



Report Title	Performance & Activity Report Month 11 2022-2023		Agenda Item	4.1	
Meeting Title	Joint Committee		Meeting Date	16/05/2023	
FOI Status	Open/Public				
Author (Job title)	Head of Information				
Executive Lead (Job title)	Director of Finance				
Purpose of the Report	The purpose of this report is to highlight the scale of the decrease in activity levels during the peak COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input 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 the report					

PERFORMANCE AND ACTIVITY REPORT MONTH 11 2022-2023

1.0 SITUATION

This report sets out the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The context for this report is to illustrate the decrease during the peak COVID-19 periods, and to inform the level of potential harms to specialised services patients. It also illustrates the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability, but this is covered in greater detail in the separate monthly Finance report. Recovery rates, access comparisons across Health Boards and waiting lists are also considered, along with the relevant new Performance Measures set out by Welsh Government.

2.0 BACKGROUND

The impact of COVID-19 on the level of provision of healthcare has been felt across all levels of service, including specialised services which have traditionally been assumed to be essential services. WHSSC has used the national data sources from DHCW, together with monthly contract monitoring information to inform this report. Members are asked to note that the DHCW data for Admitted Patient Care and Patients Waiting includes all Welsh activity at providers with a WHSSC contract, and also includes some non-specialist activity that may be included in local Health Board contracts. The DHCW data used in this report was refreshed on April 4 2023.

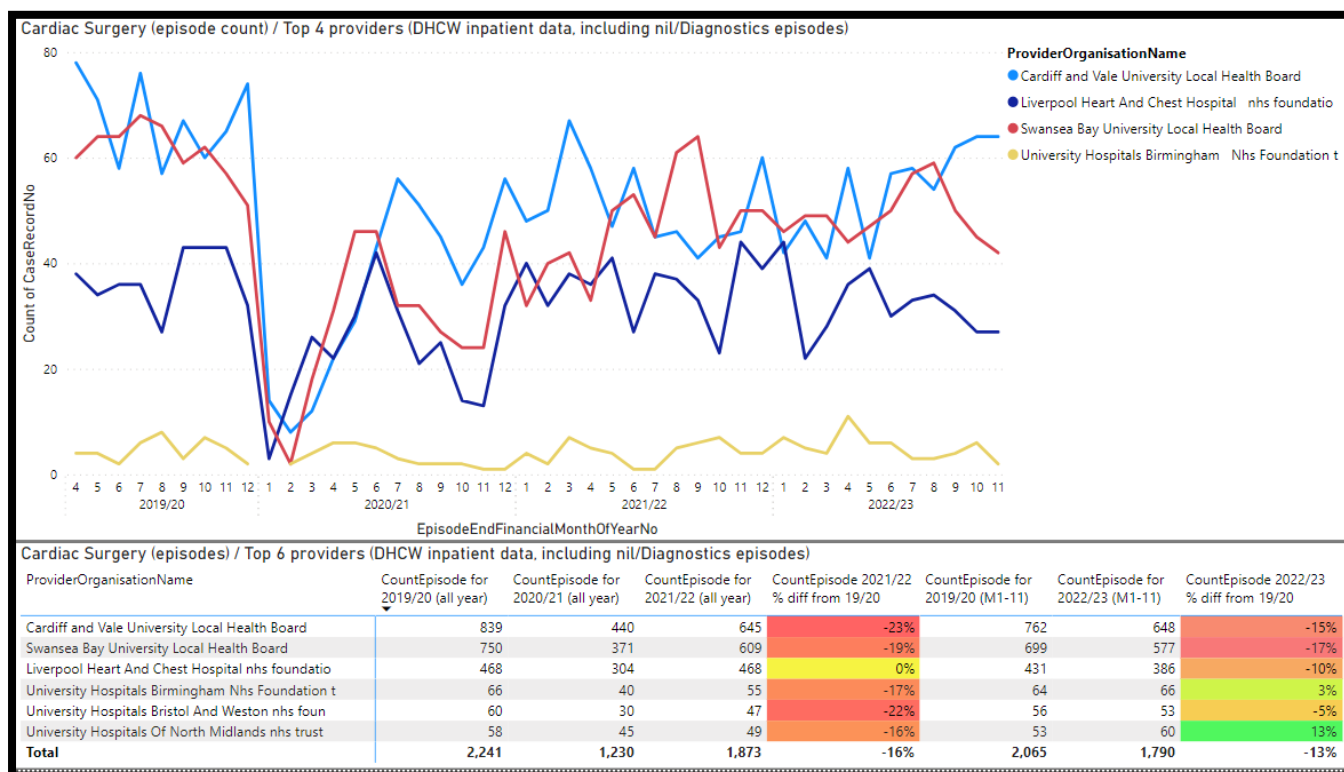
3.0 ASSESSMENT

Specialties / areas covered in this report include:

- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Cardiac Surgery
- Paediatric Surgery
- Bariatric Surgery (new sub-heading added this month)
- English provider activity (all specialist and non-specialist)
- Appendix A – summary of recovery across main specialties/providers
- Appendix B and C – summary of Cardiff & Vale and Swansea Bay contracts
- Appendix 1 – charts of DHCW data showing inpatient activity at NHS England Trusts with a WHSSC contract (specialist and non-specialist)
- Appendix 2 – tables including the relevant Performance measures as directed by Welsh Government

3.1 Cardiac Surgery

3.1.1 Cardiac Surgery – Activity and Access Rate Summary

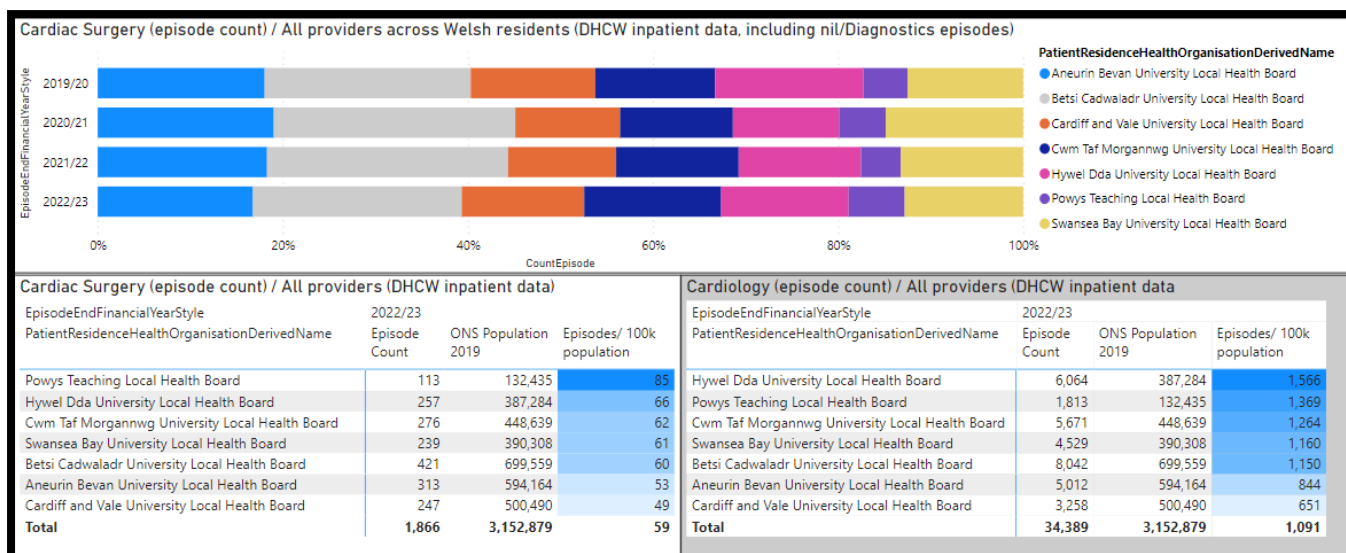


Data source: DHCW central data warehouse; **Note: inpatient activity includes the nil/diagnostics procedure episodes as there is currently significant procedure coding backlogs for recent months for all main providers**

The above table highlights the variance in Cardiac Surgery inpatient recovery across the main specialist providers, with Liverpool Heart & Chest showing the highest and quickest recovery. The main 3 providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

There was a drop in the volume of Cardiac inpatient activity reported during the COVID-19 period, which is recovering but stood at 48% less activity overall in 2020/21 compared to 2019/20, and 21%/16% less in 2021/22 (excluding non-procedure/diagnostics episodes/including them). Using all activity to date this year (Month 10 of 2022/23), activity is 13% lower than to the same month in 2019/20. Historically, Cardiac surgery is seen as an urgent elective specialty with high levels of emergency and inter hospital referrals and lower levels of elective referrals. The risk of COVID infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor.

There has been some proactive switching into TAVI (Transcatheter Aortic Valve Implant) procedures for selected sub groups of patients.



Data source: DHCW central data warehouse; **Note: inpatient activity includes non-procedure/diagnostic episodes**

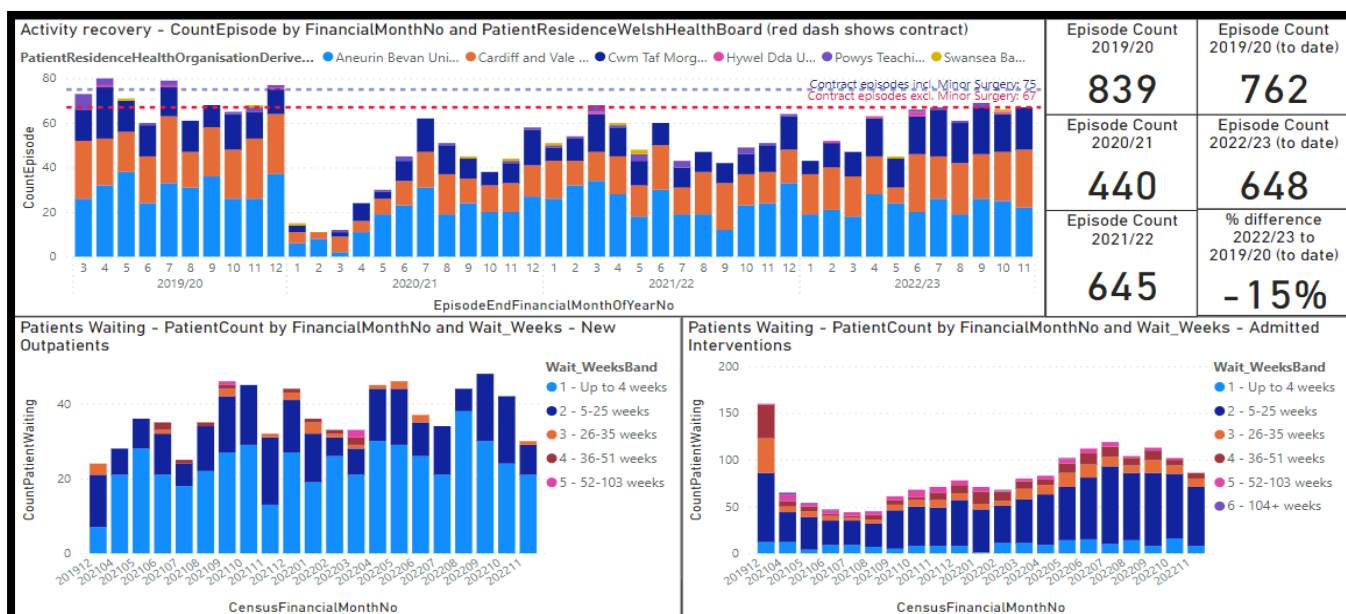
Access rates across the Health Boards varied the most during the initial COVID-19 wave due to the earlier recovery of English providers, but have stabilised in recent months to almost the same split of the available activity as 2019/20.

Inpatient episodes per 100k population varies overall across the Health Board areas, from 49 to 85 so far in 2022/23 as per the small table above to the left.

The access rate data for Cardiology is shown for information only as a related specialty, as this is not WHSSC-commissioned, except for some specific devices/interventions.

3.1.2 Cardiac Surgery – Recovery and Waiting Lists

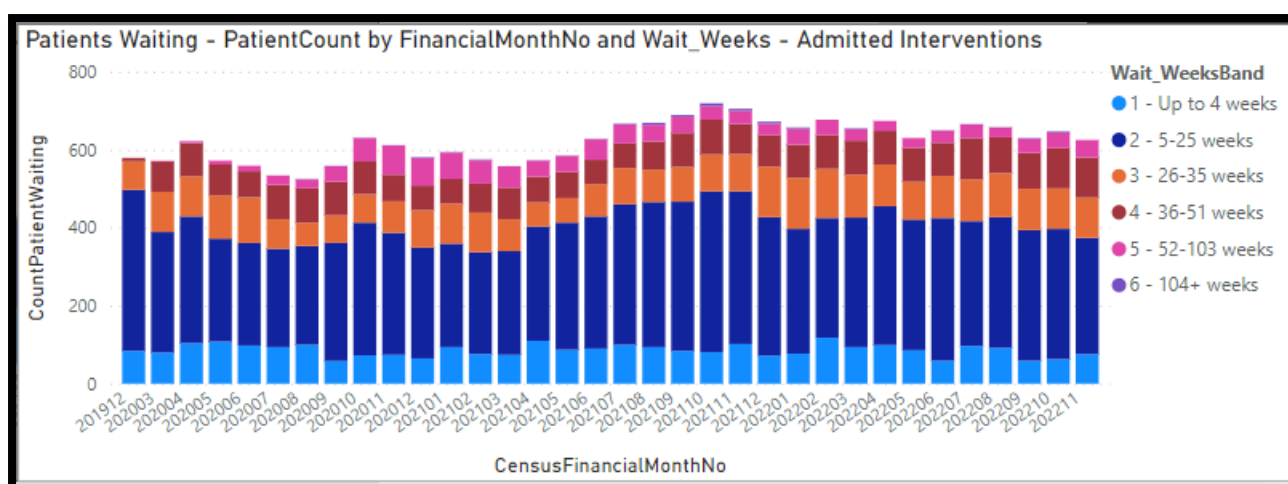
Cardiff & Vale UHB



Data source: DHCW central data warehouse; **Note: inpatient activity includes non-procedure/diagnostic episodes**

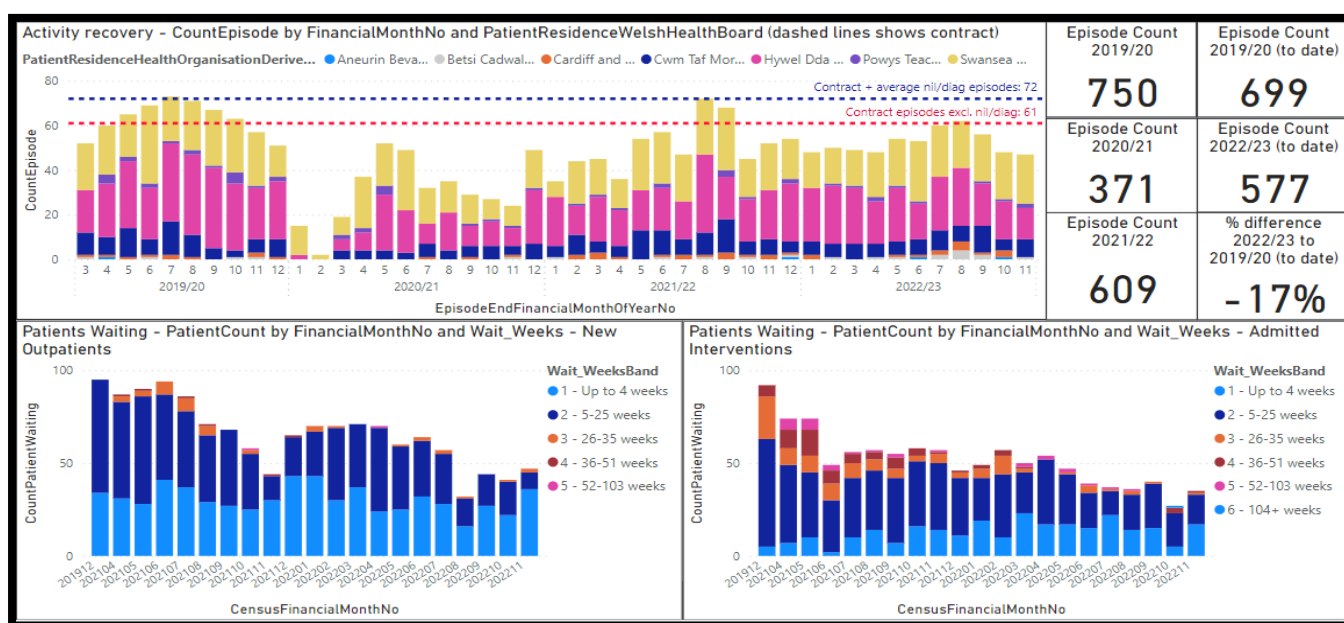
The previous tables show a summary of the position at Cardiff & Vale in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a small increase in new referrals (those between 0-4 weeks) again, elective activity had kept pace to the point that the waiting list for admissions had reduced to almost a third of pre-COVID-19 demand by the winter of 2021, with few patients now waiting over 26 weeks, although this waiting list has been growing again over the past few months.

It is worth noting that patients waiting for admissions for Cardiology treatments have increased marginally at Cardiff, although some are now waiting longer.



Data source: DHCW central data warehouse; all Cardiology patients waiting at Cardiff – admitted interventions (specialist and non-specialist).

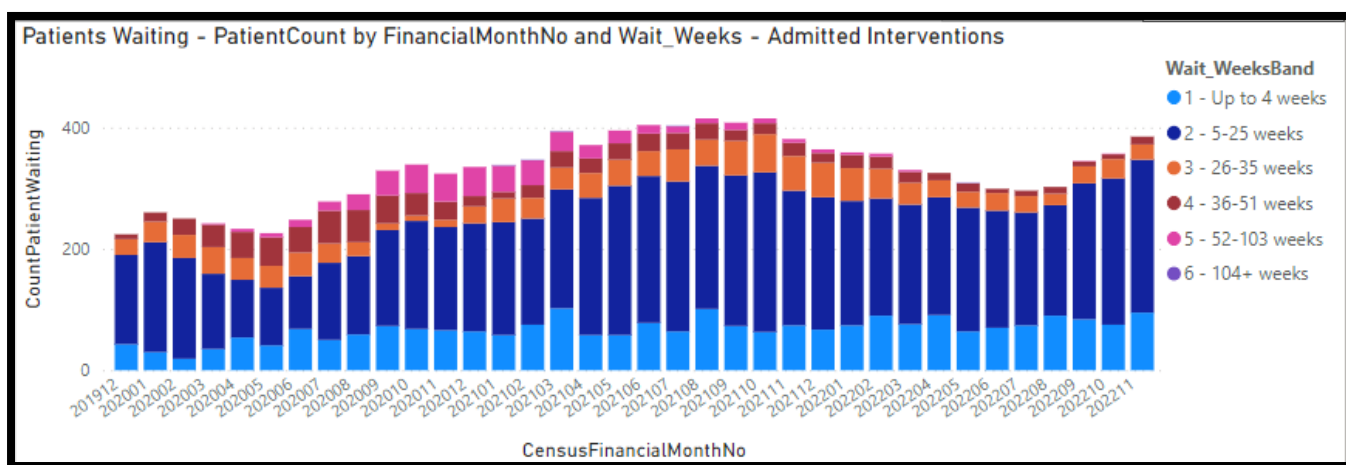
Swansea Bay UHB



Data source: DHCW central data warehouse; **Note: inpatient activity includes non-procedure/diagnostic episodes**

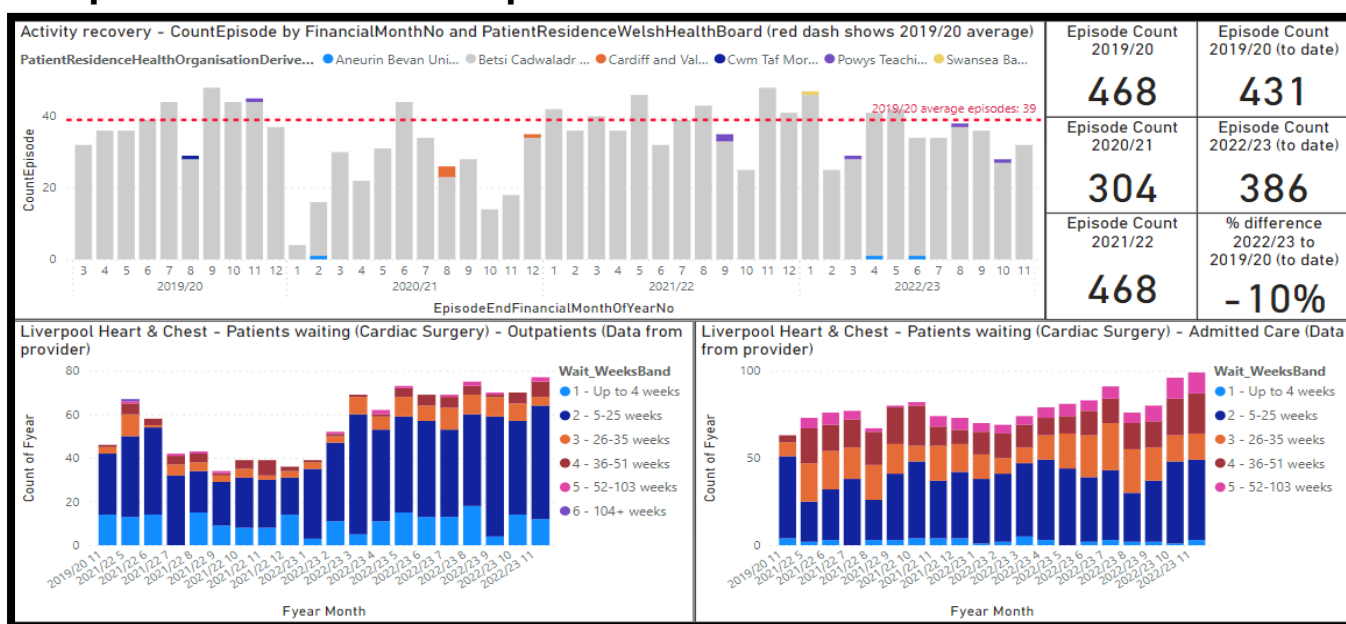
The previous tables show a summary of the position at Swansea Bay in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows new referrals (those between 0-4 weeks) back again to Pre-COVID-19 levels, elective activity has kept pace to the point that the waiting list for admissions has reduced to less than half of Pre-COVID-19 demand, with few patients now waiting over 26 weeks.

It is worth noting that patients waiting for admissions for Cardiology treatments had almost doubled at Swansea Bay, started reducing, but has been steadily increasing again since December 2022; it is unknown how many of these are waiting for specialist procedures.



Data source: DHCW central data warehouse; all Cardiology patients waiting at Swansea Bay – admitted interventions (specialist and non-specialist).

Liverpool Heart & Chest Hospital



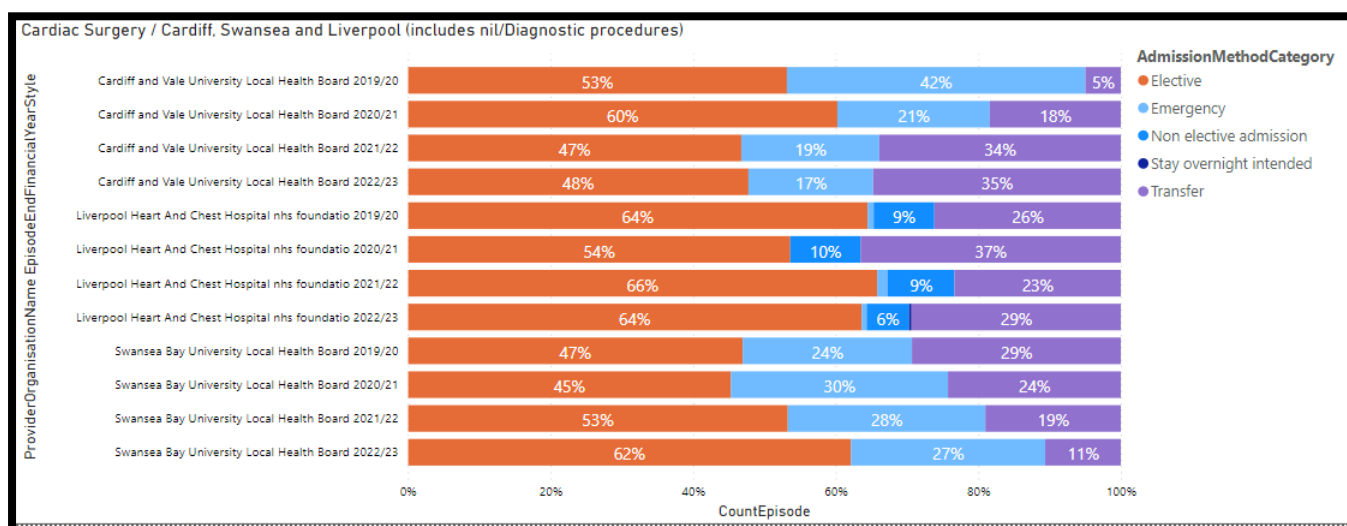
Data source: Inpatient activity from DHCW central data warehouse; **Note: inpatient activity includes non-procedure/diagnostic episodes.** Waiting list data from provider direct.

The tables above show a summary of the position at Liverpool Heart & Chest in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a similar pattern in new referrals (those between 0-4 weeks) again to Pre-COVID-19 levels, elective activity is also back to almost the same Pre-COVID-19 levels. The waiting list for admissions has remained roughly steady over the past 2 years, but with over half now waiting over 26 weeks.

Other activity notes

An additional note is that the reported pattern of activity is historically different between Wales and England, with England reporting typically higher proportions of elective/transferred expected overnight stay activity. Welsh centres have reported that the pressure from transfers squeezes capacity available for elective cases with a resulting adverse impact on the waiting list.

The below chart shows the elective/emergency percentages of the overall inpatient activity. Whilst Liverpool Heart & Chest appears to be back to 2019/20 splits, Cardiff has seen a marked increase in Transferred activity, while Swansea Bay has seen a decrease in Non-elective and Transferred activity percentages.



Data source: DHCW central data warehouse; all inpatient activity including non-procedure/diagnostic episodes

Specialised Planner comments:

Commencing December 2022, CVUHB and SBUHB agreed that CTMUHB cardiac surgery patients (excluding PMVR) would be referred to SBUHB for an initial period of six weeks. As noted in the last iteration of this report, this arrangement has worked well – albeit that numbers have been less than anticipated – and it was agreed in January 2023 it would be extended for an additional six weeks. Potential for a further extension and/or formalised long-term arrangements were discussed at the February CVUHB Cardiac Risk, Assurance and Recovery meeting, where it was highlighted that owing to both the aforementioned arrangement and an increase in the volume of cardiac surgery undertaken by CVUHB, waiting lists have reduced. No agreement was reached and discussions will be revisited at the

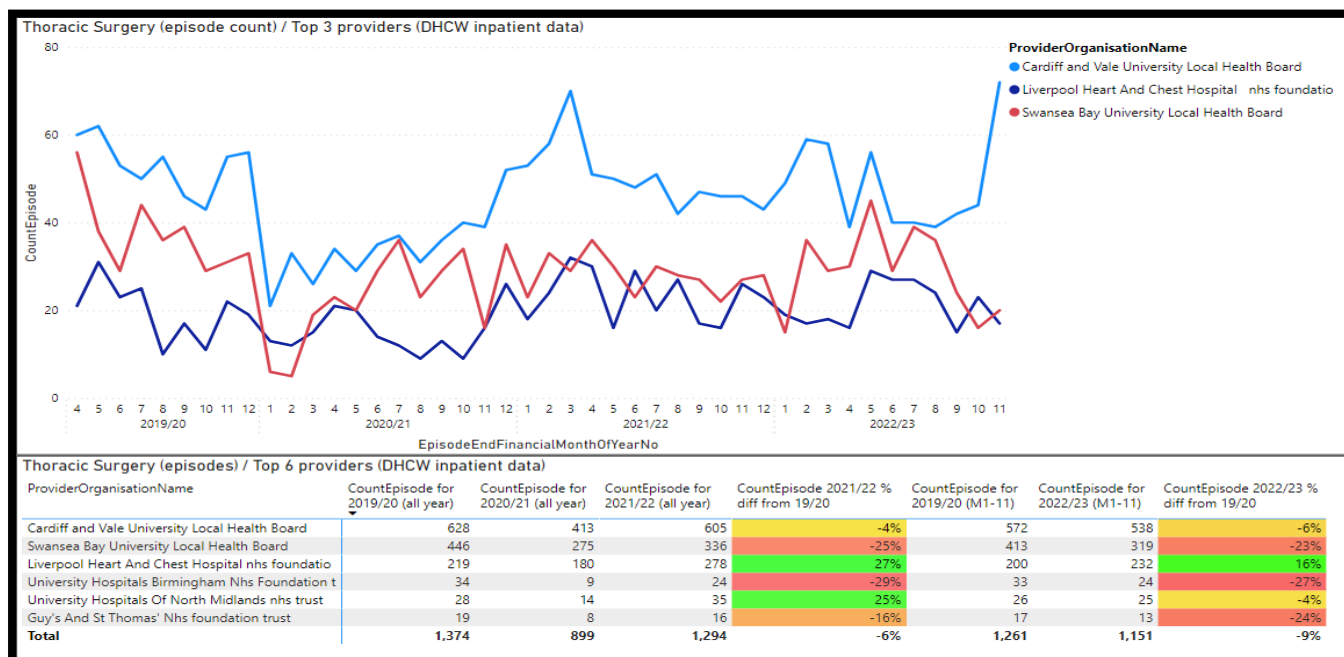
end of the additional six weeks. SBUHB are understood to have additional cardiac surgery capacity are keen for the arrangement to be further extended.

Previous iterations of this report have highlighted the risk that Cardiac Surgery referrals and waiting times will increase over the coming months as a result of the efforts of local health boards to manage the recovery of cardiology services. As identified previously, indications that increases have not been as significant as anticipated has led to the risk being deescalated, but Cardiff and Vale's waiting list position has precluded the risk being removed from the CRAF. Waits will continue to be closely monitored lest possible risk re-escalation be required; in the event that recent activity increases are sustained, risk de-escalation will be considered.

This report has also previously highlighted the work underway to investigate the continuing growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of cardiac surgery commissioned by WHSSC. The outcomes of this exercise were incorporated into the 'WHSSC Cardiac Review' report, which was endorsed by WHSSC Joint Committee in January 2023. Work has now underway on Phase 1 of the planned review, for which a Project Initiation Document (PID) is being prepared. Phase 1 will seek to re-baseline the TAVI/cardiac surgery contract, ascertain whether the TAVI policy remains fit for purpose, and consider the differential costs of TAVI valve types. Phase 1 is due to be completed by June 2023.

3.2 Thoracic Surgery

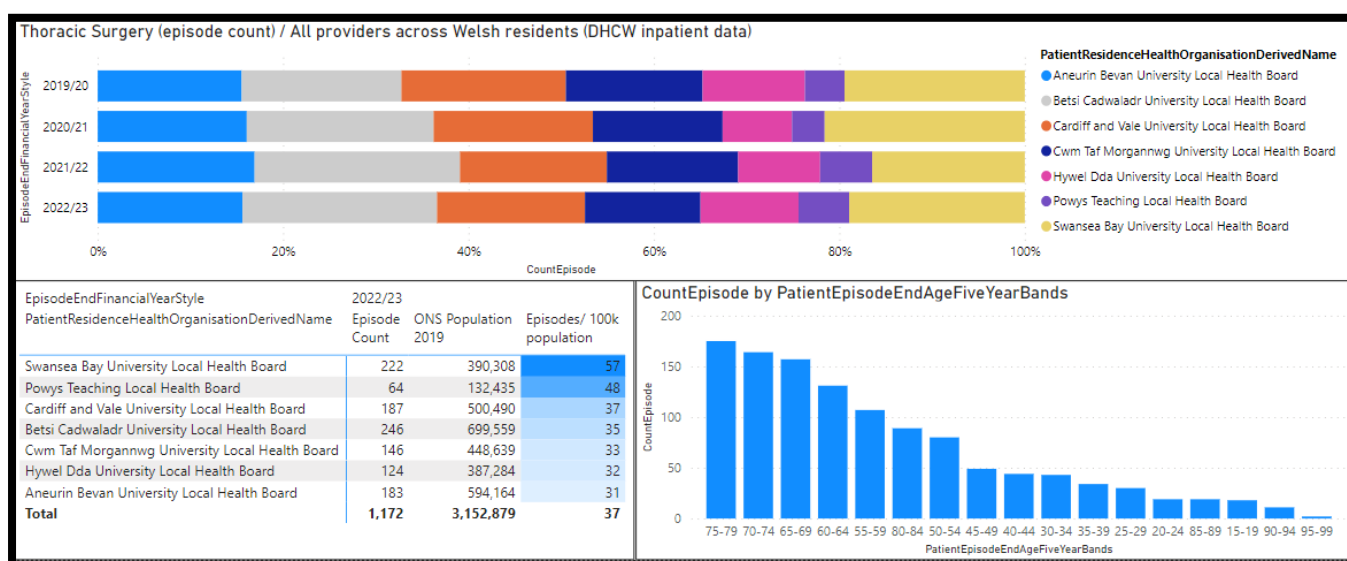
3.2.1 Thoracic Surgery – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Thoracic Surgery inpatient recovery across the main specialist providers, with Liverpool Heart & Chest showing the highest and quickest recovery to activity. Liverpool actually performed inpatient episodes 27% higher in 2021/22 than 2019/20, and 16% higher so far this year (2022/23). Cardiff & Vale is showing a small drop in activity of 6% to 2019/20 to the same month this year. However, Swansea Bay is showing a 23% drop in activity to date compared to 2019/20, although the later section showing more detail indicates the total numbers on the waiting list is not suffering due to this.

The drop in the volume of Thoracic inpatient activity reported over the COVID-19 period stood at 35% less activity overall in 2020/21 compared to 2019/20, and 6% less in 2021/22. Using activity to date this year 2022/23 (Month 11), activity is 9% less than 2019/20.

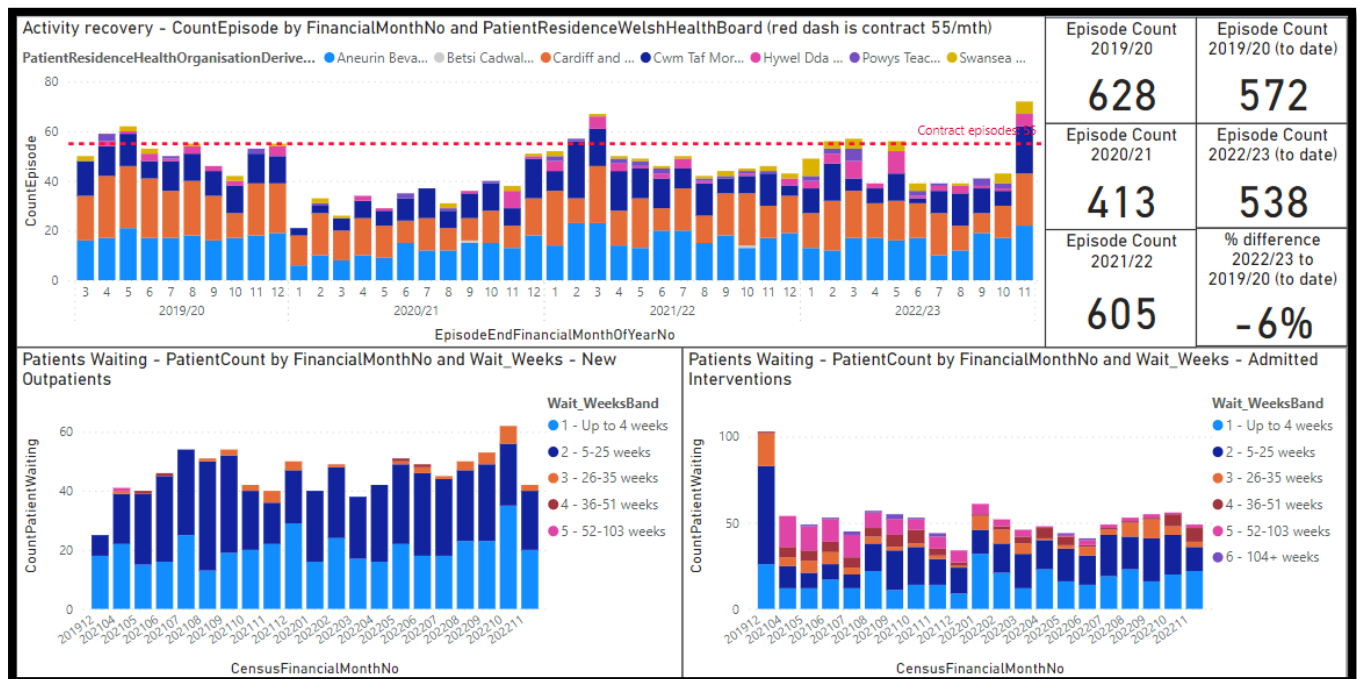


Data source: DHCW central data warehouse; all inpatient activity

Access rates of the Health Boards varied slightly across the past two years, which is to be expected given the relatively low activity numbers (about 100/month), but are now close again to the pre-Covid splits in 2019/20.

Inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 31 to 57 as per the small table above for 2022/23.

3.2. Thoracic Surgery – Recovery and Waiting Lists
Cardiff and Vale UHB

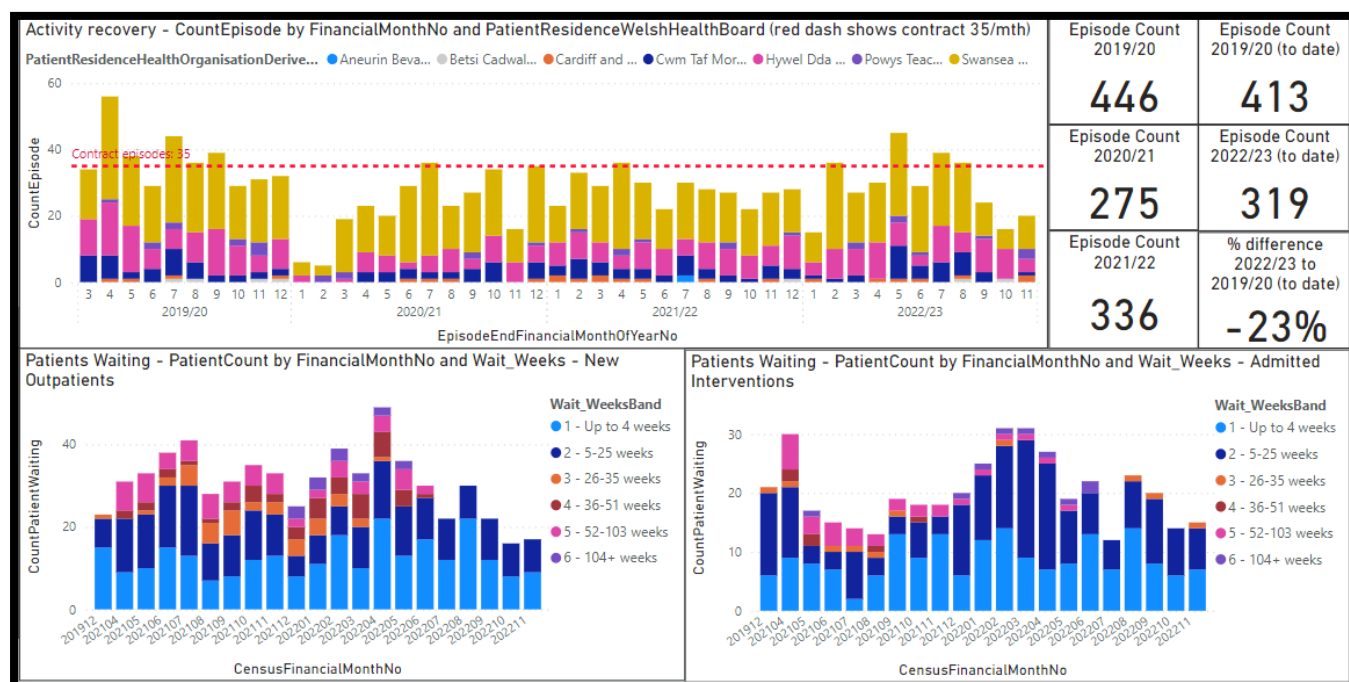


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show a summary of the position at Cardiff & Vale in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a return to pre-Covid levels of new referrals (those between 0-4 weeks) again, elective activity has recovered to an equivalent episode count compared to 2019/20. The waiting list for admissions has reduced to around half of pre-COVID-19 demand.

It is worth noting that Cardiff had recently picked up some activity from Swansea Bay, due to an agreement between the two centres. This can be seen by the Swansea Bay resident episodes, shown in mustard in the top chart.

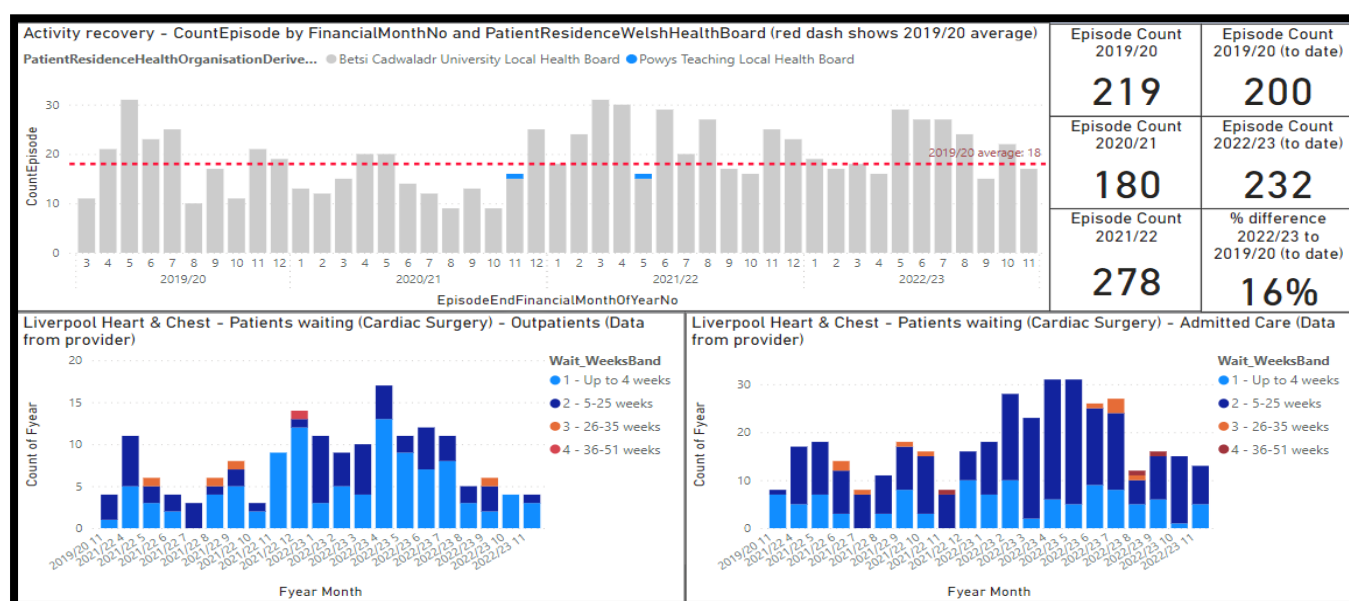
Swansea Bay UHB



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

The previous tables show a summary of the position at Swansea Bay in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows consistent numbers, elective activity is still lower than 2019/20. However, the overall waiting list for admissions has not deteriorated from the position at March 2020, although the numbers are not high.

Liverpool Heart & Chest Hospital



Data source: DHCW central data warehouse; Waiting list data from provider directly

The tables above show a summary of the position at Liverpool Heart & Chest in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a quick increase in new referrals (those between 0-4 weeks) after the pandemic started, inpatient activity has increased by 16% this year compared to 2019/20. Despite this, the patients waiting for admission had increased from pre-Covid levels, although these are not material numbers and are easily skewed month-on-month.

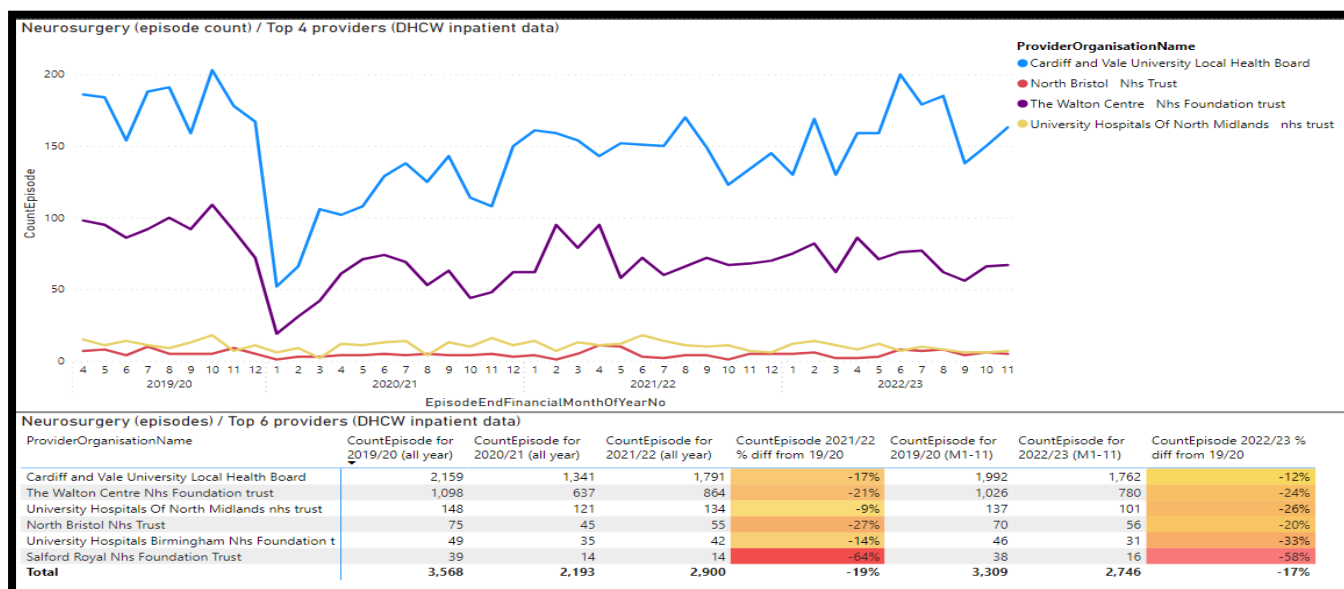
Specialised Planner comments:

In interpreting the data above, it is important to note that collaborative arrangements are in place between the two South Wales thoracic surgery services to use the joint capacity across the 2 services to ensure equitable access. This ensures that if their usual centre is capacity constrained due to the impact of the pandemic (or potentially other factors) and there is available capacity at the other south Wales service, patients can be cross referred and access treatment on the basis of clinical need. This means that activity at a particular centre does not directly translate into access for residents of health boards for which it is the usual provider.

However, to date, the joint meeting has focused on primary lung cancer patients. The service has been providing elective operations for non-cancer patients but a small number of long waiters still remain within the backlog.

3.3 Neurosurgery

3.3.1 Neurosurgery – Activity and Access Rate Summary



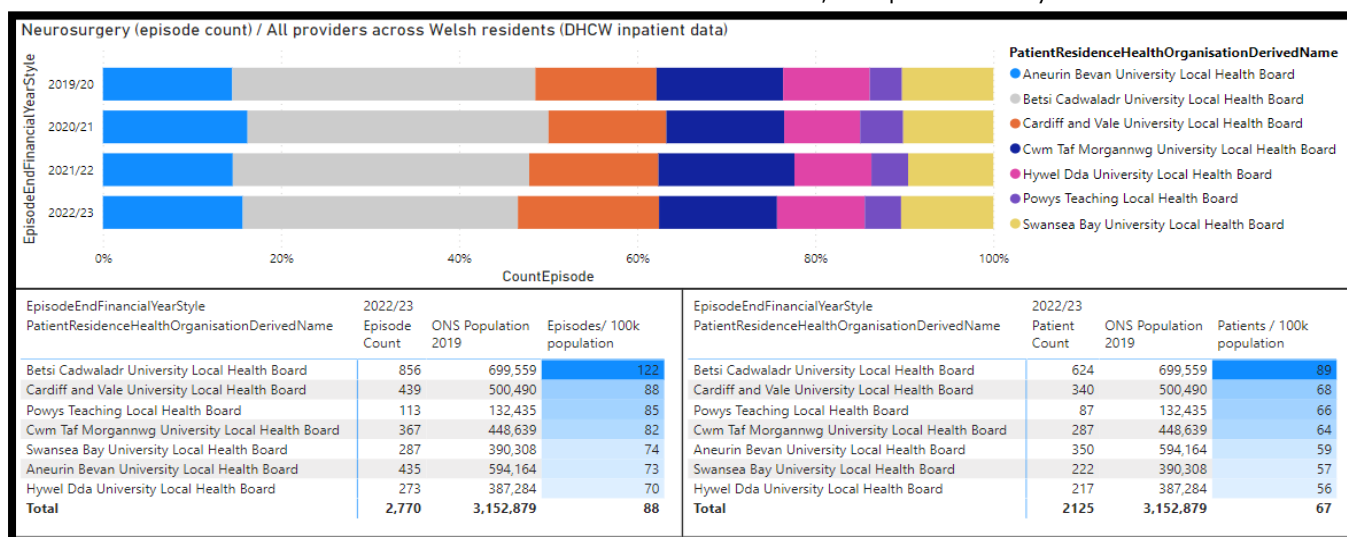
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Neurosurgery inpatient recovery across the main specialist providers, with Cardiff and the Walton showing similar recoveries with reductions of 12% and 24% this year compared to the same point

in 2019/20. Overall activity was 39% less in 2020/21 than in 2019/20, with the equivalent figure being 19% less in 2021/22, and 17% less so far in 2022/23.

Please note that about 2/3rds of the UH North Midlands activity above relates to North Wales residents, which is paid for through a local contract and not WHSSC. The remaining activity relates to Powys residents, which does flow through WHSSC contracting.

Data source: DHCW central data warehouse; all inpatient activity

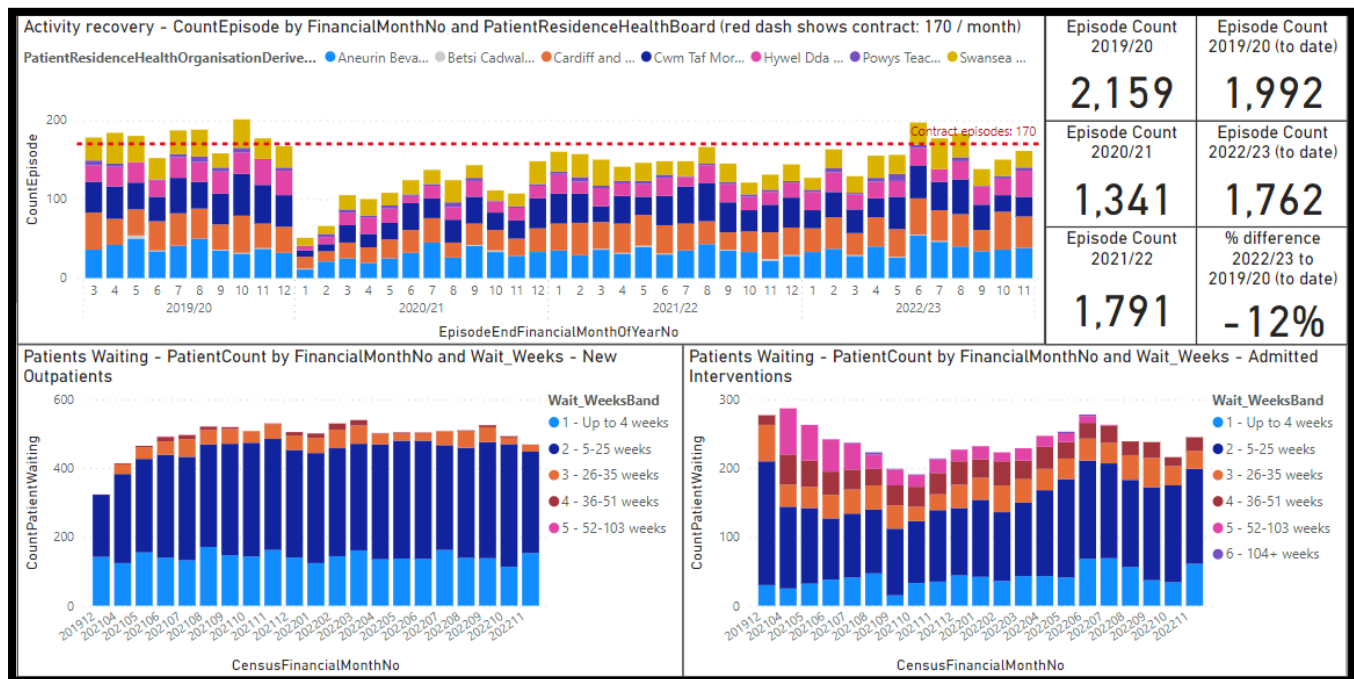


Access rates across the Health Boards have not varied much across the past four years, as shown in the charts above. Inpatient episodes per 100k population in 2022/23 so far vary from 70 to 122 across Health Boards in the bottom left chart, with North Wales having the highest access.

Using individual patient counts (bottom right chart) also shows a similar access order. It is worth noting that the outlying access rate for Betsi Cadwaladr is related to the way activity is reported between the two main centres as being in different NHS countries. For example, as a Specialist centre, the Walton reports activity under the Neurosurgery specialty that is reported under others within Welsh providers, and the ratios are also reflected in this way in the waiting list numbers for Neurosurgery.

Please note a separate deep dive report into Neurosurgery was produced in July 2022 – please see that for further analysis if required.

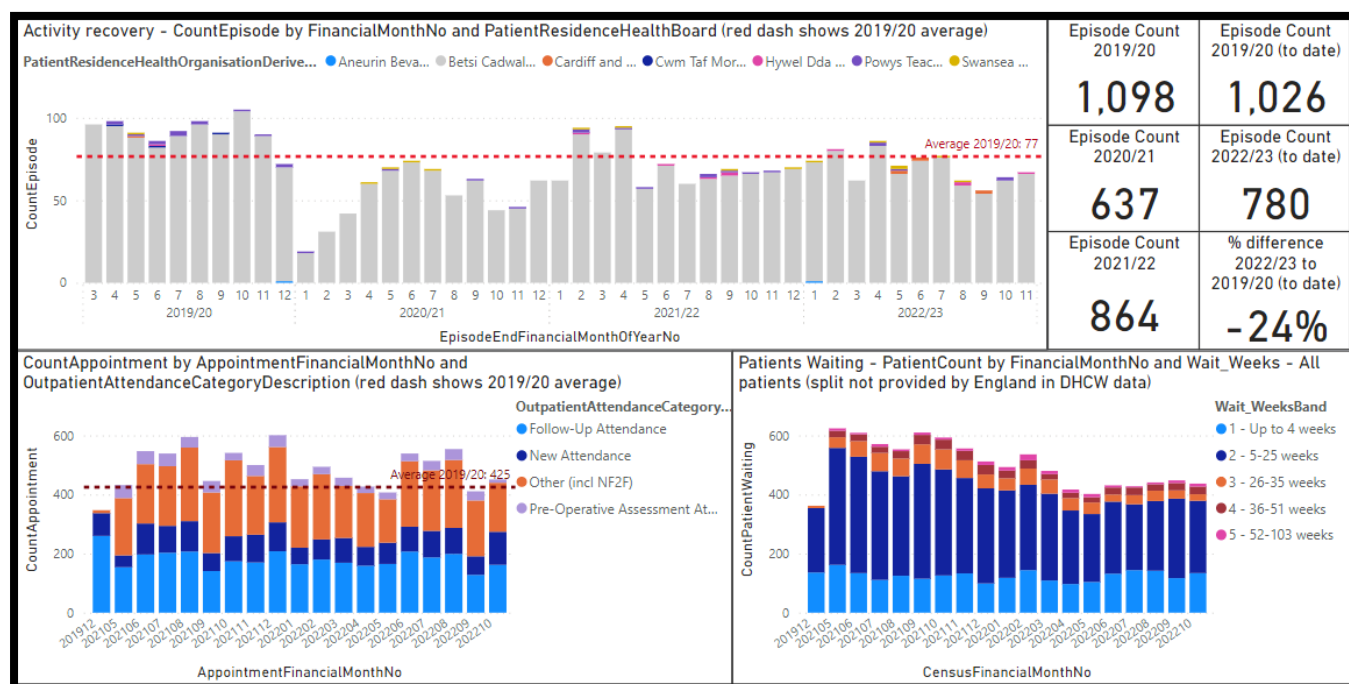
3.3.2 Neurosurgery – Recovery and Waiting Lists
Cardiff & Vale UHB



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

The tables above show a summary of the position at Cardiff & Vale in relation to Neurosurgery. The chart showing New Outpatients shows the total waiting is now higher than pre-Covid. Admitted activity increased from the initial reduction, then stayed static for a few months, although the total waiting list for admissions had been steadily reducing and there are now no patients waiting over 52 weeks.

The Walton Centre



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

The tables above show a summary of the position at the Walton in relation to Neurosurgery. Whilst activity is 24% less this year than 2019/20, the total patients waiting is similar in total compared to what it was as COVID-19 struck, although some patients are now waiting longer. However, the past few months had shown an improvement in the total waiting list numbers, and this should continue.

One point to note is the bottom left chart, which shows the movement across types of Outpatient appointment since March 2020. It is clear that non face-to-face appointments have been well-utilised during the COVID-19 period, and have actually increased to above pre-Covid levels.

Specialised Planner comments:

Cardiff & Vale UHB

Cardiff's Neurosurgery Recovery Plan was discussed with the service in November 2022 at the regular Performance meeting.

There has been a rise in Level 2 patients and the team are balancing emergencies with the operational pressures.

Theatre Utilisation rates are now at the levels that were pre-Covid (75-85%). It is difficult to consistently achieve 85% target due to make of the sub specialties within the Neuro directorate. They do not have small cases to add onto the end of a list.

DSA backlog has improved considerably through the additional WLI's running on the weekends.

In September this was the first time the Neuro team managed to achieve contract activity levels, this was as a result of the increase in DSA work which was done during this month.

Outpatient numbers are growing with 493 patients waiting for a new outpatient appointment. There are plans to repatriate the outpatient clinics from Rookwood to UHW in January 2023. Over the past few months the Directorate have seen a significant number of follow up patients.

There are significant workforce challenges with theatre staff and shortfall of ODP recruitment. However, the service is still planning extended days as they have done previously – this will commence in January 2023. Staff will be paid an enhanced rate, but this needs to be signed off by the Health Board.

Please note that due to improved and consistent inpatient activity, this service has been de-escalated.

The Walton

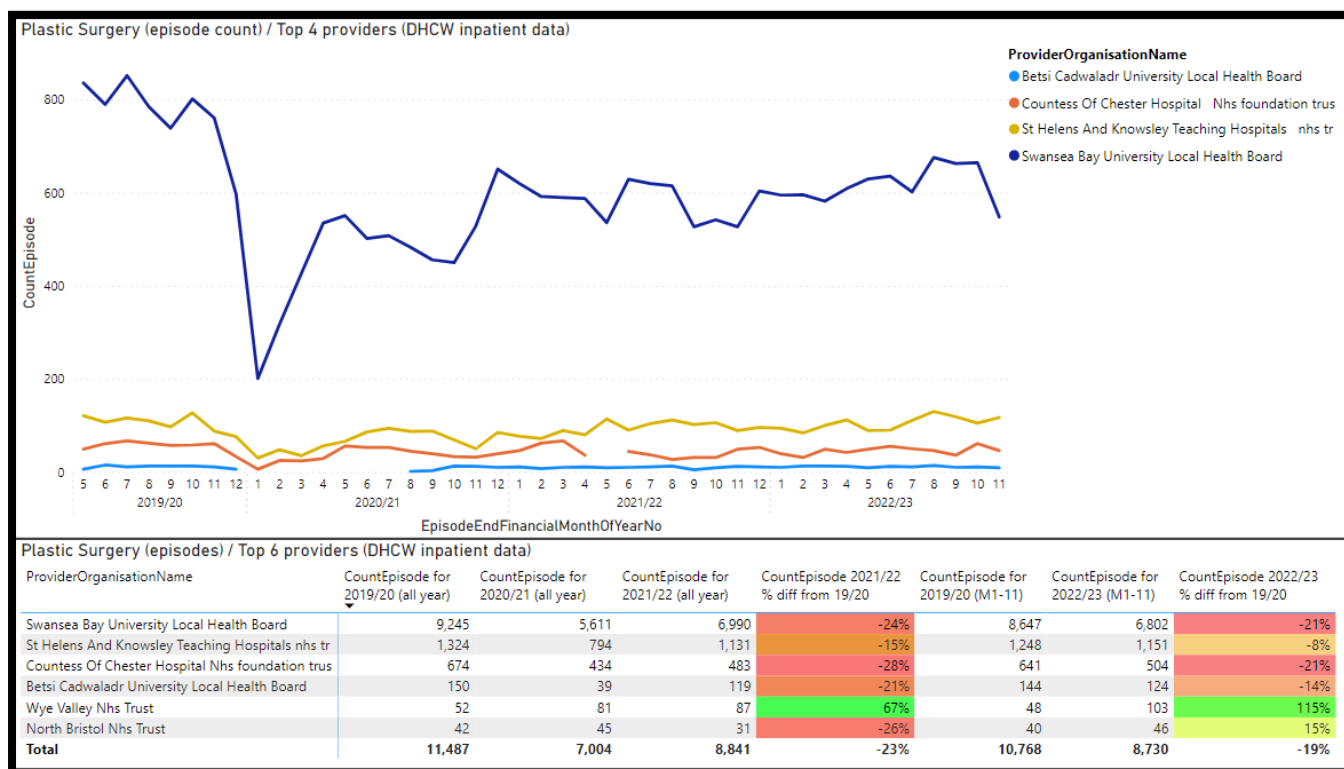
The Walton Centre confirmed that Spinal patients would be cleared by the summer 2022. The 52-week wait patients were on track to be cleared by the end of December 2022.

The Centre has a restoration and recovery plan for all of their long waiters which includes a regular clinical validation of patients who have waited over 6 months, to ensure that symptoms and imaging are up to date. The Walton centre have been managing this with Consultant and Nurse led consultations and they have the ability to operate on weekend lists as Waiting List Initiatives.

A physical visit to the Centre is planned for 2023.

3.4 Plastic Surgery (excl. Burns)

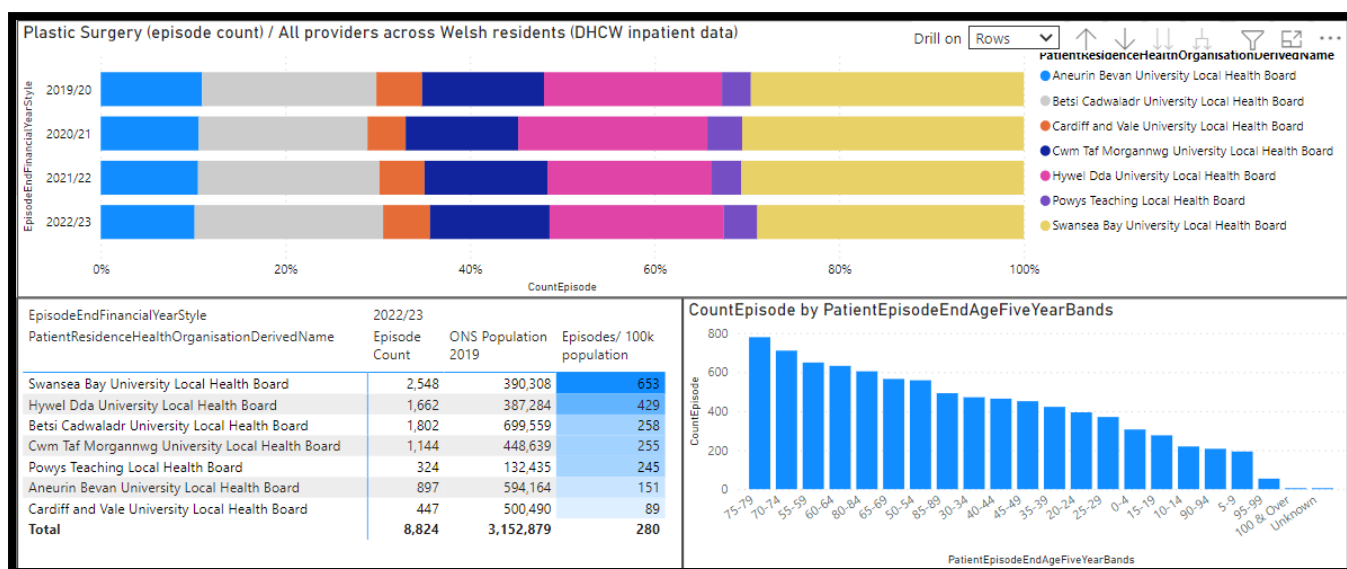
3.4.1 Plastic Surgery (excl. Burns) – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The previous table highlights the variance in Plastic Surgery inpatient recovery across the main specialist providers, with an overall reduction of 19% so far this year compared to 2019/20. The total reduction was 39% across the full year of 2020/21, and 23% in 2021/22. All providers all show the expected inverse relationship to the COVID-19 waves across the UK, with activity steadily increasing again after the first few months.

Please note the Countess of Chester activity above primarily relates to North Wales residents, which is paid for through a local contract and not WHSSC. Wye Valley patients are primarily Powys residents through the WHSSC contract. The Swansea Bay figures primarily relate to the WHSSC specialist contract, but include some small numbers relating to a local Dermatology contract they hold with Hywel Dda.



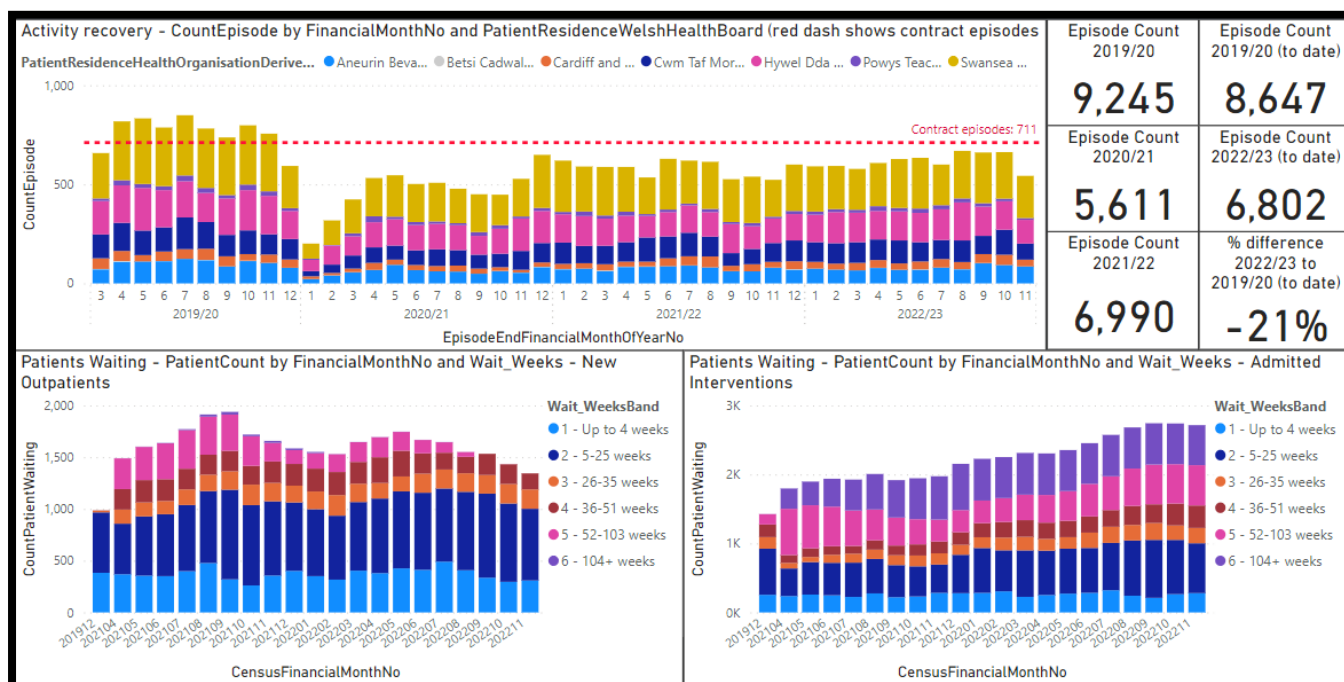
Data source: DHCW central data warehouse; all inpatient activity

Access rates shares across the Health Boards do not appear to have varied much across the past 2 years, as shown in the charts above.

However, there is an apparent variation between Health Boards in relation to episodes/100k population, with inpatient episodes per 100k population in 2022/23 to date varying from 89 to 653 across Health Boards. This is related to the contract that Swansea Bay hold as the lead South Wales centre, which includes significant non-specialist activity for both Swansea Bay and Hywel Dda residents. Non-specialist activity for other Health Boards is reported under non-WHSSC areas/specialties.

This has been discussed internally, with a wider workshop with Management Group members held in September. The decision has been made to hand back non-specialist Plastics commissioning to resident Health Boards, and a Project Management team is being set up to work out the details of this transfer in the future.

3.4.2 Plastic Surgery (excl. Burns) – Recovery and Waiting lists Swansea Bay UHB

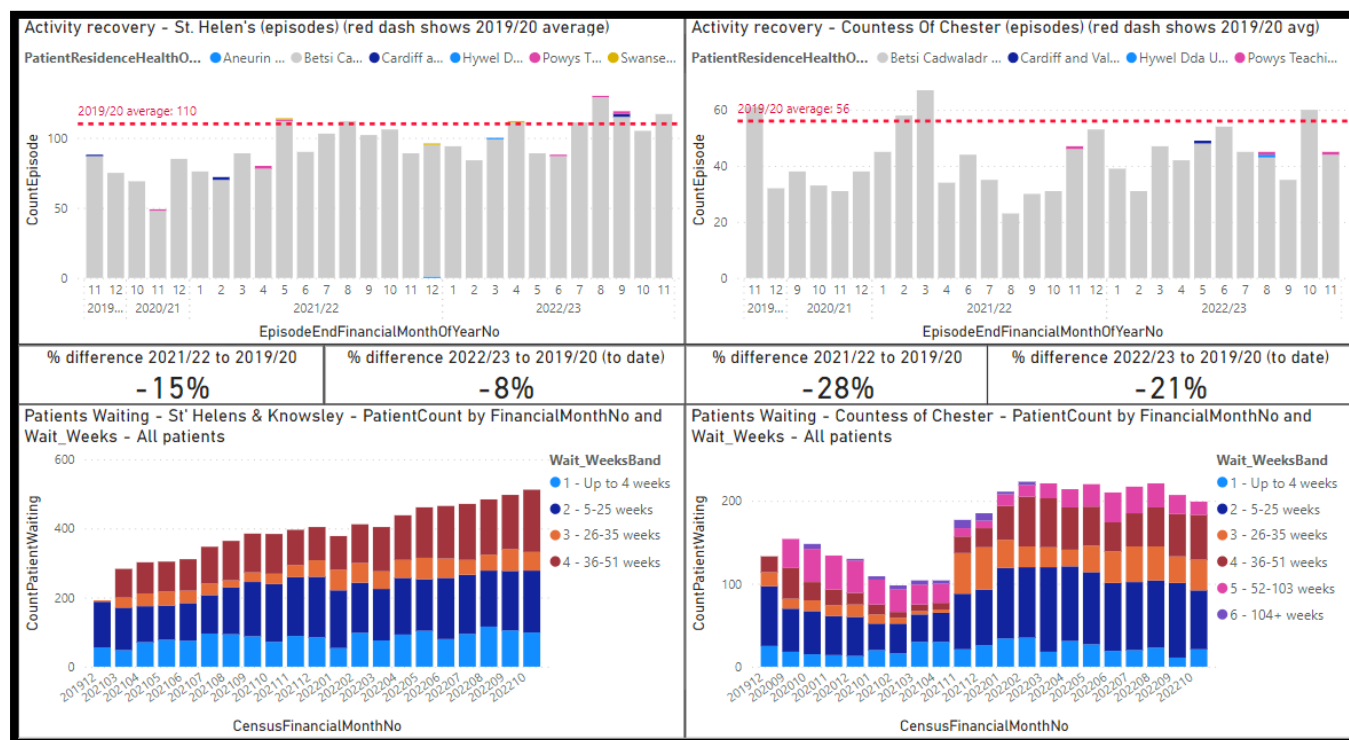


Data source: DHCW central data warehouse; all patients waiting with an open pathway Note: DHCW data includes a small amount of activity related to a local Dermatology contract between SBU/HDU

The tables above show a summary of the position at Swansea Bay in relation to Plastic Surgery. Whilst activity is now 21% less this year than 2019/20, which is better than the 39% drop in 2020/21, the total patients waiting has been steadily increasing to almost double what it was as COVID-19 struck, and a significant number of patients have now been waiting more than 2 years. Within the total of patients waiting, those waiting for new outpatient appointments has increased by about half again since February 2020, but has been falling over the past few months and no patients have now been waiting over a year. However, it is concerning that those waiting for admissions have increased by around 35% and the total is still steadily rising; currently 580 patients have now been waiting for over 2 years for an admission.

It is worth noting that the over performance against contract levels in 2019/20 (shown by the red dash on the inpatient activity graph) relates to Surgical Day cases and Emergency Short Stays.

