

**Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 17 January 2023
via MS Teams**

Members Present:

Kate Eden	(KE)	Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing & Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Jacqui Evans	(JE)	Committee Secretary & Associate Director of Corporate Services, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Steve Ham	(SH)	Chief Executive Officer, Velindre University NHS Trust
Gill Harris	(GH)	Acting Chief Executive Officer, Betsi Cadwaladr UHB
Nicola Johnson	(NJ)	Director of Planning, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Chantal Patel	(ChP)	Independent Member, WHSSC
Ceri Phillips	(CP)	Independent Member, WHSSC
Ian Phillips	(IP)	Chair of the Welsh Kidney Network (WKN) Member,
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff & Vale UHB
David Roberts	(DR)	Director for Mental Health and Vulnerable Groups
Carol Shillabeer	(CS)	Chief Executive Officer, Powys Teaching HB
Steve Spill	(SS)	Independent Member – Audit & Finance, WHSSC

Apologies:

Jason Killens	(JK)	Chief Executive Officer, Welsh Ambulance Service Trust
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB

In Attendance:

Luke Archard	(LA)	Senior Planning Manager, WHSSC
Elizabeth Beadle (for Paul Mears)	(EB)	Head of Planning, Cwm Taf Morgannwg UHB
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
James Leaves	(JL)	Assistant Director of Finance, WHSSC
Sarah McAllister	(SM)	PET Programme Manager, WHSSC
Helen Tyler	(HE)	Corporate Governance Manager, WHSSC
Karla Williams	(KW)	Risk and Governance Officer, WHSSC

Nick Wood

(NW) Deputy Chief Executive Officer, Welsh Government

Observing

Charlotte Adams

Member of the Public

Minutes:

Gemma Trigg

(GT) Corporate Governance Officer, WHSSC

The meeting opened at 09:30hrs

Min ref	Agenda Item
JC23/08	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed members to the meeting in Welsh and English and reminded them that meetings will continue to be held virtually via MS Teams.</p> <p>There were no objections raised to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved.</p>
JC23/09	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC23/10	<p>1.3 Declarations of Interest</p> <p>The Joint Committee noted the standing declarations and that there were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JC23/11	<p>1.4 Minutes of the meeting held on 8 November 2022 and Matters Arising</p> <p>The minutes of the Joint Committee meeting held on 8 November 2022 were received and approved as a true and accurate record discussions subject to one correction on page 17 to change the initials from IW to IP.</p> <p>There were no matters arising.</p>
JC23/11	<p>1.5 Action Log</p> <p>The action log was received, and members noted the progress on the actions and actions closed.</p>
JC23/12	<p>2.1 Integrated Commissioning Plan (ICP) 2023-2024</p> <p>The report presenting the final Integrated Commissioning Plan (ICP) 2023-24 for approval was received.</p>

Nicola Johnson (NJ) presented the report, supported by a slide presentation. Members noted that the ICP had been updated following the Joint Committee ICP workshop on 10 January 2023, during which a range of scenarios were considered to address the increasing financial challenges within NHS Wales. Members noted that there was a need for the Joint Committee to make over choices on investment and that development of the plan must maximise value from core resources, whilst giving due consideration to quality of care and equity.

Stuart Davies (SD) outlined the ongoing under occupancy levels across Children and Adolescent Mental Health Services (CAMHS), Eating Disorders and Medium Secure Mental Health Services which was causing an increase in the number of patients placed out of area at a very high cost and that there was a plan to reduce this by improving performance in these services.

James Leaves (JL) highlighted the financial adjustments made since the ICP workshop and the rationale, which had enabled the reductions. Members noted the offset created by Transcatheter aortic valve replacement (TAVI) and the non-recurrent underperformance assumptions outlined within the financial table and the risks associated with each scenario.

Carol Shillabeer (CS) thanked the team for the hard work that had gone into compiling and amending the report in such a short timeframe and advised that she was keen to see progress and delivery on the areas outlined. CS requested that progress updates be given under the financial report as a standing item going forward so the progress could be reviewed and deliverability could be assessed and monitored.

