Minutes of the Welsh Health Specialised Services Committee Management Group Meeting
held on 24 November 2016

Bowel Screening Wales, Unit 6, Greenmeadow, Llantrisant, Pontyclun CF72 8XT

Present Members
Stuart Davies (SD) Acting Managing Director, WHSSC (Chair)
Valerie Atwood (VA) Associate Director Of Contracting, BCUHB (VC)
Carole Bell (CB) Director of Nursing and Quality Assurance, WHSSC
Robert Holcombe (RH) Assistant Director of Finance, ABUHB
Julie Keegan (JK) Assistant Director of Commissioning, CTUHB
Ian Langfield (IL) Acting Director of Planning, WHSSC
Sian Lewis (SL) Acting Medical Director, WHSSC
Clare Lines (CL) Assistant Director – Commissioning Development, PTHB
Robert Mahoney (RM) Assistant Director of Finance, CVUHB
Phillip Meredith (PM) Finance Business Partner, ABUHB
Rob Nolan (RN) Finance Director - Commissioning & Strategy, BCUHB (VC)
Melanie Wilkey (MW) Head Of Outcomes Based Commissioning, CVUHB

Deputies
Maxine Evans (ME) Corporate Planning Manager, ABMUHB
David Eve (DE) Assistant Director of Finance - Financial Planning & Governance, HDUHB
Andrew Jones (AJ) Head of Finance, CTUHB
Charlie McKenzie (CM) Head of SLR and External Commissioning, ABMUHB
Peter Richards (PR)
Stacey Taylor (ST) Assistant Director of Finance, WHSSC

Apologies:
John Darlington (JD) Assistant Director, Corporate Planning, BCUHB
Darren Griffiths (DG) Assistant Director of Strategy, ABMUHB
Huw Llewellyn (HL) Assistant Director of Finance, ABMUHB
Karen Miles (KM) Director of Finance, Planning & Performance, HDUHB
Kevin Smith (KS) Committee Secretary and Head of Corporate Services, WHSSC
Steve Webster (SW) Director of Finance, CTUHB

In Attendance
Emily Carne (EC) Immunology & Allergy Nurse, CVUHB, part meeting
Christopher Coslett (CC) Planning Manager, WHSSC, part meeting
James Leaves (JL) Finance Manager, WHSSC
Stephen Jolles (SJ) Consultant Clinical Immunologist, CVUHB, part meeting

Minutes:
Juliana Field (JF) Corporate Governance Officer, WHSSC
The meeting opened at 1.00pm

MG/130 Welcome and Introductions
SD opened the meeting welcoming members.

Members were informed that SD had taken on the Acting Managing Director role for WHSSC, for an interim period following Daniel Phillips’ successful secondment to a national planning role.

Members noted that there was a tabled item for this meeting at the request of the WHSSC Joint Committee.

MG/131 Apologies and Declarations of Interest
Apologies were received as noted above.

Declared of interest:
There were no declarations of interest.

MG/132 Accuracy of the Minutes of the meeting held 27 October 2016 and Matters arising

Minutes
The minutes of the meeting held 27 October 2016 were approved subject to the following amendments.

MG118 - South Wales BMT – Phase 3 (ICP16-004) – Funding Release
Page 8, Cardiff and Vale University Health Board (CVUHB)
CVUHB representatives felt that the comment made in relation to there being a conflict was not relevant as their participation in the meeting was as a commissioner and not as a provider organisation. The Chair agreed that this would be removed from the minute and the minute be amended to reflect support from CVUHB for the funding release.

MG118 - South Wales BMT – Phase 3 (ICP16-004) – Funding Release
Page 8, Cwm Taf University Health Board (CTUHB)
Clarity was provided that CTUHB did not support the funding release. It was their view that there was still a requirement for a service review of the whole service pathway, and that the agreement to approve phase 2 of the Oncology Service review did not mean that a review was no longer required; although approval was not conditional. It was agreed that the minute be amended to reflect this.

Matters Arising
There were no matters arising

MG/133 Action Log
Members reviewed and noted the updates to the action log.

RH joined the meeting
Members held a brief discussion around the way in which the WHSSC team record where service reviews had been agreed. It was noted that this information was managed through the planning team and was fed onto the work plans for the ICP. It was suggested that consideration should be given as to the way in which Management Group Members remain sighted on these decisions.