English providers – St. Helen’s & Knowsley Teaching Hospitals NHS Trust, Countess of Chester Hospital



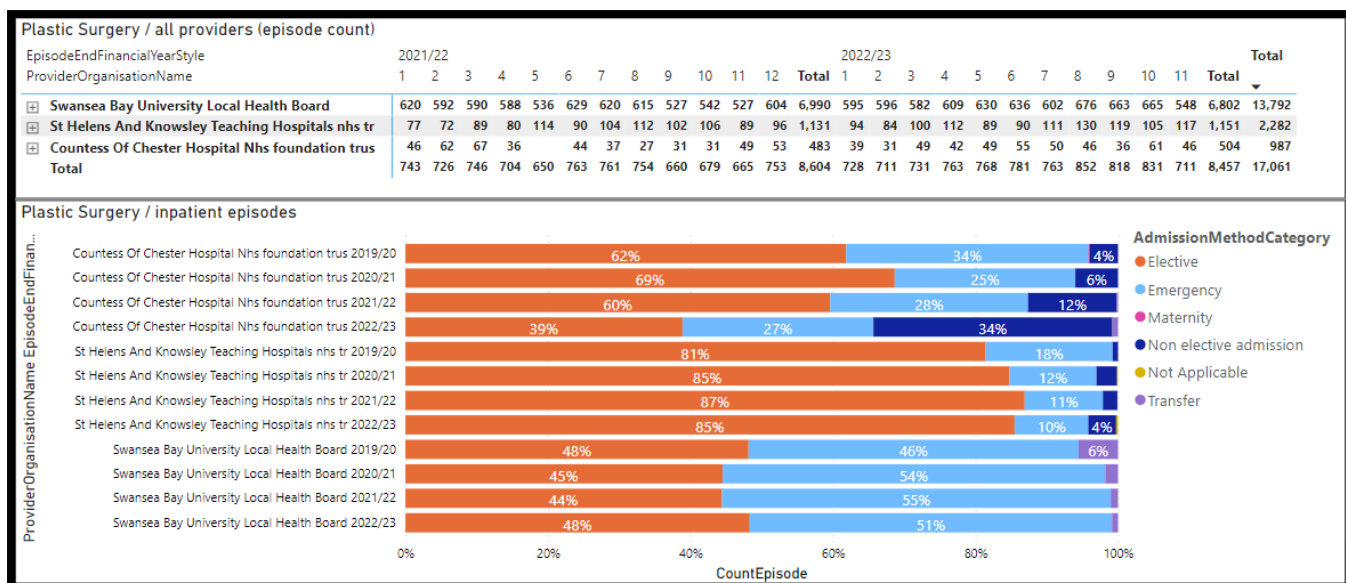
Data source: DHCW central data warehouse; all patients waiting with an open pathway

Whilst English providers also reflect the trend of patients in general waiting longer than before the pandemic, the percentage of patients waiting over a year is much lower. Total waiting patients have increased at St Helen's, although no one has been waiting over a year. The total has varied at Countess of Chester (local BCU contract) but is now increasing, with some patients having waited for over a year (note months 5-10 of 2021/22 were not submitted and are hence blank).

Other notes

Interestingly, data on the inpatient episodes shows an inverse of the elective/non-elective split for Swansea Bay and the English providers, with Swansea Bay having a higher proportion of emergency activity. Please see the below chart for the movements across the past 4 years. The episode counts have been included to give some perspective on the numbers, as Swansea Bay treats a far higher volume of Welsh patients.

Given the expected prioritisation weighted towards cancer work, it is likely that there will be a legacy of non-cancer elective waiting list cases, although the available data does not give the cancer breakdown.



Data source: DHCW central data warehouse; all inpatient activity

Specialised Planner comments:

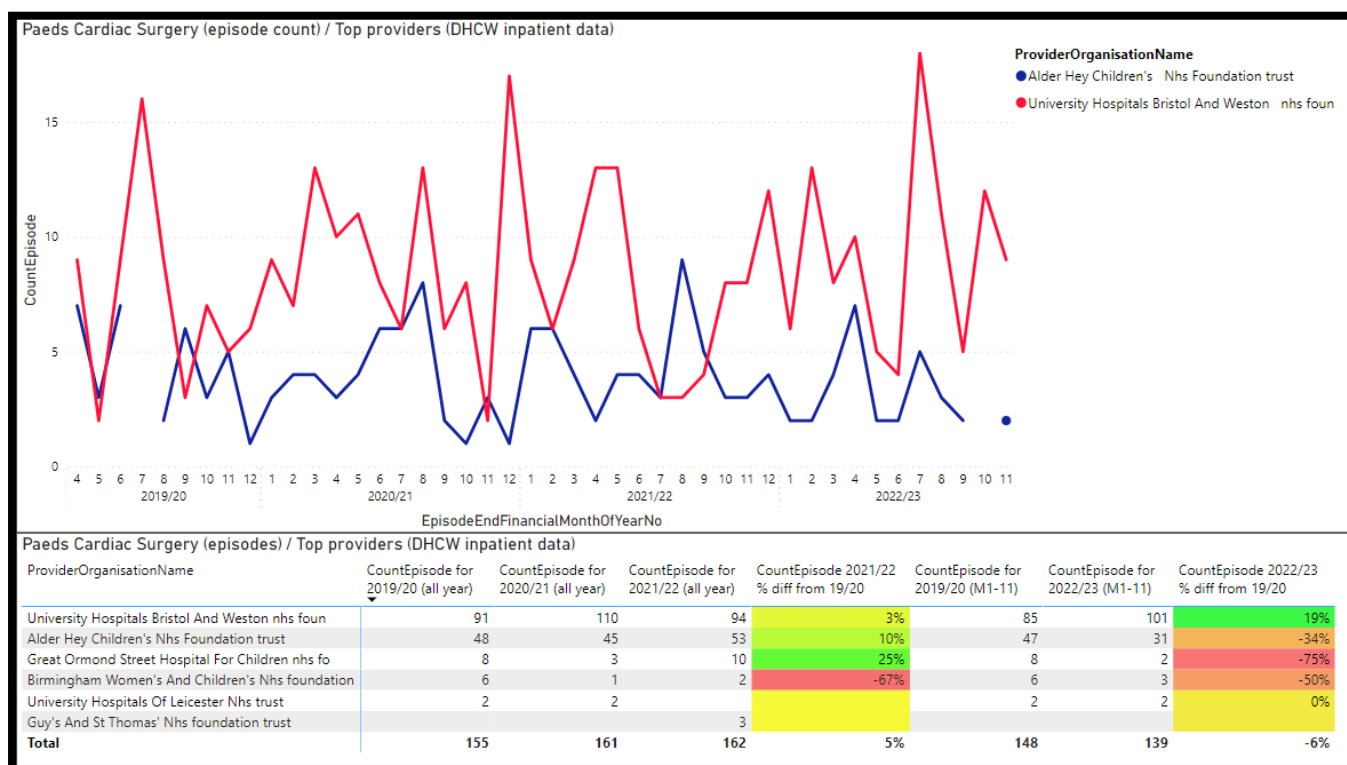
As noted in the comments above, variation across health boards in utilisation of plastic surgery does not necessarily reflect variation in access to appropriate treatment, since many procedures (the majority of activity) provided by plastic surgery are also provided by other specialties. Whether a particular patient is treated by a plastic surgeon or a surgeon from another specialty largely depends on the local services available in the patient's health board (unless it is a specialised procedure only offered by Plastics).

WHSSC will be working with Swansea Bay to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment.

In addition the Joint Committee meeting on 12 July had a workshop to focus on HB recovery plans. Details on plastic surgery were specifically provided from the service for this meeting.

3.5 Paediatric Cardiac Surgery (English providers using this specialty code)

3.5.1 Paediatric Cardiac Surgery – Activity and Access Rate Summary



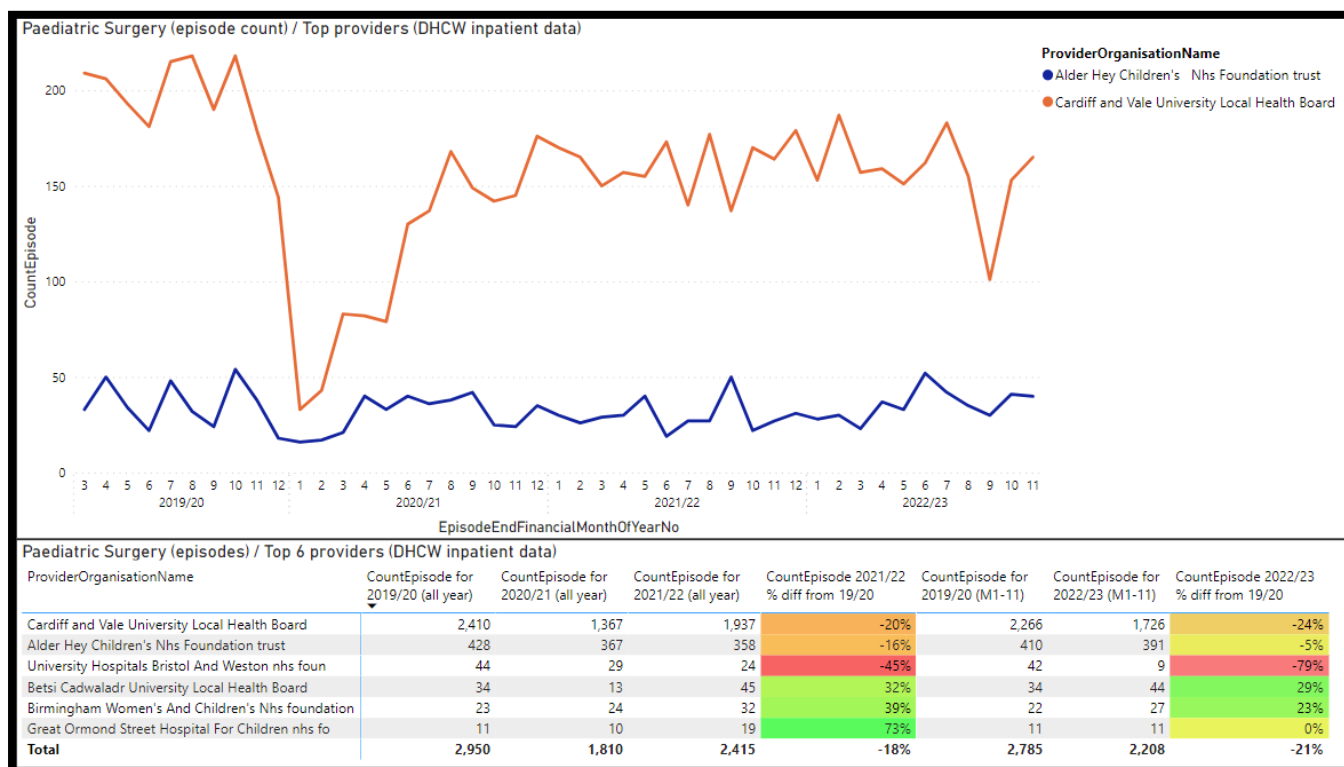
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric Cardiac Surgery inpatient recovery across the main specialist providers.

Case volumes are traditionally small but with high importance in terms of outcomes. Encouragingly, figures show little change in either 2020/21, 2021/22 or 2022/23 to date compared to 2019/20.

3.6 Paediatric Surgery

3.6.1 Paediatric Surgery – Activity and Access Rate Summary

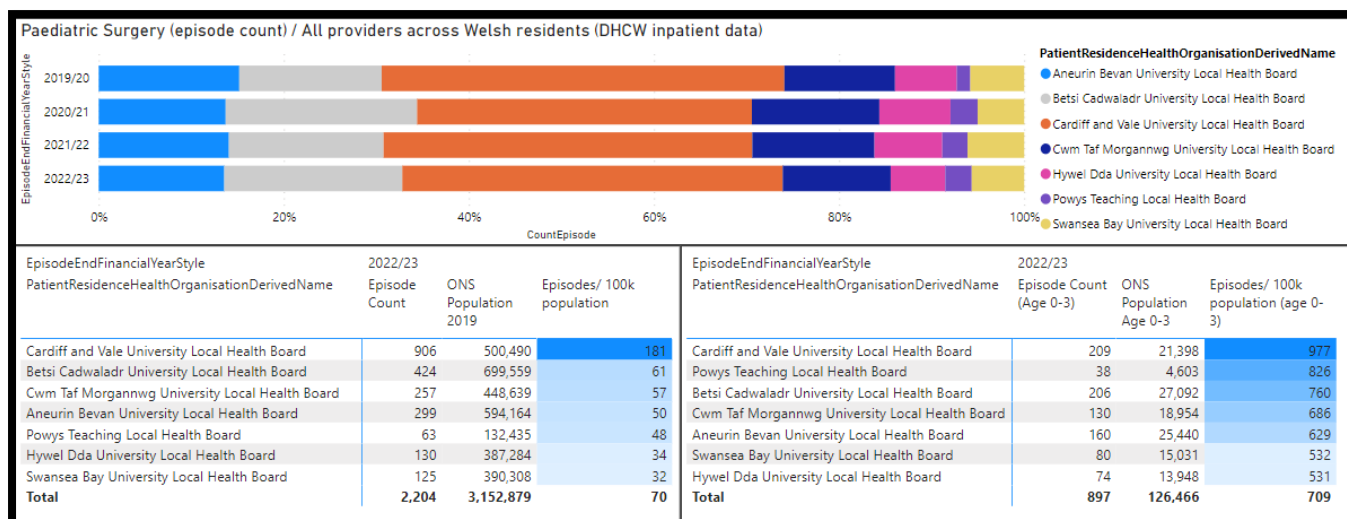


Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric Surgery inpatient recovery across the main specialist providers, with Alder Hey initially showing the highest and quicker recovery. The main 2 providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

There was a drop in the volume of Paediatric Surgery inpatient activity reported during the period, which is recovering but was 38% less activity overall in 2020/21 compared to 2019/20, and 18% less in 2021/22.

Activity so far in 2022/23 shows 21% less than 2019/20, with Alder Hey having a better recovery figure than Cardiff, although their inpatient activity is only about 17% of the total.



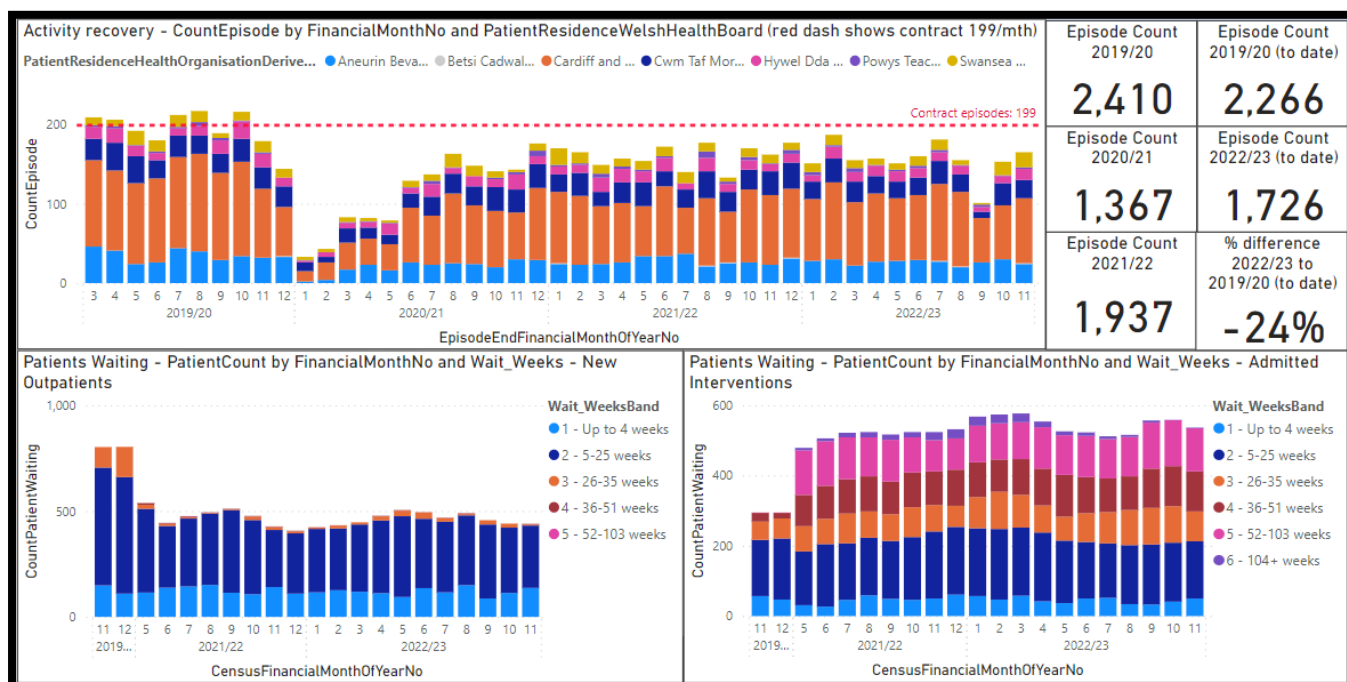
Data source: DHCW central data warehouse; all inpatient activity

Access rates across the Health Boards varied as the pandemic initially hit, but have now stabilised to roughly the same split as before the pandemic.

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 32 to 181 as per the small table above, with Cardiff being by far the highest. This is linked to Cardiff being the contracted provider of this service, with all South Wales specialist activity passing through the WHSSC contract, along with the local more general activity. The general age group within Paediatric Surgery is 0-3 age group, and this specific activity and population rates are also shown in the table on the bottom right; this shows a closer range of access across Health Boards.

Please note a separate deep dive presentation on Paediatric Surgery was prepared for discussion by Joint Committee members in August 2022.

3.6.2 Paediatric Surgery – Recovery and Waiting lists Cardiff & Vale UHB

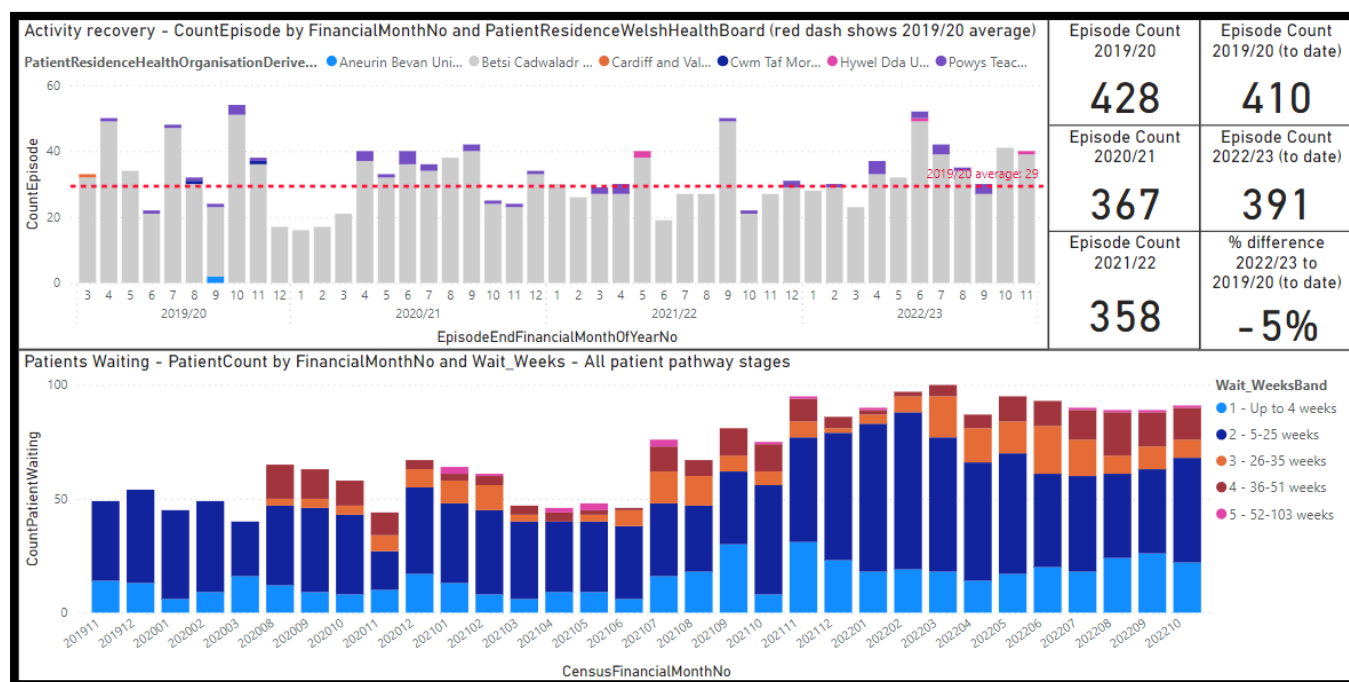


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting for Paediatric Surgery services at Cardiff & Vale. As the main provider, Cardiff shows mixed results – while patients waiting for outpatient appointments have reduced, particularly for follow-ups, patients waiting for admitted interventions have increased, with about 30% now having waited for over a year. Given that the main age band treated by this specialty is in the 0-3 age band, this is particularly significant. Whilst tackling the New Outpatient waiting list is to be commended, it appears to then adversely affect the waiting list for admissions further down the pathway.

Previous experience emphasizes the importance of maintaining elective waiting lists delivered on a timely basis, given the qualitative impact on the development of children. It will be important to see a more rapid increase in activity if waiting times for children are to be kept to tolerable levels. Meanwhile it is essential for the provider to have in place appropriate systems to monitor the risk of these patients waiting for surgery.

Alder Hey Children's Hospital



Data source: DHCW central data warehouse; all inpatient activity

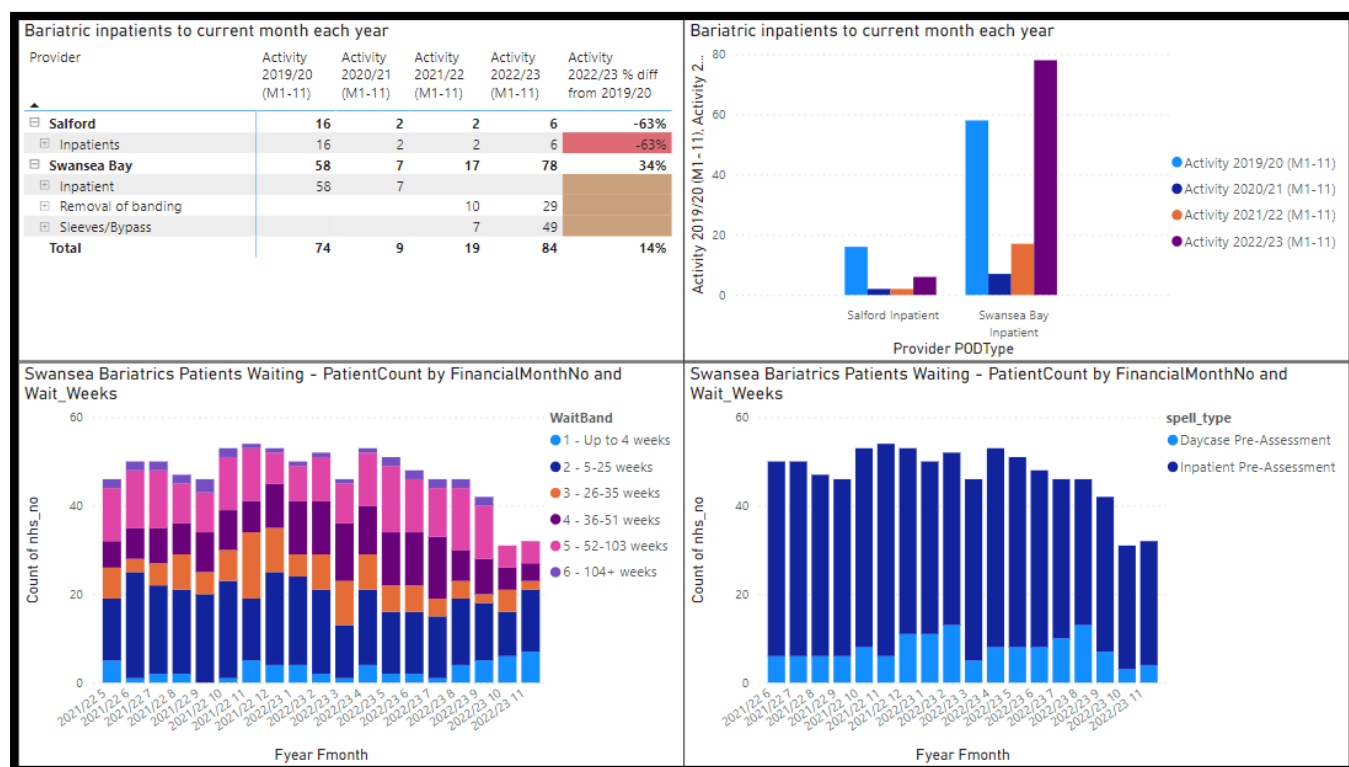
The tables above show a summary of the position at Alder Hey in relation to Paediatric Surgery. The recovery position to the current month this year is 5% lower than last year (14% less in 2020/21 compared to 2019/20 in total, and 17% less in 2021/22 compared to 2019/20). The total waiting list had remained fairly static until October 2021, where it has started to increase again.

Specialised Planner comments:

Alder Hey had previously reported to WHSSC through their recovery plans that activity was currently higher than pre-pandemic levels and a robust plan is in place to manage the small number of patients waiting over 52 weeks. The provider had confirmed that all patients waiting over 52 weeks would be treated before the end of March 2022, and indeed by the end of September 2021 the single longest waiting patient was between 36-51 weeks.

Cardiff and Vale is reporting a significant number of patients waiting over 52 weeks. It was noted there are currently 8 children on the list who have waited over 104 weeks however there is a plan in place to ensure there are zero patients waiting over 104 weeks by the end of March 2023. In dialogue with the provider, there are a number of contributing factors to the waiting list including nurse capacity, bed capacity, anaesthetic support and theatre availability. The HB confirmed that there is a plan in place to utilise the support of Anaesthetists from SBUHB to increase capacity. Joint Committee has requested a revised recovery plan from CVUHB. Outsourcing is currently being explored.

3.7 Bariatric Surgery



Data source: direct submissions from providers

Bariatric Surgery is provided at two main centres – Salford predominantly for North Wales residents, and Swansea Bay for South Wales’ residents. Numbers are small and were greatly affected early on in the Covid-19 pandemic.

The service in Swansea has been in Level 1 escalation since November 2022, with weekly performance monitoring being received. Since then, activity at Swansea has dramatically increased, with a good effect on the number of patients waiting.

Specialised Planner comments:

As noted previously, WHSSC has had long-standing concerns with the volume of procedures delivered by both commissioned centres. To this end, SBUHB has previously committed to returning to commissioned levels and has been placed in Level 1 (enhanced monitoring) escalation. Since December 2022, there has been a significant and sustained increase in the number of procedures delivered by SBUHB, which is now evident in the monthly monitoring data. An impact on waiting times is also apparent, mindful that SBUHB has sought to address long waiters in the first instance. SBUHB is developing proposals to grow and develop the service, although there will need to be sufficient referrals from the level 3 obesity service to support the sustained delivery of increased numbers of bariatric surgery procedures.

WHSSC continues to work with Aneurin Bevan University Health Board to support the possibility that the health board be a bariatric surgery designated provider,

and has recently been advised that the health board had largely completed a business case, which will be subject to its own internal governance processes prior to being submitted to WHSSC.

3.8 NHS England Providers – Organisations with WHSSC Contracts

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

3.8.1 Analysis summary

Tables 1 to 3 of Appendix A detail the trend in admitted patient care activity levels since the 2019/20 financial year. Table 2 analyses the activity by resident Health Board, and Table 3 analyses the activity by Specialty. In summary, 2020/21 English provider activity (using providers with WHSSC contracts) dropped by 34% in comparison to 2019/20, and in the inverse pattern to the COVID-19 waves, as expected. Activity for 2021/22 improved to just 13% less than 2019/20, and this increase in performance is expected to continue into 2022/23; to the current month the comparison is 10% lower than 2019/20.

The following chart shows the activity drop classified between contracts that are major Powys/North Wales providers and the remaining ones that are either South/all Wales. Providers predominantly to Powys/North Wales have a higher recovery to pre-Covid rates, although they have much higher activity overall than the other Health Boards; please see the appendix for data on each provider by name.

It is worth noting that activity under A&E/Trauma specialties make up 16% of the pre-Covid inpatient episodes, which reduced to only 10% in 2020/21, but has increased to 14% of the 2022/23 activity to date. This is likely due to reduced travelling, and means that the rest of the activity has reduced less than the total 11% so far this year.

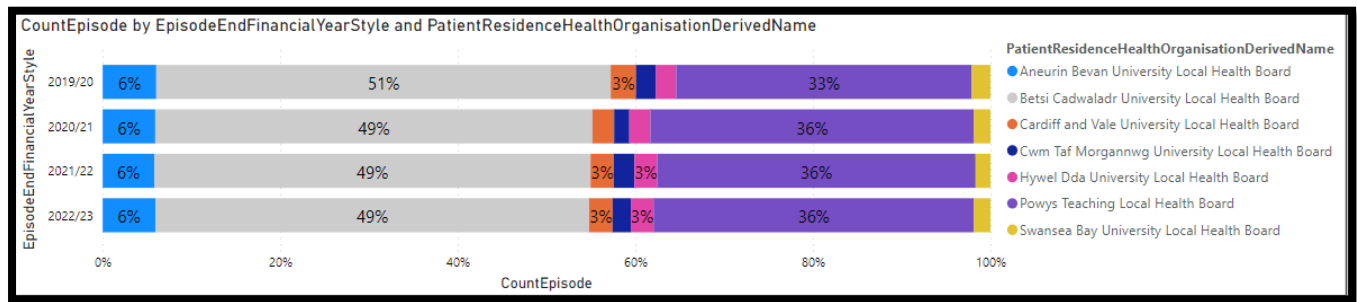
Episodes by provider - full years except current year (data: DHCW inpatient episodes)						CountEpisode for	CountEpisode for	CountEpisode for	CountEpisode for	CountEpisode 2022/23
Main HB	2019/20	2020/21	2021/22	2022/23	Total	2019/20 (M1-11)	2020/21 (M1-11)	2021/22 (M1-11)	2022/23 (M1-11)	% diff from 19/20
Major North Wales provider	4,213	2,532	3,515	3,375	13,635	3,949	2,303	3,161	3,375	-15%
Major Powys provider	14,810	9,783	12,700	12,020	49,313	13,774	8,741	11,561	12,020	-13%
Total	17,650	11,590	15,685	15,169	60,094	16,415	10,424	14,326	15,169	-8%
	36,673	23,905	31,900	30,564	123,042	34,138	21,468	29,048	30,564	-10%

Episodes by provider - full years except 2022/23 (data: DHCW)					TreatmentSpecialtyDescription	CountEpisode for 2019/20 (M1-11)	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2021/22 (M1-11)	CountEpisode for 2022/23 (M1-11)	CountEpisode 2022/23 % diff from 19/20
TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	2022/23						
Accident & Emergency	384	194	298	215	Accident & Emergency	371	169	270	215	-42%
Paediatric Trauma and Orthopaedics	143	95	131	166	Paediatric Trauma and Orthopaedics	133	81	122	166	-25%
Trauma & Orthopaedics	5,429	2,171	4,089	3,948	Trauma & Orthopaedics	5,018	1,983	3,736	3,948	-21%
Total	5,956	2,460	4,518	4,329	Total	5,522	2,233	4,128	4,329	-22%

Data source: DHCW central data warehouse; all inpatient activity at English Trusts with WHSSC contracts

The overall split across resident Health Boards is relatively unchanged, with inpatient access rates close to the same percentages as before COVID-19, with

the exception of Powys, whose share has increased slightly, and Betsi Cadwaladr, whose share has decreased slightly. The following chart shows the shares since April 2019. The actual episode counts can be found in Appendix A, Table 2, and there are pages per Health Board as Table 4.x



Data source: DHCW central data warehouse; all inpatient activity at English Trusts with WHSSC contracts

4.0 SUMMARY

In summary of the data and detail in the report, the main points can be condensed to the following:

Cardiac Surgery (pages 3-8) – Whilst overall inpatient activity has decreased by 13% to date this financial year, compared to 2019/20, this had not translated into higher waiting lists due to lower demand for inpatient admissions. Cardiff’s waiting list for admissions had actually reduced to about one half of pre-COVID-19 levels, but has been increasing again since December 2021 (now about 80 patients), and Swansea Bay’s has steadily reduced to just over a third (about 30 patients), although Liverpool’s list has increased (about 100 patients across all pathways).

Referrals for New outpatient appointments are now growing again after an initial lull as COVID-19 hit Wales, and the Welsh centres historically have a much higher percentage than Liverpool of emergency admissions compared to elective admissions. Therefore the good progress must be maintained, especially considering the link to Cardiology and that patients may move to Cardiac Surgery lists at short notice.

It is worth noting that waiting lists for admissions for Cardiology have increased at both Cardiff and Swansea Bay – a small increase at Cardiff to about 620 patients (from about 590 in March 2020), but a larger increase at Swansea Bay to around 390 patients (from about 220 in March 2020), although this has been decreasing each month lately. These figures include non-specialist activity, as well as specialised interventions.

Thoracic Surgery (pages 8-12) – Whilst inpatient activity overall has decreased by 9% to date in 2022/23 compared to 2019/20, this varies across the 3 main providers. Cardiff have performed a similar episode volume to 2019/20, and have halved their waiting list for admissions (now about 50 patients).

Liverpool have increased their inpatient activity by 16%, and their waiting list for admissions is around 15 patients. Swansea Bay's activity is 23% lower than 2019/20 so far this year, but their waiting list is similar to pre-Covid levels with about 20 patients. Cardiff have been seeing some Swansea patients by agreement.

Similar to Cardiac Surgery, New Outpatient referrals appear to be now increasing again though, so the good work needs to be maintained.

Neurosurgery (pages 13-17) – Inpatient activity has decreased by 17% in 2022/23 compared to 2019/20, with both Cardiff and the Walton showing similar recovery rates. Cardiff's waiting lists for admissions has reduced slightly since pre-Covid (from about 280 to 230 patients), and Cardiff have now seen all the patients that had been waiting for admission over a year from pressures at the start of the Covid period. The Walton's waiting list has increased overall from about 380 in March 2020 to about 430 in January 2023.

New outpatient referrals appear to be consistent, but Cardiff now has a growing waiting list for new appointments, which could translate into pressure on the waiting list for admissions.

Plastic Surgery (pages 17-21) – Inpatient activity is still 19% less so far this financial year compared to 2019/20, although this is higher than 2020/21. Both of the centres commissioned by WHSSC (Swansea Bay and St. Helen's and Knowsley) are now showing large waiting lists for admissions, with large numbers having now waited over a year, or even two years. Swansea Bay's inpatient waiting list has grown from about 1,450 in March 2020 to about 2,700 in December 2022, with almost half having waited over a year.

The new performance measures from Welsh Government show that almost 600 patients have now waited over 2 years for admission at Swansea Bay. WHSSC is working with the Health Board to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment.

St. Helen's and Knowsley's total waiting list for all pathway points has grown from just under 200 in March 2020 to about 500 in January 2023, although none have waited over a year.

It is noteworthy that Swansea Bay shows a far higher percentage of emergency activity (52% to date in 2022/23) than St Helen's (16% to date in 2022/23), although this was also the case Pre-COVID-19.

Paediatric Surgery (pages 23-26) - Inpatient activity overall has decreased by 21% to date this financial year, compared to 2019/20, but this is still better than in 2020/21.

Whilst Cardiff has clearly worked hard to reduce the New Outpatient waiting list, the waiting list for admissions has been progressively growing from about 300 patients in March 2020 to over 500 in February 2023, with about 30% having now waited over a year (very few had waited over 36 weeks Pre-COVID-19). A few patients had even tipped into the wait band of over 2 years, but these have been progressively cleared. WHSSC have been in discussions with the Health Board around their recovery plan, and there is a plan in place to ensure there are no patients waiting over 104 weeks by the end of March 2023.

Alder Hey's waiting list had remained fairly static since Pre-COVID-19, but has recently started growing again with about 80 patients waiting across all pathway points. The Trust had cleared all waiters over 36 weeks by October 2021, but that number is now growing again since then.

Bariatric Surgery (pages 27) - Bariatric Surgery is provided at two main centres – Salford predominantly for North Wales residents, and Swansea Bay for South Wales residents. Numbers are small and were greatly affected early on in the Covid-19 pandemic. Activity at Swansea has been significant since January 2023, and the waiting list has reduced by two thirds since the end of 2022.

NHS England providers (page 28, Appendix 1) – Overall, the English Trusts that WHSSC commission have performed by 10% less inpatient episodes so far this year compared to 2019/20. It can be noted that part of this reduction is due to the lower volumes of emergency admissions from Welsh residents, and that the specialist activity has reduced by less than this. For example, Trauma & Orthopaedics has reduced by 21% in total, and A&E by 42% in 2022/23. Appendix A lists all the specialties in order, and also shows the position by Health Board.

Other notes

Performance measurement is now increasing in priority, following the worst of the Covid-19 pandemic. Welsh Government have brought out a full range of measurements for 2022/23, and WHSSC will be considering a new template for this report for the coming new financial year.


