



Report Title	Sub-Committee Annual Reports 2022-2023	Agenda Item	3.10		
Meeting Title	Joint Committee	Meeting Date	16/05/2023		
FOI Status	Open				
Author (Job title)	Head of Corporate Governance				
Executive Lead (Job title)	Committee Secretary & Associate Director of Corporate Services				
Purpose of the Report	The purpose of this report is to present to the Joint Committee the Sub-Committee Annual Reports 2022-2023.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s):	Members are asked to: <ul style="list-style-type: none">• Note and receive the Sub-Committee Annual Reports 2022-23.				

SUB-COMMITTEE ANNUAL REPORTS 2022-2023

1.0 SITUATION

The purpose of this report is to present the Sub-Committee 2022-23 Annual Reports.

2.0 BACKGROUND

Model Standing Orders (SOs) are issued by Welsh Ministers to Local Health Boards (LHB) using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing SOs Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each LHB in Wales must agree SOs for the regulation of the Welsh Health Specialised Services Committee's (the WHSSC or the Joint Committee) proceedings and business¹. These WHSSC SOs (WHSSC SOs) form a schedule to each LHB's own SOs, 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.

The Joint Committee has established five joint sub-committees in the discharge of its functions:

- Integrated Governance Committee (IGC),
- The Quality & Patient Safety Committee (QPSC),
- The All Wales Individual Patient Funding Request (IPFR) panel,
- Welsh Renal Clinical Network (WRCN); and
- Management Group (MG).

Section 4.4.2 of the WHSSC Standing Orders state that:

"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."

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

3.0 ASSESSMENT

The relevant Sub-Committees have reviewed and approved the Annual Reports for the reporting period 1 April 2022 to 31 March 2023 and they are presented at **Appendices 1-5** for assurance. The annual reports set out the activities of each Sub-Committee during the reporting period.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** and **receive** the Sub-Committee Annual Reports 2022-2023.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Approval Process
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production
NHS Delivery Framework Quadruple Aim	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring Committees 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 are no financial/resource implications associated with 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.)	This report demonstrates compliance with the Model Standing Orders, Reservations and Delegation of Powers (SO's) which were last issued by WG in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).
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)	4 April 2023 - Welsh Renal Clinical Network (WRCN) Board - endorsed. 18 April 2023 - Quality & Patient Safety Committee - endorsed. 20 April 2023 - Individual Patient Funding Request Panel (IPFR) - endorsed. 27 April 2023 - Management Group - endorsed.

Appendices

Appendix 1 – Welsh Kidney Network Annual Report 2022-2023

Appendix 2 – Integrated Governance Committee Annual Report 2022-2023

Appendix 3 – Quality & Patient Safety Committee Annual Report 2022-2023

Appendix 4 – Individual Patient Funding Request Annual Report 2022-2023

Appendix 5 – Management Group Annual Report 2022-2022



GIG
CYMRU
NHS
WALES

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



Rhwydwaith Arennau Cymru
Welsh Kidney Network

Annual Report

2022-2023

Sub Committee Chair:
Report Approved by Sub Committee:

Ian Phillips
4 April 2023

WELSH KIDNEY NETWORK (WKN) ANNUAL REPORT 2022-2023

1. BACKGROUND / INTRODUCTION

1.1 Establishment of the WKN / WKN

The WKN, formerly known as the Welsh Renal Clinical Network (WKN), was established in 2009 by Welsh Assembly Government, with specialist commissioning and advisory responsibility for adult renal services in Wales. It was adopted as a subcommittee of WHSSC in 2011. The WKN is funded by the LHB's via WHSSC and manages a ring fenced commissioning and allocated funds budget of circa £79m on behalf of WHSSC. Renal services are the only specialist service to be clinically led by a national network of clinicians working collaboratively in Wales to provide clinical leadership, strategy and guidance.

The overall purpose of the WKN is improving the quality of the care of those people with or at risk from renal disease which was first outlined by National Service Framework (NSF) which defined evidence based standards for the planning, organisation and delivery of care for those with or at risk from renal disease. Whilst the principle requirements of the NSF remain, it has been superseded by the Renal Delivery Plan and its service specifications (2016) and now the extant document is the Quality Statement published by Welsh Government in November 2022 which outlines a cradle to grave approach.

1.2 Governance Framework

In line with section 4.2.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Welsh Kidney Network ("*the Sub-Committee*") is required to produce an Annual Report to the Joint Committee (JC) setting out how the Committee has met its Terms of Reference (ToR) during the financial year, setting out its activities during the year and detailing the results of a review of its performance.

The WKN is a non-statutory body and therefore obtains its authority and responsibility as delegated by the Local Health Boards (LHBs) through the JC.

This delegation provides the autonomy within an agreed framework for the officers of the WKN to carry out the duties required of them to manage and lead the planning and performance management of the renal service contracts. These roles are to be based on professional standards set by the Welsh Government (including the Renal Delivery Plan, Service Specifications and Quality Statement) and the renal professional groups such as the United Kingdom Kidney Association (UKKA), and will ensure a consistent and equitable approach across Wales.

The WKN is authorised by the JC to undertake all roles and activities within its terms of reference. In doing so, the WKN shall have the right to request information relevant to renal services of the relevant LHBs. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the Welsh Renal Clinical Network.

Fundamentally the WKN will be able to recommend the use of ring-fenced and allocated resources that have been identified as part of the phased resource-mapping process for renal services and the wider national exercise. Initially this included transplantation, dialysis, vascular access, Erythropoietin Stimulating Agents (ESAs) and dialysis transport. Immuno-suppressants for Renal Transplantation have since been added and commissioning of dialysis transport has been transferred to EASC although the WKN maintains a quality assurance role. With its central management team, the WKN manages the utilisation of ring-fenced funds on behalf of the WHSSC and in collaboration with the service providers.

The WKN also have the responsibility on behalf of the Welsh Government for overseeing the implementation of the renal standards (principally by reference to the Service Specifications and Quality Statement) by the LHBs for their populations. Included within this work will be to support LHBs, Clusters and practices in managing patients who may not require referral to a Nephrologist. WKN will need to engage with other Cardiovascular Disease clinicians and clinical networks to fulfil this role.

2. MEMBERSHIP

The Sub-Committee membership consists of the WKN Chair and Vice-Chair.

If the Chair is absent, the Vice-chair of the WKN will deputise.

The current membership is:

2.1 Membership

Member	Designation	Membership
Ian Phillips	Chair	1 April 2022-31 March 2023
Bethan Pettifer	Joint Chair of Health and Wellbeing Professionals group	11 January 2023-31 March 2023
Caroline Lewis	Welsh Government Representative	1 April 2022-31 March 2023
Caron Jones	Network Health & Wellbeing Professionals Reference Group (H&WPRG) Chair	1 April 2022-10 January 2023

Member	Designation	Membership
Clare Weekes	Joint Chair of Health and Wellbeing Professionals group	11 January 2023-31 March 2023
Dr Ash Mikhail	Network Clinical Lead for Quality and Patient Safety	1 April 2022-31 March 2023
Dr Clare Parker	Clinical Director SW Representative	1 April 2022-31 March 2023
Mr Michael Stephens	Clinical Director SE Representative	1 April 2022-31 March 2023
<i>No single clinical lead representative for North</i>		
Dr Gareth Roberts	Network Lead Clinician	1 April 2022-31 March 2023
Dr Helen Jefferies	Clinical Lead for Home Dialysis	1 April 2022-31 March 2023
Dr James Chess	Network Clinical Lead for IM and T	1 April 2022-31 March 2023
Gail Williams	Network Lead Nurse	1 April 2022-26 September 2022
Helen Harris	WKN Officer – Finance Lead	1 April 2022-31 March 2023
Iwan Bonds	Directorate Manager, North	1 April 2022-31 March 2023
Jennifer Holmes	WKN Officer - Renal Analyst	1 April 2022-31 March 2023
Jo Popham	Popham Kidney Support Reg No: 1160114 Patient Advocacy Groups representative	1 April 2022-31 March 2023
Jonathan Matthews	WKN Officer - Renal Coordinator	1 April 2022-31 March 2023
Karen Preece	Executive Director	6 December 2022-31 March 2023
Linzi Issac	Kidney Care UK Reg No: 270288 Patient Advocacy Groups representative	1 April 2022-31 March 2023
Mr Michael Stephens	Network Clinical Lead for Transplant and Vascular Access	1 April 2022-31 March 2023
No representative nominated	Community Health Council Representative	
No single representative nominated	Non-officer member LHB representative	
Prof Chris Brown	Network Clinical Lead for Pharmacy	1 April 2022-31 March 2023
Rachel Long	Directorate Manager, South East	1 April 2022-31 March 2023
Richard Davies	WKN Officer - Project Manager	1 April 2022-31 March 2023

Member	Designation	Membership
Ross Evans	Kidney Wales Charity Reg No:700396 Patient Advocacy Groups representative	1 April 2022-31 March 2023
Sarah Siddell	Directorate Manager, South West	1 April 2022-31 March 2023
Stuart Davies	WKN Executive Lead and Vice Chair	1 April 2022-05 December 2022
Susan Spence	WKN Officer - Network Manager	1 April 2022-31 March 2023

Ian Phillips was appointed as the substantive Chair for the WKN, with effect from the 1 April 2022 for a period of three years in accordance with the Terms of Reference. The post is remunerated at Band 3 of the Welsh Government salary scale for public appointments. Ian's tenure as WHSSC IM ceased on the 31 March 2022.

Karen Preece, Programme Director, WHSSC assumed the role of Executive Lead for the WKN as at 19th January 2023. The outgoing Executive Lead, Stuart Davies, Director of Finance, WHSSC had been with the WKN since its inception and his leadership over this time has been commended by the WKN Board.

The following officers also attend the meetings:

- Nominated Director of Welsh Health Specialised Services Team;
- Network Manager / Deputy Network Manager
- Network Finance Manager
- Welsh Government – Policy Lead for Renal Services;
- WHSSC Management Group Representatives (from different health boards for planning and finance);
- Individual patient representatives from renal services, dialysis units and third sector partners as agreed advocates.

3. MEETINGS & ATTENDANCE

During 2022-2023, the WHSSC continued to manage and support its response to the recovery phase of COVID-19. However, in line with guidance the WKN met virtually, and these virtual meetings and electronic communication became the key to the Sub-Committee's functionality.

To ensure business was conducted in as open and transparent manner as possible during these unprecedented times WKN papers were published at least 5 working days prior to the Sub-Committee meeting dates.

Despite the pressures of COVID-19, all WKN meetings took place as planned and the Sub-Committee met five times during 2022-2023 as outlined in the

table below. This was in accordance with the ToR, which specify that the Sub-Committee should meet at least three times per year. At least two members must be present to ensure the quorum of the Sub-Committee and each meeting was quorate.

8 April 2022	6 June 2022	6 October 2022
23-11-2022	2 February 2023	-

All meetings were quorate.

3.1 Members Attendance at Meetings

3.1.1 Welsh Renal Clinical Network (WKN) Board

The WKN achieved an attendance rate of 78.54% during the period 1 April 2022 to 31 March 2023 as outlined in Table 1 below.

It is important to note that clinical members of the Board have been under extreme pressure to manage clinical commitments throughout this challenging year. The attendance table below illustrates only availability to attend set meetings and is not indicative of the wealth of work and commitment to the strategic aims of the WKN that occurs out with the meetings.

Table 1 – Member Attendance at the Welsh Kidney Network (WKN) Board April 2022-March 2023

Member	08.04.22	06.06.22	06.10.22	23.11.22	02.02.23	Attendance
Ian Phillips Interim Chair	Y	Y	Y	Y	Y	5/5
Caroline Lewis	Y	X	Y	Y	Y	4/5
Caron Jones / Bethan Pettifer / Clare Weekes, H&WPRG Lead	Y	X	X	X	Y	2/5
Dr Ash Mikhail, QPS Lead	Y	X	Y	Y	X	3/5
Dr Clare Parker	Y	Y	Y	X	Y	4/5
Dr Gareth Roberts, Lead Clinician	Y	Y	Y	Y	Y	5/5
Annmarie Pritchard, Deputy Network Manager (in post from May 2022)	Y	Y	Y	Y	X	4/5
Dr Helen Jefferies	X	X	Y	Y	Y	3/5
Dr James Chess, IM&T Lead	Y	X	Y	Y	Y	4/5
Jacqui Evans, Committee Secretary, WHSSC	Y	Y	Y	Y	Y	5/5
Dr Stuart Robertson	X	X	X	X	Y	1/5

Gail Williams, Lead Nurse (retired Sep 2022)	X	Y	X	X	Y	2/5
Helen Harris	X	Y	Y	Y	Y	4/5
Jennifer Holmes	X	Y	Y	Y	Y	4/5
Jo Popham, Patient Advocacy Rep	X	X	X	X	Y	1/5
Jonathan Matthews	Y	Y	Y	Y	Y	5/5
Lisa Higginson	X	Y	Y	Y	Y	4/5
Linzi Isaac, Patient Advocacy Rep	Y	Y	Y	Y	Y	5/5
Rachel Long, Directorate Manager (in post from April 2022)	X	Y	Y	Y	Y	4/5
Mr Michael Stephens, Transplant and Dialysis Access Lead	Y	Y	Y	X	Y	4/5
Prof Chris Brown, Pharmacy Lead	Y	Y	Y	Y	Y	5/5
Richard Davies	Y	Y	Y	Y	Y	5/5
Ross Evans, Patient Advocacy Rep	X	Y	Y	Y	Y	4/5
Sarah Siddell	Y	X	Y	Y	Y	4/5
Stuart Davies / Karen Preece Executive Lead	Y	Y	Y	Y	Y	5/5
Susan Spence, Network Manager	Y	Y	Y	Y	Y	5/5
Iwan Bonds	Y	Y	Y	Y	Y	5/5
	18	19	23	21	25	
	18/27 66.7%	19/27 70.4%	23/27 85.2%	21/27 77.8%	25/27 92.6%	78.54% average

3.1.2 Governance Review

During the year a series of workshops have taken place with the WKN Board to consider the form and function of the network to maximise its effectiveness. In addition, an independent review of the governance arrangements within the WKN was undertaken in early 2022 and a report published in September 2022 which set out a number of recommendations for improvement. The recommendations have been turned into actions and the action plan now forms part of the reporting to the WKN Board to ensure they are being progressed and on track.

One of the issues highlighted in the governance review was about defining the future role and function of the WKN. On 23 November 2022, a further workshop was held to gather views from board members on the future ambition and direction of the WKN. This was particularly pertinent in view of the Quality Statement for Kidney Disease which was published by Welsh Government on 30 November 2022.

An options paper is anticipated to be presented to WKN Board in April 2023 with any recommendations arising to be presented to WHSSC Joint Committee in May 2023. Dependant on the option accepted, additional work will be required to

ensure the governance arrangements remain aligned with WHSSC and wider requirements.

3.1.3 Development of the WKN Board sub-group structure:

It was noted within the governance review undertaken that there has been unnecessary overlap between the WKN Board, Quality and Patient Safety Group and WKN Management Team meetings. This is compounded by a perceived lack of clarity in relation to roles and responsibilities of members of each constituent parts and the overall inter-relationship with WHSSC JC.

As of June 2022 a new model of WKN sub-group structured has been developed as:

- **Regional Renal Directorate Interface Groups** (Swansea Bay UHB, Betsi Cadwaladr UHB and Cardiff & Vale UHB) which meet quarterly
- **National Quality & Patient Safety and Performance Assurance Group** which also meets quarterly following the cycle of meeting at regional level.

The three WKN Regional Groups provide a localised forum to enable a meaningful focus on the operational delivery of services, key issues and performance and the development of local action plans as required to enable activities to progress. This includes agreeing areas that need escalating through to the WKN board to enable actions to move forward. They will also maintain an all-Wales overview on innovation, sharing and rolling out good practice.

Regional updates centred around Quality and Patient Safety will be provided to the National Quality & Patient Safety and Performance Assurance Group, identifying areas of near misses, Datix themes and learning, highlighting areas of best practice and innovation. It will be decided within this forum risks considered of significance to be included within the WKN Directorate Risk Register, for risks of 15 and above these will be reported through the WHSSC QPS process.

The Chair of the National Quality & Patient Safety and Performance Assurance Group reports to the WKN Board and the WHSSC Quality & Patient Safety Subcommittee.

This provides a framework of engagement to progress key issues, collectively consider business cases for service change put forward by the individual renal teams across Wales, to ensure consistency of services across the regions and make recommendations to WKN board.

One of the key strengths of the WKN has been effective patient representation and participation at both a Board level and on specific work groups enabling the co-production of renal services that are patient focused and fit for purpose.

Membership of both the Board, Regional Renal Directorate Interface Groups and the National Quality and Patient Safety and Performance Assurance (QPS) Group is outlined in **Appendix 1 and 2** and the organogram of the clinical and managerial oversight of the network is illustrated in **Appendix 3**.

4. MAIN AREAS OF COMMITTEE ACTIVITY

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

- **Preliminary Matters**
This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising,
- **Items for Information and Support**
This section includes reports which will be of interest to the Sub-Committee.
- **Routine Reports**
Standing Agenda Items discussed at every Sub-Committee meeting, in line with the Terms of Reference; and
- **Concluding Business**
This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

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

- Recovery in relation to the pandemic to ensure services are appropriately supported.
- Sustainability of services, including the completion of the procurement programme in South West Wales to expand capacity.
- Improving access and uptake of Home Dialysis
- Opportunities to support the biopsychosocial needs of patients to maximise self-care.
- Quality Assurance and Performance.

4.1 UK Context

In the latest published UK Renal Registry report Wales has the highest rate of incidence (new patients, expressed as patients per million of population (ppm) starting Renal Replacement Therapy – RRT; and the highest prevalence (patients on treatment at end of Audit year) of RRT.

As a percentage of the overall numbers of patients in Wales receiving RRT, prevalence of Kidney Transplants is below average for the UK however home dialysis (Home Hemodialysis (HHD) is significantly above average with Peritoneal dialysis (PD) being second only to England. This highlights the success of treatment strategies in Wales offering RRT to more patients, and treating more

patients whilst promoting / delivering Transplantation and home dialysis as the preferred treatment options.

Renewed emphasis on Transplantation following the publication of the Welsh Transplant and Organ Donation Plan (2022) will provide a lever to ensure all opportunities for transplantation are maximized.

Incidence/Prevalence of Home Nations for Renal Replacement Therapy and Renal Transplant

Patients per million of Population (PMP) and % of Total RRT	Wales	England	Scotland	Northern Ireland	UK
Incidence	139	141	121	138	139
RRT prevalence	1,289	1,297	1,200	1,370	1,290
ICHD prevalence	80.6%	81.7%	88.5%	89.1%	82.3%
HHD prevalence	6.7%	4.8%	2.1%	3.4%	4.7%
PD prevalence	12.6%	13.5%	9.4%	7.5%	13.0%
Tx prevalence	55.3%	56.3%	61.4%	69.2%	57.0%

Source: UK Renal Registry 24th Annual Report (data to 31st Dec 2020)

4.2 Sustainability of Services

4.2.1 Betsi Cadwaladr UHB (BCUHB)

- Provision of a six day dialysis transport service in BCUHB is enabling a more efficient use of the unit dialysis resource, which was expanded to include a new unit in Mold
- Significant investment has been provided to increase the number of Home Dialysis Specialist Nurses which is anticipated to enable the home dialysis service to grow.

4.2.2 Swansea Bay UHB (SBUHB)

- Completion of the procurement exercise to refresh existing satellite units and replace dialysis machines within Morriston Hospital. In addition, two additional units are planned that will alleviate demand on the Morriston Hospital site and due to their locations will enable patients to dialyse closer to home. Anticipated date for completion of the procurement process, March 2023. On award of contract the overall capacity will future proof the service in West Wales for at least 5-10 years
- Innovative approaches to minimise the impact of the rising cost of energy and staffing have been included to deliver value for money.

4.2.3 Cardiff & Vale UHB (CVUHB)

- Work is underway in the Merthyr unit to expand the unit to accommodate 3 additional stations. Delivery of this proposal will enable the unit to manage growth to 2026 and bring the service in line with the re-tender programme for South East Wales in 2026.
- Renegotiation with current provider for the remainder of the satellite units completed. Agreed uplift of 5% uplift in sessional costs from January 2021.

The annual inflationary uplift will apply in addition to this uplift as per the original contract. The commercial model caps the financial benefits associated to this additional uplift. Should activity exceed the minimum patient numbers (plus growth of 2.5%) the sessional price will revert to the original contractual sessional price (plus CPI) prior to uplift. This calculation will be based on the annual sessions from April to March in line with the Health Board reporting periods.

4.2.4 Home Dialysis Framework

- As noted in section 4.4.2 the findings of the peer review and the current All-Wales audit of the Home Dialysis workforce is informing an update of the Home Dialysis Service specification. The procurement framework to support provision of Home Dialysis is under review ahead of the framework end date of December 2023. Market engagement events have been arranged in order to assess the requirements and inform the scope of the next Home Dialysis framework.

4.3 Renal Pharmacy, Medicines Management and Transformation Programme

4.3.1 National Transformation Fund for a Healthier Wales – Two Renal Transformation Programmes

The WKN was the sponsor organization for two Transformation Projects enabled by the Welsh Government Transformation Fund. Renal Services of SBU Health Board have delivered both projects on an All Wales basis. The two projects are success stories; commended by Welsh Government and independently evaluated by the Cardiff University:

1. Collaborative kidney Care for a Healthier Wales
2. Dialysis – home first; a digital tool kit for health literacy

Transformation Overview
Collaborative Kidney Care
For a Healthier Wales

All-Wales Digital Platform

- Common platform for delivering kidney care across Wales
- Shared record across Wales

Electronic Prescribing and Medicines Administration (EPMA)

- Part of digital platform, accessible anywhere
- Virtual surveillance and clinical dashboards
- Safer, quicker and prevents missed doses

Digital Document Generation

- Fast inclusion of information from the patient record, such as: diagnosis, medications, pathology results and recent measurements
- Reduction in transcription errors
- Copy of letter available to a wide range of colleagues through Welsh Clinical Portal

Renal Digital Care Summary

- Availability of a care summary in non-renal settings supports informed care decisions by wider health and care teams

Enabling Supported Self-Management

- Access to medicines and blood test results on personal devices
- Digital education material for improved health literacy
- Enabling patient-entered data to be shared on digital platform

Chronic Kidney Disease Surveillance

- Early identification of CKD in the general population for targeted intervention for people at risk of CKD progression

Outcomes Achieved include:

- **EPMA Digital service delivery:** Renal units across Wales now provide outpatient and dialysis services digitally using the electronic prescribing and medicines administration (EPMA) system. This improves the quality, safety, efficiency and resilience of service delivery.
- **Renal Care Summaries** were rolled out across Welsh Renal units in November 2022. A care summary is created within 1 hour of a record being updated in the renal system and delivered to the Welsh Clinical Portal. This care summary provides contact advice and medical information for clinical staff outside of the renal unit, such as emergency departments, admission units and primary care. Since launch nearly 200 thousand documents have been produced for 3500 unique patients, which have been viewed 2400 times in the Welsh Clinical Portal.
- **CKD-Assist** functionality was enabled for the final two localities in Betsi Cadwalader health board allowing secondary care clinicians to send alerts to primary care in patients with declining kidney function with the intention of reducing the rate of late referrals, improving patient outcomes.
- **DMS-Lite** functionality development was completed with a plan to start staff training in March 2023. This will allow clinical documents to be created directly in the renal patient record, and sent to the Welsh Clinical Portal, to primary care and to the patient portal, Patient Knows Best. This will reduce admin time to create documents and most importantly lead to a reduction in the lag time between care event and communication with both the GP and patient.

- **The patient portal Patient Knows Best (PKB)** was launched for patients under the care of Welsh renal units in March 2023. Patients are able to view their data previously viewed in the legacy Patient View portal, such as blood results. Patients can now contribute to their record by recording symptoms and observations, such as blood pressure. This data when entered into the patient portal get sent direct to the renal electronic patient record to allow clinical review. Over 5000 records created and 1300 patients registered to date.
- **A dynamic and innovative “Missed Doses Dashboard”** designed in house was implemented in dialysis units across Wales. This dashboard highlights at a glance any patients due medication during that dialysis shift but not received it, allowing a final check prior to the patient leaving their dialysis session & reducing the risk of missed medication doses.
- **Enabling Supported Self-Management** The two TF programmes have commonality in creating digital content for health and digital literacy and are being incorporated into the WKN website. The initial focus is for home dialysis and medicines, so that Wales to support the WKN priority for home dialysis.

4.3.2 Immunosuppressant drug procurement contract

The service re-model for post-transplant kidney care is a recognised exemplar for Value Based and Prudent Health Care; as outlined in the CMO annual report. The programme generates significant recurrent cost saving while providing improved patient experience, safety, and monitoring while enabling access to specialists in their care. The All Wales contract was retendered for commencement February 2022 and is running for 2 years. Work is commencing on renewing the contract from February 2024.

4.4 Home Dialysis

4.4.1 Home Dialysis Peer Review

The first Home Dialysis Peer Review visits were completed in the summer of 2021, with the action plans from each health board in response to the Peer Review recommendations being received by the WKN. The action plans are monitored via the WKN National Quality & Patient Safety and Performance Assurance Group in accordance with the agreed peer review process and timetable. The three-year cycle for Home Dialysis Peer review includes plans for self-assessment peer reviews in 2023 to complete this cycle, and a further round of visits to each Home Dialysis centre in 2024.

4.4.2 Home Dialysis Procurement Framework

The findings of the peer review, engagement visits with the Home Dialysis teams, and the All-Wales audit of the Home Dialysis workforce is informing an update of the Home Dialysis Service specification. The procurement framework to support provision of Home Dialysis is under review ahead of the framework end date of December 2023.

4.4.3 Share HD

The WKN is collaborating with industry dialysis partners, including patient advocates, to improve access to home dialysis by the introduction of share HD and shareHD2 home pathways into haemodialysis units.

4.4.4 Nursing Workforce Audit Tool

A Home Dialysis Workforce audit tool has been developed to support the Home Dialysis nursing teams across Wales to be able to provide a comprehensive service for patients. This builds on the audit tool developed for dialysis units and allows the home dialysis service to track resource deployment and monitor stresses in the service.

4.4.5 Patient Education and Shared Decision Making

As part of the WKN strategy to increase uptake of Home Dialysis, and informed by the Dialysis Choices research and peer review findings, an All-Wales Education Group has been created to support the development of a comprehensive suite of education resources for patients and staff, in collaboration with the Home Dialysis Transformation Fund work stream (see 4.3.1). The Education group has a multi-disciplinary, pan-Wales membership, whose roles include the collation and recommendation of existing high-quality resources for the WKN website, and identification of topic areas where the development of further resources are required. The WKN website went live in September 2022, and a further update with additional educational materials is planned ahead of the UK Kidney Week in June 2023. Wales is represented by colleagues from Home Dialysis teams around Wales on the UKKA (UK Kidney Association) Special Interest Group for Home Dialysis, collaborating with colleagues in the other home nations to share learning from quality improvement programmes and contribute to UK-wide service development work.

The WKN is working closely with charity partners to support patients to choose and thrive on Home Dialysis. The regular collaborative Kidney charities newsletter includes content to promote Home Dialysis, and to raise awareness of how perceived and practical barriers to home dialysis can be overcome. Local Kidney Cafés for Home Dialysis provide home dialysis information and peer support for current home dialysis patients and those in the process of choosing renal replacement treatment options.

The WKN is collaborating with kidney charities delivering 'peer to peer' support for kidney patients in Wales, a simple and effective intervention providing practical and emotional support to help alleviate anxieties and fears around at home dialysis.

4.4.6 Reimbursement of Utility Costs

The national scheme for patient reimbursement of Home Dialysis water and electricity costs has been reviewed and adjustments made (effective from April 2022) in line with changes to domestic energy tariffs. The need for further adjustments will be monitored, in line with expectations of further increases in domestic energy tariffs over the coming year.

The tool to calculate the level of reimbursement that patients should be receiving had been adopted by the UKKA and is now embedded in practice across England.

4.4.7 Home Dialysis National Clinical Audit

A national audit for Peritoneal Dialysis is in development, using the Vital Data system to collate key outcome measures relating to infections, PD tube function and complications from all Home Dialysis centres in Wales.

