

**Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 10 November 2020
by MS TEAMS**

Members Present:

Kate Eden	(KE)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Interim Medical Director, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Paul Griffiths	(PG)	Independent Member
Sian Lewis	(SL)	Managing Director, WHSSC
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB (for part)

Deputies:

Hannah Evans	(HE)	Director of Transformation (SBUHB, deputising for Tracy Myhill)
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Apologies:

Jason Killens	(JK)	Chief Executive Officer, WAST
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive, Swansea Bay UHB

In Attendance:

Kieron Donovan	(KD)	Affiliate Member/ Chair, Welsh Renal Clinical Network
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Shane Mills	(SM)	Clinical Director for Collaborative Commissioning, NCCU
Adrian Tompkins	(AT)	Associate Director Of Healthcare Contracting Betsi Cadwaladr UHB
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

The meeting opened at 13:30 hrs.

JC20/051	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed Members in both Welsh and English to the meeting and reminded them that, due to the COVID-19 pandemic, the meeting was being held via MS Teams on a quorum basis with a consent agenda.</p> <p>The Chair welcomed ID to the meeting, his first Joint Committee meeting as Interim Medical Director, as Dr J Thomas was currently on secondment.</p> <p>It was noted that a quorum had been achieved.</p> <p>Apologies were noted as above.</p> <p>Written questions from members and answers had been published in advance of the meeting and embedded within the meeting papers.</p>
JC20/052	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC20/053	<p>Minutes of previous meeting</p> <p>The Joint Committee approved the minutes of the meetings held on 8 September and 13 October 2020 as a true and accurate record.</p>
JC20/054	<p>Action Log and Matters Arising</p> <p>Members noted there were no outstanding actions.</p> <p>In response to a written question from PG, KE asked Chief Executives present to confirm how their health boards were responding and recognising potential harm to patients as a result of COVID-19. Those health boards represented at the meeting confirmed that their Boards were aware of the heightened level of risk to patient harm brought about by the COVID-19 pandemic hindering patient access to specialised services and explained the various meetings and committees where these issues were discussed and noted.</p> <p>KE asked PG whether he was satisfied with the response and he confirmed that the response was acceptable and he was satisfied that specialised services were being treated with a similar level of priority to other services.</p> <p>No further matters arising were noted.</p>
JC20/055	<p>Chair's Report</p> <p>The Chair's Report referred members to a Chair's Action taken on 11 September 2020 to approve the commissioning of the All Wales Traumatic Stress Quality Improvement Initiative (AWTSQII) by WHSSC.</p>

	<p>The Joint Committee consented to the Recommendation set out in the report, namely to ratify the Chair's Action to approve the commissioning of the AWTSQII.</p>
JC20/056	<p>Managing Director's Report</p> <p>The Managing Director's report, updated members on Independent Hospitals Commissioning through to 31 December 2020.</p> <p>SL reported that all contracts had appropriate surge clauses. Health boards would be able to trigger the surge clauses when all of their non-urgent capacity was utilised. SD explained that 10 days' notice was required to trigger the surge clause. Members questioned whether there was any possibility of these contracts being extended beyond December 2020. SD confirmed that this would not be possible, as all new arrangements from 1 January 2021 would need to be fully competition compliant. SD recommended that all health boards incorporate a suitable surge clause into their post December 2020 arrangements through their local contracts with Independent Sector providers.</p> <p>SL reported that WHSSC would be undertaking a self-assessment of the Independent Sector contracts against the key themes identified in the review of the Field Hospitals.</p> <p>The Managing Director's report also noted that the WHSS Team would prepare a paper on all of the work streams currently under way to develop and enhance the Welsh Child and Adolescent Mental Health Service (CAMHS).</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to note the content of the report.</p>
JC20/057	<p>Neonatal Transport</p> <p>Members received a paper that provided an update on progress made in establishing a 24/7 neonatal transport service for south and west Wales in accordance with the agreement made by Joint Committee at its meeting in March 2020 and sought agreement on next steps.</p> <p>Members were advised that a proposal had been received from the three provider health boards for an interim 24/7 model and that a formal response was awaited from WAST in support of this model. It was anticipated that the interim model would commence from January 2021 and run for six months. An update would be provided to Management Group on the interim model at its meeting on 26 November.</p> <p><i>CS joined the meeting.</i></p>