**Clinical Immunology Infrastructure: Funding Release Proforma**

Members received a paper requesting support of the funding release to implement the amber rated high risk scheme for Clinical Immunology ICP043 and stabilise the Clinical Immunology Service for South Wales.

Members welcomed Dr Stephen Jolles, Consultant Immunologist and Emily Carne, Immunology and Allergy nurse, who provided an overview of the service and underlying difficulties.

The main three areas of the service are Immune Deficiency, Allergies and Laboratory Services; which is the heart of the service, as it is not possible to diagnose or provide treatment without this. It is the largest Laboratory in the UK and provides adult services to support and train individuals to manage their care at home. Paediatric services are also provided with a specialist all Wales multidisciplinary team for DiGeorge syndrome, for which work is undertaken with two English hospitals to provide dedicated service for transplants.

Members received patients stories based on service activity over the last 24-48 hours which presented an overview of the varying types of case mix and outcomes for patients. Members noted the concerns of the service in relation to the timescales associated with the IPFR process and the clinical impact this has on patients.

It was noted that the service was accruing a significant follow up cohort due to better detection which was impacting on wider service delivery as there was a Welsh Government priority for new patients. Therefore follow up patients were not receiving appointments in a timely manner. This was also impacting on other specialist clinics including allergy, desensitisation and biological clinics. Members noted that in addition to the clinical care of patients the service was also involved in a significant number of clinical trials.

Members sought clarity around the impact the investment would have on the service, implications for not having the accreditation renewed and consideration of a shared care model. Dr Jolles provided an overview of the key performance indicators for accreditation one of which related to follow up appointments. It was noted that if the follow up target for patients was not met accreditation would not be achieved. It was noted that the service depended on a shared care model; whereby the link with the local consultant was paramount. It was further noted that as the majority of patients can be trained for home treatment.
they do not always get to see them and that a hub and spoke model is core to delivering a national service.

Members heard stories of negative patient experience, focussed around timescales, significantly high levels of drug usage and the impact on one patient having been referred by a GP for psychiatric services due to the number of visits, children sent home from school and that an ability to treat and diagnose patients sooner may reduce the likelihood of a fatal outcome.

It was noted that the service was continually looking for ways to streamline and be more efficient; however there are difficulties around transportation of tests. It was noted that if there were three consultants within Wales who were always available and on-call 24/7, 365 days a year. However it was noted that this was not an onerous task for the consultants as these tended to be rare diseases and there was good team working and a shared responsibility.

A query was raised regarding needs assessment and population size. Members noted that the service population was relatively small but had a high level of need and that there were currently approximately 180 adult and approximately 30 children with Common Variable Immune Deficiency (CVID). In addition to which, there was an approximate further 300 patients accessing the service.

Members enquired as to the plan for demand and capacity and how the service benchmarked with other centres. It was noted that given the nature of the service it was difficult to plan but demand and capacity was based on a number of assumptions on what should happen in practice, speaking with colleagues and creating some reliance on GPs for boosters and bloods. RH raised several queries in relation to the demand and capacity plan provided with the papers as it was unclear what position it was presenting for the service.

Clarification was sought on how long it would take the service to clear the back log of follow up appointments. Members noted that it was difficult for an exact timescale to be provided. The service was still being asked to undertake further waiting list initiatives which were impacting on ability to undertake clinics.

A query was raised around the added value in appointing a specialist registrar. Dr Jolles stated that the value came from having additional support to assist with training patients for self treatment and that as recruitment in the field is difficult, there was a prime opportunity to develop staff that want to remain and work in Wales and therefore contributes to succession planning.

A brief discussion was held in relation to Powys patients some of whom travel to Birmingham for treatment. It was noted that if a patient was
willing to travel to Cardiff they could be repatriated into the Welsh service as required.

Members thanked Dr Jolles and Ms Carne for their presentation.

Dr Jolles and Ms Carne left the meeting.

Members held a brief discussion regarding the information presented noting some further assurances required around the ability to follow up and address new cases.

The Chair asked Members to confirm whether or not the individual Health Boards supported the funding release.

