

WHSSC CORPORATE MEETING SCHEDULE 2023 - 24									
Meetings	CDGB (feeds into MG)	CDGB feeds into JC	Joint Committee	Integrated Governance Committee	Quality & Patient Safety Committee	Management Group	Risk Scrutiny Group	Welsh Kidney Network	CTMUHB Audit & Risk Committee
Feb-23									
Agenda Setting									
Deadline for Papers	02 February 2023		26 January 2023			09 February 2023			
Date of Meeting	06 February 2023		13 February 2023			23 February 2023	31 January 2023		13 February 2023
Mar-23									
Agenda Setting			21 February 2023						
Deadline for Papers	02 March 2023	13 February 2023	28 February 2023			09 March 2023	09 March 2023		
IMs Briefing			08 March 2023						
Date of Meeting	06 March 2023	16 February 2023	14 March 2023			23 March 2023	16 March 2023		
Apr-23									
Agenda Setting									
Deadline for Papers	30 March 2023	17 April 2023		06 April 2023	05 April 2023	12 April 2023			
Date of Meeting	03 April 2023	20 April 2023		18 April 2023	18 April 2023	27 April 2023		04 April 2023	19 April 2023
May-23									
Agenda Setting			25 April 2023						
Deadline for Papers	27 April 2023		28 April 2023			10 May 2023	11 May 2023		
IMs Briefing			10 May 2023						
Date of Meeting	02 May 2023		16 May 2023			25 May 2023	18 May 2023	31 May 2023	
Jun-23									
Agenda Setting									
Deadline for Papers	25 May 2023	22 June 2023		02 June 2023	02 June 2023	07 June 2023			
Date of Meeting	30 May 2023	27 June 2023		13 June 2023	14 June 2023	22 June 2023			21 June 2023
Jul-23									
Agenda Setting			27 June 2023						
Deadline for Papers	29 June 2023		03 July 2023			12 July 2023	13 July 2023		
IMs Briefing			17 July 2023						
Date of Meeting	03 July 2023		18 July 2023			27 July 2023	20 July 2023		
Aug-23									
Agenda Setting									
Deadline for Papers	27 July 2023	18 August 2023		04 August 2023	04 August 2023	09 August 2023			
Date of Meeting	31 July 2023	22 August 2023		15 August 2023	16 August 2023	24 August 2023		03 August 2023	16 August 2023
Sep-23									
Agenda Setting			29 August 2023						
Deadline for Papers	31 August 2023		04 September 2023			13 September 2023	14 September 2023		
IMs Briefing			13 September 2023						
Date of Meeting	04 September 2023		19 September 2023			28 September 2023	21 September 2023		
Oct-23									
Agenda Setting									
Deadline for Papers	28 September 2023	19 October 2023		16 October 2023	13 October 2023	11 October 2023			
Date of Meeting	02 October 2023	23 October 2023		25 October 2023	24 October 2023	26 October 2023		03 October 2023	18 October 2023
Nov-23									
Agenda Setting			31 October 2023						
Deadline for Papers	26 October 2023		06 November 2023			08 November 2023	15 November 2023		
IMs Briefing			15 November 2023						
Date of Meeting	30 October 2023		21 November 2023			23 November 2023	22 November 2023	22 November 2023	
Dec-23									
Agenda Setting									
Deadline for Papers	23 November 2023	07 December 2023		03 December 2023	24 November 2023	29 November 2023			
Date of Meeting	27 November 2023	12 December 2023		13 December 2023	05 December 2023	14 December 2023			13 December 2023
Jan-24									
Agenda Setting			19 December 2023						
Deadline for Papers	28 December 2023		29 December 2023			10 January 2024	11 January 2024		
IMs Briefing			10 January 2024						
Date of Meeting	02 January 2024		16 January 2024			25 January 2024	18 January 2024		
Mar-24									
Agenda Setting			27 February 2024						
Deadline for Papers	29 February 2024		04 March 2024						
IMs Briefing			13 March 2024						
Date of Meeting	04 March 2024		19 March 2024			28 March 2024			

## WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>16 May 2023</b>	Chair's Report  Managing Director's Report  Declarations of Interest  Minutes  Action Log  Forward Work Plan	WHSSC Specialised Services Strategy  Review of specialised commissioning in haematology: Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia  Allogeneic Haematopoietic Stem Cell Transplantation, Salvage Therapy in Non-Hodgkin's Lymphoma and Secondary Immunodeficiency  Thrombotic Thrombocytopenic Purpura	COVID-19 Period Activity Report  Financial Performance Report  Financial Assurance Report  Corporate Governance Matters Report including Full Year Planner  Report from the Chair of the CTMUHB Audit & Risk Committee  Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient</li> </ul>	WHSSC & HB Shared Pathway Saving target – Milestones on Governance System & Process  Sub-Committee Annual Reports 2022-2023  Cochlear and Baha results of engagement process

## WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

		Development of the ICP 2024-2027  Performance Management Framework  Annual Governance Statement  Sub-Committee Terms of Reference	Funding Request Panel - Welsh Kidney Network  South Wales Trauma Network Delivery Assurance Group	
MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>18 July 2023</b>	Chair's Report  Managing Director's Report  Declarations of Interest  Minutes  Action Log  Forward Work Plan	Corporate Risk Assurance Framework  Risk Management Strategy/Joint Committee Assurance Framework (JAF)  Welsh Kidney Network Future Model  IPFR All Wales Policy	COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters Report  Report from the Chair of the CTMUHB Audit & Risk Committee	NHSE funding growth approach – discussion on the variation and impact of investment between Scotland, England and Wales.  Review of the potential impacts on providers in Wales on strategic reinvestment, disinvestment and

## WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

		Review  Annual Review of Committee Effectiveness 2022-2023  WHSSC Annual Report 2022-2023	Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	any subsequent reconfiguration  Ty Llidiard Update
MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>19 September 2023</b>	Chair's Report  Managing Director's Report  Declarations of Interest  Minutes  Action Log	WHSSC Annual Report 2022-2023	COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters Report  Report from the Chair of the CTMUHB Audit & Risk Committee	Paediatric Strategy Improvement Board



## WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

	Forward Work Plan		Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	
MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>21 November 2023</b>	Chair's Report  Managing Director's Report  Declarations of Interest  Minutes  Action Log		COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters Report  Reports from the Joint Sub-Committees	Specialised Paediatric Services 5 year Commissioning Strategy (Bi-annual update)

## WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

	Forward Work Plan		<ul style="list-style-type: none"> <li>- CTMUHB Audit &amp; Risk Committee</li> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> </ul>	
MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>16 January 2024</b>	Chair's Report  Managing Director's Report  Declarations of Interest  Minutes  Action Log  Forward Work Plan		COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters Report  Report from the Chair of the CTMUHB Audit & Risk Committee	

## WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

			Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	
MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
<b>19 March 2024</b>	Chair's Report  Managing Director's Report  Declarations of Interest  Minutes  Action Log		COVID-19 Period Activity Report  Financial Performance Report  Corporate Governance Matters Report  Report from the Chair of the CTMUHB Audit & Risk Committee	

## WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN 2023-2024

	Forward Work Plan		Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- Management Group Briefings</li> <li>- Quality &amp; Patient Safety Committee</li> <li>- Integrated Governance Committee</li> <li>- Individual Patient Funding Request Panel</li> <li>- WRCN</li> </ul>	
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**CTMUHB Audit and Risk Committee – Part 2**  
**Assurance Report**

<b>Reporting Committee</b>	<b>CTMUHB Audit and Risk Committee – Part 2</b>
<b>Chaired by</b>	<b>Patsy Roseblade, Chair of the Audit &amp; Risk Committee (ARC), CTMUHB,</b>
<b>In attendance for WHSSC</b>	<b>Steve Spill, Independent Member – Audit &amp; Finance</b> <b>Stuart Davies, Director of Finance</b> <b>Jacqui Evans, Committee Secretary</b>
<b>Date of Meeting</b>	<b>19 April 2023</b>
<b>Report Author</b>	<b>Committee Secretary</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<p>The CTMUHB Audit &amp; Risk Committee (ARC) provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations. The Memorandum of Agreement (MoA) states that the Audit Lead will provide reports to the Joint Committee following the Host Audit &amp; Risk Committee meetings. This assurance report sets out the key areas of discussion and decision.</p> <p><b>1. National Imaging Academy for Wales (NIAW) Risk Register</b>          Tracy Norris presented the risk register and gave an update on the risks relating to the National Imaging Academy (NIA).</p> <p><b>2. Emergency Ambulance Services Committee (EASC) Update</b>          Stephen Harrhy (SH), Chief Ambulance Services Commissioner (CASC), EASC gave an update on the EASC performance.</p> <p>Gwenan Roberts (GR), Assistant Director of Corporate Governance presented the risk register and advised that it had been extensively reviewed and updated by the EASC Team in February 2023 and will approved by the EAS Joint Committee in May 2023.</p> <p>Members noted that there were five ongoing risks which scored 15 and above.</p> <p>The Committee <b>noted</b> the report.</p>	

### **3. Non-Emergency Patient Transport Services (NEPTS) Presentation**

SH gave a presentation on the Non-Emergency Patient Transport Services (NEPTS).

### **4. WHSSC Corporate Risk Assurance Framework (CRAF)**

Jacqui Evans (JE), Committee Secretary, WHSSC presented the Corporate Risk and Assurance Framework (CRAF). Members noted that:

- As at 31 March 2023, there were 17 risks on the CRAF with a risk score of 15 and above,
- There were 11 commissioning risks, and no new commissioning risks were received during March 2023,
- Two mental health red risks were de-escalated during this period and have been removed from the CRAF.
- There were 6 organisational risks including Individual Patient Funding Request (IPFR) governance and the Welsh Government Delivery measures; and
- At the request of the WHSSC Integrated Governance Committee (IGC) the CRAF has been updated to include reference to the relevant NHS body to which the risk relates to aid understanding.
- At the request of CMUHB ARC, WHSSC have been asked to review the target scores and the consistency of impact of risk scores.

The Committee **noted** the report.

### **5. WHSSC Internal and External Audit Recommendations Tracker**

Stuart Davies (SD), Director of Finance, WHSSC gave a progress report on the implementation of internal and external audit recommendations.

Members noted:

- the summary of internal audits undertaken during 2022-2023 and the assessment ratings,
- that the internal audit recommendations relating to Positron Emission Tomography (PET) had been completed,
- that two recommendations were outstanding in relation to the report on Risk Management, the due dates had been revised to July 2023; and
- the progress made against the seven external audit recommendations outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".

Members noted that a full progress report on the Audit Wales recommendations will be presented to the Joint Committee in July 2023 and a further report progress report will be shared with the Board Secretaries thereafter.

The Committee **noted** the report.

### **6. Internal Audit Review – EASC Ambulance Handovers**

Emma Samways (ES) presented the report and concerning the internal audit review undertaken which had focussed on the adequacy of the systems and controls in place within EASC for aiding health boards in the development of their respective handover improvement plans, their subsequent compilation into an All-Wales plan, and progress monitoring via Integrated Commissioning Action Plans (ICAPs), which started in early 2023. Members noted that the report had provided a substantial assurance rating.

The Committee **noted** the report.

**Matters referred to other Committees**

None

<b>Date of next scheduled meeting</b>	21 June 2023
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**GIG**  
CYMRU  
**NHS**  
WALES

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

## **CORE BRIEF TO MANAGEMENT GROUP MEMBERS**

### **MEETING HELD ON 27 APRIL 2023**

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

#### **1. Welcome and Introductions**

The Chair welcomed members to the meeting noting that, following on from the COVID-19 pandemic, meetings continued to be held via MS Teams.

#### **2. Action Log**

Members received an update on progress against the action log and **noted** the updates.

#### **3. Specialised Services Commissioning Strategy Update**

Members received a verbal update on the work that has been undertaken to develop a ten year strategy for specialised services for the residents of Wales, and the approach to communication and engagement with key stakeholders to support its development.

Members **noted** the update.

#### **4. Managing Director's Report**

Members received the Managing Director's Report and noted updates on:

- **Single Commissioner for Secure Services for Mental Health Services** - Further to the Joint Committee meeting on 10 January 2023 when six of the seven Health Boards (HBs) on the Joint Committee supported a recommendation being made to Welsh Government (WG) that WHSSC should be considered as the single commissioner for the provision of secure Mental Health service in Wales, on the 20 March 2023 WHSSC received confirmation from WG that they accepted the recommendations; and
- **National Skin Camouflage Pilot Service** - An expression of interest request was posted on Sell2Wales in late February to test the market for a national skin camouflage pilot that resulted in the identification of one suitable provider. A request for approval is underway to propose that 'Changing Faces' are awarded the contract.

Members **noted** the report.



## 5. Efficiency and Recommissioning Board Terms of Reference (ToR)

Members received a report seeking approval of the Terms of Reference (ToR) for the Efficiency & Recommissioning Programme Board.

Members noted that on the 14 March 2023 the Joint Committee approved an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target. To support this programme a Project Initiation Document (PID) for a whole Pathway Efficiency and Recommissioning Programme Board was approved by Management Group members on the 23 March 2023 and it was agreed that Terms of Reference would be developed to support the work. Members made some suggestions to add to the document and it was agreed they would be updated and shared.

