

**Confirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 15 March 2022 at 13:30hrs
via MS Teams**

Members Present:

Kate Eden	(KE)	Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB (for part)
Karen Preece	(KP)	Director of Planning, WHSSC (for part)
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff & Vale UHB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

Deputies:

Nick Lyons (for Jo Whitehead)	(NL)	Executive Medical Director, Betsi Cadwaladr UHB
Sian Harrop-Griffiths (for Mark Hackett)	(SHG)	Director of Strategy, Swansea Bay UHB
Peter Hopgood (for Carol Shillabeer)	(PH)	Executive Director of Finance, Powys Teaching Health Board
Robert Holcombe (for Glyn Jones)	(RH)	Interim Director of Finance, Procurement & Value Aneurin Bevan UHB

Apologies:

Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Glyn Jones	(GJ)	Interim Chief Executive Officer, Aneurin Bevan UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Helen Fardy	(HF)	Associate Medical Director, WHSSC
Gareth Howells	(GH)	Executive Director of Nursing, Swansea Bay UHB
Richard Palmer	(RP)	Senior Specialist Planning Manager, WHSSC
Andrea Richards	(AR)	Senior Programme Manager, WHSSC
Jason Roberts	(JR)	Corporate Support Team Manager, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government

Minutes:

Michaella Henderson	(SMH)	Corporate Governance Officer, WHSSC
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The meeting opened at 13:30hrs

Min Ref	Agenda Item
JC022/031	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed members to the meeting in Welsh and English and reminded everyone that, due to the COVID-19 pandemic, the meeting was being held virtually via MS Teams.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>It was noted that a quorum had been achieved.</p> <p>The Chair reminded members that the purpose of the Joint Committee (JC) was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively based on a shared national approach, where each member works in the wider interest.</p> <p>The Chair welcomed Suzanne Rankin, Chief Executive Officer, Cardiff & Vale UHB (CVUHB) to her first meeting. The Chair noted there were a number of deputies in attendance – Nick Lyons for Jo Whitehead, Betsi Cadwaladr UHB (BCUHB), Sian Harrop-Griffiths for Mark Hackett, Swansea Bay UHB (SBUHB), Peter Hopgood for Carol Shillabeer, Powys Teaching Health Board (PTHB) and Rob Holcombe for Glyn Jones, Aneurin Bevan UHB (ABUHB). The Chair welcomed Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG), Richard Palmer and Jason Roberts, WHSSC, to the meeting as observers.</p> <p>The Chair advised that Gareth Howells, Executive Director of Nursing, SBUHB would be joining the meeting for agenda item 2.1.</p>
JC22/032	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC22/033	<p>1.3 Declarations of Interest</p> <p>The JC noted the standing declarations and that there were no additional declarations of interest relating to the items for discussion on the agenda.</p>

JC22/034	<p>1.4 Minutes of the Meetings held on 11 January 2022, 18 January 2022 and 8 February 2022 and Matters Arising</p> <p>The minutes of the JC meetings held on the 11 January 2022, 18 January 2022 and 8 February 2022 were received and approved as a true and accurate record of the meetings.</p> <p>There were no matters arising.</p>
JC22/035	<p>1.5 Action Log</p> <p>The action log was received and members noted that all actions had been completed.</p>
JC22/036	<p>2.1 Neonatal Transport Update</p> <p>The Neonatal Transport update was received and Gareth Howells (GH), Executive Director of Nursing, Swansea Bay UHB (SBUHB) gave an update on the progress made to establish an Operational Delivery Network (ODN) for the neonatal transport service.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • the neonatal transport service had moved to a 24/7 delivery model in January 2021, • there had been ongoing concerns around the governance of the service and the Joint Committee (JC) had supported the establishment of an ODN to address the governance concerns and to ensure the more effective management and development of the service, • the JC had supported that SBUHB host the ODN and the intention was that the ODN would be in place by January 2022. However, due to operational pressures related to the pandemic progress had been delayed and the intended “go live” date for the ODN had moved to June 2022, • A task and finish group had been established to support the development and delivery of the ODN, membership of the group comprised managerial and clinical representatives from all HBs covered by the transport service (excluding BCUHB), the Welsh Ambulance Services Trust (WAST), the Emergency Ambulance Services Committee (EASC), Emergency Medical Retrieval EMRTs and WHSSC, • The group recently met for the first time and considered the draft specification for the ODN, a Memorandum of Agreement (MoA), the structure of the ODN, the need for robust clinical support and leadership in developing the ODN, and a project implementation plan and timeline, • The next meeting was scheduled for 1 April 2022;

