



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 25 OCTOBER 2018

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting.

2. Paediatric Endocrinology Presentation

Dr Justin Warner delivered a clinical presentation on the south Wales paediatric endocrinology service. It was reported that the service was under-resourced, failing to reach all prospective patients and potentially unsustainable in its current form.

3. Neonatal service Review

Members received a paper that provided an update on the work to date on a number of work streams that had been running in tandem in 2018-19 to support the development of a 24 hour neonatal transport service. The majority of these work streams had now concluded. The paper also identified inter-related issues within wider neonatal services and sought approval for the next steps.

After discussion, it was agreed that the paper would be revised before it was considered by the WHSSC Quality & Patient Safety Committee.

Members:

- Noted the recent findings and recommendations of the neonatal transport case note review;
- Supported the suggested short and long term solutions for meeting the recommendations of the case note review;
- Noted the key messages of the report submitted on behalf of the three neonatal transport providers;
- Noted the emerging recommendations of the draft English Neonatal Critical Care Review; and
- Supported a full external review of neonatal care being carried out in 2019-20.

4. Trauma Network

Members received a report that aimed to (1) describe the process for Trauma Unit ('TU') designation and choices made for designation by

health boards in south Wales including the rationale for this, and (2) summarise the assessment against quality indicators across 'candidate' TUs and suggest how these gaps could be closed.

Members:

- Noted commonalities against quality indicators across 'candidate' TUs; and
- Supported the recommendation for the designation of the following hospitals as TUs
 - ❖ University Hospital Wales - Adult and Paediatric;
 - ❖ Morriston Hospital – Adult and Paediatric;
 - ❖ Princess of Wales Hospital – Adult and Paediatric;
 - ❖ Royal Gwent Hospital – Adult and Paediatric (pending the opening of the Grange University Hospital);
 - ❖ Neville Hall Hospital – Adult and Paediatric (pending the opening of the Grange University Hospital);
 - ❖ Grange University Hospital – Adult and Paediatric;
 - ❖ Prince Charles Hospital – Adult and Paediatric; and
 - ❖ Glangwilli General Hospital – Adult and Paediatric.

5. Minutes of the Previous Meeting and Action Log

The minutes of the meeting held on 27 September 2018 were approved subject to minor amendments.

Members noted the action log and received an update on:

- MG071 Cardiac Surgery: Inter Hospital Transfers and 26 week RTT reporting – A discussion had taken place between BCUHB and the WHSS Team; a pre-meet would be held with BCUHB prior to next review with LHCH. Action closed.
- MG072 Posture and Mobility: Finance and Activity Over-Performance – Reply received from WG confirming user funded top-up system was out with WG policy. Action closed.
- MG076 WHSSC Policy Group Update: Proposal for review of provider compliance – the WHHS Team was now able to commence policing of policy compliance, having updated the majority of commissioning policies. Action closed.
- MG077 Integrated Performance Report: Obtain Welsh lung cancer data via pressure through Medical Directors' Group – Data now being received via WG. Also, example of dashboard received from PTHB. Actions closed.
- MG078 MG18/071: Action Log: MG059 Integrated Performance Report - SL has discuss funding for English providers with CS, PTHB and will use the learning from PTHB's experience. Action closed.
- MG079 Integrated Performance Report: Clarify position on reporting of English providers' cancer reporting – WHSST will be discussing this with individual English providers. Action closed.
- MG081 MG18/072: Report from the Managing Director: Gender Identity Services – CL is now the PTHB representative on the All Wales Gender Identity Partnership Group. Action closed. CB to circulate paper considered by CEMT earlier in the week regarding

funding for primary care and CL to discuss offline with CB the application of the service to highly rural areas.

- MG084 Collective Commissioning: Paediatric Rheumatology – to be considered at October 2019 workshop. Workshop held, clinical model going to CIAG. Action closed.
- MG086 IVF: Royal Shrewsbury Hospital RTT Escalation – letter sent; response received with commitment to do what is necessary. This will now be monitored. Action closed.
- MG088 MG18/090: MG049 – MG17/072 BMT Investment in south Wales 2016/17 – Workshop scheduled for February 2019.
- MG090 MG18/091: Mechanical Thrombectomy Progress Update – SD provided an update, explaining that North Bristol Trust ('NBT') had indicated that it could now provide a mechanical thrombectomy ('MT') service that could either be commissioned on a case by case basis or by commissioning block cover, which would be the less expensive option. Negotiation to achieve the best possible value for money would continue. Meanwhile, WHSSC was encouraging CVUHB to grow its INR capacity and develop a MT capability in due course. The prospect of NBT and CVUHB partnering to provide a service was still a possibility. The importance of taking a long term view and of arranging both emergency and non-emergency transport for patients using the NBT service were noted. A paper would be brought back to Management Group and Joint Committee as soon as possible.
- MG091 MG18/092: Posture and Mobility Service: Financial and Activity Performance update for 2018-19: CVUHB – A discussion around clarification of the action suggested that the learning was for the CVUHB service from the north Wales service, which was less expensive than the south Wales service. IL explained that this was because the contracting models were different. It was agreed that a paper would be brought back to explain the situation in greater detail.

6. Report from the Managing Director

Members received the Managing Director's report. The report included updates on:

- Hand and Breast Surgery Workshops - The next step was to hold further workshops to develop a pathway proposal for breast surgery and a service model for hand surgery with clarity between secondary and tertiary services.
- Cardiac Surgery: Getting It Right First Time Review – The review of the south Wales service would include work on both cardiac surgery and cardiology.

7. Advanced Therapy Medicinal Products ('ATMPs') Presentation

Members received a presentation on ATMPs; potentially curative biological solutions to rare diseases which may extend to less rare diseases that could be transformational and ultimately cost saving but with significant start-up cost, governance and regulatory issues.

UHW is looking to achieve JACIE accreditation for its BMT facility to participate in the service for adults. North Wales provision is likely to come from the Christie Hospital. Commissioning for 0-16 year olds is likely to come from England. Some ATMPs are likely to be mandatory and would be delivered in Wales if possible.

Discussions are ongoing with WG regarding funding.

8. NHS England Genetics Laboratory Reconfiguration

Members received a report that aimed to (1) highlight the impact of the service reconfiguration taking place in NHS England on genetic services in Wales, and (2) inform members of the intention to develop a proposal to be considered for inclusion in the Integrated Commissioning Plan for 2019-22 in order to mitigate the risks.

Members noted:

- the impact of the service reconfiguration taking place in NHS England on genetic services in Wales; and
- the intention to develop a proposal to be considered for inclusion in the Integrated Commissioning Plan for 2019-22 in order to mitigate the risks.

South Wales Sarcoma Service: Action to Address Risks to Sustainability

Members received a paper that outlined (1) the risks in the south Wales soft tissue sarcoma service, (2) the short term action the WHSS Team was taking to address the immediate risks, and (3) the longer term actions to be undertaken as part of the 2019-22 ICP to ensure long term sustainability, service quality and equity.

Members noted the risks and actions set out above.

9. Invest to Save – Referral Management Centre

Members received a paper that outlined the rationale for establishing a WHSSC referral management centre and to seek approval for funding the resource required as an invest to save initiative.

SD explained that the costs would be shared according to bottom line expenditure with benefits flowing back through the risk sharing mechanism.

Whilst members were broadly supportive of the proposal, SL undertook to bring back more detail on the role of the manager with clinical input.

10. WHSSC Policy Group - Update

Members received a paper on the work of the WHSSC Policy Group and noted the information presented within the report.

11. Integrated Performance Report

Members received a paper that provided a summary of the performance of services commissioned by WHSSC for August 2018.

It was noted that Neurosurgery at UHW had been de-escalated from level 3 to level 2 and that good progress had been made within the north Wales CAMHS service, which was happy to remain in escalation because of the level of focus and positive impact that it involved. A paediatric surgery visit to Cardiff the previous day had gone well.

Members:

- Noted the August 2018 performance and the action being undertaken to address areas of non-compliance.

12. Finance Report 2018-19 Month 6

Members received a report that set out the estimated financial position for WHSSC for the sixth month of 2018-19. No corrective action was required at this point; the year to date position was a £1,514k underspend and the year-end forecast was a £5,312k underspend, which included a substantial release of prior year provisions. A material uncertainty remained regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales.

Cardiology over-performance at ABMUHB and CVUHB was a concern but the WHSS Team was doing work to understand the situation.

Members:

- Noted the current financial position and forecast year-end position.