Members (1) **Noted** the report; and (2) **Approved** the Terms of Reference (ToR) for the Efficiency & Recommissioning Programme Board, subject to the feedback received being incorporated into the document, including additional mechanisms for ensuring closer alignment to individual Health Board (HB) strategies.

## 6. Development of the Integrated Commissioning Plan 2024-27

Members received a report outlining the high level process for the development of the WHSSC Integrated Commissioning Plan (ICP) for 2024-2027.

Members (1) **Noted** the report, (2) **Considered** and **commented** on the timeline; and (3) **Received assurance** on the process.

## 7. Cochlear Implant and Bone Conduction Hearing Implant (BCHI) Engagement and Next Steps

Members received a report outlining the targeted engagement process regarding Cochlear and BCHI services for people in South East Wales, South West Wales and South Powys, which presented the findings from the process and the necessary next steps.

Members (1) **Noted** the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales, (2) **Noted** and **considered** the feedback received from patients, staff and stakeholders with respect commissioning intent, (3) **Supported** the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model; and (4) **Supported** the next steps, specifically the undertaking of a designated provider process; followed by a period of formal consultation; and (5) **Noted** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales.

## **8. Realignment of Plastic Surgery Commissioning – Project Initiation Document**

Members received a report presenting the Project Initiation Document (PID) for the Realignment of Plastic Surgery Commissioning project to members for information.

Members **noted** the report.

## **9. Funding Release – Neuropsychiatry Phase 2A**

Members received a report requesting approval for the release of funding for phase 2A of the All-Wales Neuropsychiatry Scheme submitted to the Integrated Commissioning Plan (ICP) Prioritisation process for 2022-2023.

Members discussed the proposal and requested that the report be updated with additional information concerning peer review data and information reconciling current investment levels with provider stated baseline staffing levels and be brought back to a future meeting for consideration and approval.

Members (1) **Noted** the report; and (2) **Did not Approve** the release of funding for £72k for 2022/23, and £812k for 2023/24 funding for phase 2A of the All-Wales Neuropsychiatry Scheme submitted to the Integrated Commissioning Plan (ICP) Prioritisation process for 2022-2023, and agreed that the report be updated to include additional information and be brought back to a future meeting for consideration and approval.

## **10. Draft Management Group Annual Report 2022-2023**

Members received a report presenting the Management Group (MG) Annual Report for the period 1 April 2022-31 March 2023.

Members (1) **Noted** the report, and (2) **Endorsed** the Management Group Annual Report 2022-2023 from the Chair of the Management Group for forward distribution to the Joint Committee meeting on 16 May 2023.

## **11. Performance Activity Report for Month 11 2022-2023**

Members received a report highlighting the scale of the 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. Members were informed that a refreshed performance report will be used for 2023-24 reporting, using a balanced scorecard approach.

Members noted that the activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted that recovery rates, access comparisons across HBs and waiting lists were also considered, along with the performance measures set out by Welsh Government (WG).

Members **noted** the report.

### **13. Financial Performance Report - Month 12 2022-2023**

Members received the Financial Performance Report for Month 12, which sets out the financial position for WHSSC for the twelfth month of 2022-2023.

The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC ICP by the Joint Committee in February 2022.

The yearend financial position reported at Month 12 for WHSSC is an under spend 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.

Members **noted** the current financial position and forecast year-end position.

### **14. Forward Work Plan**

Members **noted** the forward work plan.



## **CORE BRIEF TO MANAGEMENT GROUP MEMBERS**

### **MEETING HELD ON 23 MARCH 2023**

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

#### **1. Welcome and Introductions**

The Chair welcomed members to the meeting noting that, following on from the COVID-19 pandemic, meetings continued to be held via MS Teams.

#### **2. Action Log**

Members received an update on progress against the action log and **noted** the updates.

#### **3. Managing Director's Report**

Members received the Managing Director's Report and noted updates on:

- **Integrated Commissioning Plan (ICP) 2023-2023**

On the 13 February 2023, the Joint Committee approved the Integrated Commissioning Plan (ICP) in readiness for inclusion in Health Board (HB) Integrated Medium Term Plans (IMTPs). The Joint Committee requested that an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be developed. This was considered by the Joint Committee on 14 March 2023. To progress the work a programme was being developed focussing on further planning and recommissioning work across pathways, working closely with HBs to firm up schemes, and to explore the opportunities of the new Clinical Networks structure concerning pathway redesign. The draft Project Initiation Document (PID) for a Whole Pathway Efficiency and Recommissioning Programme Board was shared with Management Group accompanied by a presentation on the outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target,

- **Spinal Operational Delivery Network (ODN)**

The implementation of the Spinal Operational Delivery Network (ODN) has been delayed due to unforeseen circumstances. The Spinal ODN network manager has been appointed and is reviewing the programme plan. A more detailed update will be presented to the Joint Committee meeting on 16 May 2023,

- **Benchmarking the South Wales and South Powys Spinal Injuries Centre**

Further to the Management Group meeting on 15 December 2022, when it was agreed to support the release of investment for the South Wales Spinal Injuries Rehabilitation Service subject to the circulation of benchmarking data. Additional investment had been allocated which will mean that the Cardiff Spinal Injuries centre will achieve the lower acuity British Society of Rehabilitation Medicine (BSRM) staffing levels for a Level 1 Rehabilitation unit but will not meet BSRM standards at the higher acuity level.

Members **noted** the report.

#### **4. Draft Specialised Services Strategy**

Members received a report and a presentation providing an update on the work that has been undertaken to develop a ten year strategy for specialised services for the residents of Wales, and the approach to communication and engagement with key stakeholders to support its development.

Members noted that 47 responses had been received which included responses from the seven HBs, professional bodies, the third sector and individuals. The feedback received informed the development of the vision, mission, aims and objectives produced. Members discussed the strategic aims and objectives.

Members (1) **Noted the** structure and content of the specialised services strategy, (2) **Supported** the strategic aims and objectives; and (3) **Noted** the further work that was underway to produce a set of detailed actions to support the achievement of the objectives.

#### **5. Adult Congenital Heart Disease: Resilience and Improved Access to Cardiac MRI for ACHD**

Members received a report requesting approval for the release of funding to implement Phase 3 of the Adult Congenital Heart Disease (ACHD) service, a WHSSC Integrated Commissioning Plan (ICP) scheme. The scheme was first prioritised by the Clinical Impact Assessment Group (CIAG) and subsequently approved for inclusion in the WHSSC ICP 2019-2022. It had previously received two planned tranches of WHSSC funding; this report encompassed the third and final phase for which funding had been identified in the ICP.

Members (1) **Noted** the report; and (2) **Approved** the release of funding to implement the Integrated Commissioning Plan scheme for the development of Adult Congenital Heart Disease Service (Phase 3) in South Wales.

#### **6. Percutaneous Mitral Valve Repair Programme – Update Report**

Members received an update on the WHSSC-commissioned Percutaneous Mitral Valve edge-to-edge leaflet repair service provided by Cardiff and Vale University Health Board (CVUHB), which commenced in October

2021. In view of the service having completed a full year of operation, it was agreed that the Health Board (HB) would submit a progress report.

Members (1) **Noted** the Percutaneous Mitral Valve Repair (PMVR) progress report received from Cardiff and Vale University Health Board (CVUHB) and the significant advances made by the service since its inception; and (2) **Noted** the apparent regional inequity and current lack of outreach clinics, and the proposal that both will be further explored at the next CVUHB/WHSSC Cardiac Services Risk, Assurance and Recovery meeting.

## **7. Performance Management Framework**

Members received a report presenting a draft WHSSC Performance Management Framework approach which, subject to approval, will be embedded into WHSSC's business as usual processes, and shared with provider organisations, for transparency and awareness.

Members (1) **Noted** the report, (2) **Supported** the proposed approach for an updated WHSSC Performance Management Framework; and (3) **Supported** the proposed implementation arrangements.

## **8. Funding Release – Neuropsychiatry Phase 2A**

Members received a report requesting approval for the release of funding for phase 2A of the All-Wales Neuropsychiatry Scheme submitted to the Integrated Commissioning Plan (ICP) Prioritisation process for 2022-2023.

Members (1) **Noted** the report; and (2) **Did not approve** the release of funding for £72k for 2022/23, and £812k for 2023/24 funding for phase 2A of the All-Wales Neuropsychiatry Scheme submitted to the Integrated Commissioning Plan (ICP) Prioritisation process for 2022-2023 and asked for the report to be brought back to the next meeting with additional information regarding the variation in access rates to the service.

## **9. Review of specialised commissioning in haematology: Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM)**

Members received a report outlining the main findings and proposals of the report on Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) from the review of specialised commissioning in haematology.

Members (1) **Noted** the re-presentation of the findings of the specialised haematology review in relation to the opportunities, risks and challenges for the Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) service in Wales, (2) **Considered** the options proposed for how specialised commissioning under WHSSC could address the opportunities, risks and challenges in the AML, ALL and HRM services to provide an equitable, high quality and sustainable service for patients in Wales, (3) 6 HBs **Supported** option 4, the phased implementation of option 1 (all Wales MDT) and option 3 (network service model for Wales), as the preferred option and one HB

has committed to confirm their approval within 2 weeks; and (4) **Noted** that the reports and recommendations from the review of specialised commissioning in haematology will be taken to Joint Committee on 16 May 2023 for approval.

#### **10. Performance Activity Report for Month 10 2022-2023**

Members received a report highlighting the scale of the 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.

Members noted that the activity decreases were shown in the context of the potential risk regarding patient harm and of the loss of value from nationally agreed financial block contract arrangements.

Members noted that recovery rates, access comparisons across HBs and waiting lists were also considered, along with the relevant new performance measures set out by Welsh Government (WG).

Members **noted** the report.

#### **11. Financial Performance Report - Month 11 2022-2023**

Members received the Financial Performance Report for Month 11, which set out the financial position for WHSSC for the ninth month of 2022-2023.

The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC ICP by the Joint Committee in February 2022.

The financial position reported at Month 11 for WHSSC was a year-end outturn forecast under spend of (£13.985m). The under spend predominantly related to releasable reserves of (£18m) arising from 2021/22 as a result of WHSSC assisting HBs to 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.

Members **noted** the current financial position and forecast year-end position.

#### **12. Forward Work Plan**

Members **noted** the forward work plan.

#### **13. Any Other Business**

- **Single Commissioner for Secure Mental Health Services –** Members noted that WHSSC had received a letter from Welsh Government accepting the Joint Committee's recommendation that WHSSC should become the single commissioner for low and medium secure services. A PID was being developed for the implementation of the new commissioning arrangements and a progress update

would be provided at a future MG meeting,

- **Updates from the Joint Committee Meeting 14 March 2023:**
  - **Neonatal ODN additional funding** – the Joint Committee approved the release of an additional £54k funding for the Neonatal Transport ODN to allow the implementation of the Operational Delivery Network (ODN) to proceed,
  - **Neonatal cot configuration around Phase 2** – the Joint Committee approved the recommended preferred option and the release of funding in line with the provision within the 2022/25 Integrated Commissioning Plan (ICP) as an interim measure; and did not approve the recommendation of the Management Group for a phase 2 programme of works to be undertaken, but agreed that the NHS Wales Directors of Planning Group consider the approach to reviewing the neonatal service model, aligning with HBs strategic plans, regional work, and key service interdependencies. The output of the discussion will be taken back to the Joint Committee in May.
- **Advanced Therapies Wales (ATW) – Apheresis Status Review**  
– Members noted that in order to fully understand all apheresis services in Wales, the Advanced Therapies Wales (ATW) programme had commissioned a status review of the current service, to include which organisations deliver the services and to what patient population. ATW have issued a letter to each HB CEO and members were requested to ensure that their HB responded to refresh discussions on HBs roles in delivering ATMPs in the future, and how the programme could facilitate this; and
- **Welsh Gender Service (WGS)** – Members noted that there was currently an unfunded in-year cost pressure related to the development of Gender Identity Development Service (GIDS) in NHSE. Discussions were underway with WG regarding the funding of this potential shortfall of an estimated at £300K.





<b>Reporting Committee</b>	<b>All Wales Individual Patient Funding Request (IPFR) Panel</b>
<b>Chaired by</b>	<b>James Hehir</b>
<b>Lead Executive Director</b>	<b>Director of Nursing and Quality Assurance</b>
<b>Date of last meeting</b>	<b>WHSSC IPFR Panel meeting 20 April 2023 (meeting twice monthly)</b>

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

There have been no issues with achieving quoracy for the 4 Panel meetings held in April and March 2023. To prevent last minute cancellation Panel members have been sent a reminder days before the meeting to confirm attendance.

The following table demonstrates the number of requests considered at the Chair's Action Panel meetings and All Wales IPFR Panel meetings during this reporting period.

	<b>Number of Requests discussed as Chair's Actions</b>	<b>Number of Requests discussed by WHSSC IPFR Panel</b>
<b>March</b>	1	12
<b>April</b>	0	14

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

**All Wales IPFR Policy Review**

The final draft of the All-Wales Individual Patient Funding Panel (IPFR) Policy will be presented to the Joint Committee in July 2023. It has not been possible to complete the work in time for the May committee meeting because of availability of the Kings Counsel to consider the draft which has now been agreed by WHSSC and stakeholders.