5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan Governance and Assurance
Link to Integrated Commissioning Plan	This report provides assurance on delivery of the ICP.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care
Organisational Implications	
Quality, Safety & Patient Experience	Any issues are identified in the report.
Finance/Resource Implications	Any issues are identified in the report.
Population Health	Any issues are identified in the report.
Legal Implications (including equality & diversity, socio economic duty etc)	Any issues are identified in the report.
Long Term Implications (incl WBFG Act 2015)	Any issues are identified in the report.
Report History (Meeting/Date/ Summary of Outcome)	
Appendices	Appendix A – Recovery summary of main specialties/providers Appendix B – contract monitoring return activity CVUHB Appendix C – contract monitoring return activity SBUHB Appendix 1 – charts of DHCW data showing inpatient activity at NHS England Trusts with a WHSSC contract (specialist and non-specialist) Appendix 2 – tables including the relevant Performance measures as directed by Welsh Government

Appendix A: Recovery summary of main specialties/providers (please see main body of the report for more detail)

 <p>Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC)</p>						Annex A - Recovery summary Data sources: DHCW inpatient episodes and RTT data; includes ALL episodes				
Episode comparison to current month (DHCW data warehouse)						Current Waiting List totals (DHCW data)				
Specialty_WHSSC	CountEpisode for 2019/20 (M1-11)	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2021/22 (M1-11)	CountEpisode for 2022/23 (M1-11)	CountEpisode 2022/23 % diff from 19/20	202210 Admitted diagnostic intervention	FUP OP appointment	New OP appointment	Unknown	Total
Cardiac Surgery	2,009	1,051	1,658	1,737	-14%	129	47	83	204	463
Cardiff and Vale University Local Health Board	762	381	579	648	-15%	102	33	42		177
Liverpool Heart And Chest Hospital nhs foundatio	431	269	427	386	-10%				196	196
Swansea Bay University Local Health Board	699	322	555	577	-17%	27	14	41		82
University Hospitals Birmingham Nhs Foundation t	64	39	49	66	3%				3	3
University Hospitals Of North Midlands nhs trust	53	40	48	60	13%				5	5
Neurosurgery	3,155	1,876	2,568	2,643	-16%	216	203	493	454	1,366
Cardiff and Vale University Local Health Board	1,992	1,191	1,646	1,762	-12%	216	203	493		912
The Walton Centre Nhs Foundation trust	1,026	575	794	780	-24%				437	437
University Hospitals Of North Midlands nhs trust	137	110	128	101	-26%				17	17
Paediatric Surgery	2,676	1,523	2,085	2,117	-21%	559	39	441	91	1,130
Alder Hey Children's Nhs Foundation trust	410	332	327	391	-5%				91	91
Cardiff and Vale University Local Health Board	2,266	1,191	1,758	1,726	-24%	559	39	441		1,039
Plastic Surgery	10,536	6,064	7,851	8,457	-20%	2,739	94	1,433	711	4,977
Countess Of Chester Hospital Nhs foundation trus	641	395	430	504	-21%				199	199
St Helens And Knowsley Teaching Hospitals nhs tr	1,248	709	1,035	1,151	-8%				512	512
Swansea Bay University Local Health Board	8,647	4,960	6,386	6,802	-21%	2,739	94	1,433		4,266
Thoracic Surgery	1,211	768	1,156	1,114	-8%	70	86	78	19	253
Cardiff and Vale University Local Health Board	572	361	562	538	-6%	56	75	62		193
Liverpool Heart And Chest Hospital nhs foundatio	200	154	255	232	16%				19	19
Swansea Bay University Local Health Board	413	240	308	319	-23%	14	11	16		41
University Hospitals Of North Midlands nhs trust	26	13	31	25	-4%					
Total Specialty	19,587	11,282	15,318	16,068	-18%	3,713	469	2,528	1,479	8,189

Note: Cardiac Surgery includes ALL episodes, as current coding for 2022/23 has not been fully completed for the most recent months and minor/nil procedure episodes cannot be excluded

Appendix B: CVUHB – CONTRACT MONITORING RETURN - page 1 of 3

Notes:

1. The new month's figure is the difference from the previous month's sub-total, so would include any retrospective adjustments made in the contract monitoring.
2. The charts in the main report body use DHCW data for consistency with other providers; year-to-date activity totals are checked to ensure any variation to the contract monitoring summarised below is not material. These small variations may include residency allocations (including border residents), episode/spell end months etc
3. The Cardiac Surgery inpatient line below includes minor surgeries.

Heading		Activity	2022/23											2022/23											2022/23																	
Sub-heading			1	2	3	4	5	6	7	8	9	10	11	Total	1	2	3	4	5	6	7	8	9	10	11	Total	1	2	3	4	5	6	7	8	9	10	11	Total				
CARDIO THORACIC	Cardiology- Specialist Services		999,585	1,073,683	1,092,218	1,331,502	1,103,030	1,120,002	1,166,352	1,007,767	1,202,094	1,075,936	1,080,304	12,252,474	143		148		143		164		168		161		140		168													
	Prioritisation- Percutaneous mitral valve leaflet repair	(blank)																																								
	Cardiology for AB	FCEs	55,940	55,940	55,940	55,940	(120,161)	14,490	9,727	5,363	58,627	57,589	56,865	306,242																												
	AB ICD Repatriation	(blank)	143,343	7,238	57,826	86,206	402,452	139,414	141,450	186,679	137,755	160,171	133,446	1,595,980	27	29		20	33	17	26	35	34	34	23	32																
	Cwm Taf Cardiology ICD's	(blank)	(70,235)	(70,235)	(70,235)	(70,235)	(70,235)	(70,235)	(70,235)	(70,235)	(70,235)	(70,235)	(70,235)	(772,587)																												
	SB Cardiology	FCEs	23,426	13,510	33,343	111,053	30,458	42,358	51,614	39,903	9,594	39,474	37,489	432,221			2	1	8	2	4	3	0	2	1	2																
	Cardiac Surgery- TAVI	Procedure	3,445	3,445	3,445	20,311	3,445	6,818	2,883	6,818	5,320	3,211	5,320	58,513	1		1	0	0	0	0	-1	1																			
	ACHD	OP	289,410	722,014	367,564	415,690	386,316	436,200	481,574	526,179	214,805	462,410	393,610	4,695,772	15	31	18	20	18	21	21	12	21	19	15	21																
	Cardiac Surgery	FCEs	108,778	108,778	108,778	108,778	108,778	65,202	34,826	91,988	91,988	91,988	91,988	1,011,870	72	77	85	73	85	78	71	117	55	91	74	878																
	Thoracic Surgery	OP	1,140,349	1,216,366	1,153,504	1,219,707	1,168,443	1,181,274	1,204,961	1,194,345	1,180,745	1,311,480	1,230,848	13,210,022	44	52	45	64	46	67	66	62	68	65	67	646																
NEUROSCIEN CE/ ALAS	Neurosurgery	FCEs	363,846	416,603	404,091	384,832	384,864	390,844	365,220	368,854	372,316	357,459	422,314	4,231,241	83	105	104	75	103	92	103	112	68	165	107	1,117																
	OP														48	59	58	39	55	40	38	41	40	47	76	541																
	Spinal Implants	Patients													143	146	135	106	148	161	151	156	116	168	162	1,532																
	Spinal Implants - SB	(blank)																																								
	INR Devices	Devices																																								
	Excess INR Outsourcing	(blank)																																								
	Epilepsy Surgery	FCEs																																								
	Prolonged Disorder of Consciousness (PDOC)	(blank)																																								
	Neurosurgery Oncology	(blank)																																								
	Spinal Injuries	Bed-days																																								
RENAL	Neuro Rehab	OP																																								
	OP																																									
	Relocation of Rehabilitation	(blank)																																								
	ALAS	(blank)																																								
	MPK	(blank)																																								
	RENAL Total																																									
	Renal Surgery	FCEs																																								
	OP																																									
	Nephrology	FCEs																																								
	OP																																									
HAEMATOL OGY	Home Renal Dialysis	Dialysis																																								
	Renal CAPD (Dialysis)	Dialysis																																								
	Hospital Renal Dialysis	Dialysis																																								
	Renal Transplants	Transplant																																								
	RENAL Total																																									
	Haemophilia - Blood products	Units																																								
	IBD Service Infrastructure	(blank)																																								
	IBMT - Care of SB	Patients																																								
	ATMPs - CARV Service	Patients																																								
	Lymphoma Panel	Patients																																								
Clinical Immunology	Patients																																									
Hereditary Anaemia Service	(blank)																																									
HAEMATOLOGY Total																																										

		2022/23											2022/23											2022/23			
Heading	Sub-heading	Activity	1	2	3	4	5	6	7	8	9	10	11	Total	1	2	3	4	5	6	7	8	9	10	11	Total	
PAEDIATRIC SI NEONATAL	Paediatric Surgery	FCE's	566,155	592,537	565,352	563,176	561,612	570,966	571,380	586,311	567,806	522,772	565,100	6,239,767	153	188	152	157	147	160	178	156	102	152	167	1,712	
		OP													236	281	235	174	178	279	281	273	287	237	2,690		
	Paediatric Renal	FCE's	146,742	161,679	170,941	144,163	142,835	153,277	126,071	150,154	130,521	136,355	138,729	1,601,466	47	59	46	40	45	49	38	35	37	48	55	439	
		OP													148	168	129	162	147	140	148	141	96	146	1,573		
	Paediatric Oncology	FCE's	945,745	964,767	900,347	944,574	944,050	939,894	893,424	929,671	987,643	938,936	944,329	10,333,380	164	153	114	162	134	81	174	160	138	108	187	1,575	
		FCE's													64	52	56	59	32	74	73	106	96	106	69	847	
	Paediatric Neurology	FCE's	250,226	257,867	250,355	253,076	262,468	131,643	191,155	232,727	231,962	178,422	222,718	2,462,622	224	452	461	689	465	625	536	753	372	605	528	5,710	
		OP													19	24	19	18	22	18	24	13	6	10	14	187	
		(blank)	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	5,505	60,554	118	106	139	45	129	72	132	126	108	108	116	1,199
	Paediatric Ketogenic Diet	(blank)	8,546	8,546	8,546	8,546	8,546	8,546	8,546	8,546	8,546	8,546	8,546	8,546	94,004												
	Paediatric Rheumatology	(blank)	61,129	54,532	57,861	57,861	57,861	38,149	35,143	51,799	51,799	51,799	54,450	572,443													
	Paediatric Neuro Rehab	(blank)	22,889	22,889	22,889	22,889	22,889	22,889	22,889	22,889	22,889	22,889	22,889	251,780													
	Paediatric Gastroenterology	FCE's	163,788	136,769	158,342	154,845	171,005	148,770	119,369	168,525	133,422	146,557	241,544	1,742,937	66	57	77	61	66	88	73	10	12	20	22	552	
		OP													72	84	86	55	79	117	85	120	75	79	76	928	
	Paediatric ENT	FCE's	123,498	125,633	124,533	124,795	127,835	125,258	124,916	126,002	80,932	170,893	133,437	1,387,733	34	37	33	37	45	34	40	45	32	65	56	458	
		OP													108	183	144	133	224	167	313	312	146	288	213	2,231	
	Paediatric Cardiology	FCE's	250,466	256,477	280,342	250,648	214,577	235,878	227,059	241,887	250,241	232,777	241,713	2,682,065	17	18	21	18	12	8	13	18	10	13	14	162	
	OP													171	224	224	186	183	218	199	226	165	231	685	2,712		
Foetal Cardiology	(blank)	22,135	22,135	22,135	22,135	22,135	22,135	22,135	22,135	22,135	22,135	22,135	243,490	42	64	59	38	37	50	40	33	65	63	40	531		
Paeds Cystic Fibrosis	(blank)	48,442	45,397	46,550	44,012	47,040	46,286	45,661	47,132	49,531	47,329	42,833	510,274														
Children's Hospital for Wales	(blank)	109,858	109,858	109,858	109,858	109,858	109,858	109,858	109,858	109,858	109,858	109,858	1,208,439														
Paeds Respiratory Equipment	(blank)	21,364	29,369	73,051	26,793	69,309	44,026	17,124	75,788	19,155	38,094	87,144	501,217														
Paediatric Radiology	(blank)	51,400	23,600	37,500	37,500	37,500	(50,600)	2,867	19,967	19,967	(77,450)	10,225	112,475														
Paeds Endocrinology	(blank)	61,944	61,944	61,944	61,944	61,944	61,944	61,944	61,944	61,944	61,944	61,944	681,382														
Foetal Medicine	(blank)	27,184	27,184	27,184	27,184	27,184	27,184	27,184	27,184	(35,248)	100,703	29,973	382,899														
PICU BH	Bed-days	409,420	420,061	512,561	392,789	338,871	414,740	376,432	443,923	423,917	680,996	781,858	5,195,567	86	115	133	99	81	31	124	172	221	239	174	1,475		
NICU BH	Bed-days	825,486	843,448	802,303	855,001	877,805	799,367	835,002	835,002	835,002	835,002	835,002	9,185,019	741	704	837	934	803	924	919	823	748	811	523	8,767		
Perinatal Pathology	(blank)	24,850	24,850	24,850	24,850	24,850	24,850	24,850	24,850	24,850	24,850	24,850	271,152														
Paediatric IMD	(blank)	12,925	12,925	12,925	12,925	12,925	0	10,771	10,771	10,771	10,771	10,771	118,479														
Paediatric MRI Investment	(blank)	39,609	39,609	39,609	39,609	39,609	(20,075)	29,672	29,672	29,672	29,672	29,671	326,386														
PAEDIATRICS/ NEONATAL Total			4,199,106	4,253,443	4,315,882	4,190,479	4,188,012	3,860,349	3,958,756	4,232,701	4,042,620	4,299,155	4,625,024	46,165,528	2,510	2,969	2,965	3,067	2,889	3,135	3,390	3,538	2,642	3,379	3,324	33,808	
ADULT CRITICAL CARE	AICU	Bed-days	596,342	541,128	234,185	457,218	640,842	493,941	532,723	600,489	553,076	603,412	373,746	5,627,102	284	309	410	307	285	350	306	346	377	237	232	3,502	
	HCU	Bed-days	55,913	48,093	75,463	74,681	80,536	67,018	158,067	96,080	69,539	94,524	82,031	902,345	22	14	48	47	55	137	87	27	81	74	283	875	
	Critical Care Long Term	(blank)	73,976	73,976	73,976	73,976	73,976	34,155	113,797	73,976	73,976	73,976	73,976	813,735													
	LTV Consultant Sessions	(blank)	3,338	3,338	3,338	3,338	3,338	3,338	3,338	3,338	3,338	3,338	3,338	36,721													
ADULT CRITICAL CARE Total			729,569	666,535	386,962	609,213	799,093	598,451	807,925	773,883	699,929	775,251	533,091	7,379,902	306	323	458	354	340	487	393	373	458	311	575	4,371	

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Appendix C: SBUHB – CONTRACT MONITORING RETURN – Page 1 of 1

Notes:

- The new month's figure is the difference from the previous month's sub-total, so would include any retrospective adjustments made in the contract monitoring.

			2022/23											2022/23											2022/23										
Heading	Sub-heading	Activity type	1	2	3	4	5	6	7	8	9	10	11	Total	1	2	3	4	5	6	7	8	9	10	11	Total									
RENAL	Renal - Other		700,618	700,618	700,618	700,618	700,618	700,618	700,618	711,950	673,259	707,510	708,822	7,705,864	991	991	991	991	991	991	991	1,092	974	1,097	1,005	11,102									
	Hospital Dialysis	Dialysis	520,141	520,141	520,141	520,141	520,141	540,787	644,382	528,488	558,289	539,487	516,719	5,928,857	3,069	3,125	3,047	2,964	3,151	3,077	3,075	2,976	3,209	3,062	2,884	33,639									
	Home Dialysis	Dialysis	152,964	152,964	152,964	152,964	152,964	152,964	152,964	152,964	152,964	147,296	168,752	1,702,504	81	81	81	81	81	81	81	82	87	77	90	901									
	Renal Wales Contract	Dialysis	335,320	295,016	126,317	191,608	350,489	259,735	259,748	259,748	259,748	259,748	259,748	2,857,225	2,288	2,256	2,303	2,318	2,382	2,306	2,283	2,236	2,248	2,291	1,804	24,715									
	RENAL Total		1,709,043	1,668,739	1,500,040	1,565,331	1,724,211	1,654,103	1,757,711	1,653,150	1,654,040	1,654,041	1,654,041	18,194,450	6,428	6,452	6,421	6,353	6,604	6,454	6,429	6,386	6,518	6,527	5,783	70,357									
CARDIO THORACIC	Cardiac Surgery	Minor/nil OP	1,275,459	1,260,770	1,290,509	1,238,815	1,265,777	1,239,566	1,300,550	1,332,112	1,336,013	1,291,485	1,226,022	14,057,079	38	38	40	29	29	38	46	45	43	28	28	402									
	TAVI		438,006	471,453	398,840	179,943	537,190	589,887	370,786	754,015	743,014	366,347	622,870	5,472,351	9	13	11	17	3	14	11	11	15	18	36	158									
	TAVI (Add'l Develop)		33,083	33,083	33,083	33,083	33,083	33,083	-198,500					0	44	33	43	31	38	36	44	53	21	39	11	393									
	Cardiology		953,186	953,186	953,186	953,186	953,186	953,186	980,019	978,924	997,365	927,973	960,339	10,563,737	156	159	154	108	244	187	149	182	154	173	175	1,841									
	Bariatrics		37,813	35,102	39,356	28,908	35,558	46,148	53,714	55,324	30,079	49,695	155,325	567,022	3	3	5	2	5	6	6	2	6	22	15	75									
	ICC		25,015	25,015	25,015	25,015	21,192	24,250	24,250	24,250	24,250	31,897	25,014	275,161	16	18	14	12	21	14	27	27	14	23	25	211									
	CARDIO THORACIC Total		2,762,563	2,778,609	2,739,989	2,458,950	2,845,986	2,886,120	2,530,819	3,144,625	3,130,721	2,667,397	2,989,570	30,935,350	266	264	267	199	340	295	283	320	253	303	290	3,080									
PAEDS / NEONATAL	CLP		115,139	125,131	115,395	148,147	126,079	128,678	140,195	135,061	129,229	138,339	149,817	1,451,209	4	7	4	14	8	11	12	12	13	15	11	111									
	NICU		478,150	469,820	400,394	447,343	500,562	459,253	459,254	459,254	459,254	459,254	459,254	5,051,791	475	427	461	465	561	528	623	593	645	609	371	5,758									
	BAHA		5,418	5,418	5,418	5,418	5,418	5,418	5,418	5,417	5,418	5,417	5,418	59,593																					
	Paeds Onc		12,419	12,419	12,419	12,419	12,419	12,419	12,419	12,419	12,419	12,419	12,419	136,606																					
	PAEDS / NEONATAL Total		611,125	612,787	533,625	613,326	644,477	605,768	617,285	612,152	606,318	615,429	626,907	6,699,199	479	434	465	479	569	539	635	605	658	624	382	5,869									
CANCER & BLOOD	Plastics	OP	1,552,784	1,532,747	1,523,606	1,561,446	1,542,927	1,461,702	1,596,869	1,589,536	1,626,592	1,603,257	1,776,457	17,367,924	657	642	624	659	708	657	663	668	639	723	654	7,294									
	Burns		429,154	415,367	485,221	480,165	453,001	525,482	457,265	354,713	441,367	412,184	484,330	4,938,250	85	55	207	196	270	147	-47	113	57	198	105	1,386									
	Thoracic	OP	180,291	241,622	229,707	253,272	225,699	358,118	225,951	289,713	281,447	237,421	186,258	2,709,498	14	31	25	27	44	34	42	38	24	19	19	317									
	SNB														65	99	93	88	122	108	119	148	90	103	75	1,110									
	Haemophilia		75,113	117,253	84,261	59,604	84,335	152,513	71,713	42,970	85,970	216,288	133,224	1,123,244																					
	Sarcoma		83,886	110,875	92,018	101,782	74,412	92,895	113,878	110,726	99,672	156,207	96,485	1,132,838	11	26	23	17	21	27	25	19	22	22	20	233									
	Clinical Genetics		5,537	5,537	5,537	5,537	5,537	5,537	5,537	5,536	5,537	5,536	5,537	60,904																					
CANCER & BLOOD Total		2,326,765	2,423,402	2,420,350	2,461,806	2,385,911	2,596,247	2,471,213	2,393,195	2,540,584	2,630,894	2,682,291	27,332,657	2,674	3,005	2,868	2,885	3,306	3,276	3,117	3,269	2,775	3,547	2,866	33,588										
NEUROSCIENCES	ALAC		194,435	194,435	194,435	194,435	111,582	177,864	177,865	177,864	177,865	291,385	189,217	2,081,382	330	362	287	222	328	394	392	320	355	343	359	3,692									
	Rehab	OP	178,797	181,966	174,539	168,102	175,337	180,248	185,831	186,593	177,320	181,441	179,906	1,970,081	25	24	13	41	6	24	15	31	19	17	19	235									
	NEUROSCIENCES Total		373,232	376,402	368,974	362,537	286,919	358,112	363,696	364,457	355,185	472,826	369,123	4,051,463	355	386	300	263	334	418	408	351	374	360	378	3,927									
	NICE		8,707	19,455	25,936	20,619	19,256	112,995	52,927	52,176	82,580	68,294	63,895	526,840																					
OTHER	East Forensics		1,256,167	1,256,167	1,256,167	1,256,167	1,256,167	1,256,167	1,256,167	1,256,167	1,256,167	1,256,167	1,256,167	13,817,832																					
	Devices																																		
	Academic Fee		11,368	11,368	11,368	11,368	11,368	11,368	11,368	11,368	11,368	11,368	11,368	125,048																					
	IVF	Cryopreservation	270,435	259,041	268,562	329,982	296,899	285,010	284,988	284,988	284,988	284,988	284,988	3,134,869	80	70	86	86	89	82	114	122	72	109	127	1,037									
															90	90	91	92	90	92	91	95	92	94	95	1,012									
	Pay award		307,609	307,609	307,609	307,609	307,609	307,609	307,609	307,609	307,609	307,610	307,609	3,383,701																					
	Major Trauma Plastics		79,516	79,516	79,516	79,516	79,516	79,516	79,516	79,516	79,516	79,516	816,016	153,166	1,684,825																				
	Major Trauma ODN		44,389	44,389	44,389	44,389	44,389	44,389	44,389	44,389	44,389	44,389	127,722	52,723	579,946																				
	Perinatal		152,083	152,083	152,083	152,083	152,083	152,083	152,083	152,083	152,083	152,083	152,083	1,402,192																					
MPK		18,500	18,500	18,500	18,500	18,500	18,500	18,500	18,500	18,500	18,500	18,500	205,000																						
OTHER Total		2,148,774	2,148,128	2,164,130	2,220,233	2,185,787	2,105,137	2,195,464	2,224,047	2,212,532	3,068,635	2,307,387	24,940,253																						
Grand Total		9,931,502	10,008,066	9,727,109	10,073,291	10,205,487	9,896,188	10,391,626	10,499,380	11,103,222	10,629,319	11,253,373		170	160	177	178	179	174	205	217	164	203	222	2,049										
														10,372	10,701	10,498	10,357	11,332	11,156	11,077	11,148	10,742	11,564	9,921	118,870										

APPENDIX 1

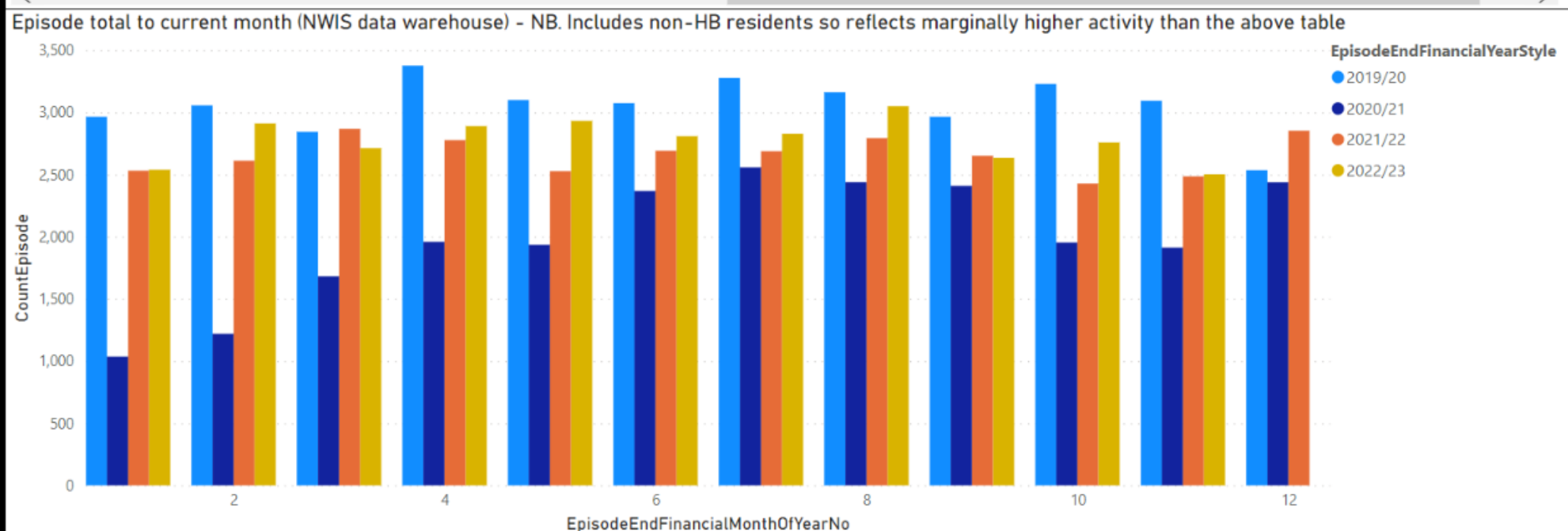
Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpec)

Table 1 – Analysis by NHS England Provider by Month

Episodes by provider - full years except current year (data: DHCW inpatient episodes)						CountEpisode for	CountEpisode for	CountEpisode for	CountEpisode for	CountEpisode for
Main HB	2019/20	2020/21	2021/22	2022/23	Total	2019/20 (M1-11)	2020/21 (M1-11)	2021/22 (M1-11)	2022/23 (M1-11)	% diff from 19/20
Cambridge University Hospitals Nhs Foundation tr	4,213	2,532	3,515	3,375	13,635	3,949	2,303	3,161	3,375	-15%
Great Ormond Street Hospital For Children nhs fo	80	27	44	69	220	71	27	40	69	-3%
Guy's And St Thomas' Nhs foundation trust	326	193	353	241	1,113	326	193	325	241	-26%
Imperial College Healthcare Nhs Trust	446	182	326	328	1,282	419	162	297	328	-22%
King's College Hospital Nhs Foundation trust	302	134	263	318	1,017	284	116	237	318	12%
Leeds Teaching Hospitals Nhs Trust	130	61	93	94	378	118	56	88	94	-20%
Royal Free London Nhs Foundation trust	80	24	55	31	190	75	23	49	31	-59%
Royal Papworth Hospital Nhs Foundation trust	193	121	170	170	654	180	105	154	170	-6%
The Newcastle Upon Tyne Hospitals nhs foundation	105	32	63	60	260	97	30	55	60	-38%
The Royal Marsden Nhs Foundation trust	132	103	60	49	344	132	102	51	49	-63%
The Royal Orthopaedic Hospital Nhs foundation tr	52	54	57	89	252	51	46	50	89	75%
University College London Hospitals Nhs foundati	159	98	144	121	522	142	87	132	121	-15%
University Hospitals Bristol And Weston nhs foun	357	216	349	379	1,301	335	198	300	379	13%
Major North Wales provider	1,851	1,287	1,538	1,426	6,102	1,719	1,158	1,383	1,426	-17%
Alder Hey Children's Nhs Foundation trust	14,810	9,783	12,700	12,020	49,313	13,774	8,741	11,561	12,020	-13%
Liverpool Heart And Chest Hospital nhs foundatio	3,669	2,816	3,205	3,228	12,918	3,453	2,505	2,908	3,228	-7%
Liverpool University Hospitals Nhs Foundation tr	1,400	1,129	1,542	1,336	5,407	1,282	991	1,421	1,336	4%
Manchester University Nhs Foundation Trust	2,572	1,454	2,094	2,050	8,170	2,410	1,305	1,855	2,050	-15%
Salford Royal Nhs Foundation Trust	1,106	571	975	790	3,442	1,032	503	887	790	-23%
Sheffield Teaching Hospitals Nhs Foundation trus	301	109	166	205	781	274	101	154	205	-25%
St Helens And Knowsley Teaching Hospitals nhs tr	221	155	195	199	770	204	142	180	199	-2%
The Christie Nhs Foundation Trust	1,655	1,010	1,362	1,329	5,356	1,538	897	1,251	1,329	-14%
The Clatterbridge Cancer Centre Nhs foundation t	620	542	485	506	2,153	561	485	446	506	-10%
The Walton Centre Nhs Foundation trust	351	212	302	165	1,030	338	194	284	165	-51%
Wirral University Teaching Hospital Nhs foundati	1,895	1,170	1,635	1,499	6,199	1,771	1,044	1,514	1,499	-15%
Major Powys provider	1,020	615	739	713	3,087	911	574	661	713	-22%
Birmingham Women's And Children's Nhs foundation	17,650	11,590	15,685	15,169	60,094	16,415	10,424	14,326	15,169	-8%
The Robert Jones And Agnes Hunt Orthopaedic hospit	414	313	399	343	1,469	388	278	361	343	-12%
University Hospitals Birmingham Nhs Foundation t	5,188	2,192	3,913	3,816	15,109	4,809	1,978	3,588	3,816	-21%
University Hospitals Of North Midlands nhs trust	1,154	702	875	887	3,618	1,070	657	784	887	-17%
Wye Valley Nhs Trust	903	738	830	827	3,298	832	675	774	827	-1%
Total	9,991	7,645	9,668	9,296	36,600	9,316	6,836	8,819	9,296	-0%
Total	36,673	23,905	31,900	30,564	123,042	34,138	21,468	29,048	30,564	-10%

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

Episode total to current month (DHCW data warehouse)																					
EpisodeEndFinancialYearStyle		2021/22								2022/23											
PatientResidenceHealthOrganisationDe	rivedName	6	7	8	9	10	11	12	Total	1	2	3	4	5	6	7	8	9	10	11	Total
⊞	Aneurin Bevan University Local Health Board	164	164	157	111	132	146	146	1,770	125	153	175	161	146	171	156	187	168	171	133	1,746
⊞	Betsi Cadwaladr University Local Health Board	1,220	1,265	1,376	1,280	1,172	1,196	1,326	14,970	1,206	1,347	1,304	1,365	1,433	1,306	1,360	1,390	1,175	1,273	1,169	14,328
⊞	Cardiff and Vale University Local Health Board	80	80	79	62	58	62	75	799	94	72	64	70	77	72	87	70	55	69	47	777
⊞	Cwm Taf Morgannwg University Local Health Board	70	58	61	57	43	38	78	709	81	60	51	51	42	52	53	72	40	54	47	603
⊞	Hywel Dda University Local Health Board	66	77	47	66	57	67	91	779	75	66	54	70	83	53	69	87	67	64	62	750
⊞	Powys Teaching Local Health Board	913	882	928	906	826	839	951	10,927	810	1,042	908	1,027	957	972	929	1,092	971	989	884	10,581
⊞	Swansea Bay University Local Health Board	41	50	39	46	26	29	64	509	37	47	51	42	59	63	59	39	55	45	56	553
Total		2,554	2,576	2,687	2,528	2,314	2,377	2,731	30,463	2,428	2,787	2,607	2,786	2,797	2,689	2,713	2,937	2,531	2,665	2,398	29,338



Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpec)
Table 3 (4 pages) – Analysis by Specialty – Comparison of episodes to current month in 2022/23 to previous years

Episodes by provider - full years except 2022/23 (data: DHCW)					TreatmentSpecialtyDescription	CountEpisode for 2019/20 (M1-11)	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2021/22 (M1-11)	CountEpisode for 2022/23 (M1-11)	CountEpisode 2022/23 % diff from 19/20
TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	2022/23						
(Unknown)			2	32	(Unknown)			2	32	
Accident & Emergency	384	194	298	215	Accident & Emergency	371	169	270	215	-42%
Adult Cystic Fibrosis Service	69	34	17	10	Adult Cystic Fibrosis Service	63	30	16	10	-84%
Adult Mental Illness	2			2	Adult Mental Illness	1			2	100%
Allergy Service	91	54	137	111	Allergy Service	85	44	120	111	31%
Anaesthetics	20	15	154	123	Anaesthetics	19	9	145	123	547%
Blood And Marrow Transplantation	137	83	113	78	Blood And Marrow Transplantation	122	77	103	78	-36%
Breast Surgery	89	61	84	94	Breast Surgery	84	58	75	94	12%
Burns Care	95	77	78	54	Burns Care	86	70	74	54	-37%
Cardiac Rehabilitation				2	Cardiac Rehabilitation				2	
Cardiac Surgery	602	376	579	518	Cardiac Surgery	557	338	525	518	-7%
Cardiology	1,665	1,330	1,789	1,766	Cardiology	1,539	1,192	1,635	1,766	15%
Cardiothoracic Surgery	72	52	63	72	Cardiothoracic Surgery	67	47	61	72	7%
Cardiothoracic Transplantation	71	29	53	37	Cardiothoracic Transplantation	69	24	47	37	-46%
Chemical Pathology	3	2		1	Chemical Pathology	3	2		1	-67%
Child & Adolescent Psychiatry		2	2	1	Child & Adolescent Psychiatry		2	2	1	
Clinical Genetics	1		1		Clinical Genetics	1		1		
Clinical Haematology	1,055	926	1,000	777	Clinical Haematology	970	836	910	777	-20%
Clinical Immunology	22	6		23	Clinical Immunology	20	6		23	15%
Clinical Immunology And	17	15	46	16	Clinical Immunology And	15	13	43	16	7%
Clinical Microbiology		2			Clinical Microbiology		2			
Clinical Neurophysiology	4		2	1	Clinical Neurophysiology	4		2	1	-75%
Clinical Oncology (previously Radiotherapy)	491	406	362	330	Clinical Oncology (previously Radiotherapy)	459	384	330	330	-28%
Clinical Pharmacology	7	23	20	8	Clinical Pharmacology	7	19	15	8	14%
Colorectal Surgery	270	204	239	227	Colorectal Surgery	247	175	225	227	-8%
Community Paediatrics					Community Paediatrics					
Congenital Heart Disease	29	28	30	25	Congenital Heart Disease	26	27	30	25	-4%
Critical Care Medicine	201	116	166	173	Critical Care Medicine	189	105	148	173	-8%
Dental Medicine Specialties		1	2	1	Dental Medicine Specialties		1	2	1	
Dermatology	503	404	401	345	Dermatology	451	359	363	345	-24%
Total	36,673	23,905	31,900	30,564	Total	34,138	21,468	29,048	30,564	-10%

Episodes by provider - full years except 2022/23 (data: DHCW)					TreatmentSpecialtyDescription	CountEpisode for 2019/20 (M1-11)	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2021/22 (M1-11)	CountEpisode for 2022/23 (M1-11)	CountEpisode 2022/23 % diff from 19/20
TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	2022/23						
Diabetic Medicine	29	20	28	25	Diabetic Medicine	28	17	25	25	-11%
Diagnostic Imaging	199	186	217	224	Diagnostic Imaging	188	161	200	224	19%
Endocrinology	91	72	108	92	Endocrinology	80	69	101	92	15%
ENT	322	127	223	192	ENT	303	119	208	192	-37%
Gastroenterology	1,695	1,343	1,853	1,674	Gastroenterology	1,582	1,169	1,668	1,674	6%
General Medicine	3,018	2,431	2,567	2,071	General Medicine	2,810	2,189	2,327	2,071	-26%
General Surgery	1,799	1,101	1,446	1,585	General Surgery	1,707	987	1,323	1,585	-7%
Geriatric Medicine	376	367	441	524	Geriatric Medicine	344	334	409	524	52%
Gynaecological Oncology	9	17	12	16	Gynaecological Oncology	9	15	7	16	78%
Gynaecology	448	238	366	411	Gynaecology	418	210	338	411	-2%
Haemophilia Service		3	4	6	Haemophilia Service		3	2	6	
Hepatobiliary & Pancreatic Surgery	297	188	233	277	Hepatobiliary & Pancreatic Surgery	274	169	210	277	1%
Hepatology	216	194	207	146	Hepatology	205	177	187	146	-29%
Infectious Diseases	38	17	28	16	Infectious Diseases	33	17	26	16	-52%
Intermediate Care			2	2	Intermediate Care			2	2	
Interventional Radiology	138	103	161	149	Interventional Radiology	131	93	145	149	14%
Maxillo-Facial Surgery	110	29	34	42	Maxillo-Facial Surgery	102	27	31	42	-59%
Medical Oncology	474	266	380	349	Medical Oncology	446	236	352	349	-22%
Midwifery Service	15	12	8	13	Midwifery Service	14	10	7	13	-7%
Neonatology	77	74	92	95	Neonatology	70	66	84	95	36%
Nephrology	425	303	388	367	Nephrology	378	297	331	367	-3%
Neurology	962	652	915	816	Neurology	898	575	849	816	-9%
Neurosurgery	1,376	830	1,096	965	Neurosurgery	1,285	753	1,013	965	-25%
Nuclear Medicine	9	6	15	27	Nuclear Medicine	9	6	13	27	200%
Obstetrics Hospital Bed	343	366	422	356	Obstetrics Hospital Bed	321	336	390	356	11%
Ophthalmology	1,530	689	1,118	1,098	Ophthalmology	1,379	605	997	1,098	-20%
Oral Surgery	198	101	112	106	Oral Surgery	194	87	101	106	-45%
Orthoptics	1				Orthoptics	1				
Orthotics			1		Orthotics			1		
Paediatric Audiological		1			Paediatric Audiological		1			
Total	36,673	23,905	31,900	30,564	Total	34,138	21,468	29,048	30,564	-10%

