

**Confirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held **In Public** on
Monday 16 May 2023
via MS Teams**

Members:

Kate Eden	(KE)	Chair, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Chantal Patel	(ChP)	Independent Member, WHSSC
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Interim Chief Executive Officer, Betsi Cadwaladr UHB
Steve Spill	(SS)	Independent Member, WHSSC
Hayley Thomas	(HT)	Interim Chief Executive Officer, Powys teaching HB

Deputies:

Stephen Powell (In Part)	(SP)	Director of Performance and Commissioning, Powys teaching HB, on behalf of Hayley Thomas
Nerissa Vaughan	(NV)	Interim Director of Strategy, Swansea Bay UHB, on behalf of Mark Hackett

In Attendance:

Luke Archard (In Part)	(LA)	Planning Manager, WHSSC
Jacqui Evans	(JE)	Committee Secretary & Associate Director of Corporate Services, WHSSC
Helen Fardy (In Part)	(HF)	Associate Medical Director, WHSSC
Chris Fegan (In Part)	(CF)	Commissioned Lead for the Review of Specialised Commissioning for Haematology and Immunology
Jeremy Griffith	(JG)	Director of Operations, NHS Wales Executive
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Nicola Johnson	(NJ)	Director of Planning, WHSSC
Ian Phillips	(IP)	Independent Chair, Welsh Kidney Network (WKN)
Karen Preece	(KP)	Programme Director, WHSSC
Dai Roberts	(DR)	Director for Mental Health & Vulnerable Groups, WHSSC
Helen Tyler	(HT)	Head of Corporate Governance, WHSSC

Apologies:

Carole Bell	(CB)	Director of Nursing & Quality, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC

Mark Hackett (MH) Chief Executive Officer, Swansea Bay UHB
Ceri Phillips (CP) Independent Member, WHSSC
Nick Wood (NW) Deputy CEO NHS Wales, Welsh Government

Minutes:

Gemma Trigg (GT) Corporate Governance Officer, WHSSC

Min Ref	Agenda Item
JC23/56	<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. She reminded Members of the purpose of the Joint Committee and the WHSSC values of respect, partnership and improvement and innovation.</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>
JC23/57	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted and are listed as above.</p>
JC23/58	<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>
JC23/59	<p>1.4 Minutes of the meetings held on 14 March and Matters Arising</p> <p>The minutes of the JC meeting held on 14 March 2023, were received and approved as a true and accurate record of discussions.</p> <p>There were no matters arising.</p>
JC23/60	<p>1.5 Action Log</p> <p>The action log was received, and members noted the progress on the actions and the actions that had been closed.</p>
JC23/61	<p>2.1 WHSSC Specialised Services Strategy</p> <p>The report and presentation outlining the changes that had been made to the WHSSC Specialised Services Strategy following the JC Workshop held on 17 April 2023 and the additional updates reflecting the strategic and operational feedback received from Welsh Government were received.</p>

Nicola Johnson (NJ) led the session and members noted the further work scheduled to build meaningful success measures into the strategy for monitoring purposes and that further consideration would be taken forward with the Management Group (MG) before being finalised in September 2023.

Members noted that mechanisms to review Health Board (HB) monitoring at a local level would be developed.

Chantal Patel (ChP) queried what support mechanisms were in place to measure progress across HBs. NJ advised that the annual engagement phase of the Integrated Commissioning Plan will ensure that the WHSSC Specialised Services Strategy aligns with the HBs' Clinical Strategies and that it is deliverable.

SL advised that the key strategic aim for WHSSC was to be a responsive commissioner with the ability to adapt rapidly to a changing environment through being flexible and nimble.

Steve Spill (SS) referenced the feedback received from Welsh Government on the strategy and queried whether the plan would be approved by them. SL responded and advised that the WHSSC Standing Orders (SOs) stipulated that the Joint Committee should determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers. She considered that the work undertaken in response to WG feedback met this requirement and formal approval was not required.

Carol Shillabeer (CS) advised that integrated HBs were separate from Welsh Government (WG), and that if the strategy presented was satisfactory to Joint Committee then it should satisfy WG requirements.

Jeremy Griffith (JG) advised that WG went through a collective review process and that feedback went to Ministers.

NJ provided clarification on the process and advised that the specialised services strategy was separate to the ICP process which had already been approved by the Joint Committee in February 2023. The strategy need to be approved by the Joint Committee in conjunction with Ministers.