**IPFR Workshop - Tuesday 28 February 2023 Cardiff City Stadium**

Professor James Coulson, Interim Clinical Director, All Wales Therapeutics and Toxicology Centre (AWTTC) chaired this event which was well attended. The delegates found the sessions very informative and the main feedback received after the event included:

- The requirement for continued training and support for clinicians in making IPFR applications. AWTTTC and the IPFR Network will be collectively working over the next few months to look at ways of providing additional access to resources and advice.
- The need to train and support Panel members, especially Lay members.
- The importance of receiving and reporting IPFR outcome data to assess the clinical effectiveness of medicines and non-medicines and inform future policy and strategic developments.

#### **Matters requiring Committee level consideration and/or approval**

- None

#### **Matters referred to other Committees**

- None

Confirmed Minutes for each of the meetings are available on request.

<b>Date of next meeting</b>	<b>4 May 2023</b>
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<b>Reporting Committee</b>	<b>Integrated Governance Committee (IGC)</b>
<b>Chaired by</b>	<b>WHSSC Chair</b>
<b>Lead Executive Director</b>	<b>Committee Secretary</b>
<b>Date of last meeting</b>	<b>18 April 2023</b>

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

The Integrated Governance Committee (IGC) scrutinises evidence and information brought before it in relation to activities and potential risks, which impact on the services commissioned by the Welsh Health Specialised Services Committee (WHSSC) and provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

Meetings continue to be held via MS Teams.

**18 April 2023**

**1.0 DEVELOPMENT OF THE INTEGRATED COMMISSIONING PLAN 2024-25**

Members received a report providing an outline of the high-level process for the development of the WHSSC Integrated Commissioning Plan (ICP) for 2024-2025. Each year WHSSC develops an Integrated Commissioning Plan on behalf of the 7 Health Boards (HBs) in Wales and in response to the Welsh Government Planning Guidance.

Members noted:

- There is an intention to become a more strategic organisation and to build on the well-established and robust prioritisation processes,
- CIAG submissions and Horizon scanning will continue to take place as usual,
- The upfront planning and engagement sessions with Health Boards following some of the feedback received in response to the strategy has been considered and this will ensure that WHSSC link in with HBs to reflect their priorities and strategies. The on-going engagement with HBs will be an important part of developing the next ICP,
- Regarding those portfolios that already have strategies in place, such as mental health and women & children, the commissioning intentions will reflect the strategic intent already developed as part of the strategies,
- Building on the learning from this year and from the conversations with JC around landing the plan in a constrained financial environment, it is clear that benchmarking work, best practice, and improving value from within core resources will be vital. This year was more reactive due to economic climate, but the intention going forward is to build in an up-front programme of work.

Members discussed some of the learning from the last year. The recent Specialised Services Strategy Workshop provided a clear steer that WHSSC had permission to work on pathway issues but to be selective and work on some key areas. Following the discussions, NJ agreed to update the timeline to incorporate a review of progress against the 1% saving.

## **2.0 PROGRESS UPDATE ON DELIVERING THE INTEGRATED COMMISSIONING PLAN 2022-2023 – QUARTER 4**

Members received a Quarter 4 update and it was highlighted that that the majority of actions and timeline were revised throughout the year to help HBs manage their financial plans. It was a decision of the JC that many of the actions would be back loaded into Quarter 3 and 4. A more balanced workload is included within the ICP for 2023-24, based on the learning from delivery of the 2022-2023 plan. As at the end of quarter 4, delivery is not where WHSSC would wish, as there were a number of delayed actions not completed, partly attributable to the back loading of workloads by both WHSSC and HBs.

Members noted:

- The challenges with providers due to work pressures continued to impact into Quarter 4. Most notably the Paediatric business cases were only received at the end of March 2023 as these were delayed going through their own HB process.
- All the investment decisions in the plan have now been completed and those will improve services and the experiences of patients.
- Many of the areas that have been delayed include Cancer and Blood and Mental Health and they will be incorporated into the work-plan for this year. Some are at the stage of being incorporated into business as usual (BAU). There is also the opportunity this year to review previous investments, which will be built into the work-plan as we take forward more strategic work.

Members questioned the impact of delays to new developments and schemes and members were assured that concerns have been recorded formally within provider SLA meetings and WHSSC have put on record their disappointment with the delays in the Paediatric Business Cases.

Members queried how unfinished items would be tracked and members were assured that any outstanding actions would go into a new work plan for this year as well as the new actions for the 2023-2024 ICP. NJ confirmed a piece of change control would be undertaken to make it clear for members what actions have been moved into business as usual (BAU) and this will form the basis of the reporting going forward.

Members discussed the implications of the financial pressures and received assurance that any risks would be closely monitored.

### **3.0 SERVICE IMPROVEMENT AND INNOVATIONS DAYS**

The report which provided an update on the Service Improvement and Innovation Workshops and similar externally organised events in the last 6 months was received. CB noted that the workshops facilitate joint working, strengthen relationships and provide an opportunity for shared learning in a focused approach for clinical teams and WHSSC. The one key component was to support and strengthen the reporting of patient outcomes and experience, sharing of best practice and benchmarking across commissioned services. The report demonstrated the positive work that had been achieved and undertaken by clinicians.

### **4.0 CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)**

Members received a report outlining WHSSC's current risks scoring 15 or above on the commissioning teams and directorate risk registers. Members noted the updates in red and the provider tab that had been added so that individuals who are outside the organisation can see which provider delivers each service.

There were currently 17 open risks on the CRAF - 11 commissioning risks and 6 organisational risks.

It was noted 2 Mental Health risks were de-escalated and removed from the CRAF, which were both in relation to Learning Disabilities.

The organisational IPFR risk has remained at a red 20. A report will be going to JC in July 2023 with a request that JC approve the updated Policy changes following the recent Judicial Review. The ToR were approved in March 2023 and the implementation for the new ToR is underway.

### **5.0 SUMMARY OF SERVICES IN ESCALATION**

A new updated report template presenting a summary of the services in escalation (as reported within the Programme Reports) was received. These included:

- Burns – Cancer and Blood, Level 3
- Ty Llidiard – Mental Health, Level 3
- Cardiac CVUHB, Level 3
- Cardiac SBUHB, Level 2
- Paediatric Surgery, Women and Children, Level 3

The report will be discussed in detail in QPSC. CB noted it was important for IGC members to have sight of the report and to review the services in escalation alongside the CRAF.

The report aims to demonstrate the level of escalation and progress made during the period of time the escalation status is open. It provides a greater level of detail for IMs, with updates are shown in red for completeness.

## **6.0 WELSH KIDNEY NETWORK**

Members received update on the WKN Governance Action Plan. KP confirmed that the action plan recommendations had been developed and agreed and would be monitored through the WKN Board. It was last presented at the WKN Board on 4<sup>th</sup> April 2023.

The WKN Annual Report 2022-2023 was shared with IGC members and the ToR had been substantially re-written following the governance review and they were signed off at the WKN Board meeting. The purpose and membership now reflect what the network does. The report is now much clearer on the roles and responsibilities of members. However, as the future of the WKN becomes clearer the ToR will need to be updated further to reflect the future direction of the Network.

## **7.0 DRAFT ANNUAL GOVERNANCE STATEMENT 2022-2023**

A report presenting the draft Annual Governance Statement (AGS) for 2022-2023 for WHSSC was received. JE provided a useful summary of the Governance Framework and explained that the final version would be submitted to the JC in May 2023.

The AGS publicly demonstrates the management and control of resources and the extent to which it complies with its own code of governance, including how WHSSC has monitored and evaluated the effectiveness of its governance arrangements. The statement brings together all disclosures relating to governance, risk and control in one place. It also provides assurance to the Joint Committee and individual HBs on the processes and procedures in place to enable WHSSC to carry out its functions effectively.

## **8.0 DRAFT INTEGRATED GOVERNANCE COMMITTEE ANNUAL REPORT 2022-2023**

Members received the draft Integrated Governance Committee Annual Report 2022-2023 for consideration.

Members noted:

- To ensure effective governance all of the sub committees are required to submit an annual report to joint committee in accordance with the WHSSC standing orders; and
- The report provides assurance on how the Committee has met its ToR during the financial year, setting out its activities during the year and detailing the results of a review of its performance.

The report will be presented to the May 2023 JC.

## **9.0 ANNUAL REVIEW OF THE INTEGRATED GOVERNANCE TERMS OF REFERENCE**

Members noted that the draft ToR had been substantially updated last year and for this year, the proposed changes were limited to minor updates to reflect changes to the WKN name and other small administrative updates. Members noted that following the review into National Commissioning they would be updated further to align with the outcome. Members approved the minor amendments to the IGC ToR and noted these would be presented to the May 2023 JC.

## **10.0 CORPORATE GOVERNANCE REPORT**

Members noted:

- WHSSC would be in a position to recruit a third IM in the next few weeks. The IPFR interim Chair's post has been extended to allow substantive recruitment into this position.

A verbal update on the Declarations of Interest (DOI) process was provided and members noted that the majority of DOI have been received from the JC members.

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

The financial constraints and the continued impact on the planned delivery of the ICP for 2022-2023 has led to delays in the commencement of a number of schemes and developments.

### **Matters requiring Joint Committee level consideration and/or approval**

The ToR and the Annual Report.

### **Matters referred to other Committees**

None

The confirmed Minutes for IGC meetings are available on request

### **Date of next meeting**

13 June 2023

<b>Reporting Committee</b>	<b>Quality Patient Safety Committee (QPSC)</b>
<b>Chaired by</b>	<b>Ceri Phillips</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>18 April 2023</b>
<b>Summary of key matters considered by the Committee and any related decisions made</b>	
<b>1.0 MAJOR TRAUMA PRESENTATION – SOUTH WALES TRAUMA NETWORK</b>	
<p>Members received an informative presentation from the South Wales Trauma Network Manager, which outlined the background of the South Wales Trauma Network (SWTN) and provided an update following the Peer Review which had been undertaken in March 2022.</p> <p>The peer review outlined a number of areas of good practice with no immediate risks raised across the South Wales Trauma Network (SWTN) which was extremely positive.</p> <p>Members noted that, thanks to the commitment of the staff and support networks available to them, the progress on improvement had already started to take shape.</p>	
<b>2.0 WELSH KIDNEY NETWORK (WKN)</b>	
<p>Members received a report outlining the current Quality Patient Safety (QPS) issues within the services that are commissioned by the Welsh Kidney Network (WKN) across Wales.</p> <p>Members noted that the risk register for the WKN had been reviewed and discussed in the WKN QPS meeting on 9 March 2023, and WKN Board meeting on 4 April 2023 and that there were 14 items on the current WKN risk register.</p> <p>Members were informed that the Annual Renal meeting would be taking place in Newport this year as part of 'Kidney Week'.</p>	
<b>3.0 COMMISSIONING TEAM AND NETWORK UPDATES</b>	
<p>Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points</p>	



for each service are summarised below and updates regarding services in escalation are attached in the tables at the end of the report.

### **3.1 Cancer & Blood**

Workforce issues within the Neuro Endocrine Tumour Service (NETS) have been addressed with the support of a visiting consultant with NET expertise to oversee the delivery of the service. A full review of the service with stakeholders is planned in the near future with the aim of finding a sustainable solution going forward.

A number of issues have been raised around access to the Extracorporeal Membrane Oxygenation (ECMO) pathway at Guy's and St Thomas. A meeting has taken place with them to discuss the pathway access and prioritisation. Clinical links will be established with services in Wales to review the cases via a Harms Review and data is to be shared with WHSSC regarding numbers accessing the services from Wales.

The findings of this Harm Review will be shared with the committee once completed.

### **3.2 Neurosciences**

There were no changes in risks since the last update and no services were in escalation.

Members noted that the engagement period for the Cochlear Implant and Bone Conduction Hearing Implant Service had now concluded and findings were being presented to Management Group for consideration prior to Joint Committee (JC) in May 2023.

### **3.3 Cardiac**

Within the Cardiac surgery services, there had been significant improvements across all areas in escalation and no new risks had been added to the Risk Register since the last report.

Members noted the improved joint working between CVUHB and SBUHB Cardiac Services. Liverpool Heart and Chest Service had worked with CVUHB and SBUHB to share examples of their initiatives in place around recruitment and retention.

Members noted the Newsletter from the Adult Congenital Heart Disease Team promoting heart health awareness and the work that was ongoing in this area.

### **3.4 Women & Children**

- **Paediatric Surgery**

Members noted the issues in relation to the waiting list and the actions in place to improve the situation following further escalation to Level 3 in February 2023. It was noted that C&VUHB are now engaging and providing weekly update

reports to enable monitoring activity levels in real time and regular Executive led escalation meetings were in place.

Waiting times had decreased to meet the Ministerial waiting time of 104 weeks as at the end of March 2023. However, because this relates to children WHSSC have requested further significant reduction to 52 weeks over the next year and will work with the HB to support them in achieving that.