Episodes by provider - full years except 2022/23 (data: DHCW)					TreatmentSpecialtyDescription	CountEpisode for 2019/20 (M1-11)	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2021/22 (M1-11)	CountEpisode for 2022/23 (M1-11)	CountEpisode 2022/23 % diff from 19/20
TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	2022/23						
Paediatric Burns Care	58	53	41	34	Paediatric Burns Care	56	49	37	34	-39%
Paediatric Cardiac Surgery	153	159	162	137	Paediatric Cardiac Surgery	146	140	146	137	-6%
Paediatric Cardiology	355	267	325	275	Paediatric Cardiology	333	242	290	275	-17%
Paediatric Clinical Haematology	354	162	227	190	Paediatric Clinical Haematology	329	133	197	190	-42%
Paediatric Clinical Immunology And Allergy Service	47	18	22	44	Paediatric Clinical Immunology And Allergy Service	45	15	19	44	-2%
Paediatric Dentistry	52	28	35	40	Paediatric Dentistry	52	27	32	40	-23%
Paediatric Dermatology	31	18	37	36	Paediatric Dermatology	30	18	32	36	20%
Paediatric Diabetic Medicine		3	1	1	Paediatric Diabetic Medicine		1	1	1	
Paediatric Ear Nose and Throat	205	107	148	109	Paediatric Ear Nose and Throat	194	91	138	109	-44%
Paediatric Endocrinology	122	78	101	87	Paediatric Endocrinology	113	67	98	87	-23%
Paediatric Epilepsy	24	11	12	8	Paediatric Epilepsy	24	11	12	8	-67%
Paediatric Gastroenterology	221	217	342	356	Paediatric Gastroenterology	208	191	303	356	71%
Paediatric Infectious Diseases	1				Paediatric Infectious Diseases	1				
Paediatric Intensive Care	158	132	185	122	Paediatric Intensive Care	149	124	174	122	-18%
Paediatric Interventional Radiology	26	12	17	16	Paediatric Interventional Radiology	25	10	16	16	-36%
Paediatric Maxillo-Facial	2	1	6	7	Paediatric Maxillo-Facial Surgery	2	1	6	7	250%
Paediatric Medical Oncology	679	553	448	552	Paediatric Medical Oncology	621	517	388	552	-11%
Paediatric Metabolic Disease	17	17	19	16	Paediatric Metabolic Disease	16	14	18	16	0%
Paediatric Nephrology	367	267	322	238	Paediatric Nephrology	347	240	296	238	-31%
Paediatric Neuro-Disability		2	1		Paediatric Neuro-Disability		2	1		
Paediatric Neurology	151	99	120	87	Paediatric Neurology	141	94	108	87	-38%
Paediatric Neurosurgery	193	141	180	165	Paediatric Neurosurgery	182	126	166	165	-9%
Paediatric Ophthalmology	95	94	108	86	Paediatric Ophthalmology	87	82	100	86	-1%
Paediatric Pain Management			1		Paediatric Pain Management			1		
Paediatric Plastic Surgery	188	141	164	192	Paediatric Plastic Surgery	176	124	146	192	9%
Paediatric Respiratory Medicine	158	100	125	97	Paediatric Respiratory Medicine	150	91	117	97	-35%
Paediatric Rheumatology	103	95	91	98	Paediatric Rheumatology	97	83	85	98	1%
Paediatric Surgery	513	440	442	441	Paediatric Surgery	491	398	405	441	-10%
Paediatric Thoracic Surgery	6	2	5	2	Paediatric Thoracic Surgery	6		5	2	-67%
Paediatric Transplantation	10	2	9	7	Paediatric Transplantation	8	2	8	7	-13%
Total	36,673	23,905	31,900	30,564	Total	34,138	21,468	29,048	30,564	-10%

Episodes by provider - full years except 2022/23 (data: DHCW)					TreatmentSpecialtyDescription	CountEpisode for 2019/20 (M1-11)	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2021/22 (M1-11)	CountEpisode for 2022/23 (M1-11)	CountEpisode 2022/23 % diff from 19/20
TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	2022/23						
Paediatric Rheumatology	103	95	91	98	Paediatric Rheumatology	97	83	85	98	1%
Paediatric Surgery	513	440	442	441	Paediatric Surgery	491	398	405	441	-10%
Paediatric Thoracic Surgery	6	2	5	2	Paediatric Thoracic Surgery	6		5	2	-67%
Paediatric Transplantation Surgery	10	2	9	7	Paediatric Transplantation Surgery	8	2	8	7	-13%
Paediatric Trauma and Orthopaedics	143	95	131	166	Paediatric Trauma and Orthopaedics	133	81	122	166	25%
Paediatric Urology	331	235	325	337	Paediatric Urology	317	210	301	337	6%
Paediatrics	708	361	413	563	Paediatrics	663	332	373	563	-15%
Pain Management	126	75	52	55	Pain Management	124	73	49	55	-56%
Palliative Medicine	1	5	4		Palliative Medicine	1	4	4		
Physiotherapy				1	Physiotherapy				1	
Plastic Surgery	1,490	939	1,309	1,340	Plastic Surgery	1,402	834	1,191	1,340	-4%
Podiatric Surgery	109	22	78	88	Podiatric Surgery	107	22	74	88	-18%
Psychotherapy				3	Psychotherapy				3	
Rehabilitation Service	46	37	32	25	Rehabilitation Service	39	33	27	25	-36%
Respiratory Medicine	875	510	665	830	Respiratory Medicine	820	458	615	830	1%
Respiratory Physiology	4	3	4	12	Respiratory Physiology	4	3	2	12	200%
Restorative Dentistry	2	3	1	1	Restorative Dentistry	2	3	1	1	-50%
Rheumatology	728	550	902	986	Rheumatology	669	489	814	986	47%
Spinal Injuries	235	84	96	128	Spinal Injuries	231	81	91	128	-45%
Spinal Surgery Service	27	39	35	82	Spinal Surgery Service	23	33	29	82	257%
Stroke Medicine	157	171	166	160	Stroke Medicine	145	154	159	160	10%
Thoracic Surgery	309	210	343	296	Thoracic Surgery	285	180	316	296	4%
Transient Ischaemic Attack				1	Transient Ischaemic Attack				1	
Transplantation Surgery	242	158	162	178	Transplantation Surgery	220	142	140	178	-19%
Trauma & Orthopaedics	5,429	2,171	4,089	3,948	Trauma & Orthopaedics	5,018	1,983	3,736	3,948	-21%
Tropical Medicine	2		2		Tropical Medicine	2				
Upper Gastrointestinal Surgery	87	46	72	91	Upper Gastrointestinal Surgery	82	41	62	91	11%
Urology	1,103	718	1,107	1,027	Urology	1,030	639	1,017	1,027	-0%
Vascular Surgery	113	64	79	93	Vascular Surgery	110	54	71	93	-15%
Well Babies	22	14	22	24	Well Babies	18	9	18	24	33%
Total	36,673	23,905	31,900	30,564	Total	34,138	21,468	29,048	30,564	-10%

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpc)
 Table 4 (8 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23 (All-Wales and each Health Board of residence)

4.1 All-Wales:

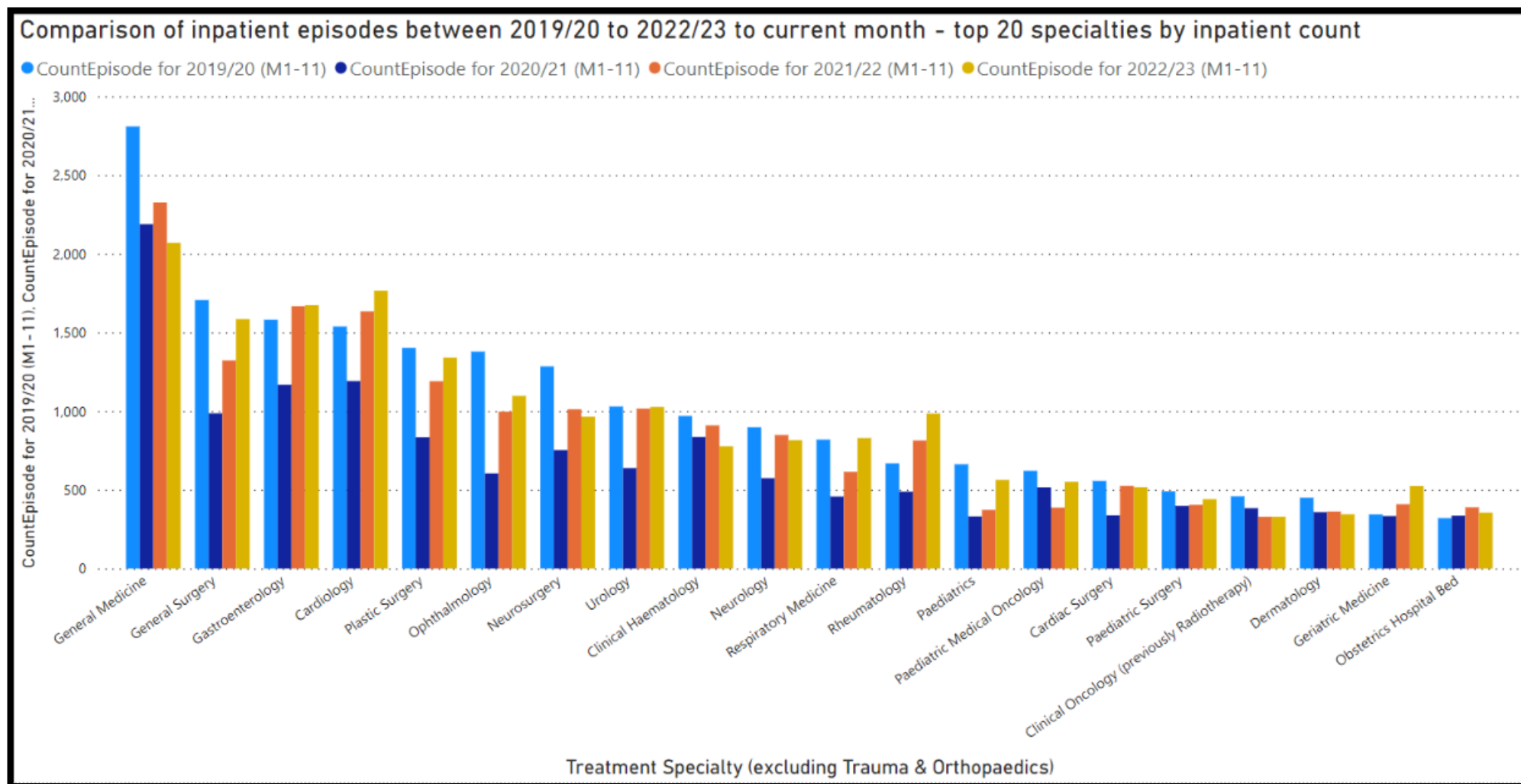


Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

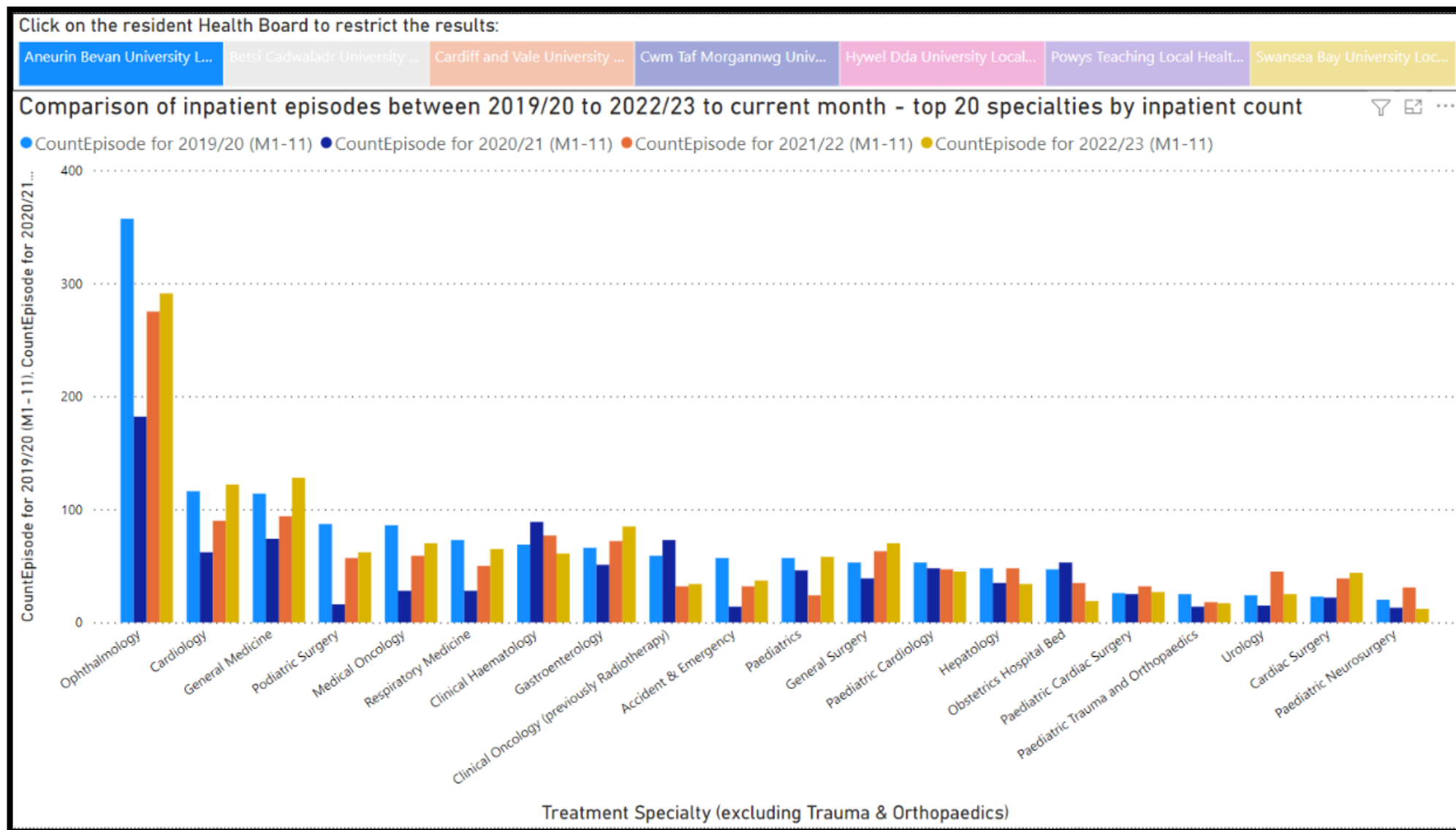


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

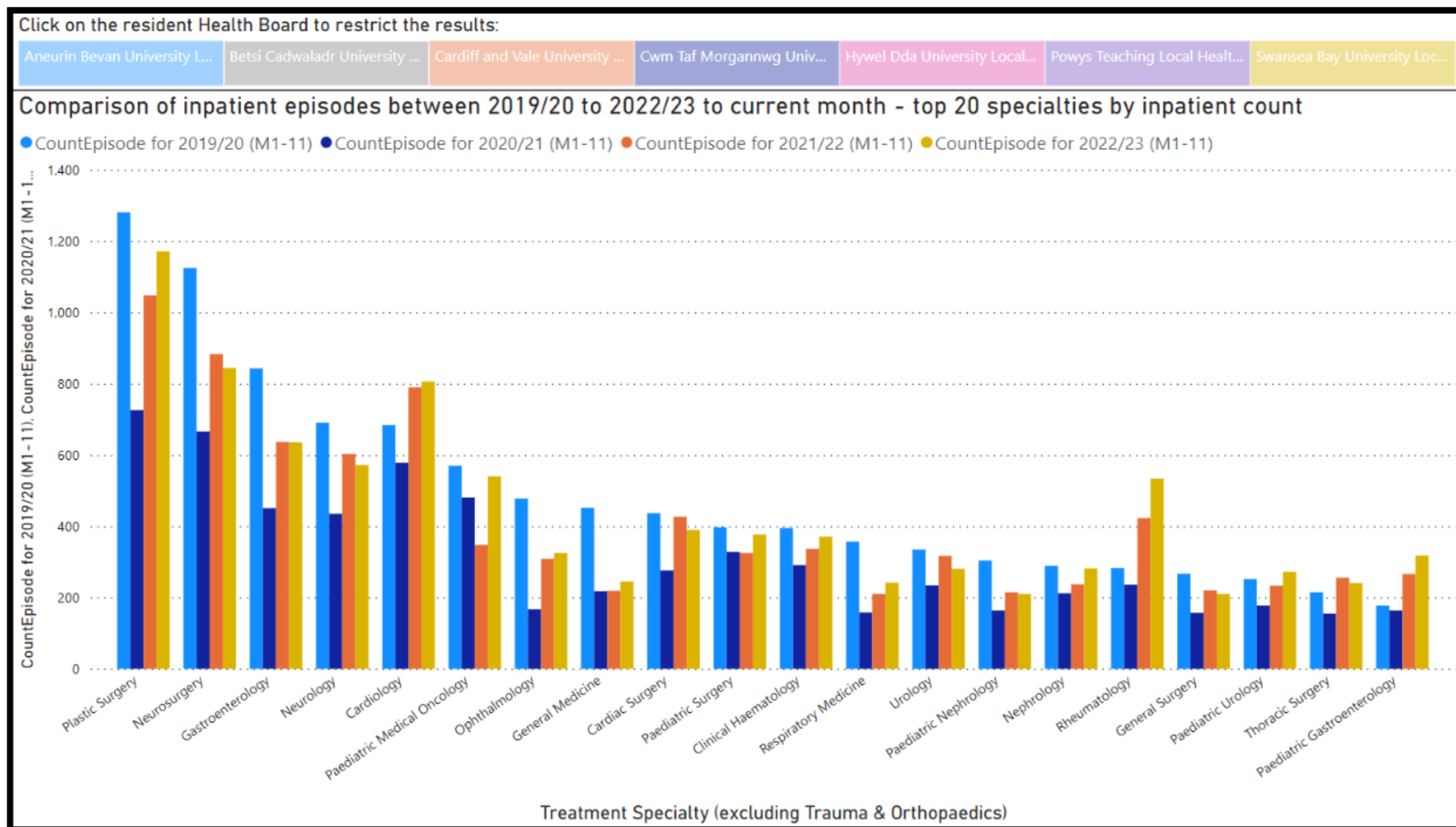


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

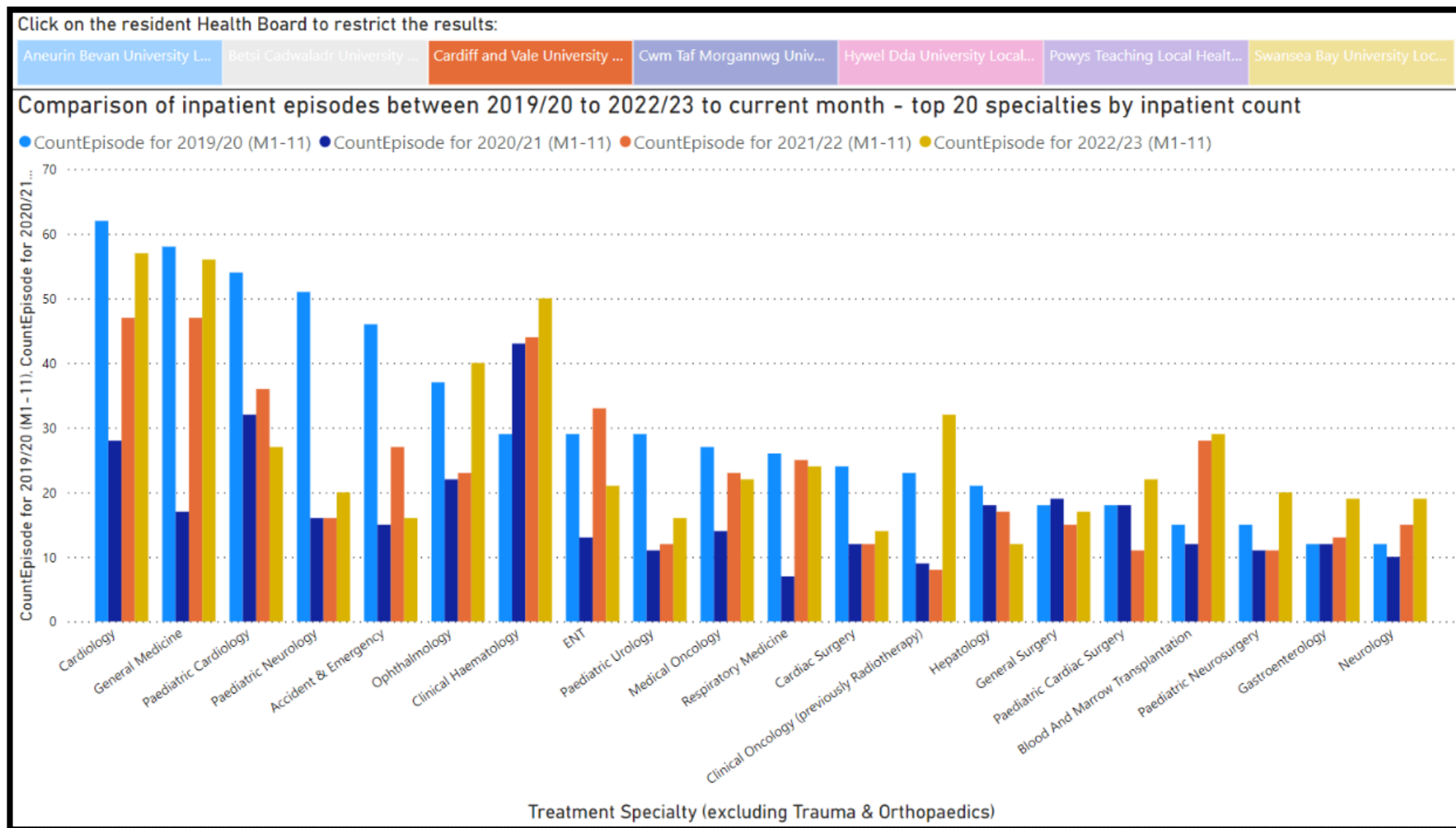


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

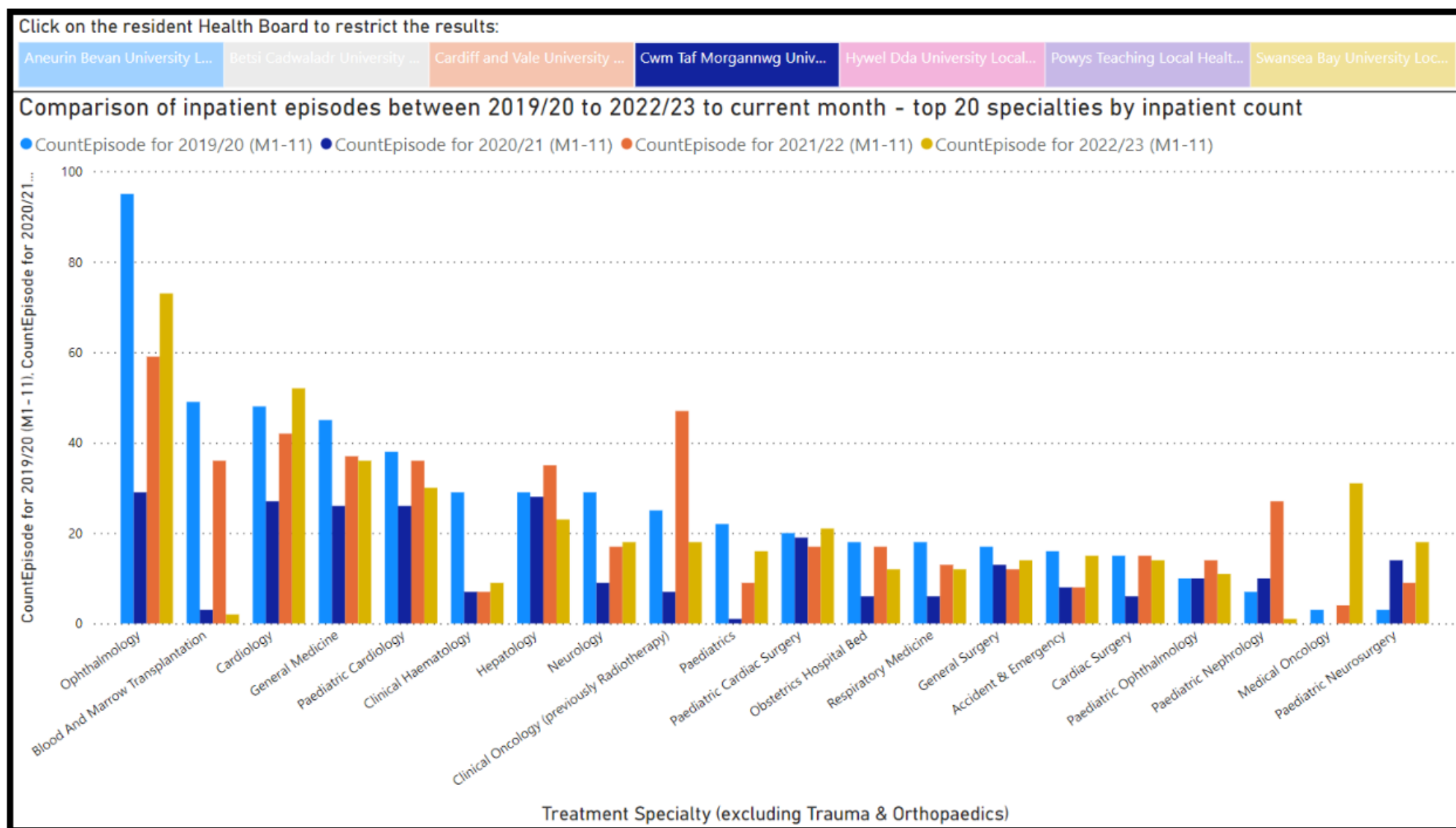


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

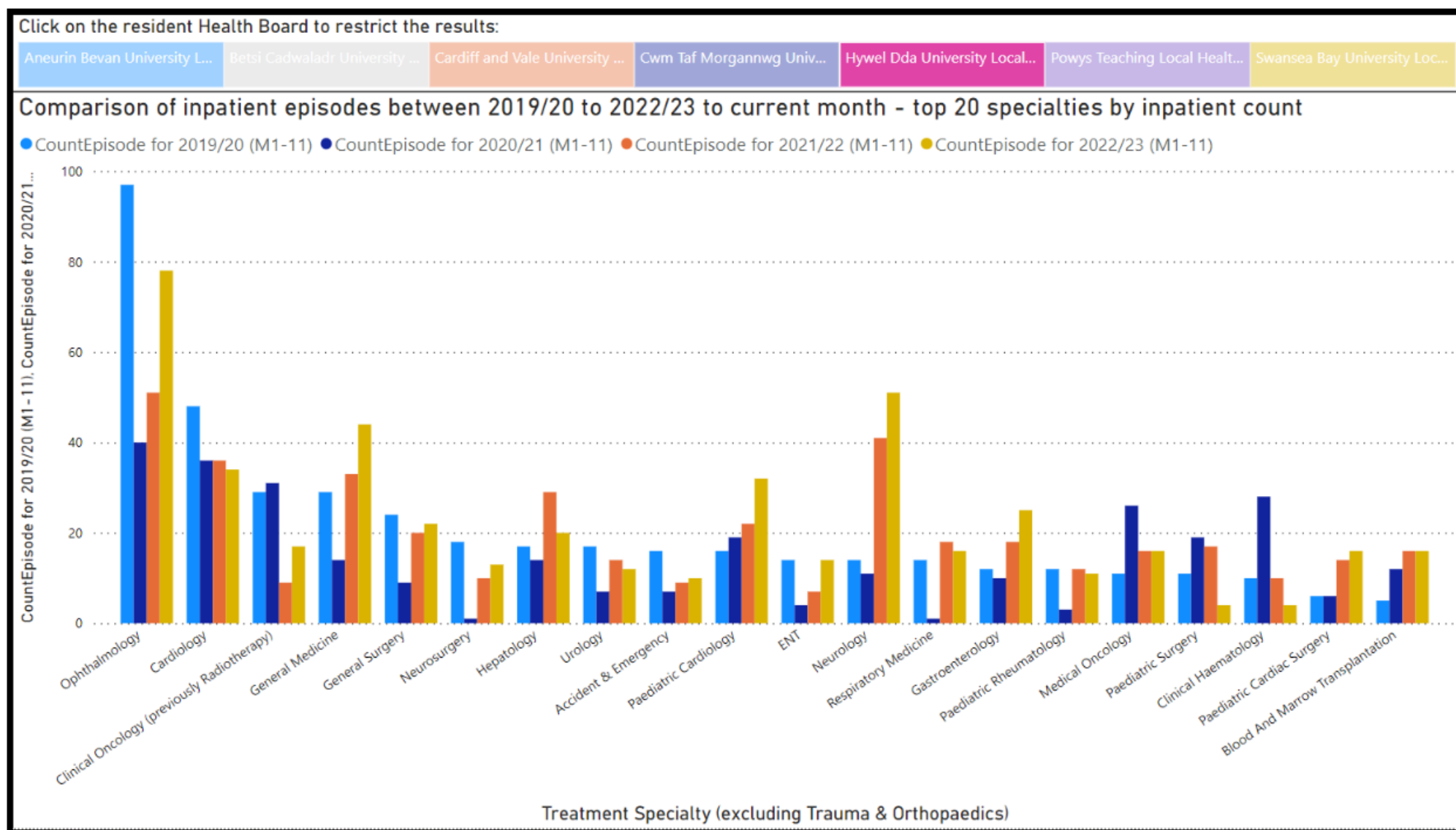


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23

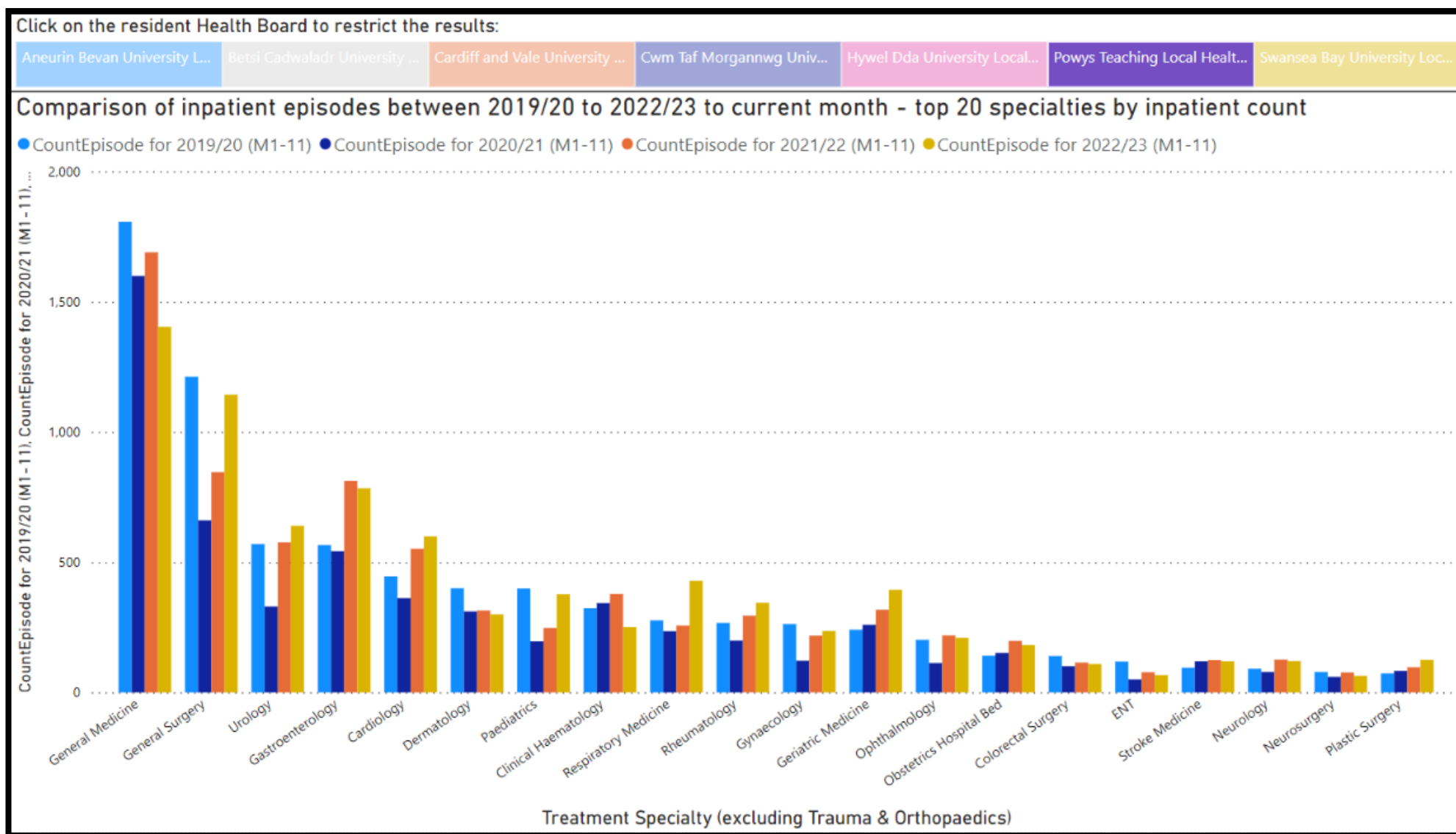
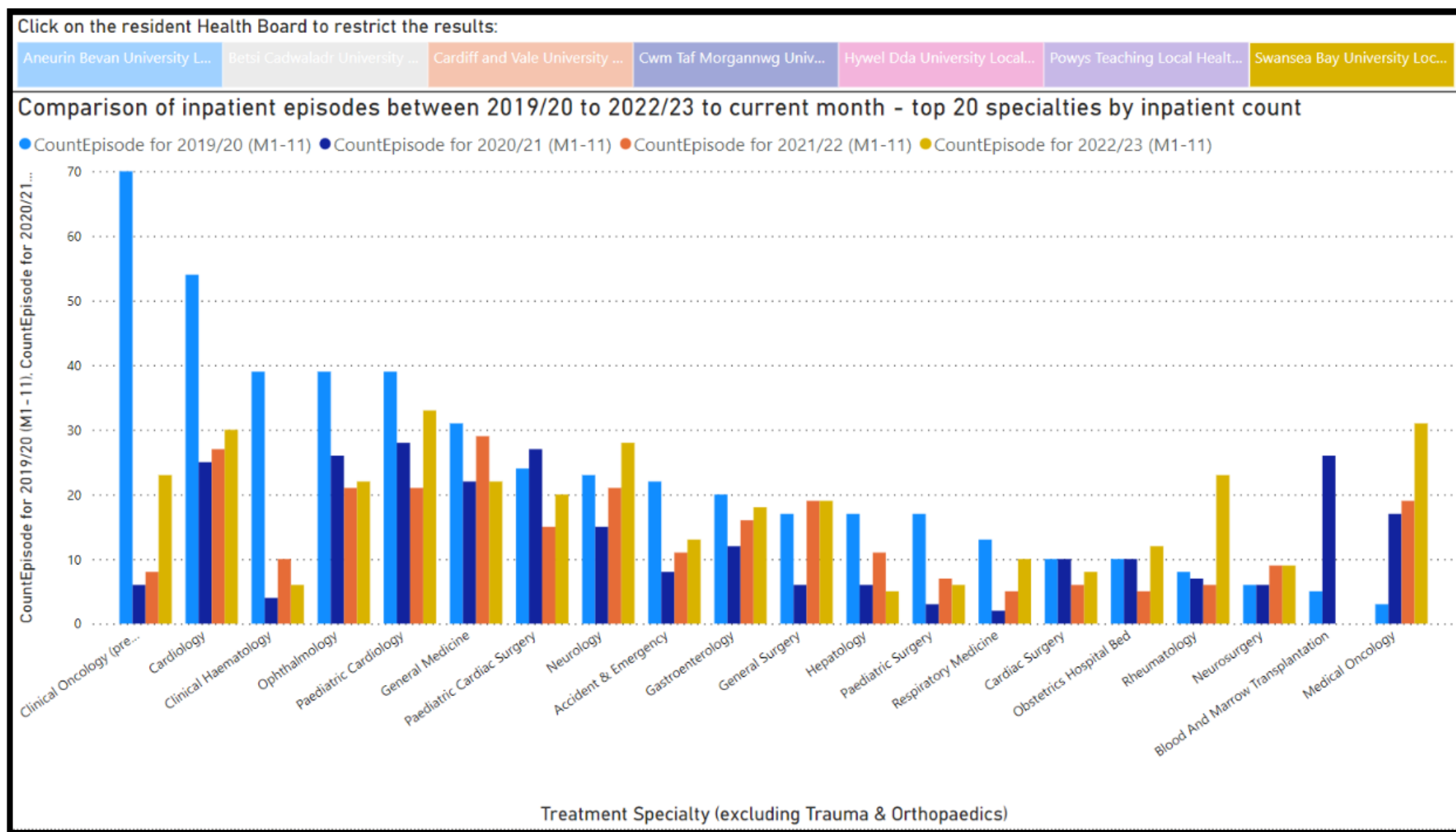


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2022/23



APPENDIX 2

New Welsh Government performance measures

New performance measures were announced by Welsh Government in January 2022, with a new Performance Framework for 2022/23, as per the below extracts.

