

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

held on 30 May 2017, 9.30am at  
Health and Care Research, Castlebridge 4,  
Cowbridge Road East, Cardiff

### Members Present

Ann Lloyd	(AL)	Chair
Lyn Meadows	(LM)	Vice Chair (via videoconference)
Chris Turner	(CT)	Independent Member/ Audit Lead
Sharon Hopkins	(SH)	Interim Chief Executive, Cardiff and Vale UHB
Marcus Longley	(ML)	Independent Member
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
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

### 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
Alex Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
John Williams	(JW)	Chair of Welsh Renal Clinical Network

### In Attendance

Paul Buss	(PB)	Medical Director/ Deputy Chief Executive, Aneurin Bevan UHB
Sian Harrop-Griffiths	(SHG)	Director of Strategy, Abertawe Bro Morgannwg UHB
Geoff Lang	(GL)	Executive Director of Strategy, Betsi Cadwaladr UHB
Ian Langfield	(IL)	Acting Director of Planning, WHSSC
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 9.35am

JC17/001 **Patient Story – Paediatric Cardiac Surgery**

The Chair welcomed Debbie Jones and her daughter Lilly, who was born with congenital heart disease/ hole in the heart.

Debbie provided members with an account of Lilly's care and the journey through the care pathway. Members noted that a diagnosis had been made in Cardiff during the pregnancy and that arrangements had been made for Lilly to be born at the Bristol Royal Infirmary (BRI) specialist unit. The transition from Cardiff to Bristol was smooth and Debbie felt that Bristol had been well prepared, which allowed her to focus on Lilly rather than having to explain and pass information to the clinical team in Bristol. Members noted that accommodation had been provided for Debbie and her partner in Bristol which was welcomed. However, as the service was in Bristol they were slightly isolated from the wider family network. Lilly underwent a number of operations, the final of which was to repair the hole in her heart. This was successful and Lilly is now a healthy heart baby. Debbie noted that she could not fault the service and level of care received from both BRI and University Hospital Wales, Cardiff.

CB reminded members of the recommendations of the Bristol Cardiac Review and highlighted that Lilly's story demonstrated the considered efforts being made to improve the way the service worked with the family and how the two teams worked together to ensure a successful outcome for Lilly.

Members noted that work around the recommendations, including how to bring the family into planning care were ongoing and were being monitored by the Network.

Members thanked Debbie for sharing her experiences.

JC17/002 **Welcome, Introductions and Apologies**

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

It was noted that the meeting was inquorate. The Chair received support to proceed with the meeting on the condition that any decisions would be taken by Chair's action, except for approval of the Integrated Commissioning Plan (ICP), where approval was required from all members; therefore it was agreed that for this item a formal request would be sent to members requesting written approval of the ICP or an explanation as to why if the ICP was not supported.

Apologies were received as noted above. It was noted that Sian Harrop-Griffiths was in attendance at the meeting on behalf of Alex Howells, Geoff Lang on behalf of Gary Doherty, Ruth Treharne on behalf of Allison Williams and Paul Buss on behalf of Judith Paget.

JC17/003 **Declarations of Interest**

There were no declarations to note.

JC17/004 **Accuracy of Minutes of the meetings held 28 March 2017**

Members approved the minutes of the meeting held on 28 March 2017 as a true and accurate record.

JC17/005 **Action Log and Matters Arising**

**Action Log**

Members reviewed the action log and noted the updates provided.

**JC021 - Individual Patient Funding Requests (IPFR): Independent Review**

Members noted that the Chair had spoken with Professor Harpwood, chair of the All Wales IPFR Panel, and noted that there were a number of concerns raised in respect of the Review. In addition, the current key areas of concern regarding IPFR were a significant increase in requests for positron emission tomography (PET) scans and the non-attendance of clinical representatives at IPFR Panel meetings. It was noted that a parallel process for PET scan approval was being developed and members were urged to encourage clinical representatives from their health boards to use their best endeavours to attend IPFR Panel meetings.

**Matters Arising**

None to note.

JC17/006 **Report from the Chair**

Members received the report from the Chair noting the following:

**Meeting with Cabinet Secretary**

The Cabinet Secretary had voiced concern with regard to the high risk services currently being reviewed and requested that he be provided with regular updates. The meeting focussed on performance from both commissioner and provider perspectives.

**All Wales NHS Chairs Meeting**

The group remained anxious regarding a number of service performance issues, including cardiac surgery and the thoracic surgery review.

**Health Board - Board meetings**

The Chair and Acting Managing Director had been well received and had found these meetings very interesting.