The Chair thanked those involved in the development of this huge piece of work which now provides the long term principles of future commissioning functions over the next 10 years.

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the final draft of the Specialised Services Commissioning Strategy; and • Support the decision to undertake further detailed work on the development of a set of meaningful success measures for the strategic objectives, with a timescale of September 2023 for completion.
JC23/62	<p>2.2 WHSSC & HB Shared Pathway Savings Target – Milestones on Governance System & Process</p> <p>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, which had been requested by the Committee following 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 establish a mechanism to monitor savings and efficiencies and had developed a Project Initiation Document (PID) outlining that a Programme Board would be established comprising of representatives from each HB. The PID had been discussed at the MG meeting held on 23 March 2023.</p> <p>Stuart Davies (SD) led the session on the financial elements.</p> <p>Members noted that WHSSC were conducting an internal assessment on 6 June, in readiness for a workshop with the Management Group on 22 June 2023. Thereafter an update on progress will be provided to the July 2023 Joint Committee and would feature as a standing item on the agenda at future JC meetings.</p> <p>ChP queried who had overall responsibility to ensure that savings were made overall and efficiencies were demonstrated. SD advised that the process side was led by WHSSC and responsibility was shared across all of the 7 HBs. The Chair confirmed that this necessitated a need for tight monitoring of performance.</p> <p>The Chair thanked everyone for the considerable effort from WHSSC and the HBs that had gone into producing the update.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.

JC23/63	<p>3.1 Chair's Report</p> <p>The Chairs report was received and members noted:</p> <ul style="list-style-type: none"> • Chairs Action - The Chair's Action taken on 9 May 2023 to extend the tenure of Professor Ceri Phillips, Independent Member (IM), WHSSC from 31 May 2023 until 30 June 2023, • WHSSC Independent Member (IM) Recruitment - that a recruitment process to appoint a third WHSSC IM to replace Professor Ceri Phillips will open in May 2023, • Welsh Government (WG) Review of National Commissioning Functions - further to the Minister for Health & Social Services announcement concerning a review of national commissioning functions a facilitated discussion was held with Joint Committee members and a joint workshop took place on 14 March 2023 to coincide with the Emergency Ambulance Services Committee (EASC) and WHSSC meetings scheduled for that day; and • Key meetings attended. <p>The Chair thanked CP in his absence for all of the work he had done during his time as an IM with WHSSC and for the knowledge and experience he had exhibited as Chair of the Quality and Patient Safety Committee (QPSC). The Chair also personally thanked CP for the advice and counsel he had provided her and WHSSC Senior Leadership and wished him well for the future in Cardiff and Vale (C&V).</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, and • Ratify the Chair's action taken on 9 May 2023 to extend the tenure of Professor Ceri Phillips' Independent Membership (IM) for WHSSC from 31 May 2023 until 30 June 2023.
JC23/64	<p>3.2 Managing Director's Report</p> <p>The Managing Director's Report was received and members noted the following updates:</p> <ul style="list-style-type: none"> • Single Commissioner for Mental Health - Further to the Joint Committee meeting on 10 January 2023, when six of the seven HBs supported a recommendation that WHSSC should be the single commissioner for Secure Mental Health Services in Wales, WHSSC received confirmation from WG that they accepted the recommendation on 20 March 2023. A letter has since been issued to Welsh Government to request funding for

	<p>Project Management support for the associated programme of work,</p> <ul style="list-style-type: none"> • Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales - WHSSC had received a request from the Chair of the NHS Wales Health Collaborative Executive Group (CEG) formally requesting that WHSSC take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales. The WHSSC Team will undertake an evidence review of the procedure and an estimation of demand and budget impact to feed into the WHSSC Integrated Commissioning Plan. A report outlining the process and timeline will be brought to the July Joint Committee, • Spinal Operational Delivery Network (ODN) - Following highlighting the delay reported in the March 2023 meeting the Implementation Board have confirmed that the plan is for the ODN to go live in September 2023, • Thoracic Surgical Centre Update - Following further detailed capital planning work undertaken by SBUHB as the host provider of the future single Thoracic Surgical Centre it was reported that the Centre will be operational during 2026; and • All Wales IPFR Policy Review The final draft of the All Wales Individual Patient Funding Panel (IPFR) Policy will be presented to the Joint Committee in July 2023. It had not been possible to complete the work in time for the May committee meeting due to the availability of the Kings Counsel (KC) to consider the draft which had now been agreed by WHSSC and stakeholders. <p>Suzanne Rankin (SR) queried if SNS for urological incontinence could be included in the work as CVUHB were currently sending out to Bristol on an individual patient basis. SL agreed to take this forward.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/65	<p>3.3 Review of Specialised Commissioning in Haematology: Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM)</p> <p>The report outlining the main findings and proposals of the report on Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia</p>

(HRM) from the review of specialised commissioning in haematology was received.

