

**Unconfirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 6 September 2022
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
Glyn Jones	(GJ)	Interim Chief Executive Officer, Aneurin Bevan UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Chair, Welsh Renal Clinical Network (WRCN), Powys THB
Karen Preece	(KP)	Director of Planning, WHSSC
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:

Lee Davies (for Steve Moore)	(LP)	Executive Director of Strategic Development and Operational Planning, Hywel Dda UHB
Sian Harrop-Griffiths (for Mark Hackett)	(SH-G)	Director of Strategy, Swansea Bay UHB
Meriel Jenney (for Suzanne Rankin)	(MJ)	Medical Director, Cardiff & Vale UHB

Apologies:

Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Steve Ham	(SH)	Chief Executive Officer, Velindre University NHS Trust
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff & Vale UHB

In Attendance:

Andrea Bradley	(AB)	Network Manager, SBUHB
Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Maxine Evans	(ME)	Project Manager, WHSSC
Dinendra Gill	(DG)	Consultant in Emergency Medicine, SBUHB
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Lorraine Harry	(LH)	Consultant Plastic Surgeon, CVUHB
Nicola Johnson	(NJ)	Assistant Director of Strategy (Commissioning), SBUHB
David Roberts	(DR)	Director for Mental Health and Vulnerable Groups
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Health & Social Services, Welsh Government

Minutes:

Charles Brain

(CNB) Interim Corporate Services Manager, WHSSC

The meeting opened at 09:30hrs

APPROVED

Min Ref	Agenda Item
JC22/102	<p>1.1 Welcome and Introductions</p> <p>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.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>It was noted that a quorum had been achieved.</p> <p>The Chair reminded members that the purpose of the Joint Committee (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.</p> <p>The Chair welcomed those from the South Wales Trauma Network team who were attending to deliver a presentation.</p>
JC22/103	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC22/104	<p>1.3 Declarations of Interest</p> <p>The JC noted the standing declarations and that there were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JC22/105	<p>1.4 Minutes of the meeting held on 12 July 2022 and Matters Arising</p> <p>The minutes of the JC meeting held on 12 July 2022 were received and approved as a true and accurate record of the meeting.</p> <p>There were no matters arising.</p>
JC22/106	<p>1.5 Action Log</p> <p>The action log was received and members noted the progress on the actions, noted that all of the 'open' actions were covered under the agenda items during the meeting and noted 'closed' actions.</p>
JC22/107	<p>2.1 Major Trauma Presentation</p> <p>Members received an informative presentation on the South Wales major trauma network, which was launched in September 2020.</p>

Dinendra Gill (DG), Lorraine Harry (LH) and Andrea Bradley (AB) gave an update on the comprehensive evaluation process which was underway to review the effectiveness of the network over the last 18 Months, including:

- The two stage evaluation process which included a Peer Review and 1 year evaluation,
- The patient flow through the three levels of the Rehabilitation Model and the benefit of the hyper-acute rehabilitation,
- A review of the 4,702 Trauma Audit and Research Network (TARN) injuries and outcomes,
- The importance of data collection to allow performance measurement and how this needs to be done on a sustainable basis in the future,
- Analysis highlights where future resources should be allocated,
- The benefits of the Major Trauma Desk as a triage tool, along with updates on secondary transfers and the Emergency Medical Retrieval and Transport Service (EMRTS),
- A summary of the Peer Review outcomes which reported no immediate risks and highlighted areas of good practice including the repatriation success, and the communication and support provision, among other areas,
- That the Peer Review had raised some “serious concerns” and action plans had been submitted by the four HBs to address the concerns by October 2022. Regular contact between the HBs and SWTN would continue during this period and beyond,
- There being further areas of improvement which will be built into the organisational work plans,
- The One Year Evaluation which will consider the deliverables of the network against the Benefits Realisation Plan and, following validation, will be published in November 2022,
- The success of SWTN to date, along with identified improvements in the core areas which will allow further improvements in the pathways and clinical care; and
- The SWTN being on an improvement curve and that a mature trauma network could take five years to develop, therefore it will take time to determine functional outcome benefits and translation into measurable improvements in value for money.

DG asked members to positively engage in the recommendations from the peer review and to discuss the concerns identified with their respective trauma clinical and operational leads to ensure they were being addressed.