- Further work was required outside of the meeting to determine any employment issues that may need to be considered related to members of staff employed by the NHS Wales Collaborative. GH advised that there will be a need to compare the current configuration with the transport service specification and the recommendations from the Fox and Puddy review previously commissioned by WHSSC. This would be developed further as the service beds in and was mentioned but not explored at the Task and Finish group.

Karen Preece (KP) reported that she had attended the Maternity and Neonatal Network Board meeting earlier in the day where she had been asked to provide an update on progress and a number of points had been raised including whether BCUHB should be involved in the ODN. Nick Lyons (NL) agreed BCUHB should be involved and GH noted the ODN would welcome BCUHB involvement.

KP advised that a letter had been received from the Clinical Lead for Transport Services with some very helpful comments on the documents presented at the first task and finish group meetings but also noting ongoing concerns about working in an ODN.

KP advised that the commissioning model will continue to be complex, especially from a contracting and money flow perspective, even once the ODN is in place with resources flowing from WHSSC to the three HBs who provide transport services (Aneurin Bevan UHB (ABUHB), Cardiff & Vale UHB (CVUHB) and SBUHB) and to WAST who provide the vehicles and drivers. The current specification and remit for the ODN does not include overall management of the services. GH noted that further consideration would be given to the model and KP noted that the view of JC would be sought in due course.

Ceri Phillips (CP) referred to the concerns raised at a recent WHSSC Quality & Patient Safety Committee (QPSC) meeting relating to the governance of the interim service and the safety of patients and that members require assurance that governance and patient safety would be paramount considerations moving forward. KP advised that a Delivery Assurance Group (DAG) had been implemented and had met once with a second meeting scheduled for 17 March 2022. A report from that meeting will be shared with the JC at the meeting on the 10 May 2022. GH advised that he would be happy to meet with the QPSC to provide an update and respond to any matters of concern.

ACTION: The assurance report from the Delivery Assurance Group (DAG) meeting 17 March 2022 to be presented to the JC meeting on 10 May 2022.

	<p>Suzanne Rankin (SR) informed members of her experience with neonatal transport services in southwest London and queried whether GH had linked up with any of the networks in NHS England. GH advised that they had not yet met at this stage, although experts from NHS had been involved in previous reviews.</p> <p>The Chair thanked GH and the rest of the team at SBUHB for their work and today's update.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/037	<p>3.1 Chair's Report</p> <p>The Chair's Report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous JC meeting.</p> <p>The Joint Committee noted that:</p> <ul style="list-style-type: none"> • no Chair's actions had been undertaken since the last meeting, • following a competitive recruitment exercise Ian Phillips (IP) had been appointed as the substantive Chair for the Welsh Renal Clinical Network (WRCN), with effect from the 1 April 2022 for a period of three years in accordance with the Terms of Reference, it was proposed that a new Vice Chair for WHSSC would be appointed at the JC meeting on the 10 May 2022, • following the decision of the JC on the 18 January 2022 to remunerate WHSSC Independent Members (IMs) from the 1 April 2022 until the 31 March 2023 for a time commitment of two days per month at Band 3 of the WG IM remuneration scale, arrangements were being made for this to take effect from April 2022 onwards, • following the resignation of Ian Phillips as WHSSC IM, a fair and open selection process for appointing a new IM would be undertaken in April/May 2022 and the recruitment process for the Audit/Finance WHSSC IM would commence in summer 2022 with a view to this individual taking up the post in autumn 2022. Staging of the new appointments would allow for business continuity. The vacancies would be advertised through the HB Chairs and the Board Secretaries, • the Chair had attended the WHSSC Integrated Governance Committee (IGC) meeting on 28 February 2022 and the IGC had considered the Corporate Risk and Assurance Framework (CRAF) and plans to undertake the annual committee effectiveness process; and • following on from the feedback received in the annual committee self-assessment exercise, a series of 1 to 1 meetings had been arranged between the HB CEOs and the