4.5 Vascular Access

Recovery from the reduced access to operating lists that arose as a consequence of COVID is on-going, but as previously noted the legacy will take a long time to reverse, as once patients start dialysis with a central venous catheter rather than a fistula it is much more difficult to convert this to a fistula.

The national vascular access peer review which was undertaken during 2022 has demonstrated that most centres now managing to achieve pre-pandemic standards for incident patients, although this is not the case in all centres, and work is ongoing to correct this.

One new innovation in vascular access has been trialled in Cardiff over the past year; endovascular fistula formation. This has the potential to provide an extra option for kidney failure patients and although the initial costs of performing the procedure are higher than a surgical procedure, the longer terms costs may be lower due to the requirement for fewer re-interventions. The trial of 10 patients is ongoing and the team in Cardiff will report back on outcomes to WKN in due course.

4.6 Renal Transplantation

Overall activity in transplantation in Wales over the last year has returned to approximate pre-pandemic baseline levels despite ongoing challenges from COVID. In recognition of the vulnerability of transplant recipients in relation to COVID, communication with patients has continued to be a high priority. This has been supported by the WKN and third sector partners to deliver multiple webinars, Q&A sessions and newsletters.

Live donor transplant numbers have bounced back well, although again the challenges of COVID testing and the logistics of coordinating multiple transplant centres for the Kidney Sharing Scheme cases have been significant.

The Normothermic Regional Perfusion (NRP) programme for deceased donors is well established in Cardiff with a view to expansion to enable NRP to be available on every NORS retrieval. The hepatitis C positive donor programme in Cardiff is also by far the largest in the UK, and has produced several successful transplants this year.

The Organ Donation and Transplant Plan for Wales (2022-2026) was published in June 2022. The WKN and transplant MDT members from across the country participated in the workshops and will be key to delivering several of the strategies. At a UK national level the Organ Utilisation group (chaired by Professor Stephen Powell) has recently published, Honouring the Gift of Donation: Utilising Organs for Transplant (2023) which outlines a range of recommendations which will have implications for organ donation and transplantation in Wales. A stakeholder group is being established in Wales to consider the impact and any actions required to support the recommendations.

4.7 Quality and Patient Safety

4.7.1 Summary

The National Quality & Patient Safety and Performance Assurance Group (QPS&PAG) continued to receive and monitor Health Board risk registers in accordance with the Terms of Reference. Although responsibility for quality and safety is retained by each individual Health Board providing services, the QPS&PAG provides assurance to the WKN Board that commissioned services are both safe and sustainable. This is achieved by promoting the concept of an open, transparent, supportive culture where safety is enhanced - through continuous learning and transparency.

The QPS&PAG Group provides leadership for all quality improvement projects outlined in the governance developments section (4.7)

4.8 Governance Developments

4.8.1 WKN Website

The WKN website was launched at the Audit Event in September 2022. This has been recognised by clinical colleagues and patients as an excellent and trusted resource to support patients to access information and education to support co-production in decision making and care.

All content is approved by the WKN Clinical Reference Group prior to uploading to ensure it is clinically sound and fit for purpose. The WKN Education Group, are now developing phase two of the website content to focus on Health Professionals content.

4.8.2 Datix

Collaboration with NHS Wales Shared Services Partnership, to implement the new Datix system across all renal dialysis areas in Wales. The aim of this initiative is to provide a suite of minimum recordable renal incidents which are coded with the facility for the WKN to have an overview of frequency and type of incidents. This will enable the WKN to proactively identify on an all Wales basis trends and areas of care that require service improvement programmes and also shared learning opportunities.

Initial communications from Directors of Nursing and wider stakeholders have been positive. Work now needs to focus on the development of an all Wales Single

Operating Procedure (SOP) to detail the level of data the WKN requires to populate the proposed dashboard and how this will be managed within the requirements of data sharing safeguards.

To inform the development of the SOP, there has been agreement in principle to pilot the new Datix system in one of the west Wales dialysis units (Carmarthen which is located in Hywel Dda Health Board) that is clinically overseen by Swansea Bay UHB. The Datix administrators of both Health Boards will be developing a working model of sharing any incident data between health boards prior to pilot going live.

4.8.3 Health Inspectorate Wales (HIW)

Collaboration with Health Inspectorate Wales (HIW) exploring long term plan for inspecting dialysis units. The aim of this initiative is, given the vulnerability of the patient group and the highly specialised nursing requirements of delivering dialysis care, that the out-patient status of dialysis units will become more in line with the inspection requirements of in-patient environments.

4.8.4 Peer Review

Three year rolling programme of peer reviewed agreed. These will incorporate key elements of dialysis care: Access for Dialysis, Home Dialysis and in-centre dialysis. Training for clinicians and members of the multi-disciplinary team who will undertake or be subject to peer review visits is delivered by the WKN.

Plan for Dialysis Unit peer review visits which commenced in January 2023

2023: Renal Dialysis Unit Peer Review Visit Plan											
SE Wales	SW Wales	N Wales	N Wales	SW Wales	SW Wales	SE Wales	SE Wales	SE Wales	SE Wales	SE Wales	SW Wales
January	February	March	April	May	June	July	August	September	October	November	December
2nd - 6th	6th - 10th	6th - 10th	3rd - 7th	1st - 5th	5th - 9th	3rd - 7th	7th - 11th	4th - 8th	2nd - 6th	6th - 10th	4th - 8th
School holidays	Tue 7th Morr: Llc Bake Wed 8th Morr: West	Tue 7th Wrexham Wed 8th Glan Clwyd Thurs 9th Welshpool	BH			Wk10: BB SA submission vRGN		Tue 5th Merthyr Wed 6th Llanidloes			
9th - 13th	13th - 17th	13th - 17th	10th - 14th	8th - 12th	12th - 16th	10th - 14th	14th - 18th	11th - 15th	9th - 13th	13th - 17th	11th - 15th
				Tues 9th Bangor Wed 10th Alltwen Thurs 11th Mold		Tue 11th Abergystwyth Wed 12th Llandindod V			Tue 10th Neaport Wed 11th Pontypool		Tue 12th Bridgend Wed 13th Neath
16th - 20th	20th - 24th	20th - 24th	17th - 21st	15th - 19th	19th - 23rd	17th - 21st	21st - 25th	18th - 22nd	16th - 20th	20th - 24th	18th - 22nd
Tue 17th David Thomas			Wk10 FMC SA submission vRGN		Tue 20th Withgush Wed 21st Carmarthen					Tue 21st Cardiff S Wed 22nd Cardiff N	
23rd - 27th	27th - 3rd	27th - 31st	24 - 28th	22nd - 26th	26th - 30th	24th - 28th	28th - 1st	25th - 29th	23rd - 27th	27th - 1st	25th - 29th
Wk 16: SA to RS*				Wk16: SA to BB*				National Audit			
30th - 3rd				29th - 2nd		31st - 4th			30th - 3rd		

4.8.5 Workforce Audit

Development of real-time nurse to patient ratio audit tools for both unit dialysis and home dialysis services. This will provide assurance to the provider Health Boards and the WKN that the nurse to patient standards for care are being met. In doing so the report provides assurance in relation to the quality and safety of services in Dialysis units and and Home Dialysis services across Wales.

The data is discussed at both at QPS&PAG and Regional meetings and feedback from Directorate Managers and nurses is that they also find the data operationally useful, including as a reference tool for monitoring ISP contracts. It is also

recognised by colleagues that this data provides an opportunity to open up discussions around the contributing factors that drive the data, and is not to be used in isolation.

Example of dashboard that has been developed below;



4.8.6 Clinical Audit Event

The WKN audit has been running this for the last 13 years and is the only specialist service audit in Wales inclusive of all multi-disciplinary health professionals and patients. Since its inception, the involvement of different members of the renal multidisciplinary team has been crucial for evaluating compliance with Renal Service Specifications and implementing the principles of Prudent Healthcare. Patients' representatives are always invited to attend this meeting and participate in presentation, discussions and planning for future meetings/ presentations.

Due to the COVID-19 pandemic the audit event moved to a virtual platform in 2020 and 2021. This proved to be an invaluable reflection and shared learning opportunity as the services managed on-going challenges caused by the pandemic.

The 2022 Audit Event took place on 30 September to 1 October as a face to face opportunity. The themes were resilience and recovery, as well as a focus on health and wellbeing.

The Liz Baker Award for excellence in renal nursing was presented at the event.

4.8.7 Nurse Education

Ongoing delivery of Degree/Master level Renal Nursing module through Swansea and Bangor Universities.

Enabled provision of all Wales nurse education e-learning opportunities to support up-skilling of workforce. Kidney Care e-learning modules, endorsed by the British Renal Society with CPD accreditation. Plan to roll these out to Health Boards during 2023.



Welcome to KidneyCare Learning

KidneyCare Learning is home to two of our specialist Renal e-learning modules 'Fluid Management in Kidney Disease' and 'Foundation module in Kidney Care'.

Fluid Management in Kidney Disease is a new e-learning module developed by The Education Committee of the British Renal Society and The Foundation module in Kidney Care has been developed for registered nurses who are new to the renal speciality.



[View Courses](#)



4.8.8 Patient Reported Experience Measures (PREM)

On-going promotion and participation in the PREM survey that is overseen by the UKKA and Kidney Care UK. Findings from the survey and any associated improvement plans are discussed at both regional and national level along with updates being provided during the National Audit Event.

4.8.9 Patient Reported Outcome Measures (PROM)

Improving the uptake of PROM across Wales was in development that stalled during 2022 with the retirement of the Lead Nurse. It is anticipated that there will be a refocus on this area once the new Lead Nurse is in post.

4.9 All Wales Advanced Care Plan (ACP) for kidney patients

The 'My Life My Wishes' document, initially produced by Powys THB had been recommended by NHS Wales Health Collaborative and peer reviewed by the Advance & Future Care Planning Strategy Group (AFCP) for Wales. In collaboration with Powys THB it been agreed to co-badge the document with the WKN to make it available for all kidney patients in Wales.

Discussions are on-going with clinical teams as to the most appropriate use for this document within the care pathways and the level of training that will be required by Nurses and AHPs to support patients to complete the document. It is anticipated that there will be a refocus on this area once the new Lead Nurse is in post.

4.10 UK wide Collaboration

The WKN collaborates on a UK wide basis with a number of key partners. This is important to learn good practice from across the UK but also to share the good practice from the WKN. Some key collaborations over the last year have included:

- Supporting patients through COVID in Wales Collaboration – Paul Popham Fund, Kidney Wales, Kidney Care UK, Welsh Kidney Research Unit
- Lead Nurse, WKN Executive Board Member of the Association of Nephrology Nurses UK (ANNUK)
- Lead Nurse, WKN Co-chairs the ANNUK Home Dialysis Special Interest Group
- Lead Nurse and Network Manager, WKN standing members of the UKKA Kidney Patient Safety committee
- Lead Nurse and Network Manager, WKN standing members of the KQuIP (Kidney Quality In Partnership Group) "Ensuring Haemodialysis patient safety"
- Network Manager, standing member of Advance and Future Care Planning Strategy Group

4.11 Transport

Throughout the pandemic and industrial actions dialysis patient transport services have been maintained and the WKN and provider Health Boards have worked collaboratively with the Welsh Ambulance Trust Non-Emergency Patient

Transport Service (NEPTS) to ensure that patient safety has been maximised at all times. Although the WKN does not commission transport, monthly meetings are held between the WKN QPS Lead, Network Manager and NEPTs senior officers. These meeting are informed by quality metrics aligned to the 30:30:30 standard for dialysis transport.

The renal travel reimbursement scheme has enabled patients to make their own arrangements which has eased some of the pressures during the Covid and industrial action periods. The scheme has now been agreed as a permanent and all Wales offer to patients under value based healthcare and in support of enhancing the patient experience.

4.12 Financial Management

The WKN holds the responsibility for an annual budget of £78.9m which is specifically ring fenced for renal dialysis and transplant services across Wales.

In total, the £78.9m ring fenced funding has been invested in the following areas:

Dialysis Services North and Mid Wales	£17.4m
Dialysis Services West Wales	£20.9m
Dialysis and Nephrology Services South East Wales	£29.1m
Transplant Services	£9.6m
Dialysis Transport Services	£1.3m
Network Support (see organogram Appendix 2)	£0.6m

During 2022-2023 many NHS Wales services remained in a COVID recovery situation. The Wales Kidney Network to financially protect dialysis and transplant services the WKN provided regular monthly block amounts of funding into dialysis and transplant services across Wales, to ensure that those services had sufficient funding to provide all necessary treatments throughout this time.

However even through this “recovery phase” additional investment was made in the following service improvements and expansion;

- A further £387,000 was provided to Swansea Bay LHB to be able to undertake more dialysis in units across West Wales.
- Similarly, £214,000 was made available in the North Wales region and
- A further £608,000 to the South East Wales to help protect services from provider price increases in response to the wider economic downturn across the UK.
 - Additional staffing to support transplant services £80,500
 - Additional staffing to support dialysis at home services £106,800
 - Additional staffing to support dialysis dieticians £13,200
 - Additional managerial support for Swansea Bay £56,500
 - Independent Sector Dialysis procurement process £

5.0 LINKS WITH SUB COMMITTEES AND REPORTING RESPONSIBILITIES

Following each meeting, a Chair's summary report of the key discussion items is submitted to the JC and the Chair highlights any key issues.

WHSSC Directors and other Members of the Sub-Committee provide links with other Sub-Committees such as the Quality & Patient Safety Committee (QPSC) and CTM Audit & Risk Committee (ARC) (of host organisation).

6.0 WORK PROGRAMME

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

In addition, a comprehensive 12 month forward work plan is presented to each IGC meeting as part of the Corporate Governance update report.

The confirmed minutes of the Committee are available on request from the WKN Manager.

7.0 ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Sub-Committee provides an essential element of the overall governance framework for the organisation. The ToR were reviewed and refreshed during December 2021 and a Chair's action was undertaken to update the ToR to ensure effective governance and in the interest of expediency to commence the recruitment exercise for the role of the substantive Chair to the WKN. This action was taken in accordance with provisions of the WHSSC SO's, specifically section 3.1.1 in relation to Chair's action on urgent matters whereby decisions which would normally be made by the JC need to be taken between scheduled meetings, and it is not practicable to call a meeting of the JC. The action taken was ratified by the JC on 18 January 2022 and they also approved the extension of the interim WKN Chair arrangement until 31 March 2022 to ensure business continuity whilst the substantive post was recruited to.

The Sub-Committee has operated within its ToR and in accordance with the Governance and Accountability Framework.

8.0 ASSURANCE TO THE JOINT COMMITTEE (JC)

The WKN Chair:

- Reports formally to the JC and to the IGC on the activities of the WKN Board. This includes updates on activity, the submission of WKN Board minutes and written reports as well as the presentation of an annual report,
- Brings to JC's attention any significant matters under consideration by the WKN Board; and
- The WKN Lead Clinician and Network Manager advise the WHSSC Management committee regarding relevant aspects of their function that have impact out with the ring fenced envelope of the WKN.

The WKN QPS Lead:

- Reports regularly to WHSSC QPS board and ensures the escalation of any critical matters that may impact on patient care and service sustainability.

The Sub-Committee wishes to assure the JC that, based on the work completed during 2021-2022, there are effective governance measures in place across the organisation. The Sub-Committee is well established with a clearly defined role, remit and work programme. The reporting into the Sub-Committee has been strengthened during 2021-2022 and now includes a WKN report for IGC and the QPSC.

Going forward, the Sub-Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long term aim to deliver and maintain high quality kidney care services for the population of Wales.

9.0 CONCLUSION AND LOOK FORWARD

The Sub-Committee is fulfilling its role as set out within the ToR and there are no matters that the Sub-Committee is aware of at this time that have not been disclosed appropriately. The Sub-Committee is committed to continuing to develop its function and effectiveness.

As we enter a further recovery phase from the COVID-19 pandemic the focus of the WKN in 2023-2024 will be to:

- Ensure the continued development and improvement of effective risk management and governance arrangements, drawing on good practice from both within and outside WHSSC.
- Strengthen provider quality assurance processes to enable a proactive approach of Network support where early warning signs are identified.
- Planning delivery of the recommendations of the Organ Donation and Transplant Plan for Wales (2022-2026) and where applicable the recommendations of Honouring the Gift of Donation: Utilising Organs for Transplant (2023)

- Embed improvements in access to home dialysis to enable patients to choose this option wherever clinically possible.

The WKN's priorities for 2023/2024 form part of the WHSSC Integrated Commissioning Plan (ICP) submitted into Welsh Government. They focus on 5 goals and will form the basis for developing a cohesive and collaborative work plan.

The 5 goals are:

- Management and oversight of Unit Dialysis growth to ensure robust forecasting models.
- Delivery of GIRFT Report recommendations as they apply to Wales. The GIRFT Report was based wholly on analysis of NHS England Dialysis Services, but it is recognised that the findings and themes are similar to the challenges facing Welsh Services
- Delivery of an all Wales Home Dialysis Strategy
- Support the spread and further enhance the Digitalisation of Kidney Care Services
- Support the delivery of Organ Donation and Transplant plan for Wales

2023/2024 also presents an exciting opportunity to innovate and improve the kidney services in Wales having a direct positive impact on the Kidney population which we serve. Intrinsically linked to the Value based Health Care approach in Wales, the WKN in collaboration with the regional renal directorates and 3rd Sector Organisations have successfully secured additional funding to support 2 key programs of work:

- **Kidney Support and Welfare Wales; £568K** over two years awarded by Wales and West Utilities. This represents the first national approach to collaborating with 3rd Sector and Welfare and Benefits organisations to utilise funds provided by a Welsh Utility company as part of their Vulnerability and Carbon Monoxide Allowance Project. This will deliver a new service model of support for Kidney Patients in Wales to enable access to the right support at the right time in relation to welfare and benefits entitlement.
- **Value-Based Health and Care; £895K** over two years awarded by Welsh Government under the Value Based Health And Care monies to provide targeted support to high-value interventions which can demonstrate improved outcomes.

The WKN pan Wales project which focusses on a pre-habilitation approach to address the barriers that currently exist to patients feeling positive about choosing Transplantation or Home Dialysis as a first choice for Renal Replacement Therapy. The challenges / barriers differ from region to region, therefore resource will be targeted specifically to address local challenges / barriers. Where there is commonality this would be addressed across Wales.

I. Phillips

Ian Phillips
Chair of the Welsh Kidney Network

Appendix 1

Remit and Scope of the Welsh Kidney Network as at March 2023

The WKN has the following discrete areas of responsibility:

- Chronic Haemodialysis including Home Haemodialysis
- Peritoneal Dialysis
- Renal Transplantation
- Vascular Access for dialysis

Other areas where the Welsh Kidney Network supports NHS Wales with advice and planning guidance include:

- Acute Kidney Injury and acute dialysis
- Conservative Management
- Renal Pharmacy
- Renal Workforce
- Service User Engagement
- General Nephrology and Chronic Kidney Disease
- Transport to and from dialysis
- High cost drugs

The WKN Board has the following membership:

Core members:

- Network Chair
- Network Lead Clinician
- Network Lead Nurse
- Network Clinical Lead for Quality and Patient Safety
- Network Lead, Pharmacy
- Chair, Health and Wellbeing Professionals Reference Group.
- Regional (North, South West and South East Wales) Renal Services Clinical Directors
- WHSSC Management Group representatives (from different health boards for planning and finance);
- Non-officer member LHB representative
- Patient group representative*
- Community Health Council Representative

***Patient Groups include:**

- Kidney Wales
- Paul Popham Fund
- Kidney Care UK

In attendance:

- Nominated Director of Welsh Health Specialised Services Team
- Network Manager
- Network Finance Manager
- Deputy Network Manager
- Welsh Government – Policy Lead for Renal Services

- Individual patient representatives from renal services and dialysis units as agreed advocates.

Appendix 2:

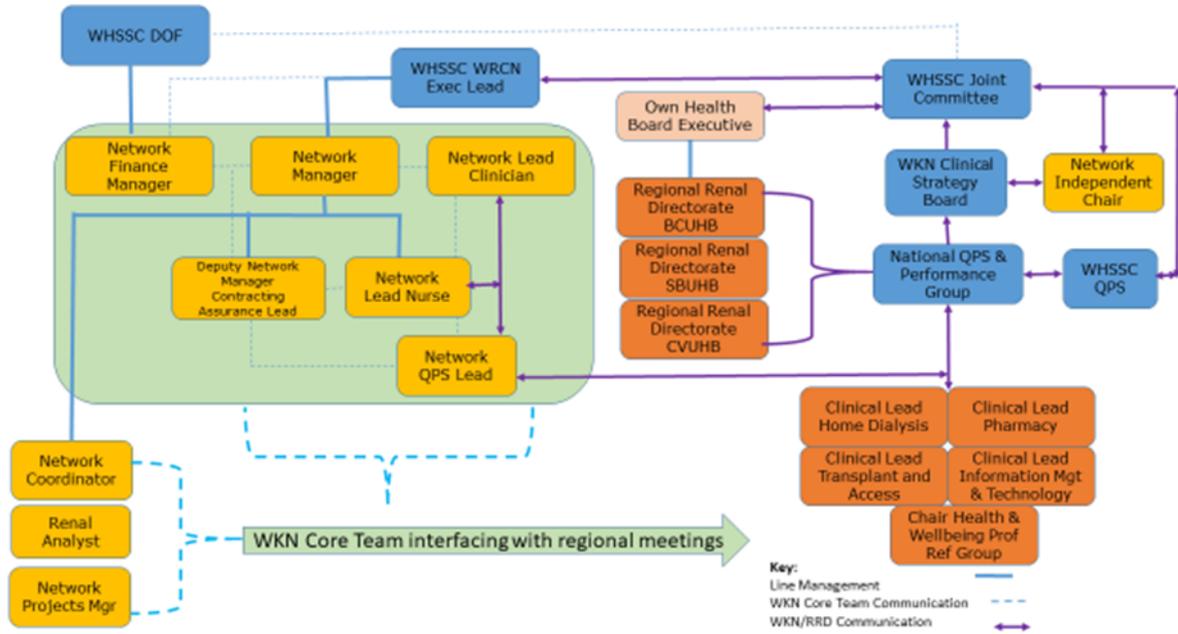
WKN Regional Renal Centre Interface Groups

Membership of the Regional Group(s):

- Network Lead Clinician (Chair)
- Network Lead Nurse
- Network Manager / Deputy
- Network Finance Manager
- Network Clinical Lead for Quality & Patient Safety
- Renal Procurement Lead
- Relevant provider Health Boards (Swansea Bay UHB, Betsi Cadwaladr UHB and Cardiff & Vale UHB) with membership as:
 - Nephrology Clinical Directors
 - Nephrology Directorate Managers
 - Nephrology Lead Nurses
 - Nephrology Finance Managers

Appendix 3

WKN Organisational and Reporting Structure





GIG
CYMRU
NHS
WALES

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

INTEGRATED GOVERNANCE COMMITTEE

ANNUAL REPORT

2022-2023

Sub-Committee Chair:

Kate Eden

Report Approved by Sub-Committee:

18 April 2023

INTEGRATED GOVERNANCE COMMITTEE (IGC) ANNUAL REPORT 2022-2023

1. BACKGROUND / INTRODUCTION

In line with section 4.2.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Integrated Governance Committee ("*the Sub-Committee*") is required to produce an Annual Report to the Joint Committee setting out how the Committee has met its Terms of Reference (ToR) during the financial year, setting out its activities during the year and detailing the results of a review of its performance.

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

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

- a) It maintains an oversight of the work of the WHSSC Quality and Patient Safety Committee (Q&PSC) and CTMUHB Audit & Risk Committee (ARC). The Sub-Committee ensures integration of the governance work, addressing issues which fall outside or between the work of these sub-committees, ensuring no duplication and coordinating those issues which need the attention of all three sub-committees,
- b) Appropriate mechanisms and processes are in place to manage risk issues, ensuring that plans are in place to manage those risks,
- c) It oversees the development of the JC's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the Plan; and
- d) It maintains an oversight of the work of the Welsh Renal Clinical Network (WRCN)* addressing issues which fall outside or between the work of the network and the Welsh Health Specialised Services Team.

*On the 12 July 2022 the Joint Committee ratified the decision of the Welsh Renal Clinical Network (WRCN) Board to change the name of the WRCN to the "Welsh Kidney Network". The updated Terms of Reference include this change of name.

2. MEMBERSHIP

The Sub-Committee membership consists of the WHSSC Chair and the three WHSSC Independent Members (IMs).

The Chair of the JC is also the Chair of the IGC. If the Chair is absent, the Vice-chair of the JC will deputise. During 2022-2023, the JC Vice-Chair position has remained vacant but will be considered following recruitment of the third and final WHSSC IM.

In addition to the core Membership, the meetings are also attended by the Committee Secretary who acts as the guardian of good governance within WHSSC. Other WHSSC Executives/deputies are required to attend as appropriate to provide further detail and information concerning agenda items, and to answer specific questions from the Sub-Committee.

The Chair of the Welsh Kidney Network (WKN) is an attendee and provides assurance to WHSSC independent members on the WKN governance arrangements.

2.1 Membership

The current membership is:

Independent Member	Designation	Membership
Kate Eden	Chair	1 April 2022-31 March 2023
Professor Ian Wells	Independent Member, Audit Lead	1 April 2022 - 30 November 2023
Professor Ceri Phillips	Independent Member, Chair of WHSSC QPSC	1 April 2022-31 March 2023
Steve Spill	Independent Member, Chair of WHSSC QPSC	30 November 2023 – 31 March 2023
Chantal Patel	Independent Member, Chair of WHSSC QPSC	30 November 2023 – 31 March 2023

As at 1 April 2022, the WHSSC Independent Members consisted of Professor Ian Wells from CTMUHB (Audit/Finance Lead IM) and Professor Ceri Phillip from C&VUHB (Chair of WHSSC QPSC). Following Ian Philips appointment as the substantive Chair for the WKN with effect from the 1 April 2022, this left the generic IM and Vice Chair position vacant.

Historically, the additional time commitment required of HB IM members to perform the WHSSC IM roles has not been recognised and no additional remuneration has been provided. Whilst there has been a role profile, the specific skills required for a WHSSC IM, as opposed to a HB IM, have not been fully explored or described.

The Audit Wales review into the Committee Governance arrangements at WHSSC report included the need to recognise the complexity of the IM role within WHSSC and the consideration of remuneration. In response to this WHSSC began discussions with Welsh Government on the potential to remunerate WHSSC IMs.

The JC approved a proposal to remunerate WHSSC IMs from 1 April 2022 at its meeting on [18 January 2022](#). They also agreed a transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs.

A recruitment exercise commenced in August 2022 to appoint two new WHSSC IMs (generic WHSSC IM and an Audit/Finance Lead IM) in accordance with the IM appointment process agreed by the Joint Committee on the 18 January 2022. The vacancies were advertised through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs.

Chantal Patel, HDUHB, was appointed as the new WHSSC IM (Generalist) and Steve Spill, SBUHB, was appointed as the new WHSSC IM (Finance and Audit). Both roles were appointed for a 2 year period with effect from 30 November 2022.

Professor Ian Wells’ tenure as an Independent Member ended on 30 November 2022. A recruitment process for the third WHSSC IM position will open in May 2023.

3. MEETINGS & ATTENDANCE

During 2022-2023, WHSSC continued to manage and support its response to the recovery phase of COVID-19. Further to the Committee effectiveness exercise for 2021-2022 undertaken in April 2022, the feedback from individual members indicated that the majority of members would prefer to continue with the virtual meeting arrangements adopted during the COVID-19 pandemic and the recovery phase.

Therefore, all Joint Committee and sub-committee meetings were held virtually, with face to face meetings being considered for any key decision making requirements as deemed appropriate by the Chair of the Committee.

IGC met virtually, and these virtual meetings and electronic communication remained the key to the Sub-Committee’s functionality.

To ensure business was conducted in as open and transparent manner as possible during these unprecedented times IGC papers were published at least 5 working days prior to the Sub-Committee meeting dates.

Despite the recovery pressures, all IGC meetings took place as planned and the Sub-Committee met five times during 2022-2023 as outlined in the table below. This was in accordance with the ToR which specify that the Sub-Committee should meet at least three times per year. At least two members must be present to ensure the quorum of the Sub-Committee and each meeting was quorate.