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Elective Planned Care	38 Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by 2026 Rationale: An early diagnosis and treatment of cancer will increase an individual's chance of survival and reduce the likely harm to the individual's health and quality of life. Therefore, there is a need to diagnose and treat patients with cancer as promptly as possible. This measure includes all suspected cancers and starts from the point a patient is suspected of having cancer.	Monthly	Suspected Cancer Pathway Data Set (NDR – DHCW)	✓
	39 Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024 Rationale: Endoscopy services play an essential part in investigating suspected cancer and serious non-cancerous conditions such as inflammatory bowel disease. Due to population changes, a lower threshold for suspected cancer investigation and increasing cancer surveillance, the demand for endoscopy services is out of balance with core capacity. To address this, an improvement plan has been introduced to support health boards to develop sustainable endoscopy services.	Monthly	Diagnostic & Therapies Waiting Times Dataset	✓
Elective Planned Care	40 Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024 Rationale: Diagnostic tests and investigations are used to identify a patient's condition, disease or injury. Diagnostic testing provides essential information to enable clinicians and patients to make the right clinical decisions. Early detection and diagnosis can prevent the patient suffering unnecessary pain and it can reduce the scale and cost of treatment.	Monthly	Diagnostic & Therapies Waiting Times Dataset	
	41 Number of patients waiting more than 14 weeks for a specified therapy	12 month reduction trend towards zero by spring 2024 Rationale: Patients receiving timely access to a specified therapy should experience improved outcomes. Reducing the time that a patient waits for a therapy service reduces the risk of the condition deteriorating and alleviates the patient's symptoms sooner. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS therapy services.	Monthly	Diagnostic & Therapies Waiting Times Dataset	
	42 Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by 31 December 2022 Rationale: The number of patients waiting for a new outpatient appointment has increased year on year whilst capacity has been unable to meet demand. NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level.	Monthly	Referral to Treatment (combined) Dataset	✓
	43 Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021 Rationale: Delaying a follow-up outpatient appointment not only gives the service user a negative impression of NHS services, but it can be a clinical risk if the patient's condition deteriorates whilst waiting for the appointment. Through service re-design, health boards are required to reduce the number of patients waiting long delays for a follow-up outpatient appointment.	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)	✓

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority	
Elective Planned Care	45	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by 2024	Monthly	Referral to Treatment (combined) Dataset	✓
		Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services.				
	46	Number of patients waiting more than 36 weeks for referral to treatment	Improvement trajectory towards a national target of zero by 2026	Monthly	Referral to Treatment (combined) Dataset	✓
		Rationale: As above.				
	47	Percentage of patients waiting less than 26 weeks for referral to treatment	Improvement trajectory towards a national target of 95% by 2026	Monthly	Referral to Treatment (combined) Dataset	✓
		Rationale: As above.				

Please note the above schedule was slightly updated with the Planning Framework for the 23-26 ICP templates, as follows; this relates to the above measure numbers 42 and 45 and will be reported on from April onwards.

- **Planned Care, Recovery, Diagnostics and Pathways of Care**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024

This appendix contains the available performance data against the following specialties:

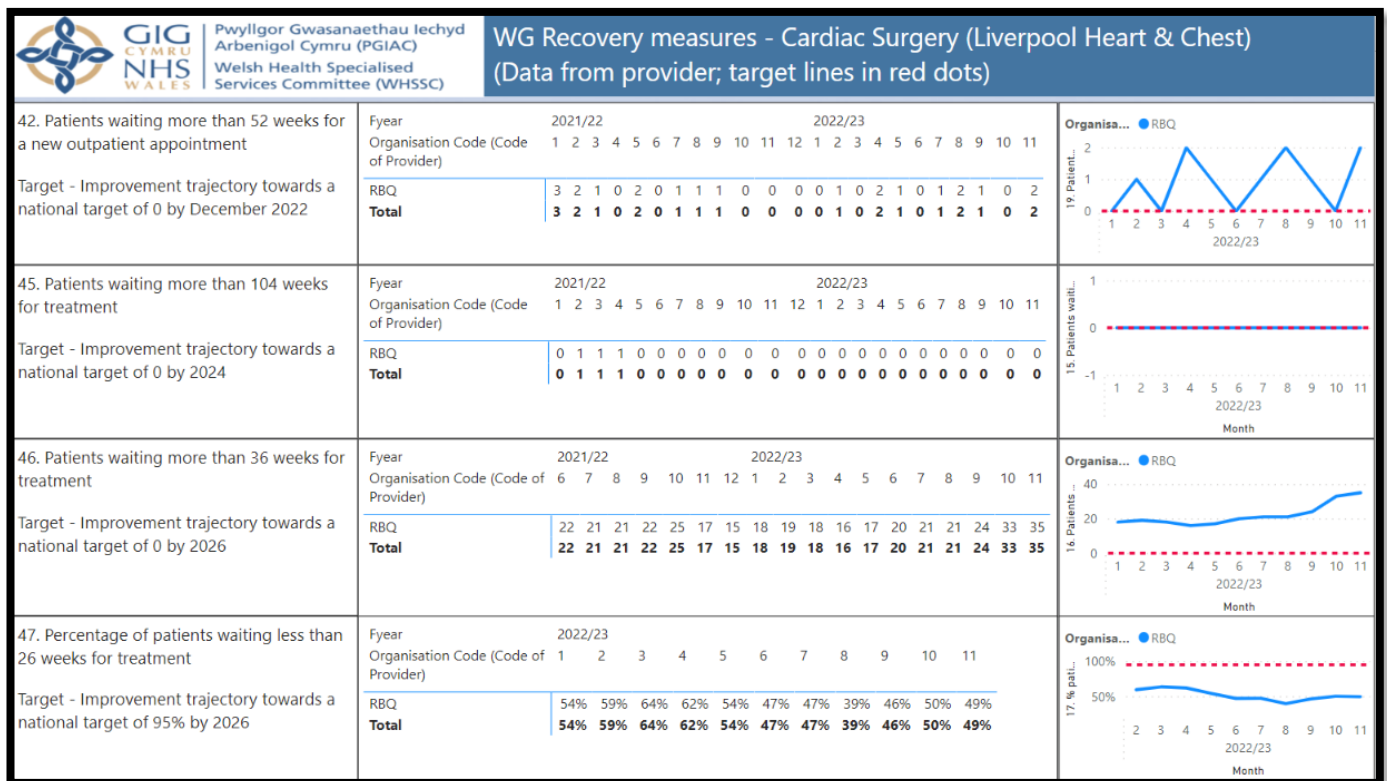
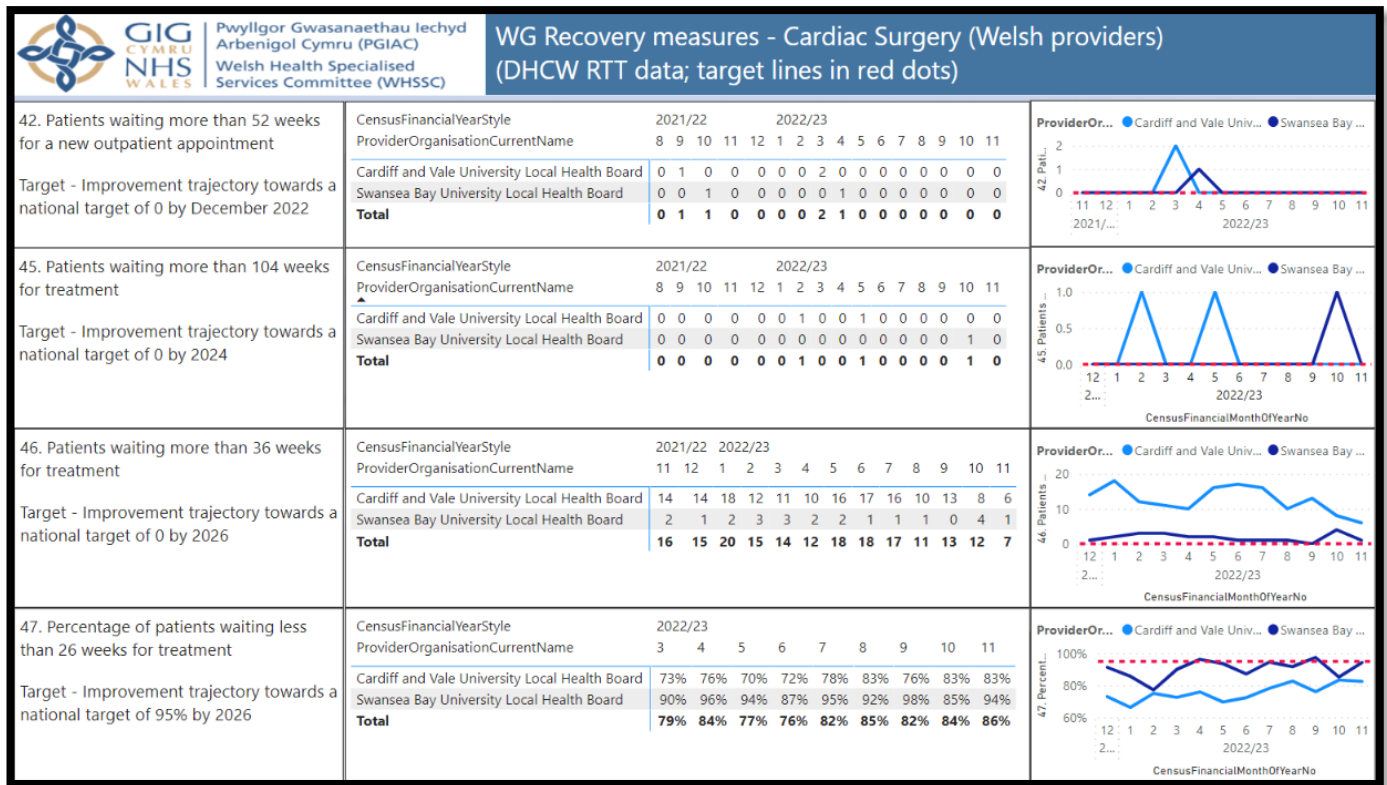
- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Surgery

Please note that the Referral to Treatment (RTT) dataset does not split out the pathway point (e.g. New outpatient, Inpatient treatment) for English providers, so the total patient set has been used.

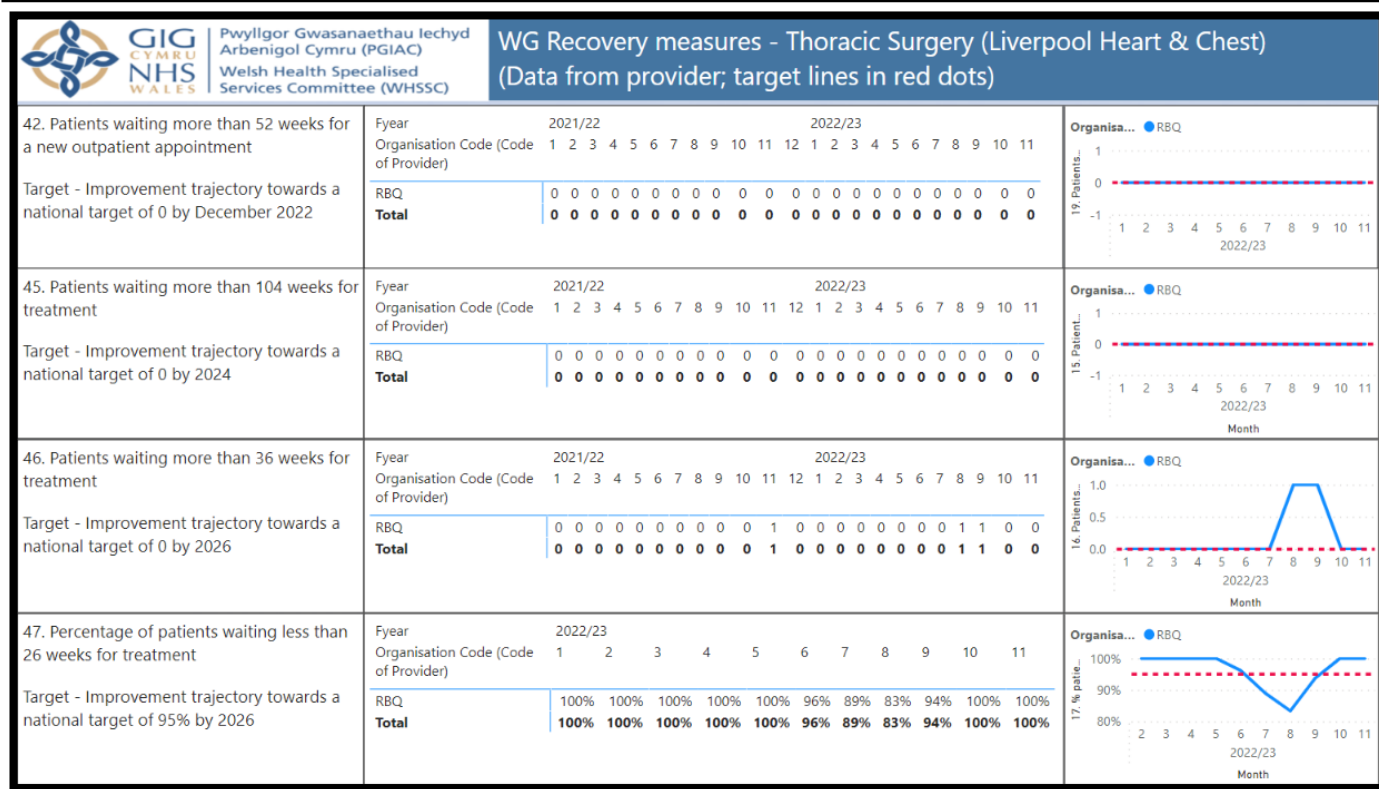
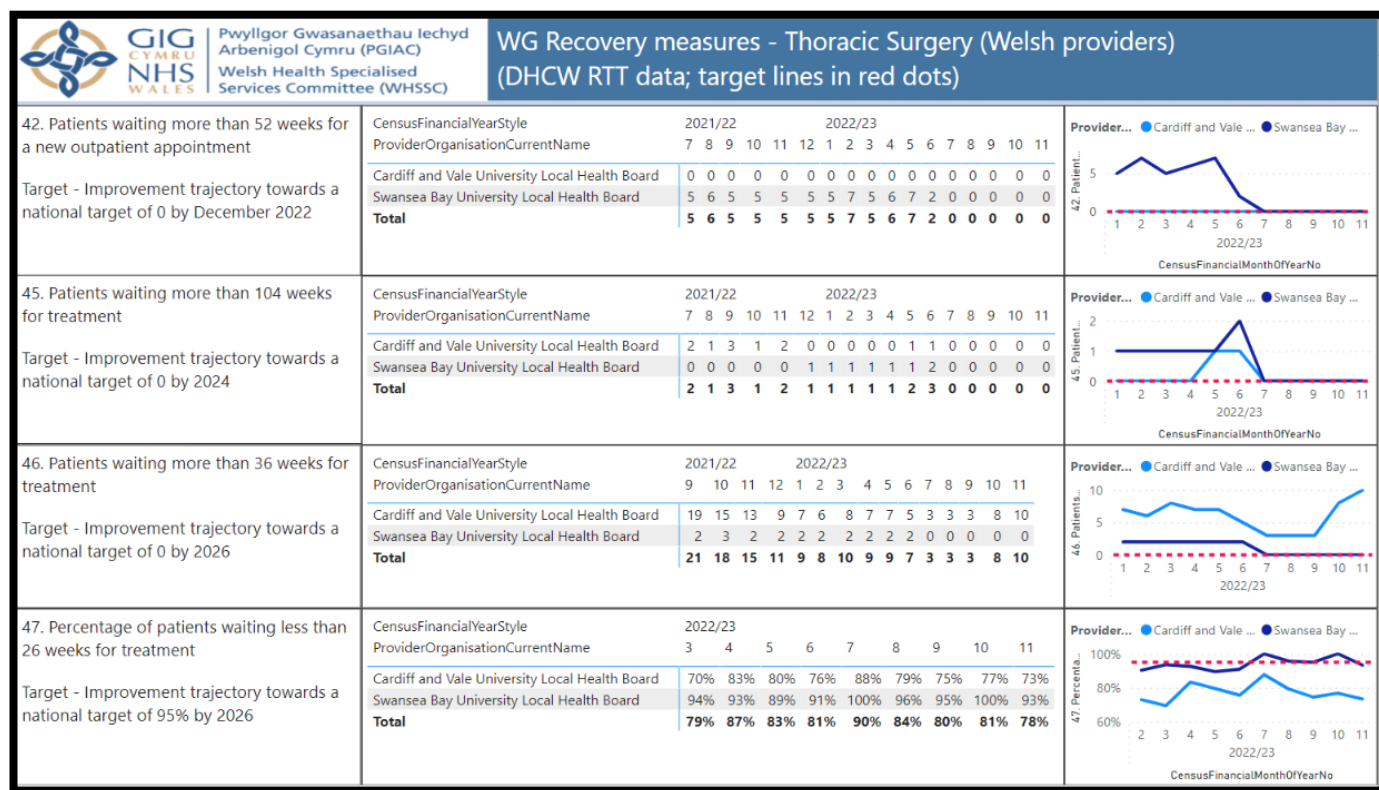
The Suspected Cancer Pathway dataset is held by DHCW, and is currently being discussed internally by them around the format to make this data available (measure 38).

The Outpatient Follow-up delay data (measure 43) is available only from Welsh Government direct, but is reported by provider as totals, so is not applicable for Specialist-only reporting.

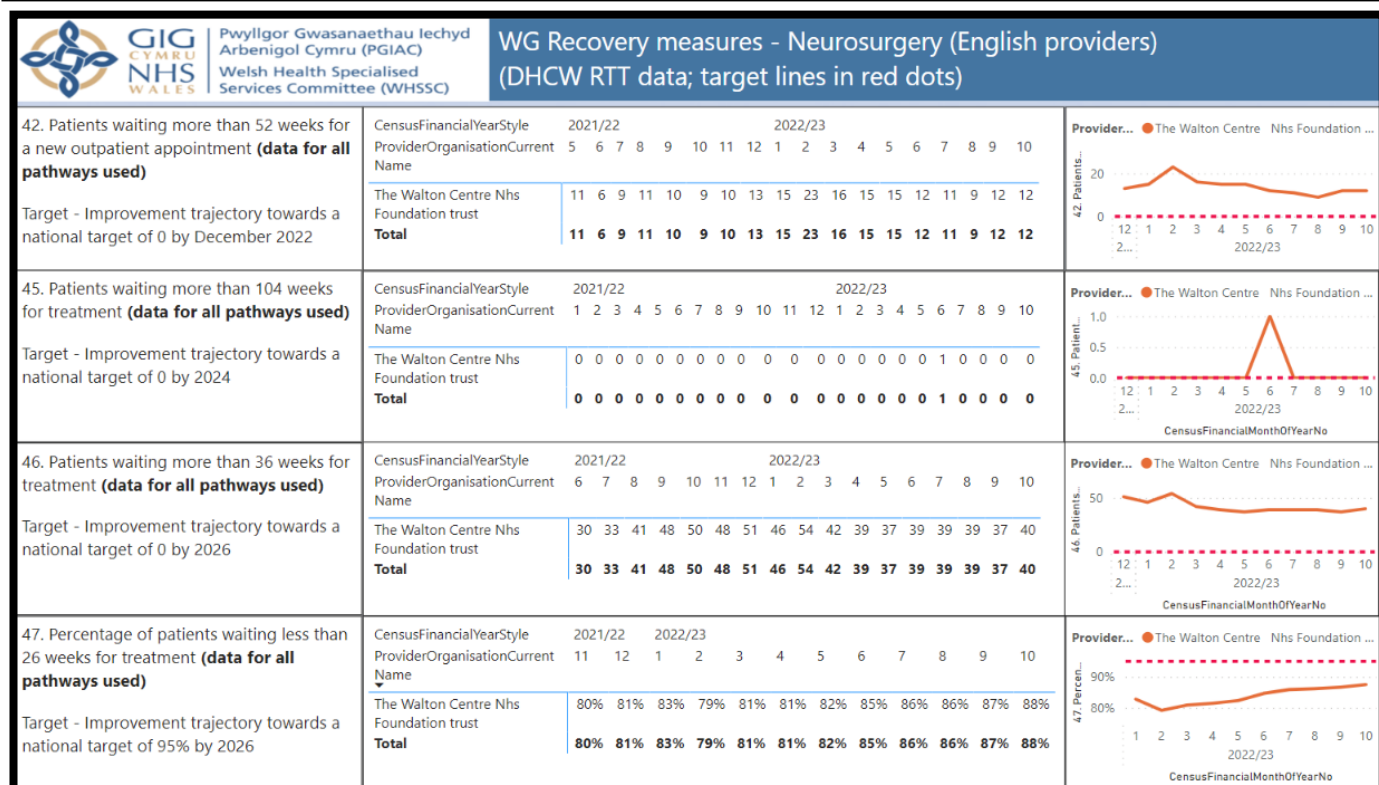
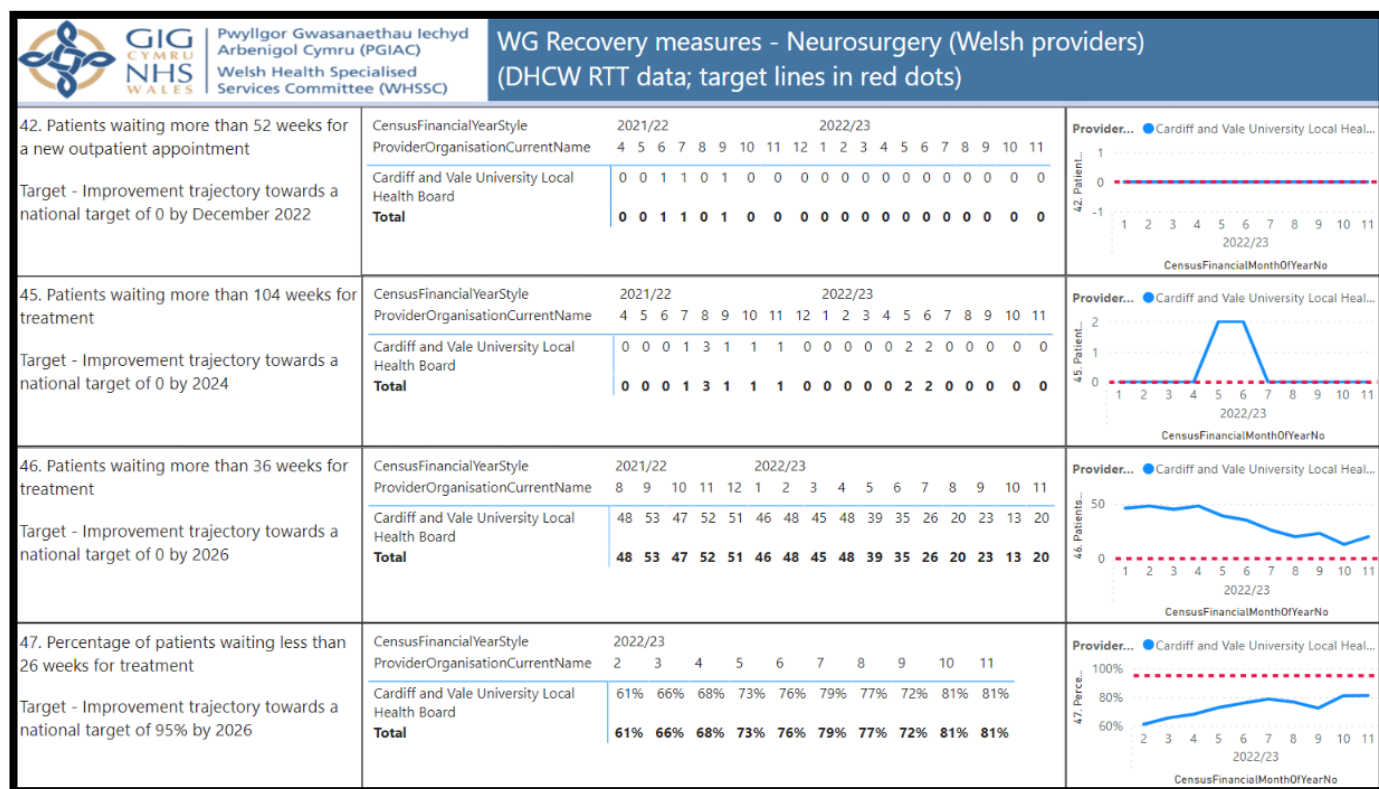
Cardiac Surgery (measures 42, 45-47)



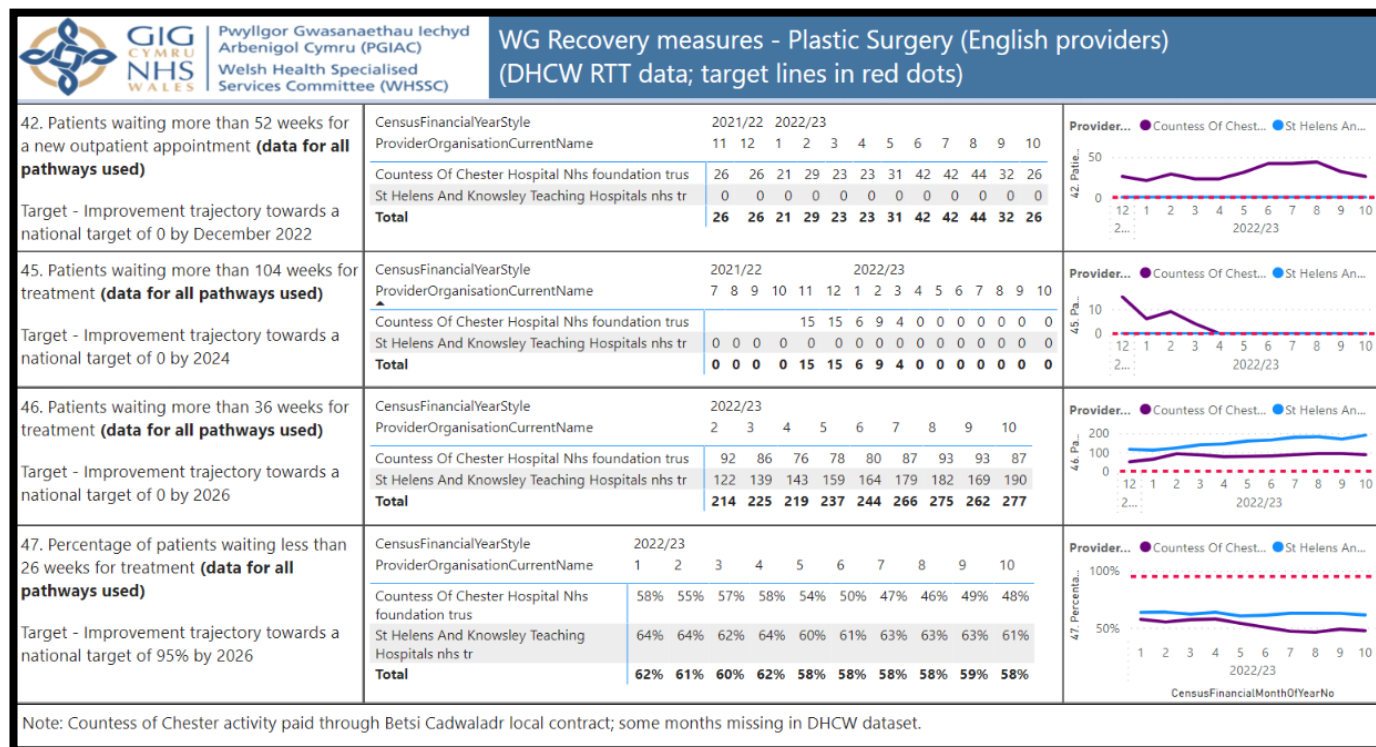
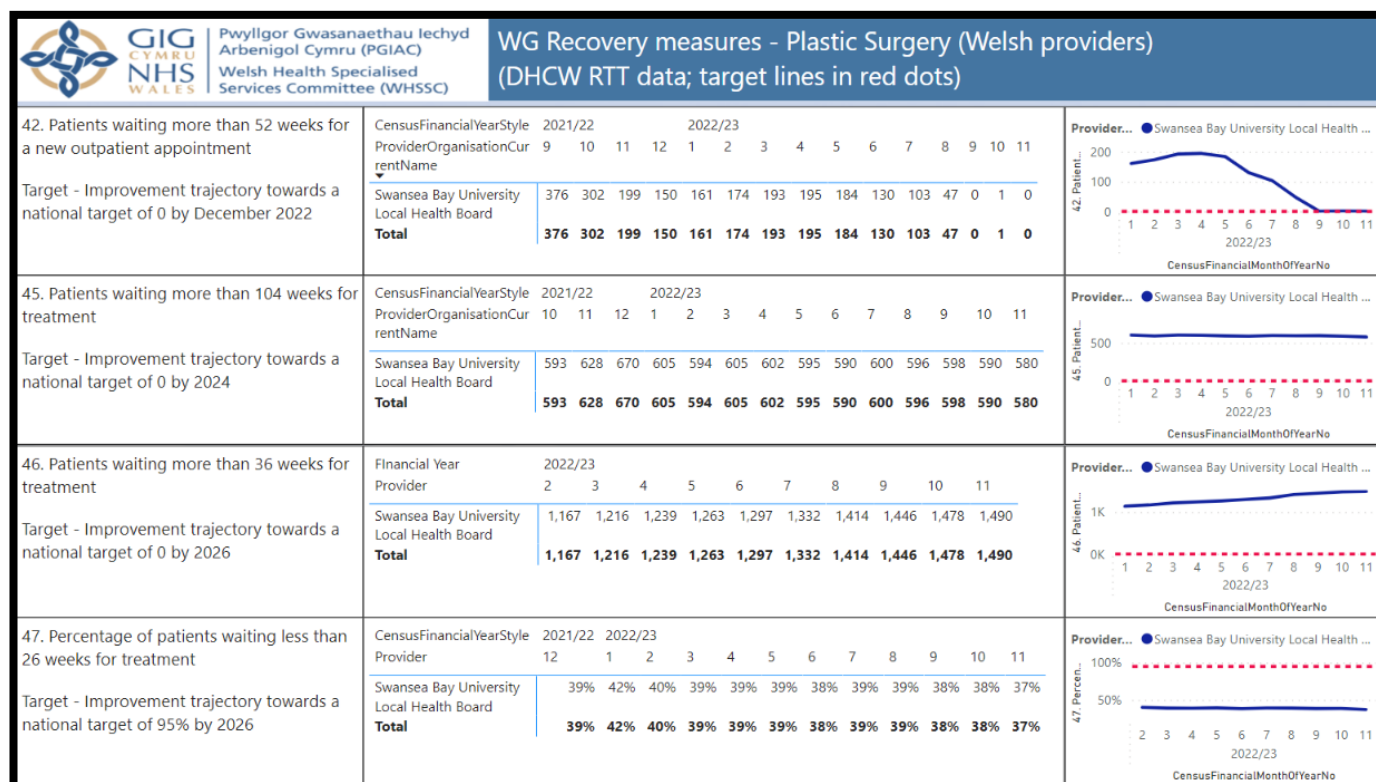
Thoracic Surgery (measures 42, 45-47)



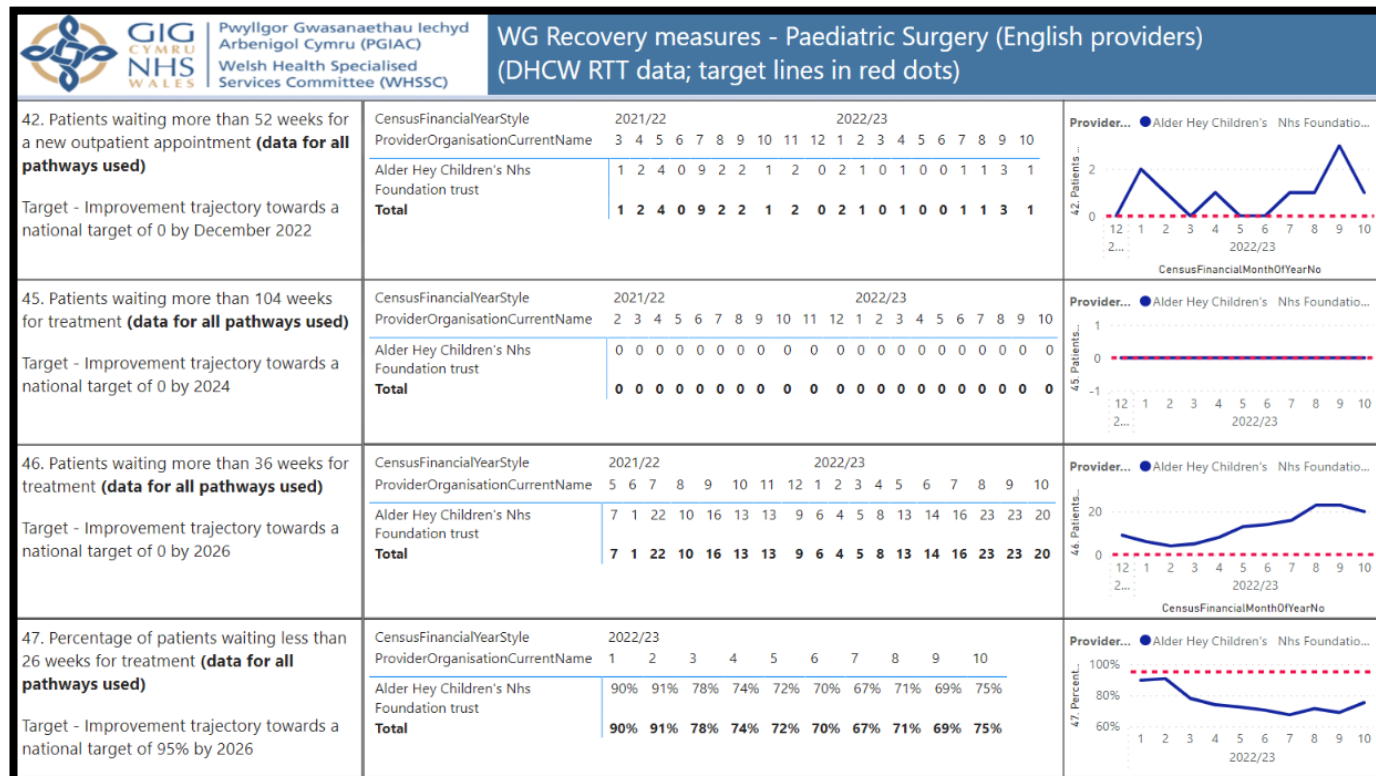
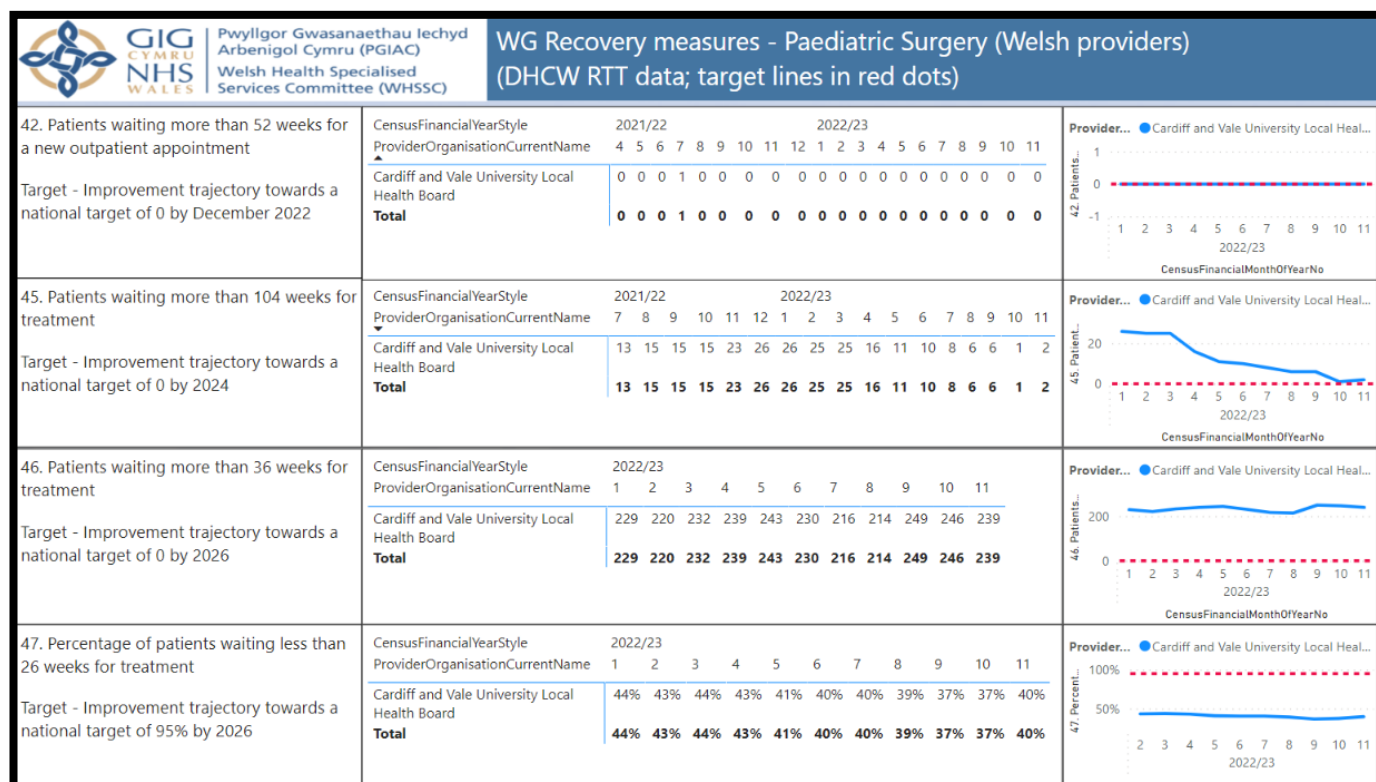
Neurosurgery (measures 42, 45-47)



Plastic Surgery (measures 42, 45-47)



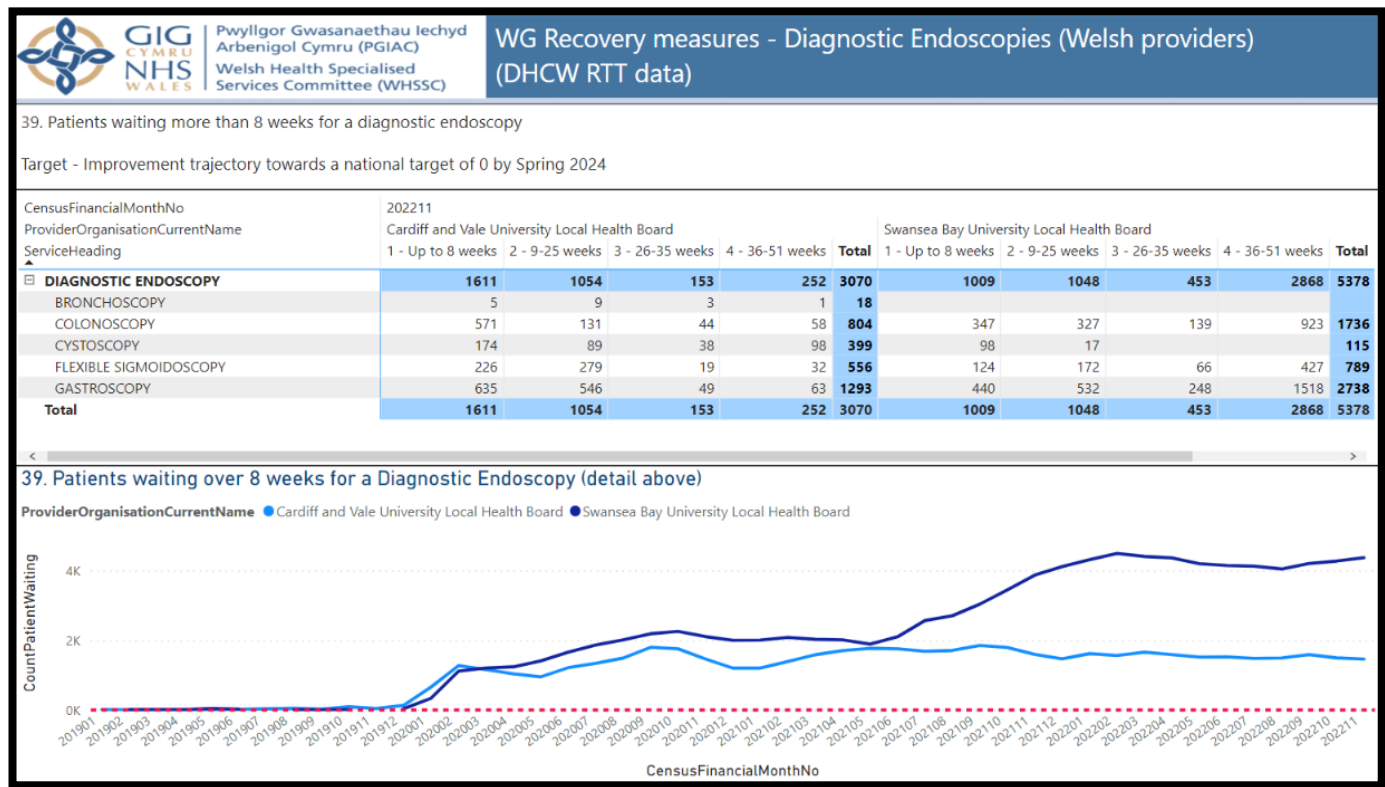
Paediatric Surgery (measures 42, 45-47)



Patients waiting over 8 weeks for a Diagnostic Endoscopy (measure 39)

This measure is derived from a national DHCW dataset around patients waiting for Diagnostics. Specialties are not separated out, hence the figures below relate to the provider as a whole, and will include patients that are not in a pathway relating to specialist treatments.