	<p>Chair; and she had also attended the HDUHB Board Meeting on the 17 February 2022 and ABUHB Board meeting on the 23 February to provide an update on the work of WHSSC.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/038	<p>3.2 Managing Director’s Report</p> <p>The Managing Director’s Report was received and the Managing Director gave an update on relevant matters undertaken since the previous JC meeting.</p> <p>The Joint Committee noted that:</p> <ul style="list-style-type: none"> • Due to workforce issues, the Welsh Centre for Burns and Plastic Surgery SBUHB had closed temporarily in October 2021, and the service was escalated to level 3 of the WHSSC escalation process, • A proposal had been received outlining a three-phase plan for the reopening of the Welsh Centre for Burns and Plastic Surgery in SBUHB, which reopened on the 14 February 2022, • Phase 2 and Phase 3 of the proposal were reliant on the agreement of capital funding from Welsh Government, • The WHSS Team was in liaison with the South West and Wales Burns Network (SWWBN) to agree a monitoring process that sits within the WHSSC escalation framework, • the Joint Committee was informed on the 9 November 2021 that, further to the Getting It Right First Time (GIRFT) review of the both south Wales Cardiac Surgery centres in June 2021, and the subsequent escalation of cardiac surgery at SBUHB to level 4 of the WHSSC escalation process, a number of immediate actions had been put in place, • the actions included urgent changes to improve the safety of the service; • further work was required on a tripartite process between SBUHB, Cardiff and the Vale University Health Board (CVUHB) and WHSSC to improve the pathways for aorta vascular services; • the WHSSC Corporate Directors Group Board (CDGB) had agreed that, following confirmation of changes to the aorto-vascular pathway, the service in SBUHB could be de-escalated; • it had subsequently become apparent that there were a number of complexities to changing the pathway and further actions to develop the aorta vascular work jointly between SBUHB and CVUHB were being progressed by WHSSC; and • reflecting the significant progress that SBUHB had made in addressing the recommendations from GIRFT and that the urgent safety concerns regarding consultant operating had

	<p>been addressed the service had been de-escalated to Level 3 of the WHSSC framework.</p> <p>Sian Harrop-Griffiths (SHG) advised that SBUHB had met with Judith Paget, Chief Executive NHS Wales and Director General for Health and Social Services, and Chris Jones, Deputy Chief Medical Officer for Wales, Welsh Government (WG) and other colleagues on 14 March 2022 to progress the action plan for the SBUHB Burns Unit and thanked the WHSS Team for their decision to de-escalate the service.</p> <p>Steve Moore (SM) queried how HB Quality & Patient Safety Committees would be kept apprised of progress with the SBUHB Burns Unit. Sian Lewis (SL) advised that the WHSSC QPSC provided assurance around the WHSSC escalation and de-escalation processes and that the Chair's Report from that Committee was routinely sent to HBs on a regular basis. SL further advised that Jacqui Evans (JE) had regular meetings with the Board Secretaries Network that further strengthened the links into HBs.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/039	<p>3.3 Implementing a 12 Week Clinical Pathway for the Management and Treatment of Aortic Stenosis</p> <p>The report seeking support for the implementation of a 12-week clinical pathway for the management and treatment of aortic stenosis was received. Karen Preece (KP) introduced the report and members noted:</p> <ul style="list-style-type: none"> • in 2019, WHSSC had established a project team to consider the future needs for commissioning the treatment for Aortic Stenosis (AS), • a clinical working group (Group) was established and a number of workshops had been held, • the WHSS team had also worked with the Heart Valve Voice charity to ensure engagement and consultation with patients, • based on the evidence and the high mortality risks for people with AS, the Group proposed that a 12-week pathway was most appropriate and that this should be managed as is the Urgent Suspected Cancer pathway; and • the Management Group (MG) had supported the work required to work towards a 12-week pathway at its meeting on the 25 March 2021. <p>Helen Fardy (HF) advised that, whilst the clinical community recognised that the 12-week pathway was aspirational, particularly in the current climate, outcomes for patients with heart valve disease whose condition was left untreated were so poor (a 50% chance of living two years) that this should be managed in a similar way to an</p>