- **Paediatric Intensive Care Unit (PICU)**

There had been considerable focus on PICU over the last quarter and as a result, weekly SitRep meetings led by Welsh Government (WG) were put in place and have shown that there continued to be increased pressure in PICU services across the UK in relation to recovery from the pandemic. Members were informed that HIW had written to the Cardiff & Vale University Health Board raising a number of concerns. WHSSC had recently received the response which along with the findings from a pressure damage report would be considered to determine the level of escalation attributed to the service.

### **3.5 Mental Health & Vulnerable Groups**

Members noted the following key updates:

- A pre inquest hearing has taken place recently regarding the death of a patient whilst in a Women's Enhanced Medium Secure Unit in West London. The date for the full hearing has not been confirmed to date.
- SBUHB Caswell Medium Secure Adult Mental Health Unit is developing a strategy to reshape the delivery of inpatient care and are currently looking at securing more funding to increase the number of seclusion suites on each ward for patients with a more challenging presentation. Members noted that the repatriation programme was going as hoped and there was an expectation that increased numbers of patients would be admitted to the clinic by the end of May.
- The committee received a detailed summary regarding the Gender Development Service (GIDS) for Children and Young People. Some early discussions have taken place with CVUHB regarding the potential for a regional model linked to the Children's Hospital sometime in the future.

### **3.6 Intestinal Failure (IF) – Home Parenteral Nutrition**

Members noted the report highlighting the contractual and inflation risks which had now been mitigated and reduced or closed providing stability to the service going forward.

## **4.0 OTHER REPORTS RECEIVED**

Members received reports on the following:

### **4.1 Services in Escalation Summary**

Members noted the content of the report and the new format template. The new format of the report aims to provide an escalation trajectory to capture both the historical picture and movement within the escalation



level. Members noted the five services in escalation level 3 and above and the updates:

- Ty Lliard had been lowered to escalation level 3 from 4 in December 2022,
- Paediatric Surgery C&VUHB had been escalated to level 3 in March 2023,
- There had been no changes in escalation levels to the other services.

Members provided positive comments on the new template and found it very helpful providing an overall snapshot with the narrative for the detail. A copy of each of the services in escalation is attached to the report Appendix 1

## **4.2 Quality Newsletter**

Members received a copy of the Quarterly Newsletter which is also available bilingually. A copy is attached to the report **Appendix 2**

## **4.3 QPSC Annual Report 2022-2023**

Members received the QPSC Draft Annual Report outlining all activities undertaken by the QPSC over the last year. Members approved the draft report noting that any formatting issues would be resolved prior to submission to JC.

## **4.4 QPSC Terms of Reference**

Members received the Draft Terms of Reference (ToR) to consider the changes to the report. Members supported the approach to undertake a minimal review. Members noted that following the Review into National Commissioning they would be updated further to align with the outcome.

## **4.5 CRAF Risk Assurance Framework**

Members received a report outlining WHSSC's current risks scoring 15 or above on the commissioning teams and directorate risk registers. Members noted the updates in red and the provider tab that had been added so that individuals who are outside the organisation can see which provider delivers each service.

## **4.6 Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update**

A briefing on Healthcare Inspectorate Wales (HIW) and Care Quality Commission (CQC) reports published during the period January to March 2023 was presented to the committee.

## **4.7 Incident and Concerns report**

Members received a report outlining the incidents and concerns reported to WHSSC and the actions taken for assurance. The report presented also included an in-depth review of the cardiac incidents reported. This was following queries raised by members at the last meeting requesting further assurance.

Members noted the content of the report and the additional context provided for each of the incidents.



#### **4.8 Service Improvement and Innovation Days**

Members received a report providing an update on the Service Improvement and Innovation Days and similar externally organised events relating to specialised services.

Members noted the content of the report, the summary of activities, aims and key points of learning and sharing. The report demonstrated the positive work that had been achieved and undertaken by clinicians

#### **5.0 ITEMS FOR INFORMATION:**

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee 16 March 2023
- QPSC Distribution List; and
- QPSC Forward Work Plan.

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

Key risks are highlighted in the narrative above.

#### **Summary of services in Escalation**

- Attached (***Appendix 1***)

#### **Matters requiring Committee level consideration and/or approval**

- QPSC Annual report 2022-2023
- QPSC Terms of Reference

#### **Matters referred to other Committees**

As above.

Confirmed minutes for the meeting are available upon request

#### **Date of Next Scheduled Meeting**

14 June 2023 at 14.00hrs

Executive Director Lead: Nicola Johnson  
 Commissioning Lead: Luke Archard  
 Commissioning Team: Cancer and Blood

Date of Escalation Meetings: 27/09/22,  
 01/12/2022, 03/03/2023, 03/05/2023

Date Last Reviewed by Quality & Patient Safety  
 Committee: 18/04/2023

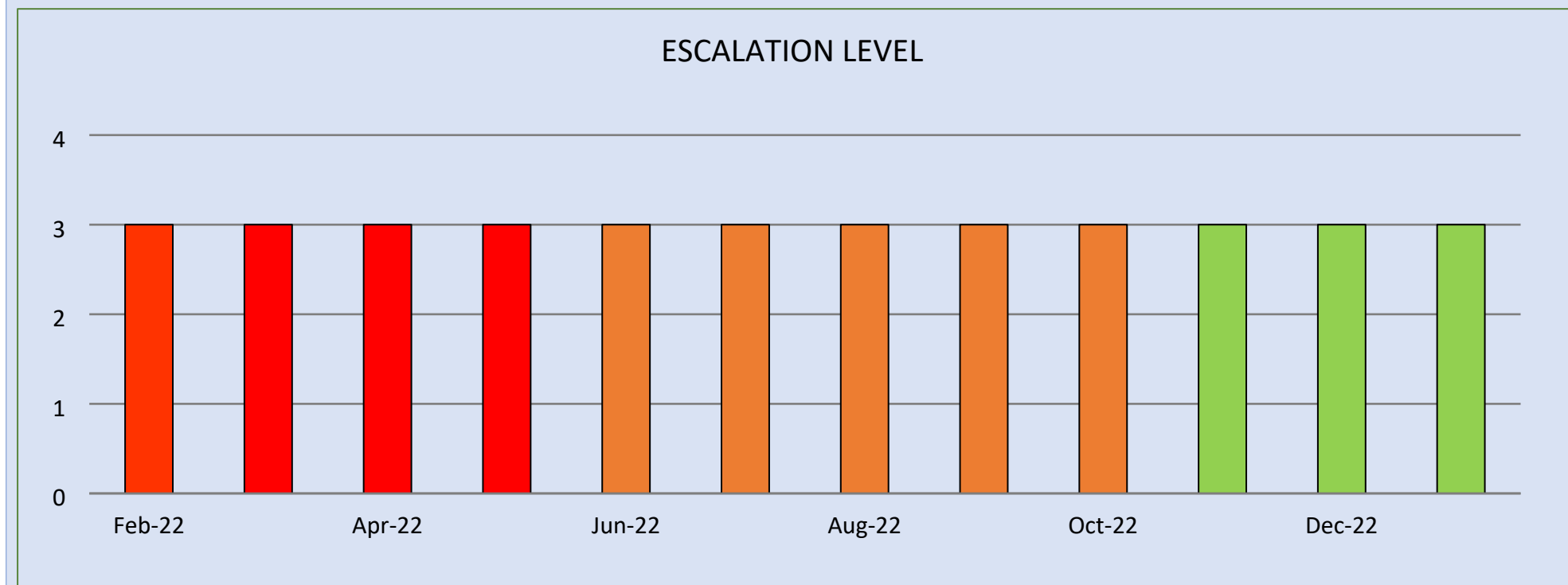
# Service in Escalation: Burns

**Current  
Escalation Level 3**

## Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ March 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
November 2021 – South West Burns Network escalation	4
February 2022 – WHSSC escalation	3
August 2022 – WHSSC escalation	3
September 2022 – WHSSC escalation	3
December 2022 – WHSSC escalation	3

### Rationale for Escalation Status :

Remains at level 3.

The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023.

The capital case remains on target with the planned timeline. The next escalation monitoring meeting is arranged for 3rd March 2023.

**Background Information:**

At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model.

Next escalation meeting 03/05/23.

**Actions:**

Action	Lead	Action Due Date	Completion Date
To escalate and liaise with SBUHB at CEO and MD level with regard to the immediate actions needed to provide continued access to burns care for patients in Wales and the Network.	MD/ CEO		Completed
To work with NHS England south west commissioners and the SWW Burns Network to support clear pathways and ensure continued access to burns care for patients in Wales and the Network.	MD/Exec Lead WHSSC		Completed
To monitor the SBUHB action plan through formal escalation meetings. Meetings held 27/09/22 and 01/12/22.	MD/ Exec Lead WHSSC		Next meeting 03/05/23
The peer review report was received by WHSSC and discussed at the Burns Network meeting on the 16 <sup>th</sup> December 21. The interim mitigations are still in place at present.	Senior Planner		Completed
SBUHB are to provide a plan based on the recent peer review by the end of January 22.	Senior Planner		Completed
A series of monitoring meetings are being put in place and LA to ask SBUHB if they are confident as to whether 2 beds meets their requirements. The unit has reopened with reduced capacity, i.e. 2 ITU beds instead of 3. Full capacity will return in the longer term. WHSSC has responsibility for monitoring implementation rather than the burns network. It was agreed that the risk score could be reduced to 9 (3 x 3) and considered for further reduction when assurance as to whether the service considered the reduced capacity to be sufficient for their needs.	Senior Planner WHSSC/ Service Manager SBUHB		Completed
Interim arrangements to sustain burns service are in place while the business case is developed to collocate burns intensive care with the general intensive care unit. Interim arrangements appear to have taken effect. Risk may be reduced once escalation meetings can be confirmed.	Senior Manager/ Senior Planner WHSSC	Ongoing	
WHSSC to look at the business continuity plan in the event of potential loss of staff.	Senior Planner WHSSC	Ongoing	
The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023. Capital case remains on target with the planned timeline. The next escalation monitoring meeting is arranged for 3rd May 2023.	Senior Team SBUHB/ Senior Planner WHSSC	Ongoing	

**Issues/Risks:**

Executive Director Lead: Nicola Johnson  
Commissioning Lead: Emma King  
Commissioning Team: Mental Health & Vulnerable Groups

Date of Escalation Meetings: 12/07/21, 10/08/21, 14/09/21, 12/10/21, 09/11/21, 14/12/21, 11/01/22, 08/02/22, 08/03/22, 12/04/22, 03/05/22, 14/06/22, 20/07/22, 09/08/22, 13/09/22, 14/10/22, 05/12/22, 10/01/23  
Date Last Reviewed by Quality & Patient Safety Committee: 18/04/2023

# Service in Escalation: Ty Lliardiard

Current  
Escalation  
Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	January 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
Mar 2018 – WHSSC escalation	3
Sept 2020 - WHSSC escalation	3
Nov 2021 - WHSSC escalation	Escalation level increased to level 4
December 2022 - WHSSC escalation	De-escalated to level 3

Rationale for Escalation Status :  
De-escalated to level 3.

Background Information:

March 2018 - Unexpected Patient death and frequent SUI's revealed patient safety concerns due to environmental shortfalls and poor governance.  
September 2020 - SUI reported to Welsh Government.

Actions:

Action	Lead	Action Due Date	Completion Date
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## Appendix 1

September 2022 - Recruitment plan underway with all vacancies out to advert; interview dates arranged. December 2022 - This service has been de-escalated to Level 3 as agreed by CDGB on 14th December.	Escalation meetings held monthly, however these have been escalated to Executive level discussions following the report on a visit from NCCU into the unit.	Senior Planner		Completed March 22
	Service specification action plan agreed.	Senior Planner		Completed March 22
	Implementation of Medical Emergency Response SOP by CTM took place on 03/05/22.	Senior Planner		Completed May 22
	Recruitment of all staff to be in place.	Senior Planner / Service Leads		Completed
	Estates issues being addressed and meeting to map these and plan a timeline.	Senior Planner / Service Manager	Ongoing	
	Executive lead for CTMUHB leading on the current escalation and development plan alongside WHSSC Executive lead with regular updates in between Escalation meetings.	Senior Planner	Ongoing	
	NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy.	Senior Planning Manager		Completed
	Reviewed service specification.	Senior Planning Manager		Completed
	Monitor training status of the staff by QAIS.	Shane Mills		Completed
	Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.	Dr Krishna Menon		Completed
	Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.	Director of Finance		Completed
	Action plan developed following QAIS review conducted in March 2022 and managed under escalation process.	NCCU Director	March 2023	
	Review of patient referrals admissions refusals and outcomes from March 2022 being undertaken.	NCCU Director and Team	April 2023	Ongoing

### Issues/Risks:

This is a significant risk and is captured on WHSSC CRAF ref: MH/21/02 There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm.