Ian Wells (IW) and Glyn Jones (GJ) queried potential future resource and if the knowledge of the network was embedded across the network, DG advised that through the use of predictive mapping volumes into the Major Trauma Centre (MTC) were expected to stabilise from year 3 onwards and that the One Year Evaluation will include a performance review of the actual and forecasted future

flows against those included in the Business Case. Members noted that the SWTN would be producing Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) data in the near future, which will assist in demonstrating the wider socio-economic benefit and the value for money of the network. DG noted that the evaluation, along with the Peer Review, will also identify areas of vulnerability and additional investment requirements such as:

- A potential request to increase PTU bed capacity,
- Investment in additional resource in major trauma practitioners and the rehabilitation coordinators to provide a more robust provision and ensure patient flow is maintained; and
- A regionalised approach to rehabilitation.

Sian Harrop-Griffiths (SH-G) advised that she was SRO for the network, thanked DG for the quality and content of his presentation and thanked everyone who had responded to the peer review exercise. Members noted that the resource challenges had been discussed with KP and the NHS Wales Directors of Planning (DoP) group.

Karen Preece (KP) advised that the MTN was supported by a programme business into which a resource of £15million had been invested. It will take time for all the benefits to be realised and to demonstrate value for money. As the network matures it will be necessary to ensure future allocation of investment and resources was appropriate. Members noted the benefit it may have for other ODNs which were being developed.

Ian Phillips (IP) suggested that the JC receive an update on progress with the network in 12 months' time, and to consider a network wide rehabilitation strategy.

ACTION– An update on the Major Trauma Centre to be given to the Joint Committee in September 2023, to include consideration of a network wide rehabilitation strategy.

Carol Shillabeer (CB) queried equity of access, especially for North Powys, and DG explained that equity of access was one of the parameters in the Benefits Realisation Plan and would be reviewed in the One Year Evaluation. He added that the Trauma Desk and triage process was working well with the issues around secondary transfers for regional providers having been resolved following additional training and education. Members noted that based on the data, which was monitored daily and reviewed on a quarterly basis, there were few incidents where a patient was treated locally, rather than transferred to the MTC, which resulted in a worse outcome.

	<p>DG advised that LH would be leading the SWTN during his 1 year placement and thanked Members for the opportunity to provide an update and for their continued support.</p> <p>The Chair and KP thanked DG, AB and LH for their presentation.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation and the progress made.
JC22/108	<p>2.2 Specialised Services Strategy Presentation and Report</p> <p>Members received a report and a presentation on the planned development of a ten year strategy for specialised services for the residents of Wales, which described the proposed approach to communication and engagement with key stakeholders to support its development.</p> <p>Sian Lewis (SL) advised that as previously agreed at a JC meeting in March 2018, an engagement process would be undertaken to support the development of a strategy using a blended approach of written/electronic feedback via an online survey and general feedback from stakeholder meetings.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • The survey responses and general feedback will be used to develop a draft strategy document for consideration by both the JC and Welsh Government (WG), • the timeline for the engagement process will run between 20 September and 22 December 2022 with the aim of a draft strategy being presented to the MG at its February 2023 meeting in preparation for final approval by the JC in May 2023 before being presented to WG and, once approved, formally published; and • Regular updates will be provided to MG during the engagement process on the themes and issues arising from stakeholder feedback to minimise 'surprises' in the drafting of the strategy. <p>Members noted that consultation meetings had been arranged with HBs and Velindre University NHS Trust (VUNT), and asked members to encourage their HB colleagues to complete the stakeholder survey, to ensure it reflected individual HB strategies.</p> <p>Members noted that organisations and bodies representing patient groups had been included in the stakeholder engagement list, but that individual patients had not been included.</p> <p>Paul Mears (PM) advised that HBs had their own clinical service strategies and there was a need to ensure adequate architecture and structure in conjunction with HB planning leads. PM also advised that caution was required when setting expectation levels in relation</p>