## Review of Culture

Members were reminded of an independent review into complaints about bullying in WHSSC that was conducted in November 2016. It was noted that a report on the review had been received in December 2016 and recommendations shared with staff. The Chair believed that since the review there had been a positive change to the atmosphere amongst staff at WHSSC. However, another letter had been received recently by the Cabinet Secretary from an Assembly Member repeating concerns and calling for a further independent review. Members noted that the Chair felt it important to update the Committee to ensure transparency and expressed her disappointment to have been made aware of the latest letter. The Chair indicated that she would be meeting the Assembly Member to discuss the nature of the complaint and would be happy to invite the independent reviewer back to WHSSC to determine whether or not things had improved since the review in 2016.

Members resolved to

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

## JC17/007 **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.

### Associate Medical Director Appointments

Members noted the appointment of five Associate Medical Directors (AMDs) to WHSSC. This was described as an important step in strengthening and embedding clinical engagement within WHSSC's work.

Members were informed that the fifth AMD, Robert Colgate, a Consultant Psychiatrist at ABMUHB, had now been appointed to cover the Mental Health portfolio.

SL was also looking at the possibility of honorary roles for some of the applicants who had not been appointed but had expressed a continuing interest in being involved with WHSSC. This would enable WHSSC to facilitate developmental opportunities for clinical staff seeking strategic managerial experience. SL would be working with Health Boards to ensure a smooth transition for any clinicians appointed to roles with WHSSC.

### Risk Sharing

The update was noted and it was explained that a more detailed discussion would be held in private session.

### Neuroradiology

It was noted that this issue related specifically to the Interventional element of Neuroradiology, rather than the wider Neuroradiology service. Members were reminded of discussions at the previous meeting around

sustainability of the service and the turnover of staff. It was noted that the recruitment process had not been successful and there had been a substantial interruption to the service. Members received assurances that the WHSSC Team was working closely with the provider.

#### Neurorehabilitation

A range of concerns had been raised around the service. Members noted that the WHSSC Team was investigating concerns related to commissioning and patient flow. Assurances were provided that, at this time, there were no concerns around patient safety.

#### Thoracic Surgery – Additional capacity

Members noted that the action taken in south east Wales, to implement additional weekend working during February 2017, had been positive and consideration was being given as to how this could be sustained going forward.

A referral pathway to University Hospitals of North Midlands NHS Trust had been agreed as an interim arrangement to deliver additional capacity for patients from south west Wales. It was anticipated that patients would start to be transferred from the end of June 2017, later than originally anticipated due to technical difficulties and consultant sick leave.

#### Cardiac Surgery

Members noted that work continued with the Delivery Support Unit to ensure appropriate pathway start dates for the cardiac surgery service. It was explained that breaches in the surgical pathway had occurred when the start dates were corrected at late notice. This was having an impact on the management of waiting lists and would remain a risk until after the full impact was known and worked through.

#### Neonatal Transport

Members noted the ongoing work in relation to the development of proposals for a 24/7 neonatal transport service in south Wales. Members further noted that there was no funding provision for this within the WHSSC 2017-20 ICP. It was anticipated that a paper would be presented to the Joint Committee in September 2017 with a recommendation for the service.

Members resolved to

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

#### JC17/008 **WHSSC Integrated Commissioning Plan 2017-20**

Members received a covering paper together with the Integrated Commissioning Plan for 2017-20 and were asked to confirm their support for the Plan and its submission to Welsh Government.

The Chair drew attention to the level of detail presented within the Plan

and the concern around the lack of availability of a supporting needs analysis. The Chair requested that, once approved, a short summary version of the Plan be produced for wider distribution. This would be used to provide clarity to Health Board chairs of what was in and what was out of the Plan and Health Boards would be encouraged to use it to brief their colleagues, including clinicians.

Members noted that further work would be undertaken, throughout 2017-18, around benefits realisation. It was noted that the Management Group would be considering Thoracic Surgery and Bone Anchored Hearing Aids at their next meeting, and that work had commenced on Blood and Marrow Transplant, phases 1-3.

An overview of the ICP Risk Management Framework was provided and it was noted that this included quality and performance elements.

SD provided an overview of the financial element of the plan and the approach to value based commissioning; more details around the approach, range of opportunities and implementation would be reported to future meetings. Members noted the non-recurrent benefit achieved from the previous year's plan and that work had been started to review investments to ensure benefits were being achieved.

It was suggested that a collective approach was developed to risk management and that knowledge regarding mitigations was shared in a collaborative way across the whole system.