**Abertawe Bro Morgannwg University Health Board (ABMUHB)**
ABMUH supported the funding release but recognised a need to ensure the delivery and outcomes are clearly defined and that a process for monitoring and reporting.

**Powys Teaching Health Board (PTHB)**
PTHB supported the funding release and noted that they were keen to move forward with repatriation of patients.

**Aneurin Bevan University Health Board (ABUHB)**
ABUHB did not support the full proposal. Further information was requested around demand and capacity and clarity around resources and operating model. However, ABUHB recognised the difficulty in recruitment and supported the appointment of a consultant on the premise that clarity be provided on demand/capacity analysis ready for consideration as part of the 2017/18 IMTP.

**Hywel Dda University Health Board (HDUHB)**
HDUHB raised concern regarding the staff appointments and what the Group were being asked to commission as there was no clear link to service improvement, value for money or benefits from investment. HDUHB sought assurances around the urgency of the issues.

Following a discussion around the issues, recognition of the potential of failure to achieve accreditation and assurances provided by WHSSC that the outcomes around the investment in additional staff would be defined within the contract for improvement in waiting times and patient outcomes, HDUHB confirmed that they supported the funding release.

**Cardiff and Vale University Health Board (CVUHB)**
CVUHB felt unsure as to whether the solution presented would address all the issues within the service, but recognised the vulnerabilities and previous commitments to invest in related interventions. CVUHB supported the funding release noting that it would be helpful to ensure that the outcomes formed a key part of monitoring and that
further information be provided on demand and capacity.

**Cwm Taf University Health Board (CTUHB)**
CTUHB did not support the funding release. It was accepted that the service was under pressure however they felt the case did not identify what had changed within the service to prompt an urgent requirement for investment. It was suggested that the service be considered as part of the prioritisation process for 2017/18 as there was a clear need for it to be assessed.

**Betsi Cadwaladr University Health Board (BCUHB)**
BCUHB noted similar reservations, noting that there was a need to clarify that the appointment of staff was linked to clear outcome measures to ensure that consistency in the commissioning of the service. BCUHB stated that they were broadly supportive of the funding release.

Members held a detailed discussion around: ensuring clarity was provided that there were defined outcome measures associated with the investment, the delegation of authority to the Group to make a decision on behalf of the WHSSC Joint Committee and the lack of a demand/capacity plan for the service.

Members were split over a decision with 5 in favour and 2 against. The Chair advised that given the majority of Members supported the funding release, the funding release would be agreed subject to clarification being sought from the WHSSC Committee Secretary in relation to the Group’s authority and confirmation of the decision process.

Members resolved to:
- **Note** the impact that loss of accreditation would have on this and other WHSSC commissioned services; and
- **Approve** the funding release for the Clinical Immunology infrastructure scheme ICP034, subject to clarification from the WHSSC Committee Secretary in relation to the Group’s authority and decision process.

**MG/135 Report from the Acting Managing Director, Specialised Commissioning and Tertiary Services, NHS Services, NHS Wales**
Members received an overview of the report with the following areas highlighted as key areas to note:

Interim Commissioning Policy for Left Ventricular Assist Devices (LVADs)
An additional paper was tabled during the meeting on LVADs at the request of the WHSSC Joint Committee held 22 November 2016.

Members noted that a discussion had been held in the October 2016 meeting regarding LVADS and ensuring that Welsh patients could access the service without prior approval in line with the rest of the UK.
As an interim measure the change to the policy would be managed through contracting action and adoption of the English policy. A review of the evidence would be undertaken and this would be brought back to the Group as part of the annual planning process.

Members were advised that the WHSSC Joint Committee had recognised and accepted the need to open the policy to the same level as that of England, but to strengthen the governance process had requested a copy of the policy be presented and reviewed by the Management Group for final approval.

It was noted that it was not anticipated that there would be an increase in activity and that assurances of the review were provided through the scoping template provided at annex (ii). A request was made that WHSSC monitor the service to identify any increase in numbers to ensure that this could be managed appropriately.

It was noted that communication of the adoption of the policy would be through the four heart centres, and letters to the pathway gatekeepers.