	<p>workforce capacity and financial resource, and suggested focussing on innovative methods through working with the Life Sciences Hub to tap into horizon scanning.</p> <p>SL advised that she recognised the issues raised and that, the survey covered these points. MG members had been fully engaged in developing the survey and approach and will be able to input into the strategy, once drafted, to ensure the areas referenced are included.</p> <p>SH-G advised that it was essential to include a workforce needs assessment as part of the work and queried the time available to WHSSC to complete the work by March 2023. SL responded and advised that the engagement process was to form an overarching strategy and completion of a needs assessment will depend on the individual services identified from the resulting strategy. Members noted the requirement to have additional public health support and that a recruitment process had commenced for an Assistant Director of Public Health to be involved in leading the work.</p> <p>CS queried if the timeline supported HBs in being able to influence their IMTPs. It was clarified that this would inform the 2024/25 IMTPs.</p> <p>SL encouraged everyone to participate in the stakeholder feedback, to ensure it aligned to HB strategies.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the overall approach to developing a ten year strategy for specialised services and provided feedback on the key documents presented.
JC22/109	<p>2.3 Recovery Update Paediatrics – Presentation</p> <p>The Chair introduced the session and reminded members of the recovery workshop held on the 12 July 2022 and the JC requested a further deep dive on paediatrics for this meeting.</p> <p>Members received a presentation providing an update on recovery trajectories for paediatric services across NHS Wales, in particular the differences in patterns of activity for children’s services by both provider and HB of residence.</p> <p>KP gave an update and members noted the limitations arising from the available data for the period April 2018 to June 2022 for children under 16 years of age, particularly in relation to waiting lists. In addition, the ‘specialist’ elements of the surgical specialties were currently not well defined and, consequently, the data for ‘WHSSC commissioned’ services included some ‘non-specialist’ activity.</p> <p>It was reported that:</p> <ul style="list-style-type: none"> • The data showed that there was a significant reduction in

activity of paediatric surgery during the pandemic and although activity had increased on the prior year it remained behind 2018-2019 levels,

- The data did not suggest any prioritisation of local activity by CVUHB,
- Recovery plans had been requested from CVUHB as there were a significant number of children waiting for surgery over 36 weeks and some over two years,
- Further investigation should be undertaken on activity that was on the Interventions Not Normally Undertaken (INNU) list, which may provide an opportunity to release some capacity,
- Although activity via English providers remained below pre-pandemic levels there was less of a reduction of activity during the pandemic in comparison with Welsh providers and activity was recovering; and
- There were no longer any patients waiting for surgery in excess of 52 weeks by English providers and those waiting in excess of 36 weeks had been/were being addressed.

KP provided a brief summary of the Getting It Right First Time (GIRFT) Report on Paediatric General Surgery & Urology published in 2021.

Meriel Jenney (MJ) reported that Paul Bostock, the new Chief Operating Officer (COO) at CVUHB, was focussed on paediatric surgery waiting lists and was keen to engage in discussions to address the issues.

CS thanked the team for compiling the information and suggested focussing on waiting times for children by provider, including comparisons and recovery trajectories, and advised that she could assist in obtaining additional data from English providers if required.

Lee Davies (LD) suggested that a long-term plan would be required to resolve the waiting list at the Children's Hospital for Wales (CHfW) as the backlog was unlikely to be resolved by March 2023 through out-sourcing and an increase in activity.

Nick Wood (NW) advised that he attended a number of IQPD meetings and that there was a need to bear in mind the focus for patients waiting over 104 weeks by March 2023, recognising the proportion of the child's life this represents. NW asked KP to liaise with Andrew Sallows, National Director – Planned Care Improvement and Recovery of SBUHB, regarding Ministerial measures and recovery trajectories. Members noted that WG were flagging issues with individual HBs and that WG will liaise with CVUHB to discuss the specific issues.

NW advised that the data presented a useful examination of the position, and that it was essential that we get this on to a sustainable footing in the next 6 months.

KP noted that she had discussed the 'next steps' with Management Group which included:

- Reviewing the INNU lists,
- Considering out-sourcing options to assist in reducing waiting lists at CHfW. It was noted that the system was in balance before the pandemic so resolving the current back log should restore this position,
- Developing and implementing different prioritisation criteria for children so that they are seen in a timely manner,
- Retaining paediatric surgery on the agenda to maintain focus, along with reporting progress in the activity reports; and
- All HBs implementing the GIRFT recommendations.

Stuart Davies (SD) added that capacity levels in both Wales and the England centres were significantly below those prior to the pandemic and that they would need to be reinstated as soon as possible.

The Chair suggested that WHSSC work with CVUHB to expedite the work with the new COO. MJ offered to look at INNUs. Members noted that there was also a need to look at outsourcing options, which were discussed during the equity workshop in 2021 and there was a need to re-explore this area.

ACTION: MJ is to review the INNU lists, including establishing if there were any misallocated or misstated surgical operations.

ACTION: SD and KP will work with CVUHB on recovery plans and SD will provide members with an update in November.

