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

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – JANUARY 2018**

The Welsh Health Specialised Services Committee held its latest public meeting on 29 January 2018. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what's happening in Welsh Health Specialised Services.

The papers for the meeting are available [here](#)

### **Action Log & Matters Arising**

Members noted the action log. A presentation on the Integrated Commissioning Plan 2018-21 was to be considered in private session.

### **Chair's Report**

The content of the Chair's written report was noted.

Charles (Jan) Janczewski was appointed as an Independent Member of the Joint Committee and as a member and Chair of the Quality & Patient Safety Committee, all effective from 1 February 2018.

### **Managing Director's Report**

Members noted the content of the Managing Director's report and in particular updates on:

- Inherited Bleeding Disorders
- Cardiac inter hospital transfers
- Appointment of an Information Manager to the WHSS Team

### **Alternative Augmented Communication (AAC) Evaluation**

Members received an evaluation report of the AAC service undertaken by Dr Amanda Squire of Cardiff Metropolitan University which considered the progress of health boards in implementing the new service model, identified potential improvements in service delivery and outlined recommended funding levels for a further two years followed by a further evaluation in 2020. An indication had been received from Welsh Government that all future funding for AAC would come from the NHS; it was felt that this should be explored further to determine whether any funding was available for transfer from elsewhere, including the potential for funding from the Integrated Care Fund.

Members noted the evaluation report.

### **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.

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

Members felt the case for change was compelling and founded on non-financial information that was evidence based and patient centred.

Members approved the recommendations and requested a detailed implementation plan be submitted to its meeting in May 2018, put together by ABMUHB and CVUHB, working in conjunction with the WHSS Team, and led by a Clinical Implementation Lead, who will be appointed through a competitive process. The plan should identify any capital costs, demonstrate ongoing revenue cost neutrality or better, value for money, continued quality to meet patient needs and focus on developing a strong clinical network across south Wales with care provided locally, wherever possible, for non-surgical parts of the patient pathway. It was acknowledged that there may be transitional costs. It was noted that further public consultation on the proposal may be required.

### **Perinatal Mental Health Options Appraisal**

Members received a paper that provided an update and presented the clinical view of the Tier 4 Perinatal Mental health task and finish group. It was noted that (1) there is 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; (2) the predicted demand for inpatient facilities in north Wales means that a single approach is not yet clear and that further work is required to consider the options; (3) there is political and stakeholder support for a MBU in south Wales with ongoing work to clarify costs and identify funding; and (4) there is a need to move swiftly in developing provision in Wales and an interim solution is suggested.

Members discussed the prior closure of an MBU in Cardiff and suggested that lessons should be learned from that experience. 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 (1) noted the information presented within the paper; (2) supported the recommendation for mother and baby inpatient care in south Wales, subject to the learning from the Cardiff MBU closure; (3) supported the recommendation that WHSSC continue to work with BCUHB and NHS England in developing the feasibility of a MBU in north east Wales; and (4) agreed that interim options for provision are worked up in detail and brought forward for update in March 2018, which would include discussions with Welsh Government officials regarding investment options.

### **Interventional Neuro Radiology (INR) and Thrombectomy Update**

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.

### **Risk Sharing**

Members received a report setting out a proposed risk sharing framework consistent with the presentation given to them in November 2017.

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.

Members approved the proposed risk sharing system detailed within the report.

### **Governance & Accountability Framework (GAF) Review**

Members received a report that presented an overview of proposed amendments to the GAF and an action to undertake a 'deep dive' review later in the calendar year.

Members (1) noted the content of the report; (2) noted the proposed amendments to the GAF; and (3) supported the proposed amendments and the proposed action to undertake a full 'deep dive' review of the GAF by 30 September 2018.

## **Joint Committee Annual Business Cycle 2018-19**

Members received a paper that provided a draft of the Joint Committee annual Business Cycle 2018-19.

Members noted the content of the report, including the schedule of meetings for 2018-19.

## **Corporate Risk & Assurance Framework (CRAF)**

Members received a paper which provided an update on progress made in developing the WHSSC CRAF. Members noted the recent changes following feedback received from various assurance committees, and the actions taken forward by the WHSS Team. It was noted that all risks currently appearing on the corporate risk register were owned by the Director of Planning and the WHSSC Quality and Patient Safety Committee was the relevant assurance committee. It was confirmed that the role of the Audit Committee was to ensure that there was a risk management system in place and that it was operating effectively. Further consideration would be given to the organisation's risk appetite.

Members noted the update provided and received assurance that risks were being appropriately assessed and managed.

## **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.

## **Financial Performance Report**

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

Material uncertainty remained regarding the risk of HRG4+ price increases from English providers, although NHS England and NHS Improvement were now more positive regarding a solution and the matter had been escalated to the Department of Health. Welsh Government was aware of the position and the potential impact on health boards.

## **Joint Sub Committees and Advisory Groups**

Members noted the update reports from the following joint sub committees and advisory groups:

- Integrated Governance Committee
- All Wales Individual Patient Funding Request Panel
- Welsh Renal Clinical Network
- Audit Committee
- All Wales Gender Identity Partnership Group