The Chair welcomed Chris Fegan, (CF) and Luke Archard (LA) to the meeting and advised members that the presentation would cover the issues outlined in agenda items 3.3 – 3.5 and included potential cost savings if implemented.

CF led the presentation and outlined the process that had been undertaken to review haematology and immunology services that may benefit from specialised commissioning. The presentation covered his recommendations for the commissioning remit of WHSSC with regard to specialised haematology and specialised immunology as outlined within agenda items 3.3 – 3.5 and included potential cost savings if implemented.

SD advised that WHSSC were aware of a number of the propositions which had significant efficiency and quality potential, which WHSSC were keen to explore, for example a linked up genomics programme to accelerate the testing of AML.

SS queried if option 4 would only be considered once option 3 had been in place for a while. SL responded and advised once we have approval we will create a project plan – detail needs to be scoped and worked through with the HB.

CF advised that the cancer network were supportive, and the estimated timeframe expected to plan an All Wales MDT and a Network Service Model for Wales would be approximately 6-12 months, and therefore may be commissioned in April 2024. SL advised that the MG will review the project plan.

ChP queried if the issues of bed capacity and staff capacity would be managed more effectively if services were managed at a local level. SL advised that current workforce issues were such that local services wouldn't be able to manage capacity and therefore action was imperative.

Nicola Prygodzicz (NP) advised that the service was the key priority but asked what the impact was on the financial elements of the IPC. CF advised that patients from ABUHB went to CVUHB for treatment, and that this would stop if new drugs were administered. SL also confirmed that the new drugs will be assessed through the NICE process and therefore NHS Wales will be mandated to make them available.

	<p>SL advised that there were already significant numbers of vacancies amongst haematology staff and the option put forward was the only option to address these issues.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the findings of the specialised haematology review in relation to the opportunities, risks and challenges for the Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) service in Wales, • Consider the options proposed for how specialised commissioning under WHSSC could address the opportunities, risks and challenges in the AML, ALL and HRM service to provide an equitable, high quality and sustainable service for patients in Wales; and • Approve option 4, the phased implementation of option 1 (all Wales MDT) and option 3 (network service model for Wales), as the preferred option.
JC23/66	<p>3.4 Review of Specialised Commissioning in Haematology: Allogeneic Haematopoietic Stem Cell Transplantation (AHSCT), Salvage Therapy in Non-Hodgkin's Lymphoma and Secondary Immunodeficiency</p> <p>The report outlining the main findings and proposals of the review of specialised commissioning in haematology for Allogeneic Haematopoietic Stem Cell Transplantation (AHSCT), salvage therapy for high grade Non-Hodgkin's Lymphoma (HG NHL) and Secondary Immunodeficiency in haematology patients was received.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the findings of the specialised haematology review in relation to the management of AHSCT, salvage therapy for HG NHL and treatment for secondary immunodeficiency in haematology patients, • Note the options proposed for how specialised commissioning under WHSSC may address the opportunities, risks and challenges in these service; and • Approve the following specific recommendations: <ul style="list-style-type: none"> ▪ Management of AHSCT: <ul style="list-style-type: none"> - Commissioning responsibility for long term follow up (post 100 days) by the specialist AHSCT team is transferred from HBs to WHSSC, ▪ Salvage therapy for HG NHL: <ul style="list-style-type: none"> - Current commissioning arrangements are retained,