Please note that only Cardiff & Vale and Swansea Bay figures are shown, as the largest specialist providers, and that the bulk of this activity relates to non-specialist activity not related to WHSSC.



Patients waiting over 8 weeks for Diagnostics (measure 40)

This measure is derived from a national DHCW dataset around patients waiting for Diagnostics. Specialties are not separated out, hence the figures below relate to the provider as a whole, and will include patients that are not in a pathway relating to specialist treatments.


Please note that only Cardiff & Vale and Swansea Bay figures are shown, as the largest specialist providers, and that the bulk of this activity relates to non-specialist activity not related to WHSSC.

 GIG Cymru NHS Wales Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC)										
WG Recovery measures - Diagnostics (Welsh providers)										
40. Patients waiting more than 8 weeks for Diagnostics; target is 0 by Spring 2024										
CensusFinancialMonthNo	202211									
ProviderOrganisationCurrentName	Cardiff and Vale University Local Health Board					Swansea Bay University Local Health Board				
ServiceHeading	1 - Up to 8 weeks	2 - 9-25 weeks	3 - 26-35 weeks	4 - 36-51 weeks	Total	1 - Up to 8 weeks	2 - 9-25 weeks	3 - 26-35 weeks	4 - 36-51 weeks	Total
AUDIOLOGY (ADULT HEARING AIDS)	638	821	226	28	1713	462	53			515
CONSULTANT	638	821	226	28	1713	59	4			63
GP						403	49			452
CARDIOLOGY	2227	761	29	64	3081	1896	328	43	15	2282
BLOOD PRESSURE MONITORING	105	4			109	61				61
CARDIAC COMPUTED TOMOGRAPHY (CARDIAC CT)	105	43			148	191	143	1	3	338
CARDIAC MAGNETIC RESONANCE IMAGING (CARDIAC MRI)	85	92	1	3	181	104	23			127
DIAGNOSTIC ANGIOGRAPHY	45	84	27	11	167	3	3			6
DIAGNOSTIC ELECTROPHYSIOLOGY (EP STUDY)	2	1			3	1				1
DOBUTAMINE STRESS ECHOCARDIOGRAM (DSE)	60	39	1		100	18	9	2	1	30
ECHO CARDIOGRAM	1213	53			1266	876	56	6		938
HEART RHYTHM RECORDING	516	382			898	545	16	1		562
MYOCARDIAL PERFUSION SCANNING	5	27		50	82	43	68	29	8	148
STRESS TEST	65	26			91	49	1			50
TRANS OESOPHAGEAL ECHOCARDIOGRAM (TOE)	26	10			36	5	9	4	3	21
IMAGING	30	2			32	109	30			139
FLUOROSCOPY	30	2			32	109	30			139
NEUROPHYSIOLOGY	44				44	239	171	18	5	433
ELECTROMYOGRAPHY	36				36	159	145	14	1	319
NERVE CONDUCTION STUDIES	8				8	80	26	4	4	114
PHYSIOLOGICAL MEASUREMENT	183	55	5	19	262	426	314	100	100	940
LIMITED CHANNEL CARDIO-RESPIRATORY SLEEP STUDY						169	222	83	98	572
OVERNIGHT PULSE OXIMETRY						149	50	11	2	212
URODYNAMIC TESTS	52	55	5	19	131					
VASCULAR TECHNOLOGY	131				131	108	42	6		156
RADIOLOGY - CONSULTANT REFERRAL	4114	967	17	46	5144	3371	287	24	5	3687
BARIUM ENEMA						5				5
NON CARDIAC COMPUTED TOMOGRAPHY	1014	6	1	2	1023	990	98			1088
NON CARDIAC MAGNETIC RESONANCE IMAGING (MRI)	1630	714	16	44	2404	1206	17			1223
NON CARDIAC NUCLEAR MEDICINE	125				125	229	81	24	5	339
NON-OBSTETRIC ULTRASOUND	1345	247			1592	941	91			1032
RADIOLOGY - GP REFERRAL	3733	713			4446	2332	123			2455
NON CARDIAC COMPUTED TOMOGRAPHY	678	2			680	764	50			814
NON CARDIAC MAGNETIC RESONANCE IMAGING (MRI)	304	94			398	166				166
NON CARDIAC NUCLEAR MEDICINE	12				12	8	2			10
NON-OBSTETRIC ULTRASOUND	2739	617			3356	1394	71			1465
Total	10969	3319	277	157	14722	8835	1306	185	125	10451

Patients waiting over 14 weeks for Therapies (measure 41)

This measure is derived from a national DHCW dataset around patients waiting for Therapies. Specialties are not separated out, hence the figures below relate to the provider as a whole, and will include patients that are not in a pathway relating to specialist treatments.

Please note that only Cardiff & Vale and Swansea Bay figures are shown, as the largest specialist providers, and that the bulk of this activity relates to non-specialist activity not related to WHSSC.

		Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC)		WG Recovery measures - Therapies (Welsh providers) 41. Patients waiting more than 14 weeks for Therapies; target is 0 by Spring 2024							
CensusFinancialMonthNo	202211	Cardiff and Vale University Local Health Board					Swansea Bay University Local Health Board				
ProviderOrganisationCurrentName		1 - Up to 14 weeks	2 - 15-25 weeks	3 - 26-35 weeks	4 - 36-51 weeks	Total	1 - Up to 14 weeks	2 - 15-25 weeks	3 - 26-35 weeks	4 - 36-51 weeks	Total
ServiceHeading											
ARTS THERAPIES							1				1
LEARNING DISABILITIES							1				1
DIETETICS		2197	65	2		2264	682	23			705
ADULTS		1870	65	2		1937	512	23			535
PAEDIATRICS		327				327	170				170
OCCUPATIONAL THERAPY		298	66	18		382	287				287
ADULTS		142				142	89				89
LEARNING DISABILITIES							43				43
MENTAL HEALTH							99				99
PAEDIATRICS		156	66	18		240	56				56
PHYSIOTHERAPY		4088				4088	1531				1531
ADULTS		3881				3881	1357				1357
PAEDIATRICS		207				207	174				174
PODIATRY		1010				1010	1161				1161
ROUTINE		848				848	1072				1072
URGENT		162				162	89				89
SPEECH LANGUAGE		236	39	9		284	302	104	3		409
ADULTS		150	39	9		198	91	2			93
LEARNING DISABILITIES							32				32
PAEDIATRICS		86				86	179	102	3		284
Total		7829	170	29		8028	3964	127	3		4094



Report Title	Financial Performance Report – Month 12 2022-2023			Agenda Item	4.2
Meeting Title	Joint Committee			Meeting Date	16/05/2023
FOI Status	Open/Public				
Author (Job title)	Assistant Director of Finance				
Executive Lead (Job title)	Director of Finance				
Purpose of the Report	<p>The purpose of this report is to set out the yearend financial position for WHSSC for the 12th month of 2022-2023.</p> <p>The financial position is reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan by the Joint Committee in February 2022.</p>				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<p>Recommendation(s)</p> <p>Members are asked to:</p> <ul style="list-style-type: none">Note the current financial position and forecast year-end position.					

WHSSC FINANCIAL PERFORMANCE REPORT MONTH 12 2022-2023

1.0 SITUATION

The purpose of this report is to provide narrative the yearend financial position of WHSSC for the 2022-2023 financial year.

This report will be shared with WHSSC Management Group on 27th April 2023.

2.0 BACKGROUND

The financial position is reported against the 2022/23 baselines following approval of the 2022/23 WHSSC Integrated Commissioning Plan the Joint Committee in February 2022.

3.0 ASSESSMENT

The yearend financial position reported at Month 12 for WHSSC is an underspend of (£10.939m)

The under spend predominantly relates to releasable reserves of (£18m) arising from 2021/22 as a result of WHSSC assisting Health Boards manage resources over financial years on a planned basis, as HBs could not absorb underspends above their own forecasts and to ensure the most effective use of system resources.

Despite the material reported forecast underspend in 2022/23, there are number of underlying cost pressures absorbed within the position such as TAVI activity £5m, English provider activity £5.1m, mental health out of area placements for medium secure £2.5m, eating disorders patients £2.4m and gender activity growth £1.5m.

These pressures are further mitigated by non-recurrent recruitment slippage against plan in the first half of the year and COVID related slippage against growth provisions that will reach saturation in early 2023/24.

In development of the 2023/24 WHSSC ICP the baseline assessment has derived that the underlying deficit carried forward above the current funded baseline is £16.2m.

The 2023/24 ICP was approved at Joint Committee on the 13th February 2023.

4.0 RECOMMENDATIONS

Members are asked to:

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

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan Choose an item.
Link to Integrated Commissioning Plan	This document reports on the ongoing financial performance against the agreed IMTP
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management 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	
Finance/Resource Implications	This document reports on the ongoing financial performance against the agreed IMTP.
Population Health	
Legal Implications (including equality & diversity, socio economic duty etc)	
Long Term Implications (incl WBFG Act 2015)	
Report History (Meeting/Date/ Summary of Outcome)	
Appendices	

FINANCE PERFORMANCE REPORT – MONTH 12

1.0 PURPOSE OF REPORT

The purpose of this report is to set out the financial position for WHSSC for the yearend of 2022-2023 together with any corrective action required.

The narrative of this report excludes the financial position for EASC, which includes WAST & EMRTS provider contracts, EASC and the NCCU team running costs, which are covered in separate Finance Report that is tabled at the EAS Committee. For information purposes, the consolidated position is summarised in the table below:

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	812,321	812,321	801,381	(10,940)	3,285	(10,939)	3,046
EASC (WAST, EMRTS, NCCU)	241,067	241,067	239,905	(1,162)	(1,190)	(1,162)	(1,193)
Total as per Risk-share tables	1,053,388	1,053,388	1,041,286	(12,102)	2,094	(12,101)	1,853

Please note that as LHB's cover any WHSSC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the WHSSC position as reported to Welsh Government is a nil variance.

2.0 BACKGROUND/INTRODUCTION

The financial position is reported against the 2022/23 baselines following approval of the 2022/23 ICP by the Joint Committee in February 2022. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions as the need arises.

The yearend financial position at Month 12 is an underspend of (£10.939m).

NHS England is reported on contract baselines agreed within the post pandemic NHSE framework of 'aligned payments and incentives'. These are reported against the current ICP provision. WHSSC continues to commission in line with the contract intentions agreed as part of the ICP and historic standard PBR

principles, and declines payment for activity that is not compliant with the business rules related to out of time activity.

3.0 GOVERNANCE & CONTRACTING

All budgets have been updated to reflect the 2022/23 ICP, including the full year effects of the 2021/22 approved plan developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2022/23 contract values.

The All Wales Directors of Finance agreed the principles of the 2022/23 contracting framework in recognition this is a transitional year out of the pandemic and recovery need to be incentivised, therefore there are a number of provider protection mitigations applied to the contracting mechanisms, these are:

- A 10% tolerance level for contract underperformance
- Activity above 2019/20 levels to be reimbursed at an enhanced marginal rate of 70%
- Non-admitted patient care activity remains on a block basis

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

Due to COVID and block contracting arrangements the current utilisation shares are based on a 2 year average of 2018/19 and 2019/20 activity. It was agreed by the Finance Sub group that to update utilisation for 2020/21 and 2021/22 activity would be too volatile given the downturn in activity.

4.0 ACTUAL YEAR TO DATE AND FORECAST OVER / (UNDERSPEND) (SUMMARY)

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Previous month Var to date	Current EOYF Variance	Previous month EOYF Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Wales							
Cardiff & Vale University Health Board	276,547	276,547	277,790	1,244	1,073	1,244	1,356
Swansea Bay University Health Board	116,841	116,841	119,988	3,148	1,915	3,148	2,243
Cwm Taf Morgannwg University Health Board	11,084	11,084	12,167	1,083	992	1,083	1,083
Aneurin Bevan Health Board	9,851	9,851	10,497	646	475	646	518
Hywel Dda Health Board	1,735	1,735	1,735	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	45,963	45,963	45,998	35	78	35	83
Velindre NHS Trust	54,292	54,292	52,494	(1,798)	50	(1,798)	55
Sub-total NHS Wales	516,312	516,312	520,670	4,357	4,583	4,357	5,337
Non Welsh SLAs	124,723	124,723	129,800	5,078	3,550	5,078	4,223
IPFR	81,688	81,688	84,656	2,968	542	2,968	849
IVF	5,020	5,020	5,279	259	153	259	235
Mental Health	36,533	36,533	39,764	3,231	2,065	3,231	3,045
Renal	4,959	4,959	4,299	(660)	(369)	(660)	(351)
Prior Year developments	1,928	1,928	5,057	3,129	2,289	3,129	2,497
2020/21 Plan Developments	34,487	34,487	23,360	(11,126)	(10,472)	(11,127)	(11,446)
Direct Running Costs	6,672	6,672	6,537	(136)	(27)	(136)	(334)
Reserves Releases 2019/20	0	0	(18,040)	(18,040)	(16,537)	(18,039)	(18,040)
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
Total Expenditure	812,321	812,321	801,381	(10,940)	(14,224)	(10,939)	(13,985)

The reported position is based on the following:

- NHS Wales activity – provider contract monitoring against the DOF framework principles which includes a tolerances for underperformance and enhanced marginal rates for over-performance.
- NHS England activity – provider contract monitoring against agreed baselines based on the NHSE 'aligned payment and incentives' baselines with actual variances for drugs and devices applied.
- Mental Health & IPFR – live patient data as at the end of the month, plus current funding approvals and block bed capacity.
- Developments – variety of bases, including agreed phasing of funding.

5.0 FINANCIAL POSITION DETAIL - PROVIDERS

Provider positions can be summarised as follows for month 12:

5.1 NHS Wales Providers Summary

2022-23		EOYF Variance		
	Annual Budget £'000	Mth 12 £'000	Mth 11 £'000	Movement £'000
NHS Wales Providers				
Cardiff & Vale University Health Board	276,547	1,244	1,356	(112)
Swansea Bay University Health Board	116,841	3,148	2,243	904
Cwm Taf Morgannwg University Health Board	11,084	1,083	1,083	-
Aneurin Bevan Health Board	9,851	646	518	128
Hywel Dda Health Board	1,735	-	-	-
Betsi Cadwaladr University Health Board Provider	45,963	35	83	(47)
Velindre NHS Trust	54,292	(1,798)	55	(1,853)
Sub-total NHS Wales	516,312	4,357	5,337	(980)

As the table above sets out the overall welsh LTA provider performance had a yearend overspend variance of £4.4m.

The performance reported at Cardiff & Vale and Swansea is largely due to the TAVI performance and the contract framework mitigation as detailed below.

The CTM ICD performance is a result of activity at Bridgend which had no funded baseline in the boundary transfer.

The Velindre underspend is due to a revised outturn drug position which included a number of rebates and commercial discounts not factored into to earlier provider forecasts.

The Welsh contracting framework protection is assessed to have an annual impact of £7.4m across the WHSSC welsh provider LTAs, the commissioner / provider support / benefit matrix is set out below:

FY Forecast Impact of Framework Mitigation	WHSSC LTAs							
	Commissioner HB							
	Aneurin Bevan	Betsi Cadwaladr	Cardiff & Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay	Provider Mitigation Total
Provider	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Cardiff & Vale	(891)	(91)	(1,136)	(593)	(192)	(77)	(191)	(3,171)
Cwm Taf Morgannwg	(68)	0	(117)	(106)	(75)	(9)	(65)	(439)
Velindre Cancer Centre	(305)	0	(223)	(216)	(12)	(17)	(5)	(776)
Swansea Bay	(387)	(184)	(252)	(468)	(645)	(96)	(942)	(2,972)
Total	(1,650)	(274)	(1,727)	(1,382)	(923)	(198)	(1,202)	(7,357)

The 2023/24 ICP assumption is that the contract framework will revert to extant contracting mechanisms in 2023/24 although this is not an agreed all wales position at present.

5.2 NHS England Providers

Yearend position £5.078m overspent

NHS England SLA position reflects the agreed baselines based on the NHSE 'aligned payments and incentives' framework with pass through costs for drugs and devices and an uplift for the revised net cost uplift factor of 3.6% inflation.

The NHSE provider position is relatively stable between December and January. There is a presentational movement as provider Elective Recovery Fund claims have been removed from the SLA reported position and are reported against the COVID activity provision in developments in line with Welsh Government monitoring.

5.3 Individual Patient Commissioning & Non Contract Activity

Yearend position £2.119m overspent

The final outturn position on Vertex Cystic Fibrosis products was £45.1m creating £1.4m variance against the WG funding claimed.

There was a revised yearend position reported for NHSE proton beam therapy due to the high activity occurring in the months 1-9.

5.4 Specialised Mental Health

Yearend position £3.231m overspent

The Mental Health forecast position has declined by a further £187k, reflecting an increase in the approvals for Gender surgery and the increase in surgery capacity coming into operation with new NHSE providers.

5.5 Renal

Yearend position (£0.66m) underspent

£300k improvement in the yearend position due to the Swansea Bay ISP dialysis growth being reported in the LTA settlement.

5.6 Developments and Strategic Priorities

Yearend position (£7.998m) underspent

£1.5m of WG funding for NHSE Elective Recovery Funding is confirmed and including in the Y/E position, against the NHSE provider forecast claim of £0.8m. Provisions are made for a number of outsourcing arrangements currently in place due to capacity constraints at contracted providers.

5.7 WHSSC Running Costs

Yearend position (£0.136m) underspent

There are a number of vacancies and efficiencies in the yearend outturn position that have offset the increased cost pressures from excess energy and insurance.

A number of cost reduction schemes have been identified in development of the Integrated Commissioning Plan and a target 5% saving (£175k) has been applied to the running cost budget for 2023/24.

5.8 Reserves

Yearend position (£18.040m) underspent

No movement to the declared releasable reserves.

6.0 FINANCIAL POSITION DETAIL – BY COMMISSIONERS

The financial arrangements for WHSSC do not allow WHSSC to over or underspend, therefore variances are distributed based on a defined risk sharing mechanism. The following table provides details of how the yearend variances are allocated by LHB and the movement from last month's forecast position

Table 3 – End of Year position by LHB

	Allocation of Variance							
	Total	Cardiff and Vale	SB	Cwm Taf Morgannwg	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Variance M12	(10,939)	(1,979)	(1,134)	(1,250)	(1,303)	(1,589)	277	(3,962)
Variance M11	(13,985)	(2,210)	(1,499)	(1,394)	(2,593)	(1,769)	(215)	(4,305)
Movement	3,046	231	365	145	1,290	180	492	343

7.0 INCOME/EXPENDITURE ASSUMPTIONS

7.1 Income from LHB's

The table below shows the level of income from Health Boards in relation to the IMTP and in-year income adjustments. There are no notified disputes regarding the income assumptions related to the WHSSC IMTP.

Please note that income for WHSSC & EASC elements are aggregated, as both entities cash flows are technically managed through the same bank account. The below table uses the total income to allow reconciliation to the MMR returns;

please refer to the income tables in the monthly risk-sharing file to for a detailed breakdown of commissioner income.

Table 5 – 2022/23 Commissioner Income Expected and Received to Date

	2022/23 Planned Commissioner Income	Income Expected to Date	Actual Income Received to Date	Total Income Accounted to Date	EOY Comm'er Position
	£'000	£'000	£'000	£'000	£'000
Swansea Bay	127,635	127,635	126,845	127,635	(1,165)
Aneurin Bevan	198,450	198,450	197,719	198,449	(1,804)
Betsi Cadwaladr	231,010	231,010	230,146	231,010	(4,307)
Cardiff and Vale	170,431	170,431	165,238	170,431	(2,018)
Cwm Taf Morgannwg	152,616	152,616	150,755	152,616	(1,320)
Hywel Dda	123,235	123,235	120,765	123,235	(1,679)
Powys	50,011	50,011	50,045	50,011	192
Total	1,053,388	1,053,388	1,041,513	1,053,388	(12,101)

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

None

8.0 OVERVIEW OF KEY RISKS / OPPORTUNITIES

None as final reported outturn position.

9.0 PUBLIC SECTOR PAYMENT COMPLIANCE Q4

As at the end of Q4 WHSSC has achieved 99.2% compliance for NHS invoices paid within 30 days by value and 99.3% by number.

For non NHS invoices WHSSC has achieved 97.8% in value for invoices paid within 30 days and 97.6% by number.

This data is updated on a quarterly basis.

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

10. RESPONSES TO ACTION NOTES FROM WG MMR RESPONSES

No action points raised from the month 11 financial report and monitoring returns

11. SLA 2022/23 STATUS UPDATE

All Welsh SLAs were agreed and signed by the end of June 2022.

12. CONFIRMATION OF POSITION REPORT BY THE MD AND DOF



**Sian Lewis,
Managing Director, WHSSC**



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

Report Title	South Wales Trauma Network Delivery Assurance Group Report (Quarter 3 2022/23)			Agenda Item	4.3
Meeting Title	Joint Committee			Meeting Date	16/05/2023
FOI Status	Open				
Author (Job title)	Network Manager				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to provide a summary of the Quarter 3 2022/23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s):

- Members are asked to:
- Note** the full South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) report.

SOUTH WALES TRAUMA NETWORK DELIVERY ASSURANCE GROUP REPORT (QUARTER 3 2022/23)

1.0 SITUATION

The purpose of this report is to provide a summary of the Quarter 3 2022/23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

2.0 BACKGROUND

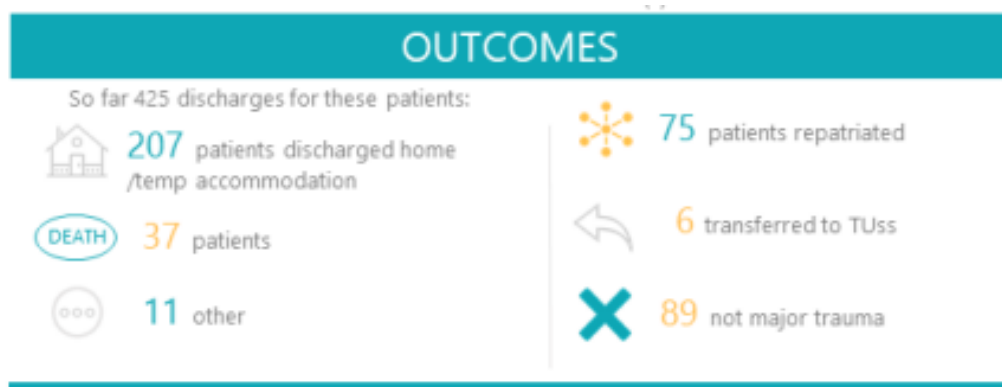
The South Wales Trauma Network was launched in September 2020, with Swansea Bay University Health Board as the network host. WHSCC commissions the Network; assurance on delivery is provided to the Joint Committee via the quarterly Delivery Assurance Group, which includes representatives of all South and Mid Wales Health Boards and the Welsh Ambulance Service NHS Trust.

3.0 ASSESSMENT

The full Q3 SWTN DAG report is included at **Appendix 1**.

3.1 Highlights

- 474 patients were treated in the MTC during Q3, of whom 50% were working age adults, 43% were older adults (65+) and 7% were children. The outcomes for the patients were as follows:



- Since the last quarterly update, the South Wales Trauma Network Interim Clinical Director, Miss Lorraine Harry, has regrettably been required to step down from the role for family reasons. SBUHB, the SWTN and the ODN expressed their thanks for her hard work and wished both her and her family the very best. However, when the interim appointment was made, SBUHB were fortunate to interview two excellent candidates who were both clearly appointable. SBUHB have thus made the decision to offer the

remaining term of the Interim position to the second candidate, Dr Jonathan Lambley who has since been offered the post and accepted,

- Level 1 Emergency Department adult and paediatric nursing training continues across the South Wales Trauma Network and a project to convert the learning portfolio of the Level 1 training into e-learning and linking with 'my ESR' nurse training has begun. Level 2 Emergency Department adult nursing training continues via National Trauma Nursing Core Courses (TNCC), although access to courses remains challenging,
- Although the TARN 2022/23 Q1 dashboards summarised at the Network Governance meeting on 26 January 2023 indicated that no Health Boards had achieved the target of 95% for data accreditation, UHW were the closest at 94.9%, and case ascertainment for CTM TUs had improved dramatically (100+%, 100+% for PCH and POW respectively), with case ascertainment levels in HDUHB and SBUHB both at 100+%,
- The MTC hyper-acute rehabilitation model continues to work effectively and efficiently, resulting in a consistent 57% discharge home. The repatriation model is functioning well and is currently delivering an 81% repatriation rate within 24 hours. In addition, the rehabilitation team and ODN are working alongside WHSSC to formulate a national strategy for specialist rehabilitation within Wales, with the process due to be replicated in the future for paediatrics,
- The planned formal First Year Evaluation (led by the SWTN Quality Improvement lead, members of the ODN and Swansea University) to report the programme's position against the benefits realisation plan in the Programme Business Case has been completed and disseminated widely to SWTN stakeholders,
- The external review process has been completed, with all serious concerns having been addressed by individual Health Boards. The SWTN will continue planned internal reviews and deliver those work streams that have arisen from the recommendations; and
- Prior to Christmas the SWTN led a public awareness campaign (alongside Public Health Wales colleagues) concerning Magnet and Button Battery Ingestion in children.

3.2 Issues and Risks

- **Industrial action** – The report notes that since the last Delivery Assurance Group, both Nursing and WAST colleagues had undertaken periods of industrial action. Although these impacted on the anticipated delivery of a number of projects, the undertaking of detailed planning and the implementation of planned mitigations ensured that any disruption to the operational delivery of major trauma services was kept to a minimum,
- **Rehabilitation** – The report confirms that although addressing rehabilitation needs across the network has been challenging, the SWTN remains committed to providing a network solution for the four funded sessions by ABUHB (continued engagement; mitigation in place for rehabilitation of AB patients provided by the MTC consultants). The same model is also provided for CTMUHB but, with the numbers of consultants

involved, is not sustainable. A further substantive job has been advertised, although it was noted that recruitment for specified rehabilitation sub-specialties such as trauma is difficult owing to a lack of trainees in the specialty; and

- **Major Trauma ICU Capacity** – This continues to be the only red-rated risk on the SWTN Risk Register. ITU to ITU Repatriation Evaluation is ongoing and will be discussed with input from critical care network in Q1 2023-24. The review will be used to compare the number of ICU beds used by major trauma patients in the MTC with the predicted number required and commissioned.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the full South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Major Trauma priorities and benefits realisation
Health and Care Standards	Safe Care Effective Care Individual Care
Principles of Prudent Healthcare	Reduce inappropriate variation Care for Those with the greatest health need first Only do what is needed
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 People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The DAG receives assurance reports which include indicators of quality, safety and experience.
Finance/Resource Implications	The DAG report includes a quarterly update on the major trauma expenditure and strategic priorities.
Population Health	The purpose of the SWTN is to improve access and equity to services to improve population health within South Wales.
Legal Implications	No legal implications have been identified.
Long Term Implications	The outcomes and benefits of the MTN are monitored and assured by the DAG.
Report History	-
Appendices	Appendix 1 – SWTN DAG Q3 Report

South Wales Trauma Network

Operational Delivery Network

Quarterly Delivery Assurance Group Report for Joint Committee

February 2023

This report follows Clinical and Operational Board held on 16th February 2023.

Introduction

The South Wales Trauma Network (SWTN) successfully launched on September 14th 2020.

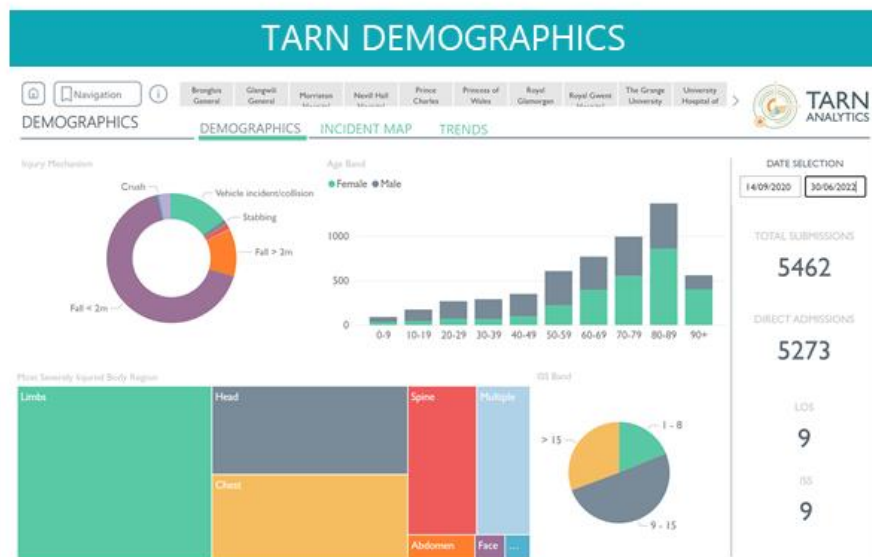
The availability of operational activity and data for the SWTN via the Trauma Audit Research Network (TARN) has enabled both the external peer review and the formal evaluation programme for the operational network to take place. The external Peer Review process took place in late March 2022, and alongside other measurable metrics informed the formal one-year evaluation that was recently undertaken by the SWTN in collaboration with Swansea University. As part of the proposed robust evaluation process for the SWTN, a Welsh Government Gateway 5 Review is due to commence during the forthcoming Spring/Summer, dates are still to be determined with Welsh Government colleagues.

Clinical & Operational Data

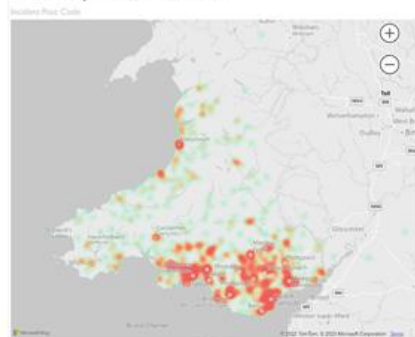
The data presented below represents Quarter 3 of 2022 (1st October -31st December 2022). There are still some IT links that are required to allow the pre hospital data to link with the major trauma database. This will enable a clearer view of the whole patient pathway.

The information being received through TRiDs (Trauma Datix) and the GREATix reports are being used to guide lessons learnt as well as the network education plan.

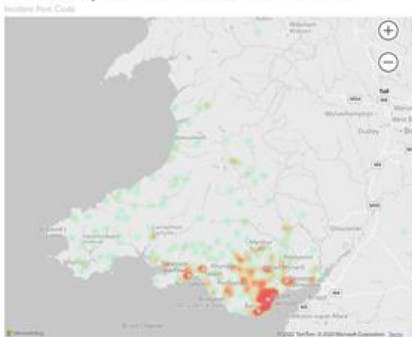
South Wales Trauma Network TARN activity from go live



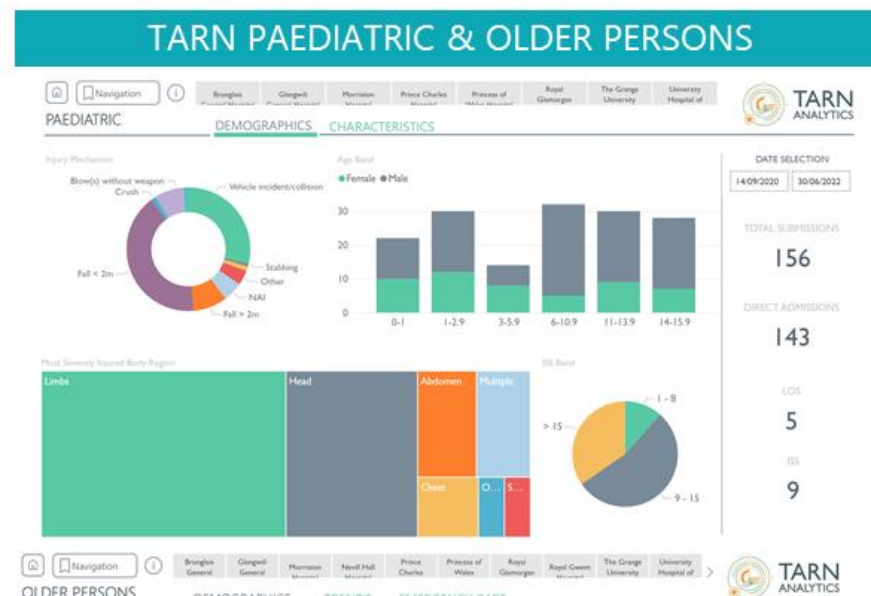
Heat map of all incidents



Heat map of incidents treated at UHW



Case ascertainment was 100+% and data accreditation was 92.4% during 2022/23 Q1. UHW are below the target for case ascertainment



South Wales Trauma Network Major Trauma Database Activity between 1st October 2022 and 31st December 2022.

