

Bundle WHSSC Joint Committee - In Public 22 January 2019

- 1 Preliminary Matters
- 1.1 Welcome, Introductions and Apologies
- 1.2 Declarations of Interest
- 1.3 08:00 - Accuracy of the Minutes of the Meeting held 13 November 2018
 - Chair*
 - To approve the minutes of the meeting held 13 November 2018 as an accurate record*
 - 1.3 Unconfirmed JC Minutes 13.11.18 v0.4.docx
- 1.4 08:05 - Action Log and Matters Arising
 - Chair and Managing Director*
 - To receive the action log and note the updates*
 - 1.4 JC Action Log v2.0.docx
- 2 Items for Decision and/or Consideration
- 2.1 08:10 - Integrated Commissioning Plan 2019-22
 - Presentation*
 - Karen Preece, Director of Planning*
 - To approve the Integrated Commissioning Plan for 2019-22*
- 2.2 08:50 - Fetal Medicine
 - Karen Preece, Director of Planning*
 - To approve the release of funding to increase fetal medicine capacity in the short term*
 - 2.2 Fetal Medicine - Jan 2019 v1.1.docx
 - 2.2 Annex 1 - Fetal Medicine - Cardiff and vale risk register extract.docx
- 2.3 09:00 - Thoracic Surgery
 - Sian Lewis, Managing Director*
 - To note the recommendations and support the proposed governance arrangements for taking forward the commissioning and implementation plans*
 - 2.3Thoracic Surgery_JC Jan19 v0.7.docx
- 3 09:10 - Report of the Managing Director
 - Sian Lewis, Managing Director*
 - To note the report*
 - 3.0 Report from the Managing Director v1.0.docx
- 4 09:20 - Concluding Business
- 4.1 Any Other Business
- 4.2 Date of the Next Meeting
 - Tuesday 12 March 2019, 13:30 hours, National Imaging Academy Wales, Pencoed Business Park, Bridgend, CF35 5HY*

Minutes of the Meeting of the Welsh Health Specialised Services Committee

held on 13 November 2018
at NCCU, Charnwood Court, Nantgarw, CF15 7QZ

Members Present:

Vivienne Harpwood	(VH)	Chair
Chris Turner	(CT)	In the Chair/ Independent Member and Audit Committee Representative
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB
Charles Janczewski	(CJ)	Independent Member/ Chair of the WHSSC Quality and Patient Safety Committee
Sian Lewis	(SL)	Managing Director, WHSSC
Tracy Myhill	(TM)	Chief Executive, Abertawe Bro Morgannwg UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Jennifer Thomas	(JT)	Medical Director, WHSSC
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
John Williams	(JW)	Associate Member/ Chair of the Welsh Clinical Renal Network

Apologies:

Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Lyn Meadows	(LM)	Vice Chair (by VC)
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB

In Attendance:

Shakeel Ahmad	(SA)	Associate Medical Director (Neurosciences and Complex Conditions), WHSSC
Stephen Harry	(SH)	Chief Ambulance Service Commissioner
Sharon Hopkins	(SH)	Director of Public Health, Cardiff and Vale UHB
Ian Langfield	(IL)	Acting Director of Planning, WHSSC
Karen Miles	(KM)	Director of Planning, Performance & Commissioning, Hywel Dda UHB
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

Observers:

Andrew Cresswell	North Locality General Manager, Powys THB
Simon Dean	Welsh Government

Julie Keegan

Assistant Director of Commissioning, Cwm Taf
UHB

Robert Mahoney

Assistant Director of Finance, Cardiff and Vale
UHB

Lucy Stacey

Clinical Leadership Fellow, WHSSC

Minutes:

Michaella Henderson (MH) Corporate Governance Officer, WHSSC

The meeting opened at 09:30

JC18/061	<p>Welcome, Introductions and Apologies The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC18/062	<p>Declarations of Interest There were no declarations to note. The Joint Committee noted the standing declarations.</p>
JC18/063	<p>Accuracy of Minutes of the meeting held 11 September 2018 The Joint Committee approved the minutes of the meeting held on 11 September 2018 as a true and accurate record.</p>
JC18/064	<p>Action Log The Joint Committee received the action log and noted the updates:</p> <p>JC18007 – JC18/034 Matters Arising – Report from the Quality and Patient Safety Committee CJ reported 3 additional Independent Members had been appointed to the Quality and Patient Safety Committee representing ABMUHB, BCUHB and HDUHB, and thanked members for their support. CJ extended an open invitation to ABUHB, PTHB and CTUHB to appoint representatives to the Committee.</p> <p>Matters Arising There were no matters arising.</p>
JC18/065	<p>Report from the Chair The Joint Committee received the report from the Chair.</p> <p>Joint Committee Membership</p>

	<p>The Chair noted CT would be stepping down as an Independent Member of CTUHB on 31 December 2018 at which time he would also cease to be a member of the Joint Committee. The Chair thanked CT for his service on behalf of the Joint Committee and wished him well in his new role as Chairman of Emergency Ambulance Service Committee.</p> <p>Appointment of Independent Member of the Quality and Patient Safety Committee The Chair recommended the appointment of Delyth Raynsford as an Independent Member of the WSHSC Quality and Patient Safety Committee.</p> <p>Appointment of Lay Person to the All Wales (WHSSC) Individual Patient Review Panel The Chair recommended the appointment of Professor Sheila Hunt as a Lay Member of the All Wales (WHSSC) Individual Patient Review Panel.</p> <p>The members resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the Report; • Approve the appointments of Delyth Raynsford as Independent Members of the Quality and Patient Safety Committee; • Approve the appointment of Professor Sheila Hunt as a member of the All Wales (WHSSC) Individual Patient Funding Review Panel; • Ratify the Chair's Action.
JC18/066	<p>Management Group AW questioned items on the Agenda that had not been considered by Management Group, being the body that provides the Health Board CEOs with the necessary scrutiny and assurance. SL explained the governance structure meant that some items don't pass through the Management Group and that, for example, the All Wales Gender Identity Partnership Group reports directly into the Joint Committee under its Terms of Reference.</p> <p>ACTION: It was agreed SL would look at the governance structure around the consideration of papers at Management Group and Joint Committee and report back to the Committee.</p>
JC18/067	<p>Report from the Managing Director The Joint Committee received the report from the Managing Director.</p>

