



## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE – MARCH 2017**

Welsh Health Specialised Services held its latest public meeting on 28 March 2017. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what's happening in Welsh Health Specialised Services.

The papers for the meeting are available [here](#)

### **Action Log**

Members noted the action log.

### **Chair's Report**

Members noted the Chair's report.

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

Members noted the Acting Managing Director's report and in particular:

- *Inherited Bleeding Disorders and Endoscopic Mucosal Resection and Radio Frequency Ablation for Oesophageal Cancer - collective commissioning*  
Management Group had not supported recommendations to proceed with collective commissioning schemes and the Acting Managing Director had written to Chief Executives advising them that responsibility for these services now lies with LHBs as a result of these decisions. These had been difficult decisions that were disappointing to the WHSSC Team.
- *Bone Anchored Hearing Aid and Cochlear Implant growth*  
Management Group had approved a funding release of £500k for 2016-17 to meet existing waiting time standards and maintenance requirements for south Wales.
- *NHS England – Congenital Heart Disease consultation*  
Management Group had received a paper summarising the situation and advising that minimal impact was expected for Welsh patients.
- *Individual Patent Funding Requests independent review*  
The independent review commissioned by the Cabinet Secretary had been published; mixed views had been expressed by observers. The Cabinet Secretary's response, on 21 March, accepted all of the review's recommendations.

## **WHSSC Integrated Commissioning Plan 2017-20**

A summary Technical Plan had been provided to members, which was considered in private session.

### **Neonatal Intensive Care Workforce**

Members received a paper which included an option appraisal of three potential employment models for the south Wales neonatal medical workforce. The Alliance model had scored highest and was therefore recommended by the Workforce Task and Finish Group, which with revised terms of reference and membership would take responsibility for development and delivery of the model, reporting into the South Wales Workforce Group that was led by Directors of Workforce.

#### Members

- Noted the Task and Finish Group was reaffirming its recommendation that an Alliance workforce model was best suited to manage Neonatal workforce issues
- Approved the functions of the Alliance model being taken forward by the South Central Alliance Neonatal Task and Finish Group with revised terms of reference and membership

### **All Wales Neonatal Standards**

A paper presenting a draft of the revised All Wales Neonatal Standards – 3<sup>rd</sup> Edition was received. In principle support was sought for the revised standards and a baseline assessment. Members noted that it was for Welsh Government to approve the standards and that cost of compliance would be a critical consideration, also that the standards should make provision for an integrated approach to delivery between the Neonatal Network and LHBs. The level of input received from the Deanery was questioned and greater clarity around the operation of peer reviews was requested. A revised draft would be shared with the Joint Committee.

#### Members

- Noted the draft revised All Wales Neonatal standards – 3<sup>rd</sup> Edition
- Supported in principle the revised standards and the planned baseline assessment against the standards of each neonatal unit in Wales
- Supported the suggested process for referring the draft revised standards to Welsh Government for a decision on approval, subject to the results of the baseline assessment and sight of a further revised draft of the standards

### **Thoracic Surgery**

Members received a paper that included updates on (1) the Thoracic Surgery Review and (2) the Additional Capacity Project.

The paper included a 'short form' version of the report on the Royal College of Surgeons (RCS) review conducted under the Invited Review Mechanism. It was noted that the 'short form' version of the report excluded information based on personal identifiable information that related to a single potential patient safety matter but covered the strategic service issues that were the principal purpose of the RCS review and that the excluded matter would be dealt with by the Joint Committee in private session. The draft Service Specification, which had been agreed by all members of the Project Board, was also considered, as was the next phase of the review, including the process for engagement and assessment of options.

It was noted that additional capacity for south east Wales patients had been achieved through weekend working at Cardiff & Vale UHB, where the initiative had begun in February and was scheduled to complete after two months. Additional capacity for south west Wales had been identified from an English provider; the pathway had been developed, providers assessed, patient information developed and detailed discussions had begun with the selected provider on 15 March with capacity about to come on line.

#### Members

- Received the RCS 'short form' report
- Approved the thoracic surgery service specification
- Approved the proposed process for completing the Thoracic Surgery Review, in particular, the approach to stakeholder engagement and the role of the independent panel
- Noted the progress on implementing the Additional Capacity Project

#### **Neurosciences Commissioning Strategy**

Members received a paper that provided an overview of the five year Commissioning Strategy for Specialised Neurosciences. It was noted that the increased engagement with providers through the review had already resulted in service improvements and reduced costs. Through the process three schemes had been identified as high priorities;

- Provision and utilisation of Specialised Rehabilitation Services
- Provision of Paediatric Neurology
- Delivery of Neuro-Radiology

The final version of the five year Commissioning Strategy for Neurosciences will be presented to the Joint Committee at its meeting in May 2017.

#### Members:

- Noted the overview of the five year Commissioning strategy for Specialised Neurosciences
- Supported the Neurosciences and Complex Conditions programme team initially focusing on the three outlined areas

### **Delivery of the Integrated Commissioning Plan 2016-17**

Members received a report providing an update on the delivery of the Integrated Commissioning Plan for Specialised Services 2016-17 at the end of January 2017, including the:

- Funding Release Schedule
- Progress against the Work Plan
- Risk Management Summary

Members:

- Noted the progress made in the delivery of the 2016/17 ICP;
- Noted the funding release proforma schedule;
- Noted the risk management summary.

### **Performance Dashboard**

Members received the performance management report for December 2016. Whilst there had been some improvements since the previous report, many areas continued to be of concern.

Members noted the performance and the actions being undertaken to address areas of non-compliance.

### **Finance Report**

Members received the finance report for Month 10 and noted the year to date under spend of £6,110k and forecast year end under spend of £5,165k.

### **Joint Sub Committees and Advisory Groups**

Members noted the update reports from the following joint sub committees and advisory groups:

- Quality and Patient Safety Committee
- All Wales Individual Patient Funding Request Panel
- Welsh Renal Clinical Network
- Management Group
- Wales Neonatal Network
- All Wales posture and Mobility Partnership Board