

Minutes of the Meeting of the Welsh Health Specialised Services Committee

held on 29 January 2018

at Health and Care Research, Castlebridge 4,
Cowbridge Road East, Cardiff

Members Present

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Lyn Meadows	(LM)	Vice Chair (via VC)
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (part meeting)
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Chris Turner	(CT)	Independent Member/ Audit Lead
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB

Apologies

Tracey Cooper	(TC)	Chief Executive, Public Health Wales
Alexandra Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Len Richardson	(LR)	Chief Executive, Cardiff and Vale UHB
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB

In Attendance

Sian Harrop-Griffiths	(SHG)	Director of Strategy, ABMUHB (part meeting)
Sharon Hopkins	(SH)	Deputy Chief Executive, CVUHB
Glyn Jones	(GJ)	Director of Finance, ABUHB
Claire Nelson	(IL)	Acting Assistant Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
John Williams	(JW)	Chair of Welsh Renal Clinical Network

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC
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The Meeting opened at **9.30am.**

JC17/078 **Welcome, Introductions and Apologies**

The Chair opened the meeting and welcomed members. Apologies were noted as above.

JC17/079 **Declarations of Interest**

Dr Chris Turner declared an interest in relation to item 9, Alternative Augmentative Communication (AAC) Service Evaluation, as a Governor of Cardiff Metropolitan University, as it was Dr Squire of the University who had been commissioned to undertake the evaluation of the AAC service.

The interest was noted; no action was required.

JC17/080 **Accuracy of Minutes of the meetings held 28 November 2017 and 19 December 2017**

Members reviewed and approved the minutes of the meetings held on 28 November 2017 and 19 December 2017 as a true and accurate record.

JC17/081 **Action Log**

Members reviewed the action log and noted the updates.

Matters Arising

There were no matters arising. A presentation on the Integrated Commissioning Plan 2018-21 was to be considered in private session.

JC17/082 **Chair's Report**

Members received and noted the report which provided an update of the key issues considered by the Chair since the last report to the Joint Committee.

It was noted that, following the end of his four year term as an Independent Member at ABUHB, Chris Koehli had stepped down as acting Chair of the WHSSC Quality and Patient Safety (QPS) Committee. Members were asked to approve the appointment of Charles (Jan) Janczewski as the new Chair of the QPS Committee, with affect from 1 February 2018.

Members expressed their gratitude and thanks to Chris for his service to WHSSC.

It was noted that following his appointment as Chair of Cwm Taf University Health Board, Marcus Longley tendered his resignation as an Independent Member of the Joint Committee. Therefore it was recommended that Charles Janczewski also be appointed as an Independent Member of the Joint Committee for an initial term of two years.

Members resolved to:

- **Note** the contents of the report; and

- **Approve** the appointment of Charles Janczewski as an Independent Member of the Joint Committee and Chair of the WHSSC QPS Committee.

JC17/083 **Report from the Managing Director**

Members received a report from the Managing Director; the following areas were highlighted:

- An update on the Inherited Bleeding Disorders project.
- Appointment of an Information Manager to the WHSS Team.
- Cardiac Inter Hospital Transfers in south Wales

Members noted that concerns had been raised around the increase in the numbers of inter hospital transfers which was impacting on the waiting times for elective patients. It was unclear as to the extent of the impact and whether there were opportunities to reduce the number of transfers. Therefore, the WHSS Team had approached the society of Cardio-Thoracic Surgeons to seek their support in identifying appropriate clinicians to undertake a review; it was anticipated this would include a review of the data from centres, interviews with clinicians and managers, and a case note review.

Members enquired as to whether there was a particular concern. It was noted that the source of the issue was unclear and that it appeared to have risen over time impacting on the flow of the whole unit. Therefore, it was important to undertake a root cause review.

Members resolved to:

- **Note** the content of the report.

JC17/084 **Alternative Augmentative Communication (AAC) Evaluation**

Members received a paper sharing the Evaluation report of the Alternative Augmentative Communication Service that had been undertaken by Dr Amanda Squire of Cardiff Metropolitan University.