ACTION: NJ to provide an update to the November JC on work to develop alternative prioritisation criteria for children

ACTION: KP will investigate out-sourcing options to address the backlog issue and NJ will provide an update in November.

ACTION: Following on from the Recovery Trajectories Workshop at the July 2022 meeting SD to coordinate a progress review on recovery trajectories at the 17 January 2023 JC meeting.

The Joint Committee resolved to:

- **Note** the presentation and report.

JC22/110	<p>3.1 Chair's Report</p> <p>The Chair's report was received and the Chair gave an update on relevant matters undertaken since the previous JC meeting.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • Following the Chair's notification to Members on 27 July they ratified the decision to appoint James Hehir, Independent Member from Cwm Taf Morgannwg University Health Board (CTMUHB), to undertake the role of Interim Chair of the All Wales Individual Patient Funding Request (IPFR) panel for a 6 month period on an unremunerated basis with effect from 27 July 2022, • An update on plans for the recruitment process to fill the two WHSSC IM vacancies, • Attendance at the Integrated Governance Committee (IGC) meeting on 9 August 2022; and • Attendance at key meetings. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Ratify the Chairs action to appoint an Interim Chair of the All Wales IPFR panel; and • Note the report.
JC22/111	<p>3.2 Managing Director's Report</p> <p>The Managing Director's Report was received and the Managing Director gave an update on relevant matters undertaken since the previous JC meeting.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • The Integrated Commissioning Plan (ICP) 2022-2025 being accepted by the Minister for Health & Social Services, • A letter received from WG concerning a review of Secure Services and consideration of a Single Commissioner for Mental Health Services, and that an update report will be presented to the JC in November 2022 outlining potential options. A report would then need to be taken to individual HBs for approval, • The Managing Director of WHSSC being designated as the Senior Responsible Officer (SRO) for an All-Wales Molecular Radiotherapy (MRT) Programme, • That feedback on the Mental Health Specialised Services Strategy for Wales 2022-2028 will be presented to the JC in November 2022, • WHSSC receiving approval through the Value in Healthcare Bid for an Advanced Therapy Medicinal product (ATMP) and for the Welsh Kidney Network (WKN) to provide an all Wales Pre-rehabilitation Programme to support kidney patients to choose and commence the treatment that offers them the best outcomes,

	<ul style="list-style-type: none"> • Work being undertaken to monitor TAVI (Transcatheter aortic valve implantation) activity increases; and • The appointment of an interim Director of Mental Health & Vulnerable Groups. <p>ACTION: SD to provide an update on TAVI to the JC in November 2022 and further updates on cardiac surgery at future meetings.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/112	<p>3.3 Neonatal Transport Operational Delivery Network (ODN) – Update report from Delivery Assurance Group (DAG)</p> <p>The report providing an update from the Delivery Assurance Group (DAG) on the Neonatal Transport ODN was received.</p> <p>KP advised that due to the enhanced data reporting and the small number of transfers undertaken there was a risk of being able to identify individual cases therefore a more detailed report will be discussed in the “In Committee” meeting and asked members to note the assurance that had been provided by the DAG.</p> <p>Members noted that a business case was presented to the MG on 28 July 2022 and that members had raised concerns regarding value for money concerning the staffing model, noting that costs were disproportional when benchmarked against other ODNs. This equated to a management fee of £500 per transfer. Therefore, the funding release was not supported and the MG asked the ODN Network Board to reconsider the options and to bring a report back to a future meeting for consideration.</p> <p>The WHSS team are working with SBUHB colleagues to consider the options with the aim of presenting an amended request to the MG in September 2022.</p> <p>ACTION: NJ to provide an update to the JC November 2022 following discussion at the Management Group meeting in September.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the information in the report, • Note the update on the progress of the implementation of the Neonatal Transport Operational Delivery Network (ODN); and • Receive assurance that the Neonatal Transport service delivery and outcomes is being scrutinised by the Delivery Assurance Group (DAG).
JC22/113	<p>3.4 Draft Specialised Paediatric Services 5 year Commissioning Strategy</p> <p>The report providing an update on the Specialised Paediatric Services 5 Year Commissioning Strategy was received.</p>

