

## **CORE BRIEF TO MANAGEMENT GROUP MEMBERS**

### **MEETING HELD ON 26 APRIL 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 Acting Chair welcomed members to the meeting and introduced Dr Jenny Thomas, who had recently joined WHSSC as Medical Director.

#### **2. Minutes of the Previous Meeting and Action Log**

The minutes of the meeting held on 18 January 2018 were approved.

Members noted the action log and received an update on:

- MG001 NWIS Project on English Data Flows – SD reported that the core project was now complete but that meetings would continue with a view to extending the system to include Welsh data. SD also explained that WHSST has been developing a database with much greater granularity of data than had previously been available that would facilitate enhanced contract management – this would be demonstrated to Management Group and Joint Committee.
- MG023, MG047 and MG 048 were superseded and therefore closed.
- MG049 BMT Investment in south Wales – SD reported that demand/capacity plans were being reviewed to ensure they were still valid and that around £1.1m had been clawed back against the agreed investment of £1.3m, which in part was offset by 3250k of additional drugs costs. This had been tested against the previous contract and the result was broadly neutral. IL added that a wider meeting had been held to investigate resilience and improved waiting times. The service is currently at Stage 2 in the escalation process and WHSST would be writing to the provider about (1) inadequate facilities (a JACIE issue), (2) laboratory turnaround times, and (3) the impact on delayed admissions. A paper would be brought back to MG in due course.
- MG052 BAHA and Cochlear – SD confirmed that investment and performance had been reconciled. IL reported that the service was working toward achievement of the RTT target.
- MG054 Interventional Neuro Radiology – WHSST had agreed a year end settlement of £500k of outsourcing costs funded by the provider. It was recognised that other costs relating to issues with failure of the service might correctly be funded by WHSSC, these had been provided for.

### **3. Report from the Managing Director**

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

- Development of the Specialised Services strategy and WHSSC 'Values' – work had begun within WHSST to identify its 'Values' and with the Joint Committee to shape the Strategy. Members of the Management Group would also be involved in this.
- Thoracic Surgery consultation – It had been agreed that WHSST would lead a formal public consultation exercise, working closely with the affected CHCs and the engagement leads of the six affected health boards.
- Paediatric Surgery – An escalation visit had taken place on 26 January, an action plan had been agreed and the service remained a stage 2 of the escalation process.
- CAMHS tier 4 – The service at Ty Llidiard had been escalated to stage 4 following the suicide of a patient, this had been downgraded to stage 3 following an inspection by QAIT but subject to a more restrictive admissions criteria. The north Wales service had reacted positively to its escalation, having made system improvements.
- WHSSC Escalation process – The COO peer group had embraced its involvement but it was recognised that medical input was also required.

#### **Other business**

AAC funding –Welsh Government had written to Health Boards in April 2018 confirming that £750k has been provided for the provision of communication equipment allocated by the AAC service and £50k has been allocated for the development of the hub and spoke model. The funding letter states that this is interim to a sustainable model being developed and is conditional on the NHS working with education, social services and others to establish a sustainable service. A stakeholder engagement and design process is being initiated by Welsh Government. The plan is to brief relevant Cabinet Secretaries by the end of September 2018. The WHSSC plan for 2018-19 included the sum of £480k for AAC equipment. Members agreed that this should be moved to a new in year contingency budget in order to assist in the management of in year financial risks that become unavoidable.

Specialised rehabilitation policy (Action: MG054) – Members noted that the revised policy had been issued with the provision for re-charge of costs to local health boards where delayed transfer of care breach stated thresholds. SL explained that this was following discussion with the provider that confirmed a strong view in favour of the practice. JT explained that this protected LHBs' investment in the service and paralleled the practice of major trauma centres (MTC) in England and that the new south Wales MTC would turn this around with the need for LHBs to 'pull' patients back to avoid blockages at the MTC. Members had some

reservations over the practice and expressed the view that they needed more information on which patients were due to be discharged and the perceived cause of delayed discharge on a case by case basis to ensure that the re-charge of costs was a last resort. It was agreed to run with the revised policy for a period of up to six months during which the requested information would be provided in the Integrated Performance Report and to review the position after three months to understand how it is progressing.

#### **4. Integrated Commissioning Plan 2018-21 ('ICP')**

#### **5. Integrated Performance Report**

Members received a report which provided a summary of the performance of services commissioned by WHSSC for November 2017. Cardiac, Thoracic, Bariatric, Plastic, Neuro and Paediatric Surgery, Lymphoma Panel, Adult Posture & Mobility, CAMHS and Paediatric Intensive Care services were all in escalation.

It was noted that where services had received additional investment from WHSSC in the recent past and were now in escalation, the additional investment had, at least in some instances, led to improved performance. In addition, it was noted that the traffic light performance indicators don't show movements in volume.

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#### **7. Any other business**

There were no other items of business raised.