Members received an overview of the report and recommendations, in particular recommendations were made for the service to be fully funded for a further two years followed by a service review in 2020 based on ongoing data collection and service user evaluation; with the strengthening of management and assessors to address current underperformance against key performance indicators. It was noted that Welsh Government had been approached regarding funding but had indicated that any funding would come from specialised services budgets.

It was noted that the original funding provision did not include infrastructure costs. Members noted that AAC consumable costs were considered as part of the ICP prioritisation process.

Whilst members acknowledged the value of the service, they considered there to be significant benefit for both social services and education and believed that tripartite funding would be more appropriate, acknowledging that this may come from the Integrated Care Fund.

SM joined the meeting at approximately 10am

Members agreed to receive a paper in March 2018 which would provide greater level of detail, bringing together the various areas of concern and potential funding options. It was suggested that consideration was also required as to who would undertake a second evaluation in 2020, should funding be approved to continue the service in the interim.

Action: Paper to be prepared for the March 2018 Joint Committee Meeting bringing together the various areas of concern and potential funding options for decision.

Members resolved to:

- **Note** the Evaluation Report of the Alternative Augmentative Communication Service.

JC17/085 **Thoracic Surgery Recommendation**

Members received a paper that (1) made a recommendation regarding the optimal number of thoracic surgery centres in south Wales; (2) made a recommendation on the location of a single centre based on non-financial criteria; (3) provided an update on the ongoing need for a value for money assessment of the recommendation on the location of a single centre; (4) sought approval for the recommendations on the number and location of thoracic surgery centres in south Wales; and (5) sought approval of the next steps in taking forward the recommendations.

Members were presented with an overview, the key issues encountered and the methodology followed to arrive at the recommendations. Members noted that there were difficulties in assessing value for money due to lack of information submitted by both provider health boards; also that there was some criticism from the Independent Panel of the overall quality of information provided by both health boards. However, members received assurances that the Project Board and Independent Panel felt that that they received sufficient information to make their recommendations. Specifically, reassurance was given that although the criterion regarding the infrastructure was weighted most heavily and there was criticism of the quality of the evidence to assess this criterion the panel recommendation remained unchanged when unweighted criteria were considered.

The recommendations were that services should be provided from a single site rather the current two sites in Cardiff and Swansea, and that the new single unit should be based in Morriston Hospital, Swansea.

Members commended the WHSS Team and those involved in the process and acknowledged that the case for change was compelling and founded on non-financial information that was evidence based, quality related and patient centred. A discussion followed around the importance of ensuring that it was clear that this was effectively the creation of a new surgical service to support and develop the existing network across south Wales with care provided locally, wherever possible, for non-surgical parts of the patient pathway, enhancing patient care.

Members recognised the need to ensure that both staff and public perception was considered, and consistent and clear language was used around the recommendations being to accommodate a more sustainable service, focussed on quality and best use of resource.

A question was raised around whether or not there had been any indication of a requirement for full public consultation. Members voiced concerns around the potential of such a requirement given that an extensive engagement process had been carried out which supported the work leading to the recommendations. It was agreed that WHSS Team would liaise with the Board of the CHCs to share the Joint Committee's concerns around the impact of going to full public consultation and, should this be the CHCs' preference, gain an understanding of the reasoning.

Action: WHSS Team to approach the Board of the CHCs to determine whether there is a requirement for full public consultation and, if so, to explain JC's concerns and gain understanding of reasoning.

It was noted that the difficulty in obtaining information to be able to assess value for money was problematic and that it was now vital that this be addressed by the implementation plan.

Members discussed the requirements for implementation and it was suggested that a clinical implementation lead be identified through a competitive process and that both ABMUHB and CVUHB undertake a collaborative implementation process; this was supported by the members present from each health board.

It was agreed that the implementation plan would need to demonstrate value for money with the expectation being that of reasonable affordability, identifying both capital and revenue expenditure requirements, recognising the potential need to incur transitional costs but with ongoing revenue neutrality or better. It was further noted that in addition to finance considerations there needed to be a clear and positive quality impact assessment.

Members asked that consideration be given as to how learning could be drawn from the processes followed during this work and how this might be applied to future service change, redesign or development.