undiagnosed cancer pathway. Members noted that there were several pinch points in the pathway from primary and secondary care into tertiary care, particularly at the start of pathway because of the requirement for echocardiograms and imaging. HF explained that because these elements sit outside tertiary care the WHSS Team was asking for support to work on a whole pathway implementation plan from HBs.

Ian Phillips (IP) expressed his support for the proposal and requested that the detail of the implementation plan and the corresponding timelines be brought back to the JC for consideration at the earliest opportunity.

Nick Lyons (NL) welcomed the proposal and requested that consideration be given to public health issues at the start of the pathway given his ongoing concern around the inequality of access to AS services across Wales.

Steve Moore (SM) offered the assistance of the National Imaging Board in terms of the diagnostic elements of the pathway.

SHG indicated SBUHB's support for the proposal, however raised a concern over the impact on implementation and capacity and how the pathway could be prioritised against other services.

Robert Holcombe (RH) indicated ABUHB's support for the proposal and reiterated SHG's concern around prioritisation given the HBs other internal priorities.

HF noted that the WHSS Team recognised NL's point around equity of access and reported that they had met with Liverpool Heart and Chest Hospital (LHCH), and that they had been supportive of the proposed pathway and that a meeting was scheduled with BCUHB to ensure a coordinated approach was taken.

HF thanked SM for the offer of support on behalf of the Imaging Board and noted that some members of the working group were already making links with the Imaging Board to design the relevant radiography courses.

HF advised that the WHSS Team would present a detailed implementation plan to the JC in due course.

The Joint Committee resolved to:

- **Note** the report; and
- **Support**, in principle, the implementation of a 12-week clinical pathway for the management and treatment of aortic stenosis.

JC22/040

3.4 WHSSC Process for Responding to the Ministerial Measures

The report providing an overview of the recently received Ministerial measures and proposing a process through which WHSSC could respond was received. KP introduced the report and members noted:

- the new priority measures were issued by the Welsh Minister for Health and Social Services during the week commencing 10 January 2022, and a letter was issued to all health organisations to inform them of the new measures,
- NHS organisations would be required to report on the new measures from April 2022,
- the Minister's letter requested that the measures be included in Integrated Medium Term Plans (IMTPs) and requested that each organisation identify a representative to work with WG to co-design the next set of measures,
- whilst many of the measures would require monitoring of provider performance by WHSSC, others could be referenced in various contracts/policies,
- there were also some measures which, whilst not directly attributable to specialist services provision, could have a longer term impact on demand,
- it would be important to establish an early baseline for those measures, which were relevant to WHSSC, in order to establish reporting mechanisms by April 2022; and
- it was proposed that colleagues in the performance team be asked to provide initial data, and that baseline plans, which were understood to have been developed by the HB's during December 2021, also be collated in order to understand the relationship between the data.

KP reported that during the COVID-19 pandemic, and in response to the Ministerial priorities issued to health organisations at the pandemic's inception, WHSSC had modified its relationship with providers, seeking assurance on delivery and recovery and moving away from assertive performance management. The measures now offered the opportunity to revisit this approach, and existing and well established mechanisms between WHSSC and commissioned providers would be utilised as follows:

- Service Level Agreement (SLA) meetings with providers would:
 - provide an assurance of delivery against measures, discussion on any gaps between measures and delivery,
 - enable agreement on management plans to close gaps,
- Assurance/performance meetings would:
 - once again become performance meetings,
 - provide an assessment of each service area against the measures; and
 - consider a report through pre-SLA meetings to inform the actual SLA meetings.