Members resolved to:
- **Approve** the attached English Commissioning Policy and Service Specification as the interim commissioning position of WHHSC
- **Note** the attached review protocol which had been commissioned to inform the prioritisation process and the development of a permanent policy position as appropriate.

**Thoracic Surgery**
It was noted that concerns had been raised around pushing forward on the thoracic surgery review which would not allow for sufficient engagement or time to take on board the recommendations from the Royal College of Surgeons final report, which had not yet been received.

It was anticipated that a report on the service specification development and consultation would be presented to the WHSSC Joint Committee in March 2017. Further work would then be undertaken and a final recommendation would be presented to the WHSSC Joint Committee in September 2017 for implementation in subsequent years. It was noted that if the options appraisal included service change then individual health boards would be required to consult independently, which would present a significant amount of work.

RH and JK raised the issue of potential inequity when considering the position reported for patients breaching cancer wait targets by health board area. RH asked WHSSC to investigate how the C&VUHB service is selecting patients for treatment.

A second issue was noted in relation to resection rate breaches and
patients not receiving treatment in a timely manner. It was noted that outsourcing was being explored as a short term solution for less complex patients. SL raised some concern about this approach and advised that all alternatives were being reviewed.

Members held a detailed discussion around the issues within the service, complexities of outsourcing and the investment made in the service to date. It was noted that a paper would be presented at a future meeting proposing a way forward, either internally or through outsourcing. RH requested clarification of progress made on the implementation of the CVUHB business case as ABUHB patients were experiencing significant delays for treatment.

Members resolved to:
- **Note** the content of the report.

**MG/136 Neurosciences: Funding Release Proforma**

Members received a paper Requesting approval of funding release for three Amber rated ICP schemes, Core Neurosurgery (nurse practitioner element), Neurovascular and Neuro-Radiology.

IL provided background information to the report noting that CVUHB deemed that three of the five proposals, for which funding was not allocated in the agreed 2016/19 Integrated Commissioning Plan, were high risk and required investment in 2016/17. These cases related to three sub-specialities: Core Neurosurgery, Neurovascular and Interventional Neuro-radiology. Despite having cross specialty co-operation, the schemes were stand alone proposals.

Members recognised the key issues for the services, detailed within the report, and noted the development of a five year plan for neurosciences was currently in progress.

It was noted that these services had been discussed by the Group on a number of occasions and members were asked to state their respective health board positions in relation to the approval of the funding release for each service.

A query was raised regarding the discussions held at the WHSSC Joint Committee regarding priorities and need for investment. Following a brief discussion members acknowledged the differences in interpretation and that there was a requirement for WHSSC to consider the views of all Health Boards. Members were reminded of the workshop session held which had reinforced the need to invest in the service ahead of the Neurosciences Commissioning Plan approval. It was confirmed that the WHSSC Joint Committee had delegated authority to the Management Group to make a decision on these services, within the financial envelope previously agreed.
Cwm Taf University Health Board (CTUHB)
Members noted that CTUHB had written to the WHSSC team outlining their expectation of a clear service specification to understand any gaps and the need for investment. CTUHB stated that they did not support the funding release as the benefits of the funding were not clear. It was felt that the consideration should be given as part of the wider neurosciences commissioning plan, to be presented at WHSSC Joint Committee in March 2017, which would provide a clearer understanding of what was required and the right approach to ensure there was a sustainable Welsh service.

Cardiff and Vale University Health Board (CVUHB)
Members noted that CVUHB view was that the work on the Neurosciences Commissioning Plan would run in parallel with current service delivery which would then inform part of the service specification. CVUHB felt that the recent service Audit Day presented a clear surgical perspective supporting the requirement for a multidisciplinary team and CVUHB recognised the interrelationship and requirement to provide ongoing service sustainability. CVUHB supported the cases as presented; whilst acknowledging the further work being undertaken in parallel around the neurosciences commissioning plan.

Abertawe Bro Morgannwg University Health Board (ABMUHB)
Members noted that ABMUHB broadly supported all three cases presented. However, they sought clarification on how this would fit within the wider framework and sought assurances that (1) there would not be a duplication of payment to the service, and (2) that the focus on the neurosciences would not displace other activities. It was noted that for core neurosurgery the funding was to support an ‘unblocking’ of ‘wastage’ within the system and creating opportunity for neutralisation. It was stated that the role of the nurse practitioner was to assist the flow through the system and create an improvement in process.

