



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 July 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Clare Moorcroft, Committee Services Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:

[Welsh Health Specialised Services Committee Website](#)

[Emergency Ambulance Services Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the [Mid Wales Joint Committee for](#)

[Health and Care](#) whose role will have a strengthened approach to planning and delivery of health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

The NHS Wales Collaborative Leadership Forum was constituted in December 2016. As the responsible governance group for the NHS Wales Health Collaborative it has been established to agree areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement. The forum also considers the best way to take forward any work directly commissioned by Welsh Government from Health Boards and Trusts as a collective; and provides a vehicle for oversight and assurance back to Welsh Government as required. Assurance is given to individual Boards by providing full scrutiny of proposals.

### Asesiad / Assessment

The following Joint Committee and Collaborative updates are attached for the Board's consideration:

#### **Welsh Health Specialised Services Committee (WHSSC)**

- Briefing notes from the WHSSC meeting held on 12<sup>th</sup> July 2022, setting out the key areas of discussion.

#### **Emergency Ambulance Services Committee (EASC)**

- Confirmed minutes of EASC meeting held on 10<sup>th</sup> May 2022;
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 12<sup>th</sup> July 2022.

#### **NHS Wales Shared Services Partnership (NWSSP) Committee**

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 19<sup>th</sup> May 2022.

#### **Mid Wales Joint Committee for Health and Care (MWJC)**

- Update report from MWJC meeting held on 27<sup>th</sup> June 2022.

#### **NHS Wales Collaborative Leadership Forum (CLF)**

- Confirmed minutes of CLF meeting held on 6<sup>th</sup> December 2021.

### Argymhelliad / Recommendation

The Board is asked to receive the minutes and updates in respect of recent WHSSC, EASC, NWSSP, MWJC and CLF meetings.

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr  
Cyfredol:  
Datix Risk Register Reference and  
Score:

Not applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	8. Transform our communities through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<a href="#">Link to WHSSC Website</a> <a href="#">Link to EASC Website</a> <a href="#">Link to NWSSP Website</a> <a href="#">Link to MWJC Website</a>
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee Mid Wales Joint Committee for Health and Care NHS Wales Collaborative Leadership Forum

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	The Board has approved Standing Orders in relation to the establishment of WHSSC, EASC and NWSSP Joint Committees, and Terms of Reference for the CLF and MWJC.
<b>Cyfreithiol: Legal:</b>	In line with its Standing Orders, the Health Board has established WHSSC, EASC and NWSSP Joint Committees, the activities of which require reporting to the Board.

<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 12 JULY 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 12 July 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

### **1. Minutes of Previous Meetings**

The minutes of the meeting held on the 10 May 2022 were **approved** as a true and accurate record of the meeting.

### **2. Action log & matters arising**

Members **noted** the progress on the actions outlined on the action log.

### **3. Recovery Trajectories across NHS Wales**

Members received informative presentations on the recovery trajectories across Wales from the NHS Wales Delivery Unit, Betsi Cadwaladr UHB (BCUHB), Swansea Bay UHB (SBUHB) and Cardiff & Vale (CVUHB).

Members **noted** the presentations and requested that an update on the trajectories for paediatric recovery be brought to the next meeting.

### **4. Chair's Report**

Members received the Chair's Report and **noted**:

- No Chair's actions had been taken since the last meeting,
- An update on the letter issued to NHS Chairs requesting support in appointing an interim HB chair for the All Wales Individual Patient Funding Request (IPFR) Panel for a 6 month period from amongst their Independent Members (IMs) to ensure business continuity,
- An update on plans for the recruitment process to fill the WHSSC IM vacancy,
- Attendance at the Integrated Governance Committee (IGC) meeting on the 7 June 2022; and
- Attendance at key meetings.

Members **noted** the report.

## 5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- Discussions with Welsh Government (WG) concerning the All Wales IPFR Panel and the authority of the Joint Committee to update and approve the panel's Terms Of Reference (ToR), the governance process for updating the All Wales IPFR policy, the briefings given to the Board Secretaries on the 10 June 2022, and to the All Wales Medical Directors Group (AWMDG) on the 1 July 2022 and that a letter confirming next steps was awaited from WG,
- The revised timeline for the draft Mental Health Specialised Services Strategy 2022-2028 engagement process,
- The funding for Cell Path Labs to meet the growing demand for commissioned WHSCC cancer genomic testing; and
- The designation of SBUHB as a provider of Stereotactic Ablative Radiotherapy (SABR).

Members **noted** the report.

## 6. Neonatal Transport – Update from the Delivery Assurance Group (DAG)

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG) meeting held on 21 June 2022.

Members (1) **Noted** the report, (2) **Received** assurance that Neonatal Transport was being scrutinised by the Delivery Assurance Group (DAG), (3) **Noted** that further work was being undertaken by the transport service on the reporting to strengthen the assurance; and (4) **Noted** the update on the implementation of the Neonatal Transport Operational Delivery Network (ODN).

## 7. Draft Specialised Paediatric Services 5 year Commissioning Strategy

Members received a report presenting the Draft Specialised Paediatric Services 5 year Commissioning Strategy for information and which sought support to share the strategy through a 6 week engagement process to obtain stakeholder feedback.

Members (1) **Noted** the contents of the draft Specialised Paediatric Services 5 year Commissioning Strategy; and (2) **Supported** that the Strategy be issued for a 6 week engagement process to obtain stakeholder feedback, prior to the final version being presented to the Joint for Committee for approval in September 2022.

## 8. South Wales Cochlear Implant and BAHA Hearing Implant Device Service

Members received a report presenting the process and outcome of a

recent review of tertiary auditory services and the planned next steps for the South Wales Cochlear Implant and BAHA Hearing Implant Device Service.

Members discussed the preferred commissioning option and agreed that the report be updated with more detail on the process undertaken to agree the preferred option for engagement, and that the report be presented the next Management Group meeting for review prior to being brought back to the Joint Committee either virtually or at an extraordinary committee meeting.

Members (1) **Noted** the report, (2) **Noted** and **received assurance** on the assessment process inclusive of a) clinical options appraisal, b) external review against standards and c) financial option appraisal, (3) **Noted** the outcome of the clinical options appraisal for the south Wales centres, the external hearing implant centre and the financial appraisal, (4) **Noted** the preferred commissioning option as the basis of engagement/consultation; and **agreed** a review of the process at the Management Group meeting on the 28 July 2022 and for reconsideration of the proposals either virtually or at a future extra-ordinary meeting of the JC; and (5) **Agreed** to receive the required engagement/consultation documentation and process at the September meeting of the Joint Committee.

### **9. Hepato-Pancreato-Biliary (HPB) Services for Wales**

Members received a report providing a summary on the Hepato-Pancreato-Biliary (HPB) surgery project for South and West Wales, and which sought support for the proposed arrangements to provide assurance to the WHSSC Joint Committee as the future commissioners for the service.

Members (1) **Noted** the report, (2) **Supported** the Hepato-Pancreato-Biliary (HPB) surgery Project Initiation Document (PID) and Action Plan Tracker; and (3) **Supported** the proposals to receive assurance that the outputs of the Hepato- Pancreato-Biliary (HPB) project align with the WHSSC strategic objectives and commissioning intentions.

### **10. Policy for Policies & EQIA Policy**

Members received a report presenting feedback from the stakeholder consultation on the revised WHSSC 'Policy for Policies' Policy and the new Equality Impact Assessment (EQIA) policy, and which sought approval for publishing both documents.

Members (1) **Noted** the report, (2) **Supported** the rationale and process that had been applied when updating the WHSSC 'Policy for Policies' Policy and developing the new EQIA policy; and (3) **Approved** the request to publish the WHSSC 'Policy for Policies' Policy and EQIA Policy following stakeholder consultation.

### **11. Policy Position for the Commissioning of Drugs and Treatments for Patients aged between 16 and 18 years of age**

Members received a report seeking support from the Joint Committee on the preferred policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age.

Members (1) **Noted** the report; and (2) **Supported** the preferred option identified within the report.

### **12. Supporting Ukrainian Refugees with Complex Health Needs**

Members received a report setting out a proposal for managing the complex health needs of Ukrainian refugees arriving in Wales and seeking approval to manage the excess costs (>£20k per annum) within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.

Members (1) **Noted** the report; and (2) **Approved** the proposal to manage the excess costs within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.

### **13. Name Change Welsh Renal Clinical Network (WRCN)**

Members received a report informing the Joint Committee of the outcome of the engagement process to consider a change of the name of the Welsh Renal Clinical Network (WRCN) and to ratify the decision of the WRCN Board to change the name to the Welsh Kidney Network.

Members (1) **Noted** the outcome of the engagement process to seek views to change the name of the Welsh Renal Clinical Network (WRCN); and (2) **Ratified** the decision of the WRCN Board to change the name of the WRCN to the "Welsh Kidney Network".

### **14. Results of the Annual Committee Effectiveness Self-Assessment 2021 -2022 & Joint Committee Development Plan**

Members received a report presenting an update on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2020-2021 and to present the results of the annual committee effectiveness self-assessment 2021-2022.

Members (1) **Noted** the completed actions made against the Annual Committee Effectiveness Survey 2020-2021 action plan, (2) **Noted** the results from the Annual Committee Effectiveness Survey for 2021-2022, (3) **Noted** that the findings were considered by the Integrated Governance Committee (IGC) on the 7 June 2022, (4) **Noted** 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 2022-2023; and (5) **Noted** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.

## **15. Corporate Risk Assurance Framework (CRAF)**

Members received a report presenting the updated Corporate Risk Assurance Framework (CRAF) and outlining the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF) as at 31 May 2022, (2) **Approved** the Corporate Risk Assurance Framework (CRAF); and (3) **Noted** that a follow up risk management workshop was planned for the 20 September 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

## **16. All Wales IPFR Panel Sub-Committee Annual Report 2021-2022**

Members received a report presenting the All Wales IPFR Panel Annual Report 2021-2022.

Members **noted** the All Wales IPFR Panel Annual Report 2021-2022.

## **17. COVID-19 Period Activity Report for Month 1 2022-2023 COVID-19 Period**

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

## **18. Financial Performance Report – Month 2 2022-2023**

Members received the financial performance report setting out the financial position for WHSSC for month 2 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 2 for WHSSC was a year-end outturn forecast under spend of £515k.

Members **noted** the report.

## **19. Corporate Governance Matters**

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

## **20. Other reports**

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),

- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).

