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

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – JANUARY 2020**

The Welsh Health Specialised Services Committee held its latest public meeting on 28 January 2020. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2019-20-whssc-joint-committee>

### **Action log & matters arising**

Members noted the action log.

### **Chair's Report**

The Chair's action appointing Mr Emrys Elias, Vice-Chair of ABUHB as an Independent Member of the Joint Committee and Chair of the WHSSC Quality & Patient Safety Sub-committee was ratified. The Chair apprised members of her meeting with the Minister during the previous week, in which it was noted that good progress had been made on Thoracic Surgery and Major Trauma but that further urgent attention was required on the Perinatal Mental Health Mother and Baby Unit for south Wales and ongoing attention to reduction in out of area CAMHS placements.

### **Managing Director's Report**

The Joint Committee noted the content of the Managing Director's report and, in particular, an update on the All Wales Medical Genomics Service (AWMGS) recently winning an Efficiency through Technology Programme High Impact Award for development of a new non-invasive prenatal test which is now offered to pregnant women in Wales.

### **Cystic Fibrosis - Home IV Antibiotics Service**

Members received a paper that provided an update on the implementation of a prepared Home IV antibiotics service for patients with Cystic Fibrosis in south Wales and southern Powys.

Members:

- Noted the information presented within the report;

- Supported taking forward the case for a recurrent Home IV service and satellite clinic staff to the 2020/21 ICP; and
- Supported further evaluation of the impact on inpatient demand to inform the planned bed base to be supported by WHSSC within Phase 2 of the business case.

### **Cardiac Surgery Performance**

Members received a paper that provided an update on Cardiac Surgery Performance in south Wales. It was noted that (1) CVUHB were progressing an arrangement to outsource to University Hospitals of North Midlands NHS Trust, Stoke, (2) SBUHB had a plan to eliminate 36 week RTT waiting time breaches by 31 March 2020, (3) waiting times were being adversely impacted by late transfers from cardiology to cardiac surgery, and (4) lack of recorded pathway start dates for some referrals means that waiting lists have probably been understated for at least the last two years. In addition, the WHHS Team have done work on the Aortic Stenosis pathway with the objective of further reducing waiting times for these critically ill patients. In summary, plans were now in place to address waiting time breaches within the foreseeable future.

Members noted the information presented within the report.

### **Neonatal Transport Review Recommendations**

Members received papers that set out the key recommendations from the Review of the South Wales Neonatal Transport Service and sought support for the next steps to develop a 24 hour neonatal transport service. It was noted that the Neonatal Network had historically suggested duplication of the existing service but this was considered neither cost effective nor clinically effective when previously considered through prioritisation. The Review offered different recommendations. .

The paper included a suggestion that the commissioning of the service might be better suited to EASC. In line with a view expressed by Management Group, members generally expressed a preference for WHSSC to commission the 24 hour service initially and possibly transfer responsibility, after this, to EASC.

Welsh Government had indicated that its Quality Delivery Board members were united in a wish to see interim arrangements introduced as soon as possible, so as to minimise the risks of further avoidable harm being caused by the absence of a 24 hour service. Members agreed that prioritising a permanent 24 hour solution was preferable, provided there was no further significant delay.

Members noted the draft recommendations within the report; and supported the development of future commissioning arrangements for

neonatal transport services in south Wales with an outline plan and timeline being brought back to Joint Committee in March.

### **Major Trauma Network Programme Business Case (MTNPBC) – Update**

Members received a paper that provided an update on the progress to address any non-financial caveats to health board approvals of the MTNPBC, together with an update on recruitment and acknowledgement of the responsible recruitment process. It was noted that positive work was being done on ongoing recruitment, the patient repatriation process and rehabilitation, also that some governance arrangement proposals were being developed and would be brought back to Joint Committee.

Members noted:

- the outcomes of the health boards' consideration of the MTNPBC;
- the progress to address any non-financial caveats;
- the NHS Wales Budget Allocation 2020-21 as it relates to major trauma; and
- the progress made by the Major Trauma Centre on recruitment and acknowledge the responsible recruitment process.

### **Welsh Renal Clinical Network (WRCN) Transformation Fund Application**

Members received an oral report on the successful WRCN Transformation Fund application, the objective of which was to roll out the Vital Data application for electronic patient records for renal dialysis patients, developed in SBUHB, across the whole of Wales. The initiative was expected to result in patient safety drug administration benefits and cost savings on drug procurement.

### **Perinatal Mental Health – Mother and Bay Unit**

Members received a paper that provided an update on key progress since the November 2019 meeting of the Joint Committee on the development of a Mother and Baby unit located in south Wales and made recommendations on a preferred interim option in line with a letter from the Minister.

Members:

- Supported the proposed option from SBUHB for an interim 6 bedded Mother & Baby unit at Tonna Hospital;
- Supported the urgent development and submission of a Business Justification Case to Welsh Government in order to secure capital funding; and
- Approved the establishment of a task and finish group to review the options for a permanent solution.

## **Thoracic Surgery Update**

Members received a paper that provided an update on the position in relation to the development of a single Adult Thoracic Surgery Service for south Wales based at Morriston Hospital and the network of services which are required to support this. It was noted that good progress was being made with excellent clinical engagement and collaboration between CVUHB and SBUHB.

Members noted the information presented within the report from the Thoracics Programme Implementation team.

## **Corporate Risk Assurance Framework (CRAF)**

Members received a report that provided an update on the WHSSC risk management framework as at 30 November 2019 and incorporated the key risks faced by the organisation which had not changed significantly since the last update.

Members noted the update provided within the report and received assurance that risks are being appropriately assessed and managed.

## **Other reports**

The Joint Committee received the Integrated Performance Report for October 2019 and the Financial Performance Report for Month 9 of 2019-20.

The Joint Committee also received the update reports from the following joint sub committees and advisory groups:

- Management Group;
- All Wales Individual Patient Funding Request Panel;
- Quality & Patient Safety Committee; and
- Welsh Renal Clinical Network.

## **Coronavirus**

It was reported that a Welsh patient had been assessed with a negative result the previous week via NHS England. The WHSS Team had now put contractual arrangements in place with NHSE for any future cases and shared information on the pathways with Public Health Wales and Welsh Government.

