

**Confirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held **In Public** on
Tuesday 18 July 2023
via MS Teams**

Members:

Kate Eden	(KE)	Chair, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing & Quality
Stuart Davies	(SD)	Director of Finance, WHSSC
Carolyn Donoghue	(CD)	Independent Member, 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
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
Steve Spill	(SS)	Independent Member, WHSSC
Hayley Thomas	(HTh)	Interim Chief Executive Officer, Powys teaching HB

Deputies:

Rob Holcombe	(RH)	Director of Finance, Aneurin Bevan UHB
Nick Lyons	(NL)	Executive Medical Director, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Associate Director of Corporate Services, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Nicola Johnson	(NJ)	Director of Planning, WHSSC
James Leaves	(JL)	Assistant Director of Finance, WHSSC
Ian Phillips	(IP)	Independent Chair, Welsh Kidney Network (WKN)
Andrea Richards	(AR)	Senior Project Manager, WHSSC
Dai Roberts	(DR)	Director for Mental Health & Vulnerable Groups, WHSSC
Helen Tyler	(HT)	Head of Corporate Governance, WHSSC
Nick Wood	(NW)	Deputy CEO NHS Wales, Welsh Government

Observing

Kerry Broadhead	(KB)	Assistant Director of Strategy, Swansea Bay UHB
Anne Simpson	(AS)	Head of Strategic Commissioning, Hywel Dda UHB

Apologies:

Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Interim Chief Executive Officer, Betsi Cadwaladr UHB

Minutes:

Gemma Trigg (GT) Corporate Governance Officer, WHSSC

Min Ref	Agenda Item
JC23/82	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed Members in Welsh and English and stated that meetings would 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, improvement and innovation.</p> <p>There were no objections to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved.</p> <p>Members noted the changes to the agenda due to time constraints:</p> <ul style="list-style-type: none"> • The Genomics Service Update had been deferred to 18 September 2023; and • The WHSSC Annual Report would be shared via email and will be ratified at the next meeting. <p>The Chair welcomed Carolyn Donoghue, Independent Member (IM) at CTMUHB, recently appointed as the new WHSSC IM to her first Joint Committee, and Anne Simpson, in attendance as an observer, to the meeting.</p>
JC23/83	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted and listed as above.</p>
JC23/84	<p>1.3 Declarations of Interest</p> <p>The Joint Committee (JC) noted the standing declarations and there were no additional declarations of interest made relating to the items for discussion on the agenda.</p>
JC23/85	<p>1.4 Minutes of the meetings held on 16 May and Matters Arising</p> <p>The minutes of the JC meeting held on 16 May 2023, were received and approved as a true and accurate record of discussions.</p> <p>There were no matters arising.</p>

JC23/86	<p>1.5 Action Log</p> <p>The action log was received, and members noted the progress on the open actions which were not due until September and approved the actions that had been closed.</p>
JC23/87	<p>2.1 Genomics Service Update</p> <p>Members noted that the presentation had been deferred to the Joint Committee meeting scheduled for September.</p>
JC23/88	<p>NHSE Funding Growth / Impact on Providers</p> <p>The presentation outlining the variation in growth in specialised services across the UK compared to other services was received.</p> <p>Stuart Davies (SD) led the presentation and shared the evidence from a detailed report prepared for NHS England (NHSE) specialised commissioners setting out the factors that are influencing a consistent net growth in average annual cost increases of 8% per annum.</p> <p>SD advised that discussions held at the JC meetings around the ICP recognised the investment in Welsh specialised services is typically significantly less than the levels made in England and hence there is a need to evaluate the drivers of these cost increases in order to provide a balanced context for future ICP rounds, whilst recognising the systemic HB affordability constraints.</p> <p>Members noted that work had been undertaken to analyse the variation in growth relating to specialised services across the different NHS sectors. The Joint Committee had requested that the work be undertaken to gain a benchmark of how Welsh services performed in comparison with those in England and ideally the other UK health systems in Scotland and Northern Ireland.</p> <p>Chantal Patel (CP) advised that costs were rising for Health Boards (HBs) and queried how the costs were apportioned and whether the detail around cost increases would be shared with HBs and how it would be managed. SD responded and advised that the situation did not change the availability to HBs, and that the money allocated to Welsh Government (WG) for health services within their overall settlement from Treasury hadn't always been spent on core health services.</p> <p>SD advised the way that these pressures come through the WHSSC Integrated Commissioning Plan (ICP) is different – in</p>

England the pressures generally automatically come through PBR pricing and charging mechanism – whereas in Wales the pressures come through stepped investment in agreed components of cost based on business cases either for new things or in service sustainability pressures to deliver standards and keep services going.