CS advised that PTHB was largely supportive of the Clinical Impact Assessment Group (CIAG) scheme proposal, and requested that the Management Group assess the deliverability of the scheme in light of workforce challenges, cost profile and implications based on the risks outlined as there was a need to ensure flexibility for decisions in year.

CS queried the governance process for the sequencing of the ICP and advised that PTHB were not in a position to sign off the final plan on behalf of the Board at this time. SL responded and advised that the custom and practice adopted was in accordance with the WHSSC Standing Orders (SOs) and the WG NHS Planning framework and that the ICP was approved by the Joint Committee at an early stage to support HBs in finalising their respective IMTPs.

Suzanne Rankin (SR) thanked the WHSSC team for undertaking the additional work.

Mark Hackett (MH) outlined a number of concerns around reducing or disinvesting in Thoracic Services and different levels of Capital Improvement Plan (CIP) cost assumptions across HBs and asked the Joint Committee to consider that element. SD provided further rationale around the underspend and the financial planning assumptions based on lessons learned from this financial year and confirmed that Thoracic Services would not be reduced below their current level.

Nicola Prygodzicz (NP) asked if disinvestment in services, for example Paediatrics, was possible if providers had a plan in place to combat the consistent under performance. SD responded and emphasised that the underperformance disinvestment assumption was not on a recurrent basis but provided a realistic recovery position that reflected the current situation and allowed providers more time to recover.

Members discussed the need to make efficiencies on the financial elements of the plan given the constrained economic environment, recovery challenges and the volatile inflationary pressures currently faced by HBs.

Sian Lewis (SL) summarised discussions noting the significant concerns raised around the risks and suggested approving the plan in principle today and considering another meeting in early February to approve a recast plan prior to submission to WG with the caveats that ongoing work was required to track the progress and efficiency outcomes.

Members agreed to support the plan in principle and requested that additional work was required to focus on risks, efficiencies, monitoring and reporting, and agreed to it being brought back to an extraordinary Joint Committee meeting in February 2023, in order to approve the ICP in readiness for inclusion in Health Board (HB) IMTPs.

The Joint Committee resolved to:

- **Note** that the Plan has been finalised following the Joint Committee Workshop held on 10 January 2023,
- **Agree** to support the plan in principle but requested additional work be undertaken to focus on risks, efficiencies, monitoring and reporting before they could provide final approval,
- **Agree** to convene an extraordinary Joint Committee meeting in February 2023 to:
 - **Approve** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs); and
 - **Approve** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government.

JC23/13	<p>3.1 Chair's Report</p> <p>The Chair's report was received and members noted:</p> <ul style="list-style-type: none"> • Key meetings attended. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/14	<p>3.2 Managing Director's Report</p> <p>The Managing Director's Report was received and members noted the following updates on:</p> <ul style="list-style-type: none"> • National Skin Camouflage Pilot Service - WHSSC had received a formal request from Welsh Government (WG) following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service, • Individual Patient Funding Request (IPFR) Engagement Update - The formal engagement process to review the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy, commenced on 10 November 2022 for a 6 week period following the Joint Committee supporting the proposed engagement process at its meeting on the 8 November 2022. The feedback was being reviewed and an update will be provided to the Joint Committee in March 2023; and • Board Development - Compassionate and Collective Leadership in Health and Social Care - On 29 November 2022, the Corporate Directors Group Board (CDGB) received a briefing from Professor Michael West CBE on Compassionate and Collective Leadership in Health and Social Care as part of his mandate to visit all NHS bodies, which was being led by Health Education & Improvement Wales (HEIW). Professor West will facilitate a session with the Joint Committee in 2023 to support discussions on working in partnership, developing cross-boundary team-based working and system leadership. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/15	<p>3.3 Plastic Surgery: realignment of future commissioning responsibilities between WHSSC and Health Boards</p> <p>The report outlining the outcome of the plastic surgery commissioning workshop held with the Management Group in September 2022 and to request support for WHSSC to establish a project to realign commissioning responsibilities for plastic surgery between WHSSC and HBs was received.</p> <p>NJ presented the report and members noted that the specialised element of plastic surgery equated to around 10% of the service. It was proposed</p>

that WHSSC would continue to commission the specialised element but that non-specialised plastic surgery would be returned to the HBs for commissioning. NJ assured Members that any risks related to the transfer would be mitigated by the two-year hand over project.

MH advised that he supported the transition timeline but raised concerns around the Long Term Agreement (LTA) framework and asked if the LTA process could be reformed as part of the work. MH asked if the commissioners would commit to support HBs in any cases of stranded costs. NJ advised that she expected SBUHB would put those issues forward and assured Members that a contingency plan would be embedded to ensure the right level of support was given to HBs.

MH advised that it was important to recognise that the service was internationally recognised, and that the burns service was provided for the whole superregional national service and that the issues were interrelated.

Members recognised the excellence within the service as it was currently and SL reminded members of the reasons for the proposed changes and the intention to improve the services further without losing the expertise available at present.

Members discussed the need for a comprehensive review of LTA services which needs to be worked through on a pan Wales basis before any services were disaggregated.

NJ advised that option 2 was the preferred option and acknowledged that some elements of the LTAs were outside the scope of WHSSC's responsibilities and that more work was needed around the wider contracting of services for the HBs to work through.

SD advised that WHSSC were happy to review the contracting mechanisms and contracts for plastic surgery, as referred to in the ICP to ensure the balance was right.

NP advised that if the Management Group had supported and agreed this, there was a need to support the work and disentangle the data and in particular SBUHB and HDUHB non-specialised work.

The Chair thanked everyone for their contributions to the discussion and advised that WHSSC would ensure a focus on any potential unintended consequence of this work.

The Joint Committee resolved to:

- **Note** the report,

	<ul style="list-style-type: none"> • Note the outcome of the Management Group plastic surgery workshop held in September 2022, • Consider and approve the proposed realignment of commissioning arrangements for plastic surgery so that non-specialised surgery will be commissioned by Health Boards (HBs) and specialised surgery will be commissioned by WHSSC; • Support a project led by WHSSC to undertake the work to transfer commissioning responsibility for non-specialised plastic surgery to Health Boards (HBs) and retain specialised surgery as commissioned by WHSSC and as part of that project the contractual arrangements will be reviewed.
JC23/16	<p>3.4 WHSSC Cardiac Review</p> <p>The report addressing a number of recent events and trends that had impacted the WHSSC commissioned cardiac surgery and TAVI services, and which sought to identify how they might be coherently and collectively addressed was received.</p> <p>NJ highlighted the key detail within the report and members noted that the analysis identified the following drivers:</p> <ul style="list-style-type: none"> • The 2021 GIRFT review of cardiac surgery, • Changes to the volume of TAVI and cardiac surgery, together with cardiac surgery performance and escalation issues; and • The clinical rationale for the selection of TAVI valves, in view of their differential costs. <p>Members noted that the TAVI activity had been updated in the latest version of the report for the Powys population reflecting that for the 100,000 per population Powys had the highest and not the lowest rates as had been previously shown.</p> <p>Suzanne Rankin (SR) thanked the team for the work that had gone into the report and requested clarity concerning the timetabling for rebasing and the TAVI Policy. NJ advised that the rebasing element would look at the historical activity and benchmarking against other areas and the Commissioning Policy would look at the evidence base for TAVI so it would be possible to proceed in parallel as suggested in the report.</p> <p>SD added that due to the changes which were already apparent and that were set to continue throughout the year there would be a clear understanding of the trends, which was likely to be increased TAVI and reduced cardiac surgery activity.</p> <p>CS asked whether this might be a good opportunity to review the benefits and outcomes of these procedures. SL agreed and advised that it was one of the areas that was being piloted using the SAIL Database and</p>