	<p>KP advised that the responses to the stakeholder feedback were included in the report and the stakeholder views had been taken into consideration in the proposed final version of the strategy.</p> <p>Members approved the strategy and noted that project will progress to the implementation phase, requiring a full Implementation Board to be established with representation from all seven HBs in Wales, which will develop a detailed plan and timetable. Bi-annual updates will be provided to the JC on progress.</p> <p>The Chair thanked KP and the planning team for developing the strategy.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the content of the paper, • Approve the proposed final version of the strategy; and • Support the proposed next steps.
JC22/114	<p>3.5 Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process</p> <p>The report presented an update on discussions with the Management Group concerning 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.</p> <p>KP reported that following discussion at the MG meeting on 28 July 2022 the members had supported the preferred commissioning option of a single implantable device hub for Cochlear and BAHA for both children and adults with an outreach support model.</p> <p>Members noted that advice had been sought from the Board of Community Health Councils (CHCs) and that a targeted engagement process with patients, families and affected stakeholders has been supported, along with engagement materials and timelines. The draft Equality Impact Assessment (EQIA) will be finalised, along with an 'easy-read' of the engagement document.</p> <p>Members noted that the CHCs were content with the engagement process outlined and agreed that consultation would only be required if deemed necessary following the engagement process.</p> <p>KP asked members to publish the engagement document on their HB websites and for this to be publicised accordingly.</p> <p>CS and JW queried if publishing the engagement document on HB websites would be sufficient. SL advised that specific interest groups would also be targeted and it was agreed that KP would give further consideration to the communication plan and link in with HB</p>

	<p>engagement leads on their preferred process to ensure we achieved the right balance on communication and engagement.</p> <p>ACTION: KP to link in with HB engagement leads to discuss refining the communication plan with HBs to ensure interested parties will be made aware of the engagement.</p> <p>Members noted that a report would need to be submitted to HB Board meetings in September 2022 to seek support from Boards on engagement with HB residents (each report will include CHC views from the relevant HB area).</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Support the Management Group recommendation, • Agree the process to be followed (as advised by the Board of CHCs), • Agree the content of the engagement materials as the basis of targeted engagement, • Advise on processes for individual Health Boards; and • Note the draft EQIA.
JC22/115	<p>3.6 Designation of Provider Framework</p> <p>The report seeking approval to adopt the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of Health Care Providers to become a designated provider of Highly Specialised and Specialised Services was received.</p> <p>Members noted that Designation of a Provider of Specialised Services Framework has been developed to be considered as part of the WHSSC Commissioning Assurance Framework (CAF). It would cover:</p> <ul style="list-style-type: none"> • Highly Specialised and Specialised Services currently commissioned by WHSSC, • New or novel services or treatments not currently commissioned; and • Existing non-contract services or treatments, which may need to be routinely commissioned on an ongoing basis. <p>Members noted that:</p> <ul style="list-style-type: none"> • The framework outlined the roles and responsibilities for the specialised commissioning teams and clearly defined the process and criteria for identifying new service providers, • The framework supports a two phased approach; an initial screening assessment followed by a full assessment if supported by the evidence following the initial assessment; and • The Four key assessment domains identified: <ul style="list-style-type: none"> • Quality and Patient Safety, • Strategic Fit/equity of access, • Service deliverability/sustainability; and

	<ul style="list-style-type: none"> • Value for money/affordability. <p>KP advised that that the framework did not apply to commissioning of secure or specialist Mental Health services or independently provided dialysis services which had their own procurement and commissioning arrangements, or new or novel drugs which had their own assessment process.</p> <p>KP advised that the aim of the framework was to provide a basis for evaluating the appropriateness of health care providers' suitability and readiness to provide a specific specialised service to ensure that services commissioned by WHSSC were safe, effective and sustainable and provided compassionate and person-centred care. It was noted that the framework should not be used if a full tender was required, where advice should be sought from Procurement colleagues.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Approve the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of health care providers.
JC22/116	<p>3.7 Individual Patient Funding Requests (IPFR) Governance Update</p> <p>The report providing an update regarding discussions with WG and Medical Directors concerning the All Wales Independent Patient Funding Requests (IPFR) Policy, regarding the need to update the terms of reference (ToR) of the WHSSC IPFR Panel and seeking support to undertake an engagement process on updating the ToR and a specific and limited review of the All Wales IPFR policy was received.</p> <p>SL advised that WHSSC had received a letter from WG dated 28 July 2022 confirming the JC's authority to update the WHSSC IPFR Panel ToR, and that an internal IPFR review group has been formed to support a specific and limited review of the IPFR Policy.</p> <p>Members noted that the IPFR review group had considered the risks associated with the existing ToR and had developed a list of principles for consideration which were themed as follows:</p> <ul style="list-style-type: none"> • The membership, • Urgent cases, • Quoracy, • Meeting frequency; and • Documentation, reporting and monitoring.

