

**Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 13 July 2021
via 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
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Len Richards	(LR)	Chief Executive Officer, Cardiff & Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB (for part)
Ian Wells	(IW)	Independent Member,
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

Deputies:

Linda Prosser (for Paul Mears)	(LP)	Programme Director, CTMUHB
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In Attendance:

Luke Archard	(LA)	Senior Planning Manager, Cancer & Blood, WHSSC (for Item 4.3 only)
Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Gareth Roberts	(GR)	Nephrologist, Aneurin Bevan UHB (for Item 2.1 only)
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

Observers

Vicki Dawson-John	(VDJ)	Quality Lead, WHSSC
Simon Dean	(SD)	Welsh Government
Andrew Doughton	(AD)	Audit Wales
Urvisha Perez	(UP)	Audit Wales

Minutes:

Michaela Henderson (SMH) Corporate Governance Officer, WHSSC

Apologies:

Paul Mears Chief Executive Officer, Cwm Taf Morgannwg UHB

The meeting opened at 13:30hrs

Min Ref	Agenda Item
JC21/015	<p>1.1 Welcome, Introductions and Apologies</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>It was noted that a quorum had been achieved.</p> <p>The Chair welcomed Professor Ceri Phillips to his first Joint Committee (JC) meeting since being appointed as a new Independent Member to WHSSC on the 1 June 2021.</p> <p>The Chair welcomed Simon Dean, Deputy Chief Executive NHS Wales, Welsh Government, Andrew Doughton and Urvisha Perez from Audit Wales and Vicki Dawson-John from WHSSC who were in attendance as observers.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>Apologies were noted as above.</p>
JC21/016	<p>1.2 Declarations of Interest</p> <p>The Joint Committee noted the standing declarations.</p> <p>Ian Phillips (IS) declared his interest in agenda items 3.1 and 3.2 and the Chair requested that the declaration be formally noted and recorded in the minutes.</p>
JC21/017	<p>2.1 Presentation – Welsh Renal Clinical Network (WRCN)</p> <p>The Committee received a presentation summarising the work of the Welsh Renal Clinical Network (WRCN) to date and setting out future development plans.</p>

	<p>Stuart Davies (SD) gave an update on the work of the WRCN and introduced Gareth Roberts (GR) as the Clinical Lead, WRCN.</p> <p>The Joint Committee noted that socio-economic factors played a big part in patients' decisions regarding treatment (transplant, unit dialysis or home dialysis, including viability of home environment to home dialyse) and that work was underway to analyse patient data to inform future decisions regarding how best to support patients in their treatment decisions.</p> <p>Members advised they were impressed with the progress made by the network and their vision for the future. Members discussed the importance of access to treatment for patients from socially deprived catchment areas, and the link to the socio-economic duty to support the most vulnerable in our society which was especially important during the COVID-19 recovery phase.</p> <p>The Chair thanked GR for the informative presentation and advised that it would be beneficial for the JC to have a preview of the work funded by the Welsh Government Transformation Fund, especially in relation to education and digital packages, and requested that GR attend a future meeting in 2022 to provide a further update open the work of the WRCN.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JC21/018	<p>3.1 Appointment of Vice Chair</p> <p>The Joint Committee received a report proposing that a Vice Chair be appointed to WHSSC.</p> <p>IP declared an interest in the item and the declaration was formally noted and recorded, and IP was excluded from the meeting whilst the matter was being discussed.</p> <p>The Joint Committee noted that:</p> <ul style="list-style-type: none"> • To ensure effective business continuity for WHSSC and the Joint Committee it was proposed that IP, Independent Member was appointed to the unremunerated role of Vice Chair for the Joint Committee, in accordance with the WHSSC Standing orders, • IP had been an Independent Member with WHSSC for two years and was reappointed for a further two years from 1 April 2021 and had extensive knowledge and experience of the breadth of work undertaken by WHSSC and the Joint Committee; and • the role of the Vice-Chair under the Standing Orders included the provision to deputise for the Chair in their absence for any