July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 8 as it was originally scored too high

April 22 – Score to remain as it is subject to impact of completed actions

June 22 – Risk remains at current level as risk of absconding is still prevalent

December 22 – Service de-escalated to Level 3 however work continues to consider referral processes and assessments



## Service in Escalation: Cardiac CVUHB

**Executive Director Lead: Nicola Johnson**  
**Commissioning Lead: Richard Palmer**  
**Commissioning Team: Cardiac**

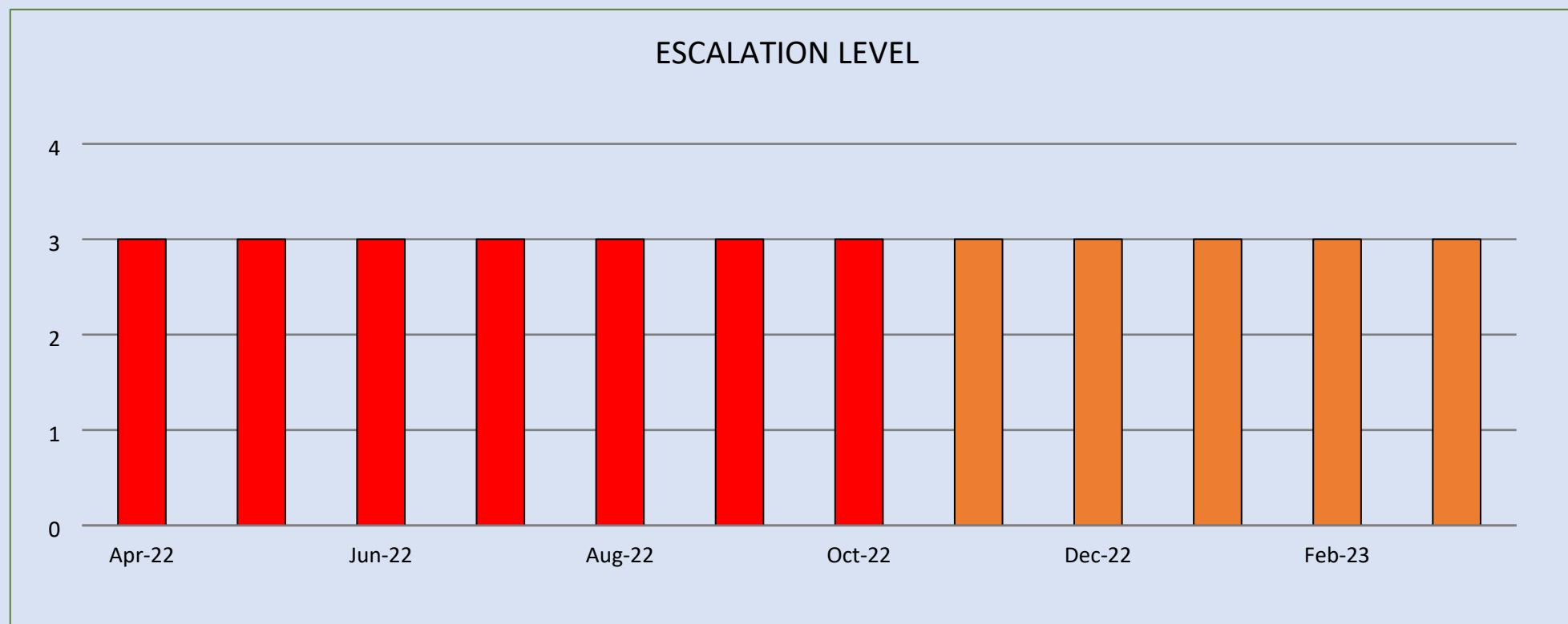
**Date of Escalation Meetings: 01/06/22, 20/07/22, 21/11/22, 05/04/23, 27/06/23**  
**Date Last Reviewed by Quality & Patient Safety Committee: 18/04/23**

**Current  
Escalation Level  
3**

### Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ March 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

### Escalation Trajectory:



### Escalation History:

Date	Escalation Level
April 2022– WHSSC escalation	3
June 2022– WHSSC escalation	3
November 2022– WHSSC escalation	3

### Rationale for Escalation Status :

Owing to the availability of CVUHB Executive colleagues, there has not been as escalation meeting since November 2022. As such, the Cardiac Surgery service remains at level 3. Escalation meetings have been scheduled for 5 April and 27 June, at which it is hoped that progress against the GIRFT/HEIW action plan will be evident.

### Background Information:

Owing to the failure of Cardiff and Vale University Health Board to...

1. Implement the outcomes of the GIRFT review (June 2021), for which no appropriate SMART action plan has been shared with WHSSC
2. Communicate and address (via a SMART action plan) the additional issues recently identified by HEIW, arising from the concerns with the cardiac surgical service raised by trainees

### Actions:

Action	Lead	Action Due Date	Completion Date
Escalate service to Stage 3 of the WHSSC escalation process.	Director of Planning		Completed
Establish regular (every 6 weeks) escalation meetings with CVUHB to oversee escalation process.	Senior Planning Manager		Completed

<p>...there is a risk that people waiting for Cardiac Surgery delivered by Cardiff and Vale University Health Board may receive suboptimal or delayed treatment, and that WHSSC will be unable to effectively monitor.</p> <p>The following controls have thus been put in place:</p> <ul style="list-style-type: none"> <li>• Instituting of regular (every 6 weeks) Stage 3 escalation meetings with Cardiff and Vale University Health Board.</li> <li>• HEIW report and action plan shared with WHSSC and discussed in escalation meetings.</li> <li>• Development of SMART action plan to take forward the recommendations of the GIRFT review, shared with WHSSC at escalation meetings to enable the monitoring of progress and identification of any required remedial actions.</li> </ul> <p><b>WHSSC assurance and confidence level in developments:</b></p> <p><b>Medium</b> – Although progress against the objectives of the action plan is apparent, there has been a noteworthy delay between the last completed and next scheduled escalation meeting, significantly impacting WHSSC's ability to further monitor progress. WHSSC has also experienced a delay in receiving the HEIW report, the provision of which was actioned in the November escalation meeting.</p>	Receive a SMART action plan from the service that addresses the recommendations contained in the GIRFT report.	Senior Planning Manager	In progress - chased 10/06/22	Completed
	Receive HEIW report concerning issues with the cardiac surgical service raised by trainees.	Senior Planning Manager		Completed
	Monitor implementation of the SMART action plan at escalation meetings.	Senior Planning Manager	In progress	
	Development of de-escalation criteria based on recommendations in GIRFT report and action plan.	Associate Medical Director		Completed
<p><b>Issues/Risks:</b></p> <p>June 2022 – Service escalated to Stage 3 of the WHSSC escalation process in April 2022 owing to continuing concerns with engagement; agreed at the 28 June 2022 Cardiac Commissioning Team meeting that the escalation constituted a risk (as opposed to an issue) owing to concern that the failure to implement GIRFT/HEIW recommendations will impact on patients, but that the accompanying narrative should be revised to clarify the precise concerns; escalation meeting held on 01 June 2022, at which an apparently extant action plan was discussed, but not subsequently shared.</p> <p>July 2022 – Action plan now shared with WHSSC. Second escalation meeting held on 20 July 2022 at which – mindful of the long-term nature of many of the HB's objectives – progress was noted. Agreed that WHSSC would refer to both the GIRFT report and the action plan in order to develop de-escalation criteria in time for the next escalation meeting (September). No change to risk score.</p> <p>August 2022 – Draft de-escalation criteria shared with Health Board in readiness for discussion at September escalation meeting. No change to risk level.</p> <p>September 2022 – The de-escalation criteria was discussed with the Health Board in the September escalation meeting. It was agreed in the meeting that the Health Board would provide a formal response in regards to the proposed de-escalation criteria. No change to the risk score.</p> <p>October 2022 - Health Board had not yet provided formal response to proposed de-escalation criteria. Planned October escalation meeting had been rescheduled to Monday 21 November owing to Health Board availability; Health Board had submitted updated action plan in lieu of meeting. No change to risk score.</p> <p>November 2022 – Further progress was noted at November escalation meeting; de-escalation criteria discussed – agreed that focus would be on evidencing positive trajectory, assisted by cardiac surgery dashboard; risk score unchanged.</p> <p>December 2022 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.</p> <p>January 2023 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.</p> <p>February 2023 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.</p> <p><b>March 2023 – No escalation meetings since the last CRAF review. Risk level remains unchanged; next meeting scheduled for 5 April 2023.</b></p>				

## Service in Escalation: Cardiac SBUHB

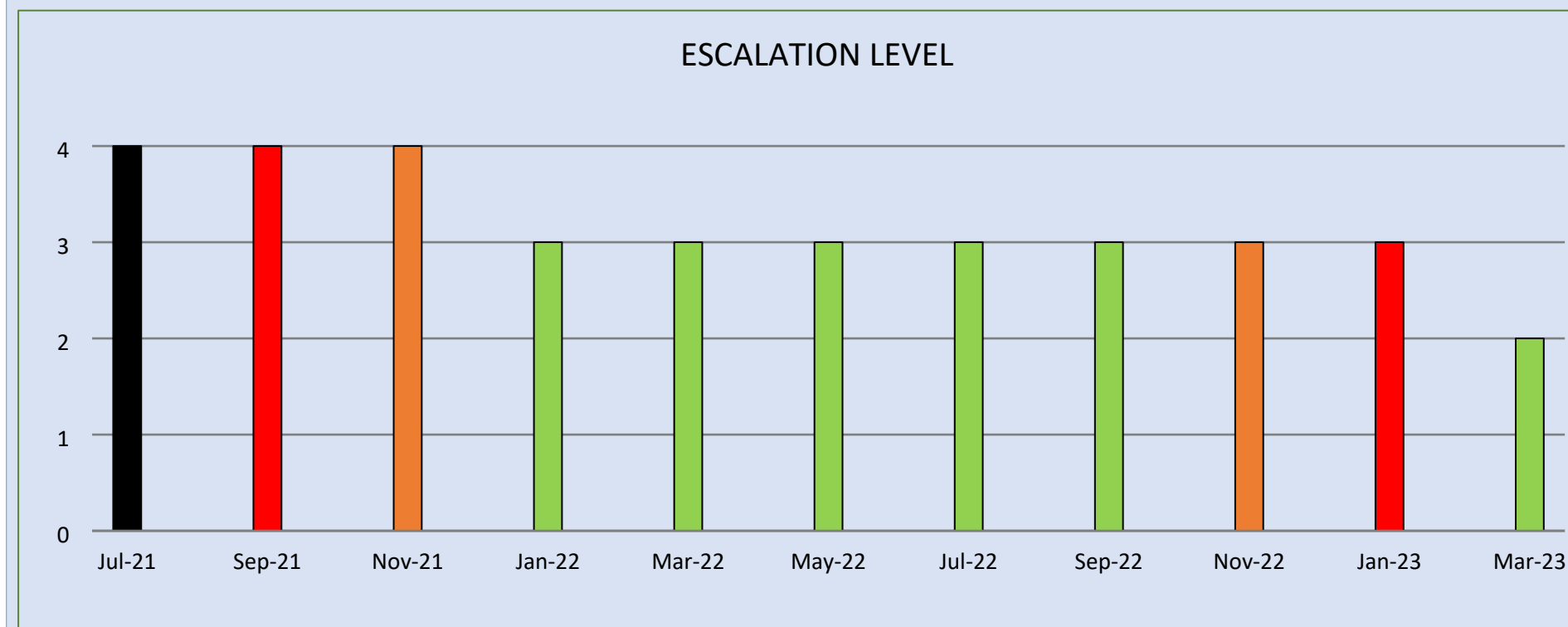
**Current  
Escalation Level 2**

**Executive Director Lead: Nicola Johnson**  
**Commissioning Lead: Richard Palmer**  
**Commissioning Team: Cardiac**  
**Date of Escalation Meetings: 12/07/21, 30/08/21, 21/09/21, 08/11/21, 01/02/22, 13/05/22, 18/07/22, 06/10/22, 16/02/23**  
**Date Last Reviewed by Quality & Patient Safety Committee: 18/04/2023**

### Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ January 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

### Escalation Trajectory:



### Escalation History:

Date	Escalation Level
July 2021 – WHSC escalation	4
November 2021 – WHSC escalation	4
February 2022 – WHSC escalation	3
July 2022 – WHSC escalation	3
October 2022 – WHSC escalation	3
December 2022 – WHSC escalation	3
March 2023 – WHSC escalation	2

### Rationale for Escalation Status :

Reduced to Level 2 owing to significant progress towards the GIRFT benchmarks and the further assurance provided in response to the recommendations of the Royal College of Surgeons of England (RCS England) Invited Service Review report.

### Background Information:

There is a risk patients undergoing cardiac surgery in Swansea are at a greater risk of complications as recent evidence from the Getting It Right First Time Review of cardiac services has highlighted a high rate of poor clinical outcomes. As a consequence patients are at risk of harm from practices during surgery and in the post-operative period resulting in long term morbidity issues.

