



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 16 JULY 2020

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.

Written questions from members and answers had been published in advance of the meeting and had been embedded within the meeting papers.

1. Welcome and Introductions

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams on a quorum basis and with a consent agenda. It was noted that a quorum had been achieved.

2. Minutes from Previous Meeting and Action Log

The Minutes from the meetings held on 4 June 2020 were noted and approved.

Members noted the action log and received updates on:

- **MG191** - Funding for Paediatric Activity Blades: Patient numbers by ALAS Centre – All three centres have recruited staff; one patient has been treated to date with others delayed because of the COVID-19 pandemic – Action closed;
- **MG205** - Renal Dialysis Growth Forecast: Detailed figures by commissioning population and full Activity and capacity data for each provider unit – Report circulated by email – Action closed;
- **MG211** - Fetal Medicine: Check there was no double counting through both revenue and capital streams – SD confirmed there was no such double counting, funding for 2020-21 was via revenue but this may change in future years in accordance with IFRS16 – Action closed; and
- **MG212** - Independent Sector Hospital Services: SD would circulate a note to health board operational leads to clarify the position – SD had been circulating weekly reports to nominated health board contacts – Action closed.

3. Managing Director's Report

The Managing Director's report, including updates on IVF, the Swansea mobile PET scanner, the PET international webinar and NCCU expenditure on mental health services for the COVID-19 period, was taken as read.

4. Paediatric MRI Funding Release

Members received a paper that sought approval for the release of funding to implement the 2019-22 Integrated Commissioning Plan scheme for Paediatric MRI capacity, which was approved.

5. Invest to Save: Medicines Optimisation

Members received a paper that outlined the rationale for establishing a Medicines Optimisation Service and to seek approval for funding the resource required as an 'Invest to Save' initiative, which was approved.

The importance of monitoring the success of the initiative was noted.

6. ICP Approach

The Director of Planning presented an overview of the suite of papers describing the WHSS Team approach to the Integrated Commissioning Plan for specialised services during the COVID-19 pandemic, acknowledging that priorities needed to be aligned between specialised and other services and that there was a need to remain flexible.

It was noted that the suite of papers had been considered by Joint Committee on 14 July and received support.

The content of the suite of papers was noted, particularly (1) the approach to new investment agreed for 2020-21 by Management Group at the previous meeting and (2) the work underway regarding new interventions which may offer alternative treatment options for patients which reduce the risks of COVID-19 harm. Support was confirmed for (1) the revised process for the development of the WHSSC 2021-24 Integrated Commissioning Plan and (2) the revised process for the prioritisation of new interventions during the COVID-19 pandemic.

7. Nusinersen – Funding Request for Staffing

Members received a paper that requested funding of £63,000 to address the immediate staffing requirements of implementing the NICE approved treatment, Nusinersen (SPINRAZA), for patients with Spinal Muscular Atrophy under the care of the Children's Hospital for Wales, which was approved.

8. Health Board Stamps for Non Specialist Activity on London Contracts

Members received a paper the purpose of which was to inform them of the risks and issues identified with the use of stamps by health boards on behalf of WHSSC for the referral of patients for non-specialist activity to specific London based providers (resource mapped contracts) and to support the action to find alternative mechanisms in health boards which will provide assurance whilst making the WHSSC stamps obsolete. The content of the paper was noted and the proposal was supported.

9. Intestinal Failure

The Director of Finance gave an oral report on a proposal received from CVUHB requesting approval for additional funding to be provided to the Intestinal Failure service for south and mid Wales in order to mitigate the immediate risks highlighted in the 2020-23 Integrated Commissioning Plan and confirmed that CVUHB had now agreed to fund this with block contract income for the next three months to enable a review to be undertaken.

10. Finance Report 2020-21 Month 2

Members received a report on the financial position for WHSSC for month 2 2020-21 and noted the current financial position and forecast under spend of £2m at year-end. The Director of Finance reported that, while the full month 3 report was not yet available, finance teams had been made aware that the month 3 forecast under spend at year end had increased to around £6m.

11. Member Inductions

The Committee Secretary noted that the WHSSC Annual Self-assessment exercise had identified an action regarding the introduction of a more formal induction process for new committee members and that this would be customised for each committee. As two new members had been identified for Management Group they would be the first to experience the new process. It was also agreed that a development session would be arranged for all Management Group members.

12. Cardiac Surgery Outsourcing

The Director of Planning reported that University Hospitals of North Midlands Trust, Stoke had made contact to confirm that they anticipated being able to take outsourced cardiac surgery patients from CVUHB from September 2020 as they were approaching business as usual status following recovery from the first wave of the COVID-19 pandemic. It was agreed that consideration should be given (1) to risk stratification of patients through the MDT, (2) to outsourcing cardiac surgery patients from SBUHB too and (3) taking on board any learning on how the Trust had managed to recover so quickly.

13. Independent Sector Hospital Capacity

The Director of Finance reminded members that health boards would need to make local arrangements with private sector hospitals if they wished to continue using them beyond 6 September 2020.