## 21. AOB

- **WHSSC Specialised Services Strategy** – Members noted that work had commenced to plan the engagement process for developing the WHSSC Specialised Services Strategy and that a workshop would be held at the Joint Committee on the 6 September 2022.



GIG  
CYMRU  
NHS  
WALES | Tim Gwasanaethau Iechyd  
Arbenigol Cymru  
Welsh Health Specialised  
Services Team



PARCH  
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RESPECT



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PARTNERSHIP



GWELLA AC  
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IMPROVEMENT  
& INNOVATION



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
10 MAY 2022 AT 13:30HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
<b>Associate Members:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Steve Ham	Chief Executive, Velindre University NHS Trust
<b>In Attendance:</b>	
Jeremy Griffith	Director of Operations NHS Wales Health and Social Services Group Welsh Government
Claire Nelson	Assistant Director of Planning, Cwm Taf Morgannwg UHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Gwenan Roberts	Committee Secretary
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Julian Baker	Director of National Collaborative Commissioning, NCCU
Matthew Edwards	Head of Commissioning & Performance, EASC Team, NCCU

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 22/52	<b>WELCOME AND INTRODUCTIONS</b> Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.	Chair

## Agenda Item 1.4

	The Chair welcomed Claire Nelson representing Cwm Taf Morgannwg UHB.	
EASC 22/53	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Mark Hackett, Paul Mears, Linda Prosser, Ross Whitehead and Stuart Davies.</p>	Chair
EASC 22/54	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were none.</p>	Chair
EASC 22/55	<p><b>MINUTES OF THE MEETING HELD ON 18 JANUARY 2022</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 15 March 2022 with the exception of the need to include Carol Shillabeer’s apologies for the meeting.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held 15 March 2022 subject to the one amendment noted above.</li> </ul>	Chair
EASC 22/56	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b>:</p> <p><b>EASC 22/20 Performance Report</b> It was noted that work on patient outcomes data was ongoing with Digital Health and Care Wales and that a report would be presented to a future Committee meeting.</p> <p><b>EASC 22/21 WAST Deep Dive into Red Performance</b> Jason Killens suggested that the detailed report focussing on red performance would be presented at an upcoming meeting of the EASC Management Group.</p> <p><b>EASC 22/21 Requirements for WAST</b> In addition to the WAST Update provided against agenda item 2.3, it was noted that:</p> <ul style="list-style-type: none"> <li>• trajectories had been set to achieve pre-pandemic sickness rates, these were included in a detailed action plan that had been reported to WAST Executives and would be included in the next WAST update report</li> <li>• positive discussions had recently been held with Trades Union representatives and further updates would be provided as the work continued</li> <li>• work was continuing to reduce variation across the service</li> </ul>	<p>WAST</p> <p>WAST</p> <p>WAST</p> <p>WAST</p> <p>WAST</p>

	<ul style="list-style-type: none"> <li>new rosters were on track for implementation in Quarter 3, and Members were aware of political and public interest in the work.</li> </ul> <p><b>EASC 22/22 Handover Improvement Plans</b> Due to the variation in the status and development of plans, Members noted that not all health boards had found it helpful to use a template; however, there was a degree of consistency in terms of the actions being undertaken. The action regarding the use of a template was closed.</p> <p><b>EASC 22/10 Key Reports and Updates</b> Further work would be required for WAST to report on episodes where ambulance resources had not been able to be deployed and patients had found their own way to hospital. This would remain on the action log.</p> <p><b>EASC 21/65 Focus on session – Update on Demand and Capacity and modelling assumptions</b> The link to the Final Emergency Medical Services Demand and Capacity Report was shared during the meeting by Jason Killens. Action completed.</p> <p><b>EASC 21-26 Committee Effectiveness – patient voice</b> Discussions ongoing with an update to be provided as soon as possible. Remain on Action Log.</p> <p><b>EASC 20/74, 21/22 Serious Adverse Incidents (SAIs)</b> Members had already noted that it was difficult to realistically benchmark the different ambulance services across the UK due to differing reporting arrangements that exist. Members noted that the EASC Management Group had agreed to establish a Task and Finish Group to consider the NHS Wales Delivery Unit’s Review of Appendix B Serious Adverse Incidents. It was agreed that this work would provide some indications of comparative performance as well as ensuring that appropriate processes were in place. Action to be removed from the Action Log.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the Action Log.</p>	<p>WAST</p> <p>WAST</p> <p>Chair / Ctte Sec</p> <p>EASC Management Group</p>
<p>EASC 22/57</p>	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising.</p>	<p>Chair</p>
<p>EASC 22/58</p>	<p><b>CHAIR’S REPORT</b></p> <p>The Chair’s report was received, Members noted the recent meetings attended by the Chair and that the end of year assessment with the Minister would take place on 30 May 2022.</p>	<p>Chair</p>

	<p>Members also noted recent conversations with the All Wales Chairs' Group relating to the EASC agreed 'red lines' for ambulance handover delays (November 2021). Members were aware that the Chair's Summary was prepared as soon as possible following each Committee meeting and circulated to Members, along with the draft minutes. A further conversation had been held with the Chair of the All Wales Chairs' Group regarding this matter and it was agreed that the Chair's Summary would also be sent directly to the Chairs.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report and the wider circulation to the Chairs.</li> </ul>	
<b>Part 2. ITEMS FOR DISCUSSION AND APPROVAL</b>		<b>ACTION</b>
<p>EASC 22/59</p>	<p><b>AMBULANCE HANDOVER DELAYS</b></p> <p>The report on Ambulance Handover Delays was received. Stephen Harray used presentation slides to inform discussion of the key areas. Members noted that the slides contained (currently) unverified data used as day-to-day management information, in addition to the verified data within the performance report.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• the current unsustainable levels of ambulance handover delay and the inability to deliver safe and effective ambulance responses</li> <li>• the need for handover improvement plans that concentrated on the pre-front door and front door</li> <li>• a summary of the position (January-April 2022) in terms of delivering safe and effective ambulance response including red 8-minute performance, Clinical Safety Plan (CSP) levels, numbers of 'no send', units of hours produced (UHP), lost hours and post-production hours lost (PPHL)</li> <li>• the work undertaken by the EASC team to produce a first draft 'patient conditions' analysis (including breathing problems, cardiac arrest, chest pain, falls, heart problems and stroke)</li> <li>• concerns regarding HM Coroner's Regulation 28 Report to Prevent Future Deaths</li> <li>• the NHS Wales Delivery Unit's Review of Appendix B serious adverse incidents that are passed to health boards by WAST for investigation</li> <li>• additional data to March 2022 for "hear and treat" services, sickness and post-production lost hours</li> <li>• actions already being undertaken, including:             <ul style="list-style-type: none"> <li>– Fortnightly tripartite meetings (HBs, WAST &amp; CASC)</li> <li>– Evolving handover improvement plans</li> </ul> </li> </ul>	

- NHS Leadership Board ‘System Wide Review’
- WAST Integrated Medium Term Plan (IMTP) commitments
- All-Wales Escalation Framework
- Welsh Government Integrated Quality Performance and Delivery (IQPD) meetings
- Commissioning Framework.

Carol Shillabeer updated Members in relation to the progress made at the NHS Wales Leadership Board in response to the sustained pressure across the health and social care system and increasing risk of harm to patients and staff. Members noted that the NHS Leadership Board had recognised the need for a different approach across the system involving defined deliverables, a key one being to increase the community care capacity across the system by an equivalent of 1,000 beds by October 2022.

Members also noted:

- The high level of patients within hospital system who are awaiting care support within the community
- While the number of plans in the medium term and policy intent had been noted, the Leadership Board had expressed the urgent need for short term action
- Positive discussions had taken place with local government colleagues in this regard to ensure the required whole system approach, at the same time ensuring the required political support and also the involvement and support of core enabling functions such as NHS Wales Shared Services Partnership Committee and Health Education Improvement Wales (HEIW).
- A task team had been established to progress the approach and plan with the required momentum, ensuring appropriate governance and the necessary collaborative approach.
- This work would not solve all of the issues across the system and that there was a need to look across the system and not just at community ‘care capacity’.
- The cautious approach to the focus on the defined number of beds and that work would continue with organisations across health and social care to deliver the maximum number possible.
- The links to the Six Goals for Urgent and Emergency Care Programme, Regional Investment Funds via the Regional Partnership Boards (community care capacity) and the Strategic Programme for Primary Care (community infrastructure elements).

Members commented that there was a significant energy in relation to this work currently but also a recognition that this work would not in itself solve all of the current issues.

	<p>Members noted that Hywel Dda UHB had commenced engagement with WAST staff in relation to direct paramedic referral into the Same Day Emergency Care (SDEC) service at Withybush hospital as an alternative to the Emergency Department and the positive response of staff to this development.</p> <p>Jeremy Griffith highlighted the significant risk implications that existed for patients in relation to ambulance handover delays and their continued pattern of deterioration. Members noted that the recalibrated Welsh Government Integrated Quality Planning and Delivery (IQPD) meetings would test the progress and impact made by organisations as part of the handover improvement plans. The key focus would be to assess the appropriate level of attention and urgency given to this issue to ensure the required wider system change. Members noted that the IQPD agenda would take a risk-based approach during the May round of meetings, while 3 health boards had shown signs of improvement some organisations were showing no improvement, and that this would require appropriate escalation going forward.</p> <p>Members also discussed:</p> <ul style="list-style-type: none"> <li>• the need to understand the increase in red call demand (approximately 70% in the last two years), although it was noted that there had been an agreed system change in the application of the triage tool which had led to a slight increase in red demand together with an underlying increase in terms of patient acuity. It was agreed that the analysis that had been undertaken would be shared with Members and considered in more detail at the EASC Management Group</li> <li>• the consistent use of statistical analysis in order to understand the impact of actions taken across the system in order to prioritise future actions</li> <li>• the requirement to better understand the demographic data and the need for improved data linkages – the introduction of the electronic patient clinical record and improved information relating to patient outcomes would help in this regard</li> <li>• the link to the Six Goals for Urgent and Emergency Care programme, particularly Goal 1</li> <li>• adhering to the existing targets rather than agreeing further ‘red lines’ with a focus on service improvement and quality and enhanced patient experience</li> <li>• the ongoing unacceptable risk in the community as a result of the unprecedented levels of ambulance handover delays</li> </ul>	<p>WAST</p>
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	<ul style="list-style-type: none"> <li>the need to re-consider and agree a system-wide position for 'red-release requests' from the ambulance service with release refusal to be considered a 'never event'</li> <li>collective discussions among HM Coroners regarding their concerns and Regulation 28 Prevent Future Deaths Report.</li> </ul> <p>In addition to the existing actions being taken, there was also a need to develop a 'Plan B' via the EASC Management Group in order to address the current position and patient safety risks across the system, this would be presented to the EASC Committee for approval. Members noted the ongoing work in relation to Handover Improvement Plans and the need to analyse the impact on the patient experience and the requirement that actions must lead to improved outcomes for patients.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the content of the report</li> <li><b>NOTE</b> the ongoing work in relation to handover improvement plans.</li> </ul>	<p>All</p> <p>CEO WAST / CASC</p> <p>EASC Management Group</p>
<p>EASC 22/60</p>	<p><b>PERFORMANCE REPORT INCLUDING THE ANNUAL QUALITY INDICATORS (JANUARY-MARCH 2022)</b></p> <p>The Performance Report was received. Members noted the information contained within the Ambulance Quality Indicators (January to March 2022), including the:</p> <ul style="list-style-type: none"> <li>reduction in the volume of 999 calls relating to breathing difficulties</li> <li>number of re-contacts into the system within the following 24 hours</li> <li>impact of Community First Responders (CFR), particularly in rural areas and the ongoing discussions regarding the role of CFRs as part of the emergency ambulance services provision.</li> </ul> <p>In addition, Members noted a reduction in both conveyance volume and percentage within the Performance Report (Chart 7), though it was noted that the impact needed to be considered in light of the information provided which showed the reduction in attendance in response to escalation decisions relating to the impact of the Clinical Safety Plan. Members were reminded that optimising appropriate conveyance was a key aim of the Six Goals for Urgent and Emergency Care programme within Goal 4.</p> <p>Following discussion, Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the content of the report and the published Ambulance Quality Indicators.</li> </ul>	