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the new Ministerial priority measures and the process through which WHSSC will respond to them.
JC22/041	<p>3.5 Major Trauma Update</p> <p>The report providing an update on the performance and key issues in the Major Trauma Network (MTN) covering south, mid and west Wales was received. KP introduced the report and members noted that:</p> <ul style="list-style-type: none"> • the MTN went live in September 2020, • an operational delivery network was established and a commissioning assurance process implemented by way of a Delivery Assurance Group (DAG), • the DAG would usually meet quarterly and report into the JC however, due to the two week reset taking place across health and social care from the 2 until 16 March 2022 at the request of operational teams, the DAG scheduled for 4 March 2022 had been postponed and therefore the report had not been discussed by the DAG. <p>SHG advised that the Peer Review referenced in the report would be taking place next week and thanked members for the information they provided to support that review. Members noted that the SRO for the network had written to the Director of Nursing for HDUHB, in relation to delays in repatriation of complex spinal patients, owing to delays in nurse training. This followed two MDT meetings led by the ODN to help resolve the issues, with input from the network nurse matron and the AHP lead. All patients were successfully repatriated, albeit delayed. HDUHB had responded to the letter and SBUHB were satisfied with the response.</p> <p>RH questioned whether a review of relative usage by different HBs would be undertaken and KP confirmed it would, as equity of access to the service was a primary consideration of the ODN.</p> <p>ACTION: Dindi Gill from the Major Trauma Network (MTN) to be invited to provide an update presentation to the JC meeting in September 2022.</p> <p>IP questioned what the timescales were for developing the business case for the wider pathway with the local rehabilitation team. KP advised that much of the local rehabilitation services were already in place albeit they were in need of strengthening, and that the peer review would consider this when discussing the next phase of development.</p> <p>The Joint Committee resolved to:</p>

	<ul style="list-style-type: none"> • Note the report.
JC22/042	<p>3.6 Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group</p> <p>The Chair advised that the agenda item had been deferred to the next meeting on the 10 May 2022 as new information had been received that needed to be considered before a report could be presented to the JC.</p>
JC22/043	<p>3.7 All Wales Individual Patient Funding Request (IPFR) Panel Update</p> <p>The report providing an update on proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel was received.</p> <p>JE introduced the report, and reminded members of the history of the matter and the comprehensive update given to the JC on the 18 January 2022.</p> <p>Members noted that since the last meeting the Managing Director, WHSSC had written to WG on behalf of the Committee to request an update on progress, and a letter of response was received from the Chief Pharmaceutical Officer (CPO) on the 17 February 2022. The letter advised that WG was reviewing the detail of the judgment and was considering the authority of the Joint Committee to update and approve the terms of reference of the Welsh Health Specialised Services Committee All-Wales IPFR Panel; the governance process for updating the NHS Wales Policy "Making Decisions on Individual Patient Funding Requests (IPFRs); and consideration of a wider review of both the policy and governance framework of IPFR panels in Wales.</p> <p>SL advised that whilst the All Wales Panel waited for these issues to be resolved, that WHSSC and the Joint Committee were carrying a significant level of risk as reported in the CRAF. SL noted that the risk was being mitigated by providing additional administrative support for the Panel but this was not sustainable and was putting undue pressures on both the Patient Care Team and the Corporate Services Team. This pressure impacted negatively on their ability to perform their existing duties and that, consequently, WHSSC had gone at financial risk to employ a temporary corporate governance resource to support the team via a recruitment agency.</p> <p>Members noted the need for additional resource and agreed an uplift to the Direct Running Costs (DRC) budget to fund the additional governance resource within WHSSC.</p> <p>SL raised concerns over what appeared to be a lack of urgency on the part of WG whilst the risk sat with WHSSC and the JC. In addition,</p>

that WG appeared assured regarding the robustness of the current All Wales Policy despite the criticism of it during the recent Judicial Review. In addition, the current quality assurance processes were undertaken by the All Wales Therapeutics & Toxicology Centre (AWTTC), an organisation which focused on medicine appraisals whilst the majority of requests considered by the All Wales Panel were for non-medicinal interventions.