	<p>further work would be done around population impact on this cohort for both TAVI and cardiac surgery.</p> <p>MH requested more detail around the pathway as a whole including diagnostics and non-specialised services that fell within that. NJ provided assurance that those discussions were taking place and that all constraints and steps within each area were being looked at to ensure that any changes aligned with capacity and demand.</p> <p>The Chair thanked the group for their contributions and summarised the outcome of discussions below with a note around the benefits work and the SAIL Database, and consideration of the pathway issues highlighted, which may become apparent as the work was undertaken.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Note the impact of the recent events and trends as drivers change in the commissioning of cardiac surgery and TAVI services, • Note the important link between the cardiac review and the Integrated Commissioning Plan (ICP) in that the work will conclude what level of cardiac surgery is required and inform the scale of any resultant de-commissioning, • Approve the development of new contract baselines for cardiac surgery and TAVI, (Stage 1), to be completed by June 2023, • Approve the proposal that the current TAVI commissioning policy be reviewed (Stage 1), to be completed by June 2023; and • Approve the recommendation that further demand and capacity planning be undertaken, concluding with an options appraisal to identify the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity (Stage 2), to be undertaken during 2023-24 and 2024-25.
<p>JC23/17</p>	<p>3.5 Governance Review of Welsh Kidney Network (WKN)</p> <p>The report which outlined the recommendations from the recent independent Governance Review for the Welsh Kidney Network (WKN) and which provided an assurance that the recommendations were being enacted through an action plan that had been developed, agreed and monitored through the WKN Board was received.</p> <p>Karen Preece (KP) outlined the recommendations documented within the report and provided assurance that the recommendations were being enacted via the action plan that had been developed, agreed and monitored through the WKN Board.</p> <p>Members noted:</p>

- the Network had not been reviewed since 2011 and any governance concerns as a result of this review would be raised and addressed,
- Steve Combe had been appointed as the independent governance advisor and the review had looked at the Network’s functions and any strengths and weaknesses in governance areas so that they could be improved where needed,
- The importance of working closely as a Network with other Networks and WG to ensure alignment in accordance with some further recommendations which would be made in the future on the future of the WKN and that an options report would be brought back to the Joint Committee in May 2023.

CS thanked the team for their work and advised that she recalled the network being established and highlighted the importance of keeping this area tied into the Joint Committee to align process for the WKN and Joint Committee’s governance procedure.

Ian Phillips (IP) provided assurance that there was a planned approach to proceeding to address the recommendations and that positive progress had been made.

The Chair advised that it was timely for the review to be undertaken now and that an update on progress and an options appraisal for the future of the network would be brought back in May 2023.

The Joint Committee resolved to:

- **Note** the report; and
- **Receive assurance** that there are robust processes in place to ensure delivery of the recommendations detailed within the recent Governance Review of the Welsh Kidney Network (WKN).

JC23/18

3.6 South Wales Trauma Network Delivery Assurance Group (DAG) Report Quarter 2 2022-2023

The report providing a summary of the Quarter 2 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN) was **received**.

NJ presented the report and opened the floor to comments and questions.

NP asked for clarity around the figures in the financial table, as they did not appear to tally. NJ assured Members that although the financial figures were correct the balance in the column was not. However, there was no further slippage expected for this year.

	<p>NP asked if the variation in patients and the areas they had come from could be added to the detail to reflect the disparity between areas and demand. KP confirmed that a review had been undertaken through the DAG and the outcomes showed that the patients presenting at the Major Trauma Centre (MTC) were appropriate patients. NJ informed the group that further analysis on place of residence rather than provider hospitals was underway and will be reflected within the report once complete.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) Report for Quarter 2 2022-2023.
JC23/19	<p>3.7 Corporate Risk Assurance Framework (CRAF)</p> <p>The report presenting the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers, which provided an update on the progress made to develop the CRAF following the risk management workshop held in September 2022 and which presented a revised risk appetite statement for approval was received.</p> <p>Jacqui Evans (JE) presented the report and members noted the key changes within the CRAF and the number of risks attributed to commissioning and organisational risks as at 31 December 2022 and provided assurance that the management of risks aligned with the processes adopted and agreed.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; • Approve the updated Corporate Risk Assurance Framework (CRAF) and note the changes to the risks outlined in the report as at 31 December 2022, • Note that a risk workshop was held in September 2022 to review the CRAF and WHSSC's risk appetite; and • Approve the updated risk appetite statement.
JC23/20	<p>3.8 All Wales Positron Emission Tomography (PET) Programme Board Update</p> <p>The report providing an update on the All Wales Positron Emission Tomography (PET) Programme, including an assessment of clinical demand and growth for PET scanning in Wales and requests support for the recommendation to WG that a fourth scanner will be needed to meet predicted scanning demand was received.</p> <p>SL outlined the key elements of the report on the All Wales Positron Emission Tomography (PET) Programme, including an assessment of clinical demand and growth for PET scanning in Wales and requested</p>