Members noted the importance of having a robust system in place to address escalation and acknowledged that the process, as outlined in section 3.7 of the covering paper, could be developed and nuanced to suit unforeseen circumstances. It was explained that the escalation process would initially be applied to commissioned services; however its output might identify finance for services that were unfunded in the Plan. The WHSSC Team was asked to consider whether the escalation process needed revision to incorporate services not yet commissioned.

IL confirmed that the Plan only incorporated minor amendments from the draft Plan agreed in principle at the March 2017 meeting and that were reflected in the Technical Plan submitted to Welsh Government on 31 March 2017.

The following amendments were suggested for consideration:

- Risk Management Framework (Page 106 of ICP and page 6 of cover sheet)  
Revise text – “Risks scoring 16 or higher will be reviewed by Management Group on a monthly basis .....
- Risk Management Framework diagram (Page 105 of ICP and page 7 of cover sheet)

Include reference to the role of Quality & Patient Safety Committee within the process.

Members queried the recommendation to “*Support the implementation of the ICP Risk Management Framework and advise on the most appropriate officers within each Health Board to outline risks and advise on mitigation*” and requested clarification of what was expected from the officers so that Health Boards could nominate the most appropriate people.

A question was asked as to whether all Health Boards had systems in place to engage with their clinicians and manage expectations regarding the services excluded from the 2017-20 ICP. SHG provided an overview of the processes in place within ABMUHB and members discussed the ways in which information was shared between WHSSC and the Health Boards, also how this might be streamlined to support the Risk Management process. The discussion continued around the distinction between the differential risks to patients depending on which Health Board area they resided in, the risks to NHS Wales providers of specialised services, and the risks for Health Boards and WHSSC as the commissioners of non specialised and specialised services.

ML noted that there was very little narrative on public engagement in the Plan and suggested that a small section be added to outline WHSSC’s practices and intentions in this respect over the next three years. It was explained that WHSSC was endeavouring to engage with the voluntary sector and the CHCs but with limited success to date. The voluntary sector interests were focussed primarily on specific diseases and not at a broader more strategic level; the CHCs had a Health Board population focus. It was suggested that WHSSC should leverage the existing relationships that Health Boards had with their CHCs, also that this could be considered through the Directors of Planning meetings, which WHSSC already attended. SHG suggested that this could be considered at the Directors of Planning group to ensure that local and national engagement plans were aligned.

The Chair requested support from those members present and noted that she would write out to all members seeking approval of the Plan, requesting that a response be provided within 10 days to ensure a swift and efficient submission to Welsh Government. It was agreed that the letter would include details of any amendments made to the Plan, as a result of the discussions at the meeting, and would provide further clarity on the definition of the three domains within the risk management framework.

**Actions:**

- **Once ICP is approved, produce short summary for wider distribution. (IL)**
- **Chair to inform Health Board chairs what is in and what is out**

**of the Plan. (AL)**

- **Consideration to be given to the suggested amendments to the Plan noted above. (IL)**
- **Clarification to be provided to Health Boards around what is expected from the officers identified to advise on the ICP Risk Management Framework so that Health Boards can nominate the most appropriate people. (IL)**
- **Liase with Directors of Planning group to ensure that the local and national engagement plans are aligned. (IL)**
- **Chair to circulate a letter to all members (with updated 2017-20 ICP) for approval.**

JC17/009 **Provision of Specialised Neurosciences in NHS Wales**

Members received a report outlining the current provision of Specialised Neurosciences which will inform a five year Commissioning Strategy for Specialised Neurosciences by the end of 2017.

IL provided an overview of the report noting that the aim was to undertake an assessment of the implementation of recommendations over the last 10 years, highlighting the current service provision and recommendations for future delivery. IL reflected on comments earlier in the meeting around the issues with obtaining robust needs assessments and highlighted issues with Interventional Neuroradiology, Spinal Rehabilitation and detailing the next steps towards developing the strategy.

Members welcomed the work as a strong foundation for the development of the Strategy and recognised the complexities.

A question was asked in relation to the status of sign off of the spinal pathway and cross over with work being carried out by the NHS Wales Health Collaborative on the service model. IL undertook to liaise with the Collaborative to clarify the situation and ensure sharing of information. Members noted that the financial information relating to spinal rehabilitation was provided as part of the finance annex.

**Action:**

- **IL to liaise with the NHS Wales Health Collaborative to clarify the situation regarding sign off of the spinal pathway and sharing of information.**

A discussion was held around the Neurorehabilitation pathway and proposals relating to repatriation. Members noted that further detail on this would be provided through the development of the service specification which would be presented to a future Management Group meeting.