	<p>SL drew attention to the following item within the report which the Members discussed further:</p> <p>Perinatal Mental Health</p> <p>Work was being undertaken to understand current demand and any potential unmet need. Two interim models had been proposed by two different providers, both with refurbishment costs of approximately £795,000 (excluding workforce costs) and 6 months to complete the necessary refurbishment work. Members noted the next step was to look at the refurbishment options against a new build option and against how services were already being procured from NHS England. CB reported a letter had been received from Welsh Government confirming potential investment. CS noted that a written business case would need to be submitted to Welsh Government in the near future if funding were to be secured. Members noted concern expressed by Welsh Government regarding the pace of progress from a clinical perspective. CB reported BCUHB patients would be able to access the south Wales service and that beds would continue to be procured for north Wales from NHS England.</p> <p>ACTION: Members agreed the draft business case should be presented to the Management Group meeting on 20 December 2018.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the report.
JC18/068	<p>CAMHS – Patient Story</p> <p>CB relayed the story of a 16-year-old patient who had experienced out of area and local CAMHS placements. Both placements were well received but illustrated the difficulties associated with placements a long distance from home.</p> <p>SH informed the Members of the process for collecting outcomes information using the Clinical Coding Auditor Programme (CCAP).</p>
JC18/069	<p>National Collaborative Commissioning Unit Proposal to provide a quality assurance service for commissioned NHS Inpatient Mental Health Services in Wales</p> <p>Members received the paper the purpose of which was to provide a proposal from the National Collaborative Commissioning Unit to provide a quality assurance service for commissioned NHS Inpatient Mental Health Services in Wales.</p>

	<p>Members noted the proposal was that Quality Assurance Improvement Service (QAIS) undertake reviews of each of the 4 Units from which WHSSC commissions services using similar processes and documentation to those used when undertaking a review of similar framework services as set out in the paper. This activity was expected to be absorbed in the overall programme of QA services provided by NCCU to WHSSC with minimal or nil increase in cost.</p> <p>SH informed Members that there was a Memorandum of Understanding with Healthcare Inspectorate Wales (HIW) in place that HIW would use information QAIS collects as part of their inspection process and noted that it would be necessary to check that the Memorandum of Understanding remained fit for purpose. Members supported joint inspections between QAIS and HIW.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Support the development of an SLA with the Quality Assurance Improvement Service to ensure consistent quality standards across specialised service providers; and • Note that the SLA would sit outside the framework and would link with the quality assurance and escalation process within WHSSC.
JC18/070	<p>Proton Beam Therapy (PBT): Proposed Procurement Recommendations</p> <p>Members received the paper the purpose of which was to inform the Joint Committee of the outcome of the procurement evaluation of the Rutherford Cancer Centre’s (RCC) PBT service, undertaken in July 2028, to inform the Joint Committee of the current status of the procurement process and to seek support for the commissioning proposals for PBT for the population of Wales.</p> <p>SD informed Members the signed Service Level Agreement between RCC and Velindre NHS Trust had been received and that under the agreement RCC would be providing any necessary infrastructure funding to enable Velindre to support the service on a sustainable basis.</p> <p>SD reported discussions had continued with NHS England regarding The Christie. SD offered assurance to the Committee that, in terms of price, the adult service RCC was offering on highly complex patients was equivalent to the price being paid in the USA and also equivalent to what The Christie was proposing to charge initially. In terms of price for the less complex patients SD noted the adult service RCC was offering was approximately half</p>

	<p>what The Christie was proposing to charge initially due to the small volumes initially being commissioned from The Christie while they step up capacity.</p> <p>SD confirmed that both value for money and patient outcomes should be tracked through the Management Group over the next two years.</p> <p>SD reported that there was an anticipated 20% unmet need amongst children who, it was hoped, would access services at The Christie.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Consider the progress made in the procurement process to provide the required levels of assurance; and • Approve that WHSSC will commission a PBT service from RCC; and • Approve that WHSSC will finalise a formal agreement with NHS England for commissioning of PBT from Christie and then Christie and UCLH.
JC18/071	<p>Genomics</p> <p>SD gave a presentation on the Implications of the NHS Test Directory given the significant expansion in range and volume of tests for cancer and rare diseases and the link to the Genomic Strategy for Wales for Members information. SD presented slides on:</p> <ul style="list-style-type: none"> • Background • Cancer Test Directory – New Tests • Outcomes of genomic analysis • Rare Disease Directory – New Tests • Rare Disease Outcomes • Genetic Testing in Developmental Delay • Impact Assessment of New Directory <p>Members agreed that discussions around where Genomics would fit strategically would be important and noted that a proposal would be presented via the WHSSC prioritisation process in due course.</p>
JC18/072	<p>Integrated Performance Report</p> <p>The Joint Committee received the August 2018 Integrated Performance Report.</p>

	<p>Members noted that Welsh Government consultations on obesity were about to be undertaken and would feed into the WHSSC Bariatric Surgery work.</p> <p>ACTION: It was agreed JP would talk to Public Health Wales and the Health Board Chief Executives about how this work would fit together.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note August performance and the action undertaken to address areas of non-compliance
JC18/073	<p>Financial Performance Report The Joint Committee received the Financial Performance Report for Month 6 2018/19.</p> <p>Members noted the financial position reported in Month 6 for WHSSC was an over spend of £12k to date with a forecast over spend to year-end of £1,019k.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position.
JC18/074	<p>Reports from the Joint Sub-Committees</p> <p>Management Group Briefings The Joint Committee received the Management Group Briefings from the meetings held on 27 September 2018 and 25 October 2018.</p> <p>All Wales Individual Patient Funding Request Panel The Joint Committee received the report.</p> <p>Quality and Patient Safety Committee The Joint Committee received the report.</p>
JC18/075	<p>Reports from the Joint Advisory Groups</p> <p>Welsh Renal Clinical Network The Joint Committee received the report.</p>
JC18/076	<p>Date and Time of Next Meeting</p>

	<p>The Joint Committee noted the date of an extra ordinary meeting on 28 January 2019 at 08:00 for the purpose of approving the WHSSC Integrated Commissioning Plan 2019-22.</p> <p>The Joint Committee noted the date of the next scheduled meeting as 5 February 2019 at 13:30.</p>
--	---

The meeting concluded at 11:25

Chair's Signature:

Date:

UNCONFIRMED



2018/19 Action Log
Joint Committee Meeting
OPEN ACTIONS AND ACTIONS FOR CLOSURE APPROVAL

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
10.07.18	JC18008	JC18/039 - Neuroscience Strategy Delivery Plan It was agreed that a further paper around the incentivisation element of the Neurosciences strategy would be brought to a future meeting.	Acting Assistant Director of Planning	Mar 2019	11.09.18 - On the agenda for the COOs November meeting, update to be provided at the next meeting. 13.11.18 – Paper to be brought back to March 2019 meeting.	OPEN
13.11.18	JC18012	JC18/066 – Management Group It was agreed SL would look at the governance structure around the consideration of papers at Management Group and Joint Committee and report back to the Committee.	SL	Dec 2018	27.12.18 – Paper emailed by M Henderson	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
13.11.18	JC18013	<p>JC18/067 – Report from the Managing Director: Perinatal Mental Health</p> <p>Members agreed the draft business case should be presented to the Management Group meeting on 20 December 2018.</p>	CB	Dec 2018	20.12.18 – Considered at Management Group meeting. Agreed that further scoping work should be undertaken.	CLOSED
13.11.18	JC18014	<p>JC18/072 - Integrated Performance Report</p> <p>It was agreed JP would talk to Public Health Wales and the Health Board Chief Executives about how WG consultation on obesity and WHSSC work on bariatric surgery work would fit together.</p>	JP	Mar 2019		OPEN



