Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Confirmed Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 12 July 2022 via MS Teams

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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 (part)
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Karen Preece	(KP)	Director of Planning, WHSSC
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff & Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

Deputies:

Sian Harrop-Griffiths (for Mark Hackett)	(SH-G)	Director of Strategy, Swansea Bay UHB
Rob Holcombe (for Glyn Jones)	(CH)	Interim Director of Finance, Aneurin Bevan UHB
Linda Prosser (for Paul Mears)	(LP)	Executive Director of Strategy and Transformation, Cwm Taf Morgannwg UHB

Apologies:

Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Steve Ham	(SH)	Chief Executive Officer, Velindre
Glyn Jones	(GJ)	Interim Chief Executive Officer, Aneurin Bevan UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB

In Attendance:

James Barry	(JB)	Clinical Director for Cardiology, Swansea Bay UHB
Scott Caplin	(SC)	Consultant General Surgery, Swansea Bay UHB
Hannah Evans	(HE)	Programs Delivery Director, Cardiff & Vale UHB
Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Maxine Evans	(ME)	Project Manager, WHSSC
Deb Lewis	(DL)	Deputy Chief Operating Officer, Swansea Bay UHB
Ian Phillips	(IP)	Chair, Welsh Renal Clinical Network (WRCN), Powys THB
Chris Stockport	(CSt)	Executive Director Transformation, Strategic Planning and Commissioning, Betsi Cadwaladr UHB

Minutes:

Charles Brain	(CNB)	Interim Corporate Services Manager, WHSSC

The meeting opened at 13:30hrs

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Min Ref	Agenda Item
JC22/076	**1.1 Welcome and Introductions** The Chair welcomed members to the meeting in Welsh and English and reminded everyone that meetings will continue to be held virtually via MS Teams. No objections were raised to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved. The Chair reminded members that the purpose of the Joint Committee (JC) was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively on the basis of a shared national approach, where each member worked in the wider interest. The Chair welcomed the following who were in attendance to deliver presentations on Recovery Trajectories across NHS Wales: • Scott Stockport from BCUHB, • James Barry, Scott Caplin and Deb Lewis from SBUHB; and • Hannah Evans from CVUHB.
JC22/077	**1.2 Apologies for Absence** Apologies for absence were noted as above.
JC22/078	**1.3 Declarations of Interest** The JC noted the standing declarations and that there were no additional declarations of interest relating to the items for discussion on the agenda.
JC22/079	**1.4 Minutes of the meeting held on 10 May 2022 and Matters Arising** The minutes of the JC meeting held on 10 May 2022 were received and approved as a true and accurate record of the meeting. There were no matters arising.
JC22/080	**1.5 Action Log** The action log was received and members **noted** the progress on the actions including: • **JC22/004 – 3.5 Major Trauma Update** – Dindi Gill from Major Trauma Network to provide an update at the JC meeting on 6 September 2022.

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	All other actions were confirmed as completed and were closed.
JC22/081	**2.1 Recovery Trajectories across NHS Wales - Workshop** The presentations on the recovery trajectories across Wales from the NHS Wales Delivery Unit (DU), Betsi Cadwaladr UHB (BCUHB), Swansea Bay UHB (SBUHB) and Cardiff & Vale (CVUHB) were received. Karen Preece (KP) introduced the session and advised that the focus was on NHS Wales service providers as the activity of the NHS England (NHSE) providers, which was included in the activity reports presented to the JC, regarding waiting time concerns were not as significant. Members noted the NHS Wales DU update on a cohort analysis against Ministerial targets for NHS Wales including Cardiology, Cardiac Surgery, Neurosurgery and Plastic Surgery. It provided linear trajectories to achieve the Ministerial targets by 30 December 2022 and 31 March 2023 respectively. Carol Shillabeer (CS) queried if data for NHSE could be detailed alongside the NHS Wales data in order to analyse the differences in access times for the Welsh population, to review equity and consider pathway options. KP agreed to provide this information. **ACTION:** KP to create a slide presenting NHS England provider data against NHS Wales provider data to be circulated outside of the meeting. Ian Wells (IW) advised that the Welsh Government (WG) waiting time targets of 52 and 104 weeks in the respective categories were still significant and should not become normalised. IW also enquired how the Welsh providers compared against other UK providers and if there were any lessons learned that could be adopted. Stuart Davies (SD) advised that NHSE's recovery rates were better than the Welsh providers partly due to it receiving strategic investment at an early stage through an incentivisation structure resulting in delays not being embedded. Members noted that financial investment was not the solution at the current time. KP added that NHSE's recovery in specialised services had been greater and quicker than Welsh providers partly because it had experienced fewer pressures and constraints, although issues remained for some NHSE services. Linda Prosser (LP) advised that NHSE had a historic working relationship with private sector providers compared to NHS Wales allowing for increased access.