	<ul style="list-style-type: none"> - The role of central commissioning is re-evaluated once an agreed national pathway for HG NHL is in place, ▪ Secondary immunodeficiency: <ul style="list-style-type: none"> - Current commissioning arrangements are retained; and - Consideration is given to undertaking work at an all Wales level to evaluate the feasibility of a national sub-cutaneous immunoglobulin therapy service for patients with secondary immunodeficiency.
JC23/67	<p>3.5 Review of Specialised Commissioning in Haematology: Thrombotic Thrombocytopenic Purpura (TTP)</p> <p>The report outlining the main findings and proposals of the review of specialised commissioning in haematology for Thrombotic Thrombocytopenic Purpura (TTP) was received.</p> <p>The Chair thanked CF for the work that has been undertaken during this review.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the current model of service delivery for TTP across Wales and the risks to equitable access to best treatment, • Approve the transfer of commissioning responsibility for TTP from Health Boards to WHSSC; and • Approve the proposed preferred option to commission TTP for the population of south Wales from a designated comprehensive TTP centre in NHS England.
JC23/68	<p>3.6 Cochlear and Bone Conduction Hearing Implant (BCHI) Engagement & Next Steps</p> <p>The report outlining the targeted engagement process undertaken regarding Cochlear and BCHI services for people in South East Wales, South West Wales and South Powys, the findings from that process and the proposed next steps was received.</p> <p>NJ presented the report and members noted:</p> <ul style="list-style-type: none"> • In September 2022, HBs agreed for a period of targeted engagement with regard to future provision of both Cochlear and BCHI, • Early discussions were held with Community Health Councils (CHCs) and a targeted engagement was agreed

	<p>as the affected patient cohort was small in numbers and it was a highly specialised service,</p> <ul style="list-style-type: none"> • The scope of the engagement included patients, staff and stakeholders, • There were 201 responses to the questionnaire, of these, 5 were from organisations, and 196 were from individuals. There was also a detailed written response from the clinical community, submitted via the Audiology Standing Specialist Advisory Group (ASSAG); and • A number of themes emerged and the majority of respondents (74%) were supportive of the preferred option of a single implantable device hub for both children and adults with an outreach support mode. <p>Members noted that WHSSC continues with the ambition to commission a Centre of Excellence for all Auditory Specialist Implantable Devices (Cochlear, BCHI and middle ear if supported). To date, no location has been specified for the centre. In the meantime, all Cochlear patients will continue to be seen at CVUHB. There will be no immediate change to the provision of BCHI.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the process that had been followed both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales, • Note and Consider the feedback received from patients, staff and stakeholders in relation to commissioning intent, • Approve the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model, • Support the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation, • Note the process that has been followed to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and • Agree to take the outcome and proposed next steps through Health Boards for consideration.
JC23/69	<p>3.7 Performance Management Framework</p> <p>The report presenting the draft WHSSC Performance Management Framework approach which, subject to approval, will be embedded into WHSSC’s business as usual processes</p>

	<p>and shared with provider organisations for transparency and awareness was received.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • On behalf of the seven HBs in Wales, WHSSC has a responsibility to commission services of the highest quality for the best cost for the Welsh population, • WHSSC's Performance Management arrangements are driven by a number of principles, • There are 3 levels at which performance management discussions between WHSSC and provider HBs take place, and upon which the Performance Management arrangements have been built: Strategic, Planning and Performance, • The framework is supported by a performance management toolkit that provides templates to bring standardisation to the approach; and • Once approved the updated framework will replace Appendix 1a in the Commissioning Assurance Framework (CAF) approved by the Joint Committee in September 2021 <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Approve the proposed approach for an updated WHSSC Performance Management Framework; and • Support the proposed implementation arrangements.
JC23/70	<p>3.8 Development of the Integrated Commissioning Plan (ICP) 2024-2027</p> <p>The report outlining the high-level process for the development of the WHSSC Integrated Commissioning Plan (ICP) for 2024-2027 was received.</p> <p>Members noted the process for developing the ICP and that there would be additional emphasis on recommissioning and redesign.</p> <p>Members noted that the timeline had been endorsed by the Information Governance Committee (IGC) on 18 April 2023.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Consider and Approve the timeline; and • Receive assurance on the process.

JC23/71

3.9 Annual Governance Statement 2022-2023

The report presenting the Annual Governance Statement (AGS) 2022-23 for approval was received.

Jacqui Evans (JE) presented the report and members noted that:

- Chapter 3 of the HM Treasury Financial Reporting Manual (FREM) stipulated that statutory NHS bodies are required to publish, as a single document, a three-part annual report and accounts which includes an Annual Governance Statement (AGS) and Financial Statements. This is the format adopted in HBs,
- As a hosted body under CTMUHB, WHSSC did not have a statutory duty to adopt the same process however an AGS and an Annual report are produced as a matter of good governance in accordance with the WHSSC Standing Orders (SOs), to provide assurance to the HBs and, in particular, to CTMUHB, as the host organisation, in relation to WHSSC's governance and accountability arrangements,
- The IGC reviewed the draft AGS on the 18 April,
- The document will be shared with CMTUHB for inclusion within its annual report and will be presented to the audit committee in June 2023; and
- A separate Annual Report reflecting on WHSSC's performance and its achievements over the last financial year and reflecting on what was achieved in collaboration with partner organisations and stakeholders is being developed and this will be presented to the Joint Committee in July 2023 for approval.

Paul Mears (PM) queried the risk scoring for some of the top risks identified during the reporting period and advised that HBs should be made aware of the high risks so that they could capture WHSSC risks in HB risk registers. JE advised that the IGC had provided similar feedback in the past and a consequence a benchmarking exercise had been undertaken to compare and contrast WHSSC risk scoring in comparison with HB risk scoring. The findings indicated that the WHSSC risk scoring levels were unique to WHSSC and appropriate, and it was recognised that WHSSC score may appear higher than HB scores, but this was relevant to the nature of WHSSC business.

Members noted that the Corporate Risk Assurance Framework (CRAF) was presented to each CTMUHB Audit and Risk Committee for hosted bodies, to each WHSSC Quality & Patient Safety Committee (QPSC) and each IGC for review and

	<p>scrutiny. The Joint Committee received the CRAF every 6 months for approval.</p> <p>Members noted that a full update on the CRAF would be presented to the July Joint Committee meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the final report, • Note that the draft Annual governance Statement was presented to the Integrated Governance Committee on the 18 May 2023 for assurance, • Note that the WHSSC Annual governance Statement 2022-2023 will be presented at the CTMUHB Audit & Risk Committee Meeting on 21 June 2023, • Note that the WHSSC Annual Governance Statement 2022-2023 will be included in the CTMUHB Annual report submission to Welsh Government and Audit Wales in June 2023, recognising that it has been reviewed and agreed by the relevant sub committees of the Joint Committee; • Note that the final documents will be submitted to the CTMUHB Audit & Risk Committee in July 2023 for recommendation for CTMUHB Board Approval on 27 July 2023; and • Note that the final Annual Governance Statement will be included in the Annual Report presented at the CTMUHB Annual General Meeting in September 2023.
JC23/72	<p>3.10 Sub Committee Annual Reports</p> <p>The report presenting the Sub-Committee Annual Reports for 2022-2023 was received.</p> <p>JE presented the report and members noted:</p> <ul style="list-style-type: none"> • The requirement to present to sub-committee annual reports was outlined in the WHSSC SOs which stated that the joint sub-Committee is required to submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established. • The sub-committee reports for the 5 sub committees of the Joint Committee were presented for the reporting period April 2022-March 2023; and • The IGC considered the reports on 18 April and noted the positive activity undertaken by each sub-committee.

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the Sub-Committee Annual Reports for 2022-23.
JC23/73	<p>3.11 Sub Committee Terms of Reference</p> <p>The report presenting the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC), and the Welsh Kidney Network (WKN) for approval was received.</p> <p>JE presented the report and members noted that:</p> <ul style="list-style-type: none"> • the WKN Terms of Reference were discussed and approved at the WKN Board Meeting on 4 April 2023, • the Integrated Governance Committee (IGC) and the Quality & Patient Safety Committee (QPSC) Terms of Reference were discussed and approved at sub-committee meetings on 18 April 2023, • The Management Group (MG) ToR were reviewed and presented to the April 2022 MG meeting and approved at the May 2022 JC meeting. Due to the ToR being substantially reviewed during 2022 and following the announcement by Welsh Government on 23 January 2023 that a review of National Commissioning Functions would be undertaken, no further review of the MG ToR was planned at present. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note that the Welsh Kidney Network (WKN) Terms of Reference were discussed and approved at the WKN Board Meeting on 4 April 2023, • Note that the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) Terms of Reference were discussed and approved at sub-committee meetings on 18 April 2023, • Note that the MG ToR were discussed at the MG meeting on 27 April 2023 and no changes were proposed; and • Approve the revised Terms of Reference (ToR) for the IGC, the QPSC and the WKN.
JC23/74	<p>4.1 Performance and Activity Report Month 11 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>Members noted that the activity decreases were shown in the context of the potential risk regarding patient harms and of the</p>

