

**Confirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held **In Public** on
Monday 14 March 2023
via MS Teams**

Members

Kate Eden	(KE)	Chair, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Nicola Johnson	(NJ)	Director of Planning, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Chantal Patel	(ChP)	Independent Member, WHSSC
Ceri Phillips	(CP)	Independent Member, WHSSC
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys Teaching HB
Steve Spill	(SS)	Independent Member, WHSSC

Deputies:

Rob Holcombe (for Nicola Prygodzicz)	(RH)	Executive Director of Finance, ABUHB
Chris Stockport (for Gill Harris)	(CS)	Executive Director Transformation And Strategic Planning

Apologies:

Carole Bell	(CB)	Director of Nursing & Quality, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Gill Harris	(GH)	Interim Chief Executive, Betsi Cadwaladr UHB
Carl James	(CJ)	Director of Strategic Transformation, Planning & Digital, Velindre University NHS Trust
Jason Killens	(JK)	Chief Executive, Welsh Ambulance Services NHS Trust
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Ian Phillips	(IP)	Independent Chair, Welsh Kidney Network (WKN)
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB

In Attendance:

Kerry Broadhead	(KB)	Assistant Director of Strategy, SBUHB (for Mark Hackett)
Jacqui Evans	(JE)	Committee Secretary & Associate Director of

Services

Helen Fardy	(HF)	Associate Medical Director, WHSSC
James Leaves	(JL)	Assistant Director of Finance, WHSSC
Kimberley Meringolo	(KM)	Specialist Services Planning Manager, Women and Children, WHSSC
Ryan O'Dell	(RO)	Assistant Planner, WHSSC
Andrea Richards	(AR)	Senior Project Manager, WHSSC
Dai Roberts	(DR)	Director for Mental Health and Vulnerable, WHSSC Groups, WHSSC
Helen Tyler	(HE)	Head of Corporate Governance, WHSSC
Nick Wood	(NW)	Deputy CEO, NHS Wales Delivery Unit

Minutes:

Gemma Trigg	(GT)	Corporate Governance Officer, WHSSC
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Min Ref	Agenda Item
JC23/34	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed Members 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>
JC23/35	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC23/36	<p>1.3 Declarations of Interest</p> <p>The Joint Committee (JC) noted the standing declarations and that there were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JC23/37	<p>1.4 Minutes of the meetings held on 10 January 2023, 17 January 2023, 13 February 2023 and Matters Arising</p> <p>The minutes of the JC meeting held on 10 January 2023, 17 January 2023 and 13 February 2023 were received and approved as a true and accurate record of discussions, subject to one minor amendment for all of the minutes to</p>

	<p>correct the reference to the designated Health Board for the CEO of Powys tHB.</p> <p>There were no matters arising.</p>
JC23/38	<p>1.5 Action Log The action log was received, and members noted the progress on the actions and the actions that had been closed.</p>
JC23/39	<p>2.1 Governance System and Process – WHSSC & HB Shared Pathway Saving Target The presentation outlining the governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target, requested following the approval of the Integrated Commissioning Plan (ICP) 2023-2024 on 13 February 2023 was received.</p> <p>Nicola Johnson (NJ) led the session and members noted that WHSSC had applied a programme management approach to establishing a mechanism to monitor savings and efficiencies.</p> <p>A Project Initiation Document (PID) had been developed including a Programme Board comprising of representatives from each Health Board (HB). The PID had been shared with the Management Group in readiness for a detailed discussion on the 23 March 2023.</p> <p>NJ highlighted the projects already identified and outlined the reporting structure as it is currently. However, members noted that that this was likely to increase as additional projects were identified. Members noted the reporting and escalation detailed within the PID and that savings will be tracked across the pathway.</p> <p>Members noted that updates on progress would be provided as a standing item on the agenda for future Joint Committee meetings.</p> <p>Robert Holcombe (RH) raised a query concerning membership of the Programme Board and highlighted the HBs' responsibility to ensure the work was progressed effectively. He emphasised the importance of having the right members for the project teams which will be set up for each of the saving opportunities.</p>