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	Members noted the BCUHB recovery presentation and the significant challenges being encountered and that a structured approach was being taken to address the challenges including: • Increasing capacity, including the regional treatment centre(s), • Prioritising diagnostics and outpatients, • Transformation (pathway redesign) for both planned ambulatory care and complex surgery; and • Information and communication, including validation. Chris Stockport (CSt) advised that there was limited outreach capacity within both private sector providers and NHSE for both general and specialised services, which was impacting on BCUHB's ability to achieve the 104 week Ministerial targets. Members noted that BCUHB expected to achieve all of the Ministerial targets for the eight categories of services it provided to WHSSC by 30 October 2022. CSt highlighted some potential hidden demands relating to cardiology as there was a significant backlog of stage 1 outpatients. Members noted that a locum was being appointed in September which will assist in clearing the backlog. Members noted an issue concerning cardiac physiology patients due to a backlog waiting list for diagnostics, principally echo (echocardiogram), which impacted on surgical intervention. The demand and waiting times were being minimised through various actions, including the use of BNP (B-type natriuretic peptid). SD advised that BCUHB's, and other HB echo conversion rates into Percutaneous coronary intervention (PCI) and ultimately surgery was lower than the 8% pre-COVID-19 rate and that this should be investigated. Suzanne Rankin (SR) suggested that HBs should address capacity issues through collaborative working arrangements within Wales. Members noted the SBUHB recovery presentation and that SBUHB provided nine WHSSC commissioned services of which five will achieve contracted volumes by the end of the financial year. Deb Lewis (DL) advised that all of the plastic surgery specialties would be delivered against the 52 week Ministerial targets by 31 December 2022. However, there was an issue in achieving the 104 week target by 31 March 2023 partly due to in-patient bed capacity at Morriston Hospital (MH). Members noted that plans were in place to create capacity at Singleton Hospital (SH) and Neath Port Talbot Hospital (NPTH) to relieve this pressure. DL advised that the plastic surgeons were content to use theatre capacity where it was available

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	however; consideration would need to be given to the support team resource, which could either be provided by SBUHB or the local hospital. Members noted that SBUHB: • were on target to deliver interventional cardiology and that there were plans to increase capacity, • had the capacity to deliver cardiac surgery to contracted levels however there were insufficient patients to fulfil the contracted volumes, which was further hampered by COVID-19 surgery restrictions, • were experiencing lower echo conversion rates than the 8% pre-COVID-19 rates and the reason for this was currently unknown. Consideration was being given to providing cardiac surgery on behalf of other HBs, for both NHS Wales and NHSE in order to fulfil capacity, • had robust plans in place to achieve contracted bariatric surgery volumes, including resolving the current backlog, • had a number of long waiters due to HB delivery of cross-sectional imaging of CMR, MRI and CT, a non-WHSSC commissioned regional service, • a theatre was being refitted which will increase capacity by 25% and capacity may be offered to other HBs to clear backlogs. KP suggested that insufficient capacity in dermatology services has led to transfers to plastic surgery and a resolution in this area could ease demand on plastic surgery. **ACTION:** KP to liaise with James Barry (JB) on dermatology flows after the meeting to investigate opportunities and to convey good practice to other HBs. Members noted the CVUHB recovery presentation and that 25 out of 35 specialties would be delivered against both the 52 week and 104 week Ministerial targets by 31 December 2022 and 31 March 2023 respectively. Hannah Evans (HE) advised that the five WHSSC commissioned services were included in the 25 specialities referred to. Members noted the scale of the backlog was further impacted by staff availability following the recent spike in COVID-19 cases. Members noted that CVUHB were unable to continue to achieve contracted paediatric surgery volumes during the pandemic and a focus was placed on the most clinically urgent patients, which had led to longer waiting times. This prioritisation focus continued with the case list, particularly the long waiters, being clinically reviewed on a regular basis.

