

**Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 07 September 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
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB (part meeting)
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

Deputies:

Sïan Harrop-Griffiths (for Mark Hackett)	(SHG)	Director of Strategy, Swansea Bay UHB
Linda Prosser (for Paul Mears)	(LP)	Director of Strategy & Transformation, Cwm Taf Morgannwg UHB
Stuart Walker (for Len Richards)	(SW)	Medical Director, Cardiff & Vale UHB

Apologies

Iolo Doull	(ID)	Medical Director, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Jason Killens	(JK)	Chief Executive Officer, WAST
Rob Nolan	(RN)	Director of Finance, Commissioning & Strategy Betsi Cadwaladr UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Len Richards	(LR)	Chief Executive Officer, Cardiff & Vale UHB
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

Observers

Simon Dean	(SD)	Welsh Government (WG)
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Minutes:

Michaella Henderson	(SMH)	Corporate Governance Officer, WHSSC
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The meeting opened at 09:30hrs

Min Ref	Agenda Item
JC21/036	<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 welcomed Sian Morgan, Consultant Clinical Scientist and Head of the All Wales Genetics Laboratory as a guest speaker for agenda item 2.1.</p> <p>The Chair noted a number of Deputies were attending on behalf of their Chief Executive Officers as noted above.</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>
JC21/037	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC21/038	<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>
JC21/039	<p>1.4 Unconfirmed Minutes of the Meeting Held 13 July 2021</p> <p>The minutes of the Joint Committee meeting held on the 13 July 2021 were received and approved as a true and accurate record of the meeting.</p>
JC21/040	<p>1.5 Action Log & Matters Arising</p> <p>The action log was received and Members noted that the following items were on the agenda for discussion:</p> <ul style="list-style-type: none"> • JC21/002 Neonatal Transport Service for South and Mid Wales

	<ul style="list-style-type: none"> • JC21/003 Thoracic Surgery Strategic Outline Case • JC21/005 COVID-19 Period Activity Reports Months 1 & 2 2021-22, concerning recovery plans, and • JC21/006 Future New Services <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the action log and agree to close the completed actions.
JC21/041	<p>2.1 All Wales Genetics Service Improvement</p> <p>Members received an informative presentation from Sian Morgan (SMg), Consultant Clinical Scientist and Head of the All Wales Genetics Laboratory (AWGL).</p> <p>The Chair advised that Stuart Davies (SD) was the WHSSC Executive Lead for the genetics service. SD introduced the presentation by reminding Members that he had presented to the Joint Committee two years ago, just as WHSSC had embarked on the genomic strategy.</p> <p>SD reported that the work SMg was going to present would prepare the ground for a number of important initiatives that the genomics service would be involved in including advanced therapeutic medicinal products and new treatments available for many cancers with a genetic link.</p> <p>Members discussed the future of cancer services, noted the further increases in capacity and development that would be needed over the next two to three years and thanked SMg for the informative presentation.</p> <p>ACTION: It was agreed the presentation slides would be circulated to Members.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JC21/042	<p>2.2 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"> • that the Chair had undertaken a Year End Appraisal Review 2020-2021 with the Minister for Health & Social Services, • that no Chair's actions had been taken since the last meeting, • the Integrated Governance Committee (IGC) meeting held on the 10 August 2021,

- that discussions with Welsh Government (WG) and Cwm Taf Morgannwg University Health Board (CTMUHB) concerning WHSSC Independent Member (IM) Remuneration, following on from the recommendation outlined in the Audit Wales report "Committee Governance Arrangements at WHSSC were continuing, and that a report was due to be presented to the NHS Wales Chairs group in October 2021,
- the Chair had written to JC members concerning the confidentiality of JC papers and it had been agreed that in future all Joint Committee "In -Committee" Reports will be shared with the NHS Wales Board Secretaries group,
- a request had been received from the Chair of the NHS Wales Chairs group for the NHS Wales Board Secretaries group to review the reporting and accountability arrangements at WHSSC and the Emergency Ambulance Services Committee (EASC).

Sian Lewis (SL) emphasised the importance of ensuring that the Terms of Reference for the review of WHSSC and EASC were very clear, in particular in relation to where the resulting report would be sent for consideration and what the position would be if the report set out different or conflicting recommendations to the recent Audit Wales Governance Report. Judith Paget (JP) advised that it would be useful to understand what the concerns were which had led to the request for the review, and that the NHS Wales CEO group were unaware of the planned review. JP requested that the matter be discussed with the CEO group and the Chair agreed that it might be helpful.