SL advised that the All Wales IPFR Policy was an NHS Wales policy owned by each of the seven HBs who had statutory responsibilities in relation to IPFR decisions, therefore the outcome of any IPFR process review must therefore be agreed by each of the HBs.

Members noted that WHSSC was constituted as a sub-committee of all seven HBs and its JC could delegate certain activities to WHSSC directors as per WHSSC Standing Orders (SOs). On this basis, which was supported by the Chief Medical Officer (CMO), Deputy CMO (DCMO) and Chief Pharmaceutical Officer (CPO), as well as members of the All Wales Medical Directors Group (AWMDG) at a meeting on 1 July 2022, it was agreed that a specific and limited review of the policy could be undertaken with comprehensive stakeholder engagement and it could be led by the WHSSC team. It was also agreed that progress should be reported to the JC but with final approval being sought from HBs, in keeping with the previous approach taken by WHSSC when making complex or contentious decisions and in keeping with WHSSC's SOs.

Members noted that WHSSC had sought advice from David Locke QC, the barrister acting on behalf of WHSSC during the judicial review (JR), to support identifying amendments for the All Wales IPFR policy and the WHSSC ToR. This advice will be included within the scope of the specific and limited review of the IPFR policy.

Members noted the timeline for the engagement process for the WHSSC IPFR Panel ToR and the specific and limited review of the IPFR policy.

CS advised that there was a need to ensure that HBs owned the process in totality and SL advised that there would full and broad engagement with the All Wales Therapeutics and Toxicology Centre, IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors, Directors of Public Health and the Board Secretaries of each of the HBs. Medical Directors and Directors of Public Health were usually the executive leads within health boards and should ensure engagement with their relevant teams.

PM advised that he recognised that there were broader discussions and wanted to make sure that teams within Health Boards were involved, and that he would raise at the next NHS Wales CEO meeting, to ensure everyone was clear on the agreed process to avoid any unintended consequences. Members noted that IPFR Co-ordinators would provide feedback via HB processes.

SL thanked everyone for their comments and reiterated that WG had asked for a limited review, and should HBs feel that a broader review was necessary HBs could contact them to discuss. Members agreed that an update be given to the January 2023 meeting.

ACTION: SL is to put forward a recommendation for the WHSSC IPFR Panel ToR and the All Wales IPFR Policy at the January 2023 meeting.

The Joint Committee resolved to:

- **Note** that Welsh Government (WG) had confirmed that as the All Wales Independent Patient Funding Requests (IPFR) Panel was a sub-committee of the WHSSC Joint Committee, it was within its authority to update and approve the terms of reference (ToR),
- **Note** that Welsh Government (WG) had confirmed that WHSSC could embark on an engagement process with key stakeholders to update the WHSSC IPFR Panel Terms of Reference (ToR) and to engage on a specific and limited review of the All Wales IPFR Policy,
- **Approve** the proposal for WHSSC to embark on an engagement process with key stakeholders, including the All Wales Therapeutics and Toxicology Centre, IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors, Directors of Public Health and the Board Secretaries of each of the Health Boards (HBs) and Velindre University NHS Trust (VUNT), to update the WHSSC IPFR Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy; and
- **Note** that the revised documents will be approved by the Joint Committee prior to referral to the Health Boards for final approval; as requested in the letter of 28th July the revised documents will be shared with Welsh Government.

JC22/117

3.8 WHSSC Annual Report 2021-2022

A report seeking approval of the WHSSC Annual Report 2021-2022 was received.

Jacqui Evans (JE) advised that the Annual Report reflected on WHSSC's performance and its achievements for the 2021-2022 financial year and reflected on what was achieved in collaboration with partner organisations and stakeholders.

Members noted that the draft Annual Report 2021-2022 was presented to the Integrated Governance Committee (IGC) on the 9 August 2022 and members were asked to provide any feedback prior to the document being finalised for submission to the JC for approval.

Members noted that approval of the annual report was reserved to the JC and that the document had been circulated in advance of the meeting.

The Joint Committee resolved to:

- **Approve** the WHSSC Annual Report 2021-2022.