<p>EASC 22/61</p>	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</b></p> <p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report Jason Killens highlighted:</p> <ul style="list-style-type: none"> <li>• Key challenges in relation to handover delays and current position in terms of red and amber performance</li> <li>• Table (paragraph 2.8) illustrating the number of patients waiting more than 12 hours in the community, noting over 800 patients in March 2022 with some patients not receiving a same day service. Members noted that these numbers would be higher in April</li> <li>• Items relating to Non-Emergency Patient Transport Services (NEPTS) would be discussed in the 'Focus On' session</li> <li>• Electronic Patient Clinical Record (ePCR) was live nationally, phase 2 would include connecting to the Welsh Clinical Portal and access to patient records for WAST clinicians in the community to support decision-making in terms of non-conveyance, see and treat and see, treat and refer in the community</li> <li>• The implementation of the Emergency Communication Nurse System (ECNS - software to support and enhance 999 clinical triage) for 'consult and close' on track for planned implementation</li> <li>• The offers made by WAST in relation to the Six Goals for Urgent and Emergency Care Programme, particularly for Goals 2, 3 and 4. Members noted that no specific resource had been made available to WAST to establish a dedicated team to progress the work in this area. Members were asked to confirm their health board leads for this work in order that the WAST team could make contact as a minimum to contribute to the work to deliver the Six Goals.</li> </ul> <p>The CASC noted that no resource allocation had been made for WAST from the £25m earmarked for urgent and emergency care and that WAST were bidding for resources following allocations made to health boards. Members noted that the CASC report included a bid for ECNS to ensure that urgent and emergency care services in Wales received an allocation from the Six Goals for Urgent and Emergency Care programme funding.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
<p>EASC 22/62</p>	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</b></p> <p>The Chief Ambulance Services Commissioner's report was received. Stephen Harray presented the report and highlighted the following:</p>	

	<ul style="list-style-type: none"> <li>• The £1.8m temporary funding agreed at the last meeting was being utilised to continue services such as cohorting in order to support patients within the system</li> <li>• System-wide Escalation Framework agreed by the NHS Wales Leadership Board; the proposed next steps were noted</li> <li>• A proposal to create a new Commissioning Framework to be presented to the EASC Management Group for development and to be received at the next EAS Joint Committee meeting for approval</li> <li>• A bid for funding had been made to the Six Goals for Urgent and Emergency Care Programme relating to the Emergency Communication Nurse System (ECNS), this would ensure the ability to clinically assess, advise and re-direct patients within the system. Members noted this would provide a key element of patient safety during the current and ongoing pressures</li> <li>• NHS Wales Delivery Unit (DU) Review of Serious Adverse Incidents (SAI) in relation to Appendix B (transferred from WAST to health boards). Members noted that the DU had undertaken a review and that there appeared to be a mismatch between the incidents referred for further investigation in health boards and the subsequent assessment and reporting of those incidents formally to Welsh Government as SAIs. Members approved the recommendation of the EASC Management Group to establish a task and finish group that would review the Appendix B process and agree a way forward.</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	<p>CASC</p> <p>CASC</p> <p>DCASC</p>
<p>EASC 22/63</p>	<p><b>CHAIR’S SUMMARY EASC MANAGEMENT GROUP – 21 APRIL 2022</b></p> <p>The Chair reminded Members that the Committee currently received the minutes of EASCs sub-groups for approval once they had been confirmed at the subsequent sub-group meeting. Members noted that the time delay in receiving confirmed minutes could be as much as six months when a quarterly meeting had been cancelled. Therefore, it was proposed that a Chair’s Summary is produced after each sub-group meeting to mirror the arrangements of the EAS Joint Committee.</p> <p>For illustrative purposes, the Chair’s Summary for the EASC Management Group meeting held on 21 April 2022 was presented in order to ensure that Committee Members were fully updated on the discussions held and progress made at this recent meeting.</p>	

	<p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the preparation of a Chair’s Summary following each sub-group meeting.</li> </ul>	<p align="center">DCASC</p>
<p>EASC 22/64</p>	<p><b>EASC COMMISSIONING UPDATE</b></p> <p>Members noted that there were a number of operational and commissioning documents that had been prepared and updated for the EASC Committee. The EASC Commissioning Update had been prepared to provide Members with an overview of the progress being made against the key elements of the collaborative commissioning approach including:</p> <ul style="list-style-type: none"> <li>• Commissioning Frameworks</li> <li>• EASC Integrated Medium Term Plan (IMTP)</li> <li>• Commissioning Intentions</li> <li>• EASC Action Plan.</li> </ul> <p>Members noted that the EMS Commissioning Framework was currently being refined to reflect recent discussions at EASC Management Group and would be presented at the next meeting of the Committee. This included utilising data relating to the front door (this had already been shared with Chief Operating Officers and Directors of Planning) and the development of local commissioning plans. Members noted that further discussion would take place at the next meeting of the EASC Management Group.</p> <p>Presentation slides had been developed to share with Members in relation to plans for the work to develop the new Commissioning Framework. Julian Baker agreed to share the slides with Members and key contacts within health boards to include those leading on the work to implement the Six Goals for Urgent and Emergency Care. Members noted the aim of the work was to improve the patient experience in both emergency ambulance services and emergency departments; this would include linking the patient clinical outcome data utilising a statistical analysis approach.</p> <p>Members noted that the EASC Team would continue to progress the work and would engage further with the WAST team for presentation at the next EASC Management Group.</p> <p>It was noted that the EASC IMTP had been included for information and that a quarterly update with regard progress made against the IMTP would be provided going forward.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the collaborative commissioning approach</li> <li>• <b>NOTE</b> the aims of the approach</li> </ul>	<p align="center">CASC</p> <p align="center">CASC</p> <p align="center">DCASC</p> <p align="center">DCASC</p>

	<ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the EASC IMTP, Commissioning Intentions Update (2021-22), the EASC Commissioning Intentions for 2022-23 and the EASC Action Plan</li> <li>• <b>NOTE</b> the proposal to develop the EASC Commissioning Update to provide Members with an overview of the progress being made against the key elements of the collaborative commissioning approach.</li> </ul>	
<p>EASC 22/65</p>	<p><b>FOCUS ON SESSION: NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)</b></p> <p>The presentation on NEPTS was received. Members noted that Mark Harris (Assistant Director of Operations and lead for NEPTS) was unable to join the meeting and Rachel Marsh gave the presentation on the NEPTS service including the scope and scale of the service, managing demand and also the development of transfer and discharge services. Areas highlighted included:</p> <ul style="list-style-type: none"> <li>• The differences with the Emergency Medical Services (EMS) including higher daily patient volumes and differing mobility requirements</li> <li>• In addition to WAST, the different transport providers of NEPTS as part of the plurality model</li> <li>• It was a predominantly daytime weekday service with a small volume of activity at weekends</li> <li>• Patient journey types, mainly for outpatient or enhanced care appointments</li> <li>• The impact of the pandemic on core outpatient demand and also the effects of social distancing regulations (relaxed in recent weeks) – with additional resources provided in 2021-2022 in order to engage private sector capacity to meet service demand</li> <li>• The requirement to understand health board plans for reset and recovery</li> <li>• Performance metrics centred around timeliness; Members noted a need for improvement particularly in relation to oncology patient journeys arriving within 30 minutes of appointment time and lost hours on transfers and discharges in order to meet the target</li> <li>• Eligibility criteria and suggested that an indicative 30% of NEPTS transport provided to patients that were not eligible and WASTs intention to work with commissioners and health boards towards a position where non-eligible patients were steered towards alternative providers</li> <li>• NEPTS Demand and Capacity Review; identification of a range of efficiencies to be worked towards and the predicted impact on performance</li> <li>• The agreed commissioning intentions for NEPTS</li> </ul>	

	<ul style="list-style-type: none"> <li>• Map of key strategic changes being undertaken across health boards and the modelling undertaken in order to understand the impact on patient transport</li> <li>• Ambitions for the NEPTS service within the WAST IMTP.</li> </ul> <p>The Chair thanked Rachel Marsh for the very helpful presentation and a detailed discussion was held on a number of matters, which included:</p> <ul style="list-style-type: none"> <li>• the current weekday nature of the service, it was confirmed that there could be flexibility to provide patient transport for services being delivered at weekends subject to the required activity profiles, workforce discussions and changes to roster patterns</li> <li>• that patient demand was at approximately 90% of the pre-pandemic levels including the sharp increase experienced in March and that work would be undertaken to understand this in light of the reduction in outpatient activities and increase use of digital technology</li> <li>• in terms of eligibility criteria, the likely political and public interest in relation to any proposal for changes to patient transport provision and the need to collectively undertake a robust equality impact assessment to progress this work</li> <li>• the need to agree the scope of the work to deliver a National Transfer and Discharge Service and sign off the sequencing of the implementation at a future meeting</li> <li>• the need for WAST to provide assurance regarding the efficiencies and additional investment intended for renal and oncology services that were included in the original case for transforming NEPTS services</li> <li>• the need to consider the challenges and complexities regarding the cross-border activity and nature of Powys THB and the associated procurement routes</li> <li>• the fragmented NEPTS services that exist in England, with many small providers under differing contractual arrangements were noted in comparison.</li> </ul> <p>Members stated that the specific need for performance improvement for oncology patients and it was agreed that this would be provided to Members.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the key discussion points and agreed actions.</li> </ul>	
<p>EASC 22/66</p>	<p><b>FINANCE REPORT MONTH 12</b></p> <p>The Month 12 Finance Report was received. The Month 12 outturn showed an underspend of £347k.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	

<p>EASC 22/67</p>	<p><b>EASC SUB-GROUPS CONFIRMED MINUTES</b></p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> <li>• EASC Management Group – 24 February 2022</li> <li>• NEPTS Delivery Assurance Group – 3 February 2022</li> <li>• EMRTS Delivery Assurance Group – 28 September 2021.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the confirmed minutes.</li> </ul>	
<p>EASC 22/68</p>	<p><b>EASC GOVERNANCE</b></p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including:</p> <ul style="list-style-type: none"> <li>• The EASC Risk Register included 3 red risks relating to items already discussed at the meeting, these would continue to be reported to the CTMUHB Audit and Risk Committee</li> <li>• The EASC did not have a statutory duty to produce an Annual Governance Statement (AGS) but did so, as a matter of good governance, to provide assurance to the LHBs and, in particular, to CTMUHB, as its host organisation. The AGS would be forwarded to the CTMUHB Audit and Risk Committee and would inform the CTMUHB’s Annual Governance Statement</li> <li>• The Annual Audit Enquiries Letter 2021-2022</li> <li>• The draft EASC Annual Report that provided an overview of the business undertaken by the EASC as well as providing an opportunity to assess the effectiveness of the Committee in achieving its stated purpose.</li> <li>• Progress made against the EASC Audit Recommendations Tracker</li> <li>• Annual Reports for the EASC Sub-Groups Annual Reports for 2021-2022, including the EASC Management Group and Non-Emergency Patient Transport Services Delivery Assurance Group Annual Report. The Annual Report for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Delivery Assurance Group would be considered at the next meeting in June 2022 for endorsement, prior to submission to EASC for approval in July 2022</li> <li>• That plans were in place to deliver the requirements of the Standing Orders by July 22.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the risk register and <b>NOTE</b> the updates relating to red performance</li> <li>• <b>APPROVE</b> the EASC Annual Governance Statement 2021-2022</li> </ul>	

## Agenda Item 1.4

	<ul style="list-style-type: none"> <li>• <b>APPROVE</b> the EASC Response to the Annual Audit Enquiries Letter 2021-2022.</li> <li>• <b>APPROVE</b> the EASC Annual Report 2021-2022</li> <li>• <b>APPROVE</b> the EASC Audit Recommendations Tracker</li> <li>• <b>APPROVE</b> the EASC Sub-Groups Annual Reports 2021-2022 for EASC Management Group and the NEPTS DAG</li> <li>• <b>NOTE</b> the EMRTS DAG Annual Report for 2021-2022 will be presented at the next Committee meeting.</li> </ul>	
EASC 22/69	<p><b>FORWARD LOOK AND ANNUAL BUSINESS PLAN</b></p> <p>The Forward Look and Annual Business Plan was received.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report.</li> </ul>	
<b>Part 3. OTHER MATTERS</b>		<b>ACTION</b>
EASC 22/50	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussion particularly regarding ambulance handover delays and the key challenges for NEPTS.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 22/51	<p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 12 July 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed .....  
**Christopher Turner (Chair)**

Date .....



<b>Reporting Committee</b>	<b>Emergency Ambulance Services Committee</b>
<b>Chaired by</b>	Chris Turner
<b>Lead Executive Directors</b>	Health Board Chief Executives
<b>Author and contact details.</b>	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
<b>Date of last meeting</b>	12 July 2022

**Summary of key matters including achievements and progress considered by the Committee and any related decisions made.**

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meetings-and-papers/july-2022/>. The minutes of the EASC meeting held on 10 May 2022 were approved.

**CHAIR’S REPORT**

Members noted:

- the recent meetings attended by the Chair including the Appraisal with the Minister for Health and Social Services on 30 May 2022. The Chair confirmed that it would require a collaborative effort working with the Committee, Welsh Ambulance Services NHS Trust (WAST) and health boards (HBs) to deliver the objectives relating to reductions in handover delays.
- the meeting with the Chief Ambulance Services Commissioner (CASC), WAST Chair and Chief Executive and WAST Sub-Committee Chairs on 1 July 2022. Both the Chair and Jason Killens reported that all present at the meeting felt this was a useful session with all able to share their concerns in relation to quality, safety and patient experience.
- the meeting with Judith Paget, Chairs and Chief Executives on 8 June 2022. Members were aware that the Chairs and Chief Executives had made a commitment to improve immediate release requests.

**‘FOCUS ON’ PERFORMANCE REPORT**

The significant challenge in the provision of timely ambulance services at present was noted and the actions being taken and opportunities to drive improvement were discussed in the Focus on session which included:

**Recent high-level outputs from the Performance Report**

- Red performance remained extremely challenging (at approximately 50%) with some variation noted
- Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes
- Median response times for Amber 1 patients (over 2 hours)
- Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)
- 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.

## **EASC Action Plan**

It was noted that the EASC Team has been asked via the Welsh Government (WG) Integrated Quality, Planning and Delivery (IQPD) meeting to enhance the existing EASC Action Plan to provide one overall comprehensive plan with the focus on the improvement priorities and actions for the remainder of 2022-23.

The work undertaken, led by the CASC working with WAST and health board teams as part of the fortnightly handover improvement plan meetings, was noted including:

- the agreement of trajectories against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- the undertaking of an annual review at the end of September 2022 against the trajectories
- the number of core actions being undertaken across each health board
- an element of variation in some of the other actions being undertaken by health boards
- the impact that these actions would have on the trajectories and in ensuring the required progress was made.

The EASC Action Plan would continue to be developed to reflect the discussions with Chief Operating Officers (COOs) and WAST and reported via the existing EASC governance arrangements, via the NHS Wales Leadership Board and also through the WG IQPD process.

Members commented that:

- the weekly WAST Performance Dashboard (of management information) circulated by the EASC Team was very helpful and provided up to date live information that health board teams could relate to the previous week, month and 3 monthly trend
- information relating to immediate release was not as transparent and it was requested that it could be added to the dashboard as a weekly metric. It was agreed that the EASC Team would work with WAST to provide this information as soon as practicable. A live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July 2022 as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set
- the focus should be on the actions with the highest impact
- there was a need as individual Chief Executives to take responsibility for communicating decisions and agreements made to their respective Boards thus ensuring the required openness and transparency. This would ensure that Boards had oversight of the actions individual HBs were committed to and would ensure that Executives and Independent Members were clear on the actions being taken locally and nationally to improve system safety and the patient experience.
- The EASC Action Plan would be shared at the NHS Wales Leadership Board.

## **Handover Delays**

- An update was provided on the local fortnightly meetings being held between the CASC, COOs and WAST. This included the development of handover improvement plans for each health board, agreed trajectories for each organisation against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours, core actions being taken across the system and an element of variation in some of the other actions being undertaken.

Members noted a number of core actions to avoid conveyance including:

- the advanced paramedic practitioner and its navigator role (SBUHB)
- the need to explore the impact on the number of conveyances into emergency departments (EDs) and continuing to link in with flow centres, community hubs and primary care clusters to maximise the opportunities
- the potential for WAST access to urgent primary care centres
- the increased use of 111
- the likely impact of same day emergency care services (SDEC) following the immediate success of the Hywel Dda UHB pilot, although the likely staffing challenges were noted
- 111 press 2 for Mental Health (MH) and its likely impact due to the number of MH calls to WAST.

It was agreed that the next version of the EASC Action Plan would focus on the increasing number of long wait handovers.

The principle of the importance of immediate red release was agreed, there was a concern about its viability at the present time. A proposal for maximising the impact of this was therefore made relating to compliance (of immediate release) when approaching the 4-hour deadline and the significant impact that this could have in terms of freeing up ambulance resources. Members noted that this would require the right conversation at the time between the hospital and ambulance control to ensure risks are balanced in the moment.

Members noted issues relating to the lack of social care input (and ambulance services) and a proposal was made to consider the inclusion of a social care practitioner in the WAST control room to ensure that the social care requirements were identified to avoid ambulance conveyance to EDs; this could also be extended to provide an advice line for care homes. Other opportunities, such as having a national maternity line, would be explored further with the WAST Team, COOs and the EASC Management Group as appropriate.

### **Red Demand and Variation**

- Variation in terms of red performance was noted and an acceptance that this variation needed to be reduced.
- It was agreed that further work would be undertaken with Optima with a view to facilitating a presentation at a future meeting of the Committee to broaden colleagues understanding of the drivers of variation in red performance.

### **Performance Reporting**

- Members noted exciting work relating to the linking of system wide data with Digital Health Care Wales which described and tracked the patient's journey through the system and how this could present opportunities for improving the design of services.
- Members noted that the most important aspect currently being looked at was the application of the WAST Clinical Safety Plan, in particular understanding the impact of higher levels of CSP on patients waiting in the community. The risk and harm that patients could be exposed to, and also quantifying the impact of the non-attendance of an ambulance, would be areas to be focused on next.

- Members queried whether there was any evidence to suggest that escalation of the WAST CSP impacted on the numbers of patients attending ED by their own means; and also, the impact that this had on those waiting outside in an ambulance. Members noted that progress was slow as this was a complex and extensive data set and work to retrospectively track patients following 'can't send' and other touch points with health services were expected to provide clarity in relation to levels of harm and the impact of prioritisation.

Members were asked to note that the two commitments (25% reduction on the minutes lost per arrival and no handover delays over 4 hours) had been referred to by the Minister for Health and Social Services as part of the update on the Six Goals for Urgent and Emergency Care Programme on the 19 May 2022 and were the subject of recommendations by the Health and Social Care Committee in their recent report on Hospital discharge and its impact on patient flow through hospitals.

Members noted the information contained within the latest version of the Ambulance Service Quality Indicators (April & May 2022) and are available at this link <https://easc.nhs.wales/asi/> .