ACTION: Judith Paget (JP) to discuss the NHS Wales Chairs group request for a review of the reporting and accountability arrangements for WHSSC and EASC with the NHS Wales CEO group.

The Joint Committee resolved to:

- **Note** the report.

JC21/043

2.3 Report from the Managing Director

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

The Joint Committee noted:

- That the NHS Wales Shared Services Partnership (NWSSP) Internal Audit (IA) Team had undertaken a review of the Cancer & Blood Commissioning Team within WHSSC and given an assessment rating of "substantial assurance", building on the previous "substantial assurance" rating awarded to the Women & Children's Commissioning Team; and

	<ul style="list-style-type: none"> The WHSS Team had started preparation for the COVID-19 Inquiry and that Kevin Smith, former Committee Secretary, had agreed to return and undertake that piece of work. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the report.
JC21/044	<p>2.4 Commissioning Future New Services for Mid, South and West Wales</p> <p>The Commissioning Future New Services for Mid, South and West Wales was received and members were requested to consider requests received from the NHS Wales Collaborative (Collaborative) for WHSSC to commission:</p> <ul style="list-style-type: none"> Hepato-Pancreato-Biliary Services; The Hepato-Cellular Carcinoma (HCC) MDT and; to develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service; and to also consider a request from the CEOs of SBUHB and C&VUHB on behalf of the Collaborative to commission a spinal services operational delivery network (ODN) on behalf of the six HBs in Mid, South and West Wales. <p>SL advised that the JC were being asked to support that a request be submitted to the commissioning HB's seeking approval of delegated commissioning authority to WHSSC.</p> <p>Members noted that the Committee Secretary at WHSSC had liaised with the Board Secretaries at Cardiff and Vale UHB and at Swansea Bay UHB to confirm the most appropriate governance pathway. It was agreed that the decision needed to be formally taken through the Joint Committee to seek support for the change but that final approval was required from each of the commissioning HBs. WHSSC would submit a formal report to individual HBs for inclusion on their September Board agendas for a final decision to be made.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the requests received from the Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery; Support the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC; Support that WHSSC develop a service specification for specialised paediatric orthopaedic surgery;

	<ul style="list-style-type: none"> • Support in principle the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC; • Support a request to commissioning Health Boards (HBs) for approval of delegated commissioning authority to WHSSC as described above; • Note that the required deadline for completing the development of the Paediatric Orthopaedic Service Specification is December 2021; and • Approve that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards (HBs) in Mid, South and West Wales. With the required funding identified and invested in through the 2022/25 Integrated Commissioning Plan.
JC21/045	<p>2.5 WHSSC - Workforce Capacity</p> <p>The WHSSC workforce capacity report was received and members noted the requests and proposals received for WHSSC to undertake new work related to services currently commissioned through HBs or services which are new to Wales; the workload challenges related to services currently commissioned through WHSSC; the range of opportunities to address the workload challenges through further development of the WHSS Team (WHSST) workforce; and the request for support to take forward requests for additional investment.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • WHSSC had been formed in 2010 and that it had matured significantly since its original purpose of providing a light touch to commissioning specialised services, focusing on planning and contracting; • There had been significant internal model modernisation, but without any increase above inflation in direct running costs (DRC) from the HBs; • Requests for WHSSC to commission new services were being received against the background of increasing demand for the support for existing services and expectations around delivery of commissioned specialised services; • Benchmarking data provided in the report was favourable to an increase in DRC; • The WHSS Team was already working with Health Technology Wales (HTW) and funding was being sought from WG to fund Project manager posts, • WHSSC had investigated opportunities to spend to save, and were exploring ongoing efficiencies with internal staff and utilising internal slippage funds,

- It had been proposed that a cross charge against the running cost allocation for the expanded Quality Assurance Improvement Service (QAIS) Team and Care Home Team portfolios of the NCCU for increased finance support be requested,
- Despite exploitation of the opportunities described above there will remain a significant gap in the WHSSC workforce in delivering the planned commissioning activities, and that it was proposed that a 5.9% uplift to the WHSSC running cost budget be submitted within the 2022-2023 Integrated Commissioning Plan (ICP), which was equivalent to a 0.03% uplift against the total commissioning allocation.

The Joint Committee acknowledged the WHSSC workload pressures and agreed that, if new services were to be commissioned by WHSSC, it would also be appropriate to look at which services were no longer considered specialised, such as interventional cardiology and some elements of plastic surgery, which might be repatriated to HBs. SL advised that previously Management Group (MG) had not expressed an appetite for repatriating interventional cardiology.