	<p>reason, and to continue to do so until either the existing Chair resumes their duties or a new Chair is appointed</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the appointment of Ian Phillips, Independent Member, WHSSC as Vice Chair of WHSSC.
JC21/019	<p>3.2 Appointment of Interim Chair of the Welsh Renal Clinical Network</p> <p>The Joint Committee received a report proposing that an Interim Chair be appointed to the Welsh Renal Clinical Network (WRCN) for a 6 month period to support business continuity and to allow sufficient time to prepare for and undertake an open and transparent recruitment process to appoint a substantive Chair.</p> <p>IP had declared an interest in the item which was formally noted and recorded, and IP was excluded from the meeting whilst the matter was being discussed.</p> <p>SC provided a background to the WRCN chair role and the Joint Committee noted:</p> <ul style="list-style-type: none"> • the important work of the WRCN and that historically, the WRCN Chair role had been undertaken by a senior renal clinician, • Dr Kieron Donovan held the role of WRCN Chair from 1 April 2020 until 31 March 2021, since then discussions had been held between the WHSSC Chair, Managing Director, Director of Finance (as Executive lead for WRCN) and Committee Secretary concerning the need to fill the WRCN Chair role, • The work of the WRCN had evolved and given the remit of the WRCN working closely with the charitable sector, third party providers and Welsh Government, consideration had been given to developing a person specification to incorporate experience of working with a variety of diverse stakeholders as an essential/desirable requirement <p>The Chair advised that it was proposed that Ian Phillips, IM, for WHSSC, be appointed as the Interim Chair of the WRCN for a 6 month period to enable sufficient time to be given to reviewing the person specification for the substantive Chair role and to undertake an open and transparent recruitment campaign</p> <p>The JC noted that the WRCN role has historically been remunerated, however if IP was appointed as the Interim Chair, of the WRCN, it would not be remunerated.</p> <p>Len Richards (LR) advised that the idea of an independent chair demonstrated a good model to potentially pursue for other</p>

	<p>networks, and that it encouraged a more multi-disciplinary approach.</p> <p>Members noted the need to consider the governance implications for the interim WRCN chair role if IP was ever required to take over from the Chair of WHSSC in his capacity as VC, and an assurance as given that this would be monitored closely in the interim 6 month period.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the content of the paper; and • Approve the Proposal to appoint Ian Phillips, IM, for WHSSC, as the Interim Chair of the WRCN for a 6 month period to enable sufficient time to be given to reviewing the person specification for the substantive Chair role with a view to undertaking an open and transparent recruitment campaign in the next 6 months. <p>IP re-joined the meeting and the Chair congratulated him on his appointments as Vice Chair of WHSSC and as Interim Chair of the WRCN for 6 months.</p>
JC21/020	<p>3.3 Minutes of the Meeting Held 11 May 2021</p> <p>The minutes of the Joint Committee meeting held on the 11 May 2021 were received and approved as a true and accurate record of the meeting.</p>
JC21/021	<p>3.4 Action Log & Matters Arising</p> <p>The action log was received and members noted that the update on JC21/007 – South Wales Trauma Network (SWTN) was not yet due.</p> <p>Karen Preece (KP) gave an update on JC21/002 - JC21/008 – Neonatal Transport Service for South and Mid Wales and members noted that a successful workshop had taken place on the 1 July 2021 led by Mark Hackett (MH) and that the resulting Action Plan was being drafted and would be circulated to the Joint Committee for information once completed.</p> <p>MH thanked Mark Dickinson and Elizabeth Gallagher from the NHS Wales Health Collaborative for their contributions to the workshop. MH noted that workshop attendees had discussed the alternative service models in NHS England and across the UK with a view to creating an ODN unique to Wales drawing on the expertise available across the UK.</p> <p>The JC noted that an action concerning circulating the Thoracic Surgery Strategic outline case (SOC) to Members was included in</p>

	<p>the minutes, but had not been captured on the action log, and advised that the document was being finalised and would be circulated in due course.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the action log.
JC21/022	<p>4.1 Report from the Chair</p> <p>The Chair's report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous Joint Committee meeting.</p> <p>The Joint Committee noted:</p> <ul style="list-style-type: none"> • Chair's actions taking in relation to: <ul style="list-style-type: none"> ○ the appointment of Professor Ceri Phillips, Vice Chair of Cardiff and Vale UHB (CVUHB), as an Independent Member of the Joint Committee, with effect from 1 June 2021 for an initial term of two years, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SOs); and ○ the variation of the Governance and Accountability Framework and that the amended WHSSC SOs and Standing Financial Instructions (SFIs) be taken forward for approval by the seven Health Boards (HBs), • an update regarding Dr Chris Jones, Vice Chair of the All Wales Independent Patient Funding Panel (IPFR) stepping down, • an update on attendance at the Welsh Renal Clinical Network (WRCN) meeting on the 9 June 2021, • an update on the Integrated Governance Committee (IGC) meeting on the 8 June 2021, • attendance at the Cwm Taf Morgannwg UHB (CTMUHB) Board meeting on the 9 June 2021 during which the WHSCC Annual Governance Statement 2020-2021 and financial statements were formally approved. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the report, • Ratify the Chair's Actions; and • Ratify the appointment of Professor Ceri Phillips as Chair of the WHSSC Quality & Patient Safety Committee.