19 April 2022	7 June 2022	9 August 2022
11 October 2022	14 February 2023	

3.1 Members Attendance at Meetings

The IGC achieved an attendance rate of 88% during the period 1 April 2022 to 31 March 2023 as outlined in Table 1 below.

Table 1 – Member Attendance at Integrated Governance Committee (IGC) April 2022- March 2023

Independent Member	19.04.22	06.07.22	09.08.22	11.10.22	14.02.23	Attendance
Kate Eden Chair	Y	Y	Y	Y	Y	5/5
Professor Ian Wells, Audit & Risk Committee Representative, Independent Board Member, Cwm Taf Morgannwg UHB	Y	Y	N	Y		3/4
Professor Ceri Phillips, WHSSC QPS Chair, Independent Member, Cardiff & Vale UHB.	Y	Y	Y	Y	N	4/5
Steve Spill, Independent Member, Swansea Bay UHB					Y	1/1
Chantal Patel, Independent Member, Hywel Dda UHB					Y	1/1

4. MAIN AREAS OF COMMITTEE ACTIVITY

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

- **Preliminary Matters**

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

- **Items for Information and Support**

This section includes reports which will be of interest to the Sub-Committee,

- **Routine Reports**

Standing Agenda Items discussed at every Sub-Committee meeting, in line with the Terms of Reference; and

- **Concluding Business**

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

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

- The progress tracker for the Audit Wales Governance Review of WHSSC remained a key focus during 2022-23 and it was presented at the April 2022 and February 2023 meetings prior to presentation at the JC meetings and the CTM ARC meetings,
- The Sub-Committee received regular updates on the revised Corporate Risk and Assurance Framework (CRAF). The Sub-Committee provided scrutiny of the CRAF before presentation to the JC and the CTM ARC for approval and assurance,
- The Summary of Services in Escalation was introduced as a routine report to ensure members were kept up to date with any changes to the level of escalation of services,
- The Sub-Committee received the WHSSC Annual Governance Statement (AGS) on 18 April 2022 prior to the final version being presented to the JC on 16 May 2023 and CTMUHB Audit & Risk Committee on 21 June 2023.
- The Sub-Committee received regular updates on the ICP process to provide assurance on the delivery and performance of the current ICP and on the development of the forthcoming ICP,
- From August 2022 the IGC received quarterly updates on progress on delivering the Integrated Commissioning Plan 2022-23 which was developed to respond to the Welsh Government requirement as set out in the NHS Planning Guidance 2021. The Accountable Officer letter was also shared with IGC members,
- The draft Annual Report for 2021-2022 was discussed at the 9 August 2022 meeting before submission to the JC meeting on 6 September 2022,
- The Sub-Committee discussed the review of the Governance and accountability Framework before presentation to the JC for approval,
- The Annual Committee Self-Assessment process was discussed and endorsed by the Sub-Committee and the findings were presented to the JC on 12 July 2022. The identified actions from the 2021-2022 were completed and the Sub-Committee received a report updating members on progress on 7 June 2022,
- Members provided feedback and helped inform the process for the 2022-2023 Committee Effectiveness Exercise,
- Assurance was provided in relation to the Declaration of Interest (DOI) process and the DOI Register was presented for assurance on 7 June 2022,
- The Corporate Governance Update report provided important updates in-line with the governance and accountability framework for WHSSC and the IGC ToR.
- The Corporate Governance report has been used to provide updates with progress on updating the WHSSC ToR for the Individual Patient Funding Request Panel (IPFR) and updates on the tenure of the Interim Chair of the IPFR Panel.

- A comprehensive Forward Work Plan continues to provide a 12 month overview of agenda items; and
- The Welsh Kidney Network Governance Plan was presented to the February 2023 IGC meeting.

A key function of the IGC is to maintain an oversight of the work of the WKN addressing issues which fall outside or between the work of the network and the WHSS Team. The significant success of the WKN to date has been widely acknowledged. In March 2022, the WKN held a workshop to consider developing and strengthening the work of the network. Some issues were identified regarding the complexity of the current governance arrangements and it was recognised that since 2011 there have been significant changes to the governance environment within the NHS in Wales and that review of the governance of the WKN had never been undertaken.

A Governance Review was undertaken by Steven Combe, Independent Governance advisor, over summer 2022, as a way of identifying any potential governance issues that the WKN needed to address. The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the WHSSC in relation to the WKN. The review aimed to provide assurance to the Managing Director that the network is operating effectively and systems are being managed appropriately.

The final report together with its recommendations was presented to the JC meeting in January 2023. An action plan together was developed and approved by the WKN Board on 6 October 2022. The monitoring of the action plan is through WKN Board with regular updates to the IGC and JC.

The results of this review will help inform the plans to move forward, building on current success and meeting the desire to achieve more in the future. This in turn may have an impact on the remit of the IGC and the governance arrangements for the WKN going forward.

5. LINKS WITH SUB COMMITTEES AND REPORTING RESPONSIBILITIES

The Chair of the IGC is also the Chair of the JC. Following each meeting, a Chair's summary report of the key discussion items is submitted to the JC and the Chair highlights any key issues.

WHSSC Directors and other Members of the Sub-Committee provide links with other Sub-Committees such as the Q&PSC and CTM ARC (of host organisation).

6. WORK PROGRAMME

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

In addition, a comprehensive 12 month forward work plan is presented to each IGC meeting as part of the Corporate Governance update report.

The confirmed minutes of the Committee are available on request from the Head of Corporate Governance.

7. ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Sub-Committee provides an essential element of the overall governance framework for the organisation. The ToR will be reviewed and refreshed during April 2023 and will be presented to the JC for approval in May 2023. The proposed changes are limited to administrative updates and the change of name to Welsh Kidney Network following their re-branding in July 2022.

A Review of National Commissioning Functions was announced by Welsh Government on 23 January 2023 and this will conclude in April 2023. A more substantial review of all sub-committee ToR may be required following the outcome of this review.

The Sub-Committee has operated within its ToR and in accordance with the Governance and Accountability Framework.

The approach to the annual Committee self-assessment covering the 2022-2023 financial year was discussed during the February 2023 IGC meeting. As always, the findings and feedback will be shared with the relevant Chairs and reviewed with a view to developing an action plan to address any areas that require development that will be monitored by the IGC. A full report will be presented to the IGC in June 2023 with the result of the surveys.

In addition, 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. Again the above will be in the context of the recommendations of the National Commissioning review which is due to conclude by summer 2023.

8. ASSURANCE TO THE JOINT COMMITTEE

Attendance at Sub-Committee meetings has been satisfactory and the IMs demonstrate the appropriate scrutiny required.

The Sub-Committee wishes to assure the JC that, based on the work completed during 2022-2023, there are effective governance measures in place across the organisation. The Sub-Committee is well established with a clearly defined role, remit and work programme. The reporting into the Sub-Committee has been further strengthened during 2022-2023

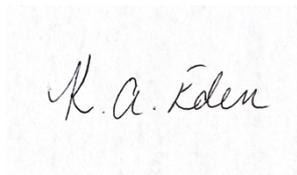
9. CONCLUSION AND LOOK FORWARD

The Sub-Committee is fulfilling its role as set out within the ToR and there are no matters that the Sub-Committee is aware of at this time that have not been disclosed appropriately. The Sub-Committee is committed to continuing to develop its function and effectiveness.

As we enter a further recovery phase the focus of the IGC in 2023-2024 will be to:

- Ensure the continued development and improvement of effective risk management and governance arrangements, drawing on good practice from both within and outside WHSSC. A revised Risk management strategy is planned for May/July 2023. The risk scrutiny group is well established and organisational corporate risks now appear on the CRAF alongside commissioning risks that score 15 or above. The WKN transferred its risk register over to the WHSSC format and their red risks also now appear on the CRAF. The risk appetite statement was developed through the Risk Scrutiny Group and this was approved by JC in January 2023,
- The outstanding recommendations arising from the Internal Audit undertaken to review WHSSC's Risk Management process will be monitored via the IGC and ARC,
- Ensure the continued development of WHSSC governance arrangements. During 2020-2021 Audit Wales conducted a review of governance at WHSSC and the final report was issued on 12 May 2021. The Report recognised positive progress with governance arrangements at WHSSC and 2022-23 has been an opportunity to continue this progress. Positive progress has been made against the management actions which has strengthened governance processes further. Further information can be accessed in the AGS 2022-2023.

Going forward, the Sub-Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long term aim to help further strengthen the governance arrangements of WHSSC.



Kate Eden
Chair of the Integrated Governance Committee

QUALITY & PATIENT SAFETY COMMITTEE

ANNUAL REPORT

2022-2023

Sub-Committee/Group Chair:

Ceri Phillips

Report Approved by Sub-Committee:

18 April 2023

QUALITY & PATIENT SAFETY COMMITTEE (QPSC) ANNUAL REPORT 2021-2022

1.0 BACKGROUND / INTRODUCTION

In line with section 4.2.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Quality & Patient Safety Committee (“the Sub-Committee”) produces an Annual Report to the Joint Committee (JC) setting out how the Sub-Committee has met its Terms of Reference (ToR) during the financial year, setting out its activities during the year and detailing the results of a review of its performance.

The purpose of the Sub-Committee is to provide timely assurance to the JC that it is commissioning high quality and safe services. This will be achieved by:

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

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

- Monitor and support the development and implementation of the Commissioning Assurance Framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the development and implementation of the patient engagement and experience framework ensuring that there is continuous improvement in the commissioning of specialised services for the people of Wales;
- Consider the quality and patient safety implications arising from the development of commissioning strategies, including developments included in the Integrated Commissioning Plan;
- Ensure that all commissioning teams, through regular reporting to the sub-committee consider quality and safety as part of service commissioning;
- Receive from the commissioning teams, when required, items for urgent consideration and escalation;
- Receive regular updates on the development of commissioning policies and any implications for the quality and safety of commissioned services;

- Oversee the development and implementation of the risk management systems for WHSSC, ensuring that quality and safety of specialised services are priority for the organisation;
- Monitor and scrutinise risk management and assurance arrangements from the perspective of clinical and patient safety risks;
- Monitor and scrutinise concerns management arrangements ensuring that patient safety and safeguarding is paramount within WHSSC; and
- Ensure that lessons are learnt from patient safety incidents, complaints and claims (within specialised services) and that all such lessons are disseminated to all providers of services commissioned by the JC.

2.0 MEMBERSHIP

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

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

Membership during 2002-2023 was as follows:

Ceri Phillips (Chair)	Independent Member from Cardiff and Vale University Health Board (Chair)
Pippa Britton	Independent Member from Aneurin Bevan University Health Board
Delyth Raynsford	Independent Member from Hywel Dda University Health Board
Dilys Jouvenat	Independent Member from Cwm Taf Morgannwg University Health Board
Kirsty Williams	Independent Member from Powys Teaching Health Board
Lucy Reid (until 30 September 2022)	Independent Member from Betsi Cadwaladr University Health Board
Cheryl Carlisle (from 1 October 2022)	Independent Member from Betsi Cadwaladr University Health Board
Steve Spill	Independent Member from Swansea Bay University Health Board

The CHC representative is Gemma Morgan and attends the meeting as an observer.

Other attendees include:

- Consultant Physician for Welsh Kidney Network and the Programme Director;

- The WHSSC Medical Director or their nominated deputy;
- The WHSSC Director of Nursing and Quality Assurance together with members of the Quality team;
- The WHSSC Director of Planning and/or Assistant Director of Planning;
- The WHSSC Director of Mental Health and/or Senior Planner for Mental Health
- The WHSSC Committee Secretariat; and
- Community Health Council Representative

3.0 MEETINGS & ATTENDANCE

During 2022-2023, the WHSSC continued its response to the recovery phase of COVID-19. Q&PSC continued to meet virtually, and these virtual meetings and electronic communication continue to be the key to the Sub-Committee’s functionality.

To ensure business was conducted in as open and transparent manner as possible during these unprecedented times QPSC papers were published at least 5 working days prior to the Sub-Committee meeting dates.

Despite the operational pressures of recovery and the extreme financial pressures, all QPSC meetings took and the Sub-Committee met four times during 2022-2023 as outlined in the table below. This was in accordance with the ToR, which specify that the Sub-Committee should meet at least four times per year. At least two members must be present to ensure the quorum of the Sub-Committee and each meeting was quorate.

7 June 2022	9 August 2022	26 September 2022 (Development Day)
25 October 2022	24 January 2023	

3.1 Members Attendance at Meetings

The Sub-Committee achieved an attendance rate of 68% of members during the period 01 April 2021 to 30 March 2022 as set out below.

Attendance has been difficult for some members due to diary clashes with their own HB’s meeting dates. Some meeting dates have also been changed but this has led to some members not being able to attend.

BCUHB had a turnover of IM’s during the year and despite this change, there was no representative at any of the QPSC meetings. A new BCUHB IM will be

joining the WHSSC QPSC for 2023-2024. We are currently in the process of discussing this with the new BCUHB Chair and Executive Director of Nursing.

Table 1 – Member/Health Board Attendance at QPSC April 2022-March 2023

Independent Member Health Board	07.06.22	09.8.22	25.10.22	24.01.23	Attendance
Aneurin Bevan UHB	Y	Y	N	Y	3/4
Hywel Dda UHB	N	Y	N	Y	2/4
Cwm Taf Morgannwg UHB	Y	Y	Y	N	3/4
Powys THB	Y	Y	Y	Y	4/4
Betsi Cadwalader UHB	N	N	N	N	0/4
Swansea Bay UHB	Y	Y	N	N	2/4
Cardiff & Vale UHB (Chair)	Y	Y	Y	Y	4/4

4.0 MAIN AREAS OF SUB-COMMITTEE ACTIVITY

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

Preliminary Matters

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

Patient Story/Presentation

This section of the meeting reports on individual patient experience providing a real-life dimension to reporting or a presentation on a key topic such as learning from an incident investigation.

During the year a patient story on neonatal intensive care unit was received.

Presentations have been provided on the following topics;

- An informative presentation was received from Aneurin Bevan University Health Board (ABUHB) on the learning and reflections following a Serious Untoward Incident relating to a Mother and Baby Unit placement that occurred in December 2019. This had been shared with the South Wales Mother and Baby Unit for shared learning in terms of the importance of communication and care and treatment plans for home leave.
- A presentation on the recommendations and findings of a coroner's inquest that took place on 22 February 2022. This was as a result of a serious untoward incident at Arnold Lodge Women's Enhanced Medium Secure Service in July 2018.
- A presentation from the Cwm Taf Morgannwg University Health Board (CTMUHB) Exec Lead on the progress made at Ty Llidiard against the service improvement plan.
- A Mental Health Deep Dive covered the following key areas during the January 2023 QPSC meeting;
 - Mental Health Strategy – Consultation Feedback
 - Secure Services Review
 - Single Commissioner
 - CAMHS
 - Eating Disorders
 - Mother and Baby Unit
 - Governance and Incident Reporting

Items for Decision and Consideration

This section of the meeting includes update reports from the networks and WHSSC commissioning teams, highlighting all commissioned services that are in escalation and the actions taken as well as in depth updates on any risks that appear on the Corporate Risk Assurance Framework (CRAF).

Routine Reports

This section of the meeting includes update reports from the WHSSC Policy Group and summary updates on Serious Untoward Incidents, Complaints & Ombudsman Reports, and Regulatory summaries from Care Quality Commission (CQC), Health Inspectorate Wales (HIW) and Quality Assurance Improvement Team (QAIT). It also includes the monthly Corporate Risk Assurance Framework report highlighting risk issues and the Summary of Services in Escalation report.

Items for Information

This section of the meeting includes reports that will be of interest to the Sub-Committee that are not usually for discussion. Included in this section is the Forward Work Plan and the Distribution list,

Concluding Business

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

the Joint Committee through the chairs report and agenda items for the next meeting are also agreed with members.

5.0 QPSC DEVELOPMENT DAY

Following on from the QPSC Development Day held on 10th February 2022 a further Development Day was hosted by WHSSC on the 26th September 2022. The aim of the day was to provide the committee and invited guests to have a demonstration of the data systems currently used to support the quality assurance of specialised services commissioned by WHSSC.

Invitations to the day were sent to the Members of the WHSSC QPS Committee. Health Board Chairs of QPS Committees and Quality Leads from each of the Health Boards. The day was well attended with six out of the seven Health Boards represented and chaired by Professor Ceri Phillips.

- The Quality Lead from the Delivery Unit provided an update on the progress with the new policy and guidance being used across Wales around reporting nationally reportable incidents and never events. The team from the Delivery Unit explained the development of a National dashboard to support National Quality reporting on Quality and safety. The metrics will form the basis for quantitative assessment and engagement with service provider organisations, as part of a national quality and safety governance structure.
- Following this there was a demonstration and discussion from NHS England on their Quality Surveillance Improvement System (QSI). The group were informed how the system has transferred over to the NHS England Improvement team, further developments that have taken place since the last demonstration and the transfer mechanism over to Model Hospital. The later element is currently proving to be an obstacle in allowing access to the system and there is ongoing work between NHSEI and Digital Health and Care Wales.
- A demonstration of the WHSSC information system My Analytics Information Resource (MAIR) was demonstrated by the WHSSC Head of Information. This proved to be valuable for Health Boards and generated a discussion as to how they could improve access to the system for use back within the Health Boards.
- A presentation and update was provided on the Once for Wales system. An overview and timeline for implementation was shared and how reporting could be improved in the future.
- Internal work had been ongoing on developing an Escalation Trajectory which was shared on the day. The definitions and the escalation process for WHSSC commissioned services are contained within the Commissioning Assurance Framework (2021). This was well received and positive comments received in terms of improved reporting. Following

feedback it was envisaged that the commissioning teams would transfer reporting to this template for future reporting.

- A draft of the second Quality newsletter was shared prior to the meeting for discussion and comments. Positive comments were received around this alongside helpful comments to support the bilingual delivery and a mechanism to ensure that further information was available on request.
- In line with the Annual work-plan an opportunity was taken to review the Terms of Reference and receive comments before sign off through to the Joint Committee.

Some feedback from the Development included the following comments:

"I thought it was really useful and informative. It will also help me do my job as a committee member better and so I really appreciate the time you all took to put it together and deliver it".

"very helpful and informative few hours, with good engagement"

6.0 THE QUALITY ASSURANCE TEAM

The Quality Assurance Team has a pivotal role in the co-ordination of operational quality monitoring and interventions within commissioned services.

The Quality Assurance Framework was reviewed during 2020-2021. This was replaced with a Commissioning Assurance Framework (CAF) which was approved by the Joint Committee on 9 September 2021. This Framework is supported by a suite of documents to underpin patient quality safety and assurance.

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

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

- management and learning from serious incidents and never events;
- co-ordination of investigations and responses to complaints and reported near misses;
- contribution to the commissioning cycle including planning;
- contracting and quality assurance of provider services;

- contribution to, and being, the specialised commissioning local representative for the agreed escalation process of quality concerns within their geographical area;
- compliance with key legislation such as the *Nurse Staffing Levels (Wales) Act 2018*, which although it does not have a direct impact on many of the WHSSC commissioned services with its focus on acute medical and surgical staffing levels, has key principles that can be applied.

Whilst the team has been carrying a vacancy for some time this has now been recently recruited to which will strengthen the team and support the implementation of the new Duty of Quality from April 2023.

7.0 LINKS WITH OTHER COMMITTEES AND REPORTING RESPONSIBILITIES

The Chair links with other committees such as JC and Integrated Governance Committee. It is the role, assurance, and outcomes from the Q&PSC that link to these committees. A Chair's report and summary of services in escalation is provided to the JC and sent to the Chairs of each of the Quality Patient Safety Committees, Quality Leads and Board Secretaries in the Local Health Boards.

Directors and other Members of the Sub-Committee provide linkage with other Sub-Committees such as the Audit Committee and Clinical Networks. The WHSSC Director of Nursing presented to the All Wales Chairs on the Quality Patient Safety Committee earlier in the year to update them on the processes in place for the monitoring of commissioned services and the reporting mechanisms in place to provide reassurance back into the Health Boards.

8.0 WORK PROGRAMME

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

Following each meeting, a Chair's report together with the summary of the services in escalation is sent to the JC Meeting.

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

- Regular updates on Ty Llidiard and concerns over the length of time the service had been in escalation Level 4.
- Regular updates on service provision for patients with Eating Disorders

and progress with securing alternative provision following the end of the contract with Cotswold House.

- Progress with ongoing work with NHS England to consider a clinical model for the Gender Identity Development Service (GIDS) and explore a regional solution given the recommendation from the Cass Review to move away from a single provider.
- Updates on the escalation process of the Positron Emission Tomography Imaging Centre (PETIC). The service was removed from escalation in February 2023.
- Regular updates on cardiac surgery services including regular updates on the Getting it Right First Time (GIRFT) reviews and Action Plans from both SBUHB and C&VUHB.
- Updates on the CTMUHB Cochlear service and the engagement and consultation process;
- Concern about the use of an imaging platform that health boards have been using to transfer images between NHS Wales and thrombectomy providers in North Bristol and the Walton. The issue was escalated to the Delivery Unit and Welsh Government and resolved promptly.
- Updates on the updated WHSSC Corporate Risk Assurance Framework and the concerns around IPFR, more specifically the changes to the Terms of Reference and governance review. In addition the Welsh Kidney Network completed a review of their Risk reporting and completed the transfer over to the same scoring and reporting process as WHSSC Commissioning Teams. Two WKN risks were transferred over to the CRAF.
- Reports from the temporary IF commissioning team who kept the committee updated with supply issues and the HPN contract renewal.
- Regular updates on the paediatric surgery concerns which resulted in outsourcing to help reduce the numbers of children on waiting lists.
- An update was provided on the Artificial Limb Service. It was agreed that it would be beneficial to request an update on patient outcomes as part of future work with the service.
- Reports on the neo-natal cot capacity following a decrease in bed availability.
- The QPSC committee were alerted to the emerging risk relating to the management of outreach clinics delivered by St Helen's & Knowsley NHS Trust on two sites in Betsi Cadwalader University Health Board.

The following good news stories were also shared with the JC;

- The Committee was pleased to receive the formal notification that the Neuroendocrine Tumour (NET) Service in Cardiff & Vale University Health Board (CVUHB) had received UK ENET's accreditation. The team were congratulated on their achievement.
- The Final Internal Audit report, undertaken in June 2022, was received by WHSSC and shared with the committee with Substantial assurance being received.

- A Quality newsletter is produced by the Quality Team which highlights key areas for updating and sharing. This has been positively received and is circulated with the Chairs report into Health Boards on a quarterly basis. Copies of the Newsletters are attached as an **Appendix 1** to the Annual Report.

9.0 ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Sub-Committee provides an essential element of the overall governance framework for the organisation. The ToR were reviewed and refreshed during March 2022 and were presented to the JC for approval in May 2022. The Sub-Committee Terms of Reference are also being reviewed with some minimal changes proposed to reflect some new executive appointments to the WHSSC management Team. The QPSC committee has operated within its ToR and in accordance with the Governance and Accountability Framework.

The findings of the 2021-2022 QPS Committee Effectiveness self-assessment were shared with members on 7 June and presented to IGC and to the JC in July. Overall the comments were positive. This year's self-assessment will be undertaken during April 2023 and any actions will be picked up as part of the work plan for 2023-2024.

We are awaiting a nomination from BCUHB following recent changes within the Health Board. Until this new member is appointed there will be no representative from BCUHB attending the WHSSC QPSC meetings.

10.0 ASSURANCE TO THE BOARD

The QPSC assures the JC that, based on the work completed during 2022-2023, there are measures in place to monitor the quality and safety of commissioned services. There are no outstanding issues that the Group wishes to bring to the attention of the JC.

Embedding of the Corporate Risk Assurance Framework (CRAF) and alignment to the Escalation Process remains ongoing. Strengthening the reporting of services in escalation with a new escalation trajectory will be a key priority during 2023. The escalation paper at the request of WHSSC IM's is now routinely sent to the Integrated Governance Committee for assurance. Reporting mechanisms within Health Boards, whilst requiring ongoing improvement and monitoring, have seen a significant improvement in ensuring strong links between WHSSC and the Q&PSC with Health Boards, as was evidenced by the results of the Internal Audit Review and the substantial assurance rating for WHSSC process. There was limited evidence to suggest that Health Boards are submitting the WHSSC Quality and Patient Safety Chair's report to their own

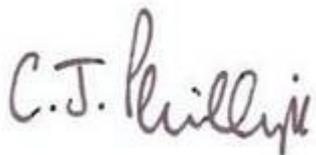
quality committee meetings for scrutiny and assurance. However, WHSSC makes reference to this when circulating the QPSC Chair's reports to Health Board colleagues.

11.0 CONCLUSION AND LOOK FORWARD

The Sub-Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2023-2024 in respect of the following work plan:

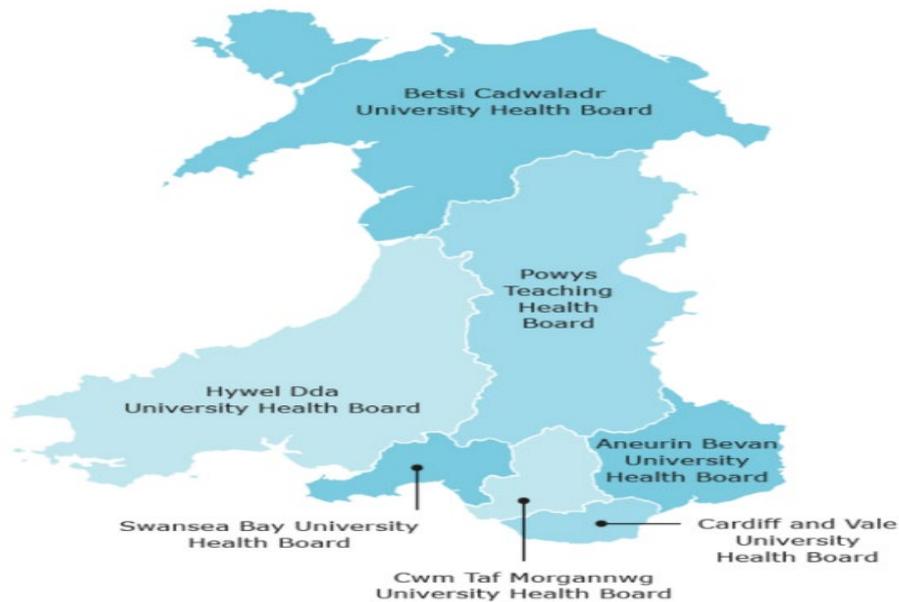
- Further development of the Sub-committee members by completion of the self-assessment and development day[s];
- Continue to strengthen the relationship and reporting into Local Health Boards Q&PSC with monitoring of the Internal Audit Recommendations delegated to HB Chairs;
- Further development of reporting and monitoring of quality indicators, as a follow up to the September 2022 Development Day;
- Ongoing work to improve the monitoring and reporting of untoward incidents and concerns;
- Further development of the corporate risk, escalation and assurance mechanisms.

Going forward, the Sub-Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long term aim to help further strengthen the quality arrangements of WHSSC.