JC22/118	<p>4.1. Covid-19 Period Activity Report - Month 3 2022-2023</p> <p>The COVID-19 activity report for month 3 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.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> the data did not reflect performance against the recovery trajectories discussed at the July meeting, which will be presented in November 2022, the data was yet to show sustained improvement and performance remained below contracted levels by Welsh providers. Waiting lists in some key specialities were deteriorating and Welsh Ministerial measures were not being met; and activity by English providers has started to increase and was on a trajectory to return to 'normal' activity. There were sufficient funds to cover the increase in activity but this was a potential risk. <p>CS noted the increasing gap in performance of Welsh and English providers and enquired if more up-to-date data could be provided to better understand the performance of Welsh providers. The Chair requested that the performance team look at data activity and split activity and that an update be brought back to the November meeting.</p> <p>ACTION: SD to present the recovery position using the latest available data in November, including comparing activity between Welsh and English providers.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the report.
JC22/119	<p>4.2 Financial Performance Report Month 4 2022-2023</p> <p>The financial performance report setting out the financial position for WHSSC for month 4 of 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 by the JC in February 2022.</p> <p>The financial position reported at Month 4 for WHSSC was a year-end outturn forecast under spend of £12.693m. The under spend predominantly relates to releasable reserves from 2021-2022 and declared slippage in development schemes, partially offset by</p>

	<p>forecast over spends in specialised mental health provision and NHS England contracted providers.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position.
JC22/120	<p>4.3 Corporate Governance Matters Report</p> <p>The Corporate Governance Matters report was received and members noted the update on corporate governance matters that had arisen since the last meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/121	<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 meeting held on 22 August 2022.</p> <p>ii. Management Group Briefing</p> <p>The JC noted the core briefing document from the meeting held on 28 July 2022.</p> <p>iii. Quality & Patient Safety Committee (QPSC)</p> <p>The JC noted the Chair's report from the meeting held on 9 August 2022.</p> <p>In response to JW's question SD noted that the position of the North Wales Adolescent Service (NWAS) remains positive overall but there are occasional pressures in managing complex local authority patients, along with constraints of the unit when managing such a case mix. Carole Bell added that the National Collaborative Commissioning Unit (NCCU) audit all Welsh units on an annual basis and, although the report was awaited, she had been verbally informed that there were no issues raised from the latest audit.</p> <p>iv. Integrated Governance Committee (IGC)</p> <p>The JC noted the Chair's report from the meeting held on 9 August 2022.</p> <p>v. Individual Patient Funding Request (IPFR) Panel</p> <p>The JC noted the Chair's report from the meeting held on 18 August 2022.</p> <p>It was noted that James Hehir, Independent Member of CTMUHB, had been appointed as the interim Chair from August 2022 on a 6 month</p>

	<p>basis. Kate Eden had written to thank Dr Ruth Alcolado for fulfilling the Chair role on an interim basis. CB advised that the last meeting was quorate.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the reports.
<p>5.1 Any Other Business</p>	
<p>JC22/122</p>	<p>5.1.1 Glyn Jones, Interim Chief Executive Officer, ABUHB The Chair advised that Glyn Jones (GJ) was stepping down as interim CEO of ABUHB and thanked him for his service to the JC and WHSSC and his input and feedback at meetings. She wished him the very best for the future.</p> <p>5.1.2 Karen Preece – Director of Planning, WHSSC The Chair advised that KP was retiring as the Director of Planning at WHSSC and thanked her for her expertise, professionalism and the passion and energy she had brought to the role. The Chair noted that KP would be retained on a part-time basis to undertake project work on behalf of WHSSC, including being the lead executive for the WKN.</p> <p>5.1.3 Nicola Johnson – Director of Planning, WHSSC The Chair advised that Nicola Johnson (NJ) has been appointed as Director of Planning at WHSSC and commences her role on 7 September 2022.</p> <p>5.1.4 Integrated Commissioning Plan (ICP) The Chair advised that the meeting scheduled for 9.30am on 6 December 2022 for the JC to consider the ICP was no longer required and that an extraordinary JC meeting would be diarised in early January 2023 to sign off the ICP prior to its submission to WG by 31 January 2023.</p>
<p>JC22/123</p>	<p>5.2 Date and Time of Next Scheduled Meeting The JC noted that the next scheduled meeting would be at 13.30 on 8 November 2022.</p> <p>There being no other business other than the above the meeting was closed at 12:30 hrs.</p>
<p>JC22/124</p>	<p>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)”.</p>

Chair's Signature:

Date:

APPROVED