	<p>KP explained that progress had been more challenging on the permanent solution. A number of members queried whether there was still a need for a lead provider as there appeared to be resistance to this from a number of clinicians. Members expressed concern that insisting on a lead provider model may result in a loss of support from the clinical teams and some of the issues may remain unresolved even if the lead provider model is adopted.</p> <p>KP repeated the rationale for a lead provider model. Concerns had been raised with the current model as there was no clear governance and there was a lack of standardisation in some procedures and processes leading to patient safety issues.</p> <p>SL reminded members that standardising processes and introducing standard operating procedures, which were identified as immediate actions at a previous meeting of the Joint Committee in Autumn 2018, had not been achieved to date. Clinical risks and concerns with the current model remained. SL reported that the progress on the interim model had alleviated some anxiety and there was now better engagement. After protracted discussion it was agreed that the preferred way forward was to reaffirm support for the lead provider model but alongside this to ensure there was collaborative work, undertaken at pace, to address the current concerns and clinical risks.</p> <p>The Joint Committee consented to the Recommendation to:</p> <ul style="list-style-type: none"> • note the information presented within the report and progress to establish a 24/7 neonatal transport service in both the interim and as a permanent solution; • reaffirm their support that the service should be delivered through a lead provider model; and • approve the next steps, that is for WHSST to write to the clinical leads of the current providers confirming the Joint Committee's continued support for a lead provider model and its desire for them to work collaboratively to resolve the clinical risks and concerns concurrent with utilisation of the interim model.
JC20/058	<p>Developing the Integrated Commissioning Plan 2021-22 and Beyond Principles and Priorities</p> <p>Members received a presentation that explored the principles and priorities to be applied to development of the ICP 2021-22 and beyond. It was noted that the ICP was scheduled to be developed in collaboration with Management Group and brought to Joint Committee in January 2021 for approval.</p> <p>KP asked members to provide their views and feedback on the key questions. Members confirmed their agreement at a strategic level that</p>

	<p>the principles detailed in the presentation were the right ones. The focus on outcomes, optimisation of benefit, minimisation of harm and the whole pathway approach were supported.</p> <p>Members questioned whether the principles were intended for all services or just for new investments. KP explained that the principles should apply to everything that WHSSC does but how that could be achieved was more challenging. It would be sensible to try the whole pathway approach on a specific area to test how this could be achieved. Members committed to discussing this and looking at areas to trial this at a later date.</p> <p>Members confirmed their support for the principles and priorities as described in the presentation.</p>
JC20/059	<p>Future of the All Wales Gender Identity Partnership Group (AWGIPG)</p> <p>Members received a paper that gave a brief overview of the work undertaken by the All Wales Gender Identity Partnership Group (AWGIPG) since its inception in April 2016 to date and detailed proposals for the next phase of service development.</p> <p>The Joint Committee consented to the Recommendations set out in the report, namely to:</p> <ul style="list-style-type: none"> • note the information presented within the report; • support the proposal to disband the AWGIPG; and • support the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC.
JC20/060	<p>Way Forward – All Wales Individual Patient Funding Request (IPFR)</p> <p>Members received a paper that sought approval of revised Terms of Reference (ToR) for the All Wales (WHSSC) IPFR Panel, a sub-committee of the Joint Committee. The paper explained how the frequency of IPFR meetings had increased due to an increase in volume of applications during the COVID-19 pandemic and explained that the only significant proposed changes were in terms of membership and quorum. These changes would not affect the overall decision making process and decisions would continue to be made in line with the policy criteria. It was noted that consultation on the changes had been through the IPFR Policy Implementation Group and that the WHSS Team had only recently received feedback on the consultation. Some members had not yet seen the feedback.</p> <p>KS explained to members that the governance arrangements for the WHSSC Panel remained with the Joint Committee and it is clear that Joint Committee retained overall responsibility for the All Wales (WHSSC) IPFR</p>

