

Minutes of the Welsh Health Specialised Services Committee Meeting of the Joint Committee

held on 27 June 2017

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

Members Present

Ann Lloyd	(AL)	Chair
Lyn Meadows	(LM)	Vice Chair
Marcus Longley	(ML)	Independent Member
Chris Turner	(CT)	Independent Member/ Audit Lead
Alexandra Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Stuart Davies	(SD)	Acting Managing Director of Specialised and Tertiary Services Commissioning, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Sian Lewis	(SL)	Acting Medical Director, WHSSC
Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
John Williams	(JW)	Chair of Welsh Renal Clinical Network

Apologies:

Tracey Cooper	(TC)	Tracey Cooper, Chief Executive, Public Health Wales
Gary Doherty	(GD)	Chief Executive for Betsi Cadwaladr UHB
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB

In Attendance

Ian Langfield	(IL)	Acting Director of Planning, WHSSC
Evan Moore	(EM)	Deputy Chief Executive, Betsi Cadwaladr UHB
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Ruth Treharne	RT	Director Of Planning and Performance/Deputy Chief Executive Cwm Taf UHB

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC
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The Meeting opened at **12.50pm**

JC17/015 **Welcome, Introductions and Apologies**

The Chair formally opened the meeting and welcomed members and the public.

JC17/016 **Declarations of Interest**

There were no declarations to note.

JC17/017 **Patient Story (video)**

Members noted that the patient story was related to Perinatal Mental Health for which a paper was anticipated at the next meeting. Members agreed to defer the video to the next meeting.

JC17/018 **Accuracy of Minutes of the meetings held 30 May 2017**

Members reviewed and approved the minutes of the meeting held on 30 May 2017 as a true and accurate record.

JC17/019 **Action Log and Matters Arising**

Action Log

Members reviewed the action log and noted the updates provided.

JC007 – WHSSC Integrated Commissioning Plan 2017-20

It was noted that a written resolution for version 3.0 of the Plan had been circulated on 16 June 2017 in accordance with the agreement at the meeting held in May 2017. All voting members had signed the Written Resolution or confirmed their support in writing; the ICP was therefore approved. Therefore, work to produce a summary document for wider distribution could commence.

It was confirmed that the approval of the WHSSC Integrated Commissioning Plan (ICP) 2017-20 would enable the remaining open ICP related actions (JC001, JC004 and JC005) to be progressed.

JC009 – Provision of Specialised Neurosciences in NHS Wales

Members recalled the paper presented at the last meeting which highlighted the varying degrees of fragility with neurosciences and differences in the way services were provided. It was noted that a Neurosciences Strategy Group had been established and had held its first meeting at which it agreed a timeline and prioritised the consideration of sub speciality services; members requested sight of the proposed timeline. It was anticipated that an update paper would be presented to the Management Group in July 2017.

Action:

- **Timescales for work agreed by the Neurosciences Strategy Group to be circulated to member of the Joint Committee for information. (IL)**

Matters Arising

Community Health Councils (CHC)

Members received an update on the work being progressed around engagement. It was noted that, specifically in relation to the Thoracic Surgery Review, WHSSC officers continued to liaise with representatives of the joint Board of the CHCs and information had been shared with them but WHSSC had not yet received any feedback. Members recognised the difficulties faced and offered support in identifying opportunities and processes for engaging with the CHCs at a local level.

JC17/020 **Report from the Chair**

Members received the report from the Chair noting the following:

All Wales Chairs Meeting

An update of the meeting, which the Cabinet Secretary attended, was provided and key messages noted in relation to financial performance, transformation, quality of care and efficiency gains. Members noted that the Cabinet Secretary had reiterated that proposals to change services needed to be evidence based and approved promptly.

Chair's Action

Members noted the detail presented in the report relating to Chair's action taken following the WHSSC Joint Committee meeting held in May 2017 and the approval of the recommendations set out in the paper on the Specialised Neurosciences Review was ratified.

Members resolved to

- **Note** the content of the report, and
- **Ratify** Chair's action taken in relation the Specialised Neurosciences Review

JC17/021 **Report from the Acting Managing Director**

Members received the report which provided an update on key issues that had arisen since the last meeting. The following areas were highlighted.

Thoracic Surgery Review

Members noted that a revised timeline had been proposed due to a number of factors, including the engagement process noted earlier in the meeting. Members were informed that greater detail regarding this would be provided within the private session.

Performance Management

An enhanced performance management framework was being developed that would incorporate the WHSSC escalation process and be reported on through a revised version of the Performance Report. Members were advised that current performance issues would be considered under the Performance Management agenda item, and further detail made available during the private session.