Suzanne Rankin (SR) advised that it was an important piece of work and asked how we could work together to ensure that safe services were delivered to patients. Under the current arrangements HBs are involved more in the NHSE system which do not provide a discount for Wales.

SR advised there was a need to consider academic work to analyse the relative cost of delivery in Wales against the other benefits HBs would receive by local provision such as the consideration for workforce expertise and the knock on impact on other services within the HB.

SD advised that while the gap in underinvestment over the last 10 years decreased in some years any move to increase outsourcing services to NHSE would not provide improved value for money as it tended to be at close to full unit cost. SD advised the underlying cost drivers were the same in NHSE as they were in Wales but the mechanism for recognising those costs is different.

SD advised that if we outsource more to NHSE the 8% increase cost will come through the PBR mechanism. SR advised that a conversation was required on how to calculate this for Wales, and SD advised that the English data reported it was approximately 8% per annum over a 6 year review period.

Paul Mears (PM) advised that the issues had been discussed previously in the JC in relation to economic value of providing services in Wales, the planning of specialised services and that there was a need for a degree of realism. PM advised there was a need to consider if we are delivering on specialised services and that radical thinking was required on the future of specialised services in Wales, including financial sustainability, workforce sustainably and trying to subsidise high cost solutions.

Nick Wood (NW) agreed that a review of the costs associated with the whole pathway of services should be considered in order to understand how economic they are and whether or not they should be commissioned another way.

	<p>NW advised that a lot of services were pseudo specialist carried out across multiple HBs and there was a need to look at the viability on how specific services were being delivered as the current financial constraints were not viable and could be categorised as specialist and sub-specialist.</p> <p>SD advised that the one advantage of the Welsh approach was that it was slightly cheaper as overheads were spread more, and HBs get more specific and visible improvements in service for any investment.</p> <p>Hayley Thomas (HTH) highlighted the importance of getting the relationship right with service providers across the border, particularly when looking at service specification standards, and that specific needs needed to be managed carefully.</p> <p>Members noted that consideration around adapting contract frameworks would take place during the 2024/2025 ICP process with an aim to optimise the value of services commissioned. During the next ICP process the value of the work that is currently undertaken will be shared in more detail to ensure it is clearly visible to the JC.</p> <p>Robert Holcombe (RH) advised that an analysis of referral routes, criteria threshold and commissioned services would be beneficial to understand the costs and then consider what the next steps are.</p> <p>Sian Lewis (SL) highlighted that there would be opportunities as well as strategic challenges as the service evolves in to the role of a Single National Commissioner and that while this is the first step in these discussions a report will be brought back to JC in September to start to inform the next round of the ICP. SL encouraged members to engage with WHSSC on any potential ideas they may have.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JC23/89	<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 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial 2 year term from 1 July 2023 until 30 June 2025 in accordance with the Welsh Health Specialised Services

	<p>Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SOs).</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; and • Ratify the Chair’s action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial two year term from 1 July 2023 until 30 June 2025.
JC23/90	<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"> • Hosting Agreement with CTMUHB – Statutory Duty of Candour and the Duty of Quality - Cwm Taf Morgannwg Cwm Taf Morgannwg (CTMUHB), acting as Host HB, requires WHSSC to use its reasonable endeavours to comply with this legislation in its activities where appropriate. WHSSC had written to CTMUHB to confirm WHSSC were aware of its duties and to advise that we will report on compliance with the duties within the Annual Governance Statement (AGS), • Memorandum of Understanding (MoU) with BCUHB - WHSSC and Betsi Cadwaladr UHB (BCUHB) have developed a joint Memorandum of Understanding (MoU) to set out the arrangements for the management of contracts and commissioning for the population of North Wales from English providers. The MoU clearly describes the arrangements and responsibilities if a serious quality concern or risk materialises. The MoU has been signed by both parties and is operational with immediate effect, • Requests for WHSSC to Commission New Services – WHSSC has received requests to commission new services for NHS Wales <ul style="list-style-type: none"> ○ Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales; and ○ Neurophysiology <p>The workload associated with the adoption of new services during 2023-24 will be absorbed into the existing WHSSC Team capacity. A review of the longer-term workload impact, including the potential commissioning of Hepato-Pancreo- biliary (HPB) Surgery Services will be undertaken and will inform the 2024-25 ICP,</p> • Fertility Update - WHSSC Policy development: - CP37 Pre- implantation Genetic Testing-Monogenic

Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy

- The WHSSC team have been in discussion with Llais, regarding issues raised during the stakeholder engagement exercise on the above policies. In response to feedback, WHSSC will revise its Policy for Policies, and a paper describing the proposed approach is on the agenda for the July JC meeting. There is ongoing dialogue regarding the individual policies (CP37 and CP38) and a key issue to be resolved is the sequencing on any requirement for public consultation for policies, deemed to represent a significant service change which may have a budget impact, and therefore, require incorporation into the WHSSC prioritisation and ICP approval processes. August to agree the next steps.

- **Neonatal Cot Configuration Project** - At the March 2023 meeting the JC requested that the WHSSC Director of Planning sought advice from the NHS Wales Directors of Planning (DoPs) Executive Peer Group on the best approach to the strategic planning for the second phase of the neonatal cot review to ensure that the review fully addresses the interdependencies with non-WHSSC commissioned services such as maternity, and the Clinical Services Plans of HBs. A positive discussion was held with the DoPs in May where it was agreed that WHSSC should lead this planning, and that the DoPs should be involved in the design of Phase 2. This had been followed up with a factual briefing to the DoPs on Phase 1.

SR thanked the team for the update around Neonatal Cots and asked the team to ensure that Clinicians were involved in discussions to ensure strategic clinical engagement during the regional reconfiguration.

Steve Spill (SS) requested clarification around the Memorandum of Understanding (MoU) with BCUHB which set out the arrangements for the management of contracts and commissioning for the population of North Wales from English providers and whether it was a replacement of a previous MoU. NJ advised that this MoU was developed from the lessons learned following an incident which highlighted the need for more clarity around responsibilities in reporting and acting on quality issues.

The Joint Committee resolved to:

- **Note** the report.

JC23/91	<p>3.3 Future Commissioning of the Wales Neurophysiology Service</p> <p>The report outlining the process and timeline of work that would be undertaken for WHSSC to return to commissioning Neurophysiology services in Wales if approved by JC Committee was received.</p> <p>Members noted that the NHS Wales Health Collaborative Executive Group (CEG) had formally requested that WHSSC return to commissioning Neurophysiology services in Wales.</p> <p>Nicola Johnson (NJ) highlighted the background to the request and the next steps to transfer resources and commissioning responsibility on 1 April 2024. Members noted that future funding requirements would be taken through the normal ICP processes.</p> <p>CP queried how the service would be improved if commissioned by WHSSC and NJ provided an assurance that WHSSC had a robust commissioning process and that the transfer of resources would enable a coordinated approach to be taken across the currently fragmented elements of the service enabling WHSSC to complete a gap analysis against the service specification and to make recommendations to the MG and JC.</p> <p>RH suggested taking a full pathway analysis approach on this service as part of the future commissioning discussions held earlier and NJ confirmed that all work would be looked at through a values based lens.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Approve the request for WHSSC to return to commissioning neurophysiology services from April 2024 onwards; and • Support the proposed next steps and the work that will be undertaken to take this forward.
JC23/92	<p>3.4 Sacral Nerve Stimulation (SNS) for Faecal and Urinary Incontinence in South Wales</p> <p>The report outlining the process and timeline of the work for WHSSC to take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales was received.</p> <p>Members noted the formal request by the NHS Wales Health Collaborative Executive Group (CEG) to take on the</p>

	<p>commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales.</p> <p>RH highlighted that any changes to access for patients following the review could lead to a public consultation and asked that WHSSC take that into consideration as part of the process.</p> <p>Members of the Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Approve the request for WHSSC to commission Sacral Nerve Stimulation (SNS); and • Support the proposed process and timeline of the work that will be undertaken to take this forward.
JC23/93	<p>3.5 Update on Welsh Kidney Network (WKN) Governance Review</p> <p>The report presenting an update on the Welsh Kidney Network (WKN) Governance Review was received and members noted the potential future direction for the network based on considered discussions at the WKN Board meetings.</p> <p>Ian Phillips (IP) highlighted the key points within the report and the proposed next steps to increase focus on strategy and planning to support the prevention of kidney disease and the aims avoid patients developing a chronic kidney disease. Members noted that more detailed future plans will be brought to JC for consideration.</p> <p>RH queried a point within the report which stated there was 'seemingly confusion within LHBs and, to some extent within the Network, about what its scope and role is and what it isn't'. SL confirmed that there had been good progress made against the action plan and agreed to share the report on the action plan following the meeting today for further assurance.</p> <p>ACTION: SL/IP to share the WKN action plan report with RH for further assurance.</p> <p>Members noted that the full plan had been submitted and reviewed by the Information Governance Committee (IGC) and were assured by the level of oversight the network had to resolve the issues.</p> <p>The Chair thanked IP for the leadership provided across stakeholders and for bringing them together through a challenging governance review.</p>