Ceri Phillips
Chair of the Quality & Patients Safety Committee

WELSH HEALTH SERVICES SPECIALISED **COMMISSIONING QUALITY UPDATE**



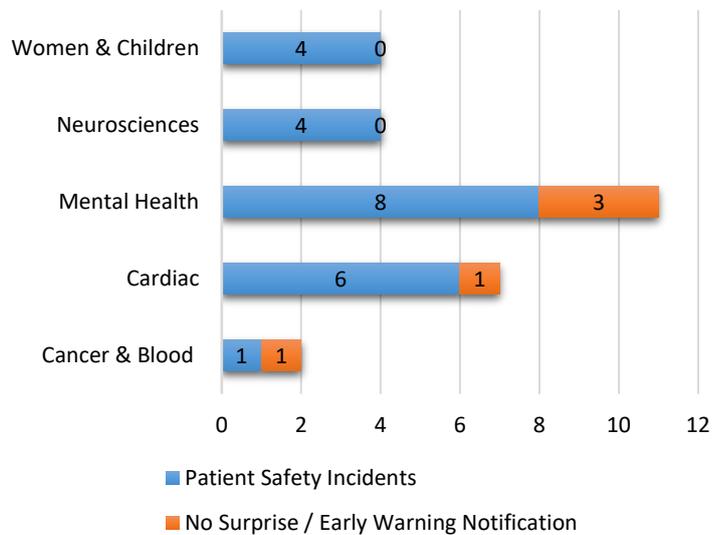
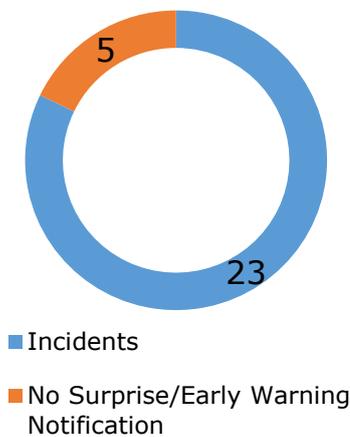
This is the 1st edition of the Quality newsletter from the Welsh Health Specialised Services team in Wales. Our plan is for these to be developed on a quarterly basis to supplement some of the reports and data which already feedback through different forums into the Welsh Health Boards.

These are some of the highlights and an overview of some of the work we are involved with from a commissioning perspective. The services commissioned from WHSSC are both in Wales and with NHS England this will only provide a very brief snapshot of some of these.

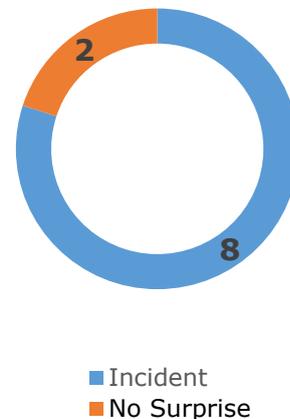
Reporting for the last Quarter

WHSSC do not investigate incidents but are responsible for supporting the investigations into these alongside the monitoring and reporting to the Health Boards. WHSSC are responsible for ensuring the delivery of safe services and any action plans themes or trends arising from concerns are completed and support learning. WHSSC facilitate the continued monitoring of commissioned services and work with providers when any issues arise.

As at March 2022 there are **23** Patient Safety Incidents and **5** No Surprise/Early Warning Notifications logged



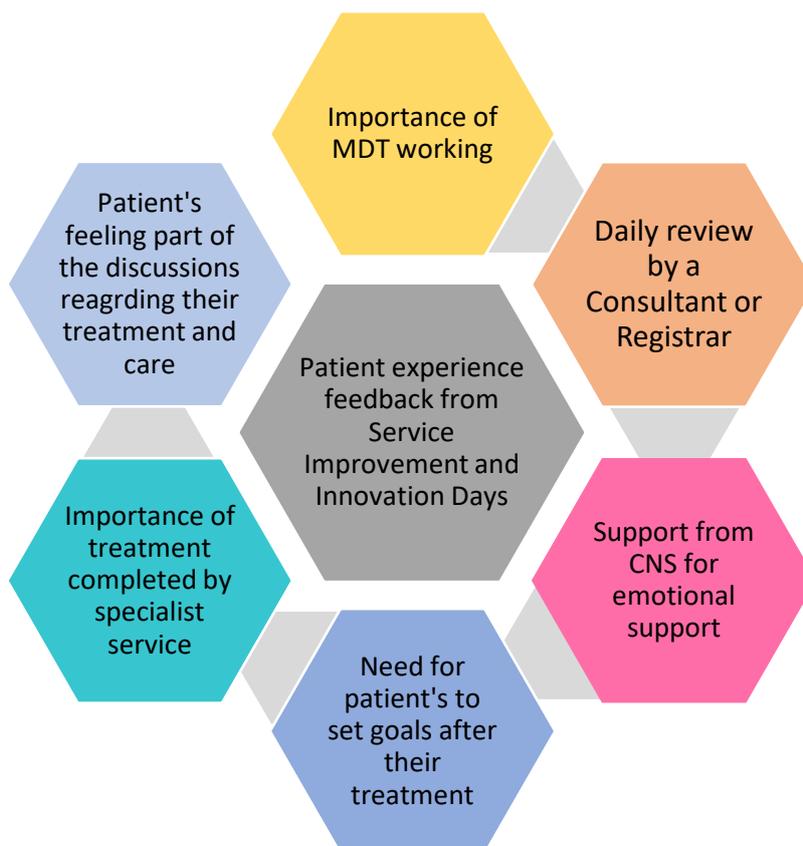
As at March 2022 a total of **8** Patient Safety Incidents and **2** No Surprise/Early Warning Notifications have been closed



Service Innovation and Improvement Days Formerly known as Audit and Outcome Days



During the Covid period these were put on hold but are now back and underway. To date, two days have been held this year one with the Intestinal Failure team and another with the Cancer Network and the Sarcoma specialist teams. A further date is planned for July 2022 with the Cystic Fibrosis team. The days have been really beneficial and the following is an illustration of some of the themes which have emerged:-



These have provided a forum for patient experience to be shared and an opportunity to hear about innovation and different ways of working which

have been adopted to support and deliver services through Covid. They have also provided an opportunity for services to discuss horizon scanning and the development of new services / pathways to support emerging new treatment and therapies. They have facilitated networking opportunities and provided a platform for benchmarking.

The following are some comments received from attendees of the day:-

Whatever the future holds, I am confident that I have received the very best treatment currently available to science to minimise the risk of a re-occurrence. It is reassuring that I am regularly being rechecked and have been made aware of the self-surveillance I need to be undertaking.

Know that I still have the support at the end of the telephone, helps me and my family get answers to questions when they arise, although I try to keep these to a minimum.

Overall having a team that I could have confidence in had a really positive impact on both my mental and physical health.

Thanks for the skills of the medical team and the care I have received. My quality of life is much the same as it was pre-sarcoma. I have come through this with as much of a positive mental attitude for the future as I enjoyed in the past.

The fact that to achieve this quality care incurred travelling a greater distance than to my local general hospital has been more than worthwhile. Throughout my treatment, I felt I was more part of the team than just a patient. This was achieved by keeping me well informed and giving me guidance on the options available.

Update from the Patient Care Team IPFR (Individual Patient Funding Request)

The Patient Care Team receives and manages individual patient funding requests for healthcare that falls outside of agreed range of services.

An overview of IPFRs processed 2021 – 2022 (Quarter 1 – 4):

Qtr 1	
April – June	551
Qtr 2	
July – September	449
Qtr 3	
October – December	434
Qtr 4	
Jan – March	603

Total Number of IPFRs 2038

Feedback received to the IPFR team

You Said, We Did – listening to feedback and implementing change:-



Engagement with Patient Experience



Listening and learning from Patient stories and experience provides the team with great insight into the services commissioned by WHSSC. One story shared with the team last year was from the prosthetic team in Cardiff and involved a patient who had received a microprocessor prosthetic knee. The patient was able to demonstrate over Teams the difference this had made to his mobility and the impact and improvement this had on his quality of life. The prosthetic team were also able to demonstrate how important their work is and how individual this had to be to patients requiring their services.



Many teams have had to work in different ways over the last year and have had to be very innovative in their approach. Some of the teams have shared how they have had to adapt to working with SMART phones and apps with their patients to monitor their wellbeing over virtual appointments and how much they have learnt through doing them to this. Some of this has promoted independence in some of their client groups and been enabling for them.

Some data shared with the team from the Clinical Nurses in Adult Congenital heart disease included an evaluation from patients on virtual clinics.

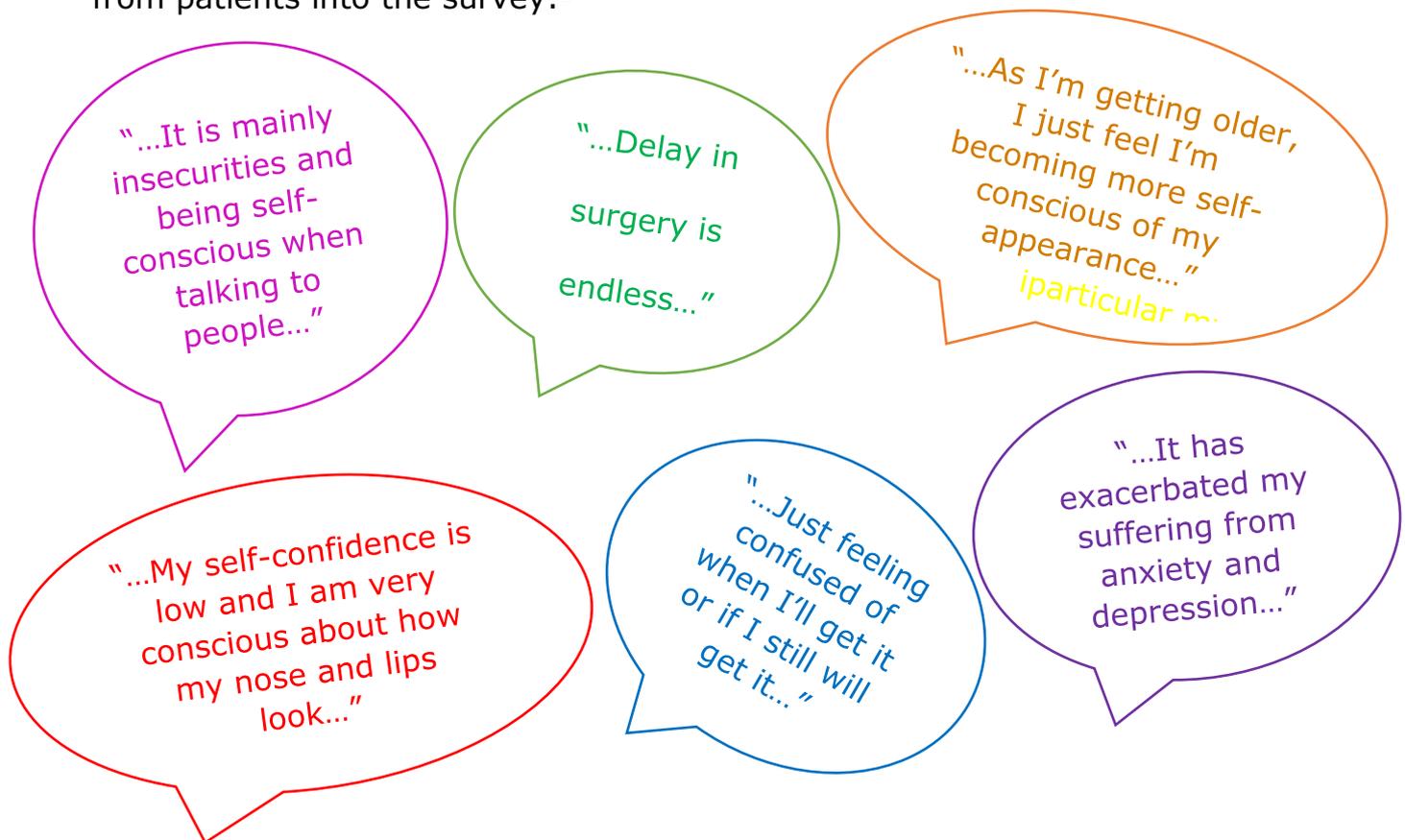
The Survey was undertaken through survey monkey and sent to **64** patients, a total of **35** responses were received resulting in the following summary,

- A blended approach mix of virtual and face to face appointments thought to work well by patients

- Virtual clinics to be offered as video rather than telephone call to improve the patient experience
- Prior to virtual appointment, patients who require tests such as ECG and Echocardiograms beforehand are undertaken prior to the appointment.
- Promotion and support of patient self-management such as Blood pressure self-monitoring, weight management and symptoms, use of fit watches, pulse measurement apps for heart rhythm recognition felt to be helpful and supportive.

It was evident the Team had learnt to respond and manage patients during the pandemic in new and innovative ways. The experience has seen the team and the patients become more confident with the new ways of working and the ongoing approach to be more of a blended approach.

Other surveys and stories which WHSSC have supported have been the impact delays have had on patients in treatment within certain specialties, such congenital cleft lip and palate, , the following are just a few comments from patients into the survey:-



Quick Round up of Commissioning Teams

Mental Health

5 year strategy being developed and well underway with excellent engagement and support from the Welsh Clinical Teams.

Women and Children's

Paediatric Strategy is gaining momentum and moving forward with improved engagement

Neurosciences and long term condition

Plan to develop All Wales strategy to improve outcomes and experience of patients receiving specialised rehabilitation

Cancer and Blood

Recent successful Sarcoma Service Improvement and Innovation Day held.

Cardiac

Richard Palmer has joined the commissioning team as a planner . Andrea will be returning to supporting Patient care team after a brief retirement

Intestinal Failure

Ongoing work being undertaken with the recently formed IF commissioning team and as a result of the IF review and Service Improvement and Innovation Day

Recognition of significant events and useful links

Well done to the team Professor Iolo Doull/ Sian Lewis and Andrew Champion on their recent publication:-

A Case Study on Reviewing Specialist Services Commissioning in Wales:

TAVI for Severe Aortic Stenosis

Applied Health Economics and Health Policy Journal

[**A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis | SpringerLink**](#)

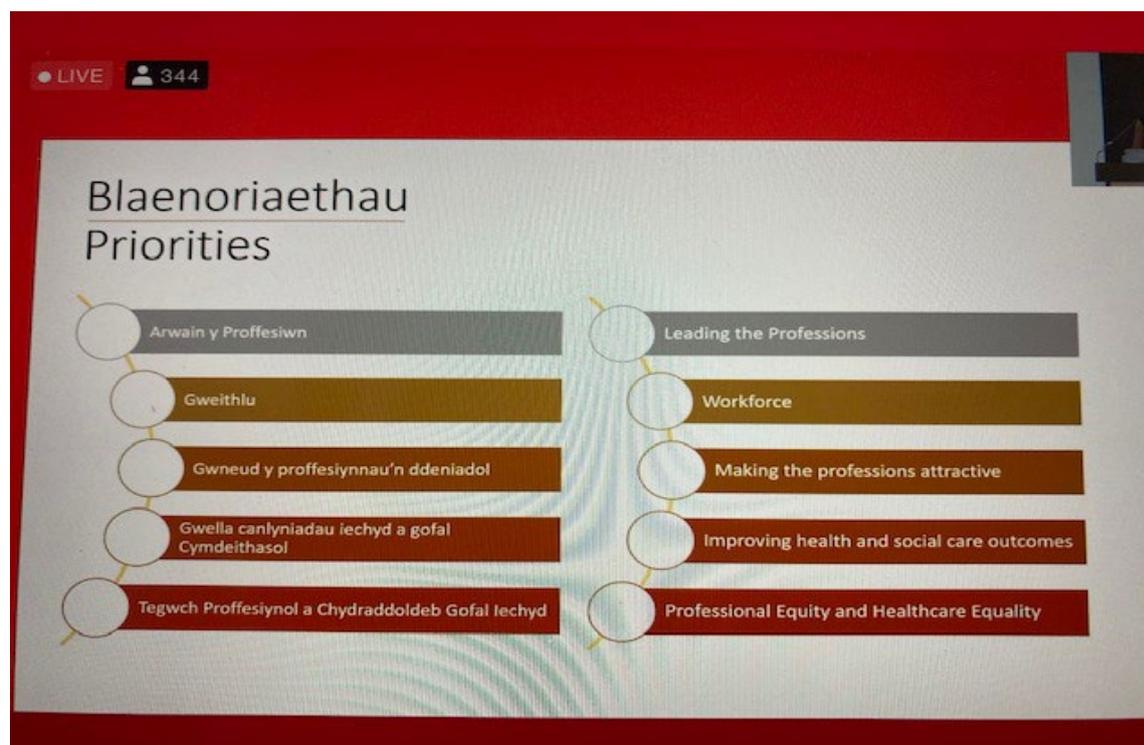
Chief Nursing Officer Conference Wales



Sue Tranka, Chief Nursing Officer for Wales

The recent Chief Nursing Officer Conference held in April 2022 saw the launch of the CNO priorities included below. WHSSC team will be supporting and continuing to incorporate these into their practice. The theme of the

conference was very much around professional leadership and delivering this with kindness and Compassion.



Developed in collaboration with stakeholders, the five priorities are:

- Leading the profession - invest in and develop nurse and midwife leaders at all levels in health and social care through dedicated leadership programmes;
- Workforce - close the vacancy gap and attract, recruit and retain a motivated, skilled workforce;
- Making the professions attractive - inspire people to enter the nursing and midwifery professions as the most attractive healthcare career choice in Wales;
- Improving health and social care outcomes - deliver equitable, good-quality, person-centred care; and
- Professional equity and healthcare equality - create a nursing and midwifery workforce that reflects the population it serves and addresses inequalities.



220405 Patient Safety
Update 5 April 2022 i:

OTHER USEFUL LINKS WHSSC WEBSITE

[Welsh Health Specialised Services Committee](#)

Welsh Health Specialised Services Commissioning NEWSLETTER

2nd Edition, Autumn 2022



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Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee



South Wales Neonatal Units



This is the 2nd edition of the Quality newsletter from the Welsh Health Specialised Services team in Wales. Our plan is for these to be published on a quarterly basis to supplement reports and data already provided through different forums into Welsh Health Boards.

**This Newsletter is available in Welsh on request.
Mae'r Cylchlythyr hwn ar gael yn Gymraeg ar gais.**



This gives an overview of some of the work we are involved with, and presents some of the highlights from a commissioning perspective. The services commissioned from Welsh Health Specialised Services Committee (WHSSC) are provided both in Wales and in England this will only provide a snapshot of our work.



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Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee

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Reporting for the Last Quarter

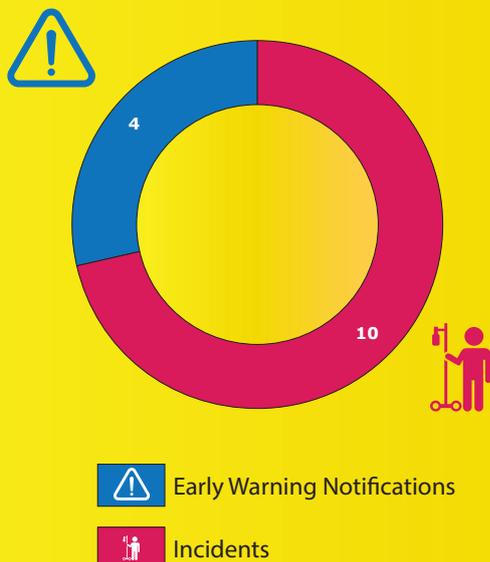
WHSSC do not investigate incidents but are responsible for supporting the investigations into these alongside the monitoring and reporting to the Health Boards. WHSSC are responsible for ensuring the delivery of safe services and ensure that trends or themes arising from concerns have actions plans which are are completed and support learning. WHSSC facilitates the continued monitoring of commissioned services and work with providers when issues arise.

Type by Commissioning Team



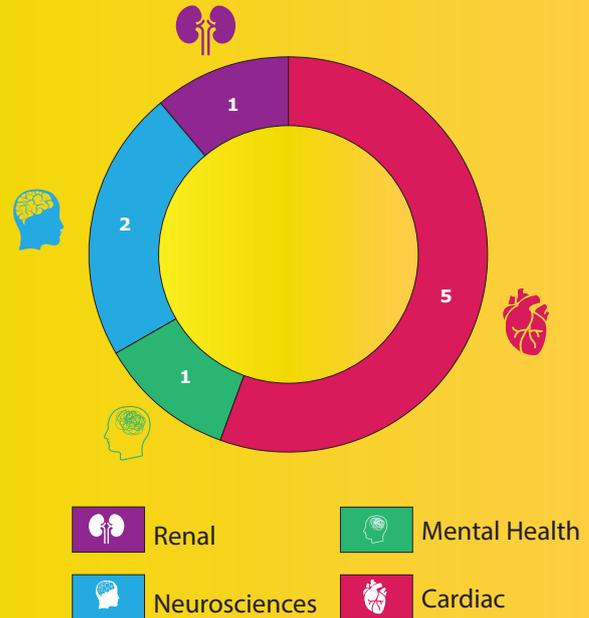
Patient Safety Incidents and Early Warning Notifications

Between March to July 2022, there were **10** Patient Safety Incidents and **4** Early Warning Notifications logged:



Patient Safety Incidents

Between March to July 2022, there were **9** Patient Safety Incidents closed:



Concerns raised with WHSSC may involve a direct response from the organisation or involve a joint response with the commissioning Health Board or WHSSC may need to ask the Health Board to respond directly.



Concerns



Incidents



Putting Things Right



Complaints



Update from the Patient Care Team IPFR (Individual Patient Funding Request)

The Patient Care Team receives and manages individual patient funding requests for healthcare that falls outside of agreed range of services.

An overview of IPFRs processed in Quarter 1 2022-23:

	Number of Requests discussed as Chairs Actions	Number of Requests discussed by All Wales IPFR Panel
April 2022	16	-
May 2022	7	14
June 2022	2	10

Welsh Gender Service

The Welsh Gender Service published their first ever Newsletter in Spring 2022 and a Summer edition is to follow. For now though, please see the Spring edition here:



[Welsh Gender Service: Spring Edition Newsletter April 2022](#)

April and June 2022 Patient Safety Updates



[Patient Safety Update: 5 April 2022](#)



[Patient Safety Update: 28 June 2022](#)



Quality and Patient Safety Development Day

WHSSC will be holding a Quality and Patient Safety Development Day on 26th September 2022. Quality Clinical Colleagues and Independent member from across Welsh Health Boards will be in attendance. The day will feature data systems presentations from NHS England, the data team in WHSSC and presentations from the Delivery Unit team and NWSPP. A recap and feedback from the day will be provided in the next newsletter!



Patient Safety Incidents



Listening



Never Events



Reassurance



Reporting



Learning



Compliance



Quality



Culture



Assurance



Feedback



Experience



Improving



Developing



Innovation



Ty Llidiard Co-production Event

Ty Llidiard have recently hosted a co-production event that involved young people, their carers and the staff based at Ty Llidiard. The event focused on the four C's: Compassionate, Calm, Confident and Caring.

The day was split into 3 sessions:-

- ✓ Former service users and their families along with external stakeholders.
- ✓ The young people who were admitted at the time.
- ✓ The Ty Llidiard staff.

Over 70 people attended on the day with another 50 giving feedback electronically and by using the feedback forms and box that was left in the Ty Llidiard foyer for 6 weeks after.

The main themes to come from the young people were reducing boredom through engagement and activities and from the staff it was around communication and support.

Over 100 people voted on the visual identity / logo with nearly 70% voting on this design. The next steps are to use the agreed logo on uniforms, signage and on the exterior of Ty Llidiard. Positive feedback was received from the Director General of Health & Social Services/Chief Executive NHS Wales.



Through consultation with Staff and the Young People who use Ty Llidiard, Scarlett Design came up with 4 potential design proposals with examples of how we would like to use them to create an internal and external philosophy and identity.





North Wales Adolescent Unit

There are positive developments for Children & Young People (CYP) who are being treated for Eating Disorders (ED) within the service. Over time, there has been a recognition that, the needs of young people admitted to Kestrel ward with an eating disorder have changed. Historically, Kestrel ward had a high proportion of admissions associated with Anorexia Nervosa (AN).

Across North Wales, there has been an increase in young people presenting with complex presentations around eating who require intervention. This is in line with the referrals and presentations seen within the inpatient context.

Kestrel ward have historically followed a weight restoration model for eating disorders, there has been no formal review of the ED pathway completed within the last decade. The recognised change in presentation of CYP has driven the change of pathway from one of weight restoration to a

pathway with a stronger focus on Young People engagement. The inpatient ward is committed to developing an Autism friendly environment working alongside the National Autistic Society (NAS). The journey to accreditation with NAS has begun with the first meeting taking place in August 2022. Following a review of the environment, the NAS advisor was able to make suggestions as to what could be developed to ensure that the service could improve meeting the needs of CYP with a diagnoses of Autism Spectrum Disorder. The development of the environment is clinically led by the nursing team and operationally partnered by the broader MDT.

The service has welcomed a new role this year, the Patient Liaison Officer role was developed following a trend in concerns noted by CYP & families that recognised how communication between the service and families was not as effective as it could be.

The liaison officer has taken an active role in enhancing parts of the admission pathway including the information that is distributed to CYP & families pre admission, this includes the development of an North Wales Adolescent Service (NWAS) [specific website](#).

There is a strong emphasis on what the role is and how this can support the CYP & family journey. In addition, the liaison officer is also closely linked to the regional Betsi Cadwaladr University Health Board (BCUHB) Child and Adolescent Mental Health Services (CAMHS) patient experience leads who have developed an action plan for improved patient experience in practice.

The liaison officer supported the children's charter events held by the CAMHS BCUHB patient experience leads, building on the existing principles of CYP engagement and enhancing the focus of patient centred care.

The development of the Advanced Nurse Practitioner (ANP) pathway is now complete, the service currently has 4 ANP trainees with a 5th joining in December, all of which are in the final phase of their academic studies, during their training phase the trainees are undertaking advanced level nursing tasks under supervision to ensure that they are able to meet all 4 pillars of their advanced level training.

Ty Llewellyn Medium Secure Unit

A meeting with the quality team in WHSSC took place with Ty Llewellyn Medium Secure Men's Adult Mental Health Unit in July 2022. An update was provided on the progression of the environmental, workforce and quality developments which have been underway to support a more therapeutic environment and clear recognition of physical health monitoring in mental health patients.

These have included the development of a more robust handover, physical health check monitoring, NEWS training and access to medical cover 24 hours 7 days a week and a policy to support individual therapeutic monitoring.

Staff sessions on physical health checks have included further training around sepsis management and the recognition and monitoring of side effects which may occur following the long term use of medications.

A culture of openness and transparency is continuously being encouraged and supported.

Outcome measure training is being facilitated for some of the staff and there are some further developments within the unit to capture patient experience, which will be shared once completed.



Moondance Awards

The Moondance Cancer Awards 2022 held on June 16th to celebrate 'brilliant people across NHS Wales and its partners who maintained, and innovated, cancer services despite the extraordinary circumstances of the last two years'.

Among the lucky shortlist of delegates eagerly awaiting the results were colleagues from the All Wales Positron Emission Tomography (PET) Advisory Group who submitted an application to the 'Achievement: Working Together' category and All Wales Genomics Oncology Group (AWGOG), All Wales Medical Genomics Services (AWMGS) and Velindre Cancer Centre (VCC) who submitted a co-application to the 'Innovation in Treatment' category.

Presiding over judging of the innovation category were an esteemed panel of judges including UK Medical Director of the Telemedicine Clinic, Cancer Clinical Director for Wales Prof Tom Crosby, CEO of Tenovus Judi Rhys MBE and Prof. Neil Mortensen, President of the Royal College of Surgeons.

The judges were reportedly *"delighted and humbled by the number and quality of submissions received"*.



WHSSC staff enjoying the Moondance Awards, from left to right: Professor Iolo Doull, Dr Andrew Champion and Sarah McAllister. Dr Champion and Sarah McAllister were part of the shortlisted All Wales PET Advisory Group!

Upon declaring the winning result to the AWMGS/AWGOG/VCC application, the judges noted the formidable achievements of each of the following three initiatives commissioned via WHSSC:

1. The DPYD gene testing pilot in collaboration with VCC saw Wales become the first UK nation to routinely offer DPYD pharmacogenetic screening for cancer patients in receipt of certain types of chemotherapy
2. The All Wales Genetics Oncology Group (AWGOG) since its formation has published timely clinical guidance on NTRK gene and FGFR2 gene fusion diagnostic testing for cancer treatment following NICE recommendations
3. Cymru Service for Genomic Oncology Diagnosis (CYSGODI) launched in 2021 offer high-quality oncology precision medicine services using next generation sequencing technology to screen for targeted genes in a tumour and haematological malignancy.

A huge congratulations to The All Wales Genomics Oncology Group for winning the Innovation in Treatment Award and also to The All Wales PET Advisory Group for being shortlisted in the Working Together category!