Assurances were given that there would not be a double payment. It was noted that the work being undertaken in relation to the review being undertaken as part of the development of the Neurosciences Commissioning Plan, may supersede any decision made currently in relation to service model depending on the recommendations received for consideration.

Powys Teaching Health Board (PTHB)
Members noted that PTHB acknowledged that this was a difficult decision when there was a clear requirement for a whole system, whole pathway renovation. PTHB recognised that there was a need for a Welsh provision and that lessons had to be learned from previous service collapse and recognised abilities of clinical leadership in Wales. It was stated that if there was an agreement for the nurse practitioners it was
their view that it needed to be clear that their role was one of outreaching and supporting the development of 'flow out' and designated to Health Boards.

Concerns were raised regarding a 'quick fix' which might impact on the funding available for the wider pathway review in the near future. A query was also raised around the immediate pressure of the service as the case presented appeared to be 12 months old. PTHB stated that they were apprehensive that the correct issues were not being addressed and questioned how critical incidents, particularly in relation to blocked beds, were being reported to Commissioners as this was not clear. PTHB acknowledged the view of the other Health Boards and reiterated that the decision was not easy but if there was a risk of collapse in the service then interim action was required.

It was noted that PTHB supported the release of funding for the cases presented. PTHB

**Aneurin Bevan University Health Board (ABUHB)**

Neurosurgery
Further information regarding the rationale for the case presented for neurosurgery was required by ABUHB. It was stated that if the issue was around clearing a block in the system, was there a different solution for consideration or another area for investment as it was felt that this might not be the right solution for the issue.

Neuroradiology
ABUHB requested further information around the benefits of investment for a third consultant where there had not been any identification of additional activity gain, when the second consultant business case approved and funded in 2015/16 did not identify any further activity, as a result the third post appears unjustified.

Neurovascular
ABUHB requested clarity as to the rationale for investing in a single handed specialist approach and what contingency was in place should they not be available. It was noted that Sheffield had been identified as a similar service model however it was noted that they had more than one local specialist.

IL provided a response to the queries outlining that the case for the nurse practitioners was around ensuring service sustainability. It was noted that wider issues were being addressed as part of the review processes.

It was noted that for Neuroradiology there was no additional activity. The issues were around a shift in technologies and management of complex conditions. The service had two consultants however this is not sustainable and has impacted on resources through staff being drawn
from support services (e.g. laboratories) which had a negative impact. It was further noted that a third consultant enabled a five day service which was not previously possible.

There was a brief discussion around the provision of service at Velindre, Sheffield and Bristol, the level of activity undertaken by surgeons at each site and the anticipated repatriation of patients to Wales through the establishment of an appropriate multidisciplinary team.

ABUHB stated that they needed to further understand the annual base cost and the expected difference with the appointment of the consultant

ABUHB stated that they did not support any of the three cases presented

Hywel Dda University Health Board (HDUHB)  
HDUHB noted some apprehension in supporting the funding release due to the major review currently being undertaken within neurosciences. Assurances were sought that the investment would make a tangible difference to the services and that WHSSC monitor the services for improvements.

HDUHB stated that, although they had reservations, they felt that there was a greater risk in not approving the funding release. Therefore HDUHB supported all three cases presented with the caveat that assurances would need to be provided around the actual impact of the investment.

Betsi Cadwaladr University Health Board (BCUHB)  
BCUHB believed this issue to be a south Wales consideration and therefore abstained. It was noted that there were some issues around consistency of service provision across north and south Wales.

Members voted to support the funding release 4 Health Boards in favour to 2 against. The Chair advised that given the majority of members supported the funding release, the funding release would be agreed subject to clarification being sought from the WHSSC Committee Secretary in relation to the Group’s authority and decision process.

A brief discussion followed around the revisit of the service models following the wider neurosciences review, monitoring benefits of investment. It was noted that WHSSC would discuss with concerns with the unit and make clear on the agreement of that as these three services had been identified as a priority, Management Group anticipated no further ‘service priorities’ to be presented in the near future.