	<p>Steve Spill (SS) raised a query around the timetable and milestones and asked if they could be built in. NJ confirmed that the workshop taking place the following week aimed to confirm timetables and will be used to build up the project plan for each scheme. Milestones will be brought back to the Joint Committee meeting on 16 May 2023.</p> <p>ACTION – NJ to present milestones on the Governance System and Process – WHSSC & HB Shared Pathway Saving Target to the Joint Committee meeting 16 May 2023.</p> <p>The Chair thanked HB members for their support with this work going forward.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JC23/40	<p>3.1 Chair’s Report</p> <p>The Chair’s report was received and members noted:</p> <ul style="list-style-type: none"> • The Chair’s Action taken on 2 February 2023 to approve urgent patient expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme, • The request to extend the interim Chair of the Individual Patient Funding Request (IPFR) Panel from 31 March 2023 to 30 September 2023, • That the Minister for Health & Social Services had approved a review of the national commissioning functions, linked to the commitment within ‘A Healthier Wales’ on a set of actions to strengthen and streamline the NHS landscape in Wales. Members noted that the joint workshop between EASC and WHSSC planned for 14 March 2023 to enable a facilitated discussion on the review had been postponed as the independent facilitator had been taken ill; and • Key meetings attended. <p>Members noted that the Joint EASC/WHSSC workshop on the Welsh Government’s (WG’s) Review of National Commissioning Functions scheduled to coincide with today’s meeting had been postponed and would be rearranged as appropriate.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report,

	<ul style="list-style-type: none"> • Ratify the Chair’s action taken on 2 February 2023 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme; and • Approve the recommendation to extend the tenure of the interim Chair of the Individual Patient Funding Request Panel (IPFR) to 30 September 2023 to ensure business continuity.
JC23/41	<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"> • Plastic Surgery Outreach Clinics in BCUHB: Update on Quality Concerns - During the plastic surgery workshop held with the Management Group on 22 September 2022 to consider the future commissioning model for plastic surgery, significant quality concerns were raised by the clinical leads from St Helen’s & Knowsley NHS Trust (SHKNT). Since then further concerns were raised during an SLA meeting in February 2023, WHSSC has discussed the issues with colleagues in Welsh Government (WG), and it was agreed that given the issues did not lie directly within the WHSSC commissioning responsibility WG will lead on the escalation process but in liaison with WHSSC. In addition, a Harms Review has been commissioned by BCUHB and the Terms of Reference (ToR) are in the process of being signed off through internal HB processes. SL highlighted the complex governance issues around the commissioning model and the rationale for the escalation to be taken forward through WG. Chris Stockport (CS) confirmed that BCUHB are working with WG to embed improvements and would be happy to provide an update to SL following today’s meeting. • Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update – SL informed members that the formal engagement consultation period had closed and the feedback is now being analysed and will be presented to members at the Joint Committee meeting on 16 May 2023; and • Spinal Operational Delivery Network (ODN) – Members were advised that the implementation of the Spinal Operational Delivery Network (ODN) had been

	<p>unfortunately been delayed largely due to the difficulties in appointing an ODN Manager. Those issues have now been resolved and the implementation is continuing as planned. A more detailed update will be presented to the Joint Committee meeting on 16 May 2023.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/42	<p>3.3 Delivering Thrombectomy Capacity in South Wales</p> <p>The report outlining WHSSC’s position on the commissioning of Mechanical Thrombectomy for the population of Wales was received.</p> <p>The Chair reminded members that the report had been presented to the Joint Committee on 8 November 2023 and NJ outlined the work that had been undertaken since then.</p> <p>Members noted that the report updated at the request of the Joint Committee to provide greater emphasis on the networked approach, interdependencies around the network approach and pick up additional elements including the stroke review.</p> <p>Suzanne Rankin (SR) advised that CVUHB had worked jointly with WHSSC and that the Final Business Case had been to the CVUHB Investment Group and there were some minor points of clarification being looked at before it could be submitted.</p> <p>Carol Shillabeer (CS) queried the partnership relationship between CVUHB and Bristol and whether partnering with an experienced service would be beneficial. NJ responded and confirmed that the agreement with Bristol was a commitment to work as a partnership to build up a clinical relationship ensuring there was a safe and sustainable service for patients whilst our underpinning stroke services were being developed. SR advised that CVUHB were working with Bristol to ensure a safe and sustainable solution and that discussions were well underway.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Note the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy,

	<ul style="list-style-type: none"> • Note the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and • Note the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.
JC23/43	<p>3.4 Eating Disorder In-Patient Provision for Adults</p> <p>The report outlining the background and medium-term options for procuring adult inpatient eating disorder placements from the independent sector following the end of the service contract between WHSSC and Oxford Health NHS Trust (OHNT) and the current interim arrangements was received.</p> <p>Dai Roberts (DR) presented the report and members noted that the long term solution would be developed as part of Specialised Services Strategy for Mental Health.</p> <p>DR highlighted that the contract would allow WHSSC to commission an additional 8 to 10 beds within the geographical area of Wales and provide stability to the services.</p> <p>CS advised it was important to ensure that patients did not need to travel long distances for treatment, and queried the weighting criteria and asked if there were measures to monitor outcomes. DR responded and advised that it may not be possible to run a unit within Wales due to the specialist skills required and therefore the patient need was balanced against access and proximity together with the skills and expertise of the relevant independent sector provider.</p> <p>DR advised that this was a high risk service for WHSSC because the market was volatile with a limited number of providers and that over the last seven months it had been challenging to access sufficient capacity in the private sector. In the future, it was hoped, the NHS would provide a far more stable environment.</p> <p>Ceri Phillips (CP) advised that there should be a focus on outcomes.</p> <p>Rob Holcombe (RH) advised that it would be reasonable to be flexible in approaching a new service, and suggested that there</p>

was a need to look at the history of any organisation to ensure flexibility and enhanced monitoring which could be captured in the service specification.

Members noted that DR had experience of setting up the MH facility at Tonna Hospital for SBUHB.

Members noted the increased risk that would be carried if an independent sector service could not be procured in the short to medium term.

Sian Lewis (SL) assured members that the procurement service specification will clearly outline the expectations for adhering to quality standards and achieving outcomes, that the National Collaborative Commissioning Unit (NCCU) were involved and had extensive experience of monitoring the performance of inpatient eating disorder placements. However, for reasons outlined earlier there were significant challenges in procuring suitable capacity. There was a desire for an NHS Wales solution, however there were financial and capital challenges which would mean this would not happen in the short to medium term.

The Chair advised that additional information concerning the weighting criteria would be shared with members outside of the meeting for assurance and that the service was the cornerstone for the Specialised Services for MH.

ACTION: DR to circulate the proposed weighting criteria to members following the meeting for assurance.

The Joint Committee resolved to:

- **Note** the information presented within the report to progress tendering and procurement options with the independent sector in line with service need for Welsh patients requiring specialist eating disorder services,
- **Note** the medium-term options for adult inpatient eating disorder placements following the end of the contract for eating disorder services between WHSSC and Oxford Health NHS Trust (OHNT) and the current interim arrangements; and
- **Receive assurance** that there are robust processes in place to ensure delivery of eating disorder services for adults.

JC23/44	<p>3.5 Neonatal Transport ODN – Additional Funding Release</p> <p>The report advising that the Management Group approved the release of £125k for the establishment of the Neonatal Transport Operational Delivery Network (ODN) for Swansea Bay UHB (SBUHB) as the host provider in December 2022, and which sought approval from the Joint Committee for an additional £54k of funding to bridge the shortfall from the original funding request from SBUHB and to allow the implementation of the ODN to proceed was received.</p> <p>NJ presented the report and members noted that the MG had felt that the proposed model did not provide value for money when benchmarked against other networks and networks in NHS England (NHSE). On that basis they approved the benchmarked cost of £125,000 but did not approve the full funding release. Further consideration on next steps and what resources were available was being explored and the funding release was presented to the Collaborative Executive Group (CEG) in January 2023. The CEG recommended that the request be taken to the Joint Committee for approval of the release of £54,000 for SBUHB to operationalise the ODN.</p> <p>CS advised that she recalled historical discussion on the issues and queried whether the progress that had been made within transport services to make improvements could allow these services to align and be more efficient. SL confirmed that work to explore efficiencies and additional ways to improve transport services were being investigated and that WHSSC were working with EASC.</p> <p>Rob Holcombe (RH) queried the process of approval given that MG had refused to release the additional funding. It was noted that the Chief Executives considered this at the Collaborative Group and recommended that the matter be brought back to JC for approval.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Approve the release of an additional £54k funding for the Neonatal Transport ODN to allow the implementation of the Operational Delivery Network (ODN) to proceed.
JC23/45	<p>3.6 Neonatal Cot Configuration Project</p>

The report outlining the outcomes of the Neonatal Cot Configuration project, the proposed preferred option as recommended by the Project Board and seeking approval for the required long-term next steps was received.

NJ outlined the significant work that had been undertaken and the preferred option as recommended by the Project Board. Members noted that the proposed option would not change the designation or patient flow but is about making the service more sustainable in its current form.

NJ highlighted the detailed demand and capacity piece of work that had been undertaken with clinical staff. The Project Board explored four options that were developed using British Association of Perinatal Medicine (BAPM) standards. The clinical working group and project board supported option 4. This was presented to the Management Group who supported the proposal to recommend option 4 to the Joint Committee for approval.

Members noted that option 4 allowed improvements in staffing to improve outcomes for patients and families and to stabilise funding and contracting arrangements. The investment was included in the ICP this year. NJ requested that the Joint Committee also support a second phase of the review with recommendations likely to come back to the Joint Committee in approximately 2 years.

Paul Mears (PM) raised concerns around the phase 2 recommendation due to the impact it potentially would have on the core paediatric services and maternity services. PM asked whether it could be looked at together with the HB Planning Leads rather than a standalone piece of work and to be clear about what was actually achievable in terms of meeting the standards. SR agreed that a strategic discussion around the services in Wales needed to be a regional conversation to see how to do this safely under the current pressures.

RH reflected that implementing the BAPM standards would not necessarily give better outcomes and that a mixture of pathways to deploy the work could give the best outcomes. CS reflected on the changes and moves that were recommended following the review 10 years ago and agreed that reaching

BAPM standards was a goal to aim for but was very difficult to achieve.

Members discussed the need for a broader conversation linked to the interdependencies with maternity services and other core paediatric services, in developing the next steps. The challenges associated with meeting the BAPM standards and the historic work previously undertaken through the South Wales Plan were also discussed.

Members noted that the phase 1 element of the work was supported and NJ suggested that phase 1 would provide a good foundation to take forward phase 2. NJ agreed there would be value in taking forward a piece of work with the NHS Wales Directors of Planning Peer Group and would take it there for an initial discussion. Further consideration will then be needed around the scope of the work and the decision making process to implement changes.

ACTION: NJ to meet with the NHS Wales Directors of Planning peer group for initial discussions on phase 2 of the work for the Neonatal Cot Configuration Project.

Members noted that a risk assessment had been undertaken through the Finance Management Sub Group and financial flows and impact on organisations had been mapped for Phase 1.

ACTION: The risk assessment and Financial flow information to be shared with Joint Committee members.

SL confirmed that the request for the funding release was to provide stability to the service and the recommendation to move to phase 2 was a separate question. SL also highlighted that the South Wales Programme was never fully implemented despite being recommended 10 years ago and that the future approach would need to recognise the previous challenges.

PM raised the point that HBs were in a different position now from the history of when the South Wales Programme was developed and partner relationships across organisations and key stakeholders had improved so would be in a better position to work toward a joint plan at a regional level to tackle the issues identified previously but not implemented.