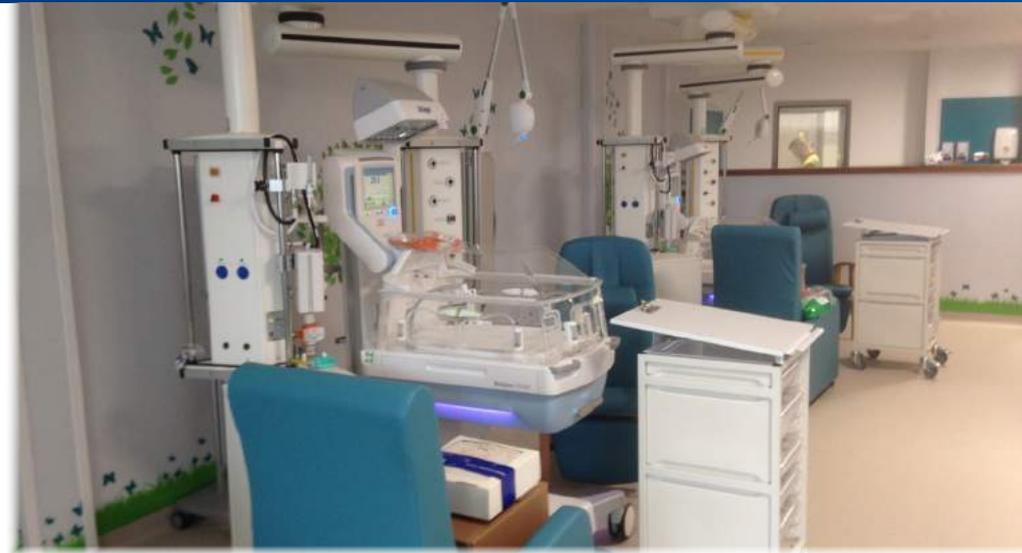


South Wales Neonatal Units

The WHSSC Quality team are undertaking scheduled neonatal visits within South Wales. The face to face meetings are intended to strengthen relationships and to develop an understanding of the role of the quality team within commissioning. WHSSC are responsible for commissioning the ITU and HDU cots in South Wales.

This is alongside supporting the importance of reporting and data collection in light of publications such as the Independent Maternity Services Oversight Panel (IMSOP) and Ockenden report and an awareness that the services have had a great deal of activity and had a number of workforce pressures. During the visits, the units have been encouraged to share evidence of Quality Improvement, good practice alongside areas of concern including workforce plans and recruitment.

Discussions have also included capturing patient experience and signposting to the Health Board team to support facilitation of this.



During the visits there was evidence of inspiring innovations to benefit patients, families and the staff and we have asked that this be continuously shared with WHSSC.

Alongside some workforce initiatives to utilise some of the current vacancies more successfully into advanced practice role development and Band 4 role development. To date the team have visited Hywel Dda University Health Board (HDUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), Swansea Bay University Health Board (SBUHB) and Cardiff and Vale University Health Board (CVUHB).



HDUHB

HDUHB provided the WHSSC Quality team with the opportunity to visit the new unit and to meet with the neonatal team. It was evident moving into a better environment and managing the care of neonates within the new facility had a positive impact on the team.

CTMUHB

Very positive visit to the team in CTMUHB, it provided the opportunity to understand how the team have worked to address the issues identified by Independent Maternity Safety and Oversight Panel. There was evidence of practice development and support for the clinical team alongside the rotation of staff into different clinical areas and support to work with the regional Centres.

SBUHB

The Team have recently had nurses join them from overseas and are in the process of supporting their development with specific clinical programs. These have included the development of Objective Structured Clinical Examinations to enable a smooth transition into the workforce and to meet the NMC requirements. During the visit alongside meeting the Neonatal Intensive Care Unit (NICU) team the Quality team met with the midwifery team who demonstrated the work which had been undertaken with a Neonatologist and maternity to enable the Transitional care model to be better utilised to support a model of more rapid step down from Special Care Baby Unit (SCBU).

CVUHB

The NICU visit provided the Quality team with an opportunity to understand how the Operational Team are continuously addressing the daily priorities of managing the ever changing clinical picture. This was demonstrated through their facilitation of a twice daily huddle and their reporting to the Clinical Board. The clinical team welcomed an opportunity to share their concerns regarding workforce, repatriation and training issues.

These included the difficulties of sometimes having families who had become dependent on the regional Centres and their concerns about being repatriated back to their local health boards, due to a perceived lack of understanding on how their particular specialist needs would be met. This concern was highlighted from both a family perspective and the clinical teams perspective. The clinical team raised concern around local skill and knowledge in relation to managing some of the more complex surgical cases.

There had been recent recruitment event with some success at external recruitment. A number of nursing vacancies exist within the team and there is a plan to support student streamlining with over recruitment into some of these vacancies.



Maternity and Neonatal Safety Summit

Sue Tranka, Chief Nursing Officer for Wales has launched the Maternity and Neonatal Safety Support Programme to improve safety, experience and outcomes for mothers and babies in Wales. Maternity and neonatal champions will be appointed to every health board in Wales to improve the quality of services and to support the Maternity Five Year Vision.

The Programme aims to create national standards to ensure that all pregnant individuals, babies and their families will experience safe, high quality health care along with influencing their decisions regarding the care they receive.

The Maternity and Neonatal Safety Summit was held in August 2022 and was well attended both in person and remotely. There was engagement from the participants, who were encouraged to submit online questions to the presenting panel. This identified collaborative themes amongst the audience and facilitated an opportunity to network in person.

Welsh Pharmacy Awards 2022



The Blueteq High Cost Drugs (HCD) software programme was procured for NHS Wales by the WHSSC and the Welsh Government via the Advanced Therapies Wales Board, to support the implementation of Advanced Therapy Medicinal Products (ATMPs) and other HCDs commissioned by WHSSC. A Blueteq Project Working Group piloted the system in May 2021. In January 2022, the system went live for all WHSSC commissioned HCDs.

This new system allows NHS Wales to audit the initiation of complex HCDs in line with evidence based health technology appraisal recommendations, to support clinical data collection and evaluation and to strengthen financial governance.

A Blueteq form is created for all WHSSC commissioned National Institute for Health and Care Excellence (NICE) Technology Appraisals, Highly Specialised Technologies and All Wales Medicines Strategy Group approved medicines by the WHSSC Medical team in collaboration with Welsh clinical experts.

The implementation of Blueteq ensures equitable and timely access to specialised HCDs for eligible patients across Wales. The Blueteq project has been shortlisted as a finalist in the Welsh Pharmacy Awards 2022, which is a fantastic achievement.

Well done team!



FINALIST

THE VALE RESORT,
GLAMORGAN
WEDNESDAY 7TH
SEPTEMBER 2022

DRINKS RECEPTION
6.30PM

AWARDS BEGIN
7.30PM

Quick Round up of Commissioning Teams



Mental Health

5 year strategy being developed and well underway with excellent engagement and support from the Welsh Clinical Teams.



Women and Children's

Paediatric Strategy is gaining momentum and out for consultation.



Neurosciences and long term condition

All Wales strategy to improve outcomes and experience of patients receiving specialised rehabilitation is underway.



Cancer and Blood

Thoracic and Inherited Bleeding Disorder Service Improvement and Innovation Day to be organised. ENETS won a Patient Experience award and will be hosting a celebration event on 13th October.



Cardiac

Cystic Fibrosis Service Improvement and Innovation Day scheduled for 11th November 2022.



Intestinal Failure

Ongoing work being undertaken with the recently formed Intestinal Failure commissioning team and as a result of the Intestinal Failure review and Service Improvement and Innovation Day.

Recognition of significant events, thank you's and useful links

Adele Roberts, Head of Quality at WHSSC, receives a special parcel from a patient who was supported through the NHS England Gender pathway:



Lieutenant Colonel

On behalf of the whole military in Wales I am very grateful for the enhance patient care the systems providers and for the friendly, flexible and efficient way it is administered by you and Catherine. Patients enjoy fantastic care from the providers in Wales. The options for select-ed individuals to be seen quickly in order to make them fit for duty and progress their care is transformational.....This support to the military in Wales is envied by my colleagues in other parts of the UK



Ministry of Defence (MOD)

A thank you from a Lieutenant Colonel with the MOD was received into WHSSC by the Director of Finance Stuart Davies and Catherine Dew IPFR manager.

Useful Links

- [Welsh Health Specialised Services Committee](#)

Public Health Wales - 30 month implementation evaluation for NIPT (Non-invasive Prenatal Testing) evaluation

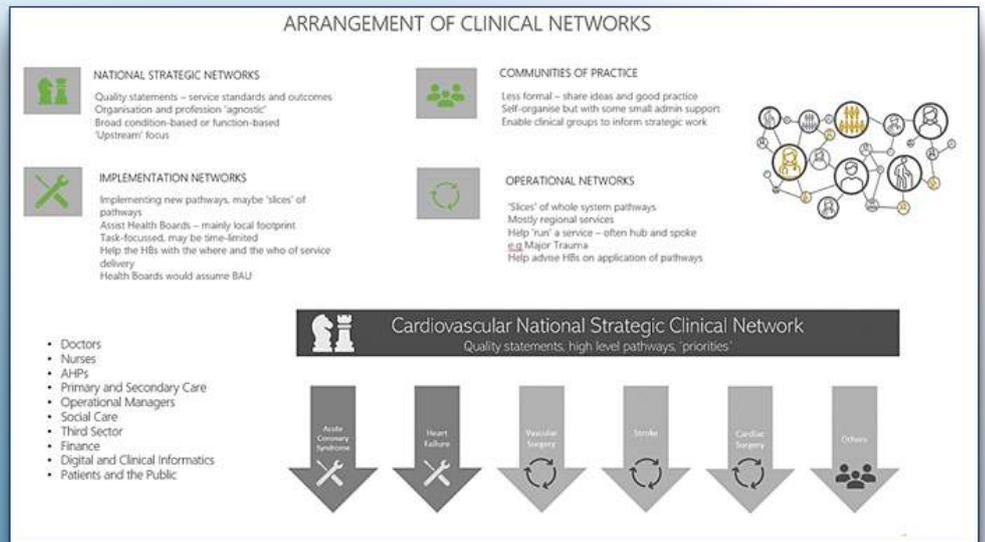
WHSSC commission NIPT and were informed by Public Health Wales of the evaluation findings from the first 30 months following the implementation of this as a contingent test as part of the antenatal Screening programme in Wales were formally published in the May edition of Prenatal Diagnosis, a peer reviewed journal.

[Implementation of non-invasive prenatal testing within a national UK antenatal screening programme: Impact on women's choices - Bowden - 2022 - Prenatal Diagnosis - Wiley Online Library](#)



Clinical Network Programme

As part of the strategy work WHSSC has been working closely with the Clinical Network Programme and whilst the names and arrangements of networks in the diagram below are still under discussion we felt it would be helpful to share as part of the stakeholder engagement that has been undertaken over the past year. The Clinical Networks Programme is part of the National Clinical Framework implementation within the NHS Executive.



NETS

South Wales Neuroendocrine Cancer Service has received a Centre of Excellence Accreditation with ENETS (European Neuroendocrine Tumour Society) – a massive congratulations to Dr Mohid Khan:



DR Mohid Khan, Cardiff and Vale University Health Board

A well-done from Dr Sian Lewis, Managing Director for WHSSC the neurosciences commissioning team received substantial assurance form the Audit and Assurance team and to the pharmacy team Eleri Schiavone, Dr Andy Champion and Professor Iolo Doull on reaching the pharmacy finalist awards.

"Well done team we are proud of you!"



[ENETS Audit Checklist/ Report Cardiff](#)



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whssc.nhs.wales

Autumn 2022

For queries or detail on any aspect within this Newsletter, contact Adele Roberts, Head of Patient Safety and Quality or Leanne Amos, Quality Administration Support Officer.

Email: Adele.Roberts@wales.nhs.uk / Leanne.Amos@wales.nhs.uk



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Arbenigol Cymru (PGIAC)
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Services Committee (WHSSC)

ALL WALES INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL

Annual Report 2022-2023

Interim Sub-Committee/Group Chair:	James Hehir
---	--------------------

ALL WALES INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL ANNUAL REPORT 2022-2023

1.0 INTRODUCTION

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

This report outlines the work of the WHSSC All Wales Independent Patient Funding Request Panel (IPFR) during the period April 2022- March 2023.

2.0 BACKGROUND - THE ALL WALES IPFR PANEL

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

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

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

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

The IPFR Panel cannot make policy decisions. Any policy implications arising from their decisions are reported to the WHSSC Commissioning Teams and then to the WHSSC Policy Group for consideration.

The Panel have financial authorisation to agree funding up to a set limit of £300,000 for one-off packages and £1million for lifetime packages. Authorisation for any decisions resulting in a financial cost in excess of this limit must be obtained from the relevant Health Board and reported to the Managing Director of Specialised and Tertiary Services.

There continued to be longstanding issues and risks which pre-dated, but were exacerbated by, the COVID-19 pandemic related to the terms of reference (ToR) of the All Wales IPFR Panel.

The WHSSC IPFR Panel terms of reference (ToR) are outlined in the “All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)”, which is presented at **Appendix 1** for information. On [14 March 2023](#) the updated ToR were approved by the Joint Committee and these will be implemented in summer 2023.

During this reporting period, the Chair’s action meetings were held until May 2022 as full IPFR Panel meetings were stood down. Subsequent to the reinstatement of the full IPFR Panel meetings, a total of 3 meetings were stood down due to lack of attendance and inability to meet the quoracy requirements of the ToR.

3.0 MEMBERSHIP & ATTENDANCE

3.1 Membership

The full panel of the Committee comprises 10 members. Membership during 2022-2023 remained as follows:

- Independent Chair (from an existing Independent Member of the NHS Health Boards)
- Two Lay representatives
- Nomination at Director level from each of the seven LHBs

Following the resignation of Professor Vivienne Harpwood in April 2022 the AW IPFR Panel was chaired by Dr Ruth Alcolado until the appointment of James Hehir, as the Interim Chair, in August 2022. Dr Ruth Alcolado remains as Vice Chair.

An additional two panel members can be appointed at the discretion of the Chair of the Panel, for example a member of the Ethics Committee or a Senior Pharmacist. A senior pharmacist was in attendance at 11 out of 17 full panel meetings during 2022-2023.

The Full Panel:

Name of Member	Designation	Time Period
James Hehir	Interim Chair Independent Member of CTMUHB	4 Aug 2022- 31 March 2023
Dr Ruth Alcolado	Vice Chair Medical Director, NWSSP (Interim Chair until 4 August 2022)	1 Apr 2022- March 2023

Currently no representative	Ethics Committee Representative	-
Teena Grenier, BCUHB Mari Treharne, HDUHB	Senior Pharmacist Representatives on a rotational basis	1 Apr 2022- 31 March 2023
Anne-Marie Mathews	Lead for Clinical Commissioning/IPFR, ABUHB	1 Apr 2022- 31 March 2023
James Risley	Interim Deputy Executive Medical Director, BCUHB	2 Feb 2023- 31 March 2023
Richard Hughes	Nurse Director, CTMUHB	4 Aug 2022- 31 March 2023
Richard Hain	Consultant & Clinical Lead, Paediatric Palliative Medicine, CAVUHB	1 Apr 2022- 31 March 2023
June Picton	AMD Professional Standards & Deputy MD, HDUHB	1 Apr 2022- 31 March 2023
Sadat Muzammil	AMD for Quality and Safety and Clinical Governance, Powys THB	16 June 2022-31 March 2023
Paul Stuart Davies Alastair Roeses Keith Reid Helen Dean Roger Williams Paul Knaggs Judith Vincent Christine Morrell	Swansea Bay UHB – 8 nominated representatives on a rotational basis, although not all have attended	1 Apr 2022- 31 March 2023
Details withheld	Lay Member	1 Apr 2021- 31 March 2022
Details withheld	Lay Member	1 Apr 2021- 31 March 2022

The following WHSSC officers also attended the committee meetings during the year:

Name of Attendee	Designation
Iolo Doull	WHSSC Medical Director
Sian Lewis	Deputy to WHSSC Medical Director
Carole Bell	WHSSC Director of Nursing

Catherine Dew	WHSSC Patient Care Manager
Stuart Davies	WHSSC Director of Finance
Natalie Hall	WHSSC IPFR Co-ordinator
Helen Tyler	WHSSC Corporate Governance Manager
Andrea Richards	WHSSC Senior Project Manager
Dominique Grey-Williams	WHSSC Assistant Specialised planner

The Chair's Action Panel Membership during 2022-2023 included:

Name of Attendee	Designation
James Hehir	Interim Chair AW Panel
Dr Ruth Alcolado	Vice Chair AW Panel
Sian Lewis	WHSSC Managing Director
Carole Bell	WHSSC Director of Nursing and Quality Assurance
Iolo Doull	WHSSC Medical Director
Details withheld	Lay Member
In attendance	
Catherine Dew	WHSSC Patient Care Manager
Natalie Hall	WHSSC IPFR Co-ordinator
Helen Tyler	WHSSC Head of Corporate Governance

3.2 Meeting Attendance 1 April 2022- 31 March 2023

Table 1 below outlines the dates and attendance for meetings during 2022-23.

Date	Quorate Y/N	ABUHB	BCUHB	CAVUHB	CTMUHB	HDUHB	Powys T UHB	Swansea Bay UHB (8 Rotational Reps)	Pharmacy (2 Rotational Reps)	Lay Member	Full Panel- No. IPFRs considered	Chair's Action Panel - No. IPFRs considered	TOTAL IPFRs considered
07/04/22	STOOD DOWN - NOT QUORATE	✓	X	X	X	✓	X	✓	X	✓	0		12
07/04/22	CHAIRS ACTION PANEL HELD											12	
21/04/22	STOOD DOWN - NOT QUORATE	✓	✓	✓	X	✓	X	X	X	✓	0	2	
22/04/22	CHAIRS ACTION PANEL HELD											9	
05/05/22	STOOD DOWN - NOT QUORATE				X		X	X			0		
05/05/22	CHAIRS ACTION PANEL HELD											8	
23/05/22	Y	✓	✓	✓	✓	✓	X	✓	✓	✓	14	2	
08/06/22	Y	✓	✓	✓	✓	✓	X	X	✓	✓	5		
16/06/22	Y	✓	✓	✓	✓	✓	✓	X	✓	✓	5	2	
07/07/22	Y	✓	✓	✓	✓	✓	X	✓	X	✓	6		
21/07/22	STOOD DOWN - NOT QUORATE				X		X	X			0		
21/07/22	CHAIRS ACTION PANEL HELD											5	

04/08/22	Y	✓	X	✓	✓	✓	✓	✓	X	✓	4		
18/08/22	Y	✓	X	✓	✓	✓	✓	X	X	✓	4	3	
01/09/22	Y	✓	✓	✓	✓	✓	✓	X	X	✓	5		
15/09/22	Y	✓	✓	✓	✓	X	✓	✓	✓	✓	5	3	
06/10/22	Y	✓	✓	✓	✓	✓	✓	✓	✓	✓	10		
20/10/22	STOOD DOWN - NOT QUORATE				X		X	X			0		
20/10/22	CHAIRS ACTION PANEL HELD											9	
03/11/22	Y	✓	✓	✓	✓	✓	X	✓	X	✓	8		
17/11/22	Y	✓	✓	✓	✓	✓	✓	X	✓	✓	10	4	
01/12/22	Y	✓	X	X	✓	✓	✓	✓	✓	✓	6	1	
15/12/22	CANCELLED DUE TO RCN INDUSTRIAL / STRIKE ACTION - No convenient date to rearrange												
05/01/23	STOOD DOWN - NOT QUORATE	✓	✓	X	X	✓	✓	X	✓	✓	0		
05/01/23	CHAIRS ACTION PANEL HELD											6	
19/01/23	Y	✓	X	✓	X	✓	✓	✓	✓	✓	9	1	
02/02/23	Y	✓	✓	✓	✓	X	✓	✓	✓	✓	6		
16/02/23	Y*	✓	X	X	X	✓	✓	✓	✓	X	6	2	
02/03/23	Y	✓	✓	✓	✓	✓	✓	✓	X	✓	4	1	
16/03/23	Y	✓	✓	✓	✓	✓	✓	X	X	X	8		
TOTAL IPFRs Considered by full Panel & Chairs Action Panel											115	70	185

*The BCUHB Pharmacy Representative took the place of the BCUHB HB Representative to achieve quoracy and to allow the full Panel meeting to proceed

3.3 Convening Panel Meetings – Challenges in Achieving Quoracy

The current All Wales IPFR Panel Terms of Reference (ToR), stipulate that to achieve quoracy an Independent Chair (or Vice Chair) and a minimum representation from 5 of the 7 HBs (3 of whom must be clinicians) is required. Achieving quoracy for the WHSSC IPFR panel is more challenging than for HB IPFR Panels, which require a Chair (or Vice Chair), who is usually a HB Medical Director, and just two clinicians (from its largely Executive Director membership).

Ensuring this attendance at meetings has continued to be a challenge. As detailed above five panels have had to be stood down and substituted for Chairs Action panels.

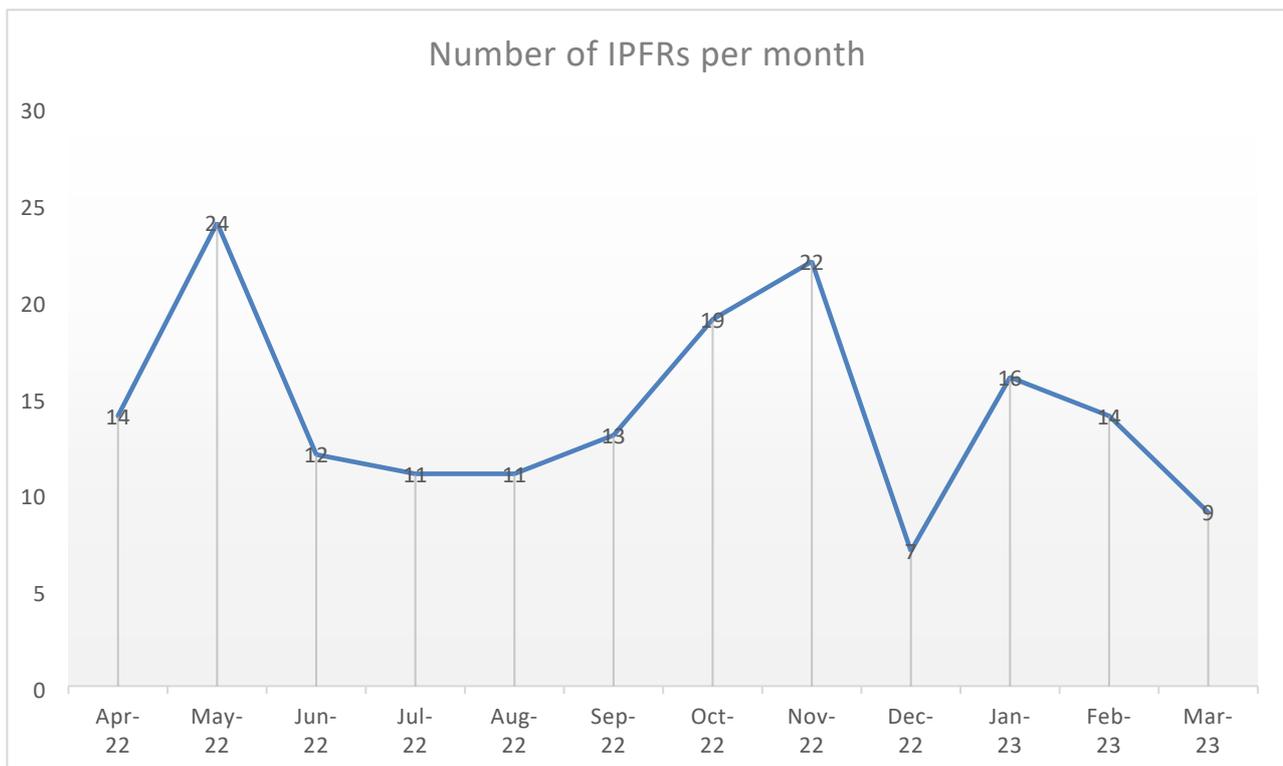
A change to the Terms of Reference will provide a better solution going forward as the number of HB representatives have been reduced from 5 to 4. During this reporting period, full panel meetings have been stood down because there have only been 4 HBs present.

4.0 MAIN AREAS OF COMMITTEE ACTIVITY

4.1 IPFR Requests Considered April 2022- March 2023

Table 2 below outlines the number of IPFR requests considered per month between 01 April 2022 and 31 March 2023. On average 14.5 requests were considered or reconsidered by either the full AW IPFR Panel or as a Chair’s Action each month.

Table 2 - Number of IPFR Requests Considered per Month 2021-2022



4.2. Categories of IPFR Requests April 2022-March 2023

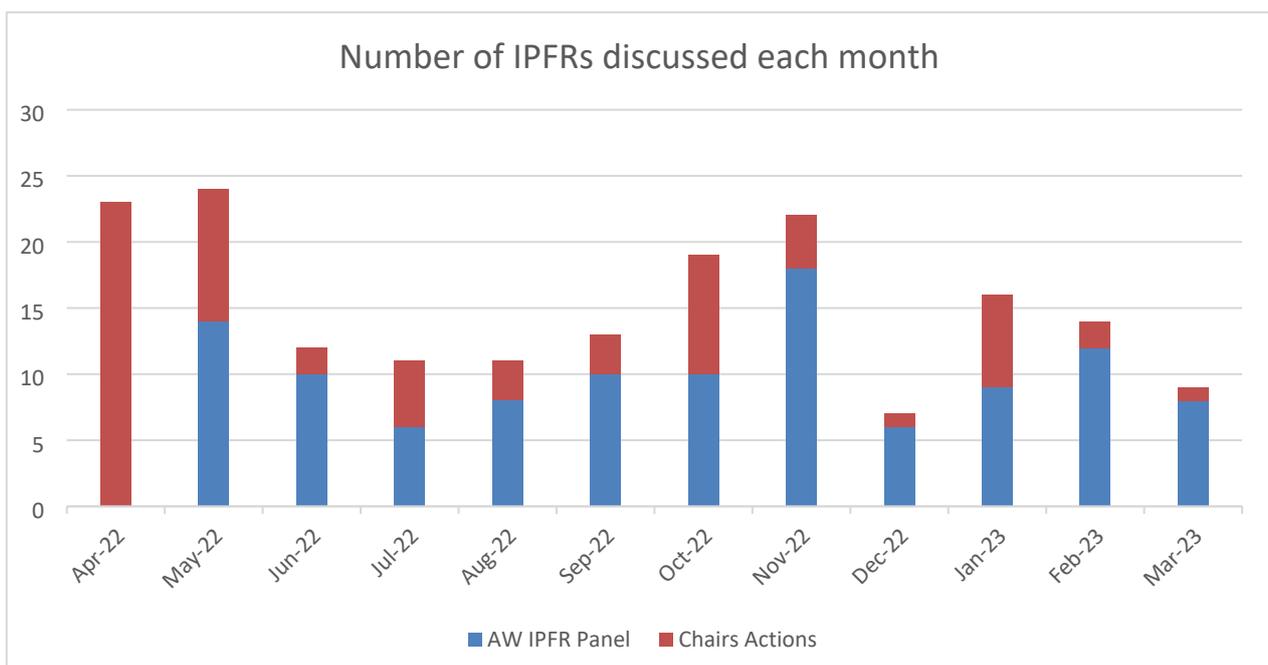
During 2022-2023 the IPFR Panel considered 181 new requests, 70 of these requests were discussed as Chair's Actions. Of the 181 requests:

- 46 PET scans,
- 19 Drug treatments,
- 26 Fertility treatments
- 12 Cytoreductive Surgery with HIPEC treatments
- 15 Plastic Surgery treatments
- 63 other

138 (76%) IPFR requests were approved and 43 (24%) requests were declined. Thus, the majority of requests were approved. In comparison with 2021-2022, the approval rate for 2022-2023 was very similar as 72% of requests were approved and 28% of requests were declined.

Table 3 below provides a breakdown of the IPFR requests considered by the full panel, and by the Chair's action panel.

Table 3 - IPFRs considered per month by the AW IPFR Panel and the Chair's Actions Panel



Where funding was approved, clinical outcomes were routinely requested and the Panel was updated when outcomes were received. These outcomes were also relayed to the WHSSC programme teams to inform future revision and development of WHSSC commissioning policies and fed into the WHSSC prioritisation process.