Following discussion, Members **RESOLVED** to:

- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Quality Indicators
- **ENDORSE** the EASC Action Plan
- **ENDORSE** the handover improvement trajectories
- **NOTE** the performance reporting information submissions.

### **QUALITY AND SAFETY REPORT**

The Quality and Safety Report provided Members with an update on quality and safety matters for commissioned services. The following areas were highlighted:

- the work of the Healthcare Improvement Wales (HIW) Task & Finish Group established to coordinate and lead the work in response to the recommendations made as part of the HIW Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover
- progress of the NHS Wales Delivery Unit on Appendix B Task & Finish Group which will be established to review the process related to serious incident joint investigation framework; working between WAST and health board and make recommendations for improvement
- the general growth in the demand and focus on quality and safety issues closely linked to the deteriorating performance position.

Members **RESOLVED** to:

- **NOTE** the content of the report
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services
- **NOTE** the provision of Quality and Safety Reports relating to commissioned services at all future meetings.

## **PROVIDER ISSUES**

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- the seasonal forecasting and modelling undertaken by WAST as a matter of routine and the concerning modelled results
- WAST had updated its tactical Performance Improvement Plan with specific action for the summer months
- WAST was currently at escalation level 3 (maximum 4)
- in the last 3 months, 33 patient safety incidents had been shared with health boards as part of the joint investigation framework (known as Appendix B).
- lost hours in relation to handover delays for May totalled 22,080 hours (18% of WAST's total capacity or 25% of total conveying capacity)
- WAST has recently introduced a new Managing Attendance Plan with seven work-streams and improvement trajectories. The Plan was being reported to the Executive Management Team every two weeks
- Post-production Lost Hours (PPLHs) amounting to 5,835 hours were lost in May-22 for a range of reasons e.g. vehicle defect, trauma stand down, police interview, etc. Members noted these could not be viewed as areas for potential efficiencies.
- detailed the significant programme of work relating to the Non-Emergency Patient Transport Service (NEPTS) including to further assess the benefits of the all Wales business case and the transfers of work from HBs. Members noted that a roster review to maximise efficiency would be undertaken with implementation expected in 2023-24.

Members noted that the 4-stage process to develop rosters had been completed, with the new rosters implemented from September 2022 starting with Hywel Dda University Health Board. It was confirmed that the roster review roll-out would continue as follows:

- Cardiff and Vale UHB in late September
- Swansea Bay UHB in early October
- Aneurin Bevan UHB during mid-October
- Cwm Taf Morgannwg UHB in late October
- Betsi Cadwaladr UHB in early November and
- Powys mid-November 2022.

Members noted that each health board would benefit from growth in terms of total numbers of staff and a commitment was made to ensure that there would be no reduction in emergency ambulance cover in West Wales. However, there would be changes in the mix of the fleet including less single staffed cars and an increase in double staffed resources. It was agreed that more information would be provided by WAST on a health board by health board basis.

Stephen Harray updated Members in relation to the ongoing work WAST to ensure the required progress was made against key elements of work within the report including:

- the roster review programme equated to approximately 70 additional WTEs
- supporting the constructive discussions with the staff side representatives regarding working practices – it was noted that indicative timescales would be helpful and would be provided in the next report
- the improvement trajectories for sickness as part of the new Managing Attendance Plan

- the role that first responders could take to supplement ambulance services, although not at the expense of the core ambulance service.

### **Immediate red release**

The Immediate Release Protocol developed by WAST was considered and discussed with a view to agreeing the next steps. It was noted that the protocol had been considered by Chief Operating Officers and set out the national process relating to Red and Amber 1 immediate release requirements.

A conversation was held on the implications of classifying each episode where an immediate release direction was declined as a 'never event' (this was specific terminology used within the Welsh Health Circular WHC / 2018 / 12

<https://gov.wales/sites/default/files/publications/2019-07/never-events-list-2018-and-assurance-review-process.pdf> which did not include immediate release of ambulances). It was agreed that the protocol needed to emphasise the requirement to improve and enhance the escalation process; all were keen not to over complicate the process and there was agreement that WAST would amend the language used and circulate a further version. Once received, Members recognised that each organisation would be responsible for taking the revised protocol through their local governance processes.

Members **RESOLVED** to:

- **NOTE** the WAST Provider Report
- **NOTE** the actions required for the immediate red release protocol.

### **CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT**

Stephen Harray presented the report and highlighted the following:

- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity had undertaken a strategic review of the service and confirmed that the existing model of four aircraft would be retained for the population of Wales. Members noted that a strategic review of air bases was also being considered in order to maximise coverage. It was noted that this could impact on the location of the existing bases in North Wales. Jason Killens suggested that there could be opportunities to explore efficiencies in co-locating services for EMRTS and WAST and agreed to make contact to discuss potential options
- Temporary funding (£3m non-recurrent funding) for additional ambulance capacity had been secured from Welsh Government to fund additional front-line staff (approximately 100 additional staff members) to support WAST services during these unprecedented system wide pressures. The progress of recruitment, utilisation and impact would be reported via the EASC Management Group and an update on progress provided at the next Committee meeting.

Members **RESOLVED** to: **NOTE** the report.

### **EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK**

Members noted that the approach taken in the development of the Framework had been adapted to provide clarity on the commissioning of core services alongside services considered to be 'transformational,' but optional, within the commissioning arrangements.

Members received a draft of the Framework as an appendix to the report and it included the high-level expectations of the ambulance service and proposed the opportunity to develop local Integrated Commissioning Action Plans (ICAPs). The process would involve more joint working with WAST and health boards to develop plans at a local level. Members noted the process would also provide the foundation for development of the Commissioning Intentions for emergency ambulance services.

In addition to recognising opportunities for national transformation, the local ICAPs would capture the local transformation programmes and their implications for ambulance services, identifying opportunities and developing and tracking resource requirements for delivery. The key principles and content of the draft Framework were endorsed, it was confirmed that the existing Framework would remain extant until the final version was presented and approved.

Following discussion Members **RESOLVED** to:

- **NOTE** the progress made in developing the new Emergency Ambulance Services Commissioning Framework
- **ENDORSE** the content of the Framework and the ongoing plans for development.

### **EASC COMMISSIONING UPDATE**

Members noted that formal confirmation was awaited from Welsh Government regarding the status of the EASC Integrated Medium Term Plan and that a quarterly update with regard progress made against the IMTP would be provided at the next meeting. An update against the Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and Emergency Medical Retrieval and Transfer Services) would be provided to EASC Management Group at the August meeting.

### **FINANCE REPORT**

The EASC Finance Report was received and the purpose of the report was to set out the estimated financial position for EASC for the 2<sup>nd</sup> month of 2022/23 together with any corrective action required. No corrective action was required.

### **EASC SUB GROUPS**

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- Chair's Summary EASC Management Group – 16 June 2022
- EASC Management Group – 21 April 2022
- NEPTS Delivery Assurance Group – 3 May 2022
- EMRTS Delivery Assurance Group – 29 March 2022.

### **EASC GOVERNANCE INCLUDING THE RISK REGISTER**

The report on EASC Governance was received. Governance documentation is available at <https://easc.nhs.wales/the-committee/governance/>

Members **RESOLVED** to:

- **ENDORSE** the risk register
- **NOTE** the progress with the actions to complete the requirements of the EASC Standing Orders
- **APPROVE** the EMRTS DAG Annual Report 2021-2022
- **APPROVE** the EASC Communications and Engagement Plan
- **APPROVE** the EASC Assurance Framework

- **APPROVE** the completion of the Internal Audit on EASC Governance
- **NOTE** the information within the EASC Key Organisational Contacts.

### Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories)
- Community care capacity

### Matters requiring Board level consideration

- Consider and oversee the implications of the commitment made at the meeting with Judith Paget by Chairs and Chief Executives improve immediate release requests on 8 June 2022.
- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plan and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Note that a live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July 2022 as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set
- Note the roll out of roster reviews for each area before the end of November 2022
- From the Performance Report
  - Red performance remains extremely challenging (at approximately 50%)
  - Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes
  - Median response times for Amber 1 patients (over 2 hours)
  - Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)
  - 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.

### Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
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<b>Date of next meeting</b>	<b>6 September 2022</b>
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## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	19 May 2022
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<b><u>Matters Arising – Recruitment Update</u></b>	
<p>Gareth Hardacre, Director of People &amp; OD gave an update on the progress being made on the Recruitment Modernisation Action Plan following the deep dive on this topic in the March Committee.</p> <p>All organisations are now live on the latest version (3) of NHS Jobs. Progress has been made in letting the IT contract for the Pre-Employment Checks, but this has been slightly delayed as clarification is needed by the Home Office surrounding the cyber security requirements in the product specification. However, the deadline of September 2022, where either face-to-face checks are re-introduced or the IT solution is in place, should still be met.</p> <p>The Action Plan for revising specific recruitment processes is due to go to Workforce Directors on May 20<sup>th</sup> and includes the proposal to establish a senior Programme Board to oversee delivery of the Plan. Performance against Recruitment Key Performance Indicators is improving, despite there being no drop in the level of activity across NHS Wales.</p> <p>It has been agreed that a deep dive on Recruitment will be undertaken with the BCUHB Executive Board and the offer was made to do something similar with other NHS Wales organisations.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b><u>Medical Examiner Service</u></b>	
<p>Andrew Evans, Director of Primary Care Services and Ruth Alcolado, Medical Director jointly presented to the Committee on progress with the development of the Medical Examiner Service. The service is currently examining around 1000 deaths a month, with a target of 2500 by the time the service is launched on a statutory footing, which is now likely to be April 2023 at the earliest. To date, the</p>	

service has been able to identify potential learning for Health Boards and Trusts in approximately 25% of cases reviewed, and it is considered that 10% of cases would benefit from a Stage 2 Mortality Review – these figures are consistent with what is being reported in England. There are however differences in the way that the service is operated in the two countries, and the nature of the set-up in Wales allows greater identification of local, regional, and national issues.

One of the key benefits of the service thus far is to give each family the opportunity to speak with a Medical Examiner Officer. This has been very well received and in many cases the families have expressed their gratitude for the care received by their family member from Health Boards and Trusts at the end of their life.

To further successfully develop the service Health Boards and Trusts need to ensure timely notification of death, availability of clinical notes, and access to the relevant doctor to discuss the cause of death. The commitment from the service to Health Boards includes that all deaths will be scrutinised by the autumn of this year; that there is effective communication on themes and trends; and that there should be effective monitoring of performance.

