

**Confirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 09 November 2021
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 Director of Finance, WHSSC |
| Stuart Davies | (SD) | |
| Iolo Doull | (ID) | Medical Director, WHSSC |
| Mark Hackett | (MH) | Chief Executive, Swansea Bay UHB |
| Glyn Jones | (GJ) | Interim Chief Executive Officer, Aneurin Bevan UHB |
| Steve Moore | (SM) | Chief Executive Officer, Hywel Dda UHB |
| Ceri Phillips | (CP) | Independent Member, Cardiff & Vale UHB |
| Ian Phillips | (IP) | Independent Member, Powys THB |
| Carol Shillabeer | (CS) | Chief Executive Officer, Powys THB |
| Stuart Walker | (SW) | Interim Chief Executive Officer, Cardiff & Vale UHB |
| Ian Wells | (IW) | Independent Member, Cwm Taf Morgannwg UHB |
| Jo Whitehead | (JW) | Chief Executive Officer, Betsi Cadwaladr UHB |

Deputies:

| | | |
|--------------------------------|------|--|
| Linda Prosser (for Paul Mears) | (LP) | Executive Director of Strategy & Transformation, Cwm Taf Morgannwg UHB |
|--------------------------------|------|--|

Apologies:

| | | |
|---------------|--|--|
| Paul Mears | | Chief Executive Officer, Cwm Taf Morgannwg UHB |
| Jason Killens | | Chief Executive Officer, Welsh Ambulance Services NHS Trust (WAST) |

In Attendance:

| | | |
|----------------|------|---|
| Carole Bell | (CB) | Director of Nursing, WHSSC |
| Jacqui Evans | (JE) | Committee Secretary & Head of Corporate Services, WHSSC |
| Claire Harding | (CH) | Assistant Director of Planning, WHSSC |
| James Leaves | (JL) | Assistant Director of Finance, WHSSC |
| Karen Preece | (KP) | Director of Planning, WHSSC |
| Helen Tyler | (HT) | Corporate Governance Manager, WHSSC |

Observers

| | | |
|------------------|-------|---|
| Simon Dean | (SD) | Deputy Chief Executive NHS Wales, Welsh Government (WG) |
| Sarah McAllister | (SMc) | Programme Manager, WHSSC |

Minutes:

| | | |
|--------------|------|-------------------------------------|
| Debra Davies | (DD) | Executive Personal Assistant, WHSSC |
|--------------|------|-------------------------------------|

The meeting opened at 13:30hrs

| Min Ref | Agenda Item |
|----------|--|
| JC21/061 | <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 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 on the basis of a shared national approach, where each Member works in the wider interest.</p> |
| JC21/062 | <p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p> <p>The Chair noted Linda Prosser (LP) was attending on behalf of Paul Mears, Chief Executive Officer, Cwm Taf Morgannwg UHB.</p> |
| JC21/063 | <p>1.3 Declarations of Interest</p> <p>The Joint Committee noted the standing declarations, and there were no additional declarations of interest relating to the items for discussion on the agenda.</p> |
| JC21/064 | <p>1.4 Unconfirmed Minutes of the Meeting Held 07 September 2021</p> <p>The minutes of the Joint Committee meeting held on 07 September 2021 were received and approved as a true and accurate record of the meeting.</p> |
| JC21/065 | <p>1.5 Action Log & Matters Arising:</p> <p>The action log was received and members noted the following updates:</p> <ul style="list-style-type: none"> • JC21/007 – Sharing Slides - action closed remove from action log, • JC21/008 – Reporting and Accountability Arrangements. The Chair (KE) gave an update and Members noted that enquiries had been made with Judith Pagett, the then CEO ABUHB and there were currently no plans to look at the reporting and accountability arrangements |

