

Minutes of the Meeting of the Welsh Health Specialised Services Committee

held on 28 November 2017
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
Alexandra Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Len Richardson	(LR)	Chief Executive, Cardiff and Vale 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
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
Lyn Meadows	(LM)	Vice Chair
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB

In Attendance

Glyn Jones	(GJ)	Director of Finance, ABUHB
Geoff Lang	GL	Executive Director of Strategy, BCUHB (VC)
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
---------------	------	-------------------------------------

The Meeting opened at **1.30pm.**

JC17/068 **Welcome, Introductions and Apologies**

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

JC17/069 **Declarations of Interest**

None declared.

JC17/070 **Accuracy of Minutes of the meeting of 26 September 2017**

Members reviewed and approved the minutes of the meeting held on 26 September 2017 as a true and accurate record.

JC17/071 **Action Log**

Members reviewed the action log and received the following updates.

JC019 Perinatal Mental Health. The Cabinet Secretary had responded that day to the recommendations from the Children, Young People and Education Committee. A paper would be brought to the January 2018 Joint Committee meeting.

JC027 Develop standard business case template.

It was suggested that the WHSS Team work with the Directors of Planning on this initiative.

JC028 and JC029 Risk sharing.

A new proposal would be discussed during the 'In committee' session of the meeting.

JC030 Cardiac Magnetic Resonance Imaging Future Responsibilities.

Correspondence had been issued to the All Wales Cardiac Network and Health Boards informing them of the agreement to transfer responsibility to Health Boards.

Matters Arising

There were no matters arising.

JC17/072 **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.

Len Richardson joined the meeting.

JC17/073 **Report from the Managing Director**

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

Positron Emission Tomography (PET) Scanning

Members were reminded of the paper previously presented to the Joint Committee seeking funding for additional indications, for which the Joint Committee had requested further information relating to the clinical effectiveness and cost/benefit for the proposed additional indications. It

was noted that the All Wales PET Scanning Group had discussed the proposal to provide clinical and cost effectiveness business cases for different indications to Management Group and concluded that this would be extremely challenging, time consuming and therefore not viable. The chair of the Group, who also chaired the Clinical Oncology Sub Committee, had indicated that he would be writing to the Director General regarding this matter.

Members acknowledged that Wales was an outlier and there was a need to fully understand the expected level of demand, what could be supported within the current investment levels and available funding. It was noted that although the proposal considered at the previous meetings was very likely to be contained within the financial envelope for 2017-18, it was difficult to guarantee no overspend on new indications against plan for future years. However, there was a clear expectation of savings across pathways arising from use of PET scans for new indications.

A discussion was held around the expected clinical benefits, anticipated savings in secondary care and positive patient experience, the necessity to ensure strong lines of communication with Health Boards around service planning, and the recognition that it was difficult to achieve robust evidence due to the low levels of activity. It was noted that PET scans for non-approved indications were regularly taken through the IPFR process and that this would continue but that the number of cases had necessitated a new route, outside of the mainstream IPFR process.

Members noted that the proposed indications had already been through the prioritisation process and were ranked at the high priority end of the scale. It was further noted that NICE had already positively reviewed the benefits of PET scans for head and neck indications and it was therefore agreed to approve these indications and defer further approval at the present time.

A question was raised around the level of head and neck activity and if this presented a significant percentage across all six indicators and therefore whether it was worth considering approval of all six. It was noted that this information was not readily available.

It was confirmed that there was currently sufficient PET scanning capacity for the head and neck indications.

Members agreed to approve the head and neck indications and defer the others for future consideration as part of the planning process.

Inherited bleeding disorders

A query was raised around the agreement at the last meeting. The WHSS Team clarified that the project would be aligning resources between Health Boards and WHSSC, rather than bringing all provision under

WHSSC. It was noted that an outline project plan would be developed in January 2018 and a project initiation document in February 2018.

Members resolved to:

- **Note** the contents of the report.

JC17/074 **Development of the Integrated Commissioning Plan 2018-21**

Members received a paper that outlined the timeline for the development and submission of the ICP 2018-21, together with the development work involved in the process.

Members noted that the development of the Plan for 2018-21 was underpinned by the Risk Management Framework and that progress was positive. It was noted that, following written communication regarding the Commissioning Principles agreed by Joint Committee, a number of Health Boards had responded with feedback on schemes for inclusion; these were to be discussed as part of the forthcoming joint meeting between Management Group and the Clinical Impact Advisory Group.

It was noted that the WHSS Team had involved Directors of Planning and their teams, in addition to Management Group, to ensure that the ICP was aligned to Health Board IMTPs; it was suggested that this would be very important going forward.

Members noted the development work undertaken and were positive about the process. A query was raised around timescales for January 2018 and whether there was enough time between the Management Group and Joint Committee meetings to ensure amendments could be made as required. Members noted that the WHSS Team were confident that the process was better aligned this year, than in previous years, and therefore it was felt that the timescales were achievable. It was noted that Management Group only represented one element of the process and that the WHSS Team had engaged with a number of groups to support the process. Assurance was given that the WHSS Team had held a number of sessions across various clinical and managerial groups in the development of the Plan and felt that the level of engagement from all parties had been such that it was not anticipated that there would be any significant issues arising in January 2018.

Members resolved to:

- **Note** the development work to date on developing the 2018-21 Integrated Commissioning Plan; and
- **Note** the timeline for the development and submission of the Plan.