In order to monitor progress and any necessary follow up, the WHSSC IPFR Coordinator provided administrative support to the Panel, including a work log that captured all of the agreed actions. This provided an essential element of assurance

for both the panel and from the panel to the Integrated Governance Committee (IGC) and the Joint Committee (JC).

5.0 REQUESTS FOR REVIEW OF THE DECISION MAKING PROCESS

5.1 Request for Independent Review by a Health Board (HB)

If an IPFR is declined by the panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached.

During 2022-2023, WHSSC did not receive any requests for an Independent Review of the process followed by the All Wales Panel concerning an IPFR application.

5.2 Judicial Review – ABUHB & WHSSC –V- Maria Wallpott

IPFR applicants have the right to request that an IPFR decision is challenged on the grounds that it is unlawful, irrational/unreasonable and/or procedurally unfair, through a judicial review request to a court.

On the 3 December 2021 a request for a judicial review in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC & (2) Aneurin Bevan UHB (ABUHB) was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. The basis of this decision was the court’s interpretation of the existing NHS Wales Policy Making Decisions on Individual Funding Requests (IPFRs), and legal advice from a Queen’s Counsel (QC) Barrister, which indicated that the policy would need to be updated if its original and intended meaning was to be reinstated.

The judgment handed down on 3 December 2021 focussed on three key areas:

- The All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR),
- The definition of the comparator group,
- The record of the Panel’s reasoning.

Updates on progress were provided to the Joint Committee on [18 January 2022](#) and [15 March 2022](#). On 28 July 2022, Welsh Government (WG) wrote to WHSSC and advised that a process of engagement for a specific and limited review of the All Wales IPFR policy wording and changes to the WHSSC IPFR Panel ToR should be undertaken. Following the engagement process, the amended Policy and new TORs, should be submitted to the Joint Committee for consideration, and then go to HBs for final approval in keeping with the previous approaches taken by WHSSC when making complex or contentious decisions and in keeping with the WHSSC Standing Orders (SOs).

WG also advised that any changes should be submitted to the Joint Committee for consideration and then go back to HBs for final approval. Any changes agreed with HBs should then be shared with WG. In addition, they advised that they fully

supported a move to appoint a remunerated chair for WHSSC's IPFR panel and were agreeable to further discussions on this.

On [6 September 2022](#), the Joint Committee (JC) approved the proposal for WHSSC to undertake an engagement process with key stakeholders to update the WHSSC IPFR Panel ToR and on the specific and limited review of the All Wales IPFR Policy. It was agreed the process should include the All Wales Therapeutics and Toxicology Centre (AWTTC), the IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HB and Velindre University NHS Trust (VUNT). On [8 November 2022](#), the Joint Committee approved the methodology for engagement allowing WHSSC to start the process.

On [14 March 2023](#) the updated WHSSC ToR were approved by the Joint Committee and the feedback from the engagement process on the All Wales IPFR Policy was presented. The tenure of the interim Chair of the IPFR Panel was also extended by the Joint Committee to 30 September 2023 to ensure business continuity.

IPFR governance was identified as a risk on the WHSSC Corporate Risk and Assurance Framework (CRAF) on 20 October 2021 and was escalated from 16 to 20 following the judgment handed down in the Judicial Review case in December 2021. The risk score has remained at 20 since and will be reviewed once the review of the all Wales IPFR Policy is concluded and the new ToR are implemented. It is anticipated that this will happen during the summer of 2023.

5.3 Public Services Ombudsman for Wales (PSOW)

One IPFR case was referred to the Public Services Ombudsman for Wales during the reporting period. A patient complained that the IPFR Criteria was not person centred and failed to look at her case as an individual. The patient's complaint was not upheld and the Ombudsman concluded that they could not investigate complaints about a properly made decision that a public body or a provider of public services is entitled to make, even if a patient does not agree with the decision.

6.0 REVIEW OF THE EFFECTIVENESS OF THE IPFR PANEL

6.1 Individual Patient Funding Request Quality Assurance Group

The Individual Patient Funding Request Quality Assurance Group consider, on a quarterly basis, an anonymised random sample of IPFR requests (one from each IPFR panel in Wales) in relation to their completeness, timeliness and efficiency of communication in line with the NHS Wales IPFR policy process. The full ToR of the group are available on the AWTTC website (<https://www.awttc.org/ipfr/ipfr-quality-assurance-advisory-group>). The findings and recommendations of each audit is reported to the Joint Committee as part of the Chair Report.

6.2 IPFR Quality Assurance (QA) Group Audit

The IPFR Quality Assurance (QA) group undertake quarterly audits on the quality of information considered by the panel. The table below provides a summary of the findings of the quarterly audits undertaken in 2022-2023:

Quarter	Feedback from Audit
Apr-Jun 2022	All criteria were met in the case assessed. The case has highlighted a requirement to change wording on the IPFR Policy as to who is able to make a submission. All cases considered in the quarter met the urgency stipulated.
July – Sept 2022	<p>Nine out of ten criteria were met in the case assessed. The form had not been completed by the applicant, information had been provided in the form of letters from the GP and mental health services. Although the group did note that in this case the letters provided all of the information required.</p> <p>The minutes and letter with rationale to the clinician were much improved in this application.</p> <p>In the period July to September 97% of cases considered by WHSSC met the urgency requested, a decrease of 3% from the previous quarter and an increase of 7% from the same quarter in 2021.</p>
Oct – Dec 2022	<p>Ten out of eleven criteria were met in the case assessed. The discussions held by the panel were in line with the decision-making guide. However, the group felt that these discussions, particularly those about the economic considerations, were not recorded in sufficient detail in the meeting minutes. The group noted that the decision of the panel was clearly stated in the letter to the clinician but thought the explanation was too brief. Additional rationale should have been provided to explain why the panel didn't think the procedure would provide value for money.</p> <p>In the period October to December, 95% of cases considered by WHSSC met the urgency requested, a slight decrease of 2% from the previous quarter and an increase of 9% from the same quarter in 2021.</p>
Jan – March 2023	Not yet reported

6.3 Annual Committee Review of Effectiveness Survey

The results of the annual self-assessment exercise for 2021-2022 were shared with the IPFR Chair. The IPFR Panel will undertake its annual self-assessment covering the 2022-2023 financial year in April 2023.

7.0 ALL IPFR LEARNING AND TRAINING

The annual All Wales IPFR Conference which provides an opportunity for learning and development was held at Cardiff City Stadium on 28 February 2023 and Chaired by Dr James Coulson, Interim Clinical Director, AWTTTC. Delegates had the opportunity to access sessions including application completion, ethics, law and the role of Panel members.

Dr Sian Lewis, Managing Director of WHSSC, offered attendees a presentation on the Judicial Review of 3 December 2021 in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC & (2) Aneurin Bevan UHB (ABUHB). She detailed the findings of the review and its effect on the IPFR policy and decision making process.

8.0 ALL WALES THERAPEUTICS AND TOXICOLOGY CENTRE IPFR ANNUAL REPORT 2021-2022

The All Wales Therapeutics and Toxicology Centre (AWTTTC) has published the 2021/2022 IPFR Annual report which is available to view or download from the AWTTTC website <https://www.awttc.org/ipfr>

9.0 ASSURANCE TO THE JOINT COMMITTEE

The All Wales WHSSC IPFR Panel wishes to assure the Joint Committee that on the basis of the work completed by the Committee during 2022-2023, that the necessary measures continued in place to deal with the challenges of decision making during the recovery phase of the COVID-19 pandemic.

The WHSSC Joint Committee receives a report at each meeting regarding the work of the Panel. In addition, a number of papers specifically addressing issues related to the ToR of the Panel and the implications of the Judicial Review have been considered throughout 2022-2023.

Up until May 2022 Chair's Action Panel arrangements continued in place to consider requests when it was not possible to run full panels because of the additional pressures under which clinical and NHS management staff found themselves. When IPFR meetings were re-convened in May 2022, 3 meetings were stood down because quoracy could not be achieved.

Due to the issues related to the ToR, IPFR governance was identified as a risk on the WHSSC Corporate Risk Assurance Framework (CRAF). Following the judgment handed down in the Judicial Review case in December 2021 the level of risk was increased from 16 to 20. The risk score has remained at 20 since and will be reviewed once the review of the all Wales IPFR Policy is concluded and the new ToR are implemented. It is anticipated that this will happen during the summer of 2023.

10.0 CONCLUSION AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and in 2022-2023 will focus on the following:

- Continuing compliance with the All Wales IPFR Policy (June 2017) and decision making criteria,
- Continuing to mitigate the risks related to the unresolved governance issues as described above until the new Policy and ToR are implemented,
- Working with HBs and WG to finalise the amendments to the All Wales IPFR Policy and to implement the updated policy and WHSSC TOR in summer 2023,
- Working with Health Boards to ensure their designated representatives attend each Panel and meetings are quorate,
- Further development of the committee members by completion of the annual self-assessment and the annual IPFR training and development day;
- Undertaking a recruitment process for a substantive new Panel Chair. It is anticipated that the role requirements as currently described in the ToR and the increasing workload and complexity of the work will mean that successful recruitment will be highly challenging. Discussions are currently underway with WG regarding the remuneration of this role.



James Heihr
Interim Chair, individual Patient Funding Request Panel

**TERMS OF REFERENCE – IPFR PANEL (WHSSC)
PURPOSE**

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

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

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

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

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
<p>The IPFR Panel has delegated authority from the Joint Committee to consider requests and make decisions, limited to the purpose set out above.</p> <p>The IPFR Panel cannot make policy decisions for the Health Board. Any policy proposals arising from their considerations and decisions will be reported to the Management Group and/or Joint Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <ul style="list-style-type: none"> - The panel’s authorisation limit is 	<ul style="list-style-type: none"> • Independent Chair (who will be from existing members of the NHS organisations Boards) • Two Lay representatives • Nomination at Director level from each of the LHBs <p>A named representative from each of the seven Health Boards who should be a Director or Deputy/Assistant Director, or named deputies of appropriate seniority and experience who can operate in the capacity of the primary representative. The intention will be to secure an appropriate balance of professional disciplines to secure an informed multi-disciplinary decision.</p> <p>A further two panel members may be appointed at the discretion of the Chair of the panel, for example a member of the Ethics Committee or a Senior Pharmacist. These members should come from outside the 7 Health Boards and one of which would be nominated as the Vice Chair. The Chair of</p>

<p>set at £300,000 for one-off packages and £1million for lifetime packages</p> <p>- Any decisions resulting in a financial cost in excess of these limits must be reported to the Director of Specialised and Tertiary Services and the relevant Health Board for authorisation</p>	<p>the panel will review the membership as necessary.</p> <p>In attendance from WHSSC</p> <ul style="list-style-type: none"> • Medical Director or Deputy • Director of Nursing or Deputy • IPFR Co-ordinator • Finance Advisor (if required) <p>Other WHSSC staff as and when required.</p>
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PROCEDURAL ARRANGEMENTS

Quorum: The Chair or Vice-Chair and representation from five of the seven Health Boards, three of which must be clinical representatives.

Meetings: At least once a month with additional meetings held as required and agreed with the Panel Chair. Video conferencing facilities will be available for all meetings.

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

Urgent Cases: It is recognised that provision must be made for occasions where decisions may need to be made urgently.

Where possible, a “virtual panel” will be held to consider urgent cases. If this is not possible due to the urgency of the request, then the Director of Specialised and Tertiary Services together with the WHSSC Medical Director or Director of Nursing and the Chair of the WHSSC Panel (or Vice Chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

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

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



GIG
CYMRU
NHS
WALES

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

MANAGEMENT GROUP

ANNUAL REPORT

2022-2023

Sub-Committee Chair:

Sian Lewis

Report Approved by Sub-Committee:

28 April 2023

MANAGEMENT GROUP ANNUAL REPORT 2022-2023

1.0 BACKGROUND / INTRODUCTION

In line with section 4.2.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Management Group ("*the Group*") is required to produce an Annual Report to the Joint Committee setting out how the Committee has met its Terms of Reference (ToR) during the financial year, setting out its activities during the year and detailing the results of a review of its performance.

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

The Group is responsible for undertaking the following functions:

- a) To make recommendations, monitor and agree the Integrated Commissioning Plan (ICP) for Specialised Services for approval by the Joint Committee which will support the development of individual LHB Integrated Medium Term Plans (IMTP's),
- b) To receive recommendations from the WHSSC Commissioning Teams and to make recommendations to the Joint Committee regarding service improvements including investments, disinvestments and other service change,
- c) To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues,
- d) To undertake the role of Project Board or provide membership for Project Boards for specific workstreams and projects as approved by the Joint Committee and monitor their implementation,
- e) To consider consultation outcomes and recommended pathway changes before consideration by the Joint Committee,
- f) To ensure the development and maintenance of the needs assessment across Wales for Specialised Services,
- g) To agree and recommend commissioning/service issues to the Joint Committee which are to be considered as part of the Integrated Commissioning Plan. This will include issues which will have an impact on the plan raised by other sub-committee/advisory groups,
- h) To ensure the two way flow of information between Health Board and the WHSS team ensuring relevant Health Board Executives and clinical teams are kept abreast of specialised service developments and the WHSST are aware of Health Board service developments which may impact on

- specialised services,
- i) to make recommendations annually those services that should be planned on a national basis and those that should be planned locally,
 - j) To consider the appropriate level of funding for the provision of specialised and tertiary services at a national level (including those to be delivered by providers outside Wales), and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) to support recommendations to the Joint Committee,
 - k) To consider the in year risks associated with the agreed service portfolio and new pressures that may arise; and
 - l) Monitor the outcomes of specialised and tertiary healthcare services and ensure that the LHB is aware of performance and that take appropriate local action.

2.0 MEMBERSHIP

Members of the Group are appointed by the JC and derived from the seven Local Health Boards. (LHBs) The Membership of the Group will consist of two representatives from each HB usually a senior LHB planning / commissioning representative and a senior Finance representative. However, this will be for each HB to determine, subject to approval by Joint Committee.

The current Membership is:

WHSSC Members	
Sian Lewis	Managing Director, WHSSC (Chair)
Carole Bell	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	Director of Finance, WHSSC
Iolo Doull	Medical Director, WHSSC
Jacqueline Evans	Committee Secretary & Head of Corporate Services, WHSSC
Nicola Johnson	Director of Planning, WHSSC
David Roberts	Director of Mental Health

WHSSC Directors can be represented by their nominated deputy if they are unable to attend the meeting.

WHSSC MANAGEMENT GROUP MEMBERS FROM HEALTH BOARDS		
HEALTH BOARD	PLANNING/COMMISSIONING REPRESENTATIVE	FINANCE REPRESENTATIVE
ANEURIN BEVAN UHB	Philip Meredith, Finance Business Partner, ABUHB	Suzanne Jones,

WHSSC MANAGEMENT GROUP MEMBERS FROM HEALTH BOARDS		
HEALTH BOARD	PLANNING/COMMISSIONING REPRESENTATIVE	FINANCE REPRESENTATIVE
		Interim Assistant Finance Director - Financial Strategy, ABUHB
BETSI CADWALADR UHB	Sally Baxter Assistant Director – Health Strategy	Rob Nolan, Finance Director – Commissioning & Strategy
CWM TAF MORGANNWG UHB	Elizabeth (Elle) Beadle Assistant Director of Transformation	Andrew Jones, Head of Finance – Financial Planning & Reporting
CARDIFF AND VALE UHB	Melanie Wilkey, Deputy Director of Commissioning	Rebeka Warren, Deputy Director of Finance
HYWEL DDA UHB	Anne Simpson, Head of Strategic Commissioning	Daniel Binding, Senior Finance Business Partner
POWYS THB	Clare Lines, Assistant Director of Transformation and Value	Hywel Pullen, Deputy Director of Finance
SWANSEA BAY UHB	Kerry Broadhead, Assistant Director of Strategy Commissioning and Sustainability	Charlie Mackenzie, Assistant Director of Finance – Commissioning and Service Intelligence

HEALTH BOARD	PLANNING/COMMISSIONING DEPUTY	FINANCE DEPUTY
ANEURIN BEVAN UHB	David Hanks	James Dalton
BETSI CADWALADR UHB	Kamala Williams, Head of Health Strategy and Planning	Gillian Milne, Head of Contracts, Finance
CWM TAF MORGANNWG UHB	No nominated Deputy	Katie Games, Finance Manager – Commissioning and Contracting
CARDIFF AND VALE UHB	Elinor Mercer, Commissioning Manager	Andrew Gough, Deputy Director of Finance

HEALTH BOARD	PLANNING/ COMMISSIONING DEPUTY	FINANCE DEPUTY
	(Strategy and Development)	
HYWEL DDA UHB	No Nominated Deputy	Sian Hurley, Head of Healthcare Contracting, Finance
POWYS THB	John Morgan, Transformation Programme Manager	Stacy Jones, Principal Finance Manager
SWANSEA BAY UHB	Hannah Roan, Head of Strategic Commissioning	Chris Stevens, PFM – Commissioned Services

3.0 MEETINGS

Quorum for the Group is a minimum of six Members, of which at least four of the LHBs must be represented to allow any formal business to take place. The Group met virtually via Microsoft Teams on the following dates during 2022-2023. Each meeting was quorate. All meetings were held virtually via Microsoft Teams due to the ongoing COVID-19 pandemic.

28 April	26 May	23 June	28 July	25 Aug	22 Sept
27 Oct	24 Nov	15 Dec	26 Jan	23 Feb	23 Mar

To ensure business was conducted in as open and transparent manner as possible, papers were published between 10-14 days prior to the Group meeting dates.

3.1 Members Attendance at Meetings

The Group achieved an attendance rate of 94% during the period 1 April 2022 to 31 March 2023 as outlined in Table 1 below.

Table 1 – Member Attendance at Management Group April 2022 - March 2023

	28 Apr	26 May	23 June	28 July	25 Aug	22 Sept	27 Oct	24 Nov	15 Dec	26 Jan	23 Feb	23 Mar	Tally
ABUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
BCUHB	Y	Y	Y	Y	N**	Y	Y	Y	Y	N*	N*	Y	9/12
CTMUHB	Y	Y	Y	Y	N**	Y	Y	Y	Y	Y	N**	Y	10/12
CVUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
HDUHB	Y	Y	N*	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/12

PTHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
SBUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
WHSSC	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12

*Member was not present but a deputy was in attendance

** No Member or Deputy present

4.0 MAIN AREAS OF COMMITTEE ACTIVITY

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

- **Preliminary Matters**
This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising,
- **Items for Information and Support**
This section includes reports which will be of interest to the Group,
- **Routine Reports**
Standing Agenda Items discussed at every Group meeting, in line with the ToR; and
- **Concluding Business**
This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

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

- COVID-19 Period Activity Reports,
- Financial Performance Report,
- Policy Group Reports,
- WHSSC Commissioning Intentions,
- Fertility Services: Review of Commissioning Policies Update,
- Paediatric Neurology,
- Neurosurgery Deep Dive,
- Overview of Schemes received by the Clinical Impact Assessment Group (CIAG) for the 2023-2024 Integrated Commissioning Plan (ICP) WHSSC Prioritisation Panel Results 2022-2023,
- Major Trauma Update
- Specialised Services Strategy Development updates
- Paediatric Deep Dive
- Prioritisation Panel Update
- Integrated Commissioning Plan 2023-2024 Financial Summary,
- Integrated Commissioning Plan 2023-2024,
- Forward Work Plans.

Funding releases for the following services:

- SBUHB Prosthetics Service,

- BCUHB Prosthetics Service,
- The Welsh Artificial Eye Service (WAES),
- Neonatal Transport Operational Delivery Network (ODN),
- Spinal Operational Delivery Network (ODN),
- Spinal Injuries rehabilitation Service in South Wales,
- Paediatric Gastroenterology (North Wales),
- Artificial Limb and Appliance Service (ALAS) Psychology Services (Betsi Cadwaladr and Swansea Bay University Health Board),
- Paediatric Plastic Surgery Psychological Support
- Major Trauma – Orthoplasty SBUHB
- The development of Adult Congenital Heart Disease Service (Phase 3) in South Wales.
- Paediatric Pathology
- Neuropsychiatry Phase 2A,

Updates on the following developments;

- National Collaborative Commissioning Unit Secure Services Report
- Genomics Delivery Plan for Wales
- Extension of FastTrack Process for Military Personnel
- Intra Uterine Insemination Commissioning Arrangements
- Reconfiguration of Neo-natal Cots
- Paediatric Ketogenic Diet Review
- Implementing a 12 Week Clinical Pathway for the management and treatment of Aortic Stenosis
- Designation of Provider Framework,
- Gender Identity Development Service (GIDS) for Children and Young People Update,
- Mental Health Strategy Development, including updates on engagement and the need for demand and capacity analysis,
- Mother and Baby Unit 1 year Review,
- Comparison Between NG Feeding in South Wales to North Wales CAMHS Services,
- All Wales Positron Emission Tomography (PET) Programme Update
- Commissioning and Contracting for BCUHB population with North West NHS England Providers,
- Percutaneous Mitral Valve Repair Programme – Update Report
- Performance Management Framework,

Support for the following initiatives:

- WHSSC Commissioning Intentions,
- Additional Costs Associated with NICE Technical Appraisal for Sapropterin
- Positron Emission Tomography (PET) – CT: New Indications 2022
- Pulmonary Hypertension - Potential to formally institute a Welsh satellite service
- Specialised Paediatric Services 5 year Commissioning Strategy and the establishment of an Implementation Board for the Paediatric Strategy,
- South Wales Cochlear Implant and BAHA Implant Device Services,

- Future funding of new PET indications
- Thinking Differently about Psychology for Specialised Services,
- Medicines Optimisation Service – spend to save initiative
- Options Appraisal for A Single Commissioner for Secure Mental Health Services in Wales
- Plastic surgery: realignment of future commissioning responsibilities between WHSSC and Health Boards,
- WHSSC Cardiac Review,
- Options Appraisal for Eating Disorder Provision,
- National Skin Camouflage Pilot Service,
- Review of Specialised Commissioning in Haematology,
- Specialised Mesothelioma MDT Update

WHSSC were successful in publishing the article [“A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis”](#) in the Applied Health Economics and Health Policy Journal. The article describes the process used by WHSSC to use evidence evaluation as a basis for commissioning decisions.

The Cardiff transplant retrieval service provided their first two NRP (normothermic regional perfusion) organ retrievals.

An All Wales Molecular Radiotherapy Group (AWMOL), a subgroup of the Clinical Oncology Subcommittee (COSC) of the Welsh Scientific Advisory Committee (WSAC) was set up in December 2021 to specifically advise Welsh Government (WG) and the Welsh Health Specialised Services Committee (WHSSC) on the provision of Molecular Radiotherapy services for the people of Wales.

To guide development of an all Wales MRT service, WHSSC has been granted £0.11m over 18 months from WG to develop a strategy and business case for future service provision, with support from AWMOL.

5.0 WORKSHOPS

During 2022–2023, the Group held a series of workshops on the development of the Integrated Commissioning Plan for 2022-23 on 12 April 2022 and 12 October 2022.

The MG held a Plastic Surgery Commissioning Arrangements Workshop on 22 September 2022. At its meeting in January 2023, the JC approved the preferred option where a policy would be developed to define specialised plastic surgery which would be commissioned by WHSSC with non-specialised plastic surgery being commissioned by Health Boards. Work on developing this further is currently underway and MG will be kept updated with progress.

During the November 2022 meeting a Recommissioning for Value Workshop helped shape the final ICP for 2023. The workshop was planned in response to the Joint Committee's request for scenarios to make choices on commissioning plans and prioritised schemes. The workshop also provided the opportunity to discuss the approach to becoming a more strategic commissioner and to Value-based commissioning.

During January 2023 a Haematology workshop was held and supported by Professor Chris Fegan, Consultant Haematologist, who had been commissioned by WHSSC to undertake the Haematology review. From the workshop a suite of papers were developed and taken through Management Group and Health Boards. The final proposals linked to the outputs from this workshop will be submitted to the May 2023 Joint Committee meeting for final approval to ensure the future development of Haematology services in Wales.

As a condition of signing off the Integrated Commissioning Plan, WHSSC and Health Board staff are requested to make a 1% pathway saving (approximately £7m). An efficiency and recommissioning workshop was held on 23rd March which set out the programme approach for the work as well as seeking to generate proposals for containment within the programme.

6.0 LINKS WITH SUB COMMITTEES AND REPORTING RESPONSIBILITIES

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

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

7.0 WORK PROGRAMME

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

In addition, a comprehensive 12-month forward work plan is presented to each Group meeting.

Following each meeting, a briefing is provided to Members capturing the main decisions made at the meeting. The briefings are available on the WHSSC website as they are a standing item on the Joint Committee Agenda:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers>

Full minutes of each meeting are considered and approved at the following meeting.

8.0 ASSESSMENT OF GOVERNANCE AND RISK

The Group provides an essential element of the overall governance framework for the organisation. It has operated within its Terms of Reference (ToR) and in accordance with the Governance and Accountability Framework and meetings are well attended with good engagement from members.

The results of the annual self-assessment exercise for 2021-2022 was presented to the June 2022 MG meeting as an appendix to the Managing Directors Report. The Group will undertake its annual self-assessment covering the 2022-2023 financial year in April 2023.

The ToR were reviewed and presented to the April 2022 Management Group meeting. Members supported the proposed changes and these ToR were approved by the Joint Committee at its May 2022 meeting. A copy of the Terms of Reference are attached at **Appendix 2**. Due to the ToR being substantially reviewed during 2022 and following the announcement by Welsh Government on 23 January 2023 that a review of National Commissioning Functions is being undertaken, no review is proposed at present. A more substantial review of all WHSSC sub-committee ToRs will be required following the outcome of this review.

9.0 ASSURANCE TO THE JOINT COMMITTEE

The Group wishes to assure the Joint Committee that, based on the work completed by the Committee during 2022-23, there are effective governance measures in place. The Group is well established with a clearly defined role, remit and work programme. The reporting into the Group has been strengthened during 2022-2023 and now includes more detailed Forward Work Plans. The funding releases will also be incorporated into the Forward Work Plans going forward.

10.0 CONCLUSION AND LOOK FORWARD

The Group is fulfilling its role as set out within the updated ToR and there are no matters that the Group is aware of at this time that have not been disclosed appropriately. The Group is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2023-24 in respect of the:

- Feedback from the self-assessment for the Committee,
- Review into the National Commissioning Functions,

- Developing the Governance System and Process for the WHSSC &HB Shared Pathways Saving Target of 1%,
- Developing and re-introducing the Performance Management Arrangements,

WHSSC received a letter from Welsh Government on 20 March 2023 accepting the Joint Committee's recommendation that WHSSC should become the single commissioner for low and medium secure services.

The last specialised services strategy was published in 2012. During the intervening period there has been significant challenge related to the pace of development of innovative treatments, an increasingly austere financial climate, the unprecedented and disruptive impact of the COVID-19 pandemic on NHS care and the recent extreme financial pressures facing the NHS. The policy context within NHS Wales has also changed during this time and any strategy will need to be aligned to a number of major policy developments. Work on developing a Specialist Services Strategy continues and Management Group members have been instrumental in providing feedback to help shape the final document. At the March 2023 meeting a useful discussion took place on the strategic aims and objectives.

Going forward, the Group intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long term aim to help WHSSC achieve its strategic aim.



Sian Lewis
Chair of the Management Group

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WELSH HEALTH SPECIALISES SERVICES COMMISSION

MANAGEMENT GROUP

Terms of Reference (ToR)

Document Author:	Corporate Governance Manager
Executive Lead:	Committee Secretary
Approved by:	Management Group
Issue Date:	10 May 2022
Review Date:	10 May 2023
Version:	2.0

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1.0 Introduction

1.1 The Standing Orders of the Joint Committee provide that *“The Joint Committee may and, where directed by Welsh Government must, appoint sub-committees either to undertake specific functions on the Committee's behalf or to provide advice and assurance to the Committee in the exercise of its functions. The Joint Committee's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by sub-committees”*.