	<p>loss of value from nationally agreed financial block contract arrangements.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/75	<p>4.2 Financial Performance Report Month 12 2022-2023</p> <p>The financial performance report setting out the financial position for WHSSC for month 12 2022-2023 was received. 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>Members noted that the year-end financial position reported at Month 12 for WHSSC was an underspend of (£10.939m). The under spend includes the impact of releasable non-recurrent reserves of (£18m).</p> <p>Members noted the uncertainty around the status of the financial framework ¹currently being finalised by the Directors of Finance (DoF) group. The proposed framework is currently disputed by at least one HB and includes a 50% financial protection for underperformance. It was noted that this proposal is not consistent with the approved ICP which was agreed including a full return to contracting without protection and if applied to WHSSC would result on a significant adverse impact on the WHSSC financial position of between £3.5m and £7m depending on recovery performance.</p> <p>Hayley Thomas (HT) advised the NHS Wales Directors of Planning (DoP) peer group were discussing how to handle performance, and queried the likely timescale for discussion between the NHS Wales Directors of Finance (DoFs) and the advice to CEOs. SD advised there was no set timescale, there were some significant outstanding concerns and that these would be discussed at the next DoFs meeting.</p> <p>NP advised that there was a debate on this, and that Long Term Agreements (LTAs) in HBs sat outside the specialised services agreements, and that it was important to separate out WHSSC.</p>

¹ Given the level of uncertainty and concern regarding the proposed financial framework the most appropriate way for WHSSC to report the financial position for 2023/24 from a governance perspective is to report based on the approved ICP assumption (approved by the Joint Committee 13 February 2023) of a full return to normal contracting rules with no performance abatement pending any formal decision by the Joint Committee to agree any change. The narrative financial positions for WHSSC will include reference to the risk of any subsequent changes if applied to WHSSC contracts.

	<p>WHSSC have an ICP and LTAs in place, discussion should not therefore compromise the ICP as it has already been signed off. NP noted that there are ongoing discussion between HBs. SD confirmed that the WHSSC contracts with Welsh providers are recognised as being credible and accurate and do not have the same uncertainties that DOFs were concerned about in the inter-health board LTAs.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position. • Note the uncertainty regarding the financial framework and the financial risk associated with any application to the WHSSC position
JC23/76	<p>4.3 South Wales Trauma Network Delivery Assurance Group (Quarter 3 Report)</p> <p>The report providing a summary of the Quarter 3 2022/23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN) was received.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the full South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) report.
JC23/77	<p>4.4 Corporate Governance Report</p> <p>The report providing an update on corporate governance matters that had arisen since the previous meeting was received.</p> <p>JE thanked Members for completing and returning their Declarations of Interest forms and reminded Members to complete the Annual Committee Effectiveness Survey 2022-2023 by the deadline of 26 May 2023.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report and approved the annual planner.
JC23/78	<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 19 April 2023.</p>

	<p>4.5.2 Management Group Briefings The JC noted the core briefing documents from the meetings held on 23 March 2023 and 27 April 2023.</p> <p>4.5.3 Individual Patient Funding Request (IPFR) Panel The JC noted the Chair’s report from the meeting held on 20 April 2023.</p> <p>4.5.4 Integrated Governance Committee (IGC) The JC noted the Chair’s report from the meeting held on 18 April 2023</p> <p>4.5.5 Quality & Patient Safety Committee (QPSC) The JC noted the Chair’s report from the meeting held on 18 April 2023.</p> <p>4.5.6 Welsh Kidney Network (WKN) The JC noted the Chair’s report from the meeting held on 4 April 2023.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the reports.
JC23/79	<p>5.1 Any Other Business Members noted that a Joint Committee development session with Professor Michael West OBE will be held on the 11 September 2023.</p>
JC23/80	<p>5.2 Date of Next Meeting The Joint Committee noted that the next scheduled meeting would be on 18 July 2023.</p> <p>There being no other business other than the above the meeting was closed.</p>
JC23/81	<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 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:.....

CONFIRMED