### Actions:

Action	Lead	Action Due Date	Completion Date
Service escalated to Stage 4 of the WHSC Escalation Process.	Director of Planning		Completed
To receive an improvement plan from the service which addresses the clinical outcomes and the 5 process issues highlighted in the report and set out in the GIRFT recommendations by end of July 2021.	Senior Planning Manager		Completed

## Appendix 1

<ul style="list-style-type: none"> <li>Consultant only operating whilst a review of the clinical outcomes takes place</li> <li>Mitral Valve surgery to only be undertaken by the 2 consultants with a sub-specialist interest in mitral valve surgery</li> <li>Service has established a gold command structure to steer improvement</li> </ul> <p><b>WHSSC assurance and confidence level in developments:</b></p> <p><b>High</b> – Evident progress GIRFT benchmarks and further assurance provided by the Medical Director in response to the recommendations of the Royal College of Surgeons of England (RCS England) Invited Service Review report have assured WHSSC of the effectiveness of the actions in progress, leading to de-escalation. Service will be monitored via newly convened Risk, Assurance and Recovery meetings pending further de-escalation.</p>	To establish 6 weekly escalation meetings with SBUHB to review progress against the improvement plan.	Senior Planning Manager		Completed
	Arrange meeting with SBUHB and C&VUHB to discuss interim arrangements for Aorto-vascular service.	Senior Planning Manager		Completed
	WHSSC to write to SBUHB following agreement of interim pathway.	Senior Planning Manager		Completed
	Improvement plan to be monitored through the regular escalation meetings and when data shows improvement consideration will be given to de-escalation.	Senior Planning Manager	Ongoing; timelines extended	
<p><b>Issues/Risks:</b></p> <p>March 2022 – Commissioning Team to agree to lower risk score to 3x4=12 at March team meeting as data shows improvement.</p> <p>June 2022 – Meeting with SBUHB held on 13 May 2022; service continues to show improvement and consideration will be given to de-escalation on provision of six months of data.</p> <p>July 2022 – Escalation meeting held on 18 July 2022 and analysis of data illustrated further improvements; significant portion of data points now in line with GIRFT benchmarks. Agreed that de-escalation would be further discussed at September meeting, pending submission of Royal College of Surgeons of England (RCS England) Invited Service Review report.</p> <p>August 2022 – Still awaiting submission of RCS England Invited Service Review Report. No change to risk level.</p> <p>September 2022 - An escalation meeting is scheduled with SBUHB for the 6 October 2022. It is anticipated that once the RCS England report has been received that the service can be de-escalated. No change to the risk score.</p> <p>October 2022 – Escalation meeting had noted further progress, but RCS report had still not been received. De-escalation will only be recommended on receipt of report; no change to the risk score. In the event that the report is not submitted, an additional escalation meeting will be convened.</p> <p>November 2022 – RCS report has been repeatedly chased, but has still not been received. Convening of additional level 3 escalation meeting with Exec-level attendance now in train.</p> <p>December 2022 – RCS report received and considered by extraordinary meeting of the Cardiac Commissioning Team, which recommended that the service remain in escalation owing to new and continuing concerns. Endorsed by CDGB; escalation letter sent to SBUHB. Risk level to remain unchanged as escalation status remains unchanged.</p> <p>January 2023 – Escalation meeting planned for February, at which next steps will be discussed.</p> <p>February 2023 – Escalation meeting in February followed by submission of revised action plan and accompanying letter, which were subsequently considered by the Cardiac Commissioning Team. WHSSC CDG to consider recommendation status imminently. In the event that escalation level is reduced, risk level may be similarly revised.</p> <p><b>March 2023 – WHSSC CDGB agreed that the service be de-escalated from level 3 to level 2 of the WHSSC escalation framework and will be monitored via regular Risk, Assurance and Recovery meetings.</b></p>				

## Service in Escalation: Paediatric Surgery

Executive Director Lead: Nicola Johnson  
Commissioning Lead: Kimberley Meringolo  
Commissioning Team: Women and Children

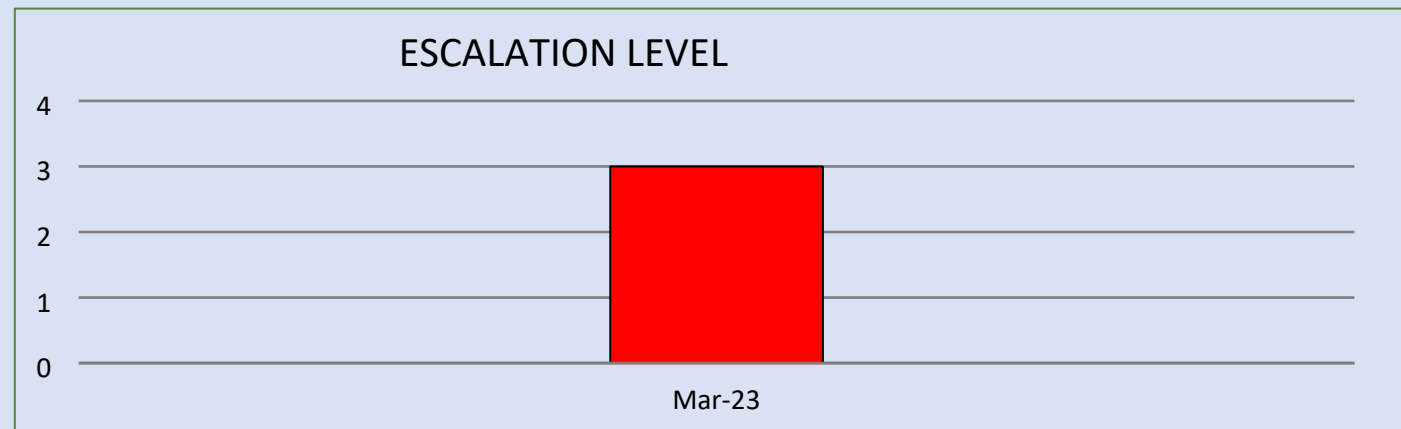
Date of Escalation Meetings:  
Date Last Reviewed by Quality & Patient Safety  
Committee: 18/04/2023

Current  
Escalation Level 3

### Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↑ March 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

### Escalation Trajectory:



### Escalation History:

Date	Escalation Level
March 2023 – WHSSC escalation	3

### Rationale for Escalation Status :

The service has moved from escalation Level 1, 'Enhanced Monitoring', straight to Level 3, 'Escalated Measures'.

### Background Information:

- Recovery plan trajectories have reflected a nominal improvement on the waiting list position, and clarity is required on zero waits > 104 weeks,
- The current plan does not deliver contracted volumes
- Timely assurance on delivery against the baseline for future recovery, via weekly reports, as opposed to monthly reporting suggested by the UHB.

### Actions:

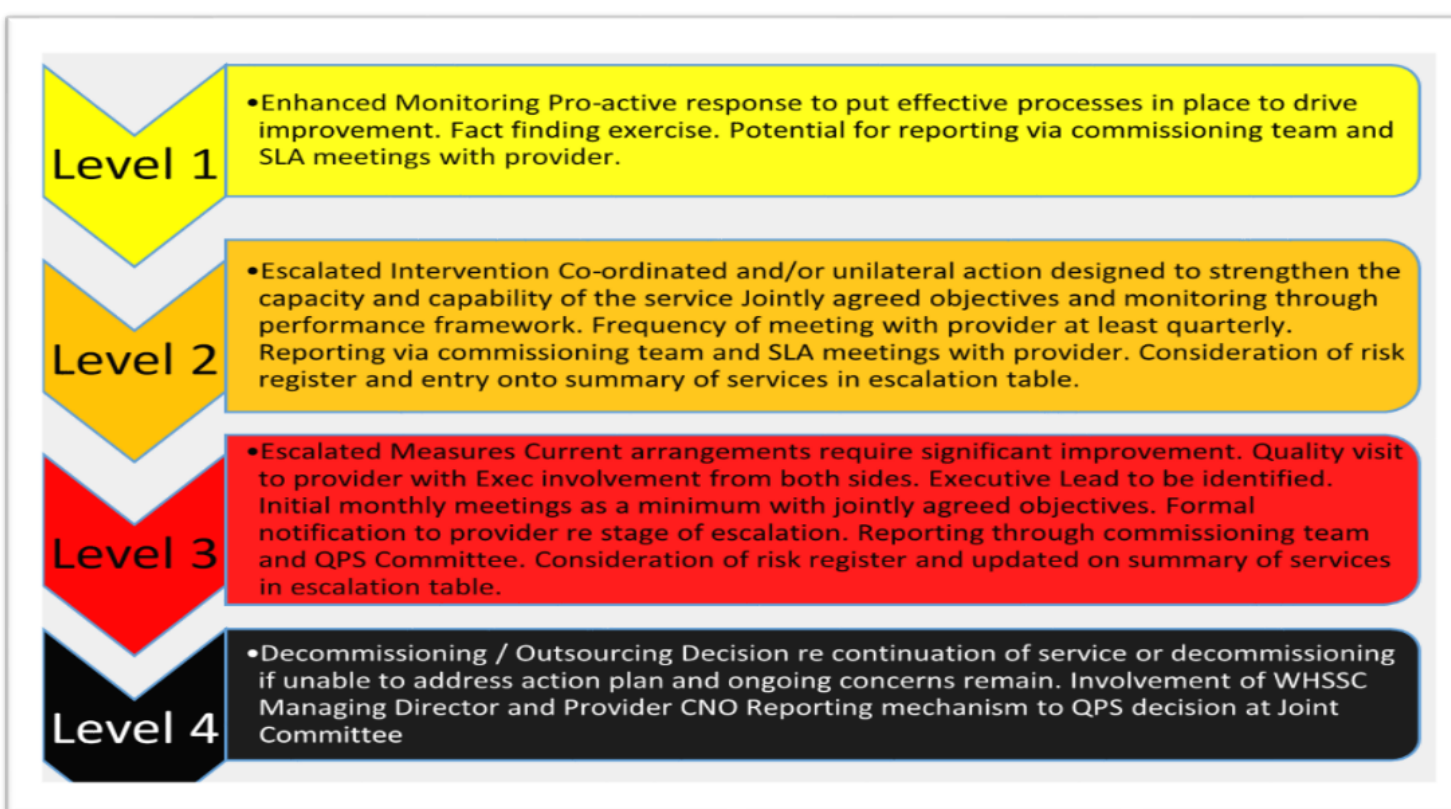
Action	Lead	Action Due Date	Completion Date

### Issues/Risks:

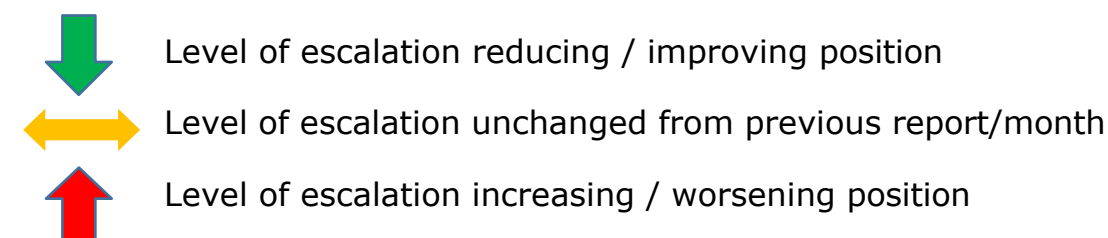
<b>Level 1 ENHANCED MONITORING</b>	<p>Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes:</p> <ul style="list-style-type: none"> <li>• No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further.</li> <li>• Continued intervention is required at level 1 and a review date agreed.</li> <li>• Escalation to Level 2 if further intervention is required</li> </ul> <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p>
<b>Level 2 ESCALATED INTERVENTION</b>	<p>Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include</p> <ul style="list-style-type: none"> <li>• Provider performance meetings</li> <li>• Triangulation of data with other quality indicators</li> <li>• Advice from external advisors</li> <li>• Monitoring of any action plans</li> </ul> <p>A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the WHSSC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes:</p> <ul style="list-style-type: none"> <li>• Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring.</li> <li>• If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures</li> </ul>
<b>Level 3 ESCALATED MEASURES</b>	<p>Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the WHSSC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives.</p> <p>Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum:</p> <ul style="list-style-type: none"> <li>• Chair (WHSSC Executive Lead)</li> <li>• Associate Medical Director - Commissioning Team</li> <li>• Senior Planning Lead – Commissioning Team</li> <li>• WHSSC Head of Quality</li> <li>• Executive Lead from provider Health Board/Trust</li> <li>• Clinical representative from provider Health Board/Trust</li> <li>• Management representative from provider Health Board/Trust</li> </ul> <p>An agreed agenda should be shared prior to the meeting with a request for evidence as necessary.</p> <p>At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.</p>



<b>Level 4</b> <b>DECOMMISSIONING/OUTSOURCING</b>	<p>Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the WHSSC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation.</p> <p>The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue:</p> <ol style="list-style-type: none"> <li>1. De-commissioning of the service</li> <li>2. Outsourcing from an alternative provider. This may be permanent or temporary</li> <li>3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider.</li> </ol> <p>Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.</p> <p>At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.</p>
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### SERVICES IN ESCALATION



# Welsh Health Specialised Services Commissioning NEWSLETTER

3<sup>rd</sup> Edition, Winter 2022 - 2023



GIG  
CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau  
Iechyd Arbenigol Cymru  
Welsh Health Specialised  
Services Committee



NHS Wales Awards 2022



This is the 3<sup>rd</sup> edition of the Quality newsletter from the Welsh Health Specialised Services team in Wales. Our plan is for these to be published on a quarterly basis to supplement reports and data already provided through different forums into Welsh Health Boards.

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



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



GIG  
CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau  
Iechyd Arbenigol Cymru  
Welsh Health Specialised  
Services Committee



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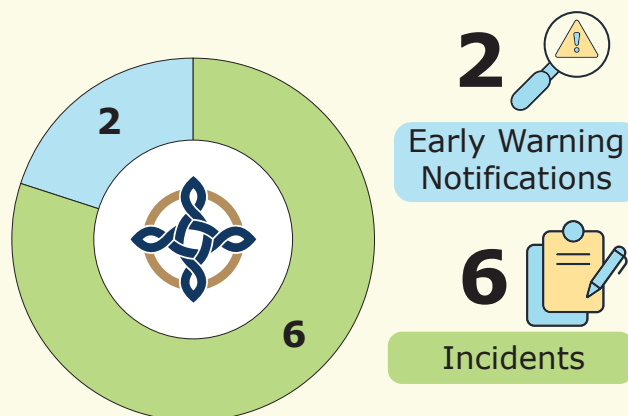
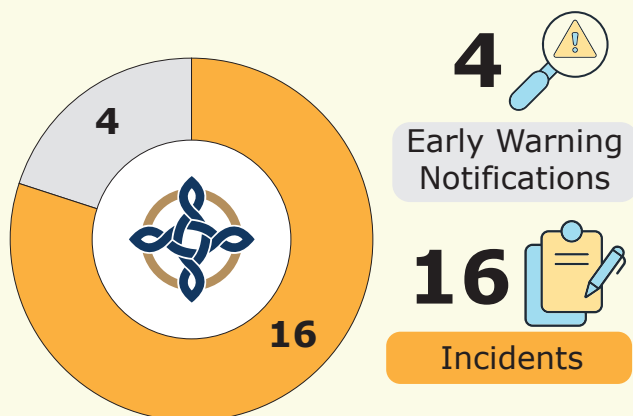
# Reporting

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



Between the periods of August to December 2022, there were **16** Patient Safety Incidents and **4** Early Warning Notifications logged.

Between the periods of August to December 2022, there were **6** Patient Safety Incidents and **2** Early Warning Notifications closed.

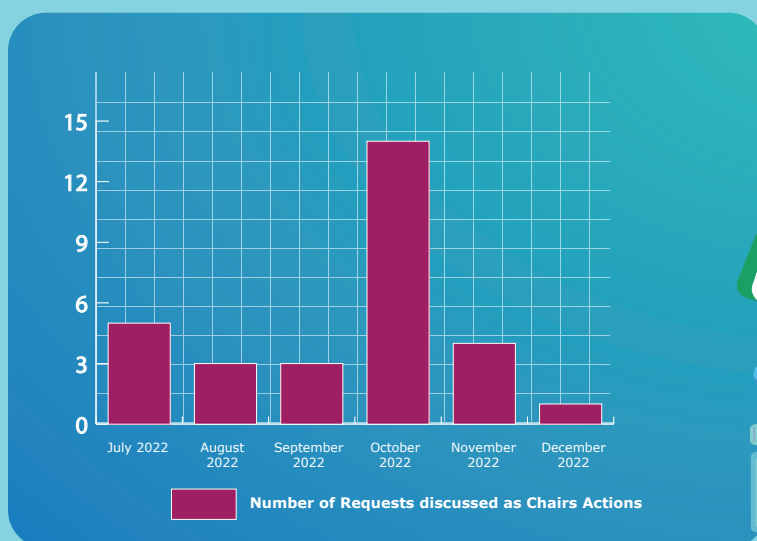


# Update from the Patient Care Team IPFR (Individual Patient Funding Request)

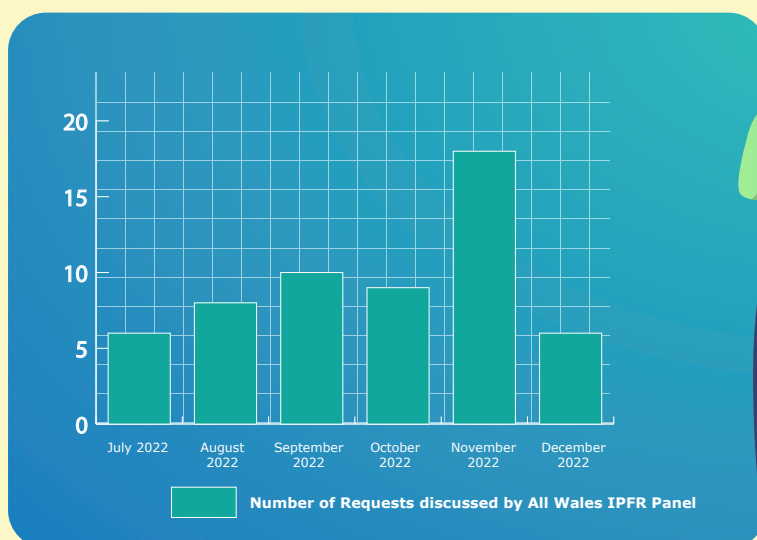
The Patient Care Team receives and manages individual patient funding requests for healthcare that falls outside of agreed range of services.

## An overview of IPFRs processed in Quarters 2 and 3 2022-23:

### Number of Requests discussed as Chairs Actions



### Number of Requests discussed by All Wales IPFR Panel



# Quality and Patient Safety Development Day

WHSSC held a virtual Quality and Patient Safety Development Day on 26th September 2022. Quality Clinical Colleagues and Independent members from across Welsh Health Boards attended.

The day was a success and featured data systems presentations from NHS England on Specialised Services Quality Programme (SSQD transition project), the data team in WHSSC who presented on MAIR, presentations from the Delivery Unit team on Nationally Reported Incidents and the Delivery Unit's role within these as well as National Quality Metrics Application (NQM App) to support consistent quantitative reporting.

NWSPP presented on the Once for Wales Concerns Management System which also featured updates on CIVICA and the work ongoing producing the platform that will be able to collate and analyse all-Wales data.

**Following evaluation of the day, the following comments were given:**

Technical problems were an issue on the day but hopefully didn't distract from the aims and objectives. Useful day for networking and engaging with the Health Boards to gain their views.

A very useful, informative and relevant session – thanks.

I think there was plenty of content and I liked the way the agenda was themed.

I learnt a lot about data collection and how it is used. I look forward to more development in this area and understanding how changes will lead to patient outcomes.

Presentations from external speakers useful and informative.

Shame about some of the IT issues, but I still think it worked fine virtually and it was fixed promptly.

Duty of Quality & Candour will need to be considered next time.

NQM App was of interest.



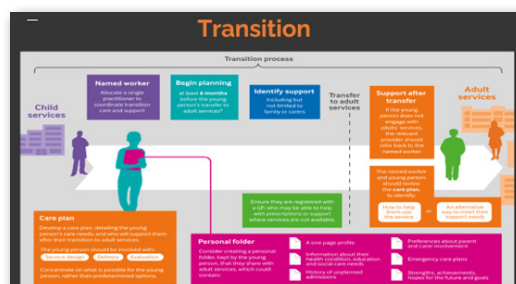
# Cystic Fibrosis Service Improvement and Innovation Day



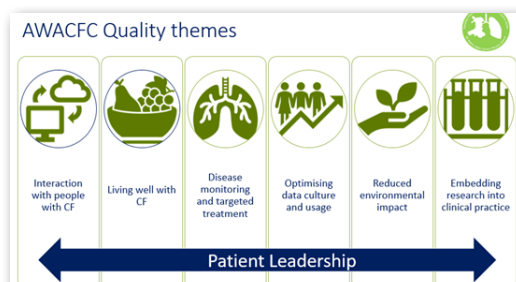
WHSSC held a Cystic Fibrosis Service Improvement and Innovation Day on 11th November 2022 at The Clayton Hotel in Cardiff. The event was attended by 50 people with participants also on Microsoft Teams.

Liverpool Heart and Chest, Alder Hey and Cardiff and Vale Adult and Paediatric teams were in attendance to showcase their excellent presentations and innovative work, with powerful patient stories featured including a patient from Liverpool Heart and Chest who dialled-in via Microsoft Teams to tell his story live!

**Slides featured within the Children's Hospital for Wales Presentation:**



**Slides featured within the All Wales Adult Cystic Fibrosis Centre's Presentation:**



# Neuro-Endocrine Tumour (NETS) Celebration Event



**From left to right:** Yolande Mears, Dr Mohid Khan, Angela Hughes, Vicki Dawson-John, Mr Christmas

The NETS celebration took place at the Vale Resort, Cardiff on 13th October 2022. It was well attended by patients, their families, clinicians and stakeholders.

There was a plethora of patient stories that had a huge impact on the audience and it was a wonderful opportunity to network with all who attended in whatever capacity they represented.

There was a focus on how the service had evolved in order to achieve a Centre of Excellence status. Representatives from this process spoke warmly and with enthusiasm, as to the great efforts made by Dr Mo Khan and his dedicated team to achieve this goal.

**Congratulations to all involved!**





# All Wales Medical Genomic Service (AWMGS)



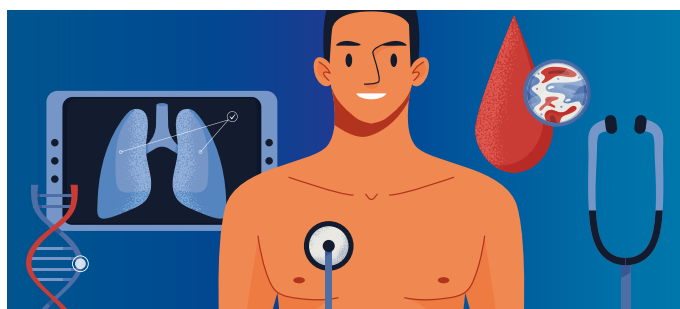
The All Wales Medical Genomic Service (AWMGS) has produced an excellent Quarter 2 Progress Report that highlights excellent work:



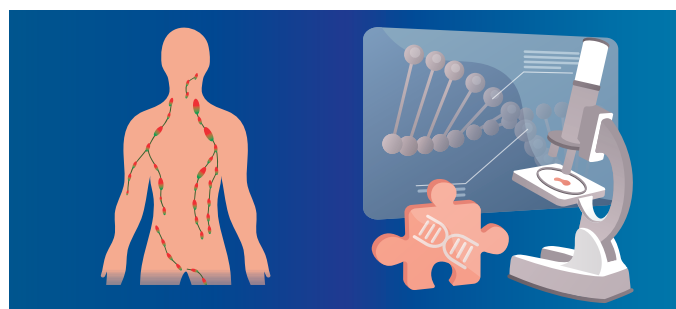
Launch of the PIK3CA Genomic Service for breast cancer in September 2022 which was followed up with an Education Event on 6th October 2022.



An update on the Wales Infants' & Childrens Genome Service (WINGS) that highlights rapid whole genome sequencing testing, diagnosis and patient outcomes.



Secured funding for a pilot to integrate a blood test into the lung cancer diagnostic pathway to accelerate access to personalised cancer treatments.



Development of the Angioimmunoblastic T-cell Lymphoma (AITCL) Service for the DNMT3A, TET2, IDH2 and RHOA genes.

**The All Wales Medical Genomic Service (AWMGS) certainly deserve a massive "well-done" on their excellent work and their resulting fantastic news stories!**

# South Wales Adult Congenital Heart Disease (ACHD) Pilot Wellbeing Group

Dr Anna McCulloch and the ACHD Team recently completed a pilot wellbeing project based at the Orchard, Llandough. The project saw 10 patients with ACHD attend with some members also under the supportive care service. Patient feedback was fantastic and saw collaborations with the nursing team and with "Down to Earth" to provide the service. Dr Anna McCulloch and the Team are grateful to the Cardiff and Vale Health Charity for making it possible.

Some of the recommendations for future activity following the pilot were:

- The pilot showed the positive impact a group-based outdoor group can have on the physical and psychological wellbeing of people living with congenital heart disease.
- Patients reported finding peer support to be extremely beneficial.
- The positive outcomes highlighted the need for further group-based activities and for access to peer support.
- The team plan to run a second group, with some original members invited back to participate in a peer mentor training programme.

## SOUTH WALES ADULT CONGENITAL HEART DISEASE PILOT WELLBEING GROUP

Dr A McCulloch, Consultant Clinical Psychologist, Sarah Finch, Kindre Morgan, Claire Osmon, Katrina Spielman, Beth Shiers, Clinical Nurse Specialists, South Wales Adult Congenital Heart Disease Service

Facilitated by Down to Earth at the Orchard in UHL, and supported by the ACHD clinical psychology and nursing team, the six session once weekly wellbeing group was attended by 10 people with CHD. Group members had opportunity to connect with others and with nature, learn new skills and to challenge themselves. Having Down to Earth as activity facilitators enabled the clinical psychologist to facilitate both in session and out of session psychological learning and reflection and enabled the nursing team to support group members and to foster positive patient-healthcare professional team working. All participants completed the course. Written feedback was gained from 9 participants, and we provide the outcomes here. Improvements were reported in social connection, wellbeing, relationships with the ACHD team, fitness, and cognitions relating to their ability and their health condition.