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the update on the Welsh Kidney Network (WKN) governance review.
JC23/94	<p>3.6 WHSSC Policy for Policies Review</p> <p>The report outlining the implications of issues raised during the WHSSC stakeholder consultation on Clinical Commissioning Policies CP37 (Pre-implantation Genetic Testing) and CP38 (Specialist Fertility Services: Assisted Reproductive Medicine) in relation to the WHSSC 'Policy for Policies' and wider policy development in NHS Wales was received.</p> <p>SL outlined the background to the report and actions that had been taken to resolve the issues raised by Llais regarding the use of the policy for policies;</p> <ul style="list-style-type: none"> • Legal advice was sought, • A desktop exercise reviewing the types of clinical access policy engagement by other UK NHS bodies was undertaken, • A review was undertaken of the 'Policy for Policies' used by HBs across NHS Wales; and • Advice was sought from NHSE and NICE regarding their approach to determining when a new policy or update may be considered as a service change, and therefore be subject to the requirements of the guidance on changes to NHS services in Wales. <p>Members noted the next steps to review the WHSSC Policy for Policies to ensure it aligns with the updated guidance on changes to NHS services in Wales and the development of an assessment form to support decision making in the event of any wider consultation processes required.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Support and agree the next steps.
JC23/95	<p>3.7 IPFR Engagement Update – All Wales Policy</p> <p>A recommendation was made and approved that this item would not be discussed following communication that had been received challenging the integrity of the previous approval process.</p> <p>Members noted that the IPFR was currently the highest scoring organisational risk for WHSSC. However, the ongoing lack of clarity around the governance arrangements has meant that is not possible to take this forward at this time.</p>

	<p>WHSSC officers will work through the issues raised around governance and bring an update back to the JC to be considered in September.</p> <p>Members noted the urgent issue to appoint a new Chair in September when the current Chair will be standing down and agreed to hold an Extraordinary JC meeting before the next JC meeting to try find an interim solution.</p> <p>ACTION: An extraordinary Joint Committee meeting to be arranged to consider options to appoint a new Chair.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the verbal update.
JC23/96	<p>3.8 Appointment Process for the Individual Patient Funding Request (IPFR) Panel</p> <p>A recommendation was made and approved that this item not be discussed.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the verbal update.
JC23/97	<p>3.9 Corporate Risk Assurance Framework (CRAF)</p> <p>The report presenting the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers was received.</p> <p>Jacqui Evans (JE) presented the report and members noted the key changes within the CRAF and the 17 risks attributed to commissioning and organisational risks as at 30 June 2023 and provided assurance that the management of risks aligned with the processes adopted and agreed.</p> <p>During the JC meeting on 16 May 2023, members raised concerns over the risk scoring for some of the top risks outlined within the Annual Governance Statement 2022-2023. Verbal assurance was given that WHSSC had undertaken a desktop benchmarking exercise to compare and contrast risks scores across HBs and WHSSC and the findings indicated that the WHSSC risk scoring levels were unique to WHSSC and were appropriate. It was recognised that the WHSSC scores may appear higher than HB scores, however this was deemed relevant to the nature of the WHSSC business.</p>