DEMOGRAPHICS

474 patients treated at the MTC with an incident date between 1st October & 31st December 2022. Of these patients 50% were adults, 7% were paediatric patients and 43% were aged 65+.

* Note that this information has been extracted from the Major Trauma Database. It includes stays at UHW, UHL and Children's Hospital for Wales.

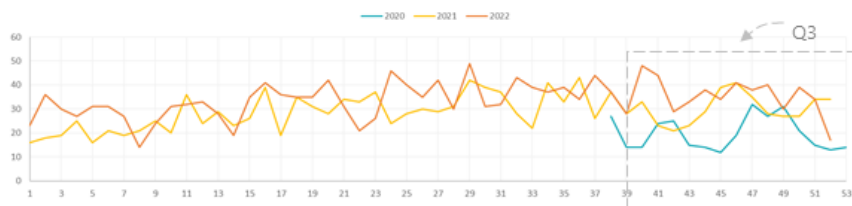
Median age **59**
62% male
NHS **386** (81%) with NHS no.
TARN eligible **386** (81%)

* Note that these figures are based on a small number of cases and patterns are likely to change over time with more cases being added to the database

210 (44%) CAVUHB*
83 (18%) ABUHB
68 (14%) CTMUHB
37 (8%) SBUHB
32 (7%) HDUHB
5 (1%) PTHB
12 (3%) Out of network/Other
27 (6%) Unknown

*196 of the 210 CAV patients were labelled as MTC patients.

DISTRIBUTION OF INCIDENTS BY WEEK NUMBER



Icons by isons8.com

MECHANISM OF INJURY

154 (32%) vehicle incident	198 (42%) fall < 2m	74 (16%) Fall > 2m	9 (2%) stabbing & weapon
<5 burn	<5 suspected self harm	7 (1%) sport	<5 shooting & weapon
<5 suspected high risk behaviour	15 (3%) other	9 (2%) alleged assault	<5 alleged intent (non assault)
<5 skeletal/ Organ/ Vessel Destruction	<5 inconclusive	<5 amputation (total)	<5 amputation (partial)
<5 Non Accidental Injury	<5 non intentional	<5 blow(s)	

OUTCOMES

So far 425 discharges for these patients:

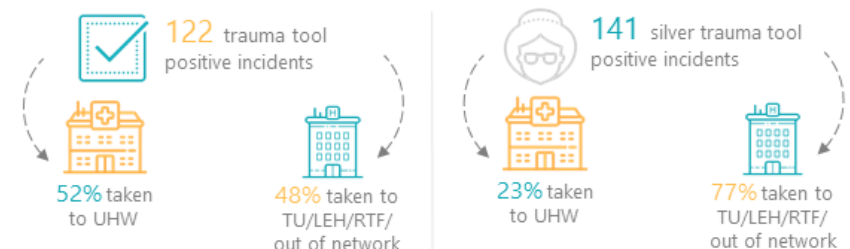
207 patients discharged home /temp accommodation	75 patients repatriated
37 patients	6 transferred to TUs
11 other	89 not major trauma

TUs/LEH/RTFs

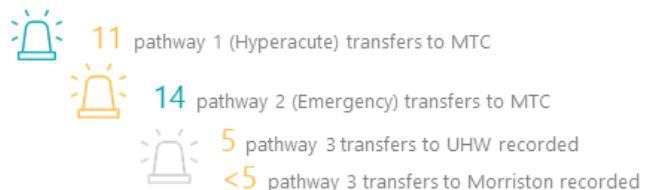
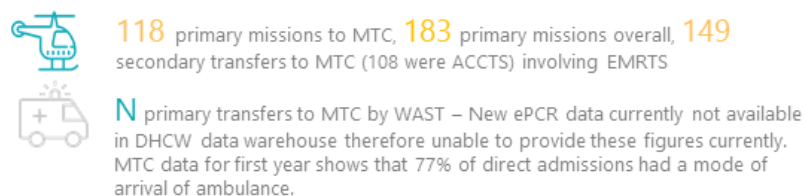
214 patients treated at Morriston in Q3	135 patients treated in HDUHB hospitals in Q3	236 patients treated at GUH in Q3
191 patients treated at CTMUHB hospitals in Q3		

South Wales Trauma Network Activity between 1st October 2022 and 31st December 2022.

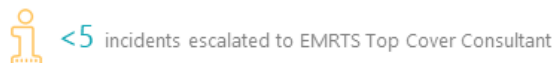
TRAUMA DESK, WAST & EMRTS



* Note that Trauma desk data is at incident level. Therefore, in an RTC, multiple patients would have the same Incident number and we would not be able to differentiate between patients, and trauma tool usage can only be recorded once

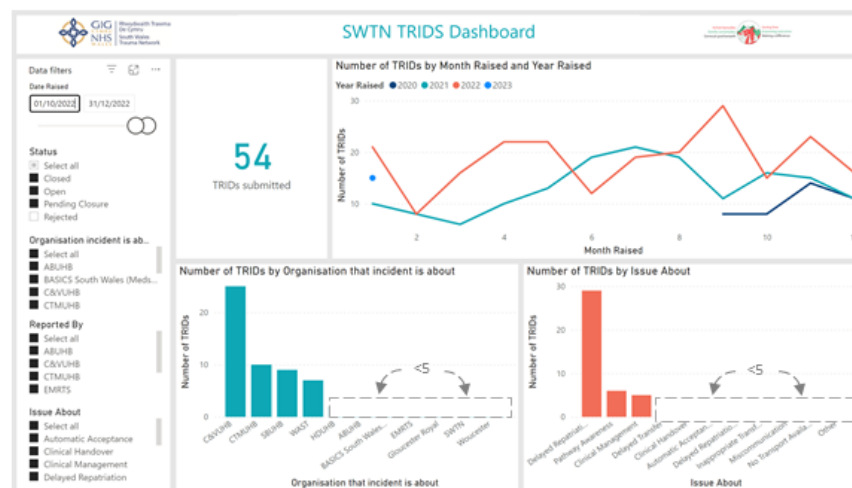


* Note that the figures are under-reported

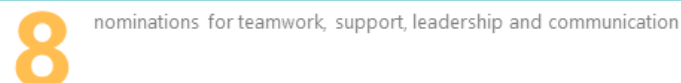


Icons by isons8.com

TRID SUMMARY

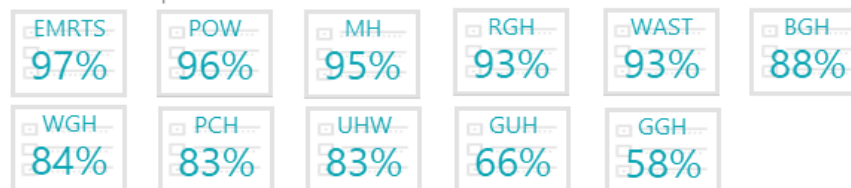


GREATix



SITREP COMPLIANCE

Aim for 90% compliance.



Performance Management & Governance

There has been 1 adult & paediatric case quality review (CQR), followed by a formal governance meeting during the calendar year of 2023 thus far. Should any issues arise between meetings, additional lessons learnt bulletins are distributed to ensure learning is shared timely.

Training and Education

The Level 1 Emergency Department adult and paediatric nursing training continues across the South Wales Trauma Network. A project to convert the learning portfolio of the Level 1 training into e-learning and linking with 'myESR' nurse training has begun. The e-learning aspect is currently in development and will be reviewed by both the SWTN Matron and ED colleagues when complete prior to publishing.

Level 2 Emergency Department adult nursing training continues via National Trauma Nursing Core Courses (TNCC). Access to courses remains challenging. The SWTN education group are exploring more provision of TNCC, and the opportunities that European Trauma Course (ETC) will provide for nursing colleagues across the SWTN. The national NMTNG are continuing the work stream of peer reviewing further courses as Level 2 standard. Progress is being made in the development of a bespoke Level 2 course for the South Wales Trauma Network, in collaboration with Cardiff University. The Network are awaiting the outcome of a panel review of the business case proposal, which should be imminent. An update will be provided at the next Delivery Assurance Group. Plans for the delivery of further Welsh ETC courses are in place for May 2023, instructor case from South Wales region will continue to be built at this course.

The national plan for Level 1 ward nursing e-Learning development continues which we would hope to adopt across the SWTN.

The provision of damage control surgery and damage control orthopaedic surgery courses will continue throughout 2023 within the SWTN with support from the ODN. The ODN has organised 3 Spinal Injury Awareness study days to be rolled out to a minimum of 60 staff across the SWTN.

Insight Discovery days will be held throughout the coming year for the MTP/RC/SWTN community to encourage team working and building at a network level. Dates are to be confirmed.

TARN

TARN 2022/23 Q1 dashboards were summarised and discussed in the Network Governance meeting on 26th January 2023. Note that the dashboards summarised in the reporting schedule provide a snapshot of the data at a fixed time point, therefore, results for measures may have changed since then. Q1 dashboard data quality measures show that no Health Boards achieved the target of 95% for data accreditation, although UHW were the closest at

94.9%. Case ascertainment for CTM TUs has improved dramatically (100+%, 100+% for PCH and POW respectively) and accompanies the case ascertainment levels of HDUHB and SBUHB both at 100+%. Case ascertainment for the MTC has reduced further at 14.6%.

The COB and DAG previously supported the proposal to develop a central TARN Support Manager role as a proof of concept within the ODN structure; a band 6 central TARN Support Manager has been appointed. Susan Evans, formerly a TARN Coordinator at SBUHB began working with the ODN on 23rd January 2023. This is a positive step to ensure the SWTN continue to strive towards the highest quality of data to use to develop our future for the network.

Since commencing the role of TARN support manager on 23 January 2023 Sue has undertaken a scoping exercise to discover current practices at each of the TU's, examined data quality reports, met with the TARN coordinator teams and the major trauma operational management teams. Key issues have been identified across the SWTN regarding the data collection pathways and quality of data being submitted to TARN to ensure improved data collection and subsequent data entry-

- Introduction of a change of practice for identification of trauma cases where required
- Investigation into the provision of retrospective ICD10 case reporting due to coding issues/not currently in use
- Training requirements identified to improve data pathways, accurate data entry and accurate injury descriptions for continuity across the network
- Introduction of the TARN radiology reporting tool to improve injury descriptions relevant to TARN on radiology reports, where not already in use
- An in-depth review of data quality is underway for all sites to further highlight trends in data misses specific to sites, working on a one to one basis to resolve/improve data collection.

The development of a clear improvement project with target key milestones for delivery is now underway in collaboration with the SWTN QI and Research Clinical Lead and the provider Health Boards.

The first version of a quality improvement tool for Time to CT has been distributed to Health Board Trauma Leads. The data covers the 18-month time period following the launch of the network. The ODN have developed ways of displaying each unit's performance on this metric by time of day and grouped the data in ways that may help to identify which patients are likely to have delayed scans. TARN is a rich data source, and we hope to develop more tools of this kind.

Feedback

TRiDs

The TRiD (Trauma Reporting Incident Database) was set up within the DATIX system to allow any incidents that occur anywhere in the network to be reported and investigated.

Due to new All Wales Datix system being unable to support the complexities of managing TRiDs across multiple Health Boards the SWTN has migrated to an internal system on SharePoint, with the support of Delivery Unit, as an interim measure. The system is managed by the ODN team and requests are made to all involved parties for investigation to take place. Outcomes and lessons learnt are shared across the SWTN and form part of the governance programme, lessons learned reports and the network training plan.

This system has been further refined in response to the common TRiD theme of delayed repatriation. This will allow a short form to be completed and shared with the HB concerned bi-weekly. If reasoning for the delayed repatriation is more complex than bed capacity within the response the TRiD will be fed back into the formal TRiD system and investigated appropriately. The developed process will allow for more efficient and efficacious monitoring of delayed repatriation where HB's bed capacity is cited as the issue.

October 2022

There were 15 TRiDs raised in October 2022

Main theme was:
Delayed repatriation

November 2022

There were 24 TRiDs submitted in November 2022

Main theme was:
Delayed repatriation

December 2022

There were 17 TRiDs submitted in December 2022

Main themes were:
Delayed repatriation
Delayed Transfer

GREATix

The GREATix initiative formally acknowledges examples of good practice. The idea is to recognise and celebrate when a team or person has performed well and to promote learning from this. GREATix forms are completed by any member of staff when they see something that has made a positive difference to patient care either directly or indirectly. The ODN share GREATix information and specific learning points across the network at M&Ms and educational meetings (**Appendix 1**).

From September to December 2022 there were 8 GREATix's submitted themes were teamwork and education.

Concerns: Organisational

Since the last Delivery Assurance Group numerous Industrial Action incidences have taken place by both Nursing and WAST colleagues. The industrial action has impacted on the ability to drive many of the anticipated projects forward, however maximum planning and implementation of mitigation has resulted in minimal disruption of the operational delivery of major trauma services. The development of the industrial action through the Winter months have resulted in the SWTN Trauma Desk no longer being considered a derogated service. In response, an urgent task and finish group was assembled with membership from all key stakeholders in order to deliver suitable mitigations. The ODN continues to work with all stakeholders to ensure impact on patient care is minimal and a long term and resilient solution is developed and can be enacted as required in the event of any future suspension of the Trauma Desk service.

The ODN is currently in the process of meeting with all EPRR representatives from Wales, EMRTS, WAST, and Public Health Wales via the National Mass Casualty group in order to ensure the recently updated National Mass Casualty Plan includes the major trauma pathways with regards to patient flow. This was an area of focus highlighted in the recent peer review recommendations and is a Major Trauma Quality Indicator currently not met by the ODN. Due to the impact of the industrial action the originally planned table top exercise with EPRR Leads and the National Mass Casualty group needed to be postponed due to the requirement for planning and mitigation to the industrial action taking priority. The National group hopes to resume the exercise as soon as possible although replacement dates are still to be announced.

The ODN is still committed to engaging and providing support to the rib fixation pathway work stream within South Wales. The MTC have recently highlighted this is a service that currently requires improvement from a major trauma perspective to ensure patients receive the highest standard of care across the SWTN. As a network we continue to ensure the highest quality major trauma service is delivered. A major trauma related task and finish group has been set up by the ODN with representation from the MTC, SBUHB and the National Thoracic Programme in order to explore the required pathway for a rib fixation service for major trauma patients. The inaugural major trauma rib fixation pathway meeting is planned for 17th March 2023.

The phase two investment funding release for the major trauma Orthoplastic Surgery service has recently been approved by WHSSC (Appendix 2). Direct access to the Orthoplastic service in Morriston Hospital for the isolated open fracture pathway is progressing. The ODN recently facilitated a workshop with key stakeholders that was positively received. All agreed with the desire to deliver a gold standard of patient care and

meet the GIRFT standard. The model of maintaining a ring-fenced bed within the plastic surgery unit has been agreed in principle although concerns were raised about the ability to maintain the principle when the pressure is high at the 'front door' although all agreed this would allow appropriate patients access to the highest standard of care directly from the scene of an incident. Research demonstrates that by having direct access, the patient benefits from a reduced length of stay, reduced visits to theatre and a better outcome.

The South Wales Trauma Network ODN will support orthoplastic and operational colleagues at both the MTC and SBUHB to ensure delivery of the orthoplastic service across the network and will report activity and delivery into WHSSC on a quarterly basis. In order to develop the service as described above, monitor delivery of the enhancements and surgical activity against the proposed plans a formal project plan with ODN supported project management has been developed and will launch imminently.

TARN is an essential modality for understanding performance of the network and identifying areas of improvement, therefore it was highlighted in the last DAG there had been a significant drop in case ascertainment due to significant issues across South & West Wales around TARN audit staff. It was previously agreed by DAG that identified WHSSC slippage would support the appointment of a TARN Support Manager as a proof-of-concept role to the ODN to support undeveloped TARN data in South Wales. A nine-month fixed term/secondment post is now in place. The role has had a very positive impact in the 5 weeks since the appointment as described in the earlier TARN section of the report. This role is a positive step to ensure the SWTN continue to strive towards the highest quality of data to develop our future for the network.

The evaluation of the ITU -ITU repatriation process for major trauma patients is ongoing. The ODN are currently completing a patient level analysis into the process to ensure the delivery of best care and to ensure the data presented is accurate in order to influence how we plan major trauma related ICU transfers and the assurance that major trauma patients continue to receive the care that is planned for their recovery. This evaluation will ensure the critical care capacity provision attributed to major trauma was appropriate for the South Wales Trauma Network. This work is ongoing but has been impacted by the pressures on the service, we continue to support the process.

Concerns: Clinical

1) Industrial Action

Foremost in our minds currently, is the ongoing industrial action, by various NHS professionals across Wales, which is having an impact on delivery of the trauma service. Initially, services had been derogated, in line with provision of emergency and urgent care. However, the landscape has changed, as the industrial actions have evolved. Urgent operational meetings and communications across the network have ensured that we can provide as seamless a service as possible, in the circumstances. Mitigations include changes to communications

necessitated by lack of the Trauma Desk, with a direct to Trauma Team Leader model being delivered at the MTC; pathway awareness confirmation although appreciation that those most sick may not get transferred immediately; sitrep information continuing so that all Health Boards appreciate the strain across the service. We hope for a swift resolution to the crisis.

2) External Peer Review

All external peer review serious concerns have now been addressed by each individual Health Board, pending the formal written report from Cwm Taf Morgannwg (to be presented today). This completes the external process. We now continue the internal reviews and work streams that have arisen from the recommendations. CTMUHB have been undergoing strategic overhaul and the new management structure has fully engaged with the network. Trauma Triage Tools have been adjusted for adults and paediatrics, as well as highlighting Trauma in Older People (TOP) formally known as Silver Trauma. Other work streams in place to address ongoing issues that were highlighted are summarised below:

a) Trauma Team Activation

We acknowledge the variable compliance of hospitals within the network in Trauma Team Activation, as previously reported upon. Data presented to Governance gave evidence of the positive correlation of activation of a full team to a trauma in ED, with reduced times to CT scanning and time reviewed by a consultant. We are now auditing this in all trauma delivery facilities to ask why some patients received a trauma call and others did not. This is part of a programme of work described below to address the ODN peer review recommendation.

b) ODN Audit of All Clinical Guidelines and Policies

The peer review recommendation for the ODN included a review and audit of all the clinical guidelines and policies. Terms of Reference have been established and circulated. The first network wide audit will address the serious concern of Trauma Team Activation as described above.

3) Orthoplastics and Change of Disposition of Isolated Open Fractures to Morriston

WHSSC funding was confirmed for the orthoplastic service which is one of the high delivery trauma outputs, reconfigured with the launch of the Network. Open fractures are now treated in an orthoplastics setting, across two hospital sites, aligning with NICE Guidance, Standards for the Management of Open Tibial Fractures and British Orthopaedic Association (BOA) Standards (BOAST), and is reported nationally through TARN. There is still work to do. As noted in the Programme Business Case, there was

a day one “Go live” objective of plastic surgeons present at the MTC 5 days a week. Year 2-3 is to see progression of the model towards a 24/7 fully supported service at the MTC. The model of delivery is a two site one, and the recognition of the role of Morriston Hospital in managing isolated limb open fractures provided crucial data to support further financial resource. Future work streams will examine the service across both hospital sites; identify need for resource to be able to provide a fully supported service at both MTC and TUs; and provide process mapping to ensure seamless flow within Morriston to enable the change in disposition of isolated open fractures direct from scene.

There will be a short presentation from the Orthoplastics Lead at the Delivery Assurance Group meeting.

4) Thoracic Service Reconfiguration and Chest Wall Trauma

The regional Thoracic Service Reconfiguration is a priority at national level, and this will include the management of chest wall trauma with surgical intervention. Following network meetings looking to optimise the rib fixation pathway, a Task and Finish Group has been convened and will have its inaugural meeting 17th March. Stakeholders from all aspects of the service have been included. The management of fractured ribs including pain relief interventions, as well as formal surgical fixation, sustainably and equitably across South and West Wales, is the primary goal.

5) Rehabilitation

It has been a challenge to address the need in rehabilitation medicine across the network. We are still committed to providing a network solution for the 4 funded sessions by ABUHB, and there continues to be engagement, with mitigation in place for rehabilitation of AB patients provided by the MTC consultants. This model is also provided currently for CTMUHB, but with the numbers of consultants involved, is not sustainable. A further substantive job has been advertised, but recruitment for specified rehabilitation sub specialties such as trauma is difficult, because of the lack of trainees in the specialty.

There will be a short presentation from the Rehabilitation Lead of the Network to update the Delivery Assurance Group.

Risk and issues log

There is a live risks and issues log that is presented to the Clinical and Operational Board meetings. The latest Risk and Issue Registers are attached as **Appendix 3 & 4** respectively.

There are currently 25 risks identified. The ODN team have recently undertaken a review of the risks & Issues logs to ensure all are still relevant for the SWTN and removing those that have reduced and/or can be considered at a level to tolerate.

There is one risk that are currently highlighted as a red RAG rating regarding:

- Major Trauma ICU Capacity- 3 ICU beds were commissioned as part of the SWTN however, due to various demand in the MTC ICU capacity transfers have taken place these require investigation regarding the requirement for MTC rehabilitation requirements post patient ICU admission and an evaluation regarding major trauma patients transferred from MTC ICU to TU ICU including their rehabilitation requirements when ICU admission has been stepped down to take place.

Mitigation- ITU to ITU Repatriation Evaluation is ongoing and will be discussed with input from critical care network in Q1 20224. The review will be used to model the number of ICU beds used by major trauma patients in the MTC vs the predicted number required and commissioned.

There are currently 4 live issues.

One issue is high priority, and the mitigations can be found in the attached Issue Register as **Appendix 4:**

- Trauma Team activation- ODN has started a process of benchmarking across other MTNs around 2 tier trauma team activations.

Mitigation- Trauma team activation issues noted across 6 Health Board's via the peer review process. A formal audit to take place within each SWTN provider of adherence against P04 Trauma Team Activation policy. Audit responses to be received at SWTN Clinical Governance meeting in April 2023.

Service Development Update

Rehabilitation

The hyper acute rehabilitation model within the MTC continues to work effectively and efficiently, resulting in a consistent 57% discharge home. The repatriation model is functioning well and is currently delivering an 81% repatriation rate within 24 hours. The ODN monitor this consistently and attempt to appropriately support any delays.

The rehabilitation team and ODN are currently working alongside WHSSC to formulate a National strategy for specialist rehabilitation within Wales, this process is being mirrored within paediatrics. This process is continuing with pace and several work streams have been identified and task and finish groups are meeting regularly to map an accurate picture of current provision and to plan our future services.

The Lead AHP for the network, Lead AHP for MTC and the MTC therapy team have worked closely with the National Major Trauma Rehabilitation Group to develop clinical learning frameworks for therapies within major trauma. The lead AHP for SWTN will now benchmark our current capabilities against this framework to ensure we are able to deliver this for our patients.

We have consulted widely across the network regarding the patient held rehabilitation prescription and this is being increasingly issued to patients with good feedback. This feedback will continue to be monitored and we will deliver to every appropriate patient by April 2023. We are working closely with TARN to ensure that the rehabilitation dataset is easy to access for our TARN coordinators to ensure efficiency and accuracy in this sphere of our TARN submission.

Patient Recorded Outcome Measures (PROMS)

SWTN PROMs project is now live in SBUHB and C&V UHB. The PROMs Project Manager and SWTN AHP Lead have worked closely with Quality Health to provide PROMs electronically to ensure the sustainability of the project across the network. HDdUHB, CTMUHB and ABUHB will begin data entry in March 2023.

The SWTN PROMs is a national pilot project in conjunction with TARN, capturing PROMs from both MTC and TU patients with an Injury Severity Score (ISS) ≥ 9 . Major trauma networks throughout the UK currently capture MTC patients only, therefore the capture and evaluation of the additional PROMs from TU patients could change this practice nationally.

The deployment of a patient held digital platform which enables patients to chart and manage their own rehabilitation journey has encountered some technical difficulties. We will continue to work with the application developers to roll this important innovation out as soon as we are able.

Workforce & Service Development

The ODN met with each of the WHSSC financed services within the SWTN alongside colleagues from WHSSC in order to determine end of year financial position, mirroring the process during the first year of the SWTN. The financial position for each of the aforementioned WHSSC funded service can be found in the financial section of this report. The SWTN process determines the requirements for each of the WHSSC funded partaking organisations in order to offer support, an evaluation perspective and to ensure any strategies and proposals support the overall direction of travel for the SWTN as described in the five-year plan of the Programme Business Case while ensuring local requirements as a result of the lived experience are also incorporated.

Outstanding Service Specification

Unfortunately, the South Wales Trauma Network Interim Clinical Director Miss Lorraine Harry PhD FRCS(Plast) MAcantab has needed to step down from the role for family reasons. SBUHB, the SWTN and the ODN are extremely grateful to Loz for all the hard work she has put in to the post and wish her and her family the very best.

When appointed six months ago, SBUHB were fortunate to interview two excellent candidates who were both clearly appointable. With Loz's departure, SBUHB have made the decision to offer the remaining term of the Interim position to the second candidate, Dr

Jonathan Lambley, who was extremely impressive at interview. Jon has been offered the post and has accepted.

Benefits Realisation

The benefits realisation plan as described in the Programme Business Case details a total of twenty benefits, eleven of which were anticipated to be achieved in year 1 of the Programme going live.

The formal one-year evaluation being led by the SWTN Quality Improvement lead, members of the ODN and Swansea University reflects the current position of the programme against the benefits realisation plan in the Programme Business Case. The one-year evaluation has been completed and has been published widely with SWTN stakeholders.

The table in **Appendix 5** illustrates the aforementioned benefit realisation table including the measureable metrics considered for the One Year Evaluation. The table also includes the SWTN current position against each of the measurable outputs.

Achievements

Leading on a public awareness campaign alongside Public Health Wales colleagues regarding Magnet and Button Battery Ingestion in paediatrics.

Specific Organisational Updates

MTC update

Workforce

The Directorate Management Team (DMT) have submitted bids through WHSSC (in line with the national clinical framework to safely and sustainably deliver our service) in response to the following gaps identified by our first Peer Review; Paediatric Major Trauma Practitioner, Adult Major Trauma Practitioner, Polytrauma co-ordinators, Lead AHP, Plastics nursing. The outcome of the bids is not yet known.

The newly appointed lead for MTC education, Nadiah Spencer, Consultant in Emergency Medicine, will start in March 2023. Kevin Nicholls started as deputy General Manager of MTC in December replacing Dan Jones. The Data Manager has been recruited into the team to support both TARN and other aspects of Major Trauma with reporting, data quality and continued transformation, they will start in March 2023.

TARN

The MTC's Case Ascertainment (volume of TARN cases submitted) in Q2 2022/23 has shown a small improvement from the Q1 2022/23 report, we expect these improvements to continue. The recruitment of the TARN Support Manager to the SWTN will be a benefit to the MTC, bringing experience and expertise to support our TARN co-ordinators and process. Sue is working with us to look for areas we can improve both process and gathering information to impact positively on our TARN performance. The addition of the Data Manager in March 2023 will also lead to improvements in the way we record, report and validate our data.

Activity

The Major Trauma Centre has seen 3725 patients from go-live up to the end of January 2023 with 34% of the patient population categorised as Trauma in the Older Person. The Polytrauma Unit has admitted/treated 1341 patients for the same period, breakdown by Health Board is as follows:

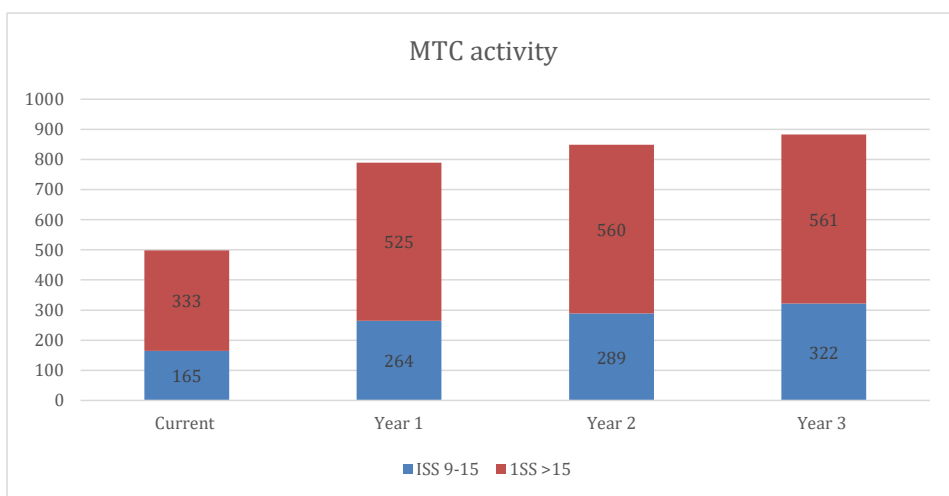
UHB	Number of admissions
Aneurin Bevan UHB	225
Betsi Cadwallader	6
Cardiff & Vale UHB	509

Cwm Taf Morgannwg UHB	198
Hywel DDa UHB	156
Powys LHB	21
Swansea Bay UHB	100
Other	126

Overwhelmingly, a large majority of patients admitted to the PTU are subsequently discharged to their home/place of residence (53%), with 33% repatriated back to their local health board/out of network. The MTC would like to acknowledge and highlight the continued efforts made by the Network and Neighbouring Health Boards in facilitating repatriations and in turn supporting the flow of major trauma patients into the MTC, especially during the challenging periods of industrial action.

The DMT are working with the Information Team at Cardiff and Vale UHB to improve our ability to generate accurate activity data for the service, including the reintroduction of the Major Trauma Centre Dashboard.

The below figures highlight the activity estimated through the original business case, however, the Major Trauma Database suggests that actual activity has been significantly higher. With 1501 patients in 2021 and 1775 patients to the end of 2022.



	<u>Assumed current position</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
<u>Combined Direct to MTC & Transfer TU to MTC</u>	<u>498</u>	<u>789</u>	<u>849</u>	<u>883</u>

As per the business case, National Major Trauma Quality Standards, NICE guideline on Major Trauma Service Delivery (NG40, February 2016) and the Peer Review recommendations,

further work is required to progress discussions surrounding the future expansion of the Polytrauma Unit.

WAST update

The senior paramedic role includes regular team rideouts as part of their responsibility for clinical leadership and supervision. One of the ongoing updates being shared with clinicians is the flow of patients within the SWTN and the major/silver trauma tool and the function of the trauma desk. Senior paramedics have undertaken 2250 rideouts with their teams across Wales.

We had previously updated on the planned introduction of a new resource type which was modelled on attending high acuity incidents across Wales. These include all red calls and other high acuity incidents such as major trauma. The new resource type is called Cymru High Acuity Response Unit (CHARU) and is staffed by experienced paramedics who have completed additional training and education.

CHARU is currently live in 14 locations across. Recruitment has now started to fill the 32 locations identified through the modelling process. This will ensure that some of the benefits to patients are provided equitably in both rural and urban areas across Wales.

Finance update

Finance

This section summarises the forecast expenditure and financial planning assumptions on the WHSSC & EASC commissioned elements of the South Wales Major Trauma Network.

2022/23 Expenditure

The expenditure is reported in January 2023 against the Welsh Government recurrent funding issued through 2021/22 Health Board Allocations with pass through framework inflation of 2.8% applied for 2022/23 plus strategic priority investments agreed through the WHSSC planning process.

	2022/23		
	Allocation	Forecast Spend	Variance
Major Trauma Provider:	£m	£m	£m
Cardiff & Vale MTC	12.701	12.701	0

Swansea Bay MTC element	1.838	1.838	0
Swansea Bay ODN	0.633	0.633	0
WAST Pre Hospital Care	0.658	0.658	0
Major Trauma Total 22/23	15.830	15.830	0

The Q3 recruitment update received from providers confirms there is no anticipated slippage against the funded baselines in 2022/23.

2022/23 Strategic Priorities

A number of capacity and service developments put forward by the major trauma network have been included in the approved WHSSC Integrated Commissioning Plan as strategic priorities for 2022/23.

The following schemes were approved for funding release at the WHSSC management group on 24th November 2022 and are included in the £15.830m 22/23 baseline reported above.

Major Trauma Priorities Strategic Investment

	Recurrent FYE	22/23 Plan PYE
Post / Capacity investment	£	£
Additional Consultant plastic trauma	165,655	124,241
Orthoplastics Theatre Sessions	766,315	383,158
Enhanced Nursing bay for microsurgery	291,000	72,750
18 sessions Additional locum trauma fellowship	248,483	124,242
Total	1,471,453	704,390

Recommendations

The Delivery Assurance Group (DAG) are asked to:

1. Note content of report.
2. Note continuing excellent progress across the work through quarter 3.
3. Identify any risks and issues from this report that require escalation, action or otherwise by DAG members.



Report Title	Corporate Governance Report	Agenda Item	4.4		
Meeting Title	Joint Committee	Meeting Date	16/05/2023		
FOI Status	Open				
Author (Job title)	Corporate Governance Manager				
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services				
Purpose of the Report	The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" 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 the report; and• Approve the Annual Meeting Planner 2023-2023.					

CORPORATE GOVERNANCE REPORT

1.0 SITUATION

The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.

2.0 BACKGROUND

There are a number of corporate governance matters that need to be reported as a regular item in-line with the governance and accountability framework for WHSSC. This report encompasses all such issues as one agenda item.

3.0 ASSESSMENT

3.1 Matters Considered In-Committee

In accordance with the WHSSC Standing Orders, the Joint Committee is required to report any decisions made in private "In-Committee" session, to the next available public meeting of the Joint Committee. An "In-Committee" meeting was held on 14 March 2023 and the following updates were received:

- Minutes of the In Committee Meeting held on 17 January 2023
- South Wales Neonatal Transport Delivery Assurance Group (DAG) Update
- Mother and Baby Unity 1 Year Review
- Any Other Business

3.2 Welsh Health Circulars (WHCs)

Welsh Government (WG) issue Welsh Health Circulars (WHCs) around specific topics. The following WHCs have been received since the last meeting and are available via the WG website, where further details as to the risks and governance issues are available:

- WHC 2022 032 - High-Cost Drug System
- WHC/2023/001 Eliminating hepatitis (B and C) as a public health threat: actions for 2022 to 2023 and 2023 to 2024
- WHC/2023/02 – Faecal immunochemical testing (FIT) in symptomatic colorectal cancer referral
- WHC/2023/03 - Guideline for the Investigation of Moderate or Severe early developmental impairment or intellectual disability (EDI/ID)
- WHC/2023/04 - COVID-10 spring booster 2023
- WHC/2023/06 - Commencement of the Health and Social Care (Quality and Engagement) Wales Act
- WHC/2023/07 - Patient Testing Framework – Updated guidance

3.3 Update on Declaration of Interest Process for 2022-2023

In accordance with the requirements of the WHSSC Standing Orders and the

Standards of Behaviour Framework the WHSSC Declarations of Interest forms were issued on 30 March 2023. A comprehensive written update will be provided to the Integrated Governance Committee (IGC) in June 2023, and to the Joint Committee in July 2023.

3.4 Annual Committee Effectiveness Survey 2022-2023

The annual committee effectiveness survey was issued via email on 6 April 2023, utilising MS forms to enable an efficient yet effective reflection on committee effectiveness. The surveys have been modified for each committee to ensure the questions remain relevant. In addition a comment box has been added for each question to encourage additional narrative. The survey closed on the 28 April 2023 and the findings will be presented to the July Joint Committee meeting.

3.5 Annual Meeting Planner 2023-2023

The annual meeting planner for 2023-2024 is presented at **Appendix 1** for approval.

3.6 Forward Work Plan

The Forward Work Plan is presented at **Appendix 2** for information.

3.7 Virtual Committee Arrangements

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 will continue to be held virtually for the foreseeable future, and face to face meetings will be considered for any key decision making requirements as deemed appropriate by the Chair.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Approve** the Annual Meeting Planner 2023-2023.

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
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the Integrated Governance Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	Not applicable
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc.)	There are no direct legal implications. There are no adverse equality and diversity implications.
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)	18 April 2023 – Integrated Governance Committee (IGC)
Appendices	Appendix 1 - Annual Meeting Planner 2023-2023 Appendix 2 - Forward Work Plan