KP advised that other areas were also under consideration including plastic surgery and JP requested that a proactive approach be made on plastic surgery. Sîan Harrop-Griffiths (SHG) informed Members that SBUHB had already started engaging with the WHSS Team on repatriating some plastic surgery services.

Members discussed the process for considering if services were specialised and agreed that conversations needed to take place at Management Group before being presented to Joint Committee for consideration.

ACTION: WHSST to proactively engage with MG regarding the services currently commissioned by WHSSC, which would merit being commissioned locally at HB level and to review the current WHSSC portfolio of specialised services to determine if any should be removed from the specialised services commissioning list and return to Health Boards to commission.

The Joint Committee resolved to:

- **Note** the requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales;
- **Note** the workload challenges related to services currently commissioned through WHSSC;
- **Note** the opportunities for increasing WHSST capacity which have already been exploited;

	<ul style="list-style-type: none"> • Support the request to Welsh Government (WG) for funding for additional project management support; • Support the request to recharge the National Collaborative Commissioning Unit (NCCU) for increased finance support; • Support the inclusion of an increased DRC requirement in the 2022-2023 Integrated Commissioning Plan (ICP).
JC21/046	<p>2.6 Recovery Planning – Quality and Outcome Improvement for Patients</p> <p>The presentation on Recovery Planning – Quality and Outcome Improvement for Patients was received and Karen Preece (KP) advised that WHSSC had received recovery plans from Cardiff and Vale, Swansea Bay and Betsi Cadwaladr UHBs and they were being discussed through individual Service Level Agreement (SLA) meetings.</p> <p>Members noted the areas of risk and that consideration was being given to identifying alternative providers for particularly challenging areas, although it would be preferable to use current providers. KP advised that there was a need to revisit the discussions from the Joint Committee’s equity workshop in May 2021, and that there was a requirement to undertake a gap analysis to determine residual waiting list positions. WHSSC will continue to monitor progress and performance and report to MG monthly and to JC bi-monthly.</p> <p>Stuart Walker (SW) requested that the slides were shared as they would be useful to reflect the WHSSC perspective back to teams and aid discussions. SW said that it is important that recovery discussions are being held in a cooperative and consensual manner between HBs and WHSSC. KP advised that the usual route was via the Service Level Agreement (SLA) meetings but that a discussion between WHSSC and its main providers would be helpful to see how there could be collective support and to find NHS Wales solutions. It was agreed that a tripartite executive team meeting would be organised.</p> <p>SD advised that WHSST needed further detail on how the allocation that HBs had received from Welsh Government was being utilised within specialist service provision</p> <p>Linda Prosser (LP) raised questions concerning (i) the number of people potentially affected by recovery plan issues by HB and (ii) what support was being provided to patients on waiting lists, and made a strategic observation as to the standalone status of many of the NHS England facilities already in recovery. In response KP advised that activity reports were being presented to Management Group and Joint Committee on a regular basis and that WHSST could only take assurance from the HBs during SLA meetings that</p>

patients on the waiting lists were being dealt with appropriately including the use of harm reviews by providers. She also confirmed that the risks were captured on the WHSSC commissioning risk register. SD noted the WHSS Team could provide the HB with a detailed snapshot of current waiting list positions and composition by HB but that it would not be possible to project that information forward and match it to HB recovery plans as the plans received so far were not sufficiently detailed.

KP agreed to bring a report to a future JC meeting.

ACTION: It was agreed that a written report as to the assurances being provided by HBs to WHSSC in terms of waiting list patients would be provided to a future Joint Committee meeting.

SHG provided members with an assurance that it was SBUHB's expectation that they would deliver and recover as much as possible in 2021-22 and that Mark Hackett, CEO had given an absolute commitment that it would be a priority for SBUHB to deliver contracted LTA levels as a provider from 2022-23 onwards.

Carol Shillabeer (CS) noted, and other members agreed, that it was important to maintain flexibility in pathways and that serious consideration should be given to the key issue of switching patients to alternative providers who can provide swifter access to treatment, including those in NHS England, if that would ensure more timely access to services for the patient.

Members discussed the UK Government announcement concerning an additional £5.4 billion of funding over the next 6 months to support the NHS COVID-19 response and help tackle waiting lists, noted that discussions were being held within WG on HB spending of phase 1 and 2 monies and noted that there was a need to act swiftly to consider the optimum level of outsourcing that could be provided to support HB recovery plans.