### SOCIAL CONNECTION

9/9 group members reported feeling more connected to others

#### CONNECTION WITH FAMILY OR FRIENDS

"Spending time at The Orchard had a lovely impact on my relationship with my wife. I left the sessions feeling connected and relaxed. This allowed the space emotionally to discuss with her the difficult topics of ill health, anger to our situation, and the uncertainty it brings as we drove home. Death is never an easy topic to discuss with a loved one".



### PEER CONNECTION

The group particularly valued the benefits of peer support. They felt connected, valued and understood by each other. They now have a whatsapp group and plan to continue this support

This element has been invaluable for me"

"It has made me realise I am not alone, I felt valuable. It has been useful to hear other people's experiences and share my own"

#### CONNECTION WITH THE ACHD TEAM

9/9 group members felt the sessions improved their relationship with the team

"I feel that this relationship with the team has the potential to reduce stress and anxiety when attending appointments"

"It could also make it easier when times are tough and there may be some bad news that needs to be heard, it's a lot easier to hear this from someone you know a bit better and can be open and honest with."

### WELLBEING

Mean scores using the Edinburgh Wellbeing Measure improved from 44.7 to 53

8/9 group members reported an improvement in their out of session wellbeing

"Reminded me that I am not just my condition"

"The session has an immediate impact right after the meet and then during the rest of the week. I feel I have a different perspective and look forward to the next"

### SHIFTS IN THINKING

"Made me more confident about going out and about, and in looking for different ways of doing things"

"The sessions reminded me that despite my current ill health I could still attempt new tasks, without feeling anxious"

"I couldn't do the more physical tasks in the group. I was able to do other jobs. This made me look at things differently - I can't do everything but I can do something. It has helped my own lifestyle and mindset"

### CONNECTION TO NATURE

"The group has enabled us to connect with nature also and with the environment around us"

#### VALUE AND MEANING

By supporting the development of the wildlife meadow, I have also felt connected to anyone who may use that facility in the future including others with health conditions, hospital inpatients, staff and the wider community"

### FITNESS

4/9 group members reported an improvement in fitness and 6/9 saw shifts in beliefs about their physical ability

"I used to be afraid to go anywhere on my own and of doing exercise.....now I have joined a yoga class and am considering buying an exercise bike"

"I have been able to test myself in what I can do"





# Maternity and Neonatal Safety Summit

Following on from our last Newsletter piece on the Maternity and Neonatal Safety Summit held on 6th September 2022, the 'Visual Minutes' map has been published that was creatively designed on the day by Scarlet Design.



[Click here](#) to be taken to the website which features the interactive 'Visual Minutes' map as well as videos from the day!





# Healthcare Financial Management Association (HFMA)

The National Healthcare Finance Awards (HFMA) programme recognises the work of finance teams and individuals from across the UK.

WHSSC colleagues Kendal Smith, Richard Palmer, Dr Kerryn Lutchman-Singh, Karla Williams and some colleagues from outside WHSSC have been looking at access to, and the impact of, WHSSC interventions on our patients.

This cutting edge piece of work was recognised by the Healthcare Financial Management Association (HFMA) and the team were shortlisted for this brand new award and invited to attend the 'Celebrating innovation and excellence in healthcare finance' awards ceremony in London on 8th December 2022.

***We are extremely proud to announce that the team won the Addressing Health Inequalities through NHS Finance Action award and we would like to extend our congratulations to all involved; what a fantastic achievement!***



WHSSC staff Kendal Smith and Dr Kerryn Lutchman-Singh proudly displaying the award!

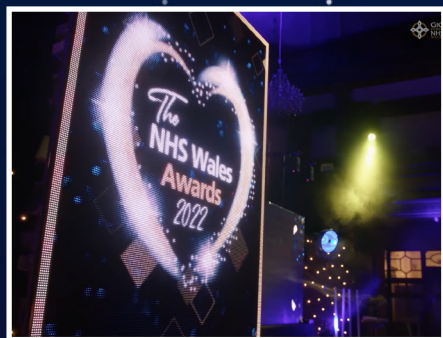


# NHS Wales Awards 2022



**Cardiac Surgical Team:** Some of the Cardiac Surgical Team with the NHS Wales Award. Front row (l-r) Cardiac Theatre Scrub staff Chito Fababeir and Victoria Jobson, and Sobaran Sharma, Senior Clinical Fellow, Cardiothoracic Surgery. Back row (l-r) Mark Vernon, Trainee Clinical Perfusionist, Ian Bennett, Senior Clinical Perfusionist, Pankaj Kumar, consultant cardiothoracic surgeon and Deputy Medical Director, Morriston Hospital.

The NHS Wales Awards 2022 saw many excellent innovative projects nominated and Swansea Bay University Health Board were not only shortlisted for the Improving Patient Safety award with their submission 'Impact of implementation of an intra-operative checklist to reduce re-operation for bleeding and blood transfusion' – they went on to successfully win the award!





# Quick Round up of Commissioning Teams



## Mental Health

5 year Mental health strategy ongoing. Review of current services and further development of these underway.



## Women and Children's

IVF Service Improvement and Innovation Day currently being planned.



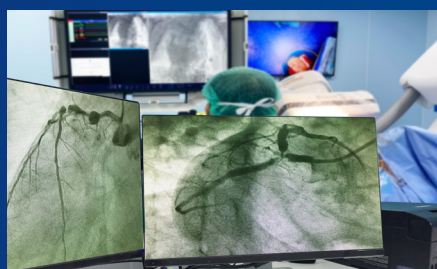
## Neurosciences and long term condition

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



## Cancer and Blood

Thoracic and Inherited Bleeding Disorder Service Improvement and Innovation Days are currently being planned.



## Cardiac

Evaluation and actions being taken forward from service developments such as dashboards for clinical practice reporting.



## Intestinal Failure

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



## Specialised Services

Strategy is underway.



**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau  
Iechyd Arbenigol Cymru  
Welsh Health Specialised  
Services Committee

# Recognition of Significant Events and Thank You's

“

“I was at Ashworth this week with Alison Cannon from NHSE. We went to every unit in the service, also met with Clinical Director and Director of ops. The general consensus from the visit is that the contact they have from the case management team from Wales is second to none. Whilst they have concerns regarding contact from particular areas in England, they feel that the only area they don't need to worry about is Wales. I also saw a number of Welsh patients whilst there and they were also very complimentary about the service you are providing. Just thought I'd share with you all.”

**Adrian Clarke, Assistant Director of Nursing and Quality, National Collaborative Commissioning Unit (NCCU)**

“

“As you will know we are currently taking forward an engagement process around the WHSSC 10 year strategy. This is a really complicated piece of communications work and key to this has been inclusion on the WHSSC website and links to the Health Boards. It's been a fantastic piece of work and we couldn't have done it without our very own IT guru Laura Holborn. As ever she's stepped up and done a fabulous job and I wanted you to know how great she has been!”

**Dr Sian Lewis, Managing Director, WHSSC**

“

“I'm really proud to tell you about another great achievement by one of our WHSSC teams. We have recently been informed that the Quality Team were assessed by CTMUHB Internal Audit and were rated as providing “Substantial Assurance”. This is the highest rating possible and means we are doing our core business really well. I think this is probably the 5th team in WHSSC to get substantial assurance in the last year or so, which is something we should all be very proud of! Fantastic work - well done to Adele and the team.”

**Dr Sian Lewis, Managing Director, WHSSC**

”



# Welsh Gender Service



The Welsh Gender Service published their second Newsletter in Summer 2022, scan the QR code below or [click this link](#) to access it!



## Useful Links

### Other useful links:

[Welsh Health Specialised Services Committee](#)



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# Welsh Health Services Specialised Commissioning **NEWSLETTER**



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**Winter 2023**

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

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Cydwasaethau  
Shared Services  
Partnership

**Designed by NHS Wales Shared Services  
Partnership Communications**

<b>Reporting Committee</b>	<b>Welsh Kidney Network (WKN)</b>
<b>Chaired by</b>	<b>Chair, Welsh Kidney Network (WKN)</b>
<b>Lead Executive Director</b>	<b>Director of Programmes</b>
<b>Date of last meeting</b>	<b>4<sup>th</sup> April 2023</b>

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

This report provides assurance to the Joint Committee in accordance with the WKN Terms of Reference (ToR) which state that the Chair of the Welsh Kidney Network (the 'WKN') will provide reports to the Joint Committee following WKN meetings outlining the activities of the Network and bringing attention to any significant matters under consideration by the Network. Minutes are available on request from the WKN Coordinator, [Jonathan.Matthews@wales.nhs.uk](mailto:Jonathan.Matthews@wales.nhs.uk).

**1. Value in Health Proposal**

The WKN has received funding of up to £444,460 per annum in 2022-23, and 23-24 from the Value in Health Programme with the aim of increasing the number of patients receiving a pre-emptive transplant and increasing the number of patients accessing home dialysis.

A revised proposal on the means of achieving this had been issued to Board members ahead of the meeting. Some further discussions ensued during the meeting including an explanation as to why the revised proposal differed from the original submission. The board members were reassured that this was to ensure that the regional requirements were met as there is recognition that the challenges/barriers differ from region to region, and the investment should be targeted to specifically address those local barriers to home therapy and transplant.

It was agreed to formalise the new proposal with the three regional teams in Wales and develop and agree the Project arrangements for the regional projects.

**2. Finance Report**

A projected end of year position statement was shared with Board members though the WKN Finance Manager was unable to be in attendance at the Board meeting to answer questions relating to the paper.

Members resolved to schedule a meeting in order to agree baselines and budgets for 2023/24.

**3. WHSSC Integrated Commissioning Plan (ICP) Update**

Board members were informed that the WHSSC ICP had been approved by the Joint Committee. This meant that the key priorities identified by the WKN had been



supported and would now be incorporated into the work programme for the WKN. Members were also informed that JC in approving the plan had specified a 1% savings target that will be sought across the whole of the ICP.

#### **4. Quality and Patient Safety**

No new risks had been reported on this occasion. One of the existing risks relating to Workforce had increased in score due to the workload of the WKN core team.

#### **5. Terms of Reference**

Time has been dedicated to refreshing the Terms of Reference of the WKN. This included a focus on the on the membership of the Board which has been expanded in the revised document.

BCUHB representatives did highlight a risk in that there is no dedicated clinical lead or senior nurse in place who can represent the regional service as a whole. It was agreed that this concern would be relayed formally to BCUHB.

Whilst omitted from the ToR given, it was agreed that acute dialysis, for which the Network has no commissioning accountability, should factor into discussions when considering the future of the Network.

Board members discussed the tenure of the clinical lead roles and how the posts should be renewed. It was agreed a strategy was needed that would avoid all clinical lead posts being renewed at the same time. There were some suggestions of new clinical lead roles that could be established such as a lead for Unit Dialysis to recognise the main priorities for the Network and to provide leadership in specific priority areas.

#### **6. Renal Policies**

Board members were informed that two Specialised Services Commissioning policies for renal, CP30 Living Donation and CP33 Dialysis away from Base had both expired have now been reviewed and updated. The revisions provide further clarity and understanding of the policies applications for public and NHS Staff. The documents are aligned with the relevant NHSE publications therefore ensuring cross boarder parity. Both documents are to be submitted to the WHSSC policy procedure for approval.

#### **7. Annual Report**

The annual report for 2022/23 was approved by Board Members and has since been submitted in line with the WHSSC annual report process.

#### **8. Future of the Network**

Board members discussed the newly created NHS Wales Executive (NHSWE) organisation which will host of number of national Networks in Wales. It was agreed that the WKN would review its role and future direction once the new ways of working of the NHSWE were embedded and fully understood. Further discussions are to take place with NHS Executive and Welsh Government.

## 9. Highlight Reports

The following highlight reports were received:

- Lead Pharmacist Highlight Report {verbal}
- Clinical Information Lead Highlight Report
- South West Wales Highlight Report {verbal}
- North Wales Highlight Report
- South East Wales Highlight Report
- Home Dialysis Clinical Lead Highlight Report
- Transplant and Vascular Access Clinical Lead Highlight Report {verbal}
- Health and Wellbeing Professionals Reference Group Highlight Report
- Patient Network Board highlight report
- Collaboration of third sector partners highlight report.

## 10. Governance review action plan

Board members were informed that much of the Governance Review Action Plan was complete. Only items regarding the future direction and function of the Network remain.

It was agreed that the Core network team to review information requests and their purpose and discuss with regional teams to come to an agreed data set.

### Matters requiring Committee level consideration and/or approval

#### Workforce

There is a recurring theme whereby there are limitations to service delivery and innovation caused by the lack of availability and/or retention of highly skilled members of the kidney care teams.

#### Clinic Capacity

There are continuing challenges in Cwm Taf Morgannwg UHB (CTMUHB) concerning extended waiting times to see a nephrologist. This potentially leads to delayed diagnoses and missed opportunities to delay or reverse progression of CKD to the point where renal replacement therapy is required. Although this is not an area of WKN commissioning responsibility support is being provided by the WKN Board Exec Lead to resolve this issue and ensure that a sustainable service can be provided.

### Matters referred to other Committees

- None

**Date of next meeting**

**31<sup>st</sup> May 2023**