GIG
CYMRU
NHS
WALES

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

		Agenda Item	2.2
Meeting Title	Joint Committee	Meeting Date	22/01/2019
Report Title	Fetal Medicine		
Author (Job title)	Specialist Services Planning Manager – Women and Children		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public
Purpose	The purpose of this paper is to seek support for the release of funding to increase capacity within the fetal medicine service provided by CVUHB in order to mitigate the current clinical risk to patients in the short term.		
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>
INFORM <input type="checkbox"/>			
Sub Group /Committee	Corporate Directors Group Board	Meeting Date	10/12/2018
	Management Group	Meeting Date	20/12/2018
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> ● Approve the release of funding to increase fetal medicine capacity in the short term. 		



Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

Commissioner Health Board affected

Abertawe Bro Morgannwg	✓	Aneurin Bevan	✓	Betsi Cadwaladr		Cardiff and Vale	✓	Cwm Taf	✓	Hywel Dda	✓	Powys	✓
------------------------	---	---------------	---	-----------------	--	------------------	---	---------	---	-----------	---	-------	---

Provider Health Board affected (please state below)

CVUHB

1.0 Situation

A business case was submitted by CVUHB for consideration as part of the 2017/20 IMTP process, however due to funding constraints no new developments were progressed by WHSSC in 2017/18. The process for 2018/19 therefore amalgamated the schemes submitted for the 2017/20 and 2018/21 IMTPs. The scheme was scored as 17.85 and therefore was unfunded in the Plan. However, following the prioritisation process a number of emerging risks were identified and it was therefore included within the 2018/19 IMTP as an in year risk. A business case has been submitted by CVUHB that works towards mitigating the short term risks identified.

2.0 Background

Fetal medicine is the branch of medicine that provides care for the fetus (or fetuses) and pregnant mother. This includes the assessment of fetal growth and wellbeing and the diagnosis and management of fetal disorders (including fetal abnormalities) and counselling and support for parents.

A specialist Fetal Medicine Centre is staffed by subspecialist consultants (those who have completed subspecialty training in maternal and fetal medicine) who provide a full range of prenatal diagnostic and fetal therapeutic services in collaboration (and co-located) with other specialist services including obstetric and genetic services as well as neonatal and paediatric service.

The current service in south Wales is delivered on a 'hub and spoke' basis, with the service delivered by CVUHB, at UHW acting as the hub centre. ABUHB directly refer patients to Bristol, this is a historic arrangement following long standing capacity constraints. Under this arrangement, mothers from ABUHB are directly referred to Bristol for fetal medicine, however if there is capacity they are referred for delivery to UHW as per the agreed pathway. The midwifery department in UHW is contacted by the referring hospital (Bristol) in order to notify them of the patient detail. It has been reported that as a consequence a number of investigations are duplicated as there is no clear pathway for sharing this information. This has a significant impact on the experience for mothers and there is also a cost implication for duplicating investigations.

A review was carried out by the Royal College of Gynaecologists (RCOG) in 2009 and a number of recommendations to address some of the capacity issues and subsequent patient risks were made. The review recommended that a 10 session, 3 consultant model was essential to meet demand and Antenatal Screening Wales Standards, specifically consistent 52 week delivery and urgent referrals to be seen within three working days. This model was the basis of the original business case submitted in 2017/18.

Whilst responsibility for commissioning fetal medicine has nominally been delegated to WHSSC, the resources for the CVUHB service have not been

transferred from the Health Boards. In the absence of the resource transfer, WHSSC is currently unable to actively commission the service.

Following the prioritisation process that took place in December 2017 additional issues with the fetal medicine service in CVUHB were identified. In particular, capacity and the impact this has had through the year on waiting times and the subsequent outcomes for women along with sustainability concerns. As a consequence of this new information the Women and Children's Commissioning Team scored the service as a significant risk on the WHSSC risk register and it was recognised as an emerging risk in the 2018/19 IMTP. It was therefore proposed in the Plan that WHSSC would work with the provider to develop a solution that may have a cost pressure in year in order to mitigate the risk. The Women and Children's Commissioning Team considered the information provided and separated the issues in to two distinct risks; waiting times and sustainability.

Capacity

The biggest area of concern is the significant waiting times to access the service, in the last quarter of 2017/18 the service reported a breach position of 83%, against the Antenatal Screening Wales target of seeing all urgent referrals within three working days. This directly impacts on the fetal cardiology service as the pathway means that all patients are referred via a fetal medicine consultant. The service reported at a WHSSC Audit and Outcome event that these waits were posing a significant clinical risk to patients. If an abnormality is detected prior to 24 weeks a feticide is avoidable however following 24 weeks a feticide is unavoidable and a still birth is registered. The service reported that due to waiting times the options and potential outcome for 23% of women in 2017/18 could have been changed as a direct impact of waiting times. The waiting list position has remained stable in 2018/19. The issues identified pose a significant clinical risk to patients and can have a detrimental impact on their experience at an already difficult time.

The current service model has further capacity constraints, it is currently delivered by 0.8 WTE fetal medicine consultant, serving the population of south and west Wales (excluding ABU). The 0.8 staffing compliment is split between two consultants (7 sessions), due to annual leave and working patterns the service is not available for 52 weeks of the year. There are on average 8 weeks per year when the service is not available at CVUHB and patients are required to travel to Bristol. If ABUHB activity was to be repatriated to CVUHB there would be an additional weekly consultant-led clinic required adding to the current shortfall.

Based on the current 7 sessions per week there is the following shortfall in capacity:

Current Demand / Capacity Summary	Capacity	Demand	Shortfall
-----------------------------------	----------	--------	-----------

New	420	714	(294)
Follow-up	1,092	1,272	(180)
Total	1,512	1,986	(474)

Radiology

The reporting of fetal abnormality scanning is currently carried out by a Consultant Radiologist working in the service, however this person is shortly due to retire. This element of the role is no longer part of the Consultant Radiology training curriculum and therefore once this individual has retired it is unlikely that the Radiology directorate will be able to recruit a replacement with the same skill set. As a consequence CVUHB will no longer be in a position to provide the service and the service would need to be outsourced. In fetal medicine services across the UK standard practise is that the Fetal Medicine Consultant undertakes the scanning as it is an element of the training curriculum for this role. The current Fetal Medicine Consultants in post do not undertake scanning and therefore would require further training in order to fulfil this element of the service.

Funding

There is no discrete LTA for the fetal medicine service and its activities; the speciality has been on the WHSSC transfer of services agenda to realign contracting and commissioning responsibility. Activity is currently only monitored through the traditional currency of outpatient attendances and this is reported under the host specialty of Obstetrics. Clinics are both consultant and midwifery led, seeing both new and follow-up patients.

An analysis of the supporting clinic activity within Obstetrics has been undertaken and is set out below. Whilst all Health Boards access services in CVUHB, ABUHB's access is proportionately low, due to the referral pathways into Bristol, and a proportion of the Powys population will access services in, for example, Birmingham.

POD	LHB	2017/18	2018/19 YTD M6	2017/18 % Utilisation	% New & Follow-up
New	CARDIFF AND VALE UNIVERSITY LHB	326	136	46%	48%
	ANEURIN BEVAN LHB	33	21	5%	6%
	CWM TAF LHB	97	50	14%	13%
	ABERTAWE BRO MORGANNWG UNIVERSITY LHB	109	69	16%	17%
	HYWEL DDA LHB	134	56	19%	15%
	POWYS TEACHING LHB	2	7	0%	1%
	BETSI CADWALADR UNIVERSITY LHB	1	1	0%	0%
New Total		702	340	100%	100%
Follow-up	CARDIFF AND VALE UNIVERSITY LHB	532	221	50%	
	ANEURIN BEVAN LHB	72	26	7%	
	CWM TAF LHB	133	57	12%	
	ABERTAWE BRO MORGANNWG UNIVERSITY LHB	200	106	19%	
	HYWEL DDA LHB	124	85	12%	
	POWYS TEACHING LHB	8	7	1%	
	BETSI CADWALADR UNIVERSITY LHB	2		0%	
Follow-up Total		1,071	502	100%	
Grand Total		1,773	842		

LTA prices and activity baselines for host Obstetrics vary by health board, having been largely unchanged from the 2003 resource mapping exercise bar inflationary uplifts. The exception is ABUHB, which has reduced commissioned volumes in Cardiff and Vale in recent years. This was not in direct relation to fetal medicine.

Risk Assessment

This is currently one of the highest scoring risks on the Women and Children’s Commissioning Team Risk Register in the safe and sustainable domains. The risk is scored as 25 on the health board risk register and has featured on the risk register since 2009. A copy of the risk and mitigating actions has been included in Annex A.

3.0 Assessment

Capacity / Radiology

CVUHB is proposing to increase capacity in order to meet demand in the short term, this in turn will mitigate the clinical risk to women by avoiding delays in diagnosis and treatment. The CVUHB have confirmed that the plan can be implemented rapidly as it is to extend capacity from the current workforce and therefore there will be no recruitment delays. It is proposed that this approach will be actioned for the remainder of 2018/19. In order to strengthen the arrangement and to work towards mitigating the radiology risk it is proposed that for 2019/20 the same amount of sessions are sought but from an external source, with the potential to carry out radiology scanning. This will work towards mitigating the radiology risk identified.

Due to the nature of data collection for the service it is not possible measure the time it will take to mitigate the risk in its entirety but it will allow capacity in the service to ensure those that require clinical expedition will be achieved therefore reducing the risk to 23% of women immediately.

There are wider sustainability issues that will need further development as part of the 2020/23 IMTP process, in particular the anticipated retirement of the Radiology Consultant. CVUHB is therefore requesting funding for the remainder of 2018/19 and 2019/20 whilst a longer term plan is established:

- An increase in 3 Consultant fetal medicine sessions with associated Midwifery and Sonography support;
- Establishment of a Midwifery led session with associated sonography and support; and
- Additional supporting administration.

	2018/19 * £000	2019/20 £000
--	-------------------------------	-------------------------



Staff costs		
Consultant session	9.5	38
Midwife	5.5	22
Radiographer	5.5	22
Admin	2.0	8
Sub-total staff	22.5	90
Non pay		
Drugs / medical consumables	5.1	21
Licenses	0.3	1
Fetal MRIs	2.7	11
Sub-total non-pay	8.0	33
Total cost	30.5	123

*assuming implementation from February 2019

CVUHB is requesting flexibility in 2019/20 to further develop the service but has committed to achieve the same level of activity within the funding noted above. The proposal seeks to source the additional sessions externally with the scope to recruit an individual with the skillset to scan. This will assist in developing a new working model that will inform the 2020/23 proposal.

In 2017/18 the cost of accessing services from Bristol that went through the agreed WHSSC contract was £15.5k. This includes an element of Cardiology referrals and therefore although a saving can be made by repatriating it is not possible to map the exact saving amount. A conservative assessment would be a full year saving in the region of £8k.

Funding from in year contingency and development slippage

The following table demonstrates the net impact by health board of funding this in year risk from the contingency for in year pressures and 2018/19 development slippage.



Contingency Expenditure Tracker 2018/19

Commissioner Riskshare

2018/19 Developments and Emerging Risks	Annual Budget	F/cast 18/19 Exp.	Var	C&V	ABM	CT	AB	HD	Po	BC	Total	FYE 19/20 ICP
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Contingency for in year plan pressures	568		(568)	(85)	(95)	(55)	(107)	(72)	(25)	(130)	(568)	
2018/19 plan development slippage												
Spinal Rehab Consultant	150	40	(110)	(26)	(25)	(17)	(27)	(13)	(2)	(0)	(110)	150
Porphyria	52	8	(44)	(7)	(7)	(4)	(8)	(6)	(2)	(10)	(44)	8
PICU 7th Bed	275	100	(175)	(32)	(45)	(20)	(48)	(29)	(1)	0	(175)	508
Cardiac Ablation	556	145	(411)	(84)	(92)	(52)	(103)	(68)	(12)	0	(411)	1,418
Total 2018/19 Developments	1,601	293	(1,308)	(234)	(264)	(148)	(293)	(188)	(41)	(140)	(1,308)	2,084
Unplanned Expenditure Committed in year												
Cystic Fibrosis phase 1	0	100	100	26	28	14	20	9	2	0	100	441
ROS 1 Testing	0	98	98	20	14	9	18	3	11	22	98	98
BAHA & Cochlears SW 26 week RTT	0	151	151	63	2	17	47	14	8	0	151	125
Fetal Medicine	0	31	31	14	4	4	6	2	1	0	31	123
Total Unplanned Expenditure	0	379	379	124	49	45	92	27	21	22	379	787
Total Slippage	1,601	672	(929)									2,871
Net Impact by Commissioner				(110)	(215)	(104)	(201)	(161)	(20)	(118)	(929)	
M8 adjusted WHSSC EOYF				(1,711)	(245)	(176)	(1,126)	732	(154)	(2,293)	(4,973)	

Resource Mapping

This case does not consider the transfer of service of historic baselines nor the existing prices / marginal rates within the LTA. It is proposed that this exercise should be progressed through the Finance Working Group as a matter of urgency.

Database

Currently, CVUHB has ten licences for accessing the Viewpoint database. It is considered that an additional two licences are necessary to allow sufficient access and avoid system limitation issues. Further, the current Viewpoint version is due to expire and an upgrade is required to ensure that the systems used to support this service are fit for purpose in the coming years. It is essential that any individuals who undertake scanning for the fetal medicine service can access the PACS/RADIS system from the Radiology Department to ensure images can be stored appropriately for safety and audit purposes).

The estimated costs associated with establishing the required database integration are for Viewpoint / Euroking: initial investment of £7,900 and recurrent cost of £1,150. The current version of Viewpoint is due to become unsupported in the next few years and an additional investment has been requested by CVUHB to fund the upgrade. The current contract costs approximately £5k per annum but the cost of the migration to the upgraded /version will likely cost approximately £10k per annum, this is not presented in the revenue table.

There are significant risks associated with not funding the proposal in particular the clinical outcome changing for women as a consequence of capacity shortfalls. It is identified that further work is needed to develop the current service in to a sustainable service that replicates clinical practice across the UK.

WHSSC assessment

As previously noted in the paper there are two clear risks with the current service model. The first being a shortfall in capacity that is impacting significantly on clinical outcomes for patients due to delays in diagnosis and treatment and the second is the sustainability of the radiology element of the service with the impending retirement of the current consultant.

The Women and Children Commissioning Team's assessment of the business case is that, in the short term this will mitigate the immediate clinical risk and will be implemented as of February. This will therefore have a positive impact on waiting times for women, CVUHB has also confirmed that the additional resource will be sought from current Consultants in post in the short term therefore there will be no delays due to recruitment. The plan to source additional sessions externally in 2019/20 will help inform the 2020/23 proposal and will allow the service to develop a new model of working. In light of the significance of the risk the WHSSC team is proposing that the funding is released. As noted above there is funding available in the 2018/19 contingency; however it will have an impact on the financial position in 2019/20.

The longer term sustainability of the Radiology element of the service has not been included within the case submitted by CVUHB and therefore if the current Consultant Radiologist retires in year it is likely to present as an in year cost pressure.

Management Group raised a concern that the plan did not address longer term sustainability issues, also that the proposal was being addressed outside of the prioritisation process. There was however agreement that the impact of waiting times on women and the options available to them was of sufficient concern to take this forward in a phased approach. Joint Committee is therefore being asked to approve phase 1 and because phase 2 was not presented as a scheme for 2019/22 this will be considered for 2020/23.

4.0 Recommendations

Members are asked to:

- **Approve** the release of funding to increase fetal medicine capacity in the short term.

5.0 Annexes

Annex 1 – extract of the CVUHB risk register

[Link to Healthcare Objectives](#)

Strategic Objective(s)	Implementation of the Plan Governance and Assurance Choose an item.	
Link to Integrated Commissioning Plan	The scheme was identified as an in year risk as part of the WHSSC 2018/19 ICP.	
Health and Care Standards	Safe Care Timely Care Effective Care	
Principles of Prudent Healthcare	Reduce inappropriate variation Care for Those with the greatest health need first Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Reducing the per capita cost of health care Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	The proposal seeks to mitigate the risk to patient care and experience.	
Resources Implications	There are no direct resource implications	
Risk and Assurance	The report identifies improvement in capacity which when implemented will reduce the risk on the WHSSC risk register.	
Evidence Base	N/A	
Equality and Diversity	No specific implications	
Population Health		
Legal Implications	There are no specific legal implications	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	10/12/2018	Paper supported and recommended for consideration by Management Group.
Management Group	20/12/2018	Management Group requested further information from the service prior to presentation at JC.

Annex 1

Ref No	Date onto Register	Risk/Issue (Including Impact)	Existing Controls	Impact			Adequacy Existing Controls	Summary of Additional Controls Required	Impact			Date of Last Review	Comments	Review by	Date of Next Review	Risk Owner		
				Likelihood	Score	Ranking			Likelihood	Score	Ranking							
MS05	01/03/09	Fetal Medicine Clinics are under capacity and overbooked leading to increased clinical risk as rushed procedures and risk of non informed consent and delays in patients being seen which exceed national standards (RCOG , Antenatal Screening Wales). Also variable clerical and midwifery support.	Booking lists templates agreed - but not adhered to Midwife lists discussed - but none in place Trainees allocated (2 sessions each for ATSM) but rarely able to attend	5	5	25	2	Inadequate	FM WHSSC review undertaken for All Wales Service, issues highlighted to Medical Director and Chief Nurse. Expansion and integration of Viewpoint software to be reviewed	2	3	6	6	Dec-18	FM WHSSC review undertaken for All Wales Service - but no progress on commissioning, RCOG 2009 Review Recommendations not implemented. Highly critical litigation experts report 2014 on FM service delivery and organisation. New weekly follow up clinic for additional slots set up from 22.4.16. Funding withdrawn after 6 months due to financial constraints within the Directorate. Job plan for fetal medicine consultant agreed and signed off. WHSSC business case to be submitted for 17/18. Paper submitted - declined.	Clinical Board	Jan-19	CD



GIG
CYMRU
NHS
WALES

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

		Agenda Item	2.3	
Meeting Title	Joint Committee		Meeting Date	22/01/2019
Report Title	Thoracic Surgery: Outcome of Public Consultation and Next Steps			
Author (Job title)	Specialised Planner			
Executive Lead (Job title)	Managing Director	Public / In Committee	Public	
Purpose	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> • Inform Joint Committee of Health Boards' decisions with regard to the outcome of the public consultation and the WHSSC recommendations for the future thoracic surgery service model; • Propose the governance arrangements for taking forward the development of the commissioning and implementation plans; • Confirm the expectation previously discussed by Joint Committee regarding the framework for ensuring value for money from the new service model; • Confirm the expectation that there will be transition costs associated with the implementation of the new service model; and • Confirm that a meeting is being arranged to identify lessons learned from the experience of undertaking the public consultation and that a report will be submitted to Joint Committee in May 2019. 			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input type="checkbox"/>
Sub Group /Committee	Thoracic Surgery Project Board	Meeting Date	15/01/2018	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the decision of the six affected Health Boards to support the recommendations for the future thoracic surgery service model; • Note that support for the recommendations was subject to a number of conditions, including the requirement that a workforce plan to provide thoracic surgical cover to the MTC will be agreed within 6 months; • Support the proposed governance arrangements for taking forward the commissioning and implementation plans; • Note the previously agreed approach for ensuring that the new service model will provide value for money to commissioners; • Note there are anticipated costs of transition that include project management, staff training and costs related to the period of transition as the new service is ramped up. The scale of these costs will be identified through the implementation project; and • Note a report detailing lessons learned from the experience of undertaking the public consultation will be brought to Joint Committee in May 2019. 			



Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			✓

Commissioner Health Board affected

Abertawe Bro Morgannwg	✓	Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf	✓	Hywel Dda	✓	Powys	✓
------------------------	---	---------------	---	-----------------	---	------------------	---	---------	---	-----------	---	-------	---

Provider Health Board affected (please state below)

ABMUHB, CVUHB

1. Situation

During July and August 2018, a formal public consultation was conducted on the proposal for a single thoracic surgery centre for south Wales based at Morriston Hospital, Swansea. In September 2018, the Joint Committee received the report on the public consultation findings and supported the recommendation for a single thoracic surgery centre at Morriston Hospital. In November 2018, Health Boards considered the recommendation for a single centre at Morriston Hospital, informed by the findings of the public consultation and the views of their Community Health Councils (CHCs).

The purpose of this report is to:

- Inform Joint Committee of Health Boards' decisions with regard to the outcome of the public consultation and the WHSSC recommendations for the future thoracic surgery service model;
- Propose the governance arrangements for taking forward the development of the commissioning and implementation plans;
- Confirm the expectation previously discussed by Joint Committee regarding the framework for ensuring value for money from the new service model;
- Confirm the expectation that there will be transition costs associated with the implementation of the new service model; and
- Confirm that a meeting is being arranged to identify lessons learned from the experience of undertaking the public consultation and that a report will be submitted to Joint Committee in May 2019.

2. Background

Adult thoracic surgery is one of the specialised services that WHSSC commissions for the people of Wales. For patients living in north Wales, this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust; patients in north Powys access the thoracic surgery service at University Hospitals of North Midlands NHS Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. There has been concern for a number of years that these two smaller services are not sustainable and may not be able to fully meet the needs of the population of south Wales.

In response to these concerns, WHSSC commenced a service review, establishing a project board to form recommendations on the future model. A public engagement exercise was undertaken across south Wales to obtain the views of service users and other stakeholders on the information required by the Project Board to make its recommendation. The Project Board recommended that a single adult thoracic surgery centre should be developed for south Wales.

An Independent Panel was convened to make a recommendation on the preferred location for the single adult thoracic surgery centre. The Independent Panel recommended that Morryston Hospital should be the location for the proposed single thoracic surgery centre. The criteria used by the Independent Panel were also informed by the earlier engagement exercise.

The recommendation from the Project Board and the recommendation from the Independent Panel were endorsed by the WHSSC Joint Committee in January 2018. Following discussions with the CHCs, it was subsequently agreed to undertake a formal public consultation on the recommendation to locate the single adult thoracic surgery centre at Morryston Hospital.

During July and August 2018, a formal public consultation was conducted. In September 2018, the Joint Committee received the report on the public consultation findings and supported the recommendation for a single thoracic surgery centre at Morryston Hospital. In November 2018, the six affected Health Boards considered the recommendation for a single centre at Morryston Hospital, informed by the findings of the public consultation and the views of their CHCs.

3. Assessment

3.1 Outcome of Board Meetings in November 2018

In November, the six affected Health Boards considered the report on the outcome of the public consultation and the recommendations for the future service model for thoracic surgery. Each Health Board approved each of the three recommendations on the future service model (subject to a requirement for further assurance as outlined below). These recommendations were:

- Thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site;
- The location of that single site as being Morryston Hospital conditional upon the detailed workforce model and medical rotas to provide the 24/7 thoracic surgery cover to the MTC being completed and signed-off by WHSSC within 6 months;
- Mitigating actions set out in this document [the consultation report] to be delivered in line with the implementation of the service change.

Requirement for Further Assurance

In addition to the requirement within the second recommendation to agree the rota for the MTC within 6 months, some Boards set out other areas on which they require further assurance for final unconditional approval to be confirmed. This included issues such as parking and transport, the availability of family accommodation on the Morryston site, and the wider care pathway for thoracic patients.

It should be noted that some of these issues are wider in scope than thoracic surgery (such as transport links and parking at the Morriston site); others relate to aspects of the pathway that fall within the referring Health Board's responsibility rather than directly under the thoracic surgery service. Appendix 1 contains a full list of the specific further assurances required by each Health Board.

CVUHB and ABMUHB, with the support of WHSSC, are taking forward the work to agree the detail of the workforce and rota arrangements to provide thoracic surgery cover for the MTC. To meet the requirement to address this issue within 6 months, a report setting out these arrangements will be brought to the Joint Committee on 14 May 2019. This report will also outline actions to address the additional assurances required by the Boards. It is anticipated this report will then go forward to the next meeting of each Health Board to seek their unconditional approval for the recommendation for a single thoracic surgery centre located at Morriston Hospital.

3.2 Governance for Commissioning and Implementation Planning

Thoracic Surgery Commissioning Plan

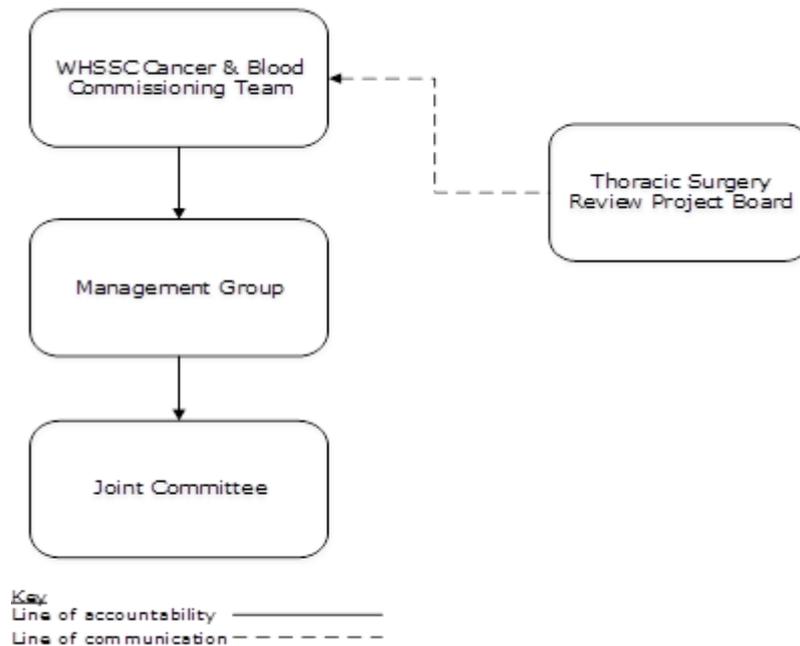
The thoracic surgery commissioning plan will be developed by the WHSSC Cancer and Blood Commissioning Team, and will be submitted to the WHSSC Joint Committee for approval. The commissioning plan will take account of advice from the Thoracic Surgery Review Project Board on any policy developments which might be required. In addition, where relevant, on how the consultation feedback should be reflected in the quality framework. A meeting of the Project Board has been arranged for 14 February 2019.

The commissioning plan will contain the following components:

- Service specification and policies
- An updated population demand assessment
- Contractual framework – including contract currency, activity baseline, etc.
- Transitional commissioning arrangements to support the decommissioning of the old services and establishment of the new service.
- Quality and performance management framework

Any new commissioning documents will be scrutinised and approved through WHSSC's accountability structure via Management Group to Joint Committee. The governance structure for the commissioning plan is summarised in figure 1:

Fig 1: Commissioning Plan Governance Structure



Thoracic Surgery Service Implementation Plan

Alongside the development of the commissioning plan, ABMUHB will be required to establish a service implementation project board to lead the development of the new thoracic surgery service at Morriston Hospital. The project board will be accountable to the ABMUHB Board, and is expected to include representation from WHSSC as commissioner of the service, and each of the Health Boards as referrers into the service.

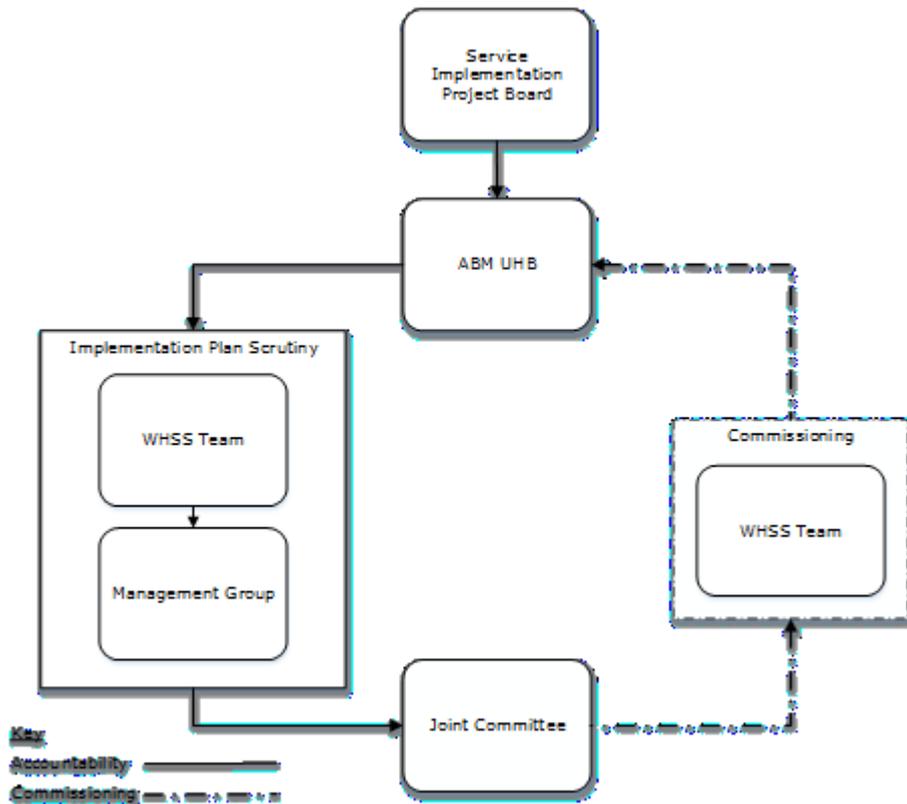
The implementation plan will need to include the following elements as a minimum:

- Infrastructure – including theatre, ward and clinics at Morriston Hospital
- Human resources – including recruitment, staff transfer and training requirements
- Transition timetable and plan
- Service model – this needs to be developed in line with the service specification and contractual framework, and include details of the network service model and support for other services such as the Major Trauma Centre
- Delivery plan to set out the activity and volumes that the service will deliver in line with the contractual, quality and performance frameworks.

The implementation project board will be accountable for the development and implementation of the project to the ABMUHB Board, which will in turn provide progress updates to the WHSSC Joint Committee. However, once the proposed implementation plan has been approved by the ABMUHB Board, it will need to be

scrutinised and approved through the WHSSC accountability structure via Management Group to Joint Committee. Figure 2 below summarises the line of accountability for the implementation (including delivery) plan.

Fig 2: Implementation (including delivery) Plan Governance Structure



3.3 Value for Money

Joint Committee has previously discussed that the new service model should be cost neutral or better when compared with the current model. An initial assessment of value for money, included within the thoracic surgery report to Joint Committee in May 2018, noted that not all the current costs in the Cardiff service will be releasable. As a consequence, the overall financial requirement may increase unless there are sufficient offsetting economies of scale from moving to a single, larger service.

The cost of the current model has previously been benchmarked against the prices for the same activity delivered at Liverpool Heart and Chest Hospital, a large cardiothoracic centre that provides thoracic surgery for patients in north Wales. This exercise showed that the cost of the current south Wales service benchmarked favourably against the same activity delivered at Liverpool. It is proposed that it will be a reasonable expectation that the delivery plan developed by ABMUHB will remain within this benchmark.

3.4 Transition Costs

The Joint Committee has recognised there will be transition costs. Transition costs include costs related to managing the change project (e.g. project management time, clinical lead sessions), training costs that may be required to deliver the new model, and costs that may arise during the period of transition as the new service ramps up and the current service is phased down.

An agreement is required between ABMUHB and CVUHB on meeting the costs relating to the management of change. It is difficult at this stage to ascertain the nature and value of the potential costs related to staff training or the period of service transition. These will be identified through the transition plan as part of the implementation project. If there are significant costs associated with staff training and service transition, these will be included within the WHSSC ICP 2020/21.

It is noted that training costs for the workforce to deliver thoracic trauma care for the MTC and Network have been identified and funding allocated. This funding covers training for staff in trauma units in the management of thoracic injury in the hyper-acute and sub-acute phases. It also covers specific surgical trauma skills training.

3.5 Lessons Learned

WHSSC is arranging a meeting with Health Board engagement leads and CHC representatives to consider the lessons learned from the experience of conducting the thoracic surgery public consultation. A report outlining these lessons and key messages for future consultation on proposals for regional strategic service change, will be brought to the Joint Committee in May 2019.

4. Recommendations

Members are asked to:

- **Note** the decision of the six affected Health Boards to support the recommendations for the future thoracic surgery service model;
- **Note** support for the recommendations was subject to a number of conditions, including the requirement that a workforce plan to provide thoracic surgical cover to the MTC will be agreed within 6 months;
- **Support** the proposed governance arrangements for taking forward the commissioning and implementation plans;
- **Note** the previously agreed approach for ensuring that the new service model will provide value for money to commissioners;
- **Note** there are anticipated costs of transition that include project management, staff training and costs related to the period of transition as

the new service is ramped up. The scale of these costs will be identified through the implementation project; and

- **Note** a report detailing lessons learned from the experience of undertaking the public consultation will be brought to Joint Committee in May 2019.

5. Appendices / Annexes

- Appendix 1: Further Assurance Required by Health Boards



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan	
Link to Integrated Commissioning Plan	Delivery of the thoracic surgery review.	
Health and Care Standards	Safe Care Effective Care Timely Care	
Principles of Prudent Healthcare	Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Improving Patient Experience (including quality and Satisfaction)	
Organisational Implications		
Quality, Safety & Patient Experience	The thoracic surgery review aims to ensure the future safety, sustainability and quality of the service, providing a positive patient experience.	
Resources Implications	The report notes the agreed approach to value for money and the expectation that there will be costs of transition to the new thoracic surgery service.	
Risk and Assurance	This paper proposes governance arrangements for the implementation of the thoracic surgery review recommendations.	
Evidence Base	This paper confirms the outcome from the public consultation on the future provision of thoracic surgery in south Wales.	
Equality and Diversity	The thoracic surgery review process has been designed according to good practice to ensure equality and diversity obligations are met.	
Population Health	This paper does not directly address issues of population health.	
Legal Implications	Specific legal issues or advice are not considered within this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome

Appendix 1: Further Assurance Required by Health Boards

Table A1 shows the further assurance required by Boards in addition to the requirement for the MTC rota to be agreed within 6 months.

Table A1: Further assurance required by Boards

Health Board	Further Assurance Required
Powys tHB ¹	The Thoracic surgery developments should not negatively impact on other services for Powys residents from Morryston Hospital; reassurances that outreach/outpatient services would be maintained at Nevill Hall and Glangwili [if the main adverse impact is around travel, and the main mitigation is to keep as much of the pathway as close to home as possible, then we need a level of reassurance that neighbouring service reconfigurations won't lead to these services moving from the nearest hospitals for our residents].
Hywel Dda UHB	<ul style="list-style-type: none"> • To clarify arrangements for families of thoracic patients as to whether they would have access to family accommodation on the Morryston site. • To give further consideration to the issues of transport as raised by people in the Hywel Dda area. • As it was noted that the response provided by WHSSC did not address concerns about parking, WHSSC to provide a response to the issue of parking raised by people in the Hywel Dda area. • It was noted that there was a lack of clarity on whether appropriate services in Hywel Dda were ready and established to provide onward care after local people had been discharged back to their own Health Board and as such a response is required as to how local services receiving patients discharged from Morryston will provide adequate care. • In addition, concerns were expressed around the pathway, with this process offering the opportunity to consider pathways and improve the patient journey. Reference was made to a risk of an over-focus on certain services, such as those relating to cancer, when there are others which are significant, such as benign respiratory disease.
Abertawe Bro Morgannwg UHB	The Board approved the recommendations but have requested confirmation and assurance from WHSSC in relation to issues raised by the ABMUHB CHC. These include:

¹ NB This is not a caveat but an observation which was noted by the CHC

	<ul style="list-style-type: none"> the CHC has asked that ABMU Health Board provide more detail to assure the public in the ABM area that any further costs identified during implementation would be met by all involved health boards and not solely by ABMU. the CHC has asked the Health Board to clarify whether families of thoracic patients would have access to existing family accommodation on the Morryston site and to give further consideration to the issues of transport and accommodation raised by people in the ABM area; the CHC have asked that the Health Board provide a response to the issue of parking raised by people in the ABM area; Co-dependencies of services: the CHC have asked the Health Board to give further consideration to the issues raised and provide assurance that any impact and necessary mitigation has been considered. Staffing: The CHC considered that the response from WHSSC did not fully address concerns about the need for a strong multi-disciplinary team or respond to concerns that staff may not transfer from Cardiff. Therefore the CHC have asked that the Health Board give this further consideration.
Cwm Taf UHB	The Health Board requested that that they receive a progress report from WHSCC in 6 months' time.
Cardiff & Vale UHB	After careful consideration of all of the issues and listening to the representations made from both the Senior Clinical Consultant body and the Community Health Council, the Board approved all of the recommendations with the caveat to ensure patient safety, the board would regularly be reviewing the detailed workforce model and medical rotas to provide 24/7 thoracic surgery cover for the Major Trauma Centre and if it was not assured within six months the Board would withdraw its approval.
Aneurin Bevan UHB	ABUHB confirmed no additional assurances were required by the Board.



GIG
CYMRU
NHS
WALES

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

		Agenda Item	3
Meeting Title	Joint Committee	Meeting Date	22/01/2019
Report Title	Report from the Managing Director		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

Purpose	The purpose of this report is to provide the Members with an update on key issues that have arisen since the last meeting.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> • Note the contents of this report. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
		✓					✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
		✓					✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
		✓			✓			
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			

1. Situation

The purpose of this report is to provide the members with an update on key issues that have arisen since the last meeting.

2. Updates

2.1 NHS staff survey

The response rate for the organisation (non-medical) was 80%; significantly higher than the NHS average. There were more positive responses than the NHS average for people feeling enthusiastic about their jobs, being proud to work for the organisation and feeling their role made a difference to patients (85%, 80% and 100% respectively). A lower percentage of staff reported bullying than the NHS average (13%). The survey did highlight areas for further work around communication and embedding our values. These results demonstrate that many of the issues identified in the 2016 "Culture Review" have been addressed. There has also been a significant improvement in staff recruitment and retention.

2.2 Perinatal Mental Health

On 20th December 2018, WHSSC Management Group supported a paper outlining the options for the development of a Mother & Baby Unit in south Wales subject to the identification of the necessary capital and revenue funding. Whilst initially there were two Health Boards that had expressed an interest in hosting that service this has now reduced to one interested party, namely ABMUHB. This is, of course, reliant on the recruitment of the workforce with specialist knowledge and skills to work in partnership with the specialist perinatal mental teams in the Local Health Boards. Work has begun in developing the detail of a sustainable service model and preferred site for the unit. An initial meeting took place on the 2nd January 2019 and a further meeting is planned for the 13th February 2019. Sharon Fernandez the newly appointed lead for the Perinatal Mental Health Clinical Network has been invited to join the group.

It is proposed that a paper be brought to update the Joint Committee in March. Both the Children, Young People & Education Committee and the Minister for Health, at their recent meeting on the 10th January 2019, expressed frustration at the lack of progress made by WHSSC in securing a Mother & Baby Unit facility in Wales.

3. Recommendations

Members are asked to:

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

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
Organisational Implications		
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.	
Resources Implications	There is no direct resource impact from this report.	
Risk and Assurance	The information summarised within this report reflect financial, clinical and reputational risks. WHSSC has robust systems and processes in place to manage and mitigate these risks.	
Evidence Base	Not applicable	
Equality and Diversity	There are no specific implications relating to equality and diversity within this report.	
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.	
Legal Implications	There are no specific legal implications relating within this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Not applicable		