<p>JC21/023</p>	<p>4.2 Report from the Managing Director</p> <p>The Managing Director's report was received and the Managing Director gave an update on relevant matters undertaken since the previous Joint Committee meeting.</p> <p>The Joint Committee noted updates on:</p> <ul style="list-style-type: none"> • Children and Adolescent Mental Health Services (CAMHS) Update <p>There are emerging issues related to an increased demand for in-patient CAMHS beds for children with disordered eating who require NG feeding. In response to this WHSSC convened a meeting of stakeholders on 24 May and wrote to the CEOs of the Health Boards on the 28 May with an action plan, as previously reported to JC.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • That NHS Benchmarking had undertaken a review of current capacity and demand for CAMHS in-patient services in line with that recently commissioned by NHS England on the 1 July 2021, • That NHS Benchmarking had also been asked to undertake a seven year trend analysis and that the National Clinical Commissioning Unit (NCCU) were also undertaking a three year trend analysis and that the results of all three pieces of work would be available at the end of July 2021, • the growing demand for children's CAMHS beds beyond just those patients with eating disorders <p>CS reported that there were three elements to the increase in demand:</p> <ul style="list-style-type: none"> • Children with eating disorders; • Children with complex behavioural requirements but not mental health needs; and • Children requiring a higher level intensity support from CAMHS. <p>CS advised that each element was putting pressure on the service and that there were different solutions for each element of the work stream. Members noted:</p> <ul style="list-style-type: none"> • in respect of children with eating disorders, detailed conversations were taking place around more intensive and expanded support to prevent hospitalisation including to the paediatric ward; and
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- the issue of safe accommodation needed to be considered. With developments in every region, an interim solution needed to be considered with colleagues at Welsh Government and within Social Services; and
- children were entering the Tier 4 in-patient service for safe keeping when it was not necessarily appropriate, affecting the potential for children with mental health needs being able to access a Tier 4 bed; and
- a different solution would be required for Welsh children as part of the ongoing pressures and harms caused by the pandemic and discussions on the matter were ongoing with Welsh Government.

Members noted that the Eating Disorder Network was working with Health Board colleagues in paediatrics and CAMHS to strengthen support at a local level and that the WHSS Team continued to work with NCCU to support a gatekeeping function to help effectively manage inpatient numbers.

- **All Wales Positron Emission Tomography (PET) Programme Business Case**

The All Wales Positron Emission Tomography (PET) Programme Business Case was sent to Health Boards on the 28 May 2021, along with a cover report and the document is due to be considered at Board meetings in July 2021 and this arrangement has been communicated to Welsh Government.

- **Ty Llidiard Escalation Review**

With reference to the letter issued to Joint Committee on the 9 November 2020 concerning the Tier 4 CAMHS units and the report submitted to Joint Committee on the 9 March 2021 due to the identification of further issues within the Ty Llidiard unit by CTMUHB, WHSSC and the National Collaborative Commissioning Unit (NCCU), it has been agreed in accordance with the escalation process that the escalation status of the unit will be raised to level four. This escalation will include the Bed Management Panel reconsidering the unit's admission criteria and supporting improved patient flow.

- **Status Report on Annual Audit of Accounts 2020-21**

The WHSSC/EASC Annual Accounts were submitted to CTMUHB ahead of time to enable consolidation by the CTMUHB. The accounts were approved by the CTMUHB Audit and Risk Committee, and the Board on the 9 June 2021.

The Joint Committee resolved to:

- **Note** the content of the report.