In line with standing orders (3.4.1) and the scheme of delegation, the Joint Committee shall nominate a sub-committee to be known as the **Management Group (“the Group”)**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

1.2 The role of the Management Group is to support WHSSC in the development and implementation of the Specialised Services Strategy,

1.3 The Joint Committee will have overall responsibility for and oversight of service and financial performance which will be operationalised through the WHSSC Staff and co-ordinated via the Management Group,

1.4 The governance arrangements of the Host Health Board “Cwm Taf” will apply and this includes the audit arrangements as approved by the Joint Committee,

1.5 All matters relating to specific Providers will be dealt via the Service Level Agreements monitoring mechanisms and in accordance with the Business Framework.

2.0 Purpose

2.1 The overall purpose of the Management Group (*“The Group”*) is to make recommendations to the Joint Committee and be the Specialised Services Commissioning operational body responsible for the oversight of the development, scrutiny and implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable

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services for the people of Wales.

2.2 The Group will be responsible for undertaking the following functions :

- a) To make recommendations, monitor and agree the Integrated Commissioning Plan (ICP) for Specialised Services for approval by the Joint Committee which will support the development of individual LHB Integrated Medium Term Plans (IMTP's),
- b) To receive recommendations from the WHSSC Commissioning Teams and to make recommendations to the Joint Committee regarding service improvements including investments, disinvestments and other service change,
- c) To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues,
- d) To undertake the role of Project Board or provide membership for Project Boards for specific workstreams and projects as approved by the Joint Committee and monitor their implementation,
- e) To consider consultation outcomes and recommended pathway changes before consideration by the Joint Committee,
- f) To ensure the development and maintenance of the needs assessment across Wales for Specialised Services,
- g) To agree and recommend commissioning/service issues to the Joint Committee which are to be considered as part of the Integrated Commissioning Plan. This will include issues which will have an impact on the plan raised by other sub-committee/advisory groups,
- h) To ensure the two way flow of information between Health Board and the WHSS team ensuring relevant Health Board Executives and clinical teams are kept abreast of specialised service developments and the WHSST are aware of Health Board service developments which may impact on specialised services,
- i) To make recommendations annually those services that should be planned on a national basis and those that should be planned locally,
- j) To consider the appropriate level of funding for the provision of specialised and tertiary services at a national level (including those to be delivered by providers outside Wales), and determining the contribution from each LHB for those services (which will include the running costs of the Joint

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Committee and the WHSST) to support recommendations to the Joint Committee,

- k) To consider the in year risks associated with the agreed service portfolio and new pressures that may arise; and
- l) Monitor the outcomes of specialised and tertiary healthcare services and ensure that the LHB is aware of performance and that take appropriate local action.

2.3 The Members of the Group acknowledge and accept that it will operate in tandem with the local commissioning teams in the Health Boards.

3.0 Delegated Powers and Authority

The Group is authorised to:

- To scrutinise business cases submitted by provider organisations and authorise funding release in accordance with the WHSSC approved ICP.
- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Joint Committee & WHSSC. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the sub-committee,
- obtain external legal or other independent professional advice and to secure the attendance of external experts/ advisors with relevant experience and expertise if it considers it necessary, subject to NHS procurement, budgetary and other requirements, and
- by giving reasonable notice, require the attendance of any of the officers or employees at any meeting of the Group.

4.0 Sub Groups

The Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of the business within its remit.

5.0 Membership

5.1 The following will be Members of the Group;

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- The Managing Director,
- The Director of Nursing and Quality,
- The Director of Finance & Information,
- The Medical Director,
- The Director of Planning,
- The Committee Secretary, and
- Relevant WHSSC Staff.

WHSSC Directors can be represented by their nominated deputy if they are unable to attend the meeting.

5.2 Health Board Members of the Group shall be appointed by the Joint Committee and derived from the 7 LHBs.

5.3 The Membership of the Group will consist of 2 representatives from each HB usually a senior LHB planning/commissioning representation and senior Finance representation. However this will be for each HB to determine, subject to approval by Joint Committee as 5.2 above.

If any member is unable to attend a nominated deputy can attend with prior agreement from the Chair.

5.4 Other members may be appointed as deemed appropriate by the Group.

5.5 Members from the NHS Trusts in Wales and/or Provider arm of Local Health Boards will be invited to attend meetings as required.

5.6 The Group will be chaired by the Managing Director for Welsh Health Specialised Services.

5.7 If absent, the Chair will nominate one of the WHSSC executive Directors to Chair the meeting.

5.8 Other staff may be invited to attend the Group as required.

6.0 Attendance

6.1 The Internal and External Auditors will be invited to attend as

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and when required at the discretion of the Group or at the Auditors request

- 6.2 Such other officers as the Chair determines shall be invited to attend, from time to time, as and when required to assist with its discussions on any particular matter.

7.0 Member appointments

- 7.1 The membership of the Group shall be determined by the Joint Committee, based on the recommendations of the Chief Executives of Health Boards - taking account of the balance of skills and expertise necessary to deliver the Group's remit.
- 7.2 Membership will be reviewed every three years.

8.0 Support to Members

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

- Determine the secretarial and support arrangements for the Group,
- Arrange the provision of advice and support to the Group members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for Sub-committee members.

9.0 Meetings

9.1 Quorum

At least four of the LHBs must be represented and a total of six members must be present to allow any formal business to take place at the Management Group.

9.2 Frequency of meetings

Meetings shall be held monthly.

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9.3 Dealing with Members' interests during meetings

Declarations of interest will be a standing agenda item for all meetings. Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

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

The Chair, advised by the Committee Secretary, must ensure that the decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual members must demonstrate, through their actions, that their contribution to the decision making is based upon the best interests of the NHS in Wales.

Where individual Members identify an interest in relation to any aspect of business set out in the meeting agenda, that member must declare an interest at the start of the meeting. Members should seek advice from the Chair, through the Committee Secretary before the start of the 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 minutes.

9.4 Responsibilities of Members and Attendees

Members have a responsibility to:

- a) Attend at least 75% of meetings (or ensure a nominated deputy attends), having read all the papers beforehand,
- b) Disseminate information throughout their respective organisation and through the appropriate Peer Groups and other networks,
- c) Brief the Chief Executive of their respective LHBs/Trusts prior to the meeting of the Joint Committee,
- d) Identify any agenda items to the Committee Secretary

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9.5 Withdrawal of individuals in attendance

The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9.6 Agenda and Papers

The Chair will determine the agenda for each meeting, taking into account any suggestions or requests from individual members.

The Committee Secretary will ensure that:

- all papers are distributed at least 7 days prior to the meeting,
- a briefing is circulated to Members within 7 days of the meeting so this can be used as part of the local briefing mechanisms,
- the Management Group Briefing will be sent to the Joint Committee for information,
- the confirmed minutes are available upon request; and
- items for information will not be considered by the Committee in accordance with the Business Framework 4.1.5. These items will be circulated outside of the meeting.

A schedule of dates for the meetings will be published for the year ahead. Meetings will be carried out openly and transparently in a manner that encourages the active engagement of stakeholders.

9.7 Conduct of Meetings

The Chair, will preside at any meeting of the Management Group. The Group may invite individuals or groups to address its meetings.

All meetings will normally be held in WHSSC Offices or virtually.

9.8 Values and Standards

The Management Group will conduct all its activities in accordance with NHS Values and the Standards of Behaviour Framework set for public services in Wales. Individual members will operate within their defined standards of behaviour framework, which incorporates the Seven Principles of Public Life (the Nolan Principles).

9.9 Secretariat

The Management Group will be supported by the Committee Secretariat and the WHSSC Committee Secretary. The Secretariat will:

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- provide the first point of contact for members in relation to all routine business,
- co-ordinate the activities of the Management Group,
- arranging meetings and issue invites for each meeting,
- agree agendas with the Chair and prepare, collate and circulate papers,
- ensure that all papers are distributed at least seven clear days in advance of any meeting,
- ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting,
- ensure that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points; and
- maintain records of members' appointments and renewal dates.

10.0 Reporting & Assurance Arrangements

10.1 Reporting

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

The Chair of the Group shall:

- report formally to the Joint Committee on the Group's activities. This includes verbal updates on activity, the submission of the Briefings and written reports,
- bring to the Joint Committee's specific attention any significant matters under consideration by the Group,
- include in matters for decision, the formal views of the group, for consideration by the Joint Committee; and
- ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Executive or Chairs of other LHBs and relevant sub committees of any urgent/critical matters that may affect the operation and/or reputation of the LHBs.

The Joint Committee may also require the Chair of the Management Group to report upon the group's activities at public meetings or to partners and other stakeholders including NHS Wales Health Boards where this is considered appropriate.

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10.2 Applicability of Standing Orders to Committee business

The requirements for the conduct of business as set out in the WHSSC Standing Orders are equally applicable to the operation of the sub-committee.

10.3 Review of Effectiveness

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

11.0 Relationships and accountabilities with WHSSC and its Sub-Committees/Groups

11.1 Although the Joint Committee has delegated authority to the Sub-committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for those citizens for whom it secures that healthcare,

The Sub-Committee, through the Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the joint planning and co-ordination of the Joint Committee and Sub-Committee business and sharing of information.

The Sub-Committee shall embed the corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

The requirements for the conduct of business as set out in the Welsh Health Specialised Services Committee Standing Orders are equally applicable to the operation of the Sub-committee, except in the area relating to the Quorum.

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

- Joint planning and co-ordination of the Joint Committee and Sub-Committee business,
- Ensuring that any issues which have an impact on the ICP are considered by the Management Group, and
- Sharing of information.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are

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incorporated into the Joint Committee's overall risk and assurance framework.

12.0 Review

These terms of reference shall be adopted by the Management Group and subject to review at least on an annual basis.



Report Title	Sub-Committee Terms of Reference	Agenda Item	3.11		
Meeting Title	Joint Committee	Meeting Date	16/05/2023		
FOI Status	Public				
Author (Job title)	Head of Corporate Governance				
Executive Lead (Job title)	Committee Secretary & Associate Director of Corporate Services				
Purpose of the Report	The purpose of this report is to present members with the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC), and the Welsh Kidney Network (WKN) for approval.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s):					
Members are asked to:					
<ul style="list-style-type: none"> • Note that the Welsh Kidney Network (WKN) Terms of Reference were discussed and approved at the WKN Board Meeting on 4 April 2023, • Note that the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) Terms of Reference were discussed and approved at sub-committee meetings on 18 April 2023, • Note that the MG ToR were discussed at the MG meeting on 27 April 2023 and no changes were proposed; and • Approve the revised Terms of Reference (ToR) for the IGC, the QPSC and the WKN. 					

SUB-COMMITTEE TERMS OF REFERENCE

1.0 SITUATION

The purpose of this report is to present members with the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Welsh Kidney Network (WKN) for approval.

2.0 BACKGROUND

Section 3.2 of the WHSSC Standing Orders state that the Joint Committee shall agree the delegation of any of its functions to joint sub-Committees or others setting any conditions and restrictions it considers necessary and following any directions agreed by the HBs or the Welsh Ministers.

The Joint Committee has established a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs (Section 4 WHSSC SO's). 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
- Reporting and assurance arrangements.

The Joint Committee has established five joint sub-committees in the discharge of its functions:

- The Integrated Governance Committee (IGC),
- The Quality & Patient Safety Committee (QPSC),
- The All Wales Individual Patient Funding Request (IPFR) panel,
- The Welsh Renal Clinical Network (WRCN); and
- The Management Group (MG).

The IGC was established in June 2015 and the IGC Terms of Reference were last reviewed and approved by the Joint Committee on [10 May 2022](#).

The current QPSC ToR were discussed and agreed in QPSC in 30 March 2022 and presented to the [May 2022](#) JC for final approval.

The WKN (formally Welsh Renal Clinical Network WRCN) was established in 2012 and the ToRs have not formally been reviewed since then. An independent governance review was commissioned which reported in September 2022. The review recommended that the role and function of the WKN was considered and new ToRs developed. The WKN Board approved these new ToRs at their Board meeting on 4th April 2023, noting that there were substantial changes.

The MG ToR were reviewed and presented to the April 2022 Management Group meeting. Members supported the proposed changes and these ToR were approved by the Joint Committee at its [May 2022](#) meeting. Due to the ToR being substantially reviewed during 2022 and following the announcement by Welsh Government on 23 January 2023 that a review of National Commissioning Functions is being undertaken, no review is proposed at present. A more substantial review of all WHSSC sub-committee ToRs will be required following the outcome of this review.

The ToR for the All Wales Individual Patient Funding Request Panel (IPFR) were approved by the Joint Committee on [13 March 2023](#).

3.0 ASSESSMENT

The ToR for the sub-committees of the Joint Committee are reviewed on an annual basis in line with Standing Orders and to ensure effective governance.

The updated ToR for the IGC, QPSC and WKN are presented at **Appendices 1-3**. Tracked changes versions are attached for the IGC and QPSC Terms of Reference and the changes are limited to minor changes such as the name change to the WKN. The WKN Terms of Reference were re-written with substantial changes, therefore a tracked changes version is not available.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** that the Welsh Kidney Network (WKN) Terms of Reference were discussed and approved at the WKN Board Meeting on 4 April 2023,
- **Note** that the Integrated Governance Committee (IGC) and the Quality & Patient Safety Committee (QPSC) Terms of Reference were discussed and approved at sub-committee meetings on 18 April 2023,
- **Note** that the MG ToR were discussed at the MG meeting on 27 April 2023 and no changes were proposed; and
- **Approve** the revised Terms of Reference (ToR) for the IGC, the QPSC and the WKN.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Approval Process
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
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	Ensuring Committees 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 are no financial/resource implications associated with 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)	This report demonstrates compliance with the Model Standing Orders, Reservations and Delegation of Powers (SO's) which were last issued by WG in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).
Long Term Implications (incl WCFG 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)	04 April 2023 – WKN Board - approved 18 April 2023 – IGC and QPSC - approved 27 April 2023 – MG – approved.
Appendices	Appendix 1 – Integrated Governance Committee Updated Terms of Reference (ToR) Appendix 2 – Quality & Patient Safety Committee Updated Terms of Reference (ToR) Appendix 3 – Welsh Kidney Network Terms of Reference (ToR)



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

INTEGRATED GOVERNANCE COMMITTEE

TERMS OF REFERENCE

Document Author:	Corporate Governance Manager
Executive Lead:	Committee Secretary
Approved by:	Joint Committee
Issue Date:	10 May 2022
Review Date:	10 May 2023 <u>18 April 2023</u>

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1. **INTRODUCTION**

The Standing Orders of the Joint Committee provide that *“The Joint Committee may and, where directed by Welsh Government must, appoint sub-committees either to undertake specific functions on the Committee’s behalf or to provide advice and assurance to the Committee in the exercise of its functions. The Joint Committee’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by sub-committees”*.

In line with standing orders (3.4.1) and the scheme of delegation, the Joint Committee shall nominate a sub-committee to be known as the **Integrated Governance Committee (“the sub-committee”)**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

2. **PURPOSE**

The purpose of the sub-committee is to **scrutinise** evidence and information brought before it in relation to activities and potential risks which impact on the services commissioned by the Welsh Health Specialised Services Committee and provide **assurance** to the Joint Committee that effective governance and scrutiny arrangements, in accordance with the standards of good governance determined for the

NHS in Wales, are in place across the organisation.

Where appropriate, the sub-committee will advise the Joint Committee on where, and how, its governance and accountability framework may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

3.1 Delegated Powers

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

- Appropriate mechanisms are in place to manage risk identifying and reviewing the top level risks and ensuring that plans and processes are in place to manage those risks;
- It maintains an oversight of the work of the WHSSC Quality and Patient Safety Committee (QPSC).
- It maintains an oversight of the work of the CTMUHB Part B Audit & Risk Committee (ARC).
- The sub-committee will ensure integration of the governance work, addressing issues which fall outside or between the work of the these sub-committees, ensuring no duplication and coordinating those issues which need the attention of all three sub-committees;
- It oversees the Joint Committee's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the ICP; and
- It maintains an oversight of the work of the [Welsh Kidney Network \(WKN\)](#)~~Welsh Renal Clinical Network (WRCN)~~ addressing issues which fall outside or between the work of the network and the Welsh Health Specialised Services Team.
- It oversees the development of the Annual Governance Statement (AGS), specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity.

3.2 Authority

The sub-committee is authorised by the Joint Committee to investigate or have investigated any activity within its sphere of responsibility. In doing so, the sub-committee shall have the right to inspect any books, records or documents of the Welsh Health Specialised Services Committee. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the sub-committee.

The sub-committee is authorised by the Joint Committee to obtain external

legal or other independent professional advice and to secure the attendance of external experts/ advisors with relevant experience and expertise if it considers it necessary, subject to NHS procurement, budgetary and other requirements.

3.3 Task and Finish Groups

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

4. MEMBERSHIP

The membership of the sub-committee shall comprise of the Independent Members (IMs) of the Welsh Health Specialised Services Committee.

The Chair of the Joint Committee shall chair the sub-committee and in the absence of the Chair, the Joint Committee Vice Chair will deputise, failing whom any Independent Member determined by the Independent Members present at any meeting.

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise if required.

4.1 Attendance

The Internal and External Auditors will be invited to attend as and when required at the discretion of the sub-committee.

The following officers (or a deputy) will routinely be invited to attend:

- The Managing Director,
- The Director of Planning,
- The Chair of the ~~Welsh Kidney Network (WKN) Welsh Renal Clinical Network (WRCN)~~, failing whom the lead WHSSC executive,
- The Chair of the Individual Patient Funding Request (IPFR) panel, failing whom the lead WHSSC executive; and
- The Committee Secretary.

Such other officers as the Chair determines shall be invited to attend, from time to time, as and when required to assist with its discussions on any particular matter.

4.2 Member Appointments

The membership of the sub-committee shall be determined by the Joint Committee – taking account of the balance of skills and expertise necessary

to deliver the committee's remit and subject to any specific requirements or directions made by Welsh Government and in line with the Welsh Health Specialised Committee Governance and Accountability Framework.

4.3 Support to Committee Members

The Committee Secretary, on behalf of the sub-committee Chair, shall:

- Determine the secretarial and support arrangements for the sub-committee,
- Arrange the provision of advice and support to sub-committee members on any aspect related to the conduct of their role; and
- Co-ordinate the provision of a programme of organisational development for sub-committee members.

5. COMMITTEE MEETINGS

5.1 Quorum

The quorum for meetings shall be 2 Independent members, including the Chair, and two officers.

5.2 Frequency of Meetings

The sub-committee will aim to meet not less frequently than 3 times a year.

5.3 Dealing with Members' interests during meetings

Declarations of interest will be a standing agenda item for all meetings. Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

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

Where individual members identify an interest in relation to any aspect of business set out in the meeting agenda, that member must declare an interest at the start of the meeting. Members should seek advice from the Chair, through the Committee Secretary before the start of the 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 minutes.

5.4 Withdrawal of Individuals in Attendance

The sub-committee may ask any or all of those who normally attend but

who are not members to withdraw to facilitate open and frank discussion of particular matters.

5.5 Agenda and Papers

The Chair will determine the agenda for each meeting, taking into account any suggestions or requests from individual members and WHSSC officers.

Members will be provided with the agenda and supporting papers for each meeting at least five working days in advance of each meeting.

A schedule of dates for the meetings will be published for the year ahead and where possible the dates will sequence with the Joint Committee meetings.

Meetings will be carried out openly and transparently in a manner that encourages the active engagement of stakeholders.

5.6 Conduct of Meetings

The Chair, will preside at any meeting of the Integrated Governance Committee.

The Committee may invite individuals or groups to address its meetings.

All meetings will normally be held virtually or in the WHSSC Office

5.7 Values and Standards

The Integrated Governance Committee will conduct all its activities in accordance with NHS Values and the Standards of Behaviour Framework set for public services in Wales. Individual members will operate within their defined Standards of Behaviour Framework, which incorporates the Seven Principles of Public Life (the Nolan Principles).

5.8 Secretariat

The Integrated Governance Committee will be supported by the Committee Secretariat and the WHSSC Committee Secretary.

The Secretariat will:

- provide the first point of contact for members in relation to all routine business,
- co-ordinate the activities of the Integrated Governance Committee,
- Arranging meetings and issue invites for each meeting,
- Agree agendas with the Chair and prepare, collate and circulate papers,
- ensure that all papers are distributed at least five clear working days in advance of any meeting,
- ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting,
- Ensure that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points; and
- Maintain records of members' appointments and renewal dates.

6. REPORTING AND ASSURANCE ARRANGEMENTS

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

The sub-committee Chair shall:

- Report formally, regularly and on a timely basis to the Joint Committee on the sub-committee's activities. This may include verbal updates on activity, the submission of a Chairs report and/or written reports,
- Bring to the Joint Committee's specific attention any significant matters under consideration by the sub-committee; and
- Ensure that there are appropriate escalation arrangements in place to alert the Chair, Managing Director or chairs of other relevant sub-committees of any urgent/ critical matters that may affect the operation and/ or reputation of the Welsh Health Specialised Services Committee.

7. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the WHSSC Standing Orders are equally applicable to the operation of the sub-committee.

8. REVIEW OF EFFECTIVENESS

In accordance with the Standing Orders, the Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the sub-committee's performance and operation including that of any task and finish groups established.

9. RELATIONSHIP WITH THE JOINT COMMITTEE AND ITS COMMITTEES/GROUPS

Although the Joint Committee has delegated authority to the sub-committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for those citizens for whom it secures that healthcare.

The sub-committee, through the Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the joint planning and co-ordination of the Joint Committee and

sub-committee business and sharing of information.

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

The requirements for the conduct of business as set out in the Welsh Health Specialised Services Committee Standing Orders are equally applicable to the operation of the sub-committee, except in the area relating to the Quorum.

10. REVIEW

These Terms of Reference shall be adopted by the Integrated Governance Committee and subject to review at least on an annual basis.



Quality and Patient Safety Committee

Terms of Reference

Document Author:	Head of Corporate Governance Manager
Executive Lead:	Director of Nursing and Quality Assurance
Approved by:	Joint Committee
Issue Date:	10 May 2022
Review Date:	10 May 2023 18 April 2023
Version:	3.10

1.0 Constitution and Purpose

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

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

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

1.1. Purpose

The purpose of the sub-committee is to provide timely **assurance** to the Joint Committee that it is commissioning high quality and safe services. This will be achieved by:

- Providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the Joint Committee;
- Addressing concerns delegated by the Joint Committee; ~~and~~
- Ensuring that LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of specialised service may impact on primary and secondary and vice versa (whole pathway); ~~and~~
- Providing assurance to the Joint Committee in relation to improving the experience of patients, carers, citizens and those that come into contact with WHSSC Commissioned Services.

1.2. Relationships and accountabilities

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

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

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

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

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

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

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

2.0 Delegated Powers and Authority

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

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

- Monitor and scrutinise risk management and assurance arrangements from the perspective of clinical and patient safety risks;
- Monitor and scrutinise concerns management arrangements ensuring that patient safety and safeguarding is paramount within WHSSC; and
- Ensure that lessons are learnt from patient safety incidents, complaints and claims (within specialised services) and that all such lessons are disseminated to all providers of services commissioned by the Joint Committee.

2.2 Authority

The sub-committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.

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

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

2.3 Access

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

3.0 Sub-groups

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

4.0 Membership

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

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

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

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

The committee will be supported by the following:- WHSSC Officers;

- The WHSSC Medical Director or nominated deputy;
- The WHSSC Director of Nursing and Quality Assurance;
- The WHSSC Director of Planning;
- The WHSSC Director of Mental Health,
- The WHSSC Programme Director WKN; and
- The WHSSC Committee Secretariat.

WHSSC officers should be represented if they are unable to attend a meeting.

A representative of the Citizen Voice Body for Health and Social Care (CVB) Llais Community Health Council (Wales) will be invited to attend sub-committee meetings as an observer.

The sub-committee Chair may extend invitations to other persons to attend sub-committee meetings, from within or outside the organisation as appropriate, taking account of the matters under consideration at each meeting. ▽

5.0 Quorum

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

6.0 Frequency and Attendance

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

Additional meetings may be called as appropriate with agreement of the Chair, majority of members.

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

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

7.0 Dealing with Members' interest during meetings

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

Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

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

8.0 Decision Process

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

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

9.0 Administrative Support

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

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

10.0 Support to Sub-Committee Members

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

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

11.0 Circulation of papers

The Committee Secretariat will ensure that all papers are distributed at least five clear working days in advance of any meeting to the sub-committee members.

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

12.0 Circulation of minutes

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

The Committee Secretariat will ensure that a Chair's brief is sent to the next Joint Committee meeting and this is shared with members and HB Board secretaries. The Chair's brief should also appear as an item for information on the next QPS Agenda.

13.0 Reporting and Assurance Arrangements

The sub-committee Chair will:

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

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

The Committee Secretariat or Director of Nursing and Quality Assurance will, on behalf of the sub-committee Chair, share the sub-committee Chair report to the QPS Chair, Board Secretary and nominated Quality lead from each of the LHB's.

14.0 Training, Development and Performance

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

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

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

15.0 Review

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

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

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



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Welsh Health Specialised
Services Committee (WHSSC)



Rhwydwaith Arennau Cymru
Welsh Kidney Network

WELSH KIDNEY NETWORK CLINICAL STRATEGY BOARD

TERMS OF REFERENCE

Document Author:	WKN Network Manager
Executive Lead:	Programme Director
Approved By:	Joint Committee
Issue Date:	
Review Date:	

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1. CONSTITUTION AND PURPOSE

1.1 Constitution

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

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.

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Joint Committee 3.11

Appendix 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 LHBs jointly.

On 13th August 2009, the Minister for Health and Social Services formally agreed the establishment of a single Welsh Kidney Network (WKN) to be managed by the WHSSC and to be hosted by Cwm Taf Morgannwg UHB (CTMUHB) and be a sub-committee of the Joint Committee. The WKN is not a legally constituted body, but has been set up under general powers conferred on the Welsh Ministers under the National Health Service (Wales) Act 2006 (the 2006 Act). Section 1 of the of the National Health Service (Wales) Act 2006 requires the Welsh Ministers to continue the promotion of a comprehensive health service for the people of Wales. In turn, section 3 requires the Welsh Ministers to provide, to such extent as they consider necessary, “medical...and ambulance services” and such other services or facilities or facilities as are required for the diagnosis and treatment of illness. In turn, section 2 of that Act confers on the Welsh Ministers the power to do anything which is calculated to facilitate, or is conducive or incidental to their duties under the Act. In addition, under section 16 of that Act each LHB is required to make arrangements with a view to securing they receive appropriate professional advice from health experts in order to enable them to exercise their functions effectively.

The Welsh Government published in April 2007, a National Service Framework and Policy Statement “Designed to Tackle Renal Disease in Wales”. Improving the quality of the care of those people with or at risk from renal disease is the cornerstone of that policy statement and National Service Framework (NSF) which defines evidence based standards for the planning, organisation and delivery of care for those with or at risk from renal disease. Whilst the principle requirements of the NSF remain, it has been superseded by the Renal Delivery Plan and its service specifications (2016) and now the extant document is the Quality Statement published by Welsh Government in November 2022 which outlines a cradle to grave approach.

1.2 Purpose

The purpose of the WKN is to plan and commission services on an all Wales basis in an efficient, economical and integrated manner and to provide, through the Joint Committee, a single decision-making framework with a clear remit, responsibilities and accountability. National prioritisation and implementation will generate economies of scale and increased synergy between the network and its stakeholders.

The current services that the WKN have commissioning responsibility for are;

- Home Haemodialysis
- Peritoneal Dialysis
- In Centre Haemodialysis/Unit Haemodialysis

- Kidney Transplant/Transplantation services
- Vascular Access for dialysis

1.3 Relationships and accountabilities

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

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

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

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

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

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

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

2. DELEGATED POWERS AND AUTHORITY

2.1 The WKN is a non-statutory body and therefore obtains its authority and responsibility as a delegated sub-committee by the Local Health Boards (LHBs) through the Joint Committee.

This delegation will provide the autonomy within an agreed framework for the officers of the WKN to carry out the duties required of them to manage and lead the planning and performance management of the renal service contracts. These roles are to be based on the quality standards set by the Welsh Government and service specifications which will be set by the Network, and will ensure a consistent and equitable approach across Wales.

The WKN is authorised by the Joint Committee to undertake all roles and activities within its terms of reference. In doing so, the WKN shall have the right to request

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Joint Committee 3.11

Appendix 3

an agreed set of performance information relevant to renal services of the relevant LHBs. It may seek additional information within reason, stating the purpose of the request and its relevance. All employees are directed to cooperate with any reasonable request made by the Welsh Kidney Network. All information requests will be filtered through the Renal Directorate Managers as the main point of contact.

The WKN is authorised by the Joint Committee to request legal or other independent professional advice, via the Committee Secretary and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Joint Committee's procurement, budgetary and other requirements.

Fundamentally, the WKN will within the scheme of delegation and the renal plan as part of the ICP use allocated funds on behalf of WHSSC. This includes transplantation, dialysis, vascular access and Erythropoietin Stimulating Agents (ESAs) and Immunosuppressant's for Renal Transplantation. Additionally the WKN will recommend to Joint Committee resource priorities for renal services

The WKN will also have the responsibility for overseeing the implementation of the Service Specifications for the services the Network has responsibility for commissioning. Included within this work will be to support LHBs, Clusters and practices in managing patients who may not require referral to a Nephrologist. WKN will need to engage with other Cardiovascular Disease clinicians and clinical networks to fulfil this role.

2.2 Role of the Welsh Kidney Network

The role of the WKN is to:

- Lead the development and implementation of renal service strategy;
- Provide evidence based and timely advice to the Welsh Government and Joint Committee to assist the LHBs in discharging their functions and meeting their responsibilities with regard to the delivery of renal policy and services across Wales;
- Undertake planning for the development and delivery of an integrated renal service on an all Wales basis on behalf of, and with the agreement of the WHSSC Joint Committee;
- Determine in conjunction with the WHSSC Joint Committee the renal services that should be procured in Wales;
- In conjunction with WHSSC Joint Committee, manage the centrally held, ring-fenced and allocated renal budgets required for delivery of services;
- Performance manage, on behalf of WHSSC, the Health Boards renal centres for the services the Network has responsibility for commissioning against national standards and agreed service level agreements for delivery of renal services;
- Provide regular reports to Joint Committee to include quality, performance and financial information. Reports should also include activities which the Joint Committee should be aware of and where decisions are required;

- Monitor clinical performance in relation to renal services; and escalate where appropriate through the WHSSC Governance Structure
- Lead and assist in the creation, implementation and monitoring of service specifications / care pathways / care bundles for renal services;
- Fulfil a national remit ensuring equitable services in terms of quality and access, with a sub-structure that (i) is fit for purpose and (ii) enables local interface;
- Maintain a once for Wales approach on the quality and delivery of the services the Network has responsibility for commissioning;
- Ensure a full-time, central support function that supports the delivery of agreed outcomes and the approved WKN work programme as part of the ICP, so that it can successfully undertake its delegated responsibilities;
- Support on the strategic development and implementation of renal related IT systems.
- Ensure the needs and view of patients are fully considered when prioritising plans and making decisions on service provision and support in accordance with the Duty of Quality legislation.
- Working with Kidney 3rd Sector partner and directly engage with public and patients on current and future renal service and policy developments.

The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this committee are set out below.

2.3 Authority

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

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

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

2.4 Access

The Head of Internal Audit of the host LHB shall have unrestricted and confidential access to the Welsh Kidney Network sub Committee.

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

The Chair of the Welsh Kidney Network shall have reasonable access to the Directors and other relevant senior staff within the Welsh Health Specialised Services Team.

3. SUB-GROUPS

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

Current Sub-Groups:

- WKN and Regional Renal Directorate Interface Groups (Swansea Bay UHB, Betsi Cadwaladr UHB and Cardiff & Vale UHB)
- WKN National Quality & Patient Safety and Performance Assurance Group
- Health & Wellbeing Professionals Group
- Clinical Reference Group (CRG)
- All Wales Patient Education Group
- Welsh Kidney Patient Network Group
- 3rd Sector Collaborative Group

The terms of reference and operating arrangements are presented at **Appendix 1**.

4. MEMBERSHIP

4.1 The membership of the sub-committee includes:

Member Role	Tenure, Appointment & Accountability
An Independent Chair	<p>Appointed for 3 years (max 4), 2 days per month.</p> <p>Appointed by the Chair of WHSSC in accordance with the WHSSC Standing Orders. The Independent Chair will be expected to attend Joint Committee and IGC & QPS as required.</p>
Executive Director	<p>Appointed by the Managing Director, WHSSC</p> <p>The officer members' responsibilities are determined by the Joint Committee and are set out in the scheme of delegation to officers included within the WHSSC Standing Orders. They will also be outlined in the officers job description.</p> <p>The delegated financial limits are set out within the Standing Financial Instructions (SFI's)</p>

7

Joint Committee 3.11

Appendix 3

Member Role	Tenure, Appointment & Accountability
Lead Clinician	Appointed by Executive Director on a sessional basis; 2 sessions per week. Period of three years
Clinical Lead for Quality & Patient Safety	Appointed by the Executive Director on a sessional basis; 1 session a week. Period of three years
Lead Nurse	Permanent appointment into WHSSC
Plus the extant specialists Clinical Leads (appendix 2)	As outlined in appendix 2
Patient Advocacy Groups representatives	<p>Patient Advocacy Groups (PAG) are required to be Registered Charities with the Charities Commission and whose primary function is to support the Welsh population and/or has a dedicated focus on Wales. As at date of approving these Term of Reference patient advocacy groups in Wales that meet this criteria are:</p> <ul style="list-style-type: none"> • Kidney Wales Foundation Reg No: 700396 • Paul Popham Fund Reg No: 1160114 • Kidney Care UK Reg No: 270288 <p>It is anticipated that as the main purpose of patient advocacy group representation on the WKN Board is to ensure that the 'voice of the patient' is heard.</p> <p>All individual PAG nominations or amendments to the invited PAG as listed above, will be prior approved by the WKN Board Chair.</p> <p>1 representative per charity will be a full board member.</p>
Clinical Director Representative – North, SW and SE Wales	
Directorate / Service Managers North, SW and SE Wales	
Senior Renal Nurse Representative - North, SW and SE Wales	
Network Manager	Permanent full time appointment into WHSSC

Member Role	Tenure, Appointment & Accountability
Network Finance Manager	Permanent part-time appointment (0.6 wte) into WHSSC
Welsh Kidney Patient Network representative	
Citizen's voice body for health and social care in Wales (CVB) LLAIS	

If a member is unable to attend a deputy will be made available with prior approval by the Chair. The Deputy must have the same authority as a member.

The committee will be supported by the following:

- WHSSC Committee Secretary,
- Deputy Network Manager,
- Network Audit and Information Analyst
- Network Projects/Development Manager
- Network Coordinator
- Welsh Government – Policy Lead for Renal Services,

The following only where an agenda item requires their presence:

- WAST Renal Hub Manager
- Welsh Kidney Research Unit representative
- WHSSC Medical Director
- Welsh Government – Medical Director
- Welsh Government – Chief Nursing Officer
- Welsh Association of Renal Physicians & Surgeons representative
- Members of Welsh Kidney Network Project Boards

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

4.2 Member Appointments

WHSSC appointed members of the sub-committee shall be determined by the Joint Committee Chair, - taking account of the balance of skills and expertise necessary to deliver the Sub-Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The need to ensure appropriate geographical representation across Wales will also be required.

WKN Board appointed members shall hold office for a maximum period of three years, during which time a member may resign or be removed by the WKN. An appointed member may be asked to continue their role on the WKN following an annual review and by the agreement of the Joint Committee Chair.

5. QUORUM

At least eight members must be present to ensure the quorum of the sub-committee, one of whom should be the sub-committee Chair or Lead Clinician, and at least one representative from each of the Regions, and at least two clinical professions.

6. FREQUENCY OF MEETINGS AND ATTENDANCE

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

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

The Welsh Kidney Network Clinical Strategy Board is an 'Open' Public meeting. Members of the public attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Boards business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

Unless the Board 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.

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

7. DEALING WITH MEMBERS' INTERESTS DURING NETWORK BOARD MEETINGS

Declarations of interest will be a standing agenda item for all meetings. Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

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

The Chair, advised by the Committee Secretary, must ensure that the Network Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual board members must demonstrate, through their actions, that their contribution to the Network Board's decision making is based upon the best interests of the NHS in Wales.

Where individual members identify an interest in relation to any aspect of Network Board business set out in the Network Board's meeting agenda, that member must declare an interest at the start of the Network Board meeting. Members should seek advice from the Chair, through the Committee Secretary before the start of the 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 Network Board minutes.

8. DECISION PROCESS

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

Decisions will normally be achieved through consensus.

In exceptional circumstances where a decision cannot be reached the matter will be referred to the Joint Committee. The detail will be recorded in the minutes of the meeting and as part of any recommendation made to the Joint Committee.

9. ADMINISTRATIVE SUPPORT

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

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

10. SUPPORT TO SUB-COMMITTEE MEMBERS

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

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

10.1 Circulation of papers

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

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

10.2 Circulation of minutes

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

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

11. REPORTING AND ASSURANCE ARRANGEMENTS

The sub-committee Chair will:

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

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

The WKN Committee Secretariat or the executive lead for the WKN will, on behalf of the sub-committee Chair, share the WKN Chair report to the WKN lead from each of the LHB's.

12. TRAINING, DEVELOPMENT AND PERFORMANCE

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

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

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

13. REVIEW

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

Sessional lead Members of the sub-committee will normally be appointed for a period of three years. Following which expression of interests will be sought. During this time a member may resign or be removed if unable to carry out their duties.

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

WKN members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Joint Committee, in accordance with the Standing Orders, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Patient and carer representatives will have reasonable travel expenses for attending Board meetings reimbursed according to LHB policy.

The WKN recognises the value that clinical leadership brings to drive forward and provide expert advice on distinct areas of commissioning priorities. Therefore, the sub-committee may, subject to Executive Director funding approval, recommend to the sub Committee the appointment of appropriately experienced members of clinical teams to hold clinical specialist leadership roles in alignment with extant priorities. These roles will be subject to recruitment via Expressions of Interest and will be remunerated as sessional or responsibility payments for a defined period. (See Appendix 2)

13.2 Withdrawal of Individuals in Attendance

The Network Board may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

13.3 Conduct of Meetings

The Chair, will preside at any meeting of the Welsh Kidney Network Board

The Welsh Kidney Network may invite individuals or groups to address its meetings.

Board meetings will normally be held virtually via Microsoft Teams to reduce time taken out of clinical commitments and to maximise attendance.

13.4 Values and Standards

The Welsh Kidney Network will conduct all its activities in accordance with NHS Values and the Standards of Behaviour Framework set for public services in Wales. Individual members will operate within their defined standards of behaviour framework which incorporates the Seven Principles of Public Life (the Nolan Principles).

13.5 Communications

The Welsh Kidney Network will agree a Communications Policy in relation to its activities.

13.6 Secretariat

The Welsh Kidney Network will be supported by the Network Coordinator and the WHSSC Committee Secretary as agreed by the Kidney Network Manager. Any queries should be directed to Welsh Kidney Network Manager. The Secretariat will:

- provide the first point of contact for Welsh Kidney Network members in relation to all routine business;
- co-ordinate the activities of the Welsh Kidney Network.
- Arranging meetings and issuing invites for each meeting;
- Agreement of agendas with the Chair 10 working days ahead of the meeting
- preparation, collation and circulation of papers;
- ensure that all papers are distributed at least five clear working days in advance of any meeting,
- ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting.
- Ensuring that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points;
- Maintaining records of members' appointments and renewal dates; and
- Maintaining the register of interests for the sub-committee.

14. APPLICABILITY OF STANDING ORDERS TO WELSH KIDNEY NETWORK BUSINESS

The requirements for the conduct of business as set out in the WHSSC / Standing Orders are equally applicable to the operation of the Welsh Kidney Network.

15. RESPONSIBILITIES OF MEMBERS AND OFFICERS OF THE ALL WALES KIDNEY NETWORK

- The Welsh Kidney Network Chair will be directly responsible to the Chair of the Joint Committee.
- All clinical members, including the Network Lead Clinician, receiving sessional or responsibility payments, will remain clinically responsible to

their own health boards, but accountable to the WKN Board for all professional leadership in relation to their role.

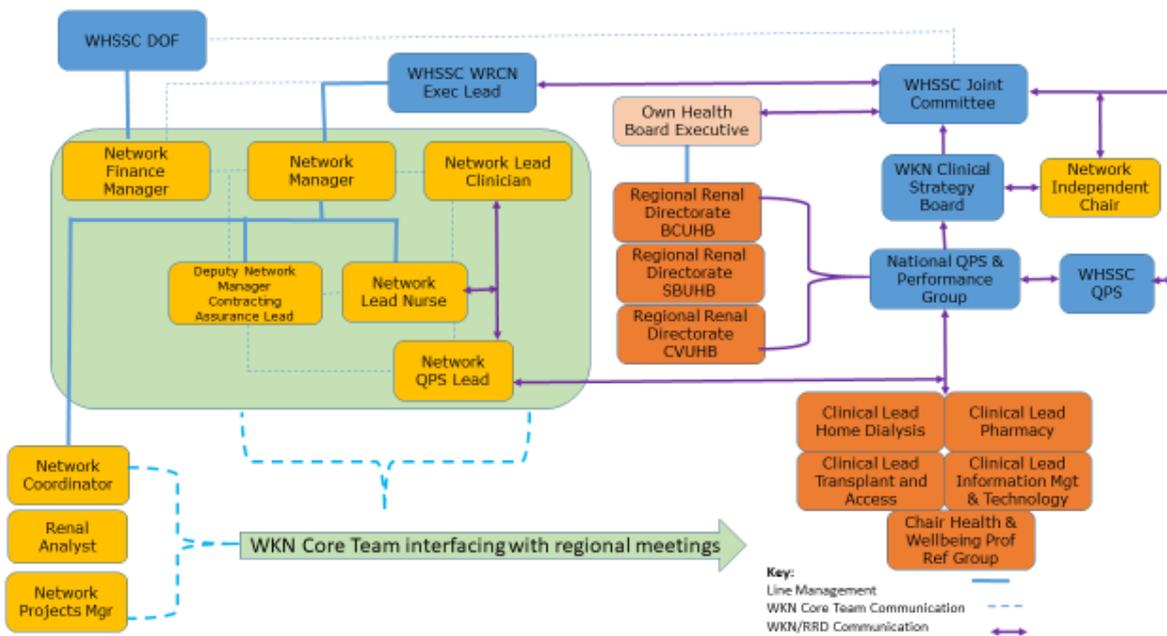
- The core Kidney Network Team, will be responsible to the nominated WHSSC Executive Director for the development and delivery of the Network objectives.

16. ORGANOGRAM OF REPORTING ARRANGEMENTS TO JOINT COMMITTEE

The following line management responsibilities will apply;

Independent Chair > Joint Committee Chair

Executive Lead > WHSSC Managing Director



WKN Sub Groups

Although the Joint Committee WHSSC has delegated authority to the Welsh Kidney Network for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens.

The Welsh Kidney Network, through its Chair and members, shall work closely with the Joint Committee's other sub-committees and groups to provide advice and assurance to the Joint Committee through the:

- joint planning and co-ordination of the Joint Committee and Welsh Kidney Network business; and
- sharing of information

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

The Welsh Kidney Network shall embed the WHSSC / LHB corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

1. WKN Regional Renal Centre Interface Groups

The three WKN Regional Groups will provide a localised forum to enable a meaningful interface with the three individual health board providers of renal services within Wales.

The regional groups will focus on the operational delivery of the services, key issues and performance and the development of local action plans as required to enable activities to progress. Including agreeing areas that need escalating through to the WKN board to enable actions to move forward.

They will also maintain an all-Wales overview on innovation, sharing and rolling out good practice.

Regional updates will center around Quality and Patient Safety will be provided to the National Quality & Patient Safety and Performance Assurance Group. Identifying areas of near misses, Datix themes and learning, highlighting areas of best practice and innovation. It will be decided within this forum risks considered of significance to be included within the WKN Directorate Risk Register, for risks of 15 and above these will be reported through the WHSSC QPS process.

The Regional Groups will meet on a quarterly basis. A full 'terms of reference' and membership of the Regional Groups are appended to this document (appendix 3)

Membership of the Regional Group(s):

- Network Lead Clinician (Chair)
- Network Lead Nurse
- Network Manager / Deputy
- Network Finance Manager
- Network Clinical Lead for Quality & Patient Safety
- Renal Procurement Lead
- Relevant provider Health Boards (Swansea Bay UHB, Betsi Cadwaladr UHB and Cardiff & Vale UHB) with membership as:
 - Nephrology Clinical Directors
 - Nephrology Directorate Managers
 - Nephrology Lead Nurses
 - Nephrology Finance Managers

2. WKN National Quality & Patient Safety (QPS) and Performance Assurance Group

This will be a forum to review and analyse matters relating to Quality and Patient Safety and performance for renal services. The focus will have a commissioning aspect but with alignment to operational aspects so as to help ensure appropriate governance.

The Terms of Reference for the National QPS and Performance Assurance Group is appended to this document and forms part of the underpinning governance arrangements of the WKN Board.

Membership includes:

- Network Clinical Lead for Quality & Patient Safety (Chair)
- Network Lead Nurse
- Network Manager/Deputy
- Network Clinical Lead for Information Management and Technology
- Network Audit and Information Analyst
- Consultant Nephrologists (the QPS leads) from each of the 3 Health Boards
- Nephrology Directorate Managers from each of the 3 Health Boards
- Nephrology Matrons from each of the 3 Health Boards

The Chair will report to the WKN Board and the WHSSC Quality & Patient Safety Sub-committee.

3. WHSSC Management Group

The WHSSC Management Group has a number of functions delegated to it by the Joint Committee including the development of the Integrated Commissioning Plan and its interface with Health Board Integrated Medium Term Plans.

The WKN is required to contribute to these plans as part of its commissioning and / or advisory role.

Whilst the majority of the WKN's activities will report directly through to the Joint Committee, there will be times that this will need to go through the WHSSC Management Group first to ensure relevant and appropriate debate and contribution. This will be on an exceptional basis and will be determined in collaboration between the Network Board and WHSSC Directors.

Examples of this would include:

- Contribution to the development of the ICP / IMTPs where resources for specialist renal services are required;
- Where there is collaborative commissioning responsibility for a part of the care pathway between the WKN and Health Boards
- Where the WKN is providing specialist advice to Health Boards on general nephrology activities that are outside of its commissioning responsibilities e.g. non-specialist medicine prescribing
- Where there is potential for a resource transfer between the WKN and Health Boards akin to the previous ESA and Immunosuppression projects.

The WKN will be represented at the WHSSC Management Group by the Network Lead Clinician and Manager (or their deputies) where such items are on the WHSSC Management Group agenda.

Extant specialist clinical leads:

The following clinical lead roles have a national remit for the development of Strategy and service specifications in relation to the portfolios identified to develop and support the delivery of the WHSSC ICP and agreed WKN work plan.

The roles will hold a leadership responsibility for implementation, ensuring equitable services in terms of quality and access.

- **Clinical Lead for Quality and Patient Safety (QPS)**
Appointed on a sessional basis; 1 session a week. Period of three years
- **Clinical Lead for Information Management and Technology (IM&T)**
Appointed on a sessional basis; 1 session a week. Period of three years
- **Clinical Lead for Transplant and Vascular Access**
Appointed on a sessional basis; 1 session a week. Period of three years
- **Clinical Lead for Home Dialysis**
Appointed on a sessional basis; 1 session a week. Period of three years
- **Clinical Lead for Pharmacy**
Seconded* on a sessional basis; up to 4 sessions a week. Period to be determined subject to WKN Board approval.
- **Clinical Lead for National Health & Wellbeing Professionals Reference Group**
Seconded* on a sessional basis; 2 sessions per week, 12 months pending review.

**Seconded basis due to likelihood of post holder being under AAC terms and conditions.*



Rhwydwaith Arennau Cymru
Welsh Kidney Network

Welsh Kidney Network and Regional Renal Directorate Interface Meeting

Terms of Reference

1.0 Introduction

- 1.1 The Welsh Kidney Network (WKN) was established in 2009 by Welsh Assembly Government, with specialist commissioning and advisory responsibility for adult renal services in Wales. It was adopted as a subcommittee of Welsh Health Specialised Services Committee (WHSSC) in 2011. The WKN is funded by the Health Boards via WHSSC and manages a ring fenced and allocated funds commissioning budget on behalf of WHSSC. Renal services are the only specialist service to be clinically led by a national network of clinicians working collaboratively in Wales to provide clinical leadership, strategy and guidance.
- 1.2 The aim of the WKN/Regional Directorate Interface meetings is to build partnership relationships and provide a platform to enable the strategic aims, work plans and priorities of the WKN to be discussed in alignment with operational plans of the three regional renal centres in Wales.
- 1.3 The establishment of these forums is anticipated to support effective collaboration by sharing of information and areas of good practice and to create a space to discuss and proactively resolve any early warning issues with potential to impact on service delivery and promote an environment of continuous improvement.
- 1.4 The governance arrangements of WHSSC's host Health Board "Cwm Taf Morgannwg" will apply and this includes any audit arrangements as approved by the Joint Committee.

2.0 Purpose and Function

- 2.1 The aim of the WKN/ Regional Renal Directorate (WKN/RRD) interface meetings are to continue to build partnership relationships and provide a platform to enable the strategic aims, work plans and priorities of WKN to be discussed in

alignment with financial, demand and capacity, quality metrics and operational plans of the regional renal directorate for delivering renal services.

2.2 The WKN/RRD interface meeting will work in synergy with the already established Health Board/ WHSSC Quarterly Service Level Agreement (SLA) meetings. The SLA meetings have their own Terms of reference.

The combination of these meetings will underpin the commissioning of renal services for the population of that the regional renal directorates are responsible for to ensure equitable access to safe, effective, sustainable and high quality renal services for people across Wales.

2.3 Collectively, the WKN/RRD interface meetings and SLA meetings will:

- Provide collaborative leadership and development of renal services across the region in accordance with strategic aims, work plans and priorities of both the WKN and the RRD.
- Promote equity of service delivery across Wales by identifying unwarranted variation in renal service provision across regions, working collaboratively to develop and implement any agreed remedial action plans.
- To advise WKN Board of any operational barriers, across the patient pathway, to local service improvement plans and work collaboratively to overcome barriers through sharing of good practice, influence and negotiation.
- To collaboratively review Independent Service Provider (ISP) contracts, identifying any areas of variation and innovation and plans for repatriation, retender or procurement plans to accommodate growth.
- In conjunction with Health Board and WKN Lead Nurse to provide a platform to discuss quality and patient safety issues that have been considered through local governance structures and/or WKN QPS to ensure that care provision remains aligned with service specifications, prudent principles and evidence based practice.
- Promote and support service and peer reviews, national PREMs and PROM initiatives and reflect on findings and work in collaboration to implement any agreed remedial action plans.
- Provide a platform for discussing any re-configuration of services/ commissioning arrangements which may have an impact on the commissioning and provision of renal services for the population that the RRD holds responsibility for.
- Agree the priorities for commissioning renal services for the RRD population on an annual basis to inform the WHSSC Integrated Commissioning Plan (ICP). All priorities will be aimed at improving patient pathways, based on Clinical Evidence and Effectiveness which meet the principles,

Prudent/Value Based Health Care Healthier Wales, Once for Wales, thereby improving the quality of services and value for money;

- To jointly review the financial, quality and service performance of the RRD to identify any issues and to agree actions to be taken. Monitor the implementation of these actions and their efficacy.
- Agree issues, risks and good practice that should be brought to the WKN Board's attention.

3.0 Delegated Powers and Authority

The Group is authorised to undertake any activity within its Terms of Reference.

4.0 Sub Groups

4.1 The Group may establish sub-groups or Task and Finish Groups to carry out, on its behalf, specific aspects of the business within its remit.

5.0 Membership

5.1 Members of the Group shall be appointed by WKN and RRD and derived from the three organisations.

5.2 The Membership of the meeting will be as follows.

5.2.2 WKN/RRD Interface Meetings:

WKN/RRD, BCUHB

Name	Designation	Organisation
Gareth Roberts (Chair)	Consultant Nephrologist, and Clinical Lead	WKN
Susan Spence	Network Manager	WKN
Annmarie Pritchard	Deputy Network Manager	WKN
TBC	Lead Nurse	WKN
Helen Harris	Finance Manager	WKN
Iwan Bonds	Directorate Manager	BCUHB
Stuart Robertson*	Consultant Nephrologist /Senior Nurse*	BCUHB / Wrexham
Abdulfattah Alejmi*	Consultant Nephrologist/Senior Nurse*	BCUHB / Bangor
Mick Kumwenda*	Consultant Nephrologist/Senior Nurse*	BCUHB / Glan Clwyd

Andy Whitfield	Finance Manager	BCUHB
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***At least one Consultant/Snr Nurse from each locality may be nominated/in attendance**

WKN/RRD, SBUHB

Name	Designation	Organisation
Gareth Roberts (Chair)	Consultant Nephrologist, and Clinical Lead	WKN
Susan Spence	Network Manager	WKN
Annmarie Pritchard	Deputy Network Manager	WKN
TBC	Lead Nurse	WKN
Helen Harris	Finance Manager	WKN
Sarah Siddell	Directorate Manager	SBUHB
Clare Parker	Consultant Nephrologist, Clinical Director, SBUHB	SBUHB
TBC	Snr Nurse	SBUHB
TBC	Finance Manager	SBUHB

WKN/RRD, CVUHB

Name	Designation	Organisation
Gareth Roberts (Chair)	Consultant Nephrologist, and Clinical Lead	WKN
Susan Spence	Network Manager	WKN
Annmarie Pritchard	Deputy Network Manager	WKN
TBC	Lead Nurse	WKN
Helen Harris	Finance Manager	WKN
Rachel Long	Directorate Manager	CVUHB
Mike Stephens	Consultant Transplant Surgeon, Clinical Director, CVUHB	CVUHB
Helen Jefferies	Consultant Nephrologist and Nephrology Lead	CVUHB

TBC	Snr Nurse	CVUHB
TBC	Finance Manager	CVUHB

5.3 Other members/staff may be appointed as deemed appropriate by the WKN/RRD.

5.4 In the absence of the Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair **the** meeting.

6.0 Member appointments

6.1 The membership of the WKN/RRD shall be determined jointly by WKN and RRD taking account of the balance of skills and expertise necessary to deliver the remit outlined in this terms of reference.

7.0 Secretariat Support

The WKN co-ordinator will provide all administrative support including minutes of meetings and circulation of papers.

8.0 Meetings

8.1 Quorum

Finance representatives from WKN/RRD plus at least 2 other representative from each organisation to allow any formal decisions to be agreed.

8.1.1

A person attending on behalf of a Member but who is not the nominated deputy shall not count towards the required quorum.

8.2 Frequency of meetings

Meetings shall be held quarterly and will be varied in time/day to ensure that clinical representatives can attend with minimal impact on clinical duties.

8.3 Responsibilities of Members and Attendees

Members have a responsibility to:

- a) Attend at least 75% of meetings (or ensure a nominated deputy attends), having read all the papers beforehand;
- b) Disseminate information throughout their respective organisation and through the appropriate Peer Groups.
- c) Identify any agenda items to the meeting's administrative support as requested; and

- d) Prepare and submit papers for the meeting as requested so that they can be issued in accordance with section 8.4.

8.4 Circulation of Papers

The administrative support will be provided by the WKN will ensure that papers are distributed at least 5 working days prior to the meeting.

The minutes of the meeting will be sent to all members in draft for agreement prior to being issued.

9.0 Relationships and accountabilities with Health Boards/WHSSC and its Sub-Committees/Groups

9.1 WKN members are accountable to the WHSSC Director of Specialised Services via the WKN Board and RRD members are accountable to the Chief Executive for their organisation. See Appendix 1

9.2 The Meeting, through its Chair and Members shall work closely with the WKN Board to provide advice and assurance to the WHSSC Joint Committee. In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into WHSSC's overall risk and assurance framework.

10.0 Reporting and assurance arrangements

10.1 The Chair of the Group shall:

- report formally on a quarterly basis to the WKN Board. This includes verbal updates on activity, the submission of the minutes and written reports;
- bring to the WHSSC Joint Committee specific attention any significant matters under consideration by the Meeting; and
- ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Executive or Chairs of other LHBs and relevant sub committees of any urgent/critical matters that may affect the operation and/or reputation of WHSSC or Health Boards