



**Minutes of the Meeting of the Welsh Health Specialised Services Committee**  
at held on 28 June 2019 at 14:00hrs  
at Health and Care Research Wales, Castlebridge 4, 19-15 Cowbridge Road East  
Cardiff, CF11 9AB

**Members Present:**

Vivienne Harpwood	(VH)	Chair
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 (by VC)
Paul Griffiths	(PG)	Independent Member/Audit Committee Representative
Sharon Hopkins	(SH)	Interim Chief Executive, Cwm Taf Morgannwg 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, Swansea Bay UHB
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (by VC)
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Jennifer Thomas	(JT)	Medical Director, WHSSC

**Apologies:**

Kieron Donovan	(KD)	Affiliate Member/ Chair of the Welsh Clinical Renal Network
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**In Attendance:**

Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
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**Minutes:**

Michaella Henderson	(MH)	Corporate Governance Officer, WHSSC
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The meeting opened at 14:05hrs



JC19/017	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair formally opened the meeting and welcomed members.</p> <p>The Chair welcomed IP to his first meeting.</p> <p>Apologies were noted as above.</p>
JC19/018	<p><b>Declarations of Interest</b></p> <p>The Joint Committee noted the standing declarations. There were no additional declarations to note.</p> <p>The Chair reminded the Independent Members of their obligation under the Standing Order 1.3.2 to act in a balanced manner, ensuring any opinion expressed is impartial and based on the best interests of the health service across Wales.</p> <p>The Chair reminded all Members of their obligation under Standing Order 7.3.1 that individual board members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the Joint Committee and as a member of the Board of an LHB that provides specialised and tertiary services.</p> <p>The Chair also reminded Members of Standing Order 7.3.3 whereby any Health Board Chief Executive who feels conflicted about the matter under discussion, in the event of a vote, may need to abstain from voting.</p> <p>The Chair noted Members responsibilities to consider all relevant matters in an open, balanced, objective and unbiased manner, and to determine the relative weighting to be given to the evidence of the independent experts and the health board Medical Directors, to avoid potential legal challenge.</p> <p>The Chair explained that the whole adult thoracic surgery review process had been transparent, had involved engagement and formal consultation, and the latest paper reflected the output from actions agreed at the previous meeting of the Joint Committee.</p>
JC19/019	<p><b>Thoracic Surgery Workforce Planning</b></p> <p>The Joint Committee received the paper the purpose of which was to:</p> <ol style="list-style-type: none"><li>1. To re-confirm the advice from the provider Medical Directors and to provide the Joint Committee with further information regarding the thoracic surgery consultant workforce arrangements required for a single service located at Morriston Hospital, Swansea and the cover arrangements for the Major Trauma Centre (MTC). This included:</li></ol>



- Detail regarding the anticipated demand for thoracic surgery in south Wales, this included out-patient and surgical activity and allowed for the planned 20% increase in activity;
- Expert advice on the level of activity required to maintain consultant thoracic surgeons' skills;
- Development of indicative job plans for consultant thoracic surgeons to inform an assessment of the appropriate number of consultants;
- Detailed costings for any proposed increase in consultant thoracic surgeons above the original WHSSC recommended level of six consultants;
- Clarity on the role of trauma surgeons in the immediate management of emergency trauma patients and the requirement for input from thoracic surgeons (e.g. telephone advice or on site input); and
- Clarity on the interface of thoracic surgeons in managing trauma patients with other specialties (e.g. rib fixation with orthopaedic surgeons).

2. To make recommendations regarding the future consultant workforce model and emergency cover of the MTC.

The Chair directed members to the Recommendations section (section 4.0) of the paper and identified what was being asked of members.

SL summarised the key points set out in the paper.

Members noted there was currently no increasing trend in thoracic surgery activity but accepted the service would need to be able to react if such a trend developed.

Members noted that the experts' opinions indicated that, in order to maintain their surgical skills, each consultant thoracic surgeon would need to perform at least 50 primary lung resections per annum and have at least one full day of operating in theatre per week, also, in their view, eight surgeons would mean this target may be difficult to meet, thus compromising patient safety. Furthermore they felt that it was neither desirable nor necessary to operate a two rota system. On this basis they felt that, based on current activity and a planned 20% increase, the right number was six consultant thoracic surgeons.

