

WELSH HEALTH SPECIALISED SERVICES COMMITTEE **JOINT COMMITTEE MEETING – SEPTEMBER 2019**

The Welsh Health Specialised Services Committee held its latest public meeting on 16 September 2019. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

http://www.whssc.wales.nhs.uk/2019-20-whssc-joint-committee

Action log & matters arising

Members noted the action log.

Managing Director's Report

The Joint Committee noted the content of the Managing Director's report and, in particular, updates on:

- **Soft Tissue Sarcoma in South Wales**: There had been positive progress in addressing the previously reported issues.
- Perinatal Mental Health Mother and Baby Unit: Management Group (MG) had reviewed the business case for the south Wales MBU and significant progress had been made in addressing the remaining issues.
- CAR-T: The business case had been signed off, enabling CVUHB to proceed with the service.
- Veterans' Trauma Network (VTN): Approval was given for WHSSC to directly commission the VTN from CVUHB until it could be hosted by the MTN. The service was expected to be cost neutral or better.
- **WHSSC Office relocation**: The impending move to Treforest Industrial Estate, Pontypridd was noted.

Chair's Report

The Joint Committee received an oral report from the Chair. The Chair explained that Charles (Jan) Janczewski has stepped down as an Independent Member of the Joint Committee and as chair of the WHSSC Quality & Patient Safety Committee following his appointment as Interim

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Chair of CVUHB and that a replacement was being sought. The Chair recorded her thanks to CJ for his contribution.

Major Trauma Network for South Wales – Tranche 2 Recruitment Members received a paper that had been circulated prior to receipt of key items, including CVUHB Business Case and output from the latest Gateway Review. The paper identified Tranche 2 Recruitment items (1) that were in accord with recommendations derived as a result of the Peer Review (2) that didn't accord with recommendations from Peer Review. Tranche 1 Recruitment had been agreed by JC on 30 August.

A Professional Peer Review had been undertaken during August. An Executive Steering Group (ESG) Report included recommendations from the ESG derived as a result of the Peer Review. CVUHB did not agree with all of the recommendations in the Report. The Report had been approved by the ESG earlier in the day, subject to comments received back within 48 hours. Peer Reviewers had also seen and confirmed support for the ESG Report and recommendations.

The result of the latest Gateway Review was now known to be Amber/Red with good progress on many issues but four significant outstanding issues.

The SBUHB ODN Business Case had been reviewed on 11 September. The CVUHB Business Case had now received preliminary review and it was noted that there were three main areas of discord (1) 24/7 consultant rota, (2) proposal for 14 (rather than 10) beds in Poly Trauma Unit, and (3) additional (fourth) plastic surgery consultant. It had been agreed at the ESG meeting earlier in the day that WHSSC would review these issues with CVUHB and take them to the MG meeting on 26 September for scrutiny.

Welsh Government was optimistic about funding start-up costs incurred during 2019-20 with some recognition that further top-up funding might be required for future years. The overall financial picture was noted as being around £15m p.a.

The Finance Working Group is waiting for (1) finance and manpower baselines, (2) activity and income flows for non-elective cases, and (3) the business case for the CVUHB Trauma Unit (distinct from MTC).

The key requirements for an April 2020 go live are (1) physical and staff infrastructure, (2) governance structure for ODN, and (3) Welsh Government capital approval. EMERTS was scheduled for an April 2020 'go live' but needed to be asked to confirm that protocols can be varied and/or patient risks managed for a later go live of the MTC and ODN if necessary.

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The WHSS Team will develop commissioning advice to JC.

The Project Business Case (PBC) would be available in October 2019. A PBC briefing for all parties being was being arranged for 23 October. The 12 Nov JC meeting will receive feedback on the PBC. Health boards will formally consider the PBC at their late November board meetings. It was agreed that health boards would hold short meetings at end of October 2019 to ascertain likely level of support from boards prior to formal consideration of the PBC at their boards in November, this will inform the 'go live' date and potentially provide cover for incurring Tranche 2 costs. It was agreed that the Tranche 2 recruitment process can begin ahead of late October support from boards (subject to MG scrutiny on 26 September) with interviews scheduled for late October but without confirming appointments until November. This reflects the need to manage the risks associated with moving too quickly or not quickly enough.

Major Trauma – Commissioner's Risk Register

The Joint Committee received the first draft of the Commissioner's Risk Register for the Major Trauma Centre and Operational Delivery Network. It was noted that the Register would now, and continuously, be updated for the latest developments.

Integrated Commissioning Plan – Revised Timeline

Members received a paper explaining that Welsh Government has relaxed the submission date for IMTPs to 31 January 2020. It was noted that the WHSSC ICP needs to include MTC and ODN on approval of the Project Business Case. It was agreed that the WHSS Team would continue to work toward submitting the ICP to JC on 12 November 2019.

Radio Frequency Ablation for Barrett's Oesophagus

Members received a paper that (1) provided an update on the work led by WHSSC to develop the commissioning framework for a south Wales based Radiofrequency Ablation service for patients with Barrett's Oesophagus, and (2) confirmed the future commissioning arrangements for Radiofrequency Ablation for patients with Barrett's Oesophagus. Approval of the proposal was delegated to MG.

Other reports

The Joint Committee received the Integrated Performance Report and the Financial Performance Report.

The Joint Committee also noted the update reports from the following joint sub committees and advisory groups:

Management Group; and

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Quality & Patient Safety Committee.

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