JP advised that the burden of care for waiting list patients could often fall on family members and other carers for a long period of time and that support for carers was an issue ABUHB were considering at a local level; and that the amalgamation of recovery plans with both tertiary and secondary care providers and the subsequent impact on how patients move through the pathway was an important consideration and should be discussed at Management Group.

ACTION: Members agreed the amalgamation of recovery plans with both tertiary and secondary providers that impact how patients move through the pathway would be added to a future MG agenda.

	<p>Ian Phillips (IP) highlighted the longer term areas of significant risk and harm and queried the distinction between COVID-19 issues and pre-existing capacity issues and how they affected recovery rates. KP responded by saying that pre the COVID-19 pandemic, benchmarks and baselines were in place that helped to flag risk areas and underlying capacity gaps in some services. The current challenge related to the backlogs and how long they would potentially take to clear.</p> <p>The Chair invited observer Simon Dean (SD) to address the meeting. SD noted Members' concerns regarding timely and equitable access to services and asked WHSST and HB representatives to provide him with early notification of any concerns to enable WG to consider and address them.</p> <p>Members agreed that if a decision was taken to use alternative providers it would be important to include the current provider in discussions and approach the whole pathway in a cooperative and collaborative way.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JC21/047	<p>2.7 Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022</p> <p>The report informing the Joint Committee of the major trauma priorities for in year use of underspend and the resource plan for 2022 was received and members noted the current activity and performance of the Major Trauma Network, the current risks identified in the Network, the resources within the Network and how these were currently being utilised, and which sought support for underspends identified across the Network within this financial year to be used on a non-recurrent basis to address priorities identified by the Network which would be included in the Integrated Commissioning Plan (ICP).</p> <p>Members discussed:</p> <ul style="list-style-type: none"> • utilising the non-recurrent underspend across the network for priorities rather than solely in the major trauma centre, • the issues in the report and requested that the proposal regarding the non-recurrent underspends, identified across the Network within this year be considered by MG and that they should have delegated authority on the matter, • accepted the principle that if the MG agreed to use the underspend within major trauma that this resource would be used across the Network; • which areas they wished to support for inclusion in the ICP and requested that further work be undertaken by MG

	<p>regarding the relative priority of the proposals compared to other proposals in the plan and that their recommendations are included within the ICP for consideration by the Joint Committee</p> <p>A number of members of the committee emphasised the importance of ensuring that decision related to the funding of the Major Trauma Service be considered alongside other service priorities.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Discuss the issues in the report; • Discuss and the areas being considered for inclusion in the Integrated Commissioning Plan (ICP) for 2022; • Agree that the proposal regarding the non-recurrent underspends, identified across the Network within this year be considered by MG and that in principle this resource could be used across the Network, and • Agree that a report on the Major Trauma Service proposals submitted for inclusion in the ICP should be presented to MG and that the relative priority of the proposals compared to other proposals in the plan should be considered. The recommendations arising from the consideration should be included within the ICP for consideration by the Joint Committee.
JC21/048	<p>2.8 Review of Neonatal Cot Capacity and Neonatal Tariff</p> <p>The review of the neonatal cot capacity and neonatal tariff report was received and members noted the update on the number of neonatal intensive care and high dependency cots commissioned across the south Wales region, and the review of cot capacity in light of the high number of capacity transfers carried out by the transport and the neonatal tariff.</p> <p>KP advised that the issues had been discussed with the Maternity and Neonatal Board and that they had been requesting that a review be undertaken for some time, and welcomed the review.</p> <p>CS advised that she supported the review and that was important to gain an understanding on the current position.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Support the proposed programme of works; • Support the objectives of the review; • Support the planned methodology for demand and capacity modelling; and • Support the timelines for completion of review.