	Although in-patient capacity was at 99% and outpatient activity was in excess of 100%, there was a theatre capacity issue, particularly regarding the availability of paediatric anaesthetists. There were plans in place to resolve this issue via additional resource with contracted volumes expected to be achieved by March 2023. Members noted that: • there were some bed capacity restrictions for neurosurgery following the configuration changes implemented during the pandemic and there were plans in place to resolve the issue, • there was a high level of confidence in delivering interventional cardiology contracted volumes and stabilising waiting list numbers, • CVUHB were currently at pre-pandemic volumes for cardiac surgery, although this was below contracted volumes. Waiting list initiatives were being implemented to increase activity with plans to increase theatre capacity but it will be dependent on resource availability; and • a decision was to be made to repatriate cardiothoracic patients from University Hospital Llandough (UHL) to University Hospital Wales (UHW). CS suggested focussing on waiting times for children as their 'lives lived' had been disproportionately affected by the pandemic. Sian Lewis (SL) advised that WHSSC was very concerned about the Royal College of Surgeons (RCS) prioritisation profile. KP suggested that a regional system review should be undertaken to establish if there had been a change in run rate over the last five years in HB referral thresholds as referrals into the Children's Hospital had increased leading to pressure on the service. KP also advised that waiting times at the Alder Hey Children's Hospital (AHCH), a commissioned provider, were lower leading to inequity concerns. Members agreed it would be useful to see performance data for children's services by both provider and HB of residence. **ACTION:** KP to take forward a review of the paediatric system. SD noted that there were anecdotal concerns that patterns of referrals for paediatric services into CVUHB had increased over the last 5 years and this change was having an adverse impact on the ability of the Children's Hospital for Wales (CHfW) to deliver tertiary care. **ACTION**: KP to include data on referral patterns into paediatric review. SD advised that he would follow up inquiries with both CVUHB and SBUHB on the increase in TAVI (Transcatheter aortic valve implantation) to investigate if this was a one-off issue due to backlogs

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	or whether it was a long-term trend which would have a fundamental impact on being able to achieve contracted volumes. **ACTION:** SD to liaise with CVUHB and SBUHB to establish the rationale for the increase in TAVI and the potential long-term impact in achieving contracted volumes. KP thanked the three HBs for providing more clarity on trajectories and advised that conversations will continue at the planned Service Level Agreement (SLA) meetings with each HB. KP advised that there was an opportunity to pool lists and exploit collaborative capacity capabilities as well as considering specialist capacity in England. Rob Holcombe (RH) suggested considering the position from a commissioner service provision rather than by HB. JW advised she supported this approach and that consideration should also be given to providing options to patients should a service be available across boundaries. SR suggested that KP prioritise the various actions discussed and focus on paediatric referrals first. HE advised that some of the DU data gave global figures presented a challenge on perception and comparison and that there was a need to focus on local and national data to ensure messages were clear. SL advised that this approach had already been discussed with WG. **ACTION:** A deep dive session on Paediatric referrals to be arranged for the JC meeting on 6 September 2022. The Chair thanked those that presented and contributed to a most useful session on recovery trajectories and advised that she looked forward to seeing the developments over the coming months, and advised that the slides would be circulated to members after the meeting. The Joint Committee resolved to: • **Note** the presentations and resulting actions.
JC22/082	**3.1 Chair's Report** The Chair's report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous JC meeting. Members **noted**: • That no Chair's actions had been taken since the last meeting, • An update on the letter issued to NHS Chairs requesting support in appointing an interim HB chair for the All Wales Individual Patient Funding Request (IPFR) Panel for a 6 month period from amongst their Independent Members (IMs) to

	ensure business continuity and that two expressions of interest had been received which were being pursued, • An update on plans for the recruitment process to fill the WHSSC IM vacancy, • Attendance at the Integrated Governance Committee (IGC) meeting on the 7 June 2022; and • Attendance at key meetings. The Joint Committee resolved to: • **Note** the report.
JC22/083	**3.2 Managing Director's Report** The Managing Director's Report was received and the Managing Director gave an update on relevant matters undertaken since the previous JC meeting. Members **noted** updates on: • Discussions with WG concerning the All Wales IPFR Panel, the All Wales IPFR policy, the briefings given to the Board Secretaries on 10 June 2022 and to the All Wales Medical Directors Group (AWMDG) on 1 July 2022 and the letter confirming next steps which was awaited from WG. A productive meeting was held with Welsh Government (WG) on 10 May 2022 and a formal response is due imminently, • Mental Health Specialised Services Strategy for Wales 2022-2028 - the engagement timeline had been extended and the stakeholder circulation list had been broadened as agreed at the last meeting of JC. CS noted that the timeline was better and aligned to the appointment of the new national director for Mental Health. A progress update will be provided to the JC on 6 September and the final strategy is due to be presented to the JC on 14 March 2023, • The funding for cell pathology laboratories to meet the growing demand for commissioned WHSSC cancer genomic testing - the genomics service and cell pathology services had raised concern that not all pathology laboratories had been funded and, as a consequence, there were likely to be delays and/or an inequity of access for patients requiring these tests. Also, cell pathology services had raised concern that the original agreed funding would not be sufficient to deliver the increasing demands on its service. The cell pathology services will be submitting a revised set of proposals for investment via the NHS Wales Chief Executives Group; and • the Management Group (MG) had supported the designation of SBUHB as a provider of Stereotactic Ablative Radiotherapy (SABR). The Joint Committee resolved to: • **Note** the report,