	<p>Panel, as it is a Sub-committee of the Joint Committee. Therefore approval of the ToR was reserved to the Joint Committee.</p> <p>Some members had been made aware of the feedback from the IPFR Policy Implementation Group and there was a request that all members have sight of this before approving the revised ToR.</p> <p>ACTION: SL to circulate the responses to the consultation exercise and the WHSS Team comments on those responses.</p> <p>Once this information had been circulated, subject to no objections being received, the revised ToR would be approved via Chair's Action.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to:</p> <ul style="list-style-type: none"> • receive assurance that there are robust processes in place to ensure that prompt individual patient funding decisions are made in line with the All Wales IPFR policy; and • support the proposed changes to the All Wales (WHSSC) IPFR Panel process including changes to the Terms of Reference, noting that once the responses to the consultation exercise and the WHSS Team comments on those responses had been circulated, and subject to no objections being received, the revised Terms of Reference would be approved via Chair's Action.
JC20/061	<p>Quality & Patient Safety Committee Terms of Reference</p> <p>Members received a paper that presented them with a revised version of the Terms of Reference (ToR) for the Quality & Patient Safety (Q&PS) Committee for approval. CB reported that these had been discussed at a recent Q&PS development day and the revised ToR had been presented at the October WHSSC Q&PS Committee meeting.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to:</p> <p>Approve the revised WHSSC Quality & Patient Safety Committee Terms of Reference.</p>
JC20/062	<p>NCCU – Continuation of Framework for Care Homes</p> <p>Members received a paper that set out the case for continuation of the NCCU National Framework Agreement for Care Homes (the Framework) after expiry of the current 'Invest to Save' scheme on 31 March 2021.</p> <p>This matter had been brought to WHSSC as a facilitator for recharging the cost of maintaining the scheme from 1 April 2021 through the WHSSC risk share mechanism and to seek approval of an annual budget of £480k for</p>

	<p>NCCU maintaining the Framework. The health board repayment schedule of the 'Invest to Pay' funds of £1.6m over three years from 1 April 2021 was also noted.</p> <p>The Joint Committee approved the following:</p> <ul style="list-style-type: none"> • the £480k annual budget for NCCU maintaining the Framework; and • utilisation of the WHSSC risk share mechanism to re-charge the funding to health boards.
JC20/063	<p>Financial Performance Report – Month 6 2020-21</p> <p>The paper that set out the financial position for WHSSC for month 6 of 2020-21, including a forecast under spend of around £10m at year end, was taken as read.</p> <p>SD reported that, while the full month 7 report was not yet available, the position had continued to improve with a forecast under spend at year end of around £13.7m. A financial recovery was also likely in relation to underperformance between M7-12 on certain English block contracts. It was agreed that consideration should be given to whether some of the forecast under spend should be deployed to support critical performance and sustainability issues in 2020-21.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the current financial position and forecast year end position.</p>
JC20/064	<p>Reports from the Joint Sub-Committees</p> <p>The Joint Committee received reports from the following Joint Sub-Committees.</p> <ul style="list-style-type: none"> • Management Group; • All Wales Individual Patient Funding Request Panel; and • Quality & Patient Safety Committee. <p>The Joint Committee consented to the Recommendation to note the content of the reports from the Joint Sub-Committees.</p>
JC20/065	<p>Any other business - Standards of Behaviour Policy</p> <p>Members were advised that work was under way to adapt the all Wales model template developed by the Deputy Board Secretaries Group to suit the needs of WHSSC and that this would be taken forward by Chair's Action ahead of the next scheduled meeting.</p>

JC20/066	The Chair explained that PG was attending his last scheduled Joint Committee meeting and thanked him for his valuable contribution to the work of WHSSC over the last few years and wished him well for his retirement.
JC20/067	<p>Date and Time of Next Scheduled Meeting</p> <p>Members noted that the next scheduled meeting would take place on 26 January 2021.</p> <p>There being no other business other than the above the meeting closed.</p>

The meeting ended at 15.15 hrs.

Chairman

Date.....

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