Iolo Doull (ID) advised that the WHSSC IPFR Panel considered more IPFR requests than all of the HBs combined and therefore the level of risk was much higher than in HBs. ID reminded members that, in order for an IPFR request to be successful it must meet specific criteria:

- Is the patient different to similar patients with the same condition?
- Will they get greater benefits than other patients with the same condition?
- Does it offer value for money?

ID advised that the interpretation of the policy during the Judicial Review signalled a departure from the intention of the policy.

RH questioned whether the potential loss of HB representatives on the IPFR Panel would affect consistency of decision-making. SL advised that HBs would still be represented on the IPFR Panel, however in fewer numbers than was the case at present, and the WHSS Team would discuss membership with HBs in more detail as part of the proposed engagement process.

SR advised that discussions within CVUHB had given rise to the suggestion that the HB Lead IPFR Officers be included in the engagement process.

SL advised that there was an IPFR Quality Assurance Group that included HB membership and that they would be included in the consultation process.

ACTION: ID to confirm the membership of the IPFR Quality Assurance Group.

Members discussed the ongoing risks to WHSSC and it was agreed that Dr Sian Lewis (SL), Managing Director, WHSSC would liaise with Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG) to consider how to progress the IPFR Governance issue within WG as a matter of urgency; and that the WHSS Team would write to Andrew Evans, Chief Pharmaceutical Officer, WG expressing the Joint Committee's concerns and to provide him with a copy of the meeting report.

ACTION: Nick Wood (NW) and SL to liaise on how to progress the IPFR Governance issue within WG as a matter of urgency.

ACTION: The WHSS Team to write to Andrew Evans, Chief Pharmaceutical Officer, WG expressing the Joint Committee's concerns and provide him with a copy of the meeting report.

The Joint Committee resolved to:

- **Note** the progress made and the proposed changes to the All-Wales IPFR WHSSC Panel Terms of Reference (ToR), which are being discussed with Welsh Government,
- **Note** the progress made following discussions with Welsh Government regarding urgent changes to the existing NHS Wales Policy "Making Decisions on Individual Funding Requests (IPFRs)",
- **Support** that the WHSS Team undertake an engagement process around proposals to change the All-Wales IPFR WHSSC Panel ToR; and
- **Approve** an uplift to the Direct Running Costs (DRC) budget by £57K per annum to fund the additional governance resource within WHSSC.

JC22/044

3.8 Corporate Risk Assurance Framework (CRAF)

The updated Corporate Risk Assurance Framework (CRAF) was received and members noted the risks scoring 15 or above on the commissioning teams and directorate risk registers.

JE introduced the report and members noted that:

- as at January 2022 there were a total of 22 risks comprising of 19 commissioning risks and 3 organisational risks with a risk score of 15 and above The highest risks relate to:
 - Risk 23 - Access to care for adults with a Learning disability,
 - Risk 26 - Neuropsychiatry patient waiting times,
 - Risk 29 - WHSSC IPFR governance,
- 1 x new risk had been added risk 33 - in relation to the new WG priority delivery measures,
- 2 x risks have been escalated:
 - Risk 32 - referrals for adults with an eating disorder,
 - Risk 34 the lack of paediatric intensive care beds.

Members noted that the CRAF was last received by the JC in November 2021 and since then the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee and the