In summary it was noted that the service is already making a positive contribution to patient safety, and that consultation is underway and/or planned with clinical colleagues to address any issues and to maximise the benefits.

The Committee **NOTED** the presentation.

### **Chair's Report**

The Chair updated the Committee on the activities that she had been involved with since the March meeting. These have included:

- Meeting with the Minister as part of the all-Wales Chairs' Group. It was helpful that the Minister had recently visited IP5 and consequently gained a good understanding of what NWSSP does and had been left with a positive impression of the organisation;
- Attending her first NWSSP Audit Committee which again had been very positive;
- Continuing to meet with senior NWSSP management, and in particular recently from Specialist Estates and the Temporary Medicines Unit, to gain a better understanding of what they do;
- Attending the DHCW Board Development session in April where NWSSP received positive feedback;
- Chairing the Welsh Risk Pool Committee; and
- Arranging to attend the Velindre Trust Board at the end of June as part of their Board Development session.

Looking further forward the Chair is keen to hold a development session with the Committee, ideally in person for a half-day in the autumn and including other members of the NWSSP Senior Leadership Group. This could include a stock-take

session on what works well and what doesn't work so well for the Committee; allow the Committee to better understand what NWSSP does, ensuring that it is aligned to NHS Wales's organisation priorities and also those of the Welsh Government; looking to the future in terms of which services it should provide; and assessing the current structure of the Committee and whether it needs wider (e.g. clinical) representation. A plan for how the session might work will be brought back to the July Committee.

### **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- Senior NWSSP management participated in the meeting with Welsh Government in early May to review the IMTP. The meeting was very positive, and the IMTP has been well-received with the Outcome Letter expected in June;
- Work has been undertaken with colleagues from Welsh Government and Public Health Wales regarding the future plans for the recently vacated Lighthouse Laboratory at the IP5 facility. Within IP5, the Surgical Materials Testing Laboratory have had a new laboratory completed which will enable them to perform additional tests and to develop new testing regimes for medical devices, which they were unable to do at the existing Bridgend site;
- Progress continues to be made in terms of the overarching Transforming Access to Medicine Outline Business Case, with a number of workshops held to consider site selection. There is on-going discussion with workforce colleagues and Chief Pharmacists regarding the Organisational Change Programme; and
- The recent cyber security assessment, conducted as part of the NHS Wales Cyber Resilience Unit's work to implement the Network Information Security (NIS) Regulation in all health organisations in Wales, demonstrated that generally NWSSP is well protected from cyber-attacks. A formal project has been launched to address the key areas for improvement identified in the report's recommendations. One of the key tasks in the initial phase, a desktop exercise based around a cyber incident, was carried out at the May Informal Senior Leadership Group.

### **Items Requiring SSPC Approval/Endorsement**

#### **Decarbonisation Action Plan**

Chris Lewis, Environmental Management Advisor presented the Plan which had been formally submitted to Welsh Government on 31<sup>st</sup> March. The Committee had previously had the opportunity to review the plan in detail at its November 2021 meeting. Clarity was provided in terms of explaining that this was the inward-facing NWSSP plan and that NWSSP were substantially involved in the production of the national plan which embraces the role that NWSSP plays in supporting NHS Wales organisations to achieve their own decarbonisation targets. Key actions in the internal facing plan include reducing the impact of our buildings, fleet, and

new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation.

The Committee **ENDORSED** the Action Plan.

### **Laundry Detergent Contract**

Anthony Hayward, Assistant Director of Laundry Services, attended the Committee to present a paper for endorsement and approval by the Committee. Following the transfer of laundry services to NWSSP from April 2021, there is now the opportunity to tender for laundry detergent on an all-Wales basis. This should provide opportunities for economies of scale compared to the current fragmented arrangements. However, the Laundry Service are also keen to include the provision of dosing pumps and a management information system into the contract which is anticipated to total £2m over a five-year period.

The Committee **ENDORSED** the paper.

### **Draft Annual Governance Statement 2021/22**

The Committee reviewed the draft Annual Governance Statement which will be taken to the NWSSP Audit Committee in July for formal approval. The statement is substantially complete, but the formal Head of Internal Audit Opinion is still to be received and the final energy consumption figures for the year are still being calculated. The Statement is a positive reflection on the past year and there are no significant matters of control weaknesses that need to be included. The final version of the Statement will be brought back to the July Partnership Committee for information.

The Committee **ENDORSED** the Statement **IN PRINCIPLE** recognising that it was still draft, and that formal approval would be sought at the Audit Committee.

### **Service Level Agreements 2022/23**

The Committee received the Service Level Agreements for the core service provided by NWSSP to NHS Wales for formal annual approval. The papers included the overarching Service Level Agreement and a cover paper detailing any amendments to the supporting schedules, none of which were significant. (The schedules were provided separately to Committee members for information). It was however noted that the Procurement SLA element would need to be brought back to the July Committee as it is to be further amended to reflect changes resulting from the implementation of the new Operating Model.

The Committee **APPROVED** the SLAs for 2022/23 noting that the Procurement SLA is due to be further amended and resubmitted for approval.

### **Salary Sacrifice – Staff Benefits**

The Committee was presented with a paper setting out the arrangements for the Home Electronics and Cycle to Work Staff Benefit Schemes. There are currently different arrangements in place across NHS Wales, with some schemes being operated by NWSSP on behalf of NHS Wales organisations and other schemes

being operated and managed within health organisations. As well as potentially not providing optimal value-for-money, there is a risk that staff could fall below minimum wage rates due to being members of schemes administered by different organisations. The paper asked the Committee to approve a tender for a scheme to be administered by NWSSP that would cover home electronics and cycle to work schemes.

The Committee **ENDORSED** the approach being taken by NWSSP in awarding a contract(s) for Home Electronics and Cycle to Work with an aim of having an All-Wales arrangement in place, centrally administered by NWSSP, which will be made available to all Health Board, Trusts and Special Health Authorities.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – The Director of Finance & Corporate Services reported the outturn position, which is currently subject to external audit, and highlighted that a small surplus of £11k had been generated against total income of £870m. The DEL expenditure for the Welsh Risk Pool was £129.615m and the risk share agreement was invoked at the IMTP value of £16.495m. Additional Welsh Government risk pool funding of £4.861m was agreed above the core allocation and risk share funding to account for the additional cases settled in 2021/22. £17.018m capital funding was received in 2021/22 and fully utilised. £12.348m was spent in March 2022, including the purchase of Matrix House which completed on 30<sup>th</sup> March. The Committee were complimentary of the new style finance report.

**Performance** – Most KPIs are on track except for those relating to Recruitment Services, where the situation is improving due to the implementation of the Modernisation Plan, which was covered earlier on the agenda, but where there is still further progress to be made.

**Project Management Office Update** – Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. The deadline to issue a tender for the procurement of a replacement system is 31<sup>st</sup> May, but currently there is no guarantee of funding for this from Welsh Government.

**People & OD Update** – Sickness absence rates remain at very low levels with an absence rate of 2.61% for March. Performance and Development Reviews and Statutory and Mandatory training results continue to improve although there is still room for further improvement. Part of the issue is in areas such as the Medical Examiner Service where staff may be on multiple contracts, but a solution is being sought for this. Headcount is increasing due mainly to the additional staff recruited as part of the Single Lead Employer Scheme.

**Corporate Risk Register** – there remain two red risks relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services, and the energy price increase. A new risk has been added relating to the Student Awards system, which was

highlighted earlier in the Project Management Office Progress Report.	
<b>Papers for Information</b>	
The following items were provided for information only: <ul style="list-style-type: none"> <li>• Transforming Access to Medicine Progress Report</li> <li>• Information Governance Annual Report 2021/22</li> <li>• Audit Committee Highlight Report</li> <li>• Quality and Safety Assurance Report</li> <li>• Complaints Annual Report 2021/22</li> <li>• Finance Monitoring Returns (Months 12 and 1)</li> </ul>	
<b>AOB</b>	
<b>N/a</b>	
<b>Matters requiring Board/Committee level consideration and/or approval</b>	
<ul style="list-style-type: none"> <li>• The Board is asked to <b>NOTE</b> the work of the Shared Services Partnership Committee.</li> </ul>	
<b>Matters referred to other Committees</b>	
N/A	
<b>Date of next meeting</b>	21 July 2022

# MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

## UPDATE REPORT – JULY 2022

### 1. Introduction

The Mid Wales Joint Committee met virtually via Zoom on 27<sup>th</sup> June 2022 with members of the public offered the opportunity to join the ‘live’ meeting to observe and ask any questions / raise any concerns during the Listening to You session. The main focus of the Joint Committee’s business was to discuss the priorities and delivery plan for 2022/23, ensure organisational Annual / COVID-19 Recovery plans consider the needs of the Mid Wales population and the future arrangements for the Joint Committee.

### 2. Mid Wales Priorities and Delivery Plan 2021/22

The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning & Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee. The main focus of the group’s work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

The Joint Committee priorities 2022/23 for joint working across Mid Wales have been based on the clinical priorities developed by the Mid Wales Clinical Advisory Group and the key actions within organisational Covid-19 recovery plans and IMTPs in order to support the Welsh Government’s expectation for Health Boards to work together to deliver regional solutions to meet the demand of both COVID-19 and non COVID-19 pathways and work together, across organisational boundaries, to plan and deliver on a regional basis. Priorities for 2022/23 are as follows:

- **Urology** – Development of a programme of renewal for Urology pathways across Mid Wales.
- **Ophthalmology** – Develop a regional and whole system pathway approach to the provision of Ophthalmology services across Mid Wales supported through the establishment of links between Hywel Dda UHB, Powys THB and Shrewsbury and Telford NHS Trust. Recruitment to the Mid Wales Ophthalmology leadership role to lead on the MDT approach to Ophthalmology services across Mid Wales.
- **Cancer**- Pathways for community based oncology services will continue to be reviewed to identify opportunities for increasing provision across Mid Wales community sites. Establishment of the new Chemotherapy Day Unit at Bronglais General Hospital together with the development of a plan for a Mid Wales approach to chemotherapy services in the community.
- **Respiratory** – Continuation on the development of the Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services.
- **Digital** – Continuation of the development of a clinically agreed plan for future digital developments for implementation across Mid Wales.
- **Dental** – Resumption of oral surgery for extractions and scoping endodontic service for the feasibility of an integrated service for endodontic services together with the feasibility of an integrated service for joint General Anaesthetic list at Bronglais

General Hospital using existing facilities not fully utilised. Also identify what improvements could be made to general NHS Dental services provision across Mid Wales.