All Wales Blood Service Programme

Members noted that the project completed in 2016 and there was now an all Wales blood service, incorporating north Wales. The final report from the Project Board had recently been received by WHSSC. The report presented a positive outcome within timeline, generated cost savings and maintained a quality blood supply for the whole of Wales. It was anticipated that a paper on the closure report and proposed next steps would be presented at the next meeting of the Joint Committee.

Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales (WHSSC)

Members requested an update regarding the appointment of the Managing Director for WHSSC. It was noted that Sian Lewis' appointment as Managing Director of WHSSC had been confirmed and that she would commence in the role during September 2017.

Members resolved to

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

JC17/022 **Inherited Bleeding Disorders**

Members received the paper which highlighted the continued patient and commissioner risks in the Inherited Bleeding Disorders (IBD) service, made members aware that the WHSSC Team was not fully assured that the current arrangements would address these risks, and outlined options and a recommendation to address the risks.

Members noted that a paper had been considered by the Management Group in January 2017 to prioritise IBD within the Integrated Commissioning Plan to consolidate commissioning of the service to one commissioner as it was a specialised service; however, additional resources would be required to achieve this. It was noted that the additional resource could be delivered through the use of savings arising from other blood projects. The Management Group had considered the proposal, but a decision was deferred. The WHSSC Team had written to Health Board Chief Executives to advise them of the outcome and the continuing risks.

IL provided an overview of the concerns including, lack of resilience, inequity of access in south west Wales and provision of outreach clinics not achieved. The paper proposed three options to address the

commissioning arrangements as set out in section 3.5 and a recommendation was made to align commissioning responsibility and funding under WHSSC (option 3). Health Boards were asked to transfer their existing IBD resources to WHSSC in support of the proposal.

Members discussed the decision making process for this work and it was noted that it was within the remit of the Joint Committee as a joint committee of the seven Health Boards. It was also noted that the Management Group had not had an opportunity to consider the responses to the Chief Executive correspondence as it was felt more appropriate for the options proposed to be considered by the Joint Committee.

Members discussed the financial detail relating to the resource implications, sought further assurances in relation the level of savings from other blood services, the potential implication of future investments, and how to mitigate any ongoing risks.

The proposal was supported in principle, subject to a summary of the headline costs and savings on which the proposal was based.

Action:

Provide a summary of the headline costs and savings on which the IBD recommendation was based. (IL)

Members resolved to:

- **Note** the continued patient and commissioner risks in the IBD service;
- **Note** that current commissioning arrangements are suboptimal and make a single all Wales approach to strategic planning difficult to achieve; and
- **Support, in principle**, subject to a summary of the headline costs and savings on which the proposal was based.
 - the transfer of resources from Health Boards to WHSSC to align resources with commissioning responsibility;
 - the development of a proposal for an increase in commissioning capacity for this service on a spend to save basis; and
 - the development of a commissioning strategy for the whole of Wales for the IBD service.

JC17/023 **Performance Report**

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

Members noted that the focus of the paper had been narrowed to areas of high risk and escalation with Neuroradiology and Paediatric surgery

highlighted as areas for which further discussion was required 'in committee'.

Other key areas to note included:

Cardiac Surgery

The 36 weeks target was not being achieved. Members noted recent work being undertaken by the Delivery Unit around pathway start dates; the way in which these were being recorded varied. It was noted that an assessment of inter-hospital transfer rates was to be carried out.

Plastic Surgery

There had been some improvements in the service; however it was not believed that the target to reduce the number of 36 week breaches to 40 by year end would be achieved. It was noted that a service summit meeting had been scheduled at which this would be discussed.

Paediatric Surgery

It was noted that there had been a reduction in the number of 52 week breaches. Despite some progress the backlog was not expected to be cleared by the end of quarter 1 2017-18.

Neurosurgery

Performance continued to deteriorate due to issues around theatre capacity and length of stay reducing bed capacity.

Bariatric Surgery

Members noted good progress within this service; however WHSSC had written to the current service provider to confirm the intention to take forward a tender for future service provision for south Wales.

Thoracic Surgery

The outsourcing project for south west Wales had not commenced yet; the situation was being monitored but it may be necessary to identify a different provider.

It was further noted that WHSSC had contacted Chief Operating Officers as there had been difficulty obtaining data for lung resection data, previously sourced through the Cancer Network.