Members resolved to:
• **Note** the work undertaken by WHSSC and C&VUHB in holding a workshop presenting the three schemes for Management Group members;
• **Note** that the funding releases for the three schemes have been received at previous meetings;

Subject to clarification being sought from the WHSSC Committee Secretary.

• **Approve** the case to resource the 4 WTE nurse practitioners for the core Neurosurgery service;
• **Approve** the additional infrastructure resource within the Neuro-radiology service that is required to carry out a sustainable 5 day a week service; and
• **Approve** the funding for a Neurovascular consultant and other staff required for the formalisation of the MDT to comply with the NCEPOD recommendations.

MG/137  **Cleft Lip and Palate: Funding Release Proforma**

Members received a paper requesting funding release approval to implement the Amber rated ICP scheme for Cleft Lip and Palate (ICP16-066).

Members noted that a review of the service undertaken in 2012, by the South Wales South West Cleft Network, to assess progress against the service standards recognised shortfall in funding against the benchmarked budget and identification of the associated risks. There was a recommendation of additional resource to relieve both the pressures on the service and to improve its ability to comply fully with the agreed standards; this however went into the Integrated Commissioning Plan for 2014-16.

The report outlined the four key areas for investment: clinical nurse specialist, administrative support, paediatric dentistry, and ENT consultant, and an overview of the rationale for requirements were provided.

Members held a discussion regarding case numbers and the lack of clarity around the changes within the service which that had triggered the funding release. A query was raised in relation to the dental element of the service and how this linked to/impacted on community dental services.

The Chair asked members to confirm if the individual Health Boards supported the funding release. Hywel Dda, Cwm Taf and Aneurin Bevan were unable to support the funding release as they felt that not enough information had been provided regarding the benefits, what had changed within the service to instigate the request and that this should be considered in the 2017/18 Planning process. Cardiff and Vale, Powys and Abertawe Bro Morgannwg were generally supportive of the funding
release. Besti Cadwaladr abstained from the decision.

As there was no clear majority for the funding the Chair stated that the funding release would not be approved. It was further noted that additional work was required on what had changed, the case for quality, the case in relation to volume and capacity and consideration should be given to the inclusion of this in the 2017/18 planning process.

Members resolved:
- **Not to approve** the funding release for Cleft Lip and Palate (ICP16-066)

MG/138 **All Wales Fertility Advisory Group Recommendations**

Members received a report providing information about the changes recommended by All Wales Fertility Advisory Group (AWFAG) to the Fertility Commissioning Policy (CF38).

Members noted that the AWFAG had met three times to review the policy and that the recommendations presented for consideration had no resource requirements. There were a number of recommendations from the AWFAG which did require additional resource and these were to be considered within the Integrated Commissioning Plan for 2017/18.

A brief discussion took place around the recommended amendments to the policy and supporting equality impact assessment. A query was raised in relation to Cryopreservation Policy presented at annex (iii) and the approval process for this. It was noted that this policy was still undergoing development and that it would be presented at a future meeting for approval.

Members resolved to:
- **Receive** assurance the All Wales Fertility Expert Group has reviewed Commissioning Policy CP 38: Fertility Service and provided clinical evidence to support the proposed changes;
- **Ratify** the proposed changes to the policy which are not anticipated to have financial implications (sections 3.1 to 3.8); and
- **Approve** CP38: Fertility services and Commissioning Policy: Preservation of Gametes, and associated EQIA’s for public consultation, including consideration by the Gender Dysphoria Partnership Board in November 2016.

CC left meeting.

MG/139 **Bariatric Surgery Update**

Members received a copy of the report, presented to the WHSSC Joint Committee in November, which outlined the new bariatric surgery service model at ABMUHB; detailed the actions being taken forward to source additional, external, capacity to address the clinical risks and
long waiting times of a cohort of patients waiting for bariatric surgery at Morriston Hospital.

Members were reminded of the background to the agreed five year plan noting that there had been a number of difficulties to date in delivering the service at ABMUHB. Members noted that while the model provided protected capacity for low risk patients, WHSSC has expressed concerns to ABMUHB regarding the risk of insufficient provision within the model for high risk patients.