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	• **Note** the ongoing discussions with WG concerning the All Wales Individual Patient Funding Request (IPFR) Panel; and • **Note** that the draft Mental Health Specialised Services Strategy 2022-2028 was issued via email on 30 May 2022, with a request for feedback by 22 July 2022.
JC22/084	**3.3 Neonatal Transport – Update from the Delivery Assurance Group (DAG)** The report providing an update on the Neonatal Transport Delivery Assurance Group (DAG) was received. KP gave an update on the activity for the transport service and progress to implement the Neonatal Transport Operational Delivery Network (ODN). Members noted that the ODN was currently a work-in-progress and that additional narrative on performance will be included in future reports. KP advised that a business case will be presented to the MG on 28 July 2022 and to the JC on 6 September 2022 to agree a funding release for a staffing structure for the ODN with an intention to 'go live' in September 2022. The Joint Committee resolved to: • **Note** the report, • **Receive assurance** that the Neonatal Transport is being scrutinised by the Delivery Assurance Group (DAG), • **Note** that further work is being undertaken by the transport service on the reporting to strengthen the assurance; and • **Note** the update on the implementation of the Neonatal Transport Operational Delivery Network (ODN).
JC22/085	**3.4 Draft Specialised Paediatric Services 5 year Commissioning Strategy** The report presenting the Draft Specialised Paediatric Services 5 year Commissioning Strategy for information and seeking support to share the strategy through a six week engagement process to obtain stakeholder feedback was received. KP advised that the final draft incorporated all of the comments from the Programme Board. It was anticipated that, following the engagement process, the final version would be presented to the JC for approval on 6 September 2022 when the JC will be able to consider the value benefit of the strategy versus the current provision. Ian Wells (IW) requested further clarity to be provided on training and education of the staff operating the service. Steve Moore (SM) requested further detail to be included on workforce requirements in section 7.2. CS asked for the relationship with child and adolescent

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	mental health services (CAMHS) and neurosciences to be referred to within the report. KP agreed to update the strategy and advised that that a resourcing plan would be developed to support the strategy. **ACTION:** KP to update the draft Specialised Paediatric Services 5 year Commissioning Strategy to include reference to staff training and education, workforce requirements and the link between CAMHS and neurosciences. LP queried if the strategy will be available for individual HBs. KP advised that it would be circulated to each HB. **ACTION:** Once approved by the Joint Committee KP is to circulate the Specialised Paediatric Services 5 year Commissioning Strategy to all HB's. The Joint Committee resolved to: • **Note** the contents of the draft Specialised Paediatric Services 5 year Commissioning Strategy; and • **Support** that the Strategy will be issued for a six week engagement process to obtain stakeholder feedback, prior to the final version being presented to the Joint for Committee for approval on 6 September 2022.
JC22/086	**3.5 South Wales Cochlear Implant and BAHA Hearing Implant Device Service** The report presenting the process and outcome of a recent review of tertiary auditory services and the planned next steps for the south Wales Cochlear Implant and BAHA Hearing Implant Device Service was received. Members noted that: • following an external assessment of the five options presented at a clinical options appraisal workshop the only option that met all of the required standards was the option to have a single implantable device hub for Cochlear and BAHA for both children and adults with an outreach support model, • following a financial assessment, none of the options would create a cost pressure, and the proposed option was deemed the most cost effective; and • the proposed option could potentially enable the release of resource back into the service for further developments, including an 'out of hours' service. Sian Harrop-Griffiths (SH-G) raised concerns regarding the option appraisal process leading to the preferred commissioning option. Members discussed this matter and agreed that the report be

<table>
<tr><td></td><td>updated with more detail on the process undertaken, and that the report be presented at the next MG meeting for review prior to being brought back to the JC either virtually or at an extraordinary committee meeting.