Posture and Mobility: Referral to Treatment Wheelchairs

The position for adult services had deteriorated due to staff vacancies across two of the three sites and was not likely to recover to achieve the national target in the near future. Members noted that comprehensive presentations were provided by each provider of the service at the All Wales Posture and Mobility Partnership Board, where future plans for recovery were clearly set out and assurance provided.

Children and Adolescent Mental Health Service

It was noted that work had commenced in north Wales around the balance of patients being managed locally and out of area. It was noted that there were staffing issues in terms of pay rates for staff working in the community being higher than rates for hospital staff and concerns around long term sustainability.

It was noted that work was being undertaken around outcomes and patient experience and it was anticipated that this would be included in future reports to better triangulate quality and performance information against the escalation framework.

A question was raised in relation to recovery plans for cardiac surgery and paediatric surgery waiting times and assurances sought that these would result in improved performance. It was noted that, for cardiac surgery, the breaches in north Wales were mostly attributed to minimital valve surgery, whereby patients received a choice and had consented to the longer wait. It was noted that in Cardiff capacity was stable and positive progress was being made. There were some concerns around capacity in Swansea due to difficulties recruiting and retaining cardiac scrub nurses. In relation to paediatric surgery, members noted that there had been some improvement in volume of activity; however concerns still remained around the way in which patients were prioritised. Members noted that the WHSSC Team had sought further assurances around the impact on patients and management of risk by the provider.

Members discussed the impact of waiting times for cardiac surgery and noted that the Management Group would be undertaking a piece of work to understand the rationale for variance in acuity across Wales.

Members noted that an annual performance report 2016-17 was to be presented at the next meeting.

Members resolved to:

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

JC17/024 **Financial Performance Report**

Members received the report which provided the current financial position of WHSSC together with outturn forecasts for the financial year.

It was noted that the financial position reported at Month 2 was a projected underspend to year-end of £760k, based on Month 1 data. There were some concerns around the NHS England spend that was now based on HRG4+ Payment by results rates. The WHSSC Team was resisting this on the basis that it reflected a cost increase in specialised services for no extra activity. Members received an overview of HRG4+ pricing system used within the NHS in England.

Members resolved to:

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

JC17/025 **Reports from the Joint Sub-committees and Advisory Group Chairs'**

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

Sub Committees

All Wales Individual Patient Funding Request Panel

Members noted the update from the meeting held 31 May 2017 with the following areas highlighted to note:

Requests for positron emission tomography (PET) scans continued to rise; consideration was being given as to how these might be managed going forward.

Members noted that there had been a poor response from Health Board in relation to ensuring clinical representation at IPFR Panel meetings. It was noted that the lack of clinical representation lead to delays in the decision process and Health Board members were urged to feed this information back to their respective Boards and give greater consideration to nominations for clinical representatives.

Audit Committee

Members noted the update from the meeting held 31 May 2017 and were informed that the WHSSC Annual Accounts and Annual Governance Statement had been approved without comment.

Advisory Groups

All Wales Neonatal Network Steering Group

Members noted the update from the meeting held in June 2017 and the work being carried out in relation to a proposal for a 24 hour transport service in south Wales.

All Wales Gender Identity Partnership Group

Members noted the update from the meeting held on 16 May 2017, with the following areas highlighted:

At the last meeting of the Group there had been an agreement to change its name to better reflect its work. The Group received a closure report on the funding for the 2015 project, which indicated an under spend of £10,000 that Welsh Government had agreed could be released to support

the ongoing work of the Group.

Members were informed of the requirement to provide an interim solution for hormone prescribing due to associated issues arising. It was noted that work was progressing with this and it was anticipated that a proposed pathway would be shared with stakeholders in August 2017 with a report to the WHSSC Joint Committee in September 2017 for a decision. It was noted that Welsh Government had committed £500,000 to support this.

The Joint Committee received and approved the revised Terms of Reference for the Group.

The Chair and members extended their thanks to Tracy Myhill and Carole Bell for their hard work and commitment to the Partnership Board given the concerns and current difficulties within the service.

Child and Adolescent Mental Health Service and Eating Disorders Network Steering Group.

It was noted that the Group met on 22 June 2017 and that a formal report would be provided to the next meeting of the Joint Committee. Members noted that a paper had been presented on the work of the tier 4 task and finish group, mother and baby unit for perinatal mental health in south Wales. It was anticipated that a paper would be presented in July accompanied by a patient story.

JC17/026 **Date and Time of Next Meeting**

It was confirmed that the next meeting of the Joint Committee would be held on 25 July 2017.

The public meeting concluded at approximately **1.50pm**