JC21/049	<p>2.9 Commissioning of Inherited White Matter Disorders Service (IWMDS)</p> <p>The Commissioning of Inherited White Matter Disorders Service (IWMDS) report was received and members noted the development of a new Highly Specialised Service in NHS England for an Inherited White Matter Disorders Service (IWMDS), and which sought approval from the Joint Committee that WHSSC commissions the service for the population of Wales.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • Inherited White Matter Disorders (IWMD's), are a group of rare genetic disorders which delay or slow motor development NHS England have confirmed their intent to commission a specialised diagnostic and management service for inherited white matter disorders, for both children and adults. Based on the available evidence, and the emerging 4 nation's position on this, it is proposed that Wales also formalises its commissioning intent for this patient cohort, • it was recommended that WHSSC formally commission this small highly specialised service allowing easier access for the population of Wales. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the development of a new highly specialised service for an Inherited White Matter Disorders Service (IWMDS) in NHS England; and • Approve the commissioning of the service for the population of Wales.
JC21/050	<p>2.10 Syndrome without a Name (SWAN) Service Pilot</p> <p>The Syndrome Without a Name (SWAN) report was received and members noted the request to ratify the commissioning of a 2 year pilot of a Syndrome Without a Name (SWAN) service further to WHSSC receiving a request from WG.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • WG had agreed to a Rare Diseases Implementation Group (RDIG) proposal to establish a Syndrome Without a Name (SWAN) service, • Funding is to be provided for a 2 year pilot and commissioned by WHSSC, the outcomes of which will inform a longer term commissioning proposal to be considered via WHSSC Integrated Commissioning Planning processes, • The main aim of the SWAN service will be to reduce the burden of the "diagnostic odyssey" experienced by patients, which is a key action identified by the RDIG, • The project will include the establishment of a Task and Finish Group to develop the outcome measures and pilot

	<p>evaluation criteria. An evaluation of the pilot will take place 18 months after commencement,</p> <ul style="list-style-type: none"> • In order to use the evaluation of the pilot to inform the ICP for 2024/25, the pilot will need to commence in January 2022 and the review will take place in June 2023, • As a significant proportion of the anticipated cohort will be paediatric patients, the intention is to request that Cardiff and Vale University Health Board (CVUHB), host the pilot as provider of tertiary paediatric services. <p>SD advised that the funding had agreed by WG and that the only resource implication for consideration was if there was a need to go beyond the initial 2 year funding phase.</p> <p>LP queried if the evaluation would include an ability to evaluate what resource was currently being deployed and how streamlining could help more effective use of resource. KP responded that this would be considered as part of the evaluation process.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the request from Welsh Government (WG) for WHSSC to commission a 2 year pilot for a Syndrome Without a Name (SWAN) service; • Ratify the commissioning of the pilot; and • Approve the intention to request that CVUHB hosts the pilot.
JC21/051	<p>2.11 Commissioning Assurance Framework (CAF)</p> <p>The Commission Assurance Framework (CAF) and the suite of accompanying appendices were received for final approval.</p> <p>Carole Bell (CB) provided an update and members noted that:</p> <ul style="list-style-type: none"> • the Integrated Commissioning Plan (ICP) 2021-2022 was presented to the Joint Committee on 09 March 2021, • a final draft of the ICP was considered and approved by Joint Committee at the Extraordinary Meeting on 16 February 2021, and that Section 13 of the ICP outlined that a new Commissioning Assurance Framework (CAF) would be introduced in 2021-2022 which would be supported by a Performance Assurance Framework, Risk Management Strategy, Escalation Process and a Patient Engagement & Experience Framework. <p>CS queried if the Management Group were being utilised to support the development of new activities, in addition to the WHSSC Quality & Patient Safety Committee, and CB responded that the CAF and supporting documents had been developed through a series of workshops and that MG members were in attendance at those workshops to ensure an evidence led approach.</p>

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the Commissioning Assurance Framework (CAF); • Approve the Performance Assurance Framework; • Approve the WHSSC Escalation Process; • Approve the Patient Experience & Engagement Framework; and • Note the Risk Management Strategy which was approved by the Joint Committee in May 2021.
JC21/052	<p>2.12 Results of Annual Committee Self-Assessment 2020-2021</p> <p>The results of the Annual Committee Self-Assessment were received and members noted that:</p> <ul style="list-style-type: none"> • To ensure effective governance the Joint Committee are required to undertake an annual committee self-assessment exercise in accordance with the provisions of the Standing Orders, • The progress made against the action plan from the 2019-20 exercise had been positive and all of the actions had been completed, • For the 2020-2021 assessment, unfortunately due to COVID-19 the workshop approach adopted in 2020 could not be repeated, so the request for feedback was circulated to members via email in June 2021, • The survey achieved a 29% response rate, equating to 19 responses, the majority of which were positive • The Integrated Governance Committee considered the feedback in August and noted the low response rate and suggested that this could be attributed to operational pressures impacting on the ability to run actual workshops, and the impact on the time commitments of individual members arising from the pandemic, • Going forward the comments and themes from the self-assessment will be incorporated into an action plan and progress will be monitored through the IGC, • The Welsh Renal Clinical Network (WRCN) didn't participate in the exercise as they were participating in a "healthy boards" workshop programme facilitated by Academi Wales. <p>JE advised that the IGC had considered the results of the self-assessment and sources of evidence from the broader assurance framework and were assured that WHSSC have a number of tools in place which already provide assurance on committee effectiveness, and felt that the overall findings of the self-assessment provided an assurance that the governance arrangements and Committee structure in place were effective, and that the Committees were effectively supporting the Joint Committee in fulfilling its role.</p>