	<p>support for the recommendation to WG that a fourth scanner will be needed to meet predicted future scanning demand.</p> <p>Members noted that WHSSC would not usually undertake capital investment programmes, however, WG had asked WHSSC to provide the Programme Management for the implementation of the programme and as extension of the work that was carried out to develop the Business Case. It had been identified that the predicted 20% annual growth would mean an additional fixed site scanner (a fourth) would be needed in 2026.</p> <p>CS advised that she recognised that a lot of work had gone into the project and queried the improvements for the Powys population given the change of location of the scanner in north Wales, and requested that arrangements be made to mitigate the risks in terms of access. SL responded and advised that the location of the north Wales scanner was part of a wider programme of centralisation of radio-isotope services being taken forward by BCUHB. WHSSC were working closely with BCUHB on this and equity of access was a key element in this service change. The overall approach was supported by the CEO of Velindre University NHS Trust.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Consider and approve a recommendation to Welsh Government (WG) (Programme Sponsor) for a fourth fixed PET scanning site within Wales, based upon up-to-date assessment of clinical demand, which confirms growth is in line with that described in the original Programme Business Case (PBC); and • Receive assurance that there are robust processes in place to ensure delivery of the All Wales Positron Emission Tomography (PET) Programme.
JC23/21	<p>4.1 COVID-19 Period Activity Report Month 7 2022-2023</p> <p>The report highlighting 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 was received.</p> <p>Members noted that the activity decreases were shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/22	<p>4.2 Financial Performance Report Month 8 2022-2023</p>

	<p>The financial performance report setting out the financial position for WHSSC for month 8 2022-2023 was received.</p> <p>Members noted that the financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.</p> <p>The financial position reported at Month 8 for WHSSC was a year-end outturn forecast under spend of £14,195k.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position.
JC23/23	<p>4.3 Corporate Governance Matters Report</p> <p>The report providing an update on corporate governance matters that had arisen since the previous meeting was received.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/24	<p>4.4 Reports from the Joint Sub-Committees</p> <p>The Joint Committee Sub-Committee reports were received as follows:</p> <p>i. Audit and Risk Committee (ARC) Assurance Report</p> <p>The JC noted the assurance report from the CTMUHB Audit and Risk Committee meetings held on 24 October 2022 and 12 December 2022.</p> <p>ii. Management Group Briefing</p> <p>The JC noted the core briefing documents from the meetings held on 24 November 2022, and 15 December 2022.</p> <p>iii. Individual Patient Funding Request (IPFR) Panel</p> <p>The JC noted the Chair's report from the meeting held on 1 December 2022.</p> <p>iv. Welsh Kidney Network (WKN)</p> <p>The JC noted the Chair's report from the meeting held on 23 November 2022.</p>
JC23/25	<p>5.1 Any Other Business</p> <p>No additional items of business were raised.</p>
JC23/26	<p>5.2 Date of Next Meeting</p> <p>The Joint Committee noted that the next scheduled meeting would be on 14 March 2023.</p> <p>There being no other business other than the above the meeting was closed.</p>

JC23/27	5.3 In Committee Resolution The Joint Committee is recommended to make the following resolution: “That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)”.
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Chair’s Signature:

Date:.....

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