SL confirmed that, when making their own recommendations, the independent experts were aware of the recommendations of the provider health board Medical Directors and that the Thoracic Surgery Centre and the MTC would be 45 miles apart.



SL confirmed thoracic surgeons on site at University Hospital Wales would be used to maintain local thoracic clinics, support the MTC and provide ongoing support for thoracic patients on trauma wards.

Members noted it was anticipated 3–12 patients per annum would require an immediate thoracic surgery intervention at the MTC but that other patients might simply need stabilising immediately and could then be dealt with by a thoracic surgeon during their next scheduled daytime shift.

Members noted that it was expected that thoracic out-patient clinics would be run in CVUHB so patients wouldn't have to travel to SBUHB for these clinics.

Members discussed the differences in the advice given by the health board medical directors and independent experts, as set out in the paper. Members agreed the engagement of the service's clinicians would be the key to a successful service change. Members were generally supportive of a review during the 12 months prior to opening the new Thoracic Surgery Centre to determine the appropriate number of consultant thoracic surgeons engaged in the service but had differences of opinion as to whether the starting number of eight proposed by the provider Medical Directors was necessary.

Members discussed the potential risks in the seventh consultant post being a locum appointment and suggested it should be a substantive appointment instead.

LR reported that CVUHB was supportive of the recommendation for an extra consultant thoracic surgeon being appointed at UHW from April 2020 to support the MTC, subject to subsequent review.

Members agreed quality of service and patient safety should be paramount in any decisions taken.

TM reported that she did not have the support of the SBUHB Medical Director for the recommendations set out in the paper.

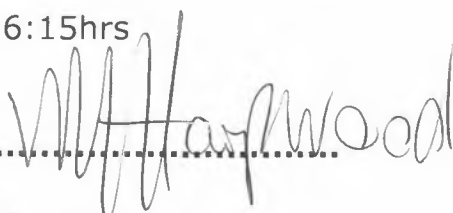
Members carefully considered the information provided in the paper and, after protracted discussion, SL, with the approval of the Chair, withdrew the motions set out in the paper. Members then proposed and seconded two alternative motions that were voted on, being:

**Motion A:** To acknowledge and support the views of the Medical Directors and clinical body across CVUHB and SBUHB, balanced with the independent experts' opinions; at this stage committing to the appointment of an additional consultant thoracic surgeon to support



	<p>implementation of the MTC from April 2020 and thereafter to act on the real world experience from the MTC and updated activity figures to ensure that we have the appropriate number of consultant thoracic surgeons in place by the time of opening the new Thoracic Surgery Centre at Morryston Hospital, Swansea.</p> <p><b>Motion B:</b> To accept and support the recommendations of the Medical Directors and clinical body across CVUHB and SBUHB, balanced with the independent experts' opinions; at this stage committing to 7 consultant thoracic surgeon posts with effect from April 2020 with phasing to 8 (or the appropriate final number required) as demonstrated by the real world experience from the MTC and updated activity figures, based on needs and succession planning, to ensure that we have the appropriate number of consultant thoracic surgeons in place by the time of opening the new Thoracic Surgery Centre at Morryston Hospital, Swansea.</p> <p>Members voted as follows on the alternative motions:</p> <p>Motion A For – PG, IP, CS, JP, VH, SL, SD, CB = 8  Motion A Against – TM, LR, SH, SM, GD, JT, CJ = 7</p> <p>Motion B For - TM, LR, SH, SM, GD, JT, CJ = 7  Motion B Against - PG, CS, JP, VH, SL, SD, CB = 7  Motion B Abstention – IP</p> <p>Neither motion achieved the required two-thirds majority to succeed.</p> <p><b>ACTION: It was agreed the Managing Director of WHSSC would seek advice from Welsh Government on next steps.</b></p>
JC19/020	<p><b>Date and Time of Next Meeting</b></p> <p>The Joint Committee noted the next scheduled meeting would take place at 13:30hrs on 23 July 2019 at Education Centre, University Hospital Llandough, Penlan Road, Penarth, CF64 2XX.</p>

The meeting closed at 16:15hrs

**Chair's Signature:** ..... 

**Date:** ..... 28/06/19 .....