JC17/075 **Neonatal Standards Third Edition Update**

Members received a paper that provided an overview of the Health Boards' baseline assessments against the Third Edition of the Standards and proposed that the NHS Wales Health Collaborative consider the Standards and advise on the process for their approval given that the

proposed changes to the governance arrangements for the Neonatal Network were scheduled to come into effect in January 2018.

Members received an overview of the report which presented findings from the baseline self-assessment of current services undertaken by the neonatal network to determine gaps against standards. It was noted that there were two specific areas identified, these being neonatal transport and cot occupancy.

Members noted that neonatal transport had been considered as part of the ICP process for 2018-21. It was noted that there was a need to review the current service model as it was felt that the current resource provision should be sufficient to provide a 24 hour service. However further work was required and the WHSS Team would work with the Network on this and longer term service viability. The paper also proposed that WHSSC worked with Regional Planning Boards to develop an integrated plan for neonatal cots across south Wales; this would be done in the context of the overall model rather than on cot occupancy in isolation. It was suggested that when developing a business case, consideration should be given to the current data on demand, a repatriation model and utilising resources in a more flexible way.

It was noted that the Welsh Government would hold Health Boards accountable against the revised Standards following their launch. A question was raised around the alignment of the Welsh Standards with the English Standards as this would impact Health Boards working cross border. It was confirmed that the revised Standards were similar to the English standards.

Members resolved to:

- **Note** the outcome of the Health Board baseline assessments
- **Support** the proposal for the NHS Wales Health Collaborative to consider the standards and advise on the process for approval
- **Note** that Welsh Government will hold Health Boards to account against the revised Standards following their launch by the Network
- **Support** the proposal for WHSSC to work with Regional Planning Boards to develop a fully integrated plan for neonatal cots across south Wales.

Integrated Performance Report

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

Children and adolescent mental health services in Betsi Cadwaladr University Health Board, together with Paediatric Surgery and Neurosurgery at Cardiff and Vale University Health Board continued to be in stage 3 escalation with Bariatric Surgery at Abertawe Bro Morgannwg University Health Board at stage 4.

Members resolved to:

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

JC17/076 **Financial Performance Report**

Members received the finance report for Month 7 2017-18 noting a year to date overspend of £737k with a forecast underspend to year-end of £259k for WHSSC.

It was noted that HRG4+ reporting had been discussed with Welsh Government. Actual HRG4+ costs were being reported as incurred but were being excluded from year end forecasts with contingency plans developed in case agreement is not achieved with NHS England.

Members noted that the NHS England had agreed to take the matter away and give it further consideration. Whilst there was no certainty, it was anticipated that a response would be received during December 2017, and an update would be provided at the January 2018 meeting. Powys Teaching Health Board and WHSSC were aligned in not signing contracts with English providers. However, it was noted that some Health Boards had signed contracts where local benefits applied.

Clarification was sought in relation to anticipated write backs and it was noted that up to a further £2m of reserves may be available for release if the disputes were favourably resolved.

Members were advised that a clear view of the 2017-18 year end and roll forward position would be presented in the Finance Report to the January Joint Committee meeting.

Members resolved to:

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

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

Quality and Patient Safety Committee

Members noted the update from the meeting held 17 October 2017; a summary of key matters from the last meeting was provided by CB. Members received the Quality and Patient Safety Committee Chair's Annual Report for 2016-17.

All Wales Individual Patient Funding Request Panel

Members noted the update from the meeting held 25 October 2017 and a summary of key matters was provided. It was noted that one case had been taken through the review process and a summary of lessons learned was to be taken back to the next Panel meeting for consideration. Members noted that work was ongoing to appoint a new Chair of the Panel.

Welsh Renal Clinical Network

Members noted the update from the meeting held 16 October 2017 and two key issues relating to transport and dialysis which were being managed and work was progressing to achieve resolution.

Audit Committee

Members noted the update from the meeting held 13 November 2017. It was reported that considerable work had been done by the WHSS Team on the Risk Management Framework but that the Committee didn't feel it received assurance on management of the risks without sight of the risk register but members understood why this was missing.

Members noted that the Quality and Patient Safety Committee had also provided feedback around the Corporate Risk and Assurance Framework and it was noted that development of this was ongoing. It was confirmed that the Joint Committee received the Corporate Risk and Assurance Framework twice a year.

Advisory Groups

NHS Wales Gender Identity Partnership Group

Members received the update from the meeting held 10 November 2017. It was noted that work had begun on the implementation of the interim model and a draft Welsh enhanced service was under negotiation for the Welsh Gender Team to be provided through Cardiff and Vale University Health Board. It was anticipated that communication about the service would commence early in 2018 and that a stakeholder meeting had been arranged with the Cabinet Secretary for Health and Social Service for 13 December 2017.

Members noted that the business case from Cardiff and Vale University Health Board was submitted to the Welsh Government who were providing funding and that this would be diverted to WHSSC and Health Boards as appropriate.

Members resolved to:

- **Note** the reports from the Chairs' of the Sub-Committees and Advisory Groups.

JC17/077 **Date and Time of Next Meeting**

It was confirmed that an Extraordinary Meeting of the Joint Committee would be held on 19 December 2017 at 9.30am

The public meeting concluded at approximately **2.45pm**

Chair's Signature:

Date:

CONFIRMED