A question was asked as to how much risk there was to implementing a



Neurosciences Strategy, given current and likely future financial constraints. The Chair expressed the view that this represented quite a risk and noted that this should be added to the risk register and rated, if it wasn't already recorded.

**Action**

- **Risk to of inability to implement Neurosciences Strategy to be added to risk register and rated, if not already recorded. (IL)**

ML questioned the apparent lack of patient voice in annex 6 and suggested that it needed to be made clear as to how engagement with patients and the public had been undertaken. Members noted that engagement with patients and the public during this stage had been difficult due to the strategic nature of the review, it was anticipated that a greater level of engagement from would be had when reviewing specific workstreams as these were the areas in which patients and public were most interested. Members acknowledged the importance to ensure that the opportunity to engage was there and it was suggested that further consideration should be given to how best to engage with patients and public on more strategic, All Wales issues. It was suggested that a paragraph be included in the final Strategy paper, which would detail how WHSSC engaged with patients and the public making it clear where there had been any barriers to achieving this.

**Action:**

- **Details regarding patient and public engagement to be included in the Neurosciences Strategy paper when presented to the Joint Committee. (IL)**

Members discussed the need to ensure that the Strategy paper clearly differentiates the commissioning responsibilities of WHSSC and those of the Health Boards, recognising a need for cohesive pathways for patients.

**Action:**

- **Ensure that that the Neurosciences Strategy paper clearly differentiates the commissioning responsibilities of WHSSC and those of the Health Boards. (IL)**

Members resolved to:

- **Note** the current provision of Specialised Neurosciences for patients in NHS Wales which will inform the Five-year Commissioning Strategy;
- **Support** the urgent establishment of network arrangements with NHS England providers for Interventional Neuroradiology;
- **Support** the establishment of an operational delivery network for Specialised Rehabilitation in south Wales;
- **Support** the collective approach to the commissioning of Paediatric Neurology in both north and south Wales; and
- **Support** the proposal to implement a service specification for

Specialist Spinal Surgery and a phased implementation of application of this to the listing of specialist spinal patients within Neurosurgery.

JC17/010 **Delivery of the Integrated Commissioning Plan 2016-17**

Members received the paper which provided an update on the delivery of the Integrated Commissioning Plan for Specialised Services 2016-17 as at the end of March 2017.

Members resolved to:

- **Note** the progress made in the delivery of the 2016/17 ICP;
- **Note** the funding release proforma schedule;
- **Note** the risk management summary.

JC17/011 **Performance Report**

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

It was noted that the format of the report for 2017-18 was being reviewed to provide a more streamlined version. It was acknowledged that the latest version had improved accessibility of information for Management Group members and feedback had been received.

Members resolved to:

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

JC17/012 **Financial Performance Report**

Members received the finance report for Month 1 2017-18 noting a forecast underspend to year-end of £602k. No underlying concerns were noted.

Members resolved to:

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

JC17/013 **Reports from the Joint Sub-committees and Advisory Group Chairs'**

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

**Sub Committees**

**WHSSC Quality and Patient Safety Committee**

Members noted the update from the meeting held 10 May 2017. The key areas of discussion as were noted as:

Blood and Marrow Transplants  
BCUHB had submitted evidence to JACIE for accreditation.  
The Heater Cooler Units issue had closed.

### **All Wales Individual Patient Funding Request Panel**

Members noted the update from the meeting held 26 April 2017.

It was noted that work was still to be carried out following the Review and that the Panel was considering alternate mechanisms for considering applications for PET referrals.

### **WHSSC Integrated Governance Committee**

Members noted the update from the meeting held 10 May 2017.

Members noted that the Committee had raised concerns around the governance of clinical networks and quality assurance of mental health service provision, where assurance had not been received regarding Welsh providers as they were not currently monitored therefore the Committee had asked the WHSS Team to investigate alternative arrangements.

### **Welsh Renal Clinical Network**

Members noted the update from the meeting held 8 May 2017.

Members noted the commissioning of a new unit in Gwent which opened on the 30 March 2017 and the appointment of a lead nurse for the Network. However, it was noted that concerns remained around holding WAST to account for timely non-emergency transport.

It was noted that the Network had been nominated for two awards in pharmacy but missed out on a win. The work around these pieces of work was being reviewed to see if they could be applied to the wider health system to support cost efficiencies.

### **WHSSC Management Group**

Members noted the update from the meeting held 27 April 2017.

### **Audit Committee**

Members noted the update from the meeting held 15 May 2017.

### JC17/014 **Date and Time of Next Meeting**

It was confirmed that the next meeting of the Joint Committee would be held on 27 June 2017.

The public meeting concluded at approximately 11.06am