The Joint Committee resolved to:
• Note the report,
• Note and receive assurance on the assessment process inclusive of a) clinical options appraisal, b) external review against standards and c) financial option appraisal,
• Note the outcome of the clinical options appraisal for the south Wales centres, the external hearing implant centre and the financial appraisal,
• Note the preferred commissioning options as the basis of engagement/consultation; and agree to enter into further discussion on this through the Management Group meeting on 28 July 2022 and to reconsider the proposals either virtually or at a future extra-ordinary meeting of the JC; and
• Agree to receive the required engagement/consultation documentation and process after it has been approved by the Management Group.</td></tr>
<tr><td>JC22/087</td><td>3.6 Hepato-Pancreato-Biliary (HPB) Services for Wales
The report providing a summary on the Hepato-Pancreato-Biliary (HPB) surgery project for south and west Wales, and to seek support for the proposed arrangements to provide assurance to the WHSSC JC as the future commissioners for the service was received.

KP advised that following the approval in principle of the model service specification for HPB surgery by the NHS Wales Health Collaborative Executive Group (CEG) in May 2021, CVUHB and SBUHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) had established a project to progress the development of an integrated HPB surgery service model. Members noted that the CEG had also requested that WHSSC take on the delegated commissioning responsibility for HPB surgery, when the service model had been agreed.

Members noted that it was accepted practice across the UK for liver and pancreatic surgery to be based together as part of a comprehensive HPB service. However, the service was split into two separate sites in south Wales, namely hepatobiliary surgery at the University Hospital of Wales (UHW), Cardiff and pancreatic surgery at Morriston Hospital (MH), Swansea. WG had requested that the Wales Cancer Network (WCN) develop proposals to integrate the service provision.

Members noted that the RSSPPP had established a project to develop recommendations for a service model which complied with the WCN</td></tr>
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	service specification, which would include a two-phase approach. A Project Board has been developed which would provide executive oversight and assurance, as well as providing assurance reports to the JC. The project governance arrangements were set out in detail in the Project Initiation Document (PID). CS advised that the NHS Wales Directors of Planning Group had been reviewing commissioning arrangements and that broader discussion was required on potential commissioner roles. KP advised that for clarity the expectation was that WHSSC assumed the commissioning for all liver and pancreatic surgery in the future. This would be similar to the work undertaken on the major trauma model whereby it came into WHSSC for commissioning, and was delivered by CVUHB and SBUHB. LP advised that there was a need to articulate what was meant by the terms planning and commissioning. SR suggested that given that two of the providers had fragility issues that they work collaboratively to provide a higher quality sustainable service. KP advised that 'touch points' had been built in to the project which would ensure that commissioning HBs could identify any issues early on in the project development and ensure these were resolved before the final service model was presented to WHSSC for approval. SL reminded members of the history relating to the request and that there was clinical agreement that a single centre was required, and that there was clear authority from the CEG, the JC and HBs to progress the work. The Joint Committee resolved to: • **Note** the report, • **Support** the Hepato-Pancreato-Biliary (HPB) surgery Project Initiation Document (PID) and Action Plan Tracker; and • **Support** the proposals to receive assurance that the outputs of the Hepato-Pancreato-Biliary (HPB) project align with the WHSSC strategic objectives and commissioning intentions.
JC22/088	**3.7 Policy for Policies & EQIA Policy** The report to present feedback from the stakeholder consultation on the revised WHSSC 'Policy for Policies' Policy and the new Equality Impact Assessment (EQIA) policy was received. SL advised that the WHSSC Policy Group had agreed to update and merge policies Corp-05 and Corp 054b to create a single stand-alone methodology for all WHSSC policies. The new document outlined the process within WHSSC for the development, review, validation and distribution of various policies.

	Members noted that: • an Equality Impact Assessment (EQIA) had been developed to provide guidance and advice on conducting an EQIA and the impact of WHSSC activities or policies across all of the nine protected characteristics, and the impact they may have on people living in less favourable social and economic circumstances, • the policy suggested that an EQIA be undertaken when a need for a new policy, service or activity was identified, or when an existing one was reviewed at the scoping stage and then reviewed at all subsequent stages of development, including validation and publication, • following stakeholder consultation WHSSC had updated both policies where appropriate; and • Members of the Corporate Directors Group Board (CDGB) and the WHSSC Policy Group had approved both documents for publication subject to approval by the JC. The Joint Committee resolved to: • **Note** the report, • **Support** the rationale and process that has been applied when updating the WHSSC 'Policy for Policies' Policy and developing the new EQIA policy; and • **Approve** the request to publish the WHSSC 'Policy for Policies' Policy and EQIA Policy following stakeholder consultation.
JC22/089	**3.8 Policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age** The report seeking support on the preferred policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age was received. SL advised that a number of new drugs and treatments had recently been approved by the National Institute for Health and Care Excellence (NICE) and the All Wales Medicines Strategy Group (AWMSG) for both children and adults, which had highlighted an issue affecting young adults aged 16-18 years. Up to the age of 16 years children would normally access these treatments via WHSSC commissioned paediatric services. WHSSC does not commission the adult services that would normally prescribe or deliver these treatments. There is ambiguity regarding the commissioning responsibility for young adults (16-18 years) who would typically be looked after by adult services. WHSSC was therefore seeking to establish a clear position to include within all relevant policy position statements.

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	Members noted that of the three options put forward, option 3 was WHSSC's preferred option whereby it has the commissioning responsibility for the paediatric service which would normally prescribe or deliver the treatment but not for the adult service, WHSSC will fund the drugs or treatment up to the age of 18 years but only as long as the young adult remains within the paediatric service. When the patient transitions to the adult service the drug and/or treatment costs will then transfer to the HB. Members noted that it was suggested that the options presented would be for all new drugs and treatments only, with all historic arrangements remaining in place until the policy that underpins the treatment was due for review. SR queried if additional time was required to review this via the MG. SL advised that following discussion at the MG concerning the Nusinersen drug they had requested that a report on the policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age be brought to JC for consideration. Due to timing of meetings the MG had not received the actual report but had discussed the issues and will be given an update on progress at its July meeting. The Joint Committee resolved to: • **Note** the report; and • **Support** the preferred option identified within the report.
JC22/090	**3.9 Supporting Ukrainian Refugees with Complex Health Needs** The report setting out a proposal for managing the complex health needs of Ukrainian refugees arriving in Wales and seeking approval to manage the excess costs (>£20k per annum) within the current funding baselines in year, offsetting against non-recurrent slippage and reserves was received. SL advised that in June 2022, WHSSC was approached by WG regarding the complex health needs of Ukrainian refugees arriving in Wales. To date, over 3,000 visas had been issued to Ukrainians to resettle in Wales through the approved schemes. Members noted that Ukrainians who had settled in Wales either through an individual Welsh resident sponsor or via the 'super sponsorship' route sponsored by WG were provided with wrap around support, including initial health assessments and screening. Arrivals were eligible for free access to healthcare for the duration of their stay (up to three years). There was the possibility that some individuals who had been granted visas and planned to travel to Wales may have complex health (and broader) needs such that

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	assessments were needed prior to their travel to determine the most appropriate package of care. Members noted that the UK Government did not currently provide any additional funding for health costs, which were being met from within existing HB budgets. Members noted that based on previous experience of working with WG, Public Health Wales (PHW), the Welsh Strategic Migration Partnership and the Home Office (HO) on a health pathway for Syrian and Afghan Refugees, WHSSC has been asked to support the establishment of a consistent process to assess the health needs of Ukrainian refugees that are flagged as having complex health needs prior to travel. The proposal for WHSSC was to: • Support the identification of a HB to undertake the virtual assessment prior to travel. There was no budget for this but given the low number of cases, WG will consider funding a provider on a sessional basis, • Utilise the WHSSC network of Clinical Gatekeepers to seek advice on complex cases and link Clinicians with the individuals to prepare for their arrival via the government call centre and translation service (case history, potential links with previous Clinicians where possible), • Advise housing organisations where health needs could be met to inform the Local Authority that they will be resettled in, • Through financial risk sharing agreement, reimburse HB's where ongoing health needs were likely to exceed an annual limit of £20,000 per annum. This was the agreed limit that was established in the case of Syrian refugees and broadly aligned to the average unit costs seen in specialised services. The excess costs will be managed within the current funding baselines in year, offsetting against non-recurrent slippage and reserves; and • Take on full commissioning responsibility for any care that is within its current commissioning remit. LP queried how individuals will be funded should they not have been identified at the screening stage or self-identified when entering the country or become more costly after a period of time once entering the country. It was agreed that further investigation would be undertaken in these areas. **ACTION:** WHSSC to investigate a method for identifying refugees who subsequently require high cost health care and a system of reimbursement for the HB of residence.