| | |
|----------|--|
| | <p>for WHSSC and/or the Emergency Ambulance Services Committee (EASC) at present,</p> <ul style="list-style-type: none"> • JC21/009 – Review of Commissioned Services Locally and Nationally - Karen Preece (KP) gave an update and Members noted that a workshop was planned for the Management Group (MG) meeting on 25 November 2021, • JC21/010 – Recovery Planning- Members noted the item was on the agenda for discussion, • JC21/011 – Recovery Planning Amalgamation of plans - KP gave an update and Members noted that this will be discussed at the workshop with MG in November 2021, • JC21/012 – Major Trauma - KP gave an update and Members noted that the action was partially complete. A Major Trauma proposal has been submitted to MG for discussion in November 2021. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the updates to the action log and agree to close the completed actions. |
| JC21/066 | <p>2.1 Report from the Chair</p> <p>The Report from the Chair 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"> • That no Chair’s Actions had been taken since the last meeting on 07 September 2021, • Discussions with Welsh Government (WG) and Cwm Taf Morgannwg University Health Board (CTMUHB) concerning the WHSSC Independent Member (IM) Remuneration, following on from the recommendation outlined in the Audit Wales report “Committee Governance Arrangements at WHSSC were progressing. A report was presented to the NHS Wales Chairs Peer Group in October, 2021 following which the chairs agreed the way forward. A further meeting is to be held with HB and Trust Chairs. Work will continue with WG to take these proposals forward, • an update on the Integrated Governance Committee (IGC) meeting held on 12 October 2021, • an update on a series of 1:1 meetings held with HB CEOs during October and November 2021, • an update on the appointment of a new Chair for the Welsh Renal Clinical Network (WRCN), • an update on the Digital IM Network – Digital Health and Care Wales (DHCW).. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report. |

JC21/067

2.2 Report from the Managing Director

The Report from the Managing Director was received and the Managing Director gave an update on relevant matters undertaken since the previous Joint Committee meeting.

The Joint Committee received updates on:

- the anticipated de-escalation of SBUHB Cardiac Surgery under the WHSSC escalation process,
- the de-escalation of SBUHB Trans-catheter Aortic Valve Intervention (TAVI) Service under the WHSSC escalation process,
- on 7 September 2021 the JC supported requests received from the NHS Collaborative (Collaborative) for WHSSC to commission:
 - Hepato-Pancreato-Biliary Services;
 - The Hepato-Cellular Carcinoma (HCC) MDT and;
 - Develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service.

All HBs had approved that WHSSC formally commission these new services

- the WHSSC Executive team had met with Improvement Cymru (IC) to learn more about their recently published "Achieving Quality and Safety Strategy" and to discuss and explore potential options for them to support WHSSC in developing its new specialist services strategy, and that a stakeholder engagement exercise will be undertaken in December 2021/January 2022.,

Linda Prosser (LP) welcomed the positive progress made with services being de-escalated which demonstrated that the process was effective, and requested further details on the WHSSC de-escalation process. Sian Lewis (SL) advised that WHSSC had its own escalation policy for commissioned services, and that further information could be shared outside of the meeting to clarify the process.

ACTION: Carole Bell (CB) to re-circulate the Escalation and De-Escalation policy to all Members for information.

Mark Hackett (MH) expressed his thanks to HB colleagues who had contributed to the oversight of the cardiac surgery progress, and advised that significant points had been learnt from the escalation/de-escalation of services, which had supported the whole service to upgrade the quality management system.

The Joint Committee resolved to:

- **Note** the report.

JC21/068

2.3 Integrated Commissioning Plan (ICP) 2022-25

Members received an informative presentation from Karen Preece (KP) and Stuart Davies (SD) on progress in developing the Integrated Commissioning Plan (ICP) 2022-2025 and an update on the recovery position of specialised services in Welsh providers.

Members noted:

- WHSSC had received recovery plans for each of the HB's, however there were some gaps in the information available,
- Informal discussions had begun with NHS England to access activity where possible to meet shortfalls in capacity,
- WHSSC had received a letter from the Chief Executive NHS Wales in relation to the availability of funding to aid recovery,
- The summary of priorities for key commissioned services that were contained within the ICP,
- That the investment required for 2022-2023 ICP was circa £28.5m reflecting an uplift of 4%.

KP queried whether HBs would be content to take approval of the WHSSC ICP at the extraordinary JC meeting scheduled for 02 December 2021 or if they would prefer to wait until a meeting in January 2022. Members discussed the approval timelines for the HB Integrated Medium Term Plans (IMTPs) and the WHSSC ICP.

KP confirmed that the WHSSC Planning team would draft a summary of the WHSSC plan and financial information for HBs to include in their IMPT's. This would ensure consistency throughout the plans.