	<p>Members noted that the next self-assessment will be undertaken in April 2022 to coincide with the end of financial year reporting requirements of the Annual Governance Statement (AGS).</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the completed actions within the Committee Effectiveness Action plan 2019- 2020; • Note the results of the Annual Committee Effectiveness Survey 2020-2021, and the action plan for 2020-2021, to be progressed via the Integrated Governance Committee; and • Receive assurance that the Annual Committee Effectiveness Self-assessment for 2020-21 has been completed and that the appropriate actions have been agreed.
JC21/053	<p>2.13 Sub-Committee Annual Reports 2020-21</p> <p>The Sub-Committee annual reports for the Welsh Renal Clinical Network (WRCN) 2020-2021 and Individual Patient Funding Request (IPFR) Panel 2020-2021 were received.</p> <p>SL noted that the IPFR Panel report identified issues related to quoracy of the panel and the need to review the terms of reference.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the Sub-Committee Annual Reports 2020-21.
JC21/054	<p>3.1 COVID-19 Period Activity Report Month 3 2021-22</p> <p>The COVID-19 period activity report for month 3 was received.</p> <p>Members noted 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. The 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 important to get strong and agreed profiles from Welsh providers in particular to recover the waiting list position.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the information presented within the report.



JC21/055	<p>3.2 Financial Performance Report Month 4 2021-22 The Financial Performance for Month 4 2021-2022 was received.</p> <p>Members noted that the financial position reported at Month 4 for WHSSC was a year-end outturn forecast under spend of £4,804k. The under spend predominantly relates to the English SLAs block framework and releasable reserves from 2020/21 provisions. There is a partial cost pressure offset with the over spend in IPFR and Mental Health due to high Children and Adolescent Services (CAMHS) out of area (OAA) activity and complex LD patient placements.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the current financial position and forecast year-end position.
JC21/056	<p>3.3 Corporate Governance Matters The Corporate Governance matters report was received and members noted the corporate governance matters arising since the previous meeting.</p> <p>Members noted that this was a new report which would feature as a standing item on the agenda going forward to provide assurance to the Joint Committee on corporate governance matters.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none">• Note the report.
JC21/057	<p>5.3 Reports from the Joint Sub-Committees The Joint Sub-Committee reports were received as follows:</p> <p>i. Audit and Risk Committee Assurance Report The Joint Committee noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on the 17 August 2021.</p> <p>ii. Management Group The Joint Committee noted the core briefing documents from the meetings held on the 15 July 2021 and the 19 August 2021.</p> <p>iii. Quality & Patient Safety Committee The Joint Committee noted the Chairs report from the meeting held on the 10 August 2021. Members noted the services at level 4 of the WHSSC escalation/de-escalation process.</p> <p>iv. Integrated Governance Committee The Joint Committee noted the Chairs report from the meeting held on the 10 August 2021.</p>

	<p>v. Individual Patient Funding Request Panel (IPFR) The Joint Committee noted the Chairs report from the meetings held in August 2021.</p> <p>vi. Welsh Renal Clinical Network (WRCN) The Joint Committee noted the Chairs report from the meeting held on the 4 August 2021.</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.
JC21/058	<p>4.1 Any Other Business</p> <ul style="list-style-type: none"> • Risk Management Workshop - JE advised that a risk management workshop has been arranged with the Corporate Directors Group on the 16 September 2021 in order to review the existing risks and horizon scan for potential new risks, members noted that the updated Corporate risk assurance framework (CRAF) will be presented to the IGC in October and to the Joint Committee in November 2021.
JC21/059	<p>4.2 Date and Time of Next Scheduled Meeting The Joint Committee noted that the next scheduled meeting would take place on 9 November 2021 via MS Teams.</p> <p>There being no other business other than the above the meeting was closed.</p>
JC21/060	<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>

Chair’s Signature:

Date: