

**Confirmed Minutes of the
WHSSC Joint Committee Meeting held **In Public** on
Tuesday 30 January 2024
via MS Teams**

Members:

Kate Eden	(KE)	Chair, WHSSC
Dr Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing & Quality
Carolyn Donoghue	(CD)	Independent Member, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Richard Evans	(RE)	Interim Chief Executive Officer, Swansea Bay UHB (until 11:30hrs)
James Leaves	(JL)	Assistant Director of Finance and Information, WHSSC
Ian Phillips	(IP)	Independent Chair, Welsh Kidney Network (WKN)
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Steve Spill	(SS)	Independent Member, WHSSC
Hayley Thomas	(HTH)	Interim Chief Executive Officer, Powys teaching HB
Stacey Taylor	(ST)	Director of Finance and Information, WHSSC

Deputies:

Abigail Harris	(AH)	Executive Director of Planning, Cardiff and Vale UHB
Dr Philip Kloer	(PK)	Executive Medical Director / Deputy CEO, Hywel Dda UHB
Sally May	(SM)	Director of Finance, CTMUHB
Dr Chris Stockport	(CS)	Executive Director of Transformation And Strategic Planning, Betsi Cadwaladr UHB
Nerissa Vaughan	(NV)	Interim Director of Strategy, Swansea Bay UHB (from 11:30hrs)

In Attendance:

Hannah Crocker	(HC)	ATMP Outcomes Programme Manager, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Nicola Johnson	(NJ)	Director of Planning, WHSSC
Jacqui Maunder- Evans	(JME)	Committee Secretary & Associate Director of Corporate Services, WHSSC
David Roberts	(DR)	Director for Mental Health & Vulnerable Groups, WHSSC
Helen Tyler	(HT)	Head of Corporate Governance, WHSSC
Karla Williams	(KW)	Interim Governance Officer, WHSSC
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government

Observing:

Liz Kenward	(LK)	Specialised Planner for Neurosciences, WHSSC
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Emma King (EK) Senior Specialised Services Planning Manager for Mental Health, WHSSC
 Richard Palmer (RP) Senior Specialist Planning Manager, WHSSC
 Linda Prosser (LP) Executive Director of Strategy & Transformation, Cwm Taf UHB
 Nerissa Vaughan (NV) Interim Director of Strategy, Swansea Bay UHB
 Melanie Wilkey (MW) Deputy Director of Commissioning, Cardiff and Vale UHB

Apologies:

Paul Mears (PM) Chief Executive Officer, CTMUHB
 Steve Moore (SM) Chief Executive Officer, Hywel Dda UHB
 Chantal Patel (ChP) Independent Member, WHSSC
 Suzanne Rankin (SR) Chief Executive Officer, Cardiff and Vale UHB
 Carol Shillabeer (CS) Interim Chief Executive Officer, Betsi Cadwaladr UHB

Minutes:

Karla Williams (KW) Interim Corporate Governance Officer, WHSSC

Min Ref	Agenda Item
JC24/001	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed Members in Welsh and English. The Chair reminded Members of the purpose of the Joint Committee (JC) and the WHSSC values of respect, partnership, improvement and innovation.</p> <p>Phil Kloer (PK) was welcomed to his first JC meeting as Interim CEO at Hywel Dda UHB, and the Chair welcomed observers, Melanie Wilkey, Richard Palmer, Liz Kedward, Emma King and Linda Prosser.</p> <p>There were no objections to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved.</p>
JC24/002	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted and listed as above.</p>
JC24/003	<p>1.3 Declarations of Interest</p> <p>The JC noted the standing declarations and that there were no declarations of interest made relating to the items for discussion on the agenda.</p>
JC24/004	<p>1.4 Minutes of the meeting held on 21 November 2023 and Matters Arising</p>

	<p>The minutes of the JC meeting held on 21 November 2023 were received and approved as a true and accurate record of discussions.</p> <p>There were no matters arising.</p>
JC24/005	<p>1.5 Action Log</p> <p>The action log was received, and members approved the closure of the completed actions, and noted that two actions remained open.</p> <p>Jacqui Maunder-Evans (JME) advised that action JC23/010 was now complete and could be closed. .</p>
JC24/006	<p>2.1 Integrated Commissioning Plan (ICP)</p> <p>The report and presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government (WG) in line with NHS Wales planning requirements was received.</p> <p>Nicola Johnson (NJ) presented the report and outlined the transformational and strategic commissioning activities and the deliverables for 2024-2025 including the:</p> <ul style="list-style-type: none"> • Specialised Paediatric Services Strategy (approved 22/23), • Specialised Mental Health Services Strategy, • Specialised Rehabilitation Strategy (To be presented to JC in Q1 2024-2025), • Specialised Haematology Service review (included in All Wales Lymphoma Panel (AWLP)) - implementation underway, • Specialised Cardiac Services Review Phase, • Phase 2 Neonatal Services review (scoping underway); and • Recommissioning of a range of services across all portfolios. <p>Stacey Taylor (ST) provided the recommendation of financial plan providing an overall uplift of 2.73%, including a brought forward position of 2.4%. Members noted that WHSSC had been in a position to hand back finances previously, however they were unable to do so this year. The activity was increasing to pre-Covid levels.</p> <p>Members noted the unavoidable growth and cost pressures, split into categories with a total of £8.35m, of which the major costs related to high drug costs. ST provided a mitigating savings target of £10m for next year.</p> <p>NJ provided an update of all of the schemes considered by the Clinical Impact Assessment Group (CIAG) and the uncommitted expenditure from previous plans, prioritised based on Quality</p>

Impact Assessment (QIA) based on Safety scores against the STEEP¹ framework, which showed 6 schemes that scored the highest.

The CIAG, Horizon Scanning day results and the new Interventions scores had been considered and following assessment it was determined that the strategic priority was the South Wales Thrombectomy Service, at £1.6m PYE.

Members noted that following feedback from the Management Group, it had been agreed that all other schemes were to be stopped rather than paused and would require new submissions to be considered in the future. .

NJ advised that it was important that members were sighted on the in year risks, including Paediatric Surgery which was in the plan with a focus to maintain and improve on the 52-week wait time only.

Members noted that WHSSC will follow what had been agreed and ensure the final financial plan had limited scope to manage the inflationary uplift. Members noted:

- The plan included an extensive work programme of strategic commissioning to improve value, outcomes and transformation within core resources,
- A minimal investment plan with robust prioritisation based on evidence and quality assessment; and
- was based on a balanced assessment of risk, pressures and savings opportunities.

Sian Lewis (SL) concluded that Health Boards (HBs) were required to agree a Plan through the JC for Specialised Services in line with the NHS Wales Planning Framework and with HB Commissioner Plans for submission to WG. The Accountable Officer (AO) letters needed to be submitted to WG by 16 February 2024. Members noted that the proposed recommended pass through of the Allocation Letter inflation funding for Specialised Services according to historical precedent and that members approve the Plan, predicated on sustainability, unavoidable demand and core cost inflationary pressures, whilst recognising the risks and opportunities.

Hayley Thomas (HTh) advised that she understood that the Management Group had agreed that further work be undertaken in discussion with Finance Directors on the financial assumptions of

¹ STEEP framework for quality healthcare – “Safe”, “Timely”, “Effective”, “Efficient”, “Equitable” and “Patient Centred”.

the plan, however she felt that the level of funding requested was higher than expected. HTh advised that there was an additional ask across healthcare and that this would need further discussion to ensure the overall ask was dealt with around the financial uplift.

Nerissa Vaughan (NV) suggested having some feedback on the fertility proposal.

ST advised that the JC would always be in a financially challenging position, however increased referrals were observed going through the system in comparison to pre pandemic levels. ST advised that there were further conversations with DOFs regarding the inflationary uplift and that that the issued raised would be discussed with them. Members noted that the forecast for the first 6-8 months of next year was already known, and that policy changes had been scoped and showed that implementation will not be possible during the next financial year and that updates will be provided to the new NHS Wales Joint Commissioning Committee (JCC).

Nicola Prygodzicz (NP) advised that she appreciated and acknowledged the effort gone into developing the plan, and whilst appreciating that time was an issue, she was unable to recommend the uplift. She suggested that she needed to understand clinical effectiveness of services, access, demand and choices available.

Sally May (SM) advised that she appreciated the amount of work that had gone into the plan, however the discussions in the DOFs group needed to be an iterative process as this put HBs in a difficult position on whether to support the decision.

ST reassured members that WHSSC had considered the level of risk in the plan and tried to get a balance with realism and deliverability. ST advised that WHSSC appreciated it was a difficult plan given the current financial position, and whilst members could consider the level of the uplift to be significant, this was a reflection of the inflation levels in specialised services and the number of patients flowing out of secondary care.

Phil Kloer (PK) advised that DOF's needed to be aware that the activity will flow into specialised services, and that HBs will end up paying for the services anyway, and that there was a need to ensure there was a balance between specialised and general services.

Abigail Harris (AH) advised that she was grateful to the team on the work, however shared concerns on the difficult conversations and how we balance the specialised and tertiary services so the Welsh population was not at a disadvantage. From a HB perspective, they

needed to understand the implication on the services that sit under the line and the business cases on the agenda which relate to core elements in the plan. There are ongoing concerns on the impact Thrombectomy and Cardiac will have on providers.

Chris Stockport (CS) echoed HB colleagues' observations and advised there were challenges in putting the proposal forward to BCUHB as they are looking at levels that are out of balance for access to their general services.

Richard Evans (RE) advised there needed to be a balanced view before agreeing the plan and there was a need to look at core services as well as the other services on top, and where SBUHB were as a HB.

SL advised that the uplift of the WHSSC plan could be set at whatever level was requested, but there needed to be an understanding as to where the risks would fall and that controlling the access of tertiary services sat within the HBs control. SL advised that what WHSSC were suggesting and recommending was not an offer without risks, and it was based on what can be recommended, accepted and managed. If the plan is changed this would mean the risk changes.

Stuart Davies (SD) reminded members on managing the flow of patients when we are talking about risks. In BCUHB and PtHB, when a referral is made, there is no further control point. NHS providers had made it clear that they will not restrict these services. If we go down the route of controlling the flow, we would need to do it by HBs at a secondary level, and WHSSC will need to work with HBs to do this.

HBs would need to work with WHSSC to understand the choices, to make sure the cost was assessed and to make it more transparent.

The Chair thanked members for their comments and proposed that the team have further discussions with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift.

It was agreed to bring the ICP back to an Extraordinary JC meeting in February 2024 for approval.

ACTION: WHSSC to have further discussions with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift. The

	<p>Integrated Commissioning Plan (ICP) to be brought back to an Extraordinary JC in February 2024 for approval prior to being submitted to WG.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Discuss the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government, and agreed that further discussion be undertaken with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift. The plan should then be brought back to an extraordinary Joint Committee for approval in February 2024.
JC24/007	<p>2.2 Commissioning of Advanced Therapy Medicinal Products (ATMPs) in Wales</p> <p>The report and presentation providing an update on the Advanced Therapy Medicinal Product (ATMP) landscape highlighting the additional implications that are associated with them, and to set out a proposed ATMP commissioning framework that will inform implementation plans were received.</p> <p>SD introduced the session and Dr Hannah Crocker (HC) gave a brief reminder on what Advanced Therapy Medicinal Products (ATMPs) were, and advised members where WHSSC currently were with implementing ATMPs in Wales.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • ATMPs are currently funded by WG and are very high upfront costs but there are major benefits and that the proposal was for WHSSC to use WG funding to be able to offer treatments closer to home, • There are currently 11 NICE recommended ATMPs, 4 therapies of which WHSSC does not commission including Imylgic, Holoclar, Strimvelis and Spherox, • The forecast predicted a year on year increase; there were currently 6 estimated available for 2024; and • A framework has been developed bespoke to ATMPs. This follows the importance of horizon scanning to early assessment of resource to alert WG to design a commissioning policy on how we service designate within Wales or England, capacity plan and how we monitor the quality outcomes. <p>Carolyn Donoghue (CD) thanked members on illustrating the current position and advised that she was very supportive of the strategy. CD queried where at WG level the conversations were</p>

happening regarding approvals. HC responded and advised that WG's position was that they remained to be signed up to create a strategy for medicine. They took the decision to set aside central funding so it did not conflict with the day to day priorities.

Richard Evans (RE) queried the annual cost of the 6 NICE therapies if they were approved and SD confirmed the annual cost for the 6 that had already been approved and were commissioned by WHSSC was £20-£25M.

RE asked if the central funding was separate to the HB funding allocations and SD confirmed they were funded directly from WG allocations.

Nick Wood (NW) provided clarity on the funding allocations and advised that the funding came out of the Health and Social Services Government allocation. NW advised that it was important that these priority medicines and treatments be dealt with on a national scale rather than on a smaller footprint and their use was outcome driven following NICE recommendations.

AH advised there was potential for revaluation in the future. And that the issue was one of balance and how do we ensure the financial plan works annually.

HC advised that the 6 new ATMPs coming through the pipeline did not have an agreed price yet, as they were under negotiation but it was estimated to be £2.6 million.

HC advised that the benefits of the strategy were that we are ready to implement the things that are going to happen anyway. When we hit the transformation stage, we need to understand what we need to do and get ready and will need clinical support.

The Chair clarified we are not asking for approval at this stage, just to support recommendations.

The Joint Committee resolved to:

- **Note** the report,
- **Note** the current and future Advanced Therapy Medicinal Product (ATMP) positions and implementation progress to date,
- **Note** that further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities,

	<ul style="list-style-type: none"> • Note the development of a strategic partnership with NHS England for the provision of ATMPs for rare indications with low patient numbers, • Note the proposed ATMP Commissioning Framework (Appendix 1), • Note the development of an ATMP Commissioning Strategy for Wales; and • Support that WHSSC (and from April 2024 its successor organisation, the NHS Wales Joint Commissioning Committee) commission all NICE recommended ATMPs, including those recommended before May 2018.
JC24/008	<p>3.1 Chair’s Report Members received the Chair’s Report and noted:</p> <ul style="list-style-type: none"> • Key Meetings attended. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC24/009	<p>3.2 Managing Director’s Report Members received the Managing Director’s Report and noted the following updates:</p> <ul style="list-style-type: none"> • The Increased Thrombectomy access for Welsh patients in Bristol - North Bristol NHS Trust have informed WHSSC that from 15 January 2024 they are able to offer access to Thrombectomy for Welsh patients from 6.00am to 12.00am, with the last referral being accepted at 9.00pm in order that procedures can be completed by 12.00am. Currently the service accepted patients at 8.00am. Access to Thrombectomy is increasing in South Wales with an average between December 2023 to June 2024 of 3.3 patients per month and for July to November 2023 an average of 6.0 patients per month. However, the overall annual rate was 2.18% of stroke patients accessing Thrombectomy which was still well below the target of 12.5%; and • NHS Wales Joint Commissioning Committee Implementation WHSSC were informed at the National Commissioning Review Oversight Board that it was unlikely that the Organisational Change Policy (OCP) process will be complete by 1 April 2024 and therefore a transitional model will be put in place. Development of the model will be undertaken by WG with ‘sign off’ by the Director General of NHS Wales. This work will be completed in the next few weeks. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.

JC24/010

3.3 Delivering Mechanical Thrombectomy Capacity in South Wales (Phase 1)

The report seeking approval to establish phase 1 of a regional Mechanical Thrombectomy (MT) centre in South Wales was received.

NJ presented the report and highlighted that the report was linked to the ICP report presented earlier.

Members noted that the JC had received a report earlier in the year on the Strategic Plan on the partnership approach with Bristol. The demand was expected to increase globally due to clinical change in guidelines, which will prove challenging with Bristol reaching capacity and prioritising English patients over the Welsh patients.

Members noted:

- The service model and that that the system provided life-changing benefits and was predicted to deliver 78 cases in phase 1 per annum,
- the additional workforce uplift across the professional groups for each phase to provide a reliable, sustainable service
- The critical care requirements,
- Financial framework and the commissioner benefits; and
- How WHSSC carefully monitor the implementation of the plan with CVUHB being the provider.

Linda Prosser (LP) queried CVUHB's capacity to provide the service and AH provided an assurance that they are able deliver the required capacity, and that an internal scrutiny process had been undertaken to assess this. NJ provided further assurance to members that WHSSC had scrutinised CVUHB's plans and that all queries and concerns had been addressed.

NP expressed her support, but queried whether it was better to have a well-established position in Bristol, or to create a new service in CVUHB, but accepted that it was important that we ensured we considered the potential risks of the procedure not being undertaken locally.

HT (HTH) advised that the success of the service depended on the regional stroke networks, and asked if the Welsh Ambulance Services Trust (WAST) were aware of the expansion of the criteria. NJ confirmed there has been ongoing conversations with the Emergency Ambulance Services Committee (EASC) with regards to expanding the capacity within WAST.

The Joint Committee resolved to:

- **Note** the report,

	<ul style="list-style-type: none"> • Note the financial framework to support the development of a Mechanical Thrombectomy centre for South Wales, • Note the benefits and risks associated with the investment, • Approve the funding to establish Phase 1 of a local Thrombectomy service for the South Wales region as included in the Integrated Commissioning Plan (ICP) 2024/25; and • Approve the proposal for a post-implementation commissioning evaluation for Phase 1 of the commissioned service.
JC24/011	<p>3.4 WHSSC Cardiac Review – Outcomes of Phase 1</p> <p>The report providing a précis of the outcomes of Phase 1 of the WHSSC Cardiac Review, which sought to: re-baseline the South Wales Trans- catheter Aortic Valve Implantation (TAVI) and cardiac surgery contracts to ensure that they better reflect potential demand; and assess the extent to which, in view of recent trends and differential valve costs, the TAVI policy remains both adhered to and apposite was received.</p> <p>Members noted that in January 2023 the JC agreed that Phase 1 of the review would be completed by the end of Q3 2023/24, and that it would be followed by a second phase which was in a number of stages, focused on the future configuration of WHSSC-commissioned TAVI and cardiac surgery.</p> <p>AH queried if there was a risk in undertaking phase 1 if we have not completed the wider service reconfiguration and asked how were conversations going to progress. NJ advised that we would need to maintain both providers in the medium term whilst working through the service model.</p> <p>RE queried how far below the benchmarked NHS England (NHSE) costs for procedures and consumables were the South Wales cardiac surgery contract prices. ST advised that this was currently a challenge and that more work was required to determine the gap and that will be included in the negotiation going forward.</p> <p>ST advised that the assumption through the plan was to return to baselines and that further conversations were required.</p> <p>NP added that there was a need to be fair and transparent with sensible agreements.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the findings of Phase 1 of the WHSSC Cardiac Review, • Note that the proposed revised Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contract baselines be used as the basis for negotiations with Cardiff and Vale

	<p>University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB),</p> <ul style="list-style-type: none"> • Note the finding that the current WHSSC TAVI Commissioning Policy remains both adhered to and apposite; and • Note the work ongoing to clarify and reduce TAVI valve costs.
JC24/012	<p>3.5 Mental Health Specialised Services Strategy for Wales 2024/25-2028/29</p> <p>The report presenting the final WHSSC Mental Health Specialised Services Strategy for Wales 2024/25- 2028/29 and outlining the governance structure for the implementation programme was received.</p> <p>Dai Roberts (DR) presented the report and members noted that:</p> <ul style="list-style-type: none"> • the draft strategy was last presented to the JC for consideration in November 2022, • Since then, further work had been undertaken to incorporate comments received from the stakeholder engagement exercise in May 2022 and the feedback from the consultation exercise received in January 2023 • the JC asked in the meeting held on 8 November 2022 for a demand and capacity analysis exercise to be undertaken which would: <ul style="list-style-type: none"> ○ Use predictive analysis techniques, ○ Engage clinicians to enable extensive service modelling, ○ Consider the management of pathways for mental health services, • The Demand and Capacity Report was received by WHSSC in October 2023 and was presented to key stakeholders in the NHS Wales Executive, WG and the WHSSC Corporate Directors Group Board (CDGB) in October 2023, and at a JC briefing session on 21 November 2023, • The Demand and Capacity Report, along with the feedback from stakeholder engagement and consultation on the draft strategy document were taken into consideration to develop the final Mental Health Specialised Services Strategy for Wales. <p>DR advised that WHSSC were expecting all proposals to be cost effective and within the scope to ensure we are providing higher quality services closer to home.</p> <p>LP asked how we balance the investment and implementation stage on and how we articulate that stage to show benefits. DR advised that it was important to have a strategy that was specific to Wales.</p>

	<p>HTH suggested to have a think about the implementation of this and the concerns around cross border digital systems, which had been identified previously.</p> <p>DR advised that he would confirm if the cross border check issue had been considered as part of the risk assessment.</p> <p>ACTION: DR to confirm if cross border digital systems had been included in the risk assessment for the MH strategy work.</p> <p>Nerissa Vaughan (NV) advised that it was a strong strategy, and provided an assurance that it had been developed in conjunction with clinicians which had been very well received within HBs.</p> <p>The Chair gave a personal thanks to DR for his expertise and leadership in developing the strategy with clear intent. The Chair acknowledged that DR would be leaving WHSSC 31 March 2024 and that he will be sorely missed.</p> <p>DR also passed thanks to Emma King (EK) on her help in developing the strategy.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Approve the WHSSC Mental Health Specialised Services Strategy for Wales 2024/25-2028/29.
JC24/013	<p>3.6 All Wales PET Programme Progress Report</p> <p>The report providing an update on several important issues facing the Projects within the All Wales Positron Emission Tomography (PET) Programme was received.</p> <p>SL presented the report and members noted that The all-Wales PET Programme is in the implementation stage and while progress was being made, the Projects within the Programme were all realising issues. As such, change control thresholds had been reached. In line with governance routes, escalation to the JC and the Sponsor, the WG was required.</p> <p>Members noted the updates relating to</p> <ul style="list-style-type: none"> • Project 1 (Positron Emission Tomography Imaging Centre (PETIC)) scanner replacement is completed. The business case supporting the isotope production facility has however been withdrawn and is now being revised. • Project 2 – BCUHB - issues with increasing costs. They are sourcing other options available.

	<ul style="list-style-type: none"> Project 3 – SBUHB have submitted a business case, which was previously approved, but the outlined business case has come in significantly higher. 12 month delay on capital programme <p>SL advised that in her capacity as SRO, she has written and escalated to the WG(Sponsor) and informed them of the issues facing two projects and the risks related to the third.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the proposed actions regarding escalation to the Sponsor (Section 3.3.4), Note the issues and risks facing the projects; and Note the progress made by the Workstreams and other enabling activities.
JC24/014	<p>3.7 Business Continuity Risks Related to the Establishment of the Joint Commissioning Committee</p> <p>The report outlining the business continuity risks for Specialised Services Commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024 was received.</p> <p>SL presented the report and members noted the four main areas:</p> <ul style="list-style-type: none"> Possible delays on the decision making, Workforce retention will affect all portfolios particularly around the MG strategy, The financial operating model; and The business operating model. <p>Members noted the mitigating actions and that risks had been fed into the programme for the new JCC and added to transition plan.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the report; and Note the risks associated with the implementation of the new NHS Wales Joint Commissioning Committee, and note that the WHSSC Corporate Risk Assurance Framework (CRAF) will be updated to include the risks to specialised service business continuity.
JC24/015	<p>3.8 Corporate Risk Assurance Framework (CRAF)</p> <p>The report presenting WHSSC’s updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers was received.</p> <p>JME presented the report and members noted that as at 31 December 2023 there were 25 risks on the risk register. There were 20 commissioning risks including three new risks relating to,</p>

	<p>Obesity Surgery waiting times, TARN Delays, and Neurosurgery Sustainability. There were 5 corporate risks.</p> <p>In relation to risk 29 - IPFR and Governance JME reminded members that at the September 2023 meeting the JC had endorsed the updated IPFR policy for submission to HBs for approval. Members noted that some HBs had approved the updated policy in November 2023 and others will be receiving it at their board meetings in January 2024. Members noted that once all of the seven HBs had approved the policy it will be shared with WG and will then be formally introduced.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 31 December 2023, • Approve the CRAF as at 31 December 2023; and • Note that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings.
JC24/016	<p>4.1 WHSSC Integrated Performance Report – November 2023</p> <p>The report providing a summary of the performance of WHSSC’s commissioned services was received. Further detail including splits by resident HB was provided in an accompanying Power BI Dashboard report.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC24/017	<p>4.2 Financial Performance Report Month 9 2023-2024</p> <p>The report setting out the financial position for WHSSC for month 9 2023-2024 was received.</p> <p>Members noted that the financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the JC in February 2023.</p> <p>The year to date financial position reported at Month 9 for WHSSC (excluding EASC) was an underspend against the ICP financial plan of (£5.018m), the forecast year-end position is an underspend of (£10.416m).</p> <p>Members noted the elective performance was holding up despite the recent industrial action and there had been an improvement on the Mental Health position.</p>

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position.
JC24/018	<p>4.3 South Wales Trauma Network Delivery Assurance Group</p> <p>The report providing a summary of the Quarter 2 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN) was received.</p> <p>NJ presented the report and members noted that a gateway 5 review on the Programme was planned for March 2024 and that preparation was underway. The peer review is arranged for July 2024.</p> <p>Members noted there was a risk around the TARN database; this had an impact on commissioning the service and the ability to monitor the standards. This issue had been raised and was being monitored.</p> <p>Members noted that a more detailed report on the outcomes was presented within the “In Committee” meeting.</p> <p>HTH asked when the TARN database would be back online and how the backlog issue would be managed. NJ reassured members, that the one reason this had been escalated within the plan was due to the data slippage issues. WHSSC had asked for an up to data plan and the SWTN had developed a local database, however there would be a 3 month gap until it was fully developed and operational.</p> <p>The Chair suggested that an update be brought back to the JC in March 2024.</p> <p>ACTION: An update on the TARN database and the local SWTN local database to be provided at the March 2024 JC meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Receive assurance that the Major Trauma Network’s delivery and outcomes are being scrutinised by the Delivery Assurance Group (DAG).
JC24/019	<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>Members noted that a diary marker for the first meeting of the new NHS Wales JCC has been set for 3 April 2024.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC24/020	<p>4.5 Reports from the Joint Sub-Committees The JC Sub-Committee reports were received as follows:</p> <p>4.5.1 Audit and Risk Committee (ARC) Assurance Report The JC noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on 19 December 2023.</p> <p>4.5.2 Management Group Briefings The JC noted the core briefing documents from the meetings held on 23 November 2023 and 14 December 2023.</p> <p>4.5.3 Individual Patient Funding Request (IPFR) Panel The JC noted the Chair’s report from the meeting held on 19 January 2024. Members noted that, Mrs Elizabeth Kathleen Abderrahim had been appointed as the All-Wales IPFR Panel Chair from 1 November 2023 for a period of up to 3 years.</p> <p>Carole Bell (CB) advised that the panel had not been quorate in November 2023 or December 2023.</p> <p>4.5.4 Welsh Kidney Network The JC noted the Chair’s report from the meeting held on 6 December 2023.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the reports.
JC24/021	<p>5.1 Any Other Business</p> <ul style="list-style-type: none"> • CEO Hywel Dda UHB Last Meeting – members noted that it would have been Steve Moore, CEO Hywel Dda UHBs last JC meeting following announcing his appointment to a new role. Members thanked him for his stalwart contribution and commitment to developing specialised commissioning in Wales and wished him every success in future; and • Farewell to Assistant Director of Finance, WHSSC – members noted that it was James Leaves, Assistant Director of Finance, WHSSC’s last meeting and members thanked him for his hard work and commitment and wished him well in his new role with CVUHB. <p>No additional items of business were raised.</p>

JC24/022	<p>5.2 Date of Next Meeting (Scheduled)</p> <p>The JC noted that the next scheduled meeting would be held on 19 March 2024.</p> <p>There will be an Extraordinary meeting in February 2024 to sign off ICP.</p> <p>The meeting closed at 11:56hrs.</p>
JC24/023	<p>5.3 In Committee Resolution</p> <p>The Joint Committee is recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".</p>

Chair's Signature:

Date:.....

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