Members resolved to:

- **Support** the recommendation regarding the configuration of thoracic surgery services at a single centre;
- **Support** the recommendation of the location of that single centre at Morriston Hospital, Swansea; and
- **Approve** the recommendations subject to:
 - The appointment of a clinical implementation lead to drive the process forward;
 - A collaborative implementation process being taken forward jointly by ABMUHB and CVUHB;
 - The submission by ABMUHB and CVUHB of a comprehensive Implementation Plan for consideration at the 15 May 2018 Joint Committee meeting; and
 - The submission of information to the WHSS Team to enable it to present a value for money assessment to the 15 May 2018 Joint Committee meeting.

JC17/086 **Perinatal Mental Health Options Appraisal**

Members received a paper which provided an update and presented the clinical view of the Tier 4 Perinatal Mental Health task and finish group.

Members were presented with an overview of the paper and current position. It was noted that a number of clinical workshops had been held to review the service model on an all Wales approach, considering the role of the mental health team with close working relationships with home treatment and crisis teams. Members noted that there were a small number of Welsh patients within Tier 4 inpatient facilities with increased complexity. It was further noted from the paper that there was evidence to support development of an inpatient mother and baby unit facility (MBU) in south Wales as part of an integrated whole system model of care; the predicted demand for inpatient facilities in north Wales meant that a single approach was not yet clear and that further work was required to consider the options; there was political and stakeholder support for a MBU in south Wales with ongoing work to clarify costs and identify funding; and there was a need to move swiftly in developing provision in Wales and an interim solution was suggested.

It was reported that NHS England was exploring service specifications and considering the impacts of co-location of services, which may assist with the work being taken forward by NHS Wales around service provision.

A discussion was held around the importance of understanding the rationale of the decision previously taken to disinvest in the Cardiff service. It was suggested that significant factors included lack of demand because of a limited catchment area and lack of skills and knowledge in community care at that time to recognise appropriate cases for the unit.

Members acknowledged the importance to learn from previous experiences around investment and sustainability of services.

Members noted that further discussions were required with Welsh Government to understand availability of funding and gain assurances around the levels of activity and longer term arrangements.

It was noted that the Welsh Assembly was to debate the Children, Young People and Education Committee's report on Perinatal Mental Health on 31 January 2018. It was suggested that the Joint Committee await the outcome of the debate before taking a final decision. It was also acknowledged that no provision had been made within the 2018-21 ICP for perinatal mental health and therefore new funding would be required to deliver such a service. It was suggested that a task and finish group be established, comprising representatives from each health board to understand availability of resources/ facilities to potentially support a service.

Members resolved to:

- **Note** the information presented within the report;
 - **Support** the recommendation of an interim model for inpatient care in south Wales, subject to the learning from the Cardiff MBU closure;
 - **Support** the recommendation that WHSSC continue to work with BCU and NHS England in developing the feasibility of a Mother and Baby Unit in north east Wales; and
- Agree** that interim options for provision are worked up in detail, with an update brought forward in March 2018, which would include discussions with Welsh Government officials regarding investment options and establishment of task and finish group with representatives from all health boards to identify available resource/facilities to support a service.

JC17/087 **Interventional Neuroradiology (INR) and Thrombectomy**

Members received an oral update on the work being done to ensure a sustainable INR service and to explore the prospects for the phased introduction of a thrombectomy service for south Wales, both in conjunction with North Bristol NHS Trust. The WHSS Team had also been exploring the introduction of a thrombectomy service for north Wales and north Powys with North Midlands NHS Trust.

The WHSS team had held a meeting with CVUHB on 26 January 2018, to agree a way forward and it was anticipated a report will be provided to the next Management Group meeting.

Members noted the work taken forward by the project group and discussed the requirement to ensure there would be a sustainable system and pathway which ensured timely access to care, which for thrombectomy patients was time critical. Members also noted that considerations were needed around the implications for the Welsh Ambulance Service NHS Trust and that the plan for thrombectomy would

be a phased introduction over the next five years, which was aligned to the NHS England position.

Members resolved to:

- **Note** the update.

JC17/088 **Risk Sharing**

Members received a report which set out a proposed new risk sharing framework consistent with the presentation received in November 2017.