	<p>PM suggested that it may be helpful to have a discussion concerning whether we need to be clear around the recording of HB; provider or commissioner, or both, risks and advised he would raise this with the Director of Corporate Governance at CTMUHB.</p> <p>JE assured members that the risk information was regularly shared with HB Secretaries and discussions around risks and the escalation framework take place during regular one to one meetings.</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 30 June 2023, • Approve the CRAF as at 30 June 2023, • Note that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group meetings; and • Note that a Risk Benchmarking exercise was undertaken and the results were discussed at the Integrated Governance Committee meeting on 13 June 2023.
JC23/98	<p>3.10 Annual Committee Effectiveness Self-Assessment Results 2022-2023</p> <p>The report presenting the actions from the Annual Committee Effectiveness Self-Assessment undertaken in 2021-2022 and the results of the Annual Committee Effectiveness Self-Assessment 2022-2023 was received and members noted the overall finding of the survey had been positive and that the sub-Committees are effectively supporting the Joint Committee in fulfilling its role.</p> <p>JE presented the report and informed members that the development plan to map out the way forward in response to the feedback will be provided to JC in September.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the completed actions made against the Annual Committee Effectiveness Survey 2021-2022 action plan, • Note the results from the Annual Committee Effectiveness Survey for 2022-2023, • Note that an update on the survey findings was presented to the Integrated Governance Committee (IGC) Committee on the 13 June 2023,

	<ul style="list-style-type: none"> • Note that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2023-2024; and • Note the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.
JC23/99	<p>3.11 WHSSC Annual Report 2022-2023</p> <p>Members noted that the report presenting the Annual Report for 2022-2023 will be shared with all members via correspondence for comment, and subject to any further amendments, for virtual approval. The document will be brought back to the September meeting under the Corporate Governance Report to confirm approval.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the verbal update.
JC23/100	<p>3.12 Declarations of Interest, Gifts, Hospitality and Sponsorship 2022-2023</p> <p>The report presenting an update on detail of the Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship activities for the financial year 2022-2023 was received.</p> <p>Members noted that the team are still working on the format of the report for consistency and will be updated for the next report. The Chair highlighted that the figures presented are available publicly.</p> <p>Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the Declarations of Interest Register for 2022-2023, • Note the Gifts, Hospitality and Sponsorship register for 2022-2023, • Note that the Registers were presented and discussed at the Integrated Governance Committee meeting on 13 June 2023; and • Receive assurance regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.
JC23/101	<p>4.1 WHSSC Integrated Performance Report April 2023</p> <p>The report presenting Integrated Performance Report was received.</p>

	<p>Members noted the new format of the report providing additional information on Mental Health data, recovery rates and services in escalation measured against the WG performance measures aiming to provide an overall context to help develop understanding as the year progresses.</p> <p>Members noted that the updated format had received positive feedback however further work concerning how the information concerning services in escalation was needed. Members noted that a detailed report on services in escalation was presented to and scrutinised by each Quality Patient and Safety Committee (QPSC) meeting for assurance.</p> <p>SR advised that the report was good and easy to navigate, and queried if work could be undertaken on service escalation, especially paediatrics as demand was continuing to rise at a rate that was unclear. SR suggested that a strategic conversation was required to consider the picture in 12 months' time.</p> <p>HTh advised that she had reviewed the integrated performance report for Powys tHB and queried if the expected timetable for projected quality improvement could be improved.</p> <p>SL responded and advised that a detailed report on the services in escalation under the WHSSC escalation framework was submitted to each QPSC meeting, this report included timetables for projected quality improvement. Also Professor Ceri Phillips, during his time as Chair of the QPSC had invested a lot of time in supporting and strengthening this report.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/102	<p>4.2 Financial Performance Report Month 2 2023-2024</p> <p>The financial performance report setting out the financial position for WHSSC for month 2 2023-2024 was received and members noted the year to date financial position reported at Month 2 for WHSSC was at an underspend of (£0.021m) and a break even forecast year-end position.</p> <p>Members noted that WHSSC was working with the Mental Health teams to address concerns around the escalation in high cost placements out of area and the increase in the number of Adult Eating Disorders out of area placements to investigate the causes and ensure the care pathways were functioning as they should be.</p>

	<p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the report including the year to date financial position and forecast year-end position.
JC23/103	<p>4.3 Financial Assurance Report</p> <p>A verbal update on the financial assurance report following the approval of the Scheme of Delegation in January was received.</p> <p>Members noted that the full written report was provided under the JC In Committee meeting papers due to the potential patient identifiable information provided within the report.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the verbal update.
JC23/104	<p>4.4 South Wales Neonatal Delivery Assurance Group (DAG) Update Report</p> <p>The summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) Annual Report for 1 April 2022 – 31 March 2023 was received and members noted:</p> <ul style="list-style-type: none"> • There had been an increase in total transfers undertaken since the previous year, • Quality indicators benchmarked well against other national services, • An update on the progress of the ODN will be presented to JC in September; and • The full Neonatal DAG report was presented to the JC “In Committee” session due to the patient identifiable information provided within the report. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Receive assurance that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).
JC23/105	<p>4.5 Major Trauma Network Delivery Assurance Group Quarter 4 Update Report</p> <p>The report of the Quarter 4 2022-23 Delivery Assurance Group (DAG) of the South Wales Major Trauma Network (SWTN) was received and members noted:</p> <ul style="list-style-type: none"> • The Network Interim Clinical Director’s term has been extended by an additional six months since the Quarter 3 update, • Good assurance continues around operational delivery and implementation of the network,