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	The Joint Committee resolved to: • **Note** the information presented within the report; and • **Approve** the proposal to manage the excess costs within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.
JC22/091	**3.10 Name Change Welsh Renal Clinical Network (WRCN)** The report outlining the outcome of the engagement process to consider a change of the name of the Welsh Renal Clinical Network (WRCN) and to ratify the decision of the WRCN Board to change the name to the Welsh Kidney Network (WKN) was received. SD advised that the although the WRCN logo and name was well known across the network of health care professionals it was less known amongst patients receiving care and people seeking information about chronic kidney disease and the treatment options available to them. Members noted that as the WRCN moves into a more digital arena coupled with the strategic aim of the network to promote the uptake of home dialysis, it was important that the terminology used to describe the care and service was more aligned with language used by patients and carers. Most patients identified with the term ‘kidney’ rather than ‘renal’, and the word ‘clinical’ indicated that it was only hospital based care that was available. Also, most kidney care organisations both within the NHS and externally, such as Professional Bodies and Charity partners, had adopted the term ‘kidney’ to be the key descriptor of their purpose. SD advised that following an engagement process the preferred option was to rename the WRCN to the WKN. Once ratified all stakeholders will be notified of the change in writing and that the new name will be effective from 1 August 2022. The Joint Committee resolved to: • **Note** the outcome of the engagement process to seek views to change the name of the Welsh Renal Clinical Network (WRCN); and • **Ratify** the decision of the WRCN Board to change the name of the WRCN to the “Welsh Kidney Network”.
JC22/092	**3.11 Annual Committee Effectiveness Self-Assessment Results 2021-2022** The report presenting an update on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2020-2021 and to present the results of the annual committee effectiveness self-assessment 2021-2022 was received.

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	Jacqui Evans (JE) advised that positive progress had been made against each of the agreed actions from the 2020-2021 self-assessment and that the survey for 2021-2022 had received a positive response overall. The findings and feedback will be reviewed with a view to developing an action plan to address any areas that require development, and to create a Joint Committee Development plan to map out a forward plan of development activities for the JC and its sub-committees for 2022-2023. Progress will be monitored by the Integrated Governance Committee (IGC). The Joint Committee resolved to: • **Note** the completed actions made against the Annual Committee Effectiveness Survey 2020-2021 action plan, • **Note** the results from the Annual Committee Effectiveness Survey for 2021-2022, • **Note** that the findings were considered by the Integrated Governance Committee (IGC) on the 7 June 2022, • **Note** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2022-2023; and • **Note** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.
JC22/093	**3.12 Corporate Risk Assurance Framework (CRAF)** The report to present the updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers was received. JE advised that as at 31 May 2022, there were 18 risks on the CRAF, including 16 commissioning risks and 2 organisational risks with a risk score of 15 and above. Members noted the summary of changes to the CRAF between February and May 2022. Members noted that the highest commissioning risks related to: • Risk 23 Access to Care Adults with a Learning Disability (LD), • Risk 26 Neuropsychiatry patients waiting times; and • Risk 36 which was a new risk relating to 3D Biotronics-imaging platform and its chances of success/likelihood of failure. The two organisational risks related to: • Risk 29 - IPFR governance; and • Risk 33 - WG priority delivery measures. SM raised concern regarding the number of red risks with scores of 15 or above and the ability to focus on individual risks to reduce exposure. SL advised that WHSSC had established a Risk Scrutiny Group (RSG), which reported to the CDGB to monitor this, and that only the risks scored 20 and above were classed as high risks,