Members were provided with an overview of the report which outlined previous proposals presented to Joint Committee members and reiterated the underlying need for a new process.

The latest proposal was based on establishing a neutral baseline based on the latest known two financial years' averages followed by IMTPs based on two year averages. The IMTP impact would be neutral in 2018-19 followed by partial impact in 2019-20 with the full impact biting from 2020-21. Members of the Finance Sub-group were supportive, noting the residual concern of one health board regarding the current year. The paper had been circulated in advance to CEOs and DOFs to enable them to provide feedback ahead of the meeting.

It was confirmed that the proposed model presented three pools 1) utilisation, pay for services received; 2) risk, for high cost low volume services, such as Individual Patient Funding Requests; and 3) opt out, for significant planned changes in provision, for example repatriated services back to locality.

Members were informed that the Finance Sub-group had thoroughly reviewed the proposed new framework and were supportive as was the Management Group.

Members acknowledged the requirement for all health boards to sign up and commit to the principles set out in the paper, recognising that there is volatility within the system that would need to be managed.

Members held a discussion around there being no requirement for an impact assessment, if the principles were agreed due to there being no initial loss or gain by health boards within the proposal set out.

Members of the Joint Committee thanked the Directors of Finance and Finance Sub-group for their efforts in developing the new framework.

Members resolved to:

- **Approve** the proposed risk sharing system detailed within the report.

SHG left the meeting at approx. 11.30am

JC17/089 **WHSSC Governance and Assurance Framework Review**

Members received a paper which provided an overview of the proposed amendments to the Governance and Accountability Framework (GAF) for the Welsh Health Specialised Services Committee.

Members noted that the GAF was due to be reviewed in November 2017, however due to capacity constraints within the Corporate Governance Team, this had not been possible. Therefore, a high level review had been undertaken taking into account key areas of change, relating mainly to the transfer of two clinical advisory groups, the Child and Adolescent Mental Health Service and Eating Disorders Network and the Neonatal Network, to Public Health Wales in October and the subsequent transfer of their Governance arrangements to the NHS Health Collaborative as at 1 January 2018.

Members were informed that a more robust 'deep dive' review would be undertaken over the next few months which would be presented to the Joint Committee in September 2018.

Members resolved to:

- **Note** the content of the report;
- **Note** the proposed amendments to the Governance and Accountability Framework; and
- **Support** the proposed amendments and the proposed action to undertake a full 'deep dive' review of the Governance and Accountability Framework by 30 September 2018.

JC17/090 **WHSSC Joint Committee Annual Business Cycle 2018-19**

Members received a paper detailing the draft business cycle for 2018-19.

Members noted that this was an annual exercise to support the decision making processes of the Joint Committee. It further noted that the work plan presented was a dynamic document and would change throughout the year as new areas of work arose.

Members resolve to:

- **Note** the content of the report, including the schedule of meetings for 2018-19.

JC17/091 **Corporate Risk and Assurance Framework**

Members received a paper which provided an update on progress made in developing the WHSSC Corporate risk management framework.

Members noted the recent changes following feedback received from various assurance committees, and the actions taken forward by the WHSSC internal risk management group. It was noted that all risks on the register were owned by the Director of Planning, as lead Executive, and the WHSSC Quality and Patient Safety Committee, as the assuring committee.

A discussion was held around the Joint Committee's risk appetite, the way in which risk was presented to the Joint Committee and clarity was requested around how the Joint Committee could receive assurance around how risks were scrutinised by the different joint sub-committees. Members noted that the report was presented to all assurance committees in a similar format to that presented to the Joint Committee, and that the Internal Risk Management Group and the Corporate Directors Group Board scrutinised all risks identified for the organisation. Each of these sub-committees and groups were represented on the Joint Committee and the work of the sub-committees was expressly reported to the Joint Committee.

It was noted that the role of the WHSSC Audit Committee was to ensure that there was a risk management system in place and that it was operating effectively. The Audit Committee had not been assured to date that the process was working as well as it might because of the lack of visibility of a risk register or 'risk on a page' reports, however it had recognised that positive steps had been made by the WHSS Team in developing the Corporate Risk and Assurance Framework (CRAF).