RM left meeting

ABMUHB had submitted an outline plan of action to WHSSC and were looking to manage the short term concerns through outsourcing in line with the WHSSC Outsourcing Framework. It was noted that there were concerns in relation to the provider’s ability to deliver in the longer term and should a satisfactory solution not be achieved, consideration would need to be given to alternative options for the provision of bariatric surgery for patients in Wales.

It was anticipated that an updated report on the longer term proposals would be presented to members at the January 2017 Management Group Meeting.

A query was raised as to whether high risk patients were to be outsourced. It was noted that assessments would be undertaken by surgeons to assess the suitability of patients to travel. It was recognised that there was need to be clear about how risks would be managed throughout the pathway. However, outsourcing would predominantly be in relation to the surgical element of the pathway but will also identify follow up needs.

Members held a discussion around the potential requirement to understand the background of the issues and constraints within the service and the need to ensure that there was a sustainable solution.

Members resolved to:

- **Note** the development of a new clinical model for bariatric surgery at ABMUHB that provides protected capacity at Singleton Hospital for low risk patients, supplemented by surgery at Morriston Hospital for patients assessed as high risk; and
- **Note** the actions being taken forward to source additional, external, capacity to address the clinical risk and long waiting times of a cohort of patients currently on the waiting list for bariatric surgery at Morriston Hospital.
at the end of September 2016, including (1) the funding release schedule, (2) progress against the work plan, and (3) the risk management summary.

Members queried whether another paper was anticipated in relation to Bone Anchored Hearing Aids and Cochlear Implants for South Wales given only limited funding had been previously approved. It was noted that WHSSC team would follow up with CVUHB for further information.

**Action**
- SD to follow up with CVUHB for information regarding Bone Anchored Hearing Aids and Cochlear Implants for South Wales and a paper is to be presented at a future meeting.

Members **resolved** to:
- **Note** the progress made in the delivery of the 2016/17 ICP;
- **Note** the funding release proforma schedule; and
- **Note** the risk management summary.

**MG/141 Financial Performance Report: Month 7 2016/17**

Members received the report which set out the estimated financial position for WHSSC at Month 7 of 2016/17 and noted that there was no corrective action required at this point.

Members received positive assurance in relation the current financial position and noted the update regarding funding from the Welsh Government in relation to Medserve and actions being undertaken by internal audit.

Members **resolved** to:
- **Note** the current financial position and forecast year-end position

**MG/142 Performance Report: September 2016**

Members received a paper providing a summary of the key issues arising from the September Performance Report. The following areas were highlighted:

Neurosurgery Bed Days Lost
Members noted that information had now been included in relation to days lost and was detailed on page 14 of the report.

Thoracic Surgery
Members noted that WHSSC team were holding discussions with the Cancer Network to see clarity regarding the current issues within Thoracic Surgery.

Cardiac Surgery
Members noted the issues around component waits in Cardiff and
Swansea and that case audits were being undertaken. Concern was raised by WHSSC regarding their involvement as this work as it was a responsibility for individual Health Boards and that WHSSC were to discuss this further with the Welsh Government. Members noted the work completed around verification of clock start data.

Child and Adolescent Mental Health Services
Members noted concerns regarding access to tier 4 and low secure services, the delayed transfer of care and whether there were any emerging issues. It noted that the issues were being addressed and that there was a ‘lag’ in data available for the report. It was noted that an update would be presented at the next meeting.

**Action:**
- **Update to be provided within the next performance report regarding delayed transfer of care for low secure services under CAHMS.**

Members requested that lung cancer information, on page 19 of the report, be presented by provider, if possible. Powys raised concern that the report had not reported data on their cancer lung breaches and it was requested that this be reviewed to ensure that this data was being accurately captured.

**Members resolved to:**
- **Note** current performance and the action being undertaken to address areas of non-compliance.

**MG/143 Any Other Business**
**Changes to English Tariff**
Members noted the work currently being undertaken in England in relation to the National Tariff. It was noted that SD would be holding discussions with the Welsh Government around the potential financial impact for Wales and that he may be in contact with finance colleagues for further discussions in relation to this work.

**MG/144 Date and Time of Next Meeting**
It was confirmed that the next meeting would be held on Thursday 15 December 2016 at Bowel Screening Wales, Pontyclun.

This concluded the Management Group Meeting at approximately **5.05 pm.**