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	however these were commissioning risks and therefore would score differently to risks managed within provider HBs. KP advised that the risks were split between each of the five commissioning groups so that there were relatively few per sub-committee to focus upon, and that work had recently been completed at the request of the IGC to benchmark WHSSC risk scores against HBs' scores and the findings had demonstrated that WHSSC were scoring appropriately in accordance with its risk profile and appetite. Members noted that a risk management workshop was planned for 20 September 2022 to review how the RSG process was working, to consider risk appetite and tolerance levels across the organisation and to discuss developing a Joint Assurance Framework (JAF). A further update on risk scrutiny will be provided after the workshop. The Joint Committee resolved to: • **Note** the updated Corporate Risk Assurance Framework (CRAF) as at 31 May 2022, • **Approve** the Corporate Risk Assurance Framework (CRAF); and • **Note** that a follow up risk management workshop is planned for 20 September 2022 to review how the risk management process is working and to consider risk appetite and tolerance levels across the organisation.
JC22/094	**3.13 All Wales IPFR Panel Sub-Committee Annual Report 2021-2022** The All Wales IPFR Panel Annual Report 2021-2022 was received. The report set out the activities of the Sub-Committee for the reporting period 1 April 2021 to 31 March 2022. The Chair thanked the Corporate Governance Team and the Director of Nursing for compiling the Annual Report. The Joint Committee resolved to: • **Note and receive** the All Wales IPFR Panel Annual Report 2021-2022.
JC22/095	**4.1. Covid-19 Period Activity Report - Month 1 2022-2023** The COVID-19 activity report for month 1 was received and members noted the scale of the decrease in specialist activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in south Wales. 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. SD advised that performance against contracted levels had been poor

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	in the first two months of the financial year and that waiting lists were continuing to grow. Of particular concern were those over the 52 week and 104 week Ministerial targets. However, following the presentations earlier in the meeting, performance was expected to improve over the next six months. The Joint Committee resolved to: • **Note** the report.
JC22/096	**4.2 Financial Performance Report Month 2 2022-2023** The financial performance reports setting out the financial position for WHSSC for month 2 of 2022-2023 was received. Members noted that the financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan by the JC in February 2022. The financial position reported at Month 2 for WHSSC is a year-end outturn forecast under spend of £515k. The under spend predominantly relates to slippage in new planned developments and the NHSE Service Level Agreement (SLA) position. SD reported that there has been £8m of reserves released in month 3 and further releases were expected in the second half of the year. The Joint Committee resolved to: • **Note** the current financial position and forecast year-end position.
JC22/097	**4.3 Corporate Governance Matters Report** The Corporate Governance Matters report was received and members noted the update on corporate governance matters that had arisen since the last meeting. The Joint Committee resolved to: • **Note** the report, • **Note** the Declarations of Interest Register for 2021-2022, • **Note** the Gifts, Hospitality and Sponsorship register for 2021-2022; and • **Receive assurance** regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.
JC22/098	**4.4 Reports from the Joint Sub-Committees** The Joint Committee Sub-Committee reports were received as follows: **i. Audit and Risk Committee (ARC) Assurance Report** The JC noted the assurance report from the CTMUHB Audit and Risk Committee including:

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	• The Extraordinary Meeting to discuss the Annual Accounts and Accountability Report held on 18 May 2022, • The Extraordinary Meeting to approve the Annual Accounts and Accountability Report held on 14 June 2022; and • The Audit & Risk Committee CTM Hosted Bodies – Part 2 meeting held on 23 June 2022. **ii. Management Group Briefings** The JC noted the core briefing documents from the meetings held on 26 May 2022 and 23 June 2022. **iii.Quality & Patient Safety Committee (QPSC)** The JC noted the Chair's report from the meeting held on 7 June 2022. **iv. Integrated Governance Committee (IGC)** The JC noted the Chair's report from the meeting held on 7 June 2022. **v. Individual Patient Funding Request (IPFR) Panel** The JC noted the Chair's report from the meeting held on 16 June 2022. It was noted the meeting scheduled for 5 May 2022 had to be stood down due to the lack of quoracy. **vi. Welsh Renal Clinical Network (WRCN)** The JC noted the Chair's report from the meeting held on 6 June 2022. Ian Phillips (IP) highlighted that a number of risks had been mitigated on the WRCN risk register; and that in September 2022 there will be a significant procurement tender evaluation process for the provision for the 'West Wales Satellite Renal Dialysis Service with the inclusion of Dialysis Equipment' and that an update on progress will be brought to the JC on 8 November 2022. The Joint Committee resolved to: • **Note** the reports.
JC22/099	**5.1 Any Other Business** One item of other business was received in relation to: **WHSSC Specialised Services Strategy** - SL reported that the draft 10 year WHSSC Specialised Services Strategy will be presented to the Management Group on 28 July 2022 and to the JC on 6 September 2022.
JC22/100	**5.2 Date and Time of Next Scheduled Meeting** The JC noted that the next scheduled meeting would be at 09.30 on 6 September 2022.

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	There being no other business other than the above the meeting was closed at 16:25 hrs.
JC22/101	**5.3 In Committee Resolution** The Joint Committee resolved: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".

Chair's Signature: ....

Date: ....

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