A question was raised around the apparent lack of risks relating to the long term strategy or around ongoing development of skills. It was noted that currently all corporate risks were below the reporting threshold (score of 15 or above) and therefore sat on Directorate or Programme risk registers and were considered by the WHSS Team but did not require escalation to the CRAF for consideration by the Joint Committee.

A question was raised as to the level of communication between the WHSS Team and health boards to share risks. It was noted that there was a Risk Management Framework relating to risks associated with schemes within the ICP and that these were discussed with individual service areas. It was further noted that there was a triangulation across the Quality and Patient Safety Committees in relation to WHSSC risks on the CRAF.

Assurances were sought in relation to the actions being taken and regular monitoring for risk CH/020 (Lung Cancer RTT) as there was a question around sustainability of the current position. It was noted that the WHSS Team was in regular contact with the provider and that the current issues related to unexpected leave within the service team.

Members resolved to:

- **Note** the update provided within the report and received assurance that risks were being appropriately assessed and managed.

JC17/092 **Integrated Performance Report**

Members received the report for November 2017, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

The services currently in the WHSSC escalation process were noted. Paediatric Intensive Care had been escalated to level 2; there had been no PICU beds available in Cardiff or Bristol for a 24 hour period. Paediatric surgery at CVUHB remained at level 3; a commissioning quality visit had taken place on 26 January. A performance meeting had been held in December in respect of the lymphoma panel, which was at level 2. The tender process had been paused for the Bariatric service pending further assessment against the specification.

Members resolved to:

- **Note** November performance and the action being undertaken to address areas of non-compliance.

JC17/093 **Financial Performance Report**

Members received the report setting out the estimated financial position for Month 9 2017-18 noting a year to date overspend of £839k with a forecast overspend to year-end of £19k for WHSSC.

It was noted that the position remained relatively stable although material uncertainty remained around the risk of HRG4+ price increases proposed by English NHS providers.

Members noted that the WHSS team were working with Welsh Government, NHS England, NHS Improvement and the Department of Health to resolve the issues. It was felt that there had been positive movement and it was anticipated that a resolution would be achieved by the end of the financial year. Members held a discussion around HRG4+ and noted that there would be no additional write backs beyond what had already been made to date.

Members resolved to:

- **Note** the current financial position and forecast year-end position.
- **Note** the residual risks for the year including the HRG4+ risk.

JC17/094 **Reports from the Joint Sub-committees and Advisory Group Chairs**

Members received the following report from the Joint Sub-committees and Advisory Group chairs:

Sub Committees

Integrated Governance Committee

Members received and noted the report of the meeting held 9 January 2018.

All Wales Individual Patient Funding Request Panel

Members received and noted the report of the meeting held 13 December 2017. Members were informed that an All Wales workshop was scheduled for May 2018 in relation to the new laws relating to consent to treatment and an information leaflet was to be produced for patients and the public.

Welsh Renal Clinical Network

Members received and noted the report of the meeting held 4 December 2017. Members noted that the Renal Procurement team had won a national award for the best process/procurement initiative in relation to their work on south east dialysis expansion.

Audit Committee

Members received and noted the report of the meeting held 15 January 2018. It was noted that WHSSC had received substantial assurance on the Internal Audit Report against Core Financial Systems, for which the WHSS Team should be commended.

Advisory Groups

NHS Wales Gender Identity Partnership Group

Members received and noted the report of the meeting held 18 December 2018. Appended to the report was the work plan for the work being taken forward, by the recently appointed project lead, in developing an interim gender pathway. Members noted that there had been ongoing discussions with Welsh Government around funding provision and it was anticipated that a finalised business case for the service, for consideration by Welsh Government, would be available shortly.

Members resolved to

- **Note** the updates.

JC17/095 **Date and Time of Next Meeting**

It was confirmed that the next Meeting of the Joint Committee would be held on 27 March 2018, Health and Care Research Wales - Castlebridge 4, 15-19 Cowbridge Rd East, Cardiff, CF11 9AB

The public meeting concluded at approximately **12.00noon**

Chair's Signature:

Date: