



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 26 NOVEMBER 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.

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. It was noted that a quorum had been achieved.

2. Minutes from Previous Meeting and Action Log

The Minutes from the meetings held on 22 October 2020 were noted and approved.

Members noted the action log and received an update on:

- **MG209** - Transfer of Services. Carried forward to January 2021.

3. Managing Director's Report

The Managing Director's report providing an update on (1) Welsh Gender Service – Peer Support Programme Funding, (2) Valve in Valve TAVI, and (3) Neonatal ICU cot utilisation was taken as read.

Members were advised that the Valve in Valve TAVI review had been conducted by CEDAR rather than HTW as stated in the paper.

4. Congenital Heart Disease Networked Care

Members received a presentation from the CHD Network South Wales and South West that covered:

- Background & purpose Operational Delivery Networks (ODNs)
- Governance arrangements for ODNs
- Congenital Heart Disease Networks - South Wales and South West
- CHD standards
- For consideration/next steps

Members received a paper the purpose of which was to describe the importance of the network approach to the delivery of care for patients with Congenital Heart Disease and to highlight the concerns raised to WHSSC by the CHD Networks regarding Wales not formally adopting the CHD standards of care.

Members felt that a baseline review and gap analysis against the English standards should be undertaken as a first step and, if data was available from the all Wales commissioned service audit, this should be used to identify differential outcomes.

Members (1) noted the information in the report; and (2) supported the following recommendations, subject to undertaking a baseline review and gap analysis based on the English standards:

- consideration of the CHD standards and their adoption in Wales,
- consider if there is an opportunity to develop a Level 3 service specification under collective commissioning arrangements, and
- consider a Memorandum of Understanding between the Welsh centres and the CGD Networks.

5. Implementation of the Hereditary Anaemias 2020-21 ICP Scheme

Members received a paper the purpose of which was to request approval for the release of funding to enable the implementation of the Hereditary Anaemias 2020-21 ICP scheme, which will enable the implementation of a network model which will provide a sustainable, equitable service for patients across south Wales and support the response to harm caused by COVID-19.

It was reported that the services within the scheme would link into related local services across the region.

Members questioned whether social workers and youth workers could be funded from NHS funds, unless their work related to clinical activity. It was noted that youth workers were already engaged in the renal service and that their activities supported clinical compliance and outcomes.

It was agreed that the WHSS Team would undertake a project mapping the wider specialised services portfolio for optimisation of shared resources in areas such as pharmacy, psychology, physiotherapy, etc.

Members (1) approved the release of funding to enable the implementation of the Hereditary Anaemias 2020-21 ICP scheme, subject to the exclusion of the funding related to a social worker, (2) noted that the requested funding is within the provision for the hereditary anaemias scheme in the 2020-23 ICP, and (3) noted that the implementation of this scheme will support the response to COVID-19 harm as outlined in the paper.

6. Neonatal Transport Interim 24/7 Model

Members received a paper the purpose of which was to provide an overview of a service model proposal to extend the current 12-hour Neonatal Transport service to provide a 24-hour service for an interim period of six months, from 4 January 2021. The proposal had been provided by the Neonatal Network Transport Sub Group on behalf of

ABUHB, CVUHB and SBUHB. A separate submission had been provided by WAST.

Members (1) noted that there is £600,000 available funding [fye] for the model in the ICP for 2020-21, (2) noted that Joint Committee at its meeting in March 2020 delegated authority to Management Group to approve the case providing there is consensus on the proposal in Management Group, (3) noted the discussion at Joint Committee on 10 November 2020, and (4) supported the proposal to implement an interim 24/7 neonatal transport service for no more than 6 months pending implementation of a permanent service model.

7. South Wales Cleft Lip and Palate Service Update

Members received a paper the purpose of which was to inform them of the current Cleft Lip and Palate activity and waiting list position for patients across Wales and provide options for the future management of patients.

It was reported that the position in south Wales was that of an outlier compared to the English providers and that only a small amount of outsourcing to England was likely to be available.

The WHSS Team had asked CVUHB whether it could provide support and had received a promising response indicating that they might be able to provide theatre time based on clinical priority. It was also recognised that whilst these patients weren't suitable for surgery in independent sector hospitals it would be possible to shift other services into the independent sector freeing capacity for these patients within the NHS.

It was noted that the potential harms for these patients were related to the negative impact on their development and were time critical.

It was reported that the Joint Committee, at its November meeting, had indicated that it was prepared to consider re-allocating forecast underspend to commission extra capacity. Members were supportive, in principle, of this initiative.

Members (1) noted the current waiting times and activity levels in the South Wales Cleft Lip and Palate service, and (2) supported further exploration of options to mitigate the continued growth of the waiting list.

8. Proposal to appoint a Project Manager to develop a Thrombectomy service in South Wales

Members received a paper the purpose of which was to provide an update on the proposal to appoint a temporary dedicated Project Manager to plan and develop a Thrombectomy service across the south Wales region with the aim of submitting a formal business case to WHSSC.

It was noted that the responsibility for the appointment of the project manager would be with CVUHB.

Members (1) supported the appointment of a fixed term dedicated Project Manager to plan and develop a Thrombectomy service across south Wales, (2) supported the hosting arrangements for the Project Manager's post and funding release, and (3) noted the information presented within the report.

9. WHSSC Policy Group Report

Members received a paper the purpose of which was to update them on the work of the WHSSC Policy Group and, in particular, to provide an overview of all WHSSC commissioning policies and service specifications published since 1 April 2020 and the rationale for their development.

Members noted the information presented within the report.

10. Month 6 Activity Report

Members received a paper the purpose of which was to highlight the scale of the decrease in activity levels during the peak COVID-19 period and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

The M6 activity levels were fundamentally similar to M5. Most NHSE providers had continued to improve to around 80% of pre-COVID levels and it was felt that they were unlikely to be impacted by the second surge of the pandemic. The message from this what could Welsh providers learn about protecting their specialised service activity in a similar way.

There had been improvements in Cardiac surgery in south Wales, particularly from CVUHB which had moved its Cardio-thoracic surgery to UHL, a COVID-free site. The WHSSC Team were trying to understand the backlog.

South Wales Paediatric surgery was increasing but was nowhere near the activity levels in Alder Hey Hospital.

Members noted the information presented within the report and confirmed that they wished to continue receiving this type of report.

11. 2020-21 Month 7 Finance Report

Members received a paper the purpose of which was to provide the current financial position of WHSSC together with the outturn forecast for the financial year.

The financial position at Month 7 is a year to date underspend of £12.0m and a forecast year end under spend of £13.2m.

Members were advised that the under spend relates mainly to months 1-7 underspend on the pass through elements of Welsh provider SLA's,

COVID block arrangements with NHSE for Q1–Q3 below the plan baseline, a baseline increase for NHSE providers for the additional 0.8% inflation and Q1–Q3 2020-21 development slippage. Members were asked to note that there is likely to be a further improvement following formal confirmation of revised financial arrangements with NHSE providers for the remainder of the financial year. The magnitude of this is difficult to quantify precisely but could be around £2-3m depending on delivery trajectory and the impact of COVID-19 for the remaining 5 months of the financial year.

The Joint Committee meeting held on 10 November was briefed on the improved financial position for Month 7 and supported the need for WHSSC to work through the Management Group to explore deployment of additional in year resources from the increased underspend to mitigate the risks in a number of critical areas including Cardiac surgery, Paediatric surgery and Cleft Lip and Palate.

Members noted the information presented in the paper.