	<p>Audit and Risk Committee have monitored progress in managing the risks. Member welcomed the summary document that provided assurance on risk activity since November 2021.</p> <p>Ian Wells (IW) thanked the WHSS Team for developing the CRAF into its current format, which was very useful.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> ○ Approve the updated Corporate Risk Assurance Framework (CRAF), and ○ Note that a follow up risk management workshop will be held in summer 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.
JC22/045	<p>3.9 WHSSC Joint Committee Annual Business Cycle 2022-2023</p> <p>The Joint Committee’s Annual Plan of Committee Business for 2022-2023 was received and members noted that the plan was being presented in accordance with the WHSSC standing orders that stipulate that the committee must agree an annual plan of committee business.</p> <p>JE advised that the draft meeting schedule had been arranged to ensure that there were no diary clashes with HB meetings, and that WHSSC and Emergency Ambulances Services Commission (EASC) meetings were scheduled to be held on the same day.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> ● Approve the Joint Committee’s Annual Plan of Committee Business for 2022-2023.
JC22/046	<p>4.1 COVID-19 Period Activity Report Months 9 2021-2022</p> <p>The COVID-19 activity report for month 9 was received and members noted the scale of the decrease in activity levels during the peak COVID-19 period and the signs of recovery in specialised services activity.</p> <p>SD introduced the report and members noted :</p> <ul style="list-style-type: none"> ● the activity rates of cardiac surgery, thoracic surgery, neurosurgery, plastic surgery, paediatric cardiac surgery, paediatric surgery and English provider activity; and ● That the format of the report had been updated to reflect performance against the new Performance Measures set out by WG, and that subsequent reports would show recovery trends against those new measures. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> ● Note the report.

JC22/047	<p>4.2 Financial Performance Report Months 10 and 11 2021-2022</p> <p>The financial performance reports setting out the financial position for WHSSC for months 10 and 11 of 2021-2022 were received. Members noted that the financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.</p> <p>SD introduced the report and members noted:</p> <ul style="list-style-type: none"> the financial position reported at Month 11 for WHSSC was a year-end outturn forecast under spend of £14,058k; the under spend predominantly related to slippage in new planned developments, further declared slippage in prior year developments, release of growth provisions above 2021-2022 forecast requirement and releasable reserves from 2020-2021 provisions; and there were a number of cost pressures absorbed in the net position including high cost transplant patients and complex mental health placements. <p>RH thanked SD and the finance team for the update and for the support provided to HB finance teams.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the current financial position and forecast year-end position.
JC22/048	<p>4.3 Corporate Governance Matters Report</p> <p>The Corporate Governance Matters report was received and members noted the update on corporate governance matters that had arisen since the last meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the report.
JC22/049	<p>4.4 Reports from the Joint Sub-Committee</p> <p>i. Audit and Risk Committee (ARC) Assurance Report</p> <p>The Joint Committee noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on the 24 February 2022.</p> <p>ii. Management Group</p> <p>The Joint Committee noted the core briefing document from the meeting held on the 20 January 2022</p> <p>iii. Integrated Governance Committee (IGC)</p> <p>The Joint Committee noted the Chair's report from the meeting held on the 28 February 2022.</p>

	<p>iv. Individual Patient Funding Request Panel (IPFR) The Joint Committee noted the Chair's report from the Chair's action panel held in January and February 2022. Members noted that due to the ongoing pressures within the HBs affecting the ability of some members of the All Wales IPFR Panel to attend meetings, Chair's Action Panels were held on a weekly basis during January and February 2022.</p> <p>v. Welsh Renal Clinical Network (WRCN) The Joint Committee noted the Chair's report from the meeting held on the 9 February 2022.</p>
JC22/050	<p>5.1 Any Other Business</p> <p>Annual Committee Effectiveness Review 2021-2022 The Chair advised that the Annual Committee Effectiveness Exercise for 2021-2022 would be circulated at the end of March 2022 and all members were encouraged to complete the online survey.</p> <p>Ian Phillips, WHSSC Independent Member (IM) The Chair advised that as Ian Phillips, WHSSC IM had been appointed as the substantive Chair of Welsh Renal Clinical Network (WRCN); he would be resigning from his position as WHSSC IM. The Chair thanked Ian for his service as WHSSC's longest standing IM, sharing his expertise and experience with the JC and for the support he had shown her personally since she had taken over as Chair.</p>
JC22/051	<p>5.2 Date and Time of Next Scheduled Meeting The JC noted that the next scheduled meeting would be on the 10 May 2022.</p> <p>There being no other business other than the above the meeting was closed at 15:05 hrs.</p>
JC22/052	<p>5.3 In Committee Resolution The Joint Committee resolved: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".</p>

Chair's Signature:

Date: