 Official Orders will be issued on behalf of WHSSC by NWSSP Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Joint Committee will commission healthcare services for the resident population of all Local Health Boards, both from the LHB provided services, and from Trusts and other providers. The Managing Director is responsible for ensuring the Joint Committee enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services.

12.1.2 All Health Care Agreements, Individual Patient Commissioning Agreements and Contracts should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Managing Director should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to WHSSC by the Welsh Ministers.

12.2 Statutory provisions

12.2.1 The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. As WHSSC is hosted by the host LHB the Joint Committee will have the same responsibilities. In particular, the following sections are highlighted in relation to the statutory requirements of LHBs and therefore WHSSC for contracting with other bodies for the provision of health services:

- Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body;
- Section 9 sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Sections 32 makes provision in relation to services which can be provided

to Health Boards by local authorities;

- Section 33 enables the Welsh Ministers to make provision which enables Health Boards and Local Authorities to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Part 4 enables Health Boards to make arrangements for the provision of primary medical services;
- Part 5 enables Health Boards to make arrangements for the provision of primary dental services;
- Part 6 enables Health Boards to make arrangements for the provision of general ophthalmic services;
- Part 7 enables Health Boards to make arrangements for the provision of pharmaceutical services;
- Section 188 enables the Welsh Ministers to make provision which enables Health Boards and the prison service to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Section 194 sets out the Health Boards powers to make payments towards expenditure on community services; and
- Section 195 sets out the conditions for payment where expenditure proposed under section 194 is in connection with services to be provided by a voluntary organisation.

12.3 Reports to Committee on Health Care Agreements (HCAs)

12.3.1 The Managing Director will need to ensure that regular reports are provided to the Joint Committee detailing performance, quality and associated financial implications of all health care agreements. These reports will be linked to, and consistent with, other Committee reports on commissioning and financial performance.

12.4 Tendering for supply of health care services

12.4.1 Where the Joint Committee is required or elects to invite quotes or tenders for the supply of healthcare services, the host LHB's SFIs in relation to procurement shall apply in relation to such competitive exercises.

12.4.2 The procurement arrangements surrounding the provision of healthcare services is a complex area and as such legal advice must be secured where there is doubt over the applicability or not of applying competitive processes. Further guidance is provided in the host LHB's SFI, Annex A.

13. GRANT FUNDING

13.1 Policies and procedures

13.1.1 The host LHB shall be responsible for all aspects of the grant funding process on behalf of the Joint Committee. Further details can be found in section 13 of the host LHB's SFIs.

14. PAY EXPENDITURE

14.1 Appointments and Remuneration

14.1.1 Appointments to the Joint Committee shall be in accordance with section 1.4 of the WHSSC SOs and the Welsh Health Specialised Services Committee (Wales) Regulations 2009.

14.1.2 All other appointments or recruitments to WHSST and any remuneration or employment contract related matters shall be dealt with by the host LHB on behalf of the Joint Committee in accordance with the host LHB's own SOs and SFIs.

14.1.3 Further details of the host LHB's responsibilities can be found in section 14 of the host LHB's SFIs.

15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 General

15.1.1 Capital plans, and annual capital programmes, must be approved by the Joint Committee before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within capital finance resource limits.

15.1.2 Any capital plans, and capital investment and expenditure incurred, by the Joint Committee or WHSST shall be dealt with in accordance with section 15 of the host LHB's SFIs. This includes the recording and safeguarding of assets.

16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

16.1.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

16.1.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Managing Director and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Managing Director.

16.1.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the host LHB's Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.

16.1.5 The Director of Finance or the host LCFS must notify the Audit Committee dealing with WHSSC matters, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.

16.1.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:

a) The Audit Committee on behalf of the Joint Committee, and

b) An Auditor General's representative.

16.1.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the Joint Committee's and the host LHB's interests in bankruptcies and company liquidations.

16.1.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).

16.1.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in in Annex 3 of the WHSSC SOs.

16.1.10 For any loss or special payments, the Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

16.1.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.

16.1.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate, irrespective of the delegated limit.

16.1.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.

16.1.14 WHSSC must obtain the Health and Social Services Group Director General's approval for special severance payments.

17. DIGITAL, DATA and TECHNOLOGY

17.1 Digital Data and Technology

17.1.1 The Joint Committee and WHSST shall operate within the guidance set out in section 18 of the host LHB's SFIs.

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Executive

18.1.1 The Managing Director shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic

law considerations via the Data Protection Act 2018, and the Freedom of Information Act 2000 (c .36).

18.1.2 The records held in archives shall be capable of retrieval by authorised persons.

18.1.3 Records held in accordance with regulation shall only be destroyed at the express instigation of the Managing Director. Details shall be maintained of records so destroyed.