SD advised that the plan was not identifying further need to invest in English recovery for next year as this is dealt with by the English Recovery Fund (ERF) which will continue to be funded by Welsh Government. *[It should be noted that Welsh Government has subsequently confirmed that this will now need to be funded by Health Boards within their Recovery allocations. The ICP has been amended accordingly to include the ERF.]*

Members noted that specialist services were starting to deliver pre-pandemic activity levels in NHS England. If this continues on current trajectory to the end of this financial year backlogs should be reduced. The situation was more uncertain for Welsh providers where rates of recovery have generally been slower and less consistent.

MH advised that he had not been requested to contribute to the discussion on the recovery position, and suggested that his HB may be able to do more to support recovery in key areas. In addition that if we want to treat patients in Wales tertiary providers should

be asked to push their teams further to deliver more volume and support WHSSC.

Ian Phillips (IP) reflected on the conversation and suggested that time could be spent developing more radical ways of driving this agenda forward.

Jo Whitehead (JW) stated that waiting lists in excess of a year were unacceptable and reported that BCUHB had ambitious plans for two major regional treatment centres. JW queried where, following the end of funding from the Liver Disease Implementation Group (LDIG) where the future investment required for Viral Hepatitis treatment could be sourced. SL advised that the LDIG sat within the NHS Wales Health Collaborative and that further enquiries should be directed to Mark Dickinson, Director of the NHS Wales Health Collaborative.

Stuart Walker (SW) queried whether English providers could offer capacity for specialised services for Welsh patients, when they may be in the same position as Wales or worse off, and whether there was need to look at Welsh based solutions.

KP advised that the update on potential capacity from NHSE providers was based on contact made within the last week, but details regarding case mix had not been discussed. KP also advised that the capacity gap identified in Welsh provision was based on detailed recovery plans from HBs, which were discussed at Service Level Agreement (SLA meetings).

SD advised that it was good to know that there may be additional provision from Welsh providers but the he response previously from HBs had been that there was no additional.

Members discussed pre and post COVID19 activity levels and it was agreed to continue these discussions outside of the meeting. Carol Shillabeer (CS) agreed that each and every opportunity for accessing services should be considered whether this was in Wales or in England.

Members noted that the deadline for submitting IMTP's and the ICP to WG was 28 February 2022. Members discussed the timing for approving the ICP and it was agreed to re-schedule the extraordinary meeting to approve the JC until early January 2022.

ACTION: JE to reschedule the date for JC from December 2021 to early January 2022.

The Joint Committee resolved to:

- **Note** the presentation.

| | |
|----------|---|
| JC21/069 | <p>2.4 All Wales Positron Emission Tomography (PET) Programme Update</p> <p>The All Wales Positron Emission Tomography (PET) programme update was received and SL gave an update on the WHSSC Governance and Accountability Framework to support implementation of the All Wales Positron Emission Tomography (PET) Programme and briefed members on the specific areas of support requested from the JC.</p> <p>Attendees advised that they were all in support of the recommendations. CS commented that consideration could be given to reducing the number of people in the proposed programme board to keep discussion focused. SL agreed with CS and confirmed that the structure would be reviewed before implementation.</p> <p>MH welcomed the progress made and questioned why the date for implementation had been moved to 2023. SL advised that she was very keen to bring the date forward if SBUHB are able to accommodate this but there were local delays.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the content of the paper; • Note the mandate letter received from the Director General for Health and Social Services and the NHS Wales Chief Executive regarding the PET Programme; • Support the business case requesting revenue funding from Welsh Government for a Programme Management Office based at WHSSC; • Support the request to Welsh Government to formally appoint the Managing Director of WHSSC as the Programme SRO, and • Approve the changes to the top-level governance and structure of the Programme. |
| JC21/070 | <p>2.5 Neonatal Transport – Update on the Development of Neonatal Transport Operational Delivery Network.</p> <p>Members received an update on the development of a Neonatal Transport Operational Delivery Network and KP provided an update on progress to establish an Operational Delivery Network (ODN) for Neonatal Transport.</p> <p>Members noted that due to operational workforce pressures across the system, the Senior Responsible Officer (SRO) for the programme had made a written request for the Joint Committee to support an extension of the current interim 24 hour model until the from March 2022 until June 2022. MH advised that SBUHB were putting additional resource into project and agreed to bring a detailed implementation programme to the JC meeting in January 2022.</p> |

| | |
|----------|--|
| | <p>Members supported the recommendation and noted that the Delivery Assurance Group (DAG) will be progressed, led by KP.</p> <p>ACTION: SBUHB to prepare a detailed implementation programme for presentation to the JC on 18 January 2022.</p> <p>ACTION: KP to progress the Delivery Assurance Group (DAG) and provide regular updates to the JC on progress.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the actions from the Neonatal Transport workshop; • Note that a letter has been issued to Neonatal Transport Colleagues from the SRO explaining the delay to the programme; • Approve the extension of the current interim 24 hour model until the end of June 2022; • Support the next steps required to establish the programme of works. |
| JC21/071 | <p>2.6 Individual Patient Funding Request (IPFR) Panel Update</p> <p>The Individual Patient Funding Request (IPFR) Panel Update was received and JE introduced the report and gave an update on progress in getting the terms of reference updated. Members noted:</p> <ul style="list-style-type: none"> • the WHSSC IPFR panel are contained within the "All Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)", • A Report was submitted to JC on 10 November requesting to update the TOR to support efficacy and quoracy, however the proposal was not approved, • enquiries were with WG in December 2020 to confirm the governance process for reviewing the ToR, • Since then, further enquiries were made in August 2021 and an SBAR was submitted to WG outlining the issues and complexities, and the need for clarity on the governance process for approving the all Wales policy • the Joint Committee do have responsibility for approving the Terms of Reference for its sub committees, however, as the ToR sit as an appendix within an "All Wales Policy" discussions are ongoing with WG on how best to resolve this, • Given that the IPFR panel is frequently subject to challenge (including Judicial Review) this represents a considerable legal and financial risk to WHSSC. <p>SL gave an update on the challenges faced by the sub-committee and members noted the issues concerning quoracy and future appointment of a Chair.</p> |

| | |
|----------|--|
| | <p>Members discussed the issues and the responsibility of the JC in resolving the matter. JE advised that discussions were ongoing with WG in order to clarify governance issues. It was agreed that JE/SL should liaise with Simon Dean (SD) outside of the meeting to discuss what support could be offered to resolve the issue.</p> <p>ACTION: JE/SL to meet with SD to discuss what support Welsh Government could provide to resolve the issue of updating the WHSSC IPFR panel terms of reference which are contained within the All Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)“.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; • Discuss the issues affecting the WHSSC All Wales IPFR panel and consider any action required to progress and resolve the issues. |
| JC21/072 | <p>2.7 Corporate Risk Assurance Framework (CRAF)</p> <p>Members received the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers and noted:</p> <ul style="list-style-type: none"> • following the update given to the Joint Committee back in May on the development of the CRAF and the new risk management strategy, the commissioning teams have been busy reviewing their risks through a peer review process and in addition, • a risk management workshop with the Corporate Directors Group on 16 September to review the risks, review the risk scoring in light of COVID-19 and to horizon scan for new risks, • the outcomes of the workshop included each directorate developing their own directorate specific risk register and the creation of a risk scrutiny group who meet monthly, to scrutinise directorate risks and offer a critical friend process for challenging risk narrative and scoring, • two new organisational risk had been added in relation to workforce capacity and the WHSSC IPFR panel quoracy, • one new commissioning risk had been added relating to neonatal cots, • the Integrated Governance Committee (IGC) received the updated CRAF in October and requested that further work be undertaken to benchmark the risk scoring against HB risks to monitor consistency in scoring and narrative to further strengthen the risk management process, • a further risk workshop will be held in January 2022. <p>KP highlighted the commissioning risks added during September, 2021 in relation to Neonatal Cot Capacity at C&VUHB.</p> |

| | |
|----------|---|
| | <p>SW advised that that the neonatal cots will start to re-open in November 2021, and suggested that the WHSSC IPFR risk may be scored too highly compared with patient facing HB risks. JE advised that the scoring would be looked at as part of the desktop audit on scoring.</p> <p>Due to IT access issues Ian Wells (IW) advised he was unable to ask specific questions during the meeting but had raised some queries in relation to the scores and JE confirmed she would pick these up outside of the meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the updated Corporate Risk Assurance Framework (CRAF), • Note the amendments made to the CRAF following the risk management workshop held on 16 September 2021 to review the existing risks and identify additional corporate and organisational risks, • Approve the updated Corporate Risk Assurance Framework (CRAF), and • Note that a follow up risk management workshop will be held in January 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation. |
| JC21/073 | <p>3.1 Activity Report Month 05 2021-22 COVID-19 period</p> <p>Members received a report highlighting the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.</p> <p>Members noted the key points this month:</p> <ul style="list-style-type: none"> • Cardiac Surgery • Thoracic Surgery • Neurosurgery • Plastic Surgery • Paediatric Cardiac Surgery • Paediatric Surgery • English provider activity (all specialist and non-specialist) <p>SW suggested that a further discussion was required with SD in relation to Cardiac Surgery - total numbers and sub-specialities would be useful. Members discussed the data outlined within the report and members thanked SD for the detail in the report.</p> <p>ACTION: SD/SW to schedule meeting to discuss performance data further.</p> |

| | |
|----------|--|
| | <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the information presented within the report. |
| JC21/074 | <p>3.2 Financial Performance Report Month 06 2021-22</p> <p>The Financial Performance Report Month 06 2021-22 was received and members noted:</p> <p>Members noted:</p> <ul style="list-style-type: none"> • a favourable position at month 6 – £9.3m underspend • £2m recovery funding had been held back for possible outsourcing. Subsequently WHSSC returned the remaining £2 million, meaning that the full £4 million ICP provision has now been returned to HBs in full. <p>CS suggested that in the interest of patients/treatments deployment of these monies should be considered.</p> <p>KE stated that she found the activity cards useful and requested the continued use of these.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position. |
| JC21/075 | <p>3.3 Corporate Governance Matters</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. |
| JC21/076 | <p>3.4 Reports from the Joint Sub-Committees</p> <p>The Joint Sub-Committee reports were received as follows:</p> <p>i. Audit and Risk Committee Assurance Report</p> <p>The Joint Committee noted the assurance report from the CTMUHB Audit and Risk Committee (ARC) meeting held on 17 August 2021.</p> <p>ii. Management Group</p> <p>The Joint Committee noted the core briefing documents from the meetings held on 23 September 2021 and 21 October 2021.</p> <p>iii. Quality & Patient Safety Committee</p> <p>The Joint Committee noted the Chairs report from the meeting held on 12 October 2021.</p> <p>Ceri Phillips (CP) highlighted that a number of Mental Health providers within NHS England were currently being monitored through Assurance Boards. WHSSC has been sighted on</p> |

engagement and improvement works being undertaken and that site visits had been undertaken to review current placements and the care plans in place for individuals. It had been agreed that a deep dive into Mental Health Services would be considered at the next meeting.

The QPS Committee had specifically requested that the lack of progress in Adult Cleft Services was escalated to the Joint Committee. Further monitoring would take place through the QPS and through the SLA with the provider. Assurance was given that the patients were having regular clinical reviews and had been individually informed of the position.

iv. Integrated Governance Committee

The Joint Committee **noted** the Chairs report from the meeting held on 12 October 2021.

v. Individual Patient Funding Request Panel (IPFR)

The Joint Committee **noted** the Chairs report from the meetings held in September and October 2021.

vi. Welsh Renal Clinical Network (WRCN)

The Joint Committee **noted** the Chairs report from the meeting held on 04 October 2021.

Ian Phillips (IP), Interim Chair of the Welsh Renal Clinical Network Board briefed members on the large amount of work being undertaken and, felt that there were opportunities to improve processes and support the team.

IP highlighted the biggest risk to the network concerned a large procurement exercise in Swansea. Members noted that project support may provide assistance to deal with such a large procurement.

SD agreed to make enquiries whether the SBUHB Management team could provide support for project management

KE thanked IP for his proactive contribution and for taking over the mantle during the interim period.

ACTION: SD team to consider the WRCN procurement exercise and discuss further with IP.

The Joint Committee resolved to:

- **Note** the content of the reports from the Joint Sub-Committees.



| | |
|----------|--|
| JC21/077 | <p>4.1 Any Other Business</p> <p>LP raised one item in relation to bed management and it was agreed that SL would contact her outside of the meeting to discuss.</p> |
| JC21/078 | <p>4.2 Date and Time of Next Scheduled Meeting</p> <p>The Joint Committee noted that the extraordinary meeting scheduled for 2 December 2021 to approve the ICP would be re-scheduled to early January 2022.</p> <p>The full JC meeting will go ahead as scheduled on 18 January 2022.</p> <p>There being no other business other than the above the meeting was closed at 15:40.</p> |

CONFIRMED

Chair's Signature:

| | |
|----------|--|
| JC21/079 | <p>4.3 In Committee Resolution 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> |
|----------|--|

Date:

CONFIRMED