	<ul style="list-style-type: none"> • The Gateway 5 Review will be going ahead, timescales were to be confirmed by the WG review team; and • A new risk had been identified concerning landing pads and work was being undertaken to define what landing pads needed to look like HB by HB to support timely repatriation. <p>Members noted the ongoing work with NHSE to build on delivery assurance and implementation, commissioning requirements and JC reporting now that the network was more firmly embedded. Members noted that the recommendations from the work will be submitted to the MG in September.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the South Wales Major Trauma Network (SMMTN) Delivery Assurance Group (DAG) Report.
JC23/106	<p>4.6 All Wales PET Programme Progress Report</p> <p>The report providing an update on the progress made by the All Wales Positron Emission Tomography (PET) was received.</p> <p>Members noted the progress made and the ongoing issue with WG capital funding for project 2 (BCUHB) and project 3 (SBUHB). WG were undertaking a prioritisation process which should be completed by September 2023.</p> <p>NW referred to the prioritisation process and advised that at a recent infrastructure investment board meeting it had been set out for all bids for capital expenditure will be prioritised and that a review of all capital funding bids should be completed by the next meeting in September 2023.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams.
JC23/107	<p>4.7 Efficiency and Recommissioning Programme Update</p> <p>The highlight report providing an update on the Efficiency and Recommissioning programme to realise the 1% savings as agreed with JC during the ICP sign off was received.</p> <p>Members noted the progress that had been made to deliver against the savings already identified and the ongoing scoping work around further saving opportunities.</p>

	<p>Carolyn Donoghue (CD) thanked the team for the detailed plan and level of confidence presented against the savings achievement.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report and the progress made.
JC23/108	<p>4.8 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>Members noted that a full progress report on the Audit Wales WHSSC Committee Governance Arrangements report would be presented to the JC in the Autumn and that Andrew Doughton, Audit Wales Lead would be in attendance.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/109	<p>4.9 Reports from the Joint Sub-Committees</p> <p>The Joint Committee Sub-Committee reports were received as follows:</p> <p>4.9.1 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 21 June 2023.</p> <p>4.9.2 Management Group Briefings</p> <p>The JC noted the core briefing documents from the meetings held on 25 May 2023 and 22 June 2023.</p> <p>4.9.3 Individual Patient Funding Request (IPFR) Panel</p> <p>The JC noted the Chair’s report from the meeting held on 15 June 2023. The report highlighted issues in achieving quoracy.</p> <p>ACTION: A chairs reminder around quoracy to be issued.</p> <p>4.9.4 Integrated Governance Committee (IGC)</p> <p>The JC noted the Chair’s report from the meeting held on 13 June 2023.</p> <p>4.9.5 Quality & Patient Safety Committee (QPSC)</p> <p>The JC noted the Chair’s report from the meeting held on 14 June 2023 and the summary of services in escalation which was attached as an appendix.</p>

	<p>4.9.6 Welsh Kidney Network (WKN) The JC noted the Chair’s report from the meeting held on 31 May 2023. The report highlighted the current risk that all Clinical Leads within the WKN currently shared the same contract termination date and that the WKN Board had proposed and approved to extend the contracts of existing Clinical Leads in a staggered approach as set out in the appendix of the report to ensure business continuity.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the reports.
JC23/110	<p>5.1 Any Other Business</p> <ul style="list-style-type: none"> • Retirement of WHSSC Director of Finance – members noted that it was Stuart Davies’ , Director of Finance & Information last JC meeting following the announcement of his retirement. Members thanked him for his stalwart contribution and commitment to developing specialised commissioning in Wales and wished him every success in future.
JC23/111	<p>5.2 Date of Next Meeting The JC noted that the next scheduled meeting would be on 19 September 2023, in person at the WHSSC offices in Treforest.</p> <p>There being no other business other than the above the meeting was closed.</p>
JC23/112	<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:.....