JC21/024	<p>4.3 Commissioning of Mesothelioma MDT</p> <p>The report outlining the case for establishing an all Wales specialist mesothelioma MDT commissioned by WHSSC and to propose that a scheme for an all Wales mesothelioma MDT is included within the CIAG process for the ICP 2022-23 was received.</p> <p>The Joint Committee noted that:</p> <ul style="list-style-type: none"> • In NHS England, the mesothelioma service is commissioned to a national service specification as a specialised service (Malignant Mesothelioma (adult)). Key standards include access to a specialist mesothelioma MDT, access to specialist CNS support and access to clinical trials, • In Wales, Mesothelioma is a health board commissioned service. WHSSC commissions thoracic surgery which performs investigative procedures for some mesothelioma patients for pathology testing. Patients with mesothelioma are managed by lung cancer MDTs. Only one lung cancer MDT in Wales, the MDT in Cardiff & Vale UHB, currently meets the recommended standard of 25 new cases per annum, • It is proposed that commissioning a specialist service for pleural mesothelioma should be included within the services delegated to WHSSC. As a first stage, it is proposed WHSSC would aim to commission an all Wales mesothelioma MDT, • the WHSSC Management Group have given support to the recommendations being put forward to the Joint Committee. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the information provided in this report regarding mesothelioma incidence and outcomes for people in Wales, and the potential benefits of an all Wales specialist mesothelioma MDT; • Approve the proposal to transfer the commissioning of specialised mesothelioma services from Health Boards to WHSSC; and • Support the inclusion of a scheme for an all Wales mesothelioma MDT within the CIAG process for the ICP 2022-23.
JC21/025	<p>4.4 Audit Wales Report – Governance Arrangements at WHSSC</p> <p>The Audit Wales report on Committee Governance Arrangements at WHSSC was received and Andrew Doughton, Lead Auditor, Audit Wales presented the report and the JC noted:</p> <ul style="list-style-type: none"> • A survey had been issued to all HBs and the fieldwork was concluded in October 2020; • the scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and sub-committee meetings, feedback from

	<p>questionnaires issued to HB Chief Executive and Chairs and a review of corporate documents;</p> <ul style="list-style-type: none"> the findings were published in May 2021 in the Audit Wales Committee Governance Arrangements at WHSSC report; the report outlined 4 recommendations for WHSSC and 3 recommendations for Welsh Government. <p>AD advised that the findings of the report were positive overall and thanked the JC and WHSSC officers for their assistance and contribution to delivering the work. AD highlighted the following areas for development in future:</p> <ul style="list-style-type: none"> Conflicts of interest; Flows of assurance between the Joint Committee and individual health boards were variable; Hosting arrangements; Ensuring that all aspect of Sub-Committee Terms of Reference were covered. <p>The Chair thanked AD and Urvisha Perez (UP) for presenting the report.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the report.
JC21/026	<p>4.5 Audit Wales WHSCC Governance Arrangements – Management Response</p> <p>The Management Response to the Audit Wales report on Committee Governance Arrangements at WHSSC was received and SL thanked Audit Wales for their thorough and constructive report.</p> <p>The Joint Committee noted that the report outlined four recommendations for WHSSC and the draft management response has been circulated to Health Boards, Welsh Government and Audit Wales for comment and feedback.</p> <p>SL advised that progress against the actions outlined within the management response would be monitored through the Integrated Governance Committee (IGC) on a quarterly basis, and that a full progress report would be presented to the Joint Committee in January 2022, once the actions related to the Integrated Commissioning Plan (ICP) process and engagement events had been completed.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> in respect of Recommendation 1, quality and performance reporting into the Joint Committee would be strengthened, in respect of Recommendation 2, WHSSC was building strengthened programme management capacity and a training

programme had already commenced, however, giving major trauma as an example, that end-to-end programme management of some services was not always possible as some of the development takes place outside of WHSSC's commissioning responsibility,

- in respect of Recommendation 3, work was being undertaken with providers in respect of recovery planning,
- in respect of Recommendation 4, work had re-commenced to develop a specialist service strategy which had been put on hold due to the COVID-19 pandemic.

The Joint Committee noted that the report outlined 3 recommendations for Welsh Government (WG) and the initial WG management response had been outlined in a letter from Dr Andrew Goodall (AG), Director General Health & Social Services/NHS Wales Chief executive to Mr Adrian Crompton, Auditor General for Wales.