- **Clinical Strategy for Hospital Based Care and Treatment and regional solutions**  
On-going implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the on-going development of regional and cross border solutions. This will include the establishment of the Mid Wales Bronglais General Hospital Advisory Board, which will be made up of health expert members of the public, to ensure there is on-going involvement and engagement with stakeholders on the implementation of the strategy.
- **Cross Border Workforce arrangements** - On-going development of solutions to establish cross border workforce arrangements across Mid Wales including joint training, apprenticeship and leadership development programmes, development of new and enhanced roles, development of a Mid Wales recruitment campaign and continued support for the Aberystwyth University School of Nursing including the provision of placements in a range of rural community settings across health and social care. Support the development of links between the South Gwynedd, North Ceredigion and North Powys clusters to explore what areas of good work can be rolled out across Mid Wales.
- **Rehabilitation** – Continuation of the work on the development of a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of an MDT approach across Mid Wales.

### **3. Mid Wales Clinical Advisory Group**

The Mid Wales Clinical Advisory Group, whose role is to provide clinical advice and make clinically based recommendations, meets bi-monthly. For this reporting period the main focus of work had been on agreeing its top 3 clinical priorities 1. Urology, 2. Palliative Care and 3. Rheumatology with the main objective being the development of a programme of renewal for pathways for pathways across Mid Wales.

A Mid Wales GP Cluster Leads meeting was established in November 2021 in order to start discussions on opportunities within the primary care workforce including GP portfolio and rotation and sharing of cluster plans. Members of the group include Cluster Leads and Locality/Cluster Managers for South Gwynedd, North Ceredigion, and North Powys with members of the MWJC team in attendance to facilitate the session. Those in attendance agreed that it was hugely beneficial to share each other's plans and the learning including the use of cluster funds for pilots to consider rolling out more widely across the region. Key priorities were identified by the group, which included palliative care, and these were fed back to the Mid Wales Clinical Advisory Group for informing its clinical priority development work. Updates on current developments across respective clusters were also shared. The group met again in April 2022 and plan to meet twice a year to maintain those links which have been established- April to discuss plans for the upcoming year and October to discuss progress on plans and to share learning.

The group also received updates on the Mid Wales Priorities and Delivery Plan, Bronglais General Hospital Strategy Implementation Plan and the North Powys Wellbeing programme.

The last two meetings of the group have had to be postponed due to low attendance resulting in meetings not being quorate. The Chair of the Mid Wales Clinical Advisory

Group has written to Medical Directors for the Health Boards and Welsh Ambulance Services NHS Trust outlining the importance of the group to ensure clinical engagement and networks are maintained across Mid Wales to support the delivery of the priorities for the Mid Wales Joint Committee. Feedback has also been requested on whether it is an opportune time to revise the membership and terms of reference in order to ensure organisations have the right representation and that those nominated representatives have the time to contribute to the work of the group.

#### **4. Future arrangements for the Mid Wales Joint Committee**

Following a post COVID-19 review of the Joint Committee, detailed proposals are now being developed on the future arrangements for the Mid Wales Joint Committee which include:

- Review of Joint Committee's meeting frequency and exploring the option of replacing quarterly meetings with an annual conference
- Development and delivery of Mid Wales Joint Committee priorities and delivery plan to led by the main Joint Committee sub-groups - Mid Wales Planning and Delivery Group and Mid Wales Clinical Advisory Group.
- Bi-annual Mid Wales plans/reports to be reported to Health Boards and Local Authorities for monitoring and scrutinising.
- Establishment of a Mid Wales Social Care group in order to strengthen the focus on Social Care and the alignment of plans for social care services across Mid Wales. The Head of Commissioning - Adults and Children's Services for Powys County Council has agreed to lead on the establishment of such a group.
- Existing engagement and involvement mechanisms for Health Boards and Local Authorities to be used as the main tools for MW engagement and involvement.

The detailed proposals will be presented to the next meeting of the Mid Wales Planning and Delivery Executive Group and the Mid Wales Clinical Advisory Group prior to being subject to review and approval by the Mid Wales Joint Committee.

#### **4. Recovery plans for Mid Wales**

At the Mid Wales Planning and Executive Delivery Group on 25<sup>th</sup> April 2022 it was noted that there was public interest in the alignment of recovery planning across Mid Wales and the restarting of services, in particular around scheduled care and waiting lists. Health Board plans submitted to Welsh Government were very detailed and a process was needed to clarify how all organisational plans supported the needs of the Mid Wales population. Also a mechanism was required to quantify recovery and progress. The following proposed staged approach for recovery planning across Mid Wales has been agreed:

##### **i) Overall position for Health Boards and Local Authorities**

###### **Health**

As part of their Annual Plan/Integrated Medium Term Plan submissions to Welsh Government, Health Boards are required to submit Minimum Data Set annex and as such consistent information is available across Health Boards although this information is Health Board specific and not Mid Wales specific. The total view from Health Boards areas to be considered initially. The Hywel Dda UHB focus to be on Bronglais General Hospital whilst being mindful that residents from Mid Wales also receive treatment at other sites outside of the Mid Wales catchment area.

## **Social Care**

The Mid Wales Social Group will be asked to provide the overall position for each of the Local Authorities.

### **ii) Mid Wales position**

#### **Health**

The Mid Wales specific information to be extracted from the overall position reported to Welsh Government. Health Board Informatics leads to be asked to established a mechanism for drawing out Mid Wales specific information.

#### **Social Care**

The Mid Wales Social Care Group to be asked to provide the Mid Wales position.

## **5. Mid Wales Strategic Commissioning Group**

A Mid Wales Strategic Commissioning Group has been established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. The Group have met twice and the key actions being progressed by the group are as follows:

- Hywel Dda University Health Board developing an outline of where additional capacity can be provided to its commissioners.
- Betsi Cadwaladr University Health Board and Powys Teaching Health Board outline of their additional capacity requirements.

## **6. Membership of the Joint Committee**

There have been a number of changes to membership of the Joint Committee due to changes in elected representatives following the Local Authority elections in May 2022, changes in Directors of Social Services for Powys and Gwynedd Councils, a change in the Chair for Powys Community Health Council and a change in the Director for Planning and Performance. In addition the Planning Director for the Health Strategy and Planning Division will no longer be attending Joint Committee meetings as the Welsh Government has now stood now its attendance at Regional Planning Committees. However, the Welsh Government have advised that this remains a key Ministerial priority and should continue to be reflected as core business via the Health Boards' respective Integrated Medium Term Plans.

## **7. Update on Key Programmes across Mid Wales**

### **North Powys Wellbeing programme**

The North Powys Wellbeing Programme was established in May 2019 by the Powys Regional Partnership Board as a partnership between Powys Teaching Health Board and Powys County Council with support from the voluntary sector. To date the Regional Partnership Board has received £4.3m from the Welsh Government to invest in new ways of delivering health and social care services in north Powys and supporting the multi-agency wellbeing campus development. The programme aims to focus on wellbeing; promote early help and support by being able to provide technology that helps people to live at home; tackle the biggest causes of ill health and poor wellbeing; and ensure joined up care involving neighbourhood teams and communities working together, ensuring a more seamless service when it's needed.

The North Powys Wellbeing Programme Business Case was submitted to Welsh Government in November 2020. On 15th March 2022, the First Minister announced the Programme Business Case had received ministerial endorsement to proceed to the next phase. The Programme Board has changed its approach from the development of two separate Strategic Outline Cases (Health and Care and Infrastructure) to one combined business case to cover all aspects. The Strategic Outline Case has been taken to a Strategic Outline Case+ stage, to reflect Welsh Government's priorities in better understanding the proposed site fit and the potential for development.

Following further engagement, service specifications have been developed for the Rural Regional Diagnostic and Treatment Centre, Integrated Health and Care Centre, Learning, Innovation and Community Hub and Supported Living. Demand and Capacity Modelling has been undertaken based on a 10 year time-horizon, from Year 0 (2021) to Year 10 (2031) and uses detailed activity datasets as far as these were available. The following areas have been included in the modelling work to support with the Strategic Outline Case:

- Community inpatient care
- Supported living accommodation
- Short stay assessment and diagnostics, ambulatory care, urgent care
- Day Case and outpatient surgical and medical procedures
- Outpatient consultations
- Maternity

Work is now being undertaken on the Outline Business Case and engagement with other health and social care providers now needed to be focused on.

### **Hywel Dda University Health Board: A Healthier Mid and West Wales Programme Business Case - Detail on Bronglais General Hospital**

The delivery phase of the Hywel Dda University Health Board's (HDdUHB) strategic vision, "A Healthier Mid and West Wales: Our Future Generations Living Well" strategy, required the production of a clinical strategy for the future services at Bronglais General Hospital. Following a clinically led development process, the Bronglais General Hospital clinical strategy 'Bronglais General Hospital: Delivering Excellent Rural Acute Care', was approved and a Strategy Implementation plan for 2021-24 developed and agreed.

The implementation of the Bronglais strategy is one of Hywel Dda UHB's Planning Objectives. 'Planning Objective 5F: Fully implement the Bronglais Hospital Strategy over the coming three years as agreed at Board in November 2019, taking into account the learning from the COVID-19 pandemic.'

The Programme Business Case Hywel Dda University Health Board's A Healthier Mid and West Wales: Our Future Generations Living Well was submitted to the Welsh Government in January 2022. The Business Case supports the delivery of the strategy for Bronglais General Hospital and summary of the key principles from the Programme Business Case of relevance to Bronglais Hospital was reported to the Joint Committee.

### **8. Rural Health and Care Wales**

Following the success of Rural Health and Care Wales's first Webinar held in July 2021, a second Webinar was held on 25<sup>th</sup> January 2022 with around 40 people in attendance. The presentations for the second webinar were Community Cardiology Diagnostic Vehicle and NHS Screening – Working Together. A third webinar will be held on 12<sup>th</sup> July 2022 with the

presentations to be provided on Understanding the recruitment and retention challenges of nurses in rural Mid Wales and Social Prescribing to Outdoor Health.

The two-day Rural Health and Care Wales Conference will be held on 8<sup>th</sup> and 9<sup>th</sup> November 2022 and will once again staged as a hybrid event, with a smaller in-person audience and live streaming for online access. m end of September.

### **9. Mid Wales Joint Scrutiny Working Group**

The Mid Wales Scrutiny Group, whose membership comprises members of the Scrutiny Committee for Ceredigion and Gwynedd Councils, have not met as the scrutiny membership is still being firmed up due to changes in elected representatives following the Local Authority elections in early May 2022. The Mid Wales Programme Director has written to Powys County Council asking whether they wish to re-engage with the joint scrutiny group.



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# NHS Wales Collaborative Leadership Forum

## *Approved Minutes of Meeting held on 6 December 2021*

**Author:** Teri Harvey**Version:** 1

<b>Members present</b>	Ann Lloyd, Chair, Aneurin Bevan UHB (Chair) (AL) Maynard Davies, Board Member, Hywel Dda UHB (MD) Melanie Davies, Board Member, Powys tHB (MDa) Glyn Jones, Deputy Chief Executive, Aneurin Bevan UHB (GJ) Mark Hackett, Chief Executive, Swansea Bay UHB (MH) Alex Howells, Chief Executive, HEIW (AH) Simon Jones, Chair, DHCW (SJ) Dilys Jouvenat, Board Member, Cwm Taf Morgannwg UHB (DJ) Donna Mead, Chair, Velindre NHS Trust (DM) Ceri Phillips, Vice Chair, Cardiff and Vale UHB (CP) Lucy Reid, Vice Chair, Betsi Cadwaladr UHB (LR) Helen Thomas, Chief Executive, DHCW (HT) Stuart Walker, Medical Director, Cardiff and Vale UHB (SW) Jan Williams, Chair, Public Health Wales (JW) Martin Woodford, Chair, Welsh Ambulance Service NHS Trust (MW)
<b>In attendance</b>	Mark Dickinson, Director, Clinical Networks, NHS Wales Health Collaborative (MDi) Joanna Williams, Programme Director SARC, NHS Wales Health Collaborative (JWi)
<b>Apologies</b>	Maria Battle, Chair, Hywel Dda UHB Tracey Cooper, Chief Executive, Public Health Wales Emrys Elias, Chair, Cwm Taf Morgannwg UHB Steve Ham, Chief Executive, Velindre NHS Trust Vivienne Harpwood, Chair, Powys tHB Charles Janczewski, Chair, Cardiff and Vale UHB Chris D V Jones, Chair, HEIW

<p>Jason Killens, Chief Executive, Welsh Ambulance Service NHS Trust</p> <p>Paul Mears, Chief Executive, Cwm Taf Morgannwg UHB</p> <p>Steve Moore, Chief Executive, Hywel Dda UHB</p> <p>Mark Polin, Chair, Betsi Cadwaladr UHB</p> <p>Carol Shillabeer, Chief Executive, Powys tHB</p> <p>Jo Whitehead, Chief Executive, Betsi Cadwaladr UHB</p> <p>Emma Woollett, Chair, Swansea Bay UHB</p>
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<b>Welcome and introduction</b>	<b>Action</b>
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AL welcomed colleagues to the meeting and noted apologies of absence.	
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<b>Approval of minutes of previous meeting (LF-2103-01)</b>	<b>Action</b>
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The minutes of the meeting held on 2 March 2021 were <b>approved</b> as a correct record.	
The minutes will be forwarded to the board secretaries of the 12 NHS Wales organisations for noting at board meetings.	<b>MD</b>

<b>Matters arising</b>	<b>Action</b>
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<p><i>Precision Medicine</i></p> <p>MDi informed the group that that the momentum had lessened and there appeared to be no imminent plan to transfer the diagnostic programmes in the Collaborative into a new programme led by Cardiff and Vale. A formal announcement of the NHS Executive is believed to be imminent and MDi felt that work should progress under the heading of the NHS Executive before returning to any consideration of aligning things more generally under a precision medicine programme.</p> <p>AL confirmed that at the Chairs' meeting with the Minister they were advised that the Minister would share a paper about the NHS Executive with the Chairs before Christmas and the CEs are actively discussing this as a group.</p> <p>DM thanked MDi on the update. There had been concern that there could have been two lots of TUPE transfers and this would have been unfair on staff. DM would rather wait until there was further clarity on the NHS Executive and then a decision can be made.</p> <p>To be noted that no progress had been made, but for perfectly valid reasons, and we will await the Minister's decision on the NHS Executive function before any further steps are taken on this piece of work.</p>	
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<b>Sexual Assault Services Programme Update (LF-2112-02)</b>	<b>Action</b>
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JWi spoke in support of the paper.	
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It was noted that paediatric services remain a key a risk. As part of the initial model it was agreed that there would be two paediatric hubs in South Wales and the services would go up to 16 years of age. The second hub in Swansea had not been developed, mainly due to staffing issues. JWi had prepared a paper that went to the ARCH governance board and it was agreed that the South West Wales sub group would sit under ARCH for decision making and it would work between Hywel Dda and Swansea Bay to resolve the issues. An interim model would be going to the governance structure within ARCH.

A further risk is the ISO accreditation in North Wales. The assessment on how to make the building, which is police owned, ISO compliant was only undertaken the previous week, with a paper on what needs to be done is not expected until the end of February. This makes it tight for any work that needs to be completed. JWi explained that she was working with North Wales stakeholders and WG to identify funding for this work. If the building cannot be made ISO compliant then another building would need to be sourced which would delay timelines.

The final key risk was around the NHS lead forensic medical service. These are currently contracted by the police through a locum agency. One of the initial aims of the programme was that there would be an integrated provision of health and forensic assessment. JWi was working with WG for them to consider how we could potentially do this without going through legislative change and, if that is not possible, to start the legislation that is required.

JWi believed that the non-devolved police service could not be held accountable to the devolved service of the NHS Wales Health Collaborative. There are a number of lines of reporting to this group and the police and crime commissioners, which is part of the complexity of the programme. JWi will make the accountability issues clearer in the paper.

JW said that it was great to see this developing. She advised that there is an all Wales project underway called the 'single unified safeguarding review project' which was looking at streamlining and bringing together the current processes in Wales. A number of these areas would have sexual assault/abuse connotations and there was a specific task and finish group looking at learning and development. JW suggested that JWi touched based with Jasmin Khan who chairs this group.

AL thanked JWi for her paper and progress was noted. The situation in respect of children's services was of concern and a major risk and she urged, on the behalf of the Collaborative, that the partners involved in this service acted swiftly. She asked JWi to not make the governance over complex and to keep it as slim as possible and disband groups when necessary. The Forum would

like to be updated about the children's services and whether progress can be made swiftly.	
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<b>Collaborative Update Report - March 2021 (LF-2112-03)</b>	<b>Action</b>
<p><i>National Clinical Framework (NCF)</i> This paper was published before the election but remained a current document. Both the clinical framework and the quality and safety framework are predicated on the existence of the NHS Executive function which currently does not exist. It was clear that the networks and programmes in the Collaborative will have a key role with the work. To note in the absence of any formal governance arrangements,</p> <p><i>Quality and Safety Framework (QSF)</i> This was a companion document to the NCF which was published in October. It confirmed the establishment of a quality and safety framework programme to drive forward national actions set out within the framework. The Collaborative have been asked to host an initial programme team to support the establishment, and it was agreed in Collaborative Executive Group to recruit to two posts. To be noted that the reporting line will go back to WG and that this programme will not have a reporting line to Collaborative Executive Group or Collaborative Leadership Forum.</p> <p>AL wanted it noted that this, together with the previous item, are one of the things that WG have asked the Collaborative to undertake which is not covered by the Collaborative ToR or governance processes. The Forum must bear in mind the risk to the Collaborative with them taking on this pieces of work which is outside their scope. AL was grateful to the Collaborative Executive Group for supporting the Collaborative to enable them to undertake these roles and responsibilities.</p> <p><i>National focus for recovery</i> In agreement with SM and colleagues within WG the Collaborative are stepping in to allocate leads from within the Collaborative on all of the areas and are supporting some work on some baseline mapping and recommendations.</p> <p>AL thanked the Collaborative for the work they were undertaking on our collective behalf and acknowledged that it has not been a very easy time to be taking on this work.</p>	

<b>Informatics Programmes Update (LF-2112-04)</b>	<b>Action</b>
MDi stated that there are four programmes under the heading of informatics where the Collaborative had the leading role or has a leading role in partnership with DHCW, HBs and trusts. All of these have had significant progress since the Leadership Forum last met.	

<p><i>LINC</i> This had now been through all decision making processes to allow a contract to be awarded. DHCW had signed the contract on behalf of the NHS Wales and the supplier Citadel Health.</p> <p><i>RISP</i> The outline business case has been approved by individual HBs and WG. This is now proceeding to the procurement phase.</p> <p><i>Digital Cellular Pathology</i> A phase 1 and phase 2 pilot had been undertaken. A business justification case was taken to CEG where a useful discussion had taken place and it was felt that the costs and benefits elements required further work. Further work is being done before being taken back to CEG.</p> <p><i>Welsh Intensive Care Information System (WICIS)</i> This programme was well into the development and implementation phase. MDi had written to CEs in the last week with minor revisions to the programme,.</p> <p>Al thanked MDi and acknowledged that these are critically important schemes and the Collaborative had done extremely well to get the HBs to agree everything. The cases had been very well made and discussed.</p>	
<p><b>Collaborative Annual Report 2020/21 (LF-2112-05 and 05a)</b></p>	<p><b>Action</b></p>
<p>These two versions, in Welsh and English are being brought to the Forum for information. The documents highlighted the achievements across all the networks, programmes and implementation groups.</p> <p>AL acknowledged that the contents had been discussed throughout the year. It was agreed that the documents were a credit to the work that had been done by the Collaborative.</p>	
<p><b>Collaborative Work Plan 2021/22 – Quarter 2 update (LF-2112-06)</b></p>	
<p>This report was against the work plan for the first six months of the current year. More than half of the actions were signalled as green with the rest as amber due to issues with delivery but there was an aim to hit major milestones. A minority were red and these had been previously reported to Collaborative Executive Group.</p> <p>MDi stated that the current primary concern was around stability and focus going forward, clarity of the NHS Executive function and</p>	

<p>the future direction of travel. The Collaborative was experiencing some issues regarding recruitment and retention of staff.</p> <p>LR raised the issue with the development of a cancer research strategy being flagged red and wanted clarity on this. MDi explained that TC had taken a close interest in the research strategy work and felt that the nature of the strategy was lacking in clarity and ambition, so work had been done with some new partners to improve this and frame it in a positive and detailed way.</p> <p>DR was pleased to note the new work and expressed concern that the original strategy was very heavily orientated to novel therapies and treatments and had passing references to population health and to patient experience MDi confirmed he would feed that back to colleagues involved.</p>	<b>MDi</b>
<b>Next meeting – Subsequently confirmed as 8 June 2022</b>	