	<p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the background within the report, • Note the outcomes of the Neonatal Cot Configuration Project, • Note the financial assessment, • Note the preferred option of the Project Board, • Approve the recommended preferred option and the release of funding in line with the provision within the 2022/25 Integrated Commissioning Plan (ICP) as an interim measure; and • Did not approve the recommendation of the Management Group for a phase 2 programme of works to be undertaken, but agreed that the NHS Wales Directors of Planning Group consider the approach to reviewing the neonatal service model, aligning with Health Boards' strategic plans, regional work, and key service interdependencies. The output of the discussion to be brought back to the Joint Committee at a future meeting.
JC23/46	<p>3.7 IPFR Engagement Update – ToR and All Wales Policy</p> <p>The report detailing the outcomes from the WHSSC engagement process with key stakeholders to update the WHSSC Individual Patient Funding Request (IPFR) Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy was received.</p> <p>SL presented the report and members noted the revisions made to the Terms of Reference as a result of the process.</p> <p>SL reported that the majority of responses were accepted and the draft ToR revised accordingly. Two elements were, however, not amended because they were aligned to JC governance. Specifically the requirement for a Corporate Governance Manager being in attendance at IPFR Panel meetings. SL advised that whilst a governance manager would not be in attendance at IPFR panels in HBs, each of the Joint Committee's sub-committees were supported by a governance advisor (Committee Secretary or Head of Corporate Governance). This was to ensure that the Chair and members could seek advice and support on any aspect related to the conduct of their role, and to ensure that the sub-committees decisions on all matters brought before it were taken in an open, balanced, objective and unbiased manner. Therefore,</p>

	<p>the requirement for the Head of Corporate Governance being in attendance remained in the ToRs.</p> <p>The second element was the authority for signing off urgent IPFR cases which was unchanged from the original version of the ToRs and sits with the Manager of Specialised and Tertiary Services. This is because the WHSSC IPFR / Vice Chair are not WHSSC Officers and therefore do not have any financial delegated limit. In addition, the WHSSC Medical Director and Director of Nursing do not have sufficient delegated financial authority.</p> <p>Members noted that the IPFR engagement working group had accepted all other changes.</p> <p>Members noted that the IPFR Policy review was ongoing and there is further discussion underway with the IPFR Policy Implementation Group and Quality Assurance Group in order to agree a final draft to be submitted to the Joint Committee in May. If supported by JC then HBs will then be asked to take the report to HB Board meetings for final sign off.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Note the feedback received from the WHSSC engagement process with key stakeholders to update the WHSSC Individual Patient Funding Request (IPFR) Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy, • Approve the proposed changes to the WHSSC IPFR Panel ToR, • Note that the additional feedback on the specific and limited review of the All Wales IPFR Policy is being reviewed and an update will be presented to the Joint Committee on 16 May 2023; and • Note that when the limited review of the policy was completed and approved by the Joint Committee, the updated All Wales IPFR Policy (including the WHSSC ToR) will go to each Health Board (HB) for final approval.
JC23/47	<p>3.8 WHSSC Governance and Accountability Framework – SOs and SFIs</p> <p>The report providing an update on the WHSSC Governance and Accountability Framework was received.</p>

	<p>Jacqueline Evans (JE) presented the proposed changes to the Governance and Accountability Framework which incorporates the Standing Orders (SOs) and the Standing Financial Instructions (SFIs)</p> <p>Members noted that the report had been shared with HB Board Secretaries in January 2023 at the request of the Joint Committee for assurance, and that two queries were received concerning the WHSSC process for undertaking a Chair's Action and regarding the financial thresholds. JE had given assurance on both points.</p> <p>JE highlighted that the changes included the update to the designation of the Audit Finance IM Lead to an open and transparent recruitment process open to the seven HBs to advertise into the role.</p> <p>SD informed members that the changes would assist in keeping in alignment with the contract host CTMUHB SFIs.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Approve the proposed changes to the Standing Orders (SOs), prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 within their respective HB SOs, • Approve the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 within their respective HB SOs; and • Approve the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).
JC23/48	<p>4.1 Performance and Activity Report Month 9 2022-2023</p> <p>The report highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and outlining signs of recovery in specialised services activity was received.</p> <p>The activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.</p>

	<p>SD highlighted the detail around the three services that had been put into escalation and the improvements that had been made to date. It was noted that Paediatric Surgery had not seen any real improvement in the current performance position and the trajectory going to next year is causing concerns as it appears fairly level.</p> <p>Members noted that the report going forward from next month will see a focus on prospective activity from May rather than what has been delivered pre Covid and post Covid.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/49	<p>4.2 Financial Performance Report Month 10 2022-2023</p> <p>The financial performance report setting out the financial position for WHSSC for month 10 2022-2023 was received.</p> <p>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 10 for WHSSC is a year-end outturn forecast under spend of (£14.353m). Members noted that the under spend predominantly relates to releasable reserves of (£18m) arising from 2021-2022 as a result of WHSSC assisting Health Boards to manage resources over financial years on a planned basis, as HBs could not absorb underspends above their own forecasts and to ensure the most effective use of system resources.</p> <p>Members noted that month 11 was not issued at the time papers were submitted but would show a worsened underspend due to the increased activity in C&V UHB which was positive. No queries were raised against the report.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position.
JC23/50	<p>4.3 Neonatal Delivery Assurance Group (DAG) Update</p> <p>The report providing a summary of South Wales Neonatal Transport Delivery Assurance Group (DAG) Report for July-November 2022 was received.</p>

	<p>NJ summarised the activity outlined within the highlight report and the incidents that had been reported and the actions taken to implement improvements and incidents that had been resolved by the implementation of the ODN. No queries were raised by members.</p> <p>Members resolved to;</p> <ul style="list-style-type: none"> • Note the information in the report; and • Receive assurance that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).
JC23/51	<p>4.4 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>JE highlighted that the annual committee effectiveness survey would be shared with members for completion as well as the annual process for completing Declaration of Interest (DOI) forms.</p> <p>The Chair asked members to try to expedite completion to assist the WHSSC Corporate Governance Team with their records.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/52	<p>4.5 Reports from the Joint Sub-Committees</p> <p>The Joint Committee Sub-Committee reports were received as follows:</p> <p>4.5.1 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 13 February 2023.</p> <p>4.5.2 Management Group Briefings</p> <p>The JC noted the core briefing documents from the meeting held on 26 January 2023 and 23 February 2023.</p> <p>4.5.3 Individual Patient Funding Request (IPFR) Panel</p> <p>The JC noted the Chair’s report from the meeting held on 16 February 2023.</p>

	<p>4.5.4 Integrated Governance Committee (IGC) The JC noted the Chair’s report from the meeting held on 16 February 2023.</p> <p>4.5.5 Quality & Patient Safety Committee (QPSC) The JC noted the Chair’s report from the meeting held on 16 February 2023.</p> <p>CP highlighted the deep dive into Mental Health which each of the HBs had contributed to assisting with the development of the Mental Health Strategy and noted that work is going forward.</p> <p>CS informed members of the increasing concerns being reported in the media around Birmingham hospitals which are a key provider for the Welsh population. In terms of Patient Quality and Safety it was important to monitor the detail. SL confirmed that the matter had been discussed in MG and assured members that it was being monitored.</p> <p>4.5.6 Welsh Kidney Network (WKN) The JC noted the Chair’s report from the meeting held on 16 February 2023.</p> <p>The Chair highlighted the detail around housing issues raised within the report on behalf of Ian Phillips (IP) who asked that JC members give consideration to raise the detail through regional partnership boards.</p>
JC23/53	<p>5.1 Any Other Business No additional items of business were raised.</p>
JC23/54	<p>5.2 Date of Next Meeting The Joint Committee noted that the next scheduled meeting would be on 16 May 2023.</p> <p>There being no other business other than the above the meeting was closed.</p>
JC23/55	<p>5.3 In Committee Resolution The Joint Committee 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</p>

	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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