SL advised that progress against the WG management response would be monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief Executive. Members noted that:

- in respect of Recommendation 5, concerning recruitment, remuneration and retention of independent members the Chair was in discussion with Welsh Government to explore this area further,
- in respect of Recommendation 6, AG felt the national clinical framework would support the end-to-end programme management arrangement highlighted by Audit Wales;
- in respect of Recommendation 7, reference was made to the commitment outlined in "A Healthier Wales" to review the WHSSC arrangements alongside other hosted national and specialised functions, and highlighted the opportunities the NHS Executive might offer in future.

Carol Shillabeer (CS) advised that the AW report was welcomed and the areas identified in the management response were areas that the JC had previously reflected on as a Committee, and there was a need to be kept sighted on progress and the complexity of the arrangements with providers.

The Joint Committee welcomed the Audit Wales recommendations and management responses in relation to Committee governance arrangements at WHSSC.

The Joint Committee resolved to:

- **Note** the report and the proposed WHSSC management response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and

	<ul style="list-style-type: none"> • Note the Welsh Government response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.
JC21/027	<p>4.6 Governance & Accountability Framework</p> <p>The Joint Committee received a report providing an update on the WHSSC Governance & Accountability Framework.</p> <p>The Joint Committee noted that:</p> <ul style="list-style-type: none"> • the Minister for Health & Social Services had issued updated model standing orders for NHS Bodies in Wales in April 2021, including WHSSC; • at the last Joint Committee meeting on the 11 May, it was proposed that the revised Governance and Accountability Framework documents, including the Standing Orders (SOs) and Standing Financial Instructions (SFIs), would be approved via Chair’s Action outside of the meeting to facilitate expediency; • on the 21 June, the Chair acting in conjunction with Dr Sian Lewis and Professor Ceri Phillips, Independent Member, took Chair’s Action to update the documents and to recommend that the amended SOs and SFIs be taken forward for approval by the seven LHBs for inclusion within their own respective HB SOs; • once the updated documents have been approved Chief Executives will be required to sign the Memorandum of Agreement (MOA) and the Hosting agreement; • a report on the updated Governance and Accountability Framework for WHSSC will be presented to the CTMUHB Audit and Risk Committee on the 17 August 2021 to provide assurance in accordance with the hosting agreement. <p>The Health Board Chief Executive Officers approved the application of their electronic signatures to the updated Memorandum of Agreement and hosting arrangement documents.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the content of the paper; • Note the Chair’s Action taken on 21 June 2021 to recommend variation to elements of the Governance and Accountability Framework for onward approval by the seven LHBs; and • Approve the updated versions of the Memorandum of Agreement and Hosting Agreement.
JC21/028	<p>4.7 WHSSC Annual Governance Statement 2020-21</p> <p>The WHSSC Annual Governance Statement 2020-2021 was received and the Joint Committee noted that the document was endorsed by the CTMUHB Audit and Risk Committee, and their Board on the 9 June</p>

	<p>2021 and was included in the CTMUHB Annual Report to demonstrate assurance in accordance with the hosting agreement between WHSSC and CTMUHB.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the WHSSC Annual Governance Statement 2020-21.
JC21/029	<p>4.8 Sub-Committee Annual Reports 2020-21</p> <p>The sub-committee annual reports for 2020-21 were received and the Joint Committee noted the consideration of the IPFR Annual Report 2020-21 would be deferred until the September 2021 meeting in order to strengthen the information on quoracy and attendance to ensure greater consistency of reporting across sub-committees.</p> <p>The Committee Secretary advised that the WHSSC self-assessment questionnaires were recently issued to all Committee and sub-committee members, and that to date only a small number of responses had been received, and it was important that we obtain members' views. Therefore, the committee secretariat will re-issue the request after the meeting and members were encouraged to complete the self-assessment.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the Sub-Committee Annual Reports 2020-21. <p>ACTION: It was agreed SMH would re-circulate the self-assessment documentation to Members following the meeting.</p>
JC21/030	<p>5.1 COVID-19 Period Activity Reports Months 1 & 2 2021-22</p> <p>The Joint Committee received the COVID-19 period activity reports for months 1 and 2.</p> <p>Members noted that the reports highlighted the scale of the decrease in activity levels during the peak COVID-19 period, and whether there were any signs of recovery in specialised services activity. These activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.</p> <p>SD advised that there was no real change in trends with NHS Wales recovery activity still behind that of NHS England but noted that some of the core NHS Wales speciality activities were starting to recover. Members noted that whilst activity continued to strongly recover in both NHS England and NHS Wales, the waiting list profiles detailed in the report continued to show an increase of patients waiting over 52 weeks and that, therefore, it would be</p>

	<p>important to get strong and agreed profiles from Welsh providers in particular to recover the waiting list position.</p> <p>SD reported that activity at the Liverpool Heart and Chest Hospital appeared to be fully recovered. SD assured the Joint Committee that the WHSS Team were aware of, and planning for, the expected Respiratory Syncytial Virus uptick at Alder Hey Hospital. SD noted the key to robust recovery position reporting would be clear monthly recovery profiles from providers.</p> <p>The Joint Committee acknowledged that COVID-19 would remain in the community for some time and would need to be kept under consideration during recovery planning, including, but not limited to, last minute cancellation of appointments by patients who may be unwell or self-isolating.</p> <p>SD assured the Joint Committee that the WHSSC Team were cognisant of the surge in cardiology and emergency cardiac presentations and of the additional pressure that would be placed on the ability of cardiac services to reach pre-pandemic activity levels.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • KP had attended the Quality and Delivery Planning meeting with Welsh Government and ABUHB on the 8 July 2021 and had offered WHSS Team assistance in respect of any commissioning issues the services were experiencing, • SLA meetings had recommenced with both English and Welsh providers following the suspension of those meetings as a result of the COVID-19 pandemic. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the information presented within the reports.
JC21/031	<p>5.2 Financial Performance Report Month 2 2021-22</p> <p>The Financial Performance Report Month 2 2021-22 was received and members noted that:</p> <ul style="list-style-type: none"> • the financial position at Month 2 for WHSSC was a year-end outturn under spend of £3,364k, • the majority of the under spend related to the English SLA forecast underspend which reflected the difference between the plan baseline and the agreed blocks for Q1 & Q2, 2020/21 reserve releases and development slippage, • there was a partial offset with the over spend in Mental Health at month 1 that included high CAMHS Out of Area activity and an exceptional high cost medium secure patient with the forecast to plan,

	<ul style="list-style-type: none"> whilst both NHS England and NHS Wales were still on block contracts, in NHS England if providers exceeded 80% of normal underlying performance NHS England was allowing providers to be paid for that excess in terms of a recovery fund which would give them the national tariff plus at least 10% but noted that NHS Wales would not be doing that and would remain with block contracting for the time being. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the current financial position and forecast year-end position.
JC21/032	<p>5.3 Reports from the Joint Sub-Committees</p> <p>The Joint Committee received reports from the following Joint Sub-Committees.</p> <p>i. Management Group</p> <p>The Joint Committee noted the core briefing documents from the meetings held on the 20 May 2021 and the 24 June 2021.</p> <p>ii. Quality & Patient Safety Committee</p> <p>The Joint Committee noted the length of time the Bridgend Cochlear service had been in escalation and SL provided assurance that the WHSS Team was working with the Board of CHCs to establish a suitable, comprehensive stakeholder engagement process and that this work had previously been put on hold due to the COVID-19 pandemic causing significant delays.</p> <p>iii. Integrated Governance Committee</p> <p>The Joint Committee approved the revised Integrated Governance Committee Terms of Reference provided within the Report from the Chair of the Integrated Governance Committee.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the content of the reports from the Joint Sub-Committees.
JC21/033	<p>6.1 Any Other Business</p> <p>Future New Services</p> <p>SL advised that WHSSC had received two letters requesting that WHSSC commission two new services from the Chair of the NHS Wales Health Collaborative Executive Group regarding the service specification for paediatric orthopaedic surgery and the commissioning of Hepato-Pancreato-Biliary (HPB) services.</p> <p>Members noted that there had been a delay in responding to the letters as WHSSC were considering capacity issues as a result of</p>

	<p>also receiving requests from Welsh Government to consider the scoping of two new services, namely Syndrome Without A Name (SWAN) and Gambling Addiction. This was in addition to the ongoing strategic work around CAMHS and Paediatrics.</p> <p>SL advised that JE was discussing the most appropriate governance pathway regarding the requests with the NHS Wales Board Secretaries Network.</p>
JC21/034	<p>6.2 Date and Time of Next Scheduled Meeting The Joint Committee noted that the next scheduled meeting would take place on 7 September 2021 via MS Teams.</p> <p>There being no other business other than the above the meeting was closed.</p>
JC21/035	<p>The Joint Committee made the following resolution:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of the 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>

The meeting closed at 15:35hrs

Chair’s Signature:

Date: